ANNUAL PERFORMANCE REPORT

1994

MINNESOTA DEPARTMENT OF HUMAN SERVICES

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AGENCY: Department of Human Services

AGENCY SUMMARY

MISSION:

The Minnesota Department of Human Services' (DHS) mission is to provide access to health care, economic assistance and social services to Minnesotans whose personal or family resources are inadequate to meet their basic human needs.

GOALS:

The primary goals for DHS were established by the many citizens who participated in 1992 Minnesota Milestones public meetings. They articulated a long-term vision reflecting their best hopes for our state. Using seven broad *Minnesota Milestones* goals most relevant to human services, broad DHS response goals were created.

"Our children will not live in poverty."

- Ensure economic assistance programs reward work and responsibility and are anti-poverty in focus.
- Orient programs to help people survive economic crises and to regain or achieve their highest degree of self-sufficiency.
- Improve program policies to help clients hold their families together and maximize support for children from extended family and community.
- Streamline and simplify welfare programs to improve sevice delivery and accountablility.

"Minnesotans will be healthy."

- Purchase quality, affordable, accessible health care for low income, under and uninsured individuals and contain costs.
- Ensure that the special health care needs of children and people with disabilities and long-term care needs are addressed in DHS programs and in health care reforms. Provide choices in long-term care that allow people to live as independently as possible.

"People who need help providing for themselves will receive the help they need."

- In addition to strong economic assistance and health care programs, maintain a strong social services system that maximizes independence.
- Provide choices in long-term care that allow people to live as independently as possible.
- Increase focus on customer and family needs and outcomes so that programs are more flexible and responsive in delivering the help people need.

"Families will provide a stable environment for their children."

- Develop children's policy to guide and lead DHS programs affecting children to accomplish a number of objectives including ensuring family economic stability, improving health services (particularly early and preventive services and mental health services), strengthening families by promoting responsible parenting, protecting vulnerable children through program reforms, strengthening services so they are reflective of the community and improving program delivery and coordination.

"Government in Minnesota will be cost efficient and services will be designed to meet the needs of the people who use them."

- Maintain/invest in systems that create equity, responsiveness and cost-efficiency in programs.
- Increase diversity in the human services workforce and ensure that programs are designed and based in the communities and cultures they serve.

"All Minnesotans will have decent, safe and affordable housing."

- Focus resources on providing decent, safe and affordable housing for people DHS serves.

"Our communities will be safe, friendly and caring."

- Support community building efforts that create good environments for raising children and that prevent people from ever needing the human services safety net.

Table 1: Department of Human Services: Expenditures and Staffing, F.Y. 1994

Program	Expenditures ($ in Thousands)	Percent of Total	FTE Staff Positions	Percent of Total
Finance and Management	$ 206,984	5 %	324.2	5 %
Life Skills Self-Sufficiency	202,270	5 %	163.3	3 %
Children's	77,017	2 %	49.5	2 %
Economic Self-Sufficiency	733,625	17 %	276.7	4 %
Health Care	2,823,594	65 %	393.4	6 %
Community Mental Health and State-Operated Services	285,202	7 %	5,109.7	81 %[1]
Totals	$ 4,328,692	100 %	6,316.8	100 %

[1] See Appendix C.

ORGANIZATION:

Administratively, the department is organized into six programs: Finance and Management, Life Skills Self-Sufficiency, Children's Programs, Economic Self-Sufficiency, Health Care and Community Mental Health and State Operated Services. Major programs of the department include Medical Assistance, General Assistance Medical Care, MinnesotaCare, Aid to Families with Dependent Children, General Assistance, services for children, older Minnesotans and persons with mental illness, chemical dependency and developmental disabilities. The agency licenses a variety of programs such as child care centers and treatment facilities and, through counties, provides child protection and child support enforcement programs.

The Department's services are delivered directly and through county human services agencies, health care providers, jobs and training providers and other public and private sector agencies.

WAYS TO IMPROVE PROGRAM OUTCOMES:

There are several areas in which statutory changes may be considered to improve programs to respond to changing needs and to meet the agency's goals. The changes are found in seven **Priorities for People 1995-97** initiatives. These initiatives are likely to have budget and legislative implications for the 1996-1997 biennium. They are:

- Welfare reform initiative
- Health care reform initiative
- Life skills self-sufficiency initiative
- Families with children initiative
- Infrastructure initiative
- Housing initiative
- Community initiative

Agency: Department of Human Services
Program: Finance and Management

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)	
Total Expenditures	$206,984	4.78 % of departments' spending
From State General Fund	$ 18,728	
From Federal Funds	$132,645	
From Other Funds	$ 55,611	
Number of FTE Staff:	324.2	5.13 % of department's staff

PROGRAM GOALS:

To develop and maintain investments in management and financial operations.

- To create a financial policy and maintain efficient financial operations that support the department's six policy priorities, and that assure uniform and equitable administration of programs and expenditure of funds.
- To create a strategic information systems plan and invest in technology, including voice and video communications, to support the department's six policy priorities.
- To create a human resources policy that is supportive of professional development, training, mentoring and recruitment and that is reflective of the diversity that is inherent in the programs and services the department delivers.
- To create a legal and regulatory policy that promotes equal access to services and ensures quality; and to assure that statutory and regulatory standards are established and implemented which promote an integrated and cost-effective service delivery system while protecting the health, safety, and rights of persons served.

SUMMARY OF PROGRAM SERVICES:

The Department of Human Services, Finance and Management Program exists to develop and maintain an investment in the department's management and financial support operations that will support the department's six policy priorities, and which allow human service programs in Minnesota to be well run, effective and cost-efficient. This program consists of the Executive Offices and the support divisions of Financial Management Division, Information and Policy Services Division, Management Services Division, Human Resources Division, Reimbursement Division, Budget Analysis Division, Reports and Forecasts Division, Appeals and Regulations Division and Licensing Division.

Program: Finance and Management

MAJOR PROGRAM DRIVERS:

- **Technology.** Implementation of the new Minnesota Medicaid Management Information System (MMIS) and installation of the new Statewide Systems Project modules offer opportunities for improving our service delivery, but will continue to require significant investments in resources.

  Increased customer populations and program complexity requires an investment in technology to more efficiently and effectively manage both incoming information and communications from the department to our constituents.

- **Community Based Services.** Increased emphasis on delivery of services in the community has resulted in dramatic increases in licensing and reimbursements activities.

- **Human Resources.** The increasing diversity of both personnel and human services clients, as well as rapid technological changes and increasing program complexity requires an investment in professional development to assure that the department can continue to deliver services efficiently and effectively.

- **Legislation.** Both federal and state legislation has a significant impact on the department's efforts to assure that program policies and regulations are consistent with law, and are implemented in a manner that promotes equal access to services.

KEY PERFORMANCE OBJECTIVES AND MEASURES:

The following are selected program objectives and performance measures from within the Finance and Management sections of the Performance Report that represent key indicators of the Finance and Management Program's progress toward its goals.

Goal 1: To create a financial policy and maintain efficient financial operations that support the department's six policy priorities, and that assure uniform and equitable administration of programs and expenditure of funds.

Objective: DHS payments will be made promptly and with minimum payment transaction error rates. (Objective 12-1.0, page 11.)

Performance Measures:

Percentage of incorrect or duplicate payments.

Percentage of payments made within thirty days.

Objective: Federal Administrative Reimbursement received will meet targets and will be either deposited into the state general fund or disbursed to counties as soon as possible. (Objective 12-3.0, page 13.)

Performance Measures:

Funds received will equal or exceed the target amount set by the Department of Finance, as modified by Legislative action.

Funds will be claimed from the federal agencies and will be deposited to the general fund or disbursed to counties by the target number of days after the federal financial participation (ffp) amounts are calculated.

Program: Finance and Management

Objective: Maintain Reimbursement Division cost per dollar collected at less than $.03. (Objective 18-2.0, page 43.)

Performance Measure:

Cost per dollar collected.

Goal 2: To create a strategic information systems plan and invest in technology, including voice and video communications, to support the department's six policy priorities.

Objective: DHS will provide an increased number of automated telecommunications support systems for use by central office programs. These services will be developed in accordance with a department telecommunication business and technology plan developed in FY 1995. (Objective 16-5.0, page 27.)

Performance Measure:

Number of telephone stations connected to enhanced call distribution or call processing systems.

Goal 3: To create a human resources policy that is supportive of professional development, training, mentoring and recruitment and that is reflective of the diversity that is inherent in the programs and services the department delivers.

Objective: The office space occupied by the department's central office will meet or exceed the requirements of the Americans with Disabilities Act. Every employee will have the opportunity to have their work station adjusted to accommodate their needs. (Objective 16-1.0, page 24.)

Performance Measure:

Number of workstation accommodations.

Objective: Reduce the Department's Affirmative Action disparities (Objective 17-7.0, page 39.)

Performance Measures:

Number of goal units in the Department's central office that are disparate for minorities.

Number of minority employees in the Department.

Objective: Increase the multicultural skills and competencies of the department's workforce. (Objective 17-8.0, page 40.)

Program: Finance and Management

Performance Measures:

Retention/turnover rates of the department's protected group employees as compared to non-protected group employees.

Goal 4: To create a legal and regulatory policy that promotes equal access to services and ensures quality; and to assure that statutory and regulatory standards are established and implemented which promote an integrated and cost effective service delivery system while protecting the health, safety, and rights of persons served.

Objective: DHS rules will be adopted without procedural defect during the 1996-97 biennium. (Objective 20-1.0, page 49.)

Performance Measure:

Percent of rules without procedural defect.

Objective: Administrative fair hearings are conducted and orders issued within mandated time lines, with greater than ninety percent of the orders in fair hearings issued within the 60 day or 90 day time lines required by federal and state law. (Objective 20-2.0, page 50.)

Performance Measure:

Percent of orders in fair hearings that are issued within the 60 day or 90 day time lines required by federal and state law.

Objective: The Licensing Division will process license applications and requests for variances in a timely manner. (Objective 25-1.0, page 56.)

Performance Measures:

Percent of license renewals completed before expiration of the current license.

Percent of new license applications processed within 75 working days of receipt of the completed application.

Agency: Department of Human Services
Program: Finance and Management
Activity: 12-Financial Management

1994 Total Expenditures ($000s):	$174,863	4.04%	of department's budget
1994 Number of FTE Staff:	48.1	0.76%	of department's staff

PROGRAM GOALS:

The basic mission of Financial Management is to:

- Maintain a viable, accurate financial system operated according to laws, rules, regulations, and generally accepted accounting principles, that is responsive to management, facilitates delivery of department services, and ensures appropriate stewardship of public funds.

- To disburse appropriations made for the Red Lake Band of Chippewa Indians program in accordance with law.

- To prepare, maintain, and administer a federally approved cost allocation plan that maximizes administrative reimbursement to the state and to county governments.

DESCRIPTION OF SERVICES:

Budgeting and Management Reporting requires a substantial effort by the Division. The Department of Human Services is a big business. The annual Department budget exceeds $4.5 billion per year. There are over 700 budgetary accounts for the DHS Central Office alone and an additional 500 for the Regional Treatment Centers. Annual and biennial budget documents must be prepared for each account and there are an average of fifteen expense items included in each budget document. Over twenty complex, multi-page management reports are prepared and distributed to DHS managers and staff each month. Tasks include:

- Preparing annual operating budgets and interim adjusting documents.
- Preparing the fiscal portion of the biennial budget.
- Maintaining fiscal records through the statewide accounting system and generating, distributing, and maintaining the statewide accounting reports on state, federal, and other funds expended by the department.
- Preparing internal management reports on the financial status of department programs.

Accounts Receivable and Federal Cash Management are important Division functions. Over 252,000 checks are received by DHS each year. Approximately $2 billion in federal funds are drawn on letter of credit every year. Ten or twelve draws are made each working day. Every federal program, and there are close to 100, requires at least two multi-page fiscal reports each quarter. Tasks include:

- Receiving, identifying, and depositing central office receipts to the state treasury.
- Preparing federal fiscal estimate and expenditure reports for all federal programs administered by the department.
- Obtaining and monitoring federal funds/draws by program on letter of credit.
- Ensuring conformance with the Federal Cash Management Improvement act.

The Division prepares and maintains a federally approved (by the Federal Division of Cost Allocation) cost allocation plan that is the vehicle for claiming federal reimbursement of administrative costs of over $20 million per year for the DHS central office and over $80 million per year for County Human Services Departments. The plan uses over 80 statistical allocation bases to distribute administrative costs to federal and state programs via a fifteen step cost schedule process designed to ensure consistent and fair treatment of costs and to maximize revenue to the state. A random moment time distribution methodology is used for cost allocation in the counties. Approximately 25,000 random moment report sheets are produced, distributed to county staff, received back, and tabulated every quarter. The cost allocation plan must be amended at least every quarter due to changes in DHS organization, operations, or circumstances. Tasks include:

Activity: 12-Financial Management

- Developing and maintaining the federally-approved department cost allocation plan, including a standard county plan that most counties utilize.
- Calculating, drawing on letter of credit, and distributing federal administrative earnings to counties and the state general fund.

Accounting for the 222 grant programs that are 89.79% of the DHS budget is a major part of the Division mission. Every one of the grant programs has it's own special circumstances, conditions, and requirements. Six of the grant programs have their own major computer operating systems which interface with the Statewide Accounting System as payment sub-systems. Tasks include:

- Developing, promulgating, receiving, and desk auditing financial reports for the Grant Programs supervised by the department.
- Issuing appropriate state and federal reimbursement to local agencies and other department sub-recipients.
- Distributing to appropriate counties the legislative appropriation as reimbursement for expenditures made to or for members of the Red Lake Band of Chippewa Indians who live on the Red Lake Reservation.
- Managing grant program sub-systems and the sub-systems interface with the Statewide Accounting System.

The Division is responsible for the DHS financial internal control system and for audit resolution of findings for the DHS central office, the 87 counties, and the 98 DHS non-profit sub-recipients. Tasks include:

- Establishing financial procedure guidelines and providing technical assistance to central office staff, local agencies, and state residential facilities.
- Coordinating the single-audit process for human services activities and resolving audit findings and recommendations of department sub-recipients.

Review, validation, and payment of valid DHS central office obligations, including payment of central office staff, is a significant responsibility for the Division. In excess of 8,000 payment transactions are desk audited, coded and entered into the Statewide Accounting System each month. Each payment transaction requires 70 key strokes for entry. Payment of staff requires that 1,300 payroll time sheets be reviewed and entered into the state payroll system and the 1,300 payroll warrants be distributed or direct deposited every two weeks.

Financial Management is a support operation and as such has both internal and external customers. Internal customers include department staff and managers. External customers include local agencies, vendors, other state departments (primarily the Finance department), federal agencies, and department clients. Since one of Financial Management's two major goals is to facilitate delivery of department services, the primary customer focus is on the internal customers. To accomplish this, Financial Management must prepare annual operating budgets and biennial budget figures, working with division directors, activity managers, and program administrators; pay all department operating expense bills and pay/record in the Statewide Accounting System all grant and assistance payments; receive and deposit to the state treasury all department check and cash receipts; report and claim federal expenditure reimbursement; maintain the department fiscal records; and ensure that all department fiscal operations are accomplished in compliance with state and federal laws, regulations, policies, and within a system of adequate internal controls.

PROGRAM DRIVERS:

- Extreme complexity of the laws, rules, regulations, and policies that must be adhered to.
- Sometimes conflicting regulations and program directions.
- Constantly changing programs, and evolving approaches to the problems of dealing with social needs.
- Shortage of staff and monetary resources.
- Developing computer systems and major modifications to existing systems.
- Integration of programs with other state departments and with local agencies.
- Communication with customers as the pace of change accelerates.
- Preparing for major innovations in Health Care and Assistance Programs at the State and National level.

Activity: 12-Financial Management

- Implementing the principles of Total and Continuous Quality Management to ensure development and full use of all staff potential.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 12-1.0. DHS payments will be made promptly and with minimum payment transaction error rates.

Measure 12-1.0 (a) Number of payment transactions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	23,425	24,443	26,662	30,226			
Target					34,500	36,000	38,000

Measure 12-1.0 (b) Percentage of incorrect or duplicate payments.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	.04%	.02%	.03%	.02%			
Target					.02%	.02%	.02%

Measure 12-1.0 (c) Percentage of payments made within thirty days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	97.3%	98.5%	98.5%	98.3%			
Target					98.0%	98.0%	98.0%

Measure Description - Objective 12-1.0

Measure 12-1.0 (a) Number of payment transactions.

Definition: The count of the number of vendor payment transactions processed by the Financial Management Division each year.

Measure 12-1.0 (b) Percentage of incorrect or duplicate payments.

Definition: The number of incorrect (wrong amount, wrong vendor, etc) and duplicate payments made by the Financial Management Division expressed as a percent of the total payments made.

Measure 12-1.0 (c) Percentage of payment made within thirty days.

Definition: The number of payments made within thirty days of receipt of invoice for those payments subject to the prompt payment target expressed as a percentage of the total subject payments.

Rationale: Prompt payment of department obligations and low payment error rates, i.e. very few duplicate payments, incorrect payments, or misdirected payments are important customer satisfaction measures and a good indicator of the operational efficiency of the department. Vendors and providers will be more likely to deal with DHS and to extend cooperation to department staff if they are confident that they will be paid promptly and correctly. Fewer errors mean reduced corrective work for DHS staff and for our other state agency customers, allowing maximum productive utilization of staff resources.

Data Source: The Department of Finance provides reports on prompt payment and payment errors.

Activity: 12-Financial Management

Discussion of Past Performance:

Department payment errors and late payments have been low despite increasing levels of transactions.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Incorrect invoice amounts and incorrect or inconsistent data (such as different remit to addresses) on invoices can give the impression that a department error has been made or can affect prompt payment records. Implementation of a new statewide accounting system beginning in fiscal year 1996 will impact payment performance in unknown ways.

Objective 12-2.0. Deadlines for annual and biennial budgets, payroll and position transactions, and fiscal management reports will be met and quality will achieve a high customer satisfaction rating.

Measure 12-2.0 (a) Percent of deadlines that are met.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure 12-2.0 (b) Customer Satisfaction Rating.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	To be developed						
Target							

Measure Description - Objective 12-2.0

Measure 12-2.0 (a) Percent of deadlines that are met.

Definition: The number of deadlines that are met expressed as a percentage of the total number of deadlines.

Measure 12-2.0 (b) Customer satisfaction rating.

Definition: The percentage of customers that express satisfaction with division work.

Rationale: Meeting budget and other transaction deadlines is a good indicator of efficient DHS operation. Customer satisfaction ratings are important since Executive Budget Officers, Legislators, Legislative staff, and DHS program/policy staff are more likely to receive and react to DHS proposals positively if documents and transactions are on time and in proper order.

Data Source: Customer satisfaction surveys must be developed and implemented. Feedback on meeting deadlines will be provided by the Department of Finance.

Discussion of Past Performance:

Not applicable.

Activity: 12-Financial Management

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Delay in receiving source data and in decision making will affect efforts to achieve deadlines and provide quality fiscal information and analysis. Changes in budget and operating instructions and changes in the Biennial Budget System can negate DHS efforts to meet deadlines.

Objective 12-3.0 Federal Administrative Reimbursement received will meet targets and will be either deposited into the state general fund or disbursed to counties as soon as possible.

Measure 12-3.0 (a) Percentage of federal financial participation (ffp) received for DHS central office administrative expenditures.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			Available 10-1-94				
Target							

Measure 12-3.0 (b) Funds received will equal or exceed the target amount set by the Department of Finance, as modified by Legislative actions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			Available 10-1-94				
Target							

Measure 12-3.0 (c) Funds will be claimed from the federal agencies and will be deposited to the general fund or disbursed to counties by the target number of days after the ffp amounts are calculated.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			Available 10-1-94				
Target							

Measure Description - Objective 12-3.0

Measure 12-3.0 (a) Percentage of federal financial participation (ffp) received for DHS central office administrative expenditures.

Definition: The amount of ffp received by DHS central office each year expressed as a percentage of the total DHS central office administrative expenditures.

Measure 12-3.0 (b) Funds received will equal or exceed the target amount set by the Department of Finance, as modified by legislative actions.

Definition: The amount of ffp received each fiscal year will be compared to the target amount established via the biennial budget process to determine if actual funds received equal or exceed the target established for that fiscal year.

Measure 12-3.0 (c) Funds will be claimed from the federal agencies and will be deposited to general fund or disbursed to counties by the target number of days after the ffp amounts are calculated.

Activity: 12-Financial Management

Definition: The actual days elapsed from the time that ffp is calculated to the day it is either deposited into the state general fund or disbursed to counties will be compared to an established target date.

Rationale: Correctly estimating the amounts of this revenue source and receiving the funds as close to schedule as possible are important to the fiscal management of the state and counties. DHS and county programs benefit from having as much money to utilize as possible.

Data Source: The revenue target is established as part of the biennial budget and legislative appropriation process, and is recorded as part of the budget tracking systems of the Finance Department and the Legislature. Ffp received is recorded as part of the cost allocation process of DHS. The DHS administrative expenditures are recorded and reported by the Statewide Accounting System. Deposit and disbursement dates are recorded as part of the Accounts Receivable process.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Changes in federal regulations on reimbursement rates and delayed federal grant awards will affect the department ability to draw federal money. Conditions that change from the time that revenue target amounts are calculated must be considered.

Objective 12-4.0 Receipts will be deposited promptly and correctly.

Measure 12-4.0 (a) Volume of checks deposited.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	102,560	110,092	157,957	239,500			
Target					530,000*	600,000*	600,000*

Measure 12-4.0 (b) Number of draws on Letter of Credit.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	2,442	2,566	2,617	3,218			
Target					3,600	3,700	4,000

Measure 12-4.0 (c) Percentage of checks received deposited within twenty-four hours.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure 12-4.0 (d) Percentage of checks deposited correctly.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	NA	99.16%			
Target					99.2%	99.3%	99.3%

Activity: 12-Financial Management

Measure Description - Objective 12-4.0

Measure 12-4.0 (a) Volume of checks deposited.

Definition: The count of the number of checks received, identified, processed, and deposited into the state treasury each year.

Measure 12-4 (b) Number of draws on letter of credit.

Definition: The count of the number of separate funds draws processed on federal letter of credit each year.

Measure 12-4 (c) Percentage of checks received deposited within twenty-four hours.

Definition: The count of the number of checks received each day that are deposited to the state treasury within the statutory twenty-four hour period, expressed as a percentage of the total number of checks received.

Measure 12-4 (d) Percentage of checks deposited correctly.

Definition: The number of checks deposited to the correct accounts expressed as a percentage of the total checks received each year, measured by the number of deposit corrections.

Rationale: Prompt and accurate identifying, processing, and deposit of receipts maximizes the use of funds by the state treasurer, and may increase interest income to the state. Prompt and accurate deposit of MinnesotaCare premium payments has a direct benefit for DHS client customers, since eligibility of the MinnesotaCare program is dependent on the receipt and recording of the premium payment. Prompt and accurate draws of federal funds on letter of credit minimizes the use of state funds to cover federal program expenditures and saves interest on the state money that would be lost to the state.

Data Source: The information necessary to measure this objective comes from the internal records of the DHS accounts receivable unit. Some reports will have to be developed to accomplish these measures.

Discussion of Past Performance:

Department receipts have been deposited promptly and with minimal error levels despite increasing volume.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

Checks with improper or non-existent identification delay deposit and may be deposited incorrectly. Checks that are sent to the wrong address or to the wrong unit in DHS are delayed in deposit. Inadequate federal grant awards can cause delay in drawing funds. Implementation of a new statewide accounting system beginning in fiscal year 1996 will impact receipt processing in unknown ways.

Activity: 12-Financial Management

Objective 12-5.0. Responsible administration of DHS grant funds will be ensured by a balance of financial controls and technical assistance facilitating program delivery.

Measure 12-5.0 (a) Number of Grant programs administered by DHS.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure 12-5.0 (b) Customer satisfaction rating.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure 12-5.0 (c) Number of audit exceptions taken on DHS grant programs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure 12-5.0 (d) Number of hours of technical assistance provided to grantee staff by DHS Financial Management Division staff each fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		To be developed					
Target							

Measure Description - Objective 12-5.0

Measure 12-5.0 (a) Number of grant programs administered by DHS.

Definition: The count of the number of grant program accounts that DHS administers each fiscal year.

Measure 12-5.0 (b) Customer satisfaction rating.

Definition: The percentage of customers that express satisfaction with division work.

Measure 12-5.0 (c) Number of audit exceptions taken on DHS grant programs.

Definition: The count of the number of audit findings in the financial and compliance areas pertaining to DHS grant program accounts written up by the Legislative Audit's Staff in official audit reports each fiscal year. This count will be footnoted to highlight findings that are satisfactorily explained prior to the official audit resolution process and findings where DHS top management does not agree with the audit finding.

Measure 12-5.0 (d) Number of hours of technical assistance provided to grantee staff by DHS Financial Management Division staff each fiscal year.

Definition: The count of the total number of hours of technical assistance provided to grantee staff, including training classes, seminars, video conferences, one-on-one assistance, phone consultations, manual and bulletin instructional material prepared, attendance at regional meetings, participation on task forces, etc.

Activity: 12-Financial Management

Rationale: Grant funds administered and disbursed by DHS are a significant revenue resource for counties and other DHS grantees that receive them. There is frequently direct benefit to clients in that aids and services can be offered expeditiously by counties and other DHS grantees if they are assured that the funds will be received on a timely basis; that clear, simple, proper, and administratively efficient procedures for awarding, disbursing, and reporting are in place; that technical assistance is available in a variety of forms and is freely offered; and that there are likely to be few funding and compliance problems from auditors.

Data Source: Customer satisfaction surveys and other customer attitude measuring devices will have to be developed. Other data is available internally and from audit reports, although work will be required to refine and extract the necessary data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Changes in federal regulations, state statutes, rules, laws, and procedures that are not foreseen can have negative effects on grant administration. Policy shifts cannot be anticipated. Resource limitations, both human resources and funds for travel, printing, communications, and other non-salary administrative expenses will hamper efforts to do the best job.

Agency: Department of Human Services
Program: Finance and Management
Activity: 15-Information Policy & Services

1994 Total Expenditures ($000s):	$14,926	0.34%	of department's budget
1994 Number of FTE Staff:	62.3	0.99%	of department's staff

PROGRAM GOALS:

The mission of the Information Policy & Services Division is to support the service programs and administration of the Department of Human Services through the application of technology. In collaboration with user managers, the division provides technological solutions to business problems and support to application throughout their life cycle. The division provides a department focus to information systems planning, standards and coordination. IPSD centrally coordinates specific information system services for the department. Information Policy & Services has six major goals:

- Provide Systems Life Cycle Support
- Provide Data Management
- Deliver Network Support
- Supplement Hardware Management
- Deliver System Solutions
- Provide Administrative Systems Support

DESCRIPTION OF SERVICES:

The program is delivered through the following activities:

System life cycle support: through seven teams of analysts and programmers, systems analysis, programming, and maintenance planning is given to all information systems efforts within the department.

Data Management: A team of data base specialists provide data base analysis and programming for the department's data architecture.

Network Support: Local area networks, and remote connections are made available through a team of network specialists. Additionally, the team provides security administration.

Hardware Management: Customer Liaisons provide management of hardware for maintenance, upgrades, and inventory control for DHS Central Office computers both PCs and minis.

Systems Solutions: Key technical representations are assigned to emerging technologies to understand and identify potential areas of implementation for DHS business functions.

Administrative: Team leaders work with the divisions business management to provide, planning, budget planning, and interagency billing support.

Volume of Work: Systems maintained impact 24,000 providers, 6,000+ county workers, 6,000 DHS employees, and approximately 12% of the State of Minnesota population. Three major systems account for the majority of IPS work effort: Child Support, Minnesota Medical Information System, and MAXIS(AFDC/Food Stamp). Collectively these systems have 4 million + lines of code; 11,000 edits; 3,000 on line formats; 3,000 + program; 3,000 + reports; and 800 + prioritized maintenance requests annually.

Activity: 15-Information Policy & Services

PROGRAM DRIVERS:

- Pressure to limit government costs by installation of technology versus adding employees
- Desire to make government services available to the public in a more rapid and convenient manner through information access, 1-800 numbers, etc.:
- Rapid proliferation of personal computers and their use as everyday business tools.
- Health Care and Welfare reform efforts to revamp delivery systems that require increased levels of automation to support.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 15-1.0 Provide Administrative Support.

Measure 15-1.0: Number of Updated Strategic Information Systems Plans

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			1		1		
Target							1

Measure Description - Objective 15-1.0

Definition: Administrative Support is the preparation of material for use by senior management in allocating of information systems resources.

Rationale: All state agencies/programs are required to provide information system plans as part of the budget process. The preparation of a plan from a central location eliminates duplication and allows a view of the total costs of systems. Continuing the input allow a composite view of the direction of the departments use of computer resources.

Data Source: Data is collected from programs, counties, other agencies that interact with DHS systems, providers of medical services, federal, legislative, and public sources.

Discussion of Past Performance:

The previous strategic plan was very successful in linking the departments technology together and providing a workable future. It was favorable received at the Information Policy Office and serves as a roadmap for new systems efforts.

Plan To Achieve Targets:

A comprehensive series of meetings and mini-retreats with senior management are in process. These meetings coupled with a full-time staff coordinator will allow successful establishment and implementation.

Other Factors Affecting Performance:

Legislation requirements provide the single budget source of changes that impact ability to prepare updated plans. These requirements come from both state and federal mandates.

Objective 15-2.0: Provide Data Management

Measure 15-2.0: Number of new data sets provided.

Activity: 15-Information Policy & Services

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	50	65	75	80	90e		
Target						100	110

Measure Description - Objective 15-2.0

Definition: Data management assumes high level data bases built on the mainframe for DHS reporting and integration between systems for client identification.

Rationale: DHS supports all clients through an extensive array of data stored on mainframe computers. Accessing, storing, and integration of data requires a dedicated staff with expertise on state-of-the-state database products.

Data Source: Data management requires a collection of data from major programs into a series of database files. Input to collection and storage is from programs, counties, providers, and the federal government.

Discussion of Past Performance:

Data sets are the key groupings of information for management reporting and department use. Previous data set creation was tied to new systems development.

Plan To Achieve Targets:

Database analysts will be assigned to user/manager teams to identify new department requirements. These requirements will tend to be program and within the various databases maintained.

Other Factors Affecting Performance:

Maintenance of databases impacted by legislation, and user input.

Objective 15-3.0 Maintain existing Applications.

Measure 15-3.0: Number of modifications to existing applications.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	300	350	400	450	500e		
Target						550	600

Measure Description - Objective 15-3.0

Definition: Maintenance of existing application is the analysis and programming of computer program changes.

Rationale: As the installed base of information systems has grown so has the requirements to maintain the systems in usable and satisfactory condition. Approximately 70% of staff provides routine maintenance on an ongoing basis.

Data Source: Maintenance directions are determined by priorities set in user meetings that are representative of programs, and county staff.

Activity: 15-Information Policy & Services

Discussion of Past Performance:

Maintenance of applications is done on a priority order as selected by end user areas. As DHS application base has grown so has the maintenance.

Plan to Achieve Targets:

Application staff will be assigned to teams composed of technical staff and end users. Through the teams, maintenance items will be prioritized and defined. System analysis and programming processes will then be implemented.

Other Factors Affecting Performance:

Legislation provides new maintenance efforts and is generally a by product of each session both federal and state.

Objective 15-4.0: Develop Systems Solutions

Measure 15-4.0: Number of major modifications and significant new development.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	3	4	5	6	7e		
Target						7	8

Measure Description - Objective 15-4.0

Definition: System solutions require new computer programs or new technologies applied to business problems.

Rationale: In well managed computer systems groups a staff of professionals are identified to develop new technologies or computer programs. This staff is 15% of the full complement available.

Data Source: Priorities for system solutions (new development) come from counties, federal programs, other agencies, and the legislator.

Discussion of Past Performance:

Most of these new systems solutions have been required by changing legislation. All major enhancements have been delivered.

Plan to Achieve Targets:

Identification of key development items will be done through the strategic plan development. Once a set of enhancements are identified, subject teams will be put together with target performances or milestones. Monitoring will be performed on a milestone basis.

Other Factors Affecting Performance:

Legislation is often passed that moves new development in a variety of ways.

Activity: 15-Information Policy & Services

Objective 15-5.0: Network and Hardware Management

Measure 15-5.0: Number of computers installed, networked, and supported.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	500	500	800	1000	1200e		
Target						1400	1700

Measure Description - Objective 15-5.0

Definition: Network and Hardware management is the support for electronic mail, connectivity, security, hardware procurement to run telecommunication.

Rationale: Modern computer installations have as their backbone telecommunications. Maintenance and care of the security of this environment has become a bigger responsibility as more access points are developed.

Data Source: Key access points are found in the counties, medical providers, DHS Central Office, and at the Regional Treatment Centers.

Discussion of Past Performance:

Major developments and internal business process change has increased the need for Personal Computers and the need to network them together. Collectively, DHS has seen an major increase in the number of new installation. Our staff has installed about 1,000 to date.

Plan to Achieve Targets:

DHS central office and its two remote sites are serviced by a staff of end user systems staff. Throughout the next several years, they will be proactive by leading meetings that provide a collecting of forecasts and trends in computer usage. This forecasts will be used to align support.

Other Factors Affecting Performance:

Introduction of new technologies by vendors impact this area. Newer technologies require extra effort over the short run to successfully ensure the implementation is correct and can integrate with older networks.

Agency: Department of Human Services
Program: Finance and Management
Activity: 16-Management Services Division

1994 Total Expenditures ($000s):	$7,263	0.17%	of department's budget
1994 Number of FTE Staff:	34.9	0.55%	of department's staff

PROGRAM GOALS:

The goal of the Management Services Division is to provide office and building-related services to the program units of the Department of Human Services (DHS) in order to support their delivery of services to the citizens of Minnesota. The program units, the customers of this division, employ approximately 1,200 persons. Specifically, the goals are:

- To provide effective office space and facilities for all DHS central office employees.
- To provide effective communication systems - both voice and mail.
- To provide an array of general office services.

DESCRIPTION OF SERVICES:

The array of office services provided by the division is determined by the need for a particular service and the availability of resources. The method of the delivery of each service is determined by the nature of the service and how it can best be made available to the program staff.

These services are provided in the following areas:

Facility management: Includes management of the Human Services Building and 3 other central office locations in the metro area. This involves coordination of all aspects of the building such as maintenance, security, rental rates, parking, and remodeling. It also involves managing the leases for approximately 30 locations out-state.

Office space planning: Includes modifying the office space to adapt to the changing needs of the program staff. This includes reassignment of space among the various organizational units, the reconstruction of walls, and the reconfiguration of paneling. In FY 94, DHS central office facilities were adapted to comply with the requirement of the American with Disabilities Act and meet current indoor air quality standards.

Telecommunication services: Includes the installation and management of wiring systems for computers and telephones and the management of the department-owned telephone systems for all department leased facilities. The division also owns a voice mail system providing service to over 1,100 department staff.

General office services: Includes media services and equipment, graphics services, forms management, centralized purchasing, (3,500 requisitions were processed in F.Y. 1993 to provide goods and services to department staff. Almost 500 purchases were made from targeted vendors, i.e., minority owned, small businesses, etc.) inventory management, records management, printing, travel arrangements for employees, equipment repair services, central word processing, information desk and visitor services, photocopy services, surplus property services, and recycling services.

Mail Services: Includes comprehensive mail service to the department and its major clientele such as county agencies, private child caring agencies, residential treatment centers, medical and licensed providers, MinnesotaCare clients, and others. This includes providing mail services to customers in the Human Services Building and 3 off-site locations. Approximately 3,500,000 pieces of mail are handled annually.

Forms Supply: Includes the printing, stocking, and furnishing forms to 28,000 agencies such as local human services agencies, medicaid providers, residential treatment centers, and private child caring agencies.

Activity: 16-Management Services Division

Video-communications: Includes coordination of the human services' video network (currently 10 sites), arranging video conferences for customers (currently averaging 120 conference hours per month), coordination of satellite productions, expanding the network, and making the entire function self-sufficient by selling services to customers and to other agencies.

Legislative process: Coordinates department-wide legislative activities with the Governor, the Legislature, the Revisor of Statutes, and the Congressional delegation; responds to requests for program and fiscal information from the Commissioner, the Legislature, the Governor, and the Congressional delegation; and provides legislative information to department staff.

PROGRAM DRIVERS:

Three factors impact this program:

- The program is involved in the closure of the Moose Lake Residential Treatment Center (RTC). Staff from this program are ensuring that all administrative and medical records are maintained and/or destroyed according to law. This is weighing heavily on current staff resources.

- The program is highly impacted by the implementation of the statewide system for procurement. The requirements of the system will drastically change the policies and procedures for purchasing. The program is empowered to adapt procedures so they, in turn, will impact the program manages throughout the Department.

- Other administrative units in the department are implementing new programs and procedures which place a great demand on the support functions this program provides. The welfare and health reform measures, the new medicaid payment process, and MinnesotaCare require support in the areas of telecommunications, facilities, graphics design, mail, brochures and program materials.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 16-1.0. The office space occupied by the department's central office will meet or exceed the requirements of the Americans with Disabilities Act. Every employee will have the opportunity to have their work station adjusted to accommodate their needs.

Measure 16-1.0 Number of work station accommodations.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	25	42	128	163	215e		
Target						285	325

Measure Description - Objective 16-1.0

Definition: Accommodation is defined more broadly than the concept of "reasonable accommodation" in which an employee must be determined to have a disability. Accommodation in Management Services' terms means adjusting the workplace to fit the needs of the individual employees.

Rationale: Studies have shown several benefits of designing and adjusting the workplace to fit the needs of individual employees. Activities involved in accommodation may include adjusting work surfaces to the proper height, locating shelves and files to suit an individual's ability to reach and work habits, adjusting the chair to fit the employee, and training in how to use keyboard trays and other ergonomic devices effectively. These activities result in increased employee comfort and effectiveness, and will hopefully reduce the incidence of repetitive stress and other injuries long-term.

Data Source: DHS Facilities Management Statistics.

Activity: 16-Management Services Division

Discussion of Past Performance:

The number of accommodations has been increasing because of two factors - the number of employees has increased and the employees' awareness that accommodations are not only possible, but once made, increase comfort and productivity.

Plan to Achieve Targets:

The estimated increases are projections based on the same two factors described above.

Other Factors Affecting Performance:

We rely on a contract vendor to provide personnel for this activity. Prices and budgets could affect our ability to continue this service.

Objective 16-2.0. The office space occupied by the department's central office will meet or exceed the indoor air quality standards set forth by the American society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE).

Measure 16-2.0 Number of areas in central office facilities determined not to meet ASHRAE standards by tests conducted according to accepted industry standards.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	12	0	0e		
Target						0	0

Measure Description - Objective 16-2.0

Definition: Workplace air quality standards are set by the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE), setting forth the required volume of outdoor air that must be delivered to each person within occupied space.

Rationale: To maximize employee performance and protect employee health, it is critical that we properly circulate an appropriate amount of outdoor air throughout occupied space. All central office facilities have now been properly designed, tested, and found to meet current ASHRAE standards. Contract engineers will be used to conduct periodic tests to ensure that facilities continue to comply with standards. Future building population changes will be compared with mechanical system capacity to avoid non-compliance with indoor air quality requirements. New facilities will be designed prior to occupancy to meet applicable standards for the intended population.

Data Source: ASHRAE Standard 62-1989 and DHS Facilities Statistics.

Discussion of Past Performance:

There were no applicable standards until 1993, although testing had been done. The corrective action taken in F.Y. 94 has now eliminated any area which does not meet the standards.

