

March 25, 2025

Dear Members of the Senate State and Local Government Committee:

NAMI Minnesota is opposed to SF 1492. When the major changes to the commitment act were adopted in 2020 it reflected the consensus of a committee of over 20 people. This committee had representation from every point of contact with the commitment act: people with mental illnesses, family members, advocates, defense attorneys, county attorneys, hospitals, community mental health providers, psychiatrists, pre-petition screening, county human services, sheriffs, police, DHS, and more. We identified problems with the commitment act and its implementation and worked hard to find solutions. The end result is a commitment act that is recognized by the Treatment Advocacy Center as an excellent law.

SF 1492 had none of that input or engagement and thus there are confusing and duplicative components. For example, the engagement services mentioned in the bill are already funded under the Department of Human Services (DHS). They just issued the RFP and will be deciding who will receive the grant. Part of the grant is evaluating its effectiveness. Thus, is it duplicative to now move these grants to the Attorney General's office (AG) and to evaluate them.

There are several advisory committees that already are meeting on the issues facing the implementation of the commitment act and the development of our community mental health system, including the priority admissions panel, the MI&D task force, and the State Advisory Committee on Mental Illness.

Twenty-one counties are already involved in the Stepping Up Initiative where they use the Sequential Intercept Model to identify how to divert people with mental illnesses from the criminal justice system. It is duplicative to have the AG office now become involved in this issue and ask for potentially different data.

DHS is the state's mental health authority and counties are the local mental health authorities. Due to the sparse populations in some counties, Adult Mental Health Initiatives were developed so that there are no 19 regions. AMHIs use state grant funds to fill gaps in coverage, including services and supports that are not covered by insurance. Their goal is to provide consistent and effective care for people with serious mental illnesses. In 2024 a study was done to catalog the evidence-based practices provided in AMHIs. They all collect data to measure the effectiveness of services and how the funding is used. The AG's office is not the mental health authority and lacks the expertise to address the myriad issues facing people with mental illnesses and their families.

The Ombudsman for Mental Health and Developmental Disabilities contains the Civil Commitment Training and Resource Center (CCTRC). The CCTRC was developed to assist persons who want training and information regarding the Civil Commitment and Treatment Act. CCTRC provides individualized training, information, referral, and advocacy. Tasking the AG's office to provide TA would be duplicative of their work.

NAMI Minnesota takes thousands of calls every year on a wide range of topics, including commitment. The major issues we are hearing are the following:

- Police not willing to do transport holds due to changes in the use of force law
- People being discharged, while committed, to shelters because housing isn't available and because they have a bed in the hospital, they don't rise to the top of the priority list in the housing programs

- Workforce challenges, with community and counties finding it hard to hire and train case managers
- If people do not follow the treatment plan, hospitals won't take them unless they meet medical criteria and there is nowhere else to take them
- Lack of intensive services such as ACT teams, CADI waivers, supportive housing

Over my twenty plus years at NAMI Minnesota I have been involved in countless task forces and committees that have involved all the relevant viewpoints and put forth solid recommendations to build our mental health system. The reason that people "fall through the cracks" is that the legislature has not funded our mental health system. Every year NAMI Minnesota and the Mental Health Legislative Network bring to the legislature bills that reflect these recommendations and ideas we have to fill those cracks.

This session, the Mental Health Legislative Network has several bills:

- Fund jail diversion programs and social workers in the jail
- Develop a task force just on transport holds
- Fund protected transport so crisis teams don't need to rely on police for transport holds
- Fund re-entry coordination programs
- Fund mobile crisis services to have a mental health response to a mental health crisis
- Expand first episode of psychosis programs and start a first episode of bipolar disorder program
- Increase rates for community mental health services
- Maintain audio only telehealth that is used largely by people with mental illnesses
- Expand case management eligibility
- Increase funds for Housing with Supports for Adults with Serious Mental Illnesses
- Fund jail diversion grants for people with mental illnesses and substance use disorders

The work to build our mental health system is ongoing. Adding another committee in an agency that does not oversee or fund the mental health system is not advisable at this time. If we believed this bill would actually help fill those gaps, we would support it. However, at this time we do not believe it will move our system forward.

Sincerely,



Sue Abderholden, MPH  
Executive Director