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AT A GLANCE

- Health care programs (Medical Assistance, Minnesota-Care) — 1,140,924 people on average enrolled per month in 2015
- Supplemental Nutrition Assistance Program (SNAP) — over 466,000 people received help each month in 2015
- Minnesota Family Investment Program and Diversionary Work Program — 34,300 families with low incomes assisted per month in 2015
- Child support — more than 360,000 custodial and noncustodial parents and their 250,000 children receive services
- Child care assistance — more than 30,000 children assisted in a month in 2015
- Adults receiving publicly funded mental health services — 69,324 people per month in 2015
- Children and youth receiving publicly funded mental health services — 28,898 per month in 2015
- DHS Direct Care and Treatment provided services to more than 12,000 individuals in fiscal year 2015
- In FY2015 DHS all funds spending was \$15.2 billion.ⁱ

PURPOSE

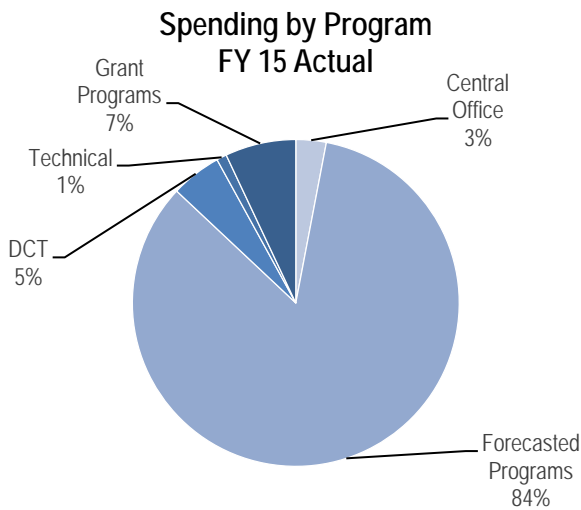
The Minnesota Department of Human Services (DHS), working in partnership with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

- 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.

DHS contributes to the following statewide outcomes:

- **All Minnesotans have optimal health.**
- **Strong and stable families and communities.**
- **People in Minnesota are safe.**

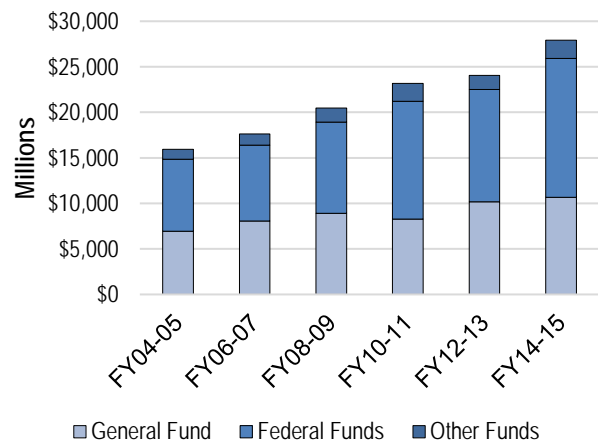
BUDGET



Represents all funds spending. Forecasted Programs includes: Medical Assistance 72%, MinnesotaCare 2%, Economic support programs 8%, and other health care programs 2%. Direct Care and Treatment (DCT) includes Minnesota Sex Offender Program and State-Operated Services

Source: SWIFT

Historical Spending



Source: Consolidated Fund Statement

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 with mental illness or substance abuse problems, people who are deaf or hard of hearing, seniors and vulnerable 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.

STRATEGIES

We emphasize several strategies across our budget activity and program areas to realize our mission and support the statewide outcomes listed above. We organize the strategies currently emphasized within DHS in seven categories:

- Better and Equitable Outcomes
 - *Adults and children are safe and secure*
 - Better protect children and vulnerable adults in families
 - Streamline the adult protection system
 - Develop more accurate and efficient background study process
 - Increase fraud investigations of Child Care Assistance providers
 - Implement new regulatory oversight to support people living safely in homes and communities
 - Expand provider investigations through Recovery Act contracts
 - Implement onsite enrollment screening requirements for medium- and high-risk providers
 - *Adults and children have stability in their living situation*
 - Increase access to prevention, outreach, shelter, and housing for at-risk and homeless youth
 - Lower the disproportionate number of children of color in out-of-home placements
 - Decrease the number of children in foster care waiting for adoption
 - *Children have the ability to develop to their fullest potential*
 - Reduce the rate of prenatal exposure to alcohol or drugs
 - Increase the number of children in underserved communities enrolled in quality child care settings
 - *Adults and children under the care of the Commissioner live with dignity and achieve their highest potential*
 - Better protect children and vulnerable adults in facilities, especially those directly in our care
 - *Adults live with dignity, autonomy, and choice*
 - Serve more people in their own homes, communities and integrated workplaces
 - Enhance long-term care planning
 - Evaluate quality of life and care for people receiving services by using online report cards for home and community-based services and nursing facilities
 - Decrease the amount of time it takes to determine disability status and eligibility for assistance
 - Launch new Community First Services and Supports to support people in their communities

- *People have access to health care and experience good health*
 - Improve access to affordable health care
 - Integrate primary care, behavioral health and long-term care
 - Implement a new autism benefit for children
 - Expand the number of providers and enrollees participating in Integrated Health Partnerships (Medicaid Accountable Care Organizations)
 - Reduce the gap in access and outcomes for health care in cultural and ethnic communities
 - Hold managed care plans accountable for health equity outcomes related to depression, diabetes and well child visits
 - *People are economically secure*
 - Keep more people fed and healthy by increasing nutrition assistance participation, especially for seniors
 - Reduce Supplemental Nutrition Assistance Program error rate
-

The Department of Human Services' overall legal authority comes from Minnesota Statutes chapters [245](https://www.revisor.mn.gov/statutes/?id=245) (<https://www.revisor.mn.gov/statutes/?id=245>) and [256](https://www.revisor.mn.gov/statutes/?id=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

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base	
					FY18	FY19
1000 - General	5,215,240	5,450,031	5,344,071	5,926,196	6,712,844	7,001,937
1200 - State Government Special Rev	4,011	4,557	4,450	4,339	4,274	4,274
2000 - Restrict Misc Special Revenue	265,511	289,199	331,886	297,717	290,427	294,378
2001 - Other Misc Special Revenue	221,363	258,379	301,553	391,466	254,899	253,732
2360 - Health Care Access	473,298	495,569	763,823	333,830	301,991	316,001
2403 - Gift	32	25	20	130	80	73
3000 - Federal	6,795,902	7,932,920	8,421,760	8,576,865	9,239,969	9,467,795
3001 - Federal TANF	239,973	235,040	237,044	277,171	278,052	260,498
4100 - Sos Tbi & Adol Ent Svcs	1,636	1,772	1,621	2,051	2,051	2,051
4101 - Dhs Chemical Dependency Servs	20,466	19,372	18,173	19,304	19,304	19,304
4350 - Mn State Operated Comm Svcs	95,418	99,902	103,496	104,626	91,626	91,626
4503 - Minnesota State Industries	1,767	2,680	1,170	1,685	1,900	1,900
4800 - Lottery	1,496	1,577	1,514	1,942	1,896	1,896
6000 - Miscellaneous Agency	34,939	34,269	34,913	215,764	214,348	214,348
6003 - Child Support Enforcement	624,394	624,544	615,740	640,336	640,336	640,336
Total	13,995,444	15,449,836	16,181,232	16,793,422	18,053,997	18,570,148
<i>Biennial Change</i>				3,529,374		3,649,491
<i>Biennial % Change</i>				12		11

Expenditures by Program

Program: Central Office Operations	370,710	424,494	488,075	604,282	456,528	455,110
Program: Forecasted Programs	10,782,132	12,203,888	12,815,828	12,877,345	14,310,828	14,833,437
Program: Grant Programs	1,171,975	1,136,061	1,124,786	1,269,418	1,255,465	1,250,473
Program: Direct Care and Treatment	403,989	418,064	416,083	478,013	461,360	461,231
Program: Fiduciary Activities	657,709	656,891	647,531	853,394	851,958	851,958
Program: Technical Activities	608,928	610,437	688,928	710,969	717,857	717,940
Total	13,995,444	15,449,836	16,181,232	16,793,422	18,053,997	18,570,148

Expenditures by Category

Compensation	535,184	569,644	511,804	576,954	560,632	560,565
Operating Expenses	611,295	646,266	825,665	753,296	614,103	612,823
Other Financial Transactions	666,627	666,146	656,654	666,511	665,692	665,690

Expenditures by Category

Grants, Aids and Subsidies	12,182,171	13,565,720	14,185,697	14,796,648	16,213,556	16,731,057
Capital Outlay-Real Property	166	2,060	1,412	13	13	13
Total	13,995,444	15,449,836	16,181,232	16,793,422	18,053,997	18,570,148

<i>Full-Time Equivalent</i>	6,669.4	6,865.9	6,098.4	7,107.9	6,666.3	6,551.2
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1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	4,444	153,789	7,716	23,972	0	0
Direct Appropriation	5,530,458	6,092,808	5,616,984	6,106,865	6,905,946	7,214,888
Receipts	435	490	563	0	0	0
Net Transfers	(159,430)	(623,743)	(196,358)	(204,641)	(193,103)	(212,953)
Cancellations	147,684	167,909	60,862	0	0	0
Expenditures	5,215,240	5,450,031	5,344,071	5,926,196	6,712,844	7,001,937
Balance Forward Out	12,981	5,403	23,972	0	0	0
<i>Biennial Change in Expenditures</i>				604,996		2,444,513
<i>Biennial % Change in Expenditures</i>				6		22
Full-Time Equivalents	3,428.4	3,473.9	3,389.6	4,135.6	3,940.4	3,863.4

1200 - State Government Special Rev

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	108	0	64	0	0
Direct Appropriation	4,099	4,510	4,514	4,274	4,274	4,274
Net Transfers	0	0	0	0	0	0
Cancellations	0	61	0	0	0	0
Expenditures	4,011	4,557	4,450	4,339	4,274	4,274
Balance Forward Out	88	0	64	0	0	0
<i>Biennial Change in Expenditures</i>				221		(241)
<i>Biennial % Change in Expenditures</i>				3		(3)
Full-Time Equivalents	41.6	37.2	36.3	43.8	43.8	43.8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	54,471	48,101	42,159	51,273	41,392	41,104
Direct Appropriation	2,713	2,713	2,713	3,713	3,713	3,713
Receipts	191,134	187,832	243,169	175,172	174,014	157,254
Net Transfers	63,967	90,280	95,118	108,947	112,413	133,445
Cancellations	0	42	0	0	0	0
Expenditures	265,511	289,199	331,886	297,717	290,427	294,378
Balance Forward Out	46,774	39,684	51,273	41,392	41,104	41,138
<i>Biennial Change in Expenditures</i>				74,893		(44,798)

2000 - Restrict Misc Special Revenue

<i>Biennial % Change in Expenditures</i>				14		(7)
Full-Time Equivalents	208.9	206.6	164.0	173.1	173.1	173.1

2001 - Other Misc Special Revenue

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	28,419	33,552	18,969	15,636	15,519	21,960
Receipts	140,622	191,594	206,870	301,942	172,831	172,698
Net Transfers	80,938	72,430	91,350	89,407	88,508	87,829
Expenditures	221,363	258,379	301,553	391,466	254,899	253,732
Balance Forward Out	28,616	39,196	15,636	15,519	21,960	28,756
<i>Biennial Change in Expenditures</i>				213,277		(184,388)
<i>Biennial % Change in Expenditures</i>				44		(27)
Full-Time Equivalents	900.7	957.5	413.1	473.5	468.2	462.3

2360 - Health Care Access

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	0	12,544	68	323	0	0
Direct Appropriation	483,283	486,627	769,377	300,562	267,761	283,211
Receipts	15,680	15,634	29,994	45,690	47,497	46,560
Net Transfers	(11,727)	451,903	(14,219)	(12,745)	(13,267)	(13,770)
Cancellations	10,933	471,138	21,073	0	0	0
Expenditures	473,298	495,569	763,823	333,830	301,991	316,001
Balance Forward Out	3,003	0	323	0	0	0
<i>Biennial Change in Expenditures</i>				128,786		(479,661)
<i>Biennial % Change in Expenditures</i>				13		(44)
Full-Time Equivalents	344.3	357.6	332.3	398.5	393.6	388.2

2400 - Endowment

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	60	60	60	61	61	61
Receipts	0	0	0	0	0	0
Balance Forward Out	60	60	61	61	61	61

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	122	103	101	96	33	18
Receipts	12	23	15	67	66	66
Expenditures	32	25	20	130	80	73
Balance Forward Out	103	101	96	33	18	10
<i>Biennial Change in Expenditures</i>				94		3
<i>Biennial % Change in Expenditures</i>				166		2

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	42,846	8,832	46,340	18,383	56,982	231,022
Receipts	6,756,138	8,032,993	8,393,802	8,615,466	9,414,010	9,646,270
Net Transfers	0	0	0	0	0	0
Expenditures	6,795,902	7,932,920	8,421,760	8,576,865	9,239,969	9,467,795
Balance Forward Out	3,082	108,908	18,383	56,982	231,022	409,496
<i>Biennial Change in Expenditures</i>				2,269,803		1,709,140
<i>Biennial % Change in Expenditures</i>				15		10
Full-Time Equivalents	179.2	175.1	196.9	242.4	242.4	242.4

3001 - Federal TANF

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	12,062	25,403	44,875	63,858	35,411	8,928
Receipts	253,313	254,512	256,027	248,723	251,569	251,569
Expenditures	239,973	235,040	237,044	277,171	278,052	260,498
Balance Forward Out	25,403	44,875	63,858	35,411	8,928	0
<i>Biennial Change in Expenditures</i>				39,202		24,334
<i>Biennial % Change in Expenditures</i>				8		5
Full-Time Equivalents	14.7	13.0	12.0	14.7	14.7	14.7

4100 - Sos Tbi & Adol Ent Svcs

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	516	552	532	342	342	342
Receipts	1,740	1,977	1,431	2,052	2,052	2,052

4100 - Sos Tbi & Adol Ent Svcs

Net Transfers	(75)	(225)	0	0	0	0
Expenditures	1,636	1,772	1,621	2,051	2,051	2,051
Balance Forward Out	546	532	342	342	342	342
<i>Biennial Change in Expenditures</i>					264	430
<i>Biennial % Change in Expenditures</i>					8	12
Full-Time Equivalents	29.4	30.8	24.0	28.0	28.0	28.0

4101 - Dhs Chemical Dependency Servs

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	3	95	41	38	38	38
Receipts	15,464	11,715	8,544	13,191	13,313	13,313
Net Transfers	5,000	7,600	9,626	6,113	5,991	5,991
Expenditures	20,466	19,372	18,173	19,304	19,304	19,304
Balance Forward Out	0	38	38	38	38	38
<i>Biennial Change in Expenditures</i>					(2,361)	1,131
<i>Biennial % Change in Expenditures</i>					(6)	3
Full-Time Equivalents	209.5	207.5	158.1	167.1	164.2	161.0

4350 - Mn State Operated Comm Svcs

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	5,372	188	173	2,909	0	0
Receipts	90,387	96,028	93,061	87,717	91,626	91,626
Net Transfers	(340)	3,707	13,170	14,000	0	0
Expenditures	95,418	99,902	103,496	104,626	91,626	91,626
Balance Forward Out	0	22	2,909	0	0	0
<i>Biennial Change in Expenditures</i>					12,802	(24,870)
<i>Biennial % Change in Expenditures</i>					7	(12)
Full-Time Equivalents	1,309.0	1,394.2	1,369.0	1,427.9	1,194.6	1,171.0

4503 - Minnesota State Industries

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	1,674	1,740	971	965	1,090	1,000
Receipts	1,735	1,457	1,164	1,810	1,810	1,810

4503 - Minnesota State Industries

Expenditures	1,767	2,680	1,170	1,685	1,900	1,900
Balance Forward Out	1,642	517	965	1,090	1,000	910
<i>Biennial Change in Expenditures</i>				(1,592)		946
<i>Biennial % Change in Expenditures</i>				(36)		33
Full-Time Equivalents	2.0	11.3	1.8	1.8	1.8	1.8

4800 - Lottery

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	0	0	0	46	0	0
Direct Appropriation	1,890	1,890	1,893	1,896	1,896	1,896
Cancellations	393	313	333	0	0	0
Expenditures	1,496	1,577	1,514	1,942	1,896	1,896
Balance Forward Out	0	0	46	0	0	0
<i>Biennial Change in Expenditures</i>				382		336
<i>Biennial % Change in Expenditures</i>				12		10
Full-Time Equivalents	1.5	1.1	1.3	1.5	1.5	1.5

6000 - Miscellaneous Agency

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	2,783	2,813	5,586	4,394	576	559
Receipts	35,096	35,576	33,721	211,945	214,329	214,329
Net Transfers	(142)	(5)	0	0	0	0
Expenditures	34,939	34,269	34,913	215,764	214,348	214,348
Balance Forward Out	2,798	4,115	4,394	576	559	541
<i>Biennial Change in Expenditures</i>				181,468		178,019
<i>Biennial % Change in Expenditures</i>				262		71
Full-Time Equivalents	0.2					

6003 - Child Support Enforcement

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	9,709	9,811	9,904	9,380	0	0
Receipts	624,495	624,637	615,216	630,956	640,336	640,336
Expenditures	624,394	624,544	615,740	640,336	640,336	640,336

6003 - Child Support Enforcement

Balance Forward Out	9,811	9,904	9,380	0	0	0
<i>Biennial Change in Expenditures</i>				7,138		24,596
<i>Biennial % Change in Expenditures</i>				1		2

Program: Central Office Operations
Activity: Operations

AT A GLANCE

- Conducts more than 14,000 administrative fair hearings per year (CY 2015)
- Reviews and approves more than 2,100 contracts per year
- Provides human resource management for about 6,400 state staff and about 3,900 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 6,400 DHS employees
- Promotes continuous improvement and measures delivery of 11 essential human services in all 87 counties.
- Licenses 21,930 service providers
- Conducts more than 7,000 recipient and 700 provider fraud investigations resulting in over \$5.4 million and \$6 million in identified overpayments (FY2015) respectively. To the extent we can realize recoveries, they are returned to county state and federal funding sources.
- Annually investigates 1,719 maltreatment allegations
- All funds spending for non-IT Operations activity for FY 2015 was \$77.5 million. This represents 0.5% of the Department of Human Services overall budget.

PURPOSE & 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, and facilities management.

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

SERVICES PROVIDED

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

- The *Appeals Division* conducts applicant or recipient appeal hearings on challenges economic assistance or social services denials, reductions, suspensions, terminations or delays. Our staff handle long-term care provider appeals over rate determinations and resolve disputes between counties over financial responsibility for providing services.
- The *Contracts, Purchasing and Legal Compliance Division* is the agency wide facilitator of DHS goods and services acquisitions including 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 *General Counsel's Office* provides legal advice, counsel, and direction for all of DHS' legal activities.
- The *Management and Policy Division* 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.

Our **Human Resources Division** provides human resources management services for 6,400 staff at the agency and for approximately 3,900 county human services employees. This division provides staffing, health, safety, compensation, job classification, labor relations, management consulting, benefits administration, workers compensation and employee assistance services to managers and employees. The division is also 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 Equity, Performance, and Development** helps DHS to maintain and cultivate a diverse and inclusive workforce, ensures that DHS uses equitable practices in employment and service delivery, provides consultation on performance measurement and continuous improvement, data analytics, survey development, and strategic planning, and promotes employee development, learning, and engagement.

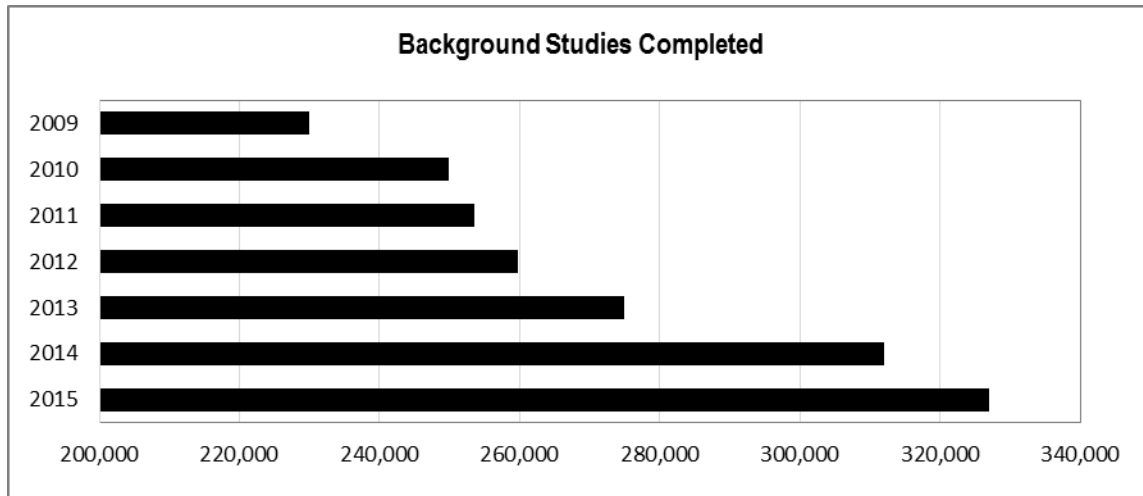
The **DHS Office of Inspector General** (<http://mn.gov/dhs/general-public/office-of-inspector-general/>) manages financial fraud and abuse investigations; licenses programs such as family child care, adult foster care, and mental health centers; and conducts background studies on people who apply to work in these settings:

- Our [Licensing Division](#) (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_057547) licenses residential and nonresidential programs for children and vulnerable adults to ensure that the programs meet the requirements and the law. These programs include child care centers, family child care (via counties), foster care, adoption agencies, and services for people with developmental disabilities, chemical dependency, and mental illness. Our staff also completes investigations of maltreatment of vulnerable adults and children receiving services licensed by DHS.
- Our [Background Studies Division](#) (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_054413) annually conducts over 327,000 background studies on people working with children or vulnerable adults.
- Our [Fraud Investigations Division](#) (<http://mn.gov/dhs/general-public/office-of-inspector-general/fraud-investigations/index.jsp>) oversees fraud prevention and financial recovery efforts in health care, economic assistance, child care assistance, and food support programs.

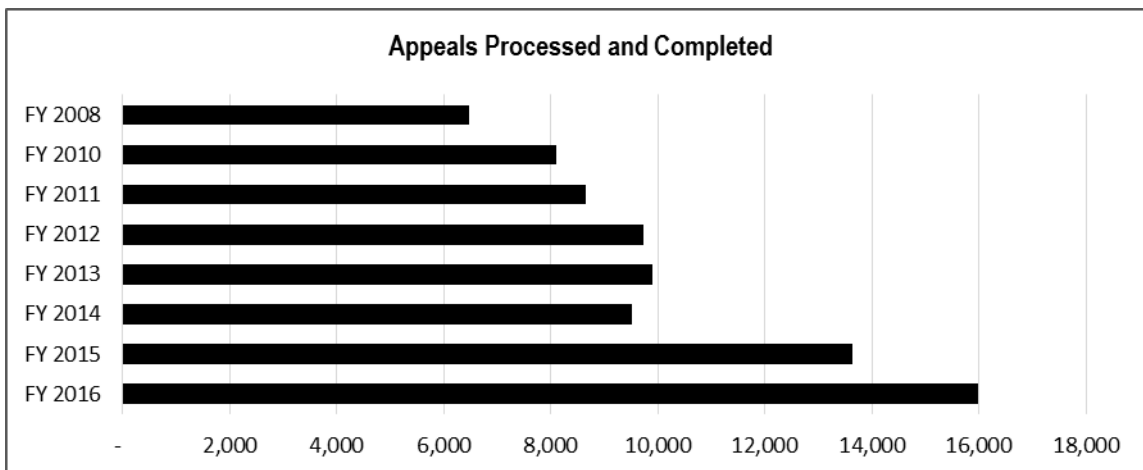
Our **Office of the Chief Financial Officer** provides fiscal services and controls the financial transactions of the agency, including the Central Office and Direct Care and Treatment. Core functions include preparing budget information, paying agency obligations, providing federal fiscal reporting, conducting patient revenue generation and collections, administering the Parental Fee program, processing agency receipts and preparing employees' payroll. The [Reports and Forecasts Division](#) (<http://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.

RESULTS

Number of background studies completed annually: Individuals who provide direct contact services to clients



Number of Appeals processed and completed by fiscal year



Operations' legal authority is in several places in state law: M.S. chapter [245A](#) (Human Services Licensing); chapter [245C](#) (Human Services Background Studies) and sections [144.057](#), [144A.476](#), and [524.5-118](#); and chapter [245D](#) (Home and Community-Based Services Standards), 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).

Additional statutes give the agency authority to investigate fraud: 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).

M.S. sections [626.556](#) and [626.557](#) authorize the agency's work conducting background studies and investigating reports related to maltreatment of minors and 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.

NOTE: MN.IT spending, which previously was reported under Operations, is now reflected on its own budget activity page.

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base	
					FY18	FY19
1000 - General	46,341	47,284	49,912	50,343	52,241	53,543
1200 - State Government Special Rev	3,872	4,444	4,346	4,192	4,149	4,149
2000 - Restrict Misc Special Revenue	4,722	5,899	7,743	9,016	5,998	5,998
2001 - Other Misc Special Revenue	165,907	188,673	150,726	191,054	110,005	108,993
2360 - Health Care Access	4,247	4,304	4,262	6,710	7,058	6,555
3000 - Federal	1,294	1,826	2,580	2,437	2,475	2,475
3001 - Federal TANF	102	98	104	100	100	100
Total	226,485	252,528	219,673	263,853	182,027	181,814
<i>Biennial Change</i>				4,513		(119,685)
<i>Biennial % Change</i>				1		(25)

Expenditures by Category

Compensation	103,253	114,534	51,638	54,866	51,342	51,342
Operating Expenses	111,862	131,805	163,818	208,738	129,988	129,775
Other Financial Transactions	6,154	3,672	2,676	248	248	248
Grants, Aids and Subsidies	5,216	619	157	0	448	448
Capital Outlay-Real Property	1	1,898	1,383	0	0	0
Total	226,485	252,528	219,673	263,853	182,027	181,814
<u>Full-Time Equivalent</u>	1,027.2	1,112.2	553.2	682.8	662.2	639.4

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	2,899	0	454	0	0
Direct Appropriation	105,615	97,054	115,577	114,291	114,652	114,687
Net Transfers	(56,757)	(52,169)	(65,211)	(64,402)	(62,411)	(61,144)
Cancellations	0	501	0	0	0	0
Expenditures	46,341	47,284	49,912	50,343	52,241	53,543
Balance Forward Out	2,516	0	454	0	0	0
<i>Biennial Change in Expenditures</i>				6,630		5,530
<i>Biennial % Change in Expenditures</i>				7		6
Full-Time Equivalents	314.9	346.7	353.4	440.6	424.9	407.5

1200 - State Government Special Rev

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	108	0	43	0	0
Direct Appropriation	3,974	4,385	4,389	4,149	4,149	4,149
Net Transfers	(13)					
Cancellations	0	49	0	0	0	0
Expenditures	3,872	4,444	4,346	4,192	4,149	4,149
Balance Forward Out	88	0	43	0	0	0
<i>Biennial Change in Expenditures</i>				222		(240)
<i>Biennial % Change in Expenditures</i>				3		(3)
Full-Time Equivalents	40.3	36.1	35.7	42.5	42.5	42.5

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	2,523	3,432	4,394	4,525	2,883	4,105
Receipts	5,721	6,642	7,833	8,055	8,054	8,054
Net Transfers	(102)	177	41	(681)	(834)	(871)
Expenditures	4,722	5,899	7,743	9,016	5,998	5,998
Balance Forward Out	3,420	4,352	4,525	2,883	4,105	5,290
<i>Biennial Change in Expenditures</i>				6,138		(4,762)
<i>Biennial % Change in Expenditures</i>				58		(28)
Full-Time Equivalents	46.0	65.1	71.8	88.4	88.4	88.4

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	16,459	23,413	9,813	6,685	8,059	13,391
Receipts	125,778	175,220	187,835	281,121	157,173	156,685
Net Transfers	43,076	22,974	(40,238)	(88,692)	(41,835)	(42,359)
Expenditures	165,907	188,673	150,726	191,054	110,005	108,993
Balance Forward Out	19,407	32,934	6,685	8,059	13,391	18,723
<i>Biennial Change in Expenditures</i>				(12,800)		(122,782)
<i>Biennial % Change in Expenditures</i>				(4)		(36)
Full-Time Equivalents	575.9	608.0	36.6	43.8	43.8	43.8

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	44	0	280	0	0
Direct Appropriation	13,177	13,004	9,793	10,503	20,025	20,025
Net Transfers	(8,896)	(8,168)	(5,251)	(4,073)	(12,967)	(13,470)
Cancellations	0	575	0	0	0	0
Expenditures	4,247	4,304	4,262	6,710	7,058	6,555
Balance Forward Out	34	0	280	0	0	0
<i>Biennial Change in Expenditures</i>				2,420		2,641
<i>Biennial % Change in Expenditures</i>				28		24
Full-Time Equivalents	34.3	36.2	34.2	37.0	32.2	26.7

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	7	5	41	6	0	0
Receipts	1,292	1,825	2,545	2,431	2,475	2,475
Expenditures	1,294	1,826	2,580	2,437	2,475	2,475
Balance Forward Out	5	5	6	0	0	0
<i>Biennial Change in Expenditures</i>				1,898		(68)
<i>Biennial % Change in Expenditures</i>				61		(1)
Full-Time Equivalents	14.8	19.2	20.5	29.3	29.3	29.3

3001 - Federal TANF

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Receipts	102	98	104	100	100	100
Expenditures	102	98	104	100	100	100
Balance Forward Out	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				4		(4)
<i>Biennial % Change in Expenditures</i>				2		(2)
Full-Time Equivalents	1.0	0.9	0.9	1.3	1.3	1.3

Program: Central Office Operations
Activity: Children & Families

mn.gov/dhs/people-we-serve/children-and-families/

AT A GLANCE

- Provides child support services to more than 360,000 custodial and non-custodial parents annually and 250,000 children
- Provides child care assistance to more than 30,000 children in an average month
- 988 children were either adopted or had a permanent transfer of legal custody to a relative in 2015
- Facilitates Supplemental Nutrition Assistance Program (SNAP) payments to more than 466,000 Minnesotans every month
- All funds administrative spending for the Children and Families activity for FY 2015 was \$39.5 million. This represented 0.3% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Children and Families administers, and provides administrative support to counties, tribes and social service agencies for programs that provide child safety and well-being services, and for economic assistance programs serving low-income families and children.

These services help ensure that low-income 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; and,
- Increase access to high quality child care.

Our statewide administration of these programs ensures that federal 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, and
- Management Operations

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

- Researching, recommending and implementing statewide policy and programs
- Managing grants
- Training and giving technical assistance to counties, tribes and grantees
- Evaluating and auditing service delivery
- Conducting quality assurance reviews to make sure that effective services are delivered efficiently and consistently across the state

Our areas of responsibility include administering several forecasted programs: the Minnesota Family Investment Program (MFIP) and Diversionary Work Program, and MFIP Child Care Assistance. Our staff also supports grant programs that provide funding for 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 determined correctly. 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 2015, we provided more than 950 classroom and over 3,800 on-line trainings for county staff on SNAP, family cash assistance and child care assistance.

Funding for our programs comes from a combination of state and federal dollars. Major federal block grants that support programs in our Administration 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 \$382 million in federal fiscal year 2015.

RESULTS

We provide administrative support to a broad array of programs and services for low-income families and adults and children. We report some key measures related to child protection and to the SNAP program.

