

**Civil Commitment:
Legal Procedures and Forms
for Case Management**

May 2024

Hennepin County Attorney's Office

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60/90 Day Report

This report *must be filed* within 60 to 90 days (not 2-3 months) from the date the Commitment Order is filed. If the report states there is no need for commitment, the commitment is terminated. If no report is filed on time, the court will send a notice requiring that it be filed within 5 business days. If a report is not filed within 5 days, the court will hold a hearing in 3 days.

Key Elements (required by law):

1. Most recent diagnosis and supporting data, with date and name of diagnostician.
2. Anticipated commitment discharge date
3. Individualized treatment plan
4. Detailed description of the discharge planning process and suggested aftercare plan
5. Whether the person is in further need of treatment and why documented with evidence
6. A statement from the person related to accepting treatment (if possible)
7. Need for neuroleptic medications and whether the person is able to give informed consent and why -- explain whether the person is subject to *Jarvis* order and whether consistently taking medications. If *Jarvis* is in place and the team believes it should remain, state: "Mr. X is subject to a *Jarvis* Order and therefore does not have the ability to give informed consent."

Also include:

- Current address & phone number for the person
- Name of current facility & facility contact information
- Full name of the psychiatric provider, clinic name, clinic address & phone
- List all providers and placements since the start of the commitment
- Detailed reasons, recent history, for each required section of the report
- Name, phone number and email address of case manager

Who writes and submits the report:

- If the person is still at a commitment site on the 60th day after order was filed, the **Commitment facility is responsible**. CM can assist, but facility needs to sign and submit report.
 - Tip: even if the person is still in the facility, verify that the facility has filed the report
- If person has been provisionally discharged before the 60th day after the order was filed, the **Case Manager is responsible**.

When the report must be submitted:

- The report must be submitted between 60 and 90 days after the file date of the commitment order.
- If direct discharge, the report is due at time of discharge and filed by the facility to which the respondent is committed.
- The 60/90 Day Report is only required related to an initial full commitment (the first 6-month order). This report is not required for extensions of initial Commitments or Recommitments.

Where the report goes:

- E-file Probate/Mental Health District Court and e-serve County Attorney's Office and Defense Panel Attorney
- Send separately to person

Sixty/Ninety Day Report to Fourth Judicial District Court

(As required under Minnesota Statutes § 253B.12)

Court File Number:	Commitment Date:	Date of this Report:
Respondent's Name:	Date of Birth:	Length of Provisional Discharge:
Respondent's Current Address, Phone & Email:	Respondent's Psychiatrist:	Respondent's Attorney:
	Name of Case Manager:	Case Manager's Phone & Email:

Respondent's diagnosis, diagnostician and date made:

Anticipated commitment discharge date:

Respondent's individualized treatment plan:

Provisional discharge plan with suggested after care:

Justification for further treatment:

Opinion that commitment is still required and supporting documentation to meet the statutory requirement:

Statement from person related to accepting treatment:

Whether neuroleptic medications are indicated:

Respondent's ability to give informed consent for neuroleptic medications:

Case Manager's Signature:	Date:
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SAMPLE -- MI Commitment

60/90 Day Report to Fourth Judicial District Court

Court File Number: 27-MH-PR-21-987654	Commitment Date: 2/9/2021	Date of this Report: 4-16-2021
Client's Name: (last, first, middle) XX, XYZ	Date of Birth: 01/01/1990	Length of Provisional Discharge: 8-9-2021 [tip: this is almost always expiration of the commitment]
Client's Current Address: Scenic Acres Alternative Care 2712 Snowy Lane St. Paul, MN 55119 651-XXX-9486	Client's Psychiatrist: Dina Stanley, PMHNP-BC Med Corp. Wellness Clinic St. Anthony, MN	Client's Attorney: Pete Dahlquist
	Name of Case Manager: Happy Helper	Case Manager's Telephone & Email: 612-XXX-1234 H.Helper@agency.org

Client's diagnosis, diagnostician and date made:

Ms. XX was assessed by Dr. Gloria Tong, MD on 1-29-21 and was diagnosed with schizophrenia, paranoid type.

Anticipated commitment discharge date:

The commitment and Jarvis order are continued to remain in place until 8-9-2021

Client's individualized treatment plan:

Ms. XX is most interested in moving to a more independent setting, specifically Keller Lake Commons in Big Lake, in the very near future. Treatment recommendations are that she continue meeting with psychiatric providers, take the prescribed medications, and remain the at current living arrangement at Scenic Acres. As her symptoms of schizophrenia continue to subside, there is a potential of her moving to Keller Commons.

Provisional discharge plan with suggested after care:

See attached Provisional Discharge from United Hospital. **Remember to actually attach the PD or outline the plan in the content of this paragraph.

Justification for further treatment:

Ms. XX was discharged from Mercy Hospital on 2-17-2021 to her assisted living apartment at Independent Haven. Due to high level of symptoms, case manager requested to revoke the provisional discharge and Ms. XX was taken Mercy Hospital on 3-10-2021, then transferred to United Hospital in St. Paul. The hospital provider team adjusted her medications, and Ms. XX was discharged to a more supervised setting with Scenic Acres Alternative Care on 3-29-2021. She has responded well to neuroleptic medications, as has been the case in the past for her. She is having fewer symptoms affecting her day to-day life.

Opinion that commitment is still required and supporting documentation to meet the statutory requirement:

Commitment and Jarvis orders are still needed, focused on the ongoing medication compliance. Taking medication has a dramatic improvement on symptom management and general life for Ms. XX

Statement from person related to accepting treatment:

Ms. XX now expresses a willingness to take her medications. She would like to move to a more independent housing setting.

Opinion regarding the use of neuroleptic medications:

There is an order for neuroleptic medications and Ms. XX is currently prescribed oral Zyprexa Zydys and IM Invega Sustenna

Opinion regarding client's ability to give informed consent:

As there is a Jarvis order in place, Ms. XX is not able to give informed consent.

Case Manager's Signature:

Happy Helper

Date:

4-16-2021

SAMPLE -- CD Commitment

60/90 Day Report to Fourth Judicial District Court

Court File Number: 27-MH-PR-20-123456	Commitment Date: 9-4-2020	Date of this Report: 11-16-2020
Client's Name: (last, first, middle) XX, ABC	Date of Birth:	Length of Provisional Discharge: 3-4-2021 [tip: this is almost always the expiration of the commitment]
Client's Current Address: Tapestry Treatment Program 135 East Colorado St. Paul, MN 55107 counselor Elizabeth Boniface 612-XXX-1234	Client's Psychiatrist: Sarah Tarutis XYZ Clinic Bemidji, MN	Client's Attorney: Karen Ives
	Name of Case Manager: Wonderful Clinician	Case Manager's Telephone & Email: 612-XXX-9876 w.clinician@agency.net

Client's diagnosis, diagnostician and date made:

During the civil commitment process that started in May 2020, Ms. XX was diagnosed by Dr. William Miller with having alcohol use disorder and opiate use disorder on 5-19-2020.

Anticipated commitment discharge date:

March 4, 2021

Client's individualized treatment plan:

Ms. XX states that she really does want to remain sober, obtain stable housing, and re-connect with her children.

Provisional discharge plan with suggested after care:

Ms. XX agreed to a provisional discharge plan on 10-21-2020, which is a separate document than this report. [Then reiterate conditions and plan or attach the PD plan.]

Justification for further treatment:

Ms. XX has long struggled with substance use, with brief periods of recovery. She is wanting to retain her sobriety and the challenges of remaining so will continue into the future. She is scheduled to complete the Tapestry residential program around December 7th and then transfer to an intensive outpatient program with lodging through Park Avenue Center. She will need to continue with group treatment and taking her medications as prescribed, working with Vahalla for her Suboxone.

Opinion that commitment is still required and supporting documentation to meet the statutory requirement:

The commitment is still required in order to provide structure and oversight regarding her recovery. In October, she has significant substance use which led to medical complications and a hospitalization at M Health/ Fairview. Ms. XX did reach out to case management expressing interest in treatment and recovery. Ms. XX transferred from the hospital to Tapestry on 10-21-2020, an intensive residential program. Close involvement with treatment is critical for her success and overall wellbeing and health.

Statement from person related to accepting treatment:

Ms. XX expresses willingness to participate in treatment programs.

Opinion regarding the use of neuroleptic medications:

At this time, Ms. XX is not prescribed any neuroleptic medications.

Opinion regarding client's ability to give informed consent:

Ms. XX is able to give informed consent.

Case Manager's Signature:

Wonderful Clinician

Date:

11-16-2020

180-Day Report aka .12 Report

This report is either a “**Final Report**” indicating that the commitment should terminate at 6 months as initially ordered. Or, this report is a “**Request for Extension**” of the commitment for up to 12 additional months.

Key Elements:

Final Report:

1. Consult with community psychiatrist, provider team, and relevant family, as appropriate, prior to termination.
2. Write a narrative describing person's status, progress, and rationale for recommending the commitment expire, as ordered.

Request for Extension:

1. Most recent diagnosis and supporting data, with date and name of diagnostician.
2. Anticipated commitment discharge date
3. Individualized treatment plan
4. Detailed description of the discharge planning process and suggested aftercare plan
5. Whether the person is in further need of treatment, where to get treatment, and evidence in support of response
6. Whether the person satisfies statutory requirement for continued commitment with documentation to support the opinion
7. A statement from the person related to accepting treatment (if possible)
8. Need for neuroleptic medications and whether the person is able to give informed consent and why:
 - a. If Jarvis is in place and the team believes it should remain, state: “Mr. X is subject to a Jarvis Order and therefore does not have the ability to give informed consent.”
 - b. By indicating that the person can give consent, the *Jarvis* must be dismissed by court.
9. Consult with treating psychiatrist, provider team and relevant family, as appropriate, regarding extending the commitment.
10. Recommended amount of time commitment should be extended, maximum time, 12 months.
 - a. HCAO usually recommends requesting 12 months in the report, as the case can always be settled for less. Increasing the request requires filing an amended report.

Other tips for completion of Request for Extension:

- Current address & phone number for the person
- Name of current facility & facility contact information
- Full name of the psychiatric provider, clinic name, clinic address & phone
- List or include all providers and placements from the last 6 months
- Detailed reasons, recent history, for each required section of the report
- Name, phone number and email address of case manager

Who writes and submits the report:

- If the person is still in the facility of commitment on day 150 after date the commitment was filed, the commitment facility must write and submit the report. The Case Manager should assist the committing facility, if needed. The facility needs to sign and submit report.
- If the person has been provisionally discharged prior to day 150 after date the commitment was filed, the Case Manager writes and submits it.

