

Working Memorandum Number 7

July 1968

HEALTH AND SOCIAL SERVICES

STATE OF MINNESOTA

Prepared for the  
Governor's Council on Executive Reorganization

by  
Public Administration Service

## Introduction

Several state agencies have significant administrative and programmatic responsibilities in the broad functional area of health and social services. Principally these are the Board and Department of Health, the Department of Public Welfare, the Department of Corrections, the Department of Veterans Affairs, and the Veterans Home Board and Veterans Home. Functions of the Vocational Rehabilitation and Special Education Division of the Department of Education, as they relate to vocational rehabilitation, are also related to "social services." In addition there is a Governor's Citizen Council on Aging, a Minnesota Commission on Alcohol Problems, and a Youth Conservation Commission. The latter, the Youth Conservation Commission consisting of six members, although it continues its separate identity on appointment by the Governor, has been legally made a part of the Department of Corrections. There its administrative responsibilities are performed by the Division of Youth Conservation and its Deputy Commissioner (who is ex-officio chairman and director of the Commission). However, the law provides that policy matters and decisions pertaining to the care, treatment; and disposition of people (youth) committed to the Division of Youth Conservation will be determined by the Commission and that every order granting or revoking probation, committing to an institution, granting or revoking parole, or issuing final discharge to any person under the control of the Commission shall be made by the Commission. The Governor's Council on Aging, consisting

of 25 members, advises the Governor and state agencies on policies, programs, and services affecting the aged.

The Commission on Alcohol Problems, consisting of seven members and a director appointed by the Governor from several specified disciplines, is intended to coordinate the programs of all state agencies as they relate to alcohol problems, foster basic research relating to the cause, prevention and diagnosis of alcoholism, and develop and demonstrate new methods and techniques for the treatment and rehabilitation of alcoholics.

The Department of Public Welfare is a large agency both in terms of personnel and expenditures. With over 200 central office personnel, a small regional staff, and employees at 20 institutions it has a total staff complement of some 7,500 employees. Its expenditures are in excess of \$200 million annually. More than half of this sum is derived from federal agencies. The department directly administers many programs and services to assist people to improve their capacities and opportunities. Examples of this are operation of hospitals for the mentally ill, hospitals and schools for the mentally retarded, vocational rehabilitation of the blind, services to the deaf, and crippled children's services. It also supervises certain programs administered by county welfare boards. These include the so called categorical aids -- old age assistance (OAA), aid to families with dependent children (AFDC), aid to the disabled (AD), aid to the blind (AB), and medical assistance, surplus foods, the food stamp program, and various child welfare programs. In addition the Department of Public Welfare provides grant-in-aid to other

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agencies to carry out certain other programs and services (e.g., mental health center operations and day activity centers for the retarded), and it licenses facilities and agencies to carry out social welfare programs and services. The latter activity includes licensing foster homes, day-care facilities, voluntary child placing agencies, child caring institutions, and voluntary institutions for the care of the retarded.

The Department of Corrections was created by separation from the Public Welfare Department in 1959 and simultaneously was given duties of the Youth Conservation Commission. Also related to the department is an Adult Corrections Commission consisting of the Deputy Commissioner of Corrections, as chairman, and four other members appointed by the Governor. It is the releasing authority for the department's three adult correctional institutions. The Board of Pardons is a constitutional body consisting of the Governor, Attorney General, and Chief Justice of the Supreme Court with the power to grant pardons and reprieves and to commute sentences after conviction for offenses against the state.

Essentially it is the responsibility of the Department of Corrections to administer correctional institutions for juveniles and adults and to administer probation and parole field services not supplied by courts or municipal governments. The department operates 10 correctional institutions, several of which take both adult and youthful offenders. For probation and parole field services the department has locations in 55 different communities of the state. Altogether, including its central offices, institutions, institutional industries, and field service personnel it has

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about 1,450 employees. Largely its approximately \$13 million annual budget comes from state appropriations. Two institutions (at Sauk Centre and Red Wing) are, however, supported entirely from the income tax school fund. Presently federal grants (Title I Education Funds) totaling only \$200,000 are available to the department and are used to finance special education projects in some institutions.