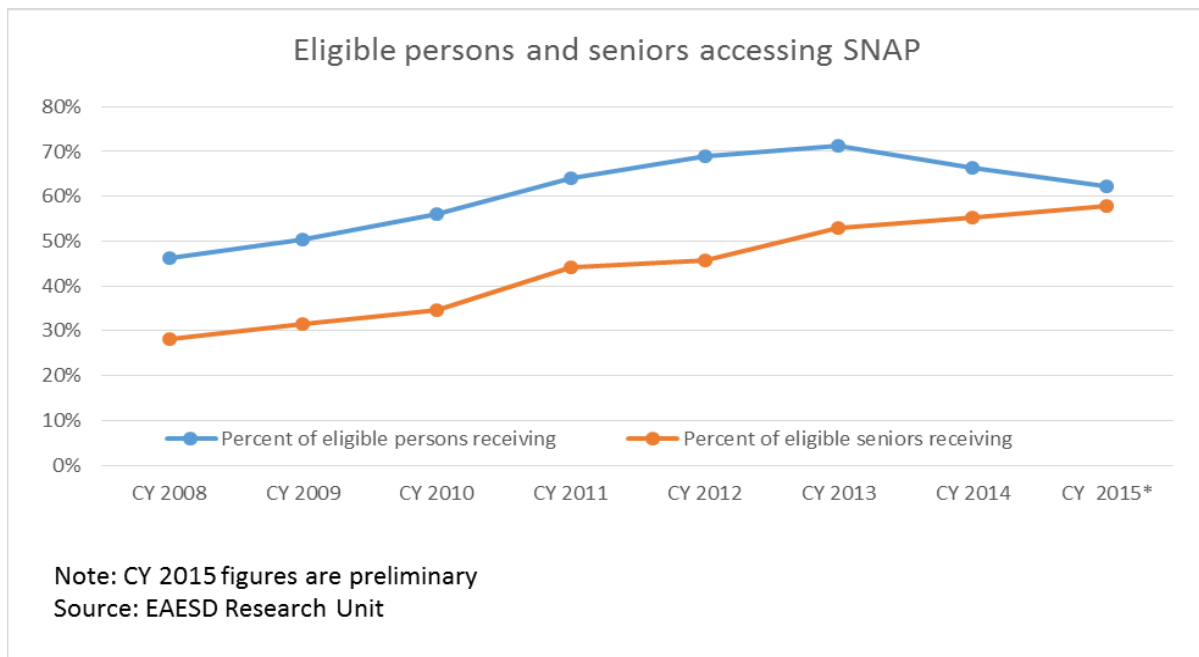
<i>Type of Measure</i>	<i>Description of Measure</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Quality	Percent of children not experiencing repeated abuse or neglect within 6 months of a prior report	95.1%	95.6%	97.5%	97.2%	96.7%	97.0%
Quality	Percent of children reunified with parents or living with relatives in fewer than 12 months from latest removal from home	84.5%	85.7%	85.9%	85.1%	86.2%	83.9%
Quality	Percent of children adopted in fewer than 24 months from latest removal from home	48.2%	48.1%	49.4%	54.7%	59.9%	54.2%

Performance Measures notes:

All measures in the above table are from Minnesota’s Child Welfare Reports, 2010-2014. Child Protection statistical reports are posted on the [DHS Child Protection Publications](http://www.dhs.state.mn.us/main/id_003712) (http://www.dhs.state.mn.us/main/id_003712) page. The 2015 data come from the [DHS Child Welfare Data Dashboard](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137) (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137).

SNAP Participation Rate

The quality measure below shows increased participation in the SNAP program to help keep people fed and healthy.



Data for SNAP Participation Rate is from the Economic Assistance & Employment Supports Division Research Unit at the Department of Human Services, based on administrative data.

M.S. chapter 256 (Human Services) (<https://www.revisor.mn.gov/statutes/?id=256>) provides authority for many of the agency's general administrative activities. For specific programs administered under Children and Families, we list legal citations that apply to the program at the end of each budget narrative.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	6,975	7,645	8,186	10,287	9,153	9,068
2000 - Restrict Misc Special Revenue	675	1,007	136	70	62	62
2001 - Other Misc Special Revenue	20,860	21,497	20,791	23,990	21,776	21,771
3000 - Federal	9,218	9,383	11,065	12,265	11,226	11,144
3001 - Federal TANF	2,252	2,060	2,037	2,583	2,583	2,583
Total	39,980	41,591	42,215	49,195	44,799	44,628
<i>Biennial Change</i>				9,838		(1,982)
<i>Biennial % Change</i>				12		(2)

Expenditures by Category

Compensation	25,829	27,135	27,100	31,135	30,959	30,873
Operating Expenses	14,017	14,403	14,839	18,024	13,808	13,723
Other Financial Transactions	89	49	152	36	32	32
Grants, Aids and Subsidies	46	5	123	0	0	0
Total	39,980	41,591	42,215	49,195	44,799	44,628
Full-Time Equivalents	286.9	295.0	286.0	333.6	333.6	333.6

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	548	0	830	0	0
Direct Appropriation	8,023	8,015	9,974	9,961	9,176	9,176
Net Transfers	(517)	(770)	(958)	(505)	(23)	(108)
Cancellations	0	148	0	0	0	0
Expenditures	6,975	7,645	8,186	10,287	9,153	9,068
Balance Forward Out	531	0	830	0	0	0
<i>Biennial Change in Expenditures</i>				3,852		(252)
<i>Biennial % Change in Expenditures</i>				26		(1)
Full-Time Equivalents	64.2	65.6	61.6	76.8	76.8	76.8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	303	375	303	105	47	47
Receipts	194	176	243	0	0	0
Net Transfers	552	690	(305)	13	62	62
Expenditures	675	1,007	136	70	62	62
Balance Forward Out	375	234	105	47	47	47
<i>Biennial Change in Expenditures</i>				(1,476)		(82)
<i>Biennial % Change in Expenditures</i>				(88)		(40)
Full-Time Equivalents	6.7	7.7	2.1	2.0	2.0	2.0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	2,817	2,029	2,548	1,155	898	981
Receipts	3,295	3,804	3,310	2,698	2,677	2,691
Net Transfers	16,551	16,755	16,087	21,034	19,181	19,176
Expenditures	20,860	21,497	20,791	23,990	21,776	21,771
Balance Forward Out	1,804	1,090	1,155	898	981	1,077
<i>Biennial Change in Expenditures</i>				2,423		(1,233)
<i>Biennial % Change in Expenditures</i>				6		(3)
Full-Time Equivalents	120.8	128.0	126.1	142.2	142.2	142.2

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	942	107	132	92	0	0
Receipts	8,346	9,352	11,024	12,173	11,226	11,144
Net Transfers			0			
Expenditures	9,218	9,383	11,065	12,265	11,226	11,144
Balance Forward Out	70	77	92	0	0	0
<i>Biennial Change in Expenditures</i>				4,730		(960)
<i>Biennial % Change in Expenditures</i>				25		(4)
Full-Time Equivalents	81.7	81.6	85.1	99.2	99.2	99.2

3001 - Federal TANF

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Receipts	2,252	2,060	2,037	2,582	2,582	2,582
Expenditures	2,252	2,060	2,037	2,583	2,583	2,583
<i>Biennial Change in Expenditures</i>				308		545
<i>Biennial % Change in Expenditures</i>				7		12
Full-Time Equivalents	13.7	12.1	11.1	13.4	13.4	13.4

Program: Central Office Operations
Activity: Health Care

AT A GLANCE

- **Medical Assistance** provided coverage for an average of 1,049,819 people each month during FY 2015.
- **MinnesotaCare** provided coverage for an average of 91,105 people each month during FY 2015.
- In FY2015 our member services call center fielded 387,200 telephone calls from recipients.
- In FY2015 our provider help desk answered 342,071 calls from providers.
- All funds administrative spending for the Health Care activity for FY 2015 was \$76.3 million. This represents 0.5% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The Minnesota Department of Human Services (DHS) Health Care Administration administers the Minnesota Health Care Programs (MHCP), including:

Medical Assistance (MA; 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 children; and

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

These programs provide a health care insurance safety net for low-income families, elderly, disabled and very low-income adults without children.

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 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
- 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
- Coordinating the development of recommendations on health care policy and legislation

Health Care Eligibility Operations

- Processes applications and makes eligibility determinations for MinnesotaCare and the Minnesota Family Planning Program
- Conducts 10,000-12,000 disability determinations for the purposes of Medical Assistance eligibility
- Provides ongoing case maintenance and processes changes in enrollee circumstance that may influence eligibility

Health Care Eligibility and Access

- Administers all eligibility policy for the Medical Assistance and MinnesotaCare programs including long term care services.
- Provides training, education, and support for county social service agencies, tribal governments, and other entities processing applications for MHCP
- Develops business requirements for eligibility systems including MAXIS, MMIS, and MNSure (METS)

Purchasing and Service Delivery (PSD)

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

Member and Provider Services (MPS)

- Supports MHCP members and providers, conducts benefits recovery and claims processing, runs the member and provider call centers, enrolls health care providers, and manages all provider training and communication regarding the health care programs
- Benefits Recovery Unit 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
- Responds to enrollee phone calls regarding eligibility, covered services, and provider availability

Healthcare 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
- Uses health care claims data to inform policy and program development and monitors the quality of health care services purchased by DHS

Our staff shares some health care coverage policy and rates development functions with the Community Supports administration for the services under the purview of those other administrations.

Our 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
- Hold managed care plans accountable for health equity outcomes related to depression, diabetes and well child visits

RESULTS

Minnesota is consistently 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. In 2015 the Department of Human Services implemented statewide competitive bidding for 2016 managed care contracts serving roughly 800,000 people. The responses that DHS received resulted in lower than expected managed care rates which lead to a sizable reduction in forecast expenditures. DHS estimates that the value of the reduced payments relative to the February 2015 forecast will produce savings of over \$600 million to the state and federal government in the FY16-17 biennium.

As part of Minnesota’s commitment to deliver quality health care more efficiently, the agency 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.

The Integrated Health Partnerships (IHP) initiative gives participating providers financial incentives to manage the total cost of care through better coordination of medical care and prioritizing quality care. This initiative has resulted in over \$150 million in lower than expected health care expenditures over three years as providers across the state developed and implemented innovative approaches to improving health care for low income people. A portion of these savings accrue to the state budget. On quality, the results for the provider groups that joined IHP in the first year show that they either outperformed statewide averages for quality metrics such as depression remission and optimal diabetes care, or showed significant improvement.

The IHP project began in 2013 with 6 participating providers providing care to 100,000 people in publically funded health care programs. In just three years the project expanded to 19 providers and covers more than 350,000 people. This growth puts DHS on track to meet its goal of 500,000 participants in IHP or similar value-based reforms by the end of 2018.

<i>Type of Measure</i>	<i>Performance Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of electronically submitted claims paid within two days ¹	98.27%	98.28%	FY2013 and FY2015
Quantity	Number of Providers Enrolled in an Integrated Health Partnership ²	9	19	2014 and 2015
Quantity	Total MA Benefit Recoveries (excluding fraud and cost avoidance) ³	\$52.6 million	\$46 million	FY2014 and FY2015

Performance Measure Notes:

1. Source: FY 2015 Member and Provider Services Operational Statistics. Compares Fiscal year 2013 (Previous) to Fiscal year 2015 (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 providers voluntarily contracting with DHS as an IHP to serve MA and MinnesotaCare recipients. Compares 2015 (Previous) to 2016 (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 2014 (Previous) and FY 2015 (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.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	12,390	11,894	15,344	15,948	14,637	14,553
2000 - Restrict Misc Special Revenue	423	691	1,352	2,438	2,567	2,604
2001 - Other Misc Special Revenue	23,638	33,063	41,153	47,124	43,831	43,681
2360 - Health Care Access	22,716	25,989	24,176	25,375	23,397	23,504
3000 - Federal	6,217	13,114	16,517	15,992	15,123	15,080
Total	65,383	84,750	98,542	106,877	99,556	99,423
<i>Biennial Change</i>				55,286		(6,440)
<i>Biennial % Change</i>				37		(3)

Expenditures by Category

Compensation	45,329	48,418	53,150	57,203	54,501	54,516
Operating Expenses	19,563	35,612	42,585	49,517	44,899	44,751
Other Financial Transactions	361	122	359	156	156	156
Grants, Aids and Subsidies	130	598	2,421	0	0	0
Capital Outlay-Real Property	0	0	28	0	0	0
Total	65,383	84,750	98,542	106,877	99,556	99,423
<u>Full-Time Equivalent</u>	611.5	630.5	645.6	762.5	757.2	751.3

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	1,267	0	1,131	0	0
Direct Appropriation	14,817	14,512	16,667	16,683	15,812	15,728
Net Transfers	(1,236)	(3,828)	(192)	(1,866)	(1,175)	(1,175)
Cancellations	0	58	0	0	0	0
Expenditures	12,390	11,894	15,344	15,948	14,637	14,553
Balance Forward Out	1,191	0	1,131	0	0	0
<i>Biennial Change in Expenditures</i>				7,009		(2,102)
<i>Biennial % Change in Expenditures</i>				29		(7)
Full-Time Equivalents	106.6	92.6	101.5	117.8	117.8	117.8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	380	291	203	159	561	567
Receipts	292	559	1,187	2,740	2,259	2,259
Net Transfers	(25)		120	100	314	351
Expenditures	423	691	1,352	2,438	2,567	2,604
Balance Forward Out	224	158	159	561	567	573
<i>Biennial Change in Expenditures</i>				2,676		1,381
<i>Biennial % Change in Expenditures</i>				240		36
Full-Time Equivalents	2.7	0.8	1.7	10.0	10.0	10.0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	5,457	4,021	2,766	3,671	4,780	6,090
Receipts	4,363	3,614	6,302	7,692	7,692	7,692
Net Transfers	17,359	27,560	35,756	40,542	37,450	37,300
Expenditures	23,638	33,063	41,153	47,124	43,831	43,681
Balance Forward Out	3,542	2,132	3,671	4,780	6,090	7,400
<i>Biennial Change in Expenditures</i>				31,576		(764)
<i>Biennial % Change in Expenditures</i>				56		(1)
Full-Time Equivalents	187.7	205.2	231.4	261.7	256.4	250.5

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	1,309	0	41	0	0
Direct Appropriation	28,442	31,137	33,185	34,007	23,697	23,804
Net Transfers	(4,869)	(6,114)	(8,968)	(8,672)	(300)	(300)
Cancellations	0	343	0	0	0	0
Expenditures	22,716	25,989	24,176	25,375	23,397	23,504
Balance Forward Out	858	0	41	0	0	0
<i>Biennial Change in Expenditures</i>				848	(2,650)	
<i>Biennial % Change in Expenditures</i>				2	(5)	
Full-Time Equivalents	310.1	321.4	298.0	361.5	361.5	361.5

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Receipts	6,218	13,113	16,516	15,992	15,123	15,080
Expenditures	6,217	13,114	16,517	15,992	15,123	15,080
<i>Biennial Change in Expenditures</i>				13,178	(2,306)	
<i>Biennial % Change in Expenditures</i>				68	(7)	
Full-Time Equivalents	4.4	10.6	13.0	11.5	11.5	11.5

Program: Central Office Operations
Activity: Continuing Care For Older Adults

mn.gov/dhs/people-we-serve/seniors/

AT A GLANCE

- Oversees services to over 400,000 people each year with a value of more than \$1.32 billion in state and federal funds
- Performs statewide human services planning and develops and implements policy
- Obtains, allocates, and manages resources, contracts, and grants
- 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
- All funds administrative spending for the Continuing Care Administration activity for FY 2015 was \$29.5 million.¹ This represented 0.19% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The Continuing Care for Older Adults Administration administers Minnesota's publicly funded long-term care programs and services for older Minnesotans 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 for older people and
- Manage an equitable and sustainable long-term care system that maximizes value
- Continuously improve how we administer services
- Promote professional excellence and engagement in our work

SERVICES PROVIDED

The Continuing Care for Older Adults Administration is composed of the following Divisions and units, each charged with particular areas of responsibility:

- Aging and Adult Services Division
- Planning and Aging 2030
- Nursing Facility Rates and Policy Division
- Fiscal Analysis and Performance Measurement
- Operations and Central Functions

Our work includes:

- Administering Medical Assistance long-term care 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 and Moving Home Minnesota, a federal Money Follows the Person Rebalancing Demonstration Program. These programs serve 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 doing evaluations and measuring results using county waiver reviews;
- Staffing of the Governor-appointed Minnesota Board on Aging (<http://www.mnaging.org/>), a state agency 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; and
- Providing outreach, staff support and technical assistance to stakeholders and stakeholder workgroups.

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, resolve issues with Medicare and prescription drugs, connect with volunteer opportunities, or find 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.

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. Percent of waiver review follow-up cases corrected after issuance of corrective actions	93%	94%	2013 to 2015
Quality	2. Average statewide risk-adjusted nursing facility quality of care score out of a possible 100 points	65.2	69.2	Dec. 2012 to Mar. 2016
Result	3. Percent of seniors served by home and community-based services	68.4%	71.3%	2013 to 2015

More information is available on the DHS Dashboard (<http://dashboard.dhs.state.mn.us/>) and the Continuing Care Performance Report (http://www.dhs.state.mn.us/main/dhs16_166609).

Performance Notes:

1. Measure one compares 2013 data to 2015 data. Round II of Waiver Reviews was completed in FY15. Source: Waiver review database
2. Measure two compares December 2012 data to March 2016 data. Source: Minimum Data Set resident assessments.
3. Measure three compares FY2013 to FY2015. This measure shows the percentage of seniors receiving publicly-funded long-term care services who receive HCBS services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. 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, we list legal citations that apply to the program at the end of each budget narrative.

¹ In FY16, the Continuing Care Administration and the Chemical and Mental Health Administrations were reorganized. The Disability Services Division and the Deaf Services Division were combined with chemical and mental health in the new Community Supports Administration and the Continuing Care Administration was renamed the Continuing Care for Older Adults Administration.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	19,559	24,715	13,491	15,743	14,029	14,031
1200 - State Government Special Rev	138	113	103	147	125	125
2000 - Restrict Misc Special Revenue	0	0	49	2,808	2,687	2,687
2001 - Other Misc Special Revenue	336	868	244	316	168	168
2403 - Gift	0	0	0	30	15	15
3000 - Federal	4,073	4,060	3,668	4,350	3,878	3,634
Total	24,106	29,755	17,556	23,394	20,902	20,660
<i>Biennial Change</i>				(12,911)		612
<i>Biennial % Change</i>				(24)		1

Expenditures by Category

Compensation	18,212	21,582	11,280	12,140	12,064	11,967
Operating Expenses	5,580	8,016	6,097	11,213	8,797	8,654
Other Financial Transactions	269	114	109	41	41	39
Grants, Aids and Subsidies	46	42	71	0	0	0
Capital Outlay-Real Property	0	0	0	0	0	0
Total	24,106	29,755	17,556	23,394	20,902	20,660
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<u>Full-Time Equivalent</u>	206.6	235.7	120.8	132.6	132.6	132.6

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	75	949	0	1,716	0	0
Direct Appropriation	23,296	28,132	32,950	29,925	14,029	14,031
Net Transfers	(2,934)	(4,353)	(17,743)	(15,898)	0	0
Cancellations	0	13	0	0	0	0
Expenditures	19,559	24,715	13,491	15,743	14,029	14,031
Balance Forward Out	878	0	1,716	0	0	0
<i>Biennial Change in Expenditures</i>				(15,039)	(1,174)	
<i>Biennial % Change in Expenditures</i>				(34)	(4)	
Full-Time Equivalents	166.1	196.0	84.8	93.9	93.9	93.9

1200 - State Government Special Rev

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	22	0	0
Direct Appropriation	125	125	125	125	125	125
Net Transfers	13					
Cancellations	0	12	0	0	0	0
Expenditures	138	113	103	147	125	125
Balance Forward Out	0	0	22	0	0	0
<i>Biennial Change in Expenditures</i>				(1)	0	
<i>Biennial % Change in Expenditures</i>				0	0	
Full-Time Equivalents	1.3	1.1	0.6	1.3	1.3	1.3

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	121	121	121	986	1,559	1,559
Receipts	0	0	0	5,177	5,177	5,177
Net Transfers			914	(1,796)	(2,490)	(2,490)
Expenditures	0	0	49	2,808	2,687	2,687
Balance Forward Out	121	121	986	1,559	1,559	1,559
<i>Biennial Change in Expenditures</i>				2,857	2,517	
<i>Biennial % Change in Expenditures</i>					88	
Full-Time Equivalents	0.0	0.0	0.2	0.8	0.8	0.8

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	236	343	397	84	0	0
Receipts	11	105	111	168	168	168
Net Transfers	427	734	(179)	64	0	0
Expenditures	336	868	244	316	168	168
Balance Forward Out	338	314	84	0	0	0
<i>Biennial Change in Expenditures</i>				(644)		(225)
<i>Biennial % Change in Expenditures</i>				(53)		(40)
Full-Time Equivalents	2.1	3.1	0.3	0.3	0.3	0.3

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	13	14	15	15	0	0
Receipts	1	0	0	15	15	15
Expenditures	0	0	0	30	15	15
Balance Forward Out	14	15	15	0	0	0
<i>Biennial Change in Expenditures</i>				30		0
<i>Biennial % Change in Expenditures</i>				6,269		0

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	6	8	5	6	0	0
Receipts	4,068	4,051	3,669	4,345	3,878	3,634
Expenditures	4,073	4,060	3,668	4,350	3,878	3,634
Balance Forward Out	4	0	6	0	0	0
<i>Biennial Change in Expenditures</i>				(114)		(506)
<i>Biennial % Change in Expenditures</i>				(1)		(6)
Full-Time Equivalents	37.0	35.5	34.9	36.3	36.3	36.3

Program: Central Office Operations
Activity: Community Supports

AT A GLANCE

- 93,445 people received substance abuse treatment services in CY2015
- Provided 40,132 people with disability home and community-based services waivers in FY2015.
- Provided 26,646 people with Personal Care Assistance (PCA) services in FY2015.
- 20,165 people received assistance from the Deaf and Hard of Hearing Services Division in FY2015
- 155,723 adults received mental health services through Minnesota Health Care Programs (MHCP) in CY 2015
- 67,000 children and youth receive publically funded mental health services each year
- More than 2,900 individuals in 1,300 households receive transitional housing services annually
- More than 2,699 individuals at risk of or experiencing long-term homelessness received supportive services in FY 2015
- All funds administrative spending for the Community Supports (formerly Chemical and Mental Health) Budget Activity for FY 2015 was \$15.5 million¹. This represented 0.1% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The Community Supports Administration (CSA) within the Department of Human Services oversees service delivery systems for mental health, people with disabilities, alcohol and drug abuse, people who are deaf, deafblind and hard of hearing, and people needing housing supports. This includes prevention, treatment, long-term services and supports, home and community based services and grant programs.

CSA 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.

CSA 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 five divisions within the Community Supports Administration (CSA):

- Alcohol and Drug Abuse Division
- Disability Services Division
- Deaf and Hard of Hearing Services Division
- Housing Supports Division
- Mental Health Division

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

¹ In FY16, the Continuing Care Administration and the Chemical and Mental Health Administrations were reorganized. The Disability Services Division and the Deaf Services Division were combined with chemical and mental health in the new Community Supports Administration and the Continuing Care Administration was renamed the Continuing Care for Older Adults Administration.

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 chemical dependency.
- Administer payment policy and manage grant programs for mental health and chemical dependency services, such as the Consolidated Chemical Dependency Treatment Fund, Minnesota Health Care Programs, Adult Mental Health Grants, Child Mental Health Grants and Chemical Dependency Treatment Support Grants.
- Manage and administer the disability home and community-based services waivers, home care services, intermediate care facilities for people with developmental disabilities, and various grant programs that support people with disabilities living in the community.
- 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; the Governor-appointed Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans, 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
- 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.
- 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	Percent of children in the child welfare system who received a mental health screening. ¹	56.6%	58.9%	2010 vs. 2011
Quantity	The percent of adults in <i>Assertive Community Treatment (ACT)</i> who receive an annual comprehensive preventative physical exam. ²	26.5%	27.8%	2012 vs. 2013
Result	Past 30 day use of alcohol by youth in communities receiving prevention funding. ³	24.5%	17.9%	2010 vs. 2013
Result	Percentage of babies born with negative toxicology reports. ⁴	84%	82%	2014 vs. 2015
Result	Percent of working age consumers on disability waiver programs with earnings	44.6%	43.7%	Dec. 2013 to Dec. 2015

Performance Measure Notes:

1. With parental consent, counties conduct mental health screenings for children in the child welfare and juvenile justice systems who have not had a recent assessment. The Previous measure is Calendar Year 2010; the Current measure is CY 2011. (Source: [Minnesota Department of Human Services Dashboard](http://dashboard.dhs.state.mn.us/), <http://dashboard.dhs.state.mn.us/>)

2. Compares CY 2012 (Previous) and CY 2013 (Current). The measure is based on ACT recipients who are not Medicare eligible and who are enrolled 12 months in MA or Minnesota Care. (Source: [Minnesota Department of Human Services Dashboard](http://dashboard.dhs.state.mn.us/), <http://dashboard.dhs.state.mn.us/>)
 3. This measure consists of data as reported in the Minnesota Student Survey for 9th grade users. Previous represents calendar year CY 2010 and Current represents CY 2013.
 4. The percentage of babies with negative toxicology results during a 12-month period, born to women served by the state Women's Recovery grants. Previous represents FY 2014 and Current represents FY 2015.
 5. Measure compares monthly earnings from Dec. 2013 to Dec. 2015 data for all disability waiver programs. "Working age" is age 22-64. Source: DHS Data Warehouse.
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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.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	4,324	4,289	22,346	28,462	25,173	25,020
2000 - Restrict Misc Special Revenue	3,245	5,763	4,748	5,785	6,060	5,717
2001 - Other Misc Special Revenue	1,890	1,805	2,807	4,479	3,295	3,295
2403 - Gift	10	5	2	26	13	13
3000 - Federal	5,131	3,900	5,602	10,045	7,105	6,943
4800 - Lottery	157	108	114	209	163	163
Total	14,756	15,870	35,618	49,006	41,809	41,151
<i>Biennial Change</i>				53,999		(1,665)
<i>Biennial % Change</i>				176		(2)

Expenditures by Category

Compensation	10,447	10,665	26,126	31,156	30,312	30,172
Operating Expenses	3,848	4,280	7,738	16,511	11,033	10,830
Other Financial Transactions	114	38	290	82	67	67
Grants, Aids and Subsidies	348	888	1,463	1,257	397	82
Capital Outlay-Real Property	0	0	1	0	0	0
Total	14,756	15,870	35,618	49,006	41,809	41,151
<u>Full-Time Equivalent</u>	119.7	119.8	268.9	327.7	327.7	327.7

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	668	842	3,298	0	0
Direct Appropriation	4,734	5,315	7,058	7,373	25,173	25,020
Receipts	68	59	59	0	0	0
Net Transfers	141	(898)	17,685	17,791		
Cancellations	0	14	0	0	0	0
Expenditures	4,324	4,289	22,346	28,462	25,173	25,020
Balance Forward Out	619	842	3,298	0	0	0
<i>Biennial Change in Expenditures</i>				42,195		(615)
<i>Biennial % Change in Expenditures</i>				490		(1)
Full-Time Equivalents	34.2	34.0	169.1	212.4	212.4	212.4

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	14,194	11,679	9,342	11,578	5,549	9,366
Receipts	7,498	9,991	9,554	11,241	11,219	11,219
Net Transfers	(6,902)	(6,932)	(2,571)	(11,486)	(1,340)	(1,684)
Expenditures	3,245	5,763	4,748	5,785	6,060	5,717
Balance Forward Out	11,545	8,975	11,578	5,549	9,366	13,183
<i>Biennial Change in Expenditures</i>				1,525		1,244
<i>Biennial % Change in Expenditures</i>				17		12
Full-Time Equivalents	28.5	43.3	36.4	22.0	22.0	22.0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	58	216	122	1,127	171	312
Receipts	1,777	1,732	1,509	1,824	1,822	1,822
Net Transfers	152	(23)	2,303	1,698	1,614	1,614
Expenditures	1,890	1,805	2,807	4,479	3,295	3,295
Balance Forward Out	97	120	1,127	171	312	453
<i>Biennial Change in Expenditures</i>				3,592		(696)
<i>Biennial % Change in Expenditures</i>				97		(10)
Full-Time Equivalents	14.2	13.2	18.6	25.5	25.5	25.5

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	19	12	12	13	0	0
Receipts	3	5	4	13	13	13
Expenditures	10	5	2	26	13	13
Balance Forward Out	12	12	13	0	0	0
<i>Biennial Change in Expenditures</i>				13		(2)
<i>Biennial % Change in Expenditures</i>				88		(8)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	697	132	125	0	0	0
Receipts	4,569	3,878	5,477	10,045	7,105	6,943
Net Transfers	(21)		0			
Expenditures	5,131	3,900	5,602	10,045	7,105	6,943
Balance Forward Out	115	110	0	0	0	0
<i>Biennial Change in Expenditures</i>				6,616		(1,599)
<i>Biennial % Change in Expenditures</i>				73		(10)
Full-Time Equivalents	41.3	28.3	43.5	66.3	66.3	66.3

4800 - Lottery

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	46	0	0
Direct Appropriation	157	157	160	163	163	163
Cancellations	0	49	0	0	0	0
Expenditures	157	108	114	209	163	163
Balance Forward Out	0	0	46	0	0	0
<i>Biennial Change in Expenditures</i>				58		3
<i>Biennial % Change in Expenditures</i>				22		1
Full-Time Equivalents	1.5	1.1	1.3	1.5	1.5	1.5

Program: Central Office Operations

Activity: Central IT

mn.gov/mnit/about-mnit/offices/

AT A GLANCE

- Maintains over 385 active applications used by over 775,000 citizens, 5000 county, tribal, and state workers, more than 100,000 providers, other client assistors and DHS and MNsure business partners
- Oversees more than 650 IT employees
- Manages over 160 active IT projects
- Coordinates 4 DHS IT Transformation programs:
 - Minnesota Eligibility Technology (METS) System
 - Integrated Service Delivery System (ISDS)
 - Medicaid Management Information System (MMIS) Modernization
 - Direct Care & Treatment System Modernization
- Total all funds spending for this budget activity in FY 2015 was \$174 million, which represents 1.1% of the agency budget.

PURPOSE & CONTEXT

The Central IT budget activity funds *MN.IT@DHS* & *MNsure*, which is embedded within DHS to provide IT resources to support agency business goals, and build and maintain the computer applications that automate agency programs. MN.IT provides high-quality, secure and cost-effective information technology systems for users of DHS social services, health care, and public assistance programs across the state, to help DHS meet their mission to provide essential services to Minnesota's most vulnerable residents.

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

SERVICES PROVIDED

MN.IT@DHS and *MNsure* provides the following services for our agency partners:

1. Leadership and planning support that allows us to deliver IT services to DHS in a high-value and cost-effective manner. This includes:
 - Design of and participation in DHS IT governance structures which allocate funding and guide IT program design and sequence/prioritization of getting IT work done
 - Ensure that user experience design, accessibility and plain language are incorporated into DHS technology
2. Program management activities to develop and operate the DHS IT project and portfolio management. This includes:
 - Business analysis
 - Project and portfolio management
 - Quality assurance, and
 - Release management
3. Application development and support to automate and maintain DHS services and operations. This includes:
 - Enterprise architecture assessment
 - Process to determine technology approach(es)
 - Programming and coding, and
 - Ongoing maintenance to help ensure 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:
 - Desktop, server and network support
 - Operations support
 - Firewall support & incident management
 - Contact center support
 - Telephony, telepresence support

MN.IT@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

MN.IT 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 providing IT computing and telecom resources to support DHS business goals, and managing the applications that run agency programs.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Service availability to IT network, telecom and communication services	NA	99.8%	August, 2016
Quantity	Infrastructure availability	NA	99.7%	August, 2016
Quantity	New projects added to the Project Portfolio	160 projects added in 2015	100 projects added through Aug. 2016	Ongoing
Quantity	Projects completed	96 projects completed in 2015	69 projects completed through Aug. 2016	Ongoing

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

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
2001 - Other Misc Special Revenue	0	0	74,471	111,958	67,435	67,435
Total	0	0	74,471	111,958	67,435	67,435
<i>Biennial Change</i>						(51,559)
<i>Biennial % Change</i>						(28)

Expenditures by Category

Operating Expenses	0	0	74,471	111,958	67,435	67,435
Total	0	0	74,471	111,958	67,435	67,435
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Net Transfers			74,471	111,958	67,435	67,435
Expenditures	0	0	74,471	111,958	67,435	67,435
<i>Biennial Change in Expenditures</i>				186,429		(51,559)
<i>Biennial % Change in Expenditures</i>						(28)

Program: Forecasted Programs
Activity: MFIP / DWP

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

AT A GLANCE

- In 2015, MFIP and DWP provided assistance for approximately 34,300 low-income families a month, 71 percent of those served are children.
- The average monthly cash payment for an MFIP family was \$722, including the food portion of MFIP. The average monthly cash payment for a DWP family was \$395.
- All funds spending for the MFIP/DWP activity for FY 2015 was \$274 million. This represented 1.8% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) provide temporary financial support to help meet the basic needs of low-income families with children and low-income pregnant women.

Half the parents receiving MFIP or DWP were employed in the three months before they turned to the program for assistance. Common causes for job losses are layoff, reduced hours, birth of a baby by a parent with no leave time, need to care for an ill child or spouse with a disability, or transportation and child care costs that wages do not cover.

The goal of these related 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, federal Supplemental Nutrition Assistance Program (SNAP), and federal Temporary Assistance for Needy Families (TANF) funds. Counties and tribes administer the MFIP and DWP programs.

SERVICES PROVIDED

MFIP provides job counseling, cash assistance and food assistance to low-income families with children and to low-income pregnant women. Families receive time limited benefits (60 months or fewer). The amount of benefits is based on family size and other sources of income. Families may request an extension of their benefits if, for example, an eligible adult has a disability or needs to care for a family member with a disability. A family of three - a parent with two children - with no other income can receive \$532 in financial assistance and \$446 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 to develop the skills needed to move into the labor market as soon as possible. Families may also be eligible for child care assistance and for health care coverage under Medical Assistance.

DWP is designed to meet specific crisis situations and help families move to employment rather than go on MFIP. The program includes intensive, up-front services to focus on families' strengths and break down barriers to work. Families can participate in the program for four months within a 12-month period. A family receives cash benefits based on its housing, utility costs and personal needs up to a maximum 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 \$532 in financial assistance. Most families are also eligible for SNAP benefits, child care assistance and for health care coverage under Medical Assistance.

Beginning July 1, 2015, families who receive MFIP (with some exemptions) may also be eligible for a housing assistance grant of \$110 per month if they do not receive a rental subsidy through the federal Department of Housing and Urban Development.