When the report must be submitted:

- When requesting an extension, 4 weeks prior to the commitment order expiring (more time if there are holidays), as the court needs to schedule a .12 hearing before the initial commitment order expires.
- If circumstances change, or there is an unforeseen problem prior to expiration, contact the County Attorney's Office to discuss the issue and options to see if a motion to extend the underlying commitment for up to 14 days for good cause is possible.

Where the report goes:

- E-File with Mental Health District Court and e-serve County Attorney's Office, and Defense Panel Attorney
- Send separately to person

**One Hundred Eighty Day Report to Fourth Judicial District Court
Request for Extension of Commitment**

(As required under Minnesota Statutes § 253B.12)

Court File Number:	Commitment Date:	Date of this Report:
Respondent's Name:	Date of Birth:	Length of Provisional Discharge:
Respondent's Current Address, Phone & Email:	Respondent's Psychiatrist: (Include provider name & clinic)	Respondent's Attorney:
	Name of Case Manager:	Case Manager's Phone & Email:

Respondent's diagnosis, diagnostician and date made:

Anticipated commitment discharge date:

Respondent's individualized treatment plan:

Provisional discharge plan with suggested after care:

Justification for further treatment:

Opinion that commitment is still required and supporting documentation to meet the statutory requirement:

Statement from person related to accepting treatment:

Whether neuroleptic medications are indicated:

Respondent's ability to give informed consent for neuroleptic medications:

Length of extension requested (maximum 12 months):

Case Manager's Signature:	Date:
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(Original copy to court, copies to Respondent, county attorney and Respondent's attorney)

SAMPLE

One Hundred Eighty Day Report to Fourth Judicial District Court Request for Extension of Commitment

Court File Number MH-PR-20-9876543	Commitment Date: 11-25-2020	Date of this Report: 4-27-2021
Client's Name: (last, first, middle) XX, ABC	Date of Birth: 01/01/1980	Length of Provisional Discharge: 5-24-2021 [tip: this is almost always expiration of the commitment]
Client's Current Address: Parent's home 109876 Main St. Bloomington MN 55425 612-XXX-1234	Client's Psychiatrist: Dr. VanCleve Hennepin Healthcare	Client's Attorney: Elizabeth Rosholt Winden
	Name of Case Manager: Super Socialworker	Case Manager's Telephone & Email: 612-XXX-4321 supersocialworkers@agency.us

Client's diagnosis, diagnostician and date made:

Ms. XX was assessed by Jaclyn Zachar, LICSW of UMMC-Riverside on 12-2-20, was given a diagnosis of schizoaffective disorder, bipolar type.

Anticipated commitment discharge date:

The commitment and *Jarvis* order are continued to remain in place until 5-24-2021

Client's individualized treatment plan:

Ms. XX had been interested in working and she has obtained employment at a Walgreen's near where she is living at her parent's home. Case Management and Oasis IRTS had recommended she live in a board and lodge, that she participate with Adult Rehabilitative Mental Health Services (ARMHS), and in-home nursing. Ms. XX declined the board and lodge option, declined ARMHS, and has not yet connected with the nursing staff through Professional Network Resources. The plan is for her to continue meeting with psychiatric provider at Hennepin Healthcare, receive her monthly injection, and take oral medication.

Provisional discharge plan with suggested after care:

Please see attached plan from UMMC- Fairview/ M Health. [**make sure to attach the plan OR restate the conditions/plan in the content of this paragraph.]

Justification for further treatment:

Ms. XX participated in the Oasis IRTS program from 1-12-2021 to 4-12-2021. While there she did attend groups. On 4-12-21, she moved to her parent's home, and since then has had limited contact with case management. Due to the nature of her mental health condition, Ms. XX greatly benefits in taking her neuroleptic medication. As she has limited awareness of mental illness and the positive impact of taking the medication, ongoing treatment is required.

Opinion that commitment is still required and supporting documentation to meet the

statutory requirement:

Commitment is still needed, focused on the ongoing medication compliance related to the order for neuroleptic medication. Taking medication has a dramatic improvement on symptom management and general life safety for Ms. XX. She does not readily identify as having a mental health diagnosis or the benefit of taking prescribed medication.

Ms. XX has been hospitalized a number of times in the past and has had civil commitments/ *Jarvis* orders in the past in order to provide oversight with medication and provide education about mental health:

- 6-17-2013, first psychiatric hospitalization at Fairview Southdale, (FVSD)
- 2013, attended appointments at Hennepin County Mental Health Center, worked with Touchstone Mental Health
- 5-30-15, hospitalized at FVSD
- 6-24-2015, placed under commitment with *Jarvis* Order, was at Anchor House IRTS
- 2015- worked with Dr. Winegarden and was prescribed Invega
- 9- 13-2016, commitment and *Jarvis* orders were extended until 9-13-2017
- 8-21-2017, re-commitment with *Jarvis* orders extended until 9-12-2018
- 2018, worked full time and lived independently with roommates
- 12-22-2019 to 1-28-2020, was hospitalized at Hennepin Healthcare
- 1-3-2020 to 7-3-2020, commitment and *Jarvis* orders put into place
- 1-30-2020 to 4-15-2020, was at Re-Entry IRTS, with marginal involvement; moved home and did not maintain contact with case management
- 11-11-2020, admitted to FVSD and on 11-12-2020, transferred to Fairview Riverside/ M Health and prescribed IM Haldol; current commitment and *Jarvis* orders put into place.

Statement from person related to accepting treatment:

Thus far, she has participated in Oasis programming and agreed to in-home nurse services. She was not interested in additional services/ supportive housing.

Opinion regarding the use of neuroleptic medications:

Ms. XX is currently prescribed Haldol Decanoate, IM every 30 days and oral Zyprexa.

Opinion regarding client’s ability to give informed consent:

As Ms. XX currently has a *Jarvis* order in place, she is not able to give informed consent.

Length of extension requested (maximum 12 months): 12 months

Case Manager’s Signature:	Date:
<i>Super Socialworker</i>	4-27-21

One Hundred Eighty Day Report to Fourth Judicial District Court

Final Report

Court File Number:	Commitment Date:	Date of this Report:
Respondent's Name: (last, first, middle)	Date of Birth:	
Respondent's Current Address:		

Respondent is no longer in further need of commitment because:

Case Manager's Signature:	Date:
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(Original copy to court, copies to Respondent, county attorney and Respondent's attorney)

SAMPLE

One Hundred Eighty Day Report to Fourth Judicial District Court Final Report

(As required by Minnesota Statute 253B.12)

Court File Number	Commitment Date	Date of this Report:
27-MH-PR-20-2345678	October 16 th , 2020	April 29 th , 2021
Respondent's Name: (last, first, middle)	Date of Birth:	
XX, ABC	01/01/1960	
Respondent's Current Address		
300 S. 6 th Street Minneapolis, MN 55487		

Mr. XX's Provisional Discharge Plan began when he was discharged from HCMC on 12/8/20 to Maghakian, IRTS facility. The provisional discharge includes compliance and cooperation with medications and treatments for his conditions and working with providers to establish recovery from symptoms, refraining from behaviors that are threatening or harmful to self/others, refraining from using alcohol or other illicit chemicals. Staff at Maghakian IRTS facility will help coordinate appointments with community health clinics and providers and Case Management will assist with coordinating care, as well as establishing community supports and providers.

Mr. XX has been compliant with following his commitment, taking his medications, and attending all medical/psychiatric appointments. Mr. XX has been actively engaged and has taken progressive steps in getting back into his routine. Mr. XX has been doing well since he has discharged from his IRTS program and has been able to return to work. Mr. XX has been active in his case management services, attending all case managements and actively working towards his goals. He also will like to stay with case management services voluntarily and deems that it is an essential service to him. Mr. XX also knows that his medication helps him and is compliant with continuing to take his medications along with attending all appointments

Case Manager's Signature: s/ Ima Superworker	Date: 4/22/2021
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Revocation of Provisional Discharge

Revocation of Provisional Discharge (PD) is initiated by the Case Manager when the person is noncompliant with the PD conditions, is decompensated (if MI), and all other less restrictive options have been attempted or ruled out. The Case Manager should request revocation in consultation with his or her supervisor. The County Attorney's Office is available for additional consultation if needed.

In general, the person should require hospital level of care for revocation. This is not a legal requirement. However, Hennepin County and most of the local hospitals reached an agreement that the hospitals would guarantee a bed to patients meeting their admission criteria on revocation, as opposed to requiring case managers to search for beds. If the person does not meet admission criteria, the hospital is authorized to release the patient and reinstate the provisional discharge (except HCMC, who will issue a new provisional discharge).

If the person is on a 72-hour hold at a hospital and revocation is necessary, it should be requested as soon as possible.

If the person is in the community, it is advisable to consult COPE or another psychiatric provider regarding the need for hospitalization. At a minimum, case management needs a "good faith belief" that the person will meet inpatient admission criteria supported by compelling, recent evidence.

There are 2 different types of Revocation requests – "Emergency" or "Non-Emergency." Nearly all revocation requests are "Emergency" requests. In an "Emergency" Revocation, Case Management asks that the Court issue an Order for Return to Facility before the person has an opportunity to request a hearing. There must be a "serious likelihood that the safety of the patient or others will be jeopardized in that (1) the patient's need for food, clothing, shelter, or medical care is not being met, or will not be met in the near future, or (2) the patient is attempted or threatened to seriously harm self or others." The person can later request a hearing on the Revocation if he or she makes that request within 14 days of receiving the Notice of Intent to Revoke.

In a "Non-Emergency" Revocation, Case Management asserts that the person has violated a material condition of the PD and the violation creates a need for the patient to return to a more restrictive setting. Under a "Non-Emergency" Revocation, the Court will wait 5 days after the person is given the Notice of Intent to Revoke PD to see if the person requests a hearing on the revocation. If the person does not request a hearing, the Court issues an Order directing the person's return to a facility. This should be used rarely, given the recommendation to revoke only upon a good faith belief that a person meets hospitalization criteria.

For either type of Revocation, 2 forms are required:

- **Notice of Intent to Revoke** (Emergency or Non-Emergency)
- **Letter or Report requesting the revocation to the court**
 - TIP: If a 60/90-Day or 180-Day Report is due around the same time, it should be submitted as well.

The court issues an “Ex Parte Order for Return to Facility” based on the timelines outlined above. If requested and logistically possible, Sheriff’s Deputies will pick up the person and transport them to the facility directed in the Order.