The Vocational Rehabilitation and Special Education Division of the Department of Education is the principal agency of the state in providing services to various physically, emotionally, and socially handicapped or disadvantaged persons and groups. The vocational rehabilitation activities of the Department of Education have human resources developmental objectives and are mentioned in two other working memoranda for the Governor's Council on Executive Reorganization viz., those for "Education" (Number 4) and "Labor and Employment" (Number 8).

The Department of Veterans Affairs provides a variety of services and direct benefits to qualified veterans and dependents of veterans. This includes: financial aid programs for selected eligible persons and families where disability and need is a factor; educational assistance for war orphans of qualified veterans; representation on claims for veterans and dependents for tangible federal programs; assuming responsibility for institutionalized veterans and dependents to look after their interests for claims, etc; financial guardianship and conservation of funds of incompetent veterans, dependents, and minors where other suitable guardians cannot be selected; and information and functional supervision to professional county service officers.

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The Minnesota Veterans Home operates under a Board appointed by the Governor and was established to care for honorably discharged veterans of all wars unable to earn a livelihood and who lack funds to support themselves. Wives, widows, and mothers of deceased veterans; if they are 55 years of age or older and have no means of support, are also eligible for admission.

The Department of Health functions under a Board of Health consisting of nine members learned in sanitary science appointed by the Governor. The board selects the secretary and executive officer of the department. The board exercises administrative, quasi-judicial, and rule-making powers in the protection, preservation, and promotion of public health. The department and its executive officer are charged with the administration of all lawful rules and orders of the board. Some of the department's functions are of a consumer protection and service character and have been noted in Working Memorandum Number 1. Otherwise the department's activities are oriented toward public health protection and the healthful well-being of people. Broadly, these activities include certain medicare qualification services, the safeguarding and improvement of environmental health conditions, disease prevention and control, medical laboratory services, supervision of local health administration, the provision of various special services including those related to maternal and child health, and assistance to localities relative to hospital and health facility needs.

