

# *Missouri Revised Statutes*

## **Chapter 631 Alcohol and Drug Abuse**

August 28, 2011

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### **Definitions.**

631.005. In addition to the definitions in section 632.005 which are applicable to this chapter, the following terms as used in this chapter mean:

- (1) "Alcohol or drug abuse facility", a place providing treatment and rehabilitation to persons engaged in alcohol or drug abuse, or both, which is recognized as such a place by the department of mental health;
- (2) "Division", the division of alcohol and drug abuse of the department of mental health;
- (3) "Division director", the director of the division of alcohol and drug abuse of the department of mental health, or his designee;
- (4) "Qualified counselor", a person who provides substance abuse counseling and who meets the qualifications prescribed in the standards for certification of alcohol and drug abuse programs under rules promulgated by the department of mental health, as authorized by sections 630.050 and 630.655;
- (5) "Respondent", an individual who is the subject of involuntary civil detention proceedings instituted under this chapter.

(L. 1980 H.B. 1724, A.L. 1985 S.B. 265, A.L. 1989 S.B. 215 & 58)

CROSS REFERENCE:

Definitions also applicable, 630.005

### **Responsibilities, powers, functions and duties of division.**

631.010. 1. The "Division of Alcohol and Drug Abuse" is hereby created and shall be a division of the department of mental health. The division shall have the responsibility of insuring that alcohol and drug abuse prevention, evaluation, treatment and rehabilitation services are accessible, wherever possible. The division shall have and exercise supervision of division residential facilities, day programs and specialized services operated by the department and oversight of facilities, programs and services funded by the department.

2. The powers, functions and duties of the division shall include the following:

(1) Provision of funds for the planning and implementation of accessible programs to alleviate and prevent problems related to alcohol or drug abuse;

(2) Review of each alcohol and drug abuse plans submitted to receive state and federal funds allocated by the department;

(3) Provision of technical assistance and training to community-based programs to assist in planning and implementing quality services;

(4) Assurance of program quality in compliance with such appropriate standards as may be established by the department;

(5) Sponsorship and encouragement of research into the causes, effects, prevention, treatment and rehabilitation of alcohol and drug abuse;

(6) Provision of public information relating to alcohol and drug abuse and its prevention, treatment and rehabilitation;

(7) Cooperation with nonstate governmental agencies and the private sector in establishing, conducting, integrating and coordinating alcohol and drug abuse programs and projects;

(8) Cooperation with other state agencies to encourage appropriate health facilities to recognize, without discrimination, persons with alcohol and drug problems who also require medical care and to provide them with adequate and appropriate services;

(9) Encouragement of training for public and private entities and assistance of such entities to recognize employee problems relating to alcohol or drug abuse which affect job performance and to encourage such employees to seek appropriate services;

(10) Participation in the developing and implementing of a statewide plan to prevent and alleviate problems relating to alcohol and drug abuse and to overcome the barriers to their solutions;

(11) Encouragement of coordination of division services with other divisions of the department and other state agencies;

(12) Encouragement of the utilization, support, assistance and dedication of volunteers to persuade persons affected by alcohol or drug abuse to voluntarily seek appropriate services to alleviate such abuse;

(13) Evaluation, or the requirement of the evaluation, including the collection of appropriate and necessary information, of alcohol or drug abuse residential facilities, day programs and specialized services to determine their cost-and-benefit effectiveness;

(14) Participation in developing standards for residential facilities, day programs and specialized services operated or funded by the department for persons affected by alcohol or drug abuse;

(15) Review and oversight of those portions of the department's annual budget which are directed for alcohol and drug abuse services;

(16) Responsibility for program planning and policies of prevention and treatment services provided directly by the department.

(L. 1980 H.B. 1724)

### **Division director to be chief administrative officer.**

631.015. The division director, subject to the supervision of the director, shall be the chief administrative officer of the division and shall exercise for the division the powers and duties of an appointing authority under chapter 36, to employ such administrative, technical and other personnel, except employees of department facilities, as may be necessary for the performance of the powers and duties of the division.

