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# Direct Care and Treatment


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https://mn.gov/dct

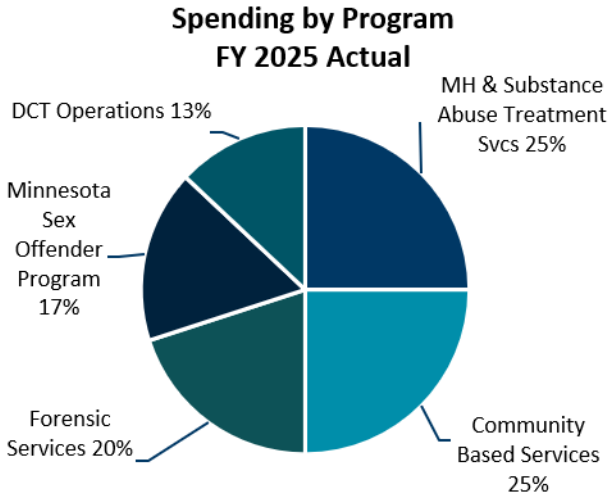
## AT A GLANCE

- Direct Care and Treatment (DCT) is the state-operated behavioral health care system.
- The system serves more than 12,000 patients and clients each year that other health care systems cannot or will not serve.
- About 5,000 full- and part-time staff care for patients and clients.
- Services are delivered at about 150 sites statewide.

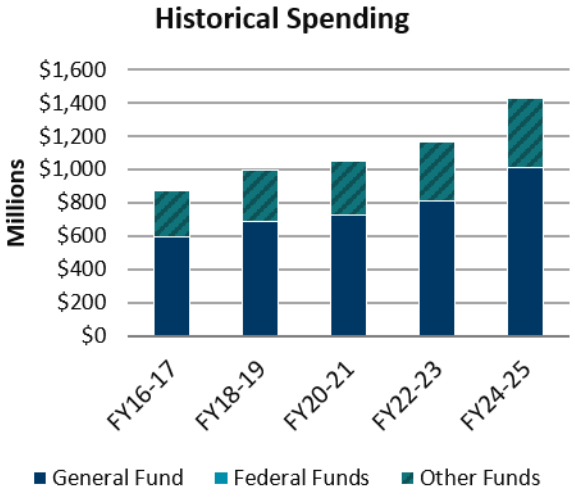
## PURPOSE

Direct Care and Treatment (DCT) plays a unique role in Minnesota's continuum of mental health services. It is a highly specialized behavioral health care system that serves people with mental illnesses, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them.

## BUDGET




***Source: Historical financial information provided is DCT program spending at the Department of Human Services (DHS).***




***Source: Consolidated Fund Statement***

## STRATEGIES

- DCT provides expert behavioral health care in a variety of settings for adults, adolescents and children with serious and persistent mental illnesses, behavior disorders, and intellectual disabilities.
- DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational programs; and the nation's largest treatment program for civilly committed sex offenders. The goal is to provide necessary treatment and ongoing support so that patients and clients can safely live, work, and participate in their communities in the least restrictive setting appropriate for their conditions.
- People with mental illnesses, developmental disabilities, substance use disorder, and other behavior disorders have disproportionately poorer health outcomes. DCT has health equity teams embedded in each of its major service lines to monitor health outcomes for the patient population as a whole, as well as focusing on patients and clients who are Black, Indigenous, and People of Color (BIPOC), LGBTQIA+ and other disproportionately affected patients and clients.

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Direct Care and Treatment's overall legal authority comes from M.S. 246 (https://www.revisor.mn.gov/statutes/cite/246). We list additional program-specific legal authority at the end of each program/budget activity narrative.

# Program: Mental Health and Substance Abuse Treatment Services

https://mn.gov/dct/adult-services/inpatient-care/

## AT A GLANCE

- Mental Health and Substance Abuse Treatment Services admits more than 1,200 patients annually to its hospitals and residential treatment facilities.
- The Anoka-Metro Regional Treatment Center is the largest state-operated psychiatric hospital. It operates 96 beds.
- The Child and Adolescent Behavioral Health Hospital is a 16-bed psychiatric hospital serving children ages 4 to 18.
- Six Community Behavioral Health Hospitals are located across the state. The 16-bed psychiatric hospitals serve adults.
- The Community Addiction Recovery Enterprise (CARE) program treats adults with substance-use disorders. CARE operates 16-bed residential treatment facilities in Fergus Falls and Carlton.
- The Minnesota Specialty Health System operates Intensive Residential Treatment Services in 16-bed locations in Brainerd, Wadena and Willmar.
- All-funds spending for this budget activity was approximately $186 million for FY 2025, which represents 25 percent of total Direct Care and Treatment all-funds spending.

## PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illnesses, substance-use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance-use treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Mental Health and Substance Abuse Treatment Services (MHSATS) is one of DCT's seven main service lines. MHSATS provides inpatient services in eight psychiatric hospitals, three locked substance-use-disorder treatment facilities, and three intensive residential treatment services (IRTS) facilities. Nearly all patients have been civilly committed as mentally ill, chemically dependent or both. MHSATS focuses on individualized, person-centered care and treatment with a trauma-informed approach.

## SERVICES PROVIDED

The following services are funded with general fund appropriations:

- **Anoka-Metro Regional Treatment Center (AMRTC):** Inpatient psychiatric services for adults in a secure hospital setting.
- **Community Behavioral Health Hospitals (CBHHs):** Inpatient psychiatric services in a secure hospital setting for adults. Locations in Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester.
- **Child and Adolescent Behavioral Health Hospital (CABHH):** Inpatient psychiatric services in a secure hospital setting in Willmar for children and teens ages 4 to 18.
- **Minnesota Specialty Health System (MSHS):** Inpatient Intensive Residential Treatment Services (IRTS) for adults, located in Brainerd, Wadena and Willmar.

- **Community Addiction Recovery Enterprise (CARE):** Locked inpatient residential treatment for clients with substance-use disorders. Programs operate in Carlton, Fergus Falls. A relocated facility will open in St. Paul in the fall of 2027.

All services are:

- Patient-centered, focusing on the needs of the individual.
- Provided in a safe environment at the appropriate level of care.
- Designed to allow individuals to move through treatment and into the least restrictive and most integrated setting possible.

