

Mentally Ill & Dangerous Reform Task Force

August 30, 2024 | 9:00am-2:00 pm | Forensic Services, 100 Freeman Drive St Peter, MN 56082

Problems with the current commitment:

1. The Forensic Mental Health Program (MSH by statute) is the only place where patients committed as MI&D can reside.
2. Current statute for Mentally Ill & Dangerous commitment only allows for inpatient treatment.
3. 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).
4. There is not an appeal process once someone is committed as MI&D.
5. Statute 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.
6. 253B.02, Subd. 17. Person who has a mental illness and is dangerous to the public: The definition of “mental illness” is overly vague. The lack of exclusionary criteria means diagnoses such as cognitive impairment, traumatic brain injuries (TBI), neurodevelopmental disorders (e.g., Autism Spectrum Disorders), trauma-related disorders (e.g., Posttraumatic Stress Disorder [PTSD]) dementia, and personality disorders, have been used to justify commitment.
7. 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).
8. The concept of an overt act is not well-defined in statute.