RESULTS

The two key measures in MFIP are:

- The **Self-Support Index (S-SI)** is a results measure. The S-SI gives 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 and/or are working at least 30 hours per week three years after a baseline period.

Year ending in March of:	S-SI
2008	71.8%
2009	68.9%
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%

- The federal **Work Participation Rate (WPR)** is a measure of quantity. The WPR reflects parents engaging in work and specific work-related activities. We calculate an estimated WPR for counties, county consortiums, and tribes monthly and it is annualized to allocate performance bonus funds. (Beginning in calendar year 2016, the bonus will be based solely on the S-SI.) The following chart shows the WPR for 2008 to 2015.

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%

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>).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	76,154	75,245	103,453	88,321	88,930	106,340
2000 - Restrict Misc Special Revenue	450	316	314	750	750	750
3000 - Federal	144,520	135,785	135,174	141,045	141,468	143,844
3001 - Federal TANF	71,015	63,807	60,572	92,207	92,732	75,025
Total	292,138	275,153	299,513	322,323	323,880	325,959
<i>Biennial Change</i>				54,545		28,003
<i>Biennial % Change</i>				10		5

Expenditures by Category

Operating Expenses	0	0	0	0	0	0
Other Financial Transactions	580	587	595	800	800	800
Grants, Aids and Subsidies	291,558	274,566	298,918	321,523	323,080	325,159
Total	292,138	275,153	299,513	322,323	323,880	325,959
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	76,154	75,245	103,453	88,321	88,930	106,340
Expenditures	76,154	75,245	103,453	88,321	88,930	106,340
<i>Biennial Change in Expenditures</i>				40,375		3,496
<i>Biennial % Change in Expenditures</i>				27		2

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1	1	0	0	0	0
Receipts	450	315	314	750	750	750
Expenditures	450	316	314	750	750	750
Balance Forward Out	1	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				299		436
<i>Biennial % Change in Expenditures</i>				39		41

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1	0	9,451	0	0	0
Receipts	144,519	135,785	125,723	141,045	141,468	143,844
Expenditures	144,520	135,785	135,174	141,045	141,468	143,844
<i>Biennial Change in Expenditures</i>				(4,086)		9,093
<i>Biennial % Change in Expenditures</i>				(1)		3

3001 - Federal TANF

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	71,015	63,807	60,572	92,207	92,732	75,025
Expenditures	71,015	63,807	60,572	92,207	92,732	75,025
<i>Biennial Change in Expenditures</i>				17,957		14,978
<i>Biennial % Change in Expenditures</i>				13		10

Program: Forecasted Programs
Activity: MFIP Child Care Assistance

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

AT A GLANCE

- In 2015 MFIP Child Care Assistance paid for child care for 15,328 children in 7,588 families in an average month.
- The average monthly assistance per family was \$1,486.
- All funds spending for the MFIP Child Care Assistance activity for FY 2015 was \$142.0 million. This represented 0.9% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

In order to work, families need safe and reliable child care. The annual cost of full time licensed care for one child can exceed \$10,000. Many low-income families struggle to find affordable child care that fits their needs. Minnesota Family Investment Program (MFIP) Child Care Assistance provides financial subsidies to help low-income families pay for child care. To support quality child care 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 supports to help improve outcomes for the most at risk children and their families by increasing access to high quality child care.

The following families are eligible to receive MFIP child care assistance or Transition Year child care 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) child care 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.

As family income increases, so does the amount of child care expenses paid by the family in the form of copayments. All families receiving child care 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 (\$23,104) would have a total biweekly child care provider payment of \$24 for all children in child care.

The MFIP child care 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: child care centers, family child care and legal non-licensed child care. Providers are paid at the rate they charge private pay families, 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.

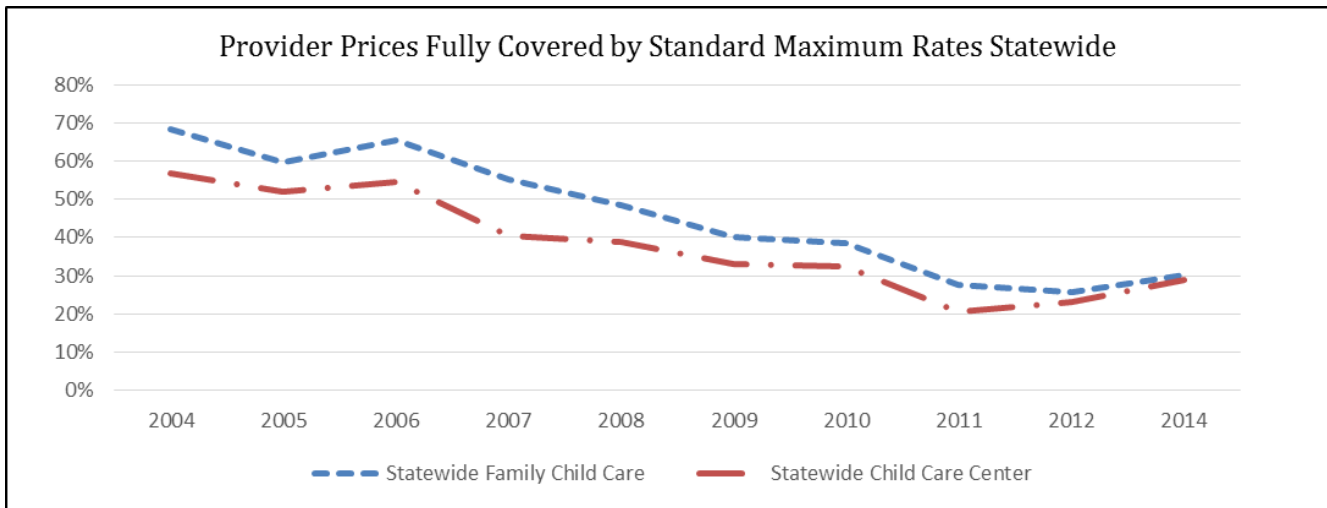
Child care must be provided by a legal child care provider over the age of 18 years. Allowable providers include legal non-licensed family child care, license-exempt centers, licensed family child care and licensed child care centers. Families choose their providers in the private child care market.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

All families who meet eligibility requirements may receive this help. MFIP child care 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.

RESULTS

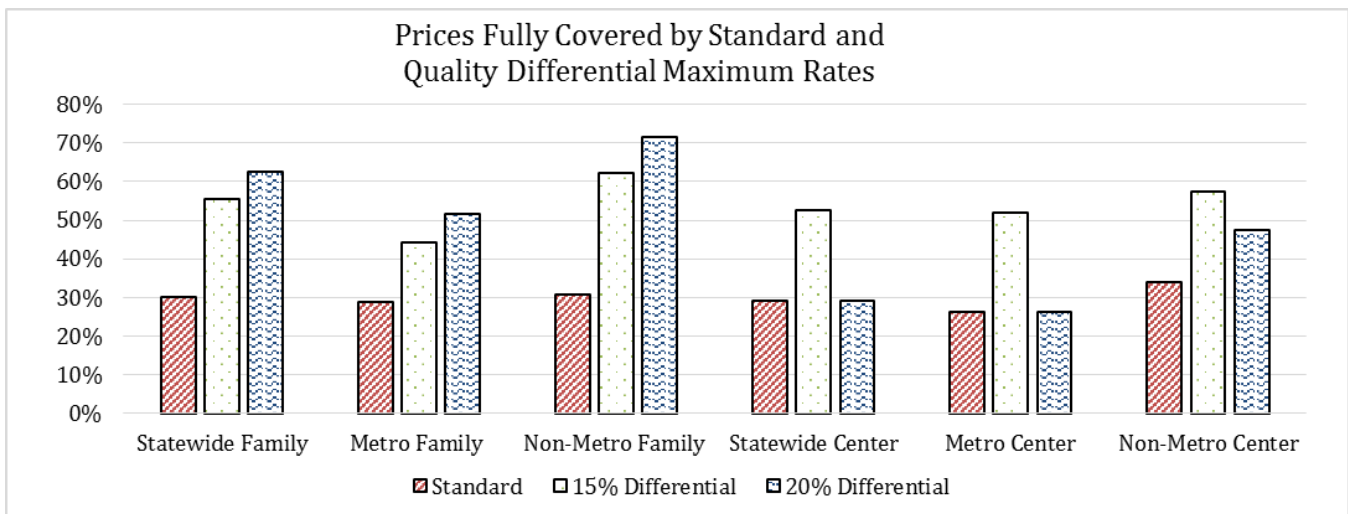
PERCENT OF PROVIDER PRICES FULLY COVERED BY CHILD CARE ASSISTANCE PROGRAM - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of child care. This may be a barrier for some families, if the family cannot find a provider in their community whose prices are covered by the maximum allowed under the program. **The percent of child care provider prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in 2014, but the maximum rate paid remains low compared to prices in the market.**

This quality measure shows approximately 30 percent of all child care providers charge prices that are fully covered by the Child Care Assistance Program maximum rates.



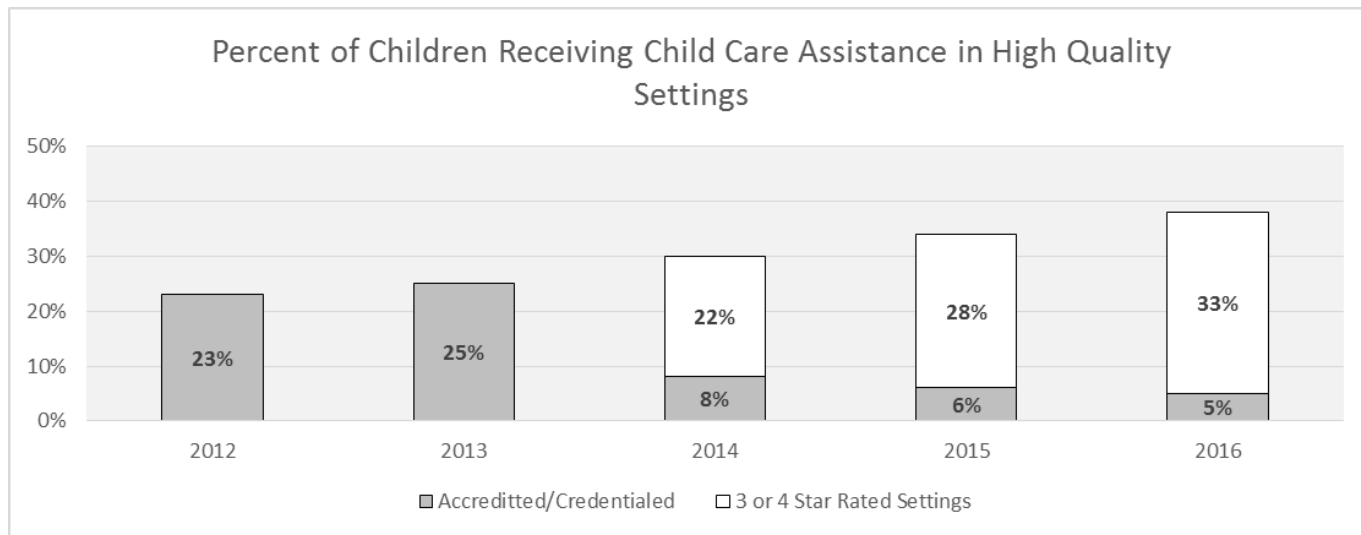
QUALITY DIFFERENTIAL IMPACT - Parent Aware is Minnesota’s rating tool for helping parents select high quality child care and early education programs. The Child Care Assistance Program allows up to a 15 percent higher maximum rate to be paid to providers with a Parent Aware 3-star rating, or who hold 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.



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 in the same proportion as 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.

INCREASE IN 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 child care assistance through providers eligible for the higher subsidy rates for quality has increased from 23 percent in quarter four of 2012 to 38 percent in quarter three of 2016. This represents a 65 percent increase over the 4-year period.**



In 2014 a statute change allowed providers to qualify for the higher maximum subsidy rate through receiving a Parent Aware rating of 3-or-4-Stars. Previously only providers holding certain accreditations and family child care providers meeting certain education standards were eligible. In this figure, child care settings were categorized according to the quality standard they meet to be eligible for the CCAP quality differential.

- In 2012-2013 settings meeting quality standards though accreditations/credentials may also have been highly rated by Parent Aware. In 2014-2015 settings that hold both a 3-or-4 Star Parent Aware rating and an accreditation or educational credential, are included in the Parent Aware rated category.

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 child care 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>)

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base	
					FY18	FY19
1000 - General	61,207	90,141	78,221	96,153	108,428	113,247
3000 - Federal	67,439	51,853	72,381	70,786	65,584	65,584
Total	128,646	141,994	150,602	166,939	174,012	178,831
<i>Biennial Change</i>				46,901		35,301
<i>Biennial % Change</i>				17		11

Expenditures by Category

Operating Expenses	0	2	1	0	0	0
Grants, Aids and Subsidies	128,645	141,993	150,601	166,939	174,012	178,831
Total	128,646	141,994	150,602	166,939	174,012	178,831
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Direct Appropriation	61,017	90,141	78,221	96,153	108,428	113,247
Net Transfers	190					
Expenditures	61,207	90,141	78,221	96,153	108,428	113,247
<i>Biennial Change in Expenditures</i>				23,026		47,301
<i>Biennial % Change in Expenditures</i>				15		27

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	189	383	0	0	0	0
Receipts	67,250	51,470	72,381	70,787	65,584	65,584
Expenditures	67,439	51,853	72,381	70,786	65,584	65,584
<i>Biennial Change in Expenditures</i>				23,875		(12,000)
<i>Biennial % Change in Expenditures</i>				20		(8)

Program: Forecasted Programs

Activity: General Assistance

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

AT A GLANCE

- In FY2015, the General Assistance (GA) program supported a monthly average of 23,250 people.
- The typical monthly benefit is \$203 for an individual and \$260 for a couple.
- All funds spending for General Assistance activity for FY 2015 was \$51.4 million, which represented 0.3% of the overall agency budget.

PURPOSE & 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 (50 percent). GA helps people meet some of their basic and emergency needs. Without this income support, they would likely fall further into poverty and become homeless.

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. Forty-seven percent of people eligible for GA have signed an Interim Assistance Agreement. That indicates they plan to apply for other income benefits such as SSI or Retirement, Survivors and Disability Income (RSDI).

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. GA’s maximum monthly benefit is \$203 for a single adult (about 21 percent of the Federal Poverty Guideline of \$990 per month for one person) and \$260 for a couple. Additional emergency funds may be available if a recipient cannot pay for basic needs and the person’s health or safety is at risk. People eligible for GA may also be eligible for health care coverage under Medical Assistance.

The Department of Human Services (DHS) works with the federal Social Security Administration and the state's Disability Linkage Line® to streamline the disability determination process. DHS also connects recipients with resources to help them with the SSI application process. People who become eligible for SSI are no longer eligible for GA. They become eligible for Minnesota Supplemental Aid to supplement their SSI income.

DHS works with counties and tribes to administer the GA program.

RESULTS

GA is a safety net program that helps people achieve better outcomes by stabilizing crisis situations, avoiding homelessness and making connections to other resources.

GA recipients who may be eligible for SSI must apply and sign an Interim Assistance Agreement (IAA). If a person on GA is eligible for SSI, having an IAA in place allows the state to collect federal reimbursement for GA benefits paid while the person’s application for SSI was pending. An increase in the percent of GA recipients with a signed IAA shows a better opportunity for stable income for recipients and state savings.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Percent of GA recipients with a signed Interim Assistance Agreement (IAA)	47.4%	43.7%	Dec 2014 Dec 2015

GA is a safety net for people who do not have adequate income or resources to meet their basic needs. It is intended to be short-term while they apply for other benefits, look for employment, or secure other income. It is not intended as a long-term solution to meet a person's basic needs. Data below shows that while around 41 percent of cases are on the program for more than 12 months, only 25 percent of cases remain on the program after two years.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of GA cases with more than 12 months of continuous GA usage	45.5%	41.5%	Dec. 2014 Dec. 2015
Quantity	Percent of GA cases with more than 24 months of continuous GA usage	27.5%	25.0%	Dec. 2014 Dec. 2015

One of the goals of the GA program is to help people prepare to obtain permanent work and become self-sufficient. Some features of GA act as work incentives. For example, the GA program allows some earned income to be disregarded when a person's GA eligibility and benefits are calculated. A person can work and still remain on GA if his or her earned income is minimal.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of GA cases with earned income	1.7%	3.0%	Dec. 2014 Dec. 2015

The source for these outcomes is the DHS report, December 2015 General Assistance Caseload: Cases and Eligible People (<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-6128H-ENG>)

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

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	51,125	51,436	50,444	53,649	56,650	58,365
2000 - Restrict Misc Special Revenue	0	0	0	50	50	50
Total	51,125	51,436	50,444	53,699	56,700	58,415
<i>Biennial Change</i>				1,582	10,972	
<i>Biennial % Change</i>				2	11	

Expenditures by Category

Grants, Aids and Subsidies	51,125	51,436	50,444	53,699	56,700	58,415
Total	51,125	51,436	50,444	53,699	56,700	58,415
Full-Time Equivalents	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	904	0	0	0	0
Direct Appropriation	52,218	52,726	52,997	53,649	56,650	58,365
Net Transfers	(190)	0	0	0	0	0
Cancellations	904	2,194	2,553	0	0	0
Expenditures	51,125	51,436	50,444	53,649	56,650	58,365
<i>Biennial Change in Expenditures</i>				1,532		10,922
<i>Biennial % Change in Expenditures</i>				1		10

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	0	0	0	50	50	50
Expenditures	0	0	0	50	50	50
<i>Biennial Change in Expenditures</i>				50		50
<i>Biennial % Change in Expenditures</i>						100

Program: Forecasted Programs
Activity: MN Supplemental Assistance

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

AT A GLANCE

- In FY2015, the Minnesota Supplemental Aid program supported a monthly average of 30,441 people.
- The typical benefit is \$81 for an individual and \$111 for a couple.
- This supplements a typical monthly federal Supplemental Security Income (SSI) benefit of \$733 for an individual living alone.
- All funds spending for Minnesota Supplemental Aid activity for FY 2015 was \$37.0 million, which represented 0.24% of the overall agency budget.

PURPOSE & CONTEXT

Minnesota Supplemental Aid (MSA) helps to prevent homelessness and poverty by supplementing the incomes of Minnesotans who are eligible for the federal Supplemental Security Income (SSI) program. It was established in 1974 and federal regulations require payments to be at a minimum of that paid in March 1983. MSA benefits are intended to cover basic daily or special needs. Nearly half of MSA recipients are age 60 or older and 77 percent have a disability.

SERVICES PROVIDED

MSA provides a state-funded monthly cash supplement to help people who are aged, blind or disabled, and who receive SSI benefits. Some recipients who do not receive SSI because their income is too high may still be eligible for MSA if they meet other eligibility criteria.

MSA housing assistance is available to qualified recipients, adding \$194 to the MSA benefit to help pay 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,
- Apply for rental assistance if eligible, and
- Be relocating from an institution, or eligible for Medical Assistance personal care attendant services, or receiving waived services and living in their own place.

MSA may also provide additional payments for other special needs such as special diets and household repairs or furnishings.

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

People who receive federal Supplemental Security Income are categorically eligible for MSA, but must apply for MSA in order to receive the benefits. The MSA program has had stable enrollment of around 30,000 individuals over time, but the number of adults who receive SSI and yet do not receive MSA is increasing. This indicates some people are not accessing the benefits they are eligible for. The Department of Human Services is working with the Social Security Administration to inform people about this benefit.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Percent of SSI beneficiaries over age 18 who receive MSA	38.3	38.2	Dec. 2014 Dec. 2015

MSA helps 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.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of MSA recipients who receive MSA housing assistance	2.4	2.7	Dec. 2014 Dec. 2015

The MSA and SSI programs support efforts of people who want to work. MSA follows work incentives used by the Social Security Administration to encourage people with disabilities to work. More needs to be done to support them in reaching their employment goals.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of MSA recipients with earned income	2.7	2.7	Dec. 2014 Dec. 2015

The source of the data for the MSA measures is the DHS report, December 2015 Minnesota Supplemental Aid: Cases and Eligible People and the Social Security Administration report on SSI Recipients by State and County 2015 (https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2015/index.html).

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 (<https://www.revisor.mn.gov/statutes/?id=256D.54>).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	36,479	37,067	37,735	39,303	40,484	41,634
2000 - Restrict Misc Special Revenue	0	0	0	5	5	5
Total	36,479	37,067	37,735	39,308	40,489	41,639
<i>Biennial Change</i>				3,498		5,085
<i>Biennial % Change</i>				5		7

Expenditures by Category

Grants, Aids and Subsidies	36,479	37,067	37,735	39,308	40,489	41,639
Total	36,479	37,067	37,735	39,308	40,489	41,639
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	1,477	0	0	0	0
Direct Appropriation	37,956	38,086	38,055	39,303	40,484	41,634
Receipts	0	0	0	0	0	0
Cancellations	1,477	2,496	320	0	0	0
Expenditures	36,479	37,067	37,735	39,303	40,484	41,634
<i>Biennial Change in Expenditures</i>				3,493		5,080
<i>Biennial % Change in Expenditures</i>				5		7

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	0	0	0	5	5	5
Expenditures	0	0	0	5	5	5
<i>Biennial Change in Expenditures</i>				5		5
<i>Biennial % Change in Expenditures</i>						83

Program: Forecasted Programs
Activity: Group Residential Housing

mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/housing/programs-and-services/grh-housing.jsp

AT A GLANCE

- In 2015, the Group Residential Housing (GRH) program served a monthly average of 19,461 participants.
- The current GRH housing rate limit is \$891 per month.
- The average monthly payment per recipient is \$605.
- All funds spending for the Group Residential Housing activity for FY 2015 was \$141.3 million, which represented 0.9% of the overall agency budget.

PURPOSE & CONTEXT

Group Residential Housing (GRH) is a state-funded income supplement program that pays for room and board in approved locations for adults with low incomes who have a disability or are 65 years or older. Participants must meet a combination of eligibility requirements set by the federal Supplemental Security Income (SSI) program or state General Assistance program to qualify for help. GRH also has income and asset limits.

Seventeen percent of GRH recipients are seniors. Those who are younger than 65 years of age all have a combination of factors that limit their self-sufficiency, including a physical or mental health disability, visual impairment or chemical dependency.

Without GRH, program recipients likely would be in institutional placements or homeless.

SERVICES PROVIDED

The GRH rate is currently \$891 per month. This rate is paid for residents in more than 6,280 authorized settings in Minnesota. About 4,381 of those are adult foster care homes. Other settings include board and lodging facilities, supervised living facilities, boarding care homes, supportive housing and other assisted living facilities.

Housing providers receive payments on behalf of eligible recipients. The GRH monthly payment is to pay for rent, utilities, food, household supplies and other items needed to provide room and board to a recipient. A recipient may be required to pay a portion of his or her income directly to housing providers. GRH can pay for additional supportive services in some settings if a recipient is not eligible for home-and community- based waiver services.

County human services agencies process eligibility and payments for people in the program. Counties also manage GRH contracts with housing and service providers.

RESULTS

An increase in the number of GRH recipients who are no longer homeless shows efforts are working to reduce homelessness.

GRH recipients who may be eligible for SSI must apply and sign an Interim Assistance Agreement (IAA). If a person receiving GRH is eligible for SSI, having an IAA in place allows the state to collect federal reimbursement for state payments made while the person's application for SSI was pending. An increase in the percent of GRH recipients with a signed IAA shows a better opportunity for stable income for recipients and state savings.

An increase in the percent of GRH applications processed within 30 days shows people get the help they need more quickly.

Type of Measure	Name of Measure	Previous	Current	Dates
Results	Number of GRH recipients moving out of homelessness	1,930	2,267	May 2014, May 2015
Quantity	Percent of GRH recipients with signed Interim Assistance Agreement	14.6%	16.0%	May 2014 May 2015
Quality	Percent of GRH applications processed within 30 days	52%	58%	May 2014 May 2015

The information in these measures comes from MAXIS administrative data.

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

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	137,033	139,863	147,461	159,690	169,261	179,295
2000 - Restrict Misc Special Revenue	1,676	1,415	1,999	1,775	1,775	1,775
Total	138,709	141,278	149,461	161,465	171,036	181,070
<i>Biennial Change</i>				30,939	41,180	
<i>Biennial % Change</i>				11	13	

Expenditures by Category

Grants, Aids and Subsidies	138,709	141,278	149,461	161,465	171,036	181,070
Total	138,709	141,278	149,461	161,465	171,036	181,070
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	4,355	0	0	0	0
Direct Appropriation	141,388	143,615	147,652	159,690	169,261	179,295
Cancellations	4,355	8,107	191	0	0	0
Expenditures	137,033	139,863	147,461	159,690	169,261	179,295
<i>Biennial Change in Expenditures</i>				30,255		41,405
<i>Biennial % Change in Expenditures</i>				11		13

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	1,676	1,415	1,999	1,775	1,775	1,775
Expenditures	1,676	1,415	1,999	1,775	1,775	1,775
<i>Biennial Change in Expenditures</i>				684		(224)
<i>Biennial % Change in Expenditures</i>				22		(6)

Program: Forecasted Programs
Activity: Northstar Care for Children

mn.gov/dhs/people-we-serve/children-and-families/services/foster-care/
mn.gov/dhs/people-we-serve/children-and-families/services/adoption/

AT A GLANCE

- 13,612 children experienced an out-of-home placement in 2015
- 988 children were either adopted or had a permanent transfer of legal custody to a relative in 2015
- Spending for the North Star Care for Children activity for FY 2015 was \$121.8 million

PURPOSE & CONTEXT

Northstar Care for Children is designed to help children who are removed from their homes and 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 across the program averages about \$12,000 annually per child. Northstar Care for Children consolidates and simplifies

administration of three existing programs: Family FosterCare, Kinship Assistance (which replaces Relative Custody Assistance) and Adoption Assistance. Northstar Care for Children will help more children grow up in safe and permanent homes.

SERVICES PROVIDED

The comprehensive, simplified 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, not for group housing or residential treatment.
 - Northstar Kinship Assistance replaced the previous Relative Custody Assistance, simplifying ongoing requirements for caregivers and bringing in federal Title IV-E foster care funds.
 - Northstar Adoption Assistance turns more decision-making over to adoptive parents that previously required detailed state review and approval.
- Provides a monthly basic benefit based on children's age
- Uses a uniform assessment for all children to determine any needs beyond the basic payment for 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 under their current programs unless specifically transitioned into Northstar Care for Children (the current programs are slowly phased out as children exit them)
- Reduces barriers to permanency by eliminating disparities in benefits across the existing programs
- Reduces racial disparities among the 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 or tribal spending on foster care. In FY14-15, components of this program were part of the Children Services Grants budget activity. In FY16, the consolidation occurred and the Northstar Care for Children became a forecasted program.

RESULTS

The Department of Human Services (DHS) monitors the performance of counties and tribes in delivering child welfare services, including services provided under Northstar Care for Children. DHS expects to see better outcomes for children under Northstar Care in that a larger portion of children in the system will find permanent homes.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Rate of Relative Care: Percentage of children who are in relative family foster homes or pre-adoptive homes compared to children in all family foster care or pre-adoptive homes	35.6%	50.6%	2012 to 2015
Quality	Placement Stability: Percentage of children who have two or fewer placement settings when they are in foster care for less than 12 months	84.0%	89.5%	2012 to 2015
Quality	Timeliness to Adoption: Percentage of children who achieve adoption within 24 months from their most recent entry into foster care	49.4%	54.2%	2012 to 2015

Performance Measures notes:

The 2012 data for the "Previous" column comes from the archived Child Welfare Data Dashboard. The 2015 data for the "Current" column come from the public MN Child Welfare Data Dashboard.

The DHS Dashboard is posted here - [Child Welfare Dashboard](http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137) (http://www.dhs.state.mn.us/main/idcplg?ldcService=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>).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	37,313	38,697	42,689	54,887	80,679	96,569
3000 - Federal	31,189	33,967	36,081	38,211	45,276	53,047
Total	68,502	72,664	78,769	93,098	125,955	149,616
<i>Biennial Change</i>				30,701	103,704	
<i>Biennial % Change</i>				22	60	

Expenditures by Category

Operating Expenses	0	0	0	0	0	0
Other Financial Transactions	2,110	1,587	54	2,000	2,000	2,000
Grants, Aids and Subsidies	66,392	71,077	78,715	91,098	123,955	147,616
Total	68,502	72,664	78,769	93,098	125,955	149,616
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

Components of the Northstar Care for Children were part of the Children Services Grants budget activity in FY14-15. This program became a forecasted program in FY16.

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	4,006	743	719	1,082	0	0
Direct Appropriation	36,560	39,700	43,327	53,805	80,679	96,569
Net Transfers	(220)		769			
Cancellations	0	1,026	1,044	0	0	0
Expenditures	37,313	38,697	42,689	54,887	80,679	96,569
Balance Forward Out	3,033	719	1,082	0	0	0
<i>Biennial Change in Expenditures</i>				21,565	79,673	
<i>Biennial % Change in Expenditures</i>				28	82	

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	3	0	9	9	0	0
Receipts	31,186	33,977	36,081	38,202	45,276	53,047
Expenditures	31,189	33,967	36,081	38,211	45,276	53,047
Balance Forward Out	0	9	9	0	0	0
<i>Biennial Change in Expenditures</i>				9,136	24,031	
<i>Biennial % Change in Expenditures</i>				14	32	

Components of the Northstar Care for Children were part of the Children Services Grants budget activity in FY14-15. This program became a forecasted program in FY16.

Program: Forecasted Programs
Activity: MinnesotaCare

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

AT A GLANCE

- In FY 2015, MinnesotaCare had an average monthly enrollment of 91,105.
- Beginning January 1, 2015, MinnesotaCare began operating as a Basic Health Plan under the Affordable Care Act.
- 35,202 people received dental services through MinnesotaCare in 2015.
- 13,307 people received behavioral health services through MinnesotaCare in 2015.
- All funds spending for the MinnesotaCare grants activity for FY 2015 was \$510 million. This represented 3.3% of the Department of Human Services overall budget.
- The Minnesota state share of total MinnesotaCare program expenditures in FY2015 was \$275 million.

PURPOSE & CONTEXT

MinnesotaCare provides comprehensive health care coverage for over 100,000 low-income Minnesotans. MinnesotaCare serves clients who do not have access to affordable health insurance and have higher income levels than those served on the Medical Assistance program. Unlike Medical Assistance, MinnesotaCare requires enrollee premiums and does not include coverage for long term care services or supports. The Minnesota Department of Human Services administers the program and contracts with non-profit health plans to deliver covered services to enrollees through their provider networks.

MinnesotaCare is funded with appropriations from the health care access fund, federal Basic Health Plan funds, and from enrollee premiums. During the 2015 fiscal year, about 54% of the program costs were covered by state funds, 43% from federal funds, and 3% from enrollee premiums.

Changes to MinnesotaCare eligibility requirements and covered services were signed into law in 2013. These changes made the program eligible to receive Basic Health Plan (BHP) funding under the Affordable Care Act (ACA). Minnesota receives BHP funding for MinnesotaCare equal to 95 percent of the federal subsidies that would otherwise be available to eligible people enrolled in private health care coverage through MNsure, the state's health insurance exchange.

Changes to the income eligibility limits resulted in over 110,000 former MinnesotaCare recipients transitioning to coverage under MA in January of 2014. MinnesotaCare is available to:

- non-pregnant adults with household income between 138 and 200% of federal poverty guidelines (FPG)
- children under 19 with income under 200% FPG who are ineligible for MA due to household composition rules, and
- lawfully present noncitizens with income up to 200% of FPG.

People eligible for Medical Assistance are not eligible for MinnesotaCare.

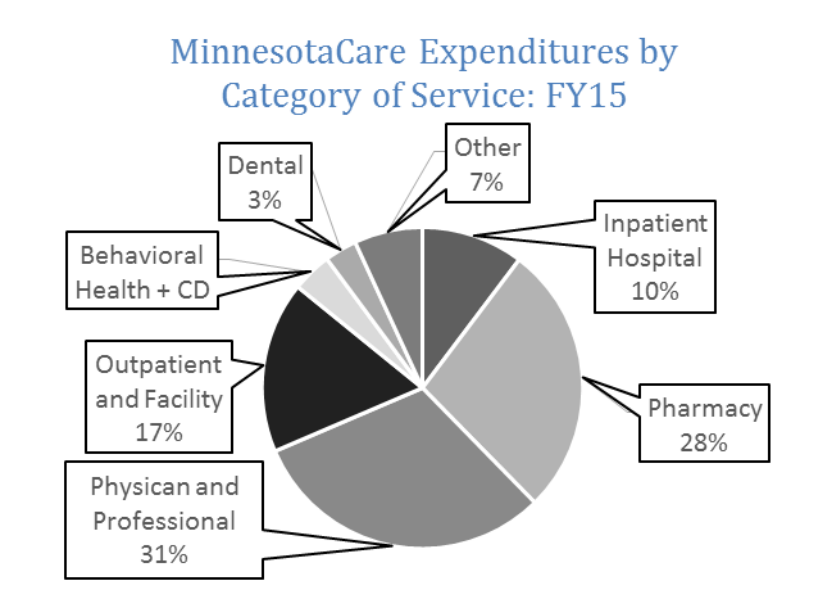
SERVICES PROVIDED

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 web site 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 coverage.¹ Premiums are based on income and are charged for each enrollee, up to a maximum of \$80 per month in 2016.