To assure a successful transition back to life in the community, MHSATS:

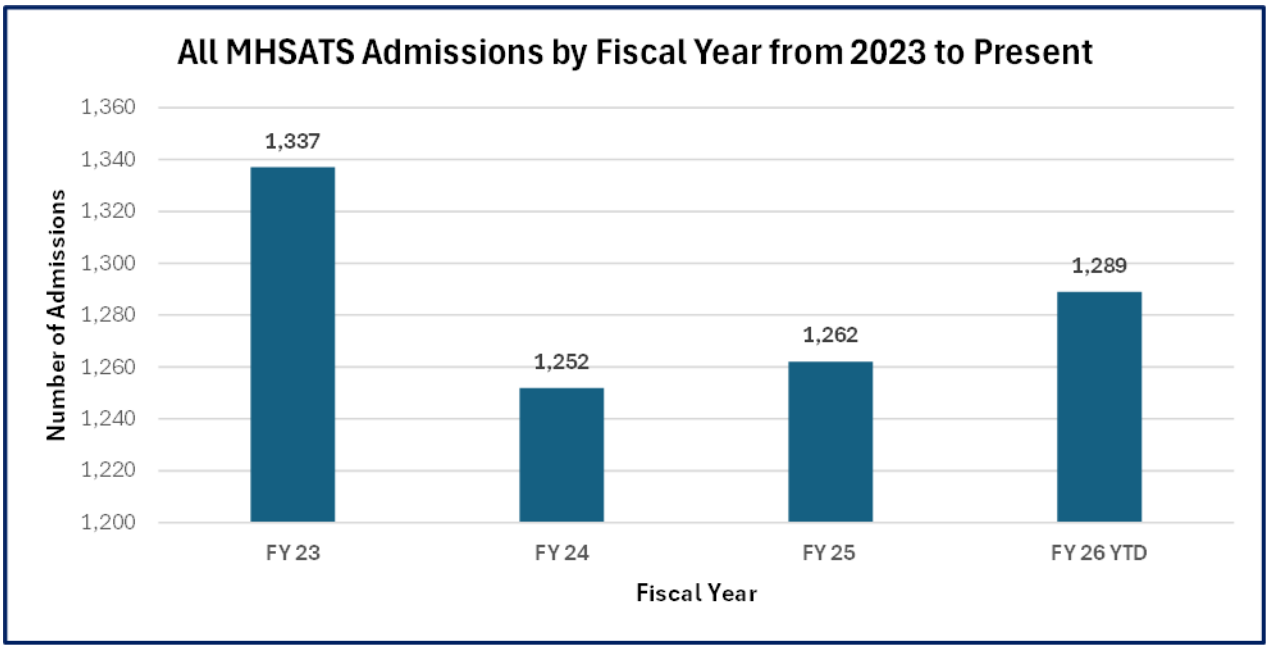
- Collaborates closely with county case managers and community partners to ensure continuity of services and prompt psychiatric follow-up upon an individual's discharge and return to a community setting.
- Focuses on reducing the number of medications necessary to control patients' symptoms.

## RESULTS

### Part A: Performance Data

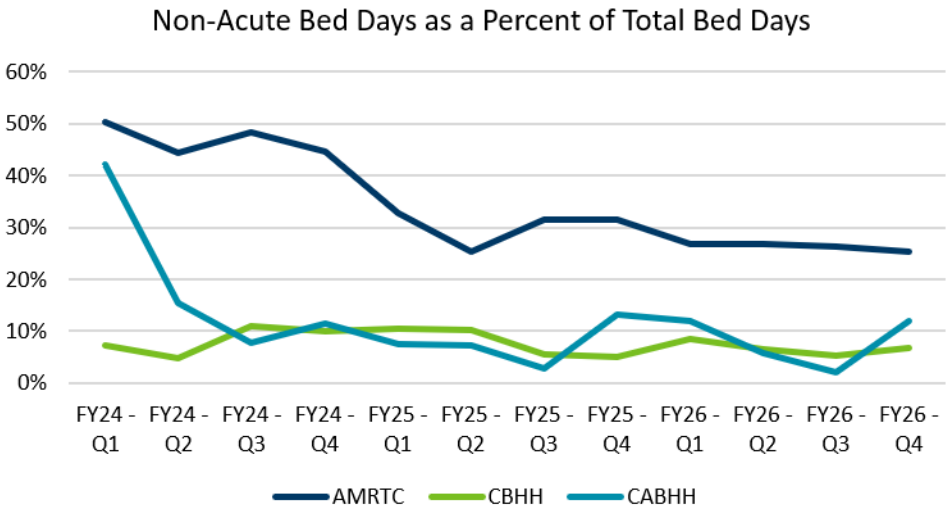
#### Quantity Measure

MHSATS admits more than 1,200 patients annually to its eight psychiatric hospitals and five other residential treatment facilities. The graph below shows admission trends over the past four fiscal years.



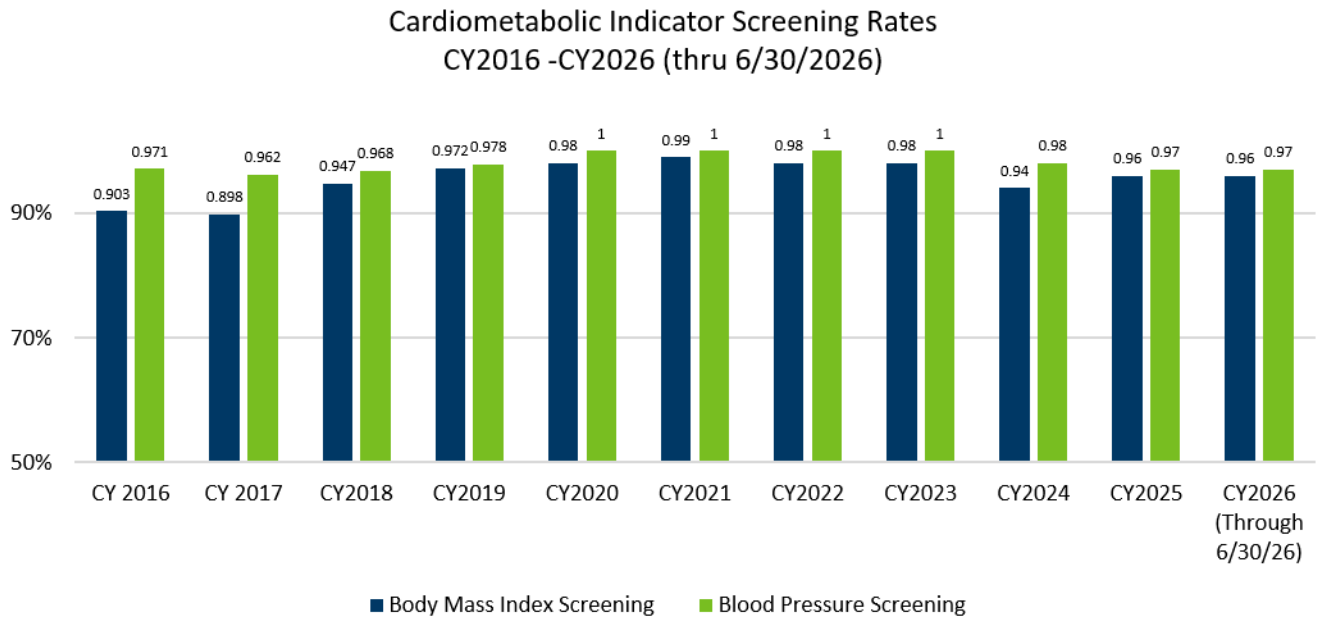

#### Quality Measure

MHSATS measures non-acute bed days. These are days when patients who no longer need a hospital level of care are not discharged in a timely way but remain in the hospital, most often due to a lack of community placement options for continued care. These delays in discharge are costly and prevent DCT's hospitals from admitting new patients because of a lack of available beds. The industry goal for hospitals is to have less than 10 percent of total bed days be classified as non-acute bed days.