(L. 1980 H.B. 1724)

### **Advisory council on alcohol and drug abuse--members, terms, qualifications, appointment--organization, meetings--duties.**

631.020. 1. The Missouri advisory council on alcohol and drug abuse\*, created by sections 1 to 8 of house bill no. 1087 of the seventy-sixth general assembly, second\*\* regular session, shall act as an advisory body to the division and the division director. The council shall be comprised of up to twenty-five members, the number to be determined under the council bylaws.

2. The director shall appoint the members of the council. The members shall serve for overlapping terms of three years each. The members of the existing council appointed under the provisions of the reorganization act of 1974, section 9, appendix B, RSMo, shall serve the remainder of their appointed terms. At the expiration of the term of each member, the director shall appoint an individual who shall hold office for a term of three years. Each member shall hold office until his successor has been appointed. At least one-half of the members shall be consumers and one member shall represent veterans and military affairs. Members shall have professional, research or personal interest in alcohol and drug abuse. No more than one-fourth of the members shall be vendors, or members of boards of directors, employees or officers of vendors, or any of their spouses, if such vendors receive more than fifteen hundred dollars under contract with the department; except that members of boards of directors of not-for-profit corporations shall not be considered members of board of directors of vendors under this subsection.

3. A vacancy occurring on the council shall be filled by appointment of the director.

4. Meetings shall be held at the call of the division director or the council chairman, who shall be elected by the council.

5. Each member shall be reimbursed for reasonable and necessary expenses, including travel expenses pursuant to the travel regulations for employees of the department, actually incurred in the performance of his official duties.

6. The council may be divided into subcouncils in accordance with its bylaws. The council shall study, plan and make recommendations on the prevention, treatment and rehabilitation for persons affected by alcohol and drug abuse.

7. No member of a state advisory council may participate in or seek to influence a decision or vote of the council if the member would be directly involved with the matter or if he would derive income from it. A violation of the prohibition contained herein shall be grounds for a person to be removed as a member of the council by the director.

8. The council shall collaborate with the department in developing and administering a state plan on alcohol or drug abuse. The council shall be advisory and shall do the following:

(1) Promote meetings and programs for the discussion of reducing the debilitating effects of alcohol or drug abuse and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation for persons affected by alcohol or drug abuse;

(2) Study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and its resources in the provision of services to persons affected by alcohol or drug abuse through private and public residential facilities, day programs and other specialized services;

(3) Recommend what specific methods, means and procedures should be adopted to improve and upgrade the alcohol and drug abuse service delivery system for citizens of this state;

(4) Participate in developing and disseminating criteria and standards to qualify alcohol and drug abuse residential facilities, day programs and other specialized services in this state for funding by the department.

(L. 1980 H.B. 1724, A.L. 1991 S.B. 125 & 341)

Effective 7-1-92

\*The advisory council on alcohol and drug abuse is transferred to the department of mental health. See section 630.003.

\*\*Word "first" appears in original rolls, an apparent typographical error.

## **Services to be provided.**

631.025. The division may provide the prevention, evaluation, care, treatment, rehabilitation and such related services directly or through contracts with appropriate residential facilities, day programs or specialized services funded by the department.

(L. 1980 H.B. 1724)

### **Department to develop state plan, contents.**

631.030. 1. The department shall prepare a state plan to secure coordinated alcohol and drug abuse prevention, treatment and rehabilitation services accessible to persons in need of them in defined geographic areas, which plan shall be reviewed and revised annually.

2. The state plan shall include, but not be limited to, the following:

(1) A needs-assessment of the state to determine underserved, unserved and inappropriately served populations and areas;

(2) Statements of short-term and long-term goals for meeting the needs of the currently served, unserved, underserved or inappropriately served populations and areas of the state;

(3) An inventory of existing private and public residential facilities, clinics and other service providers offering drug or alcohol abuse services;

(4) Evaluations of the effects of care and treatment programs;

(5) Descriptions of the following:

(a) Methods for assuring active, consumer-oriented citizen participation throughout the system;

(b) Strategies and procedures for encouraging, coordinating and integrating community-based services wherever practicable to avoid duplication by private, not-for-profit and public state and community-based providers of services;

(c) Methods for monitoring the quality of prevention, evaluation, care, treatment and rehabilitation services funded by the state;

(d) Rules which set standards of construction, staffing, operations and programs, as appropriate, for any public or private entity to meet before receiving state certification; and

(e) Plans for addressing the particular alcohol and drug abuse service needs of each region including special strategies for rural and urban unserved, underserved or inappropriately served populations and areas of the state.