Plan to Achieve Targets:

It is expected that all areas will meet standards because of the corrective action already taken, the continued monitoring, and the design of new space to meet standards prior to occupancy.

Activity: 16-Management Services Division

Other Factors Affecting Performance:

We rely on a contract vendor to provide engineering personnel for this activity. Prices and budgets could affect our ability to continue this service.

Objective 16-3.0. Incoming and outgoing mail will be processed within 24 hours of receipt by the Mail Distribution Center, so that our customers business (i.e., the program administrators) can proceed.

Measure 16-3.0 Mail quantities processed by the Mail Distribution Center (000s).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	2,258	2,836	3,200	3,500	3,600e		
Target						3,800	4,000

Measure Description - Objective 16-3.0

Definition: The Mail Distribution Center processes all incoming mail on a daily basis. Outgoing mail received by the Mail Distribution Center by 3 p.m. is processed and sent out on that working day.

Rationale: The Department of Human Services (DHS) benefits from the timely and routine processing of mail. Postal regulations must be adhered to as mail volume increases. Procedures for mail processing are often changed due to new rules and regulations enacted by the Postal Service.

Data Source: Sample documentation is done on a bimonthly basis to determine volume of mail processed.

Discussion of Past Performance:

The quantity of mail has increased because of the needs of the DHS programs. For example, the implementation of the MinnesotaCare program has increased mail quantities considerably.

Plan to Achieve Targets:

The growth of mail quantities will continue to increase as program needs dictate, but it is anticipated that the automation of some programs will temper the growth to some extent (Example MMIS 2).

Other Factors Affecting Performance:

Natural disasters, postal strike, or strikes by affiliated organizations.

Objective 16-4.0. DHS constituents (health care providers, county agencies, etc.) will receive forms within 10 days of the Department's receipt of the request.

Measure 16-4.0 Quantity of forms sent out (000s).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	12,000	13,000	19,000	17,000	17,000e		
Target						17,000	17,000

Measure Description - Objective 16-4.0

Definition: Laws, rules and regulations mandate that DHS supply forms to using agencies.

Activity: 16-Management Services Division

Rationale: Laws, rules, and regulations require that certain basic forms are available to using agencies so that there is state-wide uniformity in the administration of the human services' programs.

Data Source: Mail and forms distribution center statistics.

Discussion of Past Performance:

Program expansion and new programs have contributed to the increase of the quantity of forms being supplied to using agencies. The implementation of MMIS 2 has decreased the quantity in F.Y. 94.

Plan to Achieve Targets:

It is estimated that the quantity will remain steady through 1997. While some programs will expand, the automation of others will result in a decrease of paper forms and thus will hold the increase in check.

Other Factors Affecting Performance:

The DHS Forms Distribution Center receives instructions from program staff. Each program is responsible for their specific budget. Occasions occur when funding has been exhausted and resulted in the unavailability of forms.

Objective 16-5.0. DHS will provide an increased number of automated telecommunication support systems for use by central office programs. These services will be developed in accordance with a department telecommunication business and technology plan developed in FY 1995.

Measure 16-5.0 Number of telephone stations connected to enhanced call distribution or call processing systems.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	26	80	210	347	400e		
Target						416	500

Measure Description - Objective 16-5.0

Definition: Enhanced call processing and distribution are computerized systems designed to efficiently and effectively route customer calls appropriately among program areas.

Rationale: Increasing customer population and program complexity make it imperative that DHS be able to effectively manage incoming customer telephone calls. Automated systems allow those calls to be routed efficiently in an effort to minimize customer frustration.

Data Source: DHS Telecommunication Technology Team Statistics.

Discussion of Past Performance:

The use of computerized telephone systems has dramatically increased in recent years because the technology has become more reliable, useful, and cost-effective.

Plan to Achieve Targets:

The increase will continue as program managers utilize this technology to manage customer contacts. Acquisition of technology will meet this increasing need.

Activity: 16-Management Services Division

Other Factors Affecting Performance:

A cut in budget could affect our ability to expand or continue to support this service.

Agency: Department of Human Services
Program: Finance and Management
Activity: 17-Human Resources

1994 Total Expenditures ($000s):	$1,489	0.03%	of department's budget
1994 Number of FTE Staff:	24.8	0.39%	of department's staff

Summary: The Human Resources budget activity includes two major program areas: (1) human resources management services for the department and 77 counties, and (2) affirmative action and equal employment opportunity services for the department and 77 counties, and civil rights services for the department, all Minnesota counties and health and human services providers.

PROGRAM GOALS - HUMAN RESOURCES MANAGEMENT:

The goals of the Human Resources Division include:

- Competent, trained and flexible DHS and county work forces that are continuously learning and adapting to changing conditions.
- DHS and county managers and supervisors satisfied with the quality, timeliness and quantity of the Human Resources Division products and services.
- Human Resources Division staff who are fully versed in the ever-increasing new employment laws, regulations and contract provisions which affect DHS. Some examples include the Americans with Disabilities Act and the Family Medical Leave Act.
- Continuously improving or reinventing human resource policies and tools to quickly meet the changing needs of DHS and county managers.
- Human resource accountability decentralized to the extent practicable to ensure efficient and effective decision-making and services.
- Safe work environments and healthy work forces.
- Positive labor-management relations.

DESCRIPTION OF SERVICES:

The Human Resources Division which is responsible for assisting administrators in managing approximately 8,000 department employees in many locations statewide and 3,700 county employees in 77 counties. The Division also provides services directly to department and county employees and to applicants for department and county employment. This centralized function provides direct services, but also provides leadership for decentralized human resources activities through the development and administration of department-wide human resources policies and procedures. For the department, the Division operates within the constraints of the state's human resources system which is described in Minnesota Statutes, Chapters 43A and 179A and their associated rules, policies and procedures; collective bargaining agreements; and plans governing the compensation, terms and conditions of employment for unrepresented employees. For the counties, the Division operates within the constraints of federal standards, Minnesota Statutes, sections 256.012 and 393.07, subdivision 5 and rules of the department. The goal is the smooth operation of the department's and counties' programs and accomplishment of the their missions. This program has four key activities:

Activity: 17-Human Resources

Staffing: Provides recruitment, selection, compensation and classification services to department and county managers. The specific activities include developing, announcing and administering examinations; recruiting candidates through placement of advertisements, on-site recruitment, informational interviews and responses to inquiries; maintenance and certification of lists of eligible candidates; developing interview questions and participating in selection interviews; determining appropriate compensation relationships between jobs and between individual employees and advising management accordingly; consulting with managers regarding organizational structure and job design; developing position descriptions; and determining the appropriate classification of jobs.

Labor Relations: Administers collective bargaining agreements; advises management in employee performance management concerns and grievance handling; negotiates memoranda of understanding; arbitrates grievances; and works cooperatively with labor and management representatives to solve problems and address issues of mutual concern. This activity is performed solely for the department, not the counties.

Training and Development: Coordinates and provides training and development information and opportunities for department and county employees. Manages library and volunteer programs. Provides leadership in the training application for modern technology including satellite, audio and interactive video conferences.

Health, Safety and Workers Compensation: Provides and directs department employee health and safety programs and administers workers' compensation and return-to-work programs for injured department employees.

PROGRAM DRIVERS:

Major changes in society, the department and the human resource management profession have resulted in significantly heavier workloads, more complex laws and regulations to administer, and more stressful working conditions which have aggravated employee relations. Some of these changes include:

- Expansion of health care programs;
- Increases in county employment (from 3,045 in 1989 to about 3,700 today) and demands from counties for employment services;
- Increasing litigiousness of society resulting in more complaints, grievances and lawsuits;
- Increased number and complexity of employment laws, regulations and legal decisions (e.g., the Americans with Disabilities Act and the Family Medical Leave Act);
- Regional treatment center downsizing and transition to community-based services;
- Decentralization of staffing decisions and information system duties from the Department of Employee Relations;
- New management practices necessitating new human resource policies and tools to support them; and
- Changing demographics of the workforce and changing needs and expectations of employees, resulting in new and different demands on our human resource systems.

The Human Resources Division must be able to rapidly adapt and respond to these changes in order to meet its key program goals.

Activity: 17-Human Resources

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 17-1.0 Increase the speed of service to county agencies.

Measure 17-1.0 (a) Average number of days between receipt of properly documented classification request and decision on the request.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	6.5	5	5	4e	4e		
Target						3	3

Measure 17-1.0 (b) Average number of days between test date and placement of names on eligible register.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	30	22	12	12e	11e		
Target						11	10

Measure 17-1.0 (c) Average number of days between receipt of properly documented certification request and referral of names from the register.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	7	7	5	6e	5e		
Target						5	4

Measure Description - Objective 17-1.0

Measure 17-1.0 (a) Average number of days between receipt of properly documented classification request and decision on the request.

Definition: A total count of the number of days it takes to process each classification request from date of receipt of properly documented request to date of final decision on the request, divided by the number of classification requests.

Measure 17-1.0 (b) Average number of days between test date and placement of names on eligible register.

Definition: A total count of the number of days it takes to process each exam from test date to date the names of those with passing scores are placed on the register of eligible candidates, divided by the number of registers, and then divided by 7 (days in a week) for the conversion to weeks.

Measure 17-1.0 (c) Average number of days between receipt of properly documented certification request and referral of names from the register.

Definition: A total count of the number of days it takes to process each certification request from date of receipt of properly documented request to date of referral of names from the register, divided by the number of certification requests.

Rationale: Speed of service is a major factor in county satisfaction with staffing services provided by the Minnesota Merit System, a section of the Human Resources Division. These measures are for the most frequently requested actions. If they are not handled in a speedy manner, the counties' abilities to carry out their responsibilities and objectives are adversely affected.

Data Source: Data collected and analyzed by staff of the Minnesota Merit System.

Activity: 17-Human Resources

Discussion of Past Performance:

Past performance has been positively affected by automation of manual functions.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Time delays in processing requests may be caused by a lack of sufficient data upon which to act and difficulties in obtaining the needed data from county staff and applicants, cancellation of test dates or test sites by the Minnesota Department of Employee Relations, insufficient staff due to budget reductions and staff absences, and equipment and information system failures.

Objective 17-2.0 Decrease the frequency rate of work-related lost time injuries and illnesses by 5%, from 9 to 8.55.

Measure 17-2.0 Frequency rate of work-related lost time injuries and illnesses.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	10.1	8.7	9.0	8.8e	8.6e		
Target						8.6	8.5

Measure Description - Objective 17-2.0

Definition: The number of lost work day injuries and illnesses, multiplied by 200,000 (a standard weighing scale) and divided by the total hours worked during the calendar year.

Rationale: Frequency rate is one of the major nationally standardized indicators of safety and health program performance. It is used by the U.S. Bureau of Labor Statistics, the Minnesota Safety Council and the National Safety Council to compare the relative effectiveness of safety and health programs in similar industries. A frequency rate is also easy to calculate from readily available information. Please note that calendar, rather than fiscal, year

Data Source: The number of lost work day injuries and illnesses is obtained from the OSHA Logs (Form 200) at DHS Central Office and each regional facility. The total hours worked is obtained from payroll records.

Discussion of Past Performance:

Decreases in the frequency rate of work-related lost time injuries and illnesses are attributable to increased emphasis on safety practices and health promotion activities.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Activity: 17-Human Resources

Other Factors Affecting Performance:

Factors affecting performance may include recordable injury and illness definition changes; formula calculation changes; judicial actions limiting violent client interventions; and insufficient funding for safety and health staff, equipment and initiatives.

Objective 17-3.0 Increase the satisfaction of the department managers with the quality and speed of the classification and hiring processes.

Measure 17-3.0 (a) Percent of department managers and supervisors satisfied with the quality of the classification process.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--				
Target				To be developed		--	--

Measure 17-3.0 (b) Percent of department managers and supervisors satisfied with the quality of the hiring process.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--	--			
Target				To be developed		--	--

Measure 17-3.0 (c) Percent of department managers and supervisors satisfied with the speed of the classification process.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--	--			
Target				To be developed		--	--

Measure 17-3.0 (d) Percent of department managers and supervisors satisfied with the speed of the hiring process.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--	--			
Target				To be developed		--	--

Measure Description - Objective 17-3.0

Measure 17-3.0 (a) Percent of department managers and supervisors satisfied with the quality of the classification process.

Definition: Number of managers and supervisors expressing satisfaction divided by the total number of survey respondents.

Measure 17-3.0 (b) Percent of department managers and supervisors satisfied with the quality of the hiring process.

Definition: Number of managers and supervisors expressing satisfaction divided by the total number of survey respondents.

Measure 17-3.0 (c) Percent of department managers and supervisors satisfied with the speed of the classification process.

Definition: Number of managers and supervisors expressing satisfaction divided by the total number of survey respondents.

Measure 17-3.0 (d) Percent of department managers and supervisors satisfied with the speed of the hiring process.

Activity: 17-Human Resources

Definition: Number of managers and supervisors expressing satisfaction divided by the total number of survey respondents.

Rationale: Speed and quality of service are major factors in customer satisfaction with staffing services provided by the Human Resources Division. These measures are for the most frequently requested actions. If they are not handled in a speedy manner, and if the quality of the work is poor, the department's ability to carry out its responsibilities and objectives is adversely affected.

Data Source: Survey data collected and analyzed by staff of the Human Resources Division.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Time delays in processing requests may be caused by a lack of sufficient data upon which to act and difficulties in obtaining the needed data from customers and applicants, processing delays by the Minnesota Department of Employee Relations, insufficient staff due to budget reductions and staff absences, and equipment and information system failures. Insufficient or inaccurate data from managers and supervisors is likely to have a negative effect on the quality of staffing activities: poor input equals poor output.

Objective 17-4.0 Increase the satisfaction of the RTC Human Resources Directors with the services provided by the Human Resources Division.

Measure 17-4.0 (a) Satisfaction level of RTC Human Resources Directors with the quality of services offered by the Human Resources Division.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		--	4.4	4.8e	5.0e		
Target						5.5	5.8

Measure 17-4.0 (b) Satisfaction level of RTC Human Resources Directors with the speed of services offered by the Human Resources Division.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	4.1	4.5e	5.0e		
Target						5.5	5.8

Measure 17-4.0 (c) Satisfaction level of RTC Human Resources Directors with the types of services offered by the Human Resources Division.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	5.1	5.4e	5.6		
Target						5.8	6.0

Activity: 17-Human Resources

Measure Description - Objective 17-4.0

Measure 17-4.0 (a) Satisfaction level of RTC Human Resources Directors with the quality of services offered by the Human Resources Division.

Definition: Average survey rating, on a scale of 1-6 (6 is high), of RTC Human Resources Director satisfaction with the quality of a variety of services.

Measure 17-4.0 (b) Satisfaction level of RTC Human Resources Directors with the speed of services offered by the Human Resources Division.

Definition: Average survey rating, on a scale of 1-6 (6 is high), of RTC Human Resources Director satisfaction with the quality of a variety of services.

Measure 17-4.0 (c) Satisfaction level of RTC Human Resources Directors with the types of services offered by the Human Resources Division.

Definition: Average survey rating, on a scale of 1-6 (6 is high), of RTC Human Resources Director satisfaction with the quality of a variety of services.

Rationale: It is important that the centralized Human Resources Division provide services that are desired by and useful to the department's regional facilities. Speed and quality of service are major factors in customer satisfaction with these services. If requests are not handled in a speedy manner, and if the quality of the work is poor, the regional facilities' abilities to carry out their responsibilities and objectives will be adversely affected.

Data Source: Survey data collected and analyzed by staff of the Human Resources Division.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Time delays in processing requests may be caused by a lack of sufficient data upon which to act and difficulties in obtaining the needed data from customers and applicants, processing delays by the Minnesota Department of Employee Relations, insufficient staff due to budget reductions and staff absences, and equipment and information system failures.

PROGRAM GOALS - AFFIRMATIVE ACTION, EQUAL OPPORTUNITY AND CIVIL RIGHTS:

This function is the responsibility of the Office of Affirmative Action, Equal Opportunity and Civil Rights. The department's diversity vision is, "The Department of Human Services shall develop a diverse workforce able to provide effective services, programs, and policies that are culturally appropriate and accessible to diverse communities."

- Fair and equitable treatment in department and county employment and in the access to and delivery of department and county products and services.

Activity: 17-Human Resources

- Prevention and resolution of discrimination complaints.
- Effective affirmative action plans, hiring goals, and cultural diversity initiatives.
- Appropriate response to reasonable accommodation requests and compliance with the Americans with Disabilities Act.
- Responsive services for approximately 8,000 department employees in many locations statewide, 3,700 county employees in 77 counties and applicants for department and county jobs.
- Implementation of civil rights policies in services provided by the department, 87 counties and all who receive federal funding through the department for health and human services delivery.
- A workforce reflective of Minnesota's population.

DESCRIPTION OF SERVICES:

The office has four key activities:

- Affirmative action: Conducts statistical workforce utilization analyses and numerical goal setting for hiring of protected group employees for 10 department locations and approximately 100 goal units, and for 73 merit system agencies, as provided in state law and rule. This involves research and analysis of current data sources, providing consultation and training to local hiring authorities and decision-making on reasonable hiring objectives. Performs targeted recruitment of protected group communities, including collaboration with advocacy, employment and training agencies and educational institutions and faculty, as well as development of individual recruitment plans for specific positions.
- Diversity: Provides direction to department programs and facilities on development and implementation of diversity plans for four areas: recruitment and selection, education and training, service delivery and employee retention and development. Leads two department planning efforts, for central office and regional centers/state operated services. Includes development of mentoring and career entry programs, evaluation of workplace climate, individual and group consultation and training for staff and managers.
- Civil rights: Ensures that clients, patients and all recipients of federally-funded human services in Minnesota, are not discriminated against in the delivery of those services, in accordance with federal regulations and state law.
- Equal Opportunity: Ensures that employees and applicants for employment in the department and the 73 merit system agencies are not discriminated against, in accordance with state and federal laws.

The office investigates and resolves formal and informal complaints of discrimination brought by department or merit system employees or applicants and by human services clients or applicants, on the basis of sex, race, color, creed, religion, disability, age, sexual orientation, national origin, marital status or public assistance status. It also monitors and facilitates compliance with the Americans with Disabilities Act, including determining reasonable employment and service delivery accommodations for persons with disabilities and managing a reasonable accommodation fund. Other functions include providing training to department and county staff and managers and maintaining working relationships with protected group communities.

Activity: 17-Human Resources

PROGRAM DRIVERS:

- Changing Demographics. By the year 2000, the majority of new entrants to the workforce will be women and people of color. Despite advances of the last 30 years, our work forces are still not sufficiently representative of our population or clientele. There are other changes as well. For example, the average age is rising which increases the demand for services for an aging population. Minnesota's minority population has increased dramatically over the past decade, particularly the Southeast Asian and Chicano/Latino populations, resulting in an increased need for multilingual communications ability in human services.

- The Americans with Disabilities Act. The ADA has brought about a greater awareness of the rights and needs of people with disabilities. The number of complaints regarding accessibility and the number of reasonable accommodations requests are increasing rapidly. Because each person's disability and situation are unique, complaints and reasonable accommodations requests are difficult and time-consuming to investigate and determine an appropriate response.

- Decentralization of functions previously carried out by Department of Employee Relations. Affirmative Action numerical goal-setting and statistical analysis has been delegated to agencies. Other delegated responsibilities include protected group recruitment and resolution of discrimination disputes.

- Increasing litigiousness resulting in more complaints and legal actions that challenge employment and human service delivery practices. There is a corresponding increase in number and complexity of employment laws and regulations.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 17-5.0. The department will respond to request for "Reasonable Accommodations" in a timely manner.

Measure 17-5.0 Percent of requests acknowledged within 10 working days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					90%e		
Target						95%	100%

Measure Description - Objective 17-5.0

Definition: A "Reasonable Accommodation" is "any change in the work environment or in the way things are customarily done that enables and individual with a disability to enjoy equal employment opportunities". (EEOC regulation §1630.2(o)(1)) Percent of the requests acknowledged within 10 working days.

Rationale: The Americans with Disabilities Act (ADA) (§102 (b)(5)) and the U.S. Equal Employment Opportunity Commissioner (EEOC) regulations (§1630.9) require covered employers to make reasonable accommodations to the know physical or mental limitations of an otherwise qualified applicant or employee. Making reasonable accommodations is an individualized process through which the employer and the disabled applicant or employee discuss and arrange for the necessary (and reasonable) changes. EEOC stated in the appendix to its regulations that once a qualified individual with a disability has requested an accommodation, the employer must make a "reasonable effort" to determine the appropriate accommodation.

Data Source: Data collected and analyzed by staff of DHS.

Activity: 17-Human Resources

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of funding.

Other Factors Affecting Performance:

Time delays in processing requests may be caused by a lack of sufficient data upon which to act and/or difficulties in obtaining the needed data from third parties.

Objective 17-6.0 Help clients, applicants for services, and contractors and providers who receive federal funding from DHS for health and human services understand the department's civil rights policies and procedures.

Measure 17-6.0 Percentage of adverse investigation findings in civil and human rights charges that are filed against human services providers.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				To be developed	95%e		
Target						97%	98%

Measure Description - Objective 17-6.0

Definition: Adverse findings of civil and human rights enforcement agency investigations indicate whether a public service was provided in an illegal discriminatory manner.

Rationale: Findings of enforcement agency investigations reflect how well human services providers understand and follow the department's civil rights policies.

Data Source: The Minnesota Department of Human Rights and the U.S. Department of Health and Human Services Regional Office for Civil Rights maintain civil and human rights charge activity findings data. DHS has access to these data for monitoring and evaluation purposes.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

None anticipated.

Activity: 17-Human Resources

Objective 17-7.0 Reduce the department's affirmative action disparities.

Measure 17-7.0 (a) Number of goal units in the department's central office that are disparate for minorities, disabled, and female employees.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				11	10e		
Target						8	7

Measure 17-7.0 (b) Number of minority employees in the department.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	195	198	216	257	277e		
Target						297	320

Measure Description - Objective 17-7.0

Definition: A disparate goal unit is a job category (e.g., professional or clerical) in which the number of female, minority or disabled employees is less than the statistically reasonable number of such employees available for employment in a geographic area.

Rationale: State law requires that state agencies establish annual affirmative action hiring goals for each disparate goal unit. Protected group employee numerical representation reflects progress toward achievement of affirmative action goals.

Data Source: The Minnesota Departments of Employee Relations and Economic Security and the U.S. Census Bureau report statistical data on the employment availability of protected group persons. The DHS uses these data to establish annual affirmative action hiring goals. Actual employment data is from DHS payroll records.

Discussion of Past Performance:

The number of minority employees in the department has been gradually increasing. The plan is to accelerate this increase over the next biennium.

Plan to Achieve Targets:

The department has conducted targeted recruitment using mobility assigned staff. Biennial Budget request includes a diversity recruited position.

Other Factors Affecting Performance:

One trend affecting performance is the number of minority students and graduates of human service-related degree programs who are available for work.

Activity: 17-Human Resources

Objective 17-8.0 Increase the multicultural skills and competencies of the department's workforce.

Measure 17-8.0 Retention/turnover rates of the department's protected group employees as compared to non-protected group employees.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

Measure Description - Objective 17-8.0

Measure 17-8.0 Retention/turnover rates of the department's protected group employees as compared to non-protected group employees.

Definition: The rate at which employees remain employed/or leave agency (or particular job class) employment is the retention/turnover rate. These rates are determined by dividing the number of employees who leave employment by number of employees at midpoint of fiscal year.

Definition: Employee and customer assessment tools measure the degree to which employees are satisfied with the conditions of their employment or customers are satisfied with the service that is provided by the department.

Rationale: Disproportionate traits for protected group employees as compared to other employees is a reflection of several factors, including workforce climate and effective management of cultural differences among employees. Multicultural competency is directly related to effective service delivery to culturally diverse clients.

Data Source: Minnesota DOER and DHS maintain employee turnover/retention data. Several national human services professional associations have conducted studies on the impact and relationship of cultural norms and culturally competent staffing on human service delivery. These include the American Psychological Association, the U.S. Department of Health and Human Services, Mental Health Human Resource Development Project, the Black Psychologists Association. Employee and customer surveys are one means of evaluating workforce climate and quality or service delivery.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

None anticipated.

Agency: Department of Human Services
Program: Finance and Management
Activity: 18-Reimbursement Division

1994 Total Expenditures ($000s):	$2,586	0.06%	of department's budget
1994 Number of FTE Staff:	52.3	0.83%	of department's staff

PROGRAM GOALS:

- To administer a comprehensive system for the billing, collection, payment and accounting for the cost of care provided at the department's state operated facilities, the Consolidated Chemical Dependency Treatment Fund (CCDTF) and the Medical Assistance Parental Fee program.

- To collect those revenues for the cost of care to which the State is entitled, from whatever party is the responsible payer.

- To maximize reimbursement and maintain cash flow, the Division provides fiscal management support and consultation to Department and facility management through cost accounting and fiscal analysis/reporting services.

DESCRIPTION OF SERVICES:

The claim establishment function for the state operated facilities and Parental Fee program is responsible for obtaining and documenting client financial information necessary to determine the ability to pay for services provided at the state facilities, the preparation and processing of documents to establish claims for the cost of care at state facilities and the calculation and assessment of parental fees from parents of children who are determined eligible for MA without consideration of parental income and assets. Reimbursement staff determines what assets or income might be available for payment in the determination of the ability to pay and they provide the initial contact with client and family. The staff initiates financial record keeping systems for each client, so that revenue to the state is maximized in a cost-effective manner that is sensitive to the capabilities of each person's ability to pay. Currently, the Regional Treatment Center (RTC) system serves approximately 2,500 residential clients on a daily basis besides ICF-MR, waivered and outpatient services. There are approximately 4,000 children on the parental fee program, with 1,800 monthly transactions and approximately 800 active accounts with a parental fee.

The billing function is responsible for the preparation of approximately 3,400 third party claims monthly, using technology to automate claims whenever possible for Medicare, Medicaid and commercial carriers such as Blue Cross/Blue Shield, based upon the type of service provided in the RTC or chemical dependency unit. In addition, there are approximately 12,000 RTC billing transactions, 6,500 CCDTF transactions and 1,800 Parental Fee transactions monthly.

The collection function is responsible for the collections of all outstanding balances owed for the cost of care at the state facilities, parental fees and CCDTF through the identification and pursuit of delinquent payers, filing of estate claims, litigation and other appropriate collection procedures allowed by statute. This unit works with a monthly average of approximately 8,600 active accounts.

The accounting and reporting functions are responsible for the accounting and fiscal control for the automated billing system for clients at the Regional Treatment Centers (RTCs), State Operated Community Services (SOCS) and group homes, which involves approximately 12,000 transactions monthly. Accounting and reporting functions are also maintained for the CCDTF and Parental Fee programs. Additionally, staff prepares cost accounting and special Chemical Dependency financial reports for the RTCs, sets billing rates for all 9 RTCs and ICF-MRs and prepares federal Medicare and Medicaid cost settlement reports for all RTCs and ICF-MRs.

Activity: 18-Reimbursement Division

The accounts payable function for the CCDTF is responsible for the processing of claims for chemical dependency treatment provided at the RTC system or the approximately 250 providers who participate in the program throughout the state. The division functions as the invoice processing agent for this 50 million-dollar entitlement program that handles approximately 22,000 Client Placement Authorizations annually and 34,000 invoices.

The accounts receivable management project purpose is to develop a management framework for coordinating the department's non-Child Support Enforcement accounts receivable policy and processes. This project integrates its policies and procedures with the Departments of Finance, Revenue, Administration and Office of the Attorney General to improve collections and reduce accounts receivable. The DHS non-child support enforcement accounts receivable totals 12 program units within the department.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 18-1.0 Attain 100% of the division revenue/collections goal for each Fiscal Year.

Measure 18-1.0: Percent of Reimbursement Division annual revenue/collections goal.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	101%	101%	101%	103%	100%e		
Target						100%	100%

Measure Description - Objective 18-1.0

Definition: Reimbursement division annual revenue/collections goal divided into actual annual division revenue/collections.

Rationale: The division revenue/collections goal for the biennium is established after due consideration for budgeted RTC, ICF-MR and waivered service client levels, CCDTF and Parental Fee utilization analysis and rate setting applications. Cooperation and collaboration with other DHS divisions such as Residential Program Management, Chemical Dependency and Health Care Policy are an integral part of establishing the biennium budget.

Data Source: The DHS Reimbursement Division utilizes SWA reports to report actual revenue/collections which is reconciled with division internal reports.

Discussion of Past Performance:

The division has consistently achieved budgeted revenue/collections goals.

Plan to Achieve Targets:

Target estimates is based on current levels of program funding.

Other Factors Affecting Performance:

Department policy/funding decisions regarding RTCs, CCDTF and Parental Fee may have an impact on revenue/collections by the division.

Activity: 18-Reimbursement Division

Objective 18-2.0: Maintain division cost per dollar collected at less than $.03.

Measure 18-2.0: Cost per dollar collected.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$.017	$.015	$.016	$.015	$.02e		
Target						$.022	$.024

Measure Description - Objective 18-2.0

Definition: Reimbursement Division expenditures divided by Reimbursement Division collections.

Rationale: This objective is an overall division efficiency measurement. It compares the division cost relationship to total division collections. Individual unit measurements, comprising the overall division objective, are necessary to analyze deviations from the expected outcomes.

Data Source: SWA and Reimbursement Division accounting reports.

Discussion of Past Performance:

The division has consistently maintained cost per dollar collected at less than $.02.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Department policy/funding decisions regarding RTCs, CCDTF and Parental Fee may have an impact on revenue/collections by the division.

Objective 18-3.0: Maintain the Regional Treatment Center (RTC) collections per patient/client day at a constant to increasing level even though overall patient/client days are decreasing.

Measure 18-3.0. Collections per patient/client day.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$147.15	$161.95	$164.36	$170.59	$190.00e		
Target						$192.00	$192.00

Measure Description - Objective 18-3.0

Definition: Reimbursement Division revenue/collections divided by Residential Program Management patient/client days.

Rationale: There has been an ongoing downsizing in programs operated by the RTCs. While this downsizing has an obvious negative effect on total collections, it is important to maintain collections on an individual patient/client day basis at a constant to increasing level.

Data Source: Reimbursement Division accounting records and Residential Program Management Division patient/client statistics.

Activity: 18-Reimbursement Division

Discussion of Past Performance:

Collections per client/patient day have increased in each of the past four years.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Legislative issues affecting ability to write off accounts receivable, ability to pay decisions, the mix of disability types, etc. will have an impact on actual collections.

Agency: Department of Human Services
Program: Finance and Management
Activity: 19-Budget Analysis

1994 Total Expenditures ($000s):	$374	0.01%	of department's budget
1994 Number of FTE Staff:	6.7	0.11%	of department's staff

PROGRAM GOALS:

The Budget Analysis Division has two missions: (1) to coordinate the work of the other divisions to produce the Biennial Operating Budget and any necessary supplementary budget requests; and (2) to provide policy analysis to the Senior Management Team on human service financing and budgeting issues.

Budget Analysis has four primary goals:

- Manage and direct the Biennial and Supplemental budget process so that the budget is produced to meet the Governor's guidelines and is delivered to the Department of Finance (DOF) by October 15 and to the Legislature by November 30 in the even years (Minnesota Statutes, 1994, Chapter 16A).

- Produce budget information, fiscal reports and financing recommendations as required by the DHS Senior Management Team, Governor, Legislature, Executive Staff agencies and the Federal Government.

- Assist DHS staff in establishing and implementing legislative intent in the budget passed by the Legislature and in other laws that have a fiscal impact on DHS.

- Provide analytical support to major agency initiatives and policy priorities.

DESCRIPTION OF SERVICES:

Budget Analysis activities have two components, budget planning and development and finance and management policy analysis.

The budget planning and development function requires preparation of substantive internal guidelines, based on DOF instructions, necessary to uniformly implement processes for producing the Biennial Budget. Division staff orient all DHS divisions on how to carry out DHS and DOF budget instructions and coordinate the preparation of all budget support documents. Staff further identify policy issues with budget ramifications, study them and make recommendations on possible solutions to DHS management. In addition, staff analyze budget proposals and make recommendations to Senior DHS staff when appropriate. When Senior Management makes its final decisions, division staff coordinate the process of assembling and editing the budget document and prepare fiscal summaries of the final product for delivery to DOF.

After the Governor makes his recommendations, division staff monitor the Biennial Budget through the legislative process and write summaries of enacted fiscal bills incorporating legislative intent where possible.

The finance and management analysis function works through these activities: As staff division to the Senior Management Team, staff identify and evaluate both current and future issues regarding the financing and management of human services programs. In particular, staff provide policy development, planning, and fiscal analysis regarding issues that cut across department divisions. It is developing baseline information related to current and historical program financing that will be used to produce budget development tools for DHS policymakers. Recommendations will serve as a basis for a major restructuring and simplification of current state financing of programs.

Division clients include DHS Divisions, DHS Senior Management Team, the Governor and the Legislature in addition to the general public.

Activity: 19-Budget Analysis

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 19-1.0. Manage the budget process and produce the biennial budget or supplementary budget in a timely fashion.

Measure 19-1.0 The Department of Human Services biennial budget will be 100% complete by the statutory deadline for delivery to the Department of Finance.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	100%		100%				
Target					100%		100%
					10/15 & 11/30/94		10/15 & 11/30/96

Measure Description - Objective 19-1.0

Definition: Minnesota Statutes, 1994 Supplement, Section 16A.10 requires submission of each agencies budget to the Department of Finance by October 15, and the Legislature by November 30 in the even number years.

Rationale:

Data Source: Database maintained by the Division and Financial Management Division.

Discussion of Past Performance:

The biennial operating budget has been produced and submitted in a timely fashion in both years measured.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

The budget process is controlled by external sources such as the Governor's office, the Legislature, and the Department of Finance. It is quite possible that requirements and time lines may not be attainable if the budget process changes due to administrative or political circumstances.

Objective 19-2.0. Perform analytical studies on human services issues important to current and future financing, management, performance reporting, and policy initiatives and provide findings and/or recommendations to the Senior Management Team.

Measure 19-2.0 Number of studies completed.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	5	7	10	11	11		
Target						11	11

Activity: 19-Budget Analysis

Measure Description - Objective 2.0

Definition: Analyses are designed to provide critical information in support of the agency's high-priority initiatives and specific budget initiatives. Current-issue studies are assigned by the Senior Management Team or by the Budget Director. Emerging-issue studies either are assigned or are staff-initiated with Budget Director approval. Results of the studies are communicated via written reports, advisory memoranda, policy briefs, and by oral briefings. The Performance Report is required annually (1993 Laws, Chapter 192).

Rationale: The demand is growing for analytical information focused at specific agency reform initiatives, particularly in areas that cross administrative divisions or professional disciplines.

Data Source: Project reports.

Discussion of Past Performance:

Demand for analytical studies on financial and management policy issues has increased in recently years.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Reliable data often is unavailable. Studies normally require the cooperation and participation of staff and managers not under the investigator's control. Study parameters, while negotiated with investigators, are not controlled by investigators.

Agency: Department of Human Services
Program: Finance and Management
Activity: 20-Appeals and Regulations Division

1994 Total Expenditures ($000s):	$1,429	0.03%	of department's budget
1994 Number of FTE Staff:	24.0	0.38%	of department's staff

PROGRAM GOALS:

The mission of the DHS Appeals and Regulations Division is to assure policy and program coordination and integration through communications, regulation development, administrative appeals processes, and contract management functions.

The program has three primary goals:

- DHS rules will be adopted in compliance with the Administrative Procedures Act, assuring appropriate service delivery that is consistent with state and federal law;
- Administrative fair hearings will be conducted and orders issued through a process which meets all legal requirements; and
- Contract management functions will support the improvement of clients' well-being and the successful completion of necessary agency work.

DESCRIPTION OF SERVICES:

The program is delivered through the following activities:

Rulemaking Activities: Rulemakers work with program staff and the public to develop rules. Their activities include work with advisory committees; legal analysis; policy analysis; and preparation of *State Register* publications, and other supporting documentation, including fiscal notes and statements of need and reasonableness. The agency has almost 100 rules; 24 are currently under development or revision.

Administrative Fair Hearings: Appeals referees conduct evidentiary hearings to determine the facts and draw conclusions of law affecting human service applicants and recipients whose benefits have been denied, terminated or otherwise adversely affected by county human service agency or state agency actions; and final agency orders are issued affirming or reversing the county or state agency. Over 3,500 appeals are processed each year.

Contract Management: Division staff review and approve all DHS contracts; execute contracts under delegations of authority from the attorney general's office, and the departments of administration and finance; and maintains data and produces reports on contracting functions. DHS enters into more than 1,000 contracts and grants each year.

PROGRAM DRIVERS:

- Legislation: Both federal and state legislation has a significant impact on the volume of rulemaking that is required, the direction rulemaking takes, and the procedures that must be followed. Changes in federal law often require immediate changes in state rules to avoid loss of federal financial support. State law may require an agency to promulgate rules, or to amend rules to implement new legislation. The length of time and the amount of process that must be provided in adopting a rule depend on whether legislation provides clear policy directives or whether the legislation is silent on policy direction. The Minnesota legislature has frequently amended the Administrative Procedure Act.

Activity 20-Appeals and Regulations Division

- Legislation that creates new programs (i.e. MinnesotaCare), restricts or eliminates eligibility for programs (i.e. GA/Work Readiness), or modifies or reduces benefits under a human services program (i.e. prior authorization of MA services) will also affect the number of administrative fair hearings. As the number of individuals on human services caseloads increases, the number of appeals will also increase.

- Public Interest: The level of public interest and participation in the development of a particular rule has a significant impact on the work required by this program. Where there are fiscal issues for counties or other service providers, the process of gathering and considering public input increases significantly. An increased effort is also required where there are stakeholders with opposing interests.

- Technology: With the implementation of Maxis (automated client eligibility system), the number of appeals of regarding eligibility determinations has decreased. The use of telephone hearings has reduced the amount of time referees are out of the office, therefore increasing their ability to issue orders on a timely basis. The implementation of the statewide systems project will have a significant impact on contract processing.

- Continuous Quality Improvement (CQI): The division utilizes CQI principles to review its contract management functions, improve the process and improve customer satisfaction. The well-being of clients and the ability of DHS to complete certain tasks has been improved by improving the timeliness of contract execution; developing and including clear and measurable performance outcomes in contracts; and ensuring that the contracts are legally enforceable.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 20-1.0 DHS rules will be adopted without procedural defects during the 1996-1997 biennium.

Measure 20-1.0 Percent of rules without procedural defects.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	100%	100%	100%	100%			
Target					100%e	100%	100%

Measure Description - Objective 20-1.0

Definition: A count of the number of rules where no procedural defects are identified compared to the total number of rules adopted in each fiscal year.

Rationale: Rules have the force and effect of law only when adopted following the procedures specified in the Minnesota Administrative Procedure Act. Activities involved in avoiding procedural defects include ensuring adequate public input; ensuring that rules are consistent with state and federal law through legal analysis; ensure that rules are consistent with other state and federal regulations through policy analysis; and ensuring that all Administrative Procedure Act requirements are met in all rule notices, *State Register* publications, and other supporting documentation, including fiscal notes and statements of need and reasonableness. By tracking the number of procedural defects, we can measure the effectiveness of the Rules Unit.

Data Source: ALJ and AGO reports.

Discussion of Past Performance:

The Rules Unit has proven its effectiveness through its consistent record of avoiding procedural defects while adopting rules.

Activity: 20-Appeals and Regulations Division

Plan to Achieve Targets:

Target estimate is based on current levels of funding.

Other Factors Affecting Performance:

None, although frequent changes in the Minnesota Administrative Procedures Act make it difficult to avoid errors.

