



*Mental Health Minnesota is the voice of lived mental health experience.*

*We carry that declaration forward as we work to advance mental health and well-being for all, increase access to mental health treatment and services, and provide education, resources and support across Minnesota.*

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

On behalf of Mental Health Minnesota, I am writing to share our concerns with SF1492.

Significant changes to the commitment act were adopted by the Legislature in 2020, those changes reflected the consensus of a large committee, with representation from every point of contact with the commitment act: people living with mental illnesses, family members, advocates, defense attorneys, county attorneys, hospitals, community mental health providers, psychiatrists, pre-petition screening, county human services, sheriffs, DHS, and more. We identified problems with the commitment act and its implementation and worked hard to find solutions. The end result was a commitment act that is recognized by the Treatment Advocacy Center as an excellent law.

My concerns with SF1492 include:

- Placing a civil commitment coordinating commission under the purview of the Attorney General's office. Civil commitment is overseen by the Department of Human Services (where it belongs). This bill would, in my opinion, continue to link serious mental illness to the judiciary system.
- Unnecessary duplication of effort. Many counties are already engaged in diversion efforts, and steps continue to be taken through legislative appropriations, DHS and counties to implement recommendations from the 2020 changes to the civil commitment law, etc. Why not give these efforts (ex. voluntary engagement) an opportunity to make an impact instead of adding another level of reporting that is confusing and disconnected to the actual work of providing treatment and services?
- The funding that would be necessary to carry out the work of the proposed civil commitment coordinating division. While the level of funding required to implement this bill is not yet known, almost every area of mental health treatment and services that can help address issues related to civil commitment is underfunded. Why direct limited state funding to this commission rather than the implementation of solutions that have already been identified?

In addition to the committee that worked on the changes to the commitment act that was adopted by the Legislature in 2020, the competency restoration task force and the priority admissions task force also put forth a number of recommendations that actually address the current issues we are seeing with implementation of the commitment act, including:

- Law enforcement often is not willing to provide transport holds due to changes in the use of force law;
- People are being discharged, while committed, to shelters because housing isn't available (and because they had a bed in the hospital, they don't rise to the top of the priority list in the housing programs);
- There are significant workforce challenges, making it hard for counties and community providers to hire and train case managers;



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