### Proposed Organization

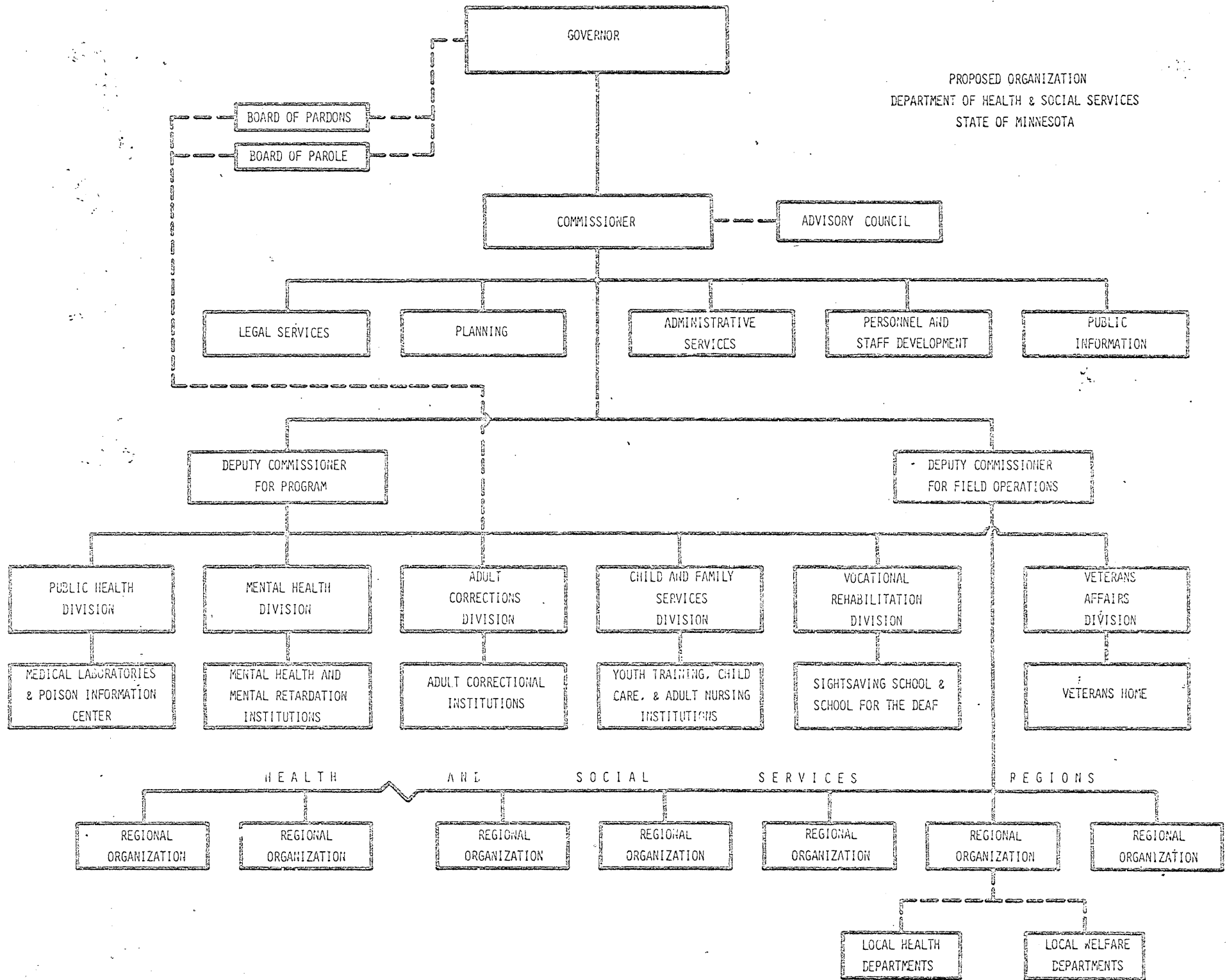
It is proposed that health and social services functions as performed by the agencies heretofore noted be consolidated and organized within a Department of Health and Social Services. The proposed structure of the department is shown in the accompanying chart.

The Commissioner of Health and Social Services should be appointed by the Governor. Assisting the Commissioner in policy formulation should be an Advisory Council appointed by the Governor, the members of which should have demonstrated interest and awareness of health and social problems and needs of the state. This Council should supplant certain policy and/or administrative and quasi-legislative bodies which now exist, e.g., the State Board of Health, the Youth Conservation Commission, the Veterans Home Board, the Governor's Citizen Council on Aging, and the Minnesota Commission on Alcohol Problems. The functions of these and other plural bodies in the health and social services sphere should be reviewed, however, and any similar bodies needed for advice to departmental officials in policy formulation should be organized anew through appointment by the Commissioner of Health and Social Services in consultation with appropriate program division chiefs. This does not apply to the Board of Pardons or the Adult Corrections Commission, both of which should continue essentially as presently constituted. The latter should be renamed the Board of Parole.

#### Central Legal, Staff and Administrative Services

To the extent practical (and it may take some time to achieve an optimum

PROPOSED ORGANIZATION  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
STATE OF MINNESOTA





arrangement), legal, planning, administrative services, personnel and staff development, and public information services should be performed, or at least correlated, centrally for the department as a whole. Units for these purposes are shown on the accompanying chart. This would not relieve central program and field operating units from initiating program plan proposals and budget requests, or from active involvement in other staff and auxiliary service functions. To the contrary, the staff support, uniform procedures, and auxiliary services afforded centrally, would both relieve program and operating units of much routine drudgery and permit them to concentrate more attention upon their programmatic and operational goals. The central service units also, particularly the planning and administrative services units, should serve as the primary channels of communication from the department (through the Commissioner) to federal agencies. This would be the case in clearing applications for special grants and in securing general reviews and adjustments of federal funding levels for on-going departmental programs.