3. In preparing the state plan, the department shall take into consideration its regional plans.

(L. 1980 H.B. 1724)

## **Department director to establish regions.**

631.035. The director shall divide the state into regions. The boundaries of such regions, to the extent practicable, shall be contiguous with relevant boundaries of political subdivisions and health service areas.

(L. 1980 H.B. 1724)

## **Department director may establish regional councils--division director to appoint members--terms and qualifications of members.**

631.040. 1. The director may establish regional councils in any of the regions. If a regional council is established in a region, the division director shall appoint up to twenty members who reside in the region to serve staggered three-year terms on the councils.

2. At least one-half of the members shall be consumers and no more than one-fourth of the members shall be vendors, or employees, members of boards of directors or officers of vendors, or their spouses, if such vendors receive more than fifteen hundred dollars under contract with the department; except that members of boards of directors of not-for-profit corporations shall not be subject to the one-fourth limitation on the membership under this subsection.

3. No member of a regional advisory council may participate in or seek to influence a decision or vote of the council if the member would be directly involved with the matter or if he would derive income from it. A violation of the prohibition contained herein shall be grounds for a person to be removed as a member of the council by the director.

(L. 1980 H.B. 1724)

## **Duties of regional advisory councils--plans.**

631.045. 1. Any regional advisory councils established under section 631.040 shall participate in the preparation of regional plans and annually review, advise on and recommend them before they are transmitted to the state advisory council and the division director. The plans shall include at least the following:

(1) An inventory of existing private and public residential facilities, clinics and other service providers offering drug or alcohol abuse services;

(2) An assessment of needs, including any special target populations, of unserved, underserved or inappropriately served persons;

(3) A statement of specific goals for the region.

\*2. Any staff of such regional advisory councils shall be provided only from funds appropriated specifically for that purpose. This subsection shall become effective July 1, 1981.

(L. 1980 H.B. 1724)

\*Effective 7-1-81 (subsection 2 only)

### **Facilities and programs of department shall include certain standards for persons receiving alcohol and drug abuse treatment.**

631.050. Any residential facility, day program or specialized service operated or funded by the department shall incorporate the following standards into its policies for accepting persons affected by alcohol or drug abuse for treatment or rehabilitation:

- (1) A person shall, if possible, be treated on a voluntary rather than on an involuntary basis;
- (2) A person shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment;
- (3) A person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment;
- (4) An individualized rehabilitation plan shall be prepared and maintained on a current basis for each patient;
- (5) Provisions shall be made for a continuum of coordinated treatment or rehabilitation services so that a person who leaves a facility or a form of treatment or rehabilitation will have available and may utilize other appropriate treatment.

(L. 1980 H.B. 1724)

### **Facilities for treatment of alcohol and drug abuse, service areas.**

631.100. The department shall designate mental health facilities or community-based facilities to serve as alcohol or drug abuse facilities certified by the department to serve various service areas in the state. The department shall divide the state into service areas to be served by facilities operated or funded by the department to accept voluntary or involuntary clients, or both, under this chapter.

(L. 1985 S.B. 265)

### **Methadone treatment programs, department to develop criteria to locate.**

631.102. The department of mental health shall develop criteria for locating new methadone treatment programs in the state of Missouri.

(L. 1997 H.B. 635 § 1, subsec. 6)

## **Voluntary admission to treatment facility.**

631.105. If an adult person for himself, a parent for a minor, or a guardian for a ward applies to the head of a public or private alcohol or drug abuse facility to receive treatment and rehabilitation, and if the head of the facility believes that the person engages in alcohol or drug abuse, or both, and would benefit from the program offered by the facility and that suitable accommodations are available, he may admit the person for treatment and rehabilitation as a voluntary client. A minor may apply for himself if competent to do so under section 431.061.

(L. 1985 S.B. 265)

## **Discharge of voluntary client, when--denial of request for release, when, effect.**

631.110. 1. The head of an alcohol or drug abuse facility may discharge any voluntary client whose continued involvement in the program is determined to be either no longer beneficial to the client or an ineffective use of the facility.

