Civil Commitment Journey Mapping and Descriptive Analysis

March 2026

Executive summary

Civil commitment refers to a civil court process where the state compels a person to receive behavioral health care, typically on an involuntary basis. Individuals ordered committed for mental illness or substance use disorder may receive treatment at a facility operated by Minnesota Direct Care and Treatment (DCT) or in connection with community-based providers.[1] Commitment processes are highly complex and involve relationships between multiple state agencies, local governments, and community treatment providers. Since 2013, Minnesota has struggled to place civilly committed individuals in medically appropriate beds, resulting in long wait times for services.[2] Numerous task forces have reported on opportunities to make improvements throughout the process. However, these and other partners have faced challenges in understanding who has been committed, where they receive behavioral health care, and their connections to other types of services.

Beginning in fall 2024, Minnesota Management and Budget's Results Management Team (MMB) partnered with DCT, the Department of Human Services (DHS), the state court system, and counties to link data systems and better understand individuals' experiences in commitment proceedings. This descriptive report is the first to combine judicial system and healthcare billing data to create a comprehensive picture of the paths individuals follow through the civil commitment process.

Key takeaways:

1. Statewide, two thirds of individuals with a commitment hearing are eventually ordered committed.
2. There is variation in commitment rates by geography: while some counties commit over 75% of individuals with at least one commitment hearing, others commit less than 15%.
3. The shares of American Indian and Black or African American individuals with a commitment case opened are more than twice as high as these groups' shares of the state's adult population, highlighting disparities in who is involved in the commitment process.
4. The proportion of civil commitment respondents involved in competency proceedings has increased nearly five percentage points since 2020.

This report is the first in a planned series offering new insights into Minnesota's civil commitment process. In 2026, MMB will expand the analysis to examine post-commitment steps, including treatment in DCT and community facilities and outcomes after discharge. We hope to generate insights into how the state could work to improve both access to and the quality of care in Minnesota's behavioral health system.

This report is intended to generate discussion and further research ideas. As you read, consider: what surprises you, what context is missing, and what questions does this analysis raise? We are seeking feedback, and interested partners can contact our team at ResultsManagement@state.mn.us.

Analysis scope and interpretation

Civil commitment proceedings in the court begin when a case is opened and usually culminate in a judgment (ordering commitment or not). For well over 90% of individuals ordered committed, the commitment reason is mental illness, chemical dependency, or both.[3] Additional commitment reasons (including mentally ill and dangerous) represent the remaining small proportion of individuals.

This analysis is person- rather than case-level, meaning individuals appear only once regardless of how many commitment cases they had during the period. Individuals are categorized by the furthest point they ever reached in the commitment process. As a result, anyone who was ever ordered committed on any case is counted as "committed," even if other cases did not result in commitment.

Commitment reasons reflect the first instance in which an individual was ordered committed. For example, if a person was first committed for mental illness and later committed for chemical dependency, they are categorized in the mental illness-only group.

Our analysis considers journeys for 26,963 adults 18 years or older with at least one commitment case opened in Minnesota between 1/1/2016 and 12/31/2025. Journey maps and county analysis include all these 26,963 individuals. Demographic analyses consider only the subset (21,063 individuals, 78% of the total population) with linked records available in healthcare billing data via the Medicaid Management Information System (MMIS) or Social Service Information System (SSIS).

