

# **Background Brief**

DCT programs, services and facilities are NOT changing.

Employment conditions for staff are NOT changing.

DCT's footprint is NOT expanding.

## **DCT** as a Separate Agency

The Direct Care and Treatment (DCT) administration is a highly specialized behavioral health care system currently within the Minnesota Department of Human Services (DHS). The state-operated system serves more than 12,000 patients and clients each year whose mental illnesses, behavior disorders and intellectual disabilities are so complex and challenging that other health care systems cannot or will not serve them.

During the 2023 legislative session, state lawmakers passed Chapter 61, which authorized the separation of DCT from DHS and established the Department of Direct Care and Treatment as a standalone agency.

Legislation requires that the new agency be governed by an Executive Board, with day-to-day operations and management delegated to a Chief Executive Officer.

The separation becomes effective on Jan. 1, 2025, unless lawmakers extend the deadline by six months to July 1, 2025.

### **Benefits of Separation**

Separation allows DCT to operate more like other health care systems and to be governed by a board and managed by a CEO with deep health care background, experience, and expertise. Separation also:

- Draws a clear distinction between what DCT is responsible for (treatment) and what DHS is responsible for (policy, regulation, payment, etc.)
- Ensures that clinical judgment is the foremost factor considered in decisions about admissions, discharges, and appropriate levels of patient care
- Streamlines authority and allows DCT to be more agile, responsive, and self-determining in managerial decisions

#### **DCT Programs and Services are NOT changing**

DCT's core programs and services are NOT changing as part of the separation from DHS. The agency will continue to provide:

- Psychiatric care in hospitals and other residential mental health treatment facilities
- Residential substance use disorder treatment
- Mental health crisis services
- Outpatient mental health services and special care dentistry
- Residential and vocational services for people with disabilities
- Secure sex offender treatment

Marquee treatment facilities will remain in operation, including:

- Anoka-Metro Regional Treatment Center
- Six Community Behavioral Health Hospitals
- Three Intensive Residential Treatment Services (IRTS) facilities
- The Child and Adolescent Behavioral Health Hospital
- SUD treatment facilities
- Five special care dental clinics
- The Forensic Mental Health Program (formerly the Minnesota Security Hospital) in St. Peter
- The Forensic Nursing Home in St. Peter
- About 100 group homes and 15 vocational sites for people with disabilities
- Minnesota Sex Offender program facilities in Moose Lake and St. Peter.

Basically, DCT operations are staying the same.

#### **Employment Conditions for Staff are NOT changing**

Nearly all of DCT's more than 5,000 employees will notice <u>no substantive changes</u> as a result of the separation. They will have the:

- Same work locations, employment status and jobs
- Same job classifications
- Same union representation
- Same union agreements in full force
- Same salaries and benefits
- Same protections for staff working in temporary, unclassified positions
- Same human resources support
- Same focus on quality and safety in the workplace

#### **About the Executive Board**

The makeup of the DCT Executive Board and the frequency of meetings have not been finalized. Under the current structure, the Secretary of State's process will be followed for accepting applications for positions on the board, which will be appointed by the Governor.

The Executive Board will have broad financial oversight, approve the strategic direction of the agency, ensure high-quality care for patients and clients, and will be responsible for hiring and providing guidance to the CEO. The Executive Board will delegate day-to-day decision-making authority to the CEO, who will be responsible for the operation and administration of the behavioral health care system. It is likely that the board will meet frequently in the first year since there will be many organizational details to address. However, the number of meetings likely will decrease in subsequent years.

An Executive Board provides more transparency and accountability than exists under a more traditional commissioner-led model for a state agency. With limited exceptions, Executive Board meetings are open to the public, there are opportunities for public input, most issues are openly discussed, and records of actions taken by the Executive Board are available for public review.

#### **Extending the Separation Date by Six Months**

A proposal to extend the separation date by six months to July 1, 2025, would improve operational alignment. The change would put the new agency in sync with the start of the state fiscal year, a new biennial budgeting process, would coincide with the beginning of new union contracts. While DCT is prepared to keep the original Jan. 1, 2025, transition date, extending the changeover ensures that other key operational functions will be fully in place.

For More Information

Carrie Briones
DCT Legislative Director
Carrie.Briones@state.mn.us
651-503-8486