Deputy Commissioner for Program, and Central Program Divisions

The Deputy Commissioner for Program should be in general charge of all central program divisions and their related state institutions. The program divisions, each headed by a director, would be as follows: Public Health, Mental Health, Adult Corrections, Child and Family Services, Vocational Rehabilitation, and Veterans Affairs. The functions of these respective divisions will be itemized in the following major section of this memorandum. However some general remarks relative to their areas of responsibility are appropriately stated here.

With respect to all such program divisions it should be noted that they are not intended to be operational units -- except insofar as they must oversee, supervise, and coordinate state institutional operations. Rather, they are intended to establish and overview adherence to standards (principally by Health and Social Services Regions as shown on the chart and explained hereafter) in their respective areas of responsibility. Further, they are intended to be the repository and source of the department's highest specialty competence in the department's respective program and activity spheres. As field organizations and personnel of the department need specialty guidance and assistance (even though field personnel will possess special competencies themselves) they should receive it from the central program divisions.

A particular point which should be emphasized (so that it need not be repeated interminably) is that each parent organization from which the program divisions would derive has some field personnel. These may already be operating in regions or districts. These personnel would not continue as a part of the proposed central program divisions. They would, instead, be assigned to Health and Social Services Regions.

Public Health Division. This division would assume the duties of the present Department of Health except that some of its routine inspectional and licensing functions should be, as explained in Working Memorandum Number 1, be transferred to the proposed Department of Commerce and Consumer Protection. Within its purview, as at present, would be medical laboratories and the poison information center.

Mental Health Division. This division would be responsible for mental health and mental retardation programs and for the operation of allied state mental hospitals and mental retardation institutions. These functions would derive from the present Division of Medical Services of the Department of Public Welfare, and from the associated mental health and mental retardation institutions.

Adult Corrections Division. This division would be responsible for those portions of the present Department of Corrections' activities which relate to adult offenders of the law, and for the operation of the state prison and the two adult reformatories. It would not, as the Department of Corrections is now, be responsible for juvenile offenders or for juvenile training institutions.

Child and Family Services Division. This division would be responsible for child and family welfare, public assistance, and youth and juvenile correctional and training programs including the operation of allied state institutions for children, youth, and juveniles, and for nursing homes for the aged and tubercular. These functions would derive from several organizational subunits, including related institutions, both of the present Department of Public Welfare and the Department of Corrections.

Vocational Rehabilitation Division. This division would be responsible for vocational rehabilitation services now provided to vocationally trainable and rehabilitable youth and adults principally by the Department of Education but also somewhat, in relation to the deaf and blind, by the Department of Public Welfare. It would also operate the state schools for the deaf and blind.

Veterans Affairs Division. This division would be responsible for providing veterans services and for processing claims for veterans and their dependents as now done by the Department of Veterans Affairs. It should also operate the Veterans Homs.

Deputy Commissioner for Operations, and Regional Organizations

The Deputy Commissioner for Operations, through a number of Health and Social Services Regions each headed by a Regional Director, should be responsible for extending health and social services to the state-wide constituency of the department. In addition to some such services which are provided directly by the state, the Health and Social Services Regions would supervise and provide technical support and assistance to local health departments, local welfare departments, local probation and parole officers, and county veterans service officers. Much of the work of the field organizations would be directed toward the development and utilization of public and private community resources for: environmental health improvement; child and maternal health; hospital care; mental health and mental retardation clinic services, foster home care and other child and family services; physical, psychological, and vocational rehabilitative services and programs for the handicapped, maladjusted, and underprivileged; and for released juvenile and adult offenders of the law.

There should be represented on the staff of each regional organization the major specialities reflected in the central program divisions of the Department of Health and Social Services. Such specialized regional personnel should report administratively to the Health and Social Services Director

of their region, but should secure technical guidance from their specialty counterparts in the central office. Each Health and Social Services Region would require a small administrative unit in its principal headquarters office for performing clerical, fiscal, and related tasks and services requisite to the smooth functioning of that office and the region's professional staff.

