Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy, and sound psychiatric practice, and achieving health equity.

March 25, 2025

Dear Chair Xiong and members of the Senate State and Local Government Committee,

We are the President and Legislative Committee Chair of the Minnesota Psychiatric Society (MPS) and write to you today to express MPS opposition to SF 1492 creating a new commitment process under the authority of the Minnesota Attorney General's Office.

The Minnesota Psychiatric Society is an organization of over 450 Child, Adolescent, and Adult Psychiatrists who provide clinical care, research, and education on mental health. We have long been involved in Minnesota's commitment process including participation in multiple task forces convened to revise the law. Clinically, our members who work in Emergency Departments and hospitals routinely decide which of our patients meet the criteria for a 72-hour hold, a commitment, a Jarvis petition, and/or forced ECT. In addition to treating such patients in outpatient offices and community mental health centers, outpatient psychiatrists work with specialty teams including ACT teams, First Episode Psychosis teams to keep committed patients stable post discharge.

Your choice to add an agency which is not currently involved or at most only a minor player is problematic and duplicative. The role requires an agency to have significant expertise – both clinically and fiscally, to address this aspect of patient care and safety. The solution must include the ability to manage committed patients, to reliably communicate with the relevant parties, to pay for adequate resources to meet the service demand, AND to publicly report in real time how they are doing so the legislature can hold them accountable.

We are writing this to share our opinions on SF 1492:

1. It strikes us that the biggest missing element in improving the system is accountability
2. Currently depending on where and when the patients enter the mental health system, the authority/accountability/payment could be the county mental health workers/ county budget, it could be private practice clinicians/private insurance (or county community crisis team or community mental health center/county budget, it might be jail/county corrections
3. We share the frustration felt by patients, families, case managers, and many other clinicians when previously stable patients either get worse or (more frequently) get lost to follow-up. We typically rely on county case managers to stay in touch with their patients, their patients' families, their clinicians (including us) and the courts. We know they are overburdened and at times it takes a lot of time, effort and energy to find their patients. (county budget)
4. DHS has the authority/payment of treating patients when they are committed until they are discharged and then the accountability shifts primarily back the county

Sincerely yours,

Mark Frye, MD
MPS President

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