Contents of the Documents

Notice of Intent to Revoke – Emergency

- Sets forth the grounds for the revocation and informs the person of his/her rights
- States why the person must be returned to the facility immediately, specifically in what way a major necessity has not been met or will not be met in the near future, or how the person attempted or threatened to harm self or others. This is usually brief.

Letter/Report to the Court requesting Revocation – Emergency or Non-Emergency

1. Include copy of Notice of Intent to Revoke and state in the letter that it was given to the person and when it was given.
2. Include copy of Provisional Discharge, if possible.
3. The person’s full name, date of birth, and Court File number need to be clearly identified in the beginning of the letter/report.
4. Requests for revocation, identifying Emergency or Non-Emergency, should be bolded and prominently located.
5. Document violation(s) of material conditions from PD. Describe the imminent risk of danger to self and others, including how the persons’ basic needs are not met, or how the person attempted or threatened physical harm. The Letter/Report must cite specific facts, witnesses, dates, and locations. Clinical Documentation does not need to be attached, but source of the information must be clearly identified. For example, “Per the History and Physical or 72 Hour Hold, dated X/XX/XX, by Jane Doe, MD, Respondent . . .”
6. If the case manager has received/observed credible evidence of recent and substantial risk to 3rd persons, including the general public, this shall be considered strong evidence that the patient will meet inpatient standards, and this conclusion should be included.
7. The Letter/Report must document why revocation is the least restrictive alternative and the efforts undertaken to avoid revocation.
8. State what you believe needs to occur. Usually, you would request the person be returned to the site of commitment, however, sometimes people end up in other facilities. For example, if a person is at HCMC, but committed to North Memorial, ask that the Court order the person held at HCMC until they can be transferred to the commitment facility. If the person is committed as CD only and the commitment is to the CHS, you can request that they be taken to the Judy Retterath Withdrawal Management Center (Mission Detox). Realistically, the person may never be transferred to the commitment facility, but the order will be sufficient to allow the other local facility to continue to hold and treat the person.
9. If necessary, request that the Hennepin County Sheriff take the person to the commitment facility. The Letter/Report must provide information about where you believe the person is residing including address and contact numbers (e.g., name/number of reliable staff at respondent’s group home; or parents’ names’ & numbers, etc.), for deputies to act on the request. If the person’s whereabouts are unknown, this must be explicitly stated. If whereabouts are unknown, the Sheriff will not attempt to find the person. If you later discover the person’s whereabouts, you must update district court administration and the

Sheriff. Identifying information is also needed: sex, height, eye color, race, weight, hair color, date of last contact with case manager.

10. Communication with the Sheriff

Notify the Sheriff immediately of any change in status that would affect the sheriff's work regarding revocation order, like changes in status (e.g., person presents to the facility voluntarily or by another means; you request to rescind the revocation, etc.), changes in person's pick-up location, or new behaviors that increase risk of harm to self or others.

Sheriff Contact Information:

Main transport number is (612) 596-9860. Desk hours are from 6:00 a.m. to 2:00 p.m.
Transportation & Enforcement Unit – Sgt. Sam Nelson

11. The case manager's phone numbers and email address should be included.

When the documents must be submitted:

Notice of Intent to Revoke (Emergency or Non-Emergency)

- The Notice of Intent to Revoke needs to be issued to the person and the person's attorney before or at the same time the Letter/Report is submitted to the court requesting revocation.

Letter/Report to Court Requesting Revocation of Provisional Discharge

- The Letter/Report requesting revocation needs to be submitted to the court within 48 hours of the Notice of Intent to Revoke being given to the person.

Where the Documents Go:

Notice of Intent to Revoke:

- Given to person, mailed, OR faxed to facility (with documented delivery to the person)
- Additional copies to the facility from which the person was provisionally discharged and the "current community services provider"
- E-file with Mental Health District Court, e-serve County Attorney's office, and Defense Panel Attorney

Letter/Report requesting revocation:

- E-file with Mental Health District Court, e-serve County Attorney's office, and Defense Panel Attorney. Send separately to person.
- If the person is in the community at the time of request, also send copies to County Attorney contacts: Julia.Hillel@hennepin.us; Charlotte.deJulio@hennepin.us; Elizabeth.Beltaos@hennepin.us; Teresa.Froehlke@hennepin.us; Brittany.Lawonn@hennepin.us. They will ensure the revocation basis information gets to the community hospital providers.

Emergency
Notice of Intent to Revoke Provisional Discharge
(For Persons Committed as Mentally Ill, Chemically Dependent or Developmentally Disabled)

To: _____	From: _____
Address: _____	Address: _____
_____	_____

This is a notice of intent to revoke your provisional discharge in accordance with Minnesota Statutes § 253B.15. It is based upon the following reasons:

(Reasons that immediate return is necessary are to be listed here or note an attached a report.)

Signature of case manager:

Date:

You have the right to request judicial review of the intended revocation of your provisional discharge by filing a petition for review and an affidavit with the committing court within 14 days of receiving this notice. In your affidavit, you shall state the specific grounds for opposing the revocation. If you do not file a petition for review within 14 days of receiving this notice, the revocation of your provisional discharge is final and the court, without hearing, may order you back to the treatment facility. If you need assistance, please contact your attorney.

If you ask, we will give you this information in another form, such as Braille, large print or audio tape

Copies: County attorney, Respondent's attorney, Head of treatment facility and Committing court

SAMPLE

**Emergency
Notice of Intent to Revoke Provisional Discharge**

(FOR PERSONS COMMITTED AS MENTALLY ILL, CHEMICALLY DEPENDENT, OR DEVELOPMENTALLY DISABLED)

To: Ms. M
Address: currently at Emergency Dept
Abbott Northwestern Hospital
800 E 28th St
Minneapolis MN 55407

From: Ms. Case Manager
Address: Behavioral Health Case Management
300 South 6th St
Minneapolis MN 55387

This is a notice of intent to revoke your provisional discharge in accordance with Minnesota Statutes 253B.15. It is based upon the following reasons:

(The reasons are to be listed here or a note that a report is attached.)

Dear Ms. M,

I received a phone call from staff at Abbott Northwestern Hospital, quite concerned about the level of behaviors and symptoms you are exhibiting – spitting out medications, taking off your clothes, being intrusive and needing to be in seclusion within the emergency department.

In this situation, there is a need for you to remain in the hospital for the provider team to monitor you and administer medications to reduce the symptoms and behaviors you have. I will be asking the court to revoke the provisional discharge that was created when you were discharged from Abbott Northwestern Hospital in May.

Signature of case manager:
Case Manager

Date:
October 4, 2022

You have the right to request judicial review of the intended revocation of your provisional discharge by filing a petition for review and an affidavit with the committing court within five days of receiving this notice. In your affidavit, you shall state the specific grounds for opposing the revocation. If you do not file a petition for review within five days of receiving this notice, the revocation of your provisional discharge is final and the court, without hearing, may order you back to the treatment facility. If you need assistance, please contact your attorney.

If you ask, we will give you this information in another form such as Braille, large print, or audio tape.

copies: County attorney, respondent's attorney, head of treatment facility, and committing court

This must be filed within 48
hours of giving Notice of
Intent to Revoke to your person

**COURT REPORT
(MINN STAT. 253B.15, Subd. 3a)
REVOCATION OF PROVISIONAL DISCHARGE**

Date:

To: **Hennepin County District Court
Mental Health Division
300 South Sixth Street
Minneapolis, MN 55487**

From:

Re: [include Respondents' full name, DOB, and court file #)

On _____ a Notice of Intent to Revoke the provisional discharge was sent to _____, _____, and _____. A copy of the Notice of Intent to Revoke is attached to this report.

The specific facts that support the revocation demonstrate that revocation is the least restrictive alternative available and demonstrates that specific efforts were made to avoid revocation are as follows:

Social Worker/Case Manager

cc: Respondent
Respondent's Attorney
County Attorney
Treatment Facility

SAMPLE

COURT REPORT

(MINN STAT. 253B.15, Subd. 3a)

EMERGENCY REVOCATION OF PROVISIONAL DISCHARGE

Date: 8-1-2022

To: Hennepin County District Court
Mental Health Division
300 South Sixth Street
Minneapolis, MN 55487

From: Name of Case Manager, Phone Number & Agency here

Re: [Respondent's Name] Mr. B

Court File #: 92-MH-PR-24-12345

On 8-1-2022, an Emergency Notice of Intent to Revoke Provisional Discharge was sent to attorney Joel Fisher; Assistant Hennepin County Attorney Andrea Martin, and to Mr. B. A copy of the Emergency Notice of Intent to Revoke is attached to this report.

The specific facts that support the revocation demonstrate that revocation is the least restrictive alternative available and demonstrates that specific efforts were made to avoid revocation are as follows:

Mr. B completed programming at Douglas Place on 5-3-22 and transferred to Partners in Behavioral Health/ Freedom Works sober housing. The outpatient program discharged him on 5-25-22 after they had voiced several concerns about him. Case management made several attempts for him to be admitted to Re-Entry Crisis program that same day and the next day, but it was not possible. Case management immediately began making referrals for other treatment programs, but Mr. B has not been interested in returning to residential treatment.

On 5-25-22, Mr. B returned to his apartment, and he stated that he began alcohol use shortly after his arrival at his home. Since that time, Mr. B has had ongoing alcohol use, states he has had multiple seizures, and has sought out medical care a few times via an Emergency Room. He has had commented on going through withdrawal and the need to drink alcohol to avoid withdrawal. Case management has offered to take him to a hospital or a withdrawal management center, but he has declined.

In regard to personal life care, Mr. B has difficulty in obtaining sufficient food for himself. On about 7-7-22, this writer saw one can of soup and one container of pasta in his kitchen. He received about \$250 worth of food support on 7-8-22 and he had no more food money as of 7-29-22.

He reports that someone has taken his medications; in the past case management has seen multiple bottles of medications in his apartment, some dated from months ago. Case management does not believe that Mr. B has been taking medications on a regular basis. Case management set up appointments for Mr. B to meet with psychiatric provider and with primary care provider, but Mr. B did not attend either of those appointments. Case management also scheduled an appointment with a neurologist for Aug 4th and has offered transportation to that appointment.

Mr. B is not opening his mail and therefore has accumulated a large water bill which may lead to him losing his housing. In addition, he has not been able to respond to state paperwork and has lost his MSA benefits. Case management has offered assistance in these matters.

These are issues that led to previous hospitalizations and the need for the civil commitment. At this time, it is not safe for Mr. B to be in his apartment as he continues to drink alcohol at high levels, reports to be having seizures, and has very little food. He is in need of hospitalization to monitor withdrawal, monitor seizure activity, administer medications, and possible need hydration or nutritional support.