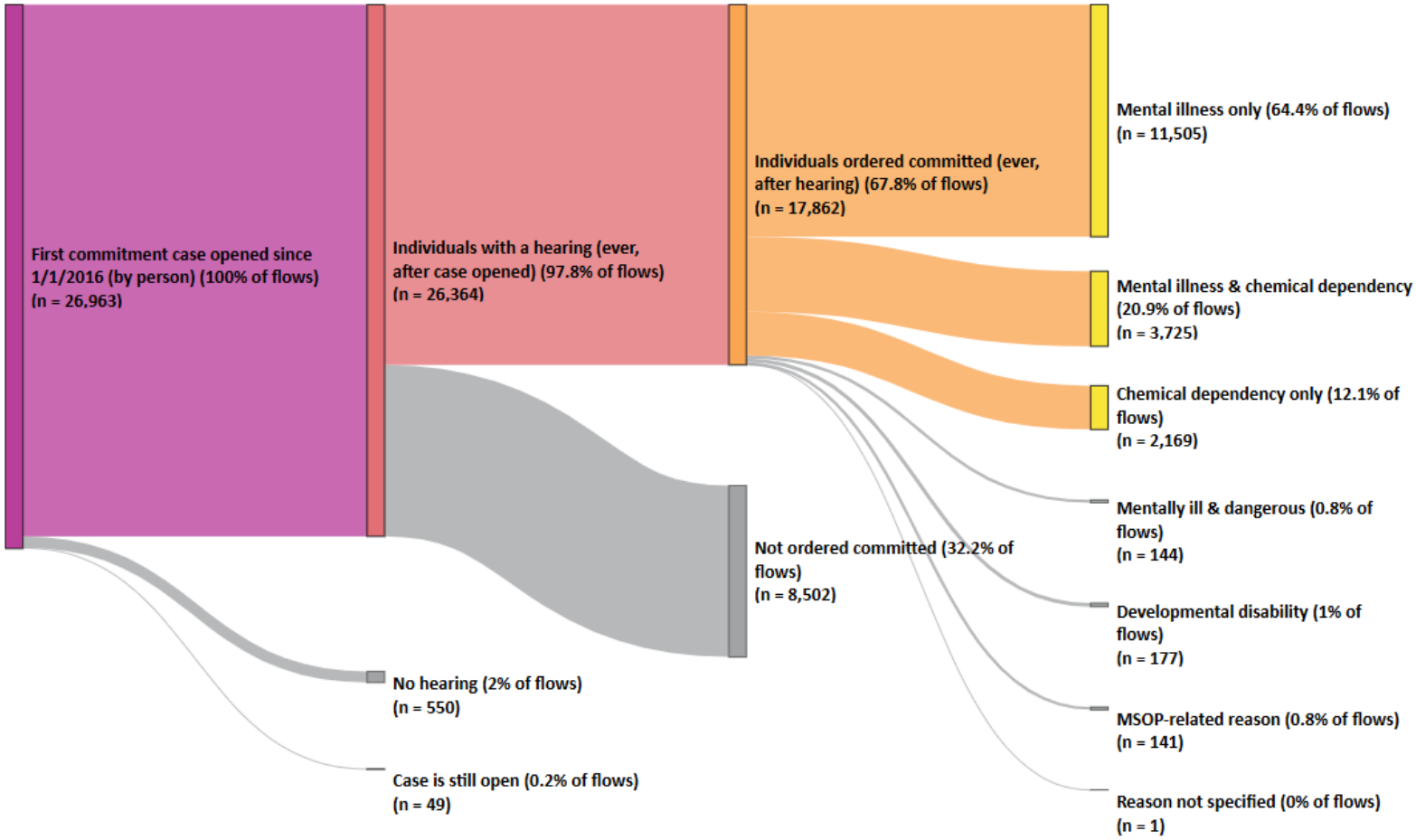
Findings

1. Statewide, two-thirds of individuals with a commitment hearing are eventually ordered committed.

Figure 1 summarizes court system data on how individuals proceeded through the commitment process. Of the 26,963 individuals with at least one commitment case opened, nearly all (97.8%) had a hearing, during which a judge hears evidence related to the individual's alleged mental illness or chemical dependency and assesses whether the person meets the requirements for commitment. 67.8% of the individuals who had a hearing were eventually ordered committed, while 32.2% were never ordered committed in the study timeframe. Of the 17,862 individuals ordered committed, the most common reasons for commitment were mental illness alone (64.4%), dual mental illness and chemical dependency (20.9%), and chemical dependency alone (12.1%).

In addition to Figure 1 below (the journey map), Table A1 in the Appendix shows an annual snapshot of commitment data for each year between 2016 and 2025.

Figure 1. Journey map for individuals with any commitment case opened between 2016 and 2025 (n = 26,963).



Legend and notes

Percent of flows: at this stage in the patient journey map, this is the share of people who flowed through this particular node.
Commitment: process to compel individuals to receive treatment (often in an inpatient setting).
Individuals ordered committed during our study period: note that this group includes some individuals with a stay of commitment, a process where courts allow individuals to engage in treatment in the community setting, according to a plan, subject to the possibility of later commitment to inpatient care.
Individuals not ordered committed during our study period: this group also includes some individuals with a stay of commitment, when those individuals did not receive a separate commitment order with a different judgment type.
Commitment reasons: the last column draws from court records on commitment judgments, grouped into broader categories. The wording "chemical dependency" reflects the source data, and can be understood in connection with substance use disorder.
Data: this diagram relies on data from the Minnesota Court Information System (MNCIS) for commitment cases filed in calendar years 2016-2025.
Recommended citation: MMB Results Management Team (2026), *Civil Commitment Journey Map*.

2. Commitment rates vary substantially by county, with notable variation in the northern and southwestern regions of the state.

Important sources of variation in the commitment process could include policy variation across county governments and judicial districts, as well as variation in service availability at local treatment providers. These factors likely contribute to whether the court system initiates commitment cases against individuals, and whether those cases result in orders of commitment. In our analysis, we examined variation by county with the aim to identify policy-relevant differences.

Commitment proceedings vary widely between counties. Figure 2.1 shows the number of individuals with civil commitment cases opened per 10,000 adult residents by county.[4] Several counties in the northern region of the state, and the state's two most populous counties (Hennepin and Ramsey), had relatively high proportions of adults with one or more commitment cases opened. As shown in Figure 2.2, some of these same counties also had relatively high proportions of the adult population who were ordered committed. However, this relationship is not consistent statewide.

Figure 2.3 illustrates the share of individuals with a hearing in their commitment case who were ultimately ordered committed, highlighting substantial variation in commitment rates across counties. In some counties, courts ordered commitment for more than 75% of individuals with hearings, while in other counties fewer than 15% were ordered committed. Counties in the southwest of the state appear to have had particularly low commitment rates, regardless of the number of commitment cases opened.

Appendix Table A2 reports information on the commitment process when aggregated by county.

Figures 2.1 – 2.3. Maps of commitment proceedings by county (2016–25).

