



MACSSA

Minnesota Association of County Social Service Administrators

March 13, 2024

Chair John Hoffman
Senate Human Services Committee
Minnesota Senate

RE: SF 4726: Direct Care and Treatment agency establishment

Dear Chair Hoffman,

The Minnesota Association of County Social Service Administrators (MACSSA) thanks you for your commitment to ensuring a successful transition to a new Department of Direct Care and Treatment (DCT), a goal that counties share. Counties also appreciate the opportunity we have had with the Department of Human Services (DHS) and DCT staff to share these concerns and offer suggestions. We offer this letter as an extension of our initial conversations on SF4726 and pledge our continued work with you, DHS and DCT as this bill moves through the legislative process.

As the entity that serves those with complex needs in situations where private providers cannot or will not serve, counties see DCT as an essential partner in our state's mental and behavioral health continuum of care. DCT is the safety net that our state relies on to provide the facilities and expertise needed for individuals with high acuity complex needs that cannot be served in the community. However, DCT is a *partner* in this work and must work collaboratively across the continuum of care to ensure that high-need individuals are properly placed, treated, and housed in the setting most appropriate. While the state considers how best to build up DCT, we must also acknowledge that this is not the only underdeveloped segment of our continuum of care – there are many service gaps throughout the state that deserve investment.

Counties respectfully ask to have a more robust seat at the table throughout the new infrastructure of DCT. Last session, as this restructuring was considered, we worked with you on adding qualifications to the future DCT board appointments that better reflect the experience necessary to contribute to conversations on our continuum, including “experience in delivery of behavioral health and care coordination.” The legislature agreed that this, in addition to health care expertise, was an important voice. This is precisely the role that counties play – counties work with, manage cases of, and share in the cost of treating individuals before, during, and after DCT involvement.

Counties feel strongly that this unique perspective warrants full participation on the DCT board as a voting member of the executive board. We respectfully request that the legislature examine Section 20, subdivision 2(b) (3), which includes five qualifications for three appointments and make the language explicit that counties' unique expertise will be reflected in voting membership. We have had positive conversations with DHS about other county concerns regarding the initial small number of members on the board, allowing for more participants in a way that mirrors that of hospital boards.

Counties believe getting the DCT executive board construction right is important to ensure transparency, accountability, and responsiveness back to affected communities. Counties believe that the executive board should take a leadership role in looking outside the DCT walls to solicit feedback and expertise to best address Minnesota's high acuity mental and behavioral health needs. This is imperative to developing long-term supports and solutions for individuals before and after they are committed to a state-operated facility and ensuring that the board's work does not exist in a vacuum.

Counties also have concerns with language in Section 20, subdivision 2 (e) that says an employee of a county, including a county commissioner, cannot serve on the board within one year of working at a county. Counties remain perplexed as to why this cooling off period would be necessary for counties, but that same language is not mirrored for other members serving on the board. Counties do not believe that a commissioner or county staff have an inherent conflict differing from any other stakeholder. We would appreciate additional explanation from DHS to identify this conflict and understand how it differs from other groups.

Additionally, MACSSA seeks to build out the Power and Duties (Section 21) of this legislation. MACSSA would like to see the executive board duties focused on providing oversight and transparency and would envision the board in engaging external partners, as mentioned above. We would like to see engagement obligations more specifically in this section, not merely a duty to inform. We also would like to see additional language added to clarify DCT's role as Minnesota's safety net and its unique role to meet the needs of our MN community.

As we discuss session priorities like the priority admissions task force recommendation with DHS, the executive board has been cited as the source for transparency and public engagement. For example, a DCT "quality committee" is called out in draft legislation to "review data and provide a routine report to the executive board on the effectiveness of the framework and priority admissions." If this type of infrastructure is to be put in place at DCT, counties ask this role and structure be called out in the legislation. Discussions around appropriate DCT capacity and priority admissions criteria are certain to continue into future years when DCT is its own agency. Counties are committed to working with the leadership at DHS and DCT, including the executive board, and other community partners and stakeholders determine how to invest in and meet capacity needs in community and in our state operated services.

Much work remains ahead of the legislature before DCT stands alone as its own agency. Counties seek to be a participant in the conversations around key issues still not yet determined and not included in this legislation, such as whether an individual is still committed by the court to the DHS Commissioner or to the Executive Board.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Freeman', with a stylized, flowing script.

Matt Freeman
Executive Director
Minnesota Association of County Social Service Administrators

Cc: Members of the Senate Human Services Committee