Objective 20-2.0. Administrative fair hearings are conducted and orders issued within mandated time lines, with greater than ninety percent of the orders in fair hearings issued within the 60 day or 90 day time lines required by federal and state law.

Measure 20-2.0 Percent of orders in fair hearings that are issued within the 60 day or 90 day time lines required by federal and state law.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	80%	91%	89%	89%			
Target					90%e	90%	90%

Measure Description - Objective 20-2.0

Definition: A count of the number of orders issued beyond the 60 or 90 day time lines compared to the total number of orders issued.

Rationale: Federal and state law establish 60-day and 90-days time lines for issuing orders in administrative hearings. Compliance with these time lines are important to assure that benefits are provided without undue delay to individuals who are entitled to those benefits, and to assure that individual who are not entitled to benefits do not continue to receive continued benefits for an extended time period, building up significant overpayments that are difficult to recover.

Data Source: Database maintained by the division.

Discussion of Past Performance:

Increased use of telephone hearings and more effective use of personal computers enabled the Appeals Section to improve timeliness 10 percent last biennium.

Plan to Achieve Targets:

Target estimate is based on current level of funding, with no substantial increase in number of appeals.

Other Factors Affecting Performance:

County agencies can and do sometimes hold an appeal request while they attempt to negotiate with a recipient. This time is counted by federal agencies against the time allowed for issuing orders, even thought the state agency has not received the hearing request.

Activity: 20-Appeals and Regulations Division

Objective 20-3. Contracts will be executed prior to work starting, with fewer than five percent of the contracts executed having violations of Minnesota Statutes, section 16A.15, subdivision 3.

Measure 20-3.0 Percent of contracts executed prior to work being started.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						90%	90%

Definition: The number of contracts executed prior to work starting, divided by the total number of contracts executed.

Rationale: Minnesota Statutes, section 16A.15, subdivision 3, requires that a contract be fully executed prior to work being authorized to start. By streamlining the contract execution process, the delays in execution will be minimized; clients who are receiving essential services either from a grantee or a contractor will receive the needed services without delay, thus improving their well-being; and agency work that is dependent on a contractor can proceed without delay.

Data Source: This data will be accessible through the new statewide accounting system.

Discussion of Past Performance:

In 1986, the legislative auditor found over 90% of DHS contracts were not executed until after work had commenced. The establishment of the Contracts Section has resulted in vast improvements in DHS contracting procedures.

Plan to Achieve Targets:

Target estimate is based on current level of funding and assumes a smooth transition to the new statewide system.

Other Factors Affecting Performance:

The Contracts Section cannot control the effort or lack of effort made by other agency staff; the timeliness of the staff in other state agencies who are responsible for executing contracts (i.e. Department of Administration, Office of Contract Management); or problems that may arise during implementation of the new statewide systems project.

Agency: Department of Human Services
Program: Finance and Management
Activity: 23-Reports and Forecasts

1994 Total Expenditures ($000s):	$ 716	0.02%	of department's budget
1994 Number of FTE Staff:	12.7	0.2%	of department's staff

PROGRAM GOALS:

To forecast DHS expenditures for entitlement programs and other programs requiring forecasts with accuracy such that the State budget is not disrupted by avoidable shocks.

To estimate the fiscal effects of changes in forecasted programs or new programs under consideration by the Legislature, so that legislative decisions are informed by knowledge of the budget implications of those decisions.

To meet state and federal requirements for statistical reporting and other information on caseloads, expenditures, and forecasts concerning Minnesota's Family Self-Sufficiency (FSS) programs and medical programs, including MinnesotaCare.

DESCRIPTION OF SERVICES:

This activity provides forecasts of expenditures in FSS programs and medical programs including MinnesotaCare to the Department of Finance and the Legislature twice annually, as required by the schedule for the State forecast. (Forecasts are usually published in November and March.) This activity also prepares fiscal notes on legislative changes in the same programs. Fiscal notes on changes which become law are used as forecast adjustments. This activity has estimated the cost of the MinnesotaCare program from the time of its initial consideration by the Legislature in 1992.

This activity uses its economic expertise, budget expertise, and program knowledge to provide consulting services on technical economic issues and budget issues to staff in other DHS divisions.

This activity meets federal statistical reporting requirements on programs with federal financing: Medical Assistance, Aid to Families with Dependent Children, and Food Stamps. This activity also prepares and publishes reports on caseloads, expenditures, and activity in DHS programs. It also responds to information on FSS and medical programs.

PROGRAM DRIVERS:

The programs for which this activity forecasts caseloads and expenditures are influenced by legislative decisions, demographic changes, enrollment behavior of populations with potential eligibility, and the economic environment, including especially unemployment and inflation.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 23-1.0. DHS biennial forecasts of expenditures in General Fund programs will be at least 97% accurate for the first year of the biennium and at least 95% accurate for the second year of the biennium.

Measure 23-1.0 (a): General Fund Program Forecast Accuracy - First Year of Biennium.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		98.5		97.0e			
Target						97.0	

Activity: 23-Reports and Forecasts

Measure 23-1.0 (b): General Fund Program Forecast Accuracy - Second Year of Biennium.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	85.4		97.1		95.0e		
Target							95.0

Measure Description - Objective 23-1.0

Definition: The basis for comparison is the aggregate dollar forecast of expenditures in General Fund programs as published in March, during the biennial legislative session in which the budget is established. This forecast is adjusted by the value of fiscal notes on legislative changes passed into law.

Rationale: Use of the **aggregate** dollar forecast permits forecast differences in various programs to offset each other. The target for forecast accuracy would be unreasonably optimistic as applied to any one of the forecasted programs.

The aggregate difference from the forecast is also a reasonable measure in that it represents the net impact of forecast differences on the State budget.

Data Source: Data sources are historical expenditure series maintained by this activity and published in forecast documents. Actual dollar expenditures shown are either identical or approximately the same as expenditures in the Statewide Accounting System.

Discussion of Past Performance:

Performance since FY 1982 has met the forecasting targets more often than not. FY 1990 and FY 1991 fell notably below the targets because of a major forecast difference in Medical Assistance nursing home caseload.

Plan to Achieve Targets:

This activity aims to minimize the State's forecast risk in all forecasted programs by using good science and due diligence in its forecasting work and by developing and maintaining data sources appropriate to forecasting. Two health care economists added to the staff in 1993 are steadily improving the science applied to DHS forecasts.

Other Factors Affecting Performance:

The next recession, which is not forecasted within the horizon of the current forecast, can be expected to increase expenditures above forecast.

Agency: Department of Human Services
Program: Finance and Management
Activity: 25-Licensing

1994 Total Expenditures ($000s):	$2,657	0.06%	of department's budget
1994 Number of FTE Staff:	49.7	0.79%	of department's staff

PROGRAM GOALS:

The program performs essential functions related to the Department's mission of "Prevention" and "Protection" as well as functions related to customer service. Program goals include:

- Prevention - activities intended to reduce the potential for harm to persons served by licensed programs. Activities include background studies, program monitoring, and program inspection.

- Protection - activities intended to prevent recurrence of unsafe or harmful actions in licensed programs. Activities include investigations of abuse or neglect in licensed programs, investigation of licensing violations, and initiation and enforcement of appropriate licensing sanctions.

- Customer services - assistance to programs serving children and vulnerable adults. Customer service includes responding to requests for reconsideration of correction orders and license probations, timely issuance of licenses, variances, and responses to questions and inquiries from license holders and the general public.

DESCRIPTION OF SERVICES:

The program assures that minimum standards set forth in Minnesota Statutes and Rules are met in programs licensed to serve children and vulnerable adults. Activities include conducting background studies on license holders, employees, and volunteers; investigating allegations of maltreatment in licensed programs; inspecting, monitoring, and licensing residential and nonresidential programs; investigating alleged licensing violations; initiating actions to correct licensing violations and/or deny, suspend, or revoke a program's license; reviewing and approving variances to rule requirements; certifying county and authorizing private agencies to perform delegated licensing functions; providing technical assistance to license holders; and responding to general inquiries from the public.

Programs inspected, licensed, and monitored by the Division of Licensing include (April 1994):

1,454	Child Care Centers	Rule 3
47	Child Placement/Adoption Agencies	Rule 4
45	Institutions for Children with Serious Emotional Disturbances	Rule 5
2	Maternity Shelters	Rule 6
53	Group Homes for Children	Rule 8
93	Semi-Independent Living Services	Rule 18
374	Residential Services for People with Developmental Disabilities	Rule 34
103	Residential Chemical Dependency Services	Rule 35
84	Residential Mental Health Services for Adults	Rule 36
217	Day Training and Habilitation Services for People with Developmental Disabilities	Rule 38
448	Home & Community Based Services for People with Developmental Disabilities	Rule 42
228	Outpatient Chemical Dependency Services	Rule 43
23	Residential Facilities and Services for Physically Handicapped	Rule 80
75	Adult Day Care	Rule 223
3,246	TOTAL	

Activity: 25-Licensing

Not included in the preceding total are 93 mental health centers certified by the Division. Additional licensing activities in 1993 included taking 58 licensing actions to deny, place on probation, suspend, or revoke a program's license; investigating approximately 700 licensing complaints concerning programs monitored by the Division; investigating approximately 600 allegations of maltreatment, processing 1,850 requests for variances; and responding to 48 requests for reconsideration of probation or correction orders.

The Division also certifies county licensing activities related to Family Systems (Family Day Care - Rule 2, Adult Foster Care - Rule 51/203, and Child Foster Care - Rule 1) programs in the 87 counties and takes necessary enforcement action based on county recommendations. The Division also monitors the licensing actions of 47 private agencies (Rule 4 Agencies) authorized to perform child foster care licensing functions. Family system programs licensed by the Division of Licensing based on county and private agency recommendations (April 1994) include:

4,461	Family Foster Care & Group Family Foster Care	Rule 1
14,539	Family Day Care & Group Family Day Care	Rule 2
2,045	Adult Foster Care	Rule 203/51
21,045	TOTAL	

Additional licensing activities in family systems in 1993 included taking 223 licensing actions to deny, place on probation, suspend, or revoke a program's license; processing 696 requests for variances; and processing 264 disqualifications (97 were set aside, 120 were granted variances, and 47 were not set aside).

TRENDS IMPACTING THE PROGRAM (NUMBERS):

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994*
LICENSED PROGRAMS:				
A. DHS monitored	2,787	3,145	3,251	3,246
B. County monitored	18,550	20,032	20,782	21,045
NUMBER OF MALTREATMENT REPORTS RECEIVED:	2,100*	1,802	1,769	1,847
NUMBER OF MALTREATMENT REPORTS ASSIGNED FOR INVESTIGATION:	1,265	1,085	651	632
NUMBER OF BACKGROUND STUDIES:				
A. Number of people studied	37,379	61,618	53,930	45,085
B. Number of names they had	52,647	87,036	74,661	63,500
NUMBER OF SUBJECTS REQUIRED TO SUBMIT FINGERPRINTS:	0	61	310	525
NUMBER OF DISQUALIFICATIONS:	235	306	375	316
NUMBER OF REQUESTS FOR RECONSIDERATION:	174	133	106	93
PERCENT OF DISQUALIFICATIONS:	67%	44%	28%	29%
VARIANCE REQUESTS (background studies):	6	3	7	54
NUMBER OF INDIVIDUALS REMOVED:	72	200	299	393

* Data are estimated

Activity: 25-Licensing

ACTIONS TAKEN TO MANAGE WORKLOADS:

The following actions have been taken to manage licensing workloads within existing resources:

1. The licensing period has been changed from one year to two years for programs that complete two licensing cycles without any significant licensing violations (programs are not placed on probation or suspended). Programs placed on probation or suspended must demonstrate compliance for one and two licensing periods, respectively, before being permitted to receive a two-year license. This action permits the Division to devote more of its resources to programs that fail to fully comply with licensing requirements.

2. The division has instituted "key indicator" reviews for many rules on an every other licensing cycle to replace full licensing reviews. Programs that fail "key indicator" reviews receive a "full" licensing review. This action reduces inconvenience to programs and reduces the average time spent on-site without reducing the quality of the licensing review.

3. The period of certification/authorization of licensing functions delegated to counties and private agencies has changed from once every two years to once every four years. This action results from a change in the law and changes the review cycle for licensing functions delegated to the counties.

PROGRAM DRIVERS:

External factors that influence the need for and level of program resources include:

- Increases in work - Increases in the number of programs, allegations of maltreatment, licensing complaints, media interest, etc.

- Requirements in laws, rules, and regulations - Laws, rules, and regulations dictate licensing requirements and directly affect the need for and level of program resources.

- Demographic and population trends - Changes in the number and age of the general population, the health of the population, the number of individuals with disabilities, and/or the scope of those disabilities influence the type and number of residential and nonresidential programs.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 25-1.0. The Division will process license applications and requests for variances in a timely manner.

Measure 25-1.0 (a) Percent of license renewals completed before expiration of the current license.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1991-1993 Data is Unavailable			80%e	80%e		
Target						80%	80%

Measure 25-1.0 (b) Percent of new license applications processed within 75 working days of receipt of the completed application.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1991-1993 Data is Unavailable			80%e	80%e		
Target						80%	80%

Activity: 25-Licensing

Measure 25-1.0 (c) Percent of variance requests completed within 45 days of receipt of the completed request.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1991-1993 Data is Unavailable			80%e	80%e		
Target						80%	80%

Measure Description - Objective 25-1.0

Definition: With respect to license renewal, timely manner is defined as before expiration of the current license. A negative licensing action is an action to deny, suspend, or revoke a license. A license will not be renewed while a negative licensing action is pending. This measure does not include renewals where a negative licensing action is pending. However, the license will be extended until resolution of the contested action. Performance target is based on an estimated 1,600 licenses renewed in DHS-monitored programs.

With respect to a new license application, timely manner is defined as within 75 working days of receipt of the completed application. The legislature mandates that the Commissioner act on new license applications within 90 working days of receipt of a completed application. One-hundred percent of applications will be acted upon within 90 working days. Performance target is based on an estimated 100 new (first-time) licenses issued each year in DHS monitored programs.

With respect to a variance request, timely manner is defined as completed within 45 days of receipt of the completed request. A variance request is a request from a license holder to obtain an exception from a rule requirement by instituting an alternative means of compliance. Performance target is based on an estimated 1,850 variance requests received per year.

Rationale: The legislature has mandated that certain individuals be licensed before providing services to children and vulnerable adults. The measure under objective 1 is a measure of administrative efficiency and customer service (See the measure under objective 2 for activities to prevent or minimize deficiencies in licensed programs). For purposes of objective 1, timely service is considered a benchmark of customer service.

Data Source: Division of Licensing

Discussion of Past Performance:

There is no historical information on past performance.

Plan to Achieve Targets:

Target estimates were developed from estimates of current practice and assumes continuation of current levels of program funding.

Other Factors Affecting Performance:

Division priority will be given to "protection" activities. With limited resources, if the need for protection activities increases, processing licensing applications and variances will be delayed. The Division expects the total number of licenses issued to increase slightly in the next three to five years.

Activity: 25-Licensing

Objective 25-2.0 The Division will monitor programs to assure compliance with Minnesota Laws and Rules.

Measure 25-2.0: Number of programs monitored during routine licensing reviews, unannounced inspections, and complaint investigations.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1991 - 1993 Data is Unavailable			2,500e	2,500e		
Target						2,500	2,500

Measure Description - Objective 25-2.0

Definition: Licensing reviews are on-site program inspections.

Rationale: The measures under objective 2 indicate on-site visits to monitor programs for compliance with Minnesota Rules and Statutes. Monitoring activities include regular licensing reviews, unannounced licensing visits, and complaint investigations. Monitoring programs is an integral component in identifying and addressing program deficiencies before those deficiencies cause harm to persons served by the program. Investigations of allegations of abuse, neglect or maltreatment are addressed separately (See Objective 3).

Data Source: Division of Licensing

Discussion of Past Performance:

There is no historical information on past performance.

Plan to Achieve Targets:

Target estimates were developed from estimates of current practice and assumes continuation of current levels of program funding.

Other Factors Affecting Performance:

The change to a two-year license period will reduce the number of routine licensing reviews and should allow more licensing resources to focus on complaint investigations.

Objective 25-3.0 The Division will investigate allegations of maltreatment of vulnerable adults and children in programs licensed directly by the Division in a timely manner and will reduce the backlog of older investigations.

Measure 25-3.0: Average number of months to complete investigations of newly received reports of maltreatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Target	1991-1993 Data is Unavailable			<6 mo.e	<6 mo.e		
Target						<6 mo	<6 mo

Measure Description - Objective 25-3.0

Definition: An investigation of alleged maltreatment is "completed" only after all investigative activities have been finished, all documentation has been correctly cataloged, any necessary corrective action has been taken or ordered, and the final public investigation memorandum has been written. The measure is of the average length of time to complete all investigations of reports received during the identified time period.

Activity: 25-Licensing

In addition to timely investigations of new reports, the division will reduce the backlog of investigations which have yet to be completed. By July 1, 1995, the backlog of maltreatment reports that have incomplete investigations will be reduced by 25 percent from the July 1, 1994, level.

Rationale: Objective three identifies action to protect vulnerable adults and children served by licensed programs. Some investigations are more complicated and take more time than others. Reports representing the highest risk of harm receive the highest priority. In many cases, the investigative activities are completed to the extent that it is known that there was not, or is no longer, a risk of harm, but the investigation memorandum has yet to be written. Completion of some of these memoranda is postponed so as to allow the investigation of other reports.

Data Source: Division of Licensing

Discussion of Past Performance:

There is no historical information on past performance.

Plan to Achieve Targets:

Target estimates were developed from estimates of current practice regarding new complaints and assumes continuation of current levels of program funding.

Other Factors Affecting Performance:

Public awareness of maltreatment issues impacts the number of reports received. County adult and child protection agencies are increasingly abdicating their responsibility to participate in these investigations, resulting in more work for the Division of Licensing. Likely statutory changes will effect both the reporting standards and the investigation practices, and will likely have a significant impact on this program.

Objective 25-4.0 The Division will complete applicant background studies for individuals with no Minnesota criminal history and no history of maltreatment allegations within 15 working days, and will respond to requests for reconsideration of disqualifications within 15 working days.

Measure 25-4.0 (a): Number of months in which average response rate was less than or equal to 15 working days of receipt of the background study form for individuals with no Minnesota criminal history and no history of maltreatment allegations.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	12	12	5	12e	12e		
Target						12	12

Measure 25-4.0 (b): Percent of reconsideration requests responded to within 15 working days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	100%	100%	Data Unavail-	100%e	100%e		
Target			able for 1993			100%	100%

Activity: 25-Licensing

Measure Description - Objective 25-4.0

Definition: Background studies involve a review of criminal history information at the Bureau of Criminal Apprehension and a review of division records of substantiated maltreatment of vulnerable adults and children. In some cases, criminal history information from other sources, such as Minnesota district court records, other states, or the Federal Bureau of Investigation must be obtained. In other cases, additional information must be obtained from county social service agencies regarding maltreatment reports in which the individual is the identified perpetrator. In these cases, the background study typically takes longer than 15 working days, but the individual and the facility that initiated the study are sent notices indicating that more time is needed to complete the study.

Rationale: Objective four identifies activities designed to reduce the potential that disqualified individuals will provide direct contact services to children or vulnerable adults in licensed programs, while minimizing the hardship on those service providers with no records of maltreatment or criminal activity.

Data Source: Division of Licensing

Discussion of Past Performance:

Background studies began in 1991. Due to the inability to fill vacant positions, the timely response rate deteriorated in 1993.

Plan to Achieve Targets:

Target estimates were developed from estimates of current practices and assume continuation of current levels of program funding.

Other Factors Affecting Performance:

Staff turnover, the inability to fill vacant positions and administrative decisions regarding resource allocations have had significant impacts on the success of this program.

Objective 25-5.0. The Division will review and certify county and private agencies to perform delegated licensing functions at least once every four years.

Measure 25-5.0: Percent of counties and private agencies certified to perform delegated licensing functions at least once every four years.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	50%	50%	75%	100%e	100%e		
Target						100%	100%

Measure Description - Objective 25-5.0

Definition: Counties and private agencies are delegated licensing functions under Minnesota Rules, part 9543.0010 to 9543.0150. Under Minnesota Statutes, section 245A.16, subdivision 6, counties and private agencies must be reviewed for compliance at least every four years. (Certification and authorization are governed by Rule 13 (Minnesota Rules, parts 9543.0010 to 9543.0150). Rule 13 was adopted in 1991. In 1993 the legislature amended Minnesota Statutes, section 245A.16, subdivision 6 and changed the certification reviews from at least once every two years to at least once every four years.

Activity: 25-Licensing

Rationale: Reviews are mandated by statute to ensure rules are uniformly enforced throughout the state.

Data Source: Division of Licensing

Discussion of Past Performance:

Certification of licensing functions began in 1991. Staff resources were insufficient in 1991 to 1993 to permit program certification every 2 years.

Plan to Achieve Targets:

The legislature changed certification of county and private agencies to once every four years. Target estimates were developed from estimates of current practice and assume continuation of current levels of program funding.

Other Factors Affecting Performance:

Increased "protection" activity by this unit based on increased license actions in foster care/family child care.

Objective 25-6.0 The Division will respond to county recommendations governing the issuance of a license and actions to suspend, revoke, or make probationary a license in a timely manner.

Measure 25-6.0: Percent of county recommendations acted upon within 45 working days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1991-1993 Data is Unavailable			90%e	90%e		
Target						90%	90%

Measure Description - Objective 25-6.0

Definition: Acted upon means a letter has been sent from the Commissioner or the Commissioner's designee to the license holder or county indicating the licensing action the Department has taken. The license holder has the right to appeal any action. The appeal process and resolution of any appeal is not included within the 45 working day time line.

Rationale: Objective 6 is intended to meet the Department's mission of prevention and protection. The need for additional information or further investigation results in delays in acting upon a county's recommendation.

Data Source: Division of Licensing

Discussion of Past Performance:

There is no historical information on past performances.

Plan to Achieve Targets:

Target estimates were developed from estimates of current practice and assumes continuation of current levels of program funding.

Activity: 25-Licensing

Other Factors Affecting Performance:

Increases in licensing violations in Family System programs monitored by the counties. Availability of all necessary supporting information to act on the recommendations.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)		
Total Expenditures:	$ 202,270	4.67 %	of department's spending
From State General Fund	19,736		
From Local Gov't Trust Fund	50,762		
From Federal Funds	72,289		
From Other Funds	59,483		
Number of FTE Staff:			
	163.3	2.59 %	of department's staff

PROGRAM GOALS:

A strong, supportive social services infrastructure must be maintained to help people, particularly those with long-term needs, achieve maximum independence and self-sufficiency. The purpose of the Life Skills Self-Sufficiency Program is to develop and maintain programs so that people who need help providing for themselves will receive the help they need. The goals of the program are:

- In addition to strong economic assistance and health care programs, to maintain a strong social services system that maximizes independence.
- To provide choices in long-term care that allow older Minnesotans and Minnesotans with special needs to live as independently as possible.
- To increase focus on customer and family needs and outcomes so programs are more flexible and responsive in delivering the help people need.

SUMMARY OF PROGRAM SERVICES:

This program area has responsibility for the following activities: Deaf and Hard of Hearing Services, Quality Services, Community Social Services, Developmental Disabilities, Aging and Adult Services and Chemical Dependency. Descriptions of these activities are found in the individual sections that follow.

Program: Life Skills Self-Sufficiency

MAJOR PROGRAM DRIVERS:

The following are considered the primary factors which will affect the program delivery and their related client focused results:

- Effect of federal health care and welfare reform initiatives.
- Results of follow up customer survey data collected by the Department, based on structured interviews with counties about steps the Department needs to take. The program is committed to the principles of total quality management. The customer survey acts as a way for the program to check on how it is doing in the eyes of its customers. Acting to make changes in the way which the program does its business may require some modifications in program priorities.
- Effects of The Americans with Disabilities Act (ADA) related to yet to be addressed awareness of consumer rights and agency requests for technical assistance. The implications for social services delivery systems are only now becoming evident.
- A increasing proportion of Minnesotans are becoming elderly which will increase the demands on social supports.
- Non-categorical approaches to support services require further attention as the current complexity in service delivery frustrates clients and providers.

KEY PERFORMANCE OBJECTIVES AND MEASURES:

The following are selected program objectives and performance measures from within the Life Skills Self-Sufficiency Performance Report Section that represent key indicators of the administration's progress toward its goals.

Goal 1: "In addition to strong economic assistance and health care programs, to maintain a strong social services system that maximizes independence.

Objective: Eligible deaf, hard of hearing, speech impaired, and mobility impaired Minnesotans will receive specialized telephone equipment which will enable them to access the telephone system.
(Objective 26-2.0, page 70.)

Performance Measures:

Number of individuals receiving telephone equipment.

Percent of recipients able to access the telephone independently.

Objective: Improve chemical dependency treatment outcomes for Minnesota clients treated through the Consolidated Fund. (Objective 48-1.0, page 100.)

Performance Measure:

Percentage reduction in alcohol/drug problem severity scores post-treatment compared with pretreatment.

Program: Life Skills Self-Sufficiency

Goal 2: To provide choices in long-term care that allow older Minnesotans and Minnesotans with special needs to live as independently as possible.

Objective: Adults with mental retardation or related conditions will live as independently as possible in the community. (Objective 34-2.1, page 82.)

Performance Measures:

Number of persons receiving supports to live as independently as possible in community settings through semi-independent living services (SILS).

Percent of "SILS eligible" persons receiving SILS.

Objective: Consumers (nursing home residents, acute care Medicare patients and persons receiving in-home services) will receive education/information about health and long term care rights and benefits to enable them to make informed choices about long term care options and to advocate for themselves when necessary will be maintained at current levels. (Objective 37-2.1, page 88.)

Performance Measure:

Number of consumers receiving education through the Aging Ombudsman office.

Goal 3: To increase focus on customer and family needs and outcomes so programs are more flexible and responsive in delivering the help people need.

Objective: Local county human service agencies will use outcomes data to provide information to various stakeholders/decision-makers and to make continuous improvements in their social service delivery system for the purpose of further enhancing outcomes for all target populations served. (Objective 30-5.0, page 77.)

Performance Measure:

The percentage of local county human service agencies who are using outcomes data to provide information to various stakeholders/decision-makers and to make continuous improvements in their social service delivery system for the purpose of further enhancing outcomes for all target populations served.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency
Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

1994 Total Expenditures ($000s):	$2,982	0.07%	of department's budget
1994 Number of FTE Staff:	46.0	0.73%	of department's staff

PROGRAM GOAL:

- To create full access to the human service system for people who are deaf or hard of hearing.

DESCRIPTION OF SERVICES:

The DHHSD has two major program components: direct client services and developmental services and support. The **Regional Service Centers for Deaf and Hard of Hearing People** (RSC's), were established as a result of the 1980 Hearing Impaired Services Act, which provide a central entry point for persons who are deaf or hard of hearing to access the human service system in their region. RSC's are located in the following areas: Duluth, Virginia, Fergus Falls, Crookston, St. Peter, Rochester, St. Cloud, Willmar, and St. Paul. RSC services include:

Services to Consumers
- Assessment
- Referral, Coordination and Follow-up (short-term case management)
- Advocacy
- Statewide Telephone Equipment Distribution Program

Services to Agencies
- Consultation: Clients/Programs
- Technical Assistance: Program Development/Evaluation
- In-Service Training
- Information and Resource Development

General Services
- Information and Referral
- Interpreter Upgrading Opportunities
- Community Workshops
- Equipment/Resource Lending Library
- Interpreter/Referral

There are approximately 275,000 deaf and hard of hearing persons in Minnesota. Approximately 40% live in Greater Minnesota in rural, sparsely populated settings. Hearing loss is the largest chronic disability impacting about 40,000 deaf and 235,000 hard of hearing persons. The division through its RSC offices, accesses regionally-based programs that are fragmented and difficult for this population to access.

Each of the eight RSCs has a Regional Advisory Committee comprised of consumers, advocates, or professionals working with people who are deaf or hard of hearing. At least fifty percent of the committee members must be deaf or hard of hearing. The regional advisory committees assist the RSCs in assessing the status of human services and identifying major issues which impact on the development and delivery of appropriate, accessible services for deaf and hard of hearing consumers within regions.

Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

One member of each regional advisory committee serves as the regional representative to the Minnesota Commission Serving Deaf and Hard of Hearing People (MCDHH). This facilitates the flow of information between the regions and the statewide advisory group and ensures that recommendations made by the MCDHH to the Governor and the Legislature effectively address regional issues and service needs.

The **Program Development and Support Section** was created to house the Division's strategic planning, information systems, evaluation, and monitoring activities. A major goal is to develop and enhance human service policies and procedures which impact upon statewide human service delivery systems. This section works proactively to influence the development and implementation of accessible human service programs for all deaf and hard of hearing Minnesotans.

The DSS Program Planners are involved with key initiatives in cooperation with the Department of Human Services and the broader human services delivery system. They focus on program development for persons who are deaf or hard of hearing in combination with other disabling conditions such as mental illness, developmental disability, chemical dependency, and visual impairment. The Program Planners are also responsible for the development and monitoring of grant contracts totaling $401,000. These grants enable specialized services to be delivered by community agencies in the areas of mental health, deaf-blindness and interpreter referral.

The division has made a commitment to give **priority** services to traditionally underserved populations of deaf/hard of hearing Minnesotans. *A traditionally underserved person who is deaf or hard of hearing is a person who possesses limited communication abilities (i.e., cannot communicate effectively via speech, speech reading, or sign language, and whose English language skills are at or below a third grade level) and who possess any or all of the following characteristics:*

- *Will not be likely to maintain employment without traditional assistance or support*
- *Demonstrates poor problem solving skills*
- *Difficulty establishing social support*
- *Poor emotional control low frustration tolerance*
- *Aggressive*
- *Will not be likely to live independently without transitional assistance or support.*

RSC data indicates high client needs with **legal, employment and independent living** issues and service delivery systems.

Agency requests for technical assistance with serving deaf or hard of hearing consumers come most frequently from service providers in the areas of **Education, Human Services, Health Care, and Aging.**

FY 1994 RSC data indicated 44,143 clients and agencies received service through the RSC system.

PROGRAM DRIVERS:

- Operating in a cross-cultural environment. DHHSD employs and works with people who are members of the Deaf culture. For that reason, we are keenly aware of the challenge of maintaining an effective and productive cross-cultural environment. We recognize the value that supporting a cross-cultural environment has in achieving high levels of work performance. Our Division hires affirmatively whenever possible and attempts to address the individual communication needs of each of our staff and clients. Additionally, affirmative hiring of deaf staff requires $280,000 of our budget for interpreting positions in each of our regional offices.

- Increasing services to persons who are hard of hearing. In the 1993 legislative session we changed the name of Deaf Services Division to Deaf and Hard of Hearing Services Division. This raised the expectation of service to hard of hearing consumers.

Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

- The Rubella epidemic of the late '60's resulted in a population of vulnerable people who are now adults needing independent living and long-term community services.

- Factions within the deaf population have a strong belief in deafness as a culture. The emerging empowerment and pride has caused the division to be sensitive to this view and our staff are asked to respond to a variety of requests for training on deaf culture.

- The Americans with Disabilities Act (ADA) is greatly impacting the division, particularly in the area of interpreter referral services, which have increased 200% since 1983. ADA has also impacted consumer awareness of rights, and agency requests for technical assistance.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 26-1.0: Continue to meet the demand for referrals of qualified interpreters.

Measure 26-1.0 (a): Percent increase in interpreter referral requests.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number	14,255	15,266	17,848	20,163			
Percentage Change		7%	17%	13%	15%e		
Target							
Percentage Change						15%	15%

Measure 26-1.0 (b): Percent of interpreter referral requests filled.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	97%	96%	96%	95%	95%e		
Target						95%	95%

Measure Description - Objective 26-1.0

Measure 26-1.0 (a): Percent increase in interpreter referral requests.

Definition: Total number of requests for interpreter referrals each fiscal year and percent change.

Measure 26-1.0 (b): Percent of interpreter referral requests filled.

Definition: Total number of interpreter events counted as "unable to fill" divided by the total number of interpreter events requested, subtracted from 100%.

Rationale: Interpreter services are a primary means of providing communication access for deaf and hard of hearing individuals. An increase in interpreter referral requests is a direct result of RSC activities (Client Coordination and Follow up, Advocacy, Training, Technical Assistance) to assist individuals and agencies to understand their rights and obligations for communication accessible services. Interpreter referral requests have increased steadily since the inception of the RSC program, and are expected to continue to rise as awareness of the Americans with Disabilities Act expands. The ability to fill requests for qualified interpreters is a direct outcome of efforts to match needs of deaf consumers with appropriately qualified individuals and is also reflective of RSC resource development activities.

Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

Data Source: RSC Services Report maintained by the Division.

Discussion of Past Performance:

Interpreter referral requests have risen steadily since the inception of the RSC program.

Plan to Achieve Targets:

Target estimates are based on past trends in referral requests.

Other Factors Affecting Performance:

While Minnesota has several interpreter training programs, most graduates lack the skills necessary for freelance interpreting upon graduation. There is an inadequate supply of qualified interpreters to meet the demand for services, especially in Greater Minnesota. In addition, interpreters receiving referrals through the RSC and contracting agency work as independent contractors and as such set their own rates and are free to deny referrals at will. This fact, paired with the scarcity of qualified interpreters, often make it difficult to fill jobs with the most qualified interpreter available.

Objective 26-2.0: Eligible deaf, hard of hearing, speech impaired, and mobility impaired Minnesotans will receive specialized telephone equipment which will enable them to access the telephone system.

Measure 26-2.0 (a): Number of individuals receiving telephone equipment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	2,000	1,995	1,973	2,068	2,000e		
Target						2,000	2,000

Measure 26-2.0 (b): Percent of recipients able to access the telephone independently.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	98%	98%e		
Target						98%	98%

Measure Description - Objective 26-2.0

Measure 26-2.0 (a): Number of individuals receiving telephone equipment.

Definition: Total number of eligible individuals receiving equipment through the Equipment Distribution Program.

Measure 26-2.0 (b): Percent of recipients able to access the telephone independently.

Definition: Percent of eligible recipients reporting this outcome during client interview.

Rationale: Historically people who are deaf, hard of hearing, speech or mobility impaired have had inadequate access to the telephone system. By providing appropriate equipment and training on using the equipment, consumers will have equal access and independence. Data reflects number of persons receiving equipment and percentage of those who report increased independence as a result of the service.

Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

Data Source: Equipment Distribution Program data maintained by the Division.

Discussion of Past Performance:

Program has served approximately 2000 individuals per year.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

Many individuals who could benefit from services are isolated and may not have access to information about the services available to them. In some cases, technology is not available to meet unique needs of some applicants. The program is also responsible to repair and maintain equipment that is distributed; as equipment ages, more staff time and resources are needed to manage equipment returns.

Objective 26-3.0: Build the capacity of human service providers to serve deaf and hard of hearing persons.

Measure 26-3.0 (a): Number of individuals receiving training to serve deaf and hard of hearing people.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	4,664	4,619	5,000e		
Target						5,000	5,000

Measure 26-3.0 (b): Number of agencies receiving technical assistance to serve deaf and hard of hearing persons.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	1,047	796	800e		
Target						800	800

Measure Description - Objective 26-3.0

Measure 26-3.0 (a): Number of individuals receiving training to serve deaf and hard of hearing people.

Definition: Total number of participants in Division sponsored training.

Measure 26-3.0 (b): Number of agencies receiving technical assistance from RSC staff.

Definition: Total number of agencies receiving technical assistance from RSC staff.

Rationale: The Hearing Impaired Services Act (HISA) (M.S. 256C) established the RSCs as a central entry point for deaf and hard of hearing individuals in need of assistance with accessing the statewide human service system. HISA also mandates the DHS to strengthen state and local services to deaf and hard of hearing people. The RSCs provide technical assistance and training as a means to build the capacity of local providers to meet the unique service needs of deaf and hard of hearing people.

Data Source: RSC Services Report data maintained by the Division.

Activity: 26-Deaf and Hard of Hearing Services Division (DHHSD)

Discussion of Past Performance:

Program has generally trained 4,000-5,000 persons annually and has provided technical assistance to a minimum of 700 agencies per year.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

The Division has no legal authority to mandate agencies to provide appropriate access to deaf and hard of hearing people.

Agency Department of Human Services
Program Life Skills Self-Sufficiency
Activity 30-Quality Services Division (Includes Community Social Services Grant)

1994 Total Expenditures ($000s):	$99,839	2.31%	of department's budget
1994 Number of FTE Staff:	24.4	0.39%	of department's staff

PROGRAM GOALS:

The Quality Services Division assists county human service agencies in the planning and management of social services by increasing their capacity to:

- Use a collaborative and integrated approach to service delivery.
- Use a client focused, outcomes-based approach to service delivery.
- Utilize client data currently collected by the Department.

DESCRIPTION OF SERVICES:

The Quality Services Division operate in such a way as to help counties increase their capacity to plan and manage human services in a manner that meets the unique needs of their community as well as state and federal requirements. This is done with the aim of increasing program quality for clients, particularly for the vulnerable populations of counties. The Quality Services Division is organizationally located within the Social Services Administration of the Department of Human Services. The Division, by design, is organized into three overlapping work units - Mandates Reform, Outcome Evaluation, and Systems Integration. The division is responsible for specific tasks within the Social Services Administration and plays a leadership role within the Department relative to broad Departmental priority areas (i.e., Results/outcomes orientation; Improved state/county relationships; Statewide data collection and systems; etc.).

The Quality Services Division is responsible for overseeing the biennial Community Social Services Act (CSSA) plan process. The CSSA plan is submitted by all 84 (one tri-county, one bi-county) local county human service agencies for review by all program divisions within the Social Services Administration, including Quality Services. Each CSSA Plan includes intended outcomes and indicators for client target populations served by the following program areas:

Children
Families in Need of Child Care
Chemical Dependency
Mental Health - Adult
Mental Health - Children
Developmental Disabilities
Aging and Adult Services

Because of its commitment to client-focused outcome goals, the Division has chosen to adopt organizational goals which mirror our "partners" goals. That is, the Division can succeed only to the extent that client-focused goals are achieved. It is understood that counties (and other service providers) deliver direct services to clients and that the Division goals represent an attempt to integrate local agency and statewide goals into a package which holds the focus on the recipients of service - not organizational "process" goals.

PROGRAM DRIVERS:

Implicit within Description of Services.

Activity: 30-Quality Services Division

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 30-1.0: To assist with the Department's efforts to improve county/state relations.

Measure 30-1.0: The percentage of county agencies reporting an improvement in county/state relationships.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	30%	45%e		
Target							

Measure Description - Objective 30-1.0

Definition: The percentage of county agencies reporting improvement in county/state relations, specifically in the areas of:

working together as a team
sharing resources
sharing responsibility
having a common goal
trusting each other
county staff feeling they have appropriate involvement with DHS staff

Rationale: The transition from a compliance/monitoring focus to one of commitment to partnership is believed to be in the best interest of our mutual customers - persons receiving social services. To be successful, county agencies need to believe that the Department is sincere in its efforts to work together as partners in order to achieve agreed upon client focused outcomes.

Data Source: The Quality Review Report of Findings, May 1994, based on interviews conducted in 27 county agencies with 105 respondents. The actual performance percentage above for 1994 is based upon this selected sample of county agencies. There will be an ongoing process involving interviews with county agency staff to determine progress in this area.

Discussion of Past Performance:

Collecting information from county human service agency staff regarding how they perceive DHS performance within specific areas using critical performance indicators is a new concept and initiative by the Department. The initial review findings indicate that the Department needs to implement action strategies to address and facilitate improvement in county/state relationships.