## Functions

The previous section of this memorandum has explained adequately the functions of central legal, planning, administrative services, personnel and staff development, and public information components of the Department of Health and Social Services and the manner in which such units should develop. The functions of the Board of Pardons, Board of Parole, Advisory Council, Commissioner of Health and Social Services, Deputy Commissioner for Program, and Deputy Commissioner for Field Operations should likewise be clear. This section will be devoted to an enumeration of the functions proposed for each central program division and for a typical Health and Social Services Region.

### Public Health Division

This division would:

1. Develop public health standards and propose, for promulgation by the Commissioner of Health and Social Services, rules and regulations for the protection, preservation, and promotion of public health.
2. Provide consultation to regional public health personnel and to medical care facility operators relative to medicare certification requirements.
3. Collect, preserve, analyze, and publish vital statistics on births, deaths, adoptions, legitimations, and fetal deaths.
4. Provide coordination to public health nursing programs of the state and assist in recruiting, training, and otherwise upgrading the quality of public health nursing services.
5. Provide consultation services on requirements and standards relating to water supply and sewage disposal facilities.
6. Examine and license plumbers.
7. Maintain registration of ionizing radiation sources.
8. Provide laboratory services not elsewhere available for the diagnosis, control, prevention, and treatment of diseases; conduct research in diagnostic procedures; and serve as a reference and consulting source to non-state medical laboratories.

9. Provide coordination to a comprehensive program of disease detection, prevention, and control, and conduct epidemiological research.
10. Propose the allocation of state and federal funds available for local public health use.
11. Develop programs and oversee special health service programs including educational programs in maternal and child health, family life education, school health, and home and child injury prevention.
12. Promote dental health workshops and conferences and provide consultation and assistance in developing educational aspects of dental health programs.
13. Provide a reference and research library in health and related fields.
14. Conduct basic research and planning for hospitals, public health centers, and related medical facilities for the state as a whole.

#### Mental Health Division

This division would:

1. Develop policies and standards, for review and promulgation by the Commissioner of Health and Social Services, relative to mental health and mental retardation programs and field services and institutional care, treatment, and rehabilitation.
2. Develop and overview programs for the accelerated development of community-based facilities and for the placement of mentally ill and mentally retarded persons in community settings.
3. Provide technical and professional advice and consultation to regional personnel on mental health and mental retardation policies and programs and on the application of improved therapeutic, rehabilitative and casework techniques.
4. Provide consultant services in specialized professional areas to state institutions for the mentally ill and mentally retarded including services in the fields of psychiatry, psychology, social service, rehabilitation therapies, and nursing care.
5. Direct and operate, through hospital and institutional superintendents, state mental hospitals and institutions for the mentally ill and mentally retarded.

Adult Corrections Division

This division would:

1. Develop and oversee programs designed to protect society through the control and rehabilitation of adult public offenders committed by the courts to its custody.
2. Provide technical and professional consultation to regional adult probation and parole staffs.
3. Direct and operate, through prison and adult reformatory superintendents, institutions for the security, custody, care, and rehabilitation of adult offenders.
4. Administer reception, diagnostic, and evaluation services for adult public offenders and develop individual programs for their assignment, work, study, and rehabilitation.
5. Provide and administer a variety of institutional rehabilitative and educational programs for adult inmates of correctional institutions.
6. Provide work release programs for inmates to facilitate their adjustment to unsupervised living and self supporting employment.
7. Operate prison industries and provide for the marketing of prison manufactured products.
8. Provide information to, conduct investigations for, and otherwise assist the Board of Parole and the Board of Pardons.

Child and Family Services Division

This division would:

1. Develop policies and standards, for review and promulgation by the Commissioner of Health and Social Services, relative to child and family social rehabilitation, casework, public assistance, and institutional services.
2. Develop and oversee programs for the accelerated development of community based child and family care and social service facilities.
3. Develop and oversee programs of assistance payments within the framework of federal and state statutes.
4. Provide consultation to regional youth probation personnel and to local authorities relative to juvenile delinquency problems, prevention, and control.



