DIRECT CARE AND TREATMENT

Mentally Ill and Dangerous Reform Taskforce

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Forensic Mental Health Program

- Residential treatment program providing services in secure and nonsecure settings.
- Located in St. Peter: 3 locations
- Serve individuals civilly committed as mentally ill, mentally ill and dangerous, developmentally disabled, and or chemically dependent.
- Joint commission accredited Behavioral Health Care facility.

- Employees: 1,124.75 budgeted FTEs
- Budget: $139,406,788 (FY25)
- Budgeted beds: 359 (FY25)
- Annual admissions: 73 (FY24)
- Average daily census: 327 (FY24)
- Bed occupancy: 91.09% (FY24)
- Average length of stay: 5.44 years (FY24)

Purpose of MI&D Task Force

- **Establishment; purpose.**
  - The Mentally Ill and Dangerous Civil Commitment Reform Task Force is established to evaluate current statutes related to mentally ill and dangerous civil commitments and develop recommendations to optimize the use of state-operated mental health resources and increase equitable access and outcomes for patients.

MI&D Task Force Objectives

Subd. 7. Duties. The task force must:

(1) analyze current trends in mentally ill and dangerous civil commitments, including but not limited to the length of stay for individuals committed in Minnesota as compared to other jurisdictions;

(2) review national practices and criteria for civil commitment of individuals who have a mental illness and represent a danger to the public;

MI&D Task Force Objectives

(3) develop recommended statutory changes necessary to provide services to the high number of mentally ill and dangerous civilly committed individuals;

(4) develop funding and statutory recommendations for alternatives to the current mentally ill and dangerous civil commitment process;

MI&D Task Force Objectives

(5) identify what types of placements and services are necessary to serve individuals civilly committed as mentally ill and dangerous in the community;

(6) make recommendations to reduce barriers to discharge from the forensic mental health program for individuals civilly committed as mentally ill and dangerous;

MI&D Task Force Objectives

(7) develop recommended plain language statutory changes to clarify operational definitions for terms used within Minnesota Statutes, section 253B.18;

MI&D Task Force Objectives

(8) develop recommended statutory changes to provide clear direction to the commissioner of human services and facilities to which individuals are civilly committed to address situations in which an individual is committed as mentally ill and dangerous and is later determined to not have an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory; and

(9) evaluate and make statutory and funding recommendations for the voluntary return of individuals civilly committed as mentally ill and dangerous to community facilities.

Membership

- Marshall E Smith, designee of the Commissioner of DHS
- Dr. Soniya Hirachan, DCT
- Lisa Harrison-Hadler, Minnesota Ombudsman for Mental Health and Developmental Disabilities
- The Hon. Klein, state district court judge with experience presiding in MI&D civil commitments
- Dr. Amber Lindeman, court examiner with experience in MI&D civil commitments
- Dr. Kristen Otte, member of the Special Review Board
- Robin Bode, DCT
- Cassandra Sassenberg, appointed by the MN Association of County Social Service Administrators
- Vacant, an individual who has been civilly committed as MI&D
- Sue Abderholden, Executive Director, MN chapter of NAMI- appointed by NAMI-MN
- Anne Zimmerman, a county attorney with experience in MI&D civil commitments, appointed by the MN County Attorney's Association
- Jinny Palen, Executive Director, MN Association of Community Mental Health Programs- appointed by MACHMP
- Dr. Ian Heath, a licensed independent practitioner with experience in treating individuals subject to MI&D civil commitment
- Dalaine Remes, appointed by the MN DLC
- Sheila Novak, a family member of someone who has been civilly committed as MI&D
- Donna Ennis, tribal representative, appointed by Gov. Walz
- Michael Bigelow, an attorney with experience representing respondents in MI&D civil commitments, appointed by Gov. Walz
- Barbara Weckman Brekke, appointed by the Association of Minnesota Counties