Fig. 2.1
Individuals with a case opened

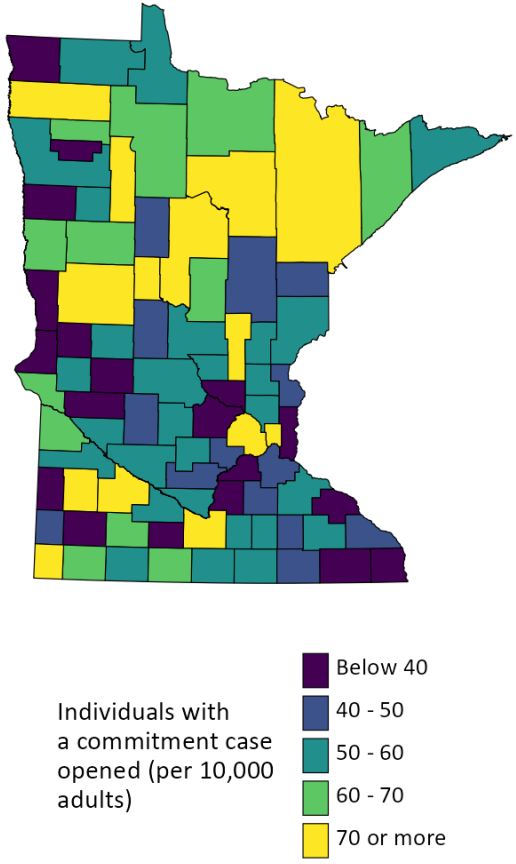


Fig. 2.2
Individuals ordered committed

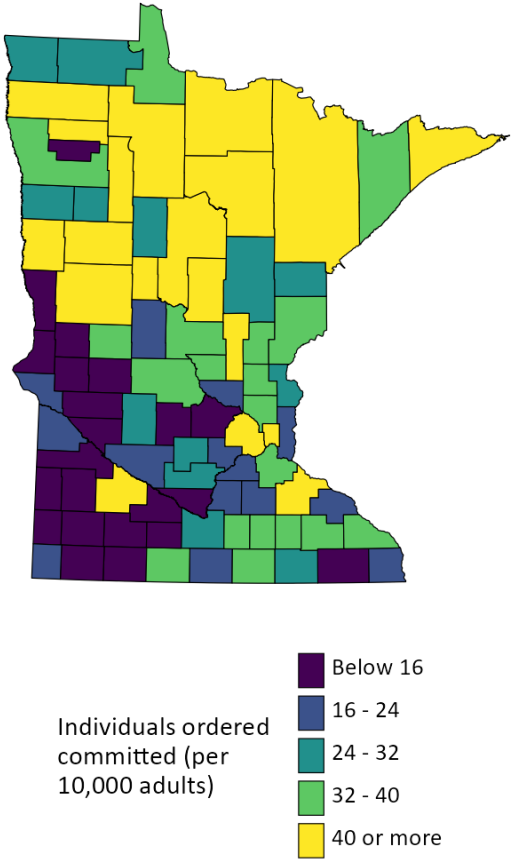
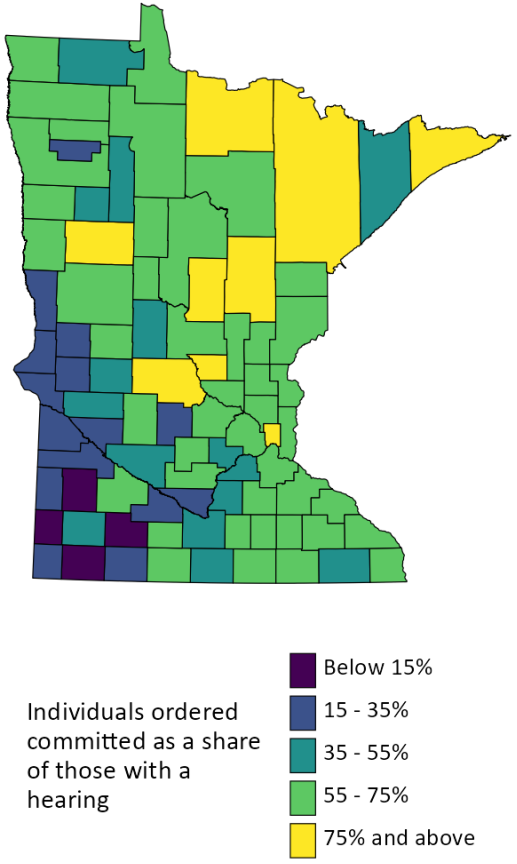


Fig. 2.3
Share ordered committed

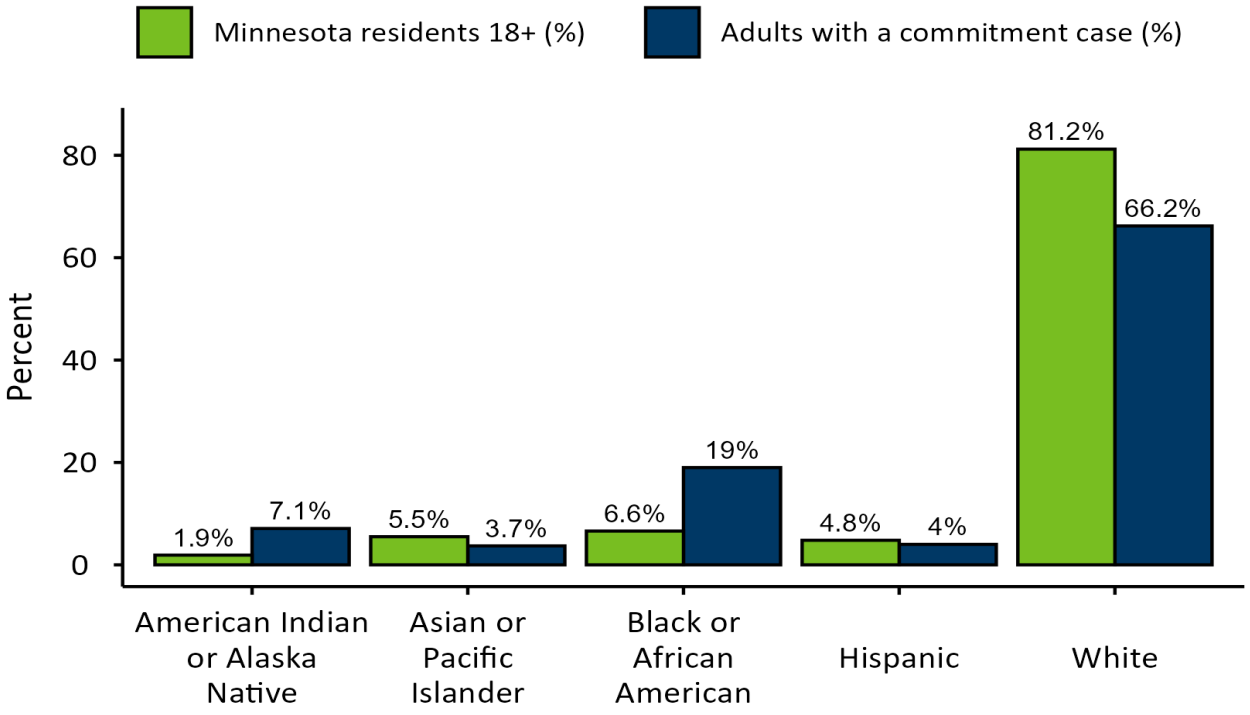


3. There are racial disparities in who is likely to have a commitment case opened and to be committed.

In addition to variation based on where an individual lives, commitment journeys varied by respondent demographic characteristics. As noted above, demographic analyses reported here are limited to the population with a commitment case who were matched to healthcare billing data (78.1% of all people with a commitment case opened; see Appendix Table A3 for details). For the subset of individuals linked to healthcare billing data, Appendix Table A4 shows demographic characteristics relative to the state population for individuals with a case opened and those ordered committed.