Mr. B lives at 12345 Main Street, Apt # 1, Plymouth MN. His phone is 123-456-7890; however he rarely answers his phone. Mr. B is about 5'11 tall, weighs about 185 lbs. He has brown hair and an auburn beard. He tends to wear a baseball cap, a plaid shirt, and khaki-like pants. Mr. B is Caucasian.

Case management requests transport deputies to take Mr. B to [name the specific hospital you want the person taken to] and that he is held there until bed is available at commitment or treatment site.

Respectfully,

case manager signature

cc: Client Mr. B
Client's Attorney Joel Fisher
Hennepin County Attorney's Office
Treatment Facility

Filing a RECOMMITMENT Petition

Examiner's Statement in Support of Commitment:

An Examiner's Statement in Support of Commitment is REQUIRED to file a petition for Recommitment. The Examiner's Statement in Support of Commitment is only valid for 15 days from the date the Examiner sees the person. Because the Petition must be filed within 15 days from when the Examiner sees the person, the Examiner's Statement should be provided to Prepetition Screening immediately after the person's evaluation.

Reasonable Efforts Letter

In rare cases when an Examiner's Statement cannot be obtained, the case manager should:

- Document in memo or letter what reasonable efforts were made to obtain the Examiner's Statement with detail on letterhead. In addition to documenting reasonable efforts in detail, please briefly state why recommitment is necessary.
- Contact the County Attorney regarding reasonable efforts before contacting Prepetition Screening and send the reasonable efforts letter/memo for approval to: Julia Hillel (612) 543-2984 / Julia.Hillel@hennepin.us or Charlotte de Julio (612) 596-8576 / Charlotte.deJulio@hennepin.us when Julia is out.
- Once the reasonable efforts letter/memo is approved and sent to Prepetition Screening, please also call Prepetition Screening 612-348-2787 to request the case be screened with the reasonable efforts letter in lieu of an Examiner's Statement.

Even without an Examiner's Statement, the psychiatric provider can still submit a Jarvis Petition and Neuroleptic Medication Basis Note to Prepetition Screening.

Timeline and Checklist for Recommitment:

1. 3 to 4 months prior to expiration of an Extended Commitment or Recommitment, consult with your supervisor, and if needed, the County Attorney, regarding the need for Recommitment.
2. Consult with the "Examiner" (i.e. treating physician, doctoral-level Psychologist, or Clinical Nursing Specialist), regarding his/her willingness to provide an Examiner's Statement
 - Schedule an appointment with the Examiner about 6-8 weeks prior to the expiration of the current commitment.
 - Provide the Examiner with a blank Examiner's Statement. Also, provide blank Jarvis Petition & Neuroleptic Medication Basis Note and/or ECT Petition, if the person continues to require court ordered medications and/or ECT. Please

carefully review the forms before submitting them to Prepetition for accuracy and completeness.

- Instruct the Examiner:
 - Complete the form as soon as the person is seen. The Examiner's Statement is only valid for 15 days from the date the person is seen, not the date the provider signs the form.
 - Fax or email the completed form(s) to you.

OPTIONAL: Provider to also Fax 612-466-9684 or email PSPIntake@hennepin.us the completed form(s) directly to Prepetition Screening Program. Follow up with PPS Intake to confirm that an Examiner Statement in Support of Commitment was received.

- Case Manager must call Prepetition Screening Intake 612-348-2787 OR submit online referral at [PSP Recommitment Referral \(hennepin.us\)](http://PSP.Recommitment.Referral(hennepin.us)).
- Both submission of the Examiner's Statement and the call / online referral are necessary to officially start the screening – email alone is insufficient.
 - Be prepared with demographic, treatment, and contact information about the person. Know the expiration date of the current order for commitment so that filing deadlines can be determined.
 - Be available and/or respond promptly to calls from the assigned screener.

The entire Prepetition Screening process must be completed and filed in District Court **1 month** prior to the expiration of the current commitment. **Holidays cause the deadlines to move to an earlier date(s)**. Call PSP for coaching and details.

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION
FOURTH JUDICIAL DISTRICT

In the Matter of the Civil Commitment of:

**EXAMINER'S STATEMENT
IN SUPPORT OF PETITION
FOR COMMITMENT**

_____ ,

DOB: _____ ,

Respondent.

D.C. File No. 27-MH-PR- _____

C.A. File No. _____

I am a licensed physician, licensed physician's assistant, or an advanced practice registered nurse or mental health professional as defined by 253B.02, subd. 7 who is knowledgeable, trained and practicing in the diagnosis and assessment or in the treatment of the alleged impairment listed below:

____ Mental Illness ____ Chemical Dependency ____ Developmental Disability

I have examined the above-named person within the last fifteen days, on _____, 20____, and the results of the examination are stated below:

Behavioral evidence to support commitment: _____

Diagnostic studies performed by _____, on respondent appear to indicate that respondent suffers from [Need diagnosis for each allegation being requested.]: _____

Recommended treatment: _____

I am of the opinion that the above-named person is in need of treatment and should be committed to a treatment facility.

Will this person need neuroleptic medications? _____ Yes _____ No

Does this person have sufficient awareness of their situation and understanding of treatment with neuroleptics to make this decision for themselves? _____ Yes _____ No*

* In petitions alleging commitment for *mental illness*, if neuroleptic medications are necessary and this answer is "No", then a *Jarvis* Petition or a Request for a Substitute Decision Maker must also be filed. *Minn. Stat. 253B.07, subd. 2(c)*

Dated: _____

Signature: _____

Examiner's Name and Credentials (please print/type)

Facility: _____

Address: _____

Telephone: _____

SAMPLE REASONABLE EFFORTS LETTER

AGENCY LETTERHEAD HERE

DATE

Re: Client's Full Name File No: 27-MH-PR-XX-XXX - Documentation of Reasonable Efforts

To whom it may concern,

Mr. Patient is currently under mental health commitment which is set to expire on January 19, 2024. There have been attempts made to obtain an examiner statement and Jarvis note from his psychiatric provider. This writer had a scheduled psychiatric appointment for Mr. Patient on November 22, 2023.

However, when I called to confirm the appointment in the morning of 11/22/23, I was informed that Mr. Patient's psychiatrist was no longer working at the clinic, and his appointment was cancelled. Writer asked about scheduling with a different provider, and was told that the medical team would review Mr. Patient's chart and reach back out in two weeks with an answer on whether or not they could assign him to a different provider.

He was then in jail from November 23 until December 1. This writer spoke with the HCMC nursing staff at the jail about having the provider complete an examiner's statement and was told that they were unable to do that. Lastly, this writer was able to schedule with a new provider at the Community University Health Clinic for February 6, 2024.

Mr. Patient has poor insight into his mental illness and continues to have poor judgment regarding connecting with and utilizing ongoing community-based supports to better manage his mental health. Over the past 6 months, he has been unable to connect with services recommended by this case manager, is experiencing homelessness due to behavioral concerns at customized living and residential treatment programs, has reported ongoing illicit substance use, and engages in risky interpersonal relationships. It is the opinion of his case management team that he be recommitted.

Sincerely,

/s/ CM Name or physical signature

Typed out Case Manager Name, with credentials

Phone Number

Email Address

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION
FOURTH JUDICIAL DISTRICT

**WRITTEN REQUEST FOR
AUTHORIZATION TO IMPOSE
TREATMENT AND REQUEST
FOR HEARING**

In the Matter of the Civil Commitment of:

_____,

DOB: _____,

Respondent.

D.C. File No. 27-MH-PR- _____

C.A. File No. _____

I, _____, to the best of my knowledge, information, and belief respectfully represent:

1. I am a member of the treatment team for the respondent.
2. Respondent was born on _____.
3. Respondent is presently receiving care and treatment at: _____
_____.
4. Diagnostic studies performed by _____, M.D. on respondent appear to indicate that respondent suffers from _____.
5. Dr. _____ has determined neuroleptic medication(s) to be medically necessary.
6. I have determined that the benefits of administration of the proposed treatment to the respondent outweigh the risks and therefore this procedure is reasonable.
7. Respondent's written informed consent to the administration of the above procedure has not been obtained because of incompetency to make a rational decision regarding the proposed treatment.
8. The objective of the proposed treatment is to treat the symptoms of the mental illness that interfere with the respondent's ability to function.

9. Petitioner requests that a hearing be scheduled, and that authorization to administer the proposed treatment be granted according to law.

Dated: _____

Physician's Signature

Print Name

NEUROLEPTIC MEDICATION NOTE FOR JARVIS PROCEEDINGS

Please address the following matters in legible writing or typed format.

Patient's Name: _____

FOR EMERGENCY USE ONLY:

If a medical emergency has been declared before this note, please describe:

a. The basis for the emergency:

b. The neuroleptic medications provided:

1. Briefly describe the patient's clinical condition that supports a recommendation for the treatment with neuroleptic medication: _____

2. List the working diagnosis(es) of the condition(s) for which neuroleptic medication is recommended:

3. Is neuroleptic medication the treatment of choice in prevailing medical practice? Yes No

4. Treatment options other than neuroleptics that alone effectively treat the illness: _____

5. Medication ordered or proposed: (**up to 4 medications**, no more than two to be used simultaneously unless meds are being changed or emergency exists, unless otherwise specified): _____

OR: unusual circumstances exist under which physician requests authorization to use any FDA approved neuroleptic. Identify unusual circumstances and describe proposed course of treatment.

6. Document the proposed course of treatment with neuroleptic medication, i.e., how the medication will be prescribed, monitored, and adjusted: _____

7. If the patient has a known record with neuroleptics, please summarize his/her history regarding risks/benefits and whether this is predictive of expected response: _____

8. List the possible risks and side effects, and what can be done should they occur. Include any specific risks associated with the patient's age/gender/ethnic identity or medical condition. _____

9. Does this patient have any medical conditions that could be exacerbated by neuroleptics Yes No (if yes, please explain)? _____

10. Indicate likely benefits and outcomes for the patient after treatment with neuroleptic medication, including prognosis if neuroleptic medication is not administered (even if other forms of therapy are utilized): _____

11. Does this patient have tardive dyskinesia? Yes No
 If yes, how serious is the tardive dyskinesia, why are neuroleptics still indicated and, if applicable, why use typical as opposed to atypical neuroleptics? _____

12. For a patient to have the capacity to decide about the use of neuroleptics, the answers to a), b) and c) below must be answered "yes." If one or more of these questions is answered "no," the Court may find that the patient lacks this capacity, and the Court may make the decision after a hearing.
- a) Does the patient demonstrate awareness of the nature of the patient's situation, including the reasons for hospitalization and possible consequences of refusing treatment with neuroleptic medication?
 Yes No
- b) Does the patient have an understanding of treatment with neuroleptic medication including the risks, benefits, and alternatives? Yes No
- c) Does the patient communicate verbally or nonverbally a clear choice regarding treatment that is reasoned and not based on a symptom of the patient's mental illness, even though it may not be in the patient's best interests? Yes No
- d) If the patient objects, is the objection based on family, community, moral, religious, and/or social values? Yes No. If yes, briefly describe: _____
13. Document specific efforts that have been made to assist patient in understanding the risks and benefits.

