

MENTAL HEALTH Minnesota

The Voice of Recovery

February 20, 2020

Dear Chair Mariani and Members of the Public Safety and Criminal Justice Reform Finance & Policy Division,

I'd like to take this opportunity to convey the support of Mental Health Minnesota for HF2898. Changes to Minnesota's civil commitment law are long overdue, and we have worked as a part of a large group on developing the proposed changes, so we are pleased to support it as it moves forward. I would also like to note that the group that worked on this proposed bill included people who have been through the civil commitment process themselves, who provided valuable feedback and input as we moved through this work.

Civil commitment is a difficult topic, as it comes down to a discussion of essentially taking away basic rights in order to provide treatment. Unfortunately, we also know that it is sometimes a better alternative for those who may be struggling with untreated mental illness, often resulting in incarceration, homelessness or self-harm.

The proposed bill better reflects the process of civil commitment, as well as updates language to reflect Minnesota's system of care, which includes state-operated services and non-state operated hospitals, as well as treatment in the community, including Assertive Community Treatment (ACT) teams.

We are particularly interested in the new section of the bill related to "engagement services." Engagement services would take a more proactive approach to outreach to those who are at risk of their mental illness impacting them to a point where civil commitment may be deemed necessary. Providing the opportunities to encourage people at risk to choose treatment, rather than be forced into it, has the potential for much better long-term outcomes.

Furthermore, the proposed bill reflects the importance of choice and the least restrictive option for treatment available for those who have been civilly committed, and reflects the importance of consent for mental health treatment whenever possible, including psychotropic medication and making it clear that use of forced medication is limited to injections.

Finally, one of the most important pieces of the proposed bill to those whom I represent is the change to person-first language throughout the bill. Instead of "person who is mentally ill" there has been a language change throughout the bill to "person who has a mental illness." A person with a mental illness is living with a health condition, but that health condition does not define them, and it is essential that the law recognize this fact. Additionally, it is important to note that the language is now addressing civil commitment process as it relates to "a person who poses a risk of harm due to mental illness" rather than simply "a person who is mentally ill." That change better reflects the reality of who may be in need of civil commitment to get better, rather than describe a wide range of people living with a mental illness.

Thank you for the opportunity to convey our support of HF2898.

Sincerely,



Shannah C. Mulvihill, MA, CFRE
Executive Director