Problems with the current statute

- The Forensic Mental Health Program (MSH by statute) is the only place where patients committed as MI&D can reside.
- Current statute for Mentally Ill & Dangerous commitment only allows for inpatient treatment.
- There is no mechanism for the basis of commitment to be reassessed, dismissed, and/or referred to the criminal court (when appropriate and/or not previously considered).
- Statue 253B.18 does not require that case management by the designated agency be assigned, prior to commitment being finalized. Without a liaison and service broker, it is difficult for patients/others to know how to navigate systems/services/resources that could alternately be considered.
- The lack of defined exclusionary criteria is in stark contrast to 253B.02, Subd. 17a, which defines the criteria for a person who poses a risk of harm due to a mental illness (MI)
- The concept of an overt act is not well-defined in statute

The Work

- Taskforce divided into workgroups
- Statutory changes discussion
- Community placements

Statutory Definition – MS 253B.01, Subd. 17

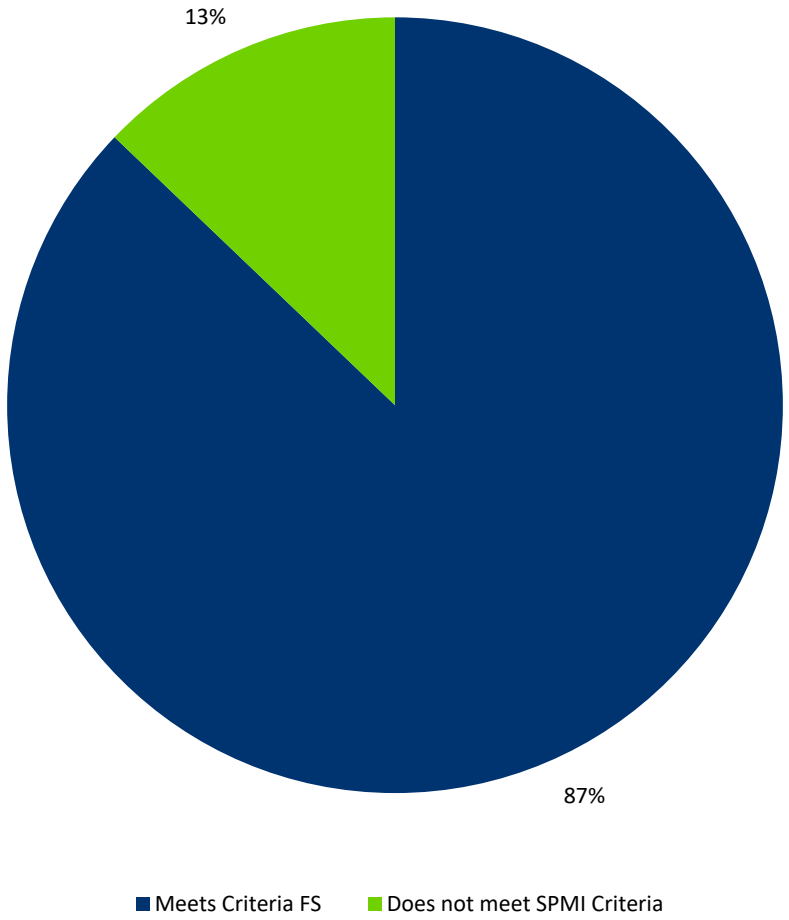
Defines “person who has a mental illness and is dangerous to the public”

- Criteria include:
  - (1) Substantial psychiatric or organic brain disorder causing gross impairment
    - Manifested by disturbed behavior or faulty perceptions
  - (2) Clear danger to others demonstrated by:
    - Overt act causing or attempting serious physical harm
    - Substantial likelihood of future acts capable of serious harm