Innovations Underway

DHS works with many stakeholders to determine how we can improve our health care programs. Here is one example of how DHS is working toward program improvements:

Integrated Health Partnerships (IHP)

As part of Minnesota’s commitment to deliver quality health care more efficiently, the agency 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.

The traditional healthcare model pays providers for the volume of care they deliver rather than the quality and effectiveness of the care they provide. The *Integrated Health Partnerships (IHP)* initiative gives participating providers financial incentives to manage the total cost of care through better coordination of medical care and prioritizing quality care. Participating providers that reduce the total cost of care for health care enrollees may be eligible for a share of savings, and providers may also share in the risk if costs are higher than projected. This initiative has resulted in over \$150 million in lower than expected health care expenditures over three years as providers across the state developed and implemented innovative approaches to improving health care for low income people. A portion of these savings accrue to the state budget. On quality, the results for the provider groups that joined IHP in the first year show that they either outperformed statewide averages for quality metrics such as depression remission and optimal diabetes care, or showed significant improvement.

The IHP, originally known as the Health Care Delivery Systems demonstration, is one of the key components of a \$45 million federal State Innovation Model (SIM) grant for health care reforms. The SIM grant provides funding for a joint effort by DHS and the Department of Health to develop new ways of delivering and paying for health care and creating healthy communities using the Minnesota Accountable Health Model. The project began in 2013 with 6 participating providers providing care to 100,000 people in publically funded health care programs. In just three years the project expanded to 19 providers and covers more than 350,000 people in Medical Assistance and MinnesotaCare. This growth puts DHS on track to meet its goal of 500,000 participants in IHP or similar value-based reforms by the end of 2018.

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.

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	8.2%	4.3%	2013 to 2015
Result	Percent of Low Income Minnesotans without Health Insurance ²	15.9%	8.5%	2013 to 2015
Quantity	Number of MA and MinnesotaCare program enrollees served by an IHP	176,000	350,000	2015 to 2016
Quality	Estimated reduction in health care expenditures (below projections) for providers in Integrated Health Partnership demonstration project ⁴	\$65.3 million	\$76.7 Million	2014 to 2015

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 2013 (Previous) and 2015 (Current)
2. Measure is the percentage of uninsured Minnesotans with family income below 200% of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2013 (Previous) and 2015 (Current)
3. Measure is the number of enrollees served by an IHP provider. Compares 2015 (Previous) and 2016 (Current).
4. Measure is an estimated reduction in annual medical costs below projections for 2014 and 2015 for the providers enrolled in the IHP demonstration. IHP provider contracts require this measure be calculated in the same manner each year. These reductions do not represent lower state spending.

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.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
2000 - Restrict Misc Special Revenue	2	0	0	0	0	0
2360 - Health Care Access	269,525	290,639	144,902	55,087	57,162	56,798
3000 - Federal	260,612	219,477	334,558	425,734	473,018	490,476
Total	530,139	510,115	479,460	480,821	530,180	547,274
<i>Biennial Change</i>				(79,973)	117,173	
<i>Biennial % Change</i>				(8)	12	

Expenditures by Category

Operating Expenses	0	0	0	0	0	0
Grants, Aids and Subsidies	530,139	510,115	479,460	480,821	530,180	547,274
Total	530,139	510,115	479,460	480,821	530,180	547,274
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	149	155	171	20	0	0
Receipts	(134)	(140)	(151)	(20)	0	0
Expenditures	2	0	0	0	0	0
Balance Forward Out	13	15	20	0	0	0
<i>Biennial Change in Expenditures</i>				(2)		
<i>Biennial % Change in Expenditures</i>				(100)		

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	9,080	68	3	0	0
Direct Appropriation	262,869	267,949	133,293	9,394	9,665	10,238
Receipts	15,680	15,634	29,994	45,690	47,497	46,560
Net Transfers	0	6,998	0	0	0	0
Cancellations	9,021	9,021	18,450	0	0	0
Expenditures	269,525	290,639	144,902	55,087	57,162	56,798
Balance Forward Out	0	0	3	0	0	0
<i>Biennial Change in Expenditures</i>				(360,175)		(86,029)
<i>Biennial % Change in Expenditures</i>				(64)		(43)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	31	66	186	577	56,982	231,022
Receipts	260,586	304,504	334,950	482,139	647,058	668,950
Expenditures	260,612	219,477	334,558	425,734	473,018	490,476
Balance Forward Out	5	85,094	577	56,982	231,022	409,496
<i>Biennial Change in Expenditures</i>				280,204		203,202
<i>Biennial % Change in Expenditures</i>				58		27

Program: Forecasted Programs

Activity: Medical Assistance

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

AT A GLANCE

- In fiscal year 2015, MA served a monthly average of 1,049,819 people. This is 19.1% of the state’s population.
- MA provided coverage for 26,673 births in 2015 and pays for about 4 in 10 of all live births in Minnesota
- 199,967 people received mental health services through MA in 2015.
- 432,509 received dental services through MA in 2015.
- In FY2015, coverage for families with children made up 83% of total enrollment, but only 42% of total basic care expenditures.
- In FY 2015, coverage for the elderly and disabled made up 17% of total enrollment, but 58% of total basic care expenditures.
- MA is funded with state general funds, the health care access fund, federal Medicaid funds, and with local shares for a few particular services.
- All funds spending for the Medical Assistance activity for FY 2015 was \$10.8 billion. This represented 69.9% of the Department of Human Services overall budget.
- The Minnesota state share of total MA expenditures in FY2015 was \$4.2 billion.

PURPOSE & CONTEXT

Medical Assistance (MA) is Minnesota’s Medicaid program. 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 care services and supports for people with disabilities and older adults so that they can continue living in the community.

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

Minnesota receives federal matching funds for MA. By accepting matching funds, states are subject to federal Medicaid regulations. States have some flexibility in determining what services are covered, what groups are covered, and in setting payment rates to providers.

In 1966, less than a year after Congress established the Medicaid program under Title XIX of the Social Security Act, Minnesota began receiving federal matching funds for the state’s MA program. Home and community-based services (HCBS) waivers were established under section 1915 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-1980’s. The expansions have focused on low-income, uninsured, or under-insured children as well as eligibility changes to better support seniors 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 and efforts to develop home and community based alternatives gained momentum.

The most significant recent changes to the Minnesota MA program were enacted by the legislature during the 2013 session and applied to people without an aged, blind, or disabled basis of eligibility. These changes included an elimination of assets 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, resulting in over 110,000 former MinnesotaCare recipients transitioning to coverage under MA in January of 2014.

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 Care in Long-Term Care Facilities

MA pays for long-term care services for people who reside in facilities. In FY 2015, this segment of MA funds supported an average of over 16,700 people per month. Total spending on this group was just over \$924 million in FY2015, about \$442 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.

A nursing facility (also called a nursing home) provides 24-hour care and supervision in a residential facility setting. Nursing facilities 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. An ICF/DD provides 24-hour care, active treatment, training and supervision to people with developmental disabilities. 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.

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 in a nursing home fact sheet (<https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-5961-ENG>)

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.

MA Coverage of Care through Long-Term Care Waivers, Long Term Services and Supports, & Home Care

In Minnesota MA also pays for people to receive long-term care waiver, long-term services and supports, or home care services in their homes and communities. In FY 2015, this segment of MA funds supported an average of nearly 58,000 people per month. Total spending on this group was just under \$2.8 billion FY2015, about \$1.4 billion came from state funds. Long-term care waivers, also known as Home and Community-Based Services (HCBS) waivers, are an alternative for people who need long-term care services but who do not choose to live in a nursing facility, ICF/DD or hospital. The federal Centers for Medicare and Medicaid Services (CMS) allows states to apply for long-term care waivers which provide different kinds of services that help people live in the community instead of in a facility or institution. These waivers can offer:

- in-home, residential, 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
- case management
- other goods and services

Minnesota operates five home and community-based waivers:

- Brain Injury (BI) – for individuals with a brain injury meeting a nursing facility or neurobehavioral hospital level of care
- Community Alternative Care (CAC) – for individuals with disabilities meeting a hospital level of care
- Community Access for Disability Inclusion (CADI) – for individuals with disabilities meeting a nursing facility level of care
- Developmental Disabilities (DD) – for individuals with developmental disabilities meeting an Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD) level of care
- Elderly Waiver (EW) – for individuals age 65 and older meeting a nursing facility level of care

Home care services provide a range of medical care and support services in a person's home or community. Services include assessments, home health aide visits, nurse visits, home care nursing, personal care services, home health therapies, and

medical supplies and equipment. The agency is developing a new service called Community First Services and Supports (CFSS) that will replace personal care services. CFSS will be more flexible and expand self-directed options.

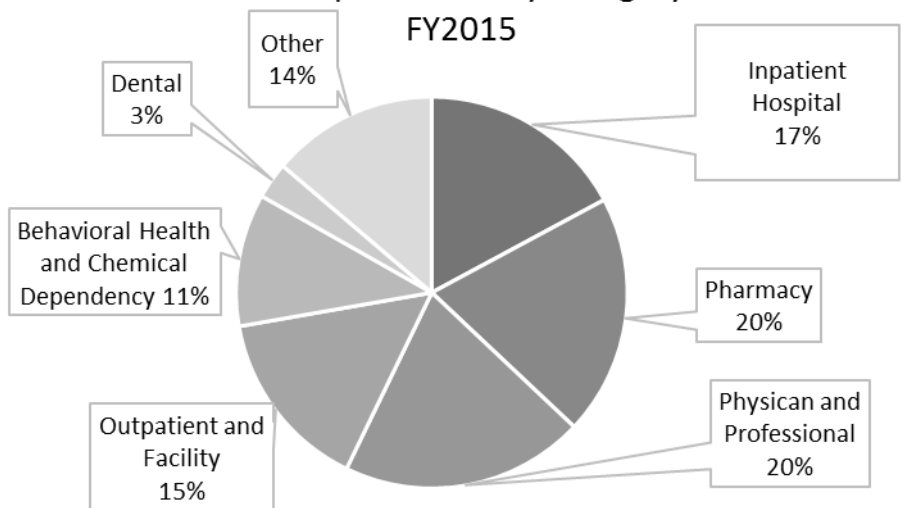
Medical Assistance Basic Care

The Medical Assistance program also provided comprehensive coverage outside of long-term care to over one million Minnesotans in FY2015. Total spending for basic care services reached about \$6.8 billion in FY2015, with \$2.6 billion coming from state funds. The enhanced federal share available with the MA expansion in 2014 reduced the share of basic care expenditures to just over 38 percent in FY2015, a decrease from 50 percent in FY2013.

Covered services under MA basic care 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 Basic Care Expenditures by Category of Service:



MA Coverage of Basic Health Care for Elderly and Disabled

In FY2015, this segment of MA funds supported an average of 181,757 people per month, many of whom are also enrolled in Medicare and so are “dual eligible beneficiaries.” Total spending on this group was over \$2.35 billion in FY2015, about \$1.17 billion of which came from state funds.

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 allows a monthly average of about 9,000 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. More information on MA-EPD is available in the Medical Assistance for Employed Persons with Disabilities brochure (<http://edocs.dhs.state.mn.us/lfsrver/public/DHS-2087L-ENG>).

MA Coverage of Basic Health Care for Families with Children

In FY 2015, this segment of MA funds supported an average of 668,752 people per month. Total spending on this group was just over \$2.72 billion FY2013, about \$1.33 billion of which came from state funds. Recipients of this health care coverage 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 (MABC). MFPP provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare. MABC covers treatment costs for breast cancer, cervical cancer or a precancerous cervical condition for women without health insurance.

MA Coverage of Basic Health Care for Adults without Children

In FY2015, this segment of the MA program served an average of 199,310 people per month. Total spending on this group was about \$1.7 billion in FY2015, with about \$91 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/lfservlet/Public/DHS-3182-ENG>).

Innovations Underway

DHS works with many stakeholders to determine how we can improve our health care programs. Here are some examples of how DHS is working toward program improvements:

Integrated Health Partnerships (IHP)

As part of Minnesota's commitment to deliver quality health care more efficiently, the agency 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.

The traditional healthcare model pays providers for the volume of care they deliver rather than the quality and effectiveness of the care they provide. The *Integrated Health Partnerships (IHP)* initiative gives participating providers financial incentives to manage the total cost of care through better coordination of medical care and prioritizing quality care. Participating providers that reduce the total cost of care for health care enrollees may be eligible for a share of savings, and providers may also share in the risk if costs are higher than projected. This initiative resulted in health care spending that was \$150 million lower than expected over the last three years, a portion of which accrues to the state, as providers across the state developed and implemented innovative approaches to improving health care for low income people. On quality, the results for the provider groups that joined IHP in the first year show that they either outperformed statewide averages for quality metrics such as depression remission and optimal diabetes care, or showed significant improvement.

The IHP, originally known as the Health Care Delivery Systems demonstration, is one of the key components of a \$45 million federal State Innovation Model (SIM) grant for health care reforms. The SIM grant provides funding for a joint effort by DHS and the Department of Health to develop new ways of delivering and paying for health care and creating healthy communities using the Minnesota Accountable Health Model. The project began in 2013 with 6 participating providers providing care to 100,000 people in publically funded health care programs. In just three years the project expanded to 19 providers and covers more than 350,000 people. This growth puts DHS on track to meet its goal of 500,000 participants in IHP or similar value-based reforms by the end of 2018.

Integrated Care Systems Partnerships (Duals Demonstration)

"Dual eligible beneficiaries" are people whose health care is covered by both Medicare and MA. Health care for dual eligible beneficiaries has historically been fragmented, complex, and confusing with Medicare paying for most primary care and Medicaid paying for acute and long-term care. In September 2013, Minnesota began a new project to improve the care experience for dual eligible beneficiaries receiving services through the Minnesota Senior Health Options (MSHO) program. The Integrated Care Systems Partnerships project combines the financing of the managed care organizations operating the Medicare Advantage and Minnesota's MSHO programs to improve coordination between Medicare and Medicaid services and simplify an enrollee's experience. This financing platform allows for new arrangements for provider payment and delivery reforms.

A June 2016 longitudinal analysis comparing recipient outcomes in MSHO compared to duals enrolled in Minnesota Senior Care Plus (MSC+), a non-integrated managed care product, found better results for dual eligibles enrolled in the integrated program. MSHO enrollees were:

- 48% less likely to have a hospital stay, and comparing those in both programs with hospital stays, MSHO enrollees had 26% fewer stays than if in MSC+
- 6% less likely to have an outpatient emergency department visit, and comparing those in both programs with emergency department visits, MSHO enrollees had 38% fewer visits than if in MSC+
- 2.7 times more likely to have a primary care physician visit, but comparing those in both programs with primary care physician visits, MSHO enrollees had 36% fewer visits than MSC+

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of seniors served by home and community-based services ¹	68.4%	71.3%	FY2013 to FY2105
Quality	Percent of people with disabilities served by home and community-based services ²	93.5%	94.1%	FY2013 to FY2015
Quantity	Percent of Minnesotans without health insurance ³	8.2%	4.3%	2013 to 2015
Quantity	Percent of Low Income Minnesotans without Health Insurance ⁴	15.9%	8.5%	2013 to 2015
Quantity	Number of MA and MinnesotaCare program enrollees served by an IHP ⁵	176,000	350,000	2015 to 2016
Quality	Estimated reduction in health care cost (below projections) for providers in Integrated Health Partnership demonstration project ⁶	\$65.3 million	\$76.7 Million	2014 to 2015

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. Measure compares FY 2013 and FY 2015 data. (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. Measure compares FY 2013 and FY 2015 data. (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 2013 (Previous) and 2015 (Current)
4. Measure is the percentage of uninsured Minnesotans with family income below 200% of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2013 (Previous) and 2015 (Current)
5. Measure is the number of enrollees served by an IHP provider. Compares 2015 (Previous) and 2016 (Current).
6. Measure is an estimated reduction in annual medical costs below projections for 2014 and 2015 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.

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).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	4,163,665	4,329,056	4,134,042	4,561,848	5,301,064	5,541,042
2000 - Restrict Misc Special Revenue	85,093	76,701	133,737	72,197	65,180	65,180
2360 - Health Care Access	175,744	173,879	588,188	240,720	210,159	224,929
3000 - Federal	4,944,101	6,194,121	6,524,854	6,453,460	7,074,607	7,274,099
Total	9,368,603	10,773,758	11,380,821	11,328,225	12,651,010	13,105,250
<i>Biennial Change</i>				2,566,684		3,047,214
<i>Biennial % Change</i>				13		13

Expenditures by Category

Operating Expenses	180,956	178,751	207,404	0	0	0
Other Financial Transactions	225	330	384	300	300	300
Grants, Aids and Subsidies	9,187,423	10,594,677	11,173,032	11,327,925	12,650,710	13,104,950
Total	9,368,603	10,773,758	11,380,821	11,328,225	12,651,010	13,105,250
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	108,942	0	0	0	0
Direct Appropriation	4,291,344	4,357,843	4,173,316	4,587,481	5,328,299	5,564,903
Net Transfers	(18,782)	8,949	5,117	(25,633)	(27,235)	(23,861)
Cancellations	108,897	146,678	44,391	0	0	0
Expenditures	4,163,665	4,329,056	4,134,042	4,561,848	5,301,064	5,541,042
<i>Biennial Change in Expenditures</i>				203,169		2,146,216
<i>Biennial % Change in Expenditures</i>				2		25

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	18	68	426	6,941	0	0
Receipts	85,076	76,724	140,252	65,255	65,180	65,180
Expenditures	85,093	76,701	133,737	72,197	65,180	65,180
Balance Forward Out	0	91	6,941	0	0	0
<i>Biennial Change in Expenditures</i>				44,139		(75,574)
<i>Biennial % Change in Expenditures</i>				27		(37)

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	2,111	0	0	0	0
Direct Appropriation	177,855	173,597	588,190	240,720	210,159	224,929
Net Transfers	0					
Cancellations	0	1,828	2	0	0	0
Expenditures	175,744	173,879	588,188	240,720	210,159	224,929
Balance Forward Out	2,111	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				479,284		(393,820)
<i>Biennial % Change in Expenditures</i>				137		(48)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	4,718	4,292	22,177	17,424	0	0

(Dollars in Thousands)

3000 - Federal

Receipts	4,941,974	6,212,099	6,520,101	6,436,035	7,074,606	7,274,098
Expenditures	4,944,101	6,194,121	6,524,854	6,453,460	7,074,607	7,274,099
Balance Forward Out	2,591	22,271	17,424	0	0	0
<i>Biennial Change in Expenditures</i>				1,840,092		1,370,392
<i>Biennial % Change in Expenditures</i>				17		11

Program: Forecasted Programs

Activity: Alternative Care

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

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

AT A GLANCE

- In fiscal year 2015, the Alternative Care Program:
 - Served 3,873 people;
 - Averaged 2,724 enrollees each month;
 - Who were provided an average monthly benefit of \$849; and
- Enrolled consumers contributed a total of \$1.3 million towards their cost of care.
- In November 2013 the program became eligible for federal Medicaid financial participation through an approved waiver.
- Starting in fiscal year 2015, Essential Community Support grants are included as part of the Alternative Care Budget activity. In fiscal year 2015, the program served:
 - Averaged 24 enrollees each month
 - Provided an average monthly benefit of \$216.
- All funds spending for the Alternative Care activity for FY 2015 was \$28.9 million. This represented 0.2% of the Department of Human Services overall budget.

PURPOSE & 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. Alternative Care services support seniors, their families, caregivers and communities to help seniors 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-funded long term care services, 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 assessment, 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, training and support for family caregivers and transportation.

Beginning January 1, 2015, some people who have a lower level of need for long-term care services no longer qualify to have Medical Assistance pay for nursing facility care and community-based alternatives. Those people will instead be served by Essential Community Support grants, which are a new targeted benefit. Essential Community Support grants cover 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 \$424 a month for these services. These grants are included as part of the Alternative Care budget activity.

DHS partners with community providers, counties, tribal health groups and the Department of Health in providing and monitoring services.

The AC program is 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. Essential Community Support grants are state funded only.

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 much people who are eligible for publically funded long-term care services 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	1. Percent of seniors served by home and community-based services	68.4%	71.3%	2013 to 2015
Quantity	2. Percent of long-term care expenditures for seniors spent on home and community-based services	45.1%	51%	2013 to 2015
Quantity	3. Percent of AC spending on Consumer-Directed Community Supports (CDCS)	5.4%	7.5%	2013 to 2015

Performance Notes:

1. Measure one compares FY2013 to FY2015 data. This measure shows the percentage of elderly receiving publicly funded long-term care services who receive HCBS services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. Source: DHS Data Warehouse
2. Measure two compares 2013 to 2015 data. This measure shows the percentage of public long-term care funding for the elderly that is spent on Elderly Waiver, Alternative Care or home care services instead of nursing home services. Source: DHS Data Warehouse.
3. Measure three compares FY2013 to FY2015 data. 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 Continuing Care Performance Report (http://www.dhs.state.mn.us/main/dhs16_166609) and 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>).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	17,829	13,253	12,866	43,590	44,250	44,833
2000 - Restrict Misc Special Revenue	1,849	1,275	1,266	2,386	2,257	2,257
3000 - Federal	7,079	14,353	13,511	14,816	17,504	20,341
Total	26,757	28,881	27,643	60,792	64,011	67,431
<i>Biennial Change</i>				32,797		43,007
<i>Biennial % Change</i>				59		49

Expenditures by Category

Grants, Aids and Subsidies	26,757	28,881	27,643	60,792	64,011	67,431
Total	26,757	28,881	27,643	60,792	64,011	67,431
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	26,011	0	0	0	0
Direct Appropriation	43,840	42,627	43,997	43,590	44,250	44,833
Net Transfers		(55,061)	(31,131)			
Cancellations	26,011	324	0	0	0	0
Expenditures	17,829	13,253	12,866	43,590	44,250	44,833
<i>Biennial Change in Expenditures</i>				25,373		32,627
<i>Biennial % Change in Expenditures</i>				82		58

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	62	8	139	129	0	0
Receipts	1,786	1,296	1,256	2,257	2,257	2,257
Expenditures	1,849	1,275	1,266	2,386	2,257	2,257
Balance Forward Out	0	29	129	0	0	0
<i>Biennial Change in Expenditures</i>				529		862
<i>Biennial % Change in Expenditures</i>				17		24

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	1	0	0
Receipts	7,079	14,353	13,512	14,815	17,504	20,341
Expenditures	7,079	14,353	13,511	14,816	17,504	20,341
Balance Forward Out	0	0	1	0	0	0
<i>Biennial Change in Expenditures</i>				6,894		9,518
<i>Biennial % Change in Expenditures</i>				32		34

Program: Forecasted Programs

Activity: Chemical Dependency Treatment Fund

mn.gov/dhs/people-we-serve/children-and-families/health-care/substance-abuse/programs-and-services/

AT A GLANCE

- In the United States, 21.5 million people aged 12 and older had substance use disorders (CY2014).
- Statewide, there were 52,596 admissions for substance use disorder treatment in 2015, which represents a 5% increase over 2013.
- The CD Treatment Fund pays for a little more than 40% of all admissions for substance abuse disorder treatment in Minnesota.
- The percentage of people completing substance use disorder treatment dropped to 50.7% in 2015.
- All funds spending for the CD Treatment Fund activity for FY 2015 was \$172 million. This represented 1.1% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The Chemical Dependency (CD) Treatment Fund activity pays for residential and outpatient substance use disorder (SUD) treatment services for eligible low-income Minnesotans.

People access the SUD treatment services paid by the fund by first being assessed as needing treatment for Substance Use Disorder, and second by meeting financial eligibility guidelines. Financial eligibility standards are similar to those for Medical Assistance, the state's Medicaid program.

Counties and tribes are responsible for providing assessments (known as "Rule 25" assessments) to individuals seeking access to these funds. These assessments not only determine an individual's eligibility for services paid for by the CD Treatment Fund but also determine the appropriate level or intensity of services the person may need based on their condition and circumstances.

SERVICES PROVIDED

The Consolidated Chemical Dependency Treatment Fund (CCDTF) is the single fee-for-service public payment source that funds residential and outpatient substance use disorder treatment services for eligible low-income Minnesotans. The CCDTF combines multiple funding sources – state appropriations, county funding, federal Medicaid funding and the federal Substance Abuse, Prevention and Treatment block grant – into a single fund with common eligibility criteria and a single process for evaluating treatment need and placement options. 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. Counties pay 30 percent of the non-federal share of treatment costs for Medical Assistance (MA) recipients and 22.95 percent for non-MA recipients (this amount was reduced to 20.2 percent for FY 2017). The CCDTF pays for services that are part of a licensed residential or non-residential SUD treatment program. The CCDTF ensures that all clients have the same access to high quality, effective treatment programs.

All of these programs 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.

CD 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</i>	<i>Previous (CY2013)</i>	<i>Current (CY2015)</i>	<i>Dates</i>
Quantity	Number of treatment admissions to substance use disorder treatment ¹	50,124	52,596	2013 to 2015
Result	Percent of persons completing substance use disorder treatment	53.6%	50.7%	2013 to 2015
Result	Change in percent of clients who reported alcohol use within the last 30 days at time of admission and then again at the time of discharge	Admit 41.2%	Admit 37.4%	2013 to 2015
		Discharge 13.4%	Discharge 11.6%	2013 to 2015

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.

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.

(Dollars in Thousands)

Expenditures By Fund

	Actual FY14	Actual FY15	Actual FY16	Estimate FY17	Forecasted Base	
					FY18	FY19
2000 - Restrict Misc Special Revenue	141,035	171,542	161,379	170,675	173,555	177,952
Total	141,035	171,542	161,379	170,675	173,555	177,952
<i>Biennial Change</i>				19,477		19,453
<i>Biennial % Change</i>				6		6

Expenditures by Category

Operating Expenses	1	0	0	0	0	0
Other Financial Transactions	170	173	175	200	200	200
Grants, Aids and Subsidies	140,864	171,369	161,204	170,475	173,355	177,752
Total	141,035	171,542	161,379	170,675	173,555	177,952
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	85,147	82,684	93,699	110,374	111,844	132,876
Net Transfers	(85,147)	(82,684)	(93,699)	(110,374)	(111,844)	(132,876)

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	17,911	5,678	1,620	976	976	976
Receipts	62,365	72,197	67,036	60,801	62,211	45,576
Net Transfers	66,059	94,782	93,699	109,874	111,344	132,376
Expenditures	141,035	171,542	161,379	170,675	173,555	177,952
Balance Forward Out	5,300	1,115	976	976	976	976
<i>Biennial Change in Expenditures</i>				19,477		19,453
<i>Biennial % Change in Expenditures</i>				6		6

Program: Grant Programs
Activity: Support Services Grants

www.dhs.state.mn.us/main/id_004112

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 27,000 people per month.
- Provides Supplemental Nutrition Assistance Program employment services to approximately 1,000 people per month.
- All funds spending for the Support Services Grants activity for FY 2015 was \$103 million. This represented 0.7% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) primary focus is on self-sufficiency through employment, by building on job placements in today’s economy and focusing on future workforce development.

Support Services Grants cover the cost of services creating pathways to employment for low income families. This is accomplished by addressing barriers, helping stabilize families and adults, and building skills that ensure participants are prepared to find and retain employment.

These grants ensure that a foundation is there to deliver key activities to help families meet their basic needs and achieve their highest potential.

SERVICES PROVIDED

The Support Services Grants activity provides funding for the MFIP Consolidated Fund. 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.

In addition to helping those on MFIP/DWP, the Support Services Grants activity also provides funding for employment supports for adults who receive benefits through the Supplemental Nutrition Assistance Program (SNAP), or the SNAP Employment and Training program.

Services are delivered by Workforce Centers, counties, tribes and community agencies. 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. 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.

RESULTS

The two key measures in MFIP/DWP are:

- The **Self-Support Index (S-SI)**, which is a results measure. The S-SI 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.

Year ending in March of:	S-SI
2008	71.8%
2009	68.9%
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%

- The federal Work Participation Rate (WPR), which is a measure of quantity. The WPR shows parents engaging in work and specific work-related activities. We calculate an estimated WPR for counties, county consortiums and tribes monthly, and it is annualized to allocate performance bonus funds. (Beginning in calendar year 2016, the bonus will be based solely on the S-SI.) The chart following shows the WPR for 2008 to 2015.

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%

*State estimate (Federal figures not yet released)

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. (Tribes are not included.)

Calendar Year	Median Placement Wage Per Hour for MFIP Clients	Median Placement Wage Per Hour for DWP Clients
2008	\$8.38	\$8.92
2009	\$8.50	\$9.00
2010	\$8.98	\$9.19
2011	\$8.95	\$9.27
2012	\$9.00	\$9.58
2013	\$9.18	\$9.84
2014	\$9.79	\$10.04
2015	\$10.15	\$10.75

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>)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	8,784	12,920	15,805	8,715	8,715	8,715
2000 - Restrict Misc Special Revenue	0	0	0	741	0	0
3000 - Federal	11	19	19	4,162	4,162	4,162
3001 - Federal TANF	87,533	93,720	92,483	96,311	96,311	96,311
Total	96,328	106,659	108,307	109,929	109,188	109,188
<i>Biennial Change</i>				15,249		141
<i>Biennial % Change</i>				8		0

Expenditures by Category

Operating Expenses	700	1,043	1,491	0	0	0
Other Financial Transactions	2,782	3,670	4,455	0	0	0
Grants, Aids and Subsidies	92,847	101,945	102,360	109,929	109,188	109,188
Total	96,328	106,659	108,307	109,929	109,188	109,188
<hr/>						
<u>Full-Time Equivalent</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	2,694	0	0	0
Direct Appropriation	8,915	13,333	13,133	8,715	8,715	8,715
Cancellations	131	24	22	0	0	0
Expenditures	8,784	12,920	15,805	8,715	8,715	8,715
Balance Forward Out	0	389	0	0	0	0
<i>Biennial Change in Expenditures</i>				2,816		(7,090)
<i>Biennial % Change in Expenditures</i>				13		(29)

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	741	741	0	0
Receipts	0	741	0	0	0	0
Expenditures	0	0	0	741	0	0
Balance Forward Out	0	741	741	0	0	0
<i>Biennial Change in Expenditures</i>				741		(741)
<i>Biennial % Change in Expenditures</i>						(100)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	11	19	19	4,162	4,162	4,162
Expenditures	11	19	19	4,162	4,162	4,162
<i>Biennial Change in Expenditures</i>				4,151		4,143
<i>Biennial % Change in Expenditures</i>				13,945		99

3001 - Federal TANF

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Receipts	87,533	93,719	92,483	96,311	96,311	96,311
Expenditures	87,533	93,720	92,483	96,311	96,311	96,311
<i>Biennial Change in Expenditures</i>				7,540		3,828
<i>Biennial % Change in Expenditures</i>				4		2

3001 - Federal TANF

Program: Grant Programs

Activity: Basic Sliding Fee Child Care Assistance Grants

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

AT A GLANCE

- In 2015 Basic Sliding Fee Child Care Assistance paid for child care for 15,267 children in 8,121 families in an average month.
- As of May, 2016 there was a waiting list of 7,420 families eligible for assistance, but who could not be served at the current funding levels.
- The average monthly assistance per family was \$1,030.
- All funds spending for the BSF Child Care Assistance Grants activity for FY 2015 was \$102 million. This represented 0.7% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

In order to work, families need safe and reliable child care. The annual cost of full time licensed care for one child can exceed \$10,000. Many low-income families struggle to find affordable child care that fits their needs. Basic Sliding Fee (BSF) Child Care Assistance provides financial subsidies to help low-income families pay for child care through the Child Care Assistance Program. Families earning no more than 47 percent of the state median income (\$36,365 in 2015 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 (in October 2015, that level was set at \$51,841 for a family of three) or when their copayment exceeds their cost of care.

SERVICES PROVIDED

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

Families must be working, looking for work or attending school to be eligible for the Basic Sliding Fee Program. The program helps families pay child care costs on a sliding fee basis. As family income increases, so does the amount of child care expenses (copayment) paid by the family. All families receiving child care 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 (\$42,555) would have a total biweekly copayment of \$138 for all children in care.

The BSF child care 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: child care centers, family child care and legal non-licensed child care. Providers are paid at the rate they charge in the private child care 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.