Plan to Achieve Targets:

The Quality Services Division staff will present the Quality Review findings to all Department staff and facilitate action strategy/plan working sessions within each Division. The action plans will then be implemented Department-wide. Additional Quality Reviews will be conducted on a regular, ongoing basis to assess progress towards the attainment of the objective.

Other Factors Affecting Performance:

Yet to be determined.

Activity: 30-Quality Services Division

Objective 30-2.0: Local county human service agencies will have a thorough understanding of client focused outcomes and indicators for each target population receiving social services.

Measure 30-2.0: The percentage of local county human service agencies demonstrating a thorough understanding of client focused outcomes and indicators for each target population.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					60%e		
Target						87%	

Measure Description - Objective 30-2.0

Definition: The percentage of local county human service agencies submitting a CSSA Progress Report containing client focused outcomes and indicators for each target population which meet DHS guideline criteria.

Rationale: In order to effectively proceed and progress towards a client-focused outcomes based social service delivery system, county staff must have a thorough understanding of the concepts, principles, and outcome framework inherent in this new approach.

Data Source: The annual Standardized County CSSA Progress Report*, submitted by county agencies for evaluation by DHS staff.

Discussion of Past Performance:

N/A. The '94-'95 CSSA Plan Guidelines included a new requirement for counties to include client focused outcomes and indicators for each target population served by county social services.

Plan to Achieve Targets:

Quality Services staff will provide consultation and assistance to county agency staff to facilitate their understanding of a client-focused outcommes development framework.

Other Factors Affecting Performance:

Yet to be determined.

*Yet to be developed.

Objective 30-3.0: Local county human service agencies will establish intended client outcomes, indicators, and methods for data collection for each social service target population.

Measure 30-3.0: The percentage of local county human service agencies who have established intended client outcomes, indicators, and methods for data collection for each social service target population.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					20%e		
Target						60%	

Activity: 30-Quality Services Division

Measure Description - Objective 30-3.0

Definition: The percentage of local county human service agencies who demonstrate by the annual CSSA Progress Report that they have established intended client outcomes, indicators, and methods for data collection for each social service target population.

Rationale: In order to implement a client-focused outcomes based social service delivery system, county agencies must establish the intended client outcomes for each target populations, the indicators they will use to measure the outcomes and the methods they will use to collect data.

Data Source: The annual Standardized County CSSA Progress Report*, submitted by county agencies for evaluation by DHS staff.

Discussion of Past Performance:

N/A

Plan to Achieve Targets:

Quality Services staff will provide consultation and assistance to county agency staff to facilitate the establishment of intended client outcomes, indicators and methods for data collection for each social service target population.

Other Factors Affecting Performance:

Yet to be determined.

*Yet to be developed.

Objective 30-4.0: Local county human service agencies will collect client-focused outcomes data, baseline if appropriate, for all target populations using their selected intended outcomes, indicators, and methods.

Measure 30-4.0: The percentage of local county human service agencies collecting client-focused outcomes data, baseline if appropriate, for all target populations using their selected intended outcomes, indicators, and methods.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					10%e		
Target						30%	65%

Measure Description - Objective 30-4.0

Definition: The percentage of local county human service agencies submitting a CSSA Progress Report containing a summary of client-focused outcomes data to date for all target populations. For some target populations counties may be collecting baseline data only.

Rationale: Before data analysis can be done to be used for decision-making purposes, county agencies must collect sufficient and accurate data.

Data Source: The annual Standardized County CSSA Progress Report*, submitted by county agencies for evaluation by DHS staff.

Activity: 30-Quality Services Division

Discussion of Past Performance:

N/A

Plan to Achieve Targets:

Quality Services staff will provide consultation and assistance to county agency staff to facilitate data collection by identifying and refining existing methodologies, developing new methodologies and developing appropriate software.

Other Factors Affecting Performance:

Yet to be developed.

*Yet to be developed.

Objective 30-5.0: Local county human service agencies will use outcomes data to provide information to various stakeholders/decision-makers and to make continuous improvements in their social service delivery system for the purpose of further enhancing outcomes for all target populations served.

Measure 30-5.0: The percentage of local county human service agencies who are using outcomes data to provide information to various stakeholders/decision-makers and to make continuous improvements in their social service delivery system for the purpose of further enhancing outcomes for all target populations served.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target			(To be developed)				

Measure Description - Objective 30-5.0:

Definition: The percentage of local county human service agencies who indicate in the CSSA Progress Report how outcomes data is being used effectively to further enhance outcomes for clients as well as to inform stakeholders/decision-makers on outcomes progress.

Rationale: This objective is the point at which local county human service agencies will be in the position to use client outcomes data to make decisions at the local level regarding program performance, resource allocations, etc.

Data Source: The annual Standardized County CSSA Progress Report*, submitted by county agencies for evaluation by DHS staff.

Discussion of Past Performance:

N/A

Plan to Achieve Targets:

The target for this objective will be achieved largely through the counties' individual efforts and initiatives. The Quality Services Division staff will provide consultation and assistance when requested to do so by the county agencies.

Activity: 30-Quality Services Division

Other Factors Affecting Performance:

Yet to be determined.

*Yet to be developed.

Objective 30-6.0: The Quality Services Division will expand the amount of county-specific information provided back to the counties.

Measure 30-6.0: The number of reports provided to the local county human service agencies.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					3e		
Target						3	4

Measure Description - Objective 30-6.0

Definition: The number of reports provided to the local county human service agencies will increase.

Rationale: A considerable amount of information is collected each year from counties that is aggregated by the Quality Services Division and other divisions into statewide reports. This objective addresses the ability of the Quality Services Division to increase the number of county-specific reports provided to the counties, based on the data submitted. This information is beneficial to county agency management and operations.

Data Source: Division Data bases.

Discussion of Past Performance:

There is currently only one county specific report, developed in 1991, which is distributed to local county human service agencies.

Plan to Achieve Targets:

The Quality Services Division will increase the number of county specific reports, based on the data submitted, which counties indicate will be beneficial to their management and operations.

Other Factors Affecting Performance:

Yet to be determined.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency
Activity: 34-Developmental Disabilities

1994 Total Expenditures ($000s):	$8,951	0.21%	of department's budget
1994 Number of FTE Staff:	26.2	0.41%	of department's staff

PROGRAM GOALS:

This program manages services to persons with mental retardation or related conditions through the Division for Persons with Developmental Disabilities and also supports the administration of the Semi-Independent Living Services Grants Program and the DD Family Support Grant Program. Objectives and measures for these programs can be found following these pages.

- To promote maximum individual self-sufficiency and integration of persons with developmental disabilities into the community by implementing state laws and policies and managing programs which provide high quality, cost-effective services.

DESCRIPTIONS OF SERVICES:

The division plans, develops, and coordinates community-based services for approximately 17,000 persons with developmental disabilities (DD) who require services from public agencies. The division: 1) supervises and supports 87 county human service agencies which administer programs serving persons with DD; 2) proposes state policies, legislation and rules; 3) provides training and technical assistance in program areas; and, 4) maintains an information management system on the variety of services for which the Division is responsible.

Program areas that are a responsibility of the division include: case management, determination of need, residential services, residential-based habilitation services, day training and habilitation services, guardianship, receivership, use of aversive and deprivation procedures, and relocation of persons from nursing homes, regional treatment centers and community intermediate care facilities for persons with mental retardation or related conditions to more appropriate community based services.

PROGRAM DRIVERS:

Characteristics of the DD system include:

1) Services are typically needed for individuals with DD from birth to death;
2) Services must be able to cover 24 hours a day;
3) Persons with DD have a wide range and scope of capabilities;
4) The most disabled individuals must receive direct assistance or they will perish if left alone;
5) There is a long history of institutional care and a tension has emerged between the historical perspective of "needing to care for" with new perspectives of a new generation of parents and consumers who expect community-based supports.

Current critical issues include:

1) Complex system of multiple programs and sources of funding;
2) Heavily regulated system;
3) Increases or reductions in one area will result in changes in another service area (i.e., "ripple" effects);
4) There is a need for routine cost-of-living increases for community-based services that are not currently provided but which, if provided in institutional settings, would be federally required;
5) There is a need for a comprehensive housing policy and program that complements a community-based system;
6) Eligible persons continue to be on waiting lists for services;
7) There are different parent expectations for children coming out of public schools today.

Activity: 34-Developmental Disabilities

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 34-1.1 People with mental retardation or related conditions that require supports and services will receive such supports and services in least-restrictive, cost effective settings.

Measure 34-1.1 (a): Number of persons receiving home and community-based waivered services for persons with mental retardation or related conditions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	2,366	2,752	3,160	3,706	4,777e		
Target						5,410	5,900

Measure 34-1.0 (b): Number of persons who had been inappropriately placed in nursing homes and are now receiving home and community-based waivered services for persons with mental retardation or related conditions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	15	45	60	87	100e		
Target						107	127

Measure Description - Objective 34-1.1

Definition: Number of persons equals the monthly average number of eligible recipients.

Rationale: Greater use of home and community-based service options have reduced Minnesota's dependence on more costly, more restrictive services for persons with mental retardation or related conditions.

Data Source: Tracking system and forecast projections of the Division.

Discussion of Past Performance:

The MR/RC waiver program has steadily increased in the past four years as it continues to convert and divert people from more-costly institutional services.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Allocations and funding limits by the federal government and related state match funding levels affect how many persons are provided services.

Objective 34-1.2 Individuals with mental retardation who need public guardianship services will receive public guardianship services.

Measure 34-1.2: Number of persons with mental retardation for whom the commissioner acts as public guardian.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	5,535	5,350	5,216	5,086	4,959e		
Target						4,810	4,645

Activity: 34-Developmental Disabilities

Measure Description - Objective 34-1.2

Definition: Number of persons equals the total number of persons with mental retardation who receive public guardianship services by the Division.

Rationale: The number of persons receiving public guardianship services indicates the level of need for such services as identified by counties. All persons eligible for such services receive such services by the Department.

Data Source: Tracking system and forecast projections of the Division.

Discussion of Past Performance:

The number of people needing public guardianship services is being reduced as a result of efforts by the department to increase family support and local private guardianship.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

There are a number of older adults who are "wards of the commissioner" and who have been in state hospitals for long periods of time. It has been difficult to re-establish family ties or develop relationships with other potential interested persons in the community in order to appoint them as private guardians for these people.

2. Semi-Independent Living Services Grants

PROGRAM GOALS:

Provide support for persons with mental retardation or related conditions to live as independently as possible in the community-based waivered services for persons with mental retardation or related conditions.

DESCRIPTION OF SERVICES:

The Semi-Independent Living Services Program provides funds to enable approximately 1,700 persons with mental retardation or related conditions to maintain themselves with semi-independent living services. SILS services include training and assistance in managing money, preparing meals, shopping, maintaining personal appearance and hygiene, and other activities which are needed to support and improve a person's capability to live in the community. SILS services are provided in community settings such as the client's own home, apartment, or rooming house. To be eligible for this program, an individual must be: 1) age 18 or older; 2) must be unable to function independently without SILS services; and 3) must not be at risk of placement in an intermediate care facility for persons with mental retardation in the absence of less restrictive services.

All counties are eligible to receive reimbursement for the provision of SILS to eligible persons. Counties determine specific levels of funding and service arrangements per recipient. The state appropriation for SILS pays for 70% of total service costs (approximately $7,740 per person in S.F.Y. 1994), up to a specified limit per county which is adjusted by current and historical usage. Counties use dollars from other sources to pay the balance.

Activity: 34-Developmental Disabilities

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 34-2.1: Adults with mental retardation or related conditions will live as independently as possible in the community.

Measure 34-2.1 (a): Number of persons receiving supports to live as independently as possible in community settings through semi-independent living services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1,500	1,554	1,608	1,610	1,410		
Target						1,450	1,500

Measure 34-2.1 (b): Percent of "SILS eligible" persons receiving SILS.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	80%	75%	71%	71%	85%		
Target						75%	75%

Measure Description - Objective 34-2.1

Definition: For measure 2.1 (a), "number" represents the total count of persons identified as receiving SILS services. For measure 2.1 (b), "percent" represents the total count of persons receiving SILS services divided by the combined total of the total count of persons receiving SILS services and the total count of persons found eligible by counties but who are not receiving state-funded SILS services.

Rationale: The SILS program provides funds to counties to support the direct training of eligible persons with mental retardation or related conditions in independent living skills. The outcome measures identified indicate the number of persons receiving such support and the percent of eligible persons receiving such support. County agencies, in their contracts with providers of SILS services, more directly impact the number of hours and types of SILS services individuals receive.

Data Source: Survey of county social service agencies.

Discussion of Past Performance:

The number of SILS recipients has increased for the periods of F.Y. 1991 to F.Y. 1994 due to improved allocation methods. An amendment to section 256B.0916 allowed expansion of home and community based waivered services for persons with MR/RC, and allowed counties to transfer current SILS recipients who required a 24 hour plan of care to such services. As a result, 500 current SILS recipients who meet this requirement are projected to transfer to the waiver program in fiscal year 1995 and 300 new individuals are expected to be able to be served in the SILS program as a result of the transfers.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and adjusted for legislatively-approved SILS to waiver transfer.

Activity: 34-Developmental Disabilities

Other Factors Affecting Performance:

County personnel determine eligibility and service level needs of recipients and contract directly with providers of SILS services. The department issues block grants to counties based on allocation requests and historical usage. State and county agency funding levels, as well as inflationary cost increases, directly affect the number of persons served and the amount of services provided to each individual.

3. DD Family Support Grants

PROGRAM GOALS:

- Prevent or delay the out-of-home placement of children with mental retardation or a related condition and to support families in maintaining their child in the family home.

DESCRIPTION OF SERVICES:

The DD Family Support Grant Program provides cash grants of up to $3,000 per year to families with a son or daughter:

1) under the age of 22;
2) who has mental retardation or a related condition; and,
3) who has been determined to be at risk of institutionalization, to enable the families to purchase services and items above the ordinary care for their child's support in the home. Counties assist families in the application process. The Department awards grants to families based on approved applications submitted by counties.

Each family's level of need is assessed and each eligible applicant's place on a waiting list is determined. The waiting list is not first come, first served; an applicant's status continually changes as new applications are received and grants are awarded to eligible applicants. Criteria for assessing a family's eligibility for a subsidy include: 1) the potential for placement of the child outside the home; 2) the likelihood that the child would be returned to his/her natural or adoptive home if subsidy funds were available; 3) the severity of the physical and mental disabilities of the child; 4) the amount of emotional stress of the family; and 5) the availability of support to the caregiver(s). Grants are awarded as openings occur. Family Support Grant funds may only be used to purchase items and services for which there are no other public or private funds available to the family. Each service or item purchased with a Family Support Grant must: 1) be over and above the normal costs of caring for the dependent if the dependent did not have a disability; 2) be directly attributable to the dependent's disabling condition; and 3) enable the family to delay or prevent the out-of-home placement of the dependent.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 34-3.1: Families with children who have mental retardation or related conditions will be supported in maintaining their child in the family home rather than having to place their child outside of the family home to receive services.

Measure 34-3.1 (a): Number of families receiving family support grant funds to maintain their child in the family home.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	485	641	671	662	650e		
Target						640	640

Activity: 34-Developmental Disabilities

Measure 34-3.1 (b): Percent of families found eligible and receiving such grants.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	61%	63%	63%	61%	56%e		
Target						52%	50%

Measure Description - Objective 34-3.1

Definition: For measure 1.0(a), "number" represents the total count of families identified as receiving DD Family Support Grants. For measure 1.0(b), "percent" represents the total count of families receiving DD Family Support Grants divided by the combined total of the total count of families receiving such grants and the total count of families found eligible by counties but who are not receiving such grants.

These numbers only reflect people who have actually requested services and does not include those who may be eligible but who have not applied for Family Support Grants.

Rationale: M.S. 256F.01 directs that all children are entitled to live in families that offer safe, nurturing, permanent relationships, and that public services be directed toward preventing the unnecessary separation of children from their families. Because many families who have children with mental retardation or related conditions have special needs and expenses that other families do not, the legislature created this program. The outcome measures selected indicate the number of families supported and the percentage of families served who are eligible for the program. This information assists the legislature in determining the level of support provided to families of children with mental retardation or related conditions.

Data Source: Family support applications submitted by families.

Discussion of Past Performance:

Outcome measures for this program are affected by two events: 1) additional base dollars added to the program starting in fiscal year 1992, which increased the number of families that could be supported; and 2) 1991 statute language that required that during fiscal years 1992 and 1993 that the "maximum monthly grant awarded to families who are eligible for medical assistance shall be $200, except in cases of extreme hardship." This language capped expenditures for certain families which allowed additional families to be served. However, beginning in fiscal year 1994 the cap was lifted and grant amounts per family have incrementally begun to increase back to previous levels. Meanwhile, more families are learning about the program and the waiting list is increasing.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

State agency funding levels for this program directly affect the number of families served and the amount of services provided to each family. The program, as required by statute, limits grants to up to $3,000. Inflation has eroded much of the value of the $3,000 since the inception of the program. In some cases, families are not able to maintain their child at home for this amount.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency
Activity: 37-Aging and Adult Services

1994 Total Expenditures ($000s):	$22,581	0.52%	of department's budget
1994 Number of FTE Staff:	31.9	0.51%	of department's staff

1. AGING AND ADULT SERVICES ADMINISTRATION

PROGRAM GOALS:

The goals of this program are to:

- Provide staff assistance to the Minnesota Board on Aging in the administration of programs for the state's 60+ population.
- Serve as the department's focal point for the provision of program and policy development as it affects the state's older population.
- Design and implement programs intended to protect the state's vulnerable adult population.

DESCRIPTION OF SERVICES:

Minnesota Board on Aging: As established by M.S. 256.975, the Minnesota Board on Aging (MBA) has 25 members appointed by the Governor and is responsible for the administration and implementation of the federal Older Americans Act. Minnesota statutes require the Department of Human Services to provide staff support through the aging division director, who is also the executive secretary to the board; staff of the division serve as MBA staff. Federal Older Americans Act funds are secured through the development and administration of a state plan on aging which meets federal requirements. State appropriations in this activity meet match requirements of the Older Americans Act.

As the state unit on aging, the MBA awards grants of federal and state funds to area agencies on aging (AAAs) to help meet the cost of administering the board-approved area plans on aging. The area plan for each board-designated planning and service area in the state, and a group of Indian reservations, provides for the development or expansion of community-based services and resources such as congregate and home delivered meals, transportation, legal services, senior centers, in-home services, information and referral, and others. Staff also assists the board in administration of state funds which supplement federal funds in congregate and home-delivered meals and each of the Corporation for National and Community Service (formerly ACTION) funded volunteer programs of Foster Grandparents, Senior Companions and Retired and Senior Volunteers.

The objective of Older Americans Act funding from its initial passage in 1965 has been to assist state units on aging in developing plans and administering funds that promote services to help all older persons 60+ live independent, meaningful and dignified lives, with emphasis on reducing isolation and preventing premature or unnecessary institutionalization. In this regard, staff also assists the board in its administration of the Congregate Housing Services Coordinator (CHS) component of the department's Senior's Agenda for Independent Living (SAIL) initiative.

Adult Protection: The adult protection staff plans, arranges, designs and implements programs on Adult Protection and Vulnerable Adult Statute and Rule. These programs are delivered to federal and state agencies, 87 counties, social and health services providers, volunteers, church service groups and the general public.

Activity: 37-Aging and Adult Services

Adult Foster Care: The adult foster care staff provides direction and technical assistance to public and private agencies, licensed and potential providers, current and potential consumers and the general public on adult foster home development.

PROGRAM DRIVERS:

- Demographics indicate the 60+ population (and especially the 85+ population) is the fastest growing segment of society.
- Increased longevity and numbers of older people will strain the current service delivery system as it adjust/readjusts to this population and its needs.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 37-1.1: The aging program will have increased targeting of services to older individuals with greatest economic and social need with particular emphasis on low-income minorities.

Measure 37-1.1: Number of low-income minority participants.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	available		available		
Target			10/1/95		10/1/95		

Measure Description - Objective 37-1.1

Definition: The count of low-income minority participants in Older Americans Act programs.

Rationale: Older low-income minorities comprise approximately .5 of 1% of the older population of Minnesota (3,539 of 673,248 reporting income status), and are a priority for targeting services under the Older Americans Act. at the present time, the Minnesota Board on Aging has been unable to determine what proportion of this population is receiving services because reporting information does not provide unduplicated counts. A new initiative by the federal Administration on Aging is to require states to develop a client tracking system for unduplicated counts across services for implementation in F.Y. 1996. This will enable the MBA to determine the results of targeting efforts to the low-income minority older population.

Data Source: The MBA information system, which service providers and area agencies on aging are required to provide data for at least quarterly.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The amount of federal and state funding directly affects the level of service that can be provided.

Activity: 37-Aging and Adult Services

Objective 37-1.2: The program will develop a reformed vulnerable adult maltreatment reporting system and provide training to 87 county social service department staff on their revised responsibilities under the system by 1997.

Measure 37-1.2: Number of allegations of vulnerable adult maltreatment as received by county social service departments.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	3,427	3,515	3,800	3,800			
Target					To be developed with revised reporting system		

Measure Description 37-1.2:

Definition: The count of allegations of vulnerable adult maltreatment.

Rationale: It is legislatively mandated that counties report information on allegations of vulnerable adult maltreatment. The system to report these allegations should therefore allow for the reporting of the most accurate and timely information possible.

Data Source: The revised DHS/County reporting system, currently under development.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

None contemplated at this time.

2. AGING OMBUDSMAN

PROGRAM GOALS:

- To promote the highest quality of life, standards of care, and respect for the rights of health care consumers, who include nursing home residents, acute care Medicare patients, and persons receiving in-home services.

DESCRIPTION OF SERVICES:

The ombudsman office advocates for individuals by helping these consumers to resolve grievances and disputes about their rights, quality or care, access to care, and access to government benefits. Consumers are encouraged and assisted in resolving complaints on their own through education and informational materials about health care services, rights, and benefits.

Activity: 37-Aging and Adult Services

The ombudsman provides a non-regulatory approach toward improving quality of care and quality of life for older persons on need of long-term care (nursing homes and home-care services) and other forms of health care. Complaints are handled by negotiating outcomes acceptable to the older person or through mediation or education. Complaints involving potential violations of rules or regulations which cannot be resolved are referred to the appropriate enforcement agency. As a result, all types of complaints or disputes can be addressed. The ombudsman office is not limited to handling areas covered by statute or regulation.

Informal complaint resolution and prevention approaches are also encouraged by direct assistance to nursing home residents and their family members through the development and education of resident and family councils to work directly with providers in complaint resolution and quality of life improvements.

Incorporated into the office is the federally mandated Office of the State Long-Term Care Ombudsman which the Minnesota Board on Aging has administered since 1981. Services to nursing home residents are federally funded while services to clients receiving in-home services and medicare beneficiaries are state funded.

PROGRAM DRIVERS:

The large increase projected in the number of older persons needing and utilizing some type of long-term care service in the near future has created a demand for cost containment, new service options, and a reexamination of the current regulatory approaches to quality assurance for these older consumers. Demands for the services or an ombudsman can be expected to increase as consumers are faced with additional choices and a greater variety of regulatory protection, rights, and service providers. Minnesota's continuing reform of its health care system will also create additional demands for consumer advocacy and education as eligibility rules and consumer rights and responsibilities change.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 37-2.1 The number of consumers receiving education/information about health and long term care rights and benefits to enable them to make informed choices about long term care options and to advocate for themselves when necessary will be maintained at current levels.

Measure 37-2.1: Number of consumers receiving education through the ombudsman office.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	10,034	16,655	13,376	14,500	14,500e		
Target						14,500	14,500

Measure Description - Objective 37-2.1

Definition: The count of consumers receiving education through the ombudsman office each year.

Rationale: The ability of consumers to access accurate and timely information about options, rights and benefits from a neutral third party is essential to enable a consumer driven system. The ability to rely on market forces such as competition to ensure low cost, high quality services to meet the increasing demands for long term care, without increasing consumer protective regulations, will be meaningless unless consumers have information to make informed choices. Many consumers, once informed about their rights, are able to successfully advocate for themselves, thus preventing disputes from reaching a level needing regulatory enforcement or the legal system.

Data Source: The office of ombudsman information system requires each designated ombudsman to provide data on the number of individual and group educational services provided each quarter.

Activity: 37-Aging and Adult Services

Discussion of Past Performance:

Maintaining high numbers of educated consumers is a top priority in a consumer driver system.

Plan to Achieve Targets:

Target estimates is based on current levels of program funding.

Other Factors Affecting Performance:

State and federal funding directly affects the personnel and time available to conduct educational sessions.

Objective 37-2.2 The number of complaints resolved to the client's satisfaction for closed cases will be maintained at 75% or more.

Measure 37-2.2: Percent of complaints resolved to client's satisfaction.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	73%	75%	77%	77%	77%e		
Target						77%	77%

Measure Description - Objective 37-2.2

Definition: The performance measure for the complaint handling function of the ombudsman office is the dispute resolution outcome. All complaints are closed as either successfully resolved, not resolved or discontinued. The client determines whether or not the problem has been resolved to their satisfaction.

Rationale: The ombudsman office provides client centered advocacy services. The client and the ombudsman mutually agree on the outcome desired as a result of ombudsman intervention on their behalf. The only measure of the success of ombudsman intervention in an individual complaint is whether or not the client is satisfied with the change which has occurred as a result of ombudsman intervention.

Data Source: The ombudsman office data system requires each closed complaint case to include documentation on whether or not the complaint was satisfactorily resolved and the change which has occurred for the client.

Discussion of Past Performance:

Satisfactory resolution of complaints is a top priority of the programs.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

None.

Activity: 37-Aging and Adult Services

3. AGING SERVICES

PROGRAM GOALS:

In keeping with the mission of the federal Older Americans Act, services administered by the Minnesota Board on Aging are intended to assist older persons 60+ lead independent, meaningful lives, and reduce isolation and prevent premature or unnecessary institutionalization. Primary funding for these services is the federal Older Americans Act, although state funds are utilized for services which supplement federal funds in congregate and home delivered meals as well as in the Corporation for National and Community Service (formerly ACTION) funded volunteer programs.

DESCRIPTION OF SERVICES:

Area Agencies on Aging As designated by the Minnesota board on aging, an area agency on aging (AAA)is the local administering agency for Older Americans Act funds and certain state funds. Area agencies are eligible to apply for annual grants to help meet administration, program development, supportive services and nutrition services program costs.

AAA planning and service grants are based on submission of multi-year area plan on aging and annual updates which meet federal and MBA criteria and guidelines and are approved by the MBA. State appropriations for congregate and home delivered meals are administered in accordance with federal regulations but are accounted for separately from federal funds. State appropriations for congregate meals have not increased in over 10 years, even though food and other costs have had regular increases. Statistics show that home delivered meals is the fastest growing part of the program and that many more meals could be served with additional funds. A federally-approved intrastate allocation formula is used to determine the amount of federal and state funds available to implement each area plan.

Volunteer Service Programs: State funds are used to supplement the Corporation for National and Community Service-funded activities in the following programs:

Foster Grandparents Program: Through this program, low income elderly persons receive a stipend to serve as foster grandparents for children with exceptional or special needs. In accordance with M.S. 256.976, grants are awarded to community agencies which establish volunteer stations; recruit, train, supervise and pay stipends; and provide other benefits to low-income older persons. The stipend income received by the low-income seniors assists them to remain independent and in their homes. Foster grandparents may put in a maximum of 20 hours per week.

The state funds supplement federal funds awarded to the same grantees by the federal Center for National and Community Service agency. Recipient agencies must meet federal program and budget standards. Grants are currently awarded to three agencies responsible for the statewide program.

Senior Companions Program: Through this program, low income elderly persons receive a stipend to serve as senior companions to adults in their own homes or in residential settings. In accordance with M.S. 256.977, grants are awarded to community agencies which establish volunteer stations; recruit, train, supervise and pay stipends; and provide other benefits to low-income older persons. The stipend income received by the low-income seniors assists them to remain independent and in their homes.

The state funds supplement federal funds awarded to the local agencies selected by the federal Corporation for National and Community Service agency. Recipient agencies must meet federal program and budget standards. Grants are currently awarded to two agencies responsible for the statewide program.

Activity: 37-Aging and Adult Services

Retired and Senior Volunteer Program: In accordance with M.S. 256.9753, grants are awarded to those community agencies whose Retired and Senior Volunteer Program (RSVP) projects meet federal RSVP standards. Local RSVP projects promote the use of senior volunteers to augment or complement local agencies' programs and services. Volunteers are recruited, selected, and assigned to work in agencies that have appropriate uses for volunteers. Specialized training of the volunteers is provided or arranged by the local project and the agency in which the volunteer works. The volunteers receive travel and meal expenses and insurance coverage, but no compensation for their time. RSVP volunteer services are available to all age groups and agencies. Services include transportation, congregate nutrition, peer counseling, home-delivered meals and a variety of services in agencies, such as senior centers, family and children's agencies, child care centers, hospitals, libraries, public schools, and community centers.

State funds are allocated to projects on a formula basis and are issued to supplement federal grants made to the same local agencies. funds are used to increase the number of senior volunteers, participants, and hours of volunteer services provided. The age limit for participation in the Retired and Senior Volunteer Program has recently been lowered to 55.

A "typical" medium-sized program sponsored county-wide has over 600 volunteers placed in 60 stations. Over one-half of the agencies (33) were serving people other than the elderly. In the non-aging parts of this program volunteers: served persons with developmental disabilities and other impairments; served in schools, day care and other child/youth agencies; served in hospitals and other health services; and served in community services such as libraries, government offices, environmental agencies and other public services.

PROGRAM DRIVERS:

- Demographics indicate an increasing number of people reaching age 60+ in the near future (the 85+ population is the fastest growing segment).

- There is also a significant demographic shift from rural areas to metropolitan centers which results in fewer economically vital and prosperous communities, less of a tax base and a diminishing work force. Transition to an older America will occur first in the rural areas and will be the first to be called upon to address issues of increasing costs, decreasing resources, intergenerational conflict, economic vitality and prosperity and social well-being. The desire to "age-in-place" implies the increasing need for community and home-based services.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 37-3.1 The number of older individuals served by Older Americans Act programs will increase to at least 22% of the state's older population.

Measure 37-3.1: Number of older individuals served by Older Americans Act programs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	146,000	160,000	164,000	170,000	175,000e		
Target						175,000	175,000

Measure Description - Objective 37-3.1

Definition: The count of 60+ individuals each year that participate in Older Americans Act programs.

Rationale: Programs funded under the Older Americans Act are open to any older individual 60+ regardless of income; services are intended to assist in living independent lives, reduce isolation and prevent unnecessary institutionalization. Many of the supportive services funded, such as transportation, in-home services (e.g., homemaker, home-health aide, personal care or chore), or congregate or home delivered meals, are

Activity: 37-Aging and Adult Services

otherwise unavailable because of income restrictions or available only on a full fee basis. Although fees cannot be charged for Older Americans Act services, participants are given the opportunity to voluntarily contribute toward the cost of services (over $5 million was contributed in the congregate and home delivered meals programs in FY 1993).

Data Source: The Minnesota Board on Aging information system, which service providers and area agencies on aging are required to provide data for at least quarterly.

Discussion of Past Performance:

Services intended to keep older people in their homes will continue to grow in importance.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

The amount of federal and state funding directly affects the level of service that can be provided.

Objective 37-3.2 The number of volunteer service hours will increase statewide by 10% by the year 2000.

Measure 37-3.2: Number of volunteer service hours statewide.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	729,000	731,000	732,000	738,000	747,000e		
Target						747,000	747,000

Measure Description - Objective 37-3.2

Definition: The count of volunteer service hours statewide.

Rationale: Increased volunteer opportunities in the foster grandparent and senior companion programs meets the goals of supplementing the income of low-income seniors and targeting services in areas that complement DHS priority areas: high risk youth and special needs children (FGP) and independent living (SC). In addition, increased RSVP participation could expand the provision of intergenerational services.

Data Source: The MBA information system, which volunteer program providers are required to provide data for at least quarterly.

Discussion of Past Performance:

Trend is to maintain current programs and to increase volunteer program activities whenever possible.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Activity: 37-Aging and Adult Services

Other Factors Affecting Performance:

The level of federal and state funding directly affects the level of volunteer participation in the programs due to the amounts available for stipends and expense reimbursements.

Objective 37-3.3 Volunteer program participation will be increased in service areas which meet the department's family and children's and long-term care objectives.

Measure 37-3.3: Number of volunteer program participants.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	4,787	4,781	4,817	4,868	5,067e		
Target						5,067	5,067

Measure Description - Objective 37-3.3

Definition: The count of volunteer program participants.

Rationale: It is appropriate to focus efforts on increasing volunteer participation in service areas which complement the goals for both the Corporation of National and Community Service and the Department of Human Services: high risk youth (FGP), independent living (SC) and intergenerational (RSVP).

Data Source: The MBA information system, which volunteer program providers are required to provide data for at least quarterly.

Discussion of Past Performance:

Trend is to maintain current program and to increase volunteer program activities whenever possible.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

The level of federal and state funding directly affects the level of participation due to stipend and expense reimbursement payments to volunteers.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency
Activity: 44-Chemical Dependency

1994 Total Expenditures ($000s):	$10,171	0.23%	of department's budget
1994 Number of FTE Staff:	34.8	0.55%	of department's staff

PROGRAM GOALS:

The mission of the Chemical Dependency Division, as the State alcohol and drug authority (M.S. 254A), is to promote the chemical health of all Minnesotans and to reduce alcohol and other drug problems and their effects on individuals, families and society. The goals of this activity are:

- To increase the availability, quality and cost-effectiveness of chemical dependency prevention, assessment, intervention, and treatment services.

- To improve and expand services for the general population as well as the following specific special populations: American Indians, African Americans, Asian Americans, Hispanics, women, pregnant women and women with children, children and adolescents (particularly young people of color), and persons with chronic alcoholism and drug addiction.

DESCRIPTION OF SERVICES:

Administrative activities include developing policies and priorities; coordinating activities with the Division's two statutory advisory councils; budgeting, allocation of available resources toward prevention, treatment, research, evaluation and other activities, federal block grant and other grants administration, and management of the Consolidated Chemical Dependency Treatment Fund (CCDTF); compliance with State and Federal mandates and reporting requirements; coordination of activities with state and local agencies; development of legislation and rules; and data collection and dissemination.

Grants reimburse counties for part of the cost of transportation to detoxification centers; support a statewide prevention resource center and resource centers designed to meet the needs of communities of color; assist domiciliary care providers and counties to meet health codes, improve case management services, and develop alternative services for persons with chronic alcoholism; provide intervention and case management services for pregnant drug-abusing women; provide for education, assessment, intervention, referral, treatment and supplemental services for a variety of special populations including American Indians and other communities of color, women, children and adolescents; and support specific research and evaluation efforts.

Through the Drug and Alcohol Abuse Normative Evaluation system (DAANES), the Chemical Dependency Division collects data on clients served by more than 360 treatment programs and 35 detoxification centers in the state. The Treatment Accountability Plan (TAP) includes comprehensive client problem severity profiles and weekly service delivery records along with post-treatment outcome information to be used to improve client/treatment matching to produce better treatment outcomes. The Division also monitors alcohol and other drug abuse trends throughout the state. To improve targeting of prevention and treatment funding to areas of greatest need the Division is amalgamating a variety of existing data sources (U.S. census, Departments of Health, Public Safety, Education, Minnesota Planning) to produce county profiles of alcohol/drug abuse risk indicators and is setting up community-based networks to improve local prevention efforts.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 44-1.0: Gather information from individuals using services and the general public to improve program planning, funding decisions and department policy.

Activity: 44-Chemical Dependency

Measure 44-1.0 (a) Number of Minnesota residents admitted to chemical dependency treatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	23,536	25,438	26,305	26,128e	26,200e		
Target						26,200	26,200

Measure 44-1.0 (b) Number of Minnesota treatment admissions paid for through the Consolidated Chemical Dependency Treatment Fund.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	18,422	18,614	18,378	18,870e	18,000e		
Target							indeterminate*

Measure 44-1.0 (c) Number of annual detoxification center admissions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	Y. 1996	F.Y. 1997
Actual Performance	28,768	32,963	31,562	30,500e	31,000e		
Target						31,000	31,000

Definition: The number of treatment admissions for Minnesota residents includes primary inpatient and outpatient treatment, extended care, and halfway house placements at approximately 360 sites throughout the state. Consolidated Fund admissions are the subset of public-pay admissions for entitled and eligible clients. Detoxification center admissions exclude emergency room detoxification or detoxification provided as a prelude to treatment and paid for as part of treatment.

Rationale: A central function of the division is the collection and dissemination of information to continuously improve the quantity and quality of services to Minnesotans. The data are used to target services where they are most needed, alter program functions to better meet the changing needs of clients, provide training and revise department rules and policy.

Data Source: DAANES, CCDTF, TAP.

Discussion of Past Performance:

The Division has developed sophisticated data collection mechanisms in order to present an accurate picture of admissions to treatment and detoxification centers. The number of admissions has remained relatively stable over recent years, due in part to access assured through the Consolidated fund and standardized admission and placement criteria.

Plan to Achieve Targets:

No policy or procedural changes are anticipated which will affect the numbers of treatment or detoxification center admissions.

Activity: 44-Chemical Dependency

Other Factors Affecting Performance:

Data collection on all clients treated by Consolidated Fund vendors is required by rule. Additional data required for the Treatment Accountability Plan is now being provided voluntarily by treatment providers until incorporated into statute or a revised licensing rule. Detoxification center data is provided voluntarily by service providers and may undercount actual admissions. Changes may occur in treatment placement rates as a result of the increase in enrollment in prepaid health plans in both the public and private sector. Consolidated Fund placements will decline as more counties enroll clients in prepaid plans, a transition expected to be completed by the end of FY 1997.

Measure 44-1.0 (d) Percentage of 9th grade students who say they do not use alcohol or other drugs because such use is dangerous.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		47%		Not Available	50%e		
Target							Not available

Definition: Students completing the Minnesota Student Survey who report no alcohol or other drug use are asked for reasons why they do not use. The percentage of 9th graders who cite the dangers of use as one of their reasons is the measure used here. Weighted samples of participating school districts will be used for comparisons so differences in participation rates over time will not account for differences in results.

Rationale: Many students begin to experiment with alcohol or other drugs by the time they enter 9th grade and many of these young people are not aware of the dangers associated with such use. A measure of increased awareness of the dangers of substance abuse is a valid measure of the effects of educational prevention efforts targeted toward youth.

Data Source: Minnesota Student Survey, Minnesota Department of Education, conducted every three years beginning in 1989.

Discussion of Past Performance:

Student awareness of the dangers associated with alcohol and other drug use increased between the 1989 and 1992 student surveys.

Plan to Achieve Targets:

Prevention efforts continue to emphasize the risks of alcohol and other drug use for young people and this prevention strategy will be incorporated as a facet of overall prevention planning.

Other Factors Affecting Performance:

Messages about alcohol and other drug abuse come from many sources including parents, peers, schools, churches, other community institutions, governmental agencies, and the popular media. Young people may receive conflicting messages about the dangers of alcohol and other drug use. The effects of prevention efforts funded through any single agency cannot be determined.

Objective 44-2.0 Increase specialized programs for women, persons of color, persons with coexisting disorders and other persons with special needs.

Activity: 44-Chemical Dependency

Measure 44-2.0: Proportion of grant expenditures targeted toward special populations.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	76.8%	77.8%	79.8%	79.1%	79%e		
Target						80%	80%

Measure Description - Objective 44-2.0

Definition: The proportion of available state and federal monies awarded as grants specifically targeted to serve special populations. Grants include both prevention and treatment projects.