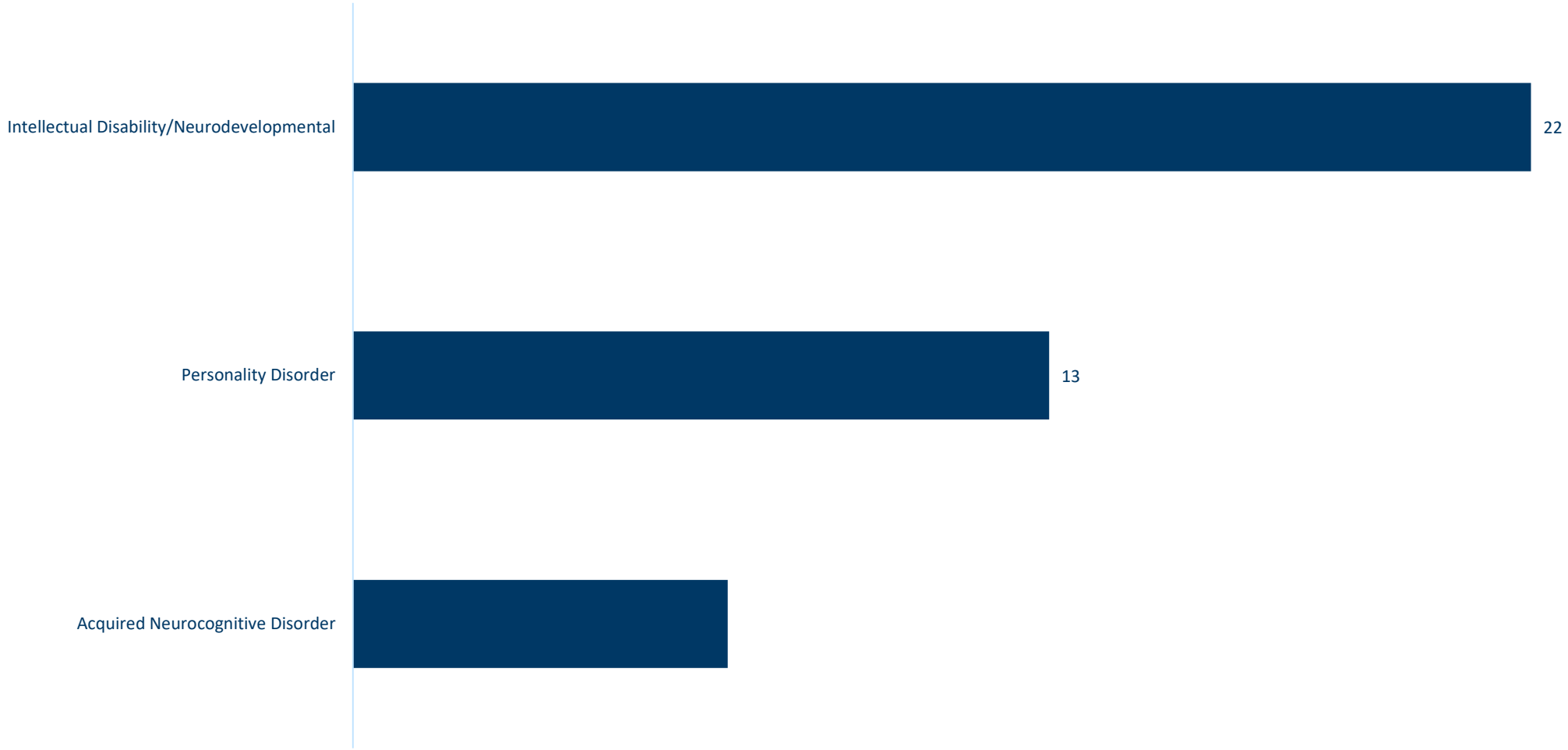
Concerns About Broad Interpretation

- Some were concerned about the broad use of the definition
- Lack of exclusionary criteria has allowed use of diagnoses such as:
  - Cognitive impairment, TBI, acquired brain injuries
  - Neurodevelopmental disorders (e.g., autism)
  - Trauma-related disorders (e.g., PTSD)
  - Dementia and personality disorders
- Concern that individuals may be misclassified and institutionalized unnecessarily
- Reduced state resources increase reliance on commitment for dangerous behaviors in these populations

Percentage of Current Patients admitted at Forensics with SPMI



Diagnostic Categories of Patients who Do Not Meet SPMI at FMHP



Divergent Perspectives & Unresolved Issues

- Others argue the definition is appropriate as written
- Exclusionary language viewed as unnecessary given existing criteria
- Closure of state specialty programs has created major service gaps
- Discussion shifted between:
  - Potential statutory changes
  - Need for alternative placements and support services
- No consensus reached

Discussion at TF continued..