2. The head of an alcohol or drug abuse facility shall release any client who requests his release in writing or whose release is requested by his guardian or parent, if the parent applied for admission; except that, if the head of the facility believes the client is presenting a likelihood of serious harm as a result of the alcohol or drug abuse, the head of the facility may deny the request for release. If the request for release is denied, the head of the facility may detain the client only if he immediately initiates the involuntary detention procedure set out in this chapter.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

## **Detention for evaluation and treatment, who may request--procedure--duration.**

631.115. 1. Any adult person may file an application in the probate division of the circuit court for detention, treatment, and rehabilitation in an alcohol or drug abuse facility of a person presenting a likelihood of serious harm to himself or others as a result of alcohol or drug abuse, or both.

2. The procedures of section 632.305 apply to the disposition of the application and entry of an order by the court for detention, treatment, and rehabilitation for up to ninety-six hours unless further authorized by the court, for a person found, upon probable cause, to be presenting a likelihood of serious harm to himself or others as a result of alcohol or drug abuse, or both.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

## **Involuntary detention--request by professionals--procedure--duration.**

631.120. 1. A mental health coordinator, mental health professional, peace officer, registered nurse, licensed physician, or qualified counselor may complete an application for detention, treatment, or rehabilitation for up to ninety-six hours under the procedures of section 632.305 for a person presenting an imminent likelihood of serious harm to himself or others as a result of alcohol or drug abuse, or both.

2. If a peace officer has reasonable cause to believe that unless a person is taken into custody the likelihood of serious harm is imminent as a result of alcohol or drug abuse, or both, the officer may take the person into custody and convey him to an alcohol or drug abuse facility. The officer shall complete an application for detention indicating the facts upon which the belief is based.

(L. 1985 S.B. 265, A.L. 1989 S.B. 215 & 58, A.L. 1996 S.B. 884 & 841)

### **Facilities to accept certain applicants, when.**

631.125. The provisions of section 632.310, shall also apply to admission or rejection for detention, treatment, and rehabilitation of a respondent at an alcohol or drug abuse facility.

(L. 1985 S.B. 265)

### **Information to be furnished to patient, assistance.**

631.130. Within three hours after the arrival of the respondent at an alcohol or drug abuse facility, the respondent shall be given a copy of the application for detention; a notice of rights as set out in section 631.135\*; and a notice giving the name, business address, and telephone number of an attorney appointed to represent him, and assistance in contacting the attorney if so requested.

(L. 1985 S.B. 265)

\*Number "631.325" appears in original rolls, an apparent typographical error.

### **Information to be furnished to patient and others.**

631.135. If a respondent is accepted for treatment and rehabilitation pursuant to this chapter, he shall be advised, orally and in writing, of the information contained in subdivisions (1) to (11) of this section. The respondent's guardian, if any, and, with the respondent's consent, a responsible member of the respondent's immediate family shall be advised if possible, either orally or in writing, of his admission to the facility. The personnel of the alcohol or drug abuse facility to which the respondent is taken shall advise the respondent that unless the respondent is released or voluntarily admits himself within ninety-six hours of the initial detention:

- (1) He may be detained for ninety-six hours from the time of his initial detention to receive treatment and rehabilitation;
- (2) Within the ninety-six hours, the head of the alcohol or drug abuse facility or the mental health coordinator may file a petition to have him detained, after a court hearing, for an additional period not to exceed thirty days;
- (3) He will be given a judicial hearing within two judicial days after the day the petition for additional detention is filed, unless continued for good cause;
- (4) An attorney has been appointed who will represent him before and after the hearing and who will be notified as soon as possible; except that, he also has the right to private counsel of his own choosing and at his own expense;
- (5) He has the right to communicate with counsel at all reasonable times and to have assistance in contacting such counsel;
- (6) Anything he says to personnel at the alcohol or drug abuse facility may be used in making a determination regarding detention, may result in involuntary detention proceedings being filed concerning him, and may be used at the court hearing;
- (7) He has the right to present evidence and to cross-examine witnesses who testify on behalf of the petitioner at the hearing;
- (8) During the period prior to being examined by a licensed physician, he may refuse medication unless he presents an imminent likelihood of serious harm to himself or others;
- (9) He has the right to refuse medication except for lifesaving treatment beginning twenty-four hours prior to the hearing for thirty-day detention;
- (10) He has the right to request that the hearing be held in his county of residence if he is a resident of this state;
- (11) He has the right to have an interpreter assist him to communicate at the facility or during the hearing, or both, if he has impaired hearing or does not speak English.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

