



January 24, 2025

Dear Members of the Senate Human Services Committee:

On behalf of NAMI Minnesota we are writing to express our concern with the proposal to change from board leadership over Direct Care and Treatment (DCT) to a commissioner. DCT is unique as a state agency in providing direct healthcare services. The accountability and experience brought by a board of directors is important in managing such a complex system and ensuring that the agency is fiscally and procedurally sound. A commissioner is a political appointee, and we believe the shared expertise and power of a board is a better model for healthcare delivery.

Sincerely,

Sue Abderholden, MPH
Executive Director

Elliot Butay
Senior Policy Coordinator



MACSSA

Minnesota Association of County Social Service Administrators

January 24, 2025

Chair Jordan Rasmusson
Senate Human Services Committee
Minnesota Senate

RE: SF 0626: DCT Change to Commissioner Bill

Dear Chair Rasmusson and Committee,

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 appreciate the opportunity to share concerns and offer suggestions to your committee and the administration regarding DCT governance. We pledge to continue our work with you to ensure successful governance of the key safety-net services provided by DCT.

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 people 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 people with high-needs 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.

MACSSA does not have a formal position on the organization of DCT under the leadership of an executive committee or under the leadership of a commissioners. Last session, as this restructuring was considered, counties respectfully asked to have a more robust seat at the table throughout the new infrastructure of DCT. We worked with the legislature on adding qualifications to the future DCT board appointments that better reflect the experience necessary to contribute to conversations on and make decisions about 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 people before, during, and after DCT involvement.

Counties feel strongly that this unique perspective warrants inclusion in leadership discussions at DCT – whether that is in access and partnership with a commissioner or in full participation on the DCT board as a voting member of the executive board. We continue to feel that that counties' unique expertise needs to be reflected and included in the leadership of DCT.

Counties believe getting DCT governance right is important to ensure transparency, accountability, and responsiveness back to impacted communities. Counties believe that DCT needs to take a leadership and partnership 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 people before and after they are committed to a state-operated facility and ensuring that the board's work does not exist in a vacuum.

One opportunity MACSSA sees is to build out the Power and Duties section of this legislation, whether that is for a commissioner or an executive board. MACSSA sees duties focused on providing oversight and transparency balanced with the responsibility of engaging external partners. We would like to see engagement obligations more specifically spelled out, beyond a duty to inform that is currently included. We would also aspire to see additional language added to clarify DCT's role as Minnesota's safety net and its unique role and responsibility to meet the needs of our MN community.

As session continues and we seek to discuss session priorities like the priority admissions review panel recommendations, we will continue to advocate for additional DCT transparency and public engagement. Current statute called out a DCT "quality committee" to "review data and provide a routine report to the executive board on the effectiveness of the framework and priority admissions." Discussions around appropriate DCT capacity and priority admissions criteria are certain to continue into future years when DCT is a stand-alone agency. Counties are committed to working with the leadership at DHS and DCT, including an executive board or commissioner, as well as other important community partners and stakeholders to determine how to invest in and meet capacity needs in community and in our state operated services.

The transition of DCT to a stand-alone agency is a critical one to get right. Counties appreciate being a participant in the conversations around key issues not yet determined about this transition, such as whether or how an individual is committed by the court to the DCT Commissioner or to an Executive Board.

Sincerely,

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

Matt Freeman
Executive Director
Minnesota Association of County Social Service Administrators

Cc: Members of the Senate Human Services Committee