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Report To The Public

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Minn. Stat. 256.01 Subd. 4 (7)

Department of Human Services

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George Steiner, *Deputy Commissioner*
- Personnel, Labor Relations
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- Rules and Bulletins

Chuck Schultz, *Assistant Commissioner, Finance and Management Administration*
- Budget Analysis
- Financial Management
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- Reimbursement
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- Licensing

Jim Stoebner, *Assistant Commissioner, Community Mental Health Administration and Regional Treatment Centers*
- Mental Health
- Residential Program Management Division
- Regional Treatment Centers (RTCs)
- RTC Transition Project (SOCS)

Nancy Dagg, *Assistant Commissioner, Health Care Administration*
- Health Care Management
- Long Term Care Management
- Health Care Support
- Health Care Systems Administration
- Provider Appeals
- Provider Audits

Laura Skaff, *Assistant Commissioner, Social Services Administration*
- Aging and Adult Services
- Chemical Dependency Services
- Family and Children's Services
- Deaf Services
- Developmental Disabilities
- Children's Trust Fund
- Quality Services

John Petraborg, *Assistant Commissioner, Family Self-Sufficiency Administration*
- Assistance Payments
- Child Support Enforcement
- Office of Civil Rights
- Refugee and Immigrant Assistance
- Operations Analysis

Contents:

Message from the Commissioner	1
Spending overview	2
Community Mental Health and Regional Treatment Centers	4
Family Self-Sufficiency Administration	8
Health Care Administration	10
Social Services Administration	12
Finance and Management	14
Department organization	16
County human service directory	18

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Weathering life's storms

Sometimes in life the rain doesn't stop pouring.

A marriage fails; the kids get into trouble. Or maybe somebody gets sick and loses their job. Either way, the bills stack up. Food, shelter, and shoes -- once taken for granted -- suddenly become precious.

Unfortunately, most of us will experience such pain at some time. Some will survive just fine with the support of family and friends. Others will need more help. That's why the Minnesota Department of Human Services is here -- to help us weather life's storms when we're caught without an umbrella.

Minnesotans have a long, honorable tradition of caring compassionately for those who are less fortunate. For that we can be proud.

But I think we can do better. Sometimes our help comes after the bottom falls out and the damage is serious, instead of early on when more good can be done. Services have become fragmented, even within our own Department. Governor Arne Carlson's strategy for reform will help change that.

My goal for DHS is to eliminate duplication and develop a system that makes sense. To do that, we need to step beyond traditional boundaries and develop new alliances with our schools and communities. And we need to find ways to measure outcomes so we know what "success" really means.

When I think about my vision for DHS, several common themes become clear. You'll see them crop up throughout this report.

• **Encouraging self-sufficiency.** Two excellent examples: the greater economic independence offered by our welfare reform effort, the Minnesota Family Investment Plan (MFIP), and our long-term care strategy, the Seniors Agenda for Independent Living (SAIL).

• **Helping kids and strengthening their families.** The Children's Health Plan is a good example. Healthy children live better and learn better, and that helps the whole family.

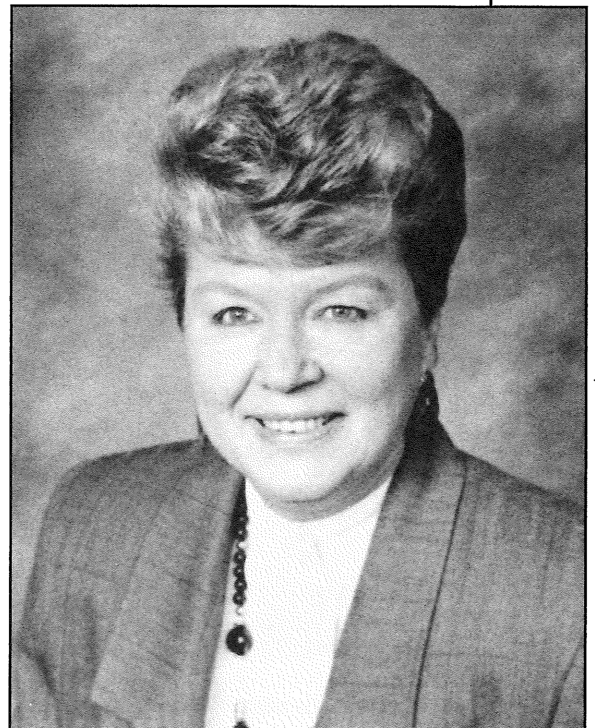
• **Building better partnerships.** We need to work more effectively with all our partners in human services, whether they be county human service agencies or providers.

• **Efficiency.** That means more than saving money; it means freeing up dollars and people to get more done and to do it better.

I encourage you to read through this report. When you're through, I think you'll have a better idea of where I want to take this Department and how I intend to get us there.

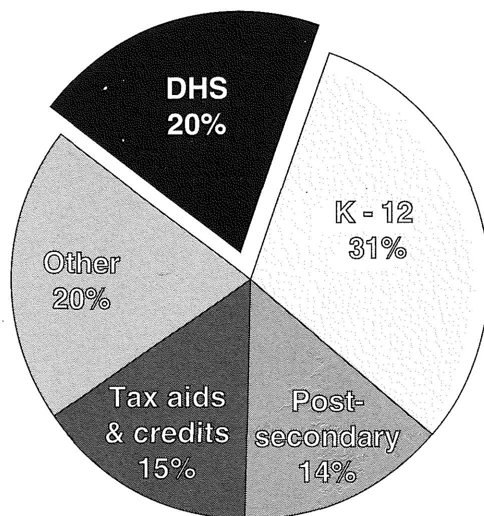
"I would like to change the overall perception of the Department to one that lends a helping hand, whether it be to our partners in human services, the counties, or to the private sector."

Natalie Haas Steffen
Commissioner



Our charge:

- Prevention
- Protection
- Independence



FY 1992 general fund and local government trust fund expenditures, 11/91 estimate

A far-reaching mission . . .

The Minnesota Department of Human Services provides:

- a financial safety net for people in need;
- health care for those who can't afford it;
- a boost to help people who are able get on their feet; and
- protection for our state's most vulnerable residents.