5. Provide technical and professional advice and consultation to regional personnel and local welfare authorities on child and family social services and on the application of improved therapeutic, rehabilitative, and casework techniques.
6. Direct and operate, through institutional superintendents, state facilities for youth and juvenile training, child care, and adult nursing.
7. Review and evaluate individual cases of youth and juvenile public offenders committed to state training schools and determine when their release on probation is in their best interest and in the interest of society.

#### Vocational Rehabilitation Division

This division would:

1. Develop policies, standards, and goals, for review and promulgation by the Commissioner of Health and Social Services, relative to vocational rehabilitation programs and field services.
2. Develop and overview programs for the accelerated development and use of community vocational rehabilitation centers, sheltered workshops, special training schools and vocational curricula, and industrial work training opportunities.
3. Provide technical and professional advice and consultation to regional and community vocational rehabilitation personnel.
4. Stimulate, in cooperation with other state human resources agencies (particularly education and employment authorities), a comprehensive and coordinated approach to vocational rehabilitation including outreach and client intake, evaluation, counseling, training, placement and case follow-up.
5. Direct and operate, through institutional superintendents, the State Braille and Sight Saving School and the School for the Deaf.

#### Veterans Affairs Division

This division would:

1. Administer financial aid programs for veterans as supported by legislative appropriations.
2. Represent eligible veterans and their dependents in presenting claims against the federal government for benefits due them under federal law.
3. Provide guardianship services and financial supervision for incompetent veterans, minors, and other dependents of veterans.

4. Secure educational aid for war orphans when they are legally eligible for such aid.
5. Provide counsel and supervision to regional veterans affairs personnel and assist in the training of county veterans service officers.
6. Administer state veterans bonus programs.
7. Cooperate with other human resources state agencies in the development of programs of service to veterans.

#### Health and Social Services Region

In the area of "public health" a typical Health and Social Services Region would:

1. Enforce, and assist local health authorities in the enforcement of prescribed public health standards, rules, and regulations including those applicable to water supply, sewage disposal, plumbing, and environmental sanitation.
2. Inspect, license and/or certify medical care facilities, medical laboratories, and skilled nursing homes.
3. Review plans for swimming pools and train operators; and advise on the location of natural bathing places.
4. Inspect and license tourist camps, mobile home parks, children's camps, and migrant labor camps; and provide health services to migrant workers and families.
5. Provide some direct public health nursing services, and oversee and provide technical assistance to local public health nursing personnel.
6. Investigate and make recommendations to industries relative to the presence and elimination of toxic materials and unhygienic work environments; assist industries to avoid or remove health hazards including the use of radiation source controls; and maintain surveillance of environmental radiation.
7. Secure and forward bacteriological, mycological, parasitological, serological, and virological samples for laboratory examination and analysis.
8. Participate in epidemiological control programs, and perform detection and appropriate follow-up procedures.

9. Promote and assist in the organization and proper functioning of local public health agencies; examine applications by local health authorities for state and federal funds; and make appropriate recommendations to the central Public Health Division as to the disposition of such applications.
10. Assist local communities in determining the need and means for securing new, expanded, or replacement health, hospital, and related facilities.
11. Participate in and conduct dental health programs.

In the area of "mental health" a Health and Social Services Region would:

1. Provide some direct field services in the mental health and mental retardation programs.
2. Provide consultative services to other regional staff, county departments, and community organizations dealing with the mentally ill, and serve as a link between community agencies and state institutions for the mentally ill.
3. Provide consultative services to other regional staff, county departments, and community organizations dealing with the mentally retarded, and serve as a link between the community and state institutions for the mentally retarded.
4. Promote the local development of community resources for the treatment, training, care and/or rehabilitation of the mentally ill and mentally retarded.