As an example of demographic variation, Figure 3 shows differences by race and ethnicity between the population of adults with commitment cases and the broader population of adults in Minnesota. American Indian and Black or African American individuals were overrepresented among those with involved in commitment proceedings, while White individuals were underrepresented. American Indian individuals made up 7.1% of the group with a case opened, compared to 1.9% of the Minnesota adult population. Black or African American individuals were 19% of the group with a case opened, compared to 6.6% of the state's adult population. White individuals were 66.2% of the group with a case opened, despite making up 81.2% of the state's adult population.[5]

Figure 3. Race/ethnicity disparities between the Minnesota population and the population with commitment cases.



Note. Data on the population of Minnesotans 18+ drawn from ACS 2019-23 via IPUMS USA and IPUMS NHGIS.

Table 1 shows how journeys through the civil commitment process varied by race and ethnicity, with additional demographic detail provided in Appendix Table A5. Figure 3 focuses on individuals with commitment cases regardless of result, while Table 1 provides additional detail on the steps leading to a commitment order.

Courts committed Black or African American individuals at the highest rate: 75.5% of those with a case were ordered committed, compared to 68.6% of all adults with linked data. Commitment reasons also varied substantially by race and ethnicity. American Indian individuals were more than twice as likely as other groups to be committed for chemical dependency alone, while Asian or Pacific Islander and Black or African American individuals were more likely to be committed for mental illness alone. Taken together with the additional data in Appendix Table A5, these data highlight notable variation in commitment journeys by demographic characteristics.

Table 1. Commitment Steps by Race/Ethnicity (2016–2025)

	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by group)		
			MI alone	Dual MI & CD	CD alone
Overall	**21,063**	**14,457 (68.6%)**	**9,125 (63.1%)**	**3,114 (21.5%)**	**1,843 (12.7%)**
American Indian or Alaska Native	1,285	932 (72.5%)	382 (41%)	234 (25.1%)	293 (31.4%)
Asian or Pacific Islander	680	490 (72.1%)	366 (74.7%)	90 (18.4%)	21 (4.3%)
Black or African American	3,456	2,611 (75.5%)	1,972 (75.5%)	426 (16.3%)	127 (4.9%)
Hispanic	726	506 (69.7%)	303 (59.9%)	126 (24.9%)	51 (10.1%)
White	12,050	8,100 (67.2%)	5,038 (62.2%)	1,816 (22.4%)	1,077 (13.3%)
Unknown	2,866	1,818 (63.4%)	1,064 (58.5%)	422 (23.2%)	274 (15.1%)

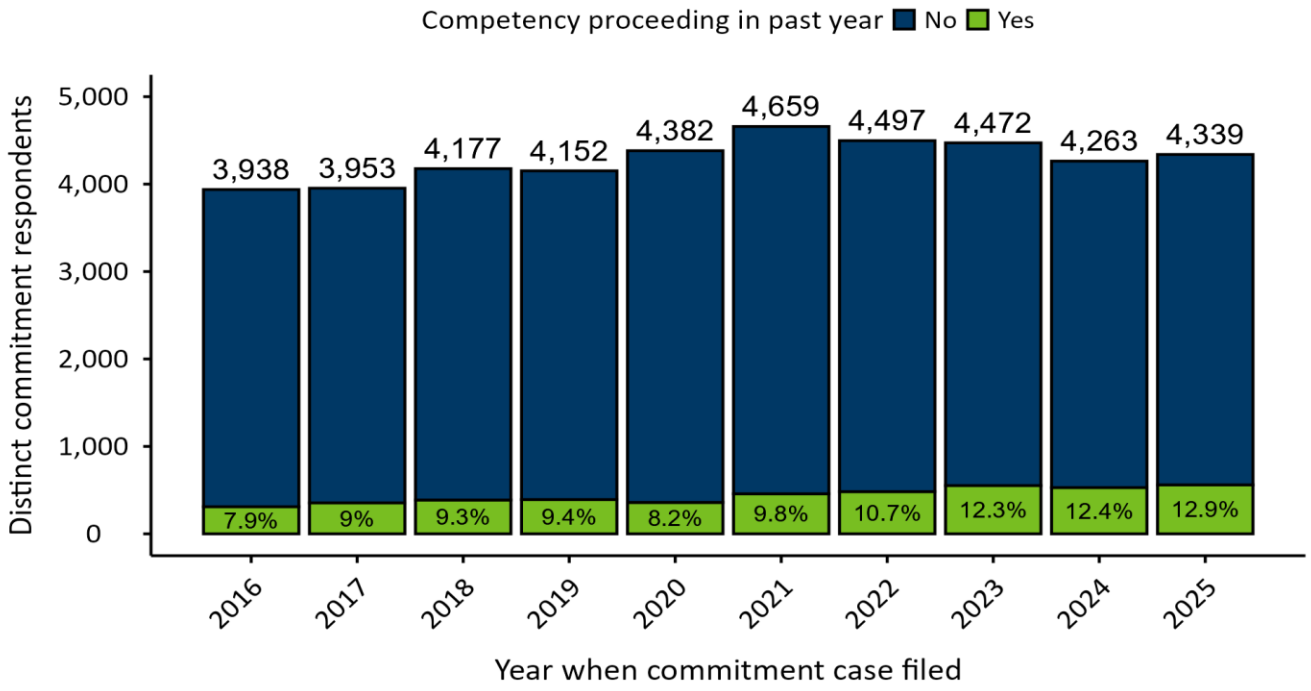
Note. Data on race/ethnicity came from healthcare billing records. Overall statistics reported in this table are for the group with linked healthcare billing records. MI = Mental illness; CD = Chemical dependency.

4. The proportion of civil commitment respondents involved in competency proceedings has increased since 2020.

Unlike our journey map, which focuses on journeys at the person-level that may extend across multiple years, Figure 4 focuses on the cross section of civil commitment proceedings that took place during specific calendar years. We found that for the period from 2016 to 2025, Minnesota courts have opened between 4,000 and 5,000 civil commitment cases per year. While an average of about 3,200 individuals were ordered committed per year from 2016–2020, annual counts of individuals ordered committed increased to an average of about 3,800 for the years 2021–2025.