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

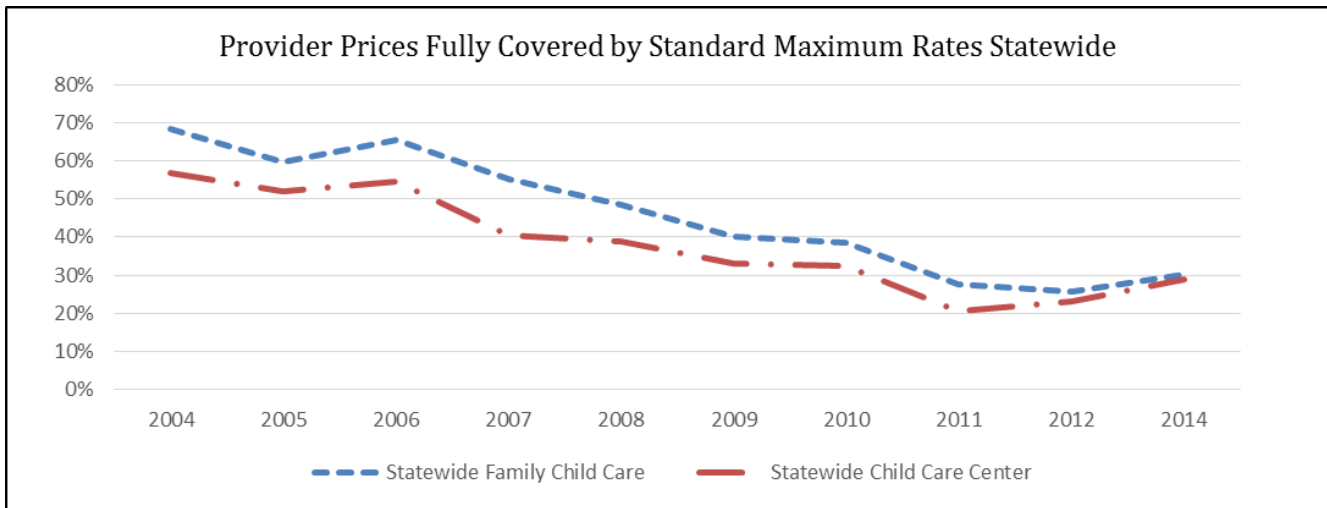
BSF funding is a capped allocation. It includes a combination of state funds and federal Child Care and Development and Temporary Assistance for Needy Families funding. The agency allocates funding to counties, who administer the program. Because the funding is capped, not everyone who is eligible for the program may be served. As of May, 2016, there was a waiting list for BSF child care assistance of 7,420 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 child care. This may be a barrier for some families if they cannot find a provider in their

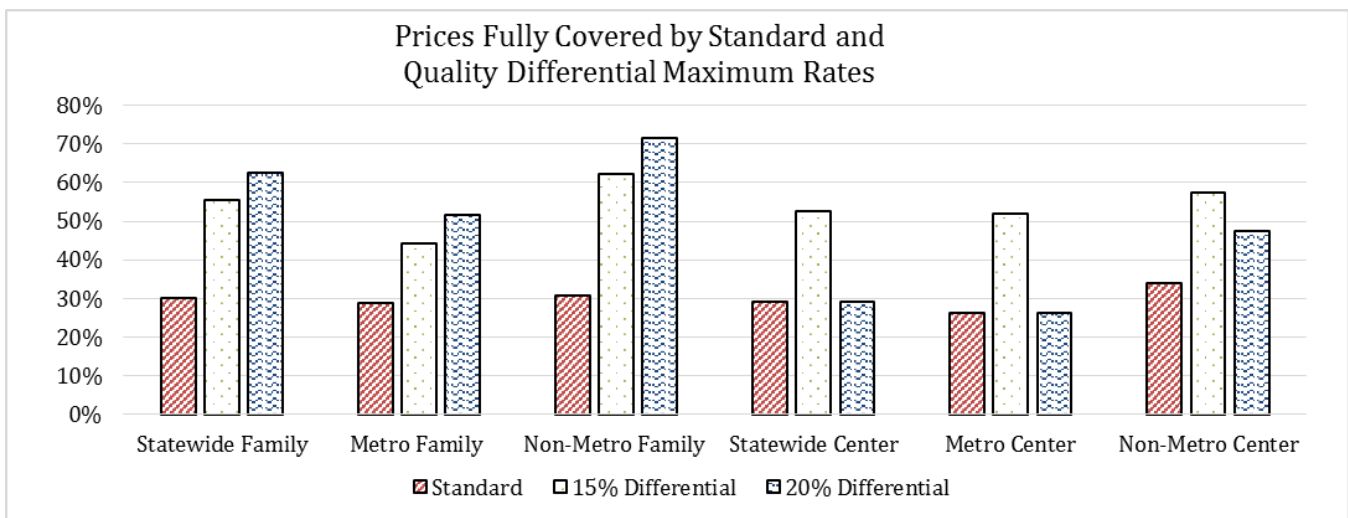
community whose prices are covered by the maximum allowed under the program. The percent of child care providers who charge prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in 2014, but the maximum rate paid remains low compared to prices in the market.

This quality measure shows approximately 30% of all child care providers charge prices that are fully covered by the Child Care Assistance Program maximum rates.



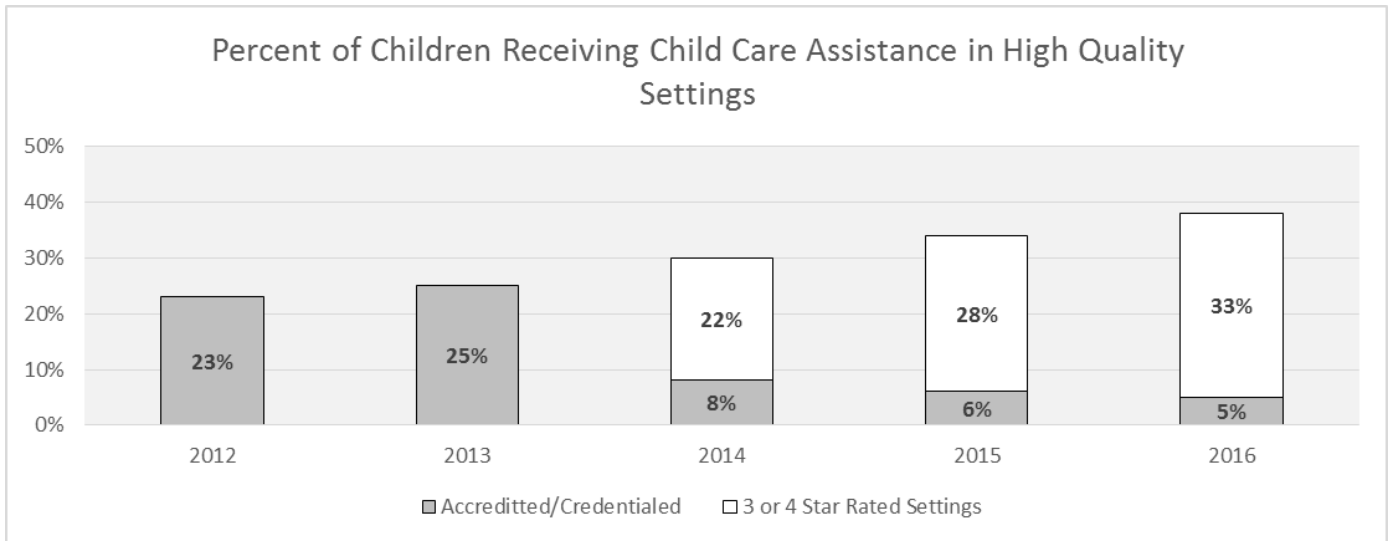
Quality Differential Impact - Parent Aware is Minnesota’s rating tool for helping parents select high quality child care and early education programs. The Child Care Assistance Program allows up to a 15 percent higher maximum rate to be paid to providers with a Parent Aware 3-star rating, or who hold 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.



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 in the same proportion as 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 child care assistance through providers eligible for the higher subsidy rates for quality has increased from 23 percent in quarter four of 2012 to 38 percent in quarter three of 2016. This represents a 65 percent increase over the 4-year period.



In 2014 a statute change allowed providers to qualify for the higher maximum subsidy rate through receiving a Parent Aware rating of 3-or-4-Stars. Previously only providers holding certain accreditations and family child care providers meeting certain education standards were eligible. In this figure, child care settings were categorized according to the quality standard they meet to be eligible for the CCAP quality differential.

- In 2012-2013 settings meeting quality standards though accreditations/credentials may also have been highly rated by Parent Aware. In 2014-2015 settings that hold both a 3-or-4 Star Parent Aware rating and an accreditation or educational credential, are included in the Parent Aware rated category.

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 child care 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>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	36,836	42,318	48,439	51,559	52,369	52,380
3000 - Federal	47,437	59,682	47,187	53,051	50,328	50,328
Total	84,273	102,000	95,626	104,610	102,697	102,708
<i>Biennial Change</i>				13,963	5,168	
<i>Biennial % Change</i>				7	3	

Expenditures by Category

Grants, Aids and Subsidies	84,273	102,000	95,626	104,610	102,697	102,708
Total	84,273	102,000	95,626	104,610	102,697	102,708
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	36,836	42,318	48,439	51,559	52,369	52,380
Expenditures	36,836	42,318	48,439	51,559	52,369	52,380
<i>Biennial Change in Expenditures</i>				20,844		4,751
<i>Biennial % Change in Expenditures</i>				26		5

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,318	67	3	16	0	0
Receipts	46,173	59,615	47,201	53,035	50,328	50,328
Expenditures	47,437	59,682	47,187	53,051	50,328	50,328
Balance Forward Out	54	0	16	0	0	0
<i>Biennial Change in Expenditures</i>				(6,881)		417
<i>Biennial % Change in Expenditures</i>				(6)		0

Program: Grant Programs

Activity: Child Care Development Grants

mn.gov/dhs/people-we-serve/children-and-families/services/child-care/

AT A GLANCE

- As of July 2016, 2,644 child care and early education programs have a Parent Aware rating.
- 1,880 family child care providers and 6,993 child care center staff are active users on Develop, an on-line tool to help individuals search for training and track their training and education.
- 1,954 individuals received coaching and support services to increase quality of care to children in FY16.
- All funds spending for the Child Care Development Grants activity for FY 2015 was \$13.4 million. This represented less than 0.1% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Child Care Development Grants are used for services that promote children's development and learning.

It is important that all children and their families have access to high quality child care and early education programs. The first few years of children's lives are key to their intellectual, emotional and social development. Everyone wants to know that children are being well cared for while family members are at work or school. High quality child care that is available and affordable is important to children's safety and healthy development, and to families' self-sufficiency.

Child Care Development Grants fund support services and initiatives that increase the availability of quality care and education in Minnesota.

These grants also support Parent Aware, Minnesota's Quality Rating and Improvement System. Parent Aware offers tools and resources that help families access quality child care and early education that will prepare them for school and for life. It also provides resources to help child care programs improve their practices.

SERVICES PROVIDED

The Department of Human Services (DHS) works with public and private agencies, as well as individuals to promote school readiness through education and training. Child Care Development Grants are used to support services that improve the quality of early childhood and school-age care, and increase access to high quality care, especially for high-needs children. This grant activity also supports consumer education services for parents searching for child care. Services support:

- Information for parents searching for quality child care and early education for their children through Parent Aware, an online search tool (Parent Aware website, <http://parentaware.org/>), and other parent education services provided by Child Care Aware of Minnesota
- Grants, financial supports and other incentives for child care programs to improve quality, including for those participating in the voluntary Parent Aware Quality Rating and Improvement System
- Training, coaching, consultation and other workforce supports for early childhood and school-age care providers to increase their knowledge and skills in child development, instructional practices and ways to meet the needs of individual children
- Reimbursement to child care programs and providers to cover some of the fees charged to complete a nationally recognized child care accreditation program

Child Care Development Grants are funded primarily with federal Child Care and Development block grant funds and some state funds.

RESULTS

Use of High Quality Child Care - Children who participate in high quality child care 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 child

care assistance through providers eligible for the higher subsidy rates for quality has increased from 23 percent in quarter four of 2012 to 38 percent in quarter three of 2016. This represents a 65 percent increase over the 4-year period.

Number of Programs Rated by Parent Aware – Parent Aware improves children’s outcomes by improving families’ access to high quality child care. This measure shows that the percentage of child care and early education programs with a Parent Aware rating increased from 2015 to 2016.

Provider Education Levels – Child care 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 number of early childhood educators who earned a degree or credential in Minnesota increased from 947 in 2014 to 1,136 in 2015.

Searches for Quality Care Through Parent Aware - A new and improved website for parents was launched in FY2015 to better meet parents’ needs in choosing child care. After this launch, the website experienced a large increase in visitors in a short period of time.

<i>Type of Measure</i>	<i>Description</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of children receiving child care assistance in high quality settings¹	23%	38%	2012 & 2016
Quantity	Percent of child care and early education programs with a Parent Aware rating ²	17%	22%	2015 & 2016
Quantity	Number of early childhood educators who earned a degree or credential in the past year ³	947	1,136	2014 & 2015
Quantity	Number of unique visitors on Parent Aware.org ⁴	36,641 visitors	199,791 visitors	2015 & 2016

Performance Measures notes:

1. Data is from the Department of Human Services (DHS) and includes the number of children receiving child care assistance served in high quality settings that were accredited or credentialed in 2012 (Q4), and the number of children receiving child care assistance served in high quality settings that were accredited or credentialed (5%) in 2016 (Q3) or in 3 or 4 Star Rated programs (33%) in 2016 (Q3).
2. Data is from DHS and includes licensed child care programs (Centers and Family Child Care), Head Start sites, and school-based pre-kindergarten sites.
3. Data is from DHS, the Minnesota Association for the Education of Young Children, the National Council for Professional Recognition, and the Integrated Postsecondary Education Data System. The following credentials and degrees were included: Minnesota Child Care Credential, Minnesota Director’s Credential, National Child Development Associate, Higher Education Diploma or Credential, Associate’s Degree, and Bachelor’s Degree.
4. Data is collected via Google Analytics reports from Parent Aware.org.

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

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	1,553	1,711	2,600	5,347	2,962	2,962
2000 - Restrict Misc Special Revenue	0	27	0	7	0	0
2001 - Other Misc Special Revenue	2,032	3,330	3,694	3,548	0	0
3000 - Federal	10,045	9,282	9,301	9,282	9,282	9,282
Total	13,630	14,350	15,594	18,184	12,244	12,244
<i>Biennial Change</i>				5,798	(9,290)	
<i>Biennial % Change</i>				21	(28)	

Expenditures by Category

Operating Expenses	488	0	137	7	0	0
Other Financial Transactions	0	0	137	0	0	0
Grants, Aids and Subsidies	13,142	14,350	15,320	18,177	12,244	12,244
Total	13,630	14,350	15,594	18,184	12,244	12,244
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	1,612	1,737	1,737	1,737	1,737	1,737
Net Transfers			863	3,610	1,225	1,225
Cancellations	59	26	0	0	0	0
Expenditures	1,553	1,711	2,600	5,347	2,962	2,962
<i>Biennial Change in Expenditures</i>				4,683		(2,023)
<i>Biennial % Change in Expenditures</i>				143		(25)

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	33	33	7	7	0	0
Net Transfers		2				
Expenditures	0	27	0	7	0	0
Balance Forward Out	33	7	7	0	0	0
<i>Biennial Change in Expenditures</i>				(20)		(7)
<i>Biennial % Change in Expenditures</i>				(74)		(100)

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	14	0	0	0
Receipts	2,032	3,330	3,680	5,030	0	0
Net Transfers				(1,482)	0	0
Expenditures	2,032	3,330	3,694	3,548	0	0
<i>Biennial Change in Expenditures</i>				1,880		(7,242)
<i>Biennial % Change in Expenditures</i>				35		(100)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	627	0	19	0	0	0
Receipts	9,418	9,282	9,282	9,282	9,282	9,282
Expenditures	10,045	9,282	9,301	9,282	9,282	9,282
<i>Biennial Change in Expenditures</i>				(744)		(19)

3000 - Federal

Biennial % Change in Expenditures

(4)

0

Program: Grant Programs

Activity: Child Support Enforcement Grants

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 360,000 custodial and non-custodial parents and their 250,000 children.
- In 2015, the child support program collected and disbursed \$609 million in child support.
- Access and visitation funds served 437 families in 2015.
- All Funds spending for the Child Support Enforcement Grants Activity for FY 2015 was \$1.7 million dollars. This represented less than 0.01% of the Department of Human Services overall budget.

PURPOSE & 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 \$609 million in child support in FY2015. Of that collected, 96% went to families and the remaining 4% reimbursed public assistance dollars. 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. Twenty-nine percent of custodial parent families eligible for child support have income below the federal poverty level. For low-income families who receive child support, the average amount received represents 52 percent of their income. Eighty-two percent of custodial parents who are eligible for child support are women, 79 percent are 30 years-old or older, and 57 percent have just one eligible child.

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 provides assistance for custodial parents in obtaining basic support, medical support and child care 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. 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 \$5.00 for every dollar spent on the child support program.

Minnesota’s child support performance has increased in all measures over the last five years. Minnesota ranks among the top five states on child support collections measures. In 2015, Minnesota earned \$12 million dollars in federal incentives. The federal incentives are passed on to counties to help cover their administrative costs of the program.

Type of Measure	Performance Measures1	FFY 2015	FFY 2014	FFY 2013	FFY 2012	FFY 2011
Quantity	Paternities established: percent of children born outside marriage for whom paternity was established in open child support cases for the year	99%	100%	102%	102%	101%
Quantity	Orders established: percent of cases open at the end of the year with orders established	88%	88%	86%	86%	86%
Quantity	Collections on current support: percent of cases with current support due within the year that had a collection on current support	73%	72%	71%	71%	70%
Quantity	Collections on arrears: percent of cases with arrears due within the year that had a collection on arrears	72%	70%	70%	70%	70%
Quality	Cost effectiveness: dollars collected per dollar spent	\$3.54	\$3.58	\$3.63	\$3.51	\$3.59

Performance Measures notes:

1. Federal performance measures are listed in the 2015 Minnesota Child Support Performance Report (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4252P-ENG>).
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](http://www.gpo.gov/fdsys/pkg/USCODE-2012-title42/pdf/USCODE-2012-title42-chap7-subchapIV-partD.pdf)) (<http://www.gpo.gov/fdsys/pkg/USCODE-2012-title42/pdf/USCODE-2012-title42-chap7-subchapIV-partD.pdf>)

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), <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), <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), <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), <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), <https://www.revisor.mn.gov/statutes/?id=518A.56>).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
2000 - Restrict Misc Special Revenue	1,457	1,492	1,543	1,543	1,543	1,543
2001 - Other Misc Special Revenue	124	98	-5	153	50	50
3000 - Federal	134	168	188	312	138	138
Total	1,715	1,758	1,726	2,008	1,731	1,731
<i>Biennial Change</i>				261		(272)
<i>Biennial % Change</i>				8		(7)

Expenditures by Category

Operating Expenses	-360	-292	-305	138	138	138
Grants, Aids and Subsidies	2,075	2,050	2,031	1,870	1,593	1,593
Total	1,715	1,758	1,726	2,008	1,731	1,731
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	50	50	50	50	50	50
Net Transfers	(50)	(50)	(50)	(50)	(50)	(50)

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	0	0	0
Receipts	1,491	1,526	1,577	1,543	1,543	1,543
Net Transfers	(34)	(34)	(34)			
Expenditures	1,457	1,492	1,543	1,543	1,543	1,543
Balance Forward Out	0	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				137		0
<i>Biennial % Change in Expenditures</i>				5		0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	119	46	48	103	0	0
Net Transfers	50	100	50	50	50	50
Expenditures	124	98	(5)	153	50	50
Balance Forward Out	46	48	103	0	0	0
<i>Biennial Change in Expenditures</i>				(74)		(48)
<i>Biennial % Change in Expenditures</i>				(33)		(32)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	134	168	188	312	138	138
Expenditures	134	168	188	312	138	138
<i>Biennial Change in Expenditures</i>				198		(224)
<i>Biennial % Change in Expenditures</i>				65		(45)

Program: Grant Programs
Activity: Children's Services Grants

AT A GLANCE

In 2015:

- 24,690 reports of child abuse and neglect were assessed involving 35,767 children
- Of these, 6,146 children were determined to be victims of child maltreatment
- 13,612 children experienced an out-of-home placement
- All funds spending for the Children's Services Grants activity for FY 2015 was \$98.4 million. This represented 0.64% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Having strong families and communities is 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, get involved in criminal activities and abuse or neglect their own children. Programs and services that cultivate the factors shared by strong families and communities actually minimize long-term intervention costs for crime, corrections, truancy, hospitalization, special education and mental health care. 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 activity funds child welfare services around the state, including Indian child welfare services, child protection, homeless youth services, and child abuse and neglect services through counties, tribes, and community-based providers. Grants provide supports 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. Most 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
- Work with tribes to design and develop tribal approaches that ensure child safety and permanency
- Transfer responsibilities from counties to tribes to deliver a full continuum of child welfare services to American Indian children and families on two reservations
- Expand the Parent Support Outreach Program (PSOP <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4472A-ENG>) by doubling the number of counties in the program.

These services are essential in keeping 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 match or exceed most federal standards. Efforts to engage families early and collaboratively with evidence-based interventions have resulted in improving safety and timely permanency outcomes.

Type of Measure	Description of Measure	2010	2011	2012	2013	2014	2015
Quality	Percent of children not experiencing repeated abuse or neglect within six months of a prior report	95.1%	95.6%	97.5%	97.2%	96.7%	97.0%
Quality	Percent of children reunified with parents or living with relatives in fewer than 12 months from latest removal from home	84.5%	85.7%	85.9%	85.1%	86.2%	83.9%
Quality	Percent of children adopted in fewer than 24 months from latest removal from home	48.2%	48.1%	49.4%	54.7%	59.9%	54.2%

Performance Measures notes:

All measures are from Minnesota's Child Welfare Reports, 2010-2015. Child Protection statistical reports are posted on the DHS Child Protection Publications page (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_003712).

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) (<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) (<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) (<https://www.revisor.mn.gov/statutes/?id=260D>)

Reporting of Maltreatment of minors is under M.S. section [626.556](https://www.revisor.mn.gov/statutes/?id=626.55) (<https://www.revisor.mn.gov/statutes/?id=626.55>)

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	11,309	11,733	36,669	37,983	37,183	37,183
2000 - Restrict Misc Special Revenue	560	264	335	550	475	475
2001 - Other Misc Special Revenue	2,115	2,763	2,181	2,858	2,858	2,858
2403 - Gift	15	14	11	39	24	24
3000 - Federal	7,882	13,030	11,030	15,819	15,527	15,377
3001 - Federal TANF	140	140	140	140	140	140
Total	22,021	27,944	50,365	57,389	56,207	56,057
<i>Biennial Change</i>				57,789		4,511
<i>Biennial % Change</i>				116		4

Expenditures by Category

Operating Expenses	651	944	899	611	536	536
Other Financial Transactions	5,781	7,189	6,318	975	75	75
Grants, Aids and Subsidies	15,589	19,811	43,148	55,803	55,597	55,447
Total	22,021	27,944	50,365	57,389	56,207	56,057
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	13,200	13,258	39,015	39,465	38,665	38,665
Net Transfers	(1,262)	(1,482)	(2,251)	(1,482)	(1,482)	(1,482)
Cancellations	629	43	95	0	0	0
Expenditures	11,309	11,733	36,669	37,983	37,183	37,183
<i>Biennial Change in Expenditures</i>				51,610		(286)
<i>Biennial % Change in Expenditures</i>				224		0

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	360	398	555	778	744	770
Receipts	71	(58)	0	0	0	0
Net Transfers	526	478	557	516	501	501
Expenditures	560	264	335	550	475	475
Balance Forward Out	397	555	778	744	770	796
<i>Biennial Change in Expenditures</i>				61		65
<i>Biennial % Change in Expenditures</i>				7		7

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,247	1,869	1,846	1,531	1,410	956
Receipts	1,163	1,115	1,284	2,103	2,070	2,412
Net Transfers	1,416	928	582	634	334	334
Expenditures	2,115	2,763	2,181	2,858	2,858	2,858
Balance Forward Out	1,711	1,149	1,531	1,410	956	844
<i>Biennial Change in Expenditures</i>				161		677
<i>Biennial % Change in Expenditures</i>				3		13

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	20	12	16	15	0	0
Receipts	8	18	9	24	24	24

2403 - Gift

Expenditures	15	14	11	39	24	24
Balance Forward Out	12	16	15	0	0	0
<i>Biennial Change in Expenditures</i>				20		(2)
<i>Biennial % Change in Expenditures</i>				69		(3)

3000 - Federal

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	229	22	143	0	0	0
Receipts	7,653	13,007	10,886	15,819	15,528	15,378
Expenditures	7,882	13,030	11,030	15,819	15,527	15,377
<i>Biennial Change in Expenditures</i>				5,938		4,056
<i>Biennial % Change in Expenditures</i>				28		15

3001 - Federal TANF

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Receipts	140	140	140	140	140	140
Expenditures	140	140	140	140	140	140
<i>Biennial Change in Expenditures</i>				0		0
<i>Biennial % Change in Expenditures</i>				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

- Child and Community Services Grants serve more than 213,000 Minnesotans annually. In 2015:
- 24,690 reports of child abuse and neglect were assessed involving 35,767 children
- 988 children were either adopted or had a permanent transfer of legal custody to a relative
- 34,662 reports of suspected maltreatment of a vulnerable adult were received, screened and dispatched
- 13,275 reports of suspected maltreatment of a vulnerable adult were assessed by a county
- 5,132 reports of suspected maltreatment of a vulnerable adult were investigated by a county
- All funds spending for the Children & Community Services activity for FY 2015 was \$86.3 million. This represented 0.6% of the Department of Human Services overall budget.

PURPOSE & 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 support counties' administrative responsibility for child protection services and foster care. The funding also helps counties to 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 neglect, 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.

Allocated to counties through the state's Vulnerable Children and Adult Act, these grants include state funds and the federal Social Services Block Grant.

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

RESULTS

The Department of Human Services monitors the performance of counties in delivering child welfare and adult protective services. Minnesota outcomes match or exceed most federal child welfare standards. Efforts to engage families early and

collaboratively with evidence-based interventions have resulted in improving safety and timely permanency outcomes for children.

Type of Measure	Name of Measure	2010	2011	2012	2013	2014	2015
Quality	Percent of children not experiencing repeated abuse or neglect within six months of a prior report	95.1%	95.6%	97.5%	97.2%	96.7%	97.0%
Quality	Percent of children reunified with parents or living with relatives in fewer than 12 months from latest removal from home	84.5%	85.7%	85.9%	85.1%	86.2%	83.9%
Quality	Percent of children adopted in fewer than 24 months from latest removal from home	48.2%	48.1%	49.4%	54.7%	59.9%	54.2%
Quantity	Timeliness of vulnerable adult maltreatment reports forwarded to the lead agency within two working days	92.7%	92.3%	94.4%	94.0%	97.8%	NA

Performance Measures notes

Measures for children in the above table are from Minnesota’s Child Welfare Reports, 2010-2015. Child Protection statistical reports are posted on the DHS Child Protection Publications page (http://www.dhs.state.mn.us/main/id_003712). Also see the DHS Child Welfare Data Dashboard (www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16_148137).

Measures for adults are from the Minnesota Department of Human Services Dashboard: <http://dashboard.dhs.state.mn.us/measure01-2-4.aspx> (<http://dashboard.dhs.state.mn.us/measure01-2-4.aspx>).

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.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	53,301	56,301	56,301	58,201	58,201	58,201
3000 - Federal	30,201	30,029	30,322	30,738	30,737	30,737
Total	83,502	86,330	86,623	88,939	88,938	88,938
<i>Biennial Change</i>				5,730		2,314
<i>Biennial % Change</i>				3		1

Expenditures by Category

Operating Expenses	-2	0	0	0	0	0
Other Financial Transactions	0	0	0	1,900	1,900	1,900
Grants, Aids and Subsidies	83,503	86,330	86,623	87,039	87,038	87,038
Total	83,502	86,330	86,623	88,939	88,938	88,938
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	53,301	56,301	56,301	58,201	58,201	58,201
Expenditures	53,301	56,301	56,301	58,201	58,201	58,201
<i>Biennial Change in Expenditures</i>				4,900		1,900
<i>Biennial % Change in Expenditures</i>				4		2

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	2,267	0	0	0	0	0
Receipts	27,934	30,029	30,322	30,738	30,737	30,737
Expenditures	30,201	30,029	30,322	30,738	30,737	30,737
<i>Biennial Change in Expenditures</i>				830		414
<i>Biennial % Change in Expenditures</i>				1		1

Program: Grant Programs

Activity: Child & Economic Support Grants

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

Activity Website: Economic Opportunity (http://www.dhs.state.mn.us/main/id_002550)

AT A GLANCE

Annually:

- More than 466,000 Minnesotans receive help through the Supplemental Nutrition Assistance Program (SNAP) every month; the average monthly benefit is \$109 per person.
- More than 17,700 people receive emergency shelter and services with state and federal funds.
- More than 2,900 individuals in 1,300 households receive transitional housing services and more than 2,699 individuals at risk of or experiencing long-term homelessness receive supportive services.

Also:

- Since 2000, Family Assets for Independence in Minnesota (FAIM) has helped people save nearly \$2.9 million and acquire over 2,100 long-term financial assets.
- All funds spending for the Child & Economic Support Grants activity for FY 2015 was \$516 million. This represented 3.4% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

People living in poverty often face numerous barriers and have complex needs. Through the Children and Economic Support Grants activity the Department of Human Services funds efforts to stabilize both short-term crises and long term strategies to help people leave poverty and sustain financial security for themselves and their families.

Through this budget activity we administer nearly 200 grants annually to more than 100 organizations to help people in poverty meet their basic needs for food, clothing and shelter. Funds are also used to help people get the skills, knowledge and motivation to become more self-reliant. 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, and increase nutrition assistance participation.

SERVICES PROVIDED

Children and Economic Support Grants fund food, housing, poverty reduction, and financial capability services for low-income families and individuals. Services include:

- Help for low income persons to purchase food and associated outreach and education activities funded through the federal SNAP program.
- Help under the Minnesota Food Assistance Program (MFAP) for legal non-citizens who do not qualify for federal SNAP due to citizenship status
- Funding for food banks, food shelves and on-site meal programs
- Help for homeless individuals and families to find safe and stable housing
- Supportive services for people who experience long-term homelessness
- Emergency shelter and essential services for homeless adults, children, and youth
- Specialized emergency shelter and services for youth who have been victims of sex trafficking
- Funding, training, and 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.

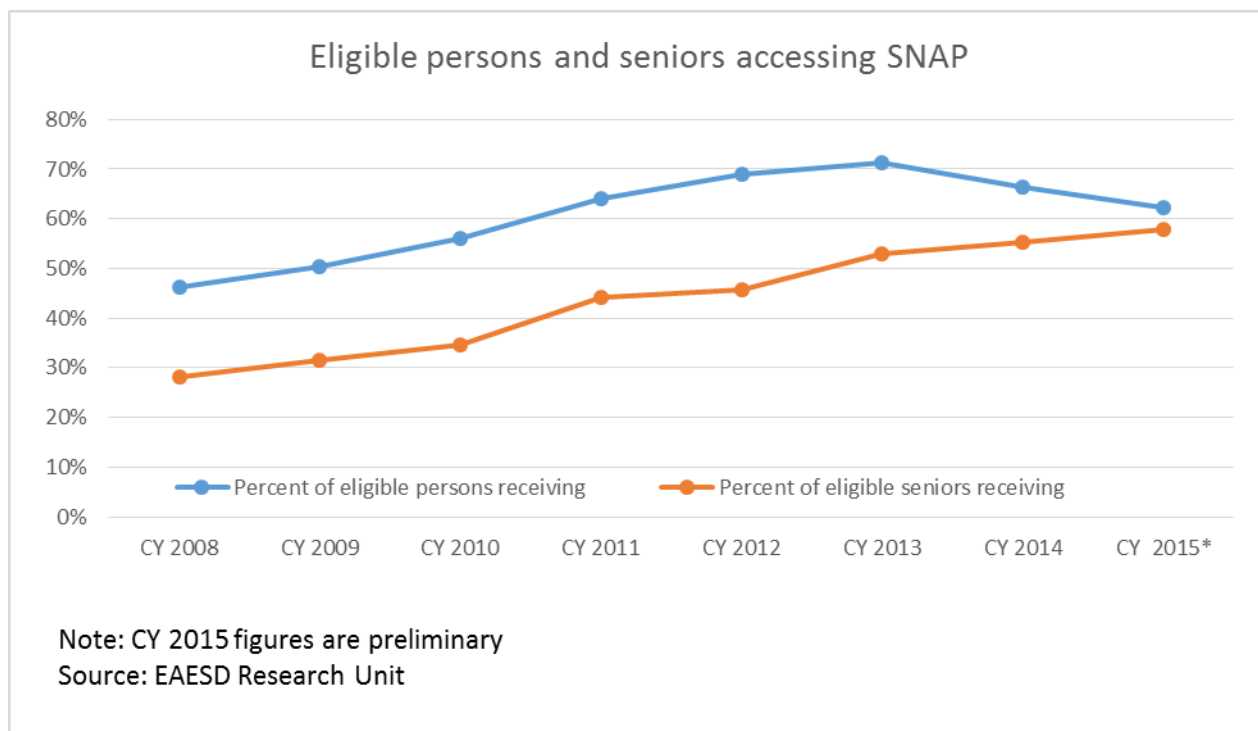
In addition to the federal funding for SNAP, other funding sources include state grants and federal grants from the U.S. Departments of Agriculture (USDA), Health and Human Services (HHS), Housing and Urban Development (HUD) as well as private foundations.

RESULTS

Several programs, such as SNAP, emergency food help, and MFAP, help people with their food needs.

SNAP Participation Rate

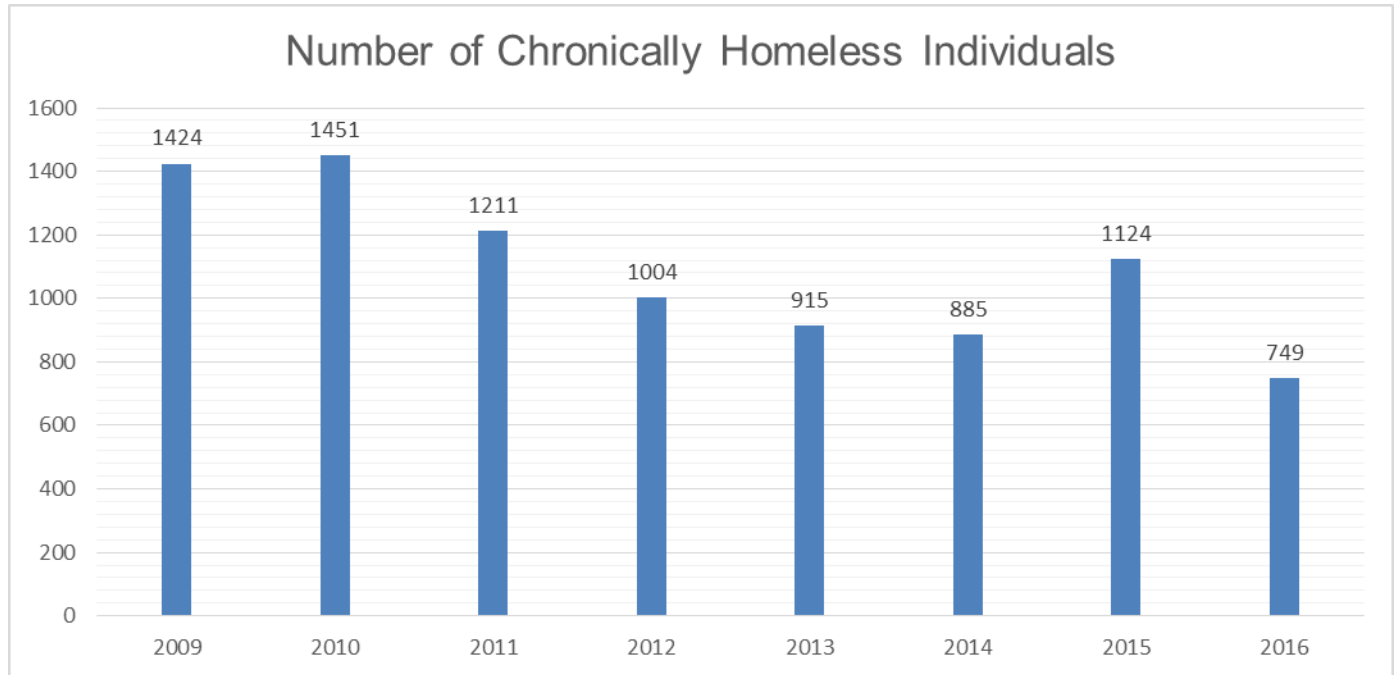
The quality measure below shows participation in SNAP as a percent of those eligible for the program.



Data for CY 2015 from the Economic Assistance & Employment Services Division at the Department of Human Services.

Reducing the number of people who are chronically homeless

This quantity measure shows that the number of chronically homeless individuals has declined by 38 percent since 2009. The Long-term Homeless Supportive Services Fund assists long term and chronically homeless people to obtain and remain in housing. Reduction of the number of chronically homeless people is a goal of the *2014 Plan to End Homelessness in Minnesota*.



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) (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) (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) (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) (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) (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) (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) (https://www.revisor.mn.gov/statutes/?id=256k.45)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	20,772	22,096	25,406	27,306	28,350	28,560
2000 - Restrict Misc Special Revenue	436	424	130	159	143	143
2001 - Other Misc Special Revenue	14	0	0	0	0	0
3000 - Federal	561,863	499,100	472,200	490,989	481,840	481,840
Total	583,084	521,620	497,735	518,454	510,333	510,543
<i>Biennial Change</i>				(88,516)		4,688
<i>Biennial % Change</i>				(8)		0

Expenditures by Category

Operating Expenses	65	70	30	11	5	5
Other Financial Transactions	702	811	1,254	0	0	0
Grants, Aids and Subsidies	582,317	520,739	496,451	518,443	510,328	510,538
Total	583,084	521,620	497,735	518,454	510,333	510,543
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	42	0	274	0	0
Direct Appropriation	21,047	22,620	26,778	27,032	28,350	28,560
Net Transfers	0	0	0	0	0	0
Cancellations	233	566	1,098	0	0	0
Expenditures	20,772	22,096	25,406	27,306	28,350	28,560
Balance Forward Out	42	0	274	0	0	0
<i>Biennial Change in Expenditures</i>				9,843		4,198
<i>Biennial % Change in Expenditures</i>				23		8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	264	276	125	79	77	77
Receipts	270	252	(231)	19	3	3
Net Transfers	165	(46)	314	139	140	140
Expenditures	436	424	130	159	143	143
Balance Forward Out	263	57	79	77	77	77
<i>Biennial Change in Expenditures</i>				(571)		(2)
<i>Biennial % Change in Expenditures</i>				(66)		(1)

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	14	0	0	0	0	0
Expenditures	14	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(14)		
<i>Biennial % Change in Expenditures</i>				(100)		

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	30,181	1,330	38	1	0	0
Receipts	531,683	497,770	472,161	490,988	481,840	481,840
Expenditures	561,863	499,100	472,200	490,989	481,840	481,840

(Dollars in Thousands)

3000 - Federal

Balance Forward Out	1	0	1	0	0	0
<i>Biennial Change in Expenditures</i>				(97,774)		492
<i>Biennial % Change in Expenditures</i>				(9)		0

Program: Grant Programs

Activity: Refugee Services Grants

mn.gov/dhs/people-we-serve/children-and-families/services/refugee-assistance/

AT A GLANCE

- In 2015, an average of 475 people per month received employment and social services through Refugee Services grants
- The average monthly cost per recipient in 2015 was \$366 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 FY 2015 was \$4.8 million. This represented 0.03% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Refugees have had to flee 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 provide assistance to 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 (Minnesota Family Investment Program) and health care programs available to state residents who have 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 Minnesota residents, including refugees, are eligible for 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>
Results	Percent of refugees employed within the same year of enrollment	66%	68%	Sept.2013 Sept 2015
Quantity	Percent of refugees receiving health screening within 90 days of arrival	96%	97%	Sept.2013 Sept 2015
Result	Job retention rate within 90 days	82%	75%	Sept.2013 Sept 2015
Quantity	Average hourly wage	\$9.15	\$9.99	Sept.2013 Sept 2015

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

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
3000 - Federal	6,232	4,958	6,351	8,735	11,578	11,770
Total	6,232	4,958	6,351	8,735	11,578	11,770
<i>Biennial Change</i>				3,896	8,262	
<i>Biennial % Change</i>				35	55	

Expenditures by Category

Operating Expenses	334	223	365	365	403	403
Grants, Aids and Subsidies	5,898	4,735	5,986	8,370	11,175	11,367
Total	6,232	4,958	6,351	8,735	11,578	11,770
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

(Dollars in Thousands)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	82	0	1	0	0	0
Receipts	6,150	4,958	6,351	8,736	11,578	11,770
Expenditures	6,232	4,958	6,351	8,735	11,578	11,770
<i>Biennial Change in Expenditures</i>				3,896		8,262
<i>Biennial % Change in Expenditures</i>				35		55

Program: Grants Program
Activity: Health Care Grants

AT A GLANCE

- There are currently 973 navigators and in person assisters available state-wide to aid people in obtaining health care coverage.
- Navigators and in person assisters provided application assistance to nearly 41,000 individuals or families in FY2015
- 85 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 2015 was \$56.4 million. This represents 0.4% of the Department of Human Services overall budget.

PURPOSE & 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 supplements 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. Between July of 2013 and December 2014 these funds supported legal assistance to nearly 300 people receiving care through Emergency Medical Assistance (EMA). 90 of these individuals became eligible or are expected to become eligible for MA or MinnesotaCare because of changes in their immigration status.
- *Immunization Registry Grants.* Provides administrative funds for counties to support immunization registries
- *Child and Teen Checkup Grants:* Provides funding to counties for outreach and education to children on Medical Assistance related to Child and Teen Checkup services.
- *Diabetes Prevention Program Grants.* Funds incentives for Minnesota Health Care Program recipients participating in the diabetes prevention program, a multi-year evidence-based program supported by the Centers for Disease Control and Prevention.
- *Minnesota Medicaid Electronic Health Record (EHR) Incentive Program.* Distributes federal funds to eligible providers and hospitals. These funds incent providers to purchase and use a certified EHR, with the goal of improving the patient experience of health care and population health, at a reduced cost to providing care.

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.

<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	21,179	40,922	4/2013-3/2014 and 7/2014-6/2015
Quantity	Number of MA recipients receiving disease management services through the Minnesota Diabetes Prevention Program (MN MIPCD) ²	565	1,111	6/2014 and 12/2015
Quantity	Number of clinics participating as partners in the Minnesota Diabetes Prevention Program (MN MMIPCD)	13	13	6/2014 and 12/2015

1. Measure is the number of MNCAAs and In Person Assisters receiving incentive payments as reported by MNSure and DHS staff.
2. Measure is the number of MA recipients currently receiving incentives for participating in disease management for pre-diabetes as reported by DHS staff in June 2014 and December 2015. The Minnesota Diabetes Prevention program study concluded in December 2015.
3. Measure is the number of clinics offering the curriculum and providing disease management services to MA recipients through the Minnesota Diabetes Prevention Program as reported by DHS staff in both June 2014 and December 2015. The Minnesota Diabetes Prevention Program study concluded in December 2015. Results of the study are forthcoming.

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.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	95	185	207	2,482	4,119	3,711
2360 - Health Care Access	316	698	1,322	3,465	3,465	3,465
3000 - Federal	73,440	57,677	37,912	92,068	92,021	91,975
Total	73,851	58,560	39,442	98,015	99,605	99,151
<i>Biennial Change</i>				5,046	61,299	
<i>Biennial % Change</i>				4	45	

Expenditures by Category

Operating Expenses	2,445	1,990	2,006	5,393	5,346	5,300
Grants, Aids and Subsidies	71,406	56,570	37,435	92,622	94,259	93,851
Total	73,851	58,560	39,442	98,015	99,605	99,151
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	190	190	536	2,482	4,119	3,711
Cancellations	95	5	329	0	0	0
Expenditures	95	185	207	2,482	4,119	3,711
<i>Biennial Change in Expenditures</i>				2,409		5,141
<i>Biennial % Change in Expenditures</i>				861		191

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	190	190	3,341	3,465	3,465	3,465
Net Transfers	2,038	4,188				
Cancellations	1,912	3,680	2,019	0	0	0
Expenditures	316	698	1,322	3,465	3,465	3,465
<i>Biennial Change in Expenditures</i>				3,773		2,143
<i>Biennial % Change in Expenditures</i>				372		45

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	63	19	0	0	0
Receipts	73,440	57,613	37,894	92,069	92,021	91,975
Expenditures	73,440	57,677	37,912	92,068	92,021	91,975
<i>Biennial Change in Expenditures</i>				(1,136)		54,015
<i>Biennial % Change in Expenditures</i>				(1)		42

Program: Grant Programs

Activity: Other Long Term Care Grants

AT A GLANCE

- The HCBS Incentive pool will serve an estimated 250 people when fully implemented in FY2018.
- \$1,344,000 in Incentive Pool funds to be distributed in FY2017 to support increased innovation in HCBS programs.
- The Other Long Term Care grants budget activity was established in FY2016. The total projected expenditures for FY2016 is \$1.1 million.¹

PURPOSE & 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, mental illness, and seniors.

Currently, there are three grants that are included in Other Long Term Care Grants, which will expand as more cross-population grants are developed. The HCBS Incentive pool grant incentivizes providers to innovate in achieving integrated competitive employment, living in the most integrated setting, and other outcomes. The Incentive pool will begin distributing funds in late 2016. And there are two Money Follows the Person (MFP) grants: the Rebalancing Demonstration grant and the Tribal grant.²

SERVICES PROVIDED

- The Home and Community-Based Service (HCBS) incentive pool provides incentives to providers, service recipients, and other entities for innovation in achieving outcomes identified in the Olmstead plan, including integrated, competitive employment and living in the most integrated setting in the community. The funds will be distributed in late 2016 via a request for proposal (RFP) process. There are three ways the money will be distributed:
 1. Large grants. These grants incent innovation in HCBS services by using pay for performance ideas and models that utilize outcome-based payments. For the purpose of this RFP, outcome-based payments consist of financial incentives based on the outcomes proposed, produced and achieved.
 2. Micro grants. The micro grant program will provide 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.
 3. Small grants. This is for grants of under \$50,000 per year for 1-3 years. We want to solicit participation from all kinds of groups, not just waiver services providers. This could include individuals, small groups, sole proprietors, small businesses, etc.
- Under the Money Follows the Person (MFP) Rebalancing Demonstration grant, 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. States that receive MFP awards are eligible for enhanced federal financial participation (FFP) which is deposited into the rebalancing account. This funding is in the special revenue fund. Investments will be paid out of this account starting in FY 17.
- Funds under the Money Follows the Person Tribal Initiative (TI) will be used to improve access to community-based long term care services and supports (CB-LTSS) for American Indians and Alaska Natives (AI/AN) who have been in an institutional setting for over 90 days. In addition, the TI may be used to advance the development of an infrastructure required to implement CB-LTSS for AI/AN using a single, or a variety of applicable Medicaid authorities. Funding is intended to support the planning and development of:
 1. An in-state Medicaid program CB-LTSS (as an alternative to institutional care) tailored for AI/ANs who are presently receiving services in an institution; and

2. A service delivery structure that includes a set of administrative functions delegated by the state Medicaid agency to Tribes or Tribal organizations (T/TOs), 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 TI 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. TI is funded through a federal grant.

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 [DHS dashboard](http://dashboard.dhs.state.mn.us/) (http://dashboard.dhs.state.mn.us/) and the [Continuing Care Performance Report](http://mn.gov/dhs/partners-and-providers/continuing-care/data-measures/public-planning-performance-reporting/performance-reports.jsp) (http://mn.gov/dhs/partners-and-providers/continuing-care/data-measures/public-planning-performance-reporting/performance-reports.jsp).

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	1. Percent of working age consumers on disability waiver programs with earnings	44.6%	43.7%	Dec. 2013 to Dec. 2015
Result	2. Percent of people with disabilities who receive home and community-based services in their own home.	53.1%	53.7%	2013 to 2015

Performance Measures Notes:

1. Measure compares monthly earnings from Dec. 2013 to Dec. 2015 data for all disability waiver programs. "Working age" is age 22-64. Source: DHS Data Warehouse.
2. Measure is people who are age 0 to 64. Compares FY 2013 (Previous) to FY2015 data (Current). Source: DHS Data Warehouse.

¹Transition grants were transferred from Disability grants in FY16-17. These grants will be transferred to Adult Mental Health Grants budget activity starting in FY2018.

²The Money Follows the Person grant accounts were under the Disability Grants budget activity in FY16-17. These grants will be transferred to Other Long Term Care Grant accounts starting in FY2018.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	0	0	0	1,344	1,500	1,925
2000 - Restrict Misc Special Revenue	0	0	0	2,490	2,490	2,490
Total	0	0	0	3,834	3,990	4,415
<i>Biennial Change</i>						4,571
<i>Biennial % Change</i>						119

Expenditures by Category

Grants, Aids and Subsidies	0	0	0	3,834	3,990	4,415
Total	0	0	0	3,834	3,990	4,415
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	0	0	0	1,344	1,500	1,925
Expenditures	0	0	0	1,344	1,500	1,925
<i>Biennial Change in Expenditures</i>				1,344		2,081
<i>Biennial % Change in Expenditures</i>						155

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	0	600	0	0
Net Transfers			600	1,890	2,490	2,490
Expenditures	0	0	0	2,490	2,490	2,490
Balance Forward Out	0	0	600	0	0	0
<i>Biennial Change in Expenditures</i>				2,490		2,490
<i>Biennial % Change in Expenditures</i>						100

Program: Grant Programs

Activity: Aging & Adult Services Grants

mn.gov/dhs/people-we-serve/seniors/

AT A GLANCE

- Provides congregate dining to 38,000 people and home delivered meals to 12,000 people.
- Supports more than 17,000 older volunteers per year who provide services through the Retired and Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions.
- Provides comprehensive assistance and individualized help to more than 125,000 individuals through over 277,000 calls in 2015 through the Senior LinkAge Line®.
- Funds home and community-based service options for more than 11,000 people and increased capacity by 8,700 volunteers through the Community Service/Services Development (Live Well at Home) grant program.
- All funds spending for the Aging & Adult Services Grants activity was \$44.9 million in FY2015. This represented 0.3% of the Department of Human Services overall budget.

PURPOSE & 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 promote affordable services that are both dependable and sustainable. 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, falls 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 2015, over 14,000 consumers have been contacted for discharge support. Of those 14,000, direct assistance was provided to over 3,400 older adults at their request to return home and nearly 1,100 are receiving five years of follow up at home.

- 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 grants to nonprofit home and community based service providers who provide 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.

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 number of seniors served by community-based rather than institution-based services. The percent of seniors served in the community has remained steady or improved over the past five 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	1. Percent of seniors served by home and community-based services	59.3%	68.4%	2008 to 2013
Quality	2. Percent of consumers who would recommend the Senior LinkAge Line® to others	93%	94%	2007 to 2015
Quantity	3. Number of people who have moved from nursing homes back to the community through the Return to Community Initiative to date	1,054	2,896	Q2 2010 to Q4 2015
Result	4. Percent of family caregivers who report that the caregiver support services helped them provide care for a longer period of time	93%	95%	2009 to 2013

Results Notes:

1. Measure 1 compares FY2008 to FY2013. This measure shows the percentage of elderly receiving publicly-funded long-term care services who receive HCBS services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: February 2014 Forecast)
2. Measure 2 compares 2007 data to 2015 data (Source: Consumer Surveys, Web Referral database)
3. Measure 3 compares cumulative quarter 2 CY2010 data to quarter 4 CY2015 data (Source: Return to Community Database)
4. Measure 4 compares CY 2009 to CY 2013 data, as measured by an annual survey of family caregivers receiving Older Americans Act-funded caregiver support services. (Source: Minnesota Board on Aging Caregiver Outcomes Survey)

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.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	20,071	23,367	26,411	28,162	28,597	28,162
2000 - Restrict Misc Special Revenue	181	0	0	0	0	0
2001 - Other Misc Special Revenue	245	0	130	0	0	0
3000 - Federal	26,157	23,589	21,508	26,370	26,596	25,716
Total	46,654	46,956	48,048	54,532	55,193	53,878
<i>Biennial Change</i>				8,970	6,491	
<i>Biennial % Change</i>				10	6	

Expenditures by Category

Compensation	-12	0	0	0	0	0
Operating Expenses	2	-1	-159	0	0	0
Other Financial Transactions	201	4	216	0	0	0
Grants, Aids and Subsidies	46,463	46,953	47,991	54,532	55,193	53,878
Total	46,654	46,956	48,048	54,532	55,193	53,878
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	20,074	23,896	28,463	28,162	28,597	28,162
Cancellations	3	529	2,052	0	0	0
Expenditures	20,071	23,367	26,411	28,162	28,597	28,162
<i>Biennial Change in Expenditures</i>				11,135		2,186
<i>Biennial % Change in Expenditures</i>				26		4

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	20	0	153	94	0	0
Receipts	161	153	155	0	0	0
Net Transfers			(214)	(94)	0	0
Expenditures	181	0	0	0	0	0
Balance Forward Out	0	153	94	0	0	0
<i>Biennial Change in Expenditures</i>				(181)		0
<i>Biennial % Change in Expenditures</i>				(100)		0

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	245	0	130	0	0	0
Expenditures	245	0	130	0	0	0
<i>Biennial Change in Expenditures</i>				(115)		(130)
<i>Biennial % Change in Expenditures</i>				(47)		(100)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	23	16	0	0	0
Receipts	26,160	23,566	21,491	26,370	26,596	25,716
Expenditures	26,157	23,589	21,508	26,370	26,596	25,716
Balance Forward Out	2	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(1,869)		4,434
<i>Biennial % Change in Expenditures</i>				(4)		9

3000 - Federal

Program: Grant Programs
Activity: Deaf & Hard of Hearing Grants

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

AT A GLANCE

- Deaf and Hard of Hearing Grants supported 585 people in state fiscal year 2015. An unknown additional number benefitted from grant funded real-time TV news captioning services provided statewide.
- 21% of participants in deafblind programs chose the consumer-directed services option in FY 2015.
- Certified Peer Support Specialists worked with 22 people in FY 2015 who are deaf and have a serious mental illness.
- 35 families who have a young child with hearing loss participated in the Deaf & Hard of Hearing Role Model and Deaf Mentor Family programs in FY 2015.
- All funds spending for the Deaf and Hard of Hearing Grants activity for FY 2015 was \$2 million. This represented 0.01% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Three out of every 1,000 newborns have hearing loss. One-third of people between ages 65-74 have hearing loss and nearly half of those over age 75 have hearing loss.

National research estimates 20% of the population has some degree of hearing loss. In Minnesota, this means approximately 1 million people are likely to have some degree of hearing loss. Of those, about 11% are deaf and as many as 1,640 individuals are deafblind.

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 Grant programs include:

- Sign language interpreter-related services that allow Minnesotans who are deaf, hard of hearing, and deafblind to access every day activities and core services such as medical care, mental health services, human services, the judicial system, and self-help; This activity includes a pilot program to increase the number of interpreters in Greater Minnesota available to provide community interpreting services.
- 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.

We partner with statewide community providers, mental health professionals, local television stations and the Department of Commerce to provide services.

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

RESULTS

People served in deaf and hard of hearing grant-funded programs fill out surveys to measure satisfaction with the quality and timeliness of services. Over the last three years, they have reported a high level of satisfaction with the quality of services. In 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%. The vast majority of families with children who are deafblind report noticeable improvement in their child’s progress in communication, social development and community integration as a result of the services they receive.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	1. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received	94%	98%	2012 to 2015
Quality	2. Percent of consumers in DHHS grant-funded programs who are satisfied with timeliness of the services they received	89%	86%	2012 to 2015
Quality	3. Percent of clients in DHHS grant-funded mental health programs who completed or are making good progress on their treatment plan goals	89%	84%	2012 to 2015
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 deafblind.	81%	80%	2012 to 2015

Performance Notes:

- Data source: Consumer satisfaction surveys and grantee reports.
- More information on measures one and two is available on the CCA Performance Reports (<https://mn.gov/dhs/partners-and-providers/continuing-care/data-measures/public-planning-performance-reporting/performance-reports.jsp>).

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.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	1,763	1,848	2,225	2,375	1,875	1,875
2001 - Other Misc Special Revenue	269	266	240	269	240	240
2403 - Gift	0	0	0	13	13	13
3000 - Federal	96	0	75	75	75	75
Total	2,128	2,114	2,540	2,732	2,203	2,203
<i>Biennial Change</i>				1,030		(866)
<i>Biennial % Change</i>				24		(16)

Expenditures by Category

Operating Expenses	82	55	19	15	13	13
Grants, Aids and Subsidies	2,046	2,059	2,522	2,717	2,190	2,190
Total	2,128	2,114	2,540	2,732	2,203	2,203
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	1,771	1,866	2,225	2,375	1,875	1,875
Cancellations	8	18	0	0	0	0
Expenditures	1,763	1,848	2,225	2,375	1,875	1,875
<i>Biennial Change in Expenditures</i>				989		(850)
<i>Biennial % Change in Expenditures</i>				27		(18)

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	2	2	12	15	13	42
Receipts	300	300	276	300	300	300
Net Transfers	(31)	(31)	(33)	(33)	(31)	(31)
Expenditures	269	266	240	269	240	240
Balance Forward Out	2	5	15	13	42	71
<i>Biennial Change in Expenditures</i>				(26)		(29)
<i>Biennial % Change in Expenditures</i>				(5)		(6)

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	0	0	0	13	13	13
Expenditures	0	0	0	13	13	13
<i>Biennial Change in Expenditures</i>				13		13
<i>Biennial % Change in Expenditures</i>						100

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	96	0	75	75	75	75
Expenditures	96	0	75	75	75	75
<i>Biennial Change in Expenditures</i>				54		0
<i>Biennial % Change in Expenditures</i>				56		0

Program: Grant Programs
Activity: Disabilities Grants

mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/a-z/index.jsp

AT A GLANCE

- The Family Support Grant served 1,628 people in FY2015.
- The Consumer Support Grant supported 2,612 people in FY2015.
- Semi-independent living services served 1,552 people in FY2015.
- HIV/AIDS programs help 2,647 people living with HIV/AIDS.
- The Disability Linkage Line served 30,511 people in FY2015, had 86,054 contacts with consumers, and participated in 146 educational events.
- All funds spending for the Disabilities Grants activity for FY 2015 was \$48 million. This represented 0.31% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The US Census Bureau estimates that nearly 550,000 or 10.3 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 number and kinds of 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 in a Disabilities Grants fact sheet (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6575-ENG>).

SERVICES PROVIDED

Disabilities Grant programs include:

- The Family Support Grant (FSG) which provides cash to families to offset the higher-than-average cost of raising a child with a disability.
- The Consumer Support Grant (CSG) which is an alternative to home care paid through the state plan, which helps people purchase home care, adaptive aids, home modifications, respite care, and other help with the tasks of daily living. This program will be sunsetted when Community First Services and Supports (CFSS) replaces the services provided by CSG.
- Semi-Independent Living Services (SILS) grants which help adults with developmental disabilities, who do not require an institutional level of care, live in the community. The funding is used to purchase 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 which 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.
- Housing Access Services grants have been used to support a non-profit organization to help individuals who are eligible for home care, other state plan services, or waiver services, to move out of licensed settings or family homes and into their own homes. Since the fall of 2009 more than 1,700 people have used Housing Access Services to move from licensed or unlicensed settings to homes of their own that are not owned, leased, or controlled by disability services providers.
- The Disability Linkage Line (DLL) which provides one-to-one assistance to make it easier for people with disabilities to understand their options, find solutions, and engage in possibilities.

- Local planning grants to assist counties and tribes in development of community alternatives to corporate foster care settings. This funding is being used to implement specific county plans to address the needs of people with disabilities in their communities.
- Transition Initiatives to Waivered Services for Certain Populations grants provide help pay for specialized services that are needed by individuals transitioning back to the community from state institutions, once the person has met their treatment goals and no longer require the level of treatment and supervision provided at these facilities¹.
- Day Training and Habilitation (DT&H) grants which are allocated to counties. These grants help counties purchase services that help people living in an Intermediate Care Facility for persons with Developmental Disabilities to develop and maintain life skills and participate in community activities.
- State Quality Council and Region 10 grants fund state and regional quality councils. The State and 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.
- Autism grants which increase the network of respite service providers with training or experience to successfully serve adults and children with autism spectrum disorder (ASD). These grants are available until June 30, 2017.

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 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. There is now a reduced reliance on corporate foster care.

More information is also available on the DHS dashboard (<http://dashboard.dhs.state.mn.us/>) and the Continuing Care Performance Report (http://www.dhs.state.mn.us/main/dhs16_166609).

<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.	53.1%	53.7%	2013 to 2015
Quantity	2. Number of people that Housing Access Services has helped move to a home of their own each year.	14	297	2009 to 2013
Quality	3. Percent of consumers who would recommend the Disability Linkage Line (DLL) to others.	99%	98%	2008 to 2015

Performance Measures Notes:

1. Measure is people who are age 0 to 64. Compares FY 2013 (Previous) to FY2015 data (Current). Source: DHS Data Warehouse
2. Compares calendar year 2009 (Previous) to CY 2013 (Current). Since the program began, Housing Access Services has moved over 1,000 people with disabilities into homes of their own. Source: DHS Grant reports.
3. Compares CY 2008 data (Previous) to CY 2015 data (Current). Source: DLL Customer Satisfaction Surveys.

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.

¹In FY 16, most of the funding for transition grants was transferred to the Other Long Term Care budget activity. In FY 18, these grants will be transferred to the Adult Mental Health budget activity.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	33,972	38,312	42,355	48,741	48,708	45,334
2000 - Restrict Misc Special Revenue	3,665	4,508	3,199	7,810	9,430	9,430
2001 - Other Misc Special Revenue	0	0	12	76	0	0
3000 - Federal	7,241	5,690	7,940	11,138	6,851	6,776
Total	44,878	48,509	53,505	67,765	64,988	61,540
<i>Biennial Change</i>				27,883		5,258
<i>Biennial % Change</i>				30		4

Expenditures by Category

Operating Expenses	407	759	1,126	1,933	1,768	1,768
Other Financial Transactions	0	0	0	75	75	75
Grants, Aids and Subsidies	44,470	47,750	52,380	65,757	63,145	59,697
Total	44,878	48,509	53,505	67,765	64,988	61,540
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	2,500	1,550	0	0
Direct Appropriation	18,780	20,874	20,820	20,858	20,772	20,772
Net Transfers	18,782	23,967	25,357	26,333	27,935	24,561
Cancellations	3,590	4,029	4,772	0	0	0
Expenditures	33,972	38,312	42,355	48,741	48,708	45,334
Balance Forward Out	0	2,500	1,550	0	0	0
<i>Biennial Change in Expenditures</i>				18,812		2,946
<i>Biennial % Change in Expenditures</i>				26		3

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	9,812	15,574	16,499	17,184	23,724	18,575
Receipts	9,425	5,120	3,884	7,290	5,083	5,083
Net Transfers				7,060	(802)	(753)
Expenditures	3,665	4,508	3,199	7,810	9,430	9,430
Balance Forward Out	15,573	16,187	17,184	23,724	18,575	13,475
<i>Biennial Change in Expenditures</i>				2,837		7,851
<i>Biennial % Change in Expenditures</i>				35		71

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Receipts	0	0	12	76	0	0
Expenditures	0	0	12	76	0	0
<i>Biennial Change in Expenditures</i>				88		(88)
<i>Biennial % Change in Expenditures</i>						(100)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	293	322	7	5	0	0
Receipts	6,926	5,369	7,937	11,133	6,851	6,776
Net Transfers	21					

(Dollars in Thousands)

3000 - Federal

Expenditures	7,241	5,690	7,940	11,138	6,851	6,776
Balance Forward Out	0	0	5	0	0	0
<i>Biennial Change in Expenditures</i>				6,147		(5,451)
<i>Biennial % Change in Expenditures</i>				48		(29)

Program: Grant Program

Activity: Adult Mental Health Grants

mn.gov/dhs/people-we-serve/adults/health-care/mental-health/index.jsp

AT A GLANCE

- Approximately 226,805 adults in Minnesota have a serious mental illness
- Provided Projects for Assistance in Transition from Homelessness PATH services to 665 homeless persons and 507 persons at imminent risk of homeless, and provided homeless outreach services to another 2,025 people in CY 2015
- Provided Crisis Housing Assistance to prevent homelessness of 238 people in facility based treatment in CY 2015
- Provided Intensive Residential Treatment (IRTS) to 1,947 people in CY 2015
- Provided Assertive Community Treatment to 1,991 people in CY 2015
- Provided Crisis Services to 13,449 people in response to crisis episodes in CY 2015
- All funds spending for the Adult Mental Health Grants activity for FY 2015 was \$74.9 million.¹ This represented 0.5% of the Department of Human Services overall budget

PURPOSE & CONTEXT

The Adult Mental Health Grants support services for adults with mental illness and are administered by the Mental Health Division of the Community Supports Administration, using both federal and state funds. These funds, combined with county dollars, are used to identify and meet the 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.

SERVICES 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 delivered in a number of ways. Some are block grants to counties who have flexibility use the funding for a number of services. Others are grants to counties, 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 reduces the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Minnesota Security Hospital (MSH) once they no longer need hospital care. By providing funding to cover community-based services and address the unique discharge barriers faced by some individuals, the initiative promotes recovery, allows individuals to move to integrated settings of their choice as outlined in the Minnesota Olmstead Plan, and opens up beds at AMRTC and MSH for other individuals who need them.

Targeted Case Management – These activities coordinate services and help adults with serious and persistent mental illness gain access to needed medical, social, educational, vocational services. These activities include developing a functional assessment, an individual community support plan, and ensuing coordination of services and monitoring of service delivery.

¹ Total expenditures for FY 2015 include Compulsive Gambling grants, which, effective July 1, 2017, are administered under the CD Treatment Support Grants Budget Activity.

Assertive Community Treatment (ACT) – These intensive, non-residential mental health services are provided by a multidisciplinary staff using a team model. The team includes, at a minimum, a psychiatrist, mental health professional, registered nurse, vocational and substance abuse specialists. ACT services are available 24 hours a day. ACT teams assume full responsibility for the individual's mental health treatment. This service keeps people in the community and preventing hospitalization.

Adult Rehabilitative Mental Health Services (ARMHS) - ARMHS Services are services that enable a recipient to develop, retain and enhance their mental stability and functioning by providing education on medication management, basic social and living skills, household management, employment-related skills, and assist transitioning to community living.

Adult Outpatient Medication Management - Provides for prescriptions, medication education, and reviews to help individuals manage their symptoms.

Basic Living /Social Skills and Community Intervention - Basic living /social skills and community intervention services provided to help individuals live safely and inclusively in the community.

Project for Assistance in Transition from Homelessness (PATH) - PATH is a federal program with a state match to provide homeless 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 in services, basic needs, resources, and housing.

Crisis Housing – This program provides direct payments for rent, mortgage, and utility costs, to assist persons with 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 with linked supports 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's call for help in their home, place of employment, or possibly to an emergency department in a hospital in cases where they are experiencing a severe mental health problem that requires immediate assistance. 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 target cultural and ethnic minority communities in Minnesota.