The graph above shows that non-acute bed days at AMRTC continue to trend down. AMRTC is the largest state-operated psychiatric hospital. On average about 25 percent of bed days at the facility are non-acute bed days. Non-acute bed days at the CBHHs remain around the 10 percent goal. Because of the lower daily census, non-acute bed days at the CABHH vary widely. Just one or two clients who do not meet the criteria for hospital level of care at the CBHHs greatly impact the non-acute bed day measure.

Another measure of success is the screening for cardiometabolic syndrome indicators. Cardiometabolic syndrome prevention is a key component of improving the lives of patients and mirrors national trends towards improving health care quality systems. Increasing the number of people who are at a healthy weight will help us reduce the incidence of metabolic syndrome and chronic diseases among our patients. These rates also help determine appropriate interventions. Integrating body mass index (BMI) education into existing programming can reduce the likelihood of the onset and progression of obesity and related chronic diseases, as well as increase healthy eating and physical lifestyle skills. We are collecting and monitoring data closely to help patients maintain an appropriate BMI, reduce incidences of chronic disease, and enable them to live healthier lives. Managing and maintaining a healthy blood pressure reduces risk of cardiovascular disease and other chronic diseases. Increasing the number of people with a healthy blood pressure will help aid patients in leading healthier lives. Increased screening will also aid in the development of appropriate interventions, increase disease management and prevention, and assist with creating individualized treatment plans.




The graph above illustrates the sustained progress that has been made to improve screening for two key components of cardiometabolic syndrome: body mass index (BMI) and blood pressure. MHSATS' goal is to have a 95 percent screening rate for both BMI and blood pressure.

**Part B: Evidence of Effectiveness**

| Evidence-based practice: | Source: | FY 26-27 Expenditures |
|---|---|---|
| Psychiatric Hospital | Psychiatric Hospitals \| CMS<br>CMS uses standards of care, called "conditions of participation" to ensure hospitals are following evidence-based practices. | This practice is integrated into routine program operations. |
| Intensive Residential Treatment Services (IRTS) | Mental Health Services - Intensive Residential Treatment Services (IRTS) | This practice is integrated into routine program operations. |
| Residential Substance-Use-Disorder Treatment | ASAM Criteria<br>Substance Use Disorder (SUD) Services | This practice is integrated into routine program operations. |

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Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/?id=246) provides the legal authority for Direct Care and Treatment State Operated Services.

# Program: Community Services

https://mn.gov/dct/

## AT A GLANCE

- Community Services consists of Community-Based Services and Outpatient Services.
- Community-Based Services (CBS) provided residential, vocational, and other support services for 1,082 people with intellectual and developmental disabilities and other complex behavioral needs in FY 2026.
- Community Support Services mobile teams provided support to 312 people in FY 2026.
- CBS residential programs served 296 clients in FY 2026
- CBS vocational program served 474 clients in FY 2026.
- All-funds spending for this budget activity was approximately $192 million for FY 2025. This represents 25 percent of Direct Care and Treatment's all-funds spending.

## PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance-use treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Community-Based Services and Outpatient Services are two of DCT's seven main service lines. CBS provides treatment and residential supports to individuals with intellectual and developmental disabilities, mental illnesses, traumatic brain injuries, and complex behavioral health needs. The majority of CBS programs operate as enterprise services, which means funding relies on the revenue generated from services provided to clients. Revenue is collected from third-party payment sources such as Medical Assistance, private insurance, and the clients themselves.

## SERVICES PROVIDED

Services within this activity include:

- **Community Support Services:** Specialized mobile teams provide crisis support services statewide to individuals with mental illness and/or intellectual disabilities who are living in their home community or transitioning back to their home community. The goal is to support people in the most integrated setting by addressing behavior associated with mental illness or intellectual disabilities that would cause individuals to be admitted to inpatient treatment settings.
- **Minnesota Life Bridge:** Operates short-term residential programs throughout the state. The goal is to support clients in the most integrated setting close to their home communities or near families, friends, and other supportive people while addressing behavior associated with mental illness or intellectual disabilities that could cause individuals to lose their residential placements or be admitted to a less integrated setting.

- **Child and Adolescent Services:** These services for youth range from short-term crisis residential placements to foster care. Short-term crisis residential programs provide support to youth exhibiting behaviors related to intellectual disabilities and/or mental illness with a goal of finding long-term placement. The Minnesota Intensive Therapeutic Homes program provides foster care to children and adolescents who have severe emotional disturbances and challenging behaviors. Homes are located throughout the state. Treatment is tailored to the needs of each child and is based on a combination of multidimensional treatment, wrap-around services and specialized behavior therapy.
- **Residential Services:** CBS operates about 100 small group homes (typically four beds) located throughout Minnesota, and one apartment building providing Integrated Community Supports (ICS), for individuals with mental illness and/or intellectual/developmental disabilities. Staff assist clients with activities of daily living, provide therapeutic support and help them live, work and be involved in their local communities. Service rates are set through the Rate Management System for each client based on individual needs. The program is a transitional service that keeps clients from being placed in less integrated settings such as jails, hospitals, and institutions. It also helps transition clients out of segregated or secure settings and into community life. As clients improve and no longer require the level of care they receive in a CBS-operated program, they move to homes operated by private entities. Many clients (and entire CBS-operated homes) have been successfully transitioned to private care providers. This allows CBS to continue serving the most behaviorally complex individuals.
- **Vocational Services**: CBS provides vocational support services to help people with intellectual/developmental disabilities prepare for, find and keep employment. Services include evaluations, training, and onsite coaching, assistance for clients working jobs in the community, and day support services. Service rates are generated for each client based on individual needs.

## OUTPATIENT SERVICES PROVIDED

Services within this activity include:

- **Southern Cities Clinic:** Provides outpatient psychiatric services and limited primary care services for patients age 16 and older who have:
    - Intellectual and/or developmental disabilities and behavioral health needs
    - A history of traumatic brain injuries with behavioral health issues as a result of the injuries
    - Severe and persistent mental illness that have resulted in recurrent hospitalizations, require intensive community supports, have significant functional impairments, and who community behavioral health providers have been unwilling or unable to serve.

Services provided include psychiatric assessment and treatment, supportive psychotherapy, medication therapy management, and long-acting injectable antipsychotic therapy. Services may be provided in the clinic, via telehealth or through home visits. Limited primary care services are available for patients for whom seeking primary care in a community clinic creates a significant risk for themselves or others. Due to the nature of these referrals, primary care visits are conducted at a patient's residence or via telehealth.

- **Special Care Dental Clinics:** Dental services are designed for patients age 12 and older with intellectual and/or developmental disabilities and behavioral health needs that make receiving care in a traditional community dental practice impractical or unsafe. Outpatient services operate five special care dental clinics across Minnesota, as well as four facilities-based dental clinics in DCT's Forensic Services, Mental Health and Substance Abuse Treatment Services and Minnesota Sex Offender Program service lines. Dentists provide hospital/operating room-based dental care for patients for whom sedation is required to safely meet their dental needs. Outpatient Services also provides in-clinic sedation dentistry services at its special care dental clinic in Cambridge.

## RESULTS

**Part A: Performance Data**

| Type of Measure | Measure | FY 2025 | FY2026 |
|---|---|---|---|
| Quality | The percentage of survey respondents who said support from CSS mobile teams prevented placement in a less integrated setting (jails, hospitals, institutional settings, etc) | 88% | 94% |
| Quality | The percentage of vocational services clients employed in their communities | 92% | 77%[1] |
| Result | Clients who no longer required state-operated CBS services and transitioned to another community provider | Residential: 21<br>Vocational: 53 | Residential: 27<br>Vocational: 50 |
| Quantity | Number of clients admitted to CBS because their complex behavioral needs could not be supported by other providers | Residential: 30<br>Vocational: 47 | Residential: 33<br>Vocational: 48 |
| Quantity | Minnesota Life Bridge admissions | 10 | 5 |
| Quantity | Minnesota Life Bridge discharges | 9 | 7 |

**Part B: Evidence of Effectiveness**

| Evidence-based practice: | Source: | FY 26-27 Expenditures |
|---|---|---|
| Short-Term Assessment of Risk and Treatability (START) | BC Mental Health and Substance Use Services — Risk Assessment: START Manuals | This practice is integrated into routine program operations. |
| START-informed crisis prevention and intervention practices | National Center for START Services, University of New Hampshire — START Model | This practice is integrated into routine program operations. |
| Evidence-based autism interventions | National Autism Center at May Institute — National Standards Project, Phase 2 | This practice is integrated into routine program operations. |
| Supported Employment / Customized Employment | U.S. Department of Labor — Customized Employment Research and Resources | This practice is integrated into routine program operations. |
| NADD dual-diagnosis training and certification | National Association for the Dually Diagnosed | Approx. $150,000 |
| CARF accreditation — Child and Vocational Services | CARF International Accreditation Standards | Approx. $30,000 |

Minnesota Statutes Minn. Stat. § 246C.02, subd. 3 and Minn. Stat. § 246C.11, particularly subdivisions 1–4, provide the legal authority for Direct Care and Treatment State Operated Community Services.

[1] (15% decrease attributed to expanded access to Employment Development services increasing the number of people added to the list for services)

# Program: Forensic Services

https://mn.gov/dct/

## AT A GLANCE

- Forensic Services provided mental health treatment, evaluation or support services to over 4,300 people during FY 2026.
- The Forensic Mental Health Program (FMHP) served 397 patients during FY 2026.
- As of June 30, 2026, 41 patients civilly committed by the court as mentally ill and dangerous were on a waiting list for admission to the FMHP, 30 of which are high priority. The Forensic Nursing Home cared for 43 patients during FY 2026.
- Forensic examiners completed more than 1,107 court-ordered competency and pre-sentencing evaluations and 784 court-ordered outpatient evaluations during FY 2026.
- In FY 2026, 260 individuals civilly committed as mentally ill and dangerous were on provisional discharge from Forensic Services and living successfully in Minnesota communities with support from the Community Integrated Services team.
- All-funds spending for this budget activity was approximately $152 million for FY 2025. This represents 20 percent of Direct Care and Treatment's total all-funds spending.

## PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Forensic Services is one of DCT's seven main service lines. At secure and non-secure facilities in St. Peter, MN, Forensic Services provides evaluation and specialized mental health treatment services to adults with severe and persistent mental illness whom the courts have civilly committed as mentally ill and dangerous (MI&D), often because they have committed a serious crime. It is the only state-operated facility specifically designated to care for MI&D patients.

## SERVICES PROVIDED

Forensics Services provides a continuum of care:

- **Forensic Mental Health Program (FMHP)**: Provides psychiatric treatment that focuses on long-term stabilization and prepares patients for eventual provisional discharge and re-entry into the community. The FMHP also includes two other facilities off the main campus in St. Peter: a 16-bed secure facility and a 34-bed facility off the main that houses patients who have received permission from the Special Review Board to reside in a non-secure treatment facility.
- **Forensic Nursing Home (FNH):** Minnesota's only state-operated nursing home, the FNH provides a secure licensed nursing home setting for individuals who are committed as MI&D, sexual psychopathic personality, sexually dangerous person, and prison inmates on a medical release from the Department of Corrections. Treatment is similar to all nursing homes with provision activities of daily living care, rehabilitation services, and end of life care.

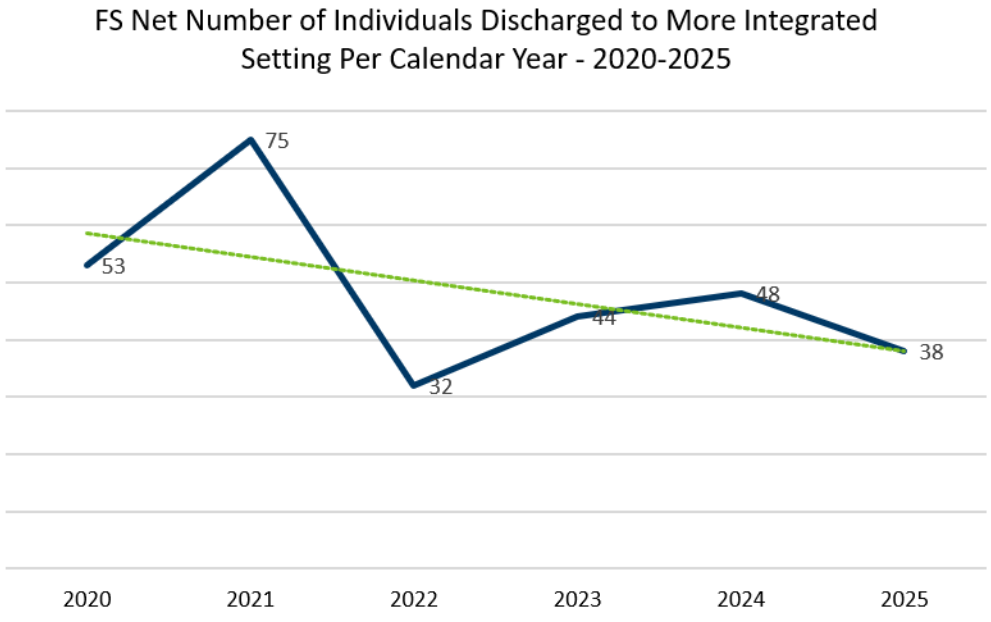
- **Community Integration Services (CIS):** A specialized team provides support services for patients who have been provisionally discharged to live in a variety of community settings. The services are designed to help patients live happy, stable, successful lives and avoid the need for return stays at the FMHP.
- **Competency and Evaluation Services:** A team of forensic examiners provides competency and pre-sentencing mental health evaluations. These can be done on either an inpatient basis within Forensic Services or in a community setting, including jails.

All services are financed through a direct General Fund appropriation, with the exception of court-ordered evaluations, which are supported by revenue generated from billing for those evaluation services.

## RESULTS

**Part A: Performance Data**

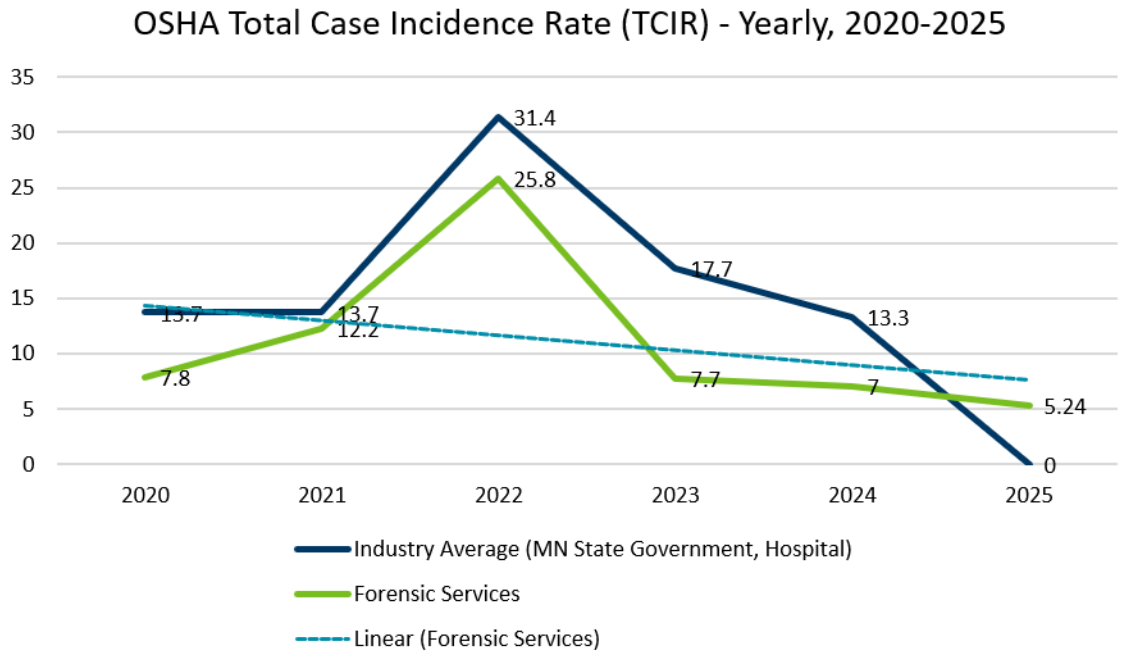
| Type of Measure | Measure | Previous | Current | Dates |
|---|---|---|---|---|
| Quantity | The number of clients served by the Forensic Mental Health Program | 397 | 397 | FY25 & FY26 |
| Quantity | The number of clients served by the Forensic Nursing Home | 52 | 43 | FY25 & FY26 |
| Quantity | The number of court-ordered outpatient evaluations completed. | 731 | 784 | FY25 & FY26 |
| Quantity | Number of individuals civilly committed as mentally ill and dangerous provisionally discharged and supported by the Community Integrated Services team. | 65 | 133 | FY25 & FY26 |




One measure of success is the number of individuals discharged from Forensic Services programs to more integrated settings in the community, consistent with Minnesota's Olmstead Plan. In the chart above, the solid line shows the average number of discharges. The dotted line shows the trend line over time.

The reduction in the number of individuals discharged to more integrated settings is driven by clinical factors for individual patients and a significant reduction in community provider capacity due to staffing shortages.

The safety of clients and staff is the top priority. One measure of safety is the Occupational Safety and Health Administration (OSHA) Total Case Incidence Rate (TCIR). The OSHA TCIR is the total number of workplace injuries or illnesses per 100 full-time employees working in one calendar year. This is a metric used nationally to compare rates of workplace injuries with national averages of similar industries, which in the case of Forensic Services is state health care, nursing, and residential facilities. In the chart below, the green line shows the annual data for Forensic Services. The blue line denotes the industry code average rate for state government nursing and residential facilities.




Since 2020, the TCIR at Forensic Services has been below – often, well below – the industry average. However, significant spikes in 2021 and 2022 are outliers, largely due to an increase in workplace illness during the COVID-19 pandemic, during which a high proportion of staff contracted the virus. If the COVID-19 outliers are removed, the TCIR falls back to levels recorded in 2019 and 2020. In 2023, TCIR numbers returned to the more normal range of 7.6 illnesses or injuries per 100 staff. The industry average for 2025 has not yet been released.

Several factors have contributed to the general trend towards lower TCIRs since 2018, including:

- Facilities have a more therapeutic environment that is safer for patients and the staff who care for them.
- Clinical, nursing and support staff provide person-centered clinical direction that takes the unique needs of individual patients into account and guides more effective treatment.
- Strong and consistent medical leadership.
- An increase in programming such as group therapy, social skill development through recreational and occupational therapies, music and art therapy, medication education, spiritual services, reintegration activities and vocational skills development.
- Support staff work with patients and reinforce skills practiced in groups and strategies for managing stressors, mental health crisis, free time, and completion of normal day activities.
- Training and retraining staff and ongoing monitoring of how well staff implement training.
- Monthly Safety Committee meetings with staff who work on all shifts to review all staff and patient injuries from the previous month. The committee focuses on what went well, what didn't go well, training needs and opportunities for improvement.

**Part B: Evidence of Effectiveness**

| Evidence-based practice: | Source: | FY 26-27 Expenditures |
|---|---|---|
| Minnesota Department of Health Nursing Home Rules Chapter 4658 | Minnesota Department of Health Nursing Home Rules Chapter 4658 | This practice is integrated into routine program operations. |
| Joint Commission Accreditation as a Behavioral Health Setting Standard: | Benefits of Joint Commission Accreditation \| Joint Commission | This practice is integrated into routine program operations. |

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Minnesota Statute Chapter 253 provides legal authority for Forensic Services.

# Program: Minnesota Sex Offender Program

Sex Offender Program / Direct Care and Treatment (DCT)

## AT A GLANCE

- Clients progress through three phases of sex-offense-specific treatment.
- As of July 1, 2026:
  - Minnesota Sex Offender Program (MSOP) client population was 761.
  - 72 clients were on provisional discharge and living in the communities under MSOP supervision. Another 10 had been granted provisional discharge and were waiting for community placement.
  - 147 MSOP clients had received a provisional discharge order in the history of the program.
  - 43 MSOP clients had been fully discharged from their civil commitment.
  - About 85 percent of MSOP clients voluntarily participated in treatment.
- All-funds spending for this budget activity was approximately $126 million for FY 2025. This represents 17 percent of Direct Care and Treatment's total all-funds spending.

## PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illnesses, substance-use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance use treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

The Minnesota Sex Offender Program (MSOP) is one of DCT's seven service lines. MSOP operates secure treatment facilities in Moose Lake and St. Peter for civilly committed sex offenders. It also operates Community Preparation Services, a less restrictive treatment setting on the St. Peter campus, and Reintegration Services, which monitors and supervises clients who have been provisionally discharged by the court.

Minnesota is one of 20 states with civil commitment laws for sex offenders. MSOP is the largest program of its kind in the country. Only a court has the authority to commit someone to MSOP. There are about 32 new commitments annually. Most clients have served prison sentences prior to their civil commitment.

Only a court has the authority to transfer clients to a less restrictive setting, such as Community Preparation Services, provisionally discharge them to live in the community under MSOP monitoring and supervision, or fully discharge them from the program.

## SERVICES PROVIDED

The program provides:

- Core group therapy, psycho-educational modules, and other treatment. Clients also participate in clinical programming that includes education, therapeutic recreation, and vocational programing.
- Risk assessments, treatment reports, and testimony that inform the courts in determining liberty.
- A therapeutic treatment environment that is safe and conducive to making positive change.
- Supervision and resources to help clients on provisional discharge succeed in the community.

MSOP is a three-phase treatment program. In Phase I, clients initially address treatment-interfering behaviors and attitudes. Phase II focuses on clients' patterns of abuse and identifying and resolving the underlying issues in their offenses. Clients in Phase III focus on deinstitutionalization and reintegration, applying the skills they acquired in treatment and maintaining the changes they have made while managing their risk for re-offense.

## COST OF CARE

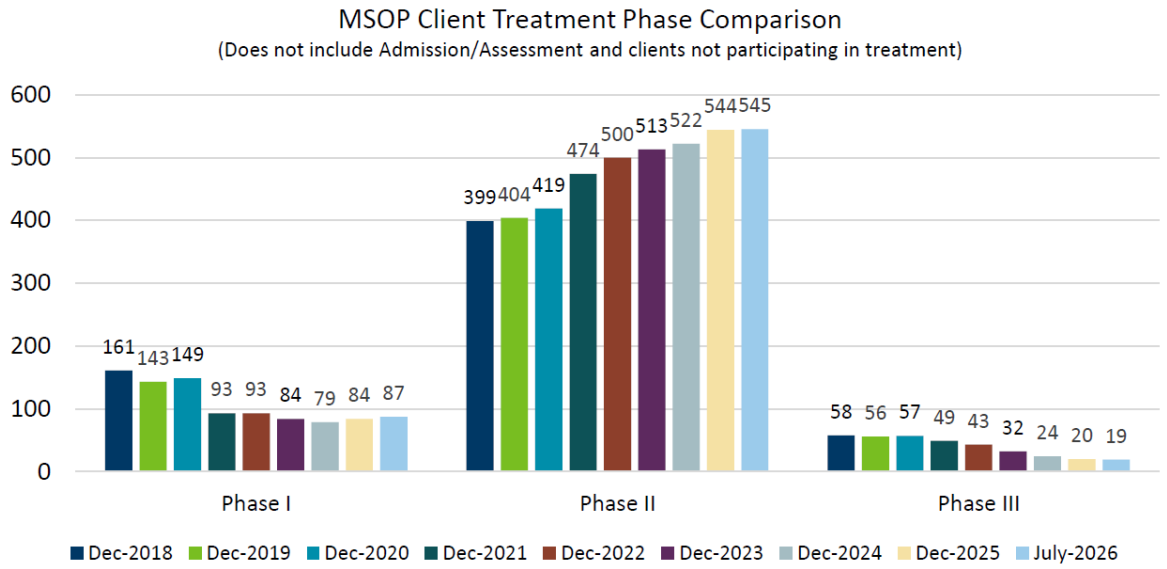
MSOP is funded by general fund appropriations. When a court commits someone to the program, the county from which they are committed is responsible for part of the cost of care. For commitments initiated before August of 2011, the county share is 10 percent. For commitments after that date, the county share is 25 percent. When a client is court-ordered to provisional discharge (during which there is continued monitoring and community supervision by MSOP), there is a 25-percent county share.

