Minnesota Association of County Social Service Administrators

Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

Charge to Counties when DCT bed is the next appropriate placement

Proposal

Issue:

DCT beds are at capacity in Minnesota and individuals are “stuck” in beds that are inappropriate to their needs but unable to move because there is not a bed available. Counties are billed 100% of the cost of care when an individual no longer meets medical criteria for hospitalization yet are powerless to move the individuals to their next bed when the next necessary bed is a state operated facility bed.

Further, individuals now needing a hospital bed as a result of commitment cannot be served because there are no beds available (those beds are occupied by individuals who should have been moved to another DCT bed). One of the results of this is individuals who are very mentally ill being stuck in a jail cell or in a community placement that does not meet their needs.

In addition, at times the placement authority is a different entity than the county agency even though the county agency is required to carry the petition for the commitment. In those situations, counties should be relieved of part or all of the financial responsibility for the DNMC days. An example of this situation is a DOC patient committed for a Jarvis order was DNMC within less than a week. Only DOC can approve the discharge plan yet the county is billed 100% of the cost of care for nearly 3 months as of 11/23.

Implementation Strategy:

Minnesota Statutes, section 253B.18, subdivision 1 (b), requires “once a patient is admitted to a treatment facility pursuant to a commitment under this statute, treatment must begin regardless of whether a review hearing will be held under subdivision 2 . . .” If this appropriate bed is not available, counties are not able to move the individual to an appropriate bed; yet, under current statute, must pay 100% of the cost of care until the Department of Human Services frees up a bed.

Minnesota Statutes, section 246.54, provides for a provision to bill the county for 100% of the cost of care when the facility determines it is clinically appropriate for the client to be discharged. This same statute outlines the exceptions to this provision, which includes clients who are committed as sexual psychopathic personalities and clients who are committed as sexually-dangerous persons. Clients who are committed and awaiting another DCT placement should be added as an exception.

Systemic Priority Alignment (highlight all that apply and explain why)

- • Equity
- • Integrated Services
- • Fiscal Framework

From the GARE Toolkit (See www.racialequityalliance.org): What are the racial equity impacts of this particular decision? Who

Implementation: Minnesota Statute 246.54 Subd 2 should be amended to include an exception to billing counties when the patient is awaiting another DCT bed placement. Further, an addition to Minnesota Statute 246.54 Subd 3

should include a provision for DCT to review situations where the county has no authority to approve a new placement upon discharge from a DCT bed and determine if a downward adjustment to the charge is appropriate.

Systemic Priority/Paradigm Trend Alignment (highlight all that apply and explain why)

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority)*
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend)*
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend)*

Operational Priority (Committee) Alignment (highlight all that apply and explain why)

Adult Services	**Children's Services**	**Healthcare**	**Policy**
Behavioral Health	**Equity**	**Modernization**	**Self-Sufficiency**

Why: DNMC charges to counties are a hardship and excessive – just this year one of the hospitals daily charges increased 30%. One bill for DNMC when the county has no control over placement for the next bed could bankrupt a county. Progress has been made in this area with the MI & D provision passing in 2023 MN Legislative Session however counties continue to be charged excessive amounts when they have no power to move the patient on to their next bed.

Rationale/Background:

High-level, one paragraph description of the issue and its importance:

Counties make every effort to find appropriate placement for individuals and should not be inappropriately charged when they have no ability to help move the patient on to their next bed or placement.

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Approved on: