

Table of Contents

Human Services

Agency Profile	1
Agency Expenditure Overview	4
Agency Financing by Fund	6
Agency Change Summary	13
Program	18
Central Office Operations	18
<u>Activity</u>	18
Operations	18
<i>Activity Narrative</i>	18
Activity Expenditure Overview	23
Activity Financing by Fund	24
Children & Families	27
<i>Activity Narrative</i>	27
Activity Expenditure Overview	30
Activity Financing by Fund	31
Health Care	33
<i>Activity Narrative</i>	33
Activity Expenditure Overview	38
Activity Financing by Fund	39
Aging and Disability Services	41
<i>Activity Narrative</i>	41
Activity Expenditure Overview	46
Activity Financing by Fund	47
Behavioral, Housing, and DHH Services	50
<i>Activity Narrative</i>	50
Activity Expenditure Overview	53
Activity Financing by Fund	54
Central IT	57
<i>Activity Narrative</i>	57
Activity Expenditure Overview	59
Activity Financing by Fund	60
Program	61
Forecasted Programs	61
<u>Activity</u>	61
MFIP Diversionary Work Program	61
<i>Activity Narrative</i>	61
Activity Expenditure Overview	63
Activity Financing by Fund	64
MFIP Child Care Assistance	65
<i>Activity Narrative</i>	65
Activity Expenditure Overview	68
Activity Financing by Fund	69
General Assistance	70

<i>Activity Narrative</i>	70
Activity Expenditure Overview	72
Activity Financing by Fund	73
MN Supplemental Assistance	74
<i>Activity Narrative</i>	74
Activity Expenditure Overview	76
Activity Financing by Fund	77
Housing Support	78
<i>Activity Narrative</i>	78
Activity Expenditure Overview	80
Activity Financing by Fund	81
Northstar Care for Children	82
<i>Activity Narrative</i>	82
Activity Expenditure Overview	84
Activity Financing by Fund	85
MinnesotaCare	86
<i>Activity Narrative</i>	86
Activity Expenditure Overview	88
Activity Financing by Fund	89
Medical Assistance	90
<i>Activity Narrative</i>	90
Activity Expenditure Overview	98
Activity Financing by Fund	99
Alternative Care	100
<i>Activity Narrative</i>	100
Activity Expenditure Overview	103
Activity Financing by Fund	104
Behavioral Health Fund	105
<i>Activity Narrative</i>	105
Activity Expenditure Overview	107
Activity Financing by Fund	108
<u>Program</u>	109
Grant Programs	109
<u>Activity</u>	109
Support Services Grants	109
<i>Activity Narrative</i>	109
Activity Expenditure Overview	112
Activity Financing by Fund	113
Basic Sliding Fee Child Care Assistance Grants	114
<i>Activity Narrative</i>	114
Activity Expenditure Overview	117
Activity Financing by Fund	118
Child Care Development Grants	119
<i>Activity Narrative</i>	119
Activity Expenditure Overview	121
Activity Financing by Fund	122
Child Support Enforcement Grants	124
<i>Activity Narrative</i>	124

Activity Expenditure Overview	127
Activity Financing by Fund	128
Children's Services Grants	129
<i>Activity Narrative</i>	129
Activity Expenditure Overview	131
Activity Financing by Fund	132
Child & Community Service Grants	134
<i>Activity Narrative</i>	134
Activity Expenditure Overview	136
Activity Financing by Fund	137
Child & Economic Support Grants	138
<i>Activity Narrative</i>	138
Activity Expenditure Overview	140
Activity Financing by Fund	141
Refugee Services Grants	143
<i>Activity Narrative</i>	143
Activity Expenditure Overview	145
Activity Financing by Fund	146
Health Care Grants	147
<i>Activity Narrative</i>	147
Activity Expenditure Overview	149
Activity Financing by Fund	150
Other Long-Term Care Grants	152
<i>Activity Narrative</i>	152
Activity Expenditure Overview	156
Activity Financing by Fund	157
Aging & Adult Services Grants	159
<i>Activity Narrative</i>	159
Activity Expenditure Overview	162
Activity Financing by Fund	163
Deaf & Hard of Hearing Grants	164
<i>Activity Narrative</i>	164
Activity Expenditure Overview	167
Activity Financing by Fund	168
Disabilities Grants	169
<i>Activity Narrative</i>	169
Activity Expenditure Overview	173
Activity Financing by Fund	174
Housing & Support Services Grants	175
<i>Activity Narrative</i>	175
Activity Expenditure Overview	177
Activity Financing by Fund	178
Adult Mental Health Grants	179
<i>Activity Narrative</i>	179
Activity Expenditure Overview	182
Activity Financing by Fund	183
Child Mental Health Grants	185
<i>Activity Narrative</i>	185

Activity Expenditure Overview	187
Activity Financing by Fund	188
Substance Use Disorder Treatment Support Grants	190
<i>Activity Narrative</i>	190
Activity Expenditure Overview	194
Activity Financing by Fund	195
<u>Program</u>	197
Direct Care and Treatment	197
<i>Program Narrative</i>	197
Program Expenditure Overview	199
Program Financing by Fund	201
<u>Activity</u>	205
Mental Health & Substance Abuse Treatment Services	205
<i>Activity Narrative</i>	205
Activity Expenditure Overview	208
Activity Financing by Fund	209
Community Based Services	210
<i>Activity Narrative</i>	210
Activity Expenditure Overview	212
Activity Financing by Fund	213
Forensic Services	215
<i>Activity Narrative</i>	215
Activity Expenditure Overview	218
Activity Financing by Fund	219
Minnesota Sex Offender Program	220
<i>Activity Narrative</i>	220
Activity Expenditure Overview	223
Activity Financing by Fund	224
DCT Administration	225
<i>Activity Narrative</i>	225
Activity Expenditure Overview	228
Activity Financing by Fund	229
<u>Program</u>	232
Fiduciary Activities	232
<u>Activity</u>	232
Fiduciary Activities	232
<i>Activity Narrative</i>	232
Activity Expenditure Overview	234
Activity Financing by Fund	235
<u>Program</u>	236
Technical Activities	236
<u>Activity</u>	236
Technical Activities	236
<i>Activity Narrative</i>	236
Activity Expenditure Overview	237
Activity Financing by Fund	238

<https://mn.gov/dhs/>

AT A GLANCE

- Health Care: In 2021, each month an average of 1,188,285 people received healthcare coverage through Medical Assistance and 92,912 through MinnesotaCare
- Food: Over 445,000 people received assistance through the Supplemental Nutrition Assistance Program (SNAP) each month in 2021
- Economic Support: About 26,000 families received assistance through the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) each month in 2021
- Child Support: More than 314,000 custodial and noncustodial parents and their 220,000 children received child support services in 2021
- Child Care: An average of 29,000 families received child care assistance per month in 2021
- Housing: About 21,319 people received Housing Support services each month in 2021
- Substance Use Disorder Treatment: There were 58,563 admissions for substance use disorder treatment in 2021.
- DHS Direct Care and Treatment: Provided services to more than 12,000 people in 2021
- In FY21 DHS all funds spending was \$20.3 billion¹

PURPOSE

The Minnesota Department of Human Services (DHS), working in partnership with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

Our work is guided by the following values:

- We focus on people, not programs.
- We provide ladders up and safety nets for the people we serve.
- We work in partnership with others; we cannot do it alone.
- We are accountable for results, first to the people we serve and, ultimately, to all Minnesotans.

Minnesota has a strong tradition of providing human services for people in need so they can live as independently as possible, and of working to ensure that Minnesotans with disabilities are able to live, work and enjoy life in the most integrated setting desired.

DHS provides oversight and direction for most health and human services programs, making sure providers meet service expectations. Most services are delivered directly to people by counties, tribes, health care providers or other community partners. Some DHS employees provide direct care and treatment to people with mental illness, chemical dependency and developmental disabilities as well as to individuals civilly committed for sex offender treatment.

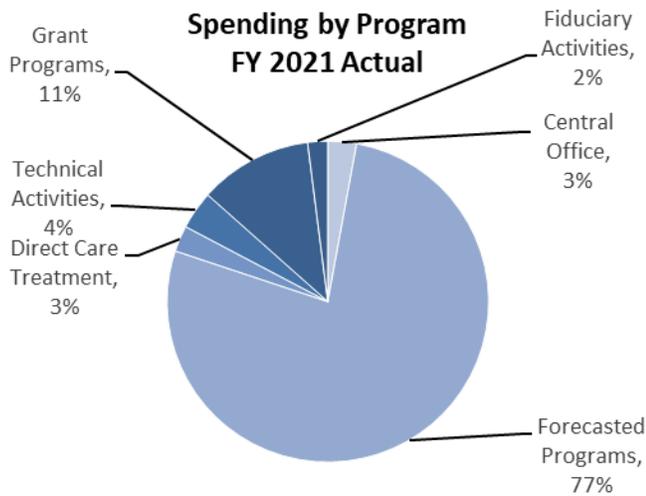
Examples of our work include:

- Health care programs which purchase medical care and related home- and community-based services for children, seniors, people with disabilities and people with low incomes.
- Economic assistance programs which provide assistance to low-income Minnesotans to help them move toward greater independence.
- Services to children who have suffered abuse or neglect, to assure their safety and well-being, and early intervention services to children at-risk of abuse or neglect.

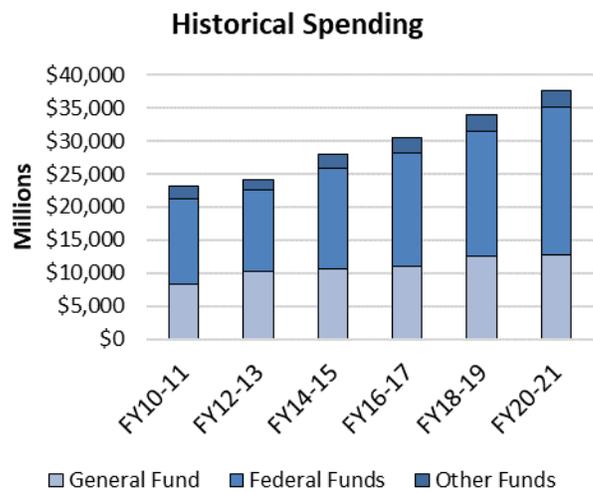
- Grant programs to support local delivery of human services for populations in need, including recent refugee immigrant populations, adults and children needing behavioral health services, people who are deaf or hard of hearing, people with disabilities, and older adults.
- Direct care provided through a statewide array of institutional and community-based services. Services are targeted to people experiencing mental illness, chemical dependency, developmental disabilities and/or an acquired brain injury, some of whom are civilly committed by the court because they may pose a risk to themselves or others.
- Residential services and treatment to people who are committed by the court as a sexual psychopathic personality or a sexually dangerous person.

BUDGET

Below you will find all funds spending by program in fiscal year 2021. The majority of spending occurs within forecasted programs. Forecasted programs include: Medical assistance (89%), MinnesotaCare (3%), Economic support programs (6%) and other healthcare programs (2%).



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

STRATEGIES

The 2020-2022 DHS Strategic Plan (<https://mn.gov/dhs/general-public/about-dhs/strategic-plan/>) includes three key initiatives, nine goals, and 31 specific strategies striving to improve programs and services for the people DHS serves and to create a brighter future for Minnesota. The next strategic plan is under development and will build upon these initiatives.

Key Initiative: Our Stand

Better health, fuller life and lower cost for Minnesotans working to achieve their highest potential.

Goals:

1. Extend the reach and impact of our programs across all communities.
2. Reduce disparities and make access to services easy.
3. Increase partnership, engagement and public confidence in our services.

Key Initiative: Culture of Equity

Commitment to a culture of equity that advances equitable outcomes for communities across Minnesota.

Goals:

1. Institutionalize equity practices across the agency.
2. Provide employees with the tools and skills to establish equity in the workplace.

Key Initiative: Operational Excellence

National ranking as a well-run state agency.

Goals:

1. Rebuild trust with our partners, with the people we serve and with all Minnesotans.
2. Improve workplace culture and employee experience.
3. Improve the delivery of technology across the human services system.
4. Reduce DHS's carbon footprint.

The Department of Human Services' overall legal authority comes from Minnesota Statutes chapters 245 (<https://www.revisor.mn.gov/statutes?id=245>) and 256. (<https://www.revisor.mn.gov/statutes/?id=256>) We list additional program-specific legal authority at the end of each budget activity narrative.

ⁱ Excludes Fiduciary and Technical Activities

Human Services

Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	6,439,370	6,230,161	6,534,793	7,794,089	8,252,169	8,757,222
1200 - State Government Special Rev	4,311	4,316	4,210	4,415	4,299	4,299
1201 - Health Related Boards				522	279	459
1251 - COVID-19 Minnesota	114	5,617				
2000 - Restrict Misc Special Revenue	300,396	123,563	144,443	152,823	150,732	150,828
2001 - Other Misc Special Revenue	365,636	498,968	530,271	650,411	545,236	533,162
2005 - Opiate Epidemic Response		7,663	7,568	29,689	42,518	16,274
2360 - Health Care Access	664,428	687,782	681,992	438,168	978,500	687,686
2403 - Gift	3	889	1	36	32	32
3000 - Federal	10,082,930	11,551,448	14,301,610	15,645,097	14,336,926	14,477,948
3001 - Federal TANF	228,844	219,737	182,224	276,638	284,701	284,057
3010 - Coronavirus Relief	24,057	263,686	24,323			
3015 - ARP-State Fiscal Recovery			114,913	29,997		
4100 - SOS TBI & Adol Ent Svcs	1,432	1,281	841	776	798	813
4101 - DHS Chemical Dependency Servs	16,378	16,202	16,252	18,911	19,315	19,592
4350 - MN State Operated Comm Svcs	111,996	114,308	121,856	138,247	141,998	144,574
4503 - Minnesota State Industries	1,164	738	1,376	1,407	1,407	1,407
4800 - Lottery	1,553	1,828	1,670	1,983	1,896	1,896
6000 - Miscellaneous Agency	16,859	12,852	11,297	215,109	215,109	215,109
6003 - Child Support Enforcement	615,778	589,719	549,644	641,955	641,955	641,955
Total	18,875,249	20,330,758	23,229,284	26,040,273	25,617,870	25,937,313
Biennial Change				10,063,550		2,285,626
Biennial % Change				26		5

Expenditures by Program

Central Office Operations	586,590	579,546	600,904	749,359	630,584	575,407
Forecasted Programs	15,071,521	15,582,068	18,392,058	20,129,388	20,358,453	20,955,904
Grant Programs	1,369,514	2,314,524	2,409,875	2,874,504	2,358,106	2,132,307
Direct Care and Treatment	523,308	528,546	556,731	606,298	603,491	606,455
Fiduciary Activities	629,799	597,082	555,448	851,627	851,627	851,627
Technical Activities	746,147	775,992	775,597	890,783	877,511	877,500
DHS Federal Admin Reimbursement	(51,630)	(46,998)	(61,329)	(61,686)	(61,902)	(61,887)

Human Services

Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Total	18,875,249	20,330,758	23,229,284	26,040,273	25,617,870	25,937,313

Expenditures by Category

Compensation	684,219	694,003	719,950	798,280	799,629	772,003
Operating Expenses	963,447	968,634	991,518	1,308,434	1,197,586	1,186,344
Grants, Aids and Subsidies	16,643,054	18,118,509	21,010,354	23,335,577	23,022,844	23,381,140
Capital Outlay-Real Property	607	642	938			
Other Financial Transaction	635,552	595,969	567,853	659,668	659,713	659,713
Total Before DHS Federal Admin Reimbursement	18,926,879	20,377,756	23,290,613	26,101,959	25,679,772	25,999,200
DHS Federal Admin Reimbursement	(51,630)	(46,998)	(61,329)	(61,686)	(61,902)	(61,887)
Total	18,875,249	20,330,758	23,229,284	26,040,273	25,617,870	25,937,313

Total Agency Expenditures	18,875,249	20,330,758	23,229,284	26,040,273	25,617,870	25,937,313
Internal Billing Expenditures	68,310	36,739	66,490	90,461	86,626	86,628
Expenditures Less Internal Billing	18,806,939	20,294,019	23,162,794	25,949,812	25,531,244	25,850,685

Full-Time Equivalent

	7,122.24	6,895.23	6,787.11	7,120.10	7,024.95	6,907.66
--	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	5,354	554,986	19,008	69,021		
Direct Appropriation	7,221,020	6,572,979	6,890,253	8,001,509	8,527,587	9,034,280
Receipts	794	1,197	1,819	1,978	2,120	2,226
Transfers In	121,355	170,389	114,751	76,077	35,388	19,314
Transfers Out	356,806	372,336	342,325	309,859	268,073	253,760
Cancellations	490,841	647,341	35,411			
Balance Forward Out	25,807	18,086	69,023			
Expenditures	6,475,069	6,261,788	6,579,073	7,838,726	8,297,022	8,802,060
DHS Federal Admin Reimbursement	(35,699)	(31,627)	(44,281)	(44,637)	(44,853)	(44,838)
Expenditures after Federal Admin Reimbursement	6,439,370	6,230,161	6,534,793	7,794,089	8,252,169	8,757,222
Biennial Change in Expenditures				1,659,351		2,680,509
Biennial % Change in Expenditures				13		19
Full-Time Equivalents	4,297.23	4,157.91	4,096.61	4,367.04	4,339.95	4,263.42

1200 - State Government Special Rev

Balance Forward In		11		116		
Direct Appropriation	4,299	4,299	4,299	4,299	4,299	4,299
Open Appropriation	22	15	27			
Cancellations		9				
Balance Forward Out	11		116			
Expenditures	4,311	4,316	4,210	4,415	4,299	4,299
Biennial Change in Expenditures				(2)		(27)
Biennial % Change in Expenditures				(0)		(0)
Full-Time Equivalents	37.00	36.23	34.63	34.63	34.72	34.70

1201 - Health Related Boards

Direct Appropriation				522	334	574
Transfers Out					55	115
Expenditures				522	279	459
Biennial Change in Expenditures				522		216
Biennial % Change in Expenditures						

1251 - COVID-19 Minnesota

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward In		1,905				
Direct Appropriation	2,018	13,300				
Cancellations		9,588				
Balance Forward Out	1,904					
Expenditures	114	5,617				
Biennial Change in Expenditures				(5,731)		0
Biennial % Change in Expenditures				(100)		

2000 - Restrict Misc Special Revenue

Balance Forward In	73,764	38,201	43,126	26,342	22,346	17,195
Receipts	156,750	118,949	124,628	148,111	144,895	148,079
Transfers In	140,916	10,053	14,020	9,526	11,463	10,211
Transfers Out	41,132	12,795	10,989	8,810	10,777	9,525
Balance Forward Out	29,903	30,845	26,343	22,346	17,195	15,132
Expenditures	300,396	123,563	144,443	152,823	150,732	150,828
Biennial Change in Expenditures				(126,693)		4,294
Biennial % Change in Expenditures				(30)		1
Full-Time Equivalents	157.73	150.74	157.95	158.89	173.34	170.77

2001 - Other Misc Special Revenue

Balance Forward In	31,027	61,662	71,554	46,038	40,032	46,038
Receipts	225,321	268,379	280,191	414,820	322,699	314,714
Transfers In	331,967	368,806	238,496	232,187	231,145	232,966
Transfers Out	202,410	166,131	13,935	2,602	2,602	2,602
Balance Forward Out	20,268	33,748	46,036	40,032	46,038	57,954
Expenditures	365,636	498,968	530,271	650,411	545,236	533,162
Biennial Change in Expenditures				316,078		(102,284)
Biennial % Change in Expenditures				37		(9)
Full-Time Equivalents	529.91	530.50	529.80	529.80	438.58	413.86

2005 - Opiate Epidemic Response

Direct Appropriation		13,828	12,606	29,689	42,518	16,274
Open Appropriation			1			

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Transfers Out		5,439				
Cancellations		726	5,039			
Expenditures		7,663	7,568	29,689	42,518	16,274
Biennial Change in Expenditures				29,594		21,535
Biennial % Change in Expenditures						58
Full-Time Equivalents		0.94	1.00	1.00	3.34	2.76

2360 - Health Care Access

Balance Forward In	124	1,240	72	4,671		
Direct Appropriation	663,293	684,953	725,136	453,611	999,140	708,851
Open Appropriation	177	122	219	219	219	219
Receipts	30,816	33,049	6,152	6,226	5,700	5,175
Transfers In	3,863	4,141	73,711	6,805	33,468	
Transfers Out	15,061	14,889	83,848	16,315	42,978	9,510
Cancellations	2,802	5,462	17,730			
Balance Forward Out	50		4,671			
Expenditures	680,359	703,153	699,041	455,217	995,549	704,735
DHS Federal Admin Reimbursement	(15,931)	(15,371)	(17,049)	(17,049)	(17,049)	(17,049)
Expenditures after Federal Admin Reimbursement	664,428	687,782	681,992	438,168	978,500	687,686
Biennial Change in Expenditures				(232,051)		546,026
Biennial % Change in Expenditures				(17)		49
Full-Time Equivalents	332.69	310.24	296.72	296.72	256.48	251.38

2400 - Endowment

Balance Forward In	64	65	65	65	66	67
Receipts	1	0	0	1	1	1
Balance Forward Out	65	65	65	66	67	68

2403 - Gift

Balance Forward In	74	75	403	407	400	397
Receipts	4	1,213	4	29	29	29
Transfers In		10				
Transfers Out		10				

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward Out	75	399	406	400	397	394
Expenditures	3	889	1	36	32	32
Biennial Change in Expenditures				(855)		27
Biennial % Change in Expenditures				(96)		71

3000 - Federal

Balance Forward In	487,789	313,253	261,234	233,021	233,021	233,021
Receipts	9,952,953	11,487,719	14,273,398	15,645,097	14,336,926	14,477,948
Transfers In	50		16			
Transfers Out	50		16			
Balance Forward Out	357,812	249,524	233,022	233,021	233,021	233,021
Expenditures	10,082,930	11,551,448	14,301,610	15,645,097	14,336,926	14,477,948
Biennial Change in Expenditures				8,312,329		(1,131,833)
Biennial % Change in Expenditures				38		(4)
Full-Time Equivalents	216.90	218.62	241.53	249.48	295.33	287.91

3001 - Federal TANF

Balance Forward In	60,907	97,715	142,023	230,094	214,482	190,807
Receipts	260,737	261,026	260,679	261,026	261,026	261,026
Balance Forward Out	92,800	139,004	220,478	214,482	190,807	167,776
Expenditures	228,844	219,737	182,224	276,638	284,701	284,057
Biennial Change in Expenditures				10,281		109,896
Biennial % Change in Expenditures				2		24
Full-Time Equivalents	16.30	16.50	13.85	13.85	16.13	15.80

3010 - Coronavirus Relief

Balance Forward In		763	5,033			
Direct Appropriation	24,162	281,075	22,040			
Transfers In		5,764				
Transfers Out		5,024				
Cancellations		14,724	2,750			
Balance Forward Out	105	4,167				
Expenditures	24,057	263,686	24,323			

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial Change in Expenditures				(263,420)		(24,323)
Biennial % Change in Expenditures				(92)		
Full-Time Equivalents		2.28	0.05			

3015 - ARP-State Fiscal Recovery

Balance Forward In				2,827		
Direct Appropriation			117,871	27,170	0	0
Cancellations			131			
Balance Forward Out			2,827			
Expenditures			114,913	29,997		
Biennial Change in Expenditures				144,910		(144,910)
Biennial % Change in Expenditures						(100)
Full-Time Equivalents			0.48	1.65		

4100 - SOS TBI & Adol Ent Svcs

Balance Forward In	302	542	432	155	183	189
Receipts	1,670	1,171	565	804	804	804
Balance Forward Out	540	431	155	183	189	180
Expenditures	1,432	1,281	841	776	798	813
Biennial Change in Expenditures				(1,096)		(6)
Biennial % Change in Expenditures				(40)		(0)
Full-Time Equivalents	21.40	18.07	10.17	13.20	13.20	13.20

4101 - DHS Chemical Dependency Servs

Balance Forward In	2,469	1,778	1,211	80		
Receipts	9,119	8,082	6,684	9,799	10,283	10,560
Transfers In	6,438	7,438	8,438	9,032	9,032	9,032
Balance Forward Out	1,648	1,097	80			
Expenditures	16,378	16,202	16,252	18,911	19,315	19,592
Biennial Change in Expenditures				2,584		3,744
Biennial % Change in Expenditures				8		11
Full-Time Equivalents	141.33	139.37	130.13	150.15	150.15	150.15

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
4350 - MN State Operated Comm Svcs						
Balance Forward In	6,396	9,056	15,737	31,367	35,735	37,693
Receipts	102,895	120,865	131,364	134,112	135,453	136,808
Transfers In	11,697		6,122	8,503	8,503	8,503
Balance Forward Out	8,992	15,613	31,367	35,735	37,693	38,430
Expenditures	111,996	114,308	121,856	138,247	141,998	144,574
Biennial Change in Expenditures				33,798		26,469
Biennial % Change in Expenditures				15		10
Full-Time Equivalents	1,369.51	1,312.14	1,272.84	1,302.34	1,302.34	1,302.34

4503 - Minnesota State Industries

Balance Forward In	2,286	2,702	2,967	2,693	2,156	1,619
Receipts	1,502	875	1,102	870	870	870
Balance Forward Out	2,625	2,838	2,693	2,156	1,619	1,082
Expenditures	1,164	738	1,376	1,407	1,407	1,407
Biennial Change in Expenditures				881		31
Biennial % Change in Expenditures				46		1

4800 - Lottery

Balance Forward In		62		87		
Direct Appropriation	1,896	1,896	1,896	1,896	1,896	1,896
Open Appropriation	1	0	1			
Cancellations	282	130	139			
Balance Forward Out	62		87			
Expenditures	1,553	1,828	1,670	1,983	1,896	1,896
Biennial Change in Expenditures				272		139
Biennial % Change in Expenditures				8		4
Full-Time Equivalents	1.08	1.00	0.80	0.80	1.33	1.31

6000 - Miscellaneous Agency

Balance Forward In	4,612	4,698	6,075	7,272	7,310	7,348
Receipts	16,648	14,004	12,494	215,147	215,147	215,147
Transfers Out		0				
Balance Forward Out	4,401	5,850	7,272	7,310	7,348	7,386

Human Services

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Expenditures	16,859	12,852	11,297	215,109	215,109	215,109
Biennial Change in Expenditures				196,695		203,812
Biennial % Change in Expenditures				662		90
Full-Time Equivalents	1.16	0.69	0.55	0.55	0.06	0.06

6003 - Child Support Enforcement

Balance Forward In	9,695	20,037	12,104	9,586	17,726	25,866
Receipts	626,121	581,786	547,126	650,095	650,095	650,095
Balance Forward Out	20,037	12,104	9,586	17,726	25,866	34,006
Expenditures	615,778	589,719	549,644	641,955	641,955	641,955
Biennial Change in Expenditures				(13,898)		92,311
Biennial % Change in Expenditures				(1)		8

Human Services

Agency Change Summary

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Direct				
Fund: 1000 - General				
FY2023 Appropriations	9,159,325	9,159,325	9,159,325	18,318,650
Base Adjustments				
All Other One-Time Appropriations		(4,033)	(4,033)	(8,066)
Current Law Base Change		(278,065)	249,280	(28,785)
Approved Transfer Between Appropriation		0	0	0
November Forecast Adjustment	(1,157,816)	(349,640)	(370,292)	(719,932)
Forecast Base	8,001,509	8,527,587	9,034,280	17,561,867
Fund: 1200 - State Government Special Rev				
FY2023 Appropriations	4,299	4,299	4,299	8,598
Forecast Base	4,299	4,299	4,299	8,598
Fund: 1201 - Health Related Boards				
FY2023 Appropriations	522	522	522	1,044
Base Adjustments				
Current Law Base Change		(188)	52	(136)
Forecast Base	522	334	574	908
Fund: 2005 - Opiate Epidemic Response				
FY2023 Appropriations	29,689	29,689	29,689	59,378
Base Adjustments				
Current Law Base Change		12,829	(13,415)	(586)
Forecast Base	29,689	42,518	16,274	58,792
Fund: 2360 - Health Care Access				
FY2023 Appropriations	649,709	649,709	649,709	1,299,418
Base Adjustments				
Current Law Base Change		538,818	266,105	804,923
Approved Transfer Between Appropriation		0	0	0
November Forecast Adjustment	(196,098)	(189,387)	(206,963)	(396,350)
Forecast Base	453,611	999,140	708,851	1,707,991
Fund: 3015 - ARP-State Fiscal Recovery				
FY2023 Appropriations	27,170	27,170	27,170	54,340
Base Adjustments				
All Other One-Time Appropriations		(27,170)	(27,170)	(54,340)
Forecast Base	27,170	0	0	0

Human Services

Agency Change Summary

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Fund: 4800 - Lottery				
FY2023 Appropriations	1,896	1,896	1,896	3,792
Base Adjustments				
Current Law Base Change		0	0	0
Forecast Base	1,896	1,896	1,896	3,792
<i>Open</i>				
Fund: 2360 - Health Care Access				
FY2023 Appropriations	158	158	158	316
Base Adjustments				
Forecast Open Appropriation Adjustment	61	61	61	122
Forecast Base	219	219	219	438
<i>Dedicated</i>				
Fund: 1000 - General				
Planned Spending	4,692	2,120	2,226	4,346
Forecast Base	4,692	2,120	2,226	4,346
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	152,823	150,732	150,828	301,560
Forecast Base	152,823	150,732	150,828	301,560
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	650,411	545,236	533,162	1,078,398
Forecast Base	650,411	545,236	533,162	1,078,398
Fund: 2360 - Health Care Access				
Planned Spending	6,227	5,700	5,175	10,875
Forecast Base	6,227	5,700	5,175	10,875
Fund: 2403 - Gift				
Planned Spending	36	32	32	64
Forecast Base	36	32	32	64
Fund: 3000 - Federal				
Planned Spending	15,645,097	14,336,926	14,477,948	28,814,874
Forecast Base	15,645,097	14,336,926	14,477,948	28,814,874
Fund: 3001 - Federal TANF				

Human Services

Agency Change Summary

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Planned Spending	276,638	284,701	284,057	568,758
Forecast Base	276,638	284,701	284,057	568,758
Fund: 4100 - SOS TBI & Adol Ent Svcs				
Planned Spending	776	798	813	1,611
Forecast Base	776	798	813	1,611
Fund: 4101 - DHS Chemical Dependency Servs				
Planned Spending	18,911	19,315	19,592	38,907
Forecast Base	18,911	19,315	19,592	38,907
Fund: 4350 - MN State Operated Comm Svcs				
Planned Spending	138,247	141,998	144,574	286,572
Forecast Base	138,247	141,998	144,574	286,572
Fund: 4503 - Minnesota State Industries				
Planned Spending	1,407	1,407	1,407	2,814
Forecast Base	1,407	1,407	1,407	2,814
Fund: 6000 - Miscellaneous Agency				
Planned Spending	215,109	215,109	215,109	430,218
Forecast Base	215,109	215,109	215,109	430,218
Fund: 6003 - Child Support Enforcement				
Planned Spending	641,955	641,955	641,955	1,283,910
Forecast Base	641,955	641,955	641,955	1,283,910
DHS Federal Admin Reimbursement				
Fund: 1000 - General				
Forecast Federal Administrative Reimbursement	(44,637)	(44,853)	(44,838)	(89,691)
Fund: 2360 - Health Care Access				
Forecast Federal Administrative Reimbursement	(17,049)	(17,049)	(17,049)	(34,098)
Revenue Change Summary				
Dedicated				
Fund: 1000 - General				
Forecast Revenues	1,978	2,120	2,226	4,346

Human Services

Agency Change Summary

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	148,111	144,895	148,079	292,974
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	414,820	322,699	314,714	637,413
Fund: 2360 - Health Care Access				
Forecast Revenues	6,226	5,700	5,175	10,875
Fund: 2400 - Endowment				
Forecast Revenues	1	1	1	2
Fund: 2403 - Gift				
Forecast Revenues	29	29	29	58
Fund: 3000 - Federal				
Forecast Revenues	15,645,097	14,336,926	14,477,948	28,814,874
Fund: 3001 - Federal TANF				
Forecast Revenues	261,026	261,026	261,026	522,052
Fund: 4100 - SOS TBI & Adol Ent Svcs				
Forecast Revenues	804	804	804	1,608
Fund: 4101 - DHS Chemical Dependency Servs				
Forecast Revenues	9,799	10,283	10,560	20,843
Fund: 4350 - MN State Operated Comm Svcs				
Forecast Revenues	134,112	135,453	136,808	272,261
Fund: 4503 - Minnesota State Industries				
Forecast Revenues	870	870	870	1,740
Fund: 6000 - Miscellaneous Agency				
Forecast Revenues	215,147	215,147	215,147	430,294
Fund: 6003 - Child Support Enforcement				
Forecast Revenues	650,095	650,095	650,095	1,300,190

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
<i>Non-Dedicated</i>				
Fund: 1000 - General				
Forecast Revenues	483,607	469,530	481,395	950,925
Fund: 1200 - State Government Special Rev				
Forecast Revenues	5,469	5,469	5,469	10,938

Program: Central Office Operations

Activity: Operations

AT A GLANCE

- Conducts more than 11,000 administrative appeals per year (Average of FY18-FY21).
- Reviews and approves more than 1500 new contracts per year, not including amendments and purchase order revisions.
- Conducts more than 2200 eligibility reviews for DHS programs and services.
- Our Single Audit Coordinator monitors 188 subrecipients, following up on all findings related to major federal programs.
- The Internal Audits Office responds to approximately 600 hotline complaints per year.
- The Digital Forensics lab conducted analysis on over 800 devices and data sets and assisted with more than 40 search warrants in the last 12 months.
- Provides human resource management for about 7,140 state staff and about 4,100 county staff.
- Resolves more than 100 requests for disability accommodations, investigates over 50 employment discrimination complaints, and resolves over 300 complaints relating to service delivery per year.
- Sponsors development, accreditation, and engagement opportunities for all 7,140 DHS employees.
- Promotes continuous improvement and accountability across the 11 essential human services in all 87 counties.
- Licenses approximately 23,000 service providers.
- Conducts healthcare program integrity activities. CY2021 resulted in 228 healthcare provider investigations, more than \$14.8 million in overpayments identified, and 255 administrative actions taken.
- Conducts child care program integrity activities. CY2021 resulted in 69 child care provider investigations, more than \$484,000 in overpayments identified, and 12 administrative actions taken.
- Conducts recipient program integrity activities including fraud prevention grants for tribes and counties and involvement in over 17,0000 recipient investigations (CY 2021).
- Conducts background studies for more than 70 provider types, including more than 53,000 entities
- All funds spending for Operations activities for FY 2021 was \$128 million. This represents 0.6% of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Operations area within the Department of Human Services (DHS) serves external customers, internal staff, and ensures integrity in spending of public resources. To external customers, we license service providers and conduct background studies – key activities that keep Minnesotans safe and protect our most vulnerable citizens. We also provide appeals processes, tribal, county, and community relations, and communication resources.

To internal staff, we provide human resources services, financial management, legal services, technology planning and facilities management. We also coordinate the agency’s internal equity and anti-racism work.

Finally, we work to ensure the prudent use of public dollars by investigating, preventing, and stopping fraud, waste, and abuse of state and federal money.

SERVICES PROVIDED

Our **Compliance Office** is responsible for legal and compliance activities throughout the agency:

- The **Appeals Division** conducts administrative fair hearings for applicants and recipients appealing the denial, reduction, sanction or termination of benefits in cash and food programs, health care programs, social services programs and residential programs. We also hold administrative hearings when a state or county agency has determined a person committed program fraud, maltreated a child or vulnerable adult, or believes a person should be disqualified from having access to or working with vulnerable populations in a program licensed by the department.
- The **Contracts, Purchasing and Legal Compliance Division** is the agency wide facilitator of DHS goods and services acquisitions including agency-wide asset management, commodities procurements, professional and technical services, and services delivered directly to program clients through grant contracts. The Division provides legal analysis and advice regarding contract development and vendor and grantee management.
- The **Internal Audits Office** tests, analyzes, evaluates and maintains the overall internal control environment at DHS. The Office has of three primary functions: Internal Audits, Program Compliance and Audits, and the Digital Forensics Lab. Our staff conducts audits of DHS grantees, contractors, vendors, and counties.
- The **Organizational Integrity Office** oversees prevention, providing counsel on ethics, risk management, business continuity, records management, agency internal administrative policies, Commissioner Delegations of Authority, and policy bulletins.

Our **External Relations Office** oversee and provides direction to communications and key stakeholder relation efforts across the agency.

- Our **Office of Indian Policy** helps implement and coordinate programs with Tribes and provides ongoing consultation for program development for the delivery of services to American Indians living both on and off reservations. This office promotes government-to-government relations, and works to enhance tribal infrastructure, reduce disparities, and design effective programs.
- Our **Communications Office** leads agency communications efforts. We respond to inquiries from the news media and prepare information that helps the general public understand the agency's services and human services policies.
- Our **Legislative Relations** area participates in all aspects of legislative session planning and activities. We serve as a resource to managers and staff regarding the legislative process, prepare information for lawmakers, budget recommendations and position statements, as well as monitoring, tracking and analyzing legislative bills.
- Our **Community Relations** area supports, develops, and facilitates relationships between DHS and the community.
- Our **County Relations** area takes a lead role in the agency's relationships with Minnesota's 87 counties. These counties administer most of the human services system that the agency oversees.

The Office for Employee Culture is responsible for the agency's human resources management, agency wide learning and development and employee engagement, change management, and diversity recruitment and retention. .

The **Management Services division** is responsible for the agency's continuous improvements training and initiatives, and for recycling, facilities management, mail processing, security, information desk services, and vehicle management.

Our **Office for Strategy and Performance** (OSP) partners with executive leadership on strategic planning, data insights, evaluation, performance measurement, evaluation, and change management to drive improved outcomes for all served by DHS.

- The **Human Services Performance Management** unit works to improve counties service delivery performance in the Minnesota human services system by building connections, measuring and reporting performance, providing data-informed improvement assistance, advancing equity to reduce disparities, and advocating for system change.
- The **Enterprise Insight and Strategy** team supports DHS leadership’s long-term planning and enterprise efforts in analytics, project management, and initiative implementation. Key services include leadership development, organizational design and change management, strategic planning, evaluation, research, and performance management.

The **DHS Office of Inspector General** (<https://mn.gov/dhs/general-public/office-of-inspector-general/>) manages financial fraud and abuse investigations; licenses and certifies programs for children and adults; and conducts background studies on people who apply to work in health and human services settings:

- Our Licensing Division (<https://mn.gov/dhs/general-public/licensing/>) licenses and certifies residential and nonresidential programs for children and vulnerable adults to ensure that the programs meet health and safety requirements and the law. These programs include child care centers, family child care (via counties), foster care (via counties), adoption agencies, children’s residential facilities, and services for people with developmental disabilities, substance use disorders and mental illness. Our staff also complete investigations of maltreatment of vulnerable adults and children receiving services licensed by DHS.
- Our Background Studies Division (<https://mn.gov/dhs/general-public/background-studies/>) conducts background studies for people who provide care or have direct contact with people being served in certain health and human services programs, and for people who work in child care settings. Background studies determine whether a person has committed an act that would disqualify them from providing care, and help keep vulnerable populations safe. Our staff also complete background studies on others, such as people who are guardians or are planning to adopt a child.
- Our Financial Fraud and Abuse Investigations Division is responsible for program integrity activities for health care, economic assistance, child care assistance and food support programs to ensure that public programs are utilized for the delivery of high-quality, needed services free of fraud, waste and abuse.

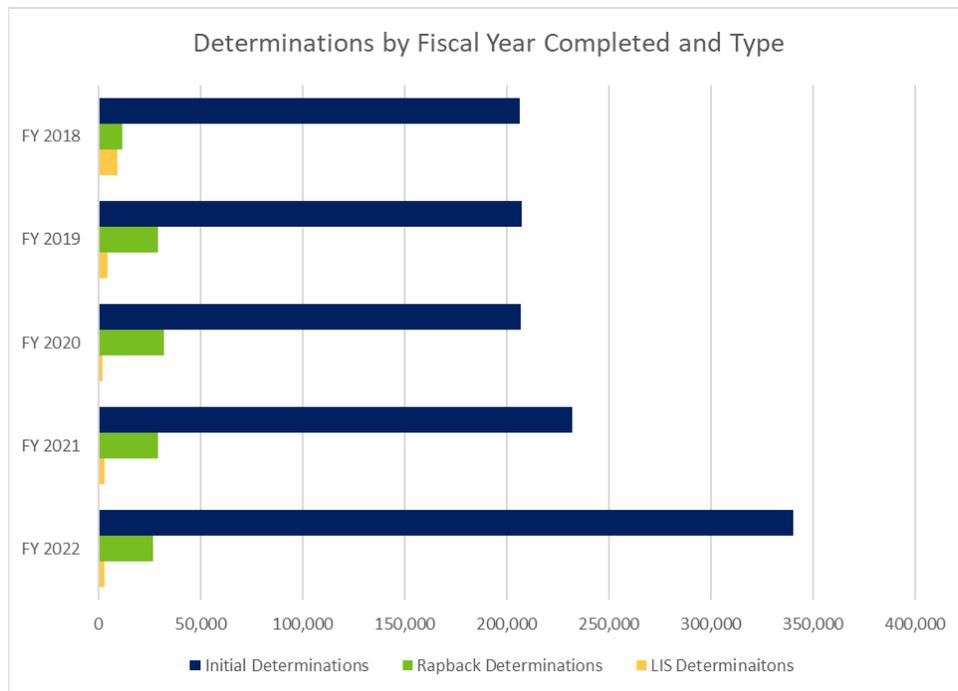
Our **Office of the Chief Financial Officer** provides fiscal services and controls the financial transactions of the agency, including the Central Office and Direct Care and Treatment. Core functions include preparing budget information, paying agency obligations, providing federal fiscal reporting, conducting patient revenue generation and collections, administering the Parental Fee program, processing agency receipts and preparing employees’ payroll. The Reports and Forecasts Division (<https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp>) is responsible for meeting federal reporting requirements for economic assistance programs, Minnesota Health Care Programs, and the Supplemental Nutrition Assistance Program. Our staff provides forecasts of program caseloads and expenditures, provides fiscal analyses of proposed legislation affecting these programs, and responds to requests for statistical information on the programs.

The **Business Solutions Offices** works across the agency and with external stakeholders to partner with MNIT to provide integrated technology solutions that support and improve the delivery of human services by connecting services, information, and people to create a better, easier experience for everyone. Staff in this office develop the business architecture to support system solution design, serve as the business owners for enterprise applications, coordinate the submission of federal funding applications, align data strategies, work throughout the agency and with external stakeholders on business readiness efforts and implement governance oversight for the information management and technology work of the agency. All this work seeks to integrate the delivery of human services. For the people we serve this means creating an experience that is easy to navigate by aligning and simplifying programs, eligibility, and policies, using technology that people use in their daily lives to meet them where they are at, and providing one entry point for people to learn, access, and qualify for the breadth of programs and services available to them.

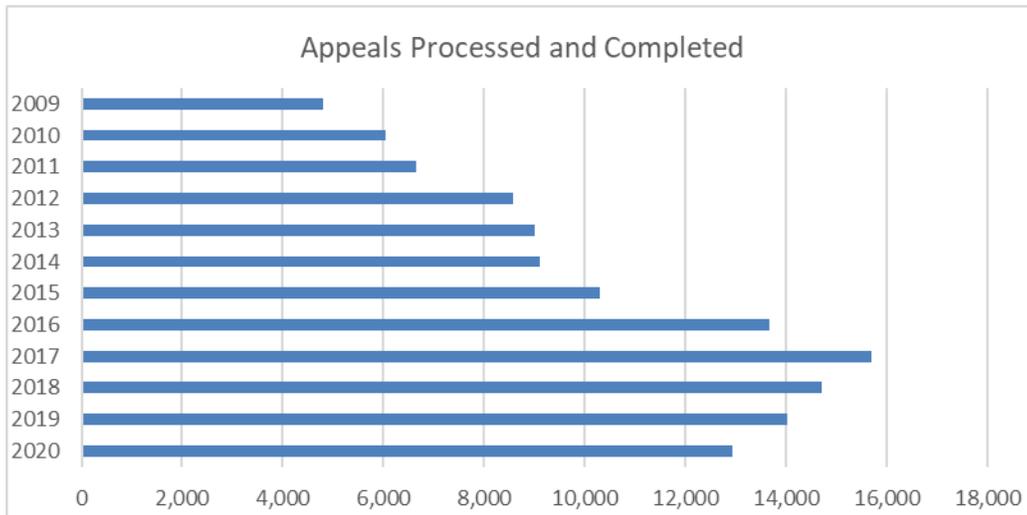
The **General Counsel’s Office** provides legal advice, counsel, and direction for all of DHS’ legal activities.

RESULTS

Number of background studies determinations completed each fiscal year.



Number of Appeals processed and completed by fiscal year



Operations' legal authority is in several places in state law: chapter 245C (Human Services Background Studies) and sections ; and chapters M.S. Chapter 43A, sections 43A.19, 43A.191 (Affirmative Action), M.S. Chapter 363A (Human Rights), M.S. Chapter 402A (Human Services Performance Management).

Statutes that give the agency authority to investigate fraud, waste, and abuse: M.S. sections 119B.125, 152.126, 256.987, 256D.024, 256J.26, 256J.38, 609.821, 626.5533, and chapter 245E (Child Care Assistance Program Fraud Investigations).

Statutes that give the agency authority to conduct background studies: M.S. chapter 245C (Human Services Background Studies) and M.S. sections 144.057, 144A.476, and 524.5-118

Chapters authorizing the agency's work conducting licensing of human services providers and investigating reports related to maltreatment of minors and of vulnerable adults: M.S. chapters 245A (Human Services Licensing); 245D (Home and Community-Based Services Standards); 245F (Withdrawal Management Programs); 245G (Chemical Dependency Licensed Treatment Facilities); 245H (Certified License-Exempt Child Care Centers); 245I (Mental Health Uniform Service Standards Act); 260E (Reporting of Maltreatment of Minors); and M.S. Section 626.557 (Reporting of Maltreatment of Vulnerable Adults).

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. M.S. sections 256.045 to 256.046 give authority for the agency's appeals activities.

Operations

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	77,550	80,362	80,498	88,639	83,903	83,326
1200 - State Government Special Rev	4,163	4,176	4,058	4,290	4,174	4,174
1201 - Health Related Boards				522	279	459
2000 - Restrict Misc Special Revenue	6,267	6,565	7,105	12,920	13,713	13,713
2001 - Other Misc Special Revenue	27,154	27,402	26,210	31,228	27,908	27,010
2360 - Health Care Access	6,187	6,307	5,560	8,725	7,456	7,456
3000 - Federal	7,023	5,251	5,824	13,349	30,593	5,494
3001 - Federal TANF	3			100	100	100
3010 - Coronavirus Relief	2,625	1,009				
Total	130,972	131,072	129,255	159,773	168,126	141,732
Biennial Change				26,984		20,830
Biennial % Change				10		7

Expenditures by Category

Compensation	80,907	83,583	83,622	91,581	111,484	85,658
Operating Expenses	49,216	46,798	45,272	68,184	56,586	56,018
Grants, Aids and Subsidies	191	67	141			
Capital Outlay-Real Property	217	209	18			
Other Financial Transaction	440	414	203	8	56	56
Total	130,972	131,072	129,255	159,773	168,126	141,732

Full-Time Equivalents

	753.14	738.19	726.95	726.35	760.07	738.01
--	---------------	---------------	---------------	---------------	---------------	---------------

Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		1,412		5,681		
Direct Appropriation	154,469	151,391	177,263	172,826	166,282	166,017
Transfers In	22,153	30,091	16,937	14,540	7,729	7,729
Transfers Out	97,955	102,470	108,021	104,408	90,108	90,420
Cancellations		62				
Balance Forward Out	1,117		5,681			
Expenditures	77,550	80,362	80,498	88,639	83,903	83,326
Biennial Change in Expenditures				11,224		(1,908)
Biennial % Change in Expenditures				7		(1)
Full-Time Equivalents	524.62	509.75	490.35	490.35	535.67	525.01

1200 - State Government Special Rev

Balance Forward In		11		116		
Direct Appropriation	4,174	4,174	4,174	4,174	4,174	4,174
Cancellations		9				
Balance Forward Out	11		116			
Expenditures	4,163	4,176	4,058	4,290	4,174	4,174
Biennial Change in Expenditures				9		0
Biennial % Change in Expenditures				0		0
Full-Time Equivalents	35.97	35.28	33.64	33.64	33.64	33.64

1201 - Health Related Boards

Direct Appropriation				522	334	574
Transfers Out					55	115
Expenditures				522	279	459
Biennial Change in Expenditures				522		216
Biennial % Change in Expenditures						

1251 - COVID-19 Minnesota

Direct Appropriation	10					
Balance Forward Out	10					

Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2000 - Restrict Misc Special Revenue						
Balance Forward In	3,754	784	1,431	2,564	3,602	3,847
Receipts	7,619	7,812	9,617	15,004	15,004	15,004
Transfers In	77	75	77	79	79	79
Transfers Out	4,412	742	1,456	1,125	1,125	1,125
Balance Forward Out	772	1,363	2,564	3,602	3,847	4,092
Expenditures	6,267	6,565	7,105	12,920	13,713	13,713
Biennial Change in Expenditures				7,193		7,401
Biennial % Change in Expenditures				56		37
Full-Time Equivalents	66.28	63.59	64.15	64.15	81.33	79.72

2001 - Other Misc Special Revenue

Balance Forward In	2,880	2,784	2,572	1,659	4,995	8,243
Receipts	23,880	27,724	38,064	35,643	32,235	31,337
Transfers In	12,778	11,712	679	679	679	679
Transfers Out	10,633	12,610	13,446	1,758	1,758	1,758
Balance Forward Out	1,751	2,207	1,659	4,995	8,243	11,491
Expenditures	27,154	27,402	26,210	31,228	27,908	27,010
Biennial Change in Expenditures				2,882		(2,520)
Biennial % Change in Expenditures				5		(4)
Full-Time Equivalents	55.48	59.58	65.09	65.09	46.49	37.95

2360 - Health Care Access

Balance Forward In		46		1,269		
Direct Appropriation	20,709	20,724	16,966	16,966	16,966	16,966
Transfers In		190				
Transfers Out	14,498	14,524	10,137	9,510	9,510	9,510
Cancellations		129				
Balance Forward Out	24		1,269			
Expenditures	6,187	6,307	5,560	8,725	7,456	7,456
Biennial Change in Expenditures				1,792		627
Biennial % Change in Expenditures				14		4
Full-Time Equivalents	34.31	34.12	33.11	33.11	32.56	31.92

Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

3000 - Federal

Balance Forward In	17			2	2	2
Receipts	7,006	5,251	5,826	13,349	30,593	5,494
Balance Forward Out			2	2	2	2
Expenditures	7,023	5,251	5,824	13,349	30,593	5,494
Biennial Change in Expenditures				6,900		16,914
Biennial % Change in Expenditures				56		88
Full-Time Equivalents	36.42	35.87	40.61	40.01	29.51	28.92

3001 - Federal TANF

Balance Forward In	31	0	0			
Receipts	3			100	100	100
Balance Forward Out	31	0	0			
Expenditures	3			100	100	100
Biennial Change in Expenditures				97		100
Biennial % Change in Expenditures						
Full-Time Equivalents	0.06				0.87	0.85

3010 - Coronavirus Relief

Direct Appropriation	2,625	1,009				
Expenditures	2,625	1,009				
Biennial Change in Expenditures				(3,634)		0
Biennial % Change in Expenditures				(100)		

Program: Central Office Operations

Activity: Children & Families

<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/>

AT A GLANCE

- Provides child support services to more than 314,000 custodial and non-custodial parents and 220,000 children annually.
- Provides child care assistance to an average of 29,000 children per month.
- 1,719 children were either adopted or had a permanent transfer of legal custody to a relative in 2021.
- Facilitates Supplemental Nutrition Assistance Program (SNAP) payments to more than 445,000 Minnesotans every month.
- All funds Children and Families administrative spending for FY 2021 was \$65 million. This represented 0.3 percent of the Department of Human Services budget.

PURPOSE AND CONTEXT

Children and Families oversees and provides administrative support to counties, Tribal Nations, and social service agencies for child safety and well-being services and for economic assistance programs serving families and children. These services help ensure that people receive the support they need to be safe and help build stable families and communities.

Programs administered in this area seek to:

- Keep more people fed and healthy by increasing nutrition assistance participation
- Keep more children out of foster care and safely with their families
- Decrease the disproportionate number of children of color in out-of-home placements
- Increase access to high quality child care

Our statewide administration of these programs ensures that funds are used according to federal regulations, resources and services are distributed equitably across the state, and quality standards are maintained.

SERVICES PROVIDED

The Children and Family Services Administration is organized into five principal divisions:

- Child Safety and Permanency
- Child Support
- Community Partnerships and Child Care Services
- Economic Assistance and Employment Supports
- Management Operations

In the Children and Families Services Administration our staff provides administrative direction and supports to counties, Tribal Nations, and community agencies. Our work includes:

- Researching, recommending and implementing statewide policy and programs
- Managing grants
- Providing training and technical assistance to counties, Tribal Nations, and grantees
- Evaluating and auditing service delivery
- Conducting quality assurance reviews to ensure that services are delivered effectively, efficiently and consistently across the state

Our areas of responsibility include administering several forecasted programs: the Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), and MFIP Child Care Assistance. Our staff also support grant programs that fund housing, food and child welfare services. We also administer the federal Supplemental Nutrition Assistance Program (SNAP). We review approximately 2,600 SNAP cases annually to see if benefits and eligibility were correctly determined. In addition, we review overall county and tribal administration and management of SNAP in 30-35 agencies each year. We provide oversight of statewide child welfare services that focus on ensuring children’s safety while supporting families. We ensure that core safety services focus on preventing or remedying neglect, and providing basic food, housing and other supports to the most at-risk adults and children. In 2021, more than 1,000 county and tribal staff attended virtual classroom trainings and nearly 5,300 county and tribal staff completed online trainings provided by Children and Families staff on SNAP, family cash assistance, and child care assistance. Our staff also support our county and tribal partners to ensure eligibility is determined accurately and benefits are issued timely for the millions of dollars in benefits issued each month.

Funding for our programs comes from a combination of state and federal sources. Major federal block grants include Temporary Assistance for Needy Families, the Child Care and Development Fund, the Social Services Block Grant and the Community Services Block Grant. Funding from these four federal sources totaled \$497 million in fiscal year 2021, including additional federal stimulus funds in response to the COVID-19 pandemic.

RESULTS

We provide administrative support to a broad array of programs and services for low-income families and adults and children.

Key Measures for programs serving families and children:

<i>Type of Measure</i>	<i>Description of Measure</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	91.0%	91.0%	93.8%	94.5%	94.2%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	47.5%	48.6%	49.5%	46.0%	48.7%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	51.2%	58.9%	55.5%	52.4%	54.3%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	28.8%	34.0%	33.3%	32.4%	37.7%

Data for quality measures provided by the Children and Family Services Administration at the Department of Human Services.

The two key measures in MFIP/DWP are:

- The **Self-Support Index**, which is a results measure. The Self-Support Index shows the percentage of adults eligible for MFIP or DWP in a quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The following chart shows that about two-thirds of participants have left MFIP or DWP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%

- The federal Work Participation Rate (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally-recognized work activities. The measure does not count households who discontinue assistance when getting a job.

<i>Federal Fiscal Year</i>	<i>WPR</i>
2017	38.9%
2018	37.2%
2019	35.7%
2020	22.3%

Another employment-related, state-mandated performance measure tracked is:

- **MFIP/DWP Median Placement Wage**, a quality measure that reflects the number of people getting jobs and the median wage. The chart shows the statewide median hourly starting wage. NOTE: The Diversionary Work Program (DWP) was suspended due to COVID-19 during the state peacetime emergency from April 2020 to August 2021.

<i>Calendar Year</i>	<i>Median Placement Wage Per Hour for MFIP Clients</i>	<i>Median Placement Wage Per Hour for DWP Clients</i>
2018	\$12.00	\$12.50
2019	\$13.00	\$13.00
2020	\$14.00	
2021	\$15.00	

Children & Families

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	11,490	12,143	12,876	16,267	14,083	14,089
2000 - Restrict Misc Special Revenue	205	318	139	272	95	95
2001 - Other Misc Special Revenue	28,772	31,368	34,052	39,713	33,553	33,215
3000 - Federal	15,972	22,394	25,291	35,011	27,478	27,056
3001 - Federal TANF	2,468	2,467	2,230	2,582	2,582	2,582
3010 - Coronavirus Relief	2,589	1,319				
Total	61,495	70,010	74,588	93,845	77,791	77,037
Biennial Change				36,928		(13,605)
Biennial % Change				28		(8)

Expenditures by Category

Compensation	39,162	40,418	46,070	54,170	53,418	53,188
Operating Expenses	21,197	28,560	27,689	34,885	19,713	19,376
Grants, Aids and Subsidies	1,120	951	823	4,767	4,637	4,450
Other Financial Transaction	16	82	5	23	23	23
Total	61,495	70,010	74,588	93,845	77,791	77,037

Total Agency Expenditures	61,495	70,010	74,588	93,845	77,791	77,037
Internal Billing Expenditures	(8)	20	2			
Expenditures Less Internal Billing	61,503	69,990	74,586	93,845	77,791	77,037

Full-Time Equivalent

	365.60	363.99	387.29	386.58	455.81	446.05
--	---------------	---------------	---------------	---------------	---------------	---------------

Children & Families

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		216		2,102		
Direct Appropriation	13,948	14,814	18,685	18,760	18,791	18,797
Transfers In	3,168	4,350	2,323	2,532	915	915
Transfers Out	5,449	7,130	6,030	7,127	5,623	5,623
Cancellations		107				
Balance Forward Out	177		2,102			
Expenditures	11,490	12,143	12,876	16,267	14,083	14,089
Biennial Change in Expenditures				5,510		(971)
Biennial % Change in Expenditures				23		(3)
Full-Time Equivalents	93.60	94.09	95.50	95.50	111.96	112.45

2000 - Restrict Misc Special Revenue

Balance Forward In	396	334	596	618	492	497
Receipts	53	1,083	95	79	33	33
Transfers In	41	62	67	67	67	67
Transfers Out		630				
Balance Forward Out	285	532	618	492	497	502
Expenditures	205	318	139	272	95	95
Biennial Change in Expenditures				(112)		(221)
Biennial % Change in Expenditures				(21)		(54)
Full-Time Equivalents	1.14	1.29	1.30	0.75	0.40	0.39

2001 - Other Misc Special Revenue

Balance Forward In	1,487	1,726	1,874	1,212	74	59
Receipts	6,521	20,210	28,938	33,300	28,263	27,940
Transfers In	22,021	11,724	4,453	5,275	5,275	5,275
Transfers Out	645	1,333				
Balance Forward Out	612	960	1,212	74	59	59
Expenditures	28,772	31,368	34,052	39,713	33,553	33,215
Biennial Change in Expenditures				13,626		(6,997)
Biennial % Change in Expenditures				23		(9)
Full-Time Equivalents	148.52	145.59	147.29	147.29	148.59	144.35

Children & Families

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
3000 - Federal						
Balance Forward In	128	131	182	45	45	45
Receipts	15,870	22,311	25,153	35,011	27,478	27,056
Transfers In	50					
Balance Forward Out	76	48	45	45	45	45
Expenditures	15,972	22,394	25,291	35,011	27,478	27,056
Biennial Change in Expenditures				21,935		(5,768)
Biennial % Change in Expenditures				57		(10)
Full-Time Equivalents	106.10	105.20	129.33	129.19	179.60	173.91

3001 - Federal TANF

Balance Forward In	184	182				
Receipts	2,284	2,285	2,230	2,582	2,582	2,582
Expenditures	2,468	2,467	2,230	2,582	2,582	2,582
Biennial Change in Expenditures				(124)		352
Biennial % Change in Expenditures				(3)		7
Full-Time Equivalents	16.24	16.50	13.85	13.85	15.26	14.95

3010 - Coronavirus Relief

Balance Forward In		713				
Direct Appropriation	2,644	1,197				
Transfers In		79				
Cancellations		670				
Balance Forward Out	55					
Expenditures	2,589	1,319				
Biennial Change in Expenditures				(3,908)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		1.32	0.02			

Program: Central Office Operations

Activity: Health Care

AT A GLANCE

- **Medical Assistance** provided coverage for an average of 1,188,285 people each month during FY 2021.
- **MinnesotaCare** provided coverage for an average of 92,912 people each month during FY 2021.
- In FY 2021, our Health Care Consumer Support team received 252,190 telephone calls from recipients.
- In FY 2021, our Provider Call Center received 229,253 calls from providers.
- All funds administrative spending for the Health Care activity for FY 2021 was \$92.8 million. This represents 0.04 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Minnesota Department of Human Services (DHS) Health Care Administration administers the following two health care programs for low-income Minnesotans:

Medical Assistance (MA) is Minnesota's Medicaid program which provides health coverage for low-income people including children and families, people 65 or older, people who have disabilities and adults without dependent children.

MinnesotaCare provides coverage for those who do not have access to affordable health care coverage but whose income is too high for Medical Assistance.

Our goals are to:

- Increase the number of insured Minnesotans by helping eligible people get MA or MinnesotaCare coverage;
- Improve and streamline Medicaid processes through the way we administer and deliver programs;
- Improve the health outcomes, beneficiary experience and value of care delivered through Minnesota Health Care Programs (MHCP);
- Reform payment and delivery models by designing rates and models to reward quality and emphasize transparency;
- Use research, data and analysis to develop policy recommendations, support DHS health care programs and evaluate results, and;
- Encourage stakeholder communication to support our clients, partners and programs.

SERVICES PROVIDED

The Health Care Administration's (HCA) divisions and operational units include the following:

Office of the Assistant Commissioner

This office performs central functions including:

- Managing the partnership between DHS and the federal Centers for Medicare and Medicaid Services for all Medicaid state plan and waiver services;
- Conducting care delivery and payment reform projects including the Integrated Health Partnerships and the CMS State Innovation Models;
- Ensuring that benefit and payment policies are supported by best clinical practices through the Office of the Medical Director, and;
- Coordinating the development of recommendations on health care policy and legislation.

Health Care Eligibility Operations

- Processes paper applications for MinnesotaCare and the Minnesota Family Planning Program,
- Provides ongoing case maintenance and processes changes in enrollee circumstance that may influence eligibility,
- Provides in-person and online training, responds to system-related questions from counties and tribes, and provides systems support, and;
- Operates the Health Care Consumer Support team (member help desk) and responds to enrollee phone calls regarding eligibility, covered services, and provider availability.

Health Care Eligibility and Access

- Administers all eligibility policy for the Medical Assistance and MinnesotaCare programs including long term care services;
- Provides policy support for county social service agencies, tribal governments, and other entities processing applications for MHCP;
- Conducts disability determinations to determine Medical Assistance eligibility under a disability basis via the State Medical Review Team (SMRT), and;
- Develops business requirements for eligibility systems including MAXIS, Medicaid Management Information System (MMIS), and the Minnesota Eligibility Technology System (METS).

Purchasing and Service Delivery (PSD)

- Coordinates the purchasing and delivery of services in state health care programs and administers coverage and benefit policies;
- Establishes payment policies and calculations for fee-for-service and managed care rates, and;
- Negotiates and manages annual contracts between DHS and managed care organizations.

Medicaid Payments and Provider Services (MPPS)

- Supports MHCP members and providers, conducts benefits recovery and claims processing, runs the provider call center, enrolls health care providers, and manages all provider training and communication regarding the health care programs;
- Assures that Medical Assistance program remains the payer of last resort by billing any insurers or other parties with primary responsibility for paying medical claims;
- Ensures the timely and accurate payment of health care services, and;
- Operates the Provider Call Center and responds to provider phone calls regarding member eligibility, enrollment, billing, coverage policies, and payment.

Health Care Research and Quality

- Conducts data analysis, research, and data reporting responsibilities for the MHCP and oversees quality assurance activities for the managed care organizations contracting with DHS, and;
- Uses health care claims data to inform policy and program development and monitors the quality of health care services purchased by DHS.

HCA staff shares some health care coverage policy and rates development functions with the Behavioral Health, Housing, Deaf and Hard of Hearing (BHDH) Administration and the Aging and Disability Services Administration (ASDA) for the services under the purview of those other administrations.

HCA work supports the following strategies:

- Improve access to affordable health care;
- Integrate primary care, behavioral health, and long-term care;
- Maintain a workforce committed to fulfilling the agency mission;
- Expand the number of providers and enrollees participating in Integrated Health Partnerships
- Modernize eligibility and enrollment systems;
- Reduce disparities so that cultural and ethnic communities have the same access to outcomes for health care, and;
- Hold managed care plans accountable for health equity outcomes related to depression, diabetes, and well child visits.

RESULTS

DHS works to make Minnesota a national leader in promoting and implementing policy and payment initiatives that improve access, quality, and cost-effectiveness of services provided through publicly funded health care programs. DHS contracts with managed care organizations to serve enrollees in Minnesota's public health care programs.

As part of Minnesota's commitment to deliver quality health care more effectively, DHS began a new payment model in 2013 that prioritizes quality preventive care and rewards providers for reducing the cost of care for enrollees in MA and MinnesotaCare programs. This nation-leading reform effort has saved \$465.5 million in health care costs between 2013 and 2020, and continues to show how financial incentives and value-based payment can lower costs, maintain or improve health care quality and outcomes, and lead to innovative methods of delivering health care and other services tailored to a specific community's needs. Providers participating in the program currently serve more than 470,000 Minnesotans.

In 2010, DHS was directed to develop and implement a demonstration testing alternative health care delivery systems, including accountable care organizations (ACOs). This led to the development of the Integrated Health Partnerships (IHP) program in 2013. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.

The program allows participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. Providers who participate work together to better coordinate and manage care, resulting in better outcomes.

IHP providers have experienced better health outcomes for their Medicaid and MinnesotaCare populations; for example, they had readmissions rates that were 4 percent lower and emergency department visits that were 2.5 percent lower than the IHP comparable population in 2019, and, according to preliminary data, continued to outperform non-IHP providers in 2020. IHPs also perform better than other Medicaid providers on several quality measures. For example, on outcomes measures related to diabetes, asthma, and vascular care, IHPs perform significantly better than other providers. Further, while a provider’s Medicaid population typically shows worse outcomes than their commercial population on these metrics, this gap is narrower for the population served by the IHPs. Finally, IHPs also perform better than other providers on ensuring adolescents are screened for mental health issues. Those IHPs with explicit behavioral health focused interventions have shown high levels of relative improvement since 2017, with typical year-to-year relative improvement of 30 percent to 40 percent.

The IHP program continues to expand. Providers that deliver care for less than the targeted cost are eligible to share in the savings; some providers also share the downside risk if costs are higher than targeted. As IHPs progress into their second and third contract years, a portion of their payment is tied to their performance on quality metrics.

In 2020, the most recent period with a final performance calculation, IHP savings to the health care system totaled more than \$27.5 million. This comes on top of savings of \$7.55 million in 2019, \$105.9 million in 2018, \$107 million in 2017, \$49.5 million in 2016, \$87.5 million in 2015, \$65.3 million in 2014 and \$14.8 million in 2013. These savings are shared by providers, managed care organizations, the federal government, and the state.

Beginning in 2018, DHS expanded and enhanced the IHP model in several important ways. DHS introduced multiple tracks to accommodate a diverse set of provider systems, added a quarterly population-based payment to providers to support their care coordination and infrastructure needs, modified the quality measurements methodology, and increased accountability for nonmedical social factors affecting the health of and disparities found within the IHP population. As part of the accountability model tied to this population-based payment, IHPs are required to implement and evaluate specific initiatives that address a variety of social risk factors that impact the health of their patients and/or community. These innovative initiatives include programs that address food insecurity, unmet mental health needs, housing insecurity, the health needs of individuals recently released from jail or prison, and other social determinants of health.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of electronically submitted claims paid within two days ¹	98.59%	98.52%	FY2019 and FY2021
Quantity	Number of Integrated Health Partnerships ²	26	27	2020 and 2021
Quantity	Total MA Benefit Recoveries (excluding fraud and cost avoidance) ³	\$61.6 million	\$55.8 million	FY2019 and FY2021

Performance Measure Notes:

1. Source: FY 2021 Member and Provider Services Operational Statistics. Compares Fiscal year 2019 (Previous) to Fiscal year 2021 (Current). Our goal is to pay 98 percent of electronically submitted claims within two days. The trend is stable.
2. Measure is the number of provider systems or collaboratives of independent practices voluntarily contracting with DHS as an IHP to serve MA and MinnesotaCare recipients. Compares 2020 (Previous) to 2021 (Current).

3. Source: Member and Provider Services Operational Statistics. Measure is the total amount of recoveries conducted by the benefit recovery unit at DHS and contractors performing recovery activities on its behalf. Compares FY 2019 (Previous) and FY 2021 (Current).
-

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). Our authority to administer MinnesotaCare is in M.S. chapter 256L.

Health Care

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	18,431	17,277	18,160	29,720	21,763	20,952
2000 - Restrict Misc Special Revenue	1,305	1,371	1,756	2,598	2,598	2,598
2001 - Other Misc Special Revenue	56,061	52,714	48,974	56,714	50,632	50,349
2360 - Health Care Access	28,347	27,657	26,767	31,569	28,168	28,168
3010 - Coronavirus Relief	591	192				
Total	104,735	99,212	95,657	120,601	103,161	102,067
Biennial Change				12,311		(11,030)
Biennial % Change				6		(5)

Expenditures by Category

Compensation	66,835	64,891	65,442	74,725	64,030	63,364
Operating Expenses	37,652	34,180	30,149	45,729	38,938	38,677
Grants, Aids and Subsidies	188	103	63	128	167	
Capital Outlay-Real Property			0			
Other Financial Transaction	59	38	3	19	26	26
Total	104,735	99,212	95,657	120,601	103,161	102,067

Total Agency Expenditures	104,735	99,212	95,657	120,601	103,161	102,067
Internal Billing Expenditures				18	18	18
Expenditures Less Internal Billing	104,735	99,212	95,657	120,583	103,143	102,049

Full-Time Equivalent

	715.64	658.72	642.97	642.97	554.09	537.42
--	--------	--------	--------	--------	--------	--------

Health Care

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		920		6,686		
Direct Appropriation	22,769	23,820	26,397	24,933	23,614	22,803
Transfers In	1,730	1,169	721	697		
Transfers Out	5,321	8,063	2,272	2,596	1,851	1,851
Cancellations		569				
Balance Forward Out	747		6,686			
Expenditures	18,431	17,277	18,160	29,720	21,763	20,952
Biennial Change in Expenditures				12,171		(5,165)
Biennial % Change in Expenditures				34		(11)
Full-Time Equivalents	120.23	92.11	92.62	92.62	99.01	93.79

2000 - Restrict Misc Special Revenue

Balance Forward In		19	0			
Receipts	855	948	1,132	1,983	1,983	1,983
Transfers In	466	404		615	615	615
Transfers Out			(624)			
Balance Forward Out	16					
Expenditures	1,305	1,371	1,756	2,598	2,598	2,598
Biennial Change in Expenditures				1,678		842
Biennial % Change in Expenditures				63		19
Full-Time Equivalents	8.34	5.31	7.56	7.56	5.32	5.22

2001 - Other Misc Special Revenue

Balance Forward In	6,020	2,869	6,953	2,602	2,653	3,254
Receipts	3,193	33,940	42,284	54,084	48,552	48,269
Transfers In	54,579	18,198	2,437	2,709	2,709	2,709
Transfers Out	6,442	100	98	28	28	28
Balance Forward Out	1,288	2,193	2,601	2,653	3,254	3,855
Expenditures	56,061	52,714	48,974	56,714	50,632	50,349
Biennial Change in Expenditures				(3,086)		(4,707)
Biennial % Change in Expenditures				(3)		(4)
Full-Time Equivalents	288.69	285.18	279.18	279.18	225.84	218.95

Health Care

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2360 - Health Care Access						
Balance Forward In		104		3,401		
Direct Appropriation	25,063	24,406	30,168	28,168	28,168	28,168
Transfers In	3,700	3,776				
Transfers Out	400	190				
Cancellations		438				
Balance Forward Out	16		3,401			
Expenditures	28,347	27,657	26,767	31,569	28,168	28,168
Biennial Change in Expenditures				2,332		(2,000)
Biennial % Change in Expenditures				4		(3)
Full-Time Equivalents	298.38	276.12	263.61	263.61	223.92	219.46

3010 - Coronavirus Relief

Direct Appropriation	591	192				
Expenditures	591	192				
Biennial Change in Expenditures				(783)		0
Biennial % Change in Expenditures				(100)		

Program: Central Office Operations
Activity: Aging and Disability Services

<https://mn.gov/dhs/people-we-serve/seniors/>

AT A GLANCE

- Covered Disability Waiver home and community-based services for 55,797 people per month in FY21.
- Covered Personal Care Assistance (PCA) services for 38,866 people per month in FY21.
- Covered nursing facility services for 12,219 people per month in FY21.
- Covered Elderly Waiver and Alternative Care services for 27,032 people per month in FY21.
- Performs statewide human services planning and develops and implements policy.
- Obtains, allocates, and manages resources, contracts, and grants.
- Senior Nutrition grants provide congregate dining to 20,400 people and home delivered meals to 24,000 people.
- Provides comprehensive assistance and individualized help to more than 134,000 individuals through over 280,000 calls in 2021 through the Senior LinkAge Line®.
- Sets standards for, and evaluates, service development and delivery, and monitors compliance
- Provides technical assistance and training to county and tribal agencies and supports local innovation and quality improvement efforts.
- Provided 4,221 people living with HIV/AIDS medical and support services in FY21.
- In FY 2021, lead agencies administered over 187,000 assessments for long-term services and supports. (This includes MnCHOICES, legacy LTCC and DD screenings, and PCA Assessments)
- Administer \$68.14 million of grants to providers under Aging and Adult Services grants, \$79.20 million under Disability Grants and \$33.10 million under Other Long Term Care grants in FY21.
- All funds administrative spending for the Aging and Disability Services Administration activity for FY21, before Disability Services joined the Administration, was \$20.82 million. This represented 0.10 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Aging and Disability Services Administration administers Minnesota's publicly funded long-term care programs and services for Minnesotans who are aging and/or have a disability and their families. Our Administration's mission is to improve the dignity, health and independence of the people we serve.

We have four goals:

- Support and enhance the quality of life of the individuals we serve;
- Manage an equitable and sustainable long-term care system that maximizes value;
- Continuously improve how we administer services; and
- Promote professional excellence and engagement in our work.

SERVICES PROVIDED

The Aging and Disability Services Administration is composed of the following Divisions and units, each charged with particular areas of responsibility:

- Aging and Adult Services Division;
- Disability Services Division;
- Fiscal Analysis and Results Management;
- Nursing Facility Rates and Policy Division;
- Operations and Central Functions; and
- Planning and Aging 2030.

Our work includes:

- Administering Medical Assistance long-term services and supports waiver programs and state plan services. This includes developing, seeking authority for and implementing policies, projects, and research. We also oversee state and federal grants and contracts, including Senior Nutrition Grants.
- Working with the Community Supports Administration to administer the Moving Home Minnesota program, a federal Money Follows the Person Rebalancing Demonstration Program which serves both seniors and people with disabilities.
- Providing training, education, assistance, advocacy and direct services, including overseeing the state's adult protective services system.
- Monitoring service quality by program evaluation and measuring results using lead agency waiver reviews.
- Staffing of the Governor-appointed Minnesota Board on Aging (<https://mn.gov/board-on-aging/>), a state board administratively placed within DHS with oversight of the Office of Ombudsman for Long-Term Care;
- Working to improve the quality of services and share best practices across providers;
- Providing administrative, financial, and operational management and support for both the Continuing Care for Older Adults Administration and the Community Supports Administration;
- Providing legislative coordination with the department, legislature and stakeholders;
- Supporting both Continuing Care for Older adults and Community Supports administrations on IT modernization projects, IT project portfolio oversight, and business process improvement efforts; and
- Providing outreach, staff support and technical assistance to stakeholders and stakeholder workgroups; and
- Auditing 354 nursing facility annual cost reports to ensure DHS and providers are maintaining compliance with federal and state requirements and timely publication of accurate payment rates.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Promote access to core medical and support services to people living with HIV/AIDS by paying premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- Work to encourage the development of local service capacity, including related professional workforce development activities.
- Train and guide service delivery partners on best practices.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit providers.
- Secure funding outside of state appropriations and seek such opportunities to leverage goals.

- Developing an assisted living report card to inform Minnesota consumers and support assisted living quality improvement, including a public website with quality ratings that is scheduled to be released in the fall of 2023.

Direct services we provide include:

- Providing statewide referrals to services, care transitions support, health insurance and long-term benefits counseling through the Senior LinkAge Line® to older Minnesotans and their caregivers so that they can get answers about long-term care and how to pay for it, assistance resolving issues with Medicare and prescription drugs, connections with volunteer opportunities, or help finding resources;
- Providing long-term care ombudsman services, which help people resolve complaints and keep their services; and
- Developing, maintaining, and publishing provider quality rankings for consumers using the nursing home and HCBS report cards.

In addition, starting in March 2020, additional work is being conducted to address the COVID-19 pandemic:

- The Board on Aging received directly allocated funding from the federal Coronavirus Act, Relief, and Economic Security (CARES) act. The funding will mainly be used food security for home-bound for older adults who have disabilities, multiple chronic illnesses, and caregivers of older adults. Additional funding includes funding for the Office of Ombudsman for Long-Term Care. The Board also received funding from the Administration for Community Living for the Senior LinkAge Line and Disability HUB to provide critical access functions to serve populations most at risk of COVID-19. The total funding available for these funds is about \$13.888 million and is available until September 30, 2021.
- In addition, \$11.3 million was received from the Coronavirus Relief Fund for senior meals throughout the state and \$1.063 million for an enhanced homecare benefit. This funding expires December 31, 2020.
- Under state law governing disasters (Minn. Stat. sec. 12A.10), DHS administers expedited reimbursement to nursing facilities to support efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within facilities. Costs that are eligible for expedited reimbursement are those necessary to ensure the health and safety of residents during the COVID-19 federal emergency declaration including PPE, additional staff hours and wages, and staff testing costs. The expedited reimbursement program began in March 2020 and will be available up to 60 days following the termination of the COVID-19 federal emergency declaration.

RESULTS

We use several information sources and data to monitor and evaluate quality outcomes and provider performance. Much of the information we analyze is from the DHS Data Warehouse or from surveys of consumers, providers, and lead agencies. More explanation of these measures is in the performance notes below the table.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	1. Average statewide risk-adjusted nursing facility quality of care score out of a possible 100 points	68.0	68.9	Jan. 2018 to Dec. 2021
Result	2. Percent of older adults served by home and community-based services	72.8%	79.1%	FY 2017 to FY 2021
Result	3. Difference between total weighted average daily payment rate as reported on the cost reports and the published rate.	Reported: \$248.34 Published: \$246.12 % Change: -1% MA Impact: (\$11M)	Reported: \$265.94 Published: \$261.40 % Change: -2% MA Impact: (\$22M)	CY 2018 to CY2019
Result	4. Annual total of net nursing facility audit adjustments to reported costs	40.3M	37.4M	CY 2020 to CY 2021
Result	5. Percent of working age adults on certain Medical Assistance programs earning \$600 or more per month	18% (FY2019)	16% (FY2021)	FY 2017 to FY 2019
Result	6. Percent of people with disabilities who receive home and community-based services at home.	60.2% (FY2017)	63.2% (FY2021)	2017 to 2021
Result	7. Percent of long term service and support spending for people with disabilities in home and community-based services rather than institutions.	90.1% (FY2017)	94.5% (FY2021)	2017 to 2021

More information is available on the Long-Term Service and Support Performance Dashboards (<https://mn.gov/dhs/ltss-program-performance>).

Performance Notes:

1. Measure one compares data from the one year period January through December 2018, to data from the one year period January through December 2021. (Source: Minimum Data Set resident assessments)
2. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: DHS Data Warehouse)
3. Nursing facility daily payment rates are based on an annual cost report filed by facilities. The Nursing Facility Rates and Policy division audits these reports in order to ensure accuracy. The difference between reported and published rates in this measure represents corrections made a result of these audits. Without these audits, payment rates and MA payments would be higher. (Source: Nursing Facility Rates and Policy Division)
4. This measure represents audit adjustments to annual nursing facility cost reports. (Source: Nursing Facility Rates and Policy Division)
5. Measure compares monthly earnings for people age 18-64 who receive services from one of the following Medical Assistance programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical

Assistance for Employed Persons with Disabilities (MA-EPD). More information is also available on the Employment First Dashboard (mn.gov/dhs/employment-first-dashboards) Source: DHS Data Warehouse.

6. This measure compares people who receive disability waiver services in their own home rather than residential services. More information is available on the Long-Term Service and Support Performance Dashboards (mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse. This measure compares spending of long term service and support for people with disabilities in home and community-based services rather than institutions. More information is available on the Long-Term Service and Support Performance Dashboards (mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse.

M.S. chapter 256 (Human Services) provides authority for many of the agency’s general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). For other activities administered under Continuing Care for Older Adults, we list legal citations that apply to the program at the end of each budget narrative.

Aging and Disability Services

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	14,045	13,843	18,812	27,806	38,726	34,688
1200 - State Government Special Rev	125	124	125	125	125	125
2000 - Restrict Misc Special Revenue	138	229	146	187	187	187
2001 - Other Misc Special Revenue	2,078	1,816	1,599	4,803	3,523	3,309
2403 - Gift				15	15	15
3000 - Federal	3,282	4,823	4,970	7,926	11,292	10,820
3010 - Coronavirus Relief	471	1,509	2,310			
Total	20,139	22,345	27,960	40,862	53,868	49,144
Biennial Change				26,339		34,190
Biennial % Change				62		50

Expenditures by Category

Compensation	14,368	15,712	16,674	22,152	34,246	33,177
Operating Expenses	5,574	6,556	11,168	18,665	19,587	15,932
Grants, Aids and Subsidies	166	55	98	10		
Capital Outlay-Real Property			0			
Other Financial Transaction	32	21	20	35	35	35
Total	20,139	22,345	27,960	40,862	53,868	49,144

Total Agency Expenditures	20,139	22,345	27,960	40,862	53,868	49,144
Internal Billing Expenditures	22		3	27	27	27
Expenditures Less Internal Billing	20,117	22,345	27,957	40,835	53,841	49,117

Full-Time Equivalent

	131.07	139.70	144.07	150.20	293.15	278.25
--	--------	--------	--------	--------	--------	--------

Aging and Disability Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,606		3,960		
Direct Appropriation	18,703	19,297	23,017	23,997	38,726	34,688
Transfers In	1,456	2,623	233	473		
Transfers Out	3,026	7,143	318	624		
Cancellations		4,540	160			
Balance Forward Out	3,088		3,961			
Expenditures	14,045	13,843	18,812	27,806	38,726	34,688
Biennial Change in Expenditures				18,730		26,796
Biennial % Change in Expenditures				67		57
Full-Time Equivalents	95.85	103.44	107.66	108.33	247.48	233.51
1200 - State Government Special Rev						
Direct Appropriation	125	125	125	125	125	125
Cancellations		1				
Balance Forward Out			0			
Expenditures	125	124	125	125	125	125
Biennial Change in Expenditures				0		0
Biennial % Change in Expenditures				0		0
Full-Time Equivalents	1.03	0.95	0.99	0.99	1.08	1.06
1251 - COVID-19 Minnesota						
Balance Forward In		10				
Direct Appropriation	10					
Cancellations		10				
Balance Forward Out	10					
2000 - Restrict Misc Special Revenue						
Balance Forward In	4,960	458	344	225	225	225
Receipts	111	115	26	187	187	187
Transfers Out	4,475					
Balance Forward Out	458	344	224	225	225	225
Expenditures	138	229	146	187	187	187
Biennial Change in Expenditures				(34)		41

Aging and Disability Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial % Change in Expenditures				(9)		12
Full-Time Equivalents	1.70	1.92	1.21	1.21	1.57	1.54

2001 - Other Misc Special Revenue

Balance Forward In	122	5,823	6,640	8,781	8,241	7,986
Receipts	203	500	1,050	1,713	633	409
Transfers In	7,559	1,833	2,689	2,550	2,635	2,713
Transfers Out		34				
Balance Forward Out	5,807	6,305	8,780	8,241	7,986	7,799
Expenditures	2,078	1,816	1,599	4,803	3,523	3,309
Biennial Change in Expenditures				2,508		430
Biennial % Change in Expenditures				64		7
Full-Time Equivalents	6.65	8.00	7.51	7.51	1.94	

2403 - Gift

Balance Forward In	16	16	16	16	16	16
Receipts	0	0	0	15	15	15
Balance Forward Out	16	16	16	16	16	16
Expenditures				15	15	15
Biennial Change in Expenditures				15		15
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	25	12	378	250	250	250
Receipts	3,266	4,823	4,841	7,926	11,292	10,820
Balance Forward Out	9	12	250	250	250	250
Expenditures	3,282	4,823	4,970	7,926	11,292	10,820
Biennial Change in Expenditures				4,791		9,216
Biennial % Change in Expenditures				59		71
Full-Time Equivalents	25.84	24.49	26.67	32.16	41.08	42.14

3010 - Coronavirus Relief

Balance Forward In			4,420			
--------------------	--	--	-------	--	--	--

Aging and Disability Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Direct Appropriation	471	8,657				
Cancellations		3,300	2,110			
Balance Forward Out		3,848				
Expenditures	471	1,509	2,310			
Biennial Change in Expenditures				330	(2,310)	
Biennial % Change in Expenditures				17		
Full-Time Equivalents		0.90	0.03			

3015 - ARP-State Fiscal Recovery

Direct Appropriation		100		
Cancellations			100	

Program: Central Office Operations

Activity: Behavioral Health, Housing, and Deaf & Hard of Hearing Services

<https://mn.gov/dhs/people-we-serve/>

AT A GLANCE

- Statewide, there were 33,315 individuals on Minnesota in Medicaid Programs treated for substance use disorder in CY21.
- In FY21, the Housing Support program served a monthly average of 21,896 people.
- Received funding for Home and Community Based Federal Financial Participation in the 2021 Legislative session. Both Operational and Grant funds were received.
- 612 individuals who are deaf, deafblind, and hard of hearing statewide were served by Deaf and Hard of Hearing Services Grants in FY21.
- 12,400 Minnesota adults received mental health services through Minnesota Health Care Programs (MHCP) in CY21.
- In FY2021, the Minnesota Supplemental Aid program supported a monthly average of 32,467 people.
- An average of 20,559 participants were provided services monthly by the Housing Support Program in FY21.
- All funds administrative spending for the Community Supports Budget Activity for FY21 was \$23 million. This represented 0.02% of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Behavioral Health, Housing and Deaf & Hard of Hearing Services Administration (BHDH) within the Department of Human Services oversees service delivery systems for people with behavioral health problems, people who are deaf, deafblind and hard of hearing, and people needing housing and income supports. This includes prevention, treatment, long-term services and supports, including home and community-based services, other Medical Assistance benefits specialized grant programs.

BHDH trains, develops capacity and provides guidance and oversight for community partners including tribes, health plans, counties and community-based providers. Our current work encourages and supports research-informed practices and expanded use of successful models.

BHDH goals are to support people to achieve meaningful outcomes, improve our operational excellence, and to manage an equitable and sustainable service delivery system.

SERVICES PROVIDED

We have four divisions within the Behavioral Health, Housing and Deaf & Hard of Hearing Services Administration (BHDH):

- Behavioral Health Division (combination of former Alcohol and Drug Abuse and Mental Health Divisions)
- Deaf and Hard of Hearing Services Division
- Housing Supports Division
- Central Operations Division

Our administration also houses and provides administrative support infrastructure to the independent Minnesota Commission for Deaf, Deafblind and Hard of Hearing.

Collaborating both with partners within state agencies and in local communities, our administration shapes and implements public policy on mental health, substance use disorder treatment and prevention services, home and community based services, services for people who are deaf, deafblind and hard of hearing and housing supports.

Specifically, our staff:

- Lead efforts to shape and implement public policy directed towards prevention, early intervention, and treatment of persons with a mental illness or substance use disorder.
- Administer payment policy and manage grant programs for mental health and substance use disorder services, such as the Consolidated Chemical Dependency Treatment Fund, Minnesota Health Care Programs, Adult Mental Health Grants, Child Mental Health Grants and Substance Use Disorder Treatment Support Grants.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Promote equal access to communication and community resources for Minnesotans who are deaf, deafblind and hard of hearing by delivering direct services through statewide regional offices, the Telephone Equipment Distribution (TED) program and the DHHSD mental health program.
- Manage grant programs for services to adults and children who are deafblind, mentors for families with very young children who have hearing loss, Certified Peer Support Specialists and other mental health services for people with hearing loss who use American Sign Language and have mental health challenges, psychological assessments for children and youth with hearing loss, increasing capacity of interpreting services in Greater Minnesota.
- Facilitate many stakeholder groups, including the Governor-appointed Commission of Deaf, DeafBlind and Hard of Hearing, a state agency housed within DHS (<http://mn.gov/deaf-commission>);
- Provide housing assistance support and related services to people experiencing homelessness or who are in danger of becoming homeless.
- Train and guide service delivery partners on best practices.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit providers.
- Partner with stakeholders to improve prevention and early intervention efforts and the service delivery system.
- Secure funding outside of state appropriations and seek such opportunities to leverage goals.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The number of adults receiving Assertive Community Treatment (ACT) services..	2,013	2,051	CY2020 vs. CY2021
Quantity	1. Number of children in the child welfare system who received a mental health screening.. ¹	7,617	6,408	CY 019 vs. CY2020
Result	2. Percent of clients in DHHS grant-funded mental health programs who completed or are making good progress on their treatment plan goals. . ²	91%	82%	2019 vs. 2021
Quantity	3. Number of Adults with Serious Mental Illness who received Adult Rehabilitative Mental Health Services (ARMHS). ³	19,429	19,776	CY 2020 to CY 2021

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	4. 11 th grade use of alcohol, 1-2 days, during the past 30 days.. ⁴	14%	13%	FY2019 to FY2021
Quality	5. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received.. ⁵	82%	82%	FY2019 to FY2021

Performance Measure Notes:

1. Percent of children receiving a mental health screening: This activity funds screenings for children in the child welfare system. Counties conduct mental health screenings for children in the child welfare system who have not had a recent assessment..
2. Source: Consumer satisfaction surveys and grantee reports..
3. Source: DHS Data Warehouse.
4. The use of alcohol use measures consists of data reported in the Minnesota Student Survey.
5. Data source: Consumer satisfaction surveys and grantee reports.

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). For other activities administered under Community Supports, we list legal citations that apply to the program at the end of each budget narrative.

Behavioral, Housing, and DHH Services

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	30,991	30,780	33,382	51,999	22,296	19,858
2000 - Restrict Misc Special Revenue	4,575	6,995	6,793	8,810	8,352	8,352
2001 - Other Misc Special Revenue	5,603	5,080	5,913	8,339	4,243	3,899
2005 - Opiate Epidemic Response		103	185	794	699	639
2403 - Gift				3		
3000 - Federal	7,652	7,368	5,993	13,845	11,957	8,386
3010 - Coronavirus Relief	1,054	405				
3015 - ARP-State Fiscal Recovery			68	427		
4800 - Lottery	101	95	76	250	163	163
Total	49,976	50,827	52,410	84,467	47,710	41,297
Biennial Change				36,074		(47,870)
Biennial % Change				36		(35)

Expenditures by Category

Compensation	38,694	38,691	39,904	51,068	30,724	27,925
Operating Expenses	8,051	9,879	10,307	30,007	15,163	10,668
Grants, Aids and Subsidies	3,081	2,203	2,055	3,319	1,760	2,641
Capital Outlay-Real Property			0			
Other Financial Transaction	150	53	145	73	63	63
Total	49,976	50,827	52,410	84,467	47,710	41,297

Total Agency Expenditures	49,976	50,827	52,410	84,467	47,710	41,297
Internal Billing Expenditures	(5)		14			
Expenditures Less Internal Billing	49,981	50,827	52,397	84,467	47,710	41,297

Full-Time Equivalent

	359.00	348.44	350.62	356.24	222.67	237.08
--	--------	--------	--------	--------	--------	--------

Behavioral, Housing, and DHH Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	213	1,955	411	9,015		
Direct Appropriation	36,031	35,772	41,767	42,996	22,412	19,974
Receipts	59	59	59	59	59	59
Transfers In	429	120	1,586	3,076		
Transfers Out	4,213	6,550	1,426	3,147	175	175
Cancellations		167				
Balance Forward Out	1,528	409	9,016			
Expenditures	30,991	30,780	33,382	51,999	22,296	19,858
Biennial Change in Expenditures				23,610		(43,227)
Biennial % Change in Expenditures				38		(51)
Full-Time Equivalents	239.36	222.66	230.98	232.89	115.83	136.96

2000 - Restrict Misc Special Revenue

Balance Forward In	24,530	1,303	2,444	2,727	3,181	1,929
Receipts	1,132	954	1,327	2,182	1,985	1,985
Transfers In	5,698	6,820	7,240	7,110	7,110	7,110
Transfers Out	25,656	27	1,491	28	1,995	743
Balance Forward Out	1,129	2,056	2,727	3,181	1,929	1,929
Expenditures	4,575	6,995	6,793	8,810	8,352	8,352
Biennial Change in Expenditures				4,034		1,101
Biennial % Change in Expenditures				35		7
Full-Time Equivalents	39.45	38.57	41.71	41.91	41.41	40.59

2001 - Other Misc Special Revenue

Balance Forward In	365	1,619	252	1,083	590	590
Receipts	1,267	1,552	4,522	5,492	1,889	1,545
Transfers In	4,946	3,013	2,421	2,469	2,469	2,469
Transfers Out	115	874	199	115	115	115
Balance Forward Out	860	229	1,083	590	590	590
Expenditures	5,603	5,080	5,913	8,339	4,243	3,899
Biennial Change in Expenditures				3,569		(6,110)
Biennial % Change in Expenditures				33		(43)
Full-Time Equivalents	30.57	32.15	30.73	30.73	15.72	12.61

Behavioral, Housing, and DHH Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

2005 - Opiate Epidemic Response

Direct Appropriation		309	309	794	699	639
Cancellations		206	124			
Expenditures		103	185	794	699	639
Biennial Change in Expenditures				876		359
Biennial % Change in Expenditures						37
Full-Time Equivalents		0.94	1.00	1.00	3.34	2.76

2403 - Gift

Balance Forward In	11	11	11	12	9	9
Receipts	0	0	0			
Balance Forward Out	11	11	11	9	9	9
Expenditures				3		
Biennial Change in Expenditures				3		(3)
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	11					
Receipts	7,642	7,369	5,993	13,845	11,957	8,386
Balance Forward Out		0	0			
Expenditures	7,652	7,368	5,993	13,845	11,957	8,386
Biennial Change in Expenditures				4,818		505
Biennial % Change in Expenditures				32		3
Full-Time Equivalents	48.54	53.06	44.92	47.26	45.04	42.85

3010 - Coronavirus Relief

Balance Forward In			7			
Direct Appropriation	1,054	533				
Cancellations		120	7			
Balance Forward Out		7				
Expenditures	1,054	405				
Biennial Change in Expenditures				(1,459)		0

Behavioral, Housing, and DHH Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		0.06				

3015 - ARP-State Fiscal Recovery

Balance Forward In				327		
Direct Appropriation			395	100	0	0
Balance Forward Out			327			
Expenditures			68	427		
Biennial Change in Expenditures				495		(495)
Biennial % Change in Expenditures						(100)
Full-Time Equivalents			0.48	1.65		

4800 - Lottery

Balance Forward In		62		87		
Direct Appropriation	163	163	163	163	163	163
Cancellations		129				
Balance Forward Out	62		87			
Expenditures	101	95	76	250	163	163
Biennial Change in Expenditures				129		0
Biennial % Change in Expenditures				66		0
Full-Time Equivalents	1.08	1.00	0.80	0.80	1.33	1.31

Program: Central Office Operations

Activity: Central IT

<https://mn.gov/mnit/about-mnit/who-we-are/>

AT A GLANCE

- Connect over 2.8 million Minnesotans with access to vital DHS programs with the support of over 31,000 county, tribal, and state workers; 200,000 providers; client assistors; and DHS and MNsure partners via nearly 400 IT applications
- Oversee approximately 750 IT employees
- Manage around 70 active IT projects
- Total all funds spending for this budget activity in FY22 was \$245 million, which represents approximately 1.5 percent of the agency budget.

PURPOSE AND CONTEXT

The Central IT budget activity funds Minnesota IT Services (MNIT) support for the Department of Human Services (DHS) to provide IT solutions that support agency business goals, and build and maintain the computer applications that automate the delivery of agency programs. MNIT provides secure and cost-effective information technology systems that support individuals who participate in DHS social services, health care, public assistance and direct care programs across the state. The work of MNIT helps DHS meet their mission to provide essential services to Minnesota's most vulnerable residents.

Please refer to the Office of MNIT Services Agency Profile for more information about the central MNIT organization.

SERVICES PROVIDED

MNIT provides the following services to DHS:

1. Leadership and planning support in the delivery of IT services to DHS at a high-value and cost-effective manner. This includes:
 - Implementation and participation in the DHS IT governance structure which allocates funding and guides IT program design, including the sequence/prioritization of IT work
 - Ensure that user experience design, accessibility and plain language are incorporated into DHS technology solutions
2. Program management activities to develop and operate the DHS IT project and portfolio management. This includes:
 - Portfolio and project management,
 - Business architecture,
 - Business analysis, and
 - Quality assurance

3. Application development and support to automate and maintain DHS services and operations. This includes:
 - Enterprise architecture,
 - Release management,
 - Methodologies to determine technology solutions,
 - Programming and coding, and
 - Ongoing maintenance to help ensure availability of DHS IT systems, and federal/state/industry compliance for DHS IT systems
4. IT services, including all of the computing, telecommunications and wide area network (WAN) services that underlie and support DHS program applications. This includes:
 - Cyber security,
 - Desktop, server and network support,
 - Operations support,
 - Firewall support & incident management,
 - Contact center support, and
 - Telephony, telepresence support

MNIT support provided for DHS is funded through a combination of state general fund, health care access fund and dedicated federal revenues administered within the state systems account.

RESULTS

MNIT contributes to the State’s results-based outcome of efficient and accountable government services and supports the State’s results-based outcomes for Community, Health, and Safety, by delivering technology solutions in order connect the people of MN to services provided by DHS, in order to support the DHS mission, vision, and values.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	New projects added to the Project Portfolio	13 projects added in FY2021*	24 projects added through June 2022*	Ongoing
Quantity	Projects completed	28 projects completed in FY2021*	24 projects completed through June 2022*	Ongoing

**MNIT has been working with DHS to review and reduce the size of the project portfolio to enable better oversight and management, and ultimately, faster completion for priority projects.*

MS § 256.014 provides the authority for DHS operation of systems necessary to operate its programs and the creation of the state systems account.

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<i>Expenditures by Fund</i>						
2001 - Other Misc Special Revenue	219,273	206,080	221,034	249,811	179,928	164,130
Total	219,273	206,080	221,034	249,811	179,928	164,130
Biennial Change				45,492		(126,787)
Biennial % Change				11		(27)

Expenditures by Category

Operating Expenses	219,151	206,100	220,661	249,811	179,928	164,130
Grants, Aids and Subsidies		(58)				
Capital Outlay-Real Property	84		332			
Other Financial Transaction	38	38	40			
Total	219,273	206,080	221,034	249,811	179,928	164,130

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2001 - Other Misc Special Revenue						
Balance Forward In	16,893	38,859	42,387	12,518	11,361	11,361
Receipts	187,610	100,591	66,878	134,108	72,798	62,871
Transfers In	201,597	195,400	124,286	114,546	107,130	107,502
Transfers Out	184,246	114,400				
Balance Forward Out	2,582	14,370	12,518	11,361	11,361	17,604
Expenditures	219,273	206,080	221,034	249,811	179,928	164,130
Biennial Change in Expenditures				45,492		(126,787)
Biennial % Change in Expenditures				11		(27)

Program: Forecasted Programs

Activity: MFIP Diversionary Work Program

<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/>

AT A GLANCE

- About 70 percent of people served through the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) are children.
- In an average month, the programs serve about 68,000 children and their parents or caretakers in almost 26,000 households.
- Families receive an average of \$1,047 a month of a combined cash assistance and food support through MFIP and \$481 a month of cash assistance through the Diversionary Work Program.
- All funds spending for the MFIP/DWP activity for FY 2021 was \$376 million. This represented 1.9 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

MFIP and DWP provide temporary financial support to help meet the basic needs of low-income families with children and low-income pregnant women.

Most parents enrolling in MFIP or DWP were employed in the three months before they turned to the program for assistance. The majority are workers in one of four industries: hotel/restaurant, retail, temp agencies, and health care. Another significant portion of families receiving assistance have many barriers to stable employment including serious mental illness, chronic and incapacitating illness, or intellectual or developmental disabilities.

The goal of these programs is to stabilize families and improve economic outcomes through employment. Without these benefits, families have little or no other resources available to help meet their basic needs.

These programs are funded with a combination of state and federal Supplemental Nutrition Assistance Program (SNAP) funds and federal Temporary Assistance for Needy Families (TANF) funds. Counties and Tribal Nations administer the MFIP and DWP programs.

SERVICES PROVIDED

The Minnesota Family Investment Program provides job counseling, cash assistance, and food assistance. Families cannot receive assistance for more than 60 months in their lifetime, unless a significant impairment identified in state law qualifies them for extended assistance. The amount of assistance is based on family size and other sources of income. A family of three with no other income can receive \$641 in cash assistance and \$548 in SNAP benefits per month. The benefits are structured to reward families who work and are gradually reduced as income rises. Parents are required to participate in employment services. Families may also be eligible for childcare assistance and for health care coverage under Medical Assistance. Most families are also eligible for the MFIP housing assistance grant of \$110 per month if they do not already receive a rental subsidy through the federal Department of Housing and Urban Development.

The Diversionary Work Program is a four-month long program for families who are applying for cash assistance who have not received cash assistance in the last 12 months and who meet other eligibility criteria. The program includes intensive, up-front job search services. A family receives cash benefits based on its housing, utility costs, and personal needs up to the same maximum as the Minnesota Family Investment Program, based on the number of people in the family. Housing and utility costs are paid directly to the landlord or utility company. The maximum that a family of three, a parent with two children, can receive is \$641 in financial assistance. Most families are also eligible for SNAP benefits, childcare assistance, and health care coverage under Medical Assistance.

RESULTS

The two key measures in MFIP are:

- The **Self-Support Index** is a results measure. The Self-Support Index gives the percentage of adults eligible for MFIP or DWP during a given quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The following chart shows that about two-thirds of participants have left MFIP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%

- The federal **Work Participation Rate (WPR)** is a process measure and counts the number of parents engaging in a minimum number of hours of federally recognized work activities. The measure does NOT count households who discontinue assistance when getting a job.

<i>Federal Fiscal Year</i>	<i>WPR</i>
2010	40.2%
2011	43.9%
2012	45.3%
2013	45.1%
2014	46.2%
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%
2019	35.7%
2020	22.3%

The state legal authority for the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) is under M.S. chapter 256J (<https://www.revisor.mn.gov/statutes/?id=256J>).

MFIP Diversionary Work Program

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	91,486	144,678	164,694	80,605	84,092	85,530
2000 - Restrict Misc Special Revenue				750	750	750
3000 - Federal	118,640	187,733	169,718	109,497	109,497	109,497
3001 - Federal TANF	59,873	43,547	13,899	99,245	114,075	113,431
Total	269,999	375,959	348,312	290,097	308,414	309,208
Biennial Change				(7,549)		(20,787)
Biennial % Change				(1)		(3)

Expenditures by Category

Grants, Aids and Subsidies	269,593	375,492	347,854	289,297	307,614	308,408
Other Financial Transaction	407	467	457	800	800	800
Total	269,999	375,959	348,312	290,097	308,414	309,208

MFIP Diversionary Work Program

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	91,486	144,678	164,694	80,605	84,092	85,530
Expenditures	91,486	144,678	164,694	80,605	84,092	85,530
Biennial Change in Expenditures				9,135		(75,677)
Biennial % Change in Expenditures				4		(31)

2000 - Restrict Misc Special Revenue

Balance Forward In		147	386	600	600	600
Receipts	145	239	213	750	750	750
Balance Forward Out	145	386	600	600	600	600
Expenditures				750	750	750
Biennial Change in Expenditures				750		750
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In		574	680			
Receipts	118,647	187,839	169,038	109,497	109,497	109,497
Balance Forward Out	7	680				
Expenditures	118,640	187,733	169,718	109,497	109,497	109,497
Biennial Change in Expenditures				(27,158)		(60,221)
Biennial % Change in Expenditures				(9)		(22)

3001 - Federal TANF

Balance Forward In	54,372	97,476	138,262	230,094	214,482	190,807
Receipts	98,271	85,076	96,115	83,633	90,400	90,400
Balance Forward Out	92,769	139,004	220,478	214,482	190,807	167,776
Expenditures	59,873	43,547	13,899	99,245	114,075	113,431
Biennial Change in Expenditures				9,724		114,362
Biennial % Change in Expenditures				9		101

Program: Forecasted Programs

Activity: MFIP Child Care Assistance

<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/child-care-assistance.jsp>

AT A GLANCE

- In 2021 MFIP Child Care Assistance paid childcare for 10,815 children in 5,173 families during an average month.
- The average monthly assistance per family was \$1,754.
- All funds spending for the MFIP Child Care Assistance activity for FY 2021 was \$114 million. This represented 0.6 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

In order to work, families need safe and reliable childcare. The annual cost of full-time care for one child ranges from \$9,000 to \$19,000 per year, depending on the age of the child, location, and type of provider attended. Many low-income families struggle to find affordable childcare that fits their needs. Minnesota Family Investment Program (MFIP) Child Care Assistance provides financial subsidies to help low-income families pay for childcare. To support quality childcare experiences and school readiness, the program can pay a higher subsidy rate when a child is being cared for in a setting that meets quality standards.

SERVICES PROVIDED

The program provides support to help improve outcomes for the most at-risk children and their families by increasing access to high quality childcare.

The following families are eligible to receive MFIP childcare assistance or Transition Year childcare assistance once they leave MFIP:

- MFIP and Divisionary Work Program (DWP) families who are employed, pursuing employment, or participating in employment, training or social services activities authorized in approved employment plans
- Employed families who are in their first year off MFIP or DWP (this is known as the “transition year”)
- Families in counties with a Basic Sliding Fee (BSF) childcare waiting list who have had their transition year extended
- Parents under age 21 who are pursuing a high school or general equivalency diploma (GED), do not receive MFIP benefits, and reside in a county that has a BSF waiting list that includes parents under age 21

When family income increases, the amount of childcare expenses paid by the family in the form of copayments also increases. All families receiving childcare assistance and earning 75 percent or more of the federal poverty guideline make copayments based on family income. A family of three leaving MFIP and earning 115 percent of the federal poverty level (\$24,978) would have a total biweekly childcare provider payment of \$25 for all children in childcare.

The MFIP childcare assistance activity is part of the state’s Child Care Assistance Program. Maximum rates in the Child Care Assistance Program are set in state law. Maximum rates are set for each type of care: childcare centers, family childcare, and legal non-licensed childcare. Providers are paid at the rate they charge private pay families up to the maximum rate. The program pays a higher rate to providers who meet quality standards through Parent Aware, are accredited, or hold certain educational credentials.

Childcare must be provided by a legal childcare provider over the age of 18 years. Allowable providers include legal non-licensed family childcare, license-exempt centers, licensed family childcare, and licensed childcare centers. Families choose their providers in the private childcare market. Counties administer the Child Care Assistance Program.

All families who meet eligibility requirements may receive this help. MFIP childcare assistance is funded with state and federal funds that include the federal Child Care and Development Fund and the Temporary Assistance for Needy Families (TANF) fund.

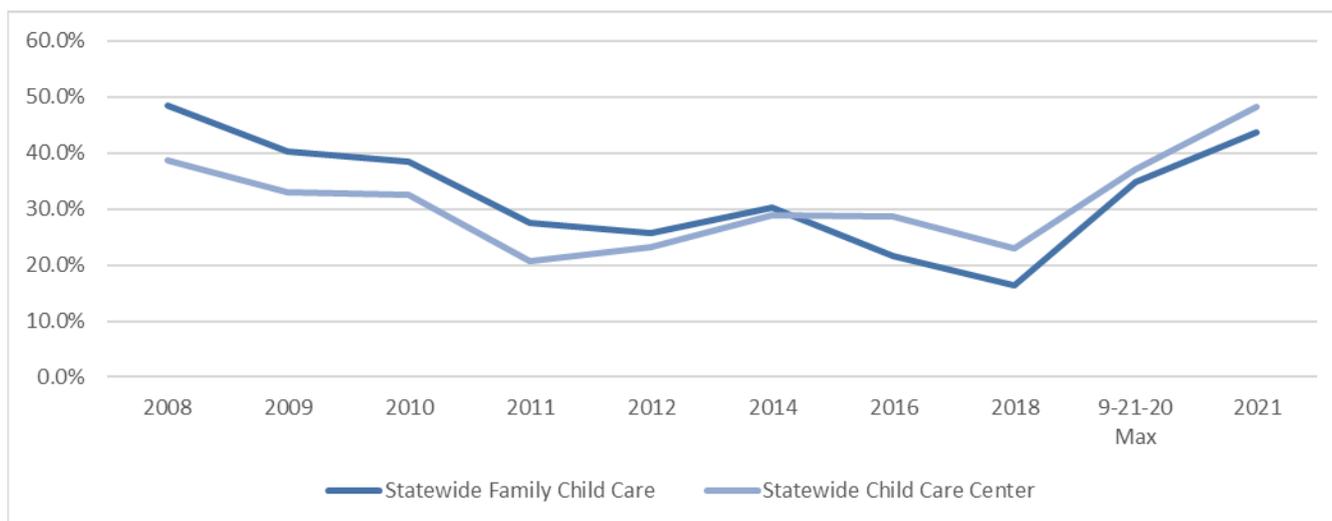
Various measures were taken during the Governor’s Peacetime Emergency Declaration to address the impact of the coronavirus (COVID-19) pandemic. For example, the Commissioner approved a waiver temporarily allowing payments to closed childcare providers for up to one month. Another waiver allowed childcare assistance payments to a second childcare provider when a child’s regular program temporarily closed or was unavailable.

RESULTS

Percent of provider prices fully covered by childcare - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of childcare. This may be a barrier for some families, if the family cannot find a provider in their community whose prices are covered by the maximum allowed under the program. The percent of childcare provider prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in the 2021 legislative session, but the maximum rate paid remains low compared to prices in the market.

This quality measure shows approximately 43 percent of family childcare providers and approximately 48 percent of childcare centers charge prices that are fully covered by the Child Care Assistance Program maximum rates.

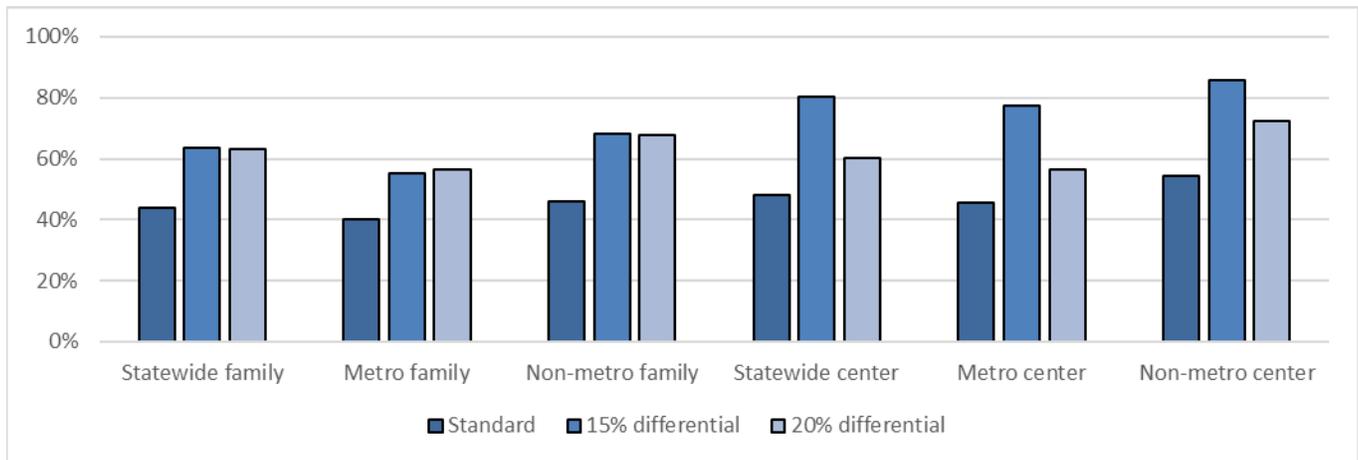
Provider prices fully covered by Standard Maximum Rates statewide, by percent



Quality Differential Impact- Parent Aware is Minnesota’s rating tool for helping parents select high quality childcare and early education programs. The Child Care Assistance Program allows for a maximum rate up to 15 percent higher for providers with a Parent Aware 3-star rating, or who hold certain accreditation or education standards established in statute. An up to 20 percent higher maximum rate can be paid to providers with a 4-star Parent Aware rating.

This quality measure shows that higher maximum rates may increase families’ access to high quality providers by allowing the maximum rate paid by the Child Care Assistance Program to fully cover more (or an equivalent proportion) of their prices as compared to the prices charged by all providers. This measure indicates the impact of quality differentials by type of care. It is first presented as a statewide total, and then broken out by metro and non-metro counties.

Prices fully covered by Standard and Quality Differential Maximum Rates, by percent (November 2021)



Specifically, the 20 percent differential allows the prices charged by center based four-star rated metro providers to be fully covered by the maximum subsidy at a higher proportion compared to the prices of all metro center providers. The higher maximum rates offer coverage of the prices charged by all other types of quality providers at higher levels than the standard maximum rates.

Use of High-Quality Care - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving childcare assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 52 percent in July of 2021.

Percent of Children Receiving Child Care Assistance in Quality Settings

	2018	2019	2020	2021
Standard Care	57.7%	51.6%	46.6%	44.5%
Provider holds Accreditation*	3.2%	2.8%	2.4%	2.4%
Provider holds Parent Aware 1-2 Star	5.7%	6.3%	4.0%	3.5%
Provider holds Parent Aware 3-4 Star*	33.4%	39.3%	47%	49.6%

* These providers are eligible for CCAP higher rates for quality. Data representative of services provided in July of each year.

The data source for the prices charged by providers is a biennial survey of provider prices conducted by the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible for the higher rates for quality is from MEC², Minnesota's childcare electronic eligibility and payment system.

The legal authority for the MFIP/TY Child Care Assistance program is in M.S. chapter 119B (<https://www.revisor.mn.gov/statutes/?id=119B>)

MFIP Child Care Assistance

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	73,445	39,156	0		25,442	90,655
3000 - Federal	73,465	74,889	100,395	148,838	257,907	243,765
Total	146,910	114,045	100,395	148,838	283,349	334,420
Biennial Change				(11,722)		368,536
Biennial % Change				(4)		148
<u>Expenditures by Category</u>						
Operating Expenses		5,004				
Grants, Aids and Subsidies	146,910	109,041	100,395	148,838	283,349	334,420
Total	146,910	114,045	100,395	148,838	283,349	334,420

MFIP Child Care Assistance

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,955				
Direct Appropriation	77,400	39,156		0	25,442	90,655
Cancellations	3,955	3,955				
Expenditures	73,445	39,156	0		25,442	90,655
Biennial Change in Expenditures				(112,601)		116,097
Biennial % Change in Expenditures				(100)		
3000 - Federal						
Balance Forward In	34,430	20,650	8,526	2,803	2,803	2,803
Receipts	59,685	62,764	94,672	148,838	257,907	243,765
Balance Forward Out	20,650	8,526	2,803	2,803	2,803	2,803
Expenditures	73,465	74,889	100,395	148,838	257,907	243,765
Biennial Change in Expenditures				100,879		252,439
Biennial % Change in Expenditures				68		101

Program: Forecasted Programs

Activity: General Assistance

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/>

AT A GLANCE

- In FY21, the General Assistance (GA) program supported a monthly average of 25,501 people.
- The typical monthly benefit is \$203 for an individual and \$260 for a couple.
- All funds spending for General Assistance activity for FY 21 was \$56.1 million, which represented 0.27% of the overall agency budget.

PURPOSE AND CONTEXT

General Assistance (GA) is the primary safety net for very low-income people without children who are unable to work and do not have enough money to meet their basic needs. The most common reason people are eligible is illness or incapacity. GA helps people meet some of their basic and emergency needs, commonly while they are homeless, transitioning out of homelessness, or receiving treatment.

Many people receive GA while they wait for more stable assistance such as Supplemental Security Income (SSI), a federal income supplement program that helps people who are aged, blind or have a disability and have little or no income. For most recipients, GA is a transitory, short-term benefit.

SERVICES PROVIDED

General Assistance provides state-funded, monthly cash grants to people without children who have a serious illness, disabilities or other issues that limit their ability to work and are unable to fully support themselves.

The maximum monthly benefit is \$203 for a single adult (about 19 percent of the Federal Poverty Guideline of \$1,063 per month for one person), \$260 for a couple, and \$104 for a person living in a residential facility or receiving Housing Support benefits.

In December 2019, nearly 40 percent of GA recipients received the lower benefit amount as a personal needs allowance while residing in residential facilities, such as mental health or substance use disorder treatment, and nursing facilities, or while receiving Housing Support.

The Emergency General Assistance (EGA) program provides additional emergency funds, no more than once in a twelve-month period, if a recipient cannot pay for basic needs and the person’s health or safety is at risk.

Counties and tribes administer the General Assistance program on behalf of the Department of Human Services.

RESULTS

GA is a safety net program that helps people stabilize crisis situations, avoid homelessness and connect to other resources. It is intended to be short-term while recipients apply for other longer-term, stable benefits, or return to employment. It is not intended as a long-term solution to meet a person’s basic needs. As mentioned above, a substantial number of GA recipients are living in a facility, including a mental health or substance use disorder treatment facility, or receiving Housing Support benefits, while receiving GA benefits. The table below shows that a substantial percent of GA recipients also receives benefits while experiencing homelessness.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of GA recipients that are homeless	25.1%	25.2%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients receiving Housing Support benefits	26.8%	27.9%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients living in a mental health facility	7.7%	7.6%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients living in a substance use disorder treatment facility	2.7%	2.6%	Dec. 2018 Dec. 2019

The source for these outcomes is the December 2019 General Assistance Report: Households and enrollees, published in August 2021 (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6128L-ENG>). This was the most recent information available.

The legal authority for the General Assistance program is M.S. chapter 256D (<https://www.revisor.mn.gov/statutes/?id=256D>)

General Assistance

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	49,778	54,049	49,691	50,776	51,966	53,034
2000 - Restrict Misc Special Revenue		1,962		150	150	150
Total	49,778	56,011	49,691	50,926	52,116	53,184
Biennial Change				(5,172)		4,683
Biennial % Change				(5)		5
<u>Expenditures by Category</u>						
Operating Expenses				50,776	51,966	53,034
Grants, Aids and Subsidies	49,778	56,011	49,691	150	150	150
Total	49,778	56,011	49,691	50,926	52,116	53,184

General Assistance

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		1,293				
Direct Appropriation	51,071	55,652	49,399	50,776	51,966	53,034
Transfers In	6,730	6,730	7,022	6,730	6,730	6,730
Transfers Out	6,730	6,730	6,730	6,730	6,730	6,730
Cancellations	1,293	2,896				
Expenditures	49,778	54,049	49,691	50,776	51,966	53,034
Biennial Change in Expenditures				(3,360)		4,533
Biennial % Change in Expenditures				(3)		5
2000 - Restrict Misc Special Revenue						
Balance Forward In	2	45				
Receipts	44	1,917		150	150	150
Balance Forward Out	45					
Expenditures		1,962		150	150	150
Biennial Change in Expenditures				(1,812)		150
Biennial % Change in Expenditures						

Program: Forecasted Programs

Activity: MN Supplemental Aid

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/>

AT A GLANCE

- In FY21, the Minnesota Supplemental Aid program supported a monthly average of 32,467 people.
- The typical benefit is \$81 for an individual and \$111 for a couple.
- All funds spending for Minnesota Supplemental Aid activity for FY21 was \$50.075 million, which represented 0.25% of the overall agency budget.

PURPOSE AND CONTEXT

Minnesota Supplemental Aid (MSA) is a state-funded program that supports adults who receive, or are eligible for, federal Supplemental Security Income (SSI) benefits. MSA benefits help cover basic personal, home, and transportation needs. The program offers monthly cash benefits for people who have low income and few resources and are age 65 or older, blind or disabled. This program is a critical component in helping Minnesotans with disabilities or older adults achieve longer-term housing and economic stability.

SERVICES PROVIDED

MSA provides a state-funded monthly cash supplement to help people who are older adults, blind or have a disability, and who receive SSI benefits. As of FY21, the average grant amount is \$128.53. In addition, some MSA recipients also receive a special needs increase to their grant, usually to accommodate medically necessary special diets. MSA also supports recipients by partially offsetting the expenses of having a representative payee, guardian, or conservator.

Recipients can receive MSA benefits while living in their own home, or a reduced amount if they are residing in a nursing or intermediate care facility. In FY21, about 2 percent of enrollees lived in a Medical Assistance certified facility.

In addition, MSA housing assistance is available to qualified recipients, adding \$392 in FY21 to the MSA benefit to help pay high housing costs. To be eligible for housing assistance, applicants must:

- Be under age 65 at the time of application
- Have total housing costs in excess of 40 percent of their total income, and
- Meet one of the following criteria: (1) relocating from an institution, (2) eligible for Medical Assistance personal care attendant services, (3) receiving waived services and living in their own place, or (4) transitioning from a Housing Support setting.

A person who receives federal or state rental assistance or lives in subsidized housing is not eligible for MSA Housing Assistance.

The Department of Human Services works with counties, tribes, the Social Security Administration, service providers, and other nonprofit agencies to identify people eligible for the program, and to advise and administer MSA program policy.

RESULTS

In FY21, the MSA program had an average monthly enrollment of 32,467. MSA benefits help low-income individuals with disabilities, or who are older, live successfully in the community and maintain longer-term economic stability. As shown in the table below, many people stay on MSA benefits for extended periods of time.

<i>Name of Measure</i>	<i>Number of Months</i>	<i>Number of Years</i>
Average cumulative amount of time a person receives MSA benefits	107 months	9 years

Many MSA recipients also receive an increase to their grant amount to ensure that they are able to meet the requirements of a medically-prescribed diet. The table below shows the number and percentage of recipients who benefit from this program.

<i>Name of Measure</i>	<i>Number</i>	<i>Percent</i>
Number and percent of MSA recipients who receive additional funds for medically necessary dietary needs	6,681	21.0%

MSA provides additional money to help people who qualify and have high housing costs move into affordable housing or be able to afford their current housing costs. This is consistent with the One Minnesota goal of providing access to affordable housing and to enabling people with disabilities to live in community-based settings.

<i>Name of Measure</i>	<i>Number</i>	<i>Percent</i>
Number and percent of MSA recipients who receive MSA housing assistance	1,384 households/cases	4.4%

All of these tools help advance the goal of meeting people’s needs and promote stability.

The source for these outcomes are from data used for the DHS report, December 2019 Minnesota Supplemental Aid: Households and enrollees. [December 2019 Minnesota Supplemental Aid \(mn.gov\)](https://www.mn.gov). This was the most recent information available.

In addition, information was included from DHS reports and forecasts information: [background forecast tables 0222 tcm1053-520081.xlsx \(live.com\)](https://www.mn.gov)

The legal authority for the Minnesota Supplemental Aid program is in M.S. chapter 256D: sections 256D.33 (<https://www.revisor.mn.gov/statutes/?id=256D.33>) to 256D.54.

MN Supplemental Assistance

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	43,503	50,075	50,060	54,094	56,195	57,684
2000 - Restrict Misc Special Revenue	3	0		5	5	5
Total	43,506	50,076	50,060	54,099	56,200	57,689
Biennial Change				10,578		9,730
Biennial % Change				11		9
<u>Expenditures by Category</u>						
Grants, Aids and Subsidies	43,506	50,076	50,060	54,099	56,200	57,689
Total	43,506	50,076	50,060	54,099	56,200	57,689

MN Supplemental Assistance

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		18				
Direct Appropriation	43,521	51,646	52,097	54,094	56,195	57,684
Transfers Out			292			
Cancellations	18	1,589	1,745			
Expenditures	43,503	50,075	50,060	54,094	56,195	57,684
Biennial Change in Expenditures				10,576		9,725
Biennial % Change in Expenditures				11		9

2000 - Restrict Misc Special Revenue

Receipts	3	0		5	5	5
Expenditures	3	0		5	5	5
Biennial Change in Expenditures				2		5
Biennial % Change in Expenditures				58		

Program: Forecasted Programs

Activity: Housing Support

<https://mn.gov/dhs/people-we-serve/seniors/economic-assistance/housing/programs-and-services/housing-support.jsp>

AT A GLANCE

- In FY22, the Housing Support program served a monthly average of 21,319 people.
- The current room and board rate limit is \$1,041 for group settings, and \$1,091 for community settings.
- The average monthly payment per recipient in FY22 was \$745.
- All funds spent for the Housing Support activity for FY22 was \$175 million, which represented 0.86% of the overall agency budget.

PURPOSE AND CONTEXT

Housing Support is a state-funded income support that pays for housing related costs for adults with disabilities, or who are age 65 or older, and who have low income and live in authorized settings. Payments are made directly to a housing provider authorized by a county or tribe. Recipients may receive Housing Support in a licensed facility, or an authorized community-based setting, such as their own home. The program aims to reduce and prevent institutional residence or homelessness.

SERVICES PROVIDED

The Housing Support room and board rate is currently \$1,041 per month in group settings. Starting in July 2022, the rate for community settings (people living in supportive housing settings with their own lease) is \$1,091 per month. This amount is used to pay for rent, utilities, food, household supplies and other items needed to provide room and board to a recipient. Recipients are required to pay a portion of their income directly to providers toward the room and board rate. Housing Support can pay for additional supportive services in some settings if a recipient is not eligible for home-and community- based waiver services or personal care assistance.

Individuals can receive Housing Support benefits in a wide range of eligible settings, with the most common being adult foster care, assisted living, board and lodges, and scattered-site and site-based supportive housing. These numbers are shown in Table 1.

Table 1: Housing Support Setting Type and Number of People Served as of 12/31/2019 and 6/1/2022

Setting Type	Total # of People as of Dec 31, 2019	Total # of People as of June 1, 2022
Adult Foster Care	8,805	8,121
Assisted Living	3,187	3,028
Board and Lodges	4,574	4,218
Boarding Care Homes	372	307
Homeless Supportive Housing	3,723	4,734
Total	20,661	20,168

Counties and tribes manage Housing Support agreements with providers. County human services agencies process eligibility and payments for people in the program.

RESULTS

While Housing Support recipients are eligible to live in a wide range of settings, an increasing percentage of recipients live in community settings with a lease. This trend, shown in the chart below, aligns with a vision statement for housing from Minnesota’s 2020 Olmstead Plan:

“People with disabilities will choose where they live, with whom, and in what type of housing. They can choose to have a lease or own their own home and live in the most integrated setting appropriate to their needs. Supports and services will allow sufficient flexibility to support individuals’ choices on where they live and how they engage in their communities.”

The Housing Support program is used to support people with disabilities to move out of institutional settings and into more integrated settings.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>CY2020</i>	<i>CY2021</i>
Quantity	Number of moves out of institutions into settings using Housing Support	933	942

The percent of Housing Support recipients living in the community has grown over the past three years.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Dec. 2019</i>	<i>Dec. 2020</i>	<i>Dec. 2021</i>
Quantity	Percent of recipients living in community settings with a lease	21%	21.5%	22.5%

Housing Support resources support people to move out of homelessness.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>CY2020</i>	<i>CY2021</i>
Quantity	Number of moves out of homelessness into settings using Housing Support (does not include shelter or crisis stays)	4,158	4,379

Homelessness disproportionately impacts people of color and American Indians in Minnesota. Data below shows how Housing Support is used to address those disparities with permanent housing solutions. Data sources include: American Community Survey, DHS MAXIS eligibility system.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>General population in Minnesota</i>	<i>Adults homeless on public assistance Dec. 2020</i>	<i>Permanent Supportive Housing Dec. 2021</i>
Quantity	Percent of adults who are Black	6.8%	35.2%	36.3%
Quantity	Percent of adults who are American Indian	1.1%	15.8%	12.4%

The legal authority for the Housing Support program is M.S. chapter 256I (<https://www.revisor.mn.gov/statutes/?id=256I>).

Housing Support

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	181,977	180,926	177,530	201,918	210,924	218,407
2000 - Restrict Misc Special Revenue	2,655	18	2,544	2,475	2,475	2,475
3010 - Coronavirus Relief		19				
Total	184,631	180,963	180,074	204,393	213,399	220,882
Biennial Change				18,873		49,814
Biennial % Change				5		13
<u>Expenditures by Category</u>						
Operating Expenses	4,995			363	7,938	7,938
Grants, Aids and Subsidies	179,637	180,963	180,074	204,030	205,461	212,944
Total	184,631	180,963	180,074	204,393	213,399	220,882

Housing Support

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		4,828				
Direct Appropriation	180,495	181,213	181,364	201,918	210,924	218,407
Transfers In	6,200					
Cancellations	4,718	5,114	3,834			
Expenditures	181,977	180,926	177,530	201,918	210,924	218,407
Biennial Change in Expenditures				16,545		49,883
Biennial % Change in Expenditures				5		13

2000 - Restrict Misc Special Revenue

Balance Forward In		228	2,645	2,135	2,135	2,135
Receipts	2,672	2,245	2,034	2,475	2,475	2,475
Balance Forward Out	17	2,455	2,135	2,135	2,135	2,135
Expenditures	2,655	18	2,544	2,475	2,475	2,475
Biennial Change in Expenditures				2,347		(69)
Biennial % Change in Expenditures				88		(1)

3010 - Coronavirus Relief

Direct Appropriation		1,135				
Cancellations		1,116				
Expenditures		19				
Biennial Change in Expenditures				(19)		0
Biennial % Change in Expenditures						

Program: Forecasted Programs

Activity: Northstar Care for Children

<https://mn.gov/dhs/people-we-serve/children-and-families/services/foster-care/>

<https://mn.gov/dhs/people-we-serve/children-and-families/services/adoption/>

AT A GLANCE

- 12,312 children experienced an out-of-home placement in 2021.
- 1,719 children were either adopted or had a permanent transfer of legal custody to a relative in 2021.
- All fund spending for the North Star Care for Children activity for FY 2021 was \$158 million. This represented 0.8 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Northstar Care for Children is designed to help children who are removed from their homes. It supports permanency through adoption or transfer of custody to a relative if the child cannot be safely reunified with parents. Financial support is provided to adoptive and foster parents to encourage permanent placement of children in safe homes. The benefit varies with the child's age but averages about \$12,000 annually per child. Northstar Care for Children consolidates and simplifies administration of three existing programs: Family Foster Care, Kinship Assistance (which replaced Relative Custody Assistance), and Adoption Assistance. Northstar Care for Children will help more children grow up in safe and permanent homes.

SERVICES PROVIDED

The Northstar Care for Children program:

- Combines three child welfare programs - Family Foster Care, Adoption Assistance, and Kinship Assistance - into a single program with uniform processes and unified benefits.
 - Northstar Foster Care is for family foster care, in which children might become permanent members of families. It is not used for group housing or residential treatment.
 - Northstar Kinship Assistance replaced the previous Relative Custody Assistance program, simplifying ongoing requirements for caregivers and using federal Title IV-E foster care funds.
 - Northstar Adoption Assistance allows more decision making by adoptive parents, rather than requiring detailed state review and approval.
- Provides a monthly basic benefit based on children's age.
- Uses a uniform assessment for all children to determine needs beyond the basic payment. The assessment results in one of 15 levels of monthly supplemental difficulty of care payments.
- Maintains the highest range of the current foster care benefits for children with the highest need.
- Grandfathers children in existing programs unless they specifically transition into Northstar Care for Children (The current programs are phased out as children exit them).
- Reduces barriers to permanency by eliminating disparities in benefits across existing programs.
- Reduces racial disparities among children who remain in long-term foster care.

Funding for Northstar Care for Children comes from state general fund appropriations, federal payments for foster care and adoption assistance, and county and tribal spending on foster care. Northstar Care for Children spending is eligible for the temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).¹

RESULTS

The Minnesota Department of Human Services monitors the performance of counties and tribes in delivering child welfare services, including services provided under Northstar Care for Children.

<i>Type of Measure</i>	<i>Name of Measure</i>	2019	2021
Quality	Rate of Relative Care: Of all days that children spent in family foster care settings during the given period, what percentage of days were spent with a relative?	60.9%	62.5%
Quality	Placement Stability: Of all children who enter foster care in the year, what is the number of placement moves per 1,000 days spent in foster care?	3.9 per 1,000	3.4 per 1,000
Quality	Permanency, 12-23 months: Of all children in foster care who had been in foster care between 12 and 23 months on the first day of the year, what percent discharged from foster care to permanency within 12 months of the first day of the year?	55.5%	54.3%
Quality	Permanency, 24 months: Of all children in foster care who had been in foster care for 24 months or more on the first day of the year, what percent discharged to permanency within 12 months of the first day of the year?	33.4%	37.7%

Performance Measures notes:

Measures provided by the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Dashboard

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137)

Northstar Care for Children is established in M.S. section 256N.20

(<https://www.revisor.mn.gov/statutes/?id=256N.20>).

¹ The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state's Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	91,064	87,140	93,682	103,711	120,060	128,896
3000 - Federal	60,072	71,641	69,157	69,714	80,977	92,437
Total	151,136	158,781	162,839	173,425	201,037	221,333
Biennial Change				26,347		86,106
Biennial % Change				9		26
<u>Expenditures by Category</u>						
Operating Expenses	2	1				
Grants, Aids and Subsidies	151,134	158,780	162,839	173,425	201,037	221,333
Total	151,136	158,781	162,839	173,425	201,037	221,333

Northstar Care for Children

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,759				
Direct Appropriation	94,647	95,625	100,970	103,711	120,060	128,896
Cancellations	3,583	12,244	7,288			
Expenditures	91,064	87,140	93,682	103,711	120,060	128,896
Biennial Change in Expenditures				19,189		51,563
Biennial % Change in Expenditures				11		26
3000 - Federal						
Balance Forward In	8	633	11	1,874	1,874	1,874
Receipts	60,065	71,007	71,020	69,714	80,977	92,437
Balance Forward Out			1,873	1,874	1,874	1,874
Expenditures	60,072	71,641	69,157	69,714	80,977	92,437
Biennial Change in Expenditures				7,158		34,543
Biennial % Change in Expenditures				5		25

Program: Forecasted Programs

Activity: MinnesotaCare

<https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare.jsp>

AT A GLANCE

- In FY 2021, MinnesotaCare had an average monthly enrollment of 93,000.
- Total MinnesotaCare program expenditures reached \$635 million in FY 2021. This represented 3.1 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MinnesotaCare program expenditures in FY2021 was \$33 million.

PURPOSE AND CONTEXT

The MinnesotaCare Program was established in 1992 to provide affordable health coverage for people with incomes too high for Medicaid but unable to afford other health insurance. It provided a subsidized program for children and parents and later expanded to include adults. In 2017, MinnesotaCare coverage was expanded to include Deferred Action for Childhood Arrivals (DACA) grantees who meet program eligibility requirements.

Passage of the Affordable Care Act (ACA) in 2010, and subsequent state legislation, made many MinnesotaCare enrollees eligible for Medical Assistance (MA). Under the authority of the ACA, Minnesota established MinnesotaCare as a Basic Health Plan to provide health coverage for people with incomes between 138 percent and 200 percent of federal poverty guidelines. As a Basic Health Program (BHP), Minnesota receives federal funds equal to 95 percent of the advanced premium tax credits that would otherwise be available to eligible people enrolled in commercial health care coverage through MNsure rather than in MA where federal funding is tied to expenditures. In fiscal year 2021, federal Basic Health Plan funding covered 74 percent of MinnesotaCare's costs. The amount of federal funding varies year to year based on individual market premiums, enrollment, the geographic distribution of enrollees, and federal regulatory action. Federal BHP revenues are deposited into the BHP Trust Fund and used to fund eligible expenditures in the MinnesotaCare program. Historically, the BHP Trust Fund has had a surplus which has resulted in reductions to state expenditures.

Today, MinnesotaCare provides comprehensive health care coverage for about 93,000 Minnesotans who pay no more than \$80 per month in premiums; due to federal law changes. The program also includes additional benefits not necessarily available or as affordable on MNsure, including dental, vision, and a broad array of behavioral health benefits.

During the coronavirus (COVID-19) pandemic, MinnesotaCare coverage has been maintained for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state, or has died. This was done in order to align it with coverage requirements in Medical Assistance required under the Families First Coronavirus Response Act (FFCRA). Coverage for these enrollees has continued regardless of whether or not the enrollee has paid their monthly premium. As of August 2022, the Public Health Emergency declaration has not yet ended.

SERVICES PROVIDED

MinnesotaCare covers a broad range of health care services including:

- primary and preventive care,
- inpatient and outpatient hospital care,
- coverage for prescription drugs,
- chemical dependency treatment,
- mental health services, and
- oral health services.

People seeking coverage under MinnesotaCare can apply directly through the MNsure website or by submitting a paper application to MNsure, to DHS, or to their county human services or tribal office. Applicants are not eligible if they have access to affordable health insurance coverage through an employer. There are no health condition barriers for eligibility, but applicants must meet income guidelines and pay a premium (if applicable) to receive coverage¹. Premiums are based on income and are charged for each enrollee, up to a maximum of \$80 per month; however changes made in the federal American Rescue Plan Act (ARPA) of 2021 reduced the highest premium to \$28 through Calendar Year 2022. This change was further extended through Calendar Year 2025 by the Inflation Reduction Act of 2022.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of Minnesotans without health insurance ¹	4.7%	4.0%	2019 to 2021
Result	Percent of Low Income Minnesotans without Health Insurance ²	8.9%	8.5%	2019 to 2021
Quantity	Total number of MHCP enrollees served by an IHP ³	428,664	470,576	2020 to 2021
	Number of MinnesotaCare enrollees served by an IHP	20,764	32,872	
Quality	Estimated reduction in health care expenditures (below projections) for providers in Integrated Health Partnership demonstration project ⁴	\$7.56 million	\$27.56 million	2019 to 2021

Performance Measure Notes:

1. Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2019 (Previous) and 2021 (Current)
2. Measure is the percentage of uninsured Minnesotans with family income below 200 percent of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2019 (Previous) and 2021 (Current)
3. Measure is the number of enrollees served by an IHP provider. Compares 2020 (Previous) and 2021 (Current).
4. Measure is an estimated reduction in annual medical costs below projections for 2019 and 2021 for the providers enrolled in the IHP demonstration. IHP provider contracts require this measure be calculated in the same manner each year. The lower health care spending does not result in savings to the state of the same amount. This number includes savings to providers, health plans, the federal government, and the state. Integrated Health Partnerships (IHPs) allow participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.

Minnesota Statutes, chapter 256L provides the legal authority to operate the MinnesotaCare program. Many of the covered services, provider rates, and other elements of the MinnesotaCare program overlap with the Medical Assistance program and are detailed in the Medical Assistance statute. The statutory authority for Medical Assistance is located in M.S., chapter 256B.

¹ Income eligibility guidelines (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3182-ENG>) and estimated premium amounts (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4139A-ENG>) by income are available on the DHS web site.

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
2360 - Health Care Access	57,016	65,817	61,226	57,974	86,717	53,328
3000 - Federal	395,615	470,216	575,389	652,981	597,163	590,046
Total	452,631	536,034	636,615	710,955	683,880	643,374
Biennial Change				358,905		(20,316)
Biennial % Change				36		(2)
<u>Expenditures by Category</u>						
Operating Expenses				1		
Grants, Aids and Subsidies	452,631	536,034	636,615	710,954	683,880	643,374
Total	452,631	536,034	636,615	710,955	683,880	643,374

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2000 - Restrict Misc Special Revenue						
Balance Forward In	12	23	6			
Receipts	(2)	(23)	(6)			
Balance Forward Out	10		0			

2360 - Health Care Access

Balance Forward In	124	1,091	72	1		
Direct Appropriation	27,097	33,775	69,859	51,747	81,017	48,153
Receipts	30,816	33,049	6,152	6,226	5,700	5,175
Transfers In	163	175	73,711	6,805	33,468	
Transfers Out	163	175	73,711	6,805	33,468	
Cancellations	1,011	2,098	14,856			
Balance Forward Out	9		1			
Expenditures	57,016	65,817	61,226	57,974	86,717	53,328
Biennial Change in Expenditures				(3,634)		20,845
Biennial % Change in Expenditures				(3)		17

3000 - Federal

Balance Forward In	411,956	271,357	135,914	184,550	184,550	184,550
Receipts	254,899	334,612	624,025	652,981	597,163	590,046
Balance Forward Out	271,240	135,753	184,550	184,550	184,550	184,550
Expenditures	395,615	470,216	575,389	652,981	597,163	590,046
Biennial Change in Expenditures				362,539		(41,161)
Biennial % Change in Expenditures				42		(3)

Program: Forecasted Programs

Activity: Medical Assistance

<https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

AT A GLANCE

- In FY19, Medical Assistance (MA) served a monthly average of 1,200,000 people. This is 20.7 percent of the state’s population.
- In FY21, MA provided coverage for:
 - 26,043 births (about 4 in 10 of all live births in Minnesota)
 - 248,905 people receiving mental health services
 - 409,717 people receiving dental services
- In FY21, the families with children group made up 65 percent of total MA enrollment, but only 23.8 percent of total program expenditures.
- In FY21, coverage for older adults and people with disabilities made up 15 percent of total enrollment, but 62 percent of total program expenditures.
- MA is funded with state general funds, the health care access fund, federal Medicaid funds, and local shares for a several services.
- All funds spending for the Medical Assistance activity for FY21 was \$13.7 billion. This represented 67.4 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MA expenditures in FY21 was approximately \$5.4 billion.

PURPOSE AND CONTEXT

Medical Assistance (MA) is Minnesota’s Medicaid program. MA is Minnesota's largest public health care program and serves children and families, pregnant women, adults without children, older adults and people who are blind or have a disability. It covers one out of every five Minnesotans. As the third largest insurer in the state after self-insured employer-based coverage and Medicare, it makes up nearly 22 percent of the state’s health insurance market.¹

MA provides basic health care, home-and community-based services and long-term care services. Most people who have MA get health care through health plans. You can choose a health plan from those serving MA members in your county. Members who do not get health care through a health plan get care on a fee-for-service basis, with providers billing the state directly for services they provide.

On July 30, 1965, President Lyndon B. Johnson signed into law legislation that led to the establishment of Medicare and Medicaid. Medicaid serves almost 25 percent of the nation’s population. Medicaid contributes significantly to the financing of the U.S. health care system, supporting local public health infrastructure, hospitals, mental health centers, at-home care, community clinics, nursing homes, physicians and many other health professions. Medicaid — not Medicare — is the primary source of coverage for people who need long-term care services, such as nursing home services. In 1966, Minnesota implemented Medical Assistance (MA).

¹ “Medicaid Matters: The Impact of Minnesota’s Medicaid Program.” Available at <https://www.leg.state.mn.us/docs/2018/other/180391.pdf>.

Currently, the federal government shares financial responsibility for the Medicaid program by matching state costs with federal dollars. While certain federal requirements outline who and what must be covered in each program, states generally have flexibility to tailor and expand their Medicaid program to meet the needs of their population and state budgets.

The Minnesota Department of Human Services (DHS) is the state Medicaid agency and partners with all 87 Minnesota counties and several Minnesota Indian Tribes to administer MA. DHS contracts with both health plans and health care providers across the state to deliver basic health care to MA enrollees.

Minnesotans may enroll in MA if they meet certain eligibility requirements under the following categories: (a) parents and children; (b) age 65 or older, blind or have disabilities; and (c) adults without dependent children.

An individual's eligibility is determined by factors such as household income, family size, age, disability status, and citizenship or immigration status. These criteria are set by federal and state law and vary by category. Enrollees must demonstrate their program eligibility at least once a year. All individuals who meet federal eligibility requirements are guaranteed coverage. States can expand upon the minimum federal requirements, add optional or special populations to their programs or increase the income eligibility limits. Individuals eligible for Medicaid are guaranteed a basic set of benefits covering specific services and settings.

Minnesota is known for its comprehensive approach to providing Medicaid coverage. Minnesota covers a broad group of people and services beyond the minimum standards set in federal law. This includes expanding coverage to higher-income children and adults and covering long-term services and supports in the home and community instead of an institutional setting. Minnesota also covers many special populations in need of services who would otherwise be ineligible for Medicaid because of their income level, including children with disabilities whose parents are given the option to access Medicaid by paying a parental fee, women who have been diagnosed with breast or cervical cancer through the state's cancer screening program, and families in need of family planning services.

MA provides coverage for preventive and primary health care services for low-income Minnesotans. MA differs from the state's other health care program, MinnesotaCare, in that it has lower income eligibility guidelines, does not have premiums, and pays for previously incurred medical bills up to three months prior to the month of application. Additionally, MA can pay for nursing facility care and intermediate care facilities for people with developmental disabilities. It can also cover long term services and supports for people with disabilities and older adults so that they can continue living in the community.

Home and community-based services (HCBS) waivers were established under section 1915(c) of the federal Social Security Act of 1981. These waivers are intended to correct the institutional bias in Medicaid by allowing states to offer a broad range of HCBS to people who may otherwise be institutionalized. Minnesota began serving people under the HCBS waiver in 1984, and these services have facilitated Minnesota's shift away from institutional care.

Minnesota's MA program has expanded since the mid-1980s. The expansions have focused on low-income, uninsured, or under-insured children as well as eligibility changes to better support older adults and people with disabilities in their own homes or in small, community-based settings. During this time, a moratorium was placed on nursing facilities and intermediate care facilities for people with developmental disabilities as efforts to develop home and community-based alternatives gained momentum.

The most significant recent changes to the Minnesota MA program followed legislative action during the 2013 session and applied to people without an aged, blind, or disabled basis of eligibility. These changes included an elimination of asset tests and an increase to the income eligibility limits for adults without children, parents and relative caretakers, children, and pregnant women. Under the higher income standards, people formerly eligible for MinnesotaCare including pregnant women and children with income up to 275 percent of poverty and adults below 133 percent of poverty, became eligible for MA. This resulted in over 110,000 former MinnesotaCare recipients transitioning to coverage under MA in January of 2014.

During the coronavirus (COVID-19) pandemic, DHS has preserved access to health care programs in accordance with Emergency Executive Orders [20-11²](#) and [20-12³](#), and to qualify for a temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).⁴ To qualify for the FMAP increase, the state must maintain Medicaid (MA in Minnesota) for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or has died. As of August 2022, continuous coverage requirements remain in place until the end of the federal Public Health Emergency, whose end has not yet been announced.

During the COVID-19 pandemic, the 2020 Minnesota legislature also passed a law authorizing a new Medicaid coverage group for COVID-19 testing of the uninsured. The new coverage group was effective May 1, 2020, and ends when the federal COVID-19 public health emergency ends.

In addition, DHS's pandemic response included expedited reimbursement to nursing facilities and customized living settings (in accordance with [Minn. Stat. sec. 12A.10 - https://www.revisor.mn.gov/statutes/cite/12A.10](#)) to support aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within facilities.

SERVICES PROVIDED

MA enrollees fall under one of five general categories, and receive either long term care services and supports, basic health care, or both long term care and basic care. The five categories include the following:

MA Coverage of Long-Term Services and Supports (LTSS)

Thirty years ago, people who needed help with daily living tasks, such as bathing, dressing, eating and preparing meals, and going to the bathroom, were faced with the choice of when, not if, they would move from their home into an institution or similar setting. Today, older Minnesotans and people with disabilities have many options and services available. This approach provides a higher quality of life for people as they have access to the right service at the right time, and it leads to more cost-effective services over time.

LTSS are a spectrum of health and social services that support Minnesotans who need help with daily living tasks. The services generally consist of ongoing care or supports that a person needs to manage a chronic health condition or disability. The services can be provided in institutional settings, such as hospitals and nursing homes, or in people's homes and other community settings. Federal law requires all state Medicaid programs to cover these services when provided in an institutional setting or nursing facility.

² Emergency Executive Order 20-11. https://mn.gov/governor/assets/FINAL_EO-20-11%20Continue%20Human%20Services_tcm1055-424359.pdf.

³ Emergency Executive Order 20-12. https://mn.gov/governor/assets/4a.%20Emergency%20Executive%20Order%2020-12_FINALFiled%202_tcm1055-425482.pdf

⁴ The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state's Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

MA Coverage of Long-Term Care Facilities

A nursing home provides 24-hour care and supervision in a residential facility setting. Nursing homes provide an all-inclusive package of services that covers: nursing care, help with activities of daily living and other care needs, housing, meals and medication administration. Alternatively, an intermediate care facility for persons with developmental disabilities (ICF/DD) provides 24-hour care, active treatment, training and supervision to people with developmental disabilities. Additionally, day training and habilitation (DT&H) services help people living in an ICF/DD develop and maintain life skills, and take part in the community. DT&H services include supervision, training and assistance in self-care, communication, socialization, behavior management, and supported employment and work-related activities, among others.

MA pays for long-term care services for people who reside in facilities. In FY 2019, over 13,100 people per month received facility based long term care services. Total spending on this group was about \$1.1 billion FY 2021, about \$460 million of which came from state funds. Care provided under this segment of MA includes 24-hour care and supervision in nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD). It also includes day training and habilitation (DT&H) services for people who live in an ICF/DD.

To receive MA long-term care services, a person must have income and assets that are below allowable limits and have an assessed need for the services. DHS works with community providers, counties and tribes, and the Department of Health in administering and monitoring services in these long-term care settings. More information is available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5961-ENG>.

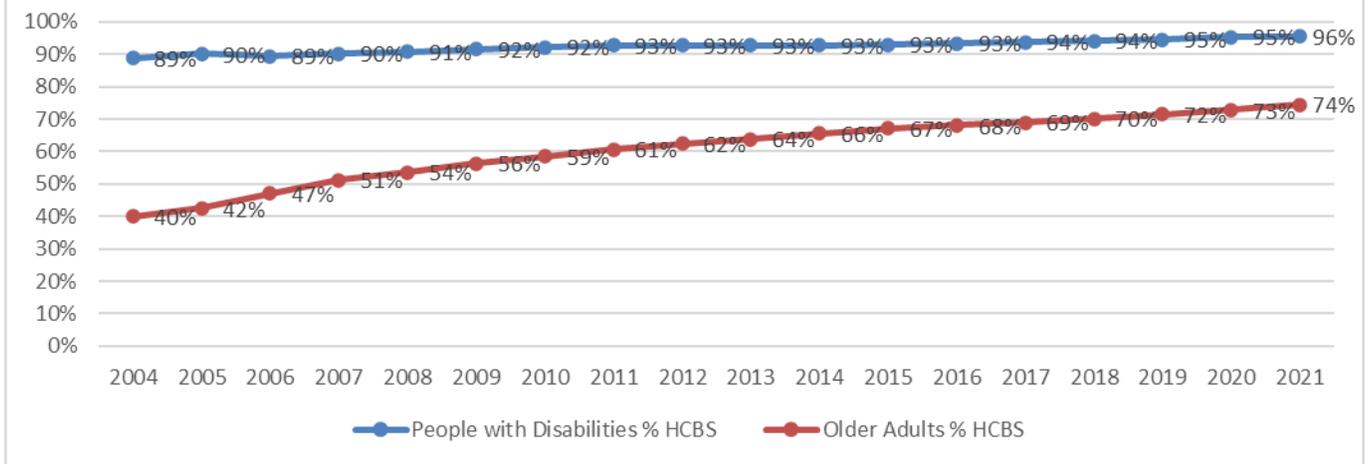
MA Coverage of Care Through Home and Community-Based Services

Home and community-based services are long-term services and supports delivered in homes or communities and not institutional settings. Congress established home and community-based services waivers in 1983 in section 1915(c) of the Social Security Act, giving states the option to seek a waiver of Medicaid rules governing institutional care to allow them to expand Medicaid services to home and community settings.

Minnesota has a long history of working to help all people live with dignity and independence. For more than 35 years, Minnesota has expanded long-term services and supports coverage to individuals receiving services in their homes and communities, which is often more effective and desirable than an institutional setting. In order to ensure that people with disabilities and older adults enjoy the same quality of life as other Minnesotans, the services and supports that they depend on must be available in the homes and communities where they choose to live.

By 1995, Minnesota had shifted from predominantly institution-based care to predominantly home- and community-based care. Home and community-based services are generally more cost effective and preferred by the people who rely on services. The chart below shows that more enrollees receiving LTSS choose home and community-based services in Minnesota each year.

Minnesota Medicaid enrollees receiving long-term services and supports in home- and community-based services



Minnesota began offering some home and community based care as a Medicaid state plan option in 2005. The state also receives federal approval to use Medicaid dollars to pay for other home and community based services through its home and community-based services waiver programs. These programs allow Medicaid to pay for services for people in their homes and communities if the services would otherwise be eligible for coverage in nursing facilities or hospitals.

DHS administers waiver programs in collaboration with county and tribal social services and public health programs. The vast majority of Minnesota’s Medicaid spending on long-term care services and supports goes to enrollees in home- and community-based waiver programs. For example, around 92 percent of Medicaid long-term care spending for people with disabilities in Minnesota goes toward services provided in the community.

In FY 2021, an average of nearly 77,000 people received home care and waived services per month. Total spending on waiver and home care services was just over \$4.5 billion in FY2021, and roughly half of this was from state funds.

Minnesota operates five home and community-based waivers:

- **Brain Injury (BI):** Allows Medicaid to cover services for people with a brain injury who need the level of care provided in a nursing facility or neurobehavioral hospital and choose to receive such care in home and community-based service settings.
- **Community Alternative Care (CAC):** Allows Medicaid to cover services for people who are in need of the level of care provided at a hospital and choose to receive such care in home or community-based service settings.
- **Community Access for Disability Inclusion (CADI):** Allows Medicaid to cover services for people who need the level of care provided in nursing facilities and choose to receive such care in home and community-based service settings.
- **Developmental Disabilities (DD):** Allows Medicaid to cover services for people with developmental disabilities who need the level of care provided at an intermediate care facility for people with developmental disabilities and choose to receive such care in home and community-based service settings.
- **Elderly Waiver (EW):** Allows Medicaid to cover services for those age 65 and older who need the level of care provided in a nursing facility and choose to receive such care in home and community-based service settings.

These waivers can offer:

- in-home and residential supports
- medical and behavioral supports
- customized day services
- employment supports
- Consumer-Directed Community Supports (a self-directed option)
- caregiver supports
- transitional services to support people to move out of institutions or other congregate settings
- transportation
- home modifications and assistive technology
- case management
- other goods and services

Medical Assistance Basic Health Care

MA also provided comprehensive coverage outside of long-term care to over one million Minnesotans in FY 2019. Total spending for basic health care services reached about \$8.4 billion in FY 2019, with \$3 billion coming from state funds. The enhanced federal share available with the MA expansion in 2014 reduced the overall share of basic care expenditures to about 34.5 percent in FY 2021, a decrease from about 50 percent in FY 2013.

Basic health care services covered in the MA benefit include:

- primary and preventive care
- inpatient hospital benefits
- mental health and chemical dependency treatment
- medical transportation
- medical equipment
- prescription drugs
- dental care
- coverage for eyeglasses and eye care

MA Coverage of Basic Health Care for Older Adults and People with Disabilities

People receiving these services are low-income elderly (65 years or older) and people who are blind or have a disability. Their income and assets must be below allowable limits. As MA enrollees, they receive health care coverage or financial assistance to help them pay for their Medicare premiums and cost sharing/copayments. This latter approach is often less expensive for the state than if the state provided their health coverage under MA alone.

This segment of the MA program also includes the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. MA-EPD enables working individuals with disabilities to receive the full MA benefit set. This program encourages people with disabilities to work and enjoy the benefits of being employed. It allows working people with disabilities to qualify for MA without an income limit and under higher asset limits than standard MA. Most MA-EPD enrollees are subject to paying a premium of at least \$35 per month. Premiums are calculated on a sliding fee scale based on the enrollee's income and family size. More information on MA-EPD is available in the Medical Assistance for Employed Persons with Disabilities brochure (<http://edocs.dhs.state.mn.us/lfserver/public/DHS-2087L-ENG>).

In FY 2019, this segment of MA funds supported an average of 179,665 people per month, many of whom are also enrolled in Medicare and therefore are "dual eligible beneficiaries." Total spending on this group was over \$2.9 billion in FY 2021, about 44 percent of which came from state funds.

MA Coverage of Basic Health Care for Families with Children

Enrollees in this eligibility category include low income pregnant women, children, parents and caretaker relatives. This segment of the MA program also includes funding for the Minnesota Family Planning Program (MFPP) and the MA Breast and Cervical Cancer Treatment program (MA-BC). MFPP provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare. MA-BC covers treatment costs for breast cancer, cervical cancer, or a precancerous cervical condition for women without health insurance. In FY 2021, this segment of MA funds supported an average of 772,776 people per month. Total spending on this group was over\$3.2 billion, about43 percent of which came from state funds.

MA Coverage of Basic Health Care for Adults without Children

In FY 2019, MA covered an average of almost 180,000 adults without dependent children people per month. Under the Affordable Care Act the federal government pays 90 percent of the expenditures for this population. Total spending on this group was about \$2.2 billion, with about \$215 million coming from state funds.

A full list of Medical Assistance populations, income and asset limits is in a Minnesota Health Care Programs brochure (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3182-ENG>).

Today, Minnesota’s Medicaid program is a cornerstone of our state’s system of health and long-term care coverage, with almost 1.2 million people covered in 2021, including children, parents, people with disabilities and older adults.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of older adults served by home and community-based services ¹	72.8%	79.1%	FY2017 to FY2021
Quality	Percent of people with disabilities served by home and community-based services ²	94.7%	96.5%	FY2017 to FY20121
Result	Percent of Minnesotans without health insurance ³	4.7%	4.0%	2019 to 2021
Result	Percent of Low Income Minnesotans without Health Insurance ⁴	8.9%	8.5%	2019 to 2021
Quantity	Total number of MHCP enrollees served by an IHP ⁵ Number of MA program enrollees served by an IHP	428,664 407,900	470,576 437,704	2020 to 2021
Quality	Estimated reduction in health care expenditures (below projections) for providers in Integrated Health Partnership demonstration project ⁶	\$7.56 million	\$27.56 million	2019 to 2020

Performance Measure Notes:

1. This measure reflects the percentage of older adults receiving publicly-funded long-term care services who receive HCBS services through the Elderly Waiver or Alternative Care program instead of services in nursing homes. More information is also available at <https://mn.gov/dhs/ltss-program-performance> (Source: DHS Data Warehouse).
2. This is the percent of people with disabilities receiving publicly-funded long-term care services who receive HCBS services through disability waiver or home care programs instead of services in nursing homes or Intermediate Care Facilities. More information is also available at <https://mn.gov/dhs/ltss-program-performance> (Source: DHS Data Warehouse).

3. Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current)
 4. Measure is the percentage of uninsured Minnesotans with family income below 200 percent of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current).
 5. Measure is the number of enrollees served by an IHP provider. Compares 2017 (Previous) and 2020 (Current).
 6. Measure is an estimated reduction in annual medical costs below projections for 2017 and 2018 for the providers enrolled in the IHP demonstration. IHP provider contracts require this measure be calculated in the same manner each year. The lower health care spending does not result in savings to the state of the same amount. This number includes savings to providers, health plans, the federal government, and the state. Integrated Health Partnerships (IHPs) allow participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.
-

Minnesota Statutes, chapter 256B provides the legal authority for the Medical Assistance program. An example of legislative directives to improve and innovate in Medical Assistance is M.S., section 256B.021 (Medical Assistance Reform Waiver).

Medical Assistance

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	4,960,899	4,731,362	5,040,702	6,118,440	6,635,911	7,114,763
2000 - Restrict Misc Special Revenue	68,951	76,250	94,528	99,247	99,247	99,247
2360 - Health Care Access	586,959	602,583	602,596	353,265	869,524	612,099
3000 - Federal	7,930,368	8,467,680	10,927,628	11,626,323	10,667,572	10,996,059
Total	13,547,178	13,877,875	16,665,454	18,197,275	18,272,254	18,822,168
Biennial Change				7,437,676		2,231,693
Biennial % Change				27		6
<u>Expenditures by Category</u>						
Operating Expenses	233,600	233,240	254,852	312,975	324,447	337,309
Grants, Aids and Subsidies	13,313,578	13,644,635	16,410,602	17,884,300	17,947,807	18,484,859
Total	13,547,178	13,877,875	16,665,454	18,197,275	18,272,254	18,822,168

Medical Assistance

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		513,109				
Direct Appropriation	5,436,831	4,812,335	5,066,799	6,163,894	6,656,215	7,119,149
Transfers In	31,446	31,493	26,291	3,708	1,040	1,040
Transfers Out	46,336	47,684	48,536	49,162	21,344	5,426
Cancellations	461,042	577,891	3,852			
Expenditures	4,960,899	4,731,362	5,040,702	6,118,440	6,635,911	7,114,763
Biennial Change in Expenditures				1,466,880		2,591,532
Biennial % Change in Expenditures				15		23
2000 - Restrict Misc Special Revenue						
Balance Forward In	2,648	615	6,434	25	25	25
Receipts	66,303	76,835	88,120	99,247	99,247	99,247
Balance Forward Out		1,200	25	25	25	25
Expenditures	68,951	76,250	94,528	99,247	99,247	99,247
Biennial Change in Expenditures				48,574		4,719
Biennial % Change in Expenditures				33		2
2360 - Health Care Access						
Direct Appropriation	586,959	602,583	602,596	353,265	869,524	612,099
Expenditures	586,959	602,583	602,596	353,265	869,524	612,099
Biennial Change in Expenditures				(233,681)		525,762
Biennial % Change in Expenditures				(20)		55
3000 - Federal						
Balance Forward In	24,245	943	29,265	34,604	34,604	34,604
Receipts	7,958,581	8,484,688	10,932,969	11,626,323	10,667,572	10,996,059
Balance Forward Out	52,457	17,950	34,606	34,604	34,604	34,604
Expenditures	7,930,368	8,467,680	10,927,628	11,626,323	10,667,572	10,996,059
Biennial Change in Expenditures				6,155,903		(890,320)
Biennial % Change in Expenditures				38		(4)

Program: Forecasted Programs

Activity: Alternative Care

<https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/alternative-care.jsp>

<https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/essential-community-supports.jsp>

AT A GLANCE

- The Alternative Care Program served 3,681 people, averaging 2,676 enrollees per month with an average monthly benefit of \$1,175 in FY21.
- Enrolled consumers contributed a total of \$715 thousand towards their cost of care.
- The Essential Community Supports program is included as part of the Alternative Care Budget activity and served 152 enrollees each month with an average monthly benefit of \$228 in FY21.
- All funds spending for the Alternative Care activity for FY21 was \$38.20 million. This represented 0.19 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Alternative Care (AC) Program is a cost-sharing program that provides certain home and community-based services for Minnesotans age 65 and over. AC services support older adults, their families, caregivers and communities to help older adults to stay in their homes and communities and avoid costly institutionalization.

The program is a cost-effective strategy to prevent or delay people from moving onto Medical Assistance (MA) long-term services and supports (LTSS), such as Elderly Waiver and nursing home care. The program helps prevent the impoverishment of eligible seniors and maximizes the use of their own resources by sharing the cost of care with clients. AC is available to individuals who need the level of care provided in a nursing home but choose instead to receive services in the community, and whose income and assets would be inadequate to fund a nursing home stay for more than 135 days.

SERVICES PROVIDED

Alternative Care (AC) services are used in a person's own home. AC covers the following services: adult day services, caregiver services, case management, chore services, companion services, consumer-directed community supports, home health aides, home-delivered meals, homemaker services, environmental accessibility adaptations, nutrition services, personal emergency response system, personal care, respite care, skilled nursing, specialized equipment and supplies, and transportation.

Some people who have a lower level of need for long-term care services do not qualify for Alternative Care or Medical Assistance LTSS. Those people are instead served by the Essential Community Supports (ECS) program. ECS covers the following services: adult day services, service coordination (case management), chore services, home delivered meals, homemaker services, personal emergency response, caregiver education/training, and community living assistance. People can qualify for up to \$473 a month for these services. This program is included as part of the Alternative Care budget activity. DHS partners with community providers, counties, Tribal Nations and the Department of Health in providing and monitoring services.

The AC program is currently funded with state and federal money along with monthly fees paid by the person receiving services. Payments made by the state for AC services are also subject to estate recovery. ECS is state funded only.

During the coronavirus (COVID-19) pandemic, DHS has preserved access to health care programs in accordance with Emergency Executive Orders 20-11 and 20-12, and to qualify for a temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).¹ To qualify for the FMAP increase, the state must maintain Medicaid (MA in Minnesota) for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or has died. This change applies similarly to Alternative Care. During the 2020 Legislative Session, the Minnesota Legislature codified and extended DHS authority to maintain continuous coverage for MA and Alternative Care programs in order to continue receiving enhanced FMAP in the event the Governor’s peacetime emergency expires, terminated or is rescinded.² Additionally, Executive Order 20-12 prevented AC enrollees from losing coverage due to a failure to pay premiums.

More information is available on the Alternative Care fact sheet (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4720-ENG>).

RESULTS

The agency monitors performance measures that show how this program is working. One key measure is how well people who are eligible for publicly funded long-term services and supports access the services in their homes and community rather than in nursing facilities.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of older adults served by home and community-based services ¹	72.8%	79.1%	2017 to 2021
Quantity	Percent of long-term services and support expenditures for older adults spent on home and community-based services ²	48.3%	52.3%	2017 to 2021
Quantity	Percent of AC spending on Consumer-Directed Community Supports (CDCS) ³	9.9%	21.6%	FY 2017 to FY 2021

More information is available on Long-Term Service and Support Performance Dashboards (<https://mn.gov/dhs/ltss-program-performance>)

Performance Notes:

1. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: DHS Data Warehouse)

¹ The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state’s Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

² Laws 2020, Special Session 1, Chapter 7 (<https://www.revisor.mn.gov/laws/2020/1/Session+Law/Chapter/7/>)

2. This measure shows the percentage of public long-term service and support funding for older adults that is spent on Elderly Waiver, Alternative Care or home care services instead of nursing home services. (Source: DHS Data Warehouse).
3. CDCS gives persons more flexibility and responsibility for directing their services and supports—compared to services provided through the traditional program – including hiring and managing direct care staff. (Source: DHS Data Warehouse)

More information is available on the DHS Dashboard (<http://dashboard.dhs.state.mn.us/>).

The Alternative Care and Essential Community Support programs are authorized by Minnesota Statutes, sections 256B.0913 (<https://www.revisor.mn.gov/statutes/?id=256B.0913>) and 256B.0922 (<https://www.revisor.mn.gov/statutes/?id=256B.0922>).

Alternative Care

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	15,611	15,833	11,611	45,922	45,945	45,981
2000 - Restrict Misc Special Revenue	1,498	1,162	1,672	2,211	2,211	2,211
3000 - Federal	18,926	21,202	25,328	24,455	22,455	22,455
Total	36,035	38,197	38,611	72,588	70,611	70,647
Biennial Change				36,967		30,059
Biennial % Change				50		27
<u>Expenditures by Category</u>						
Operating Expenses	(147)	(97)	33			
Grants, Aids and Subsidies	36,182	38,294	38,578	72,588	70,611	70,647
Total	36,035	38,197	38,611	72,588	70,611	70,647

Alternative Care

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	45,246	45,655	35,227	45,922	45,945	45,981
Transfers Out	29,635	29,822	23,569			
Cancellations			47			
Expenditures	15,611	15,833	11,611	45,922	45,945	45,981
Biennial Change in Expenditures				26,089		34,393
Biennial % Change in Expenditures				83		60
2000 - Restrict Misc Special Revenue						
Balance Forward In	290	170	487			
Receipts	1,208	992	1,186	2,211	2,211	2,211
Expenditures	1,498	1,162	1,672	2,211	2,211	2,211
Biennial Change in Expenditures				1,223		539
Biennial % Change in Expenditures				46		14
3000 - Federal						
Balance Forward In	58	76	132	73	73	73
Receipts	18,921	21,216	25,268	24,455	22,455	22,455
Balance Forward Out	53	90	73	73	73	73
Expenditures	18,926	21,202	25,328	24,455	22,455	22,455
Biennial Change in Expenditures				9,655		(4,873)
Biennial % Change in Expenditures				24		(10)

Program: Forecasted Programs

Activity: Behavioral Health Fund

<https://mn.gov/dhs/people-we-serve/adults/health-care/alcohol-drugs-addictions/programs-and-services/>

AT A GLANCE

- In the United States, 20.3 million people aged 12 and older had substance use disorders (CY21) according to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- About 277,000 people aged 12 or older in Minnesota were estimated to have a substance use disorder in the past year, according to 2018-2019 National Survey on Drug Use and Health data.
- Statewide, there were 58,563 admissions for substance use disorder (SUD) treatment in FY21.
- FY20 SUD service claims amounts totaled over \$60 million paid by Medicaid and over \$61 million paid by the Behavioral Health Fund.
- The percentage of people completing substance use disorder was 46 percent in FY 2021.
- All funds spending for the Behavioral Health Fund activity for FY19 was \$194 million, which represents 0.95 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Behavioral Health Fund activity pays for residential and outpatient substance use disorder (SUD) treatment services for eligible low-income Minnesotans.

Legislation passed in 2017 set the direction to move from the longstanding Rule 25 process to Direct Access. As of October 2020, system changes allowed an individual to choose Direct Access or the legacy Rule 25 process. Both processes include county/tribal responsibility to determine financial eligibility under Rule 24.

As of July 1, 2022, Direct Access is the only way to access SUD treatment services in Minnesota. Individuals directly access Comprehensive Assessment at the provider of their choice. The provider determines if current funding is in place. If not, the provider assists the individual to contact the county (or tribe) of residence to determine financial eligibility for the Behavioral Health Fund (BHF). BHF household size and income eligibility guidelines are similar to Medical Assistance (MN Medicaid) guidelines, but are calculated prospectively, as of the date the Comprehensive Assessment was provided. If the person meets clinical and financial eligibility guidelines, the person has choice of the treating provider, funded by the BHF.

SERVICES PROVIDED

The Behavioral Health Fund is fee-for-service funding for residential and outpatient substance use disorder treatment services for eligible low-income Minnesotans. The BHF combines multiple funding sources – state appropriations, county share, and a portion of the federal Substance Abuse, Prevention and Treatment block grant. Federal Medicaid matching funds are collected on eligible treatment services provided to Medical Assistance recipients. Counties also contribute a share toward the cost of treatment. There is no county share for Medicaid recipients. Counties pay 22.95% of treatment service claims for non-MA recipients.

All programs are enrolled as Minnesota Health Care Programs and provide a continuum of effective, research-based treatment services for individuals who need them. Treatment services include individual and group therapy in outpatient or residential settings, and may also include treatment for a mental illness, other medical services, medication-assisted therapies (with or without adjunct behavioral services), and service coordination.

SUD treatment providers use a variety of evidence-based practices, such as the twelve-step facilitation program, cognitive behavioral therapies, specialized behavioral therapy, motivational interviewing and motivational enhancement therapy as methods to ensure success.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure (1)</i>	<i>Previous (CY2019)</i>	<i>Current (CY2021)</i>	<i>Dates</i>
Quantity	Number of treatment admissions to substance use disorder treatment	64,166	58,563*	2019 to 2021
Result	Percent of persons completing substance use disorder treatment	50.5%	46%	2019 to 2021
Result	Effect of recovery environment on non-completion rates in substance use disorder treatment (2) No severity vs. extreme severity	N/A	3.45% vs. 30.07%	2021

Measure Notes:

1. This indicator is from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) in the Performance Measurement & Quality Improvement section in the Alcohol and Drug Abuse Division of the Minnesota Department of Human Services.
2. Recovery environment (encompassing health, home, community and purpose) is a predictable measure of successful treatment and continued recovery. CY18 baseline data 5% to 25.7%.
3. * Decrease in admissions likely due to the COVID-19 pandemic and associated limitations.

Minnesota Statutes chapter 254B (<https://www.revisor.mn.gov/statutes/?id=254B>) provides the legal authority for the CD Treatment Fund. M.S. section 254B.01, Subd.3 (<https://www.revisor.mn.gov/statutes/?id=254B.01>) defines chemical dependency services payable by the CD Treatment Fund. This definition applies to a wide variety of services within a planned program of care to treat a person’s chemical dependency, or substance use disorder. Minnesota Rules, parts 9530.7000 to 9530.7031 <https://www.revisor.mn.gov/rules/9530.7000> (Rule 24) provides specific guidance with definitions, edibility guidelines, local agency responsibility, and related processes.

Behavioral Health Fund

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General		37,201				
2000 - Restrict Misc Special Revenue	189,716					
2001 - Other Misc Special Revenue		156,926	160,006	226,792	217,193	222,999
Total	189,716	194,127	160,006	226,792	217,193	222,999
Biennial Change				2,954		53,394
Biennial % Change				1		14
<u>Expenditures by Category</u>						
Grants, Aids and Subsidies	189,716	194,127	160,006	226,792	217,193	222,999
Total	189,716	194,127	160,006	226,792	217,193	222,999

Behavioral Health Fund

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	113,748	107,412	84,363	94,341	101,440	102,733
Transfers In		39,230		27		
Transfers Out	107,943	109,441	84,363	94,368	101,440	102,733
Cancellations	5,805					
Expenditures		37,201				
Biennial Change in Expenditures				(37,201)		0
Biennial % Change in Expenditures						

2000 - Restrict Misc Special Revenue

Balance Forward In	6,154	3,842				
Receipts	50,978					
Transfers In	132,748					
Transfers Out		3,842				
Balance Forward Out	164					
Expenditures	189,716					
Biennial Change in Expenditures				(189,716)		0
Biennial % Change in Expenditures						

2001 - Other Misc Special Revenue

Balance Forward In			1,028	8,361		
Receipts		78,889	82,976	124,590	116,253	120,766
Transfers In		113,283	84,363	94,341	101,440	102,733
Transfers Out		35,247		500	500	500
Balance Forward Out			8,361			
Expenditures		156,926	160,006	226,792	217,193	222,999
Biennial Change in Expenditures				229,872		53,394
Biennial % Change in Expenditures						14

Program: Grant Programs

Activity: Support Services Grants

<https://mn.gov/dhs/partners-and-providers/program-overviews/economic-supports-cash-food/>
<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/e-and-t.jsp>

AT A GLANCE

- Provides MFIP/DWP employment services to approximately 21,700 people per month.
- Provides Supplemental Nutrition Assistance Program employment services to approximately 700 people per month.
- All funds spending for the Support Services Grants activity for FY 2021 was \$104 million. This represented 0.59 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) primary focus is on self-sufficiency through employment.

Support Services Grants cover the cost of services to address barriers, help stabilize families and adults, and build skills that ensure participants are prepared to find and retain employment.

SERVICES PROVIDED

The Support Services Grants activity provides funding for the MFIP Consolidated Fund and for the SNAP Employment and Training Program:

- **MFIP Consolidated Fund:** Support Services Grants are allocated to counties and tribes, and are funded with a combination of state and federal funds, including from the federal Temporary Assistance for Needy Families (TANF) block grant. Counties and tribes use the MFIP Consolidated Fund to provide an array of employment services including job search, job placement, training, and education. The Consolidated Fund also provides other supports such as emergency needs for low-income families with children.

Workforce Centers, counties, Tribal Nations, and community agencies provide employment services. Service providers evaluate the needs of each participant and develop an individualized employment plan that builds on strengths and addresses areas of need. Services include:

- Referrals to housing, child care, and health care coverage, including any needed chemical and mental health services, to aid in stabilizing families
- Basic education, English proficiency training, skill building, and education programs to prepare participants for the labor market
- Job search assistance and job placement services to help participants locate employment that matches their skills and abilities
- Innovative programs to address special populations or needs such as: a single point of contact for teen parents that includes public health home visits, subsidized work experiences, integrated services for families with serious disabilities and support for the FastTRAC program, which links education and credentials to high demand careers

Support Services Grants also fund a portion of county and tribal costs to administer MFIP and DWP.

SNAP Employment and Training: Federal SNAP Employment and Training funds are allocated to counties and used to provide a basic foundation of employment services that, if enhanced with local or other state funds, can earn a 50 percent reimbursement to build greater capacity. Support Services Grants to SNAP Employment and Training programs are matched through federal reimbursement.

RESULTS

The two key measures in MFIP/DWP are:

- The **Self-Support Index** is a results measure. The Self-Support Index shows the percentage of adults eligible for MFIP or DWP in a quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The chart following shows that about two-thirds of participants have left MFIP or DWP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%

- The federal Work Participation Rate (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally-recognized work activities. The measure does not count households who discontinue assistance when getting a job.

Federal Fiscal Year	WPR
2008	29.9%
2009	29.8%
2010	40.2%
2011	43.9%
2012	45.3%
2013	45.1%
2014	46.2%
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%
2019	35.7%
2020	22.3%

Another employment-related, state-mandated performance measure tracked is:

- **MFIP/DWP Median Placement Wage**, a quality measure that reflects the number of people getting jobs and the median wage. The chart shows the statewide median hourly starting wage. NOTE: The Diversionary Work Program (DWP) was suspended due to COVID-19 during the state peacetime emergency from April 2020 to August 2021.

Calendar Year	Median Placement Wage Per Hour for MFIP Clients	Median Placement Wage Per Hour for DWP Clients
2008	\$9.00	\$9.39
2009	\$9.00	\$9.30
2010	\$9.50	\$9.50
2011	\$9.50	\$9.50
2012	\$9.95	\$10.00
2013	\$10.00	\$10.00
2014	\$10.29	\$10.00
2015	\$11.00	\$11.00
2016	\$11.50	\$11.50
2017	\$12.00	\$12.00
2018	\$12.50	\$13.00
2019	\$13.00	\$13.00
2020	\$14.00	-
2021	\$15.00	-

The legal authority for Support Services Grants is M.S. sections 256J.626 (<https://www.revisor.mn.gov/statutes/?id=256J.626>) and 256D.051 (<https://www.revisor.mn.gov/statutes/?id=256D.051>)

Support Services Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	8,693	8,691	8,692	8,715	8,715	8,715
3000 - Federal	3,054	3,062	4,314	9,200	9,200	9,200
3001 - Federal TANF	94,701	92,238	88,460	96,311	96,311	96,311
Total	106,449	103,991	101,466	114,226	114,226	114,226
Biennial Change				5,252		12,760
Biennial % Change				3		6
<u>Expenditures by Category</u>						
Operating Expenses	1,136	1,368	597			
Grants, Aids and Subsidies	105,312	102,624	100,869	114,226	114,226	114,226
Total	106,449	103,991	101,466	114,226	114,226	114,226

Support Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	8,715	8,715	8,715	8,715	8,715	8,715
Cancellations	22	24	23			
Expenditures	8,693	8,691	8,692	8,715	8,715	8,715
Biennial Change in Expenditures				22		23
Biennial % Change in Expenditures				0		0

2000 - Restrict Misc Special Revenue

Balance Forward In		114	114	114	114	114
Balance Forward Out		114	114	114	114	114

3000 - Federal

Balance Forward In		43				
Receipts	3,054	3,019	4,314	9,200	9,200	9,200
Expenditures	3,054	3,062	4,314	9,200	9,200	9,200
Biennial Change in Expenditures				7,398		4,886
Biennial % Change in Expenditures				121		36

3001 - Federal TANF

Balance Forward In		57	3,761			
Receipts	94,701	92,181	84,699	96,311	96,311	96,311
Expenditures	94,701	92,238	88,460	96,311	96,311	96,311
Biennial Change in Expenditures				(2,168)		7,851
Biennial % Change in Expenditures				(1)		4

Program: Grant Programs

Activity: Basic Sliding Fee Child Care Assistance Grants

<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/basic-sliding-fee.jsp>

AT A GLANCE

- In SFY21 Basic Sliding Fee Child Care Assistance paid for childcare for 12,209 children in 6,186 families in an average month.
- As of May 2022, there was a waiting list of 445 families eligible for assistance but unable to be served at the current funding levels.
- The average monthly assistance per family was \$1,427.
- All funds spending for the BSF Child Care Assistance Grants activity for FY 2021 was \$125 million. This represented 0.6 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

In order to work, families need safe and reliable childcare. The annual cost of full-time care for one child ranges from \$9,000 to \$19,000 per year, depending on the age of the child, location, and type of provider attended. Many low-income families struggle to find affordable childcare that fits their needs. Basic Sliding Fee (BSF) Child Care Assistance provides financial subsidies to help low-income families pay for childcare through the Child Care Assistance Program. Families earning no more than 47 percent of the state median income (\$44,589 in 2022 for a family of three) are eligible to enter the Basic Sliding Fee program. Families leave the Child Care Assistance Program when their earnings are greater than 67 percent of state median income (\$63,564 in 2020 for a family of three) or when their copayment exceeds their cost of care.

SERVICES PROVIDED

BSF childcare assistance grants provide support to help improve outcomes for the most at-risk children and their families by increasing access to high quality childcare.

Families must be working, looking for work or attending school to be eligible for the Basic Sliding Fee Program. The program helps families pay childcare costs on a sliding fee basis. As family income increases, so does the amount of childcare expenses (copayment) paid by the family. All families receiving childcare assistance and earning 75 percent or more of the federal poverty guideline make copayments based on their income. A family of three earning 55 percent of the state median income (\$52,179) would have a total biweekly copayment of \$168 for all children in care.

The BSF childcare assistance grants activity is part of the state's Child Care Assistance Program. Maximum rates for provider payment in the Child Care Assistance Program are set in state law. Maximum rates are set for each type of care: childcare centers, family childcare, and legal non-licensed childcare. Providers are paid at the rate they charge in the private childcare market, up to this limit. The program pays a higher rate to providers who have met quality standards through Parent Aware, are accredited, or hold certain educational credentials.

Childcare must be provided by a legal childcare provider over the age of 18 years. Allowable providers include legal non-licensed family childcare, license-exempt centers, licensed family childcare, and licensed childcare centers. Families choose their providers in the private childcare market. Counties administer the Child Care Assistance Program.

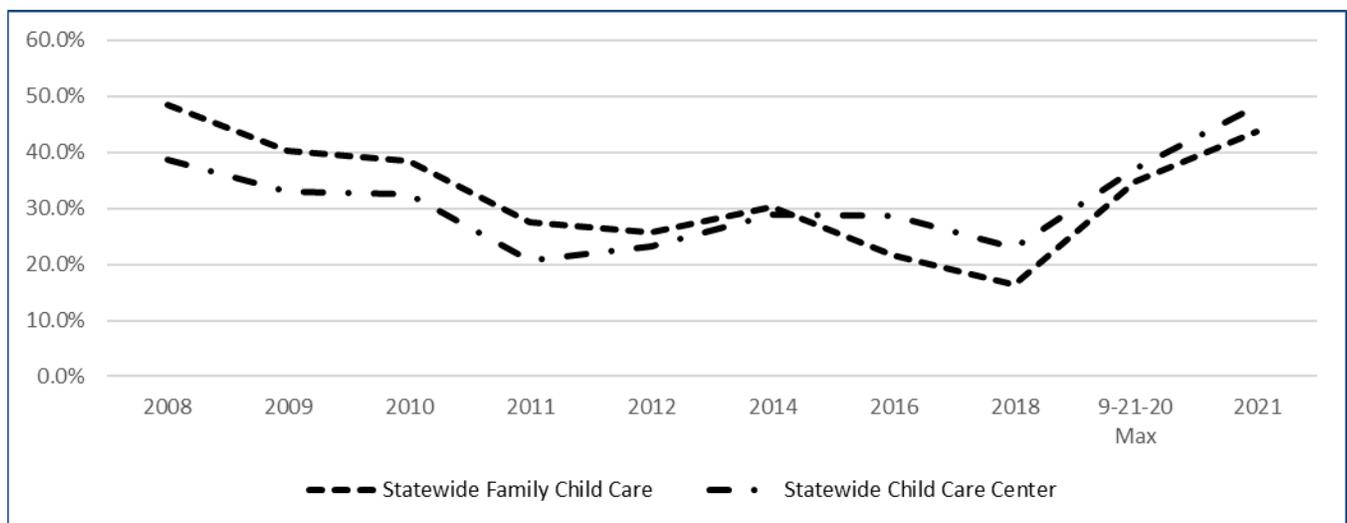
BSF funding is a capped allocation. It includes a combination of state funds and federal Child Care and Development and Temporary Assistance for Needy Families (TANF) funding. The agency allocates funding to counties, who administer the program. Because the funding is capped, not everyone who is eligible for the program may be served. As of May 2022, there was a waiting list for BSF childcare assistance of 445 families.

RESULTS

Percent of Provider Prices Fully Covered by CCAP - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of childcare. This may be a barrier for some families if they cannot find a provider in their community whose prices are covered by the maximum allowed under the program. **The percent of childcare providers who charge prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in the 2021 legislative session, but the maximum rate paid remains low compared to prices in the market.**

This quality measure shows approximately 43 percent of family childcare providers and approximately 48 percent of childcare centers charge prices that are fully covered by the Child Care Assistance Program maximum rates.

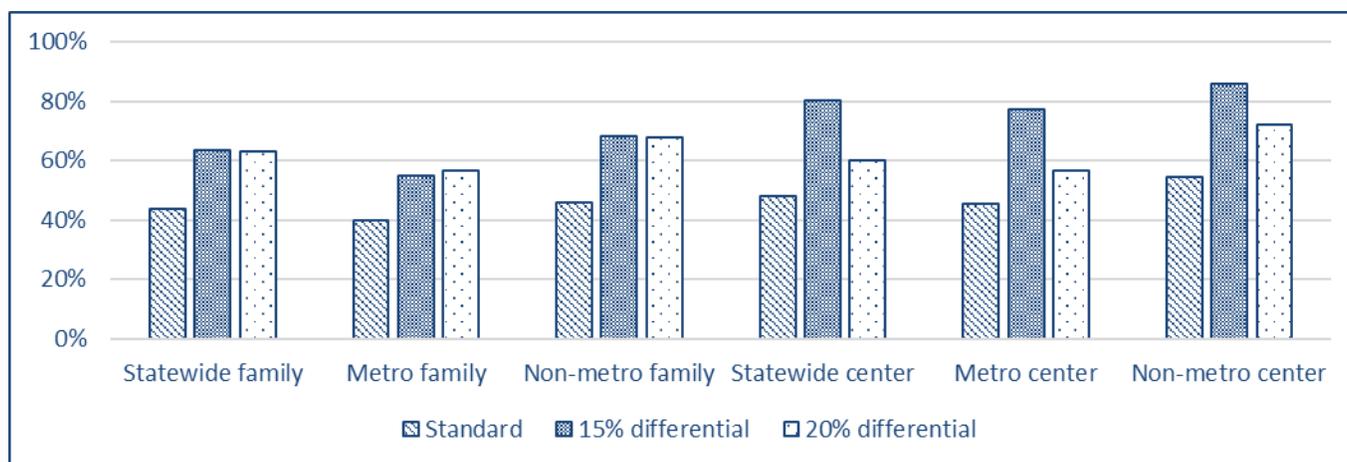
Provider prices fully covered by Standard Maximum Rates statewide, by percent



Quality Differential Impact - Parent Aware is Minnesota’s rating tool for helping parents select high quality childcare and early education programs. The Child Care Assistance Program allows up to a 15 percent higher maximum rate to be paid to providers with a Parent Aware 3-star rating, or who hold certain accreditation or education standards established in statute. Up to a 20 percent higher maximum rate can be paid to providers with a 4-star Parent Aware rating.

This quality measure shows that higher maximum rates may increase families’ access to high quality providers by allowing the maximum rate paid by the Child Care Assistance Program to fully cover more (or an equivalent proportion) of their prices as compared to the prices charged by all providers. This measure indicates the impact of quality differentials by type of care. It is first presented as a statewide total, and then broken out by metro and non-metro counties.

Prices fully covered by Standard and Quality Differential Maximum Rates (November 2021)



Specifically, the 20 percent differential allows the prices charged by center based four-star rated metro providers to be fully covered by the maximum subsidy at a higher proportion compared to the prices of all metro center providers. The higher maximum rates offer coverage of the prices charged by all other types of quality providers at higher levels than the standard maximum rates.

Use of High-Quality Care - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving childcare assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 52 percent in July of 2021.

Percent of Children Receiving Child Care Assistance in Quality Settings

	2018	2019	2020	2021
Standard Care	57.7%	51.6%	46.6%	44.5%
Provider holds Accreditation*	3.2%	2.8%	2.4%	2.4%
Provider holds Parent Aware 1-2 Star	5.7%	6.3%	4.0%	3.5%
Provider holds Parent Aware 3-4 Star*	33.4%	39.3%	47%	49.6%

* These providers are eligible for CCAP higher rates for quality. Data representative of services provided in July of each year.

The data source for the prices charged by providers is a biennial survey of provider prices conducted by the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible of the higher rates for quality is from MEC², Minnesota's childcare electronic eligibility and payment system.

The legal authority for the Basic Sliding Fee (BSF) Child Care Assistance program is in M.S. chapter 119B. (<https://www.revisor.mn.gov/statutes/?id=119B>)

Basic Sliding Fee Child Care Assistance Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	44,655	53,616	53,350	53,362	53,366	53,366
3000 - Federal	63,364	54,324	59,524	82,200	94,976	65,768
3015 - ARP-State Fiscal Recovery				7,000		
Total	108,019	107,940	112,874	142,562	148,342	119,134
Biennial Change				39,477		12,040
Biennial % Change				18		5
<u>Expenditures by Category</u>						
Operating Expenses			8			
Grants, Aids and Subsidies	108,019	107,940	112,867	142,562	148,342	119,134
Total	108,019	107,940	112,874	142,562	148,342	119,134

Basic Sliding Fee Child Care Assistance Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	44,655	53,616	53,350	53,362	53,366	53,366
Expenditures	44,655	53,616	53,350	53,362	53,366	53,366
Biennial Change in Expenditures				8,441		20
Biennial % Change in Expenditures				9		0
3000 - Federal						
Balance Forward In	16,141	12,496	12,988	7,300	7,300	7,300
Receipts	59,719	47,344	53,837	82,200	94,976	65,768
Balance Forward Out	12,496	5,515	7,300	7,300	7,300	7,300
Expenditures	63,364	54,324	59,524	82,200	94,976	65,768
Biennial Change in Expenditures				24,036		19,020
Biennial % Change in Expenditures				20		13
3015 - ARP-State Fiscal Recovery						
Direct Appropriation				7,000	0	0
Expenditures				7,000		
Biennial Change in Expenditures				7,000		(7,000)
Biennial % Change in Expenditures						

Program: Grant Programs

Activity: Child Care Development Grants

<https://mn.gov/dhs/people-we-serve/children-and-families/services/child-care/>

AT A GLANCE

- As of July 2021, 30% of eligible childcare and early education programs have a Parent Aware rating (n = 9,522)
- 2,501 family childcare providers and 10,093 childcare center direct care staff have listed their employment at their childcare program in Develop, Minnesota's Quality Improvement and Registry Tool.
- 2,461 unique individuals received coaching and support services to increase quality of care to children in SFY21.
- All funds spending for the Child Care Development Grants activity for FY21 was \$254 million. This represented 1.3 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Child Care Development Grants provide a system of quality improvement supports for licensed childcare programs, professional development supports for the childcare workforce, and information and supports for prospective childcare business owners to improve the supply of childcare. They also support families to find care and education to meet their needs.

These grants are foundational to DHS' strategy for addressing Minnesota's childcare scarcity. The lack of quality childcare, especially in Greater Minnesota, has a tangible economic impact because communities with an adequate supply of childcare are better positioned to attract and retain employees.

In addition, there are too few individuals with the qualifications needed to work in childcare programs, which also contributes to the childcare shortage. These grants help new childcare workforce members gain needed qualifications, and provide grants, loans, training, coaching, and technical assistance that help retain and support the current childcare workforce.

SERVICES PROVIDED

The Department of Human Services (DHS) provides grants to public and private partners who specialize in providing services for childcare providers, families, and individuals working on starting new childcare businesses, to increase the supply and quality of childcare in Minnesota. Services include:

- Information for parents searching for quality childcare and early education for their children through Parent Aware, an online search tool (Parent Aware website, <http://www.parentaware.org/>) and other parent education services provided by Child Care Aware of Minnesota
- Grants, loans, financial supports and other incentives to encourage current and prospective childcare providers and teachers to enter the care and education field, stay in it, advance in their profession, and improve their programs through participation in the voluntary Parent Aware Quality Rating and Improvement System
- Training, coaching, professional development advising, and other workforce supports for early childhood and school-age care providers to increase their business skills, knowledge of child development, and instructional practices to meet the needs of individual children
- Reimbursement to childcare programs and providers to cover some of the fees charged to complete a nationally recognized childcare accreditation program

Child Care Development Grants are funded primarily with federal Child Care and Development Block Grant funds and some state general funds.

RESULTS

Part A: Performance Data (Required)

Use of Quality Child Care - Children who participate in quality childcare and early education are more likely to experience school success and positive life-long outcomes. This measure shows that the percent of all children receiving childcare assistance through providers with Parent Aware Ratings has increased from 50 percent in July 2017 to 65 percent in July 2021.

Number of Programs Rated by Parent Aware – Parent Aware improves children’s outcomes by improving families’ access to high quality childcare. This measure shows that the percentage of childcare and early education programs with a Parent Aware rating increased from 2019 to 2021.

Provider Education Levels – Childcare and early education professionals with degrees or credentials are needed to provide the kind of early learning opportunities that will make a difference for children’s outcomes. This measure shows that the education level of early childhood educators has continued to grow over time, as reported by those educators volunteering to verify their education level.

Searches for Quality Care through Parent Aware – The ParentAware.org website is an important resource for families searching for all types of early care and education settings, including childcare, school-based pre-kindergarten programs, and Head Start. The number of unique visitors on this website grew between 2019 to 2021.

<i>Type of Measure</i>	<i>Description</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of children receiving childcare assistance in high quality settings	50%	65%	2017 & 2021
Quantity	Percent of childcare and early education programs with a Parent Aware rating	28%	30%	2019 & 2021
Quantity	Number of family childcare providers and teachers working directly with children with a Credential, CDA or Degree (AAS, BA/BS or higher)	5,267	6,070	2019 & 2021
Quantity	Number of unique visitors on Parent Aware.org	86,359	109,671	2019 & 2021

Part B: Evidence of Effectiveness (Optional)

Evidence-based Practice	Source of Evidence	FY 22-23 Expenditures (if known)
Parent Aware Quality Rating and Improvement System	Preschool & child care Quality Rating and Improvement Systems (QRIS) County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/preschool-child-care-quality-rating-and-improvement-systems-qrisc)	State Fiscal Year 2021 funding for this activity was \$11,302,971 in federal Child Care Development Block Grant funds, and \$1,242,000 in State General Funds. State Fiscal Year 2022 amount not yet available.

The legal authority for the Child Care Development Grant activities is M.S. chapter 119B (<https://www.revisor.mn.gov/statutes/?id=119B>).

Child Care Development Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	32,917	2,948	2,937	2,962	2,962	2,962
2001 - Other Misc Special Revenue	413	1,521	2,518	3,237		
3000 - Federal	30,719	114,772	190,416	189,925	119,473	23,804
3010 - Coronavirus Relief		139,657				
3015 - ARP-State Fiscal Recovery			19,969			
Total	64,049	258,898	215,840	196,124	122,435	26,766
Biennial Change				89,016		(262,763)
Biennial % Change				28		(64)
<u>Expenditures by Category</u>						
Operating Expenses	899	946	548	1,824	100	100
Grants, Aids and Subsidies	63,150	257,953	215,291	194,300	122,335	26,666
Total	64,049	258,898	215,840	196,124	122,435	26,766
Total Agency Expenditures	64,049	258,898	215,840	196,124	122,435	26,766
Internal Billing Expenditures	(10)					
Expenditures Less Internal Billing	64,059	258,898	215,840	196,124	122,435	26,766

Child Care Development Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	0	0				
Direct Appropriation	31,701	1,737	1,737	1,737	1,737	1,737
Transfers In	1,225	1,225	1,225	1,225	1,225	1,225
Cancellations	9	14	25			
Expenditures	32,917	2,948	2,937	2,962	2,962	2,962
Biennial Change in Expenditures				(29,966)		25
Biennial % Change in Expenditures				(84)		0

2001 - Other Misc Special Revenue

Balance Forward In		55				
Receipts	422	1,465	2,518	3,237		
Balance Forward Out	9					
Expenditures	413	1,521	2,518	3,237		
Biennial Change in Expenditures				3,821		(5,755)
Biennial % Change in Expenditures				198		(100)

3000 - Federal

Balance Forward In			71,053			
Receipts	30,719	185,825	119,363	189,925	119,473	23,804
Balance Forward Out		71,053				
Expenditures	30,719	114,772	190,416	189,925	119,473	23,804
Biennial Change in Expenditures				234,850		(237,064)
Biennial % Change in Expenditures				161		(62)

3010 - Coronavirus Relief

Direct Appropriation		139,671				
Cancellations		14				
Expenditures		139,657				
Biennial Change in Expenditures				(139,657)		0
Biennial % Change in Expenditures						

3015 - ARP-State Fiscal Recovery

Child Care Development Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Direct Appropriation			20,000			
Cancellations			31			
Expenditures			19,969			
Biennial Change in Expenditures				19,969		(19,969)
Biennial % Change in Expenditures						

Program: Grant Programs**Activity: Child Support Enforcement Grants**<https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/>

AT A GLANCE

- County and state child support offices provide services to more than 314,000 custodial and non-custodial parents and their 220,000 children.
- In FY 2021, the child support program collected and disbursed \$551 million in child support payments.
- Access and visitation funds served 1,070 children in 2021.
- All Funds spending for the Child Support Enforcement Grants Activity for FY 2021 was \$1.7 million. This represented less than 0.1 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Every child needs financial and emotional support, and every child has the right to support from both parents. Minnesota's child support program benefits children by enforcing parental responsibility for their support.

The State of Minnesota collected \$551 million in child support payments in FY 2021. The MN child support program plays an active role in reducing the reliance on other state income maintenance programs given the significant amount of child support that is collected and sent directly to families.

Child support represents a high proportion of income for low income custodial parents. Ten percent of cases are currently on public assistance and 40.3 percent of cases were formerly on public assistance. Eighty-eight percent of custodial parents who are eligible for child support are women. The program disproportionately serves parents of color. African American parents account for 24 percent of the child support caseload and American Indian parents account for six percent even though African American and American Indian Minnesotans only account for seven and three percent of the general population.

Child Support Enforcement Grants help strengthen families by providing financial supports. Child support helps families become self-sufficient.

SERVICES PROVIDED

Under state direction and supervision, child support activities are administered by counties and tribes. Staff assist custodial parents in obtaining basic support, medical support, and childcare support for children, through locating parents and establishing paternity and support obligations. Without this assistance, many families would not have the financial resources to remain self-sufficient.

The following activities help to support and stabilize families:

- Establish paternity through genetic testing, Recognition of Parentage or other means;
- Establish and modify court orders for child support, medical support and child care support, based on statutory guidelines;
- Enforce court orders to assure payment through remedies established in federal regulation and state law, such as income withholding, driver's license suspension and passport denial; and
- Collect and process payments from employers, parents, counties and other states and issue support funds to families.

Additional grants provide federal funding to improve non-custodial parents’ access to their children by using digital marketing to increase participation in the child support program. Funding is a mix of federal funds, state general funds, and fees.

RESULTS

The federal government funds state child support programs in part through performance incentives. These are calculated by measuring the state’s performance in core activities: paternity establishment, order establishment, collection of current support, collection of arrears (past due support), and program cost effectiveness. States are ranked by their scores on the measures and earn higher incentives as performance increases. Each percentage measurement has a threshold of 80 percent to earn the maximum incentive for that measure. To maximize the incentive for cost-effectiveness, states must collect five dollars for every dollar spent on the child support program.

In 2019 Minnesota earned \$11.7 million dollars in federal incentives. The federal incentives are passed on to counties to help cover their administrative costs of the program.

<i>Type of Measure</i>	<i>Performance Measures¹</i>	<i>FFY² 2021</i>	<i>FFY 2020</i>	<i>FFY 2019</i>	<i>FFY 2018</i>	<i>FFY 2017</i>
Quantity	Paternities established: percent of children born outside marriage for whom paternity was established in open child support cases for the year	98%	100% ³	100%	101%	101%
Quantity	Orders established: percent of cases open at the end of the year with orders established	86%	87%	88%	88%	88%
Quantity	Collections on current support: percent of cases with current support due within the year that had a collection on current support	75%	75%	75%	74%	73%
Quantity	Collections on arrears: percent of cases with arrears due within the year that had a collection on arrears	72%	79%	72%	72%	72%
Quality	Cost effectiveness: dollars collected per dollar spent	\$3.09	\$3.26	\$3.14	\$3.26	\$3.30

<i>Evidence-based Practice</i>	<i>Source of Evidence</i>	<i>FY 22-23 Expenditures (if known)</i>
Driver’s License Suspension Procedural Justice Project	Pilot that started in Fall 2021, ended in Spring 2022. MMB-MAD conducting an evaluation report that will be available in Spring 2023.	No current costs in regards to the evaluation report. Based upon finding(s) of the evaluation report there may be action steps taken to address the findings which may have future costs.

Notes on Performance Measures:

1. Federal performance measures are listed in the 2019 Minnesota Child Support Performance Report (<https://www.leg.state.mn.us/docs/2020/other/200610.pdf>)
<https://www.lrl.mn.gov/docs/2022/other/220351.pdf>.
 2. FFY = federal fiscal year
 3. Paternities established can be higher than 100 percent because the results include children born in prior years for whom paternity has been established in that year.
-

The legal authority for Child Support Enforcement Grants comes from federal and state laws.

Federal law 42 U.S.C. secs. 651-669b requires that states establish a child support program and gives general guidelines for administering the program. (Title 42 651; <https://www.govinfo.gov/content/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap7-subchapIV-partD.htm>).

State law:

Requires a person receiving public assistance to assign child support rights to the state and cooperate with child support services (M.S. sec. 256.741, <https://www.revisor.mn.gov/statutes/?id=256.741>)

Provides legal authority to establish child support (M.S. sec. 256.87, <https://www.revisor.mn.gov/statutes/?id=256.87>) and to establish paternity (M.S. sec. 257.57, <https://www.revisor.mn.gov/statutes/?id=257.57>)

Provides legal authority to set and collect fees for child support services (M.S. sec. 518A.51, <https://www.revisor.mn.gov/statutes/?id=518A.51>), and requires the state to establish a central collections unit (M.S. sec. 518A.56, <https://www.revisor.mn.gov/statutes/?id=518A.56>).

Child Support Enforcement Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
2000 - Restrict Misc Special Revenue	1,663	1,569	1,429	1,509	1,509	1,509
2001 - Other Misc Special Revenue	(43)	(14)	72	50	50	50
3000 - Federal	168	435	580	1,370	970	920
Total	1,788	1,990	2,082	2,929	2,529	2,479
Biennial Change				1,233		(3)
Biennial % Change				33		(0)
<u>Expenditures by Category</u>						
Operating Expenses	(270)	9	147	600	450	400
Grants, Aids and Subsidies	2,058	1,981	1,935	2,329	2,079	2,079
Total	1,788	1,990	2,082	2,929	2,529	2,479

Child Support Enforcement Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	50	50	50	50	50	50
Transfers Out	50	50	50	50	50	50
2000 - Restrict Misc Special Revenue						
Balance Forward In	60	60	20			
Receipts	1,697	1,603	1,463	1,543	1,543	1,543
Transfers Out	34	74	54	34	34	34
Balance Forward Out	60	20	0			
Expenditures	1,663	1,569	1,429	1,509	1,509	1,509
Biennial Change in Expenditures				(294)		80
Biennial % Change in Expenditures				(9)		3
2001 - Other Misc Special Revenue						
Balance Forward In	356	450	516	494	494	494
Receipts	0					
Transfers In	50	50	50	50	50	50
Balance Forward Out	449	514	494	494	494	494
Expenditures	(43)	(14)	72	50	50	50
Biennial Change in Expenditures				179		(22)
Biennial % Change in Expenditures				(315)		(18)
3000 - Federal						
Receipts	168	435	580	1,370	970	920
Expenditures	168	435	580	1,370	970	920
Biennial Change in Expenditures				1,348		(60)
Biennial % Change in Expenditures				224		(3)

Program: Grant Programs**Activity: Children's Services Grants**<https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/>

AT A GLANCE

In 2021:

- 24,583 assessments and investigations of child abuse and neglect involving 32,347 children were finalized.
- Of these, 5,606 unique children were determined to be victims of child maltreatment.
- 12,312 children/youth experienced an out-of-home placement.
- All funds spending for the Children's Services Grants activity for FY 2021 was \$74 million. This represented 0.3 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Strong families and communities are an effective first line of defense for keeping children safe, especially in times of stress. Children who have been abused and neglected are more likely to perform poorly in school, become involved in criminal activities and abuse or neglect their own children. Long-term intervention costs for crime, corrections, truancy, hospitalization, special education, and mental health care are also minimized when programs and services support strong families and communities. Research provides compelling evidence that strength-based child welfare interventions, such as those funded with Children's Services Grants, result in safer children and more stable families. Without these services, children and families remain at risk.

SERVICES PROVIDED

The Children's Services Grants fund county, tribal, and community-based child welfare services around the state, including Indian child welfare services, child protection, homeless youth services, and child abuse and neglect services. These grants help keep children out of foster care and safely with their families and reduce disparities in the number of children of color in out-of-home placements. Recently these grants have been used to:

- Reform the child welfare system to focus on ensuring children's safety while supporting families.
- Improve the Minnesota Child Welfare Training System.
- Design and develop tribal approaches that ensure child safety and permanency.
- Transfer responsibility from counties to tribes to deliver a full continuum of child welfare services to American Indian children and families on two reservations.
- These services are essential to keep children safe and families stable. Children's Services Grants include state and federal funding for child welfare services.

RESULTS

The Department of Human Services monitors the performance of counties and tribes in delivering child welfare services. Minnesota outcomes meet or exceed most federal standards. Efforts to engage families early and collaboratively with evidence-based interventions have resulted in improved safety and timely permanency outcomes.

<i>Type of Measure</i>	<i>Name of Measure</i>	2016	2017	2018	2019	2020	2021
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	91.8%	91.0%	91.0%	93.8%	94.5%	94.2%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	50.6%	47.5%	48.6%	49.5%	46.0%	48.7%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	48.1%	51.2%	58.9%	55.5%	52.4%	54.3%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	25.2%	28.8%	34.0%	33.3%	32.4%	37.7%

Performance Measures notes:

Measures from the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Dashboard

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137) Several state statutes provide the legal authority for the Children's Services Grants activity:

Provisions for reasonable efforts, Interstate Compact on Placement of Children and Minnesota Indian Preservation Act are in M.S. chapter 260 (<https://www.revisor.mn.gov/statutes/?id=260>)

Provisions for juvenile protection are in M.S. chapter 260C (<https://www.revisor.mn.gov/statutes/?id=260C>)

Provisions for voluntary foster care for treatment are in M.S. chapter 260D (<https://www.revisor.mn.gov/statutes/?id=260D>)

Reporting of Maltreatment of minors is under M.S. section 260E(Ch. 260E MN Statutes)

Children's Services Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	42,455	48,174	49,412	47,555	47,555	47,555
2000 - Restrict Misc Special Revenue	283	1,360	179	611	611	611
2001 - Other Misc Special Revenue	2,129	2,856	1,712	8,946	8,164	8,164
2403 - Gift				1	1	1
3000 - Federal	21,795	26,989	34,631	42,087	33,753	33,925
3001 - Federal TANF	140	140	140	140	140	140
Total	66,801	79,518	86,075	99,340	90,224	90,396
Biennial Change				39,095		(4,795)
Biennial % Change				27		(3)
<u>Expenditures by Category</u>						
Operating Expenses	606	1,169	1,419	256	256	256
Grants, Aids and Subsidies	66,196	78,349	84,656	99,084	89,968	90,140
Total	66,801	79,518	86,075	99,340	90,224	90,396

Children's Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	806	1,022	667	895		
Direct Appropriation	44,207	49,285	52,653	52,368	52,368	52,368
Transfers In	334	636	829			
Transfers Out	1,816	2,118	2,311	5,708	4,813	4,813
Cancellations	54	652	1,531			
Balance Forward Out	1,022		895			
Expenditures	42,455	48,174	49,412	47,555	47,555	47,555
Biennial Change in Expenditures				6,339		(1,857)
Biennial % Change in Expenditures				7		(2)

2000 - Restrict Misc Special Revenue

Balance Forward In	1,116	1,653	902	1,236	1,302	1,338
Transfers In	760	675	585	750	720	720
Transfers Out	41	66	73	73	73	73
Balance Forward Out	1,553	902	1,236	1,302	1,338	1,374
Expenditures	283	1,360	179	611	611	611
Biennial Change in Expenditures				(852)		432
Biennial % Change in Expenditures				(52)		55

2001 - Other Misc Special Revenue

Balance Forward In	66	185	1,197	967	1,456	1,996
Receipts		(31)		3,727	3,891	3,392
Transfers In	2,127	2,814	1,482	5,708	4,813	4,813
Balance Forward Out	64	113	967	1,456	1,996	2,037
Expenditures	2,129	2,856	1,712	8,946	8,164	8,164
Biennial Change in Expenditures				5,673		5,670
Biennial % Change in Expenditures				114		53

2403 - Gift

Balance Forward In	1	1	1	1	1	1
Receipts	0	0	0	1	1	1
Balance Forward Out	1	1	1	1	1	1
Expenditures				1	1	1

Children's Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial Change in Expenditures				1		1
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	111	0	0	1,424	1,424	1,424
Receipts	21,801	26,989	36,056	42,087	33,753	33,925
Balance Forward Out	117		1,424	1,424	1,424	1,424
Expenditures	21,795	26,989	34,631	42,087	33,753	33,925
Biennial Change in Expenditures				27,934		(9,040)
Biennial % Change in Expenditures				57		(12)

3001 - Federal TANF

Receipts	140	140	140	140	140	140
Expenditures	140	140	140	140	140	140
Biennial Change in Expenditures				0		0
Biennial % Change in Expenditures				0		0

Program: Grant Programs

Activity: Child & Community Service Grants

Child Protection:

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000152)

Adult Protective Services Unit:

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_005710)

AT A GLANCE

In 2021:

- 24,583 assessments and investigations of child abuse and neglect involving 32,347 children were finalized.
- 1,719 children were either adopted or had a permanent transfer of legal custody to a relative.
- 57,180 reports of suspected maltreatment of a vulnerable adult were received, screened, and dispatched.
- 27,969 reports of suspected maltreatment of a vulnerable adult were assessed by a county.
- 7,962 reports of suspected maltreatment of a vulnerable adult were investigated by a county.
- All funds spending for the Children & Community Services activity for FY 2019 was \$94 million. This represented 0.5 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Under the state Vulnerable Children and Adult Act, Child and Community Services Grants provide funding to support core safety services for vulnerable children and adults, including response to reports of maltreatment, assessments of safety and risk, case management, and other supportive services that help keep children and adults safely in their own homes.

The grants provide funding that supports counties' administrative responsibility for child protection services and foster care. The funding also helps counties purchase or provide these services for children, vulnerable adults and families.

SERVICES PROVIDED

Funding through these grants provides core safety services that focus on preventing or remedying vulnerable adult maltreatment and child maltreatment, preserving and rehabilitating families, and providing for community-based care. Services include:

- Response to reports of child and adult maltreatment and assessment of safety and risk of harm.
- Adoption and foster care supports for children.
- Case management and counseling.

Children and Community Services Grants provide child protection services to help keep more children out of foster care and safely with their families, and to decrease the disproportionate number of children of color in out-of-home placements. They help ensure that vulnerable children and adults are better protected and receive support services in their communities.

These grants include state funds and the federal Social Services Block Grant and are allocated to counties through the state's Vulnerable Children and Adult Act.

This budget activity also includes a smaller set of grant funds to support initiatives by the White Earth Nation and Red Lake Nation to operate their own human service systems.

RESULTS

The Department of Human Services monitors the performance of counties in delivering child welfare and adult protective services. Minnesota outcomes meet or exceed most federal child welfare standards. Efforts to engage families early and collaboratively with evidence-based interventions have resulted in improved safety and timely permanency outcomes for children.

<i>Type of Measure</i>	<i>Name of Measure</i>	2014	2015	2016	2017	2018	2019	2020	2021
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	94.3%	94.5%	91.8%	91.0%	91.0%	93.8%	94.5%	94.2%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	60.0%	56.1%	50.6%	47.5%	48.6%	49.5%	46.0%	48.7%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	50.0%	44.8%	48.1%	51.2%	58.9%	55.5%	52.4%	54.3%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	17.4%	23.1%	25.2%	28.8%	34.0%	33.3%	32.4%	37.7%

Performance Measures notes:

Measures provided by the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Data Dashboard (<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/>).

The legal authority for the Vulnerable Children and Adult Act is in M.S. chapter 256M (<https://www.revisor.mn.gov/statutes/?id=256M>). This Act establishes a fund to address the needs of vulnerable children and adults in each county under a service plan agreed to by each county board and the commissioner of human services.

Child & Community Service Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	59,201	59,575	59,353	60,856	60,856	60,856
2005 - Opiate Epidemic Response		5,235	5,220	26,395	39,319	15,635
3000 - Federal	30,353	30,151	30,498	30,742	30,742	30,742
Total	89,554	94,961	95,071	117,993	130,917	107,233
Biennial Change				28,550		25,086
Biennial % Change				15		12
<u>Expenditures by Category</u>						
Operating Expenses	(35)	377	32			
Grants, Aids and Subsidies	89,589	94,583	95,040	117,993	130,917	107,233
Total	89,554	94,961	95,071	117,993	130,917	107,233

Child & Community Service Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	59,201	59,701	61,251	60,856	60,856	60,856
Cancellations		126	1,898			
Expenditures	59,201	59,575	59,353	60,856	60,856	60,856
Biennial Change in Expenditures				1,433		1,503
Biennial % Change in Expenditures				1		1
2005 - Opiate Epidemic Response						
Direct Appropriation		5,580	9,797	26,395	39,319	15,635
Cancellations		345	4,577			
Expenditures		5,235	5,220	26,395	39,319	15,635
Biennial Change in Expenditures				26,381		23,339
Biennial % Change in Expenditures						74
3000 - Federal						
Balance Forward In	23					
Receipts	30,330	30,151	30,498	30,742	30,742	30,742
Expenditures	30,353	30,151	30,498	30,742	30,742	30,742
Biennial Change in Expenditures				736		244
Biennial % Change in Expenditures				1		0

Program: Grant Programs

Activity: Child & Economic Support Grants

SNAP (<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/supplemental-nutrition-assistance-program.jsp>)

Economic Opportunity (<https://mn.gov/dhs/partners-and-providers/program-overviews/economic-supports-cash-food/office-of-economic-opportunity/>)

AT A GLANCE

- More than 445,000 Minnesotans receive help through the Supplemental Nutrition Assistance Program (SNAP) every month with an average monthly benefit of \$190 per person.
- More than 10,500 people receive emergency shelter and services annually
- More than 1,400 individuals receive Transitional Housing Program services annually
- Family Assets for Independence in Minnesota (FAIM) has helped people save nearly \$4.65 million and acquire over 2,500 long-term financial assets since 1998.
- All funds spending for the Child & Economic Support Grants activity for FY 2021 was \$1.3 billion. This represented 6.5 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

People living in poverty often face numerous barriers and have complex needs. The Department of Human Services administers nearly 200 grants annually to more than 100 organizations to help people in poverty meet their basic needs for food, clothing, and shelter through the Children and Economic Support Grants. Funds are also used to help people get the skills and knowledge to improve their economic stability. Without these funds, more people would be hungry, homeless, and poor.

The largest part of this budget activity is federal funding for the Supplemental Nutrition Assistance Program (SNAP). Outreach and nutrition education are conducted under this activity. These efforts help keep more people fed and healthy.

SERVICES PROVIDED

Children and Economic Support Grants fund food, housing, poverty reduction, and financial capability services for low-income families and individuals. These services are designed to:

- Help people buy food
- Ensure people eligible for SNAP know about the program
- Educate people on nutrition and food preparation
- Help legal non-citizens 50 years and older who do not qualify for federal SNAP due to citizenship status purchase food
- Fund food banks, food shelves and on-site meal programs
- Help homeless individuals and families to find safe and stable housing
- Provide supportive services to people experiencing long-term homelessness
- Provide emergency shelter and essential services for homeless adults, children, and youth
- Provide specialized emergency shelter and services for youth who have been victims of sex trafficking
- Fund, train, and provide technical assistance to counties and tribes for services to reduce barriers for long-term homeless adults, youth and families

These grants also support:

- Programs administered by regional Community Action Agencies that help low-income people become more economically secure.
- Financial capability services through the Family Assets for Independence in Minnesota (FAIM) and related financial education initiatives.

In addition to the federal SNAP funding, other funding sources include state grants, federal grants from the U.S. Departments of Agriculture (USDA), Health and Human Services (HHS), Housing and Urban Development (HUD) and private foundations.

RESULTS

Several programs, such as the Transitional Housing Program and Homeless Youth Act help people with their shelter needs.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Percent of Transitional Housing Program participants that moved into permanent housing	77%	73%	2020 2021
Results	Percent of BIPOC Transitional Housing Program participants that moved into permanent housing	75%	71%	2020 2021
Quality	Percent of Transitional Housing Program participants experiencing long-term homelessness that moved into permanent housing	64%	68%	2020 2021
Quantity	Number of youth heads of household served in Homeless Youth Act-funded emergency shelter or housing	1,265	1,758	2020 2021

Measures provided by Economic Assistance & Employment Support Division at the Department of Human Services.

The legal authority for the Children and Economic Support Grants activities comes from:

- Minnesota Food Assistance Program, M.S. sec. 256D.053 (<https://www.revisor.mn.gov/statutes/?id=256D.053>)
- Community Action Programs, M.S. secs. 256E.30 to 256E.32 (<https://www.revisor.mn.gov/statutes/?id=256E.30>)
- Transitional Housing Programs, M.S. sec. 256E.33 (<https://www.revisor.mn.gov/statutes/?id=256E.33>)
- Minnesota Food Shelf Program, M.S. sec. 256E.34 (<https://www.revisor.mn.gov/statutes/?id=256E.34>)
- Family Assets for Independence in Minnesota (FAIM), M.S. sec. 256E.35 (<https://www.revisor.mn.gov/statutes/?id=256E.35>)
- Emergency Services Grants, M.S. sec. 256E.36 (<https://www.revisor.mn.gov/statutes/?id=256E.36>)
- Homeless Youth Act, M.S. sec. 256K.45 (<https://www.revisor.mn.gov/statutes/?id=256k.45>)

Child & Economic Support Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	58,721	23,116	28,910	33,334	32,740	32,740
1251 - COVID-19 Minnesota		4,446				
2000 - Restrict Misc Special Revenue	140	138	140	140	140	140
2001 - Other Misc Special Revenue	365	182	7			
3000 - Federal	525,876	1,180,901	1,248,996	1,563,222	1,247,574	1,246,352
3010 - Coronavirus Relief	3,668	77,344	21,961			
3015 - ARP-State Fiscal Recovery			38,000	13,900		
Total	588,770	1,286,126	1,338,014	1,610,596	1,280,454	1,279,232
Biennial Change				1,073,714		(388,924)
Biennial % Change				57		(13)

Expenditures by Category

Operating Expenses	81	12,400	220			
Grants, Aids and Subsidies	588,689	1,273,726	1,337,794	1,610,596	1,280,454	1,279,232
Total	588,770	1,286,126	1,338,014	1,610,596	1,280,454	1,279,232

Child & Economic Support Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		1,422		594		
Direct Appropriation	60,277	24,240	29,740	32,740	32,740	32,740
Transfers In	1,675	1,675	1,675	1,675	1,675	1,675
Transfers Out	1,675	1,675	1,675	1,675	1,675	1,675
Cancellations	134	2,546	236			
Balance Forward Out	1,422		594			
Expenditures	58,721	23,116	28,910	33,334	32,740	32,740
Biennial Change in Expenditures				(19,593)		3,236
Biennial % Change in Expenditures				(24)		5

1251 - COVID-19 Minnesota

Balance Forward In		386				
Direct Appropriation	386	13,300				
Cancellations		9,240				
Balance Forward Out	386					
Expenditures		4,446				
Biennial Change in Expenditures				(4,446)		0
Biennial % Change in Expenditures						

2000 - Restrict Misc Special Revenue

Balance Forward In	47	47	49	47	47	47
Transfers In	140	140	140	140	140	140
Transfers Out			2			
Balance Forward Out	47	49	47	47	47	47
Expenditures	140	138	140	140	140	140
Biennial Change in Expenditures				2		0
Biennial % Change in Expenditures				1		0

2001 - Other Misc Special Revenue

Balance Forward In	0	182	7			
Receipts	365					
Expenditures	365	182	7			
Biennial Change in Expenditures				(540)		(7)

Child & Economic Support Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial % Change in Expenditures				(99)		

3000 - Federal

Balance Forward In	58	1,764	2,084	1	1	1
Receipts	525,922	1,181,176	1,246,914	1,563,222	1,247,574	1,246,352
Transfers Out	50					
Balance Forward Out	53	2,039	1	1	1	1
Expenditures	525,876	1,180,901	1,248,996	1,563,222	1,247,574	1,246,352
Biennial Change in Expenditures				1,105,441		(318,292)
Biennial % Change in Expenditures				65		(11)

3010 - Coronavirus Relief

Direct Appropriation	3,668	78,817	22,040			
Cancellations		1,474	79			
Expenditures	3,668	77,344	21,961			
Biennial Change in Expenditures				(59,051)		(21,961)
Biennial % Change in Expenditures				(73)		

3015 - ARP-State Fiscal Recovery

Balance Forward In				1,000		
Direct Appropriation			39,000	12,900	0	0
Balance Forward Out			1,000			
Expenditures			38,000	13,900		
Biennial Change in Expenditures				51,900		(51,900)
Biennial % Change in Expenditures						(100)

Program: Grant Programs**Activity: Refugee Services Grants**<https://mn.gov/dhs/people-we-serve/children-and-families/services/refugee-assistance/>

AT A GLANCE

- In state fiscal year (FY)19 an average of 1,549 people per month received employment and social services through Refugee Services grants.
- The average monthly cost per recipient in FY19 was \$417 for employment-related services, such as assessment, employment development planning, supported job search, placement and follow-up services.
- All funds spending for the Refugee Services Grants activity for FY21 was \$4.7 million. This represented 0.02% of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Refugees are individuals who fled their country of origin and are unable to return because of a well-founded fear of persecution. When no other options exist, the United States, as well as most Western nations, provides refugees an opportunity for permanent resettlement. Most refugees resettled in Minnesota over the last decade have been from Somalia, Burma, Laos, Ethiopia, Liberia, Bhutan, Iraq and Moldova.

Refugee Services Grants aid refugees, asylees, and victims of human trafficking to resettle in Minnesota. These federally funded grants are provided to state and local agencies, including county and voluntary resettlement agencies, school districts, and community agencies to enhance human, health, educational, employment and training services. Absent these services, fewer refugees will find work and more will lack the medical, social and financial supports necessary to resettle successfully.

SERVICES PROVIDED

The Department of Human Services (DHS) Refugee Resettlement Programs Office works with many others to support the effective resettlement of refugees in Minnesota by coordinating services to help refugees transition to life in the United States. These services may include: resettlement and placement; food, cash and health care assistance; employment services; or social services.

Most refugees who resettle in Minnesota are members of families with minor children who qualify for the same cash assistance (Minnesota Family Investment Program) and health care programs available to state residents with low incomes. Refugees who do not qualify for one or both of these programs can apply for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA). These programs are available for the first eight months after refugees arrive in Minnesota. Applications for these programs are taken at county human services agencies and at voluntary resettlement agencies for refugees in the Twin Cities metro area and Olmsted County. The Resettlement Programs Office works to ensure existing systems and supports that are available to Minnesota residents are also accessible to residents with refugee status.

In addition, Refugee Services Grants support limited supplemental services for refugees, including:

- Supported employment services and transportation
- Case management services
- Information and referral
- Translation and interpreter services
- Citizenship and naturalization preparation services
- Refugee student services
- Health screening coordination

Grants are used to supplement existing services to better meet the needs of refugees through local community partners, counties, and refugee communities to ensure refugees and their families are healthy, stable, and live and work in strong, welcoming communities. The activity is funded with federal grants from the United States Department of Health and Human Services.

RESULTS

The DHS Resettlement Programs Office uses several client outcome indicators to measure performance and determine the effectiveness of our grant management activity.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Percent of refugees receiving health screening within 90 days of arrival	97%	97%	Sept 2019 Sept 2020
Result	Job retention rate within 90 days	81%	76%	Sept 2019 Sept 2020
Quantity	Average hourly wage	\$13.03	\$14.75	Sept 2019 Sept 2020

Performance Measure Note: The average hourly wage is the average wage over the previous year for all participants.

The legal authority for the Refugee Services Grants activities comes from federal law: 45 CFR 400

Refugee Services Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
2000 - Restrict Misc Special Revenue		815	900			
3000 - Federal	4,727	4,788	16,205	14,526	15,451	15,451
3010 - Coronavirus Relief		711				
Total	4,727	6,314	17,105	14,526	15,451	15,451
Biennial Change				20,590		(729)
Biennial % Change				186		(2)
<u>Expenditures by Category</u>						
Operating Expenses	582	457	554	850	930	930
Grants, Aids and Subsidies	4,145	5,857	16,551	13,676	14,521	14,521
Total	4,727	6,314	17,105	14,526	15,451	15,451

Refugee Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2000 - Restrict Misc Special Revenue						
Balance Forward In			76			
Receipts		185	824			
Transfers In		630				
Expenditures		815	900			
Biennial Change in Expenditures				85		(900)
Biennial % Change in Expenditures						
3000 - Federal						
Balance Forward In			0			
Receipts	4,727	4,788	16,205	14,526	15,451	15,451
Expenditures	4,727	4,788	16,205	14,526	15,451	15,451
Biennial Change in Expenditures				21,216		171
Biennial % Change in Expenditures				223		1
3010 - Coronavirus Relief						
Transfers In		740				
Transfers Out		29				
Expenditures		711				
Biennial Change in Expenditures				(711)		0
Biennial % Change in Expenditures						

Program: Grants Program

Activity: Health Care Grants

AT A GLANCE

- There are currently 675 navigators and in person assisters available statewide to aid people in obtaining health care coverage.
- Navigators and in person assisters provided application assistance to over 26,668 individuals or families enrolled in public health care programs during FY 2021.
- All of Minnesota's 87 counties collect and track Child and Teen Check-up immunization data with the help of grant funds from this activity.
- All funds spending for the Health Care Grants activity for FY 2021 was \$15.1 million. This represents 0.1 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Health Care Grants activity funding provides supports, infrastructure investments, and outreach. These grants benefit enrollees in Minnesota Health Care Programs (Medical Assistance (MA) and MinnesotaCare) and some uninsured or underinsured individuals. These grants have historically targeted projects or work that supplement the direct health care services funded under the MA or MinnesotaCare programs.

Some grants in this budget activity augment the agency's own operational efforts. In doing so, we engage experts outside of the Department of Human Services (DHS) to help ensure that eligible Minnesotans are enrolled in the appropriate health care program and that those enrolled, especially our youngest and/or most vulnerable or hard to reach, receive the needed health care for which they are eligible.

SERVICES PROVIDED

The particular set of active health care grants in this budget activity administered by DHS can change over time depending on the length of the funding or project. Health care grants may be for one year or may be ongoing. Grantees can range from providers, counties, or community organizations.

Funding is generally dedicated to a specific project, demonstration, or function as directed by legislation. The grants currently funded under this budget activity include:

- **In-Person Assister and Minnesota Community Application Agent (MNCAA) Programs.** These funds provide incentive payments to entities assisting people applying to and enrolling in MinnesotaCare and Medical Assistance.
- **Emergency Medical Assistance Referral and Assistance Grants.** These grants fund organizations to provide immigration legal assistance to people with emergency medical conditions whose immigration status is a barrier to Medical Assistance or MinnesotaCare eligibility. In 2021 and 2022, these funds supported legal assistance to 311 people who had or were likely to access Emergency Medical Assistance (EMA). 51 of these individuals became eligible for MA or MinnesotaCare because of changes in their immigration status.
- **Immunization Registry Grants.** Provides administrative funds to counties to support immunization registries.
- **Child and Teen Checkup Grants.** Provides funding to over 50 tribes and community health boards for outreach and education to children on Medical Assistance related to Child and Teen Checkup services.

- Integrated Care for High Risk Pregnancies (ICHRP).** **Integrated Care for High Risk Pregnancies (ICHRP).** This program provides funding for community-led collaborative care models to improve birth outcome disparities in the MA program. ICHRP grants support community-led planning, systems development, and the integration of medical, chemical dependency, public health, social services, and child welfare coordination to address the psycho-social conditions that negatively influence maternal and birth outcomes. Current grantees include three community-based organizations in the Twin Cities metro area that promote the health of mothers, support for fathers and healthy development of African American babies. Five Tribal organizations received earlier ICHRP grants, but then transitioned to federal funding focused on addressing opioids among pregnant people and nursing parents. During this period they phased out of the state-funded program temporarily. The American Indian community is again receiving state ICHRP funding effective in state fiscal year 2022, represented by two community-based coalitions in the Bemidji and Twin Cities regions.
- Minnesota Medicaid Promoting Interoperability Program (formerly the EHR Incentive Program).** Distributed federal funds to eligible providers and hospitals that purchased and shared information using certified electronic health records. The goal of this program was to improve the patient experience, promote public health and access to health care records, while reducing cost and provider burden. The program is in its final audit and close-out period, sun-setting completely in 2023. From the program’s inception in 2011 through the end of incentive payments in 2021, MPIP distributed \$252,832,642 in federally-funded incentive payments to 3,306 unique providers, clinics, and hospitals across the State of Minnesota.
- Periodic Data Matching Grants.** Provides funds to counties to offset their costs in resolving discrepant information for MA and MinnesotaCare enrollees flagged as potentially ineligible through periodic data matching of available electronic data sources.

Health Care Grants are funded with appropriations from the state general fund, health care access fund, and with federal funds.

RESULTS

The Health Care Grants activity contributes to the statewide goal of reducing the percentage of Minnesotans that do not have health insurance. DHS collects information on the number of successful applications completed by application agents under the MNCAA and In Person Assister programs.

Please note that the numbers below are affected by Federal Public Health Emergency (PHE) requirements to extend continuous coverage to many enrollees on MA and MinnesotaCare in order for the state to draw down enhanced federal funding in order to respond to COVID-19. Because continuous coverage has been extended and MA and MinnesotaCare caseloads are at a historic high, fewer enrollees have required assistance in applying for and enrolling in public health care coverage programs.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Enrollees receiving support from MNCAAs/In Person Assisters ¹	53,540	26,668	FY 2019 and FY 2021

- Measure is the number of MNCAAs and In Person Assisters receiving incentive payments as reported by MNsure and DHS staff.

Minnesota Statutes, section 256.962 provides the authority to provide incentives for application assistance under the MNCAA program.

Minnesota Statutes, section 256B.021 is the legal authority for grants related to reforms in the Medical Assistance program.

Minnesota Statutes, section 62V.05 provides authority for the In-Person Assister program.

Health Care Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<i>Expenditures by Fund</i>						
1000 - General	3,482	3,539	4,486	4,811	4,811	4,811
2360 - Health Care Access	1,674	667	2,672	3,465	3,465	3,465
3000 - Federal	15,604	11,461	18,568	22,186	25,063	28,529
3010 - Coronavirus Relief		3,229				
3015 - ARP-State Fiscal Recovery				370		
Total	20,760	18,896	25,727	30,832	33,339	36,805
Biennial Change				16,903		13,585
Biennial % Change				43		24
<i>Expenditures by Category</i>						
Operating Expenses	1,541	1,205	1,065	5,621	5,620	5,620
Grants, Aids and Subsidies	19,219	17,692	24,662	25,211	27,719	31,185
Total	20,760	18,896	25,727	30,832	33,339	36,805

Health Care Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	900	730				
Direct Appropriation	3,711	3,711	4,811	4,811	4,811	4,811
Cancellations	499	902	325			
Balance Forward Out	630					
Expenditures	3,482	3,539	4,486	4,811	4,811	4,811
Biennial Change in Expenditures				2,276		325
Biennial % Change in Expenditures				32		3

2360 - Health Care Access

Direct Appropriation	3,465	3,465	5,547	3,465	3,465	3,465
Cancellations	1,791	2,798	2,875			
Expenditures	1,674	667	2,672	3,465	3,465	3,465
Biennial Change in Expenditures				3,797		793
Biennial % Change in Expenditures				162		13

3000 - Federal

Balance Forward In	118	1	1			
Receipts	15,486	11,460	18,567	22,186	25,063	28,529
Expenditures	15,604	11,461	18,568	22,186	25,063	28,529
Biennial Change in Expenditures				13,689		12,838
Biennial % Change in Expenditures				51		32

3010 - Coronavirus Relief

Direct Appropriation		3,343				
Cancellations		113				
Expenditures		3,229				
Biennial Change in Expenditures				(3,229)		0
Biennial % Change in Expenditures						

3015 - ARP-State Fiscal Recovery

Direct Appropriation				370	0	0
Expenditures				370		

Health Care Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
Biennial Change in Expenditures				370		(370)
Biennial % Change in Expenditures						

Program: Grant Programs

Activity: Other Long-Term Care Grants

AT A GLANCE

- This budget activity covers grants that serve multiple populations including people with disabilities, people with a mental illness and older adults.
- The Home and Community-Based Service (HCBS) Innovation Pool was established in FY17 to support increased innovation in HCBS programs. The appropriation for FY20 was \$1,925,000 and FY21 was \$1,925,000. The base appropriation is \$1,925,000.
- The Home and Community-Based Service (HCBS) Innovation Pool funding supported 19 grant contracts in FY2020 and 20 grant contracts in FY21.
- Moving Home Minnesota (MHM), a Money Follows the Person (MFP) federal demonstration grant, was awarded \$14,237,923 for CY21, and an additional \$4,104,657 to support additional transitions to the community. Total CY21 award was amended to \$18,342,580. The CY22 award was \$22,011,096. MHM budgeted funds to support up to 453 community transitions across CY21-22.
- The (MFP) Capacity Building grant was awarded by the Centers for Medicare and Medicaid Systems (CMS) in CY21, as a supplement to the MFP grant. This \$5,000,000 grant is being used to support four Tribal Nations' capacity building over a span of four years.
- All funds spending for the Other Long-Term Care grants activity for FY21 was \$33.10 million. This represented 0.16 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The purpose of other long-term care grants is to serve more people in community-based settings and to encourage creativity in how services are delivered for people with disabilities, people with a mental illness, and seniors.

Currently, the following grants are included in Other Long-Term Care Grants, which will expand as more cross-population grants are developed.

The HCBS Innovation Pool grant incentivizes providers to innovate in achieving integrated competitive employment, living in the most integrated setting, and other outcomes. The Innovation pool began distributing funds in FY17.

The Money Follows the Person (MFP) federal demonstration grant supports the state's effort to rebalance their long-term services and supports system to ensure individuals have a choice of where they live and receive services. This program is called Moving Home Minnesota specifically for Minnesota. The Minnesota MFP demonstration also supports the MFP Tribal Initiative (TI), supporting the development of sustainable and culturally appropriate infrastructure and long-term services and supports for tribes and tribal members within Minnesota. The MFP Capacity Building grant is currently being utilized to support the MFP TI activities.

In addition, as part of the Money Follows the Person federal grant, States are eligible for an enhanced FFP that can be used for rebalancing projects. This is called the Moving Home Minnesota rebalancing fund. MHM has awarded nearly \$12 million in funds to support innovation and projects in the areas of: housing; service quality; equity; self-advocacy and person-centered thinking; and administration and systems improvement.

In FY21 two one-time grants were added to this budget activity from the federal Coronavirus Relief Fund: HCBS retainer grants and public health grants.

In FY22, three additional grants have been added to this budget activity from the federal American Rescue Plan Act (ARPA), totaling \$26.09 million in the FY22-23 biennium. New grant activities were technology grants for HCBS recipients, provider capacity grants, and HCBS workforce development grants.

SERVICES PROVIDED

- The Home and Community-Based Service (HCBS) Innovation Pool rewards providers, service recipients, and other entities for innovation in achieving outcomes that improve quality of life, including integrated, competitive employment and living in the most integrated setting in the community. The funds were distributed via a request for proposal (RFP) process. There are three ways that the money was distributed:
 - Large grants (up to \$500,000). These grants incentivize innovation in HCBS services. Some grantees use pay for performance concepts and models that utilize outcome-based payments consisting of financial incentives based on the outcomes proposed, produced and achieved.
 - Small grants (\$5,000 - \$50,000). This is for grants of up to \$50,000 per year for 1 to 3 years. A simplified RFP process solicits participation from diverse grantees, beyond typical responders. This could include individuals, small groups, sole proprietors, small businesses, etc.
 - Micro grants (\$100 - \$2,000). The micro grant program provides modest amounts of money to people with disabilities so they can accomplish their own goals and aspirations. The funds complement and supplement what can already be paid for through other sources of funds and have a lasting and ongoing impact for the micro grant recipient.
- The Money Follows the Person (MFP) Rebalancing Demonstration grant supports efforts to rebalance spending on long-term services and supports to ensure individuals have a choice of where they live and receive services. Individuals wishing to move into the community that have resided in an institutional setting for over 60 days are supported in locating and transitioning to community-based care. The transition and a year of services in the community are funded by the grant. The services provided under the MFP grant are eligible for an enhanced federal financial participation (FFP) of 25%. The enhanced FFP is deposited into a special revenue fund, and began funding rebalancing demonstration projects in FY19. The rebalancing funds may be used by the state to invest in or support activities that will promote improvements to the state's delivery of long-term services and supports and move the state toward more integrated and inclusive community-based service delivery systems.
- Funds under the Money Follows the Person Tribal Initiative are similarly used to improve access to community-based long-term care services and supports (CB-LTSS) for American Indians and Alaska Natives who have been in an institutional setting for over 90 days. In addition, the Tribal Initiative may be used to advance the development of an infrastructure required to implement CB-LTSS for American Indians and Alaska Natives using a single, or a variety of applicable Medicaid authorities. Funding is intended to support the planning and development of:
 - An in-state Medicaid program CB-LTSS (as an alternative to institutional care) tailored for American Indians and Alaska Natives who are presently receiving services in an institution; and
 - A service delivery structure that includes a set of administrative functions delegated by the state Medicaid agency to Tribes or Tribal organizations, such as enabling tribe(s) to design an effective program or package of Medicaid CB- LTSS, and operating day-to-day functions pertaining to the LTSS program(s).
 - The Tribal Initiative may be used to cover costs necessary to plan and implement activities consistent with the objectives of this funding and within Federal grant regulations. The funds are subject to all the terms and conditions of the MFP Program.

- Retainer grants were for eligible providers to assist with the costs of business interruptions due to required COVID-19 closures and to help ensure service access following the pandemic. Grants amounts equaled 66% of the revenue providers received for eligible services in January 2020. Two hundred nine (209) providers received a grant, totaling \$15.2 million in payments. Providers of the following services were eligible to receive these funds:
 - Adult day services provided under the BI, CADI, DD, EW waivers and AC program
 - Day training & habilitation provider under the DD waiver
 - Prevocational services provided under the BI and CADI waivers
 - Structured day services provided under the BI waiver
 - Employment exploration, development, and support services provided under the DD, CADI, CAC, and BI waiver
 - Early Intensive Developmental and Behavioral Intervention (EIDBI) services
- Public health grants - Eligible disability services providers used the funds to improve social distancing practices to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them by:
 - Maintaining or increasing use of individualized day or employment services.
 - Reducing use of congregate and sheltered workshop settings.
 - Eighty-four (84) unique recipients received a grant, totaling \$15.3 million in payments. For full details please see the legislative report [Disability services provider COVID-19-related public health grants \(https://www.lrl.mn.gov/docs/2021/mandated/210780.pdf\)](https://www.lrl.mn.gov/docs/2021/mandated/210780.pdf).
- Technology for HCBS recipients grants (\$2.5 million in the FY22-23 biennium) provides for one-time funding for technology to support people living in their own homes to enhance access to HCBS services and strengthen a person’s ability to live independently.
- Provider capacity grants for Rural and Underserved Communities (\$14 million in the FY22-23 biennium) provides temporary funding for small provider organizations serving rural or underserved communities.
- HCBS workforce development grants (\$5.588 million in the FY22-23 biennium) to attract and retain direct care workers who provide home and community-based services for people with disabilities and older adults.

RESULTS

The agency monitors data, reviews counties, and administers surveys to consumers to evaluate services. Minnesota has seen continuous improvement in the number of people with disabilities served by community-based rather than institution-based services.

More information is also available on the Employment First Dashboard (<https://mn.gov/dhs/employment-first-dashboards>) and Long-Term Service and Support Performance Dashboards (<https://mn.gov/dhs/ltss-program-performance>).

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of working age people on certain Medical Assistance programs earning \$600 or more per month.	17.7%	15.8%	FY 2019 to FY 2021
Result	Percent of people with disabilities who receive home and community-based services at home.	56.7%	63.2%	FY 2017 to FY 2021
Result	Percent of older adults who receive home and community-based services at home.	62.4%	63.3%	FY 2017 to FY 2021

Performance Measures Notes:

1. Measure compares monthly earnings for people age 18-64 who receive services from one of the following Medical Assistance programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD). Source: DHS Data Warehouse.
2. This measure compares people who receive disability waiver services in their own home rather than residential services. Source: DHS Data Warehouse.
3. This measure compares older adults receiving services in their own home rather than residential services. Source: DHS Data Warehouse.

Other Long-Term Care Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	1,893	1,643	1,925	30,181	19,013	1,925
2001 - Other Misc Special Revenue	450	950	1,685	2,886	2,890	2,900
3000 - Federal	785	1,166	1,108	2,978	3,574	4,288
3010 - Coronavirus Relief		30,560				
3015 - ARP-State Fiscal Recovery			49,900			
Total	3,127	34,320	54,618	36,045	25,477	9,113
Biennial Change				53,216		(56,073)
Biennial % Change				142		(62)

Expenditures by Category

Operating Expenses	97	22				
Grants, Aids and Subsidies	3,031	34,286	54,618	36,045	25,477	9,113
Other Financial Transaction		12				
Total	3,127	34,320	54,618	36,045	25,477	9,113

Other Long-Term Care Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In				8,500		
Direct Appropriation	1,925	1,925	10,608	21,681	19,013	1,925
Cancellations	32	282	183			
Balance Forward Out			8,500			
Expenditures	1,893	1,643	1,925	30,181	19,013	1,925
Biennial Change in Expenditures				28,570		(11,168)
Biennial % Change in Expenditures				808		(35)

2000 - Restrict Misc Special Revenue

Balance Forward In	4,408					
Transfers Out	4,408					

2001 - Other Misc Special Revenue

Balance Forward In		5,826	6,663	7,667	7,331	7,076
Transfers In	6,276	1,433	2,689	2,550	2,635	2,713
Balance Forward Out	5,826	6,309	7,667	7,331	7,076	6,889
Expenditures	450	950	1,685	2,886	2,890	2,900
Biennial Change in Expenditures				3,171		1,219
Biennial % Change in Expenditures				226		27

3000 - Federal

Receipts	785	1,166	1,108	2,978	3,574	4,288
Expenditures	785	1,166	1,108	2,978	3,574	4,288
Biennial Change in Expenditures				2,135		3,776
Biennial % Change in Expenditures				109		92

3010 - Coronavirus Relief

Balance Forward In			24			
Direct Appropriation		30,687				
Transfers In		4,945				
Transfers Out		4,945				
Cancellations		103	24			

Other Long-Term Care Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Balance Forward Out		24				
Expenditures		30,560				
Biennial Change in Expenditures				(30,560)		0
Biennial % Change in Expenditures						

3015 - ARP-State Fiscal Recovery

Direct Appropriation			49,900			
Expenditures			49,900			
Biennial Change in Expenditures				49,900		(49,900)
Biennial % Change in Expenditures						

Program: Grant Programs

Activity: Aging & Adult Services Grants

<http://mn.gov/dhs/people-we-serve/seniors/>

AT A GLANCE

- Provides congregate dining to 20,400 people and home delivered meals to 24,000 people annually.
- Funded by the Minnesota Board on Aging, AmeriCorps, Senior (formally Senior Corps) supports about 10,000 older volunteers per year who provide services through the Retired and Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions
- Provided comprehensive assistance and individualized help to more than 134,000 individuals through over 280,000 calls in CY21 through the Senior LinkAge Line®.
- Educated over 8,500 community members about Alzheimer's or other dementias, and provided services, supports and resources to nearly 2,500 family, friends, and neighbor caregivers and almost 2,500 persons suspected or diagnosed with Alzheimer's or other dementias through the Dementia grant program in CY21.
- Funded home and community-based service options through the Community Service/Services Development (Live Well at Home) grant program in CY21.
- All funds spending for the Aging & Adult Services Grants activity was \$68.14 million in FY2021. This represented 0.34 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The purpose of Aging and Adult Services Grants is to provide non-medical social services and supports for older Minnesotans and their families to allow older adults to stay in their own homes and avoid institutionalization.

These funds increase the number and kind of service options for older Minnesotans in both urban and rural communities. This gives greater opportunity for Minnesotans to age at home. Several of the state grant programs are coordinated with the services provided under the federal Older Americans Act (OAA). Federal OAA funds in Minnesota are administered through the Minnesota Board on Aging. These funds provide core social services to at-risk older adults and their family caregivers who are not yet eligible for public programs. Services are targeted to people with the greatest social and economic need.

SERVICES PROVIDED

Aging and Adult Services Grants provides various services to older adults including non-medical social services and supports for older Minnesotans and their families to allow older adults to stay in their own homes and avoid institutionalization. These grants are often used along with local private money, including donations. Aging and Adult Services grants provide:

- Nutritional services including congregate meals, home-delivered meals, and grocery delivery.
- Increased service options for older Minnesotans through service development activities funded by the Community Service/Community Services Development (CS/SD), Family Caregiver Support, and ElderCare Development Partnership (EDP) grant programs. Those services include: transportation, help with chores, help with activities of daily living, evidence-based health promotion, chronic disease management, fall prevention services, respite and other supportive services to family caregivers, and other services that help people stay in their own homes.
- Support to older volunteers who provide services through the Retired and Senior Volunteer Program, Foster Grandparent, and Senior Companion programs.

- Comprehensive and individualized help through the Senior LinkAge Line®. The Senior LinkAge Line® trains long-term care options counselors that assist individuals to find community resources and financing options for beneficiaries of all ages.
- Information about community-based resources and customized long-term care planning tools through www.minnesotahelp.info, (<http://www.minnesotahelp.info/>) a web-based database of over 45,000 services.
- Long-term care options counseling services provided by the Senior LinkAge Line®, known as Return to Community, that help people successfully remain in their homes after discharge from a nursing home. Since the launch of this service in 2010 and through 2021, over 22,000 consumers have been contacted for discharge support. Of those 22,000, direct assistance was provided to over 6,647 older adults at their request to return home and an additional 3,747 in 2018 through 2021 received education or telephone assurance for 3 to 5 years. During COVID, without the ability to meet in person, tele-visits were adopted and more follow up calls were provided if requested.
- Home and community-based services quality information which includes a tool to help people who need long-term services and supports and their caregivers find and locate services. The tool includes 340 features about services. In addition, consumer reviews are being piloted for assisted living providers, supported employment and independent living services.
- Core Service provides grants to nonprofit providers who deliver in-home and community-based services to older adults. These grants expand the number of organizations that can be supported, which increases the number of individuals served.
- Funding to assisted living providers who serve public pay participants to support quality improvement initiatives, through the customized living quality improvement grants.
- In FY22, additional Age-Friendly Minnesota and Quality Improvement Customized Living grant projects funded through the federal American Rescue Plan Act (ARPA) were approved, totalling \$2.45 million in the FY22-23 biennium.

The Agency administers these grants in partnership with regional Area Agencies on Aging, counties, tribes, and community providers.

RESULTS

Minnesota has seen improvement in the proportion of older adults served by community-based rather than institution-based services. The percent of older adults served in the community has improved over the past four years. Through our partners, we surveyed users of the Senior LinkAge Line® and found a consistent proportion of people would recommend Senior LinkAge Line® services to others.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of older adults served by home and community-based services ¹	72.8%	79.1%	FY 2017 to FY 2021
Quality	Percent of consumers who would recommend the Senior LinkAge Line® to others ²	94%	90%	2017 to 2019
Quantity	Number of older adults who receive meals through the Congregate and Home Delivered Meal Programs.	45,773	44,494	2020 to 2022

More information is available on the Long-Term Service and Support Performance Dashboard (<https://mn.gov/dhs/ltss-program-performance>)

Results Notes:

1. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source:DHS Data Warehouse)
2. Due to COVID, the in person and paper quality form was discontinued in 2020. Since the governor's emergency has been lifted, it will be reinstated in October, 2022 and has been converted from paper to an after call survey which should increase the response rate and provide feedback at the regional and agent level. (Source: Consumer Surveys, Web Referral database)
3. This is a new measure that reflects the expansion of the Return to Community initiative. (Source: Return to Community Database)

M.S. sections 256B.0917 (<https://www.revisor.mn.gov/statutes/?id=256B.0917>) and 256B.0922 (<https://www.revisor.mn.gov/statutes/?id=256B.0922>) provide the legal authority for Aging and Adult Services Grants. M.S. section 256.975 (<https://www.revisor.mn.gov/statutes/?id=256.975>) created the Minnesota Board on Aging.

Aging & Adult Services Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	31,879	30,162	31,408	39,445	34,445	32,995
2001 - Other Misc Special Revenue	161	26				
3000 - Federal	39,672	41,533	48,556	45,152	36,475	35,522
3010 - Coronavirus Relief		587				
Total	71,712	72,307	79,965	84,597	70,920	68,517
Biennial Change				20,543		(25,125)
Biennial % Change				14		(15)
<u>Expenditures by Category</u>						
Operating Expenses	1,981	2,543	3,426	1,819	1,819	1,819
Grants, Aids and Subsidies	69,730	69,764	76,539	82,778	69,101	66,698
Total	71,712	72,307	79,965	84,597	70,920	68,517

Aging & Adult Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	32,311	32,495	32,995	39,445	34,445	32,995
Cancellations	432	2,333	1,587			
Expenditures	31,879	30,162	31,408	39,445	34,445	32,995
Biennial Change in Expenditures				8,813		(3,413)
Biennial % Change in Expenditures				14		(5)

2001 - Other Misc Special Revenue

Balance Forward In	49	0				
Receipts	112	26				
Balance Forward Out	0	0				
Expenditures	161	26				
Biennial Change in Expenditures				(187)		0
Biennial % Change in Expenditures				(100)		

3000 - Federal

Balance Forward In	8	8	8	8	8	8
Receipts	39,665	41,525	48,556	45,152	36,475	35,522
Balance Forward Out			8	8	8	8
Expenditures	39,672	41,533	48,556	45,152	36,475	35,522
Biennial Change in Expenditures				12,503		(21,711)
Biennial % Change in Expenditures				15		(23)

3010 - Coronavirus Relief

Balance Forward In			109			
Direct Appropriation		8,145				
Cancellations		7,450	109			
Balance Forward Out		109				
Expenditures		587				
Biennial Change in Expenditures				(587)		0
Biennial % Change in Expenditures						

Program: Grant Programs

Activity: Deaf & Hard of Hearing Grants

<https://mn.gov/dhs/people-we-serve/adults/services/deaf-hard-of-hearing/programs-services/>

AT A GLANCE

- Deaf and Hard of Hearing grants served 612 individuals who are deaf, deafblind, hard of hearing and speaking deaf in state FY21.
- 263 adults and children with hearing loss received culturally affirmative mental health services that included access to American Sign Language (ASL) in FY21.
- 164 adults and children who are deafblind received services to establish and maintain their independence, develop knowledge and skills, and participate fully in their families and/or communities in FY21.
- 88 families who have a young child with hearing loss received support for the development of their child's communication and other life skills from adult mentors who also have hearing loss in FY21.
- Consumers with hearing loss were provided with accessible local news through 2,025.5 hours of real time captioning services for live TV news programming in Minnesota.
- 220 providers (sign language interpreters) participated in statewide training and mentorship activities that enabled them to better meet the evolving communication needs of the deaf, deafblind, and hard of hearing community.
- All funds spending for the Deaf and Hard of Hearing Grants activity for FY21 was \$2.7 million. This represented 0.01% of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

National research estimates 20% of the population has some degree of hearing loss. In Minnesota, this means approximately 1.15 million people are likely to have some degree of hearing loss (out of the total population of 5,742,036 for FY21 as estimated by the state demographer). Of those, an estimated 11% are deaf and as many as 1,640 individuals are deafblind. The number of Minnesotans with hearing loss is projected to increase significantly over the next 40 years due to factors like aging and noise exposure.

One-third of people between ages 65-74 have hearing loss and nearly half of those over age 75 have hearing loss. According to the Minnesota Department of Health, permanent childhood hearing loss affects between 200 and 400 infants born in Minnesota each year.

Deaf and Hard of Hearing Services grants help Minnesotans of all ages who are deaf, deafblind and hard of hearing with services and supports they need to live independently and be involved in their families and communities.

The Deaf and Hard of Hearing Services Division (DHHS) administers these grants.

SERVICES PROVIDED

Deaf and Hard of Hearing Services partners with statewide community providers, mental health professionals, local television stations and the Department of Commerce to provide services.

Grants are primarily funded by the state general fund. In addition, the Telecommunications Access Minnesota (TAM) funds collected by the Department of Commerce provide the grants for real-time television captioning of local news programs.

Deaf and Hard of Hearing Grant programs include:

- Sign language interpreter-related services that allow Minnesotans who are deaf, hard of hearing, and deafblind to access everyday activities and core services such as medical care, mental health services, human services, the judicial system, and self-help; this activity includes two programs to increase the number of interpreters in Greater Minnesota available to provide community interpreting services and pays travel costs to bring interpreters to areas where there are no local interpreters.
- Deafblind grants to support adults who are both deaf and blind so they can live independently and stay in their own homes. Supports include service providers fluent in American Sign Language and trained in specialized communication methods and assistive technology; consumers have an option for consumer-directed services.
- Services for children who are deafblind to provide experiential learning and language development through service providers called interveners.
- Specialized mental health programs for adults and for children and youth that provide linguistically and culturally appropriate services including home-based outreach, inpatient therapy, outpatient therapy, family counseling, psychological assessments and educational opportunities for families, schools, and mental health providers.
- Certified Peer Support Specialists for individuals who are deaf and have a serious mental illness.
- Mentors who work with families that have children with hearing loss to develop the family's communication competence, including an option to have an American Sign Language mentor or a hard of hearing role model.
- Real-time television captioning grants that allow consumers statewide who are deaf, deafblind, hard of hearing or late deafened to have equal access to their community and statewide live news programming.

RESULTS

Due to the unique and tailored nature of Deaf and Hard of Hearing's grants, measurements vary for each grant and population served. People served in DHHSD's grant-funded programs have the opportunity to fill out surveys which measure satisfaction with the quality and timeliness of services. Results represent responses from the *consumers*.

- Across all grants on average consumers reported a high level of satisfaction with the quality of services.
- Across the Deaf and Hard of Hearing grant-funded mental health programs, the percent of clients who have completed or are making good progress on their treatment goals remains consistently above 80%.
- In a variety of programs that support families with a child who is deaf, deafblind, or hard of hearing, at least 90% of parents reported noticeable improvement in their child's progress in communication, social development and community integration as a result of the services they receive.
- FY21 Data reflects the challenges that the consumers and clients experienced while seeking and receiving services through DHHS grant-funded programs in light of the COVID-19 pandemic starting in March 2020 and throughout the FY21.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous 2019-2020</i>	<i>Current 2020-2021</i>
Quality	1. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received.	82%	82%
Quality	2. Percent of consumers in DHHS grant-funded programs who are satisfied with timeliness of the services they received.	89%	79%
Quality	3. Percent of clients in DHHS grant-funded mental health programs who completed or are making good progress on their treatment plan goals.	91%	82%
Quality	4. Percent of parents in DHHS grant-funded programs who observed progress in the communication ability, community integration and social development of their child who is deaf, hard of hearing, or deafblind.	94%	90%

Performance Notes:

- Data source: Consumer satisfaction surveys and grantee reports.

M.S. sections 256.01, subd. 2 (<https://www.revisor.mn.gov/statutes/?id=256.01>), 256C.233 (<https://www.revisor.mn.gov/statutes/?id=256C.233>), 256C.25 (<https://www.revisor.mn.gov/statutes/?id=256C.25>), and 256C.261 (<https://www.revisor.mn.gov/statutes/?id=256C.261>) provide the legal authority for Deaf and Hard of Hearing grants.

Deaf & Hard of Hearing Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	2,784	2,850	2,862	2,886	2,886	2,886
2001 - Other Misc Special Revenue	264	273	149	137		
2403 - Gift				13	13	13
3000 - Federal	75	75	75	75	75	75
Total	3,123	3,198	3,085	3,111	2,974	2,974
Biennial Change				(125)		(248)
Biennial % Change				(2)		(4)
<u>Expenditures by Category</u>						
Operating Expenses		32		13	13	13
Grants, Aids and Subsidies	3,123	3,166	3,085	3,098	2,961	2,961
Total	3,123	3,198	3,085	3,111	2,974	2,974

Deaf & Hard of Hearing Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation	2,886	2,886	2,886	2,886	2,886	2,886
Cancellations	102	36	24			
Expenditures	2,784	2,850	2,862	2,886	2,886	2,886
Biennial Change in Expenditures				113		24
Biennial % Change in Expenditures				2		0

2001 - Other Misc Special Revenue

Balance Forward In		2	6			
Receipts	295	306	180	137		
Transfers In		1	14			
Transfers Out	30	29	51			
Balance Forward Out	2	6				
Expenditures	264	273	149	137		
Biennial Change in Expenditures				(252)		(286)
Biennial % Change in Expenditures				(47)		(100)

2403 - Gift

Receipts				13	13	13
Expenditures				13	13	13
Biennial Change in Expenditures				13		13
Biennial % Change in Expenditures						

3000 - Federal

Receipts	75	75	75	75	75	75
Expenditures	75	75	75	75	75	75
Biennial Change in Expenditures				0		0
Biennial % Change in Expenditures				0		0

Program: Grant Programs

Activity: Disabilities Grants

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/>

AT A GLANCE

- The Family Support Grant served 1,636ⁱ people in FY21.
- The Consumer Support Grant supported an average of 2,693 people a month in FY21.
- Semi-independent living services served 1,522ⁱⁱ people in FY21.
- HIV/AIDS programs helped 4,086ⁱⁱⁱ people living with HIV/AIDS.
- The Disability Hub MN, in FY21 served 26,264 people, had 86,695 contacts and 67 educational events. In FY22 the Hub served 28,447 people, had 71,108 contacts and 30 educational events.^{iv}
- In FY22 new grants have been added to this budget activity funded through the federal American Rescue Plan Act (ARPA), totaling \$18.546 million in the FY22-23 biennium.
- All funds spending for the Disabilities Grants activity for FY21 was \$79.20 million. This represented 0.39 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The US Census Bureau estimates that nearly 600,000 or over ten percent of Minnesotans have a disability or disabling condition. Disabilities Grants provide services and supports to help Minnesotans with disabilities remain in their communities and avoid institutionalization. This work is done by counties, tribes, families and local providers. These funds increase the service options for people with disabilities and their families; help people with HIV/AIDS with medical expenses; provide information and assistance on disability programs and services; and support county and tribal service infrastructure.

More information about disabilities grants and the number of people served is available with our Programs and Services page:

- Family Support Grant (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/fsg.jsp>)
- Consumer Support Grant Program (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/csg.jsp>)
- Semi-independent Living Services (<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/sils.jsp>)
- HIV/AIDS programs (<https://mn.gov/dhs/people-we-serve/seniors/health-care/hiv-aids/programs-services/>)
- Disability Hub MN (<https://disabilityhubmn.org/>)

SERVICES PROVIDED

Disabilities Grant programs include:

- The Family Support Grant (FSG) provides cash to families to offset the higher-than-average cost of raising a child with a disability.
- The Consumer Support Grant (CSG) is an alternative to home care paid through the Medical Assistance, which helps people purchase home care, adaptive aids, home modifications, respite care, and other help with the tasks of daily living. This program will sunset when Community First Services and Supports (CFSS) replaces the services provided by CSG.

- Semi-Independent Living Services (SILS) grants help adults with developmental disabilities, who do not require an institutional level of care, live in the community. The funding is used for instruction or assistance with nutrition education, meal planning and preparation, shopping, first aid, money management, personal care and hygiene, self-administration of medications, use of emergency resources, social skill development, home maintenance and upkeep, and use of transportation.
- HIV/AIDS programs help people living with HIV/AIDS pay premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- The Disability Hub MN, provides one-to-one assistance to make it easier for people with disabilities to understand their options, find solutions, and engage in possibilities.
- Technology grants for alternatives to corporate foster care, funds the multidisciplinary team approach to person centered assistive technology (AT) consultation and technical assistance to help individuals with disabilities live more independently. People who want to stay home or move home direct the outcome; the grantee assists with the technology resources.
- Pre-admission Screening and Resident Review activities determine a person's need for nursing facility (NF) level of care for Medical Assistance (MA). Lead agencies costs related to this activity are reimbursed through these grants.
- Intractable epilepsy grants provide independent living services training to adults with intractable epilepsy and information, assistance, and referral to guardians of and families with children under the age of 18 who have severe or intractable epilepsy.
- Local planning grants assist counties and tribes in development of community alternatives to corporate foster care settings. This funding is used to implement specific county plans to address the needs of people with disabilities in their communities.
- Day Training and Habilitation (DT&H) grants are allocated to counties. Counties pay for DT&H costs for some residents. This funding is allocated to counties to help offset costs for legislative rate increases to day training and habilitation facilities, and Grant funding also supports providers who are projected to experience a significant funding gap at the completion of banding. This provision includes provider eligibility standards. Providers receiving grants are required to develop sustainability plans in partnership with DHS. DHS is required to provide technical assistance and financial management advice to grant recipients.
- Regional Quality Council grants fund four regional quality councils. The Regional Quality Councils, in collaboration with DHS, exist to support a system of quality assurance and improvement in the provision of person-directed services for people with disabilities.
- Work Empower grants help people with disabilities maintain or increase stability and employment; increase access to and utilization of appropriate services across systems; reduce use of inappropriate services; improve physical / mental health status; increase earnings; and achieve personal goals.
- Institutional Settings and Intellectual and Developmental Disability grants fund a disability advocacy organization to maintain and promote self-advocacy services and supports for persons with intellectual and developmental disabilities throughout the state.
- Innovation Grants for Families provide funding for grants to connect families through innovation grants, life planning tools and other resources as they support a family member with disabilities.
- Region Person Centered Cohort Grant is allocated to regional cohorts for training, coaching, and mentoring for Person-Centered Planning and collaborative safety practices.
- SEIU Grant Funding – Appropriates funding to pay stipends to PCA workers for taking additional training and for new worker orientation.
- Electronic Visit Verification Grant Funding (EVV) assists providers who choose to use their own electronic visit verification system. Providers of these services must comply with electronic visit verification standards, on a date established by the commissioner, after the state-selected system is in production. This is a two year grant program.

- Federally-funded traumatic brain injury grants will continue to expand on work done in the first grant cycle, with partnerships with the MN Department of Health, MN Brain Injury Alliance, and will expand into work with the DHS Housing Division to support housing and homeless service providers who work with people with brain injury – focusing on training/education and screening opportunities to get people connected to services.

ARPA funded grants in the FY22-23 biennium include:

- Parent-to-Parent Program for Families with Children with Disabilities provides individual support and assistance to 200 unique families across MN and supports, information, and training services through 1,342 family encounters.
- Self Advocacy Grants for People with Developmental Disabilities provides funding to establish a statewide advocacy network for people with intellectual and developmental disabilities
- Minnesota Inclusion Grant provides funds for self-advocacy groups of people with intellectual and developmental disabilities to develop and organize projects to increase inclusion and access to inclusive services, improve community integration outcomes, and educate decision makers and the public.
- Inclusive Child Care Access for Children with Disabilities to establish grants that will improve access, staff capacity, staff training and development and child care facilities for children with disabilities in child care settings.
- Provider reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. Support through this grant program includes a state appointed technical assistance firm, grants to help providers end their use of subminimum wages, and grants to expand the capacity of providers supporting competitive employment.
- MCIL HCBS Access Grants support people with disabilities to live in their own homes and communities by providing accessibility modifications that cannot be purchased through Medicaid due to the participant's eligibility.

Transition to Community Initiative grants add corporate foster care and customized living to the list of eligible settings for persons accessing the Whatever it Takes Grants.

The Disabilities Grants activity is funded by the state's general fund, federal funds and special revenue funds. The HIV/AIDS programs receive federal funds from the Ryan White Care Act

(<https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf>) and also rebate funding from pharmaceutical companies for drugs and insurance.

RESULTS

The agency monitors data, reviews counties and tribes, and administers surveys to consumers to evaluate services. Minnesota has seen continuous improvement in the number of people with disabilities served by community-based rather than institution-based services.

The agency tracks the percent of people with disabilities who receive home and community-based services in their own home instead of in a congregate residential setting, such as foster care.

More information is also available on the DHS dashboard (<http://dashboard.dhs.state.mn.us/>).

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	1. Percent of people with disabilities who receive home and community-based services at home.	56.7%	63.2%	FY 2017 to FY 2021
Quality	2. Percent of consumers who would recommend the Disability Hub MN to others.	98%	98%	2019 to 2021
Quantity	3. Annual number of people served through the Technology for Home Services grant.	372	375	FY2019 to FY2021

1. This measure compares people who receive disability waiver services in their own home rather than residential services. More information is also available at <https://mn.gov/dhs/ltss-program-performance>. Source: DHS Data Warehouse.
2. This measure continues to show over 90% satisfaction with the Disability Hub services. Source: Disability Hub MN Customer Satisfaction Surveys.
3. This measure represents the unduplicated annual number of people served through the Technology for Home Services grant, which provides assistive technology for people in their own homes. Source: Technology for Home report. Source: DHS Data Warehouse.

M.S. sections 252.275 (<https://www.revisor.mn.gov/statutes/?id=252.275>); 252.32 (<https://www.revisor.mn.gov/statutes/?id=252.32>); 256.01, subds. 19, 20, and 24 (<https://www.revisor.mn.gov/statutes/?id=256.01>); 256.476 (<https://www.revisor.mn.gov/statutes/?id=256.476>); and 256B.0658 (<https://www.revisor.mn.gov/statutes/?id=256b.0658>) provide the legal authority for Disabilities Grants.

ⁱ The total FY21 spending and divide it by the average grant amount (\$2,000). Grants may not exceed \$3,113.99 per calendar year for each eligible child.

ⁱⁱ Based on assumption of 2% recipient growth over FY 2018 estimation.

ⁱⁱⁱ These numbers are from CAREWare, the client level database for Ryan White Services.

^{iv} Information is from the Disability Hub Call Center report

Disabilities Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	54,150	57,729	63,911	74,744	45,334	22,260
2000 - Restrict Misc Special Revenue	13,439	15,792	16,585	10,413	8,832	8,832
2001 - Other Misc Special Revenue	131	228	285	55		
3000 - Federal	12,734	11,513	8,302	11,544	11,488	11,479
Total	80,454	85,261	89,083	96,756	65,654	42,571
Biennial Change				20,124		(77,614)
Biennial % Change				12		(42)
<u>Expenditures by Category</u>						
Operating Expenses	5,421	4,018	4,962	2,768	2,713	2,713
Grants, Aids and Subsidies	75,033	81,243	84,121	93,988	62,941	39,858
Total	80,454	85,261	89,083	96,756	65,654	42,571

Disabilities Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In				2,340		
Direct Appropriation	22,431	23,144	31,398	31,010	29,260	22,260
Transfers In	35,399	39,637	41,477	41,394	16,074	
Cancellations	3,680	5,052	6,623			
Balance Forward Out			2,340			
Expenditures	54,150	57,729	63,911	74,744	45,334	22,260
Biennial Change in Expenditures				26,777		(71,061)
Biennial % Change in Expenditures				24		(51)

2000 - Restrict Misc Special Revenue

Balance Forward In	17,289	19,513	19,296	9,046	5,109	2,753
Receipts	13,134	13,353	9,503	9,132	9,132	9,132
Transfers Out	350	2,586	3,168	2,656	2,656	2,656
Balance Forward Out	16,634	14,488	9,046	5,109	2,753	397
Expenditures	13,439	15,792	16,585	10,413	8,832	8,832
Biennial Change in Expenditures				(2,233)		(9,334)
Biennial % Change in Expenditures				(8)		(35)

2001 - Other Misc Special Revenue

Balance Forward In	171	107				
Receipts		121	285	55		
Balance Forward Out	39					
Expenditures	131	228	285	55		
Biennial Change in Expenditures				(19)		(340)
Biennial % Change in Expenditures				(5)		(100)

3000 - Federal

Balance Forward In	144	0				
Receipts	12,591	11,512	8,302	11,544	11,488	11,479
Expenditures	12,734	11,513	8,302	11,544	11,488	11,479
Biennial Change in Expenditures				(4,401)		3,121
Biennial % Change in Expenditures				(18)		16

Program: Grant Programs

Activity: Housing & Support Services Grants

<https://mn.gov/dhs/partners-and-providers/program-overviews/housing-and-homelessness>

AT A GLANCE

- The Housing and Support Services Division oversees five grant programs to support housing-related activity statewide.
- Services provided include case management, outreach and education, online housing search tools, and housing program administration.
- In the FY21, grant spending of over \$11.29 million supported Minnesotans with disabilities with limited incomes to live with dignity, stability, respect and choice. This represents .055 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Housing and Support Services Division manages five grant programs to support housing for low-income Minnesotans with disabilities. These programs, which amount to nearly \$20.5 million over the biennium, support people across the housing spectrum. This funding is an integral part in the Division's commitment to supporting systems that integrate housing, services, and income supports to enable people to live in the community of their choice.

SERVICES PROVIDED

- The Long-Term Homelessness Supportive Services grant supports multi-county and tribal collaboratives to assist individuals and families with long histories of homelessness to find and keep permanent housing. Grants fund case management, outreach, and direct assistance that allow individuals and families to find and stay in their housing.
- The Community Living Infrastructure grant, which began in 2018, integrates housing as a basic component of county and tribal human service agency work. Funds are available to 53 counties and three tribes across the state. Grant funding can be used in one or more of these areas: 1) outreach activities to individuals who are homeless or in institutions or other facility stays; 2) housing resource specialists who can provide information to individuals, family members, providers, advocates, etc. about housing resources they may be eligible for, as well as information about housing opportunities in their area; and 3) administration and monitoring of the Housing Support program by counties or tribes.
- The Real Time Housing Website grant funds the design, development and maintenance of a fully accessible and usable website to track availability of housing openings in real-time for people with disabilities across the state of Minnesota. It will help connect individuals, advocates, and family members to housing options and information about community living resources available. The website, named HB101 Places, has been built and is currently in its first phase of roll-out.
- The Housing Benefit 101 grant pays for the development and maintenance of the Housing Benefits 101 website which helps people with disabilities understand housing-related resources available to them according to their situation and needs. The website has information on housing programs that can make housing more affordable along with information on different types of housing options and services that can improve quality of life. HB101 has a Vault feature in which persons can securely store their personal information related to housing and utilize a personalized housing planning tool in their search for housing in the community of their choice.

- The Housing Access Services grant supports individuals with disabilities to find and access housing in the community. Since the fall of 2009, more than 2,500 people have used Housing Access Services to move from licensed or unlicensed settings to homes of their own.
- In addition to ongoing grants, COVID-19 Minnesota Fund dollars were appropriated to supplement the Community Living Infrastructure grant in FY22 and FY23 to provide outreach to engage people facing homelessness or living in segregated settings, screening for basic needs and assistance with referral to community living resources; build capacity to assist people and provide technical assistance and consultation on housing and related support services resources for persons with both disabilities and low income; to streamline administration or monitoring of the Housing Support Program; and to provide direct assistance to individuals to access and maintain housing in community settings.

RESULTS

Long-Term Homeless Supportive Services grant

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Number</i>	<i>Dates</i>
Quantity	Number of people and households served annually by the Long-Term Homeless Supportive Services Fund Grant	3,321 people, 1,943 households	FY2021

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Greater MN</i>	<i>Twin Cities</i>
Quantity	Regional breakdown of people served by the Long-Term Homeless Supportive Services Fund Grant Program	60%	40%

Community Living Infrastructure Grant

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Dates</i>
Quantity	Estimated number of people served by Community Living Infrastructure outreach and housing resource specialists.	6,000 people	FY2021

Legal authority for Housing and Support Services Grants:
 M.S. sections 256I.09 (<https://www.revisor.mn.gov/statutes/cite/256I.09>);
 256K.26 (<https://www.revisor.mn.gov/statutes/?id=256k.26>);
 256B.0658 (<https://www.revisor.mn.gov/statutes/cite/256B.0658>);
 256I.04 (<https://www.revisor.mn.gov/statutes/cite/256I.04>)

Housing & Support Services Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	9,264	10,364	18,622	19,364	18,364	10,364
1251 - COVID-19 Minnesota	114	1,171				
3000 - Federal		360	693			
3010 - Coronavirus Relief		336	30			
Total	9,378	12,231	19,345	19,364	18,364	10,364
Biennial Change				17,100		(9,981)
Biennial % Change				79		(26)
<u>Expenditures by Category</u>						
Operating Expenses	211	16				
Grants, Aids and Subsidies	9,167	12,215	19,345	19,364	18,364	10,364
Total	9,378	12,231	19,345	19,364	18,364	10,364

Housing & Support Services Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
1000 - General						
Direct Appropriation	10,764	11,864	19,364	19,364	18,364	10,364
Cancellations	1,500	1,500	742			
Expenditures	9,264	10,364	18,622	19,364	18,364	10,364
Biennial Change in Expenditures				18,358		(9,258)
Biennial % Change in Expenditures				94		(24)

1251 - COVID-19 Minnesota

Balance Forward In		1,509				
Direct Appropriation	1,612					
Cancellations		338				
Balance Forward Out	1,499					
Expenditures	114	1,171				
Biennial Change in Expenditures				(1,285)		0
Biennial % Change in Expenditures				(100)		

3000 - Federal

Receipts		360	693			
Expenditures		360	693			
Biennial Change in Expenditures				334		(693)
Biennial % Change in Expenditures						

3010 - Coronavirus Relief

Balance Forward In			341			
Direct Appropriation		775				
Cancellations		360	311			
Balance Forward Out		79				
Expenditures		336	30			
Biennial Change in Expenditures				(306)		(30)
Biennial % Change in Expenditures						

Program: Grant Program

Activity: Adult Mental Health Grants

<https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/index.jsp>

AT A GLANCE

- Approximately 223,760 adults in Minnesota have a serious mental illness.
- Provided Assertive Community Treatment to 2,087 people in CY21.
- Provided Crisis Housing Assistance to prevent homelessness of 275 people in facility-based treatment in CY21.
- Provided Housing with Support services to assist 2,761 persons with serious mental illness in accessing and retaining permanent supportive housing by the end of CY21.
- Provided Mobile Crisis Response Services to 10,518 people in response to crisis episodes in CY21. All funds spending for the Adult Mental Health Grants activity for FY21 was \$80.3 million. This represented 0.395 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Adult Mental Health Grants support services for adults with mental illness and are administered by the Behavioral Health Division of the Behavioral Health, Housing and Deaf and Hard-of-Hearing Administration (BHDH), using both federal and state funds. These funds, combined with county dollars, are used to identify and meet local service need by developing and providing a range of mental health services in the community. Adult Mental Health Grants support the mission of the Minnesota Comprehensive Adult Mental Health Act by supporting community mental health system infrastructure and services. The grants are used in conjunction with healthcare coverage and other funding sources to support individuals in independent living through community-based service and treatment options. Services are delivered using best practice and evidence-based practice models that are person-centered and effective.

PROVIDED

Adult Mental Health Grants support a broad range of vital community service needs. The grants provide funding for infrastructure, community services, supports, and coordination activities not covered by Medical Assistance, and/or for persons who are uninsured or under-insured by public or private health plans. These grants are distributed in a number of ways. Some are allocated to counties and tribes in the form of flexible block grants that can be used to fund a number of services. Other grants are awarded competitively to counties, tribes, mental health providers, and other organizations for specific services, projects, and programs. Services include, but are not limited to the following:

Transitions to Community Initiative - This initiative is designed to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Forensic Mental Health Program (FMHP) located in St. Peter (formerly known as the Minnesota Security Hospital MSH) once they no longer need hospital level of care. This program funds transitional services, referred to as the Whatever It Takes (WIT) program, which is designed to work with the individual and their treatment teams in addressing unique discharge barriers faced by some individuals. The initiative promotes recovery and allows individuals to move to integrated settings of their choice as outlined in the Minnesota Olmstead Plan, which then opens beds at AMRTC and MSH for other individuals who need them.

Adult Mental Health Initiatives (AMHI). This state grant provides both AMHI and Community Support Program (CSP) funding to 19 single- and multi-county initiatives to support the community-based mental health service system for adults with Serious and Persistent Mental Illness (SPMI) who are under- or uninsured. Each region ranges in size from single large counties in the metro, to the White Earth Nation, to regions encompassing up to 18 counties in greater Minnesota. Services that can be provided using these funds include: prevention and outreach, diagnostic assessments and testing, transportation, peer support, residential crisis stabilization, supported employment/individualized placement and support services, ACT, housing subsidies, Adult Rehabilitative Mental Health Services (ARMHS), outpatient psychotherapy, outpatient medication management, day treatment, partial hospitalization, IRTS, and targeted case management. CSP funds are given directly to counties to implement CSP services in their communities. Similar to the AMHI funds, some counties choose to pool their CSP funds together and partner on service delivery.

Project for Assistance in Transition from Homelessness (PATH) - PATH is a federal program supplemented with state matching funds to provide outreach, service coordination, and related services designed to find and engage persons with serious mental illness who are homeless or at imminent risk of becoming homeless and provide them with services to meet basic needs, resources, and housing.

Crisis Housing – This program provides direct payments for rent, mortgage, and utility costs, to assist persons in retaining their housing while getting needed facility-based treatment. The program prevents homelessness while the individual uses their income to pay for treatment or loses income while getting needed treatment.

Housing with Supports - These grants fund the development of permanent supportive housing for persons with serious mental illness, by providing options that assist individuals who need housing linked with supportive to help maintain an individual’s mental health and housing stability while living in the community.

Crisis Response Services – Provides an array of services from mobile crisis response teams to crisis stabilization beds and aftercare services. Mobile crisis teams respond to an individual experiencing a severe mental health problem that requires immediate assistance in their home, place of employment, or in a hospital emergency department. Many components of crisis services are not reimbursable under Medicaid, such as telephone contacts with a person in crisis, linkage and coordination, benefits assistance, and post-hospital transition services. Ancillary services that are not able to be billed to MA are being provided through grant funding.

Culturally specific services – These grants expand capacity for ethnically and culturally-specific, trauma-informed, adult mental health services within targeted cultural and ethnic minority communities in Minnesota.

Mental Health Innovations – These grant funds are dedicated to finding innovative approaches for improving access to and the quality of community-based, outpatient mental health services. Programs are focused on helping people with mental illness receive effective and culturally specific services in their community.

RESULTS

Transitions to Community – FY21

- 150 unduplicated individuals received support through the Transition to Community program.
- Of the 150 individuals served, 81 individuals were discharged: 69 from AMRTC and 12 from MSH.
- Technical assistance was provided by DHS staff to navigate discharge options for an additional 11 individuals.

Adult Rehabilitative Mental Health Services (ARMHS), and Crisis Response

Information below is the most current available

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of Adults with Serious Mental Illness who received Adult Rehabilitative Mental Health Services (ARMHS)	21,109	20,175	CY 2018 to CY 2020
Quantity	Number of episodes for which Mental Health Crisis Services were provided	13,317	12,300	CY 2018 to CY 2020
Result	Percent of people needing hospitalization after receiving crisis service interventions	11%	8%	CY 2019 to CY 2021

Performance Measure Notes:

- Source: DHS Data Warehouse

MS § 256E.12, 245.4661, and 245.70 provide the authority for the grants in this budget activity.

Adult Mental Health Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	81,658	69,625	80,990	119,774	99,795	101,657
2000 - Restrict Misc Special Revenue	994	1,337	1,313	1,088	1,088	1,088
2005 - Opiate Epidemic Response		1,825	1,862	2,000	2,000	
3000 - Federal	7,556	9,824	10,462	23,431	28,048	24,744
3010 - Coronavirus Relief		768	23			
Total	90,209	83,378	94,649	146,293	130,931	127,489
Biennial Change				67,356		17,478
Biennial % Change				39		7
<u>Expenditures by Category</u>						
Operating Expenses	1,295	1,689	1,635	1,900	226	226
Grants, Aids and Subsidies	88,913	81,689	93,014	144,393	130,705	127,263
Total	90,209	83,378	94,649	146,293	130,931	127,489

Adult Mental Health Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		20		13,775		
Direct Appropriation	84,302	79,877	98,772	105,999	99,795	101,657
Cancellations	2,644	10,272	4,007			
Balance Forward Out			13,775			
Expenditures	81,658	69,625	80,990	119,774	99,795	101,657
Biennial Change in Expenditures				49,481		688
Biennial % Change in Expenditures				33		0

2000 - Restrict Misc Special Revenue

Balance Forward In	372	380	1,506	1,212	1,212	1,212
Receipts	1,000	1,615	1,019	1,088	1,088	1,088
Balance Forward Out	378	658	1,212	1,212	1,212	1,212
Expenditures	994	1,337	1,313	1,088	1,088	1,088
Biennial Change in Expenditures				70		(225)
Biennial % Change in Expenditures				3		(9)

2005 - Opiate Epidemic Response

Direct Appropriation		2,000	2,000	2,000	2,000	0
Cancellations		175	138			
Expenditures		1,825	1,862	2,000	2,000	
Biennial Change in Expenditures				2,037		(1,862)
Biennial % Change in Expenditures						(48)

3000 - Federal

Balance Forward In			6			
Receipts	7,556	9,824	10,457	23,431	28,048	24,744
Expenditures	7,556	9,824	10,462	23,431	28,048	24,744
Biennial Change in Expenditures				16,513		18,899
Biennial % Change in Expenditures				95		56

3010 - Coronavirus Relief

Balance Forward In			132			
--------------------	--	--	-----	--	--	--

Adult Mental Health Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Direct Appropriation		868				
Cancellations			110			
Balance Forward Out		100				
Expenditures		768	23			
Biennial Change in Expenditures				(745)	(23)	
Biennial % Change in Expenditures						

Program: Grant Programs

Activity: Children's Mental Health Grants

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/>

AT A GLANCE

- 154,219 children and youth in Minnesota on Medicaid Programs (under 21 years of age) meet federal criteria for serious emotional disturbance (SED) in CY21.
- In CY21, 81,162 children and youth in Minnesota on Medicaid Programs (under 21 years of age) received publicly funded mental health services.
- 2,488 youth with a severe emotional disturbance received Respite Care Grant services in 2021.
- All funds spending for the Child Mental Grants activity for FY 2021 was \$24.88 million. This represented 0.12 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

Children's Mental Health Grants are administered by the Behavioral Health Division of the Behavioral Health, Housing, and Deaf and Hard-of-Hearing Administration (BHDH), which receives both federal and state funding, to support services for children with mental illness. These grants fund community, school, home, and clinic-based children's mental health services provided by non-profit agencies, schools, Medicaid-enrolled mental health clinics, tribes, counties, and culturally specific agencies.

SERVICES PROVIDED

Children's mental health grants build providers' capacity to deliver equitable access to effective mental health treatment, promote innovation, and promote integration of mental health services into the state's overall healthcare system. Partners are essential to developing and maintaining a dynamic and competent mental health service delivery system. For children, coordination of care must include other child-serving sectors of the public and private health and human service systems

Children's mental health grant programs include:

- **Children's Respite Grants.** Respite services provide temporary care for children with serious mental health needs who live at home. This program provides relief to families and caregivers while offering a safe environment for their children. These services can be provided in a family's home, foster home, or a licensed facility in the community
- **Children's Evidenced Based-Training Grants.** These grants are awarded to mental health provider agencies serving children and youth for strengthening the clinical infrastructure. The grants are used to provide training and consultation to practicing mental health providers in the use of treatment strategies.
- **Early Childhood Mental Health Capacity Grants.** DHS awards competitive grants to mental health providers to provide early childhood mental health services in Minnesota. There are three core components of the Early Childhood Mental Health (ECMH) grant program: 1) providing appropriate clinical services to young children and their families who are uninsured or underinsured, 2) increasing the clinical competence of clinicians across the state to serve children birth through five and their parents by training them in evidenced-based practices around assessment and treatment of young children and provide mental health consultation to childcare providers across the state to prevent expulsion and suspension of young children from childcare, and 3) increasing childcare staff morale and retention, and addressing the mental health issues of young children and their families accessing childcare.

- **Children’s mental health screening grants.** Children’s mental health screening grants integrate mental health screening into current practice, promote the use of effective and efficient mental health screening instruments, facilitate referral of children for diagnostic assessments, and make funds available for screening and uncompensated mental health services.
- **Adverse Childhood Experience grants.** This program provides training to Children's Mental Health and Family Services Collaboratives on the impact of ACEs (Adverse Childhood Experiences), brain development, historical trauma, and resilience.
- **Youth Mental Health First Aid grants.** Mental Health First Aid for Youth is a one-day workshop designed to teach parents, family members, caregivers, teachers, school staff, and other citizens how to help an adolescent who is experiencing a mental health or substance use challenge, or who is in crisis.
- **First Episode Psychosis.** First Episode Psychosis (FEP) programs are for all adolescents and young adults ages 15 to 40 experiencing a first episode psychosis, especially underserved and at-risk populations, including African Americans/Africans, American Indians, Asian Americans, Hispanics/Latinos, LGBTQ communities, people with disabilities, and transition age youth.
- **School Linked Mental Health Grants.** These grants provide funding to community mental health agencies that place mental health professionals and practitioners in partnering schools to provide mental health services to students. These mental health providers also consult with teachers, provide care coordination, and offer classroom presentations and school-wide trainings on mental health issues.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Service Utilization Rate (per 10,000)	501	541	CY2020- CY2021
Quantity	Number of children in the child welfare system who received a mental health screening	7,617	6,408	CY2019- CY2020

Performance Measure Notes:

- **Service Utilization Rate:** An indicator of service access, this indicator counts the number of children (under age 18) receiving any mental health service from the publicly financed health care system, per 10,000 children in the general child population. An increase in utilization rate denotes an increase in access to services for children.
- **Percent of children receiving a mental health screening:** This activity funds screenings for children in the child welfare system. Counties conduct mental health screenings for children in the child welfare system who have not had a recent assessment.

Minnesota Statutes, section 245.4889 (<https://www.revisor.mn.gov/statutes/?id=245.4889>) provides the legal authority for Children’s Mental Health grants.

Child Mental Health Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	22,593	19,471	24,491	36,896	31,830	29,955
2001 - Other Misc Special Revenue	29	276	547	420		
2403 - Gift		888				
3000 - Federal	2,887	3,858	2,806	6,986	8,164	8,411
3010 - Coronavirus Relief		2,996				
3015 - ARP-State Fiscal Recovery			6,976	8,300		
Total	25,509	27,490	34,820	52,602	39,994	38,366
Biennial Change				34,423		(9,062)
Biennial % Change				65		(10)
<u>Expenditures by Category</u>						
Operating Expenses	561	257	132	80	80	80
Grants, Aids and Subsidies	24,948	27,233	34,689	52,522	39,914	38,286
Total	25,509	27,490	34,820	52,602	39,994	38,366

Child Mental Health Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	2,015	10		4,464		
Direct Appropriation	21,826	21,726	30,167	32,432	31,830	29,955
Cancellations	1,238	2,265	1,212			
Balance Forward Out	10		4,464			
Expenditures	22,593	19,471	24,491	36,896	31,830	29,955
Biennial Change in Expenditures				19,323		398
Biennial % Change in Expenditures				46		1

2001 - Other Misc Special Revenue

Receipts	29	276	547	420		
Expenditures	29	276	547	420		
Biennial Change in Expenditures				662		(967)
Biennial % Change in Expenditures				217		(100)

2403 - Gift

Balance Forward In			328	331	331	331
Receipts		1,213	2			
Balance Forward Out		324	331	331	331	331
Expenditures		888				
Biennial Change in Expenditures				(888)		0
Biennial % Change in Expenditures						

3000 - Federal

Receipts	2,887	3,858	2,806	6,986	8,164	8,411
Expenditures	2,887	3,858	2,806	6,986	8,164	8,411
Biennial Change in Expenditures				3,047		6,783
Biennial % Change in Expenditures				45		69

3010 - Coronavirus Relief

Direct Appropriation		3,000				
Cancellations		4				
Expenditures		2,996				

Child Mental Health Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial Change in Expenditures				(2,996)		0
Biennial % Change in Expenditures						

3015 - ARP-State Fiscal Recovery

Balance Forward In				1,500		
Direct Appropriation			8,476	6,800	0	0
Balance Forward Out			1,500			
Expenditures			6,976	8,300		
Biennial Change in Expenditures				15,276		(15,276)
Biennial % Change in Expenditures						(100)

Program: Grant Programs

Activity: Substance Use Disorder (SUD) Treatment Support Grants

<https://mn.gov/dhs/people-we-serve/adults/health-care/substance-abuse/>

AT A GLANCE

- In the United States in 2020, it is estimated that 25.9 million people over the age of 12 had substance use disorders (SUD).
- 58,563 people in Minnesota received treatment for substance use disorder in CY21.
- 43 percent of people who sought substance use disorder treatment in 2021 completed their program.
- The compulsive gambling helpline receives more than 1,500 calls and texts each year for information or referrals to treatment.
- All funds spending for the SUD Treatment Support and Primary Prevention grant activity for FY21 was \$27.9 million, which represented 0.13 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Substance Use Disorder (SUD) Treatment Support and Primary Prevention Grants activity uses both federal and state funding to support state-wide prevention, intervention, recovery maintenance, case management and treatment support services for people with alcohol, or drug addiction. Treatment support services include outreach and engagement, assistance with housing-related services, assistance with applying for state benefits, subsidized housing, transportation, childcare, and parenting education.

This activity also includes the state Compulsive Gambling Treatment Program, which funds statewide education, prevention messaging, intervention, treatment and recovery services for individuals and families impacted by problem gambling through evidence-based practices, education, supports, and protective financial resources.

The Opioid Epidemic Response law, raises fees to prescribers, drug manufactures, and distributors. The fee revenue is deposited into the opiate epidemic response fund. The Opiate Epidemic Response Advisory Council has decision-making authority over the allocation of a portion of account funds. The Behavioral Health Division administers grants based on direction from the council.

SERVICES PROVIDED

Substance Use Disorder Treatment Support and Primary Prevention Grants provide:

- community drug and alcohol abuse prevention, intervention, and case management services for communities of color, the elderly, disabled, individuals with a mental illness and substance use disorder, individuals experiencing chronic homelessness, and people involved in the criminal justice system;
- treatment supports specifically targeted to women, women with children, the elderly, and other diverse populations;
- residential substance use treatment for pregnant and parenting mothers and mental health services for the children continuing to reside with them in the treatment setting in order to enable mothers to continue to parent while addressing substance use disorders.
- a statewide prevention resource center that provides education and capacity building to prevent the misuse of alcohol and other drugs. Education includes delivering information and training to counties, tribes, local communities, and other organizations;
- community-based planning and implementation grants that use a public health approach to preventing alcohol use problems among young people;

- regional prevention coordinators across MN to provide substance use prevention technical assistance and training locally to prevention professionals; and
- a tobacco merchant educational training and compliance check project, as well as funding for Synar inspectors, who conduct random inspections of tobacco retailers.

Most of the funding for SUD Treatment Support and Prevention Grants comes from the U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant. Additional funding comes from the SAMHSA Strategic Prevention Framework Partnerships for Success grant focusing on the prevention of alcohol and marijuana use/abuse on college campuses. Additional funding comes from the Strategic Prevention Framework, Prescription Drug Misuse Prevention grant focusing on the prevention of prescription drug misuse. Funding also comes from the Federal State Opioid Response grant focusing on the prevention of opioid based substances. State appropriations provide additional funding for drug and alcohol abuse prevention, treatment support and recovery maintenance services for Native Americans.

The state's Compulsive Gambling Program provides:

- public awareness campaigns to promote information and awareness about problem gambling;
- a statewide phone and text help line and problem gambling awareness resources and supports;
- funding for problem gambling assessments, outpatient and residential treatment of problem gambling and gambling addiction;
- compulsive gambling assessments of offenders under section 609.115, subdivision 9;
- training for gambling treatment providers and other behavioral health service providers;
- research focusing on the prevalence of problem gambling and gambling addiction among Minnesotans; and
- research that evaluates awareness, prevention, education, treatment service and recovery supports related to problem gambling and gambling addiction.

Public awareness campaigns target Minnesotans statewide, with specific initiatives aimed at young adults, women, military and veterans, and racially and ethnically diverse communities that experience higher rates of problem gambling. The Compulsive Gambling statewide helpline, <http://www.getgamblinghelp.com/about/>, (1-800-333-HOPE or text HOPE to 61222) generally receives about one thousand calls/texts requesting information, supports or referrals for treatment services each year. The Compulsive Gambling Treatment program provides funding for approximately 700 people per year for outpatient treatment services. An average of approximately 177 people receive residential treatment each year.

The Compulsive Gambling Treatment program is largely funded by a portion of state lottery proceeds, and a dedicated one-half of one percent of the revenue from the state tax on lawful gambling proceeds.

The Congratulate and Educate tobacco merchant education and compliance project funds local law enforcement and public health departments to conduct undercover compliance checks and provide educational publications. The project, activated in 2014, is designed to promote community policing and to both congratulate clerks who pass an educational tobacco compliance inspection (do not sell to the minor) and to provide education to clerks and owners about youth access tobacco laws and consequences.

The Synar Program is required and funded by the federal Substance Abuse Prevention and Treatment Block Grant. Synar conducts annual inspections of randomly selected tobacco retailers in Minnesota to determine the State's Retailor Violation Rate. Synar requirements include the facilitation of the annual Tobacco Enforcement Survey (TES), the coverage study which is required every three years and the Annual Synar Report which is a required deliverable under the terms and conditions of the Federal Block Grant Award.

SUD/Criminal Justice Involved grants are designed to meet the needs of individuals that experience barriers in accessing SUD treatment due to a felony conviction. They also support reunification with individuals' family and children, when appropriate.

Grants for individuals with substance use disorder who are also at risk of or currently experiencing homelessness to support coordination between SUD assessors and providers, and Homeless Coordinated Entry providers to reduce the gaps and barriers for individuals in need of housing and traditional SUD treatment or harm reduction care. These grants enhance access to various core and support services such as outreach/in reach and engagement, housing, substance abuse treatment, mental health care, and benefits advocacy.

Deaf, Deaf/Blind and Hard of Hearing Recovery Support Service Grants provide recovery support services to individuals that are deaf, deaf/blind and/or hard of hearing provide an array of recovery supports intended to reduce barriers such as access to SUD treatment, and ensure availability of aftercare and recovery support services. These grants also develop a pool of individuals qualified to receive peer recovery training.

Opiate Epidemic Response Advisory Council (OERAC)

The OERAC was established to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota (see Minnesota Statutes, sections 256.042 and 256.043). The council focuses on:

- prevention and education, including public education and awareness for adults and youth, prescriber education, the development and sustainability of opioid overdose prevention and education programs, the role of adult protective services in prevention and response, and providing financial support to local law enforcement agencies for opiate antagonist programs;
- training on the treatment of opioid addiction, including the use of all Food and Drug Administration approved opioid addiction medications, detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices;
- the expansion and enhancement of a continuum of care for opioid-related substance use disorders, including primary prevention, early intervention, treatment, recovery, and aftercare services; and
- the development of measures to assess and protect the ability of cancer patients and survivors, persons battling life threatening illnesses, persons suffering from severe chronic pain, persons at the end stages of life, and elderly who legitimately need prescription pain medications, to maintain their quality of life by accessing these pain medications without facing unnecessary barriers.

The Behavioral Health Division supports the council and administers grants on the council's behalf.

State Opioid Response (SOR) Grants provide federal funding for:

- Medication assisted treatment (MAT) expansion and recovery resources
- Workforce capacity building
- Naloxone training and distribution
- Expanding navigation and access to MAT
- Innovative response to Minnesota's Opioid Epidemic

Programs funded through SOR aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

The Behavioral Health Division, a division of the agency's Community Supports Administration, administers the programs and grants within the SUD Treatment Support Grants activity.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	11 th grade use of alcohol, 1-2 days, during the past 30 days.	14%	13%	FY2019 vs FY2021
Result	11 th grade use of any tobacco products, including e-cigarettes and hookah, during the past 30 days.	22%	28%	FY2019 vs. FY2021

Measure Notes:

- The use of alcohol and tobacco use measures consist of data reported in the Minnesota Student Survey (<https://www.health.state.mn.us/data/mchs/surveys/mss/index.html>).

Minnesota Statutes, chapters 254A (<https://www.revisor.mn.gov/statutes/?id=254A>), 254B (<https://www.revisor.mn.gov/statutes/?id=254B>) and 256, (<https://www.revisor.mn.gov/statutes/?id=256>) and sections 245.98 (<http://www.revisor.mn.gov/statutes/?id=245.98>) and 297.E02, subd. 3 (<https://www.revisor.mn.gov/statutes/?id=297E.02>) provide the legal authority for SUD Treatment Support and Primary Prevention Grants.

Substance Use Disorder Treatment Support Grants

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	3,595	3,729	3,265	10,800	6,308	4,414
2000 - Restrict Misc Special Revenue	215	193	190	378	315	315
2001 - Other Misc Special Revenue	37	666	210	708	708	693
2005 - Opiate Epidemic Response		500	300	500	500	
3000 - Federal	29,786	30,884	34,496	92,489	56,311	34,036
4800 - Lottery	1,451	1,732	1,594	1,733	1,733	1,733
Total	35,084	37,704	40,055	106,608	65,875	41,191
Biennial Change				73,876		(39,597)
Biennial % Change				101		(27)
<u>Expenditures by Category</u>						
Operating Expenses	1,037	1,264	1,048	932	932	932
Grants, Aids and Subsidies	34,046	36,440	39,007	105,676	64,943	40,259
Total	35,084	37,704	40,055	106,608	65,875	41,191
Total Agency Expenditures	35,084	37,704	40,055	106,608	65,875	41,191
Internal Billing Expenditures	0					
Expenditures Less Internal Billing	35,083	37,704	40,055	106,608	65,875	41,191

Substance Use Disorder Treatment Support Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	1,420	1,616	1,901	4,601		
Direct Appropriation	3,136	2,636	4,273	4,280	4,247	2,247
Receipts	735	1,138	1,760	1,919	2,061	2,167
Cancellations	80	13	68			
Balance Forward Out	1,616	1,648	4,601			
Expenditures	3,595	3,729	3,265	10,800	6,308	4,414
Biennial Change in Expenditures				6,741		(3,343)
Biennial % Change in Expenditures				92		(24)
2000 - Restrict Misc Special Revenue						
Balance Forward In	68	404	434	545	545	545
Receipts	484	135	302	378	315	315
Balance Forward Out	336	346	545	545	545	545
Expenditures	215	193	190	378	315	315
Biennial Change in Expenditures				160		62
Biennial % Change in Expenditures				39		11
2001 - Other Misc Special Revenue						
Balance Forward In	214	227	202	192	123	54
Receipts		83				
Transfers In	340	540	340	840	840	840
Transfers Out	300	2	141	201	201	201
Balance Forward Out	217	182	192	123	54	
Expenditures	37	666	210	708	708	693
Biennial Change in Expenditures				216		483
Biennial % Change in Expenditures				31		53
2005 - Opiate Epidemic Response						
Direct Appropriation		500	500	500	500	0
Cancellations			200			
Expenditures		500	300	500	500	
Biennial Change in Expenditures				300		(300)
Biennial % Change in Expenditures						(38)

Substance Use Disorder Treatment Support Grants

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

3000 - Federal

Receipts	29,786	30,884	34,481	92,489	56,311	34,036
Transfers In			16			
Expenditures	29,786	30,884	34,496	92,489	56,311	34,036
Biennial Change in Expenditures				66,316		(36,638)
Biennial % Change in Expenditures				109		(29)

4800 - Lottery

Direct Appropriation	1,733	1,733	1,733	1,733	1,733	1,733
Cancellations	282	1	139			
Expenditures	1,451	1,732	1,594	1,733	1,733	1,733
Biennial Change in Expenditures				144		139
Biennial % Change in Expenditures				5		4

Program: Direct Care and Treatment

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/>

AT A GLANCE

- Direct Care and Treatment (DCT) offers programs in about 200 sites throughout Minnesota.
- DCT provides services to about 12,000 patients and clients each year.
- DCT has about 4,500 employees and approximately 70% live and work in Greater Minnesota.
- DCT has an annual budget of more than \$525 million, which represents less than 3 percent of the overall spending for the Department of Human Services.

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, chemical dependency, intellectual disabilities, traumatic brain injuries and other serious and often co-occurring conditions.

The only behavioral health care system of its kind, size and scope in Minnesota, DCT occupies a unique niche among the state's health care providers. The system serves patients and clients that other health care providers cannot or will not serve because they do not have the capacity or expertise. Nearly all of the 12,000 patients and clients served each year in DCT facilities have been civilly committed by a court as mentally ill, chemically dependent, developmentally disabled or as sexually dangerous persons. Some patients and clients are under more than one civil commitment. Many face proceedings in criminal courts.

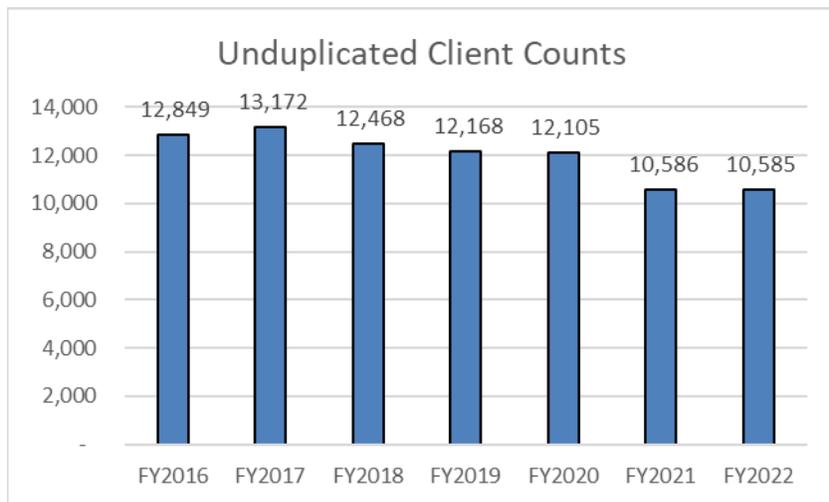
Comparable in size to CentraCare, a health system that covers central Minnesota, DCT's network includes several psychiatric hospitals (including Anoka-Metro Regional Treatment Center, the state's largest psychiatric hospital) and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; and special-care dental clinics. DCT's system also includes group homes and vocational sites for people with developmental and intellectual disabilities; and the nation's largest treatment program for civilly committed sex offenders. The system serves 1,850 patients per day for a total of 675,000 patient days per year. Patients and clients are admitted from communities throughout Minnesota.

Treating patients and clients with such complex conditions and often challenging behaviors requires a level of clinical expertise that most other health care systems do not have in such abundance. DCT's has a deep bench of forensic psychiatrists, child psychiatrists, forensic psychologists, neuropsychologists, physicians, special-care dentists and dental support staff, psychiatric and advance-practice registered nurses, pharmacists and other clinicians. In all, more than one-third of DCT's 4,500 employees are highly trained and experienced clinical staff.

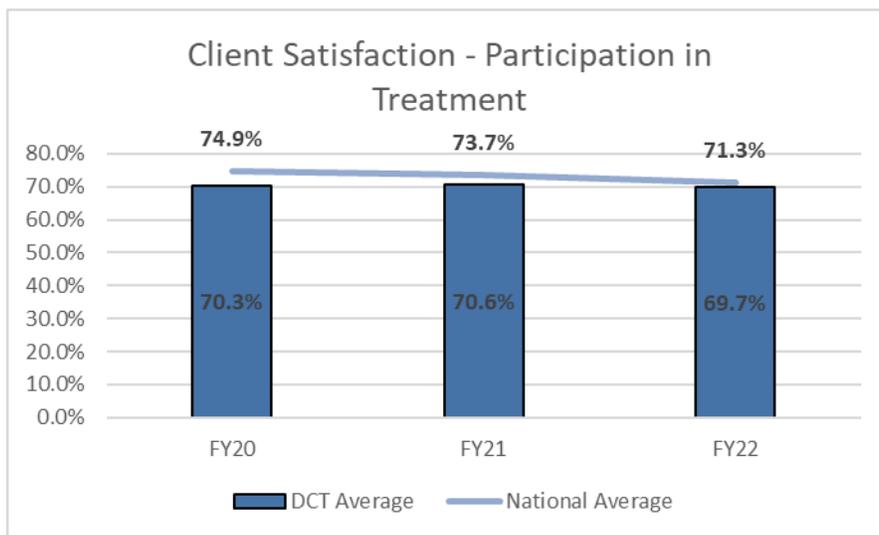
Compared to other health care systems, DCT is also unique in terms of how it is funded and in its authority to manage, downsize or eliminate certain programs or services that have been mandated by the Legislature. For most of its annual operating budget, DCT receives an appropriation from the Legislature. DCT bills Medicare, Medicaid, private insurance, individual patients and all available and allowable sources for all services. Revenue generated is returned to the state General Fund. However, some large DCT programs (inpatient addiction treatment facilities as well as residential and vocational services for people with developmental disabilities) are set up as enterprise programs, meaning they're expected to be self-supporting and operate with the revenue they generate. The reality is some of the programs do not take in enough revenue to be self-sufficient and DCT has often had to request appropriations from the Legislature to close the revenue gap.

Unlike other health care systems, DCT does not have full discretion to upsize, downsize, modify or eliminate programs based on changing patient needs, emerging trends in care and treatment or fiscal realities such as when programs are losing money. Legislative approval is necessary for DCT to make major managerial decisions and operational changes in certain programs and services in response to changes in circumstances.

RESULTS



While the number of patients and clients served has fluctuated between 12,000 and 13,000 since 2016, the COVID-19 pandemic significantly affected admissions to DCT facilities in FY 2021 and FY 2022.



The graph above shows the percentage of patients at discharge or at annual review who respond positively to the inpatient client satisfaction survey. The industry benchmark is 78.41 percent. DCT’s target goal is to meet or exceed the industry standard benchmark.

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

Direct Care and Treatment

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	356,860	371,731	392,763	423,144	416,736	416,736
2000 - Restrict Misc Special Revenue	5,218	6,741	7,710	8,102	7,527	7,623
2001 - Other Misc Special Revenue	12,064	9,009	10,164	10,270	10,270	10,270
2403 - Gift	3	1	1	4	3	3
3000 - Federal			273			
3010 - Coronavirus Relief	13,059	3,045				
4100 - SOS TBI & Adol Ent Svcs	1,432	1,281	841	776	798	813
4101 - DHS Chemical Dependency Servs	16,378	16,202	16,252	18,911	19,315	19,592
4350 - MN State Operated Comm Svcs	111,996	114,308	121,856	138,247	141,998	144,574
4503 - Minnesota State Industries	1,164	738	1,376	1,407	1,407	1,407
6000 - Miscellaneous Agency	5,133	5,489	5,494	5,437	5,437	5,437
Total	523,308	528,546	556,731	606,298	603,491	606,455
Biennial Change				111,176		46,917
Biennial % Change				11		4

Expenditures by Activity

Mental Health & Substance Abuse Treatment Services	138,665	137,054	145,768	158,823	157,183	157,460
Community Based Services	124,092	126,911	133,605	150,418	152,999	155,590
Forensic Services	109,650	116,569	120,588	127,228	128,162	128,162
Minnesota Sex Offender Program	93,297	96,459	101,375	107,566	106,569	106,569
DCT Administration	57,605	51,552	55,395	62,263	58,578	58,674
Total	523,308	528,546	556,731	606,298	603,491	606,455

Expenditures by Category

Compensation	444,163	450,601	468,110	503,807	505,683	508,647
Operating Expenses	71,332	70,172	80,893	95,600	90,917	90,917
Grants, Aids and Subsidies	5,984	5,729	5,631	6,891	6,891	6,891
Capital Outlay-Real Property	306	433	587			
Other Financial Transaction	1,523	1,612	1,510			
Total	523,308	528,546	556,731	606,298	603,491	606,455

Direct Care and Treatment

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Total Agency Expenditures	523,308	528,546	556,731	606,298	603,491	606,455
Internal Billing Expenditures	217	98	42	161	161	161
Expenditures Less Internal Billing	523,091	528,448	556,689	606,137	603,330	606,294
<u>Full-Time Equivalents</u>	4,796.63	4,645.50	4,534.66	4,856.35	4,739.00	4,670.70

Direct Care and Treatment

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		15,096	16,029	6,408		
Direct Appropriation	408,557	416,905	425,441	451,000	451,000	451,000
Transfers In	9,409	11,409	14,432			
Transfers Out	46,657	43,460	56,731	34,264	34,264	34,264
Cancellations		12,190				
Balance Forward Out	14,449	16,029	6,408			
Expenditures	356,860	371,731	392,763	423,144	416,736	416,736
Biennial Change in Expenditures				87,316		17,565
Biennial % Change in Expenditures				12		2
Full-Time Equivalents	3,223.57	3,135.86	3,079.50	3,347.35	3,230.00	3,161.70

2000 - Restrict Misc Special Revenue

Balance Forward In	3,731	4,466	3,997	4,506	3,643	1,814
Receipts	5,908	5,749	5,718	7,239	5,698	7,630
Transfers In		500	2,500			
Transfers Out	2					
Balance Forward Out	4,419	3,974	4,506	3,643	1,814	1,821
Expenditures	5,218	6,741	7,710	8,102	7,527	7,623
Biennial Change in Expenditures				3,852		(662)
Biennial % Change in Expenditures				32		(4)
Full-Time Equivalents	40.82	40.06	42.02	43.31	43.31	43.31

2001 - Other Misc Special Revenue

Balance Forward In	1,739	369	345	367	369	370
Receipts	298	1,486	10,186	10,272	10,271	10,271
Transfers In	10,395	7,500				
Balance Forward Out	369	345	367	369	370	371
Expenditures	12,064	9,009	10,164	10,270	10,270	10,270
Biennial Change in Expenditures				(639)		106
Biennial % Change in Expenditures				(3)		1

2400 - Endowment

Balance Forward In	64	65	65	65	66	67
--------------------	----	----	----	----	----	----

Direct Care and Treatment

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	1	0	0	1	1	1
Balance Forward Out	65	65	65	66	67	68

2403 - Gift

Balance Forward In	46	46	46	47	43	40
Receipts	3	0	2			
Transfers In		10				
Transfers Out		10				
Balance Forward Out	46	46	46	43	40	37
Expenditures	3	1	1	4	3	3
Biennial Change in Expenditures				1		1
Biennial % Change in Expenditures				35		11

3000 - Federal

Balance Forward In		650				
Receipts	650	7,202	273			
Balance Forward Out	650	7,852				
Expenditures			273			
Biennial Change in Expenditures				273		(273)
Biennial % Change in Expenditures						

3010 - Coronavirus Relief

Direct Appropriation	13,059	3,045				
Expenditures	13,059	3,045				
Biennial Change in Expenditures				(16,104)		0
Biennial % Change in Expenditures				(100)		

4100 - SOS TBI & Adol Ent Svcs

Balance Forward In	302	542	432	155	183	189
Receipts	1,670	1,171	565	804	804	804
Balance Forward Out	540	431	155	183	189	180
Expenditures	1,432	1,281	841	776	798	813
Biennial Change in Expenditures				(1,096)		(6)

Direct Care and Treatment

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial % Change in Expenditures				(40)		(0)
Full-Time Equivalents	21.40	18.07	10.17	13.20	13.20	13.20

4101 - DHS Chemical Dependency Servs

Balance Forward In	2,469	1,778	1,211	80		
Receipts	9,119	8,082	6,684	9,799	10,283	10,560
Transfers In	6,438	7,438	8,438	9,032	9,032	9,032
Balance Forward Out	1,648	1,097	80			
Expenditures	16,378	16,202	16,252	18,911	19,315	19,592
Biennial Change in Expenditures				2,584		3,744
Biennial % Change in Expenditures				8		11
Full-Time Equivalents	141.33	139.37	130.13	150.15	150.15	150.15

4350 - MN State Operated Comm Svcs

Balance Forward In	6,396	9,056	15,737	31,367	35,735	37,693
Receipts	102,895	120,865	131,364	134,112	135,453	136,808
Transfers In	11,697		6,122	8,503	8,503	8,503
Balance Forward Out	8,992	15,613	31,367	35,735	37,693	38,430
Expenditures	111,996	114,308	121,856	138,247	141,998	144,574
Biennial Change in Expenditures				33,798		26,469
Biennial % Change in Expenditures				15		10
Full-Time Equivalents	1,369.51	1,312.14	1,272.84	1,302.34	1,302.34	1,302.34

4503 - Minnesota State Industries

Balance Forward In	2,286	2,702	2,967	2,693	2,156	1,619
Receipts	1,502	875	1,102	870	870	870
Balance Forward Out	2,625	2,838	2,693	2,156	1,619	1,082
Expenditures	1,164	738	1,376	1,407	1,407	1,407
Biennial Change in Expenditures				881		31
Biennial % Change in Expenditures				46		1

6000 - Miscellaneous Agency

Balance Forward In	876	1,028	1,406	1,277	1,314	1,351
--------------------	-----	-------	-------	-------	-------	-------

Direct Care and Treatment

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	5,271	5,846	5,365	5,474	5,474	5,474
Balance Forward Out	1,014	1,386	1,277	1,314	1,351	1,388
Expenditures	5,133	5,489	5,494	5,437	5,437	5,437
Biennial Change in Expenditures				308		(57)
Biennial % Change in Expenditures				3		(1)

Program: Direct Care and Treatment

Activity: Mental Health & Substance Abuse Treatment Services

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/>

AT A GLANCE

- Mental Health and Substance Abuse Treatment Services (MHSATS) provides inpatient and residential services to approximately 300 patients each day.
- The Anoka-Metro Regional Treatment Center (AMRTC) is the state's largest psychiatric hospital. Budgeted to operate 110 beds, AMRTC served 412 patients in FY22.
- The six Community Behavioral Health Hospitals (CBHHs) are 16-bed psychiatric hospitals located across the state. They served 626 patients in FY 2022.
- Community Addiction Recovery Enterprise (C.A.R.E.) programs are 16-bed residential treatment facilities located across the state. They served 375 clients in FY 2022.
- All-funds spending for this budget activity was approximately \$142 million for FY 2022, which represents 26 percent of total DCT all-funds spending. Total DCT spending is less than 3 percent of the overall total spending for the Department of Human Services.

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 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 five main service lines. MHSATS provides inpatient services in eight psychiatric hospitals, five locked addiction treatment facilities, and three short-term residential facilities. The goal is to treat patients as close as possible to their home communities, families, friends, jobs and other supports so that they can make a smooth transition back to life in the community once they're stabilized and ready for discharge.

SERVICES PROVIDED

The following services are funded with general fund appropriations:

- **Anoka-Metro Regional Treatment Center (AMRTC):** Inpatient psychiatric services in a secure hospital setting for adults.
- **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 & Adolescent Behavioral Health Hospital (CABHH):** Inpatient psychiatric services in a secure hospital setting in Willmar for children and teens.
- **Minnesota Specialty Health System (MSHS):** Inpatient Intensive Residential Treatment Services (IRTS) for adults, located in Brainerd, Wadena and Willmar.

The following service is funded with other revenues:

- **Community Addiction Recovery Enterprise (C.A.R.E.):** Locked inpatient residential treatment for clients with chemical dependency and substance use disorders. Programs operate in Anoka, Carlton, Fergus Falls, St. Peter, and Willmar.

All services are:

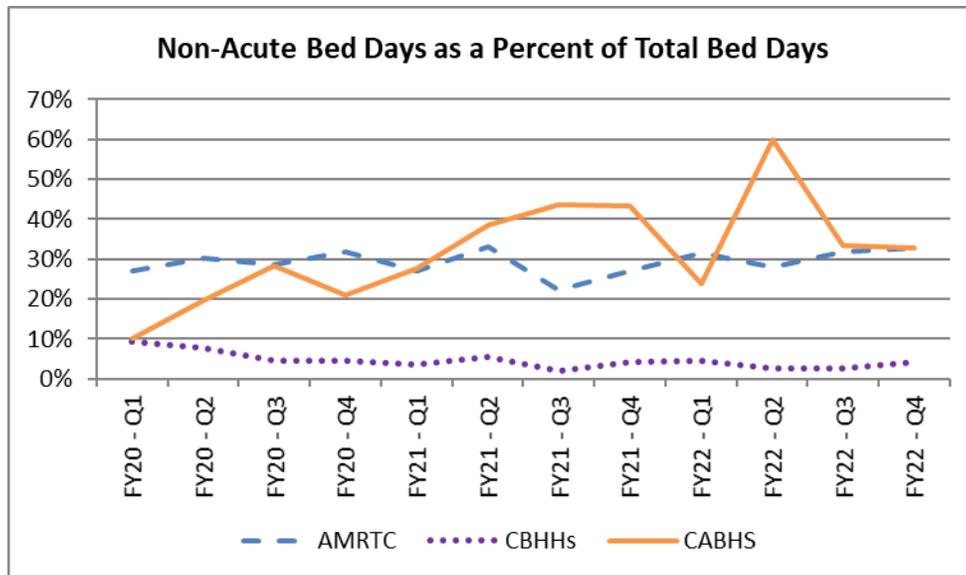
- Patient-centered, focusing on the needs of the individual.
- Provided in a safe environment at the appropriate level of care.
- Designed to allow individuals to move through treatment and into the most integrated setting possible.

To assure a successful transition back to life in the community, we use key strategies such as:

- Collaboration with county and community partners to ensure continuity of services and prompt psychiatric follow-up upon an individual’s return to a community setting.
- Reducing the number of medications necessary to control the individual’s symptoms.

RESULTS

MHSATS measures non-acute bed days. These are days when a patient who no longer needs a hospital level of care is not discharged in a timely way but remains in the hospital, often due to a lack of community placement options. These delays in discharge are costly and impact the availability of services to other individuals who need hospitalization but cannot be admitted because of a lack of available beds. The goal for hospitals is that less than 10 percent of total bed days be classified as non-acute bed days.

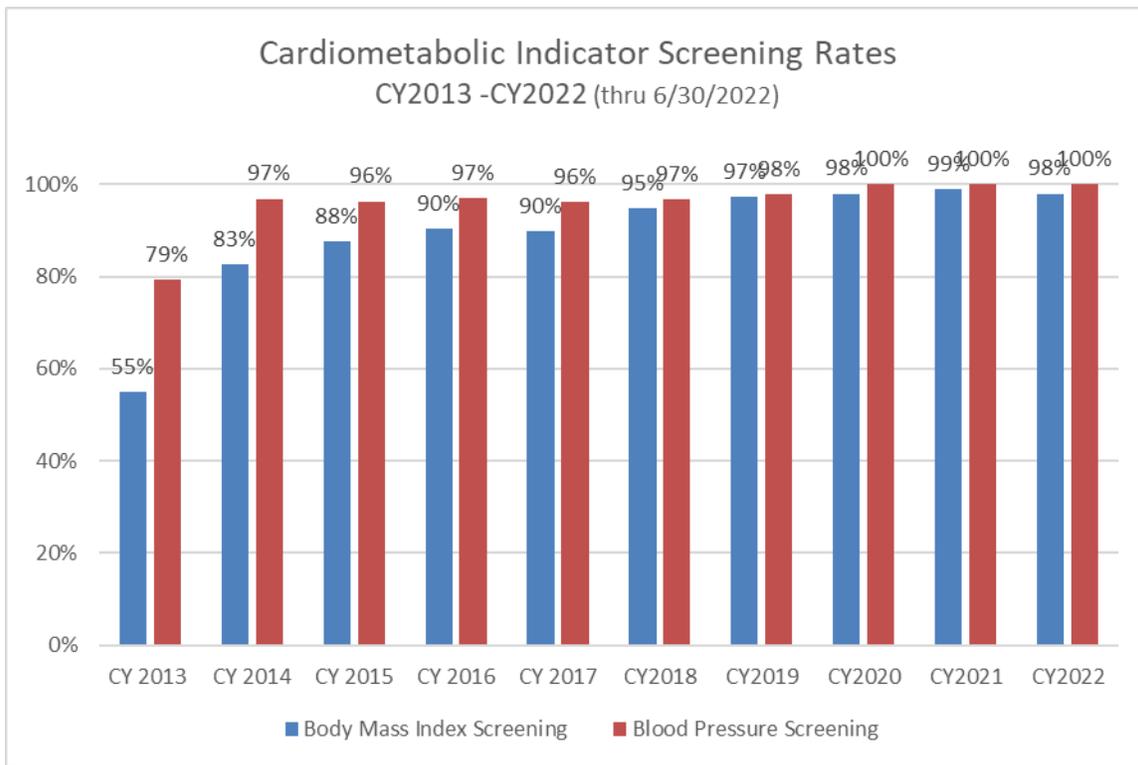


The graph illustrates little change in the trend of non-acute bed days at AMRTC, which is the state’s largest psychiatric hospital. On average about 30 percent of bed days at the facility are non-acute bed days.

Non-acute bed days at the CBHHS remain below the 10 percent goal. Because of the lower daily census, non-acute bed days at the CABHH vary widely – or, more directly, one or two clients who do not meet the criteria for hospital level of care 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 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.

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

Mental Health & Substance Abuse Treatment Services

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	122,209	120,653	129,343	139,722	137,678	137,678
4101 - DHS Chemical Dependency Servs	16,378	16,202	16,252	18,911	19,315	19,592
6000 - Miscellaneous Agency	78	200	173	190	190	190
Total	138,665	137,054	145,768	158,823	157,183	157,460
Biennial Change				28,872		10,052
Biennial % Change				10		3

Expenditures by Category

Compensation	118,681	119,775	123,775	132,842	133,246	133,523
Operating Expenses	19,748	16,972	21,106	25,770	23,726	23,726
Grants, Aids and Subsidies	82	202	175	211	211	211
Capital Outlay-Real Property			572			
Other Financial Transaction	154	106	140			
Total	138,665	137,054	145,768	158,823	157,183	157,460

Total Agency Expenditures	138,665	137,054	145,768	158,823	157,183	157,460
Internal Billing Expenditures	15	10	3	7	7	7
Expenditures Less Internal Billing	138,650	137,045	145,764	158,816	157,176	157,453

<u>Full-Time Equivalent</u>	1,229.00	1,169.94	1,117.64	1,254.51	1,221.82	1,199.16
------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Mental Health & Substance Abuse Treatment Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,105		2,044		
Direct Appropriation	129,209	129,201	137,934	146,710	146,710	146,710
Transfers In	3,500		1,000			
Transfers Out	7,626	8,126	7,547	9,032	9,032	9,032
Cancellations		3,527				
Balance Forward Out	2,874		2,044			
Expenditures	122,209	120,653	129,343	139,722	137,678	137,678
Biennial Change in Expenditures				26,203		6,291
Biennial % Change in Expenditures				11		2
Full-Time Equivalents	1,086.56	1,030.57	987.51	1,104.36	1,071.67	1,049.01

2000 - Restrict Misc Special Revenue

Full-Time Equivalents	1.11					
-----------------------	------	--	--	--	--	--

4101 - DHS Chemical Dependency Servs

Balance Forward In	2,469	1,778	1,211	80		
Receipts	9,119	8,082	6,684	9,799	10,283	10,560
Transfers In	6,438	7,438	8,438	9,032	9,032	9,032
Balance Forward Out	1,648	1,097	80			
Expenditures	16,378	16,202	16,252	18,911	19,315	19,592
Biennial Change in Expenditures				2,584		3,744
Biennial % Change in Expenditures				8		11
Full-Time Equivalents	141.33	139.37	130.13	150.15	150.15	150.15

6000 - Miscellaneous Agency

Balance Forward In	2	13	7	12	13	14
Receipts	89	194	178	191	191	191
Balance Forward Out	13	7	12	13	14	15
Expenditures	78	200	173	190	190	190
Biennial Change in Expenditures				85		17
Biennial % Change in Expenditures				31		5

Program: Direct Care and Treatment

Activity: Community Based Services

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/>

AT A GLANCE

- Community Based Services (CBS) provides residential, vocational and other support services for more than 500 people with developmental disabilities and other complex behavioral needs each day.
- Community Support Services mobile teams provided support to 315 people in FY 2022.
- CBS foster care program served 13 children and adolescents with severe emotional disturbances in individual foster homes in FY 2022.
- CBS residential programs served 333 clients in FY 2022.
- CBS vocational program served 515 clients in FY 2022.
- All-funds spending for this budget activity was approximately \$132 million for FY2022. This represents 24 percent of total Direct Care and Treatment (DCT) all-funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

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 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 (CBS) is one of DCT's five main service lines. CBS provides treatment and residential supports to individuals with developmental disabilities and complex behavioral health needs for whom no other providers are available. The majority of CBS programs operate as enterprise services, which means funding relies on the revenues generated from services provided to clients. Revenues are collected from third-party payment sources such as Medical Assistance, private insurance, and the clients themselves.

SERVICES PROVIDED

Service programs within this activity include:

- **Community Support Services (CSS):** Specialized mobile teams provide crisis support services statewide to individuals with mental illness and/or 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.
- **Crisis Residential Services and Minnesota Life Bridge (CRS and MLB):** CRS and MLB have a total of eight 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 (CAS):** These services for youth ranging 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 (MITH) 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.
- **CBS Residential Services:** Operates about 100 small group homes (typically four beds) located throughout Minnesota for individuals with mental illness and/or 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 (RMS) 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 home, 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.
- **CBS Vocational Services:** Provides vocational support services for people with developmental disabilities, including evaluations, training, and onsite coaching and assistance for clients working jobs in the community. Service rates are generated for each client based on individual needs.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The percentage of survey respondents who said support from CSS mobile teams prevented placement in a less integrated setting (jails, hospitals, institutional settings, etc).	76%	81%	2019 v. 2022
Quantity	The percentage of vocational services clients employed in their communities.	66%	84%	June 2020 v. June 2022
<i>Type of Measure</i>	<i>Description of Measure</i>	<i>Transitions/ Discharges</i>	<i>Admissions</i>	<i>Dates</i>
Quantity	Clients who no longer required CBS services and were transitioned to other providers; and clients admitted who have complex behavioral needs that cannot be supported by other providers.	337	208	2017 to 2022
Quantity	Crisis Residential Services and Minnesota Life Bridge admissions and discharges	161	159	2017 to 2022

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

Community Based Services

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	10,661	11,316	10,902	11,381	10,190	10,190
2000 - Restrict Misc Special Revenue	0	5	4	10	10	10
2403 - Gift	2	1	1	4	3	3
4100 - SOS TBI & Adol Ent Svcs	1,432	1,281	841	776	798	813
4350 - MN State Operated Comm Svcs	111,996	114,308	121,856	138,247	141,998	144,574
Total	124,092	126,911	133,605	150,418	152,999	155,590
Biennial Change				33,020		24,566
Biennial % Change				13		9

Expenditures by Category

Compensation	112,761	115,042	119,288	135,011	138,518	141,109
Operating Expenses	10,835	11,517	13,776	14,951	14,025	14,025
Grants, Aids and Subsidies	423	259	351	456	456	456
Capital Outlay-Real Property		1	0			
Other Financial Transaction	73	92	190			
Total	124,092	126,911	133,605	150,418	152,999	155,590

Total Agency Expenditures	124,092	126,911	133,605	150,418	152,999	155,590
Internal Billing Expenditures	88	68	25	13	13	13
Expenditures Less Internal Billing	124,004	126,843	133,580	150,405	152,986	155,577

Full-Time Equivalents

	1,488.93	1,422.65	1,373.12	1,421.24	1,415.16	1,413.05
--	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Community Based Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		405		95		
Direct Appropriation	22,752	11,055	17,292	19,789	18,693	18,693
Transfers In	1,000	1,500				
Transfers Out	12,697	1,000	6,295	8,503	8,503	8,503
Cancellations		645				
Balance Forward Out	394		95			
Expenditures	10,661	11,316	10,902	11,381	10,190	10,190
Biennial Change in Expenditures				307		(1,903)
Biennial % Change in Expenditures				1		(9)
Full-Time Equivalents	98.02	92.44	90.11	105.70	99.62	97.51
2000 - Restrict Misc Special Revenue						
Balance Forward In	105	119	136	150	150	150
Receipts	14	22	18	10	10	10
Balance Forward Out	119	136	150	150	150	150
Expenditures	0	5	4	10	10	10
Biennial Change in Expenditures				8		6
Biennial % Change in Expenditures				145		43
2403 - Gift						
Balance Forward In	38	37	36	36	32	29
Receipts	1	0	1			
Transfers In		2				
Transfers Out		2				
Balance Forward Out	37	36	36	32	29	26
Expenditures	2	1	1	4	3	3
Biennial Change in Expenditures				2		1
Biennial % Change in Expenditures				76		11
4100 - SOS TBI & Adol Ent Svcs						
Balance Forward In	186	423	313	36	63	68
Receipts	1,668	1,170	564	803	803	803
Balance Forward Out	422	312	36	63	68	58

Community Based Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Expenditures	1,432	1,281	841	776	798	813
Biennial Change in Expenditures				(1,096)		(6)
Biennial % Change in Expenditures				(40)		(0)
Full-Time Equivalents	21.40	18.07	10.17	13.20	13.20	13.20

4350 - MN State Operated Comm Svcs

Balance Forward In	6,396	9,056	15,737	31,367	35,735	37,693
Receipts	102,895	120,865	131,364	134,112	135,453	136,808
Transfers In	11,697		6,122	8,503	8,503	8,503
Balance Forward Out	8,992	15,613	31,367	35,735	37,693	38,430
Expenditures	111,996	114,308	121,856	138,247	141,998	144,574
Biennial Change in Expenditures				33,798		26,469
Biennial % Change in Expenditures				15		10
Full-Time Equivalents	1,369.51	1,312.14	1,272.84	1,302.34	1,302.34	1,302.34

Program: Direct Care and Treatment

Activity: Forensic Services

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/>

AT A GLANCE

- More than 400 individuals received mental health treatment and services during FY 2022. However, Forensic Services has seen a reduction in both admissions and discharges.
- As of June 30, 2022, 18 patients civilly committed by the court as mentally ill and dangerous (MI&D) were on a waiting list for admission to Forensic Services due to an increase in the number of civil commitments.
- More than 500 individuals were evaluated for competency to stand trial during FY 2022.
- The Forensic Nursing Home served 40 individuals during FY 2022.
- Currently, 243 individuals civilly committed as MI&D are on provisional discharge from Forensic Services and living successfully in Minnesota communities.
- All-funds spending for this budget activity was approximately \$120 million for FY 2022. This represents 22 percent of the total Direct Care and Treatment (DCT) all-funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

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 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 (FS) is one of DCT's five main service lines. At secure and non-secure facilities in St. Peter, MN, Forensic Services provides evaluation and specialized mental health treatment services to clients whom the courts have civilly committed as mentally ill and dangerous (MI&D).

- Forensic Services provides multidisciplinary treatment services to adults with severe and persistent mental illness who have come in contact with the criminal justice system, often because they have committed a serious crime and a court has determined that they pose a danger to themselves, others, or the public.
- Clients are admitted to Forensic Services from anywhere in Minnesota as a result of civil commitment. Most have been committed as mentally ill and dangerous (MI&D), although all other commitment types are admitted.
- The \$126-million expansion and renovation of the Forensic Services facilities in St. Peter was completed in early 2022. The project was authorized and funded by the Legislature with General Obligation bonds in two phases with a goal of creating safer and more therapeutic living units and more transition housing for patients and providing safer working conditions for staff. The \$56.3 million Phase I was approved in the 2014 Capital Investment bill and was completed in late 2016. That phase added 147,000 square feet of new construction. Construction on the \$70.25 million Phase II, which included a major remodeling of 100,000 square feet and new construction of another 87,000 square feet, was approved in the 2017 Capital Investment bill and was completed this year.

SERVICES PROVIDED

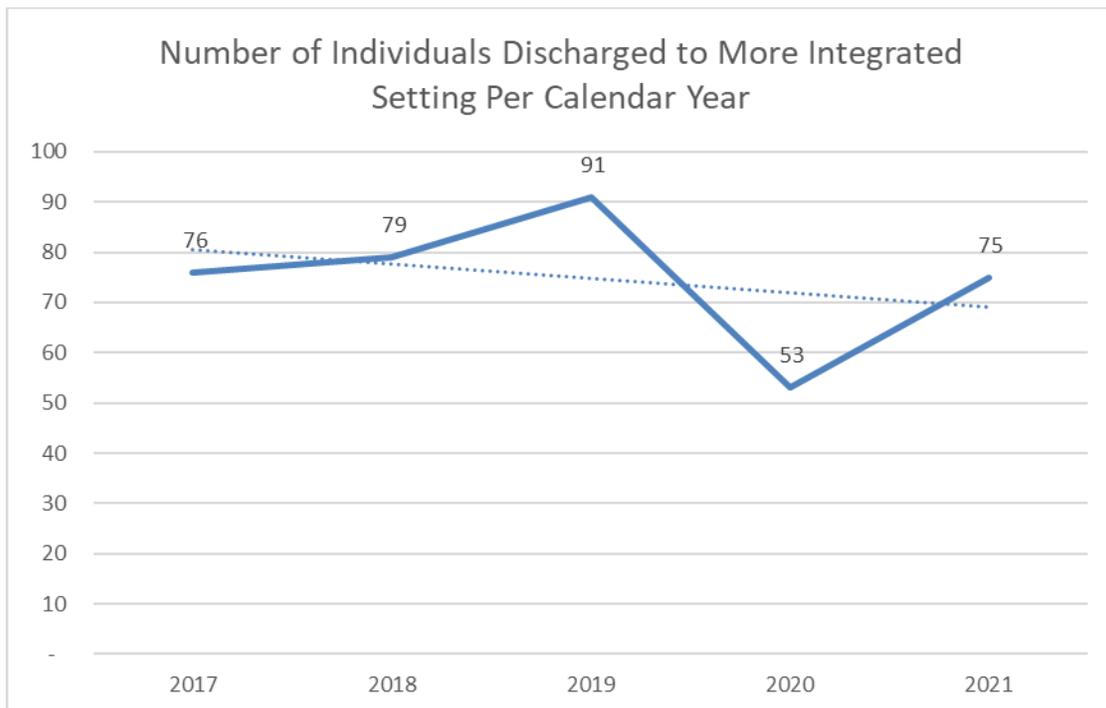
Forensics Services provides a continuum of care:

- **Forensic Mental Health Program (FMHP):** Provides secure and non-secure inpatient treatment of individuals with chronic persistent mental illness who are committed primarily as MI&D. From the time of admission, treatment focuses on long-term stabilization and prepares patients for eventual provisional discharge and re-entry into the community. The FMHP also includes a 34- bed facility off the main campus in St. Peter which houses patients who have received permission from the Special Review Board to reside in a non-secure treatment facility.
- **Court-ordered evaluations:** 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.
- **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 (SPP), and sexually dangerous person (SDP) and prison inmates on a medical release from the Department of Corrections. Treatment focus is similar to all nursing homes with provision activities of daily living care, rehabilitation services, and end of life care.

All of these services are provided through a direct general fund appropriation except for court-ordered evaluations, which are funded with other revenues.

RESULTS

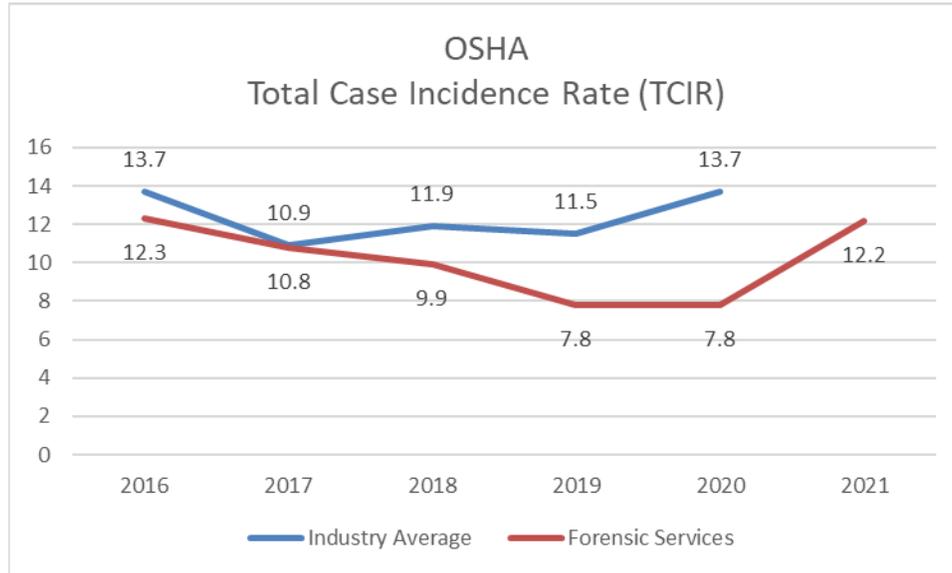
We measure success by the number of individuals discharged from Forensic Services programs to more integrated settings in the community, consistent with Minnesota's Olmstead Plan. In the chart below, the solid line is the average number of discharges. The dotted line is the trend line over the past three years.



During the second half of FY 2018, there was an increase in the number of individuals discharged to more integrated settings. In calendar year 2020 (third and fourth quarters of fiscal year 2020), there was a reduction in the number of individuals discharged to more integrated settings. Several factors contributed to this reduction, including the coronavirus pandemic. Specific factors include reduced reintegration efforts and community

provider capacity due to COVID, as well as the clinical impacts to patients resulting from stress and uncertainty of COVID and community unrest following the death of George Floyd.

The safety of our clients and staff is our top priority. One measure of safety is the Occupational Safety and Health Administration (OSHA) Total Case Incidence Rate (TCIR). The OSHA Total Case Incident Rate is the total number of workplace injuries or illnesses per 100 full-time employees (FTE) working in a 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 blue line is the annual data for Forensic Treatment Services (FTS). The orange line denotes the industry code average rate for state government nursing and residential facilities.



Many efforts contributed to the reduction in TCIR over the past four calendar years, including:

- Facility renovations that have created a more therapeutic environment that is safer for patients and the staff who care for them.
- Stabilized staffing and reduced staff turnover. Psychiatric providers, nursing staff and clinical staff provide clinical direction that takes the unique needs of individual patients into account and guides more effective treatment.
- Increase in clinical staff providing programming such as 1:1 and group therapy, social skill development through recreational and occupational therapies, music and art therapy, medication education, spiritual services, reintegration activities and vocational skills development.
- Increase in the number of support staff who work with patients and reinforce skills practiced in groups and strategies for managing stressors, mental health crisis, free time, completion of normal day activities.
- Rewriting training curriculum to eliminate inconsistencies; training and/or retraining staff; and continuing to monitor how staff follow and implement training.
- Initiating a monthly Safety Team meeting with membership of staff who work on all shifts to review all staff and patients injuries from the previous month. The team focuses on what went well, what didn't go well, training needs and opportunities for improvement.

Minnesota Statutes Chapter 246 (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for State Operated Services. See also, Minnesota Statutes Chapter 253 (<https://www.revisor.mn.gov/statutes/?id=253>) for additional authority that is specific to Forensic Services.

Forensic Services

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	107,414	114,014	118,165	124,577	125,511	125,511
2000 - Restrict Misc Special Revenue	715	768	755	894	894	894
6000 - Miscellaneous Agency	1,520	1,787	1,669	1,757	1,757	1,757
Total	109,650	116,569	120,588	127,228	128,162	128,162
Biennial Change				21,598		8,508
Biennial % Change				10		3

Expenditures by Category

Compensation	100,297	106,626	111,309	112,639	113,573	113,573
Operating Expenses	7,354	7,733	7,438	12,670	12,670	12,670
Grants, Aids and Subsidies	1,797	1,862	1,625	1,919	1,919	1,919
Capital Outlay-Real Property	27	45				
Other Financial Transaction	173	303	216			
Total	109,650	116,569	120,588	127,228	128,162	128,162

Total Agency Expenditures	109,650	116,569	120,588	127,228	128,162	128,162
Internal Billing Expenditures	0	0	0			
Expenditures Less Internal Billing	109,649	116,569	120,588	127,228	128,162	128,162

Full-Time Equivalent

	1,035.15	1,028.68	1,002.52	1,032.57	1,011.06	989.75
--	----------	----------	----------	----------	----------	--------

Forensic Services

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,657		162		
Direct Appropriation	112,126	115,342	119,206	124,415	125,511	125,511
Transfers Out	1,123	3,123	880			
Cancellations		1,861				
Balance Forward Out	3,589		162			
Expenditures	107,414	114,014	118,165	124,577	125,511	125,511
Biennial Change in Expenditures				21,313		8,280
Biennial % Change in Expenditures				10		3
Full-Time Equivalents	1,033.08	1,026.59	999.37	1,029.42	1,007.91	986.60

2000 - Restrict Misc Special Revenue

Balance Forward In	587	756	780	877	883	889
Receipts	865	790	852	900	900	900
Balance Forward Out	737	778	878	883	889	895
Expenditures	715	768	755	894	894	894
Biennial Change in Expenditures				166		139
Biennial % Change in Expenditures				11		8
Full-Time Equivalents	2.07	2.09	3.15	3.15	3.15	3.15

6000 - Miscellaneous Agency

Balance Forward In	265	291	378	259	231	203
Receipts	1,534	1,874	1,549	1,729	1,729	1,729
Balance Forward Out	279	378	259	231	203	175
Expenditures	1,520	1,787	1,669	1,757	1,757	1,757
Biennial Change in Expenditures				119		88
Biennial % Change in Expenditures				4		3

Program: Direct Care and Treatment

Activity: Minnesota Sex Offender Program

<https://mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/>

AT A GLANCE

- Clients progress through three phases of sex-offender-specific treatment.
- As of June 30, 2022:
 - Minnesota Sex Offender Program (MSOP) client population was 739.
 - 38 MSOP clients were on provisional discharge and living in the communities under MSOP supervision. Another 10 or fewer had been granted provisional discharge and were waiting for community placement.
 - 72 MSOP clients have received a provisional discharge order in the history of the program.
 - 16 MSOP clients have been fully discharged from their commitment.
 - About 88 percent of MSOP clients voluntarily participated in treatment.
- All-funds spending for this budget activity was approximately \$99 million for FY 2022. This represents 18 percent of the total Direct Care and Treatment (DCT) all-funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

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 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 five main 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.

- MSOP's mission is to promote public safety by providing comprehensive sex offender treatment and reintegration opportunities for sexual abusers.
- Minnesota is one of 20 states with civil commitment laws for sex offenders and is the largest program of its kind in the country.
- There are approximately 15 to 20 new commitments annually. Only a court has the authority to admit clients to MSOP.
- Most MSOP clients have served prison sentences prior to their civil commitment.
- Transfer to less restrictive settings, such as Community Preparation Services, provisional discharge, or full discharge from MSOP, occurs by court order from a three judge panel. Only the court has authority to discharge clients.

SERVICES PROVIDED

We accomplish our mission by:

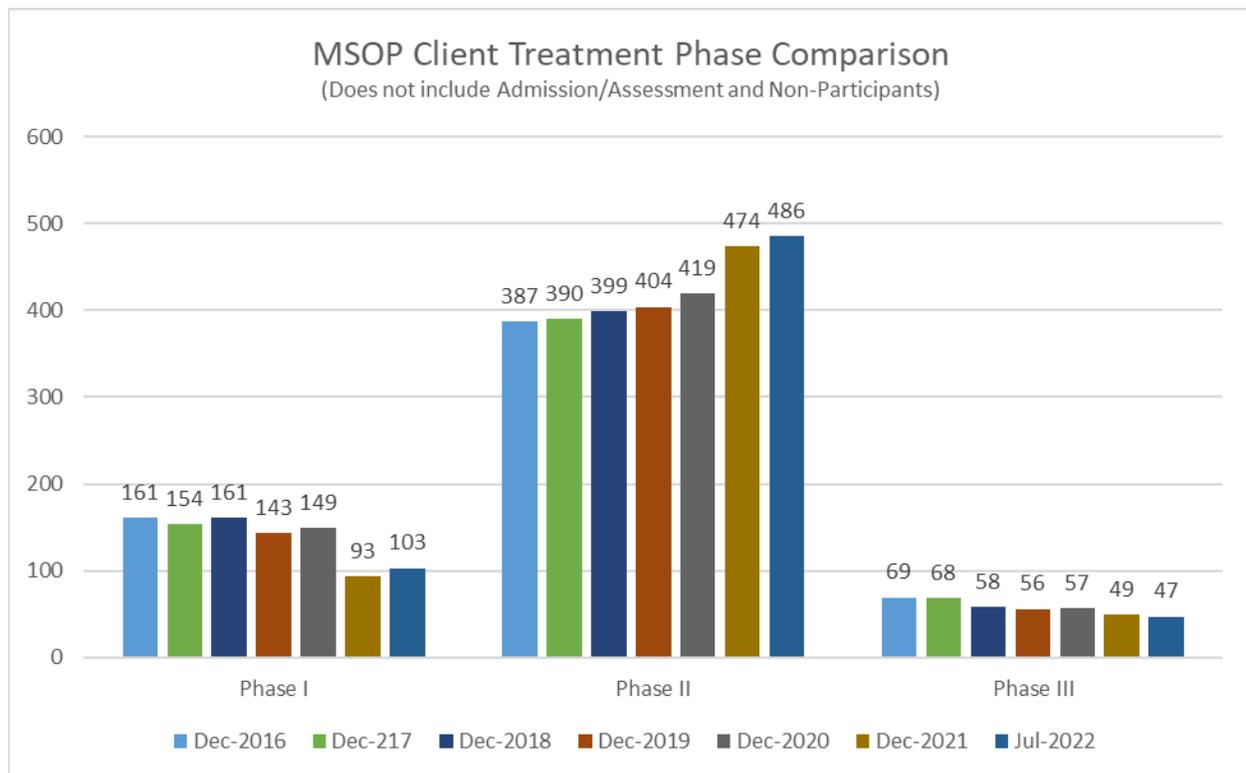
- Maintaining a therapeutic treatment environment that is safe and conducive for making positive behavioral change.
- Providing core group therapy, psycho-educational modules, and other treatment. Clients also participate in rehabilitative services that include education, therapeutic recreation, and vocational program work assignments.
- Providing risk assessments, treatment reports, and testimony that inform the courts.
- Working together with communities, policymakers, and other governmental agencies.
- Providing supervision and resources to help provisionally discharged clients succeed in the community.

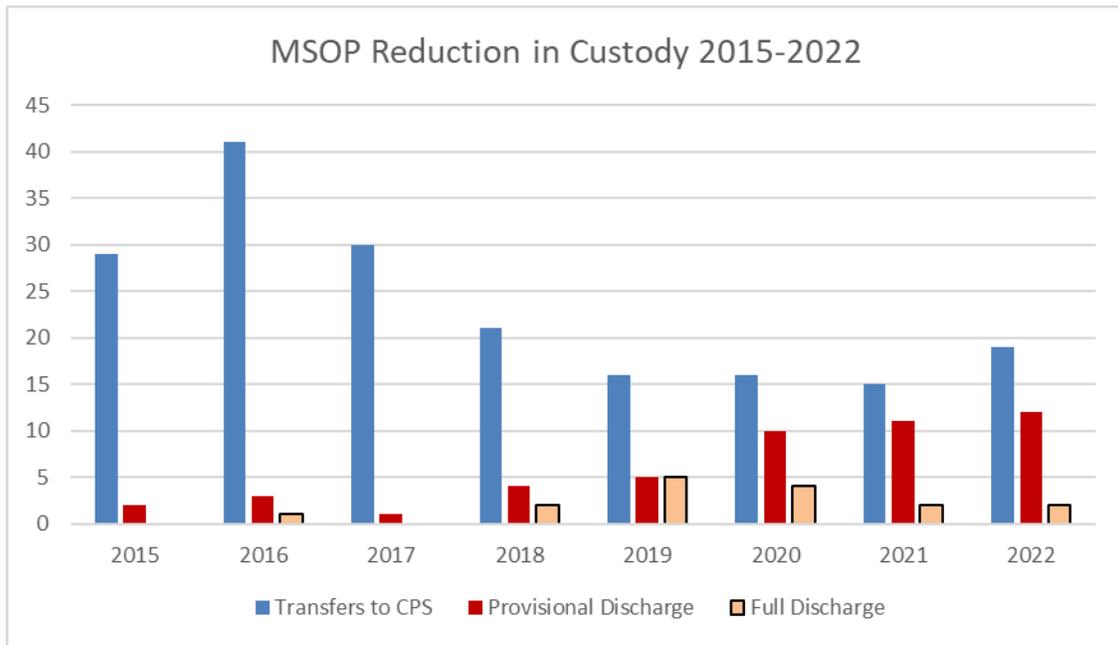
MSOP is a three-phase treatment program. In Phase I, clients initially address treatment-interfering behaviors and attitudes. Phase II focuses on clients' patterns of abuse and identifying and resolving the underlying issues in their offenses. Clients in Phase III focus on deinstitutionalization and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

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

RESULTS

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 the treatment progression of clients since 2013.





¹ The number of new contracts with a start date in each fiscal year across DCT. Some contract may have

Results Notes

- Treatment progression graph is produced by the MSOP Research Department.

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.

Minnesota Sex Offender Program

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	88,600	92,218	96,347	102,669	101,672	101,672
4503 - Minnesota State Industries	1,164	738	1,376	1,407	1,407	1,407
6000 - Miscellaneous Agency	3,532	3,503	3,652	3,490	3,490	3,490
Total	93,297	96,459	101,375	107,566	106,569	106,569
Biennial Change				19,186		4,197
Biennial % Change				10		2

Expenditures by Category

Compensation	75,107	78,512	81,611	84,772	84,772	84,772
Operating Expenses	14,004	13,988	15,948	18,489	17,492	17,492
Grants, Aids and Subsidies	3,676	3,405	3,479	4,305	4,305	4,305
Capital Outlay-Real Property		31	1			
Other Financial Transaction	510	522	338			
Total	93,297	96,459	101,375	107,566	106,569	106,569

Full-Time Equivalents

	817.32	797.24	772.10	856.37	831.02	813.45
--	---------------	---------------	---------------	---------------	---------------	---------------

Minnesota Sex Offender Program

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		3,581		997		
Direct Appropriation	97,072	97,621	97,585	101,672	101,672	101,672
Transfers In			500			
Transfers Out	5,098	5,598	741			
Cancellations		3,386				
Balance Forward Out	3,374		997			
Expenditures	88,600	92,218	96,347	102,669	101,672	101,672
Biennial Change in Expenditures				18,197		4,328
Biennial % Change in Expenditures				10		2
Full-Time Equivalents	817.32	797.24	772.10	856.37	831.02	813.45
4503 - Minnesota State Industries						
Balance Forward In	2,286	2,702	2,967	2,693	2,156	1,619
Receipts	1,502	875	1,102	870	870	870
Balance Forward Out	2,625	2,838	2,693	2,156	1,619	1,082
Expenditures	1,164	738	1,376	1,407	1,407	1,407
Biennial Change in Expenditures				881		31
Biennial % Change in Expenditures				46		1
6000 - Miscellaneous Agency						
Balance Forward In	431	544	840	824	887	950
Receipts	3,645	3,778	3,637	3,553	3,553	3,553
Balance Forward Out	543	819	824	887	950	1,013
Expenditures	3,532	3,503	3,652	3,490	3,490	3,490
Biennial Change in Expenditures				107		(162)
Biennial % Change in Expenditures				2		(2)

Program: Direct Care and Treatment

Activity: DCT Administration

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/>

AT A GLANCE

- Direct Care and Treatment (DCT) cares for 12,000 people annually at about 200 sites throughout Minnesota.
- DCT has more than 4,500 employees and an annual budget of more than \$550 million.
- All-funds spending for DCT Administration was approximately \$58 million for FY 2021. This represents 11 percent of the total DCT all-funds spending. Total DCT spending is less than 3 percent of overall spending for the Department of Human Services.

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 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:

- Overseeing all fiscal and business processes
- Managing all operational functions
- Providing strategic direction, planning and implementation

ADMINISTRATIVE SUPPORT SERVICES PROVIDED

DCT Administration provides leadership and direction across the entire behavioral health system. It also works in collaboration with MNIT and DHS central office and has service-level agreements in place for additional support services such as IT, HR, Legislative, Communications, Legal, and other DHS-wide services. The cost for these additional support services are included in the overall \$58 million budget for DCT Administration. DCT Administration support services include, but are not limited to:

- **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 followed. This department 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 assure that information is properly documented and protected. HIMS provides support to the direct care staff to assure 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 DCT-specific fiscal services and manages the financial transactions and reporting to assure 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 to care delivery, financial/billing, and expected 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 have a positive impact on equity, diversity, and anti-racism.
- **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 of the planning necessary 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. OSI works in collaboration with local law enforcement agencies when needed 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

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The number of new contracts executed ¹	302	215	FY20 & FY22
Quantity	The number of background checks completed for handgun permits ²	12,154	12,371	FY20 & FY22
Quantity	The number of requests for releasing client specific information	10,521	13,391	FY20 & FY22
Quantity	The number of unique claims processed for client billings ³	121,577	144,925	FY20 & FY22

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 245.041 to provide commitment information to local law enforcement agencies for the sole purpose of facilitating a firearms background check.

³ The increase in claims in FY22 is primarily due to the reactivation of dental and vocational services that were suspended in FY20 due to the coronavirus pandemic.

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

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	27,976	33,530	38,007	44,795	41,685	41,685
2000 - Restrict Misc Special Revenue	4,503	5,968	6,951	7,198	6,623	6,719
2001 - Other Misc Special Revenue	12,064	9,009	10,164	10,270	10,270	10,270
2403 - Gift	1					
3000 - Federal			273			
3010 - Coronavirus Relief	13,059	3,045				
6000 - Miscellaneous Agency	3					
Total	57,605	51,552	55,395	62,263	58,578	58,674
Biennial Change				8,501		(406)
Biennial % Change				8		(0)

Expenditures by Category

Compensation	37,317	30,646	32,127	38,543	35,574	35,670
Operating Expenses	19,391	19,962	22,625	23,720	23,004	23,004
Grants, Aids and Subsidies	5	0	1			
Capital Outlay-Real Property	278	356	15			
Other Financial Transaction	614	589	626			
Total	57,605	51,552	55,395	62,263	58,578	58,674

Total Agency Expenditures	57,605	51,552	55,395	62,263	58,578	58,674
Internal Billing Expenditures	114	20	14	141	141	141
Expenditures Less Internal Billing	57,490	51,532	55,381	62,122	58,437	58,533

Full-Time Equivalent

	226.23	226.99	269.28	291.66	259.94	255.29
--	--------	--------	--------	--------	--------	--------

DCT Administration

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		4,348	16,029	3,110		
Direct Appropriation	47,398	63,686	53,424	58,414	58,414	58,414
Transfers In	4,909	9,909	12,932			
Transfers Out	20,113	25,613	41,268	16,729	16,729	16,729
Cancellations		2,771				
Balance Forward Out	4,218	16,029	3,110			
Expenditures	27,976	33,530	38,007	44,795	41,685	41,685
Biennial Change in Expenditures				21,296		568
Biennial % Change in Expenditures				35		1
Full-Time Equivalents	188.59	189.02	230.41	251.50	219.78	215.13

2000 - Restrict Misc Special Revenue

Balance Forward In	3,039	3,591	3,081	3,479	2,610	775
Receipts	5,028	4,938	4,848	6,329	4,788	6,720
Transfers In		500	2,500			
Transfers Out	2					
Balance Forward Out	3,563	3,060	3,478	2,610	775	776
Expenditures	4,503	5,968	6,951	7,198	6,623	6,719
Biennial Change in Expenditures				3,678		(807)
Biennial % Change in Expenditures				35		(6)
Full-Time Equivalents	37.64	37.97	38.87	40.16	40.16	40.16

2001 - Other Misc Special Revenue

Balance Forward In	1,739	369	345	367	369	370
Receipts	298	1,486	10,186	10,272	10,271	10,271
Transfers In	10,395	7,500				
Balance Forward Out	369	345	367	369	370	371
Expenditures	12,064	9,009	10,164	10,270	10,270	10,270
Biennial Change in Expenditures				(639)		106
Biennial % Change in Expenditures				(3)		1

2400 - Endowment

Balance Forward In	64	65	65	65	66	67
--------------------	----	----	----	----	----	----

DCT Administration

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	1	0	0	1	1	1
Balance Forward Out	65	65	65	66	67	68

2403 - Gift

Balance Forward In	8	10	10	11	11	11
Receipts	2	0	1			
Transfers In		8				
Transfers Out		8				
Balance Forward Out	10	10	11	11	11	11
Expenditures	1					
Biennial Change in Expenditures				(1)		0
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In		650				
Receipts	650	7,202	273			
Balance Forward Out	650	7,852				
Expenditures			273			
Biennial Change in Expenditures				273		(273)
Biennial % Change in Expenditures						

3010 - Coronavirus Relief

Direct Appropriation	13,059	3,045				
Expenditures	13,059	3,045				
Biennial Change in Expenditures				(16,104)		0
Biennial % Change in Expenditures				(100)		

4100 - SOS TBI & Adol Ent Svcs

Balance Forward In	116	118	119	119	120	121
Receipts	2	1	0	1	1	1
Balance Forward Out	118	119	119	120	121	122

6000 - Miscellaneous Agency

DCT Administration

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
Balance Forward In	177	180	181	182	183	184
Receipts	3	1	1	1	1	1
Balance Forward Out	178	181	182	183	184	185
Expenditures	3					
Biennial Change in Expenditures				(3)		0
Biennial % Change in Expenditures						

Program: Fiduciary Activities

Activity: Fiduciary Activities

<http://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/>

AT A GLANCE

- All funds spending for Fiduciary Activities was \$597 million in state fiscal year 2021.
- Child Support program payments are the bulk of this activity.

PURPOSE AND CONTEXT

The Fiduciary Activities budget program:

- Collects money from individuals and organizations (for example people who owe child support)
- Distributes the collected funds to people owed the money (such as children receiving child support)

Because these are not state funds and belong to others, they are not included in the state's budget or consolidated fund statement.

SERVICES PROVIDED

The following services make up most of the transactions of this budget activity:

- Child Support Payments: Payments made to custodial parents, collected from non-custodial parents
- Recoveries: Money recovered from clients that cannot be processed in the state computer systems. Funds are held here until they can be credited to the correct area, such as:
 - US Treasury
 - Supplemental Security Income (SSI)
 - Counties
 - Clients
- Long-Term Care Penalties: These are funds collected by the federal government (Centers for Medicare and Medicaid Services) related to penalties for nursing home violations. We use these to fund approved projects to improve nursing homes.

RESULTS

The Child Support Program makes timely distribution of collected child support payments to custodial parents and ranks in the top tier of states in terms of percent collections and payments on both current obligations and arrears.

State Performance on Current Obligations by Federal Fiscal Year (FFY)

<i>State</i>	<i>Due 2020 in Millions (\$)</i>	<i>Paid 2020 in Millions (\$)</i>	<i>FFY 2020 (%)</i>	<i>FFY 2018 (%)</i>	<i>FFY 2017 (%)</i>	<i>FFY 2016 (%)</i>
Pennsylvania	1,211	1,005	83.0	84.2	84.1	84.3
North Dakota	110	84	76.2	75.3	73.2	72.7
Vermont	43	32	75.7	74.6	73.8	74.2
Minnesota	562	424	75.4	74.9	74.5	74.2
Wisconsin	697	516	74.1	74.7	74.6	74.4

State Performance on Obligations in Arrears

<i>State</i>	<i>FFY 2020 (%)</i>	<i>Cases with Arrears (2020)</i>	<i>Cases with Payment Towards Arrears (2020)</i>	<i>FFY 2019 (%)</i>	<i>FFY 2018 (%)</i>
Pennsylvania	88.0	235,998	207,837	84.8	84.3
Vermont	82.5	11,569	9,544	77.7	76.2
Indiana	79.8	208,385	166,292	73.5	72.4
Minnesota	79.7	156,472	124,632	72.9	72.5
Michigan	79.1	503,323	398,293	65.8	66.0

Source: 2021 Minnesota Child Support Performance Report
<https://www.lrl.mn.gov/docs/2022/other/220351.pdf>

Several state statutes underlie the activities in the Fiduciary Activities budget program. These statutes are M.S. sections 256.741 (<https://www.revisor.mn.gov/statutes/?id=256.741>), 256.019 (<https://www.revisor.mn.gov/statutes/?id=256.019>), 256.01 (<https://www.revisor.mn.gov/statutes/?id=256.01>), and 256B.431 (<https://www.revisor.mn.gov/statutes/?id=256B.431>).

Fiduciary Activities

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
2000 - Restrict Misc Special Revenue	2,295					
6000 - Miscellaneous Agency	11,726	7,363	5,804	209,672	209,672	209,672
6003 - Child Support Enforcement	615,778	589,719	549,644	641,955	641,955	641,955
Total	629,799	597,082	555,448	851,627	851,627	851,627
Biennial Change				180,194		296,179
Biennial % Change				15		21

Expenditures by Category

Compensation	90	107	128	7	7	7
Operating Expenses	5,305	3,228	1,957	3,650	3,650	3,650
Grants, Aids and Subsidies	1,537	515	747	194,260	194,260	194,260
Other Financial Transaction	622,867	593,232	552,615	653,710	653,710	653,710
Total	629,799	597,082	555,448	851,627	851,627	851,627

Full-Time Equivalents

	1.16	0.69	0.55	0.55	0.06	0.06
--	------	------	------	------	------	------

Fiduciary Activities

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
2000 - Restrict Misc Special Revenue						
Balance Forward In	3,831	3,444	1,853	598		
Receipts	3,317	3,173	1,958	4,296	2,927	4,179
Transfers In	199	34	1,499		1,967	715
Transfers Out	1,747	4,798	4,712	4,894	4,894	4,894
Balance Forward Out	3,303	1,853	598			
Expenditures	2,295					
Biennial Change in Expenditures				(2,295)		0
Biennial % Change in Expenditures						

6000 - Miscellaneous Agency

Balance Forward In	3,736	3,669	4,669	5,995	5,996	5,997
Receipts	11,377	8,158	7,130	209,673	209,673	209,673
Transfers Out		0				
Balance Forward Out	3,387	4,464	5,995	5,996	5,997	5,998
Expenditures	11,726	7,363	5,804	209,672	209,672	209,672
Biennial Change in Expenditures				196,387		203,868
Biennial % Change in Expenditures				1,029		95
Full-Time Equivalents	1.16	0.69	0.55	0.55	0.06	0.06

6003 - Child Support Enforcement

Balance Forward In	9,695	20,037	12,104	9,586	17,726	25,866
Receipts	626,121	581,786	547,126	650,095	650,095	650,095
Balance Forward Out	20,037	12,104	9,586	17,726	25,866	34,006
Expenditures	615,778	589,719	549,644	641,955	641,955	641,955
Biennial Change in Expenditures				(13,898)		92,311
Biennial % Change in Expenditures				(1)		8

Program: Technical Activities

Activity: Technical Activities

AT A GLANCE

- All funds spending for Technical Activities was \$776 million during state fiscal year 2021.
- Technical Activities largely consists of federal administrative earned by and paid to counties, tribes, and other state and local agencies.

PURPOSE AND CONTEXT

The Technical Activities budget program includes transfers and expenditures between federal grants, programs and other agencies that would result in misleading distortions of the state’s budget if the Department of Human Services did not account for them in a separate budget activity. This arrangement helps us to make sure that these transfers and expenditures are still properly processed in the state’s accounting system and helps us comply with federal accounting requirements.

SERVICES PROVIDED

We include several different types of inter-fund and pass through expenditures in the Technical Activities budget program:

- Federal administrative reimbursement earned by and paid to counties, tribes and other local agencies.
- Federal administrative reimbursement earned by and paid to other state agencies.
- Administrative reimbursement (primarily federal funds) earned on statewide indirect costs and paid to the general fund.
- Administrative reimbursement (primarily federal funds) earned on DHS Central Office administrative costs and paid to the general fund, health care access fund or special revenue fund under state law and policy.
- Transfers between federal grants, programs and state agencies that are accounted for as expenditures in the state’s SWIFT accounting system.
- Other technical accounting transactions.

Staff members in our Operations Administration, which is part of our Central Office, are responsible for the accounting processes we use to manage the Technical Activities budget program.

RESULTS

We maintain necessary staff and information technology resources to adequately support accurate, efficient, and timely federal fund cash management. We measure the percentage of federal funds deposited within two working days.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of federal fund deposit transactions completed (deposited in State treasury) within two working days of the amount being identified by the SWIFT accounting system.	98.4%	98.6%	FY2019 to FY2020

M.S. sections 256.01 (<https://www.revisor.mn.gov/statutes/?id=256.01>) to 256.011 (<https://www.revisor.mn.gov/statutes/?id=256.011>) and Laws 1987, chapter 404, section 18, provide the overall state legal authority for DHS’s Technical Activities budget program.

Technical Activities

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1200 - State Government Special Rev	22	15	27			
2000 - Restrict Misc Special Revenue	836	747	1,314	957	927	927
2001 - Other Misc Special Revenue	10,695	1,608	15,134	6,302	6,174	6,174
2005 - Opiate Epidemic Response			1			
2360 - Health Care Access	177	122	219	219	219	219
3000 - Federal	662,758	692,155	681,408	805,045	798,698	798,687
3001 - Federal TANF	71,659	81,344	77,495	78,260	71,493	71,493
4800 - Lottery	1	0	1			
Total	746,147	775,992	775,597	890,783	877,511	877,500
Biennial Change				144,241		88,631
Biennial % Change				9		5
<u>Expenditures by Category</u>						
Compensation				770	37	37
Operating Expenses	292,375	297,242	292,744	381,125	375,614	375,606
Grants, Aids and Subsidies	443,754	478,749	469,997	503,888	496,860	496,857
Other Financial Transaction	10,019		12,856	5,000	5,000	5,000
Total	746,147	775,992	775,597	890,783	877,511	877,500
Total Agency Expenditures	746,147	775,992	775,597	890,783	877,511	877,500
Internal Billing Expenditures	68,094	36,620	66,430	90,255	86,420	86,422
Expenditures Less Internal Billing	678,053	739,371	709,168	800,528	791,091	791,078
<u>Full-Time Equivalents</u>				0.86	0.10	0.09

Technical Activities

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1200 - State Government Special Rev						
Open Appropriation	22	15	27			
Expenditures	22	15	27			
Biennial Change in Expenditures				(11)		(27)
Biennial % Change in Expenditures				(29)		

2000 - Restrict Misc Special Revenue

Balance Forward In	97	151	105	144	114	114
Receipts	89	19	97	162	162	162
Transfers In	788	712	1,913	765	765	765
Transfers Out	7	30	657			
Balance Forward Out	132	105	144	114	114	114
Expenditures	836	747	1,314	957	927	927
Biennial Change in Expenditures				688		(417)
Biennial % Change in Expenditures				43		(18)

2001 - Other Misc Special Revenue

Balance Forward In	666	579	910	135	2,345	4,555
Receipts	1,127	1,240	1,764	8,042	7,914	7,914
Transfers In	9,297	1,306	12,595	470	470	470
Transfers Out		1,501				
Balance Forward Out	395	15	135	2,345	4,555	6,765
Expenditures	10,695	1,608	15,134	6,302	6,174	6,174
Biennial Change in Expenditures				9,132		(9,088)
Biennial % Change in Expenditures				74		(42)

2005 - Opiate Epidemic Response

Direct Appropriation		5,439				
Open Appropriation			1			
Transfers Out		5,439				
Expenditures			1			
Biennial Change in Expenditures				1		(1)
Biennial % Change in Expenditures						

Technical Activities

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

2360 - Health Care Access

Open Appropriation	177	122	219	219	219	219
Expenditures	177	122	219	219	219	219
Biennial Change in Expenditures				140		0
Biennial % Change in Expenditures				47		0

3000 - Federal

Balance Forward In	311	3,914	6	87	87	87
Receipts	662,452	688,246	681,505	805,045	798,698	798,687
Transfers Out			16			
Balance Forward Out	5	5	87	87	87	87
Expenditures	662,758	692,155	681,408	805,045	798,698	798,687
Biennial Change in Expenditures				131,540		110,932
Biennial % Change in Expenditures				10		7
Full-Time Equivalents				0.86	0.10	0.09

3001 - Federal TANF

Balance Forward In	6,321					
Receipts	65,338	81,344	77,495	78,260	71,493	71,493
Expenditures	71,659	81,344	77,495	78,260	71,493	71,493
Biennial Change in Expenditures				2,752		(12,769)
Biennial % Change in Expenditures				2		(8)

3010 - Coronavirus Relief

Balance Forward In		50				
Direct Appropriation	50	1				
Transfers Out		50				
Cancellations		1				
Balance Forward Out	50					

4800 - Lottery

Open Appropriation	1	0	1			
--------------------	---	---	---	--	--	--

Technical Activities

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
Expenditures	1	0	1			
Biennial Change in Expenditures				0		(1)
Biennial % Change in Expenditures				(38)		