### **Additional detention may be requested--contents of petition.**

631.140. 1. At the expiration of the ninety-six-hour period, the respondent may be detained and treated involuntarily for an additional two judicial days only if the head of the alcohol or drug abuse facility or a mental health coordinator has filed a petition for additional detention not to exceed thirty days.

2. Within ninety-six hours following initial detention, the head of the facility or the mental health coordinator may file, or cause to be filed, a petition for a thirty-day involuntary detention, treatment, or rehabilitation period provided he has reasonable cause to believe that the person abuses alcohol or drugs and presents a likelihood of serious harm to himself or others as a result of alcohol or drug abuse, or both. The court shall serve the petition and list of prospective witnesses for the petitioner upon the respondent and his attorney at least twenty-four hours before the hearing. The head of the facility shall also notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall:

- (1) Allege that the respondent, by reason of alcohol or drug abuse, or both, presents a likelihood of serious harm to himself or to others;
- (2) Allege that the respondent is in need of continued detention, treatment, and rehabilitation;
- (3) Allege the specific behavior of the respondent or the facts which support such conclusion;
- (4) Allege that an alcohol or drug abuse facility which is appropriate to handle the respondent's condition has agreed to accept the respondent; and
- (5) Be signed by a licensed physician who has examined the respondent.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

### **Hearing for continued detention, procedure--patient's rights relating thereto.**

631.145. 1. The petition for thirty-day involuntary detention, treatment, and rehabilitation shall be filed with the probate division of the circuit court. At the time of filing the petition, the court clerk shall set a date and time for the hearing which shall take place within two judicial days of the filing of the petition. The clerk shall promptly notify the respondent, his attorney, the petitioner and the petitioner's attorney of the date and time for the hearing. The court shall not grant continuances except upon a showing of good and sufficient cause. If a continuance is granted, the court, in its discretion, may order the person released pending the hearing upon conditions prescribed by the court. The court may order the continued detention, treatment, and rehabilitation of the person at an alcohol or drug abuse facility pending the continued hearing, and a copy of such order shall be furnished to the facility.

2. The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the respondent. In addition to all rights specified elsewhere, the respondent shall have the right to:

- (1) Be represented by an attorney;
- (2) Present evidence on his own behalf;
- (3) Cross-examine witnesses who testify on behalf of the petitioner;

- (4) Remain silent;
- (5) View and copy all petitions and reports in the court file of his case;
- (6) Have the hearing open or closed to the public as he elects;
- (7) Have the hearing conducted according to the rules of evidence applicable to civil judicial proceedings.

3. The respondent shall be present at the hearing unless he refuses to be present, his physical condition is such that he cannot be present in the courtroom, or the court determines that the respondent's conduct in the courtroom is so disruptive that the proceedings cannot reasonably continue with him present.

4. At the conclusion of the hearing, if the court finds, based upon clear and convincing evidence, that the respondent, as the result of alcohol or drug abuse, or both, presents a likelihood of serious harm to himself or to others, the court shall order that the respondent be detained for involuntary treatment and rehabilitation in the least restrictive environment for a period not to exceed thirty days.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

**Further additional detention may be requested--hearing to be held when--  
treatment plan to be presented.**

631.150. 1. Before the expiration of the thirty-day period of detention, treatment, and rehabilitation ordered pursuant to section 631.145, the court may order the respondent to be detained for treatment and rehabilitation for an additional period not to exceed ninety days; provided that:

- (1) The respondent, as the result of alcohol or drug abuse, or both, continues to present a likelihood of serious harm to himself or to others; and
- (2) The court, after a hearing, orders the respondent detained for treatment and rehabilitation for the additional period.