## RESULTS

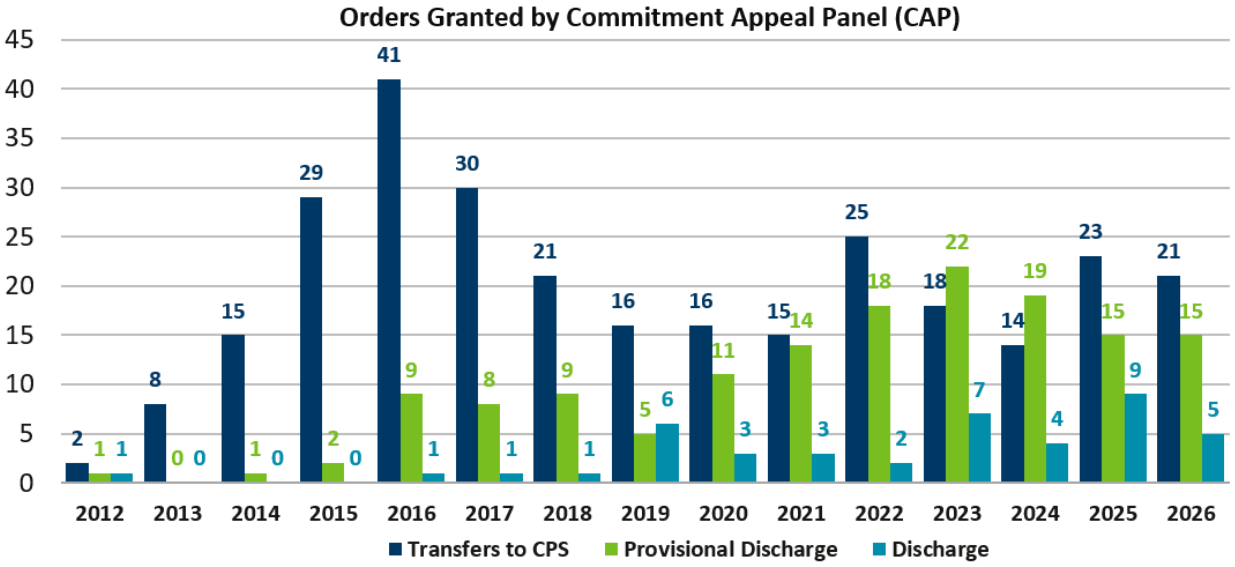
**Part A: Performance Data**

| Type of Measure | Measure | Previous | Current | Dates |
|---|---|---|---|---|
| Quantity | Number or clients | 755 | 761 | FY25 & FY26 |
| Quantity | Provisional discharge orders granted | 123 | 150 | FY25 & FY26 |
| Quantity | Full discharge orders granted | 34 | 43 | FY25 & FY26 |
| Quantity | Percentage of clients who participate in treatment | 85% | 85% | FY 25 &26 |

As more clients move through the program, we expect to see increases in the number of clients participating in the latter stages of treatment. The chart below shows client treatment progression since 2018.




**MSOP Reduction in Custody 2012-2026**




**Part B: Evidence of Effectiveness**

While the program is designed and implemented using best practices for sex-offense specific treatment, this program cannot be evaluated using randomized control or quasi-experimental design methods.

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Minnesota Statutes, chapter 246B (https://www.revisor.mn.gov/statutes/cite/246B) governs the operation of the Sex Offender Program and chapter https://www.revisor.mn.gov/statutes/cite/253D governs the civil commitment and treatment of sex offenders.

# Program: DCT Administration

https://mn.gov/dct/

## AT A GLANCE

- Direct Care and Treatment (DCT) is the state-operated behavioral health care system. It cares for more than 12,000 patients and clients each year.
- Nearly 5,500 employees provide care at about 150 sites throughout Minnesota.
- DCT's annual budget is more than $800 million. All-funds spending for DCT Administration was approximately $100 million for FY 2025. This represents 13 percent of the total DCT all-funds spending.

## PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance-use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance-use treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise. DCT programs and services are provided statewide, with most operating 24 hours a day, seven days a week. DCT Administration provides basic support for all service lines, including:

- Oversight of all fiscal and business processes
- Management of all operational functions
- Strategic direction, planning and implementation

## ADMINISTRATIVE SUPPORT SERVICES PROVIDED

DCT Administration provides leadership and direction across the entire behavioral health system. It provides IT, HR, Legislative and Tribal relations, Communications, Legal, and an array of other professional services. The cost for these support services was $110 million in FY 2026. DCT Administration support services also include:

- **Chief Quality Officer (CQO):** Responsible for managing relationships with several state and federal regulatory bodies that oversee DCT programs. The CQO works to ensure that staff understand regulatory requirements and that all standards are being met. The CQO also aligns quality, safety, and security across each service line to ensure compliance.
- **Chief Compliance Officer (CCO):** Oversees risk assessment and contract management services that directly impact DCT operations. Through internal auditing and monitoring, the CCO ensures proper processes are in place and are followed.
- **Health Information Management Services (HIMS):** Manages all patient and client records to ensure that information is properly documented and protected. HIMS provides support to the direct care staff to ensure medical records are accurate, timely, and up-to-date; records are properly stored; and staff access to a patient's private health information is appropriate and documented.
- **Learning and Development (L&D):** Provides ongoing training essential to the delivery of high-quality care. L&D ensures that DCT staff have the training they need to meet regulatory requirements and standards and to best serve patients and clients. Currently, 5 percent of all DCT staff time (a total of 450,000 hours) in any year is devoted to training to ensure compliance with regulatory standards and skill development.

- **Financial Management Office:** Provides fiscal services and manages financial transactions and reporting to ensure prudent use of public resources. Core functions include preparing operating and legislative budget requests, patient services billing and accounts receivable, contract management support, accounts payable, Medicare and/or Medicaid cost reporting for DCT's hospitals and clinics, financial reporting, and resident trust services for our institutional patients and clients.
- **DCT IT/MNIT Administrative Services:** Works in collaboration with MNIT to understand DCT's unique technological needs and to develop and implement an electronic health record system that provides access to each patient chart and gives clinical staff the ability to document every aspect of patient care to ensure compliance with financial /billing requirements, expected care delivery, and clinical outcomes.
- **Health Equity Department:** Provides an integrated approach to ensure that all DCT staff have the education, skills, and tools they need to work effectively across DCT and nurture a culture of equity, diversity and inclusion.
- **Facilities Management (FM):** Responsible for overseeing the care and maintenance of all DCT-owned and leased buildings, including maintaining a 10-year facility plan. FM also does all necessary planning to prepare DCT's capital budget requests. Core functions include leasing, design and management of construction projects, asset management, procurement, conditional facility assessment, department sustainability activities and strategic planning to meet the ongoing needs of DCT programs.
- **Office of Special Investigations (OSI):** Provides investigative services upon request that work in tandem with DCT-wide event reviews and root cause analyses. When necessary, OSI works in collaboration with local law enforcement agencies on patient-client elopements, deaths, drug and alcohol violations, assaults to staff or patients, and other events that require investigation.
- **Business Process Services:** Provides support to direct care staff on consistent and standardized business processes across all DCT programs and divisions for documenting admissions, assessments, treatment progress, discharge, etc. Another core function is to ensure these standardized business processes are incorporated into the DCT Behavioral Health Medical Record.