The essence of our mission is simple; executing that mission is far more complicated. DHS is the state's largest department with an annual budget of more than $3 billion and more than 7,000 employees in all parts of Minnesota.

About 1,000 people work in the Central Office in St. Paul to plan, administer, and coordinate the state's social services and public assistance programs, most of which are operated by Minnesota's 87 counties.

Nearly all the rest of our employees work in nine major health care facilities treating people who are mentally ill, developmentally disabled, or chemically dependent. Eight regional service centers help people who are deaf or hard of hearing.

The Department's far-reaching charge includes: Medical Assistance (MA), Aid to Families With Dependent Children (AFDC), refugee and immigrant assistance, children's services, and community-based services to handicapped people.

Our programs touch nearly all Minnesotans at some point in their lives -- from the very young, who benefit from programs such as the Children's Health Plan, to the very old, including 46,000 people in 448 nursing homes. Together, Food Stamps and the major assistance programs serve about 500,000 different Minnesotans each year.

And although we're often thought of as the *welfare* department, we may be more accurately described as a *health care* department.

About 11 percent of our budget is spent on traditional welfare programs -- AFDC and General Assistance. Health care accounts for 66.5 percent of our total budget. About two-thirds of that is spent on various types of long term care for the aged and disabled.

This report provides an overview of our agency. To find out more, contact your county social service office or call the Minnesota Department of Human Services at (612) 296-6117.

. . . built on a caring tradition

Minnesota's public welfare system flickered to a start in 1862, when the Legislature contracted with neighboring states for the treatment of the insane. Soon after, Minnesota began building its own hospital system.

Today's county-based social service system also has its roots in that era. A county system of providing relief for the poor was established in all but one county in 1868.

Statewide oversight was established in 1883, with the State Board of Corrections and Charities. The State Board of Control was its successor in 1901, followed by the Minnesota Department of Social Security in 1939.

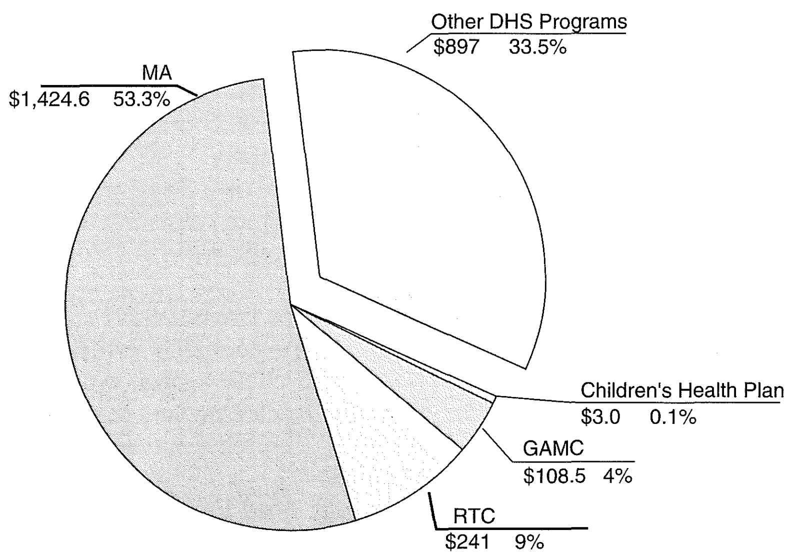
In 1953, the three divisions of the Department of Social Security split into two agencies. The Employment and Security Division became one department, Social Welfare and Public Institutions were paired in the new Minnesota Department of Public Welfare.

Responsibility for correctional institutions was shifted to its own department in 1959, and the current mission of the agency evolved from the remaining responsibilities. In 1984, the Legislature directed DPW to become DHS -- the Department of Human Services.

"The moral test of a government is how it treats those who are in the dawn of life, the children; those in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the handicapped."

Hubert Humphrey, 1977 dedication HEW building

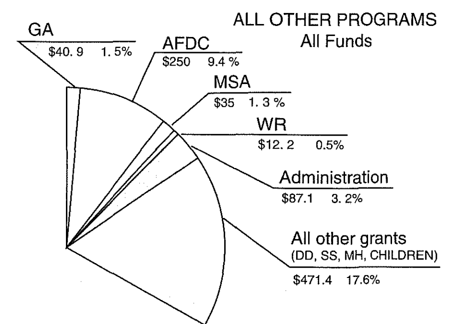
Health Care: 66.5% of the total department budget*



DHS 1990 Annual Budget

All Funds: $2.7 Billion Total

($ in Millions)



* Health care is 73.5 percent of state dollars in the budget

Numbers may not add to 100 percent due to rounding

DHS, the counties, community providers, clients, and others work in partnership to ensure that an array of mental health services is available to all Minnesotans.

Community Mental Health and RTC Administration

When the Minnesota Legislature established the first institution for the "insane" in 1866, hospitalization at St. Peter was the primary treatment for people with serious mental illness.

Today, the state hospital system is one of several integral resources in a continuum of services where institutional care occurs, but is not the norm.

As the decade ahead brings a more unified approach to the service system, traditional boundaries separating "community" and "institutional" care will blur. That evolution presents new opportunities for the regional treatment centers (RTCs) operated by the Department of Human Services.

More than ever, state-operated services are looking beyond their customary roles as they work with counties, community mental health centers, and other partners in human services to fill gaps in a sometimes fragmented system.

RTCs have begun to view themselves less as self-contained institutions and more as regional resources that must be flexible enough to meet changing needs.

A partnership example: A pilot project at Anoka-Metro Regional Treatment Center (AMRTC) called "Anoka Alternatives."

Anoka Alternatives was developed by the Mental Health Division in collaboration with AMRTC and the counties. By tailoring services to individuals' specific needs, clients who had little chance of leaving the RTC now are living successfully in the community.

Cambridge Regional Human Services Center (CRHSC) is lending its expertise to help prevent admissions of people with developmental disabilities.

CRHSC's Preadmission Evaluation Project works with community providers to enhance their ability to deal with clients' problem behavior. Results of the pilot project are so encouraging, it's being replicated at other state-operated facilities.

And both Cambridge and Faribault Regional Center have opened health clinics. The clinics offer people with developmental disabilities who are living in the community the expert medical and dental care that often is difficult to find outside of the RTC.

Supporting people in community settings is

Mary Lichtenberg, R.N., St. Peter.

the goal of a DHS-sponsored project designed to help people with serious and persistent mental illness build careers.

The DHS Mental Health Division has teamed up with the Department of Jobs and Training to fund projects in several communities that will support people with mental illness as they work to find employment.

All that's a far cry from 1866, when the standard treatment for people with mental illness was warm milk and bed rest.

Even so, the basic goal remains the same today as it did back then: To provide the best possible care for people with mental illness and other vulnerable Minnesotans.

Divisions and RTCs

• **Mental Health Division** is responsible for statewide implementation of the Comprehensive Adult and Children's Mental Health Acts, assuring high quality, cost-effective, and efficient services to people with mental illness, with particular concern for adults with serious and persistent mental illness and children with severe emotional disturbance. The division works with counties, RTCs, other state agencies, consumer groups, advocacy organi-

Facts about mental illness:

• One in four families is affected by mental illness, making it more widespread than cancer, lung disease, and heart disease combined.

• More than seven million of the nation's 63 million children have emotional or behavioral problems that warrant treatment.

• Nearly 25 percent of older Americans have significant mental health problems.

The RTC system has a long tradition of caring for vulnerable Minnesotans. Fergus Falls (right) celebrated its centennial in 1990. St. Peter RTC, the oldest in the system, turned 125 in September 1991.

Emery Johnson (l) talks with another former RTC employee, Howard Eide.

Fargo Forum photo

More than ever, state-operated services are looking beyond their customary roles as they work to fill the gaps in the service delivery system.

zations, and community-based programs to ensure goals are met.

• **Residential Program Management Division** provides administrative support to the state-owned regional treatment centers (RTCs), state-operated community services (SOCS), and community health care clinics. These facilities provide treatment for people with mental illness, developmental disabilities, and chemical dependency. All of the RTCs are accredited by the Joint Commission on Accreditation of Healthcare Organizations.

• **Ah-Gwah-Ching Center,** located just south of Walker in northern Minnesota, treats elderly people who have behavioral problems unsuitable for community facilities. The center has 267 beds* for nursing care and also is home to the 35-bed Lakeside Chemical Dependency Treatment Center. Both programs treat clients from across the state.

• **Anoka-Metro Regional Treatment Center** provides inpatient mental illness and chemical dependency treatment services to severely disabled people from the Twin Cities area. The facility has 247 beds in its mental illness program; 54 beds in chemical dependency.

• **Brainerd Regional Human Services Center** treats people with mental illness (105 beds), developmental disabilities (160 beds), and chemical dependency (44 beds). It also has a 28-bed nursing facility. Brainerd's Four Winds Program provides culturally sensitive chemical dependency treatment to Native Americans.

It's mental health program for adolescents and children serves the entire state.

Programs for adults serve a twelve-county area in north central Minnesota.

*All bed figures represent utilized beds.

Direct care staff member Kathy Nielson, left, and Gloria Chyle, R.N., work at Willmar Regional Treatment Center.

• **Cambridge Regional Human Services Center** (288 beds) serves people with developmental disabilities from Mille Lacs, Kanabec, Pine, Isanti, Sherburne, Anoka, Chisago, Ramsey, and Washington counties. Cambridge runs two community-based businesses that offer work opportunities for clients.

• **Faribault Regional Center** (485 beds) serves clients with developmental disabilities from Hennepin, Dakota, Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Houston, Fillmore, Freeborn, and Mower counties. FRC has a 35-bed nursing facility and a 20-bed hospital unit.

• **Fergus Falls Regional Treatment Center** treats people with mental illness (115 beds), developmental disabilities (112 beds), and chemical dependency (42 beds) from 17 northwestern Minnesota counties.

• **Moose Lake Regional Treatment Center** treats people with mental illness (210 beds), developmental disabilities (75 beds), and chemical dependency (60 beds) from northeastern Minnesota. The Liberalis Program for chemically dependent women is the only program of its kind in the system.

• **St. Peter Regional Treatment Center** treats people with mental illness (412 beds), chemical dependency (35 beds), and developmental disabilities (137 beds) from southeastern Minnesota. The Minnesota Security Hospital -- which serves all 87 Minnesota counties -- is part of SPRTC. It treats patients who are mentally ill and considered dangerous to themselves or others.

• **Willmar Regional Treatment Center** provides services for people with mental illness (327 beds), developmental disabilities (67 beds), and chemical dependency (20 beds) who live in a 23-county area in southwestern Minnesota. WRTC operates an adolescent treatment program for 12- to 17-year olds.

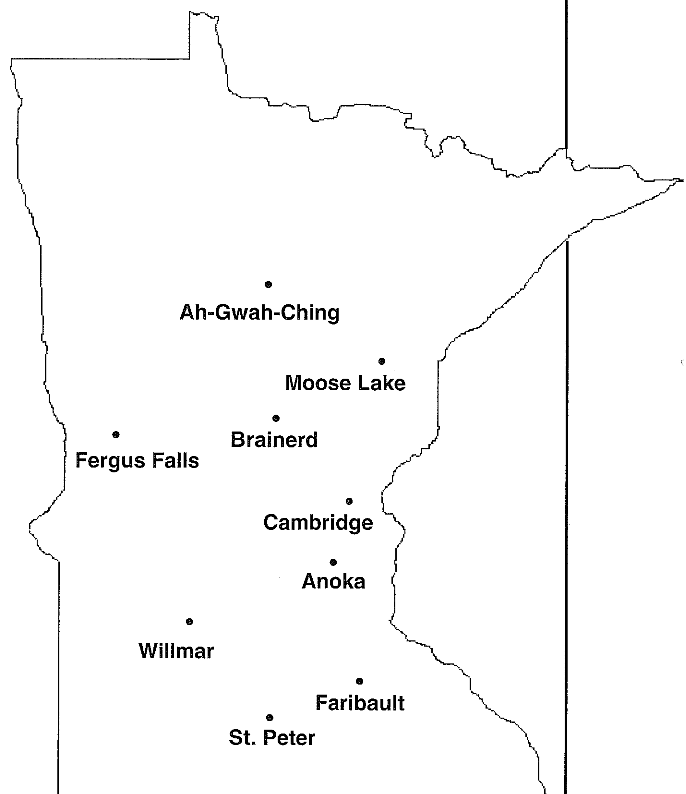
State Operated Community Services

DHS opened five state-operated group homes (SOCS) for the developmentally disabled in 1991; two were under construction early in 1992. The six-bed homes are administered by RTCs.

The homes represent a major departure from the way the state has cared for people with developmental disabilities. Until SOCS were developed, RTCs had been the only state-operated facilities available. All of the people who live in the homes had lived in RTCs.

State Operated Community Services (SOCS) represent a significant departure from the way the state traditionally has cared for people with developmental disabilities.

Department of Human Services Health Care Facility Locations



Family Self-Sufficiency Administration

Facts about welfare

• Even though Minnesota has the tenth highest AFDC grant standard, the per capita use is 30th in the nation.

• The most common family on AFDC is a mother and one child.

• A legislative auditor's report shows just as many welfare recipients leave the state as come in.

• Nine thousand Minnesota families were able to leave the welfare rolls in FY 91 because of child support collected.

• About 10,000 thousand families leave AFDC every year because they get jobs.

Not too long ago, welfare was considered a right in Minnesota. If you qualified, you got a check -- end of story.

Not anymore. Minnesota is changing the way it thinks about welfare. As it does, the Department of Human Services is working to build accountability into the public assistance system.

If you're financially strapped and need shelter or food, the state will help. But you'll have to meet some expectations, like getting an education and looking for work.

That social contract is the basis for the Minnesota Family Investment Plan (MFIP), a comprehensive effort to rebuild the welfare system.

MFIP puts a sense of traditional values back into the welfare system by:

- rewarding work,
- requiring accountability,
- helping families stay together.

The Legislature authorized spending $350,000 in FY 92 and $500,000 in FY 93 to continue project planning. A series of field trials is expected to follow.

Most people do a pretty good job of getting off welfare under their own steam. Fifty-eight percent leave AFDC within two years and don't come back. MFIP aims to do better by working with potentially long-term recipients early on.

MFIP builds on the success of Project STRIDE, an employment training program for AFDC recipients that began in 1989. As in STRIDE, MFIP participants develop a plan to lead them toward greater self-sufficiency.

In return, the state provides MFIP participants with important services, such as child care and medical coverage.

MFIP's focus on self-sufficiency goes hand in hand with another major DHS goal: efficiency through simplification and automation. A less complicated system becomes the framework on which MFIP's self-sufficiency goals can succeed.

MFIP streamlines paperwork and red tape by rolling Aid to Families With Dependent Children (AFDC), Family General Assistance and Food Stamps into a single cash grant.

And MFIP works in tandem with MAXIS -- a statewide computer system that determines eligibility and calculates benefits, automating a number of tasks once done manually. That gives county employees more time to work

with clients on self-sufficiency goals.

Self-sufficiency and accountability are key values for other divisions as well. Take refugee and immigrant assistance. English as a second language, for example, is no longer taught in a vacuum. It is tied to a package of other services all emphasizing self-sufficiency.

Initiatives in the Child Support Enforcement Division strengthen families by doing a better job at making sure non-custodial parents live up to their financial responsibilities to their children. Minnesota child support collections are 74.5 percent annually; the national average is 46 percent.

Divisions:

Family Self-Sufficiency Administration is made up of six divisions:

- **Assistance Payments** supervises the administration of the state's public assistance programs: Aid to Families with Dependent Children (AFDC), Food Stamps (FS), General Assistance (GA), Work Readiness (WR), and Minnesota Supplemental Aid (MSA). It also supervises work programs, including STRIDE and the Child Care Fund.
- **Child Support Enforcement** is responsible for administering the statewide child support enforcement program, which includes locating absent parents, establishing paternity, and establishing and enforcing child support orders.
- **Refugee and Immigrant Assistance** helps refugees make the transition to American life and provides services that lead to self-support. It also assists other agencies in these efforts, as well as enforces federal regulations related to refugee resettlement.
- **MAXIS** is a new, statewide computer system designed to streamline the public assistance system.
- **Operation Analysis/Welfare Reform** develops information about income assistance and health care programs, analyzes long-term program trends, and uses this information to influence policy decisions, especially in the area of welfare reform. The division has taken the lead in the development of the Minnesota Family Investment Plan.
- **Office for Civil Rights** ensures state and county compliance with federal and state civil rights laws, regulations, and statutes. Clients and applicants of human services programs who think they have been discriminated against may file a complaint with the office.

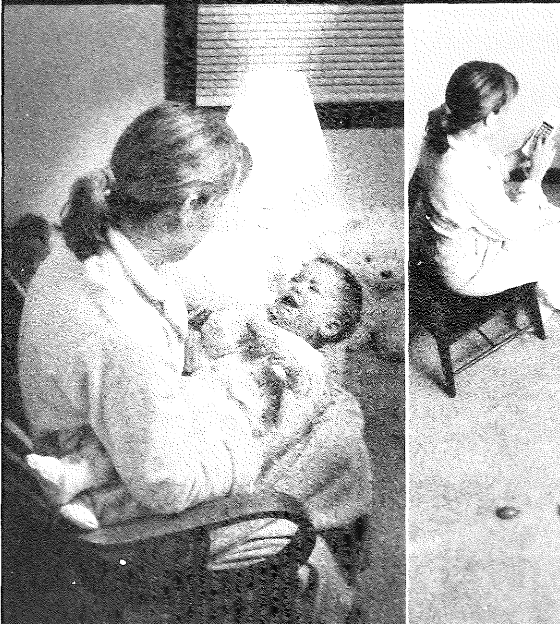
The Minnesota Family Investment Plan restores a sense of traditional values to the welfare system by rewarding work, requiring accountability, and helping families stay together.

Public Assistance Spending
(All Funds)

Fiscal Year 1991	(in thousands)
AFDC	$313,519
General Assistance	45,800
Food Stamps	191,319
Work Readiness	37,700
Minnesota Supplemental Aid	47,996
Total Spending	**$636,334**

Health Care Administration

IT'S LATE.
YOU DON'T KNOW
WHAT TO DO.



FOR PEACE OF MIND
CALL
Nurse Line
1-800-832-5520

Ramsey County MA recipients find fast answers to their health care questions through Nurse Line. More than 1,000 calls were received during its second quarter of operation (April-June 1991). That's an estimated savings of $50,040, based on the number of emergency room and doctor's office visits prevented.

More than 450,000 Minnesotans called Medical Assistance (MA) their insurance plan in 1991, making the Department of Human Services one of the largest purchasers of health care in the state.

MA, also known as Medicaid, covers pregnant women, families with children, and aged, blind, and disabled people who otherwise could not afford health care.

DHS has responded to rising health care costs by implementing innovative managed health care strategies and developing community-based health care services. In the mid-1980s, Minnesota was one of five states selected by the federal government to develop a cost-effective, mandatory, prepaid health care program for MA recipients.

As of August 1991, the number of MA recipients enrolled in prepaid health plans was 19 percent of the MA population in the state. Managed care soon will be expanded to include Ramsey County, with the first clients expected to be enrolled July 1, 1992.

The Children's Health Plan (CHP) is a shining example of a Department initiative that dramatically improves access to basic medical care at a reasonable cost to taxpayers and needy families.

For $25 per year per child, families who earn too much to qualify for MA but not enough to afford traditional health insurance can buy insurance that covers a number of primary care outpatient services.

By September 1991, 33,500 children had been served since the plan began in July 1988. DHS enrolled 300 to 600 children a week in the fall of 1991.

Starting in January 1991, eligibility was expanded to include children age 1 through 17. Previously children age 1 through 8 had been eligible.

The Seniors Agenda for Independent Living (SAIL) is another DHS initiative that takes a new approach to challenging issues.

At current use rates, Minnesota will need at least 8,000 more nursing home beds by the year 2010 unless alternatives are developed.

SAIL envisions a dramatic shift from the heavy reliance on institutional care to a system that offers a growing number of economical alternatives, such as home- and community-based care.

Nursing homes and other institutions will

continue to play a major role as Minnesota strives to meet the needs of its rapidly growing elderly population and others who need long-term care. As the challenges of serving that population grow, DHS is working to strengthen its partnership with those facilities.

Improving partnerships with the rest of the 20,000 health care providers in the MA program also is critical.

One way is by improving efficiency. Electronic Media Claims (EMC) is a good example. With 50,000 claims each working day and 45 DHS employees to resolve them, just dealing with paper is a challenge.

EMC represents an array of high-tech, alternative-to-paper ways medical bills can be submitted to DHS. The bottom line for providers: faster service, fewer hassles.

Divisions:

Health Care Administration is made up of six divisions:

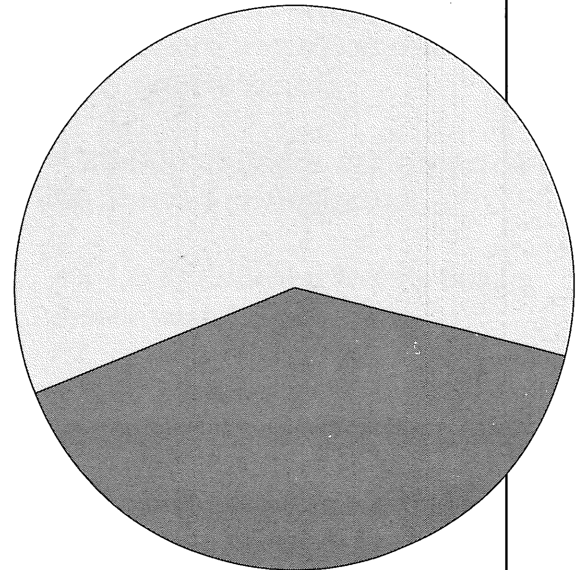
- **Health Care Management** administers eligibility and covered services for MA (also known as Medicaid), General Assistance Medical Care (a state-funded program to help fill the gaps in MA), Children's Health Plan (CHP), various managed care and prepaid demonstration projects, and services for HIV-infected persons.
- **Long Term Care Management** develops and coordinates policies, rules, procedures, and reimbursement systems for nursing homes, intermediate care facilities for persons with developmental disabilities (ICFs/MR), day training and habilitation facilities, and the administration of home- and community-based services.
- **Health Care Support** adjudicates more than 13 million medical claims annually, maintains program integrity through recovery of third-party benefits and fraud investigation, and enrolls and trains medical providers in MA, GAMC, and CHP.
- **Health Care Systems Administration** is responsible for the development, implementation, and maintenance of data processing systems that administer MA, GAMC, and CHP.
- **Provider Audits** establishes rates for nursing facilities and ICFs/MR participating in MA and for acute care hospitals that participate in MA and GAMC.
- **Provider Appeals** handles appeals from long-term care providers regarding the payment rates established by the Department.

Where the money goes: 1990 Annual MA Budget

(All Funds)

60% RESIDENTIAL CARE - ($825 million)

Nursing Homes–$506 million • Residential Care for the Mentally Retarded – $244 million • MR Waiver -$55 million • Other Residential Care for Mentally Ill -$20 million



40% ALL OTHER SERVICES - ($580 million)

Inpatient Hospital – $213 million • Outpatient Hospital –$29 million • Prescription Drugs – $65 million • Physicians – $78 million • Dental Services – $16 million • Medical Transportation – $14 million • Medical Supplies – $16 million • Mental Health Services – $15 million • HMOs – $35 million • Physical, Speech, Occupational Therapy – $12 million • Personal Care/nursing/ home health – $43 million • Medicare Buy-In - $19 million

Numbers and percentages may not equal 100 due to rounding

Social Services Administration

Prevention and early intervention efforts to support family stability are the most effective ways of making sure children succeed.

In recent years, the state has made enormous strides in meeting the needs of the aged, the deaf and hard of hearing, people who are chemically dependent and those who have developmental disabilities, as well as vulnerable adults.

Yet our efforts to help one group lag far behind. Six words stand out from the 1991 report by the National Commission on Children: "Today, children are the poorest Americans."

In spite of Minnesota's progressive social services tradition, children here are suffering as well. An estimated 74,352 children -- just under 10 percent -- are hungry, according to a March 1991 study by the Food Research and Action Center in Washington, D.C.

And a higher proportion of children in Minnesota are placed in foster or other substitute care than in almost any other state.

In 1991, Minnesota intensified efforts to improve children's lives. Governor Arne Carlson formed the Action for Children Commission and, to complement that effort, DHS created an Agenda for Children and Families.

The agenda reinforces the belief that prevention and early intervention efforts to support family stability are the most effective ways to make sure children succeed.

Critical to the agenda as well as to other social services goals are outcome evaluation and mandates reform. DHS and county social service agencies helped enact legislation in 1991 that created the opportunity to streamline rules governing service delivery. That will

Wanted: **African American, Hispanic, and American Indian foster and adoptive parents for waiting minority children.**

Help us reach out to our children.
Help us build on our legacy of caring for our own. You don't have to be married, rich, childless, own your own home, or be a "superparent" to adopt or to be a foster parent. If you'd like to know more about waiting children, please call, 297-4880.

This poster, which appeared on buses throughout the Twin Cities, was produced by the DHS Management Services Division as part of an effort to encourage minorities to consider adoption or foster care.

give counties increased flexibility to meet client needs. DHS also is developing a better way to measure the effectiveness of our services. Emphasis has shifted from *how* services are delivered to *how well* those services work.

Divisions

• **Aging and Adult Services** assists the Minnesota Board on Aging in administering the Older Americans Act and oversees the delivery of services to vulnerable adults. In carrying out these responsibilities, the Division helps plan, develop, and implement services delivered by counties and area agencies. It also provides information and referral as well as ombudsman and protective services.

• **Chemical Dependency** plans, monitors, and evaluates prevention and treatment programs for drug and alcohol abuse. It administers $5.5 million in state and federal grants for services for American Indians and other special populations, as well as the Consolidated Chemical Dependency Treatment Fund, which funds $50 million in treatment for 18,000 low income Minnesotans each year.

• **Family and Children's Services** develops programs and policies that help children who need protection or other social services and supervises counties, which provide these services. It consists of these areas of activity: early intervention and child protective services, family-based and substitute care services, adoption and guardianship programs, adolescent services and child care services.

• **Quality Services** brings together all social services divisions and counties in ongoing efforts to assess client needs as well as evaluate success in meeting those needs -- all in an effort to continuously improve quality. Three major projects are: rule simplification, integration of data collection, and definition of program success indicators.

• **Children's Trust Fund** provides a funding source for community-based programs aimed at the primary and secondary prevention of child maltreatment.

• **Deaf Services** helps Minnesotans who are deaf and hard of hearing live independently. The division oversees eight Regional Service Centers throughout the state.

• **Developmental Disabilities and Guardianship** develops and implements policies governing services to people with mental retardation and related conditions with the goal of maximizing client independence.

Each year in Minnesota:

• One in five children under age five lives in poverty;

• one in 11 children visits food shelves;

• 249 children sleep in homeless shelters or transitional housing on a typical night;

• 25,000 children are reported to be abused or neglected;

• 14,000 children live in family foster care homes;

• 1,600 babies are born to mothers 18 years old and under;

• 3,300 babies are born at risk due to low birthweight;

• 2,300 babies are born to mothers who received inadequate prenatal care;

• 500 babies die before their first birthday.

All numbers are approximate.
Total population 0-18 years: 1,115,000
Total population under age five: 359,000
Total births: 67,000

Finance and Management Administration

Finance and Management strives to capitalize on technological changes so operating divisions can better do their work. Development of major information systems has been a primary emphasis.

If the Minnesota Department of Human Services were a house, Finance and Management would be the foundation.

Its divisions provide the computer expertise, budget savvy, and other underlying support that program areas need to go about the business of feeding the poor and treating the sick.

And they provide a framework that enables the Commissioner and her top advisors to manage the largest and perhaps most complex state agency.

In the past several years, Finance and Management has worked to shore up the Department's infrastructure so it can continue to meet Minnesota's ever-growing human service needs.

A primary emphasis has been the development of major information systems such as the Child Support Enforcement System, the revamped Medicaid Management Information System, and MAXIS -- a computer system that determines eligibility and calculates benefits for public assistance clients.

Despite their high-tech glitz, none of the systems is a miracle elixir. They don't guarantee that human service agencies run predictably or smoothly.

County financial workers still face hungry, sometimes hostile, usually desperate people. Caseloads grow. And new problems, such as the long-term care of drug-affected infants, add to the list of needs the state struggles to meet.

What the new information systems can do is provide the sophistication to help the Department keep pace. Because in the human service business each day is more complicated than the one before.

As the Department looks toward the future, Finance and Management will:

- Follow the lead set by MAXIS in future systems development by including frequent, thorough, and meaningful involvement of users throughout the process;
- Strive for more accurate financial forecasting and more effective budget control as state government works to do a better job of living within its means;
- Look for ways to streamline, such as Licensing Division initiatives to eliminate duplication between counties and the state and to simplify the licensing requirements.

• Continue to make "customer service" a buzzword, both within the Department as well as with clients, local human service agencies, and providers.

Divisions

Finance and Management Administration is made up of eight divisions:

• **Budget Analysis** manages and directs the Department's biennial, capital, and supplemental budgets into an agency framework that reflects departmental standards and ensures the Department's mission, objectives, and priorities are met.

• **Financial Management** provides fiscal services and controls the Department's financial transactions.

• **Management Services'** responsibilities include: management of the Human Services Building in St. Paul as well as other DHS offices, telecommunications, and general office services such as central document processing and graphics services.

• **Information Policy and Services** provides a departmental focus to information systems planning, policy development, standards and coordination. The division is responsible for operations and maintenance of major production applications, such as the Medical Assistance payments system.

• **Reimbursement** administers a comprehensive system for the billing, payment, and accounting for the cost of care provided at the state's health care facilities, the Consolidated Chemical Dependency Treatment Fund, and Medical Assistance parental fees.

• **Forecasting, Reports and Statistics'** responsibilities include: meeting federal reporting requirements for Medical Assistance, AFDC, and Food Stamps; providing forecasts of program caseloads and expenditures; and responding to requests for statistical information.

• **Appeals and Contracts** hears appeals from public assistance applicants or recipients regarding their cases. It also manages Department contracts and coordinates responses to data practices requests and tort claims.

• The **Licensing Division** licenses residential and non-residential programs for children and vulnerable adults to ensure they meet the requirements of rule and law. Inquiries and complaints are directed to this division for investigation.

Facts about licensing

• DHS issues more than 22,000 licenses each year.

• Of those, the 20,000 license inspections for family day care and foster care are handled primarily by county staff.

• The rest are handled solely by DHS and involve day care centers and adult day care as well as programs for people with developmental disabilities, mental illness, and chemical dependency.

• In 1991, DHS began reviewing backgrounds of staff in licensed programs -- an estimated 80,000 to 100,000 each year.

A new way of doing business

Continuous Quality Improvement is a process that will allow the Department to build on its successes and improve quality systemwide.

Growing social problems and shrinking revenue sources are challenging today's human service professionals to look at problem solving in a new light.

That's a good start. But to succeed over the long-term, they'll need the right tools. So in 1991, Commissioner Steffen launched a departmentwide effort that could affect the way supervisors manage, the way employees do their work, and the way clients are served.

Continuous Quality Improvement (CQI) is an ongoing process that will allow the Department to build on its successes and improve quality systemwide.

CQI approaches issues by looking at underlying processes, not just individual problems. Studying data through the use of "CQI tools" such as flow charts and cause/effect diagrams, is the backbone of the process.

Employee empowerment also is an important part of CQI. When employees are empowered, managers set direction and establish outcomes; employees have a greater say in determining how goals will be achieved.

Work on CQI began in the fall of 1991, with a number of presentations by experts on CQI. CQI training began early in 1992. From there, the Department's CQI effort will evolve, gradually involving more employees.

Regional Treatment Centers had a head start on CQI. Facilities have been developing their own CQI plans in order to meet new standards set by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

Governor

Commissioner

Deputy Commissioner

Finance & Management Administration	Family Self-Sufficiency Administration	Health Care Administration	Social Services Administration	Community Mental Health & RTCs Administration

Six major areas were streamlined into five during the first phase of Department reorganization in 1991.

Together with CQI, departmentwide reorganization will create a structure that will allow fundamental changes in the way DHS does business.

Reorganization is intended to streamline the Department, make it more effective and efficient, and facilitate employee empowerment and CQI.

The first phase of reorganization began in the summer of 1991, when one assistant commissioner position was eliminated by combining responsibilities with other areas.

Another critical change: Combining community mental health with the state operated regional treatment centers in an effort to improve the continuum of care. The RTCs had been grouped with other health care areas, including Medical Assistance and the Children's Health Plan.

Reorganization continued early in 1992, as each division examined its structure.

Steffen believes that such fundamental change in the way DHS approaches its mission is the most important contribution she can make as commissioner.

"Most of you were here doing good things before I was in charge, and you'll be here after I'm gone," Steffen told employees at a CQI kick-off event. "The best thing I can do is set a direction that will allow you to continue making worthwhile contributions."

Reorganization will:

- streamline DHS,
- improve effectiveness,
- increase efficiency,
- facilitate empowerment,
- facilitate Continuous Quality Improvement.

Steffen believes that listening to employees on the front line is critical to improving quality. Informal "Chats with Nat" have helped her glean staffers' ideas; so have suggestion boxes at each facility.

Steffen and Central Office employee Wally Goettl.

County human service agencies

Aitkin County Family Service Agency
- Aids (218) 927-2141
- Social Services (218) 927-3744

Anoka County Community Health and Social Services
- Health and Social Services (612) 422-7000
- Financial Services (612) 422-7200;
- Columbia Heights Branch (612) 789-4326
- TDD (612) 422-7166

Becker County Human Services
- Aids (218) 847-5628
- Social Services (218) 847-5684

Beltrami County Social Service Center
- (218) 751-4310
- Red Lake Branch Office (218) 679-3945

Benton County Social Service Agency
- (612) 968-6254

Big Stone County Family Service Center
- (612) 839-2555

Blue Earth County Human Services
- Social Services (507) 389-8319
- Financial Services (507) 389-8335.

Brown County Family Service Center
- (507) 354-8246

Carlton County Human Service Center
- (218) 879-4583

Carver County Community Social Services
- (612) 448-3661

Cass County Department of Social Services
- (218) 547-1340

Chippewa County Family Services
- (612) 269-6401

Chisago County Human Services
- Administration (612) 257-0352
- Income Maintenance (612) 257-0318
- Social Services (612) 257-0337
- TDD (612) 257-3000
- Metro area (612) 462-2141

Clay County Social Service Center
- Social Services (218) 299-5200
- IV-D (218) 299-5209
- Food Stamps (218) 299-5208
- Social Service Annex (218) 299-5180

Clearwater Department of Human Services
- (612) 694-6164

Cook County Social Services
- (218) 387-2282

Cottonwood County Family Service Agency
- (507) 831-1891

Crow Wing County Social Service Center
- Social Services (218) 828-3966
- Income Maintenance (218) 828-3968

Dakota County Human Services
- (612) 450-2611

Dodge County Social Services
- (507) 635-6170
- TDD (507) 635-6200

Douglas County Social Services
- (612) 762-2302

County highlights

• All 87 Minnesota counties had converted to MAXIS by the close of 1991. MAXIS is a statewide computer system that determines eligibility and calculates benefits for public assistance clients.

• Clay, Becker, Otter Tail, Crow Wing, Beltrami, Stearns, Benton, Sherburne, St. Louis, Hennepin, and Ramsey counties are participating in a project to reduce the number of children placed in foster and other substitute care. In the first year, more than 90 percent of the children from 400 families served remained in their homes.

Faribault County Human Services Center
- (507) 526-3265

Fillmore County Welfare Department
- (507) 765-2175

Freeborn County Department of Human Services
- (507) 377-5400

Goodhue County Social Service Center
- (612) 385-3190

Grant County Social Service Department
- (218) 685-4417

Hennepin County Bureau of Social Services
- (612) 348-3000

Houston County Social Services
- (507) 724-5211

Hubbard County Social Service Center
- (218) 732-1451

Isanti County Family Service and Welfare Department
- (612) 689-1711

Itasca County Social Services
- Aids (218) 327-2941
- Sr. Comm. Services (218) 327-2981
- Social Services (218) 327-2981

Jackson County Human Services
- (507) 847-4000

Kanabec County Family Service Department
- Aids (612) 679-3465
- Social Services (612) 679-4740

Kandiyohi County Family Service Department
- Aids (612) 231-6232
- Social Services (612) 235-8317

Kittson County Welfare Department
- (218) 843-2689

Koochiching Family Services
- (218) 283-8405
- Northome Branch (218) 897-5266

Lac Qui Parle County Family Service Center
- (612) 598-7594

Lake County Social Service Department
- (218) 834-8400

Lake of the Woods Social Service Department
- (218) 634-2642

LeSueur County Dept. of Human Services
- (612) 357-2251, 1-800-635-9786

Lincoln County
- See Region VIII North Welfare Department

Lyon County
- See Region VIII North Welfare Department

McLeod County Social Service Center
- Voice/TDD (612) 864-3144

Mahnomen County Human Services
- (218) 935-2568

Marshall County Social Services Department
- (218) 745-5124

Martin County Human Services Center
- Voice/TDD (507) 238-4757

Meeker County Social Service Department
- (612) 693-2418

Mille Lacs County Family Services and Welfare Department
- (612) 983-8208

• Anoka County's Child Support Assistance Project received a 1991 Achievement Award from the National Association of Counties. The program is the first in Minnesota that provides employment and training services to non-custodial parents.

• Hennepin, Anoka, Mille Lacs, Morrison, Sherburne, Todd, and Dakota counties will be test sites for the Minnesota Family Investment Plan, the state's welfare reform initiative.

• Martin, St. Louis, Dakota, Cass, and Sherburne counties received Children's Justice Act grants to help alleviate the trauma experienced by child maltreatment victims through improved coordination of county professionals.

• Commissioner Steffen and Dan Papin, then president of the Minnesota Association of County Social Service Administrators, signed a document in October 1991 that outlines each of their roles and responsibilities.

Morrison County Social Services
- (612) 632-2951

Mower County Social Services
- (507) 437-9701

Murray County
- See Region VIII North Welfare Department

Nicollet County Social Services
- (507) 931-1022
- North Mankato Branch (507) 387-4556

Nobles County Family Service Agency
- (507) 372-2157

Norman County Social Service Center
- (218) 784-7136

Olmsted County Department of Social Services
- Administration (507) 285-8382
- Aids and Social Services (507) 285-8416

Otter Tail County Department of Social Services
- (218) 739-4491

Pennington County Department of Welfare and Human Services
- (218) 681-2880

Pine County Dept. of Human Services
- (612) 629-6781 or 1-800-874-6326

Pipestone County Family Service Center
- (507) 825-3357

Polk County Social Service Center
- Social Services (218) 281-3127
- Migrant Social Services (218) 281-7329,
- East Grand Forks Branch (218) 773-2431,
- Fosston Branch (218) 435-1585

Pope County Family Service Department
- (612) 634-5301

Ramsey County Human Services Department
- (612) 298-5351

Red Lake County Social Service Center
- (218) 253-4131

Redwood County Human Services Department
- (507) 637-5741

Renville County Human Service and Welfare Department
- (612) 523-2202

Rice County Social Services
- (507) 332-6115

Rock County Family Service Agency
- (507) 283-9507

Roseau County Social Service Center
- (218) 463-2411

St. Louis County Social Service Department
- (218) 726-2000
- Hibbing Branch (218) 262-6000
- Virginia Branch (218) 749-7100
- Ely Branch (218) 365-6151

Scott County Human Services
- (612) 445-7751

Sherburne County Social Services
- Metro (612) 241-2600
- Sherburne County (612) 261-4550
- St. Cloud (612) 253-2384

Sibley County Human Services
- (612) 237-2978

Stearns County Social Service Center
- Social Services (612) 656-6000
- TDD (612) 656-6204
- Sauk Centre Branch (612) 352-6531

Steele County Social Service Center
- (507) 451-0414

Stevens County Social Services Department
- (612) 589-7400

Swift County Welfare and Family Service Agency
- (612) 843-3160

Todd County Social Services
- (612) 732-4500

Traverse County Social Services Department
- (612) 563-8255

Wabasha County Dept. of Social Services
- Social Services (612) 565-3351
- Income Maintenance and Accounting (612) 565-2613
- IV-D Child Support (612) 565-3356

Wadena County Social Service Department
- Social Services Division (218) 631-4225
- Financial Services
- Accounting
- Child Support and Housing (218) 631-2832

Waseca County Welfare and Social Service Department
- (507) 835-0560

Washington County Social Services
- (612) 439-6901

Region VIII North Welfare Department
- **Lincoln County** (507) 694-1452
- **Lyon County** (507) 537-6747
- **Murray County** (507) 836-6144

Watonwan County Human Services Center
- (507) 375-3294

Wilkin County Family Service Agency
- (218) 643-8561

Winona County Department of Social Services
- (507) 457-6200

Wright County Human Services
- Administration, Accounting, Child Support and Income Maintenance (612) 682-7414
- Social Services and Community Health (612) 682-7400, (612) 339-6881, metro area.

Yellow Medicine County Family Service Center
- (612) 564-2211

• Carver, Itasca, Kandiyohi, McLeod, and Isanti counties helped pave the way for statewide implementation of the Comprehensive Children's Mental Health Act in 1993. The five demonstration counties tailored services to meet the unique needs of children with severe emotional disturbance in their area.

Minnesota Department of Human Services • 444 Lafayette Road • St. Paul, MN 55155

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