2. If, within twenty-five days of the court hearing described in section 631.145, the head of the alcohol or drug abuse facility or the mental health coordinator has reasonable cause to believe that the respondent, as the result of alcohol or drug abuse, or both, presents a likelihood of serious harm to himself or others, and believes that further detention and treatment is necessary, he shall file, or cause to be filed, with the court a petition for ninety days additional detention, treatment, and rehabilitation. The court shall immediately set a date and time for a hearing on the petition, which shall take place within four judicial days of the date of the filing of the petition. The court shall serve a copy of the petition and the notice of the date and time of the hearing upon the petitioner, the respondent, and their attorneys as promptly as possible, but not later than

two judicial days after the filing of the petition. The petitioner shall also file with the court, for the court to serve upon the respondent's attorney not later than two days after the filing of the petition, a list of the proposed witnesses for the petitioner. The head of the alcohol or drug abuse facility shall notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall comply with the requirements of section 631.140, and an individualized treatment and rehabilitation plan for the respondent shall be attached thereto.

(L. 1985 S.B. 265, A.L. 1996 S.B. 884 & 841)

### **Custody ordered to director of department, duty of placement.**

631.155. Notwithstanding any other provision of the law to the contrary, whenever a court orders a person detained for involuntary treatment or rehabilitation in an alcohol or drug abuse facility operated by the department, or such a facility affiliated and under contract with the department to serve the service area involved, the order of detention shall be to the custody of the director of the department, who shall determine where detention for involuntary treatment and rehabilitation shall take place in the least restricted environment.

(L. 1985 S.B. 265)

### **Hospitalization outside treatment facility, when.**

631.160. Whenever any respondent detained involuntarily under this chapter in an alcohol or drug abuse facility is found during the detention period to be in need of medical care and treatment provided in a hospital, which in the opinion of a licensed physician must be attended to immediately, the respondent may be transferred to a hospital for care and treatment. The hospital may perform surgery or provide medical treatment with the respondent's consent, or without his consent under the provisions of section 431.063 or chapter 475. If the respondent's detention period has not expired at the completion of the hospital care and treatment, then the respondent shall be returned to the alcohol or drug abuse facility to complete the detention for treatment and rehabilitation. The respondent may have detention periods continued while in the hospital under the provisions of this chapter.

(L. 1985 S.B. 265)

### **Transfer of patient to a mental health facility, when, procedure.**

631.165. If the head of the alcohol or drug abuse facility finds that a person who is detained for treatment and rehabilitation is presenting a likelihood of serious harm as a result of mental disorder other than alcohol or drug abuse, or both, the head of the facility shall arrange for the transfer of the person to a mental health facility through a mental health coordinator, or through a licensed physician, registered professional nurse, qualified counselor or mental health professional designated by the mental health facility. The person may be detained for up to

ninety-six hours for evaluation and treatment, under the procedures of sections 632.310, 632.315, 632.320 and 632.325, before filing a petition for further detention under sections 632.330 and 632.335.

(L. 1985 S.B. 265, A.L. 1989 S.B. 215 & 58, A.L. 1996 S.B. 884 & 841)

### **Head of facility may request sheriff to return absent client, when.**

631.170. If requested to do so by the head of an alcohol or drug abuse facility, the sheriff of the county where a client, absent without authorization, is found shall apprehend and return him to the facility. The head of the facility may request the return of an absent client under this section\* only when:

- (1) The client is a minor whose admission was applied for by his parent or legal custodian, who has not requested the minor client's release;
- (2) The client is a minor under jurisdiction of the juvenile court;
- (3) The client has been declared legally incapacitated and his guardian has not requested his release;
- (4) The client was committed to the department under chapter 552 or this chapter; or
- (5) The client's condition is of such a nature that, for the protection of the client, or others, the head of the facility determines that the client's return to the facility is necessary as noted in the client's records, in which case civil detention procedures shall be initiated upon return to the facility.

(L. 1985 S.B. 265)

\*Original rolls contain "subsection" but is a typographical error.

### **Other sections which apply to alcohol or drug abuse facilities.**

631.175. The provisions of sections 632.315, 632.390, 632.405, 632.410, 632.415, 632.425, 632.435, 632.440, 632.445 and 632.450 shall also apply to court procedures, evaluations, admissions, detention, treatment, and rehabilitation in alcohol or drug abuse facilities.

(L. 1985 S.B. 265, A.L. 1989 S.B. 215 & 58)

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