14. If the patient is consenting to the medication, why is a court order necessary? If the patient has history of “unreliable consent,” please summarize. _____

15. Is the proposed treatment experimental or part of a research study? Yes No

16. In this patient’s case, do the benefits of the treatment outweigh the risks? Please summarize:

The above statements represent my opinion within a reasonable degree of medical certainty.

Physician’s or Other Provider’s Signature:

Date: _____ **Time:** _____ **Printed Provider’s Name:** _____

Please write legibly. Original must be placed in patient’s medical chart. A copy may be provided to the County Attorney.

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION
FOURTH JUDICIAL DISTRICT

In the Matter of the Civil Commitment of:

**PETITION FOR AUTHORIZATION
TO IMPOSE TREATMENT
ELECTROCONVULSIVE THERAPY**

_____,
DOB: _____,
Respondent.

D.C. File No. 27-MH-PR-_____
C.A. File No. _____

FOR EMERGENCY USE ONLY:

If a medical emergency has been declared previous to this petition, please describe:

The basis for the emergency:

The number and frequency of ECT treatments administered as of today's date:

I, _____, with an office at _____,
_____ Minnesota, to the best of my knowledge, information, and belief, respectfully
represent:

1. I am a doctor or psychiatrist at _____, located in
_____ County, Minnesota.

2. Respondent was born on _____ and has settlement in _____
County for the purpose of judicial commitment.

3. Respondent has a pending Petition for Judicial Commitment filed, or has been committed
to _____ as _____ by the
Hennepin County District Court, Probate/Mental Health Division, on _____.

4. Respondent is presently receiving care and treatment at the _____
under _____ (medical provider's name).

5. Diagnostic studies performed by _____ on

Respondent indicates that Respondent suffers from _____

6. Based upon my review of Respondent's condition, I have determined electroconvulsive therapy to be presently medically necessary, with a proposed course of: (Number of treatments and period of time for both acute and maintenance treatments.)

7. The administration of the above procedure(s) is reasonable despite the risks and side-effects associated with the procedure. The risks and side-effects are: those of a general anesthetic; namely low fatality risk - 1 in 20,000; and accidental injury may occur but careful techniques can reduce the risk to practically zero; the chances of falling while drowsy; inhaling saliva, etc. Dentures should be removed before to ECT. Atropine is injected under the skin before treatment to dry the mouth, reduce nasal and bronchial secretions, and to prevent irregular heartbeats. No food or drink is permitted for eight hours beforehand to insure an empty stomach. Respondents are kept in bed after treatment until steady on their feet.

8. The objective of the above procedure is: _____

9. Respondent's written consent to the administration of the above procedure has not been obtained because: _____

10. Judicial authorization is a prerequisite to the administration of the above procedure in the absence of Respondent's consent under the requirements of *Price v. Sheppard*, 239 N.W.2d 905 (1976), and *In re Kinzer*, 375 N.W.2d 526 (Minn. Ct. App. 1985).

Based upon the foregoing, Petitioner prays that a guardian ad litem be appointed to represent Respondent and that authorization to administer the above prescribed therapy be granted according to law.

I declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct.

Executed on this _____ day of _____, 20___. In the County of _____, in the State of Minnesota.

Medical Doctor/Psychiatrist

Facility

Request to Extend for Good Cause

When/Why:

In rare cases, this is used when there is a late request to extend the commitment through an amended 180-day report or a late request to file a recommitment petition due to GOOD CAUSE.

The Case Manager should consult with supervisor and County Attorney to consider requesting the underlying commitment be continued for good cause when:

1. There is clearly good cause for the late filing. Good cause is not the case manager forgot to file a request to extend or recommit on time or did not do so due to being on vacation. Please call us to discuss all scenarios as we can talk through options even when there is not good cause.
2. Document what good cause exists to request an extension of the underlying commitment (up to 14 days) for the request to extend the commitment or recommitment with detail on letterhead.
3. Contact the County Attorney regarding the good cause letter before contacting Prepetition Screening and send the good cause letter for approval to: Julia Hillel (612) 543-2984 / Julia.Hillel@hennepin.us; after 10/23/2023, Charlotte de Julio (612) [596-8576](tel:596-8576) / Charlotte.deJulio@hennepin.us when Julia is out.
4. Once the good cause letter is approved and sent to Prepetition Screening if it is a recommitment, please also call Prepetition Screening at 612-348-2787 to request the recommitment case be screened with the knowledge that a good cause extension was requested.

SAMPLE REQUEST TO EXTEND FOR GOOD CAUSE LETTER

Agency Letterhead Here

April 08, 2024

Hennepin County Attorney's Office
Mental Health Division
300 S. 6th Street
Minneapolis, MN 55487

Re: Client's Full Name File No: 27-MH-PR-XX-XXX - Request for Amended 180 to Extend for Good Cause

To: Assistant Hennepin County Attorney

I writing to request an extension of an amended 180 commitment order for good cause. Mr. Client's Name is a 23-year-old male who presented to North Memorial's ED for altered LOC back in October of 2023. The courts concluded that Mr. Client's Name is in need of neuroleptic medication as necessary and reasonable for his mental health status. Since working with case management services, Mr. Client's Name has engaged with case manager on a monthly basis, attending his scheduled psychiatry appointments at ABNW. Additionally, Mr. Client's Name recently completed an online cybersecurity course and is awaiting to receive his certificate, including job placement. Case manager submitted a 180 final court report since Mr. -was progressing.

Unfortunately, the reason for this extension is due to Mr. Client's Name expressing to his psychiatrist, Dr. Doctor on 04/03/2024 that once his commitment order expires on 04/24/24, he will no longer continue takin his neuroleptic medication. The nurse that works directly with Dr. Doctor reached out to case manager the same day with notification, stating that Dr. Doctor is requesting an extension of commitment. On 04/08/2024, case manager emailed Julia Hillel, Senior Assistant Hennepin County Attorney, who approved this request. Case manager will file and e-serve an Amended 180-day Report and requests an extension for good cause.

Sincerely,

/s/ Case Manager Name or physical signature

Typed out Case Manager Name, with credentials
Phone Number
Email Address

Request for Early Dismissal

The Case Manager should consult with supervisor and County Attorney to consider requesting an Early Dismissal of Commitment when:

1. Case manager has confirmed that person left the state with no reasonable likelihood that likely to return. (See next page re death of a client.)
2. The Person has a guardian, and the Case Manager and Guardian agree that the Guardianship is sufficient to meet the patient's needs.
3. Exceptional circumstances justify dismissal and there is little risk to public safety.
 - a. Exceptional circumstances include: whereabouts unknown for an extended time or no response to efforts to engage for at least 2 months; extended incarceration and verified DOC does not need commitment support; individual better served by criminal justice system, etc.
 - b. Risk to public safety: If the person is a risk of harm to others or there is current and reliable reports of serious self-neglect or suicide attempts, this will likely rule out asking for a dismissal.

Process

1. Wait at least 2 months into commitment or from losing contact/engagement (with continued efforts to engage or locate client) before considering early dismissal in exceptional circumstances.
2. Consult with and obtain supervisor approval.
3. Document all efforts to engage or contact the person. This may include:
 - a. Contacting family, friends, and providers
 - b. Contacting the person by phone (text or call) to known or alternative numbers
 - c. Checking with Economic Assistance for change in address/phone
 - d. Sending certified letter to last known address
 - e. When indicated, arrange for unannounced visit
 - f. If history of shelter use, contact Adult Homeless Access and Adult Shelter re whereabouts
 - g. If a Release of Information signed for EPIC, look in EPIC for hospitalizations & phone hospitals
 - h. If you suspect arrest, check jail rosters
4. Consult with County Attorney: Julia Hillel (612) 543-2984 / Julia.Hillel@hennepin.us; Charlotte de Julio (612) 596-8576 / Charlotte.deJulio@hennepin.us when Julia is out.

Where the report goes:

- Email County Attorney's Office at CA.Adult_Services_Paralegals@hennepin.us and Julia.Hillel@hennepin.us or Charlotte.deJulio@hennepin.us when Julia is out.
- Do not e-file directly with the Court

****Death of a committed person:**

- *Do not* use the Early Dismissal Process
- Write a short memo detailing the date of passing and basic circumstances
- E-file directly with Court, serve courtesy copies on County Attorney and Defense Attorney

EARLY DISMISSAL REQUEST

Dated:

Client's name:

Court File No.:

I am requesting an early dismissal based on the following reason(s):

1. A VERIFIED apparently, permanent move to another state. Please explain and provide evidence of move:

2. A guardianship has been established with the guardian, in consultation with the case manager, jointly concluding that a commitment is no longer necessary. Please explain and provide date of Order.

3. Exceptional circumstances justify an early dismissal.
 - a. What are the exceptional circumstances?

 - b. What is the risk to public safety, if any?

Case manager:

Address:

Telephone Number:

Email:

SAMPLE

EARLY DISMISSAL REQUEST

Dated: 8/1/2022

Client's name: Persons Name

Court File No.: 97-MH-PR-25-12345

(Please explain/document every issue – Must meet all four criteria unless moved from state)

1. Client has moved to another state **or** client's whereabouts are unknown **or** client will not cooperate with case plan despite best, reasonable efforts by case management.

Ms. Name was placed on Stay of Commitment, MI on 7/15/2022. She was released from Hennepin Healthcare the same day the Stay was issued, back to her home in Springfield. Writer was given no information regarding follow-up care, nor did writer have correct contact information. Because of lack of information and concerns about her whereabouts, Stay was vacated and commitment Order was issued on 7/28/22. Writer was able to find correct information for client and finally made contact with her on 7/28/2022. Ms. Name reports she is back at her home in Springfield with her family. She was able to provide writer with her address as well as the clinic she is connected with for psychiatric services. Writer assessed for safety. Ms. Name denied any SI/HI, as well as denying AH/VH. Conversation was clear and reasonable. Ms. Name understood the need for follow-up with her clinic.