Rationale: A major function of the grants effort is to assure access to services that would otherwise not be available. The CCDTF assures access to appropriate services for most eligible Minnesotans through reliance on market forces. It does not have a mechanism for developing new resources, particularly when the target population may be small or specialized. Similarly, it is necessary to augment continuing prevention activities with those directed at groups or communities that have specific strengths or needs to be addressed or are at higher risk.

Data Source: Grants and contracts data base.

Discussion of Past Performance:

The Division has a strong record of targeting limited resources to identified high-risk populations.

Plan to Achieve Targets:

In line with federal alcohol and drug abuse block grant requirements and specific state appropriations, the Division will ensure that spending plans include allotments to programs that serve high-risk groups.

Other Factors Affecting Performance:

Two major external factors have affected the Division's capability to increase the number of specialized programs and services for special populations. These include a reduction in state appropriation for grants in the FY 1994-1995 biennium and a federal block grant mandate to expand the treatment capacity for chemically dependent pregnant women and women with dependent children. In the future, changes in either state grant funds or federal block grant funds particularly those that may result from reallocating resources to fund health care reform will affect the Division's ability to promote specialized services for vulnerable populations.

Objective 44-3.0 Reduce alcohol and other drug abuse among high risk populations, particularly adolescents.

Measure 44-3.0 (a): Percentage of high school seniors drinking to intoxication at least once a month.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		30%	Not available		27%e		
Target						Not available	

Activity: 44-Chemical Dependency

Measure Description - Objective 44-3.0 (a)

Definition: The percentage of 12th grade students who say they "get drunk" at least once a month according to the Minnesota Student Survey. Weighted samples of participating school districts will be used for comparisons so differences in participation rates over time do not account for differences in results.

Rationale: The greatest immediate risks associated with alcohol consumption are related to heavy drinking. The greatest costs to society in terms of injuries, violence, crime, and fatalities are also related to heavy consumption. A reduction in high-risk drinking among young people is a better measure of social change than general use which has not changed greatly in recent decades.

Data Source: Minnesota Student Survey, Minnesota Department of Education conducted every three years beginning in 1989.

Discussion of Past Performance:

Binge drinking dropped significantly between 1989 and 1992 according to Minnesota Student Survey data.

Plan to Achieve Targets:

Prevention efforts will continue to emphasize the risks associated with this dangerous drinking practice.

Other Factors Affecting Performance:

Alcohol and other drug abuse are affected by a variety of factors that may promote or inhibit such abuse, most outside the agency's control. These include the availability of alcohol, social conditions such as poverty, social control mechanisms, glamorization of substance use by the entertainment industry and other influences, and prevention efforts by other agencies, communities, and the media. Any observed change in drinking habits among youth would likely be attributable to a combination of factors rather than to a single prevention project.

Measure 44-3.0 (b): Percentage of high school seniors using marijuana or other illicit drugs in the previous year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		18%	Not available		16%e		
Target						Not available	

Measure Description - Objective 44-3.0 (b)

Definition: The percentage of 12th grade students who report the use of marijuana or other illicit drugs the 12 months before they complete the Minnesota Student Survey. Weighted samples of participating school districts will be used for comparisons so differences in participation rates over time do not account for differences in results.

Rationale: Though much less common than alcohol use, illicit drug use also poses many dangers to young people. Many prevention efforts, including school, community and media campaigns are directed against the use of drugs. A reduction in illicit drug use is an appropriate measure of the effects of such efforts.

Data Source: Minnesota Student Survey, Minnesota Department of Education conducted every three years beginning in 1989.

Activity: 44-Chemical Dependency

Discussion of Past Performance:

Illicit drug use declined significantly among adolescents between 1989 and 1992.

Plan to Achieve Targets:

Prevention efforts will continue to emphasize the dangers of illicit drug use.

Other Factors Affecting Performance:

Alcohol and other drug abuse are affected by a variety of factors that may promote or inhibit such abuse, most outside the agency's control. These include the availability of illegal drugs, social conditions such as poverty, social control mechanisms, glamorization of substance use by the entertainment industry and other influences, and prevention efforts by other agencies, communities, and the media. Any observed change in illicit drug use among youth would likely be attributable to a combination of factors rather than to a single prevention project.

Agency: Department of Human Services
Program: Life Skills Self-Sufficiency
Activity: 48-Consolidated Chemical Dependency Treatment Fund (CCDTF)

1994 Total Expenditures ($000s): $57,746 1.33% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

To fund cost-effective chemical dependency treatment services for low-income, chemically dependent Minnesota residents.

The Consolidated Fund combines separate funding sources (Medicaid/Medical Assistance, General Assistance Medical Care, General Assistance, state appropriation and federal block grant funds) into a single fund with a single set of eligibility criteria. Counties pay 15% of treatment costs. Virtually all treatment providers in the state compete on an equal basis for publicly funded clients and must meet the same licensing and reporting requirements.

The Consolidated Fund serves more than 18,000 clients annually. Clients are assessed by county social service agencies and Indian reservations and treatment placement decisions are based on statewide uniform assessment and placement criteria incorporated into DHS Rule 25 criteria. Clients are entitled to covered services if they are enrolled in Medical Assistance or meet the MA income limits. Clients are also eligible for service if their income is below 60% of the state median income and they are pregnant, adolescents, or parents with minor children in the household. About 72% of clients are males and about one third are persons of color. (Two thirds of the persons of color who receive treatment in Minnesota each year are serviced through the Fund.)

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 48-1.0 Improve treatment outcomes for Minnesota clients treated through the Consolidated Fund.

Measure 48-1.0 (a): Percentage reduction in alcohol/drug problem severity scores post-treatment compared with pretreatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			(not available)		75%e		
Target						75%	75%

Definition: Composite severity scores for alcohol/drug problems are derived from the Addiction Severity Index at admission to treatment and at 6 months following discharge. Composite scores include measures of number of substances used, use frequency, and problems associated with use. The ASI is part of the Treatment Accountability Plan instituted in FY 1994.

Rationale: The Addiction Severity Index composite scores have proved valid and reliable measures of client problems and predictors of outcome; they present a more comprehensive picture of client improvement than any single measure such as percentage abstinent.

Measure 48-1.0 (b) Percentage reduction in number of emergency medical care visits for clients post-treatment compared with pre-treatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		(not available)			80%e		
Target						80%	80%

Definition: Percentage reduction in the number of emergency medical care visits comparing 6 months of post-treatment with 6 months pre-treatment. This measure is also a part of the Treatment Accountability Plan.

Activity: Consolidated Chemical Dependency Treatment Fund (CCDTF)

Rationale: Alcohol/drug abusers use a disproportionate share of emergency high cost medical services; a reduction in emergency care will reduce overall health care costs associated with chemical dependency. Such cost offsets serve as justification for the provision of adequate chemical dependency treatment.

Measure 48-1.0 (c): Percentage reduction in arrests for clients admitted to treatment post-treatment compared with pre-treatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	80%	80%	80%	80%	80%e		
Target						80%	80%

Definition: Percentage reduction in the number of DWI and other arrests comparing 6 months post-treatment with 6 months pre-treatment.

Rationale: Criminal behavior is a correlate of alcohol/drug abuse/addition and reduction in such behavior has enormous implications in terms of social costs.

Data source: DAANES and the Treatment Accountability Plan.

Discussion of Past Performance:

Improvements of this magnitude have been consistently associated with chemical dependency treatment in Minnesota.

Plan to Achieve Targets:

Continue successful treatment program monitoring and outcomes monitoring efforts.

Other Factors Affecting Performance:

Client improvement following treatment depends on many factors including access to and provision of adequate services, the environment to which the client returns, and the client's motivation to remain alcohol and drug free.

Objective 48-2.0. To contain public costs for chemical dependency treatment.

Measure 48-2.0: The cost-per-placement for chemical dependency treatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$2,702	$2,789	$2,886	$2,892e	$3,008e		
Target						$3,128	$3,253

Definition: Cost/placement is the amount of money needed to cover the cost of a single episode of chemical dependency treatment for clients served through the Consolidated Fund.

Rationale: Cost containment is directed toward minimizing increases in the costs of chemical dependency treatment. The cost/placement provides a measure of what it costs for a single episode of chemical dependency treatment. Changes in the cost of chemical dependency treatment can be compared to changes in the costs of other medical services.

Data Source: CCDTF placement and invoice system.

Activity: 48-Consolidated Chemical Dependency Treatment Fund (CCDTF)

Discussion of Past Performance:

Annual cost per placement increases have remained under 4%.

Plan to Achieve Targets:

Maintain current state/county cost sharing which provides incentive for reasonable costs and appropriate placements.

Other Factors Affecting Performance:

Rates for specific treatment providers are negotiated by the local social service agency. While it is in the best interest of the local agency to secure the best rate, their actions are outside the control of DHS. Average cost/placement rate is also affected by changing patterns in the use of out-patient versus in-patient or residential treatment. As counties increase the use of prepaid plans, capitated rate structures will preclude the availability of individual cost data.

Agency: Department of Human Services
Program: Children's Program

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)		
Total Expenditures:	$ 77,017	1.78 %	of department's spending
From State General Fund	16,454		
From Federal Funds	56,357		
From Other Funds	4,206		
Number of FTE Staff:	49.5	0.78 %	of department's staff

PROGRAM GOALS:

To develop children's policy to guide and lead DHS programs affecting children to accomplish a number of related goals including ensuring family economic stability, improving health care services (particularly early and preventive services and mental health services), strengthening families by promoting responsible parenting, protecting vulnerable children through program reforms, strengthening services so they are reflective of the community and improving program delivery and coordination.

- TO ENSURE FAMILY ECONOMIC STABILITY: Self-sufficiency programs must be anti-poverty and coordinated in order to meet the dual economic goals of self-sufficiency and the healthy development of children.
- TO IMPROVE HEALTH: All health care reform proposals must address the needs of children. System reform efforts must include the coordination of preventive care and early intervention efforts.
- TO STRENGTHEN AND SUPPORT FAMILIES: Funding and programs should promote and strengthen families; prepare teens for adulthood; provide access to quality day care; and, promote responsible parenthood.
- TO PROTECT VULNERABLE CHILDREN AND THEIR FAMILIES: Child welfare and children's mental health programs must be linked. The Department must take the lead in efforts to build consensus regarding child welfare reform.
- TO MOBILIZE AND ASSIST COMMUNITIES TO SUPPORT CHILDREN: Programs and services should be community based and reflective of the community within which they are located (culturally reflective).
- TO MAKE POLICIES AND PROGRAMS WORK: Programs which serve the same children must be coordinated within the department. Flexible funding should be available to those eligible. Programs that work must be supported and possibly expanded. Innovative new children's programs and ways of conducting business must be encouraged. A comprehensive children's data shop must be established.

Program: Children's Program

SUMMARY OF PROGRAM SERVICES:

This Program has direct responsibility for Families with Children and the Children's Trust Fund activities. Those activities are described in more detail in their respective sections.

This Program also has the primary responsibility of coordinating the Department's Children's Initiative. The Children's Initiative was created, in May of 1994, to develop a department-wide children's policy and provide leadership to all DHS programs affecting children. The Children's Initiative will works with other public institutions, community and private, non-profit groups which have an impact on the families with children the department serves.

MAJOR PROGRAM DRIVERS:

The outcome of several major reforms at the state and federal level are expected to have impacts on the activities managed by this program.

- The first and most significant reform is the revamping of the welfare system. Positive effects could provide reduction in the number of teen parents and dependence on public financial assistance. These reforms could be reflected in lowering the need for social services associated with serving populations at a high risk of neglecting and abusing their children. A nationwide system of child support collections and sanctions would improve the ability of custodial parents to support their children without needing to rely on public financial and social services assistance. A possible negative impact of welfare reform could occur if families are completely cut off public financial assistance because of a responsible parent's failure to adhere to new rules. If this occurs, an increase in the number of children in need of out-of-home placement would occur, as parents would no longer be able to provide the basic necessities for their children. The need to protect children from impoverishment, provide them with adequate parental support and a nurturing environment will remain a high priority as state and federal reforms seek to build bridges between welfare dependence and self-sufficiency.

- The second major reform is in the health care system. If all families are guaranteed a basic health care plan, which includes treatment for mental illness and chemical dependency, the number of children suffering maltreatment by caretakers who suffer from these maladies should decrease. Parents are also more likely to accept employment and not remain on public financial assistance, if they are guaranteed receipt of necessary medical care for themselves and their children.

- In addition to reform efforts, another program driver is the increased expenditures of funds for child maltreatment prevention and the preservation of families. Although much more difficult to quantify, efforts aimed at primary prevention should have a positive effect in reducing the number of abused children and the need for out of home placement.

KEY PERFORMANCE OBJECTIVES AND MEASURES:

The following are selected program objectives and performance measures from within the Annual Performance Report Sections that represent key indicators of the Children's Program's progress toward its goals. Performance objectives and measures from the Children's Program as well as from throughout the Department's report are included. The respective report section is noted.

Program: Children's Program

Goal 1: TO ENSURE FAMILY ECONOMIC STABILITY:

Objective: To provide children with the financial support of their non-custodial parent. (see Child Support Enforcement Objectives 59-1.0 and 59-5.0, pages 171 and 174.)

Performance Measures:

The number of non-custodial parents located for purpose of establishing, modifying, or enforcing a child support obligation.

The amount of child support collected from non-custodial parents in millions of dollars.

Objective: To increase the number of families receiving child care through the Basic Sliding Fee (BSF) child care program. (see Child Care Fund Objective 67-2.0, page 206.)

Performance Measure:

The average number of families receiving BSF child care.

Objective: The number of families who will select stable, nurturing child care settings based on the individual needs of their children will increase. (Objective 32-1.5, page 118.)

Performance Measure:

The number of parents receiving childcare resource and referral services.

Goal 2: TO IMPROVE HEALTH:

Objective: To increase the percentage of Minnesota's poor families with children who have health care insurance. (see MinnesotaCare Objective 78-1.0, page 288.)

Performance Measure:

The percentage of estimated uninsured families with incomes below 275% of the federal poverty guidelines that are enrolled in MinnesotaCare.

Objective: To increase the number of identified children with Severe Emotional Disturbance (SED) receiving mental health services. (see Mental Health Programs Objective 50-6.0, page 304.).

Performance Measure:

The number of children with SED receiving Case management services;

The number of children with SED receiving Family Community Home-Based treatment;

The number of children with SED receiving Professional Home-Based Treatment;

The number of children with SED receiving Day Treatment services.

Program: Children's Program

Objective: Improve access to and standardize quality of prenatal care for high risk pregnant women enrolled in Minnesota health care programs. (Objective 72-1.0, page 251.)

Performance Measure:

Percent of newborns who are premature and require neonatal intensive care services.

Goal 3: TO STRENGTHEN AND SUPPORT FAMILIES:

Objective: Families experiencing a crisis in which a child is in imminent risk of placement will remain intact at the close of Family First service. (Objective 32-2.7, page 128.)

Performance Measure:

The number and percentage of children in families in crisis receiving Families First services whose families remain intact at the close of Families First service.

Objective: The number of successful adoptions of special needs children placed under the guardianship of the Commissioner will increase. (Objective 32-3.1, page 133.)

Performance Measures:

The number of children adopted having special needs as defined by the Federal adoption assistance program.

Objective: Families with children who have mental retardation or related conditions will be supported in maintaining their child in the family home rather than having to place their children outside of the family home to receive services. (see Developmental Disabilities Objective 34-3.1, page 83.)

Performance Measure:

Number of families receiving family support grant funds to maintain their child in the family home.

Percent of families found eligible and receiving such grants.

Goal 4: TO PROTECT VULNERABLE CHILDREN AND THEIR FAMILIES:

Objective: Youth provided with Independent Living Skills services will have a reduced dependence on public assistance programs. (Objective 32-5.2, page 138.)

Performance Measures:

Percent of youth provided with Independent Living Skills services who are receiving no public assistance, one year after service completion.

Objective: The number of homeless youth able to locate stable housing and/or employment will increase. (Objective 32-5.3, page 139.)

Performance Measure:

The number of homeless youth who are able to locate stable housing/or employment.

Program: Children's Program

Objective: Young children of migrant farmworkers receiving safe, healthy, culturally appropriate child care services. (Objective 32-1.4, page 117.)

Performance Measure:

The number of children of migrant farmworkers receiving childcare.

Objective: Parents will not engage in family violence. (Objective 32-2.1, page 121.)

Performance Measures:

The number of child maltreatment reports filed due to events occurring at Family Safety Center

Number of staff interventions during supervised visits required due to abusive behavior by parents or children.

Goal 5: TO MOBILIZE AND ASSIST COMMUNITIES TO SUPPORT CHILDREN:

Objective: To continue support for community collaborative efforts. (new objective)

Performance Measure:

The number of DHS supported collaboratives moving from the planning to the implementation stage.

Objective: To increase the number of community early childhood maltreatment prevention programs. (New objective)

Performance Measure:

The percentage of competitive grant proposals recommended by local child abuse prevention councils which are able to be funded.

Goal 6: TO MAKE POLICIES AND PROGRAMS WORK

Objective: To assist with the Department's efforts to improve county/state relations. (see Quality Services Objective 30-1.0, page 74.)

Performance Measure:

The percentage of county agencies reporting an improvement in county/state relations [as measured on a six-scale quality survey instrument.]

Objective: The number of new child protection managers, supervisors, and workers with child welfare competency skills and knowledge will increase. (Objective 32-2.8, page 129.)

Performance Measure:

The number of new child protection managers, supervisors, and workers who receive competency-based training according to the curriculum developed before January 1, 1996.

Agency: Department of Human Services
Program: Children's Program
Activity: 29-Children's Trust Fund

1994 Total Expenditures ($000s):	$1,064	0.02%	of department's budget
1994 Number of FTE Staff:	2.7	0.04%	of department's staff

PROGRAM GOALS:

The mission of the Children's Trust Fund (CTF) is to provide funding to community-based programs that are designed to help prevent child maltreatment and to provide education, leadership and resources to local prevention organizations and programs. Over 90 percent of grant funds are from the Trust Fund.

The Children's Trust Fund has the following primary program goals:

- To be responsive to the advice and recommendations of the local child abuse prevention councils and the CTF Advisory Council when awarding grants for the primary and secondary prevention of child maltreatment;
- To achieve a higher level of leadership in educating the public about the need for a continuum of primary and secondary support services for all families and children; and
- To establish and maintain a grassroots prevention infrastructure throughout the state that recognizes the variety of needs families have and is responsive to those unique needs in each community.

DESCRIPTION OF SERVICES:

Competitive Grant Process: The CTF awards grants biennially to qualifying private non-profit and public agencies providing primary and/or secondary child maltreatment prevention services. To assure local community input, grant applications are reviewed and ranked initially by authorized local child abuse prevention councils before being forwarded to the CTF Advisory Council for their review and final recommendations to the Commissioner.

Special effort and resources are being directed to assisting grantees in learning how to evaluate their programs and the services they are providing to the populations being served. Longitudinal studies have demonstrated that programs which teach, support and encourage positive family functioning, healthy child development, improve skills and build self-esteem, do contribute to and play a significant role in preventing child maltreatment. Although it is impossible to accurately measure how many people did not mistreat their children as a result of their involvement in programs designed to increase and enhance their parenting skills, pre- and post-test evaluations can be used to measure knowledge acquired and skills developed.

All of Minnesota's 1.2 million children and their families are the potential recipients of CTF programs and services. Currently, priority consideration is given to applicants serving the most vulnerable population of children, i.e., children ages 0-5, who constitute approximated 30% of the states' child population. According to 1990 data, of the alleged perpetrators of child maltreatment, 82% were the parents of the alleged victims.

Leadership and Resources:

The program priorities established by the CTF Advisory Council for competitive grant applications strive to address the needs of the most vulnerable populations. The grant application process strives to educate and facilitate the service provider in providing client-sensitive and state-of-the-art services that are pro-active, positive and measurable.

The quarterly publication of the CTF, *The Children's Fire*, strives to educate the readership about child development, behavior management skills required of parents, parental self-care, family-enhancement techniques, and features grantees programs and the activities of local child abuse prevention councils.

Activity: 29-Children's Trust Fund

Prevention education initiatives are undertaken that are generic to all communities and that lend themselves to local "customizing." Basic information, resources and small grants are provided to local child abuse prevention councils to design and implement their own programs. Consultation and technical assistance is provided to develop and maintain prevention councils that operate at maximum capacity.

PROGRAM DRIVERS:

- Only service providers operating in counties with an authorized child abuse prevention council are eligible to apply for a grant from the CTF. Of the 87 counties, 68 are authorized to review grant applications. This precludes children and families in the 19 unauthorized counties from benefitting from CTF funded primary and/or secondary prevention programs.

- In the 1993-95 competitive grant application process, seventy-seven proposals totaling $3,318,347 were received. The amount of funds available for disbursement are contingent upon surcharge revenue generated, the amount of CTF's general fund appropriation and interest earned. $985,726 (30%) was awarded to 27 grantees for the 1993-95 biennium.

- Societal problems drive the need for basic support services to families and to augment existing services to meet the complex needs of families and children. Poverty among families with children has increased, as has the number of single-parent families and dual-working parents earning income below the national poverty level. More children are left unattended during periods of the day and night due to the working schedules of parents and lack of affordable/available child caring services.

- The lack of or availability of extended families to provide support and resources to families dictates in large measure the need for services to geographically and socially isolated families and children.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 29-1.0: Provide training biennially to members of authorized prevention councils and the CTF Advisory Council to increase their skills to review and rank grant applications in order to recommend the most effective programs for funding.

Measure 29-1.0 (a): Estimated number of members participating in training.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	0	0	0	0	300e		
Target							400e

Measure 29-1.0 (b) As a result of the training, reviewers will demonstrate an improvement in their capacity and skills to recommend grant awards for programs that best meet CTF priorities and demonstrate their knowledge and ability to achieve measurable outcomes of the clients in their programs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					75%e		
Target							95%e

Measure Description - Objective 29-1.0

Measure 29-1.0 (a): Estimated number of members participating in training.

Definition: The number of estimated members participating in training to be provided and in the 1995 grant review process.

Activity: 29-Children's Trust Fund

Measure 29-1.0 (b): Reviewers will demonstrate an improvement in their capacity and skill to recognize and recommend grant awards for programs that best meet CTF priorities and have the knowledge and ability to achieve measurable outcomes of the clients in their programs; and the reliability of the ratings between the local councils and the CTF Advisory Council scores will improve.

Definition: Reviewers will demonstrate an enhanced ability to review and recommend programs that meet the CTF priorities and the applicants' capability to produce measurable outcomes of the clients they intend to serve.

Rationale: The CTF will offer technical assistance and training for the first time in October 1994 on the "how to" of reviewing grant applications and in the use of the refined and revised grant application kit and scoring procedures to council members prior to each biennial competitive grant cycle. Educating (volunteer) council members about the importance of their role and contribution to the community-based nature of the CTF grant process requires ongoing education and instruction and is a major responsibility of the CTF. The technical assistance (although limited) that has been provided previously, has shown an enhanced level of review and ranking of grant applications. Increasing knowledge, reviewing skills and personal investment on the part of members participating in CTF's grassroots, community-based grant process is expected to produce a higher quality of grant award recommendations and the funding of programs that will have more measurable outcomes of children and families being served.

Data Source: The Children's Trust Fund records of the reviewer's scoring documents from previous years.

Discussion of Past Performance:

Reviewing and ranking instructions were provided in written instructions only. Ratings were erratic.

Plan To Achieve Targets:

Training will be provided every two years and formal evaluation of the review, scoring, and ranking process will be conducted by contracted evaluators.

Other Factors Affecting Performance:

The very nature of the CTF's grassroots, community-based prevention councils participation in the biennial grant review process is voluntary and receives its impetus from the personal and group commitment of members for the well-being of the children and families in their respective communities and to the work of their local grant applicants in preventing child maltreatment. Knowledge, experience and grant reviewing skills are not a pre-requisite for membership on a prevention council. The CTF will offer this training for the first time in 1994 and participation is voluntary.

Objective 29-2.0 Increase technical assistance and consultation to local councils to enhance their role in providing public awareness and community education programs to strengthen and support children and families.

Measure 29-2.0 (a): Percentage increase in the technical assistance and consultation provided to local prevention councils.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	50%	10%	50%	25%	15%e		
Target							

Activity: 29-Children's Trust Fund

Measure 29-2.0 (b): Percentage increase in the material resources provided to local prevention councils.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			25%	35%	50%e		
Target						25%	25%

Measure Description - Objective 29-2.0

Definition: (a) The number of consultations and technical assistance provided to local prevention councils. On-site, telephone and regional meetings for members of local councils will be increased and responsive to their requests and needs.

(b) The development and distribution of material resources for local prevention councils will be increased. The search for and/or development of resources that are responsive to the community education and public awareness needs of the local prevention councils is an ongoing responsibility of the CTF and is pursued within the limits of the budget.

Rationale: The CTF recognizes the effect that providing technical assistance, consultation and resources to local prevention councils has in developing and maintaining a level of enthusiasm and involvement on the part of an ever-changing membership. The nature of these voluntary councils, functioning with minimal budgets, requires the CTF to encourage their leadership and involvement by providing the incentives and resources needed to carry out their role and responsibilities at the community level.

Data Source: The CTF records of the number of annual Mini-Grant applications received in previous years to conduct community awareness and public information programs aimed at educating their communities about the primary and secondary prevention needs of children and families. The creativity and quality of these programs is reflected in the resources available to them and how they are used by the councils.

Discussion of Past Performance:

This function and resources provided to local councils are funded by a federal grant. Technical assistance and consultation provide stimulus, encouragement, and expertise.

Plan To Achieve Targets:

This function will strive to keep local councils engaged in their role as community leaders and catalysts and to provide the needed resources to conduct programs aimed at public education.

Other Factors Affecting Performance:

The voluntary nature of the CTF's grassroots, community-based prevention councils is dependent upon the goodwill and personal commitment of the membership. They must be allowed the latitude and discretion to design and customize their community awareness and public information campaigns and programs to meet the perceived needs of each community. The role of the CTF is to offer resources and encourage their involvement and participation.

Activity: 29-Children's Trust Fund

Objective 29-3.0: Guide local councils in actualizing their role of providing prevention leadership in their communities by assisting them to assess current services, identify needed services and influence existing providers to adapt and/or modify their programs to meet the evolving prevention needs of children and families.

Measure 29-3.0: Number of annual planning retreats of local councils/number of councils.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		5 of 64	37 of 68	45 of 72	53 of 76e		
Target						62 of 80	

Measure Description - Objective 29-3.0

Definition: Councils that organize and convene an annual planning retreat, separate from their regularly scheduled meetings, for the purpose of reviewing their current prevention plan, re-assessing the prevention needs of the children and families in their communities, articulating the needed revisions and setting forth plans to fulfill these needs.

Rationale: Councils who set aside time annually to review what they have done during the previous year and thoughtfully plan for the next year in order to make an impact of the prevention needs of their communities have demonstrated creativity and resourcefulness in their activities and the quality of the Mini-Grant proposals they submit, the coalitions they form and the initiatives they undertake throughout the year.

Data Source: The Children's Trust Fund records of the activities and Mini-Grant awards submitted in previous years.

Discussion of Past Performance:

Providing an annual administrative grant to each local council for the last two years has increased the number and quality of planning retreats of local councils.

Plan To Achieve Targets:

The CTF will continue to encourage local councils to plan and convene annual planning retreats and to assist them in defining and refining their communities' prevention needs.

Other Factors Affecting Performance:

The voluntary nature of the CTF's grassroots, community-based prevention councils is dependent upon the goodwill and personal commitment of the membership. They must be allowed the latitude and discretion to design and customize their community awareness and public information campaigns and programs to meet the perceived needs of each community. The CTF offers incentives and encourages them to develop their leadership skills and programs. The very nature of the CTF's grassroots, community-based prevention councils' participation derives its strength and potential from the personal and group commitment members have for the well-being of the children and families in their respective communities and for the work of preventing child maltreatment.

Agency: Department of Human Services
Program: Children's Program
Activity: 32-Families with Children Services

1994 Total Expenditures ($000s):	$75,953	1.75%	of department's budget
1994 Number of FTE Staff:	46.8	0.74%	of department's staff

PROGRAM DESCRIPTION:

The Family and Children's Services Division exists to support and strengthen Minnesota's families so that they are better able to care for their children. To achieve its purpose, the Division administers, through grants, contracts and allocations to local public and private service agencies, a variety of services and activities for families and children.

Specific target populations served are: children at risk of maltreatment, substance abuse, unnecessary out-of-home placement; pregnant teens and minor parents; adolescents moving toward self-sufficiency; homeless adolescents; refugee unaccompanied minors; children under state guardianship; children in foster and adoptive placement; adopted individuals and their families; children moving across state lines for placement purposes; children needing custody determination; children needing child care and child care service providers.

The Family and Children's Services Division provides leadership to: 1) shape policy; 2) develop service standards; 3) build capacity for service delivery; 4) develop and test pilot projects; 5) conduct research and evaluation; 6) assure compliance with standards, rules and laws; and 7) improve local agency performance in the provision of services for children and families. These functions are achieved through the activities of technical assistance, training, consultation, monitoring, policy development and collaboration with advocacy, provider and consumer groups.

Services are funded through the following clusters of grants: child care services, family support and family preservation services, assistance to adoptive families, foster parent assistance, and services to youth.

1. CHILD CARE SERVICES GRANTS

Child Care Service Development

PURPOSE: The purpose of Child Care Service Development is to improve and expand Minnesota's child care system. This is done by using funds to improve facilities, provide interim financing, train staff and develop special child care services (Minnesota Statutes, Section 256H.22).

SERVICE POPULATION: During 94-95 biennium 173 grants were awarded to organizations including child care centers, technical colleges, public schools, and child care resource and referral agencies. The number of grants increased about 3% from the previous biennium.

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-1.1 The number of children will increase in the following programs: Infant care; school age care; care for sick children; part-time and odd hours care; and, care for children with special needs.

Measure 32-1.1: The number of children in the following programs: Infant care; school age care; care for sick children; part-time and odd hours care; and, care for children with special needs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	NA	1,700	1,720e		
Target						1740	1760

Activity: 32-Families with Children Services

Measure Description - Objective 32-1.1

Definition: The count of children in the following programs: Infant care; school age care; care for sick children; part-time and odd hours care; and, care for children with special needs.

Rationale: The provision of quality child care is valuable to children, families, and to society as a whole. By offering child care service development grants to individual facilities, children throughout the State are exposed to better care.

Data Source: Estimates are available at this time from the Minnesota Department of Human Services, Family and Children's Services Division. Planning is beginning for development of a means to obtain actual counts without causing undue burden of additional paperwork to service providers.

Discussion of Past Performance:

Little information has been kept on the actual numbers of children in these separate categories. Slight increases are expected with a stable funding base.

Plan To Achieve Targets:

DHS hopes to provide continued support/levels of funding for these types of care. The department will continue to develop inter-agency and community-oriented collaborative efforts to support training in these areas.

Other Factors Affecting Performance:

The general economy, budget, funding, and policy decisions all might affect the levels of enrollment of children in the above-listed child care settings. These factors are not under the control of Family and Children's Division program administrators.

Objective 32-1.2 The number of grants awarded for start-up and interim financing will be maintained.

Measure 32-1.2: The number of grants awarded for start-up and interim financing.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	31	18	18	19	19e		
Target						20	20

Measure Description - Objective 32-1.2

Definition: The count of grants awarded for start-up and interim financing.

Rationale: Starting up any business takes a great deal of capital and up-front investment. Providing interim financing to child care centers to assist in their start up costs will create an incentive for more centers to provide quality child care services.

Data Source: The Minnesota Department of Human Services, Family and Children's Services Division.

Activity: 32-Families with Children Services

Discussion of Past Performance:

The number of grants awarded dropped substantially between FY 91 and FY 92 due to a shift in priorities for funding (set regionally) as well as a drop in funding.

Plan To Achieve Targets:

Competition for grant funds limits the ability to drastically increase the number of grants for this area. Regional committees comprised of parents, providers, licensors, etc. set the priorities for funding and determine the actual awards. DHS does not make these decisions - the community/region does.

Other Factors Affecting Performance:

This program is committed to proving the best service and opportunities available to our customers who provide or are setting up to provide quality child care services. At this time, it is an objective of the program to provide grants to more centers. However, if budgetary or other pertinent factors would cause the provision of more grants to result in a significant decline in the quality or effectiveness of those grants, this objective may need to be modified.

Objective 32-1.3 The number of family child care providers and child care center staff who have accredited training and meet licensing requirements will increase.

Measure 32-1.3: The proxy measure used by DHS at this time is the number and/or funding of grants for staff development and training. In June 1994 the Minnesota Department of Human Services began collecting information on the number of accredited teaching staff for family child care providers and child care centers. These data are not yet available. As the data become available, this measure may become the number of child care providers and child care centers that have staff who have accredited training.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	30	60	60	88			
Target					88*	95	95

Measure Description - Objective 32-1.3

Definition: The count of grants for staff development and training.

Rationale: The number of child care providers and child care center staff who have accredited training and meet licensing requirements will increase. By providing child care workers the ability to receive compensation for staff training, workers have the incentive to become licensed, and better qualified to meet the needs of children throughout the State of Minnesota. The quality of care increases when staff are better trained. Future performance evaluations will include this.

Data Source: The Minnesota Department of Human Services, Family and Children's Services Division, to which all child care service development grantees are required to provide quarterly data.

Activity: 32-Families with Children Services

Discussion of Past Performance:

Traditionally, DHS has not put a strong emphasis on funding for training relating to accreditation.

Plan To Achieve Targets:

With the ever-increasing attention on quality of care, training and professional development have become an emphasis area for DHS. Staff have made a concerted and coordinated effort with community agencies to publicize new matching funds available for accreditation. If the provider gets accredited, DHS will reimburse half of the cost of their fees.

Other Factors Affecting Performance:

As discussed above in the section describing Measure 1.3, we plan to alter this objective when the preferable indicator data become available for baseline and target/estimate purposes.

Migrant Child Care

PURPOSE: The purpose of Migrant Child Care is to provide comprehensive, culturally relevant early childhood care and education services for children of Hispanic migrant families while their parents are working in the fields. This is done by funding 13 childcare programs throughout Minnesota (Laws of Minnesota 1989, Chapter 282).

SERVICE POPULATION: In F.F.Y. 1993 700 children were served. This number has been stable for the past two years.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 32-1.4. Young children of migrant farmworkers will receive safe, healthy, culturally appropriate child care services.

Measure 32-1.4 (a): The number of children of migrant farmworkers receiving childcare.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	700e	700e	400e	400e	400e		
Target						400	400

Measure 32-1.4 (b): The number of bi-lingual, bi-cultural Hispanic child care staff per classroom in designated centers.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1e	1e	1e	1e	1e		
Target						1	1

Measure Description - Objective 32-1.4

Measure 32-1.4 (a): The number of children of migrant farmworkers receiving childcare.

Definition: The count of migrant children participating in the summer child care program. These services are provided by Tri-Valley Opportunity Council.

Activity: 32-Families with Children Services

Measure 32-1.4 (b): The number of bi-lingual, bi-cultural Hispanic child care staff per classroom in designated centers.

Definition: The count of Hispanic staff working directly in childcare classrooms. Minnesota Department of Human Services contracts currently require one per classroom.

Rationale: The provision of culturally-appropriate child care services to migrant children directly impacts their health and safety, and their healthy development.

Data Source: Tri-Valley Opportunity Council, Inc., with which the Minnesota Department of Human Services contracts to provide migrant childcare services.

Discussion of Past Performance:

Children: Numbers dropped between FY 92 and FY 93 because of a change in cost allocation formula.

Staff: The numbers have remained the same because the funding has not increased.

Plan To Achieve Targets:

Children: Continuing providing comprehensive services to 400 migrant children, given the same level of funding.

Staff: The need remains for 1 bi-lingual, bi-cultural child care staff per classroom because the child care population remains primarily Hispanic.

Other Factors Affecting Performance:

Economic, budget, or policy shifts could be factors beyond the control of the Minnesota Department of Human Services that could affect performance regarding these particular quantified objectives.

Child Care Resource and Referral

PURPOSE: The purpose of Child Care Resources and Referral is to improve and expand Minnesota's child care system and help families access appropriate child care arrangements. This is done by funding 20 regional childcare resource and referral agencies and one statewide childcare resource and referral network office (Minnesota Statutes, Section 256H.196).

SERVICE POPULATION: In 1993 25,582 families; 13,890 family child care providers; and 1,800 child care center programs were served. The numbers have increased about 5% a year for the past several years.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 32-1.5 The number of families who will select stable, nurturing child care settings based on individual needs of their children will increase.

Measure 32-1.5: The number of parents receiving childcare resource and referral services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	24,879	25,500e	26,250e	27,000e		
Target						27,500	28,000

Activity: 32-Families with Children Services

Measure Description - Objective 32-1.5

Measure 32-1.5 The number of parents receiving childcare resource and referral services.

Definition: The count of parents calling the 20 childcare and referral agencies with whom DHS contract to provide childcare information.

Rationale: Quality childcare directly impacts children's healthy development and parents' ability to work or attend school. Childcare resource and referral services help parents find childcare, and educate parents about what to look for in determining quality of care.

Data Source: Quarterly reports of the 20 childcare resource and referral agencies that contract with DHS.

Discussion of Past Performance:

As the Child Care Resource and Referral program continues to do outreach and marketing of their services, the numbers of parents using the service continues to grow.

Plan To Achieve Targets:

Continue to provide quality Child Care Resource and Referral services, continue to do advertising and marketing, so that parents and child care provides will be aware of the services.

Other Factors Affecting Performance:

Economic, budget, funding, or policy shifts all are factors that might affect performance on this quantified measure. These factors generally are beyond the control of Family and Children's Services Division at the Minnesota Department of Human Services.

Child Care Apprenticeship

PURPOSE: The purpose of Child Care Apprenticeship is to create a statewide child care apprenticeship model to help stabilize the child care workforce by linking increased compensation with greater teaching competency. This is done by 1) recruiting mentors for apprentices; and 2) recruiting entry-level child care workers as apprentices (Minnesota Statutes, Section 256H.215).

SERVICE POPULATION: This program began 10/93. There were ten apprentices and mentors in the Twin Cities metro area as of 3/94.

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-1.6: The number of qualified child care teaching staff will increase.

Measure 32-1.6: The number of new teacher-qualified staff who graduate from the Child Care Apprenticeship Project.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	NA	10e	20e		
Target						30	40

Activity: 32-Families with Children Services

Measure Description - Objective 32-1.6

Definition: The count of new teacher-qualified staff who complete apprentice training and mentor training through the Child Care Apprenticeship Project.

Rationale: Consistent with the purpose of the Child Care Apprenticeship Project, an increase in the number of specially qualified professionals in the field of child care is considered to increase the probability of the perception of professionalism in the field. This is expected to promote better compensation and greater stability in the child care work force.

Data Source: Reports to the Minnesota Department of Human Services, Family and Children's Services Division from the Greater Minneapolis Day Care Association.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Start up of initial project costs more administratively: marketing, recruiting, curriculum development. With structure in place, more participants can be added to the project without significant increases in administrative costs. Marketing has been effective and interest is spreading statewide.

Other Factors Affecting Performance:

Economic, budget, funding, or policy shifts all are factors that might affect performance on this quantified measure. These factors generally are beyond the control of Family and Children's Services Division at the Minnesota Department of Human Services.

Objective 32-1.7: The number of variances for teacher-qualified staff in child care centers will decline.

Measure 32-1.7: The number of variances for teacher-qualified staff.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	621	590e	560e		
Target						530	465

Measure Description - Objective 32-1.7

Definition: The count of variances for teacher-qualified staff.