There has been a notable increase over time in the prevalence of competency proceedings. Previously governed by Rules 20.01 and 20.02 of the Minnesota Rules of Criminal Procedure, and now governed by Minn. Stat. Ch. 611, competency proceedings typically take place in situations where there are legal questions as to whether a criminal defendant is competent to stand trial.[6] Individuals charged with a crime have a constitutional right to participate in their defense, and, accordingly, criminal defendants must be able to understand court proceedings.

Figure 4. Annual trends, commitment respondents by involvement in competency proceedings.



From 2016 to 2025, an increasing proportion of respondents in commitment cases were involved in competency proceedings in the year leading up to their commitment case. The proportion was below 10% in each year from 2016–2021, and then gradually increased to 12.9% in 2025. This means that among respondents in the civil commitment process in 2025, about one-in-eight were involved in competency proceedings in the prior year. Appendix Table A1 shows additional annual trends in the commitment process.

Conclusion and next steps

This analysis provides new information about civil commitment journeys in Minnesota. Statewide, two-thirds of individuals involved in at least one commitment case were eventually ordered committed. However, the likelihood that someone will have a case or be committed varies meaningfully by the county where proceedings occur and the demographics of the individual involved.[7] This suggests there are likely important disparities in who the state compels to receive behavioral healthcare, with implications for downstream effects of the state's behavioral health system.

In 2026, MMB will continue working with partners at DCT, DHS, the state court system, and counties to expand this analysis, including integrating additional data to illuminate additional steps in commitment journeys. Parties interested in discussing these findings and providing feedback on future analyses can contact the team at ResultsManagement@state.mn.us.

Appendix

Data

Our analysis drew from three primary datasets: the Minnesota Court Information System (MNCIS), the Medicaid Management Information System (MMIS), and the Social Service Information System (SSIS).

- **MNCIS data.** We received a customized MNCIS data extract that included all civil commitment cases filed between January 1, 2016, and December 31, 2025. The dataset included information about the respondents (e.g., name, date of birth) and the case events (e.g., hearings, judgments) and associated dates. Data used in this report includes judgment dates through January 23, 2026.
- **MMIS data.** The MMIS database stores information about Minnesota Health Care Program recipients, including demographic information and healthcare claims and billing.[8] For this report, we used demographic data.
- **SSIS data.** SSIS is the state's database for managing a wide variety of social services, including the Adult Mental Health Initiative, child and adult protection services, and waiver programs.[9] It is used by county and state social workers to track cases, client information, and services provided. For this report, we used demographic data.

Population

Of the 26,963 respondents 18 years or older with commitment cases opened, using name and date of birth we were able to find 21,063 individuals who were also present in either one or both of MMIS or SSIS (78.1% of the MNCIS population). The remaining 5,900 individuals were not identified in either MMIS or SSIS. There are many possible reasons why there are unmatched individuals (individuals with commitment cases that can be identified from court records, but no available healthcare claims data). If an individual's name or date of birth was entered differently across data systems, we would not be able to match the individual. The individual may have been the respondent in a commitment case but never received services through MHCP or an Adult Mental Health Initiative. It is not possible to know how many individuals were unmatched due to a failure in data linkage processes versus those who were not matched because they truly did not receive services that would show up in the state's healthcare billing data systems.

Our analysis of demographic variation uses the subset of individuals who can be linked to healthcare billing data. Therefore, some analyses will not apply to the full population of individuals with a commitment case opened. To understand how well the subset represents the full sample, we compared the linked population to the unlinked population on available demographic characteristics (see Appendix Table A3). Compared to the linked group, the unlinked group included relatively more women and relatively more people from Hennepin and Ramsey counties. Individuals were less likely to be identified in healthcare billing records if they were 24 years old or younger, or age 65 or older. These differences suggest that our linked sample may under-represent women, the youngest and oldest adults, and people in the metro area. Our linked sample may over-represent men, adults between the ages of 25 and 64, and people going through commitment proceedings in Greater Minnesota counties.

Our ability to access detailed demographic data for only the subset of the population who can be matched to healthcare billing records is a limitation of this report. Analysis of this subpopulation, including our analysis of demographic variation within the civil commitment system, should be understood considering this challenge. Continued work as we integrate additional data and refine data linkage procedures may improve match rates over time.

Tables

Table A1. Annual case-level statistics from court processes.

Year	Commitment cases opened	Cases with order of commitment	Respondents in commitment cases opened	Respondents with competency exam order in past year (%)	Respondents ordered committed
2016	4,165	3,040	3,938	7.9%	2,899
2017	4,200	3,197	3,953	9.0%	3,039
2018	4,396	3,396	4,177	9.3%	3,238
2019	4,445	3,526	4,152	9.4%	3,349
2020	4,675	3,746	4,382	8.2%	3,543
2021	4,958	3,986	4,659	9.8%	3,781
2022	4,793	4,023	4,497	10.7%	3,831
2023	4,766	3,973	4,472	12.3%	3,761
2024	4,573	3,920	4,263	12.4%	3,711
2025	4,628	3,981	4,339	12.9%	3,790

Note. Annual statistics are a cross-section, focused on counts of events that took place within a given year. Ratios may not be meaningful, as not all cases that begin in a given year end in the same year. Competency examinations are a separate process to assess whether criminal defendants are competent to stand trial. Competency examinations are governed under Minn. Stat. Ch. 611, and were previously governed under Rules 20.01 and 20.02 of the Minnesota Rules of Criminal Procedure. Not all criminal defendants with competency examinations enter into the commitment process.

Table A2. Journey map steps, by county. Includes all individuals with a commitment case opened between 2016 and 2025.

