MACSSA
Minnesota Association of County Social Service Administrators

April 2nd, 2024

Chair Mohamud Noor
House Human Services Finance Committee
Minnesota House of Representatives

RE: HF 4692: Direct Care and Treatment agency establishment

Dear Chair Noor,

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 with the Department of Human Services (DHS) and DCT staff our concerns and suggestions. This letter is an extension of our conversations and pledge our continued work with you on HF4692 as this bill moves through the legislative process.

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 county perspective warrants full participation by a county appointment on the DCT board as a voting member of the executive board. We respectively request that the legislature also examine Section 17, 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. 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 collaborate with counties and community providers 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 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 that differs from any other stakeholder. We would appreciate additional explanation from DHS to outline this conflict and understand how it differs from other groups who are granted a vote on the board. County commissioners and county human services staff currently serve on a number of different hospital boards.

Section 17, Subd. 7 discusses conflicts of interest for the board members. Counties take seriously the impact to trust in the board if there exists or there is a perception of conflicts of interest. We do not seek to put a county appointee in a challenging position – if there is a direct conflict of interest, we would expect that individual to recuse themselves from a vote. However, we have concern the language as written has the potential to prevents appointees - including a county appointee - from participating in discussions where their unique perspective is needed and which the discussion would benefit from their participation.

Additionally, MACSSA supports building out further the Power and Duties (Section 18) of this legislation. MACSSA would like to see called out executive board duties focused on providing oversight and transparency and would envision the board playing a key role in engaging external partners, as mentioned above. We support specifically calling out engagement obligations in this section, not merely a duty to inform partners of statute changes. We also support including additional language to clarify DCT's role as Minnesota's safety net and its unique role, and obligation, to ensure its facilities have capacity to meet the needs of our MN community. Currently, Minnesota's safety net for those who cannot be served in the community is far too often hospital emergency rooms, jails, and other inappropriate settings.

As we discuss inter-related session priorities like the priority admissions task force recommendations, the executive board has been cited by DHS as the source of 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 to determine how to invest in and meet capacity needs in community and in our state operated services.

Counties see DCT as an essential partner in our state's mental and behavioral health continuum of care. DCT is the entity that serves those with complex needs in situations where private providers cannot or will not serve an individual. DCT is the safety net that our state relies on to provide the facilities and expertise needed for individuals with high acuity and 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 or care – there are many service gaps throughout the state that deserve investment.

Significant work remains before DCT stands alone as its own agency. Counties seek to participate 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 instead to the DCT Executive Board.

Sincerely,

Matt Freeman
Executive Director, Minnesota Association of County Social Service Administrators