AND

2. Case management has no reliable information that the client is or will be (in the reasonably foreseeable future) in need of inpatient hospitalization.
Ms. Name has follow-up appt with psychiatry on 8/4/2022. Name of the clinic is Mental Health Services, phone number 123-456-7890.

Her home address is: 12345 Main St.

Springfield, ST 12345

Writer believes Ms. Name will not need hospitalization in the reasonably foreseeable future.

AND

3. A Non-emergency Review is not likely to be effective due to either a) client is unlikely to respond to a

summons and/or b) client is unlikely to positively respond to the Court.

AND

4. Client does not represent a threat to the public safety.

Case manager's name: Star Worker

Work Address: 1800 Chicago Ave, Mpls, MN 55404

Telephone Number: 321-654-9870

Email: Star.Worker@email.com

Request for Non-Emergency Review Hearing

When/Why:

The Case Manager should consult with their supervisor and County Attorney to consider requesting a Non-Emergency Review Hearing when:

1. Person is not in compliance with conditions of Provisional Discharge, Stayed Order for Commitment, or Continuance for Dismissal.
2. Person presently does not meet inpatient admission criteria.
3. There, is a reasonable likelihood that the person will appear by summons.
4. There is also a reasonable likelihood that the person will respond positively to court intervention.

Where the report goes:

- To the County Attorney's Office by email to CA.Adult_Services_Paralegals@hennepin.us
- Do not e-file directly with the Court

NON-EMERGENCY REVIEW HEARING REQUEST

Date:

Client's name:

Address:

Court File Number:

Explain in detail how or why:

1. The client is not in compliance with the conditions of the Continuance – Stay – Provisional Discharge:
2. The client does not presently meet inpatient hospital criteria:
3. There is a reasonable likelihood that the client will report to Court after being served with a subpoena:
4. There is a reasonable likelihood that the client will respond positively to Court intervention:

Case Manager's Name:

Address:

Phone Number:

Stayed Order for Commitment Settlements – Plan for Services

When/Why:

If a case manager has already been assigned prior to the filing of a petition, that case manager will perform the duties that the Intake Unit of Adult Behavioral Health otherwise performs. As such, case management should initiate and maintain contact with the person's hospital treatment team to coordinate future treatment planning. If the parties reach an agreement for a Stayed Order for Commitment, a Plan for Services must be executed by the person as part of the agreement. Typically, the case manager prepares this document with consultation from the hospital and the County Attorney and forwards the document to the County Attorney and defense attorney. The defense attorney advises the person about the document, obtains their signature, and files the Plan for Services.

Where it goes:

- Emailed directly to the parties – DO NOT file with the Court

PLAN FOR SERVICES

In the Matter of:

_____ Respondent Court File No. _____

1) Respondent is committed to _____

2) Respondent is stayed to _____

3) Address of facility _____

4) The residence of the Respondent is _____

5) The treating psychiatrist or program is:
Inpatient _____ Outpatient _____

6) Are medications prescribed? _____ Yes _____ No
If yes, list medications

7) The type of Health Insurance is: _____ Private _____ MA _____ GAMC _____ VA

8) The name and phone number of the case manager(s):
_____ Phone Number _____

9) The type of commitment is:
_____ Mentally Ill _____ Mentally Ill/Chemically Dependent _____ Chemically Dependent

10) The progress report due date: _____

11) Revocation of this stay will be by: _____ Written request with the right to a hearing within 14 days
_____ After due notice and a hearing

12) Name and phone number of defense attorney(s):
_____ Phone Number _____

13) Name and phone number of Assistant County Attorney(s):
_____ Phone Number _____

The conditions to be met in order to obtain an early release from commitment will be contained the order. To avoid a hearing for further commitment, which could include commitment to another setting for treatment, the Respondent must comply with the order.

I agree to the above plan.

_____ Date Signature of Respondent

_____ Date Signature of Social Worker (if available)

REVOCATIONS OF STAYED ORDERS FOR COMMITMENT **(aka Vacating a Stay and Executing the Commitment)**

Revocation of a Stayed Order for Commitment should be requested by the Case Manager when the person is noncompliant with the conditions in the Order and/or is decompensated after all other less restrictive options have been ruled out. The Case Manager should request revocation in consultation with his or her supervisor. The County Attorney's Office is available for additional consultation if needed.

In general, the person should require hospital level of care for revocation. This is not a legal requirement. However, Hennepin County and most of the local hospitals reached an agreement that the hospitals would guarantee a bed to patients meeting their admission criteria on revocation (as opposed to requiring case managers to search for beds). If the person does not meet admission criteria, the hospital is authorized to release the patient and reinstate the Stayed Order for Commitment. Just like revocations of provisional discharge, case management needs a "good faith belief" that the person will meet inpatient admission criteria supported by compelling, recent evidence.

There is no established "form" for this request; please draft a memorandum on letterhead. List what condition(s) of the Stayed Order for Commitment the person has violated and provide specific, documented information as to what has occurred. The County Attorney's Office needs information sufficient to permit us to call witnesses and secure records to prove the violation if necessary.

A request to revoke Stayed Order for Commitment must be sent to the County Attorney's Office, an email with the memorandum attached to CA.Adult_Services_Paralegals@hennepin.us is preferred; a fax directed to 612-348-6430 is acceptable. **Do not e-file the request with the Court.**

Components of Request:

- If the person is dually committed, there needs to be a recommendation in your request as to where the respondent is to go when committed.
- If the person is hospitalized, provide information as to where the respondent is to be held pending transfer to the commitment facility. Case management must check with the hospital staff to ensure that this plan is acceptable to them as well.
- The County Attorney's Office must know if the respondent is on a 72-hour hold and when that expires (date & time). Also, be sure to include the person's specific location including hospital and unit/floor/room number.
- Provide specific information to cited sources, including dates, detailing how the person violated conditions of the stay and why no less restrictive alternatives can meet person's needs.
- If the case manager has received/observed credible evidence of recent and substantial risk to 3rd persons, including the general public, this shall be considered strong evidence that the patient will meet inpatient standards, and this conclusion should be included in the request.
- If the person is in the community, identifying information needs to be listed in the revocation request: sex, height, eye color, race, weight, hair color, date of last contact with case management, any likely location the person may be at. If the person's whereabouts are unknown, this must be stated explicitly. Be aware that the Sheriff will not attempt to find the person until we know their location.
- There will not be a hearing scheduled at the time of the filing of the revocation request, however, Respondents have the right to contest a revocation based on a written request within 14 days from

the time the Court issues the Order for Commitment. If a respondent makes a request, a hearing will be scheduled. At the hearing, Case Management is represented by the County Attorney's Office and will need to prove the facts forming the basis for the revocation.

- Once the paperwork is filed with the Court and Judge approves the Order Vacating Stay and Executing Order for Commitment, the commitment is in effect.
- The date the Judge issues the Order Vacating Stay and Executing Order for Commitment is the new start date for the commitment.
 - All duties associated with full commitment commence, including 60/90 Report and 180-day Report responsibilities.

Communication with the Sheriff

Notify the Sheriff immediately of any change in status that would affect the sheriff's work regarding the revocation order, like changes in status (e.g., person presents to the facility voluntarily or by another means; you request to rescind the revocation, etc.), changes in person's pick-up location, or new behaviors that increase risk of harm to self or others.

Sheriff Contact Information:

Main transport number is (612) 596-9860. Desk hours are from 6:00 a.m. to 2:00 p.m.
Transportation & Enforcement Unit – Sgt. Sam Nelson

Where It Goes

- Send directly to the County Attorney's Office, an email with the memorandum attached to CA.Adult_Services_Paralegals@hennepin.us is preferred; a fax directed to 612-348-6430 is acceptable.
- **Do not e-file the request with the Court.**
- Revocations for respondents in the community requiring Sheriff transport, no additional people to notify in the County Attorney's office, since these are already submitted to the County Attorney directly.

Date: XX/XX/XX

Hennepin County Attorney's Office
Adult Services Division
300 South Sixth Street
Minneapolis, MN 55487

RE: *Individual's name*, File #: *Court File Number*

REQUEST TO HAVE STAY OF COMMITMENT VACATED

On *date Stay of Commitment was entered* this individual was committed to *Commitment site* and the commitment was stayed on the conditions that the individual: *List all conditions of the Stay.*

Describe what the individual has been doing that lead to the need for the Stay to be vacated. Be sure to include dates, named witnesses, and specific observations regarding nature of the violation(s) and risk of harm to self/others.

The behavior or events described above is in violation of (*list conditions of stay you believe are being violated*). It is therefore requested that the stay of commitment be vacated *and the individual committed to the commitment site(s) named in the original order.*

- *A sheriff pick-up is requested. The individual is currently at location (if known). It is requested that the individual be brought to a hospital or detoxification facility if needed (NOTE: as of 2019, legal issues make detox largely inaccessible for this process). Include identifying and location information, such as sex, height, eye color, race, weight, hair color, date of last contact with case management, any likely location the person may be at.*

OR

- *The Respondent is currently located at (hospital name) and subject to a 72-hour hold scheduled to expire at (time) and (date).*

Case Manager's Name:
Agency & Address:
Phone Number:

SAMPLE

Hennepin County Human Services and Public Health Department

January 25, 2021

TO: Assistant Hennepin County Attorney
RE: Mr X File No. MH-PR-20-xxx

REQUEST TO VACATE STAY AND EXECUTE A COMMITMENT

Mr. X agreed to a Stayed Order for Commitment for a Person who Poses a Risk of Harm due to Mental Illness on 10-16-2020. At that time, he was at Regions Hospital. Here is a timeline of what has occurred since then:

10-13-2020 to 10-22-2020 at Regions, discharged to stay with friend Josh
11-5-2020 to 11-13-2020, at Abbott following cocaine use
11-13-20 to 11-30-2020, was at Unity inpatient SUD program
11-30-2020, moved to sober home and scheduled to start outpatient with NuWay
12-5-2020 to 12-9-2020, admitted to Unity following cocaine use
12-9-2020, moved in with a friend with plan to return to NuWay outpatient
12-11-2020, discharged from NuWay
12-15-20, went to ER at Methodist after missing dialysis
12-23-2020, ICU at Fairview/ M Health East Bank hospital, with hypovolemia.
12-30-2020, went to Unity Mercy campus looking for detox from cocaine and needing dialysis, discharged a few days later
1-8-2021 to 1-11-2021, at Methodist, in need of dialysis
1-15-2021, used cocaine, was suicidal, went to St. Francis Regional Medical Center
1-20-2021, transferred to Mercy Hospital, Unity Campus psychiatric unit
1-23-2021, informed hospital of intent to leave, staff did not agree, placed under 72-hour hold

Over the course of the Stayed Order, Mr. X has not been able or willing to follow the recommendations related to mental health, physical health, or substance abuse disorder and has continued in the pattern of cocaine use, not attending dialysis on a regular basis, and experiencing suicidal thinking which has led to multiple hospitalizations. He has not taken the initiative to follow up on referrals to providers or treatment programs.

Due to needing dialysis three times a week, he has not been a candidate for most residential substance use disorder programs and has not yet been accepted to a residential mental health program. Unity Hospital inpatient program accepted him once, declined to have him back in December 2020 and are not inclined to accept him now based on his behavior over the weekend of Jan 23-24, 2021.

Mr. X posed a serious risk to his own health by putting in a request to leave the hospital within 12 hours as he was frustrated by not having certain medications prescribed. The hospital provider, Dr. El-Hammy, met with Mr. X and offered to prescribe his requested meds and requested that Mr. X rescind his request to leave. Mr. X was not willing to do so, so hospital place a 72-hour hold. Following that, Mr. X informed hospital staff "That's it – I'm not eating, no meds, no groups until I get out of here." Another staff note reports that Mr. X said the following "I will not eat, no medication nor dialysis. I will only get out of here in a bag or you let me use my own two legs, your choice". Mr. X does not have stable housing, does not have any specific plans for follow up treatment.

With those comments, Mr. X demonstrates that he is not able to maintain his safety if he actually follows through with all of those plans. He has stopped taking medications, did stop eating and drinking for a period of time. He refused dialysis on 1-25-21. He attempted to flood the bathroom in his room, hid remote control for a device from his peers.

Mr. X is currently under a 72-hour hold (the details needed to be obtained from hospital). He is currently at Mercy Hospital, Unity Campus in Fridley, on psychiatric unit 4 West. Hospital social worker is Christina Masica, 763-236-4415.

Respectfully submitted,

Case manager signature

Phone Number

Email

Stayed Order for Commitment – Report To Court

When/Why:

Stayed Orders for Commitment include a requirement that the case manager file a status report with the court by a certain day, usually about day 90 of the stayed commitment. This is required by the statute, however, there are not the same consequences as a 60/90 report for failing to file. There is no form or set of topics you are required to address. Write a simple memo on letterhead describing the person's progress, status, and ongoing treatment plan.

When:

By the due date named in the Stayed Order for Commitment

Where it goes:

- E-file direct with Court; E-serve defense attorney and County Attorney

SAMPLE

Hennepin County Human Services and Public Health Department

December 29, 2017

Fourth Judicial District
District Court
Probate/ Mental Health Division

RE: XX
Progress Report of Stayed Order for Commitment

Mr. XX was placed under a Stayed Order for Commitment as Chemically Dependent on 10-11-17. At that time, he was at North Memorial Medical Center. On 10-16-17, he was transferred to Professional Counseling Center treatment with housing. He participated and completed that program on 12-11-17. At that time, he was not interested in residing in a sober house, so he has secured housing through a hotel in Minneapolis. He is looking for affordable housing. Mr. XX has connected with his employer and intends to return to work in January 2018.

Mr. XX states very clearly that he is not interested in drinking alcohol, knows that drinking will lead to severe medical problems. He is interested in going to Secular Organization for Sobriety meetings and listening to music as means of support of his sobriety. Mr. XX has maintained contact with his psychiatrist Dr. Gorbatenko at the Mental Health Center and has reconnected with his therapist at that same clinic.

Respectfully submitted,

Signed by Case Manager

Extension of Stayed Order for Commitment

What:

Stayed Orders for commitment can be extended for up to 12 months. Unlike the 180-day report, there is no form, or set of topics you are required to address. Write a memorandum on letterhead explaining why you believe the Stayed Order for Commitment needs to continue. The County Attorney uses your memorandum to file a motion with the Court. Please include your contact information in the memorandum.

When:

Send to County Attorney 1 month prior to expiration of Stay.

Standard:

- The person continues to have a mental illness, developmental disability or chemical dependency
- The person is likely to attempt to harm self or others or fail a major necessity unless the person is under the supervision of the Stayed Order for Commitment

Where it goes:

- Send directly to the County Attorney's Office, an email with the memorandum attached to CA.Adult_Services_Paralegals@hennepin.us is preferred; a fax directed to 612-348-6430 is acceptable.
- **Do not e-file the request with the Court.**

SAMPLE

Hennepin County Human Services and Public Health Department

December 10, 2018

To: Assistant Hennepin County Attorney

Re: Ms. R, File No. 27-MH-PR-18-xxx
Request to Extend Stayed Order for Commitment

A Stayed Order for Chemical Dependency was put into place with Ms. R on 7-23-18. Since then, she has had some struggles and some successes in her recovery. As noted in the recently submitted progress note, Ms. R's highest risk of use is when she is in her apartment.

On 11-24-18, Ms. R consumed alcohol while at her apartment, and continued on for a day. On 11-26-18, Ms. R did contact case manager and her counselor Lance at 3R's outpatient program. She went to the University of Minnesota Medical Center - Fairview University and was admitted to the detox unit on 11-26-18. Ms. R remained there until 11-30-18 and then returned to the sober house and to the 3R's outpatient program.

Ms. R is slated to move to her apartment on 12-20-18. She will continue to attend 3R's until sometime into mid-January. The current court order is scheduled to expire on 1-19-19. It will be important to continue to provide support and oversight during the transition time from sober housing and structured treatment to Ms. R being at home and needing to create a new routine for herself. Case management is requesting an extension of the current Stayed Order for Commitment.

Respectfully submitted,

Case manager
Phone number
Email address

Appearing at Court/Preparing to Testify

Upon notice of a hearing:

- The assigned case manager should be the one to prepare for and attend hearings whenever possible.
 - If you are not available and have a supervisor/colleague covering, it is imperative that person is familiar with the client and capable of testifying about the hearing issue.
- We ask that case management help plan and coordinate the client's appearance on Zoom or phone
 - County attorney will provide hearing connection information the day before the scheduled appearance. Please work with client, their staff, or their family to ensure client can connect.
- If you have any concerns about the hearing, contact the County Attorney (612) 348-6740 and request to talk to the assigned attorney or the attorney of the day.
 - Attorneys are assigned to prepare a file for hearing when district court issues the hearing notice, but that attorney might not handle the hearing.
 - Attorney hearing assignments are made the day before the scheduled appearance.
- Consider settlement options and discuss with the County Attorney. If you're contacted by a defense attorney, you can talk with them to the extent you're comfortable. You can always refer a defense attorney to the County Attorney for further negotiations. If you agree to a settlement with defense counsel, please notify the County Attorney.

The day before a hearing:

- Your records/notes will be court ordered in advance of the hearing. Please make sure they are uploaded in the electronic medical records system at least one day in advance of the hearing, but not too early so that the Court has the most up-to-date information possible.
 - Click on Electronic Medical Record Submission (EMRS) web portal
 - You must have a Court Order for Records or valid subpoena
 - Enter Court File Number
 - Under Medical Provider, select your agency's name.
 - Enter client's name exactly as spelled on court order.
 - It is highly recommended to take a copy of records submitted with you to the court hearing in case the system fails to prevent any unnecessary delays. Also, this enables you to read all records and highlight any areas of concern since the court order was issued to prepare for possible testimony.
- The County Attorney is assigned the afternoon before a hearing. If the attorney does not reach out to you, feel free to call the general number at (612) 348-6740, ask who is assigned, and request to talk to that person if you have questions.
- The attorney will have Zoom connection information for you to connect to the hearing. Often, the attorney will request that you help your client, and/or any facility where your client resides to ensure your client gets connected to the hearing as well.

On the hearing date:

- All hearings are held remotely. Case management will appear by Zoom or by phone through Zoom. Please coordinate with the County Attorney and plan to call in about 5 minutes before the hearing.
 - If on camera, ensure appropriate court decorum.
- You are often permitted to sit in exams, but at the discretion of the defense attorney. You are *not to answer questions or speak for your client* in the examination. After the exam, please notify the County Attorney about any concerns you may have about things that were said or not said. Sometimes, the examiner will ask you after the exam about the accuracy of statements, recent history, or a comparative assessment about a client's presentation.
- Discuss settlement options directly with the County Attorney (your attorney).

Preparing to testify and testimony:

- **DOCUMENTATION:** The best preparation comes long before you ever come to court. Documentation should be contemporary and thorough.
 - Document the person's comments or behaviors that are illustrative of symptoms or behaviors.
 - If conclusory language is used (e.g., "he acted of aggressively"), thoroughly describe the behavior/incident (e.g., posturing with fists clenched, quoting verbal threats, etc.).
 - Note the person's comments about engaging in treatment, taking medication, or accepting ECT.
 - 3rd party comments may be relevant, but these must be very specific. For example, "I am worried about him," (individual's mother speaking) is not helpful unless what statements and/or behaviors are worrying her are included.

- **PRE-HEARING PREPARATION**
 - Review your notes, especially the last several months, so that you know where key items are.

- **WHEN YOU TESTIFY:**
 - Most cases requiring your testimony involve the simple question of why a stay/provisional discharge should be revoked or why court jurisdiction should be extended. Please be prepared to address the relevant issues (symptoms, treatment plan, on-going risk of harm) with both facts and an educated opinion.

 - Often, case management records are submitted for the referee/judge to review and testimony is not needed, however, judicial officers have recently been expressing a stronger preference for testimony. Case managers are present during the court hearing and their appearance will be noted for the record. Sometimes, case management testimony is necessary to meet the burden of proof for the hearing, and other times the client's attorney will call you for testimony.

- **WHEN YOU ARE CROSS EXAMINED**
 - Do not get defensive.
 - Tell the truth. The truth can include, "I do not know" or "I am not sure" or "I do not remember."
 - Answer only the question asked.
 - Remember that the County Attorney has an opportunity to ask follow-up questions if they believe you have additional information to offer or clarify, etc.

After the Hearing:

- The Court almost always takes cases "under advisement" and issues a written decision later.

Overview

What is civil commitment?

A court order for the involuntary treatment of mental illness, chemical dependency, and/or a developmental disability. It is not placement – it is a legal tool to ensure treatment of a condition.