- Lack of locked settings in the community
- Lack of funding to support such settings
- Less restrictive alternatives for cognitive impairments
- Medications
- Triage and assessment facility discussion

Voices from family members

- Waiting lists for services
- No hospital beds available
- Insurance not covering treatment

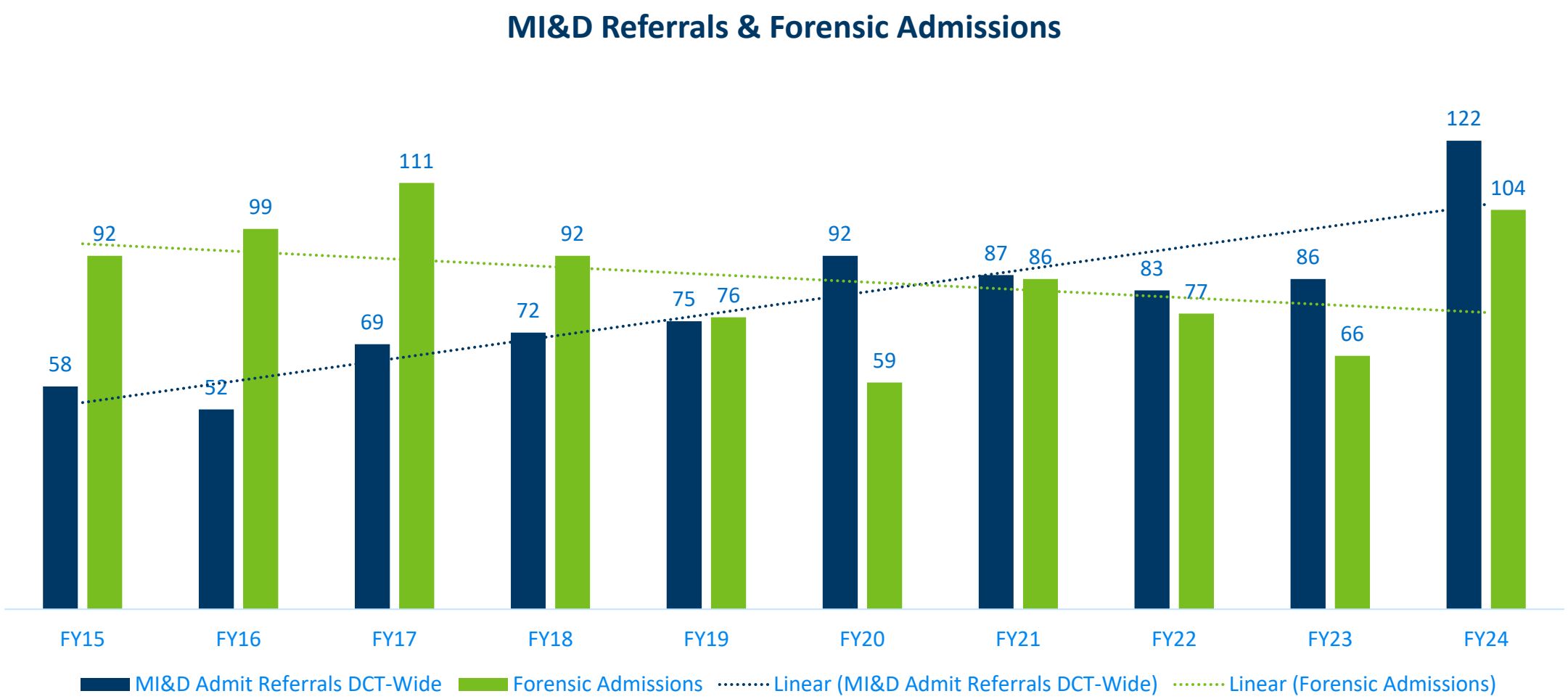
No culturally specific providers

Police would not transport to hospita;

Community hospital stays not adequate

- Provide a longer assessment period before someone is committed as MI&D
- Supply greater education on what the MI&D commitment means in terms of indeterminate length of stay
- Provide greater awareness about the NGMI and Rule 20 process

MI&D Referrals



FS Strategies

- Rule 20.01 patients diverted to other programs within DCT in 2021
- Two non-secure units converted to secure units
- Middle Creek Home opened in May 2024

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Thank You!