Rationale: The number of variances annually for teacher-qualified staff is an indicator of the general level of professionalism or preferred qualifications in the field. Thus, a reduction in the number of variances is evidence that the overall level of qualifications in the field is improving.

Data Source: Records of variances granted at the offices of the Minnesota Department of Human Services, Family and Children's Services Division.

Activity: 32-Families with Children Services

Discussion of Past Performance:

The number of child care centers has increased which directly impacts number of qualified staff needed. However, wages for child care center staff have not improved and centers continue to request variances citing lack of training opportunities.

Plan To Achieve Targets:

This project increases training available, with incentive to be trained linked to increase in compensation.

Other Factors Affecting Performance:

If there is a significant increase in the overall number child care workers, this objective may have to be converted to expression as a ratio of variances to number of child care workers. At this time, the objective is expressed in terms of simple numbers for the value of simplicity.

2. FAMILY SUPPORT AND FAMILY PRESERVATION SERVICES

Children's Safety Centers

PURPOSE: The purpose of Children's Safety Centers is to allow safe visitation in divorce and separation situations that may be dangerous to the child and/or the custodial parent and in foster care situations where there is a history of family violence. This is done by funding the operation of five safety centers including trained visitation coordinators to guarantee safety of visits (Minnesota Statutes, Section 256F.09).

SERVICE POPULATION: From 9/92 to 6/93 215 families and 267 children were served.

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.1: Parents will not engage in family violence.

Measure 32-2.1 (a): Number of child maltreatment reports filed due to events occurring at the center.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	1	6	0e		
Target						0	0

Measure 32-2.1 (b): Number of staff interventions during supervised visits required due to abusive behavior by parents or children.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	6	10	10e		
Target						0	0

Measure Description - Objective 32-2.1

Measure 32-2.1 (a): Number of child maltreatment reports filed due to events occurring at the center.

Definition: The count of child maltreatment reports filed due to events occurring at the center.

Activity: 32-Families with Children Services

Rationale: A key component of the design of the Children's Safety Centers is that they be safe, secure settings for participant families. If events occur at the Centers that result in child maltreatment reports, those are indications that the Centers are not completely meeting that objective.

Data Source: County Child Maltreatment Reports, as reported to the Minnesota Department of Family and Children's Services Division.

Measure 32-2.1 (b): Number of staff interventions during supervised visits required due to abusive behavior by parents or children.

Definition: The count of staff interventions during supervised visits required due to abusive behavior by parents of children.

Rationale: Required staff interventions during supervised visits are an additional indicator that on those occasions the safety objectives of the centers are not being met.

Data Source: Quarterly and annual reports of the Children's Safety Centers to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Number of reports increased due to better record keeping and an increase in the number of more severe clients being referred to the safety center. Also, this covers a full fiscal year of operation whereas the previous year (FY 93) was approximately 3 quarters. Also, there is an increased number of clients served by program.

Interventions: Programs have served more families; there has been an increase in the severity level of families being served; there is more consistent reporting by all safety centers. Some programs are intervening and then modeling appropriate parent/child interactions.

Plan To Achieve Targets:

The program expects better screening of families accepted into program and increased number of clients participating in parenting classes.

Other Factors Affecting Performance:

Because participant family behavior is not always predictable by Center staff, occasionally staff interventions required due to abusive behavior might be necessary during supervised visits. Until more experience is accumulated with the Children's Safety Centers, we cannot be certain of the level of such interventions to be expected, or whether a limited number of such incidents might be unavoidable due to the nature of the circumstances and the mission of the Centers.

Activity: 32-Families with Children Services

Objective 32-2.2: Parents will demonstrate positive parent/child interactions during visits

Measure 32-2.2: Percent of families for which staff document improvement in parent/child interactions over time.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	82/35%	25%	50%e		
Target						60%	70%

Definition: The count of families for which staff documented improvement in parent/child interactions over time, divided by the count of families participating in the Children's Safety Center program.

Rationale: It is considered that improvement of participant parent/child interactions in the Children's Safety Center environment indicates a probability that parent/child interactions are improving or are likely to improve in the family home and other settings.

Data Source: Quarterly and annual reports of the Children's Safety Centers to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

There were more families served. Of the families served, more severe clients began utilizing the safety centers. Some families entered programs, left programs, and then resumed services.

Plan To Achieve Targets:

Revision of parent education classes; more role modeling by program staff.

Other Factors Affecting Performance:

Any significant shift in the backgrounds or behavioral dispositions of participant parents and children could be factors beyond the agencies' control that could affect performance on this quantified measure.

CPS Substance Abuse Prevention

PURPOSE: The purpose of CPS Substance Abuse Prevention is to prevent child abuse and neglect in families affected by substance abuse. This is done by providing in-home services to families referred by county corrections agencies (Minnesota Statutes, Section 254A.17).

SERVICE POPULATION: In 1992, 89 families were served. About 100 were served in 1993.

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.3 Project clients will maintain post-treatment sobriety.

Measure 32-2.3 (a): Percent of clients who maintain sobriety.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	86%	NA	90%	90%e		
Target						90%	90%

Activity: 32-Families with Children Services

Measure 32-2.3 (b): Percent of clients entering treatment who complete treatment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	86%	NA	90%	90%e		
Target						90%	90%

Measure Description - Objective 32-2.3

Measure 32-2.3 (a): Percent of clients who maintain sobriety.

Definition: Percent of clients who report that the Project helped them to stop using drugs and helped them find a sober healthy support group within the community.

Rationale: A premise of this grant is the relationship of substance abuse to family violence, child abuse, and child neglect. Therefore, sobriety of the client-parent is likely to be related to a reduced risk of family violence.

Data Source: Client exit survey conducted by Program and reported to DHS.

Measure 32-2.3 (b): Percent of clients entering treatment who complete treatment.

Definition: The number of clients who complete treatment divided by the number of clients who enter treatment for substance abuse.

Rationale: Completion of treatment is considered to be one indicator of success in substance abuse treatment. Success in substance abuse treatment is considered to be an indicator of reduction in risk of family violence, child abuse and child neglect.

Data Source: The program obtains this information from treatment programs attended by the clients. They then report this information to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Targets are realistic as funding has remained intact and program services continue as they have previously.

Other Factors Affecting Performance:

Clients' motivation to achieve program objectives is affected by numerous factors outside the control of the program. Factors include but are not limited to employment status, availability of housing, child care, and transportation. Clients also are subject to many social factors such as domestic violence and the chemical use of friends and extended family members.

Activity: 32-Families with Children Services

New Chance

PURPOSE: The purpose of New Chance is to help young mothers become self-sufficient, to prevent repeat pregnancies and to promote healthy child development. This is done by providing comprehensive, coordinated GED employment and training services. Laws of Minnesota 1993, 1st SS, Section 1, Article 1

SERVICE POPULATION: Minneapolis AFDC mothers age 17-22 who have dropped out of high school. Fifty to seventy-five clients are served each year. The number of clients is fixed by design.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 32-2.4 The educational level of participants will increase.

Measure 32-2.4: The percent of participants enrolled the GED classes who earn their GED.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	64%	69%	71%	71%e		
Target						73%	75%

Measure Description - Objective 32-2.4

Definition: The count of participants who earn their GED divided by the count of participants who enrolled in GED classes.

Rationale: The New Chance program is based on the belief that educational progress can result in better, more productive lives and improved effectiveness as wage earners and parents, for participating teen-aged mothers and their children.

Data Source: Quarterly and annual reports of the program to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Because program is serving youth who have been out of school, with many learning and reading problems, the percent of those completing a GED will remain similar.

Plan To Achieve Targets:

Program will continue to provide comprehensive case management to keep youth involved until they have their GED.

Other Factors Affecting Performance:

The New Chance program cannot control or accurately predict the general level of educational preparation and motivation of participants from year to year. A random or systematic decline in the level of educational preparation and/or motivation of participants could significantly affect this measure independently of the achievements of the New Chance program.

Activity: 32-Families with Children Services

Objective 32-2.5 The life skills of participants will improve.

Measure 32-2.5: The percent of participants enrolled in the New Chance program who complete the Life Skills component of training.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	73%	71%	71%	71%e		
Target						73%	75%

Measure Description - Objective 32-2.5

Definition: The count of participants who complete the Life Skills component of training, divided by the count of participants enrolled in the New Chance program.

Rationale: Completion of a Life Skills training curriculum component is considered to be an indicator of learning of Life Skills and commitment to application of that learning.

Data Source: Quarterly and annual reports of the New Chance program to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Program works with young parents who are AFDC recipients. The need to attain life skills is often interrupted with housing legal and financial crisis.

Plan To Achieve Targets:

Comprehensive on-site services, with enhanced case management, will keep more youth involved in the program.

Other Factors Affecting Performance:

The New Chance program cannot control or accurately predict the general level of educational preparation and motivation of participants from year to year. A random or systematic decline in the level of educational preparation and/or motivation of participants could significantly affect this measure independently of the achievements of the New Chance program.

Chronic Neglect Project

PURPOSE: The purpose of the Chronic Neglect Project is to enable families to become their own case managers and to end their dependence on the social services system. This is done by group therapy, para-professional support, and mentoring.

SERVICE POPULATION: S.F.Y. 1994 there will be 24 families served. This is a capped program.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.6 The number of participating families dependent on the social services system will be reduced.

Measure 32-2.6: The percent of Project Empowerment program completers who are not re-referred to Hennepin County for services as a result of a child maltreatment allegation within six months of program completion.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	100%	63%	71%	70%e	70%e		
Target						70%	70%

Measure Description - Objective 32-2.6

Definition: The count of Project Empowerment program completers who are not re-referred to Hennepin County for services as a result of a child maltreatment allegation within six months of program completion, divided by the count of Project Empowerment completers.

Rationale: The above measure is considered to be a reasonable indicator of the prevalence of child maltreatment among Project Empowerment program completers.

Data Source: Child Maltreatment allegations as recorded and reported by the Hennepin County Children and Family Services Department to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Change (decrease and fluctuation) in actuals appear to be a consequence of the significant increase in the proportion of project participants who have current or very recent serious chemical dependency problems and issues. This was not anticipated at project initiation.

Plan To Achieve Targets:

While it is anticipated that the majority of project participants will continue to have significant chemical dependency issues and problems, program staff are better equipped to deal with chemical dependency issues and to work collaboratively with CD treatment (particularly aftercare) providers also involved with project participants.

Other Factors Affecting Performance:

A major change in the incoming pertinent characteristics of program clients, or any significant change in reporting standards, county intake or assessment standards, or State policies could affect the reported measures independently of program achievement.

Family Preservation

PURPOSE: The purpose of Family Preservation is to strengthen families and offer an alternative to out-of-home placement, or return a child home from placement. This is done by providing in-home family based services.

SERVICE POPULATION: In 1992 519 families were served; 1451 children were served. These numbers increased about 20% over comparable numbers for 1991.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.7 Families experiencing a crisis in which a child is at imminent risk of placement will remain intact at the close of Families First service.

Measure 32-2.7. The number and percent of children in families in crisis receiving Families First services whose families remain intact at the close of Families First service.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	745/91%	921/89%	1,150/85%	1,150/85e%	1,150/85%e		
Target						1,150/85%	1,150/85%

Measure Description - Objective 32-2.7

Definition: The count of children in families receiving Families First services whose families remain intact at the close of Families First service, divided by the total number of children in families receiving Families First service.

Rationale: Research has shown the "Families First" program to be successful in reducing the risk of out-of-home placement of children. Preventing unnecessary out-of-home placements of children is an objective of Family and Children's Services Division.

Data Source: Reports submitted the Minnesota Department of Human Services by "Families First" service providers.

Discussion of Past Performance:

In the initial pilot stages of Families First, families referred appeared to be less at risk. Over the years families referred appear to be more seriously dysfunctional and thus less success than initially. Also, funding for Families First increased each year and leveled off in 1993. The number of children served are estimated to remain the same because the model is well defined as to caseload size and length of service and data from 1991-93 indicate stability.

Plan To Achieve Targets:

The estimated 85% success rate is based on current data and expected outcomes. Family First projects will continue to receive the same level of funding and will same service expectations as in past years.

Other Factors Affecting Performance:

The program cannot control or predict precisely the numbers or severity of problems experienced by families in Minnesota. Family crises may be affected by the general and/or localized state of the economy and other broad and specific socio-economic factors.

Child Protection/Child Welfare Training

PURPOSE: The purpose of this activity is to develop a comprehensive, performance-based, training system for child welfare social workers in their first six months. This is done by contracting for development and implementation of an appropriate curriculum (Minnesota Statutes, Section 626.5591).

SERVICE POPULATION: Eventually, all new county child welfare workers and supervisors in Minnesota.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.8 The number of new child protection managers, supervisors, and workers with child welfare competency skills and knowledge will increase.

Measure 32-2.8 The number of new child protection managers, supervisors, and workers who receive competency-based training according to the curriculum developed before January 1, 1996, through this funding.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	NA	NA	20e		
Target						50	50

Measure Description - Objective 32-2.8

Definition: The count of new child protection managers, supervisors, and workers who receive competency-based training according to the curriculum developed before January 1, 1996, through this funding.

Rationale: Under the terms of the contract under which this competency-based curriculum is being developed, the training will have its own built-in evaluation system. After this training evaluation system has been developed and refined, this measure should be revised to reflect the cleared outcome-based orientation intended. Until that time, we are using targeted numbers of persons trained as a proxy measure.

Data Source: Quarterly and annual reports of the agency to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

At this time, there are no anticipated events or factors expected to be beyond the agency's control and to affect performance.

Activity: 32-Families with Children Services

Indian Child Welfare

PURPOSE: The purpose of Indian Child Welfare grants is to protect the heritage of American Indian children through the delivery of child welfare services to American Indian families with children at risk of maltreatment, placement outside the family home, and/or children in placement and involved in the court system. This is done by Funding placement prevention, permanency planning, and family reunification services (Minnesota Statutes, Sections 257.3571-3579).

SERVICE POPULATION: American Indian Families in Minnesota. Number of clients served is available only by agency; they have not been tabulated for totals.

PERFORMANCE OBJECTIVE AND MEASURES

Objective 32-2.9 The number of out-of-home placements of American Indian children will be reduced.

Measure 32-2.9: The number of out-of-home placements of American Indian children.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	**	**	**	**	**		
Target						**	**

Measure Description - Objective 32-2.9

Definition: The count of out-of-home placements of American Indian children.

Rationale: It is an objective of the Indian Child Welfare program to reduce out-of-home placements of American Indian children in Minnesota.

Data Source: Annual reports to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Economic, budgetary, funding, and/or policy shifts are factors generally beyond the control of Family and Children's Services Division, and that may affect performance on this quantified measure.

** These data exist, but at this time we are awaiting data entry. Until the data are entered, tabulated, and reported, we are unable to make reliable estimates or targets for future years.

Activity: 32-Families with Children Services

Objective 32-2.10 The average length of time American Indian children spend in out-of-home placement will decrease.

Measure 32-2.10: The average length of time American Indian children spend in out-of-home placement.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	**	**	**	**	**		
Target						**	**

** These data exist, but at this time we are awaiting data entry. Until the data are entered, tabulated, and reported, we are unable to make reliable estimates or targets for future years.

Measure Description - Objective 32-2.10

Definition: The sum of the lengths of time American Indian children spend in out-of-home placement during the year, divided by the total number of American Indian children in placement during the year.

Rationale: It is an objective of the Indian Child Welfare Program to reduce the amount of time American Indian Children spend in out-of-home placement. The average length of time American Indian children spend in out-of-home placement is a simple and direct measure of that objective.

Data Source: Annual reports to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Economic, budgetary, funding, and/or policy shifts are factors generally beyond the control of Family and Children's Services Division, and that may affect performance on this quantified measure.

Maternal and Child Program

PURPOSE: The purpose of the Maternal and Child Program is to provide comprehensive services designed to improve the health and development of children, birth through preschool years, who have been prenatally exposed to drugs and/or alcohol. This is done by providing intervention, treatment, and coordination of medical, educational and social services through the identified children's preschool years (Minnesota Statutes, Section 254A.17).

SERVICE POPULATION: 180 mother/caretaker-infant pairs were served last year. The number is expected to increase by 15% next year.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-2.11. Infant participants in the program will advance developmentally.

Measure 32-2.11: Percent of infant participants in the program who advance developmentally, according to infant scores on the Bayley Scales of Infant Development.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	80%	75%	75%e		
Target						75%	75%

Measure Description - Objective 32-2.11

Definition: The count of infant participants in the program who advance developmentally according to infant scores on the Bayley Scales of Infant Development, divided by the total count of infant participants in the program.

Rationale: The Bayley Scales of Infant Development are a highly respected and widely used measure of infant development.

Data Source: Quarterly and annual reports of program to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Numbers of infants who advance developmentally are expected to remain consistent with target/estimated numbers.

Plan To Achieve Targets:

Services will include parenting skills training, parent/child interactive activities, and ongoing medical services designed to maintain positive outcomes in infant development.

Other Factors Affecting Performance:

We are not certain at this time whether there will be any significant shifts from year to year in the characteristics of mother/caretakers, and/or the characteristics of infant participants, at time of entry to the program. These, as well as economic, budgetary, funding, and/or policy changes are factors generally beyond the agency's control that could affect performance on the quantified measure.

Objective 32-2.12 Mother/caretaker participants in the program will improve in their parenting.

Measure 32-2.12: Percent of mother/caretaker participants in the program who show improvement from pre-test to post-test on the Parenting Stress Index.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	78%	75e%	75%e		
Target						75%	75%

Activity: 32-Families with Children Services

Measure Description - Objective 32-2.12

Definition: The count of mother/caretaker participants in the program who show improvement from pre-test to post-test on the Parenting Stress Index, divided by the total count of mother/caretaker participants in the program.

Rationale: It is considered that parental stress makes a significant contribution disruption of good parenting. Improvement in score on the Parenting Stress Index is considered indicative of a general reduction in stress for the mother/caretaker, with an expected probability of improved parenting as consequence.

Data Source: Quarterly and annual reports of the program to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Percent who will show improvement is expected to reach target estimate based on outcomes measured after the first 3 years of service.

Plan To Achieve Targets:

Services will include parenting skills training, child development education, parent/child interaction and other activities designed to reduce parental stress and increase parenting skills.

Other Factors Affecting Performance:

We are not certain at this time whether there will be any significant shifts from year to year in the characteristics of mother/caretakers, and/or the characteristics of infant participants, at time of entry to the program. These, as well as economic, budgetary, funding, and/or policy changes are factors generally beyond the agency's control that could affect performance on the quantified measure.

3. ASSISTANCE TO ADOPTIVE FAMILIES

Adoption Assistance

PURPOSE: The purpose of Adoption Assistance is to provide assistance to families who adopt children with special needs. This is done by monthly financial assistance to meet the child's needs; ongoing supplemental maintenance expenses; non-medical expenses periodically necessary for purchase of services, items or equipment related to the special needs; and medical expenses (Minnesota Statutes, Section 259.40).

SERVICE POPULATION: In March, 1994 1,554 children were served. There was a net increase of 200 children over the previous year. The number has been increasing progressively every year since 1989.

PERFORMANCE OBJECTIVE AND MEASURES

Objective 32-3.1 The number of successful adoptions of special needs children placed under the guardianship of the Commissioner will increase.

Measure 32-3.1: The number of children adopted having special needs as defined by the Federal adoption assistance program.

Activity: 32-Families with Children Services

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	233	293	303	313	280e		
Target						265	240

Measure Description - Objective 32-3.1

Definition: The count of children having special needs as defined by the Federal adoption assistance program.

Rationale: An increase in the number of adoptions demonstrates that children are being adopted who might otherwise have remained in foster care or institutional care.

Data Source: Reports submitted to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

Children committed to the guardianship of the Commissioner and in need of adoptive homes are increasingly more severely challenged. Thus, the children require more intensive use of the various medical, therapeutic, and educational resources. The number of these children who have been adopted has increased because of the availability of the supports offered by the adoption assistance program.

Plan To Achieve Targets:

If the state appropriation is not increased, the financial supports provided through the program will have to be decreased. This will result in fewer children being adopted. Those children not adopted will remain in foster care.

Other Factors Affecting Performance:

1. The number of children whose parental rights are terminated and are made wards of state may be considered beyond the agency's control, and could affect performance on this quantified measure;

2. The social and psychological trauma experienced by these children, as well as the variety of congenital health problems may be considered beyond the agency's control, and may affect performance on this quantified measure.

Non-recurring Adoption Expense

PURPOSE: The purpose of Nonrecurring Adoption Expense is to encourage the adoption of children with special needs. This is done by reimbursing such adoptive parents for up to $2,000 of expenses directly related to the adopting (Minnesota Statutes, Section 259.44).

SERVICE POPULATION: About 270 children in 1993. The number has been increasing by about 10% each year since 1990.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-3.2 The number of children with special needs successfully adopted into permanent nurturing families will increase.

Measure 32-3.2: The number of children served by the program having special needs as defined by the Federal adoption assistance program. This includes children who come under guardianship of the Commissioner as well as children who do not.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	321	381	391	401	368e		
Target						353	328

Measure Description - Objective 32-3.2

Definition: The count of children having special needs as defined by the Federal adoption assistance program. This includes children who come under guardianship of the Commissioner as well as children who do not.

Rationale: The increase in numbers of children affected is an indicator of the number of children who would otherwise have entered or remained in the foster care, or out-of-home placement, system.

Data Source: Records of the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

The number of children with special needs whose adoptive parents seek the non-recurring adoption expense reimbursement is increasing due to: (a) The increased number of children at risk of medical or psychiatric problems due to their parents prenatal drug usage and poor prenatal care, and (b) Increases in the number of children being adopted who are committed to the guardianship of the Commissioner.

Plan To Achieve Targets:

If the state appropriation is not sufficient to provide reimbursement at the required levels, Minnesota could be out of compliance with federal requirements. Projected decreases in numbers are due to decreases in the adoption of children committed to the Commissioner.

Other Factors Affecting Performance:

The number of children available for adoption who meet the criteria for children with special needs, may be considered a factor beyond the agency's control that could affect performance on this quantified measure.

4. FOSTER PARENT ASSISTANCE

Foster Parent Liability Insurance

PURPOSE: The purpose of Foster Parent Liability Insurance is to protect foster parents from personal liability while caring for the state's children. This is done by contracting for liability insurance coverage through the Minnesota Joint Underwriting Association (Minnesota Statutes, Section 245.814).

Activity: 32-Families with Children Services

SERVICE POPULATION: All foster parents under contract to counties in Minnesota, and the children for whom they contracted to the counties to provide care.

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-4.1 All foster parents will be covered by foster parent liability insurance.

Measure 32-4.1: The number of foster parents covered by foster parent liability insurance.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	4,000	4,280	4,400	4,556	5,556e		
Target						5,610	5,680

Measure Description - Objective 32-4.1

Definition: The count of foster parents covered by foster parent liability insurance.

Rationale: Since the purpose of the program is to provide liability insurance for foster parents in Minnesota, the simplest and most direct measure of the success of the program is whether it does indeed provide such coverage. This is indicated with the number of foster parents covered, which in each case is consistent with the total number of licensed foster parents. The big increase between 1994 and 1995 is due to a policy change which added relative foster parents to this category.

Data Source: Minnesota Department of Human Services, Family and Children's Services Division, Foster Parent Liability Insurance Coordinator.

Discussion of Past Performance:

The number of foster families covered by liability insurance has increased regularly since FY 91 because the number of children in out-of-home care has increased steadily and there has been an increased effort to recruit foster families from the American Indian community and the communities of color.

Plan To Achieve Targets:

There is an anticipated sharp increase in foster families covered in FY 95 because of the increase in foster families providing care to related children. From there, a more steady increase is anticipated.

Other Factors Affecting Performance:

Policy changes could occur beyond the agency's control. If so, they could affect target performance. Also, various societal conditions could result in an unexpected increase or decrease in the foster care population.

Activity: 32-Families with Children Services

5. SERVICES TO YOUTH

Independent Living Skills for Adolescents

PURPOSE: The purpose of the Independent Living Skills program is to prepare adolescents who have been in foster care for independent living. This is done by supporting independent living skills group training for eligible clients, and by reimbursing counties and selected private agencies for other goods and services to prepare eligible clients for independent living. P.L. 103-66

SERVICE POPULATION: 1,732 eligible youth age 16-21 were served in F.F.Y. 1993. That is about a 25% increase over the previous year.

PERFORMANCE OBJECTIVE AND MEASURES

Objective 32-5.1 Independent Living Skills services provided to youth will be of high quality.

Measure 32-5.1: Percent "Excellent," "Very good," or "Good" ratings of the services they received, as rated by the youth served.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	92%	94%	90%	90%e		
Target						90%	90%

Measure Description - Objective 32-5.1

Definition: The count of youth rating the Independent Living Skills services they received "Excellent," "Very good," or "Good," divided by the total count of youth rating the services they received. Rating forms are distributed for all youth who have completed Independent Living Skills services.

Rationale: Customer satisfaction is a widely accepted indicator of quality of services given.

Data Source: Survey forms are distributed to youth who have completed Independent Living Skills services. The completed forms are returned to the Minnesota Department of Human Services, Family and Children's Services Division, where the data are recorded, analyzed, and reported annually.

Discussion of Past Performance:

The 2% improvement from 1992 to 1993 represents a slight, possibly random fluctuation in very high ratings.

Plan To Achieve Targets:

Growing staff skills and adaptations might be offset by increasing severity of client problems.

Other Factors Affecting Performance:

Economic, budgetary, funding, and policy changes generally are beyond the agency's control, and could affect performance on this quantified measure.

Activity: 32-Families with Children Service

Objective 32-5.2 Youth provided with Independent Living Skills services will have a reduced dependence on public assistance programs.

Measure 32-5.2: Percent of youth provided with Independent Living Skills services who are receiving no public assistance at all, one year after service completion.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	40%	40e%	40%e		
Target						40%	40%

Measure Description - Objective 32-5.2

Measure 32-5.2: Percent of youth provided with Independent Living Skills services who are receiving no public assistance at all, one year after service completion.

Definition: The count of youth provided with Independent Living Skills services who are receiving no public assistance at all, one year after service completion, divided by the total count of youth provided with Independent Living Skills services.

Rationale: Dependence on public assistance programs is an indicator that a person is not living independently of governmental financial support.

Data Source: Survey forms are distributed to youth who have completed Independent Living Skills services. These youth are surveyed again 90 days after service completion and one year after service completion. The completed forms are returned to the Minnesota Department of Human Services, Family and Children's Services Division, where the data are recorded, analyzed, and reported annually.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

The program continually adapts to address changes and differences in barriers to independent living.

Other Factors Affecting Performance:

Economic, budgetary, funding, and policy changes generally are beyond the agency's control, and could affect performance on this quantified measure.

Safe House Program for Homeless Adolescents

PURPOSE: The purpose of the Safe House Program is to provide short-term shelter, food and support services including crisis counseling and referral to community agencies to homeless youth. This is done by offering up to six beds per night to older adolescents in a home in a safe neighborhood setting. Adolescents are provided advocacy and case management services by youth workers and directed to community resources including transitional housing programs (Minnesota Statutes, Section 256A.115).

SERVICE POPULATION: 119 homeless youth age 16-21 were served in 1993; nearly 2,000 bed-nights were made available. The number of homeless youth in Minnesota increased about 35% in the past year.

Activity: 32-Families with Children Services

PERFORMANCE OBJECTIVES AND MEASURES

Objective 32-5.3 The number of homeless youth who are able to locate stable housing and/or employment will increase.

Measure 32-5.3: The number of homeless youth who are able to locate stable housing and/or employment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	**	**	**	**		
Target						**	**

Measure Description - Objective 32-5.3

Definition: The count of homeless youth who are able to locate stable housing and/or employment.

Rationale: If a homeless youth is linked to stable housing and/or employment (which may be considered a proxy measure for stable housing, as well as having its own merit) we consider that a significant proportion, if not all, of the youth's presenting problem has been addressed.

Data Source: The destination of youths leaving the Safe House is recorded on the Safe House computer data base. These data are summarized and conveyed in quarterly and annual reports of the program to the Minnesota Department of Human Services, Family and Children's Services Division.

Discussion of Past Performance:

At least 70% of youth accessing services at the Safe House locate stable housing and/or employment. Due to the increasing numbers served and the decreasing vacancy rate in affordable housing, this percentage may decrease.

Plan To Achieve Targets:

Increase outreach to housing and employment services. Increase networking with housing and employment services. Access youth employment programs such as Americorps.

Other Factors Affecting Performance:

Youth may leave without informing Safe House staff that they have located other housing. Staff cannot record complete information on youth who do not inform staff of their departure.

** These data exist, but at this time we are awaiting data tabulation. Until the data are entered, tabulated, and reported, we are unable to make reliable estimates or targets for future years.

Agency: Department of Human Services
Program: Economic Self-Sufficiency

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)	
Total Expenditures:	$ 733,625	16.95 % of department's spending
From State General Fund	327,384	
From Federal Funds	246,423	
From Other Funds	159,818	
Number of FTE Staff:	276.7	4.38 % of department's staff

PROGRAM GOALS:

To provide programs that promote economic self-sufficiency and ways out of poverty for Minnesota families and individuals while providing for their basic needs.

Three major goals anchor this program area:

- To ensure that economic assistance programs reward work and responsibility and are anti-poverty in focus.
  - To help poor families increase their income,
  - To reduce long-term dependence on welfare as the primary source of families' income,
  - To provide child care to those who are working or are in training,
  - To develop housing strategies that increase access for AFDC recipients,
  - To provide a continuum of coordinated services to assist recipients toward self-sufficiency, and
  - To provide adequate cash assistance to prevent destitution of individuals and families in short term need who are unable to become self-sufficient.
- To improve program policies to help clients hold their families together and maximize support for children by extended family and community.
  - To establish and enforce child support as efficiently as possible; child support is the first income supplement for all children not living with non-parents.
  - To coordinate program efforts with the children's initiative to meet the dual economic goal of self-sufficiency and development of healthy children.

Program: Economic Self-Sufficiency

- To streamline and simplify welfare programs to improve service delivery and accountability.

  - To maintain technological investments and improve service delivery and cost effectiveness through automation, innovation, and local agency partnerships.

  - To ensure program integrity, accountability, and cost effective claims and recovery measures.

SUMMARY OF PROGRAM SERVICES:

The activities of this program include the following management areas: Assistance Payments, Quality Initiatives, Self-Sufficiency Programs, Child Support Enforcement, and MAXIS. This program supervises the county administered financial aid programs of Aid for Dependent Children (AFDC), Refugee Cash Assistance (RCA), General Assistance (GA), Work Readiness (WR), Minnesota Supplemental Aid (MSA), Food Stamps, Emergency AFDC (EA), Emergency General Assistance (EGA), Minnesota Family Investment Program (MFIP), AFDC Child Care and Basic Sliding Fee Child Care. The program supervises the child support enforcement activities of the counties. This program also operates several large computer systems: the statewide automated eligibility system (MAXIS), Electronic Benefit System (EBS), and the automated Child Support Enforcement System (CSES) and administers the Telephone Assistance Plan (TAP).

The Family Self-Sufficiency Program, in cooperation with the Minnesota Department of Economic Security, manages employment and training services to help public assistance recipients become self-sufficient. These services include Success Through Reaching Individual Development and Employment (STRIDE), an employment and training program for AFDC recipients; the Work Readiness and Food Stamp Employment and Training (FSET) Programs; and Refugee and Immigrant Services.

The focus of this program is to help people survive economic crises in ways that help regain or achieve self-sufficiency, hold families together, and maximize support from family and community. The program began implementing MFIP, a fundamental and comprehensive approach to welfare reform, on April 1, 1994. The Family Self-Sufficiency Program is developing and implementing the Economic Self-Sufficiency (Welfare Reform) Initiative which also supports the principles of the Children's and Housing Initiatives and other department priorities.

MAJOR PROGRAM DRIVERS:

- Economic and demographic conditions. Population changes such as redistribution, growth, and aging affect the level of use and cost of programs. Economic conditions affect the use of programs and the availability of administrative resources.

- Federal law and regulation; court decisions. External law and legal decisions impose frequent changes of eligibility and administrative policy.

- County administration of programs imposes limits on the ability of the Department to supervise program administration.

- Utilization of major technological systems both inside and outside the Department affect the ability to respond to change.

Program: Economic Self-Sufficiency

KEY PERFORMANCE OBJECTIVES AND MEASURES:

The following are selected program objectives and performance measures from within the Family Self Sufficiency Administration's Performance Report Section that represent key indicators of the Administration's progress toward its goals.

Goal 1: To ensure economic assistance programs reward work and responsibility and are anti-poverty in focus.

Objective: Assist AFDC recipients to become suitably employed through job search and job placement activities. (Objective 57-1.2, page 161.)

Performance Measures:

Number of recipients participating in job search and job placement activities.

Number of recipients securing unsubsidized jobs following services.

Objective: Support families' movement to self-support. (Objective 66-1.0, page 199.)

Performance Measures:

Percent of Minnesota Family Investment Plan (MFIP) cases working and/or engaged in approved activities leading to employment.

Difference in employment rate between randomly assigned MFIP group and randomly assigned control group.

Objective: Maximize available funds to ensure the provision of child care assistance to all eligible AFDC families who are participating in employment, job search, or education and training programs which entitle the recipient to child care assistance.(Objective 67-1.0, page 204.)

Performance Measures:

Average number of families receiving AFDC/employment child care and STRIDE child care.

Average number of families receiving ACCESS child care.

Average number of families receiving Transition Year child care.

Goal 2: To improve program policies to help clients hold their families together and maximize support for children by extended family and community.

Objective: During each year of the biennium, child support collections will increase by 10%. (Objective 59-1.0, page 171.)

Performance Measures:

The amount of child suport collected from non-custodial parents in millions of dollars.

Program: Economic Self-Sufficiency

Goal 3: To streamline and simplify welfare programs to improve service delivery and accountability.

Objective: Payment accuracy and administrative performance for each program reviewed or evaluated will be within the Federal and State tolerance levels. (Objective 56-1.0, page 153.)

Performance Measures:

Number of public assistance clients receiving benefits via electronic benefit system (000s of clients.)

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 55-Assistance Payments

1994 Total Expenditures ($000s):	$6,380	.15%	of department's budget
1994 Number of FTE Staff:	28.0	.44%	of department's staff

PROGRAM GOALS:

The Assistance Payments Division (APD) has the following goals:

- To develop and implement welfare reform in response to direction from DHS Senior Management and/or the Governor's Office.
- To research and develop alternative methods for delivery of services and support to county agencies.
- To streamline the eligibility redetermination and verification process for applicants and recipients.
- To provide timely and accurate information to county and state staff about public assistance program policy and the MAXIS computer system.
- To deliver technical and policy support to county agencies through the use of enhanced technology and integration of the MAXIS Help Desk and Policy Center functions.

DESCRIPTION OF SERVICES:

APD provides a broad array of services to county human service agencies and the Legislature to operate the cash public assistance, food stamp and medical assistance programs in Minnesota. The cash public assistance programs include Aid to Families with Dependent Children (AFDC), Emergency Assistance (EA), General Assistance (GA), Work Readiness (WR), and Minnesota Supplemental Aid (MSA). APD also directly administers the Telephone Assistance Plan (TAP) which provides telephone cost subsidies to low income elderly and disabled Minnesotans. All of these programs are designed to provide basic economic support for families and individuals and to assist them in reaching maximum self-sufficiency. In Minnesota, county staff deliver most of these services through the aid of a statewide automated eligibility system (MAXIS). APD resources are devoted to activities which support the delivery of these services.

Populations using APD's services include:

- 87 county human service agencies who serve applicants and recipients of public assistance cash and Food Stamp programs.
- 53,000 elderly and disabled persons at or below 150% of the federal poverty level who receive the Telephone Assistance Plan (TAP) credit.
- State and federal legislators and their staff and federal governmental agencies that develop program policy.

The delivery of services provided by APD can be divided into four major areas:
Program Administrative Consultant Team (PACT): This self-directed team analyzes and implements policy for the AFDC, GA, WR, MSA, and FS programs. The principal responsibilities of this team include:

- Supporting the executive branch's efforts to develop welfare reform for these programs. This includes drafting and analyzing proposed state legislation, requesting policy waivers from the federal government, developing necessary administrative rules and maintaining the federally required AFDC State Plan.

- Developing policy instruction from federal and state legislation to instruct county agencies how to implement new law.

- Providing technical assistance to the Attorney General's Office on Department lawsuits and instructing county agencies how to implement court orders.

Activity: 55-Assistance Payments

Program Instruction: This section delivers computer system and policy training for the AFDC, FS, MSA, GA, WR, Medical Assistance (MA), and General Assistance Medical Care (GAMC) programs in two ways:

- Through in-person training conducted regularly at six sites throughout the state.
- By developing and updating material for the Department's Public Assistance Program Policy Manual.

Local Agency Support: Local Agency Support is comprised of 3 functional areas: MAXIS Help Desk, Policy Center and County Support. This section provides support to county agencies by:

- Responding to and troubleshooting MAXIS/MMIS automated system-related inquiries from county agencies through the MAXIS Help Desk.
- Receiving, researching and responding to requests for policy interpretations related to income maintenance programs.
- Delivering ongoing automated system support to county designated mentors through a priority response process and system update meetings, providing specialized training and serving as a liaison with county administrators and supervisors.

Direct Services: Direct Services is comprised of three functional areas: TAP, customer support and Supplemental Security Income (SSI) coordination. TAP provides a monthly credit on local telephone bills to low income persons who are elderly or disabled. TAP staff determine eligibility for the credit, notify applicants and telephone companies and annually verify income information to determine if recipients continue to qualify for the credit. Executive, county and client support is provided by responding to inquiries and complaints logged through the office of the governor, commissioner, legislators, senators and received on two help lines. SSI and MSA coordination, advice, support and direction is provided to state and county agencies.

PROGRAM DRIVERS:

- Legislation, Administrative Rules and Court Decisions: State and federal law for APD programs is continually amended and often must be implemented within a very short time and sometimes even has a retroactive effective date. Program policy is extremely complex. Law or regulations that lack clarity or specificity result in the need to promulgate rules or in legal action that further defines the original law. The comprehensive rulemaking process is conducted under Minnesota's Administrative Procedures Act. Court orders may be administratively difficult to implement. Program changes and complex policy has lead to a dramatic increase in inquiries and voicing of public opinion.

- State-Supervised/County-Administered Government. The administration of cash and Food Stamp programs is at the county level. County offices are a unit of local government rather than state government. Each county agency is governed by a county board or a board of county commissioners. Administrative procedures and staffing levels vary from county to county. As a result, the ability to implement and enforce policy requirements is impacted by workload limitations and organizational procedures within the county agencies over which the state has no direct authority.

- Automated Eligibility System. A statewide automated eligibility system (MAXIS) tracks information on public assistance cases in Minnesota and performs some aspects of case administration. With the benefits of a large computer system (eg., automation of certain policies and procedures, centralized issuance of benefits, client access to all programs, etc.) come costs. Because public assistance policy is complex, the programming necessary for the successful processing of public assistance cases is also complex. Even minor policy changes may create large monetary and time costs for system reprogramming.

- Elderly/Disabled Populations Growing. The elderly and disabled population is growing rapidly. This will increase the number of eligible persons TAP staff must serve.

Activity: 55-Assistance Payments

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 55-1.0 Policy and procedures for cash and food stamp programs will be implemented by the effective date required by state and federal law.

Measure 55-1.0: Percent of policy changes for cash and food stamp programs that are implemented by the effective date required by state and federal law.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

New Measure - Historical data upon which to develop measure is not available.

Measure Description - Objective 55-1.0

Definition: The number of policy changes implemented by the effective date divided by the total number of changes required. This output measure will track the timeliness of implementing changes required by state and federal law for the AFDC, FS, MSA, GA and WR programs. It will include the source of the change (eg., Public Law number), a short summary of the policy changed by the law, the effective date of the law, the date the policy was implemented and the method of implementation (eg., Combined Manual letter).

