Minnesota Association of County Social Service Administrators

Position Statement

2021

Direct Care and Treatment

Short Description

Issue:

Direct Care and Treatment Direct Care and Treatment (DCT) operates a wide variety of residential and treatment programs that serve people with mental illness, developmental disabilities and chemical dependency.

DCT services are delivered at approximately 200 sites statewide by more than 4,900 employees About 12,000 people received services in DCT's residential and community-based settings last year. The majority of clients receiving mental health and chemical dependency treatment have been civilly committed by the courts. All sex offenders have been civilly committed. Because their conditions are so complex, and their behaviors can be volatile, other providers cannot – or will not – serve them. Some providers do not have the capacity; others do not have the expertise.

- Fiscal Year 2021 Budget Available Funding $533 million Projected Costs $560 million Difference ($27 million)
- Fiscal Years 2022-2023 Budget Available Funding $ 1.05 billion Projected Costs $ 1.15 billion Difference ($96 million)
- Access to DCT services has been difficult due to lack of capacity and long wait lists.
- Costs for those in DCT but do not meet medical criteria are passed along to counties.
- Individuals are left in community settings, hospitals, or jails not receiving the correct level of care.

A reduction in programing will only exacerbate these issues further.

Administrative Simplification (optional):

[will this position lead to a programmatic/administrative simplification? If yes, please describe.]

Implementation Strategy:

Counties support a framework for engagement around Direct Care and Treatment. To adequately address the challenges that face us, we are making a recommendation of regular communication between DHS, Counties and identified stakeholders. Communications should occur as follows:

FRAMEWORK FOR PARTNERSHIP

- Twice a month virtual meetings co-facilitated by MACSSA and DHS on the state of DCT and development of a set work plan moving forward.
- One meeting should be set between representation of counties and DHS.
- One meeting should invite identified community stakeholders that may help provide insight into building a more robust system.
- A fluid and mutually agreed upon timeline document outlining milestones.

- A discussion and evaluation about admission, medical criteria and discharge policies to create a mutual understanding of essential functions.
- Development of a legislative strategy highlighting key shifts in the delivery process to improve systems of care for those needing DCT level of service.

PATHWAY TO SERVICE DELIVERY IMPROVEMENT

- Conversations about the current deficits and challenges facing the system from state and county perspectives.
- Reinvesting into the service delivery system and looking at how to repurpose a portion of the DNMC dollars out of the general fund to necessary system improvements.
- Co-exploration of national benchmarks surrounding care systems for those with high-level mental health needs requiring a similar level of care to ours currently.
- A mutually agreed upon workplan addressing the deficits and challenges.

Aligned legislative strategy around advocating for the necessary funding support to make necessary changes.

Long Description:

DHS operates an array of residential and treatment programs serving people with mental illness, developmental disabilities and chemical dependency. Currently, about 4,500 employees provide these services at nearly 200 sites statewide (PDF). Admission to these programs is by referral. Referrals generally come from county social services, the courts or other health care providers. About 12,000 people receive direct care services from the department each year.

The client's county shall pay to the state of Minnesota a portion of the cost of care provided in a regional treatment center or a state nursing facility to a client legally settled in that county. A county's payment shall be made from the county's own sources of revenue and payments shall equal a percentage of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at a regional treatment center or a state nursing facility. The payments received by counties have historically been included in the state's general fund and not reinvested into our behavioral health delivery system.

These programs are essential for providing care to individuals with complex needs, which often times cannot be done in their home communities. Counties and providers often have extensive history in providing cares, but often need access to DCT when those supports cannot maintain safety for individual's and community. The inability to access these services in a timely fashion have put greater pressures on counties and local providers. The result stressors on other parts of our system, and the necessary level of care for individuals being delayed or at times not happening due to historical issues with capacity in our DCT programs.

Additional Information:

Submitted by: Tim Hunter
Approved by: [insert the name of the program committee] on [insert date position was approved]
Date Approved by Legislative Committee: [insert date]