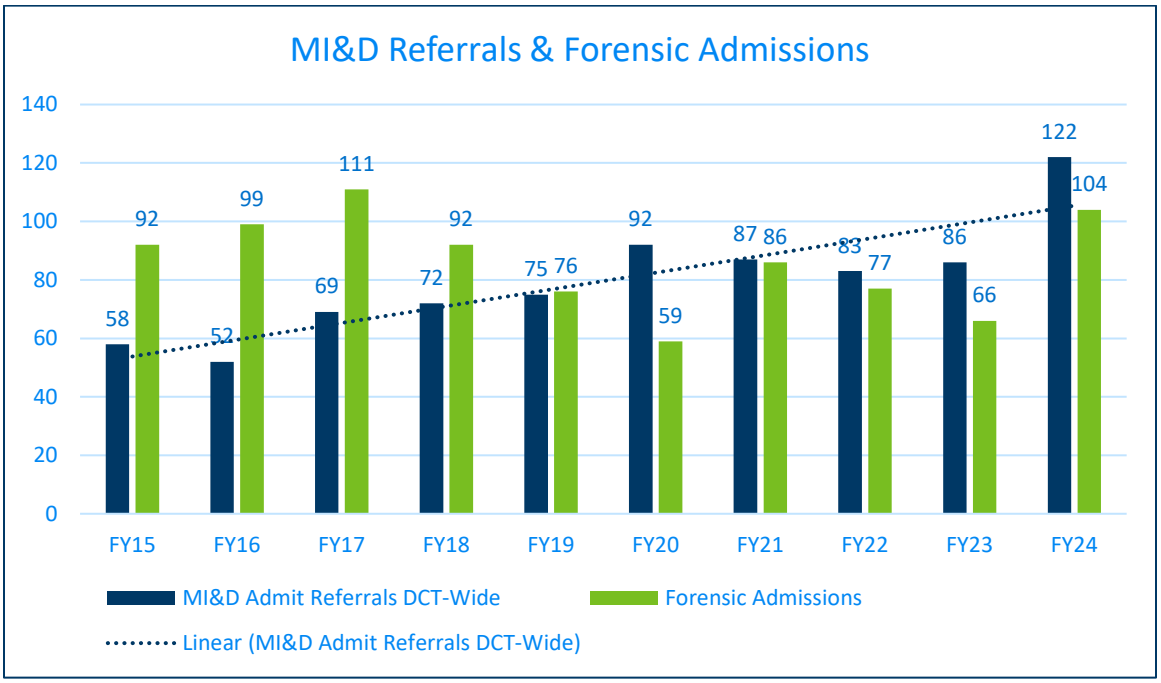
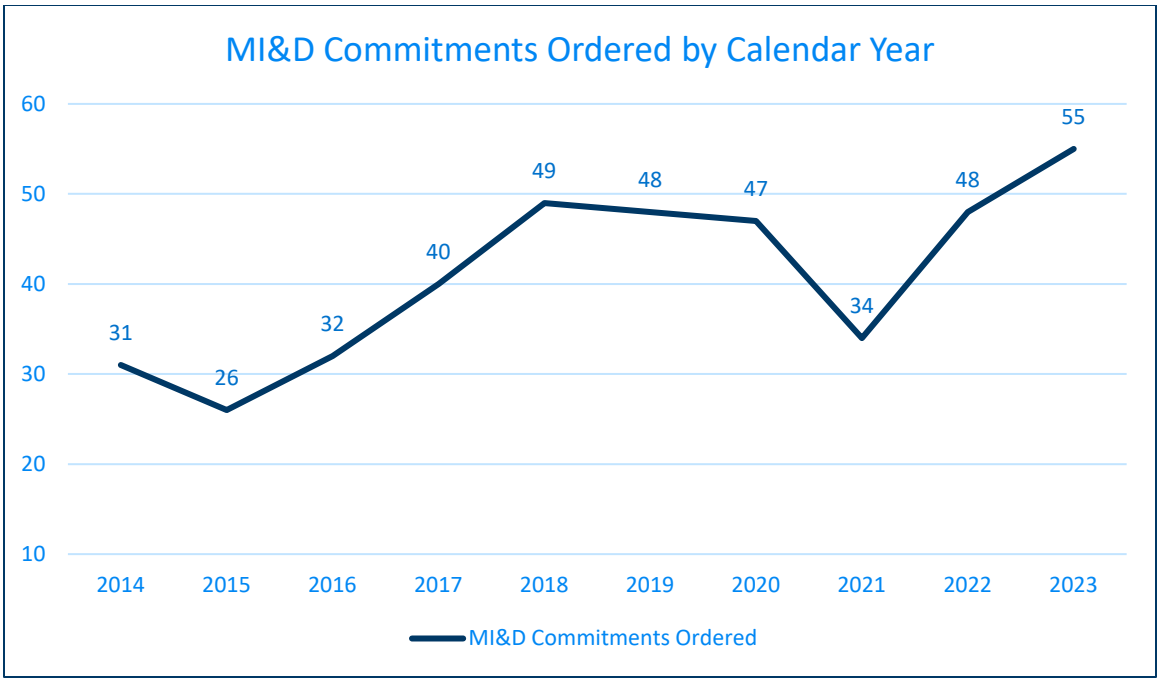
Findings:



1. Referrals for MI&D Admissions across Direct Care and Treatment have increased by **110%** between FY2015 and FY2024. A 32% increase occurred between FY20 and FY24 and a 42% increase within the last fiscal year. From FY2015 through FY2018, FS admissions far exceeded the number of MI&D admission referrals. Many of those higher admissions can be accounted for by the existence of the Competency Restoration Program at that time, which admitted individuals under a Rule 20 status and, due to the temporary nature of those commitments, maintained a much higher bed turnover rate than the FMHP beds dedicated to providing service to MI&D individuals. Of note, prior to January 2019, Forensic Services operated the Minnesota Security Hospital (MSH), Forensic Transitions Services (FTS), and the Competency Restoration Program (CRP) as three separate programs with three separate data sets. These programs merged into the unified Forensic Mental Health Program (FMHP) in January 2019.



2. Data maintained by the Minnesota Judicial Branch shows that orders for MI&D commitment statewide have increased by 77% since 2014. MI&D commitment orders generally increased year over year from 2014 to 2018. From 2018 to 2020, MI&D commitment orders plateaued at an average of 48 commitments ordered each year. There was a sizeable decrease in MI&D commitments ordered, 34, in 2021. In 2022, the number of commitments ordered jumped back to its previous level at 48. MI&D commitments were at an all-time high in 2023, with 55 commitments ordered.
3. Data maintained by the Minnesota Judicial Branch shows that statewide, the number of MI&D cases filed that resulted in an MI or DD commitment has ranged between 8 and 16 per year from 2014 to 2023.
4. While overall national trend lines show a 76 percent increase in the number of forensic patients (eg: those found not guilty by reason of insanity or civilly committed sex offenders) in state hospitals from 1999 to 2014, the trend is not consistent across all states. A few states report little change in their inpatient forensic populations. For the many states experiencing increases, the rise is mostly due to the increase in patients deemed incompetent to stand trial.
5. 2017 NRI report states that states have seen an increase in the number of forensic patients who are present in their state hospitals. In order to cope with the increasing number of forensic patients in the state psychiatric hospitals, as well as those awaiting admission, states have indicated they are implementing a variety of methods. These methods include (but are not limited to): building more beds, adapting the admission process, modifying prioritization of the waitlists, building community- or jail-based programs (e.g. outpatient competency restoration programs, jail-based restoration programs, residential treatment centers), and fostering relationships with other systems (e.g. strengthening the bonds and communication between behavioral healthcare workers and criminal justice agents).
6. Minnesota has two separate categories for commitment. One is a person with a mental illness who poses a risk of harm. The other is a person with a mental illness and is dangerous to the public. Dangerous is defined as “a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and

(ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another."

7. While Minnesota employs a single civil-commitment based pathway to long-term secure treatment, other states employ a patchwork of three main avenues with relatively high barriers to entry when allocating secure treatment resources.
8. Because the legal threshold to qualify for dedicated, long-term or indeterminate treatment in a secure setting is somewhat lower than other states, the system is vulnerable to the overrun of resources even with minor shifts in the rate of commitment. Even a slight skew toward over-application of MI&D resulting in a handful of additional or inappropriate commitments per year can in the course of several years result in intractable and insurmountable wait times.