County	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by county)		
			MI alone	Dual MI & CD	CD alone
Overall	**26,963**	**17,862 (66.2%)**	**11,505 (64.4%)**	**3,725 (20.9%)**	**2,169 (12.1%)**
Aitkin	54	42 (77.8%)	30 (71.4%)	Not reported	Not reported
Anoka	1,455	948 (65.2%)	623 (65.7%)	139 (14.7%)	172 (18.1%)
Becker	167	123 (73.7%)	44 (35.8%)	18 (14.6%)	58 (47.2%)
Beltrami	236	165 (69.9%)	97 (58.8%)	38 (23.0%)	22 (13.3%)
Benton	155	119 (76.8%)	43 (36.1%)	62 (52.1%)	11 (9.2%)
Big Stone	26	Not reported	Not reported	Not reported	Not reported
Blue Earth	395	175 (44.3%)	102 (58.3%)	41 (23.4%)	23 (13.1%)
Brown	104	32 (30.8%)	25 (78.1%)	Not reported	Not reported
Carlton	129	87 (67.4%)	49 (56.3%)	23 (26.4%)	11 (12.6%)
Carver	325	156 (48.0%)	125 (80.1%)	11 (7.1%)	19 (12.2%)
Cass	209	124 (59.3%)	55 (44.4%)	43 (34.7%)	24 (19.4%)
Chippewa	56	10 (17.9%)	Not reported	Not reported	Not reported
Chisago	217	126 (58.1%)	76 (60.3%)	29 (23.0%)	16 (12.7%)
Clay	328	230 (70.1%)	111 (48.3%)	Not reported	Not reported
Clearwater	55	26 (47.3%)	18 (69.2%)	Not reported	Not reported
Cook	28	20 (71.4%)	Not reported	Not reported	Not reported
Cottonwood	58	Not reported	Not reported	Not reported	Not reported
Crow Wing	333	252 (75.7%)	135 (53.6%)	63 (25.0%)	45 (17.9%)
Dakota	1,640	1,189 (72.5%)	776 (65.3%)	328 (27.6%)	61 (5.1%)
Dodge	74	51 (68.9%)	Not reported	23 (45.1%)	Not reported

County	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by county)		
			MI alone	Dual MI & CD	CD alone
Overall	**26,963**	**17,862 (66.2%)**	**11,505 (64.4%)**	**3,725 (20.9%)**	**2,169 (12.1%)**
Douglas	170	110 (64.7%)	63 (57.3%)	29 (26.4%)	17 (15.5%)
Faribault	62	24 (38.7%)	13 (54.2%)	Not reported	Not reported
Fillmore	39	19 (48.7%)	10 (52.6%)	Not reported	Not reported
Freeborn	128	86 (67.2%)	61 (70.9%)	Not reported	Not reported
Goodhue	217	152 (70.0%)	61 (40.1%)	75 (49.3%)	13 (8.6%)
Grant	10	Not reported	Not reported	Not reported	Not reported
Hennepin	7,776	5,247 (67.5%)	3,970 (75.7%)	614 (11.7%)	550 (10.5%)
Houston	58	34 (58.6%)	25 (73.5%)	Not reported	Not reported
Hubbard	76	43 (56.6%)	30 (69.8%)	Not reported	Not reported
Isanti	166	110 (66.3%)	52 (47.3%)	34 (30.9%)	18 (16.4%)
Itasca	339	190 (56.0%)	92 (48.4%)	63 (33.2%)	29 (15.3%)
Jackson	43	12 (27.9%)	10 (83.3%)	Not reported	Not reported
Kanabec	69	41 (59.4%)	19 (46.3%)	Not reported	Not reported
Kandiyohi	165	104 (63.0%)	49 (47.1%)	28 (26.9%)	19 (18.3%)
Kittson	13	Not reported	Not reported	Not reported	Not reported
Koochiching	65	49 (75.4%)	39 (79.6%)	Not reported	Not reported
Lac qui Parle	32	Not reported	Not reported	Not reported	Not reported
Lake	55	29 (52.7%)	14 (48.3%)	Not reported	Not reported
Lake of the Woods	16	11 (68.8%)	Not reported	Not reported	Not reported
Le Sueur	88	45 (51.1%)	23 (51.1%)	Not reported	Not reported
Lincoln	13	Not reported	Not reported	Not reported	Not reported

County	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by county)		
			MI alone	Dual MI & CD	CD alone
Overall	**26,963**	**17,862 (66.2%)**	**11,505 (64.4%)**	**3,725 (20.9%)**	**2,169 (12.1%)**
Lyon	142	11 (7.7%)	Not reported	Not reported	Not reported
Mahnomen	21	Not reported	Not reported	Not reported	Not reported
Marshall	51	31 (60.8%)	15 (48.4%)	Not reported	Not reported
Martin	100	55 (55.0%)	Not reported	Not reported	22 (40.0%)
McLeod	154	88 (57.1%)	63 (71.6%)	Not reported	Not reported
Meeker	90	26 (28.9%)	13 (50.0%)	Not reported	Not reported
Mille Lacs	168	89 (53.0%)	53 (59.6%)	19 (21.3%)	13 (14.6%)
Morrison	140	88 (62.9%)	49 (55.7%)	25 (28.4%)	14 (15.9%)
Mower	120	86 (71.7%)	59 (68.6%)	Not reported	Not reported
Murray	20	Not reported	Not reported	Not reported	Not reported
Nicollet	146	24 (16.4%)	14 (58.3%)	Not reported	Not reported
Nobles	108	Not reported	Not reported	Not reported	Not reported
Norman	18	12 (66.7%)	11 (91.7%)	Not reported	Not reported
Olmsted	659	442 (67.1%)	242 (54.8%)	102 (23.1%)	88 (19.9%)
Otter Tail	342	245 (71.6%)	90 (36.7%)	50 (20.4%)	99 (40.4%)
Pennington	68	45 (66.2%)	22 (48.9%)	Not reported	Not reported
Pine	132	83 (62.9%)	39 (47.0%)	19 (22.9%)	24 (28.9%)
Pipestone	34	Not reported	Not reported	Not reported	Not reported
Polk	138	83 (60.1%)	56 (67.5%)	Not reported	Not reported
Pope	22	10 (45.5%)	Not reported	Not reported	Not reported
Ramsey	3,723	2,942 (79.0%)	1,756 (59.7%)	993 (33.8%)	114 (3.9%)

County	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by county)		
			MI alone	Dual MI & CD	CD alone
Overall	**26,963**	**17,862 (66.2%)**	**11,505 (64.4%)**	**3,725 (20.9%)**	**2,169 (12.1%)**
Red Lake	Not reported	Not reported	Not reported	Not reported	Not reported
Redwood	86	55 (64.0%)	31 (56.4%)	Not reported	Not reported
Renville	59	20 (33.9%)	Not reported	Not reported	Not reported
Rice	222	110 (49.5%)	62 (56.4%)	27 (24.5%)	17 (15.5%)
Rock	51	12 (23.5%)	Not reported	Not reported	Not reported
Roseau	69	37 (53.6%)	25 (67.6%)	Not reported	Not reported
Scott	377	182 (48.3%)	122 (67.0%)	39 (21.4%)	16 (8.8%)
Sherburne	255	166 (65.1%)	117 (70.5%)	23 (13.9%)	25 (15.1%)
Sibley	54	32 (59.3%)	18 (56.2%)	Not reported	Not reported
St. Louis	1,423	1,113 (78.2%)	686 (61.6%)	207 (18.6%)	200 (18.0%)
Stearns	631	475 (75.3%)	305 (64.2%)	139 (29.3%)	18 (3.8%)
Steele	162	104 (64.2%)	48 (46.2%)	38 (36.5%)	14 (13.5%)
Stevens	39	Not reported	Not reported	Not reported	Not reported
Swift	27	11 (40.7%)	Not reported	Not reported	Not reported
Todd	89	45 (50.6%)	29 (64.4%)	Not reported	Not reported
Traverse	10	Not reported	Not reported	Not reported	Not reported
Wabasha	55	34 (61.8%)	18 (52.9%)	Not reported	Not reported
Wadena	96	57 (59.4%)	32 (56.1%)	Not reported	Not reported
Waseca	75	47 (62.7%)	24 (51.1%)	Not reported	Not reported
Washington	602	423 (70.3%)	295 (69.7%)	Not reported	Not reported
Watonwan	23	13 (56.5%)	Not reported	Not reported	Not reported

County	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by county)		
			MI alone	Dual MI & CD	CD alone
Overall	**26,963**	**17,862 (66.2%)**	**11,505 (64.4%)**	**3,725 (20.9%)**	**2,169 (12.1%)**
Wilkin	13	Not reported	Not reported	Not reported	Not reported
Winona	187	131 (70.1%)	93 (71.0%)	18 (13.7%)	18 (13.7%)
Wright	271	167 (61.6%)	133 (79.6%)	12 (7.2%)	19 (11.4%)
Yellow Medicine	38	Not reported	Not reported	Not reported	Not reported

Note. Data on county came from courts based on the county where an individual's first commitment case was filed in the period from 2016-2025. Values not reported for group sizes smaller than 10. For commitment reasons where the smallest group is smaller than 10, the next smallest group is also not reported in some cases to avoid revealing information via subtraction. Commitment reason percentages may not add up to 100% because there are other types of commitments not included here (e.g., mentally ill and dangerous, developmental disability, etc.). MI = Mental illness; CD = Chemical dependency.

Table A3. Comparison of demographic characteristics between the courts population that was linked with healthcare billing data and the Courts population that was not linked

	Individuals linked with healthcare billing data (%)	Individuals not linked with healthcare billing data (%)
Overall	**21,063**	**5,900**
Gender		
Female	8,407 (39.9%)	2,585 (43.8%)
Male	12,046 (57.2%)	3,058 (51.8%)
Region		
Hennepin & Ramsey Counties	8,829 (41.9%)	2,670 (45.3%)
Five other metro counties[10]	3,403 (16.2%)	996 (16.9%)
Greater MN	8,831 (41.9%)	2,234 (37.9%)
Age		
Age 18-19	975 (4.6%)	423 (7.2%)
Age 20-24	2,779 (13.2%)	923 (15.6%)
Age 25-34	5,833 (27.7%)	1,519 (25.7%)
Age 35-44	4,282 (20.3%)	1,109 (18.8%)
Age 45-54	2,999 (14.2%)	747 (12.7%)
Age 55-64	2,609 (12.4%)	641 (10.9%)
Age 65-74	1,219 (5.8%)	368 (6.2%)
Age 75+	367 (1.7%)	170 (2.9%)

Note. Race/ethnicity is not available in the courts data, so we were not able to compare the two groups on that characteristic.

Table A4. Proportion of adults with commitment cases relative to the state population.

	Count of people with commitment case opened (adults linked to healthcare billing data)	Percent of all adults with a commitment case (excluding those with unknown or missing data)	Percent of Minnesota residents 18+ by group
Race/ethnicity			
American Indian or Alaska Native	1,285	7.1	1.9
Asian or Pacific Islander	680	3.7	5.5
Black or African American	3,456	19	6.6
Hispanic	726	4	4.8
White	12,050	66.2	81.2
Unknown	2,866	Not applicable	Not applicable
Gender			
Female	8,712	41.4	50.2
Male	12,329	58.6	49.8
Unknown	22	Not applicable	Not applicable
Region			
Hennepin & Ramsey Counties	8,829	41.9	31.7
Five other metro counties	3,403	16.2	23.5
Greater MN	8,831	41.9	44.8
Age group			
18-19	933	4.4	3.3
20-24	2,757	13.1	8
25-34	5,833	27.8	17.1
35-44	4,280	20.4	17.4
45-54	2,998	14.3	15.2
55-64	2,609	12.4	17.1
65-74	1,217	5.8	13
75+	367	1.7	8.9
Unknown	69	Not applicable	Not applicable

Note. Data on race/ethnicity, gender, and age group came from healthcare billing records. Data on region came from the courts based on the county where an individual's first commitment case was filed during the period from 2016–2025.

