DIRECT CARE AND TREATMENT

DCT 2026 Legislative Fast Facts

More Time for Forensics Patients to Return for Medical Care

Issue Summary

Patients in Direct Care and Treatment's (DCT) Forensic Mental Health Program (FMHP) who have been provisionally discharged to live in community settings sometimes need short-term psychiatric care or non-psychiatric medical treatment. However, many community health care providers will not treat these patients due to their civil commitment status as mentally ill and dangerous. As a result, these patients have little choice but to voluntarily return to the FMHP to receive the medical care they need. The problem is current law unfairly penalizes them by automatically revoking their provisional discharge if their care at the FMHP extends beyond 60 days. In these cases, patients must go through the lengthy provisional discharge process all over again before they are allowed to return to their placements in the community, even though they've done nothing to warrant revocation. The process typically takes more than a year. Fear that they'll be forced without cause to return to the FMHP for lengthy periods and lose their community placements leads patients to avoid seeking the medical care they need. Not only is this detrimental to their overall health, but it also undermines the goal of reintegrating patients into the community whenever it is safe and appropriate to do so.

Proposal

The proposal amends Minnesota Statutes section 253B.18 to extend the timeframe before automatic revocation occurs when a patient voluntarily returns to the FMHP for medical care. For patients returning for psychiatric care, the timeframe extends from 60 days to 90 days. For those returning for non-psychiatric medical conditions, the timeframe extends to six months. The change allows patients to receive necessary care and return to their community setting or non-secure placement without losing their provisional discharge or transferred status and without being forced to repeat the reduction-in-custody process they have already completed successfully.

Why It's Important

This change removes a barrier that punishes patients for seeking medical care they cannot obtain elsewhere, ensuring that these vulnerable individuals are not forced to choose between their health and their progress toward community integration. Patients who voluntarily return for treatment are making responsible decisions about their care needs. They should not face automatic revocation and the loss of months or years of clinical advancement if their treatment and recovery takes longer than 60 days. By aligning statutory timeframes with realistic medical recovery periods, this proposal supports patients' successful transition back to less restrictive settings once they are medically ready.