Investigating & Initiating Commitment

Elements of Commitment

- **Developmental Disability**

- IQ of 70 or lower (related conditions, e.g., autism, FAS, etc. do not qualify) AND
- Because of the developmental disability poses a substantial likelihood of physical harm to self or others by recent:
 - failure and inability to provide a major necessity (food, clothing, shelter, medical care)
 - threats or attempts to harm self or others

AND

- commitment is the least restrictive way to get treatment

- **Mental Illness**

- “substantial psychiatric” or “organic” disorder (affecting thought, mood, perception, orientation, grossly impairing behavior, judgment, capacity to recognize reality, ability to reason/understand)
- AND

- Because of the disorder, poses a substantial likelihood of physical harm to self or others by recent:
 - failure to provide a major necessity (food, clothing, shelter, medical care)
 - threats or attempts to harm self or others
 - inability, other than indigence, to obtain necessary food, clothing, shelter, medical care as a result of MI and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, without appropriate treatment & services

AND

- commitment is the least restrictive way to get treatment

- **Chemical Dependency**

- Excessive AND habitual use of alcohol or drugs AND
- Because of the use, poses a substantial likelihood of physical harm to self or others by recent:
 - failure to provide a major necessity (food, clothing, shelter, medical care)
 - threats or attempts to harm self or others
 - serious physical problems

AND

- commitment is the least restrictive way to get treatment

Recommended Steps to Initiate Commitment

1. **Have the person evaluated by a ER/hospital with a psychiatric unit**
 - a. Options to get the person to the hospital:
 - i. Voluntarily
 - ii. Law enforcement transport hold when in danger of harm to self or others if not immediately detained – call 911; request a CIT trained officer if available
 - iii. COPE 612-596-1223 or health officer, may place transport hold
 - b. EMS can provide transport if authorized by peace or health officer
2. **Be prepared to offer extensive collateral information to the hospital in support of request for admission and need for civil commitment**
 - a. include historical presentation and treatment efforts, recent behavior, and symptoms
 - b. Minn. Stat. § 253B.23 provides immunity to anyone providing information under any section of the Commitment & Treatment Act

After the Hospital Agrees to Petition

1. **Examiner's Statement is Completed**
 - a. Who?
 - i. licensed physician,
 - ii. mental health professional: mental health CNS; licensed psychologists; certain LICSWs, MFTs, LPCCs
 - iii. some APRNs in emergency departments
 - iv. licensed physician assistant
 - b. The examiner must have met with the person within the 15 days prior to filing the petition
 - i. The statement is only good for 15 days from the date the examiner met with the person, not from the date the examiner signed the statement.
 - c. The statement must include an opinion about the need for treatment with neuroleptic medications
2. **The Petitioner calls Prepetition Screening Program (612-348-2787) and provides the Examiner's Statement**
 - a. Prepetition Screening can either recommend commitment or not support commitment
 - b. Hospital as Petitioner has the right to appeal a “not support” decision by PSP
 - c. If case management initiates the petition, there is no right to appeal a “not support” recommendation because of the HSPHD “One Voice” Policy (even for contract agencies)
 - d. Time Considerations during the 72-hour hold:
 - i. PSP needs at least 8 business hours to minimally screen a case. More time yields a more comprehensive evaluation.
 - ii. County Attorney needs at least an additional 2 business hours to review, prepare, and file a petition and the Court accepts its last filings at 4:00PM for holds that expire overnight

3. An “Exhibit A” to the Petition is Completed

- a. Completed by the hospital when hospital is petitioner; completed by HCAO-ASD for case management is petitioner
- b. Guidelines
 - i. Factual descriptions of the patient’s recent behavior, including what it is, over what time period, where incidents took place
 - ii. Observations must include named witnesses
 - iii. Stated in behavioral terms, not judgmental or conclusory statements

4. Forced Medications

- a. Only neuroleptic medications (i.e., not antidepressants, anti-anxiolytics, stimulants, etc.) can be authorized by the Court to be forced
- b. Requires a separate “Jarvis Petition”
- c. Only available if person is subject to Order for Commitment (any type!)

5. Electroconvulsive Therapy

- a. Requires a separate “Price Sheppard” petition by a physician
- b. Court appoints a psychiatrist as examiner and holds a separate hearing; sometimes combined with recommitment hearings
- c. Must be presently medically necessary, specifically authorized for each new series of acute treatment, and specify the number of and duration of the treatments authorized
- d. Only available if person is subject to Order for Commitment

6. Representation

- a. The County Attorney is attorney for the Petitioner for initial commitments; attorney for case management for most subsequent hearings
- b. Person (“Respondent”) is appointed an attorney from the Commitment Defense Project (a panel of private attorneys) and Adult Representation Services attorneys depending upon the case.
 - i. Defense attorney remains the person’s attorney as long as the person is subject to court jurisdiction

7. Court Hearings

- a. Preliminary Hearing/Examination
 - i. If the person is on a 72-hour hold when the Petition is filed, a “Court Hold” will be requested, keeping the person in the hospital until the Preliminary Hearing.
 - ii. At the Preliminary Hearing, Petitioner can request that the person continue to be held until trial (usually 3 business days later). The person can also agree to remain on hold.
 - iii. The Court appoints a psychologist, the “Court Examiner” to examine the person and offer another independent opinion about commitment. In Hennepin, this usually occurs on the same day as the Preliminary Hearing.
- b. Trial
 - i. Must prove all elements of commitment by “clear and convincing evidence”
 - ii. May require testimony of providers, including case management
 - iii. Person has the right to testify
 - iv. Decisions are always “taken under advisement”, no decisions are announced in court

8. Possible Dispositions

- a. Following trial:
 - i. Order for Commitment and Authorization to Administer Neuroleptic Medications, if it was requested
 - ii. Dismissal of the Petition
- b. Settlements -- can only be entered by agreement of person
 - i. Stayed Order for Commitment
 1. Includes conditions
 2. Includes a finding that the person meets commitment criteria
 3. Can be “revoked” or “vacated” (usually relatively easily) and the person ordered committed if plan fails
 - ii. Continuance for Dismissal
 1. Can include conditions
 2. No findings regarding commitment
 3. Not easily revoked, requires a new court examination and trial

Case Manager Duties Following Court Disposition

Once Probate/Mental Health Court has jurisdiction over a person, either through a full commitment or a settlement agreement, case management is the “designated agency” responsible for many statutory duties under the Commitment & Treatment Act.

Duties on Full Commitment

- Coordinate and Plan Aftercare (Minn. Stat. § 253B.15, subd. 1(c))
 - Commitment facility should develop provisional discharge plan with input from both the patient and case management
 - The commitment hospital must complete and file a provisional discharge with the Court when the person is released from the hospital
 - If person is at a local hospital other than the site of commitment named in the commitment order, a Local Remote Provisional Discharge occurs
 - Case management works with the hospital the person is currently at to form a plan.
 - The hospital where the person is currently admitted contacts the hospital to which the person is committed regarding the final plan. The hospitals [not case management] work out which hospital will file the Provisional Discharge with the Court.
 - Case management should verify that the provisional discharge has been filed with the Court.
 - If commitment is to Commissioner of Human Services only -- the facility where the person is placed pending transfer to a state-operated program may do the provisional discharge (Minn. Stat. § 253B.15, subd. 1(b))
 - Still may require a remote provisional discharge if the person is in jail, committed only to the Commissioner of Human Services and placed in a community program directly from jail.

- 60/90 Day Report (Minn. Stat. § 253B.12)
 - If a patient has been provisionally discharged, by the 60th day of the commitment case management must file this report; if the patient is still at the site of commitment on the 60th day then it is the hospital's duty. Always double check with the facility!
 - Failure to file by the 90th day, the court will send a notice that a report must be filed within 5 business days. If a report is not filed within 5 days, the court will hold a hearing within 3 days, summoning case management to court for explanation..
- 180 Day Report (Minn. Stat. § 253B.12)
 - Required if extension of a commitment is requested.
 - Extension can be up to an additional 12 months.
 - The standard for extension: the person continues to have the condition for which they are under commitment; that without commitment the person is likely to pose a risk of harm to self or others (recent harm is not required); and commitment continues to be the least restrictive alternative.
 - Must be filed directly with the Probate/Mental Health Court (4 weeks prior to expiration, but not earlier).
 - Will be scheduled for another hearing, case management needs to attend and be prepared to testify.
 - Commitment can only be extended by this method one time.
- Request Revocation of the Provisional Discharge directly with Probate/Mental Health Court if appropriate and necessary
 - Must file both the "Notice of Intent to Revoke" document and the "Report to Court" – do not merge these into a single document
 - Should only request revocation when there has been a material violation of the conditions of the PD, the person is at risk of physical harm, and the person is likely to meet inpatient admission criteria
 - If the person is in the community at the time of revocation, be sure to update the sheriff of any changes in status at (612) 596-9860
- Recommitment
 - Process to extend a commitment that has already been extended one time by report
 - The standard for recommitment is the same for extension: the person continues to have the condition for which they are under commitment; that without commitment the person is likely to pose a risk of harm to self or others (recent harm is not required); and commitment continues to be the least restrictive alternative
 - Obtain a new Examiner's Statement in Support of Commitment
 - 15-day expiration from date seen by provider
 - Send Examiner's Statement and call Prepetition Screening or use online portal for submission at least ONE MONTH prior to expiration of the existing commitment (late will not be considered); but also not more than 2 months prior.
 - The County Attorney might approve cases for filing with less than one month remaining, however the Court does not accept Petitions filed less than 21 days prior to expiration.
 - Holidays cause deadlines to move to earlier dates. Call PSP with questions.
 - If reasonable, unsuccessful efforts have been made to obtain an Examiner's Statement, contact the County Attorney immediately for further advice regarding a reasonable efforts letter.
 - Will be scheduled for another Court Exam and a Recommitment hearing, case management will need to attend and be prepared to testify

- Orders for Apprehend and Hold
 - Sought by the facility to which the person has been ordered held or committed if the person absconds
 - Directs the Sheriff to return the person to the facility

Duties on Stayed Commitments / Continuances for Dismissal with Conditions

- Report to the Court (Minn. Stat. § 253B.095, subd. 2)
 - at least once every 90 days
 - immediately report a substantial failure of the patient to comply with the conditions of release
- If revocation is required, send a request to the County Attorney
- If extension of a Stay is needed, send a written request to County Attorney at least 2 weeks prior to expiration of the Stay
 - Stayed Orders for Commitment can only be extended 1 time up to 12 months
 - Please include the current address of the person, as the County Attorney and Court frequently do not have current contact information for the Respondent
- No extensions are possible on Continuances for Dismissal