Rationale: PACT is responsible for developing program instruction so that county agencies can determine eligibility for program recipients. Correct determinations of policy ensure that program intent is carried out. Failure to make correct determinations may result in federal sanctions, court suits and inaccurate conclusions being inferred from legislative initiatives. This measure will determine the timeliness by which instruction on policy and procedural changes are communicated to the county agencies that actually implement new law.

Data Source: A data tracking record will be developed to record all state and federal changes required each fiscal year. PACT staff required to provide instruction on program changes will enter data onto the tracking record. At the end of the year, implementation dates will be compared to effective dates to determine the percent of changes implemented by the required effective date.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Federal law sometimes has retroactive or same day effective dates or may require state statute change prior to implementation. Some federal and state law changes provide very short implementation timelines that are not realistic or may require rule promulgation before they can be implemented. New laws also often require re-programming of the automated eligibility system (MAXIS) and major changes to the system may require longer timelines to implement than those allowed by the law.

Activity: 55-Assistance Payments

Objective 55-2.0 Provide initial training to 95% of new county financial workers within two months of county request for training.

Measure 55-2.0: The length of time from the date of the county request for new financial worker training to the date IPAM training begins.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			Not available				
Target					To be developed		

Measure Description - Objective 55-2.0

Definition: All new financial workers must attend the Introduction to Public Assistance and MAXIS (IPAM) course before they can attend any further training and/or receive log on capability to the MAXIS system. The measure will be the length of time from when the county requests training for a new worker to the first day the person attends IPAM training.

Rationale: Financial workers determine eligibility and benefit levels for persons in need of public assistance. In order to insure that people receive correct and timely benefits, financial workers need to be trained both on program policy and on MAXIS, Minnesota's automated eligibility system. Delays in training new workers inhibit the ability of Minnesota counties to meet client needs and insure accuracy of benefits issued, which in turn, results in misspent tax dollars.

Because of the need to insure the integrity of information entered on MAXIS, training is mandatory for anyone requesting access to the system. Training delays could negatively impact MAXIS's integrity if these delays result in shared log ons, etc..

Data Source: As part of a computerized training registration process being developed, the Department will be able to track the date of each training request and the dates and types of training each county financial worker attends.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Significant turnover both in the Department's training staff and county financial worker staff could affect the Department's ability to schedule sufficient training to meet this goal.

In addition, circumstances beyond a registrant's control such as illness or an accident could prevent him or her from attending training even though registered for the class. This could result in a delay in beginning training since that person would need to re-register for the next available class.

Activity: 55-Assistance Payments

Objective 55-3.0: In an average of 2 days, MAXIS Help Desk will provide county workers with resolution of critical difficulties in processing cases in the MAXIS system.

Measure 55-3.0: Percent of critical problems resolved within 2 days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

New Measure - Historical data upon which to develop estimate is not available.

Measure Description - Objective 55-3.0

Definition: The number of critical problems referred by MAXIS Help Desk to experts for resolution divided by the number of days it takes to resolve the problems.

Rationale: Although the majority of problems are resolved immediately by Help Desk staff, some problems require referral to other staff. It is important to research critical problems and respond to county agencies with the resolution in a timely manner.

Data Source: "Trouble tickets" created by Help Desk staff are tracked through the use of Netman software. E-Mail received from county agencies are tracked on MAXIS. This data will be compiled and analyzed to determine the percent of critical problems resolved within 2 days.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Complex installs, new programming and communication failures outside the control of the Department and increases in the number of the users on the system all affect performance.

Objective 55-4.0 County agencies will receive responses to cash and FS policy inquiries within 7 working days on average.

Measure 55-4.0: Number of cash and FS policy inquiries resolved within 7 working days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

New Measure - Historical data upon which to develop estimate is not available.

Activity: 55-Assistance Payments

Measure Description - Objective 55-4.0

Definition: The number of days it takes to resolve cash and FS policy inquiries will be totaled and divided by the number of inquiries.

Rationale: Most policy questions are resolved by county agencies through their own resources. Policy inquiries received at the Policy Center require extensive research due to their complexity. However, it is reasonable for county agencies to expect responses to inquiries within 7 days on average.

Data Source: Information on each policy inquiry is "logged", including the date of receipt and date of response.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The number of complex legislative and policy changes and turnover in staff at county agencies, resulting in less experienced and knowledgeable county workers all affect performance.

Objective 55-5.0 Reduce the amount of time a county worker is on "hold" to 3 minutes on average.

Measure 55-5.0: Number of minutes a county worker is on "hold" at MAXIS Help Desk.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

New Measure - Historical data upon which to develop estimate is not available.

Measure Description - Objective 55-5.0

Definition: Pro Com Plus software computes the number of minutes a caller is on "hold". The software automatically tracks for each call the amount of time the caller waits for assistance in the Automated Call Distribution (ACD) system. The software automatically summarizes the data. Hourly, daily and weekly reports can be requested.

Rationale: MAXIS Help Desk customers, county workers, should expect to receive assistance within a 3 minute period, on the average.

Data Source: Pro Com Plus software reporting system.

Discussion of Past Performance:

Not applicable.

Activity: 55-Assistance Payments

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Increased caller activity due to statewide system failure, widespread network/telecommunication failures and system programming problems all affect performance.

Objective 55-6.0. Verify the continuing eligibility of 90% of those persons receiving the Telephone Assistance Plan credit through the use of computer interfacing with other state agencies.

Measure 55-6.0: Percentage of recipients of the TAP credit recertified by computer interfaces.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		18%	18%	77%	77%e		
Target						90%	

Measure Description - Objective 55-6.0

Definition: All recipients of the TAP credit must be recertified each year to ensure they remain eligible for the credit.

Rationale: Reduce administrative costs by eliminating costly mailing of recertification forms. For the elderly and disabled it can be difficult and confusing to fill out recertification forms each year. Interfaces would make it unnecessary to fill out forms and ensure no interruption in the credit.

Data Source: The section that administers the Telephone Assistance Plan has its own data base system that is capable of reporting and projecting counts and trends. These types of reports and statistics are also available from the Public Utilities Commission.

Discussion of Past Performance:

The percentage of recipients recertified for the TAP credit through the use of computer interfaces has increased significantly. This upward trend will level off as there are those recipients who cannot be identified through computer interfaces.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and new interfaces with MAXIS and MMIS II. Interfaces with the Energy Assistance Program and the Department of Revenue will continue.

Other Factors Affecting Performance:

This section is very dependent on other agencies to complete these interfaces. If other agencies have their own jobs to run, interfacing gets very low priority.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 56-Quality Initiatives Division

1994 Total Expenditures ($000s):	$4,061	0.09%	of department's budget
1994 Number of FTE Staff:	61.0	0.97%	of department's staff

PROGRAM GOALS:

Our goals are to ensure quality and integrity of benefit delivery for State and Federal Assistance Programs.

Our goal is to provide the most effective and efficient error identification and analysis by:

- collecting accurate data and information
- providing effective analysis of information and trends
- delivering technical assistance and feedback to internal and external customers
- developing and maintaining corrective action processes
- providing effective benefit delivery
- reinvesting in welfare fraud prevention and increased recovery efforts

Service Populations: Personnel of 87 local Human Service Agencies. Public Assistance applicants and recipients. Regional staff of the Department of Health and Human Services (HHS) including Child Support Enforcement Office (CSEO, Regional staff of the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). State and Federal legislators and their staff.

DESCRIPTION OF SERVICES:

Quality Control (QC) - is a federally mandated function (7 CFR 275.10, 42 CFR 431.810 - 431.822 and 45 CFR 205.40). QC staff are responsible for conducting quality control reviews on a statewide random sample of Aid to Families with Dependent Children (AFDC), Food Stamps (FS), and Medical Assistance (MA) cases. Based upon the review findings error rates are determined for each federal program. States are sanctioned if error levels are above federal tolerance levels.

Quality Assurance (QA) - is a state mandated function (Emergency Rule 100 MinnesotaCare Section 9506.0080 Subpart 4). QC staff are responsible for conducting random quality assurance audits on a random sample of cases pulled monthly from the universe of first months paid premiums for MinnesotaCare enrollees. Data generated by these audits is used to determine performance management of the MinnesotaCare eligibility function.

Electronic Benefit System (EBS) - is a state authorized (SF1496/HF1751 will get new statute) initiative that directs the Department to distribute benefits to Public Assistance clients in Ramsey County and Hennepin County electronically, and to publish an RFP for statewide delivery of electronic benefit services. It also requires the Department to administer contracts with EBS service providers and provide direct support services to participating delivery sites and direct customer service to Public Assistance Clients.

Program Integrity (PI) - is a federally mandated (7 CFR 273.16 and 45 CFR 235.110) and state authorized (M.S. 256.046 and 256.983) function. It supervises county-based fraud control and fraud prevention investigation (FPI) operations. It is also responsible for developing new methodologies for enhancing the recovery of public assistance overpayments and the utilization of administrative disqualification hearings and waivers as an option to criminal prosecution.

Income and Eligibility Verification System (IEVS) - is a federally mandated function for AFDC (45 CFR 205.51), FS (7 CFR 272.8), and MA (42 CFR 435.90 - 435.965). IEVS is a data exchange process that provides a method for cross-checking income and asset information for applicants and recipients of these three programs.

Activity: 56-Quality Initiatives Division

Quality Enhancement Section (QES) - has a federally mandated corrective action function for AFDC (45 CFR 205.40), FS (7 CFR 275.10 and 275.16) and MA (42 CFR 431.820). The corrective action function includes comprehensive management evaluations (using QC data, and local site visits) of local county agencies administration of AFDC, FS, and MA, so needed changes can be identified and corrective active action plans developed in order to reduce the State's AFDC, FS, and MA QC error rates.

QES also has a mandated function (45 CFR 302.10) to conduct extensive local site performance evaluations of local county agency child support offices, in order to identify compliance and non-compliance issues related to child support case functions including: initiation, locate, paternity, establishment of orders, collection and delinquencies.

PROGRAM DRIVERS:

- Continuous Quality Improvement (CQI). The Department/Administration are utilizing CQI principles and methods which emphasize data-based decision making, outcome-based measurements, customer satisfaction and process improvement.

- Public concern related to "Welfare Fraud". There is heightened public concern over welfare fraud and its' drain on the system. This new focus has resulted in new initiatives and an emphasis on public awareness and prevention.

- The administration of AFDC, FS, and MA is conducted at the local county agency level. Each county is a government entity of it's own and therefore has all the rights associated with local governance. The State supervises each county, therefore overseeing each counties administration of these three programs with no authority to set local administrative policy.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 56-1.0. Payment accuracy and administrative performance for each program reviewed or evaluated will be within the Federal and State tolerance levels.

Measure 56-1.0 (a): Final payment accuracy rate by program.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Food Stamp	91.4%	89.5%	90.5%	90.0%	90.0%e		
AFDC	97.2%	96.8%#	97.2%#	96.0%	96.0%e		
Medical Assistance	99.2%	99.3%#	NA	99.0%	99.0%e		
Target							
Food Stamp						90.0%	90.0%
AFDC						96.0%	96.0%
Medical Assistance						99.0%	99.0%

State determined accuracy rate

Activity: 56-Quality Initiatives Division

Measure 56-1.0 (b): Quality assurance accuracy rates (by case) for MNCare enrollees.

MinnesotaCare	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Residency				359	>359e		
Current Insurance				344	>344e		
Employer Subsidized Insurance				303	>303e		
Target							
Residency						>359	>359
Current Insurance						>344	>344
Employer Subsidized Insurance						>303	>303

Measure 56-1.0 (c): County staff (customers) who report satisfaction with the Departments' Food Stamp Management Evaluation process.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

Measure 56-1.0 (d): Number of public assistance clients receiving benefits via the electronic benefit system (000s of clients).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	13	20	35	41	85e		
Target						90	90

Measure 56-1.0 (e): The Fraud Prevention Investigation (FPI) program cost benefit ratio.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		$4.82	$5.45	$5.45	$5.45e		
Target						$5.45	$5.45

Measure Description - Objective 56-1.0

Measure 56-1.0 (a): Final accuracy rate for AFDC, Food Stamps, and Medical Assistance.

Definition: The final Federal regressed payment accuracy rate is determined using the data collected via the National Integrated Quality Control System (NIQCS). Federal regulations require a statistically valid random sample of active AFDC, Food Stamps, and Medical Assistance (MA) cases be reviewed for accurate benefit disbursement. The ratio of accurate dollars issued compared to total sample dollars issued is used to determine the accuracy rate. The state initially determines an accuracy rate and the Federal agencies then used a regressed accuracy rate method to determine the final federal accuracy rate. All rates are reported by Federal Fiscal Year (FFY).

Activity: 56-Quality Initiatives Division

Rationale: Federal regulations require that quality control reviews be conducted on a specified sample of AFDC, Food Stamps and MA cases. The accuracy of the benefit issued to the client is the data collected from this review. This data is then compiled using a specific methodology developed by the Federal Agencies administering the programs to establish a payment accuracy rate for each FFY. The program performance target for states is the tolerance level. The tolerance level for each program is established by Federal Law.

Data Source: Final Federal accuracy rates are issued from Health and Human Services Agency and Food and Nutrition Service of the Department of Agriculture.

Discussion of Past Performance:

The Federal tolerance level for Food Stamps is 1% below the national average. Minnesota has been above the national average for the time periods recorded and therefore has not been sanctioned. The Federal tolerance level for AFDC is 96% or the national average, whichever is lower. Minnesota has been higher than the national average for the time period recorded. For F.F.Y. 1991, the most recent year the Federal agency has issued a final AFDC payment accuracy rate, Minnesota ranked seventh in accurate issuance of benefits. There have been no Federal sanctions issued during this time period. The Federal tolerance level for Medical Assistance is 97%. Minnesota has been well above this level during the time period recorded and therefore has had no sanctions levied. In F.F.Y. 1991 Minnesota's accuracy rate was 99.2% and the average national accuracy rate was 98.1%.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

The administration of AFDC, Food Stamps and MA is conducted at the local county level. Each county is a government entity of it's own and the State supervises each county, without the authority to set local administrative policy.

Measure 56-1.0 (b): Quality assurance accuracy rates for MNCare enrollees

Definition: The measurement data is for the time period October 1, 1993 through December 31, 1993. This is for the second quarter of SFY 1994. The sample universe includes first time MNCare premium payors. A statically valid random sample of 364 cases was reviewed. Quality Assurance staff concentrated on three key criteria for each review. The criteria were: residency, current insurance and employer subsidized insurance.

Rationale: These three criteria were chosen for review due to the concern governmental bodies had in these areas when passing MNCare legislation. These criterial areas could lead to misuse and abuse of the program. Therefore quality assurance emphasis on these three areas will enable policy and law makers to modify program policy language if necessary to administer a quality and effective program.

Also, quality assurance reviewers document other observations that are of importance to lawmakers and administrators of MNCare.

Data Source: Minnesota Department of Human Services Reports and Forecasts Division.

Activity: 56-Quality Initiatives Division

Discussion of Past Performance:

MNCare began October 1, 1993, therefore there is no data prior to FY 1994. The total sample universe for these three measurements is 364 cases.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

MNCare is in the early stage of implementation. Additional and unanticipated rules, regulations and legislation can affect the accuracy rate. Also, the application and enrollment rate has a significant impact on the Departments' ability to accurately administer the program.

Measure 56-1.0 (c): County staff (customers) who report satisfaction with the Departments' Food Stamp Management Evaluation process.

Definition: The number of county staff who are satisfied with the quality of the Food Stamp Management Evaluations conducted by Department staff on site. The satisfaction levels are to be determined and the survey is in development.

Rationale: In order to provide adequate corrective action and technical support to county staff these services must meet customers needs.

Data Source: This is a new initiative and there is no current data related to this measurement. The Management Evaluation survey outcome which is in the development stage will be the tool used to measure success.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

None.

Measure 56-1.0 (d): Number of public assistance clients receiving benefits via electronic benefit system (000s of clients).

Definition: The average monthly number of duplicated cash and food stamp clients to whom cash public assistance and Food Stamp benefits are distributed electronically via the Electronic Benefit System (EBS). EBS is currently being developed for Hennepin and Ramsey counties. In addition, an RFP for a statewide system must be issued in January, 1995. It is anticipated that no additional expansion of the current system will occur until the RFP process is complete and funding is authorized by the legislature.

Activity: 56-Quality Initiatives Division

Rationale: The electronic distribution of benefits makes the administration of programs and issuance of benefits more efficient. In addition, as more clients are added to EBS economies of scale increase, further increasing the efficiency of the system.

Data Source: EBS monthly progress reports and statewide expansion project projections.

Discussion of Past Performance:

Growth in utilization from 1991-1993 reflected the progressive extension of the program in Ramsey County from cash only to cash and food stamps. Fiscal 1995 marks the beginning of expansion of the program into Hennepin County.

Plan to Achieve Targets:

Target estimates are based on current levels of expansion plan funding.

Other Factors Affecting Performance:

Potential state liability for duplicate issuances as result of the Federal Reserve Board's decision to include EBT programs under Regulation E., which covers consumer credit card liability. Under Reg. E. clients would only be responsible for the first $50.00 of benefits reported as lost or stolen. The Federal government is in the process of establishing a 3 year test of the impact of Reg. E. on EBT programs. This increased liability could have a negative effect on the overall efficiency of EBT programs and is effective in 1997 unless Congress changes the law or the Federal Reserve Board reverses its decision based on findings in the pilot.

Measure 56-1.0 (e): The Fraud Prevention Investigation (FPI) program cost benefit ratio.

Definition: The ratio is determined by adding benefit overpayments to 3 months of benefit savings which are identified as a result of FPI investigation and dividing this number by the total program costs.

Rationale: The Department is making a concerted effort to confront fraud through prevention. Implementation and growth of this effort requires initiatives that deter fraud.

Data Source: FPI monthly activity reports.

Discussion of Past Performance:

Two years of complete performance data are insufficient to permit conclusions about performance trends.

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Activity: 56-Quality Initiatives Division

Other Factors Affecting Performance:

Even though the cost benefit ratio improved from 1992 to 1993, comparison between the ratios is not directly relevant. The FPI program expanded in mid 1992 from 7 to 20 counties. This resulted in a different mix and type of counties. Also resulting in a different "learning curve", one time start-up costs and new program problems.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 57-Self-Sufficiency Programs Division

1994 Total Expenditures ($000s):	$42,137	0.97%	of department's budget
1994 Number of FTE Staff:	29.6	0.47%	of department's staff

PROGRAM GOALS:

The Self-Sufficiency Programs Division supervises county human service agency administration statewide of a broad array of programs and services designed to provide basic economic support and to improve the self-sufficiency of low-income persons in Minnesota.

Program Goals:

- Develop and manage effective employment and training programs that assist public assistance recipients to become self-sufficient.
- Design and operate programs providing culturally appropriate self-sufficiency services to refugee families.
- Provide child care funding that enables low-income families to complete education and training programs, secure employment, and retain employment.
- Redesign the public assistance system by developing and testing a new and innovative replacement program.

Division activities are accomplished through operation of the programs listed below.

1. Project STRIDE:

Program Goals:

- To provide employment and training services to Aid to Families with Dependent Children (AFDC) recipients to help the recipients avoid or end long-term public assistance dependency and become self-sufficient.

DESCRIPTION OF SERVICES:

The program operates under federal and state laws, regulations and funding. Services and funding are targeted to persons who are long-term AFDC recipients and those who are at risk of becoming long-term recipients. Services include orientation, assessment and employability plan development, case management, job seeking training, group and individual job search activities, basic and remedial education, post-secondary education, vocational training, assistance with child care and other support services, job placement, and short-term follow-up. Services are provided in all 87 counties and at six Native American reservations. County agencies generally contract with local employment and training service providers for direct service provision.

Service Population: On average, approximately 64,000 families (composed of 190,000 persons) are eligible for AFDC each month. The amount of state and federal funding available for Project STRIDE is insufficient to serve all AFDC recipients who might benefit from the program. To most effectively use program resources, services are therefore targeted to recipients who:

- have received AFDC benefits for at least 36 months out of the past 60 months
- are under age 24, have not completed high school, and either had little or no work experience in the past year or are currently in high school
- are within two years of losing AFDC eligibility because of the age of the youngest child
- are required to participate in a mandatory Project STRIDE activity

Activity: 57-Self-Sufficiency Programs Division

In state fiscal year 1993, 20,856 AFDC recipients participated in Project STRIDE.

Service Population Trends: State and federal legislation requires the state to provide work experience job placements for one parent in each AFDC-Unemployed Parent (AFDC-UP) family beginning in October of 1993. This change will increase the length of time such persons participate in the program and the overall costs of the program. In addition, recent activities at the state and federal levels indicate an interest in increasing the number of AFDC recipients who are mandated to participate in employment and training programs. This will have a significant impact on program design, costs, and outcomes. Finally, recent interest in implementing "welfare reform" in AFDC and employment and training programs may significantly affect the number of recipients who must be served as well as funding and the types of services that must be provided.

PROGRAM DRIVERS:

- The success of Project STRIDE in assisting recipients to become self-sufficient depends to a large degree on participants securing suitable, permanent employment. This result is dependent upon a healthy economy in which suitable jobs exist and are being created. A poor economy will produce grater competition for employment and may result in fewer job placements or reduced wages in jobs that are secured.

- Program success is also dependent upon operation in a relatively stable policy environment where individual plans can be carried to completion. If the environment includes extensive and/or frequent program policy revisions, it will be difficult to execute individual employability plans which span several years or which require un-interrupted funding.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 57-1.1. Provide training and education which will enable STRIDE participants to become permanently self-sufficient.

Measure 57-1.1 (a): Number of recipients participating in post-secondary education.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		6,549	7,391	8,926	9,000e		
Target						9,000	9,000

Measure 57-1.1 (b): Number of recipients participating in adult basic or remedial education, English-as-a-second-language training, high school or high school equivalency programs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		4,669	5,057	5,755	5,800e		
Target						5,800	5,800

Measure Description - Objective 57-1.1

Measure 57-1.1 (a) Number of recipients participating in post-secondary education.

Definition: The count of AFDC recipients each state fiscal year that participate in education that is above and beyond the high school level.

Activity: 57-Self-Sufficiency Programs Division

Measure 57-1.1 (b) Number of recipients participating in adult basic or remedial education, English-as-a-second-language training, high school or high school equivalency programs.

Definition: The count of AFDC recipients during each state fiscal year who participate in adult basic or remedial education, English-as-a-second-language training, or coursework leading to a high school or high school equivalency diploma. This includes recipients participating in courses designed to educate adults to a minimum level of proficiency in areas such as mathematics or literacy.

Rationale: Participation in adult basic or remedial, high school or high school equivalent, and post-secondary education has a direct relationship to the overall employability of program participants. Those who have completed high school education are considered to be more likely to secure suitable employment and to become self-sufficient. Such persons are also better prepared for further training and can more easily weather labor market changes. Persons who complete post-secondary education are often trained in a specific field or area and are sought by employers, which greatly aids the participant's efforts to locate and secure employment.

Data Source: Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Discussion of Past Performance:

The number of recipients participating in post-secondary education and adult basic or remedial education has increased each year since 1992. It is believed that the number of participants in these activities will begin to level off because the program is now serving the maximum number of participants possible with the resources available.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

State, federal and local funding dedicated to post-secondary and other adult education directly affects the programs available, student aid packages available, and the resultant per-student cost of such training for the Project STRIDE program. The effectiveness of each individual school program in providing education or training directly affects the likelihood that STRIDE participants will attend the school and their ability to become employed following training. The amount of funding provided for Project STRIDE and sister agencies that subsidize post-secondary education directly affects the number of AFDC recipients that can be placed in post-secondary education.

Objective 57-1.2 Assist AFDC recipients to become suitably employed through job search services and direct job placement.

Measure 57-1.2 (a): Number of recipients participating in job search and job placement activities.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		5,818	6,438	6,616	6,700e		
Target						6,700	6,700

Activity: 57-Self-Sufficiency Programs Division

Measure 57-1.2 (b): Number of recipients securing unsubsidized jobs following services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		2,365	2,368	2,810	2,900e		
Target						2,900	2,900

Measure Description - Objective 57-1.2

Measure 57-1.2 (a) Number of recipients participating in job search and job placement activities.

Definition: The count of AFDC recipients participating during each state fiscal year in services designed to assist the recipient to search for and secure employment. These services are provided by county human service agencies or the county agency's employment and training service provider.

Measure 57-1.2 (b) Number of recipients securing unsubsidized jobs following services.

Definition: The count of AFDC recipients during each state fiscal year who have participated in Project STRIDE services and who have subsequently obtained unsubsidized employment.

Rationale: The provision of job seeking and job placement assistance is directly related to the goal of aiding program participants to become suitably employed and self-sufficient. By being employed the participant will be more able to support a family, have reduced dependence on public assistance, and be in a better position to realize advances in both employment and earnings. As a result such persons will consume less of the scarce public resources dedicated to welfare assistance. A large number of state JOBS programs nationwide consider such measures to be direct indicators of program outcomes.

Data Source: The Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Discussion of Past Performance:

The number of recipients participating in job search or securing unsubsidized jobs has increased each year since 1992. It is believed that the number of participants in these activities will continue to increase at the current rate. This increase is due mainly to three factors: 1) The requirement that one parent in each two-parent family must participate in job search and work experience became effective October 1, 1993; 2) those participants who began educational programs in the early 1990's have completed or are nearing completion of their programs and are beginning to seek employment; and 3) there is an increasing emphasis on the state and national level to emphasize job placement and labor market attachment as the primary desired outcome of the program.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding, an increasing number of educational program graduates, and an increased emphasis on job placement.

Activity: 57-Self-Sufficiency Programs Division

Other Factors Affecting Performance:

State, federal and county human service agency funding levels directly affect the amount and type of services that may be provided, the number of AFDC recipients that may be served, and the comprehensiveness of Project STRIDE program services. Local labor conditions and the number of unemployed persons directly affect the types of jobs participants are able to secure and the earnings potential. The number and type of employment barriers that long-term AFDC recipients face will affect their ability to become job-ready and to secure employment.

Objective 57-1.3 Meet monthly federal JOBS participation requirements which specify the percentage of AFDC-UP cases that must participate in a work experience job placement or, if the parent is under age 25 and does not have a high school diploma, that must participate in a high school (or equivalent) program.

Measure 57-1.3: Average monthly percentage of AFDC-UP cases that participate in a work experience job placement or, if appropriate, high school education.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					15%e		
Target						50%	60%

Measure Description - Objective 57-1.3

Definition: The average monthly count of AFDC-UP cases that participate in work experience or high school education divided by the average monthly total number of non-exempt AFDC-UP cases.

Rationale: This use of this measure is required and defined by the U.S. Department of Health and Human services. For federal fiscal year 1994 the minimum participation rate is 40 percent. For federal fiscal year 1995 the minimum participation rate is 50 percent.

Data Source: The Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

The targets are established by the U.S. Department of Health and Human Services. The target for 1994 has been adjusted to reflect difficulties the state and county agencies have experienced in obtaining proper injury protection insurance for work experience program participants. A legislative remedy is expected in 1995. Anticipating the implementation of this remedy, it is expected that the state will come much closer to meeting the federally established performance goal.

Activity: 57-Self-Sufficiency Programs Division

Other Factors Affecting Performance:

State and local funding levels directly affect the number of participants that may be served and the depth of services that may be provided. Local labor market conditions affect the availability of work experience placement sites. State and federal "welfare reform" initiatives may affect program priorities and philosophies, thereby affecting the types of services that will be provided and the structure of the program.

The Department of Economic Security is in the process of modifying its management information system to permit tracking and better reporting of data about Project STRIDE program participants. It is anticipated in future years that we will be better able to measure and report on program outputs and program outcomes than is currently possible.

2. Work Readiness Employment and Training Services:

Program Goals:

- To provide employment and training services to recipients of Work Readiness and Family General Assistance cash assistance programs in order to help the recipients end or avoid future public assistance dependency.

DESCRIPTION OF SERVICES:

Work Readiness employment and training services are provided for the length of time the recipient is eligible for cash assistance. Work Readiness cash benefit eligibility is limited to six months per year (seven months for persons who are functionally illiterate). Family General Assistance cash benefit eligibility is not time-limited and is available year-round.

The Work Readiness employment and training program operates under state laws, regulations, and funding. Services consist of orientation, assessment and employability plan development, counseling, job seeking training, group and individual job search activities, remedial literacy or English language training, job placement, and very limited training or educational opportunities. Services are provided in all 87 counties. County agencies generally contract with local employment and training service providers for direct service provision. The program also serves as Minnesota's federal Food Stamp Employment and Training (FSET) program. Since the program is designated as Minnesota's FSET program, it also operates under federal laws and regulations.

Service Population: Work Readiness cash benefits are provided to 7,987 cases each month. Family General Assistance cash benefits are provided to approximately 2,900 cases each month. State statutes require county human service agencies and their employment and training service providers to provide Work Readiness employment and training services to all individuals and families who qualify for such services. The limited amount of funding available for the program and the short period of program eligibility (for Work Readiness cash grant recipients) do not permit extensive skill training or educational activities. Instead, the program concentrates on providing remedial/basic education and job seeking assistance. Over 30,000 persons received Work Readiness employment and training services in state fiscal year 1993.

Service Population Trends: The average monthly number of Work Readiness cash assistance cases has decreased from a high of 15,226 in 1991 to the current 7,987. This is due to program eligibility changes resulting from legislative action that year. The number of cases is expected to increase slightly in 1995 to a projected 8,458 cases per month. Interest at the state and federal level in implementing "welfare reform" may result in significant changes in program design, the services provided, or the funding available to operate the program.

Activity: 57-Self-Sufficiency Programs Division

PROGRAM DRIVERS:

The success of Work Readiness in assisting recipients to become self-sufficient depends to a large degree on participants securing suitable, permanent employment. This result is dependent upon a healthy economy in which suitable jobs exist and are being created. A poor economy will produce greater competition for employment and may result in fewer job placements or reduced wages in jobs that are secured.

Program success is also dependent upon operation in a relatively stable policy environment where individual employability plans can be carried to completion. If the environment includes extensive and/or frequent program policy revisions, it will be difficult to execute individual employability plans which span several years or which require un-interrupted funding.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 57-2.1 Provide pre-vocational services to recipients who lack a high school education or basic literacy so that they will be prepared for employment.

Measure 57-2.1: Number of recipients participating in adult basic education or literacy training.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		2,789	4,135	4,688	4,800e		
Target						4,800	4,800

Measure Description - Objective 57-2.1

Definition: The total number of Work Readiness employment and training service participants who are referred to and begin participating in local adult basic or remedial education programs during the fiscal year.

Rationale: Some program participants have insufficient education or literacy to secure employment. Providing basic or remedial education is expected to improve the employability of program participants and enable them to compete in the local labor marker.

Data Source: The Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Discussion of Past Performance:

The number of recipients participating in post-secondary education and adult basic or remedial education has increased each year since 1992. It is believed that the number of participants in these activities will begin to level off because the program is now serving the maximum number of participants possible with the resources available.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Activity: 57-Self-Sufficiency Programs Division

Other Factors Affecting Performance:

State, federal and local funding dedicated to adult basic and remedial education directly affects the programs available, the number of students that can be served, and the level of assistance provided to each student. The effectiveness of each individual school program in providing educational services directly affects the likelihood that Work participants' employability will be enhanced. The level of success is also affected by the accuracy of the Work Readiness assessment of the participant's needs, and the participant's willingness to participate and apply himself/herself.

Objective 57-2.2 Assist Work Readiness employment and training services participants to become employed through job search activities and direct job placement.

Measure 57-2.2 (a): Number of persons required to participate in job search and job placement activities.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		29,299	32,470	33,000e	33,000e		
Target						33,000	33,000

Measure 57-2.2 (b): Number of participants securing unsubsidized employment following services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		4,170	5,232	5,300e	5,300e		
Target						5,300	5,300

Measure Description - Objective 57-2.2

Measure 57-2.2 (a): Number of persons required to participate in job search and job placement activities.

Definition: The total number of Work Readiness employment and training services participants who are referred to and begin participating in job seeking and job placement activities during the fiscal year.

Measure 57-2.2 (b): Number of participants securing unsubsidized employment following services.

Definition: The total number of Work Readiness employment and training services participants who have secured unsubsidized employment during the fiscal year.

Rationale: The provision of job seeking and job placement assistance is directly related to the goal of aiding program participants to become suitably employed. By being employed the participant will be better able to support himself/herself, have reduced dependence on public assistance, and be in a position to realize advances in both employment and earnings. As a result such persons will consume less of the scarce public resources dedicated to welfare assistance. These measures are generally recognized as direct indicators of program performance.

Data Source: The Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Activity: 57-Self-Sufficiency Programs Division

Discussion of Past Performance:

The number of recipients participating in job search or securing unsubsidized jobs has increased each year since 1992. It is believed that the number of participants in these activities will continue to increase at the current rate. This increase is due to an increasing emphasis on the state and national level to emphasize job placement and labor market attachment as the primary desired outcome of the program.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and an increased emphasis on job placement.

Other Factors Affecting Performance:

State, federal and county human service agency funding levels directly affect the amount and type of services that may be provided, the number of recipients that may be served, and the comprehensiveness of program services. Local labor conditions and the number of unemployed persons directly affect the types of jobs participants are able to secure and the earnings potential. The number and type of employment barriers that recipients face will affect their ability to become job-ready and to secure employment.

Objective 57-2.3 Meet federal FSET participation requirements which specify that a minimum of ten per cent of the Food Stamp population must participate annually in FSET employment and training services.

Measure 57-2.3: Per cent of Food Stamp program recipients participating in Work Readiness (FSET) employment and training services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		12.4%	12.4%e	12.4%e	12.4%e		
Target						12.4%	12.4%

Measure Description - Objective 57-2.3

Definition: The total number of Food Stamp recipients who during the year participate in Work Readiness employment and training services divided by the total number of Food Stamp recipients.

Rationale: Federal Food Stamp regulations issued by the U.S. Department of Agriculture specify that each state must, at a minimum, provide FSET services to no less than ten per cent of the total Food Stamp caseload. Failure to meet this requirement will result in the reduction of federal funding for employment and training services.

Data Source: The Department of Economic Security Management Information System, which county agencies or their employment and training service providers are required to provide data for at least monthly. The Department of Human Services accesses this data as needed.

Discussion of Past Performance:

Current performance levels are expected to continue.

Activity 57-Self-Sufficiency Programs Division

Plan to Achieve Targets:

The targets are established by the U.S. Department of Agriculture. The state surpassed this requirement in 1992, and expects to continue current performance.

Other Factors Affecting Performance:

Since its inception in 1985, the Work Readiness program has undergone significant modifications nearly every year. Statutory changes have primarily dealt with increasing or decreasing the length of time recipients are eligible for program benefits, increasing or decreasing the number of recipients who must participate in employment and training services, and limiting the amount of funding available. Moreover, as other states tighten or eliminate eligibility for state or federal public assistance programs, the result may be an increasing influx of persons seeking cash benefits in Minnesota where such benefits are still available. Overall, the frequency and the significance of these changes have a profound impact on the state's ability to provide effective, consistent services as well as the state's ability to achieve any outcome objectives that may be established for the program.

3. Refugee Self-Sufficiency Program:

Program Goals:

- To provide culturally appropriate and comprehensive services to refugees which result in durable self-sufficiency and reduced welfare dependency.

DESCRIPTION OF SERVICES:

Services include promotion and recruiting, assessment and planning, job search and job placement assistance, basic education, job skill training, vocational training, short-term job training, on-the-job training, skills recertification, child care assistance, mental health services, transportation, translation and other interpreter services, incentive financial assistance, and other services which demonstrate great creativity and potential for success.

Service Population: In state fiscal year 1992, approximately 29,400 individual refugees received public assistance. To reduce the dependency of this group, services were targeted to the following:

- Refugee families receiving cash assistance and residing in Minnesota. These families receive first priority.
- Single refugee individuals and/or childless couples who are receiving public cash assistance and reside in Minnesota. These individuals receive second priority for services.

Service Population Trends: Recent information received from the Office of Refugee Resettlement (ORR) indicates that funding for the Refugee Self-Sufficiency program will be limited to serving refugees that have been in the United States for less than 36 months. This limitation will force refugees to mainstream providers who have little experience working with refugees, no knowledge of cultural barriers and who already having waiting lists for mainstream clients.

PROGRAM DRIVERS:

The success if the Refugee Self-Sufficiency program in assisting refugee recipients to become self-sufficient depends to a large degree on participants securing suitable, permanent employment. This result is dependent on a healthy economy in which suitable jobs exist and are being created. A poor economy will produce greater competition for employment and may result in fewer job placements or reduced wages in jobs that are secured.

Activity: 57-Self-Sufficiency Programs Division

Program success is also dependent upon operation in a relatively stable policy environment and on the dollars available in federal funding for refugees. If the environment includes extensive program revisions and a decrease in funding, it will be difficult to serve the large numbers of refugee families that has currently been served.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 57-3.1 Provide family based services focusing on the entire family rather than individuals.

Measure 57-3.1: Number of families who voluntarily enroll in the self-sufficiency program.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1,300	1,700	2,853	2,900	2,900e		
Target						2,900	2,900

Measure Description - Objective 57-3.1

Definition: The count of families (a household containing at least one minor child) on public cash assistance voluntarily enrolling and participating in services designed to secure employment and attain economic self-sufficiency.

Rationale: In many families there are more barriers to self-sufficiency than getting a job such as: the children are in gangs, an individual was a victim of torture and the entire family is dysfunctional, gambling, etc. By working with the entire family, these barriers are eliminated and enables the family to seek employment. It is also important to note that an emphasis is placed on multiple wage earners to increase the earnings of an entire household.

Data Source: This data is gathered by the Department from local service providers and maintained on a data base in the St. Paul central office. Thus, data is available as needed.

Discussion of Past Performance:

The number of refugee families voluntarily enrolling in the Self-Sufficiency Program has increased each year since 1991.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and refugee resettlement figures.

Other Factors Affecting Performance:

The ability to motivate and encourage families to voluntarily enroll in the program will greatly affect the "pool" an agency has to work with and offer an employer.

Activity 57-Self-Sufficiency Programs Division

Objective 57-3.2: Integrate services combining basic education, job skill training, employment and support services, and provide them concurrently rather than sequentially so that refugees enter the workforce for more immediate results.

Measure 57-3.2 (a): The number of job placements.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	447	691	777	700e	700e		
Target						700	700

Measure 57-3.2 (b): The number of refugee families removed from public cash assistance for a minimum of 90 days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	176	233	271	300e	300e		
Target						300	300

Measure Description - Objective 57-3.2

Measure 57-3.2 (a): Number of job placements.

Definition: The count of refugees on public cash assistance securing jobs following services from refugee providers.

Measure 57-3.2 (b): Number of families removed from public cash assistance for a minimum of 90 days.

Definition: The number of families whose cash assistance has been terminated due to employment and remains off of cash assistance for a minimum of 90 days.

Rationale: The provision of job seeking and job placement services by refugee providers enables the family to seek services from a culturally sensitive agency. By being employed the refugee will be more able to support their family, reduce and terminate their dependence on public cash assistance, realize their potential for greater earnings and earn the respect of their children and community.

Data Source: This data is gathered by the Department from local service providers and maintained on a data base in the St. Paul central office. Thus, data is available as needed.

Discussion of Past Performance:

The number of job placements and refugee families removed from public assistance has increased each year. These numbers are expected to level off in the years to come.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and refugee resettlement figures.

