

Minnesota Amends Civil Commitment Statute

Alert

08.07.2020

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On August 1, 2020, the revised Minnesota civil commitment statute took effect. While the standard for civil commitment has not changed, the statute was substantially rewritten and updated to reflect Minnesota's current mental health system. Key takeaways for health care providers include the following:

Transport holds versus emergency holds. The revised statute clarifies the difference between transport holds and emergency holds.

A *transport hold* occurs when a peace or health officer orders an individual be involuntarily transported to a hospital for assessment. An order from a health officer for a transport hold is sufficient authority for a police officer to transport an individual to a hospital. The hospital must assess an individual who is subject to a transport hold order within 12 hours of the individual's arrival at the hospital. The transport hold ends when the individual voluntarily agrees to treatment, the examiner initiates an emergency hold, the examiner decides not to issue an emergency hold, or 12 hours have elapsed after the individual's arrival at the hospital.

An *emergency hold* (72-hour hold) may be ordered by an examiner to facilitate a thorough evaluation to determine if the patient should be civilly committed. Emergency holds cannot last more than 72 hours, exclusive of weekends and holidays.

Expanding the definition of examiner and distinguishing between examiners and court examiners. Examiners authorized to issue emergency holds now include RNs certified as clinical specialists in adult or family psychiatric and mental health nursing, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors.¹ Additionally, physicians, licensed psychologists, APRNs certified in mental health and PAs continue to be authorized examiners. However, only court examiners—physicians or licensed psychologists with doctoral degrees—may participate in the legal proceedings for

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civil commitments.

Expanding the definition of health officer. The definition of health officer was expanded to include any licensed mental health professional and mental health practitioners—individuals who provide services to adults with mental illness or children with emotional disturbance and meet certain educational, language, and experiential criteria—who work on mobile crisis teams under the supervision of a mental health professional.

The early intervention process was replaced with new provisions on engagement in treatment. Counties may elect to provide new engagement services. This new provision allows patients experiencing symptoms of serious mental illness to voluntarily engage in treatment without the need for commitment. When a request is made for engagement services, the county's prepetition screening team must determine whether a patient is eligible, and if so, make assertive attempts to engage the patient in person-centered treatment for at least 90 days after the request is made. Engagement services include collaborating with the patient to meet their immediate needs, such as housing, food and medical treatment. If the patient is in need of commitment, engagement services may be stopped and the prepetition screening process or an emergency hold may be initiated.

Expanding the definition of community-based treatment program. The definition now includes—in addition to day treatment services, outpatient services and residential treatment services—mental health crisis services, assertive community treatment services, adult rehabilitation mental health services, home and community-based waivers and supportive housing.

¹ Please note, there may be additional requirements for different types of licensees.

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