In the area of "adult corrections" a Health and Social Services Region would:

1. Provide counseling, guidance, and supervision of adult probationers and parolees.
2. Provide post release services to public offenders released from adult correctional institutions in order that they may make a proper adjustment to unsupervised living.
3. Promote the development of cooperative effort by community agencies in providing assistance to probationers, parolees, and released prisoners.

In the area of "child and family services" a Health and Social Services

Region would:

1. Provide counsel and professional guidance to local public welfare staffs in the performance of child and family casework services, and provide direct casework services as necessary.
2. Oversee and advise local welfare departments in the application of state and federal regulations and policies applicable to public assistance payments and categorical aids.
3. Stimulate and promote the development of community based facilities, including foster homes and shelter care facilities, for dependent children and indigent adults.
4. Provide and assist local jurisdictions and authorities in the supervision of juvenile probationers and in delinquency prevention.

In the area of "vocational rehabilitation" a Health and Social Services

Region would:

1. Provide direct vocational counseling services to handicapped, socially maladjusted, and economically disadvantaged persons.
2. Arrange psychiatric and medical evaluation and treatment.
3. Arrange for appropriate vocational training opportunities and provide continuing counseling and guidance services during training.
4. Work with employment agencies in the placement of employable and rehabilitated persons.
5. Conduct follow-up procedures with respect to rehabilitated and employed clients.

In the area of "veterans affairs" a Health and Social Services Region

would:

1. Advise veterans and their dependents as to their financial and other entitlements under state and federal law.
2. Assist eligible veterans and their dependents in applying for and securing legal benefits and entitlements.
3. Assist and advise county veterans service officers in their program of work in aid to veterans.

## Staffing

If existing staffing patterns for the activities enumerated above were maintained, the personnel complement of the proposed Department of Health and Social Services would total approximately 9,758 employees. Personnel for the several organizational units of the proposed department would be as shown below and would be drawn through transfer from the existing agencies as noted. No attempt has been made to separate out of the existing parent organizations those personnel who would work in regional organizations subordinate to the Deputy Commissioner for Field Operations and the respective Regional Directors. The number should be significant, however, and field personnel should be representative of all major central program division specialties. All existing agencies have a number of field personnel. These, plus such other specialists as central divisions could spare, should form the initial staff nucleus of Health and Social Services Regions.

### Central Legal, Staff, and Administrative Services

From the Administrative Services Division, Department of Health -- exclusive of about four employees concerned with the licensing of morticians, funeral directors and mortuary science students, and the registration of hospital administrators. (It has been proposed in Working Memorandum Number 1 that these act- ivities be performed by the Commerce and Con- sumer Protection Department)	80
From the Division of Administrative Services, Department of Public Welfare	120
From the Legal Services Unit, Department of Public Welfare	3

From the Publications Unit, Department of Public Welfare	1
From the Personnel Training, Merit System, and Administrative Analysis Unit, Department of Public Welfare	26
From Administrative Services, Personnel, Staff Training, and Legal Services Units, Department of Corrections	35
From Administrative Services, Department of Veterans Affairs	<u>5</u>
Approximate Sub-total	270

#### Public Health Division

From the Department of Health -- exclusive of 84 positions in its Administrative Services Division (as noted above), two positions from its Medical Division, and 17 positions from its Environmental Health Division. (The latter two categories, totaling 19 positions, perform activities more closely allied to "consumer protection" and it was recommended in Working Memorandum Number 1 that they be transferred to the Proposed Department of Commerce and Consumer Protection)

	<u>322</u>
Approximate Sub-total	322

#### Mental Health Division

From the Division of Medical Services, Central Office, Department of Public Welfare	60
From hospitals and institutions for the mentally ill and mentally retarded, Department of Public Welfare	<u>5,934</u>
Approximate Sub-total	6,024

#### Adult Corrections Division

From executive and program elements of the Central Office, Department of Corrections	10
From the Division of Field Services, Department of Corrections (adult services only)	53

From adult correctional institutions, Department of Corrections (including prison industries personnel)

676

Approximate Sub-total

739

Child and Family Services Division

From the Division of Child Welfare (81 positions), Division of Field Services (42 positions, including 16 district representatives), Division of Public Assistance (16 positions), and Division of Rehabilitative Services, (approximately 77 positions), Department of Public Welfare

216

From the crippled children's hospital, nursing homes for the aged and tubercular, and the residential treatment center, Department of Public Welfare

901

From the Division of Field Services, Department of Corrections (youth and juvenile services only)

53

From the Youth Conservation Division and youth training institutions, Department of Corrections

572

Approximate Sub-total

1,742

Vocational Rehabilitation Division

From the Vocational Rehabilitation and Special Education Division, Department of Education (excludes "special education" personnel)

297

From Vocational Rehabilitation Services for the Blind, Division of Rehabilitative Services (Central Office), Department of Public Welfare

22

From the sight saving school and deaf school, Department of Public Welfare

220

Approximate Sub-total

539

Veterans Affairs Division

From the Department of Veterans Affairs (exclusive of Administrative Services)

39

From the Veterans Home and Board

83

Approximate Sub-total

122

Health and Social Services Regions

Staffs drawn from all existing program units  
as noted above

Number  
Unknown

Approximate Grand Total, Department of Health  
and Social Services

9,758



ADDENDUM:

Working Memorandum Number 7

HEALTH AND SOCIAL SERVICES

(Steering Committee Meeting, July 31, 1968)

The concept of a Department of Health and Social Services with the functions as proposed was generally endorsed. The proposal that "vocational rehabilitation" be administered principally by this department was approved -- in preference to other alternatives such as administration by the education agency or the labor and employment agency (see Working Memoranda Number 4 and 8).

The inclusion of "Corrections" in the proposed Department of Health and Social Services was likewise favored; and also the separation, as proposed, of adult corrections from youth corrections, training and parole.

A question was raised as to the functional alignment of the Minnesota Commission on Alcohol Problems (or any successor advisory plural body). It was stated that it probably should be made advisory to either the proposed Public Health Division or Mental Health Division.

A question was raised as to why the proposed Advisory Council to the Commissioner and Department of Health and Social Services (see chart and page 6) need be appointed by the Governor. There was general consensus that it need not be, and that this Advisory Council and similar advisory councils proposed for other departments, might appropriately be appointive, as needed, by the respective departmental commissioners with the approval

of the Governor. It was clear in this discussion that advisory and not quasi-legislative or quasi-judicial plural bodies were being considered. There was no question that the latter should be appointed directly by the Governor.

The suggestion was made that the proposed Deputy Commissioner for Field Operations (see chart and page 10) might better be made an Assistant Commissioner and be placed subordinate to a single Deputy Commissioner. It was conceded that this would be another, and possibly as satisfactory a way of securing effective direction of field operations; but it was also noted that in another state (Iowa) where a similar structure is being installed, the complaint of field supervisors, prior to the new arrangement, was that they were too far removed in the structural hierarchy from the department's chief executive. Contrary-wise it was conceded that there needed to be close coordination between central program divisions and field operating units and that subordinate status for the director of the latter might tend to enhance such correlation. However, the magnitude of the department's programs and operations was noted, as well as the circumstance that a strong Commissioner should be able to achieve cooperation and team-work between two co-equal Deputy Commissioners.

A question was raised and discussed at some length as to the propriety of placing "veterans' affairs" within this department (see chart, and functions enumerated on page 15). The concern was in giving a "welfare" connotation to services and claims assistance rendered to veterans. The relationship of many veterans' affairs functions to general "social services" was, how-

ever, conceded; and it was further conceded that the new name of the agency (Department of Health and Social Services) which excludes the word and connotation of "welfare" might serve to allay concern over the question.

The possibility of placing veterans' affairs in the proposed Department of Public Safety was also discussed. Generally, there appeared to be no consensus as to the proper organizational location of veterans' affairs, and there seemed to be an inclination to defer the issue for further and future discussion. The same course seemed to apply also to the Veterans Home, which, it was noted, could be administered by the proposed Child and Family Services Division.