## RESULTS

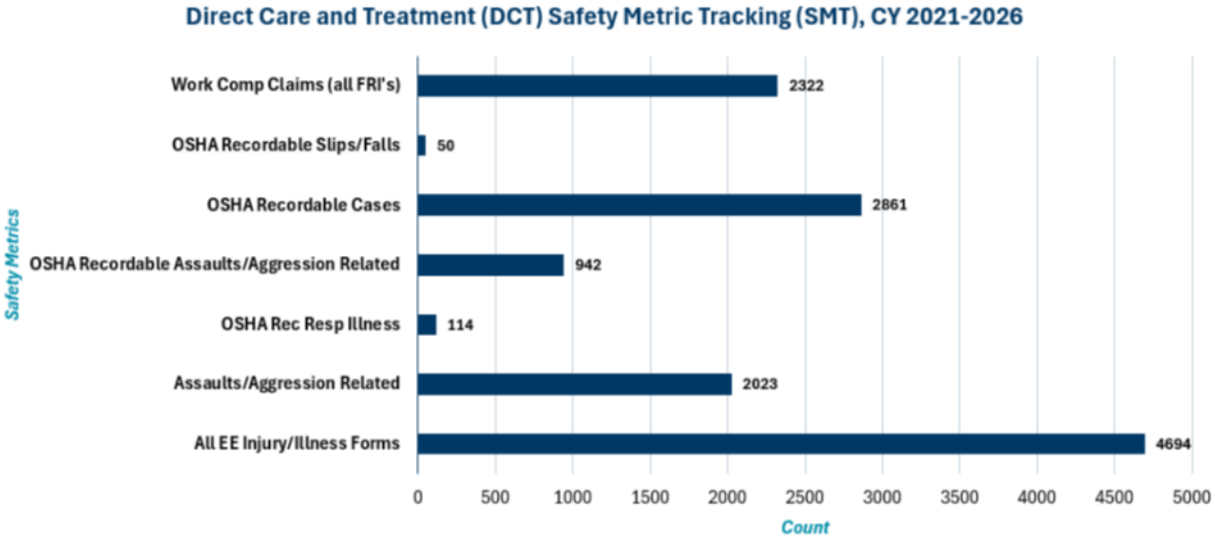
**Part A: Performance Data (Required)**

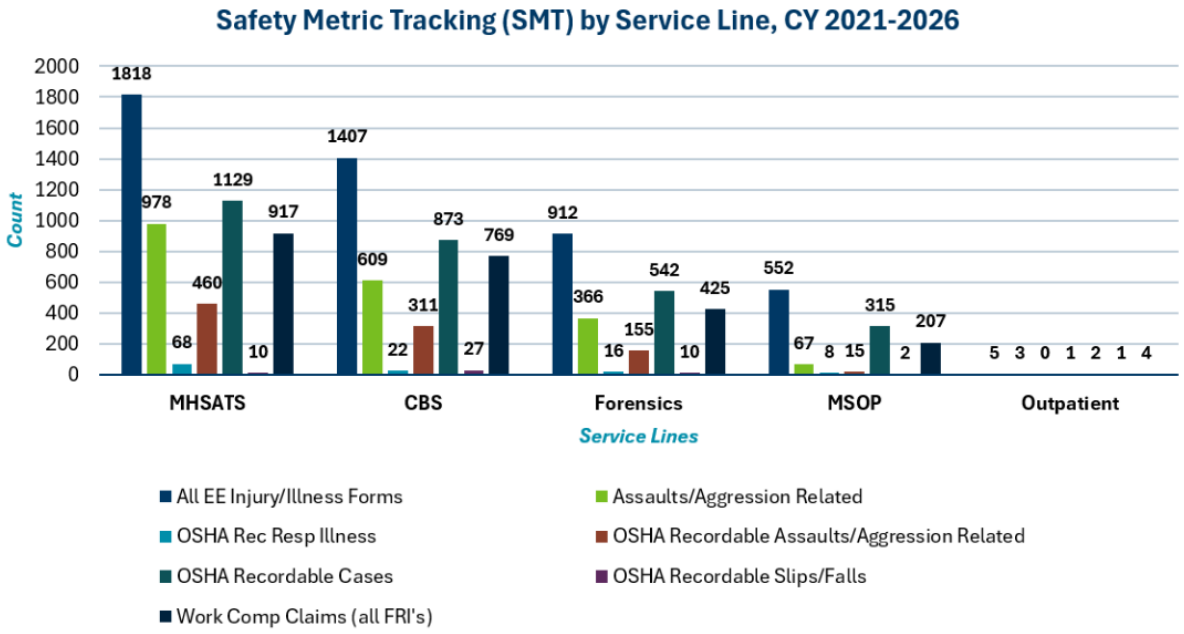
| Type of Measure | Measure | Previous | Current | Dates |
|---|---|---|---|---|
| Quantity | The number of new contracts executed [1] | 165 | 180 | FY25 & FY26 |
| Quantity | The number of background checks completed for handgun permits [2] | 14,071 | 14,156 | FY25 & FY26 |
| Quantity | Unduplicated client count [3] | 12,191 | 12,165 | FY 25 & 26 |
| Quantity | Number of EHR users [4] | 2,990 | 3,940 | FY 25 &26 |

[1] The number of new contracts with a start date in each fiscal year across DCT. Some contracts may have been formally executed or initiated in a different fiscal year. This measure does not include executed contract amendments or extensions.
[2] DCT HIMS staff complete the process as required under Minnesota Statutes section 246C.15 to provide civil commitment information to local law enforcement agencies for the sole purpose of facilitating a firearms background check.
[3] The number of patients and clients served tends to remain the same from one year to the next. This is a function of total bed capacity and the length of time patients spend in treatment before discharge.
[4] An electronic health record (EHR) is an essential tool in any health care system. By replacing paper documents and moving patient records to a digital format that is readily accessible to staff, the EHR helps ensure safe, effective, high-quality care patient care. DCT has built a new EHR system and has been training more staff to use the system.

**Quality Measurement**

Employee injuries are important measure of staff safety and satisfaction in DCT facilities. They are also an important indicator of effective patient treatment. When staff injuries due to patient aggression decrease, it is a key indicator that staff are more successfully de-escalating volatile situations when patients act out or are in crisis. De-escalating these situations result in fewer injuries to staff and to patients, both of whom can get hurt during incidents that might otherwise require staff to restrain patients.




**Part B: Evidence of Effectiveness**

This program funds core operations and staffing which cannot be evaluated using randomized control or quasi-experimental design methods.

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Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/cite/246) provides the legal authority for Direct Care and Treatment State Operated Services.