Individual Placement Supports (IPS) - Supported Employment - Counties use adult mental health grants to fund evidence-based practices such as the IPS model of supported employment to improve the ability of adults with serious and persistent mental illness to find and maintain competitive employment. These grants extend and support the work done by the Department of Employment and Economic Development.

Minnesota Center for Chemical and Mental Health (MNCAMH) - These grants fund training and technical assistance from the Minnesota Center for Chemical and Mental Health (MNCAMH), a program of the University of Minnesota drawing from the strengths of the School of Social Work, the College of Continuing Education, and the Department of Psychiatry. MNCAMH is a center of excellence for workforce training created to advance the professional development of the treatment services workforce on research informed practices for recovery-oriented systems of care.

Certified Peer Specialist (CPS) Implementation and Training - Selected and qualified individuals with a lived experience of mental illness are trained to work as Certified Peer Specialists in Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), Crisis Response Services and Intensive Residential Treatment services.

RESULTS

Transitions to Community - Between July 1, 2013 and February 29, 2016:

- 130 individuals received support through the Transition to Community program.
- 99 individuals were discharged as of February 29, 2016, 65 from AMRTC and 34 from MSH.
- Technical assistance was provided by DHS staff to navigate discharge options for 247 individuals.

Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), and Crisis Response

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of Adults with serious mental illness served by ACT and ARMHS who remain in the community six months after discharge from an inpatient psychiatric setting. ¹	75%	74.4%	2012 - 2014
Result	Reduction in inpatient days for persons served in Assertive Community Treatment (ACT) ²	54%	46%	FY 2012- FY 2013
Quantity	Number of Adults with Serious Mental Illness who received Adult Rehabilitative Mental Health Services (ARMHS) . ³	17,452	19,149	2013 - 2015
Quantity	Number of episodes for which Mental Health Crisis Services were provided	NA	13,449	2015
Result	Percent of people needing hospitalization after receiving crisis service interventions	NA	14%	2015

Measure Notes:

1. Previous measures Calendar Year 2012 and Current measures CY 2014. The measure looks at a readmission to any psychiatric inpatient care unit (either State Operated or Community) within six months of discharge from a psychiatric inpatient care unit.
2. Previous measure is the percent reduction in mental health inpatient days for ACT clients admitted in FY 2012. Current measure is the percent reduction in mental health inpatient days for ACT clients admitted in FY 2014. The percent reduction compares the year before starting program with the year after starting the program. The department goal is to reduce the need for hospitalization and keep persons served in the community.
3. Previous measures Calendar Year 2013 and Current measures Calendar Year 2015 number of individuals receiving adult rehabilitative mental health services (ARMHS).

[MS § 256E.12](#), [245.4661](#), and [245.70](#) provide the authority for the grants in this budget activity.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	70,178	68,740	71,521	73,769	79,802	79,802
2360 - Health Care Access	750	60	973	2,473	750	750
3000 - Federal	6,543	5,249	8,515	13,899	15,754	15,206
Total	77,471	74,049	81,009	90,141	96,306	95,758
<i>Biennial Change</i>				19,630	20,914	
<i>Biennial % Change</i>				13	12	

Expenditures by Category

Operating Expenses	1,918	2,516	2,208	140	140	140
Other Financial Transactions	1,460	2,102	2,146	0	0	0
Grants, Aids and Subsidies	74,093	69,431	76,655	90,001	96,166	95,618
Total	77,471	74,049	81,009	90,141	96,306	95,758
<hr/>						
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	70,597	68,783	71,543	73,169	79,802	79,802
Net Transfers	600	600	600	600		
Cancellations	1,019	643	622	0	0	0
Expenditures	70,178	68,740	71,521	73,769	79,802	79,802
<i>Biennial Change in Expenditures</i>				6,372		14,314
<i>Biennial % Change in Expenditures</i>				5		10

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	750	750	1,575	2,473	750	750
Cancellations	0	690	602	0	0	0
Expenditures	750	60	973	2,473	750	750
<i>Biennial Change in Expenditures</i>				2,636		(1,946)
<i>Biennial % Change in Expenditures</i>				325		(56)

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	0	12	0	0	0
Receipts	6,543	5,249	8,503	13,899	15,754	15,206
Expenditures	6,543	5,249	8,515	13,899	15,754	15,206
<i>Biennial Change in Expenditures</i>				10,622		8,546
<i>Biennial % Change in Expenditures</i>				90		38

Program: Grant Programs

Activity: Children's Mental Health Grants

mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/

AT A GLANCE

- An estimated 105,000 children and youth in Minnesota (from birth to age 21) need treatment for serious emotional disturbance.
- Each year about 67,000 children and youth receive publicly funded mental health services in Minnesota.
- Approximately 9,300 children and youth received mental health screenings in the child welfare and system in 2015.
- 9% of school-age children and 5% of preschool children in Minnesota have a mental health concern that become longer lasting and interferes significantly with child's functioning at home and in school.
- All funds spending for the Child Mental Grants activity for FY 2015 was \$19.9 million. This represented 0.13% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

Children's Mental Health Grants are administered by the Mental Health Division of the Community Supports Administration, which receives both federal and state funding, to support services for children with mental illness. These grants fund community, school, and home-based 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 promote integration of mental health services into the state's overall healthcare system by:

- filling gaps in the continuum of services and supports, especially those not covered in the broader Minnesota Health Care Programs benefits set;
- paying for necessary ancillary services, supports, and coordination activities that are not eligible for federal Medicaid reimbursement;
- covering treatment and supports for children who remain uninsured or under-insured by private health plans; and
- building statewide service delivery capacity in workforce-shortage areas, where key services are not available regardless of insurance coverage.
- expanding access to direct treatment by providing care in community, school, home, and clinic-based children's mental health settings,
- providing coordination of mental and chemical health services with physical healthcare, services for persons with disabilities, and county social services
- training providers on evidence-based practices,
- funding measurement of treatment outcomes
- developing a new levels of care for children and youth with complex mental health conditions
- developing a new model to service youth with first episode psychosis

Partners are essential in order to develop and maintain 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 of Minnesota—such as:

- primary health care,
- day care,
- substance abuse treatment,
- schools,
- public health,
- child welfare,
- juvenile justice,
- tribes,

- health plans;
- counties,
- adult transition services, and
- services to parents designed to prevent traumatic events in a child's life and to build or repair the crucial parent-child attachment bond.

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)	422	450	2013-2015
Quality	Percent of children in the child welfare system who received a mental health screening	57%	64%	2012-2015

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, which compares calendar year (CY) 2013 (Previous) and CY 2015 (Current). The utilization rate is not an indicator of need for services, because the incidence of emotional disturbance is far higher than the rate at which children access treatment.
- **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. The previous measure is CY 2012; the current measure is CY 2015.

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

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	17,994	20,549	20,163	24,346	20,761	20,826
Total	17,994	20,549	20,163	24,346	20,761	20,826
<i>Biennial Change</i>				5,966		(2,922)
<i>Biennial % Change</i>				15		(7)

Expenditures by Category

Operating Expenses	48	63	47	80	80	80
Other Financial Transactions	253	185	427	0	0	0
Grants, Aids and Subsidies	17,694	20,301	19,690	24,266	20,681	20,746
Total	17,994	20,549	20,163	24,346	20,761	20,826
<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	18,246	20,636	23,386	24,346	20,761	20,826
Cancellations	252	87	3,223	0	0	0
Expenditures	17,994	20,549	20,163	24,346	20,761	20,826
<i>Biennial Change in Expenditures</i>				5,966		(2,922)
<i>Biennial % Change in Expenditures</i>				15		(7)

Program: Grant Programs
Activity: CD Treatment Support Grants

mn.gov/dhs/people-we-serve/adults/health-care/substance-abuse/

AT A GLANCE

- In the United States, 21.5 million persons, aged 12 and older had substance use disorders (CY2014 data).
- 52,596 persons in Minnesota received treatment for substance use disorder in CY2015.
- 50.7% completed substance use disorder treatment in 2015.
- Compulsive gambling helpline receives about 1,000 calls each year for information or referrals to treatment.
- All funds spending for the CD Treatment Support and Primary Prevention grant activity for FY 2015 was \$16.8 million. This represented 0.1% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

The CD Treatment Support and Primary Prevention Grants activity uses both federal and state funding to supporting state-wide prevention, intervention, recovery maintenance, case management and treatment support services for persons with alcohol, or drug addiction. Treatment support services include subsidized housing, transportation, child care, parenting education.

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

SERVICES PROVIDED

CD 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;
- A statewide prevention resource center that provides education and capacity building on 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 TA and training locally to prevention professionals in MN; and
- A tobacco merchant education training and educational compliance check project, as well as funding for Synar inspectors, who conduct random inspections of tobacco retailers.

Additional information is in the March 2013 report, [Minnesota's Model of Care for Substance Use Disorder](http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_195241.pdf) (http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_195241.pdf).

Most of the funding for CD 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. 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 helpline phone and text line and problem gambling awareness resources and supports;
- funding for problem gambling assessments, outpatient and residential treatment of problem gambling and gambling addiction;
- conduct compulsive gambling assessments of offenders under section 609.115, subdivision 9
- training for gambling treatment providers and other behavioral health service providers; 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 diverse race and ethnic communities that experience higher rates of problem gambling. The Compulsive Gambling statewide helpline, <http://www.getgamblinghelp.com/about-us/>, ((1-800-333-HOPE or text HOPE to 61222) generally receives about one thousand calls 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 educational compliance check project funds local law enforcement and public health departments to conduct educational undercover buy checks and provide publications Congratulate and Educate Project: The Congratulate and Educate Project was activated in 2014 in partnership with local Sheriff and Police Departments and County Public Health agencies. The project 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 Alcohol and Drug Abuse Division oversees the Synar Program which is 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 Retailer 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.

The Alcohol and Drug Abuse Division, a division of the agency's Community Supports Administration, administers the programs and grants within the CD 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	Past 30-day use of alcohol by 9 th grade youth in communities that received a Planning & Implementation (P&I) grant for prevention work in 2006	35.5%	14.0%	2004 vs 2013
Result	Babies born with negative toxicology results	81%	84%	2013 vs. 2014

Additional Measurement Efforts: The Minnesota Student Survey (MSS) is one viable data source to understand the prevalence of problem gambling among youth and adolescents. Program staff partnered with University of Minnesota researchers to ensure the inclusion of gambling specific questions in the 2016 MSS. Data from the 2016 survey will establish baseline measures for at-risk gambling among youth and adolescents.

Measure Notes:

- The Past 30 day use of alcohol measure consists of data as reported in the [Minnesota Student Survey](http://www.health.state.mn.us/divs/chs/mss/) (<http://www.health.state.mn.us/divs/chs/mss/>) for 9th grade students who self-report on their use of alcohol in the last 30 days. Previous represents calendar year CY 2004 and Current represents CY 2013.
- P&I grant communities were 8 percentage points above the MN State average in 2004 and were below the MN State average in 2013. The MN State average was 27.6% in 2004 and 14.7% in 2013. Minnesota communities that received Primary Prevention Planning and Implementation grants saw a 60.6% reduction in the measure of past 30-day use of alcohol use by 9th grade youth between 2004 and 2013. The rest of the state saw a 46.7% reduction in that measure over the same 2004 and 2013 period. This is a statistically significant difference.
- The Babies born with negative toxicology measure is the percentage of babies with negative toxicology results during a 12-month period, born to women served by the state Women's Recovery grants. Previous represents FY 2013 and Current represents FY 2014.

Minnesota Statutes, chapters [254A](https://www.revisor.mn.gov/statutes/?id=254A) (<https://www.revisor.mn.gov/statutes/?id=254A>), [254B](https://www.revisor.mn.gov/statutes/?id=254B) (<https://www.revisor.mn.gov/statutes/?id=254B>) and [256](https://www.revisor.mn.gov/statutes/?id=256), (<https://www.revisor.mn.gov/statutes/?id=256>) and sections [245.98](http://www.revisor.mn.gov/statutes/?id=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) (<https://www.revisor.mn.gov/statutes/?id=297E.02>) provide the legal authority for CD Treatment Support and Primary Prevention Grants.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	1,803	1,622	2,203	2,821	2,719	2,739
2000 - Restrict Misc Special Revenue	504	476	247	500	500	500
2001 - Other Misc Special Revenue	451	650	0	450	340	340
3000 - Federal	14,116	15,488	13,901	14,301	14,210	14,210
4800 - Lottery	1,340	1,469	1,400	1,733	1,733	1,733
Total	18,212	19,706	17,750	19,805	19,502	19,522
<i>Biennial Change</i>				(363)		1,468
<i>Biennial % Change</i>				(1)		4

Expenditures by Category

Operating Expenses	722	176	175	268	963	963
Other Financial Transactions	2,001	1,856	1,860	826	927	927
Grants, Aids and Subsidies	15,489	17,674	15,715	18,711	17,612	17,632
Total	18,212	19,706	17,750	19,805	19,502	19,522
Full-Time Equivalents	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	363	546	961	673	0	0
Direct Appropriation	1,641	1,641	1,561	2,148	2,719	2,739
Receipts	367	431	504	0	0	0
Cancellations	22	43	150	0	0	0
Expenditures	1,803	1,622	2,203	2,821	2,719	2,739
Balance Forward Out	546	953	673	0	0	0
<i>Biennial Change in Expenditures</i>				1,599		434
<i>Biennial % Change in Expenditures</i>				47		9

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	396	0	0	0	0
Receipts	0	0	247	0	0	0
Net Transfers	900	80		500	500	500
Expenditures	504	476	247	500	500	500
Balance Forward Out	396	0	0	0	0	0
<i>Biennial Change in Expenditures</i>				(233)		253
<i>Biennial % Change in Expenditures</i>				(24)		34

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,061	950	640	450	0	0
Net Transfers	340	340	(190)	0	340	340
Expenditures	451	650	0	450	340	340
Balance Forward Out	950	640	450	0	0	0
<i>Biennial Change in Expenditures</i>				(651)		230
<i>Biennial % Change in Expenditures</i>				(59)		51

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	710	624	13,612	0	0	0

3000 - Federal

Receipts	13,406	15,927	289	14,300	14,210	14,210
Expenditures	14,116	15,488	13,901	14,301	14,210	14,210
Balance Forward Out	0	1,062	0	0	0	0
<i>Biennial Change in Expenditures</i>				(1,402)		218
<i>Biennial % Change in Expenditures</i>				(5)		1

4800 - Lottery

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Direct Appropriation	1,733	1,733	1,733	1,733	1,733	1,733
Cancellations	393	264	333	0	0	0
Expenditures	1,340	1,469	1,400	1,733	1,733	1,733
<i>Biennial Change in Expenditures</i>				324		333
<i>Biennial % Change in Expenditures</i>				12		11

Program: Direct Care and Treatment

Activity: Mental Health and Substance Abuse Treatment Services

<http://mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/index.jsp>

AT A GLANCE

- Mental illness affects one in five families.
- The US spends more than \$100 billion a year on untreated mental illness.
- DCT provided mental health inpatient and residential services to approximately 1,300 people in FY2015.
- 1,454 clients were served in the Community Addiction Recovery Enterprise (C.A.R.E.) program during FY2015.
- The structure of budget activities within Direct Care and Treatment has been changed significantly with the FY2018-19 biennium. The overall level of spending in DCT was \$ 418.1 million in FY2015, which represents 2.7% of the Department's all funds spending.

PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, Mental Health and Substance Abuse Treatment Services (MHSATS) provides specialized treatment and support services to individuals with mental illness, chemical dependencies/substance abuse and other complex conditions.
- The Department of Human Service's goal is to serve people with disabilities by providing access to care close to their home community and natural supports. DCT provides services to individuals with the goal of allowing them to move through the system and back to the community.
- The 2016 Legislature appropriated \$20.8 million for FY2017 to increase staffing levels within the Community Behavioral Health Hospitals (CBHHs) and Anoka Metro Regional Treatment Center.

SERVICES PROVIDED

The following services are funded with general fund appropriations:

- Adult in-patient services at the Anoka Metro Regional Treatment Center (AMRTC)
- Adult in-patient services at the Community Behavioral Health Hospitals (CBHHs) located in Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, Rochester and St. Peter¹
- Child & Adolescent Behavior Health in-patient Services (CABHS) in Willmar
- Minnesota Specialty Health System – providing Intensive Residential Treatment Services (IRTS) for adults in Brainerd, St. Paul, Wadena and Willmar

Services funded with other revenues:

- Community Addiction Recovery Enterprise (C.A.R.E.) – provides inpatient and outpatient treatment to persons with chemical dependency or substance abuse problems. C.A.R.E. programs operate in Anoka, Brainerd, Carlton, Fergus Falls, St. Peter, and Willmar.

All services:

- are person-centered, focusing on the needs of the individual,
- are provided in a safe environment at the appropriate level of care and,
- allow individuals to move through treatment and back to the most integrated setting possible.

To assure a successful community transition, we use key strategies such as:

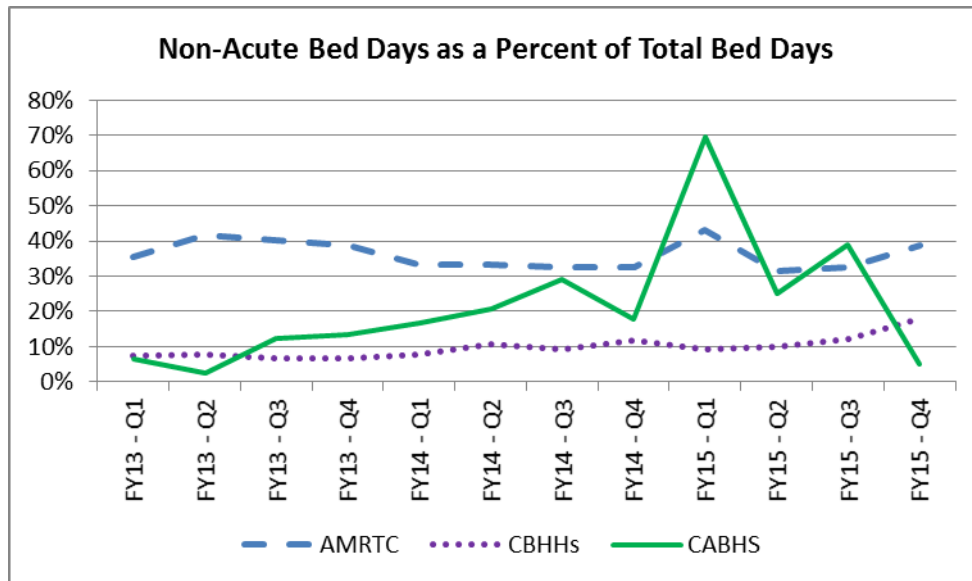
- Prompt psychiatric follow-up upon people's return to a community setting and,
- Reducing the number of medications necessary to control the individual's symptoms.

¹ The St. Peter CBHH is scheduled to close in the fall of 2016. This was part of the 2016 legislative package approved for DCT.

We also reach out to partner with community providers to remove the barriers that limit successful transitions back to the community.

RESULTS

We measure non-acute bed days. A non-acute bed day is a day spent in the hospital when the client no longer needs that level of care. When a client does not need hospital level of care but cannot be discharged, it is costly and causes other clients who need hospital level of care to remain on the waiting list. Our goal for inpatient services is that less than 10% of total bed days are classified as non-acute bed days.

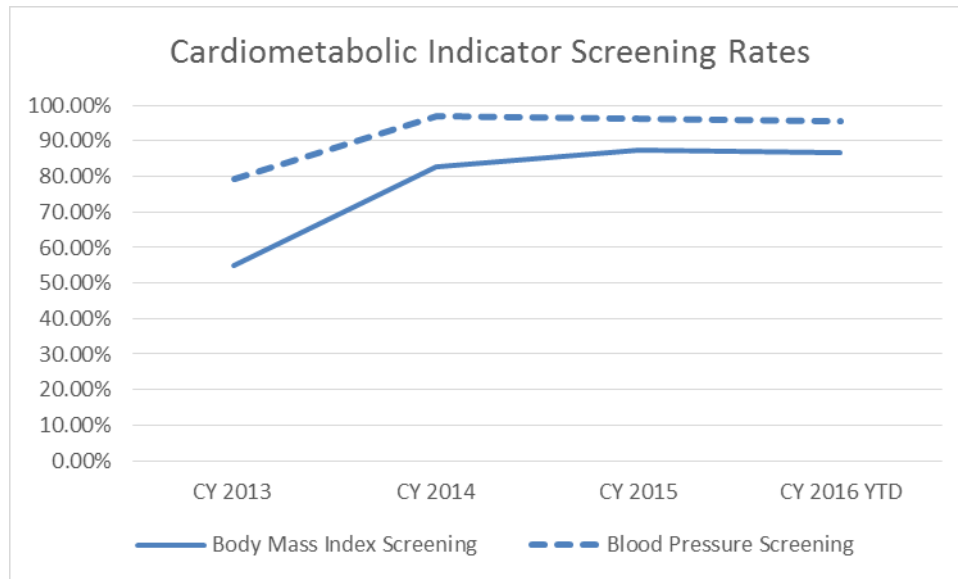


The graph above shows that the non-acute bed day percentage at AMRTC is increasing. This is due in part to the increase in the number of admissions directly from jails. A number of these clients need competency restoration services, but remain at AMRTC as there are no other placements available once they have completed their treatment. The 2016 Legislature appropriated funding to open a new residential Competency Restoration Program (CRP). Once this program is operational, AMRTC clients needing CRP services that meet the criteria will be moved to this program which should result in a decrease in the number of non-acute bed days at AMRTC.

The CBHH non-acute bed days percentage has increased slightly but remains close to the 10% goal. The CABHS program operates few beds, so having just one or two clients who do not meet hospital level of care has a great impact on 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 those we support and mirrors national trends towards improvement healthcare 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 to 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 information via our Electronic Medical Record (EMR) and monitoring it closely to help those served maintain an appropriate BMI, reduce incidences of chronic disease and enable them to live healthier lives.

Managing and maintaining a healthy blood pressure reduces an individual's risk of cardiovascular disease and other chronic diseases. Increasing the number of people with a healthy blood pressure will help us assist our patients to lead healthier lives. Increased screening will also aid in the development of appropriate interventions, increase disease management and prevention, and assist with creating individualized treatment plans.



The graph above shows the work that has been done to improve screening for two key components of cardiometabolic syndrome, Body Mass Index (BMI) and Blood Pressure. Our goal is to have a 95% screening rate for both BMI and Blood Pressure. There has been a slight reduction in screening rates this calendar year and work is underway to better support sites in increasing screening rates and using the information for meaningful interventions.

Minnesota Statutes sections [246.01 to 246.70](https://www.revisor.mn.gov/statutes/?id=246) (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for Direct Care and Treatment State Operated Services.

NOTE: The budget structure for DHS Direct Care and Treatment programs was modified for the 2018-2019 Biennial Budget. In order to better reflect the services provided and administrative structures supporting them, this budget brings all of DCT under a single Budget Program housing five Budget Activities that better reflect services provided and populations served by DCT.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	112,107	114,828	111,854	152,182	114,116	114,116
2000 - Restrict Misc Special Revenue	2,884	2,835	2,749	3,927	3,713	3,713
4101 - Dhs Chemical Dependency Servs	20,466	19,372	18,173	19,304	19,304	19,304
6000 - Miscellaneous Agency	129	103	120	125	125	125
Total	135,586	137,138	132,896	175,538	137,258	137,258
<i>Biennial Change</i>				35,710		(33,918)
<i>Biennial % Change</i>				13		(11)

Expenditures by Category

Compensation	113,128	114,685	108,341	145,052	113,914	113,914
Operating Expenses	21,496	21,546	23,538	30,014	23,184	23,184
Other Financial Transactions	731	660	689	312	0	0
Grants, Aids and Subsidies	193	201	328	160	160	160
Capital Outlay-Real Property	39	46	0	0	0	0
Total	135,586	137,138	132,896	175,538	137,258	137,258
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<u>Full-Time Equivalent</u>	1,328.5	1,296.6	1,154.8	1,514.0	1,157.0	1,134.6

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	2,539	0	10,670	0	0
Direct Appropriation	122,738	116,814	145,326	151,625	114,116	114,116
Receipts	0	0	0	0	0	0
Net Transfers	(8,489)	(4,412)	(22,802)	(10,113)	0	0
Cancellations	0	113	0	0	0	0
Expenditures	112,107	114,828	111,854	152,182	114,116	114,116
Balance Forward Out	2,141	0	10,670	0	0	0
<i>Biennial Change in Expenditures</i>				37,101	(35,804)	
<i>Biennial % Change in Expenditures</i>				16	(14)	
Full-Time Equivalents	1,097.3	1,066.2	975.4	1,325.6	971.5	952.3

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	216	574	0	214	0	0
Direct Appropriation	2,713	2,713	2,713	3,713	3,713	3,713
Net Transfers	500	(410)	250	0	0	0
Cancellations	0	42	0	0	0	0
Expenditures	2,884	2,835	2,749	3,927	3,713	3,713
Balance Forward Out	545	0	214	0	0	0
<i>Biennial Change in Expenditures</i>				957	750	
<i>Biennial % Change in Expenditures</i>				17	11	
Full-Time Equivalents	21.7	22.9	21.3	21.3	21.3	21.3

4101 - Dhs Chemical Dependency Servs

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	3	95	41	38	38	38
Receipts	15,464	11,715	8,544	13,191	13,313	13,313
Net Transfers	5,000	7,600	9,626	6,113	5,991	5,991
Expenditures	20,466	19,372	18,173	19,304	19,304	19,304
Balance Forward Out	0	38	38	38	38	38
<i>Biennial Change in Expenditures</i>				(2,361)	1,131	
<i>Biennial % Change in Expenditures</i>				(6)	3	

(Dollars in Thousands)

4101 - Dhs Chemical Dependency Servs

Full-Time Equivalents	209.5	207.5	158.1	167.1	164.2	161.0
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6000 - Miscellaneous Agency

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	7	3	3	1	1	1
Receipts	125	102	119	125	125	125
Net Transfers	0					
Expenditures	129	103	120	125	125	125
Balance Forward Out	3	3	1	1	1	1
<i>Biennial Change in Expenditures</i>				14		5
<i>Biennial % Change in Expenditures</i>				6		2

Program: Direct Care and Treatment
Activity: Community Based Services

mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/index.jsp

AT A GLANCE

- 530 people served by Community Support Services mobile teams during FY2015
- 77 children and adolescents with severe emotional disturbance served in individual foster homes during FY2015
- 485 clients with developmental disabilities served in community residential services during FY2015
- 896 clients with developmental disabilities served in day treatment and habilitation vocational services during FY2015
- The structure of budget activities within Direct Care and Treatment has been changed significantly with the FY2018-19 biennium.
- The overall level of spending in DCT was \$ 418.1 million in FY2015, which represents 2.7% of the Department's overall budget.

PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, Community Based Services (CBS) provides treatment and residential care to individuals with behavioral health issues and developmental disabilities. CBS programs specialize in the treatment of vulnerable people with complex needs for whom no other providers are available.
- The majority of CBS programs operate as an Enterprise service. Enterprise services operate 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)** – statewide specialized mobile teams providing crisis support services to individuals with mental illness and/or disabilities in their home community or transitioning back to their home community. Their overall 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 institutional settings.
- **Crisis Residential Services and Minnesota Life Bridge (MLB)** – crisis and MLB have a total of eight short-term residential programs throughout the state. Their overall goal is to support people in the most integrated setting close to their home community or natural supports by addressing behavior associated with mental illness or intellectual disabilities that would cause individuals to lose their placements or be admitted to a less integrated setting.
- **Minnesota Intensive Therapeutic Homes (MITH)** – provides foster care to children and adolescents who have severe emotional disturbance and serious acting-out behaviors. Homes are located throughout the state. Each child's treatment structure is individualized and is based on a combination of multidimensional treatment, wrap-around services and specialized behavior therapy.
- **Minnesota State Operated Community Services (MSOCS) Residential Services** – provides residential services in small group homes (typically 4 beds) located throughout the state for individuals with mental illness and/or developmental disabilities. Staff members assist clients with activities of daily living and help integrate them into the local communities. Individual service agreements are negotiated with counties through the Rate Management System (RMS) for each client based on their needs.
- **Minnesota State Operated Community Services (MSOCS) Vocational Services** – provides vocational support services for people with developmental disabilities. Staff provide evaluations, training, and client assistance at job sites. Individual services agreements are negotiated for each client or based on historic rates established for the identified vocational site.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The average number of individuals residing within MSOCS residential services on a daily basis	454	411	FY2014 vs. FY2016
Quantity	The percent of individual workers within MSOCS vocational services who have community employment ¹	71%	74%	June 2014 vs. June 2016

Minnesota Statutes, sections [246.01 to 246.70](https://www.revisor.mn.gov/statutes/?id=246) (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for Direct Care and Treatment State Operated Services

NOTE: The budget structure for DHS Direct Care and Treatment programs was modified for the 2018-2019 Biennial Budget. In order to better reflect the services provided and administrative structures supporting them, this budget brings all of DCT under a single Budget Program housing five Budget Activities that better reflect services provided and populations served by DCT.

¹ Community Employment offers a more person-centered approach to employment by giving individuals the opportunity to secure a variety of employment options outside the traditional contracted services that are brought into a Day Treatment & Habilitation (DT&H) site based employment setting.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	0	0	0	0	9,307	9,307
2000 - Restrict Misc Special Revenue	6,693	4,498	1,834	148	10	5
2403 - Gift	6	6	7	22	15	8
4100 - Sos Tbi & Adol Ent Svcs	1,636	1,772	1,621	2,051	2,051	2,051
4350 - Mn State Operated Comm Svcs	95,418	99,902	103,496	104,626	91,626	91,626
Total	103,753	106,178	106,959	106,847	103,009	102,997
<i>Biennial Change</i>				3,875	(7,800)	
<i>Biennial % Change</i>				2	(4)	

Expenditures by Category

Compensation	88,259	94,096	92,500	92,656	87,759	87,759
Operating Expenses	14,439	11,012	13,511	13,972	14,968	14,956
Other Financial Transactions	129	72	29	0	63	63
Grants, Aids and Subsidies	914	998	919	206	206	206
Capital Outlay-Real Property	12	0	0	13	13	13
Total	103,753	106,178	106,959	106,847	103,009	102,997
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<u>Full-Time Equivalent</u>	1,407.9	1,471.1	1,408.7	1,455.9	1,290.1	1,265.2

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	1,000	1,000	9,626	20,113	15,298	15,298
Net Transfers	(1,000)	(1,000)	(9,626)	(20,113)	(5,991)	(5,991)
Expenditures	0	0	0	0	9,307	9,307
<i>Biennial Change in Expenditures</i>						18,614
Full-Time Equivalents	0.0	0.0	0.0	0.0	67.5	66.2

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	891	695	713	151	8	3
Receipts	6,235	4,110	1,272	5	5	5
Expenditures	6,693	4,498	1,834	148	10	5
Balance Forward Out	433	307	151	8	3	3
<i>Biennial Change in Expenditures</i>				(9,208)		(1,967)
<i>Biennial % Change in Expenditures</i>				(82)		(99)
Full-Time Equivalents	69.5	46.1	15.8	0	0	0

2403 - Gift

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	62	56	50	45	25	10
Receipts	0	0	2	2	1	1
Expenditures	6	6	7	22	15	8
Balance Forward Out	56	50	45	25	10	2
<i>Biennial Change in Expenditures</i>				17		(6)
<i>Biennial % Change in Expenditures</i>				136		(22)

4100 - Sos Tbi & Adol Ent Svcs

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	410	446	425	234	234	234
Receipts	1,740	1,977	1,430	2,051	2,051	2,051
Net Transfers	(75)	(225)				
Expenditures	1,636	1,772	1,621	2,051	2,051	2,051

(Dollars in Thousands)

4100 - Sos Tbi & Adol Ent Svcs

Balance Forward Out	439	425	234	234	234	234
<i>Biennial Change in Expenditures</i>				264		430
<i>Biennial % Change in Expenditures</i>				8		12
Full-Time Equivalents	29.4	30.8	24.0	28.0	28.0	28.0

4350 - Mn State Operated Comm Svcs

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	5,372	188	173	2,909	0	0
Receipts	90,387	96,028	93,061	87,717	91,626	91,626
Net Transfers	(340)	3,707	13,170	14,000		
Expenditures	95,418	99,902	103,496	104,626	91,626	91,626
Balance Forward Out	0	22	2,909	0	0	0
<i>Biennial Change in Expenditures</i>				12,802		(24,870)
<i>Biennial % Change in Expenditures</i>				7		(12)
Full-Time Equivalents	1,309.0	1,394.2	1,369.0	1,427.9	1,194.6	1,171.0

Human Services Budget Activity Narrative

Program: Direct Care and Treatment

Activity: Forensic Services

mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/index.jsp

AT A GLANCE

- Minnesota Security Hospital (MSH) served 242 individuals during FY2015 with an average length of stay of 2.6 years.
- Transition Services served 132 individuals during FY2015 with an average length of stay of 5.3 years
- Secure Competency Restoration Program served 116 individuals during FY2015 with an average length of stay of 176 days
- Forensic Nursing Home served 49 individuals during FY2015 with an average length of stay of 197 days
- Overall, the Forensic Services census is currently forecasted to increase by 2-3 individuals per year
- The structure of budget activities within Direct Care and Treatment has been changed significantly with the FY2018-19 biennium.
- The overall level of spending in DCT was \$ 418.1 million in FY2015, which represents 2.7% of the Department's overall budget.

PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care & Treatment (DCT) Administration, Forensic Services in St. Peter is a secure treatment facility that provides multidisciplinary treatment services to adults and adolescents with severe mental illness that have endangered others and present a serious risk to the public.
- Clients are admitted as a result of judicial or other lawful orders. Clients come from throughout the state. Most are under a civil commitment as mentally ill and dangerous.
- The 2014 Legislature appropriated \$56 million in bonding to construct new residential and program areas to help create a safer and more therapeutic environment at MSH. These new areas are projected to open in October, 2016.
- The 2016 Legislature appropriated \$6.5 million for FY2017 to operate a new residential Competency Restoration Program in the St. Peter community.

SERVICES PROVIDED

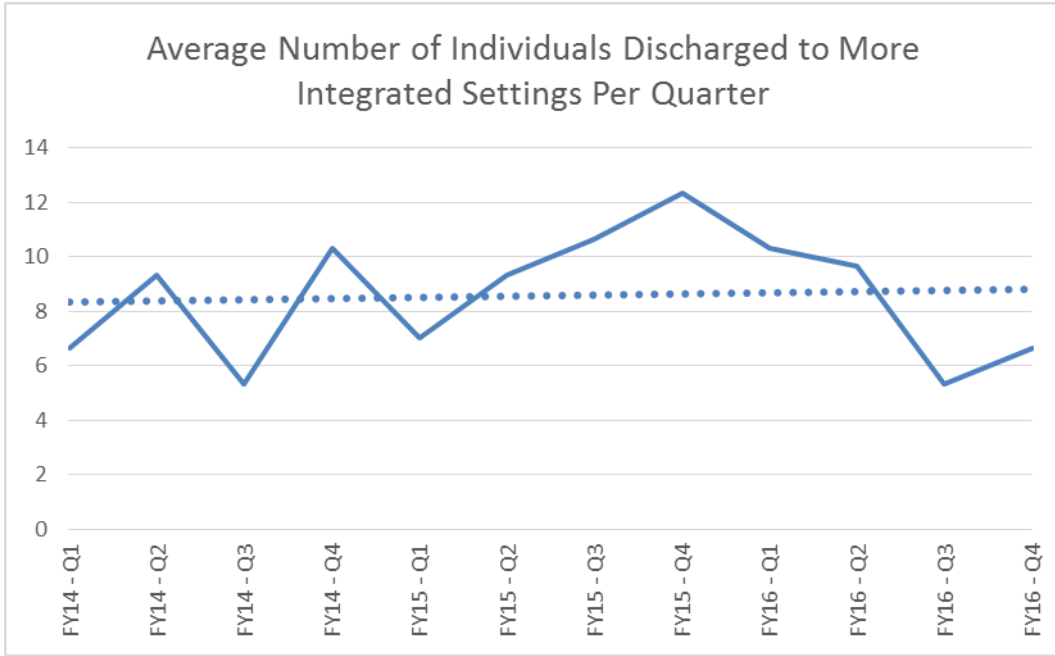
Forensics Services programs provide a continuum of services:

- **Minnesota Security Hospital** – provides a secure inpatient setting for treatment of severe mental illness for individuals committed as mentally ill and dangerous.
- **Competency Restoration Services** – provide treatment and evaluation of individuals who have been committed for competency restoration under Minnesota Court Rules of Criminal Procedure [Rule 20.01 Subd. 7](https://www.revisor.mn.gov/court_rules/rule.php?name=cr-20) (https://www.revisor.mn.gov/court_rules/rule.php?name=cr-20).
- **Transition Services** - provide a supervised residential setting offering social rehabilitation treatment to increase self-sufficiency and build skills necessary for a safe return to the community.
- **Forensic Nursing Home** - provides nursing home level of care to individuals committed as mentally ill and dangerous, a sexual psychopathic personality, sexually dangerous person or on medical release from the Department of Corrections.
- **Court-ordered evaluations** – include evaluations of a person's competency to stand trial and pre-sentencing mental health evaluations. These can be done on either an inpatient basis at the Minnesota Security Hospital or in a community setting, including a community corrections facility.

All of these services are provided through a direct general fund appropriation.

RESULTS

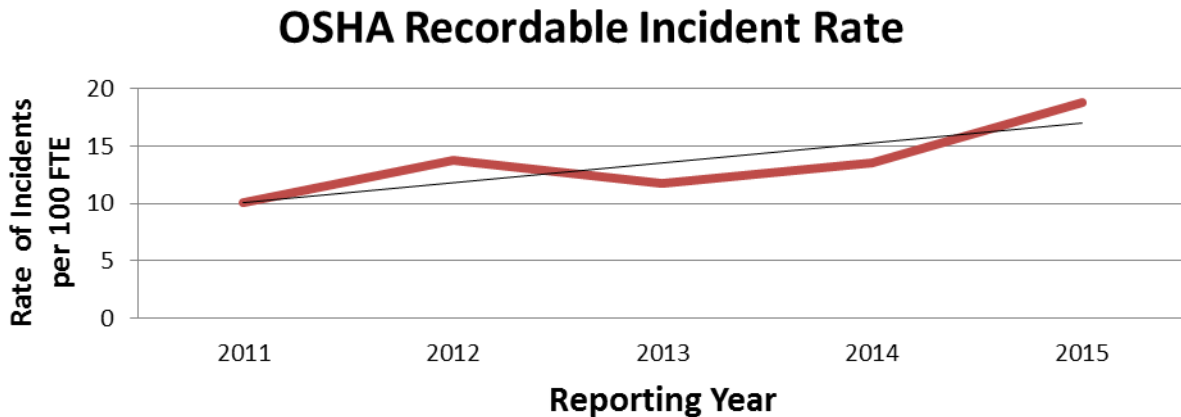
We measure success by the number of individuals discharged from Forensics Services programs to more integrated settings. Reflective of the Minnesota Olmstead Plan. In the chart below, the solid line is the average number of discharges. The dotted line is the trend line over the period reflected in the chart.



From April – June, 2016, the monthly average number of discharges from Forensic Services to a more integrated setting was 6.7 compared to 5.3 in the previous quarter. During the same period, the monthly average total number of discharges from Forensic Services was 15.66.

It should be noted that in January 1, 2016, the definition for more integrated settings was converted from data on discharges to any non-forensic/correctional setting, to data on discharges to non-segregated settings.

We care about the safety of our clients and staff. One measure of safety is the rate at which employees have injuries or illnesses that are reportable to the federal Occupational Safety Health Administration (OSHA). Many efforts are underway at MSH to lower this rate. In the chart below, the dashed line is baseline annual data. It is imposed on top of an underlying solid trend line.



The OSHA Recordable Incident Rate is the total number of workplace injuries or illnesses per 100 full time employees (FTE) working in a year that must be reported to the federal Occupational Safety and Health Administration. After DHS consulted with the Department of Labor and Industry in 2014, it was determined that our facility was best placed under Industry code 623000. For 2014, the national average among State Government Nursing and residential care facilities (623000) was 12.6 incidents per 100 FTE.

Minnesota Statutes, sections [246.01 to 246.70](https://www.revisor.mn.gov/statutes/?id=246) (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for State Operated Services. Also see Minnesota Statutes, sections [253.20 to 253.26](https://www.revisor.mn.gov/statutes/?id=253) (<https://www.revisor.mn.gov/statutes/?id=253>) for additional authority that is specific to Forensic Services.

NOTE: The budget structure for DHS Direct Care and Treatment programs was modified for the 2018-2019 Biennial Budget. In order to better reflect the services provided and administrative structures supporting them, this budget brings all of DCT under a single Budget Program housing five Budget Activities that better reflect services provided and populations served by DCT.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	77,739	83,852	83,799	97,711	91,658	91,675
2000 - Restrict Misc Special Revenue	1,106	822	842	801	750	750
6000 - Miscellaneous Agency	1,438	1,512	1,665	1,600	1,600	1,600
Total	80,282	86,186	86,306	100,112	94,008	94,025
<i>Biennial Change</i>				19,949		1,615
<i>Biennial % Change</i>				12		1

Expenditures by Category

Compensation	65,119	69,590	72,084	83,711	82,481	82,722
Operating Expenses	12,692	14,018	11,694	13,784	8,911	8,687
Other Financial Transactions	364	344	226	374	373	373
Grants, Aids and Subsidies	2,031	2,152	2,302	2,243	2,243	2,243
Capital Outlay-Real Property	76	83	0	0	0	0
Total	80,282	86,186	86,306	100,112	94,008	94,025
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<u>Full-Time Equivalent</u>	812.7	823.1	817.2	939.5	866.8	849.8

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	1,021	0	222	0	0
Direct Appropriation	78,582	75,839	84,021	93,289	91,658	91,675
Net Transfers		7,000		4,200		
Cancellations	0	8	0	0	0	0
Expenditures	77,739	83,852	83,799	97,711	91,658	91,675
Balance Forward Out	843	0	222	0	0	0
<i>Biennial Change in Expenditures</i>				19,919		1,823
<i>Biennial % Change in Expenditures</i>				12		1
Full-Time Equivalents	811.2	820.4	814.3	936.5	863.8	846.8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	694	224	224	208	158	158
Receipts	585	760	826	750	750	750
Expenditures	1,106	822	842	801	750	750
Balance Forward Out	173	162	208	158	158	158
<i>Biennial Change in Expenditures</i>				(286)		(143)
<i>Biennial % Change in Expenditures</i>				(15)		(9)
Full-Time Equivalents	1.5	2.7	3.0	3.0	3.0	3.0

6000 - Miscellaneous Agency

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	353	378	410	324	225	207
Receipts	1,463	1,533	1,580	1,502	1,582	1,582
Expenditures	1,438	1,512	1,665	1,600	1,600	1,600
Balance Forward Out	378	400	324	225	207	189
<i>Biennial Change in Expenditures</i>				316		(65)
<i>Biennial % Change in Expenditures</i>				11		(2)

Program: Direct Care and Treatment

Activity: Minnesota Sex Offender Program

mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/

AT A GLANCE

- Minnesota Sex Offender Program population as of July 1, 2016 was 723.
- Clients progress across three phases of treatment through active participation in group therapy and opportunities to demonstrate meaningful change.
- As of July 1, 2016, 85 percent of MSOP treatment-eligible clients voluntarily participated in treatment.
- As of July 1, 2016, five MSOP client are provisionally discharged in the community.
- All funds spending for the DCT Minnesota Sex Offender Program activity for FY 2015 was \$84.7 million. This represented 0.6% of the Department of Human Services overall budget.

PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, the Minnesota Sex Offender Program (MSOP) provides services to individuals who have been civilly committed to receive sex offender treatment.
- MSOP's mission is to promote public safety by providing sex offender treatment.
- Minnesota is one of 20 states with civil commitment laws for sex offenders.
- Most MSOP clients come from the Department of Corrections through the civil commitment process after they have finished their period of incarceration.
- Transfer, provisional discharge or discharge from MSOP must be ordered by the court.

SERVICES PROVIDED

We accomplish our mission by:

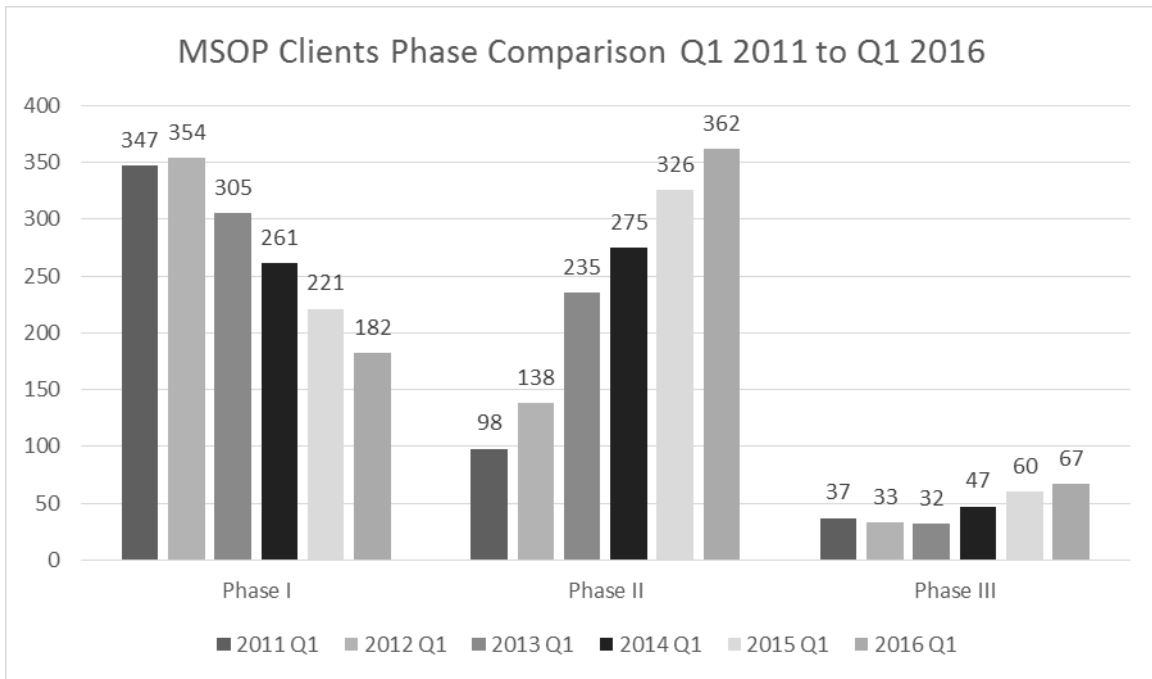
- Creating a therapeutic environment that is safe for clients and staff. The treatment model is client-centered and has a clear progression for each phase of treatment.
- Providing group therapy and opportunities to demonstrate meaningful change during three phases of treatment through participation in rehabilitative services, including education, therapeutic recreational activities and vocational work program assignments.
- Providing risk assessment and professional treatment reports to courts to assist in their decisions.
- Using our resources responsibly and efficiently.
- Working together with community, policy makers, and other governmental agencies.
- Developing resources for provisionally discharged clients to succeed in the community.

MSOP uses a three-phase treatment process. Clients initially address treatment-interfering behaviors and attitudes (Phase I) in preparation for focusing on their patterns of abuse and identifying and resolving the underlying issues in their offenses (Phase II). Clients in the later stages of treatment 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 re-offense (Phase III).

MSOP is funded by general fund appropriations. When a county commits someone to the program, the county 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 no 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 over the past calendar year.



- The legislature requires an annual performance report on the Minnesota Sex Offender Program. Two important measures in the performance report are the program wide per diem and client counts. For MSOP the program wide per diem is the calculated daily comprehensive cost of the program for each client.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Per diem	\$318.00	\$344.00	FY14 to FY16
Quantity	Increase in client population	697	723	FY14 to FY16
Quality	Increase in client population on Provisional Discharge	1	5	FY14 to FY16

Results Notes

- Treatment progression graph is produced by the MSOP Research Department.
- The reported measure is the published per diem rate. It is the rate charged to counties when figuring a county's share of the cost of a client's care.
- Client population counts in the table below are as of June 30th (the end of each fiscal year).

Minnesota Statutes, chapter [246B](#) governs the operation of the Sex Offender Program and chapter [253D](#) governs the civil commitment and treatment of sex offenders.

NOTE: The budget structure for DHS Direct Care and Treatment programs was modified for the 2018-2019 Biennial Budget. In order to better reflect the services provided and administrative structures supporting them, this budget brings all of DCT under a single Budget Program housing five Budget Activities that better reflect services provided and populations served by DCT.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	76,569	79,040	81,924	84,929	83,645	83,645
4503 - Minnesota State Industries	1,767	2,680	1,170	1,685	1,900	1,900
6000 - Miscellaneous Agency	2,687	3,025	3,449	3,480	3,500	3,500
Total	81,023	84,745	86,543	90,094	89,045	89,045
<i>Biennial Change</i>				10,869		1,454
<i>Biennial % Change</i>				7		1

Expenditures by Category

Compensation	62,549	67,385	68,291	66,562	65,276	65,276
Operating Expenses	16,128	14,675	15,308	20,177	20,414	20,414
Other Financial Transactions	329	188	120	4	4	4
Grants, Aids and Subsidies	1,980	2,497	2,823	3,351	3,351	3,351
Capital Outlay-Real Property	36	0	0	0	0	0
Total	81,023	84,745	86,543	90,094	89,045	89,045
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<u>Full-Time Equivalent</u>	835.8	863.8	831.4	933.7	893.3	875.7

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	0	877	0	2,071	0	0
Direct Appropriation	79,769	80,922	87,081	89,596	86,731	86,731
Net Transfers	(2,559)	(2,554)	(3,086)	(6,739)	(3,086)	(3,086)
Cancellations	0	204	0	0	0	0
Expenditures	76,569	79,040	81,924	84,929	83,645	83,645
Balance Forward Out	641	0	2,071	0	0	0
<i>Biennial Change in Expenditures</i>				11,243		437
<i>Biennial % Change in Expenditures</i>				7		0
Full-Time Equivalents	833.8	852.5	829.6	932.0	891.6	874.0

4503 - Minnesota State Industries

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,674	1,740	971	965	1,090	1,000
Receipts	1,735	1,457	1,164	1,810	1,810	1,810
Expenditures	1,767	2,680	1,170	1,685	1,900	1,900
Balance Forward Out	1,642	517	965	1,090	1,000	910
<i>Biennial Change in Expenditures</i>				(1,592)		946
<i>Biennial % Change in Expenditures</i>				(36)		33
Full-Time Equivalents	2.0	11.3	1.8	1.8	1.8	1.8

6000 - Miscellaneous Agency

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	391	297	387	180	180	180
Receipts	2,593	3,112	3,242	3,480	3,500	3,500
Expenditures	2,687	3,025	3,449	3,480	3,500	3,500
Balance Forward Out	297	384	180	180	180	180
<i>Biennial Change in Expenditures</i>				1,218		71
<i>Biennial % Change in Expenditures</i>				21		1

Program: Direct Care and Treatment

Activity: DCT Operations

mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/

AT A GLANCE

- DCT offers programs in over 200 sites throughout Minnesota.
- We provide services to over 12,000 individuals annually.
- There are over 4,500 employees in DCT with an annual budget of over \$450 million.
- The structure of budget activities within Direct Care and Treatment has been changed significantly with the FY2018-19 biennium. The overall level of spending in DCT was \$ 418.1 million in FY2015, which represents 2.7% of the Department’s overall budget.

PURPOSE & CONTEXT

Direct Care and Treatment (DCT) Operations provides administrative and support services to the Direct Care and Treatment Administration within the Department of Human Services (DHS). DCT, as a health care system, provides a wide range of services to individuals with behavioral health needs. These services are provided throughout the state. DCT Operations provides the daily core services to support the 24/7 operations of sites that include psychiatric hospitals, residential treatment sites, vocational services, secure facilities and community clinics. We provide compliance, financial management, facilities management, staff learning and development, Health Information Management, and other administrative and support functions necessary to assure the programs within DCT have the necessary support to care for the individuals they serve.

SERVICES PROVIDED

The Direct Care and Treatment (DCT) Administration provides overall executive leadership and direction of the organization to support the strategic direction of the administration.

Our **Compliance Office** is responsible for managing the relationships with several regulating entities that provide oversight to DCT programs. The staff in this area work with program staff to assure that the programs understand the regulatory, court and legislative requirements and that all standards are being followed.

Our **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 updated, laws are followed related to civil commitment, records are properly stored and access to private information is appropriate and documented.

Our **Utilization Management** is responsible for assuring that all patient care is appropriate and is being provided within the right level of care. When individuals are being served in the proper level of care they are able to receive the most appropriate services to meet their needs. Services can then be billed which allows the state to recapture the cost of serving the individual.

On-going training is essential to providing quality care within a health care organization. Our **Learning and Development** office ensures that staff have the necessary training needed to meet regulatory standards and to best serve the individuals in our care. Each division within DCT has a team of individuals that help to see that training is adequate and complete and that ongoing training supports the needs of the employees and is appropriately documented.

Performance Improvement is a regulatory compliance requirement. This office ensures our programs meet quality assurance and performance improvement standards. Performance improvement projects are done with a goal of improving the processes and systems that support our healthcare services. Projects allow us to be pro-active in identifying areas of risks and potential problems but also to respond to a problem that has been identified by an oversight entity so measures can be put in place to eliminate future risks.

Our **Safety and Infection Control** staff ensure that standards set by various licensing agencies are in place to protect the people we serve and our staff. On-going identification of hazards assures that practices are put in place to maintain safety and supports the business continuity planning and emergency response by the organization. This includes the ongoing monitoring of things such as tuberculosis, influenza, safe patient handling, falls prevention, and safe operation of equipment.

Our **Financial Management** office provides fiscal services and controls the financial transactions and reporting to assure prudent use of public resources. Core functions in this area 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 our hospitals and clinics, financial reporting, and resident trust services for our institutional patients and clients.

Our **Facilities Management** unit is responsible for buildings occupied by DCT programs including the strategic planning necessary to complete Capital Budget requests. Core functions include leasing of space for DCT, project management of design and construction projects and strategic planning to meet on-going needs of our programs.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The number of background checks completed for hand gun permits ¹	7,766	10,118	FY14 & FY16
Quantity	The number of requests for releasing client specific information	1,409	2,085	FY14 & FY16
Quantity	The number of unique claims processed for client billings	138,258	140,203	FY14 & FY16

¹ DCT HIMS staff complete the process as required under Minnesota Statute 245.041 to provide commitment information to local law enforcement agencies for the sole purpose of facilitating a firearms background check.

Minnesota Statutes sections [246.01 to 246.70](https://www.revisor.mn.gov/statutes/?id=246) (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for Direct Care and Treatment State Operated Services.

NOTE: The budget structure for DHS Direct Care and Treatment programs was modified for the 2018-2019 Biennial Budget. In order to better reflect the services provided and administrative structures supporting them, this budget brings all of DCT under a single Budget Program housing five Budget Activities that better reflect services provided and populations served by DCT.

(Dollars in Thousands)

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
1000 - General	0	25	0	0	33,278	33,278
2000 - Restrict Misc Special Revenue	2,921	2,919	2,660	4,673	4,013	3,878
2001 - Other Misc Special Revenue	423	874	720	750	750	750
2403 - Gift	0	0	0	0	0	0
Total	3,345	3,818	3,380	5,423	38,041	37,906
<i>Biennial Change</i>				1,640	67,144	
<i>Biennial % Change</i>				23	763	

Expenditures by Category

Compensation	3,060	1,554	1,293	2,473	32,024	32,024
Operating Expenses	231	2,208	2,073	2,950	5,767	5,632
Other Financial Transactions	34	17	10	0	250	250
Grants, Aids and Subsidies	17	5	4	0	0	0
Capital Outlay-Real Property	2	34	0	0	0	0
Total	3,345	3,818	3,380	5,423	38,041	37,906
<hr/>						
<u>Full-Time Equivalent</u>	32.3	18.1	11.7	25.7	245.9	241.5

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	0	35	0	0	42,244	42,244
Net Transfers					(8,966)	(8,966)
Cancellations	0	11	0	0	0	0
Expenditures	0	25	0	0	33,278	33,278
<i>Biennial Change in Expenditures</i>				(25)		66,556
<i>Biennial % Change in Expenditures</i>				(100)		
Full-Time Equivalents	0.0	0.0	0.0	0.0	220.2	215.8

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	851	852	628	1,068	280	145
Receipts	2,784	2,731	3,123	3,884	3,878	3,878
Net Transfers		(37)	(23)			
Expenditures	2,921	2,919	2,660	4,673	4,013	3,878
Balance Forward Out	714	628	1,068	280	145	145
<i>Biennial Change in Expenditures</i>				1,493		558
<i>Biennial % Change in Expenditures</i>				26		8
Full-Time Equivalents	32.3	18.1	11.7	25.7	25.7	25.7

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	562	453	285	188	188	188
Receipts	314	707	623	750	750	750
Expenditures	423	874	720	750	750	750
Balance Forward Out	453	285	188	188	188	188
<i>Biennial Change in Expenditures</i>				172		30
<i>Biennial % Change in Expenditures</i>				13		2

2400 - Endowment

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	60	60	60	61	61	61

2400 - Endowment

Receipts	0	0	0	0	0	0
Balance Forward Out	60	60	61	61	61	61

2403 - Gift

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	8	8	8	8	8	8
Receipts	0	0	0	1	0	0
Expenditures	0	0	0	0	0	0
Balance Forward Out	8	8	8	8	8	8
<i>Biennial Change in Expenditures</i>				0		0
<i>Biennial % Change in Expenditures</i>				(85)		(100)

4100 - Sos Tbi & Adol Ent Svcs

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	106	107	107	108	108	108
Receipts	0	1	1	1	1	1
Balance Forward Out	107	107	108	108	108	108

6000 - Miscellaneous Agency

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	166	167	168	169	170	171
Receipts	1	1	1	1	1	1
Net Transfers	0					
Balance Forward Out	167	168	169	170	171	171

Program: Fiduciary Activities

Activity: Fiduciary Activities

mn.gov/dhs/people-we-serve/children-and-families/services/child-support/

AT A GLANCE

- In FY2015 roughly \$657 million was collected and dispersed through this budget activity.
- Child Support program payments are the bulk of this activity, amounting to \$624.5 million in the same year.
- All funds spending for the Fiduciary Activities activity for FY 2015 was \$656.8 million.

PURPOSE & 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 to:
 - 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

State	FFY 2014 (%)	Due 2014 in Millions (\$)	Paid 2014 in Millions (\$)	FFY 2013 (%)	FFY 2012 (%)
Pennsylvania	83.5	1,299	1,085	83.6	83.9
North Dakota	74.1	108	80	74.3	75.1
Iowa	73.9	331	245	73.9	72.8
Wisconsin	73.0	684	500	72.5	71.6
Minnesota	72.4	631	457	71.8	71.3

State Performance on Obligations in Arrears

State	FFY 2014 (%)	Cases with Arrears (2014)	Cases with Payment Towards Arrears (2014)	FFY 2013 (%)	FFY 2012 (%)
Pennsylvania	83.5	292,082	243,949	83.4	83.4
Vermont	71.6	15,655	11,216	69.7	70.0
Iowa	71.0	136,092	96,752	71.3	70.5
Minnesota	70.9	191,267	135,784	70.4	70.5
Wyoming	70.7	28,467	20,142	69.5	71.4

Source: [2015 Minnesota Child Support Performance Report](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4252P-ENG) (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4252P-ENG)

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) (https://www.revisor.mn.gov/statutes/?id=256.741), [256.019](https://www.revisor.mn.gov/statutes/?id=256.019) (https://www.revisor.mn.gov/statutes/?id=256.019), [256.01](https://www.revisor.mn.gov/statutes/?id=256.01) (https://www.revisor.mn.gov/statutes/?id=256.01), and [256B.431](https://www.revisor.mn.gov/statutes/?id=256B.431) (https://www.revisor.mn.gov/statutes/?id=256B.431).

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
2000 - Restrict Misc Special Revenue	2,630	2,717	2,114	2,500	2,500	2,500
6000 - Miscellaneous Agency	30,685	29,630	29,678	210,558	209,122	209,122
6003 - Child Support Enforcement	624,394	624,544	615,740	640,336	640,336	640,336
Total	657,709	656,891	647,531	853,394	851,958	851,958
<i>Biennial Change</i>				186,326		202,991
<i>Biennial % Change</i>				14		14

Expenditures by Category

Compensation	13	0	0	0	0	0
Operating Expenses	5,742	5,982	4,866	5,080	5,080	5,080
Other Financial Transactions	637,135	635,927	627,668	652,611	652,611	652,611
Grants, Aids and Subsidies	14,819	14,982	14,997	195,703	194,267	194,267
Total	657,709	656,891	647,531	853,394	851,958	851,958
Full-Time Equivalents	0.2	0	0	0	0	0

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	4,592	6,362	5,699	4,691	4,809	4,739
Receipts	5,109	3,260	2,752	3,535	3,755	3,630
Net Transfers	(709)	(1,230)	(1,646)	(917)	(1,325)	(1,030)
Expenditures	2,630	2,717	2,114	2,500	2,500	2,500
Balance Forward Out	6,362	5,675	4,691	4,809	4,739	4,839
<i>Biennial Change in Expenditures</i>				(733)		386
<i>Biennial % Change in Expenditures</i>				(14)		8

6000 - Miscellaneous Agency

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,865	1,968	4,618	3,720	0	0
Receipts	30,915	30,827	28,780	206,838	209,122	209,122
Net Transfers	(142)	(5)				
Expenditures	30,685	29,630	29,678	210,558	209,122	209,122
Balance Forward Out	1,953	3,160	3,720	0	0	0
<i>Biennial Change in Expenditures</i>				179,921		178,009
<i>Biennial % Change in Expenditures</i>				298		74
Full-Time Equivalents	0.2	0.0	0.0	0.0	0.0	0.0

6003 - Child Support Enforcement

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	9,709	9,811	9,904	9,380	0	0
Receipts	624,495	624,637	615,216	630,956	640,336	640,336
Expenditures	624,394	624,544	615,740	640,336	640,336	640,336
Balance Forward Out	9,811	9,904	9,380	0	0	0
<i>Biennial Change in Expenditures</i>				7,138		24,596
<i>Biennial % Change in Expenditures</i>				1		2

Program: Technical Activities
Activity: Technical Activities

AT A GLANCE

- Processed roughly \$349 million in federal administrative reimbursement to counties, tribes and other local agencies during FY 2015.
- Processes and returns roughly \$40 million each year in administrative reimbursements to the state Treasury.
- All funds spending for the Technical Activities activity for FY 2015 was \$499 million.

PURPOSE & 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.	94%	98.5%	FY2013 to FY2015

M.S. sections [256.01](https://www.revisor.mn.gov/statutes/?id=256.01) (https://www.revisor.mn.gov/statutes/?id=256.01) to [256.011](https://www.revisor.mn.gov/statutes/?id=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.

Expenditures By Fund

	Actual	Actual	Actual	Estimate	Forecasted Base	
	FY14	FY15	FY16	FY17	FY18	FY19
2000 - Restrict Misc Special Revenue	3,307	3,607	3,510	3,913	3,913	3,913
2001 - Other Misc Special Revenue	3,059	4,493	4,389	4,442	4,151	4,151
3000 - Federal	523,632	527,123	599,321	616,784	623,607	623,537
3001 - Federal TANF	78,930	75,215	81,708	85,830	86,186	86,339
Total	608,928	610,437	688,928	710,969	717,857	717,940
<i>Biennial Change</i>				180,532		35,899
<i>Biennial % Change</i>				15		3

Expenditures by Category

Operating Expenses	197,240	196,411	229,681	242,396	250,427	250,357
Other Financial Transactions	4,653	6,449	6,306	5,570	5,570	5,570
Grants, Aids and Subsidies	407,036	407,577	452,940	463,003	461,860	462,013
Total	608,928	610,437	688,928	710,969	717,857	717,940
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<u>Full-Time Equivalents</u>	0	0	0	0	0	0

1000 - General

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Direct Appropriation	0	455,000	0	0	0	0
Net Transfers		(455,000)				

2000 - Restrict Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	1,077	908	95	40	17	17
Receipts	78	62	41	60	60	60
Net Transfers	3,037	2,760	3,415	3,829	3,853	3,853
Expenditures	3,307	3,607	3,510	3,913	3,913	3,913
Balance Forward Out	886	122	40	17	17	17
<i>Biennial Change in Expenditures</i>				509		403
<i>Biennial % Change in Expenditures</i>				7		5

2001 - Other Misc Special Revenue

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Balance Forward In	385	210	478	628	0	0
Receipts	1,343	1,666	1,799	180	180	180
Net Transfers	1,597	3,094	2,740	3,634	3,970	3,970
Expenditures	3,059	4,493	4,389	4,442	4,151	4,151
Balance Forward Out	268	478	628	0	0	0
<i>Biennial Change in Expenditures</i>				1,280		(530)
<i>Biennial % Change in Expenditures</i>				17		(6)

2360 - Health Care Access

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19
Net Transfers		455,000				
Cancellations	0	455,000	0	0	0	0

3000 - Federal

	Actual		Actual FY 16	Estimate FY17	Forecast Base	
	FY14	FY 15			FY18	FY19

(Dollars in Thousands)

3000 - Federal

Balance Forward In	545	1,387	344	245	0	0
Receipts	523,323	526,014	599,223	616,539	623,608	623,538
Expenditures	523,632	527,123	599,321	616,784	623,607	623,537
Balance Forward Out	235	279	245	0	0	0
<i>Biennial Change in Expenditures</i>				165,350		31,039
<i>Biennial % Change in Expenditures</i>				16		3

3001 - Federal TANF

	Actual		Actual	Estimate	Forecast Base	
	FY14	FY 15	FY 16	FY17	FY18	FY19
Balance Forward In	12,062	25,403	44,875	63,858	35,411	8,928
Receipts	92,271	94,687	100,691	57,383	59,704	77,411
Expenditures	78,930	75,215	81,708	85,830	86,186	86,339
Balance Forward Out	25,403	44,875	63,858	35,411	8,928	0
<i>Biennial Change in Expenditures</i>				13,392		4,987
<i>Biennial % Change in Expenditures</i>				9		3