Table A5. Selected demographic characteristics for individuals with a commitment case opened and matched to healthcare billing data

	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by group)		
			MI alone	Dual MI & CD	CD alone
Overall	**21,063**	**14,457 (68.6%)**	**9,125 (63.1%)**	**3,114 (21.5%)**	**1,843 (12.7%)**
Race/ethnicity					
American Indian or Alaska Native	1,285	932 (72.5%)	382 (41%)	234 (25.1%)	293 (31.4%)
Asian or Pacific Islander	680	490 (72.1%)	366 (74.7%)	90 (18.4%)	21 (4.3%)
Black or African American	3,456	2,611 (75.5%)	1,972 (75.5%)	426 (16.3%)	127 (4.9%)
Hispanic	726	506 (69.7%)	303 (59.9%)	126 (24.9%)	51 (10.1%)
White	12,050	8,100 (67.2%)	5,038 (62.2%)	1,816 (22.4%)	1,077 (13.3%)
Unknown	2,866	1,818 (63.4%)	1,064 (58.5%)	422 (23.2%)	274 (15.1%)
Gender					
Female	8,712	5,810 (66.7%)	3,823 (65.8%)	1,122 (19.3%)	822 (14.1%)
Male	12,329	8,628 (70.0%)	5,285 (61.3%)	1,991 (23.1%)	1,021 (11.8%)
Unknown	22	19 (86.4%)	17 (89.5%)	Not reported	Not reported
Region					
Hennepin & Ramsey Counties	8,829	6,509 (73.7%)	4,477 (68.8%)	1,312 (20.2%)	570 (8.8%)
Five other metro counties	3,403	2,330 (68.5%)	1,516 (65.1%)	533 (22.9%)	231 (9.9%)
Greater MN	8,831	5,618 (63.6%)	3,132 (55.7%)	1,269 (22.6%)	1,042 (18.5%)

	Commitment case opened	Ordered committed (%)	Commitment reason (% of committed by group)		
			MI alone	Dual MI & CD	CD alone
Overall	**21,063**	**14,457 (68.6%)**	**9,125 (63.1%)**	**3,114 (21.5%)**	**1,843 (12.7%)**
Age group					
18-19	933	613 (65.7%)	382 (62.3%)	161 (26.3%)	47 (7.7%)
20-24	2,757	1,896 (68.8%)	1,146 (60.4%)	451 (23.8%)	235 (12.4%)
25-34	5,833	4,095 (70.2%)	2,338 (57.1%)	1,039 (25.4%)	597 (14.6%)
35-44	4,280	2,899 (67.7%)	1,706 (58.8%)	742 (25.6%)	375 (12.9%)
45-54	2,998	1,968 (65.6%)	1,299 (66%)	358 (18.2%)	265 (13.5%)
55-64	2,609	1,783 (68.3%)	1,240 (69.5%)	278 (15.6%)	236 (13.2%)
65-74	1,217	861 (70.7%)	707 (82.1%)	69 (8.0%)	75 (8.7%)
75+	367	282 (76.8%)	261 (92.6%)	Not reported	Not reported
Unknown	69	60 (87.0%)	46 (76.7%)	Not reported	Not reported

Note. Data on race/ethnicity, gender, and age group came from healthcare billing records. Data on region came from the courts based on the county where an individual's first commitment case was filed in the period from 2016-2025. Values not reported for group sizes smaller than 10. For commitment reasons where the smallest group is smaller than 10, the next smallest group is also not reported to avoid revealing information that could identify individuals via subtraction. MI = Mental illness; CD = Chemical dependency.

Report authors: Anna Solmeyer, PhD; Jack Jackson, MPP; Yuna Loesch; Ben Nguyen; Alex Meyers, MPP; Weston Merrick, PhD

For questions, please email: ResultsManagement@state.mn.us.

About the team

MMB's Impact Evaluation unit is a team of data and social scientists that evaluates state investments to understand what's working and what is not. We prioritize working with agencies and partners to identify and answer pressing questions and create evidence that is rigorous, relevant, and used by policymakers.

For more information or to learn about current and future areas of study, please visit https://mn.gov/mmb/impact-evaluation or contact ResultsManagement@state.mn.us.

Minnesota Management and Budget (MMB)
Results Management, Impact Evaluation Unit
658 Cedar St.
St. Paul, MN 55155
(651) 201-8000

Note on AI usage

Portions of the analysis in this document were drafted with assistance from AI tools including ChatGPT, Claude, Microsoft Copilot, and Google Gemini. Most notably, queries related to developing draft code for analysis and strategies to structure data for clearer visualization. Only data designated as public is permitted, by state policy, to be shared with an LLM. All content was human-reviewed and edited.

---

[1] NAMI Minnesota. *Understanding the Minnesota Civil Commitment Process*. 2021. https://namimn.org/wp-content/uploads/sites/48/2021/04/NAMI_CivilCommitmentMarch2021OP-1.pdf.
[2] Department of Human Services. *Task Force on Priority Admissions to State-Operated Treatment Programs: Report and Recommendations to the Minnesota Legislature*. 2024. https://mn.gov/dhs/assets/priority-admissions-task-force-report_tcm1053-609741.pdf.
[3] MNCIS data uses the term "chemical dependency" to refer to individuals with substance use disorder.
[4] Estimates of the population 18+ by county drawn from the 5-year American Community Survey (ACS) for the period 2019-23; accessed via IPUMS NHGIS.
[5] Throughout this report, we use race/ethnicity categories as defined in Minnesota healthcare billing data and in population estimates from the U.S. Census Bureau. These data sources use standardized racial categories, which do not satisfactorily reflect Tribal membership and the diversity of Indigenous identities. For example, these data sources group together American Indians and Alaska Natives as a racial category, flattening diverse experiences into one grouping. To report data on disparities and to reflect the categorization choices that appear in the source data, in this report some of our figures and tables use the term "American Indian or Alaska Native." We recognize there are limitations to this approach.
[6] Similar proceedings also take place when the defense contends the defendant is not guilty by reason of mental illness.
[7] Processes that fall outside the scope of the data used in this report, like pre-petition screening, may be key drivers of variation during commitment journeys.
[8] MMB accesses MMIS data through an agreement with DHS that ensures secure data sharing between the two agencies.
[9] MMB accesses SSIS data through an agreement with DHS that ensures secure data sharing between the two agencies.
[10] These five counties are Anoka, Carver, Dakota, Scott, and Washington.