Other Factors Affecting Performance:

The national and local economy can affect the availability of jobs. The availability of federal funding has been reduced each year for the past several years. This affects the intensity of the services that can be provided and the number of persons that can be served.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 59-Child Support Enforcement

1994 Total Expenditures ($000s)	$24,990	0.58%	of department's budget
1994 Number of FTE Staff	67.2	1.06%	of department's staff

PROGRAM GOALS:

The Child Support Enforcement Division (CSE) supervises the 87 counties that administer the child support program in Minnesota. In total, spending on Child Support Enforcement activities by the state and counties was about $62 million in F.Y. 1994. County staffing for CSE totalled 958 as of June 30, 1994.

Child support enforcement services include locating absent parents, establishing paternity, obtaining court orders for child support, enforcing court orders for child support, and collecting and distributing child support. These services are provided to all families receiving Aid to Families with Dependent Children (AFDC), who must cooperate to continue receiving public assistance, and to all other families upon their request.

Division focus is on the enhancement of the statewide child support computer system, and the state parent locator service, and implementation of a statewide administrative or expedited process for establishing paternity and child support orders, and implementation of the Uniform Interstate Family Support Act.

The expected outcome or goal of the child support enforcement program is to ensure that noncustodial parents support their children, reducing public assistance costs and improving the lives of children.

Performance objectives and measures are listed below to link the expected outcomes to the specific child support activities.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 59-1.0. During each year of the biennium, child support collections will increase by 10 percent.

Measure 59-1.0: The amount of child support collected from non-custodial parents in millions of dollars.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$161	$195	$221	$224	$268e		
Target						$295	$325

Measure Description - Objective 59-1.0

Definition: Dollar amount of child support collected each year for families and government agencies.

Rationale: The amount of child support collected each year directly relates to the goal of providing support children. The support collected on behalf of AFDC recipients directly reduces public assistance expenditures. Support collected for non-public assistance clients helps these families provide for their children and prevents many families from needing public assistance.

Data Source: Monthly collection reports produced by the statewide Child Support Enforcement System (CSES).

Activity: 59-Child Support Enforcement

Discussion of Past Performance:

Child Support has increased this measure each year.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Objective 59-2.0. Each year the number of families that will leave public assistance with current child support collected will increase by 5%.

Measure 57-2.0: Number of families leaving public assistance with a current child support collection.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			7,834	8,226	8,637e		
Target						9,069*	9,522*

Definition: The number of families leaving public assistance with a current child support collection in the month the family left assistance.

Rationale: Child support collections help move families toward or maintain self sufficiency.

Data Source: Quarterly program reports produced by CSES.

Discussion of Past Performance:

Child Support has increased this measure each year.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Objective 59-3.0. Paternity establishment rates for children in the state child support system will increase annually by 5%.

Measure 59-3.0: Percentage of children for whom paternity has been established.

Activity: 59-Child Support Enforcement

Measure Description - Objective 59-3.0

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	52%	55%	62%	65%e	68%e		
Target						71%	75%

Definition: The number of paternities established divided by the number of children requiring paternity establishment.

Rationale: A child must have paternity established before child support can be established and support collected.

Data Source: Quarterly program data reports produced by CSES.

Discussion of Past Performance:

Child Support has increased this measure each year.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Objective 59-4.0. Each year the average collection per open child support case will increase by 10%

Measure 59-4.0: Average collection per open child support case.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			$1,288	$1,417	$1,559e		
Target						$1,715	$1,887

Measure Description - Objective 59-4.0

Definition: Total collections divided by average number of open child support cases, including cases with and without court orders for child support.

Rationale: All cases require child support, including the cases where no child support has been ordered. This measure indicates program performance for all cases.

Data Source: Quarterly program reports produced by CSES.

Discussion of Past Performance:

Child Support has increased this measure each year.

Activity: 59-Child Support Enforcement

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Objective 59-5.0. Each year the number of non-custodial parents located will increase by 10%.

Measure 59-5.0: The number of non-custodial parents located for purposes of establishing, modifying, or enforcing a child support obligation.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			12,803	14,803	15,492e		
Target						17,041	18,745

Measure Description - Objective 59-5.0

Definition: The number of non-custodial parents that child support agencies locate to successfully establish, modify or enforce a child support obligation.

Rationale: When a non-custodial parent can't be located, child support services cannot be initiated and children don't receive child support payments.

Data Source: Quarterly program data reports produced by CSES.

Discussion of Past Performance:

Child Support has increased this measure each year.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Objective 59-6.0. Child support will increase its efficiency ratio of collections compared to costs every year.

Measure 59-6.0: Efficiency ratio of child support collections.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	3.72	4.50	4.52	4.55	4.65e		
Target						5.00	5.50

Activity: 59-Child Support Enforcement

Measure Description - Objective 59-6.0

Definition: This amount represents how many child support dollars are collected for every dollar of administrative expenditures.

Rationale: This is a standard measure of efficiency in government and business. Cost benefit comparisons are a measure of the efficiency of the support collections.

Data Source: Quarterly collection\cost reports produced by CSES and the Financial Management Division.

Discussion of Past Performance:

Child Support has increased this measure each year.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

To be developed

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 61-MAXIS Operations

1994 Total Expenditures ($000s):	$28,528	0.66%	of department's budget
1994 Number of FTE Staff:	90.9	1.44%	of department's staff

PROGRAM GOALS:

The goals of this program are to operate, maintain, and enhance the MAXIS automated eligibility and payment system which supports Minnesota's major public assistance and medical programs.

DESCRIPTION OF SERVICES:

MAXIS is a computer system which assists Minnesota county agencies and the Department of Human Services' core business functions. Based upon data collected on client application forms and other client reporting forms and entered into MAXIS by county agency staff, MAXIS determines eligibility, calculates benefit levels, prepares and mails benefits and client notices, and provides reports for case management, financial management, and program planning. The system also maintains a claims recovery subsystem, a statewide person master index used by both MAXIS and the new MMIS, a statewide electronic mail system, and three on-line policy/procedure manuals, and produces several automated mass changes annually to incorporate cost of living adjustments in various programs.

Through MAXIS, DHS issues all food stamp benefits and writes state warrants for AFDC, General Assistance, Minnesota Supplemental Aid, and several emergency assistance programs, including payments under the new Minnesota Family Investment Program (MFIP) and the Intensive Family Preservation Services program. These issuances are made primarily by the MAXIS Issuance Operations Center (IOC), which uses an automated process to print, insert, and mail more than one million envelopes monthly containing food stamps, warrants, client notices and reporting forms, MinnesotaCare identification cards, and a variety of other documents.

MAXIS also conducts interfaces with the Medicaid Management Information System (MMIS), the Child Support Enforcement System, and federal/state systems such as Social Security, Supplemental Security Income, Internal Revenue, and employer wage data. It also interfaces eligibility and payment information to the DHS electronic benefit payment (EBT) system for Ramsey and Hennepin County clients.

The technical perspective on MAXIS is that it is very large, each day processing over one million complex transactions entered by its 6,000 county and DHS users. It carries over 14,000 data elements, provides nearly 1000 screens of input or display, and contains over 2,000 computer programs. MAXIS undergoes constant modification to incorporate changes in program policy, new initiatives, and ongoing design and technology adaptations to ensure its performance for its users. About 1,000,000 unique individuals have been entered onto the MAXIS database since its inception in 1990.

PROGRAM DRIVERS:

For MAXIS, the most significant factor affecting system stability and costs is the level of demand on MAXIS services. Increased demand occurs when:

- Numbers of cases or numbers of clients served rises within individual programs;
- Policy changes are made to the programs which MAXIS has automated, necessitating changes to existing software;
- New programs are added to MAXIS; and

Activity: 61-MAXIS Operations

- New functions are requested from MAXIS (such as new interfaces or new data requests).

These occurences produce the constant level of change which not only requires new programming to accommodate the specific request, but also requires occasional redesign of specific areas of the system in order to stabilize the system's performance at the increased level of work. There is also a limit to the amount of change and growth which can occur at one time without destabilizing the system. Destabilization of the entire system to accomplish new growth is counterproductive, as it threatens the core operations which MAXIS must perform. For this reason, the performance goals and measures set forth in this document reflect the MAXIS bottom line of stability and dependability of the core system for its users and the delivery of benefits to clients. User input consistently places system up-time, online response time, and background turnaround time as the users' highest priorities for MAXIS.

Lesser factors which affect costs, but not necessarily system stability, include postal rate increases, changes in central computing rates for on-line transactions and batch processing, and infrastructure costs to replace aging workstation equipment for users and system maintenance staff.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 61-1.0. The MAXIS production system will be available to its customers during regularly scheduled hours.

Measure 61-1.0 (a): The statewide MAXIS system will maintain an annual average up-time of at least 95% during scheduled hours of availability.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		90%e	95%e	95%e	95%e		
Target						95%	95%

Measure 61-1.0 (b): The MAXIS system will maintain an annual average response time of 3 seconds or less for online transactions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		4.50e	2.71	2.15	3.00e		
Target						3.00	3.00

Measure 61-1.0 (c): The MAXIS system will maintain an annual average turnaround time of 1 hour or less for background transactions generated between 6 a.m. and 5 p.m. on non-holiday weekdays.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		3.00e	2.00e	2.00e	1.00e		
Target						1.00	1.00

Measure Description - Objective 61-1.0

Measure 61-1.0 (a): The statewide MAXIS system will maintain an annual average up-time of at least 95% during scheduled hours of availability.

Definition: Statewide system downtime experienced during times of scheduled availability will be recorded in minutes, aggregated monthly, and divided by the total number of minutes of scheduled availability in that month. The same process will be used to determine annual averages.

Activity: 61-MAXIS Operations

Measure 61-1.0 (b): The MAXIS system will maintain an annual average response time of 3 seconds or less for online transactions.

Definition: Response time will be calculated by adding the monthly average network response time to the monthly average response time in the host. The same process will be used to determine annual averages.

Measure 61-1.0 (c): The MAXIS system will maintain an annual average of 1 hour or less for background transactions generated between 6 a.m. and 5 p.m. on non-holiday weekdays.

Definition: Per-transaction wait time in the background processor will be aggregated and averaged monthly. Only transactions which enter background between 6 a.m. and 5 p.m. during non-holiday weekdays will be counted. The same process will be used to determine annual averages.

Rationale: County self-sufficiency program staff use MAXIS as the primary way they carry out their core business functions of client data management, eligibility determination, benefit calculation, and issuance of benefits. To accomplish these functions, the system must be available for their use, and respond adequately to their requests and commands. Past user surveys have identified dependable, predictable system availability and reasonable response time as the quality factors they view as most important to them.

Data Source: Telecommunications and computer operations monitoring tools and software available to MAXIS and InterTech staff.

Discussion of Past Performance:

MAXIS became fully operational in December, 1991. Therefore, data is offered beginning with FY92. Estimates are provided where hard data was not available for FY's 92, 93, and 94.

During those years, the most significant trend was a cyclical annual trend which showed reasonably good performance each spring following the annual mainframe upgrades, and a steady decrease in performance in the succeeding months until the following year's upgrade.

In the first six months of calendar year 1994, upgrades were made not only to the mainframe, but also to the telecommunications network (due to increased needs by both MAXIS and MMIS) and to the data storage devices which MAXIS uses. These factors, taken together, have nearly eliminated all backlogs in system throughput and have improved system performance significantly.

Plan to Achieve Targets:

Under the current MAXIS design and technology base, the targets set forward in this document look achievable. However, continued pressure toward growth within the system will challenge our ability to maintain service at the targeted levels. Since our primary goal is the continued delivery of these service levels, we will use our priority-setting process as the method to manage the impact on system stability of requested new demands on the system.

Activity: 61-MAXIS Operations

Other Factors Affecting Performance:

For the MAXIS system to meet these objectives, a reasonably stable environment must exist for MAXIS to operate within. There are four types of threats to this environment which are outside DHS control:

1. Destabilization as a result of too much of MAXIS' software under enhancement or change at one time. Currently, the program policy and administrative environment MAXIS serves is extremely dynamic. The changes to this environment force changes to be made to MAXIS, and these heavy and constant levels of change tend to destabilize MAXIS itself. As MAXIS destabilizes, downtime and response times go up. DHS has established a priority setting process for MAXIS that is helping to assure that system stability resources are preserved, but program/policy changes made by the state legislature or the federal government could well affect our ability to meet MAXIS performance goals established above.

2. Destabilization of the InterTech environment within which MAXIS operates. Some of the downtime experienced by MAXIS users is due to factors within the InterTech infrastructure, including equipment, communications, software, and personnel. Historical downtime statistics do not reliably diagnose and attribute specific downtime instances to causal factors, but MAXIS began recording this information when available effective October 1, 1994.

3. Destabilization of the telecommunications network. Three types of entities are involved in maintaining parts of this network: InterTech, MAXIS, and the approximately 30 independent telephone companies, including AT&T and US West, who provide telecommunication lines between St. Paul and local human service agencies. Historical downtime statistics do not reliably diagnose and attribute specific downtime instances to causal factors, but MAXIS began recording this information when available effective October 1, 1994.

4. Destabilization caused by additional or accelerated use of MAXIS. Currently, MAXIS contains a great deal of useful information that many agencies, individuals, and automated systems wish to access. The growth in county staff usage and the increasing emphasis on collaboration among agencies and programs promote more and more requests for, and use of, the MAXIS on-line system and new interfaces and reports. If demand on the system continues to grow unabated, stability will suffer and with it, response times and overall system availability.

Objective 61-2.0. The MAXIS system will dispense benefits on a timely and dependable schedule.

Measure 61-2.0: The MAXIS Issuance Operations Center will mail over 98% of all client benefits on schedule.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		98%e	98%e	98%e	99%e		
Target						99%	99%

Measure Description - Objective 61-2.0

Definition: The monthly number of benefit envelopes mailed late will be aggregated and divided by the total number of envelopes mailed during that month, and subtracted from 100%. The same process would be used to determine annual averages.

Activity: 61-MAXIS Operations

Rationale: The MAXIS system is the source for nearly all benefits issued through the self sufficiency programs. These benefits, including food stamps and state benefit warrants, are mailed from the MAXIS Issuance Operations Center on a carefully developed schedule which meets program policy and postal delivery schedule requirements. Receipt of these benefit mailings by clients is critical to the program policy goals of meeting subsistence needs of families and individuals.

Data Source: Records maintained at the MAXIS Issuance Operations Center.

Discussion of Past Performance:

MAXIS became fully operational in December, 1991. Therefore, data is offered beginning with FY92. Estimates are provided where hard data was not available for FY's 92, 93, and 94.

During those years, the most significant trend was an increase in the number of mailings made from the Issuance Operations Center (IOC). The peak-and-valley tendency of the monthly work flow has allowed the IOC to market its services to other areas of DHS and other state agencies, yielding increased mailings and helping to offset overhead expenses.

In FY 95, the IOC became the printing/mailing location for DHS's new MMIS, and this work is essentially doubling the past workload of the IOC. For this reason, the IOC will become more fully a two-shift operation. In addition, InterTech has asked the IOC to handle a significant amount of computerized printing which it currently handles for other agencies; if the IOC is able to take on this work, production volumes will again increase significantly.

Plan to Achieve Targets:

Because benefit issuance is seen as a core function for DHS, priority will always be given to these services by the IOC. The threat to the targets provided here is the general destabilizing effect of rapid growth and change both within the MAXIS base system and within IOC functions and workload. Rapid growth must be carefully managed, and to this end, the IOC is currently evaluating its need for increased management tools and processes to accommodate a two- and perhaps three-shift operation.

Other Factors Affecting Performance:

Destabilization of the MAXIS system, which can result from a number of factors outside DHS control (explained above under Objective 1.0), can have the further effect of delaying benefit issuances. To the extent possible, delayed issuances which have their cause outside the control of the MAXIS Issuance Center will not be counted against the performance standard, but the effect of outside causes cannot always be isolated.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

1994 Total Expenditures ($000s): $422,556 9.76% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

The purpose of the Aid to Families with Dependent Children (AFDC) program is to provide financial assistance to qualifying families according to assistance payment standards authorized in Minnesota law in an amount sufficient, when added to all other income and support available to the family, to provide the family with a reasonable subsistence compatible with decency and health. (M.S. 256.74 and Minnesota Rules, Part 9500.2000) The purpose is further clarified by M.S. 256.85 which states "Sections ...256.72 to 256.87 shall be liberally construed with a view to accomplishing their purpose, which is to enable the state and its several counties to cooperate with responsible primary caretakers of children in rearing future citizens, when the cooperation is necessary on account of relatively permanent conditions, in order to keep the family together in the same household, reasonably safeguard the health of the children's primary caretaker and secure personal care and training to the children during their tender years."

Minnesota Milestones goals most relevant to the AFDC program are:

- Our children will not live in poverty.
- People thrown into temporary economic hardship will regain their independence.
- Dependent persons or those in temporary hardship will have their basic needs met.

The Department's Strategic Plan includes the following goals which apply to the AFDC program:

- The number of children living in poverty will decrease.
- The number of families receiving long-term public assistance without progressing toward self-sufficiency will decrease.
- The number of families on public assistance securing employment will increase.

DESCRIPTION OF SERVICES:

The AFDC program provides cash grants to dependent children and their adult caretakers who meet eligibility requirements. Families must have a "dependent child" to be eligible for AFDC and must meet income and asset limits.

Through direction from the State Legislature, the state develops detailed policy for the program under broad provisions set by the federal government. The program is supervised by the state and administered by the 87 counties.

Data for the AFDC program is collected by separating it into two sub-programs: the continued absence and incapacitated parent (Regular) program and the Unemployed Parent (UP) program. In SFY 1994, the average monthly number of AFDC cases was 63,754 (57,244 Regular and 6,510 UP). The average monthly number of recipients was 190,028 (159,329 Regular and 30,699 UP) of which 125,784 (66.2 percent) were children. Approximately 49.3 percent of all recipients in the state live in two counties: Hennepin (56,642 recipients) and Ramsey (37,107 recipients).

The average expenditures on AFDC grants for SFY 1994 was $26,581,501 per month or $318,978,013 during the year. Approximately 52.2 percent of the state's total SFY 1994 AFDC expenditures were in two counties: Hennepin ($103,021,849) and Ramsey ($63,588,120).

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

AFDC income limits require that income be below the state's "need standard". The need standard is based on the cost of food, clothing, shelter and other necessities. States may pay less than their need standard. The amount paid to a recipient is called the "payment standard". Minnesota has always had the same payment standard as need standard. The table below lists the need/payment standards for different family types and sizes. The state legislature determines percentage increases to the need/payment standard. These standards were last increased July 1, 1986 by one percent.

AFDC NEED/PAYMENT STANDARDS

Number of Children in the Grant	Children Only	Plus One adult	Plus Two adults
1	$250	$437	$510
2	345	532	605
3	434	621	694
4	510	697	770

The AFDC grant can be less than the need/payment standard, depending on whether the family has other income. Earned and unearned income is subtracted dollar for dollar from the need/payment standard. Families received an average grant of $416.94 in FY 1994.

AFDC asset limits allow AFDC families to own one homestead (regardless of value), $1,000 personal property, a car with less than $1,500 equity value and a burial lot and fund for each family member. Only about 10 percent of families own their own home.

The AFDC need/payment standards are less than the Federal Poverty Guidelines (FPG). The 1994 FPG for a family of three is $12,320. Minnesota's AFDC payment for the same size family is $6,384 annually or 52 percent of the FPG. AFDC families who receive food stamps are closer to the poverty level than those who do not. Based on FFY 1994 QC data, 90.7 percent of AFDC families received an average of $200.03 per month of food stamp benefits (average amount for all family sizes). Combining the AFDC payment with the average cash value of food stamps raises the annual income of AFDC families to approximately 71 percent of the FPG.

In addition to cash and FS, AFDC recipients are automatically eligible for MA, payment of child care costs necessary for job search, training or employment and free school lunches. Approximately 38 percent of AFDC families also received housing subsidies in FFY 1991. Other benefits recipients may receive include Emergency Assistance (EA), AFDC special needs payments, WIC coupons, the monthly $50 child support pass-through, Low Income Home Energy Assistance Program (LIHEAP) benefits, the annual AFDC Housing Allowance, the federal Earned Income Tax Credit (EITC), the state Working Family Credit (WFC) and the Minnesota Child Care credit (only available to parents who file a joint return and who have a child under age one).

In SFY 1993, approximately 4.3 percent of Minnesota's population received AFDC compared to a national average of 5.3 percent of the population. According to a report by the U.S. Census Bureau, 12.8 percent of people in Minnesota (550,000 Minnesotans) lived in poverty in 1992. Minnesota ranked 25th among states for the number in poverty.

There is an average of 1.97 children per AFDC case. As of July, 1993, 31.6 percent of children were age four and under 45.9 percent were age six and under. Approximately 84.9 percent of AFDC caretakers were female and the caretaker was most likely to be in her twenties. Only one percent of mothers were under age 18. Approximately 46.1 percent of caretakers had never married.

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

As of June, 1994, there were 86,812 recipients out of a total 186,118 (approximately 46.6 percent) who were minorities. The racial breakdown was 99,306 White; 39,106 Black; 18,863 Asian/Pacific Islander; 14,689 Hispanic; 14,127 American Indian/Alaskan Native; and 27 Unreported. Approximately 72 percent of all minority recipients live in Hennepin and Ramsey counties.

In SFY 1993, the average length of stay on AFDC since last opening was approximately 3.5 years. Approximately 46.7 percent of recipients received assistance longer than two years, 32.1 percent longer than three years and 9.8 percent longer than seven years. Factors associated with a longer stay on AFDC include a single marital status, caretaker's first receipt of AFDC at a young age, having not worked in the last two years, nonwhite racial status, and lack of a high school diploma.

During FFY 1994 (10/1/93 - 9/30/94), financial participation rates were: 54.65% federal funds, 40.82% state funds, and 4.54% county funds. (Counties loan the county share to the state and are later fully reimbursed by the state.) Child support collections refunded to the AFDC program in SFY 1994 totaled $50,912,616 or 16.0 percent of total AFDC expenditures that year. AFDC (includes AFDC-EA) administrative costs in SFY 1994 were $68,620,998 (preliminary). This amount includes county indirect administrative costs and administrative cost payments made to other state departments (Health and DJT).

PROGRAM DRIVERS:

- Federal Legislation: Minnesota's AFDC program must be operated within federal guidelines, many of which are very specific, in order to receive federal funding. These guidelines may hinder the ability of the state to develop a program that best meets the needs of Minnesota recipients.

- Changes in Family Structures: The majority of all periods of time on AFDC begin with a change in family composition (divorce, separation, absence of parent(s), birth to a never-married mother, etc.) that results in a female-headed family with children.

- Job Market: Three factors in the job market impact the AFDC program. First, the trend in the current job market is towards part-time and temporary jobs that do not provide benefits. Medical and child care coverage can be extended one year for recipients who leave AFDC due to employment, but many have to quit work after extended benefits end and re-apply for AFDC in order to provide for their families. Second, the minimum wage has not kept up with inflation. A full-time minimum wage job may result in a family losing AFDC benefits but it will not lift the family out of poverty. Third, a disproportionate share of women and minorities are poor and receive AFDC benefits. While other factors certainly affect these numbers, inequalities faced by women and minorities in the workplace impact whether a job is offered and the wage that is received.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 62-1.0. The percentage of families on AFDC who live in poverty will decrease.

Measure 62-1.0: The percent of the federal poverty guideline that is met for AFDC families who do not work, who work part-time and who work full-time.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target	To be developed						

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

Measure Description - Objective 62-1.0

Definition: For families who do not work, the sum of the AFDC benefit and Food Stamp benefit divided by the federal poverty guideline for a family of like size. For families who work part-time or full-time, the sum of the AFDC benefit, Food Stamp benefit, and the federal Earned Income Tax Credit (EITC) divided by the federal poverty guideline for a family of like size. The AFDC benefit and Food Stamp benefit are the actual dollar amounts issued in a month to the family. The EITC is the monthly amount employed recipients can receive in their paychecks. Part-time work is defined as less than 40 hours per week. Full-time work is defined as 40 hours per week or more. Poverty guidelines are the federal poverty guidelines updated and issued each year by the Department of Health and Human Services.

Rationale: The stated purpose of the AFDC program is to issue benefits to families to provide them with a "reasonable subsistence compatible with decency and health." (M.S. 256.74) The federal poverty guidelines is one measure available that determines the minimum income necessary for decent subsistence. This outcome measure will evaluate how adequately the AFDC program, when combined with FS (and EITC benefits for families who work), meets its stated purpose. All AFDC recipients are eligible for Food Stamps (a small percentage choose not to apply) and all employed recipients can receive EITC advances on their paychecks. For families where the parent can work, the additional EITC will move the total income available to them closer to the poverty level.

Data Source: AFDC benefits, FS benefits, hours employed and wages earned should be available from a MAXIS extract provided to the Reports and Forecasting Division. The amount of the federal EITC can be computed based on actual earnings by using federal tax instructions.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Decreasing the percentage of families on AFDC who live in poverty is dependent on raising AFDC payment standards and increasing the number of AFDC families who work. Families that are not able to work must rely on their AFDC grant and food stamp benefit to meet their needs. Raising AFDC grant levels requires action by the state legislature. Families that work part-time or full-time have opportunity to increase their total monthly income by claiming the advance EITC. However, there are barriers to employment built into the AFDC program such as the 100 hour rule for UP families, transportation problems caused by the $1,500 equity value restriction on cars, and the lack of an earnings disregard (other than the EITC). Also, there is no mandatory work requirement for most recipients. Eligibility for and the calculation of the AFDC benefit a working family qualifies for is determined by federal and state law. Who is required to work is determined by the STRIDE program.

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 62-2.0. The percent of employed AFDC recipients will increase.

Measure 62-2.0: Percent of AFDC Regular and UP caretakers who have net earnings from working part-time or full-time.

AFDC REGULAR CARETAKERS

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	14.6	12.7	14.7	15.7	15.7e		
Target						15.7	15.7

UP CARETAKERS

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	14.1	N/A	N/A	17.8	17.8e		
Target						17.8	17.8

Measure Description - Objective 62-2.0

Definition: The monthly number of AFDC Regular or UP caretakers who work part-time or full-time divided by the total number of AFDC Regular or UP caretakers. AFDC Regular caretakers are those whose children are eligible based on the absence or incapacitation of one of the parents. AFDC UP caretakers are those whose children are eligible based on the unemployment of one of the parents. Part-time work is defined as less than 40 hours per week. Full-time work is defined as 40 hours per week or more. Net earnings are defined as earnings after allowable deductions, disregards and exclusions have been subtracted from gross income.

Rationale: A goal of the AFDC program is to help families reach self-sufficiency by securing employment. This outcome measure will determine the extent to which the AFDC program encourages recipients to work. Although there are no changes planned for the AFDC program during the period of this performance report (SFY 95: 7/94 - 6/95) that are targeted to meeting this objective, the expansion of the EITC should provide some incentive for AFDC recipients to work. The Department may also educate recipients about this benefit and encourage them to choose to receive the advance EITC payment on each of their paychecks.

Data Source: Basis of eligibility, hours employed and net earnings should be available from a MAXIS extract provided to the Reports and Forecasting Division.

Discussion of Past Performance:

Barriers to employment built into the AFDC program and lack of an earnings disregard have resulted in a low percentage of caretakers working.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and no changes in program rules except expansion of the EITC.

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

Other Factors Affecting Performance:

Increasing the percentage of caretakers who work is limited by the number of caretakers who are unable to work, employment barriers built into the AFDC program by federal and state law, limited funding for the STRIDE program which provides job search and direct job placement and caretakers who choose not to work and have no mandatory requirement to work.

Objective 62-3.0. The percent of Regular and UP cases on assistance longer than two years will decrease.

Measure 62-3.0: The percent of Regular and UP cases with more than two years of uninterrupted time on assistance.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	39.58	41.85	46.70	46.70e	46.70e		
Target						46.70	46.70

Note: Historical data does not differentiate between Regular and UP cases.

Measure Description - Objective 62-3.0

Definition: The number of Regular and UP cases with more than two years of uninterrupted time on assistance divided by the total number of Regular and UP cases. This measure will be determined on the last day of the state fiscal year. Length of uninterrupted time on assistance means that the recipient has been off of assistance for a yet to be specified period of time (eg., 1 day to 4 months).

Rationale: The majority of families that receive AFDC are off the program in less than two years. However, the percent of families on longer than two years has been increasing. The longer that families stay on assistance the higher their risk of long-term dependence on the program. Several welfare reform proposals (including President Clinton's Work and Responsibility Act of 1994) call for fundamentally replacing the AFDC program with a transitional assistance program to be followed by work. The most common time limit proposed for the transitional assistance has been two years. Reducing the number of cases on longer than two years will help reduce long-term dependency and limit the cost of recipients that would have to be served by a work program should any of these reform proposals pass. Although there are no changes planned for the AFDC program during the period of this performance report (SFY 1995: 7/94 - 6/95) that are targeted to meeting this objective, the expansion of the EITC should provide some incentive for AFDC recipients to become employed full-time and leave assistance.

Data Source: The total number of cases on assistance and the number of cases on assistance for an uninterrupted period of two or more years should be available from a MAXIS extract provided to the Reports and Forecasting Division.

Discussion of Past Performance:

The percent of cases on assistance longer than two years has been increasing.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding and no changes in program rules except expansion of the EITC.

Activity: 62-Aid to Families with Dependent Children (AFDC) Grants

Other Factors Affecting Performance:

A two year time limit is not realistic for some recipients. They may lack the education or training to find a job that pays enough to get off of assistance. Or they may need to begin with part-time work while their children are young or with a minimum wage job until they develop a work history. A full-time minimum wage job, the EITC and food stamp benefits will not lift families up to the federal poverty guideline until the full expansion of the EITC becomes effective in 1996.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 63-General Assistance Grants

1994 Total Expenditures ($000s): $70,236 1.62% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

"...persons unable to provide for themselves and not otherwise provided for by law and who meet the eligibility requirements ... are entitled to receive grants of general assistance necessary to maintain a subsistence reasonably compatible with decency and health. Providing this assistance is a matter of public concern and a necessity in promoting the public health and welfare." (M.S. 256D.01)

In addition to the above purpose, Minnesota Statutes (M.S. 256D.01) contain the following objectives for the General Assistance Program:

- To provide a sound administrative structure for public assistance programs.
- To maximize the use of federal money for public assistance purposes.
- To provide an integrated public assistance program for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health.

DESCRIPTION OF SERVICES:

General Assistance provides a cash grant to individuals and families who have extremely little or no income and resources, and who are not eligible for any federally funded cash assistance program. Most recipients of General Assistance also receive Food Stamp benefits and medical coverage. General Assistance is state supervised and county administered, with no federal mandates or oversight. The Legislature eliminated General Assistance eligibility for non-citizens who are undocumented in 1993.

General Assistance serves the following categories of recipients:

Individuals and couples: Most of those eligible for General Assistance are individuals or couples without children. In order to be eligible for General Assistance, an individual must be unemployable, or face substantial barriers to employment, as set out in statute. Employable individuals would be eligible for the Work Readiness program, rather than General Assistance.

The maximum monthly grant amount on General Assistance is $203 for an individual, and $260 for a couple. The grant amount last increased in 1986. Grants are normally issued on a monthly basis, although grants to homeless individuals may be divided into weekly amounts.

Families: In addition to individuals and couples, certain families with children are eligible for General Assistance if they are ineligible for AFDC. In certain instances, for example when eligibility for AFDC is barred on certain technical grounds, an entire family may be eligible for Family General Assistance (FGA). In other situations, one member of a family (a stepparent, for example) may be eligible for FGA while the rest are eligible for AFDC. Grant levels are the same as those that would be received under AFDC.

Residents of facilities: Residents of group residential housing (GRH), nursing homes or regional treatment centers may be eligible for a personal needs grant from General Assistance. The personal needs grant amount in 1994 is $57, and the amount is adjusted each year for increases in the cost of living. For GRH residents, a General Assistance payment is made to cover the costs of the GRH, in addition to the personal needs grant.

Activity: 63-General Assistance Grants

Residents of battered women's shelters: General Assistance payments are made to cover the costs of staying in the facility. Payments can be made to a battered women's shelter even if a full General Assistance or AFDC grant has already been paid to the resident.

In 1993, the average monthly General Assistance caseload was 15,926 cases. This represented a monthly average of 22,393 recipients, or 1.4 persons per case. These numbers reflect a decrease from 1992 of 3.4% for average monthly caseload, and 1.75% for average monthly number of recipients. Total net payments for General Assistance for 1993 were $54.4 million, an increase of approximately 3% over 1992.

PROGRAM DRIVERS:

- Facilities: Use of various types of facilities, and the rates that those facilities charge have an impact on total General Assistance expenditures.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 63-1.0. To provide General Assistance to all individuals unable to maintain a subsistence reasonably compatible with decency and health.

Measure 63-1.0: Percent of childless adults with income under the poverty guidelines and not receiving other cash assistance, who receive General Assistance.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target			To be developed				

Measure Description - Objective 63-1.0

Definition: The number of childless adults who receive General Assistance divided by the number of childless adults with income under the poverty guidelines and not receiving other cash assistance. Childless adults is defined as individuals 18 years of age or older without a natural or adoptive child living in their household. Poverty guidelines are the federal poverty guidelines updated and issued each year by the Department of Health and Human Services. Other cash assistance is defined as assistance from the Work Readiness, Minnesota Supplemental Aid, or Refugee Cash Assistance programs.

Rationale: A stated goal of the General Assistance program is "to provide an integrated public assistance program for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health". The federal poverty guideline is specifically designed to determine the minimum income necessary for decent subsistence. Therefore, it is reasonable to expect that, in order to meet its goal, the General Assistance program should provide assistance to anyone under the poverty level who is not eligible for some other program. Because AFDC covers most families with children, that population is disregarded entirely, even though there is a small Family General Assistance population.

Activity: 63-General Assistance Grants

Although General Assistance covers only individuals with barriers to employment, poverty data in the census is not available according to General Assistance eligibility categories. Still, comparing General Assistance use to the entire poverty population from year to year should give an accurate portrayal of coverage trends, assuming rates of disability remain fairly constant.

Data Source: The number of childless adults who receive General Assistance should be available from the Reports and Forecasting Division, taken from MAXIS data. The number of childless adults under the poverty level should be available from census data. The number of childless adults receiving other public assistance should be available from the Reports and Forecasting Division, taken from MAXIS data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The Minnesota Legislature has set the General Assistance eligibility level at $203/month for a single individual, which is only 33% of the poverty guideline. It is not reasonable to believe that $203/month can provide a subsistence that is compatible with decency and health (even if other benefits, such as food stamps, are added in). Therefore, the stated goal cannot be fully realized without action by the Legislature to increase eligibility levels.

Objective 63-2.0 To move recipients from General Assistance to Supplemental Security Income (SSI).

Measure 63-2.0: Percent of General Assistance recipients who are terminated from General Assistance due to receipt of SSI.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

Measure Description - Objective 63-2.0

Definition: The number of individuals terminated from General Assistance due to receipt of SSI divided by the total number of General Assistance recipients.

Rationale: A stated goal of the General Assistance program is "to maximize the use of federal money for public assistance purposes". Because General Assistance covers individuals with short- and medium-term disabilities, and SSI covers individuals with long-term disabilities, there is some movement of individuals between these programs. Moving individuals from General Assistance, a state program, to SSI, a federal program, would meet the goal of maximizing federal funds.

Activity: 63-General Assistance Grants

Data Source: The number of individuals terminated from General Assistance due to receipt of SSI, and the total number of General Assistance recipients, should be available from the Reports and Forecasting Division, taken from MAXIS data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Because public assistance programs in Minnesota are county administered, the state agency has only minimal control over the process of referring recipients to SSI. Further, the Social Security Administration controls the eligibility process for SSI, and has, at times, been very restrictive in its decisions. The ability of individuals to receive SSI is greatly affected by the Social Security Administration's current interpretation of its rules, by the ability of applicants to deal with administrative barriers and appeals processes, by the availability of legal assistance for the appeals process, etc.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 64-Work Readiness Grants

1994 Total Expenditures ($000s): $21,255 0.49% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

...persons unable to provide for themselves and not otherwise provided for by law and who meet the eligibility requirements ... are entitled to receive grants of [Work Readiness] necessary to maintain a subsistence reasonably compatible with decency and health. Providing this assistance is a matter of public concern and a necessity in promoting the public health and welfare." (M.S. 256D.01)

In addition to the above purpose, Minnesota Statutes (M.S. 256D.01) contain the following objectives for the Work Readiness Program:

- To provide a sound administrative structure for public assistance programs.
- To maximize the use of federal money for public assistance purposes.
- To provide an integrated public assistance program for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health.
- To provide work readiness services to help employable and potentially employable persons prepare for and attain self-sufficiency and obtain permanent work.

DESCRIPTION OF SERVICES:

Work Readiness provides a cash grant to individuals who have extremely little or no income and resources, and who are not eligible for any federally funded cash assistance program. Most recipients of Work Readiness also receive Food Stamp benefits and medical coverage. Work Readiness is state supervised and county administered, with no federal mandates or oversight.

Work Readiness serves recipients who are employable. Individuals and couples who are unemployable, or who face substantial barriers to employment, would be eligible for the General Assistance program, rather than Work Readiness.

The maximum monthly grant amount on Work Readiness is $203 for an individual, and $260 for a couple. The grant amount last increased in 1986. Grants are normally issued on a monthly basis, although grants to homeless individuals may be divided into weekly amounts.

Eligibility for Work Readiness is limited to six calendar months (seven for functionally illiterate individuals) during any 12 consecutive calendar month period. Individuals enrolled in post-secondary education are not eligible. The Legislature eliminated Work Readiness eligibility for non-citizens who are undocumented in 1993.

Recipients of Work Readiness must participate in employment and training activities designed to enhance the ability of recipients to secure and retain employment. Failure to meet participation requirements results in disqualification from the program.

In 1993, the average monthly Work Readiness caseload was 7,559 cases. This reflects a decrease from 1992 of 23%. Total net payments for Work Readiness for 1993 were $18.4 million, a decrease of approximately 21% from 1992.

Activity: 64-Work Readiness Grants

PROGRAM DRIVERS:

- Economic conditions: The general condition of the economy has a significant effect on the size of the Work Readiness caseload. For employable individuals, the basic cause of poverty is lack of employment. Because the number of individuals who are unemployed in society is determined by macroeconomic factors, the condition of the economy drives the level of need for assistance.

- Social conditions: Although macroeconomic factors determine how many individuals will be unemployed, there are numerous personal and social conditions that determine who will be unemployed, i.e. how unemployment is distributed to specific individuals. These conditions include the abilities and attitudes of individuals, inequalities faced by women and minorities in the workplace, etc. Such factors have a large impact on the demographics of poverty.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 64-1.0. To provide Work Readiness to all individuals unable to maintain a subsistence reasonably compatible with decency and health.

Measure 64-1.0: Percent of childless adults with income under the poverty guidelines and not receiving other cash assistance, who receive Work Readiness.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

Measure Description - Objective 64-1.0

Definition: The number of childless adults who receive Work Readiness divided by the number of childless adults with income under the poverty guidelines and not receiving other cash assistance. Childless adults is defined as individuals 18 years of age or older without a natural or adoptive child living in their household. Poverty guidelines are the federal poverty guidelines updated and issued each year by the Department of Health and Human Services. Other cash assistance is defined as assistance from the General Assistance, Minnesota Supplemental Aid, or Refugee Cash Assistance programs.

Rationale: A stated goal of the Work Readiness program is "to provide an integrated public assistance program for all persons in the state without adequate income or resources to maintain a subsistence reasonably compatible with decency and health". The federal poverty guideline is specifically designed to determine the minimum income necessary for decent subsistence. Therefore, it is reasonable to expect that, in order to meet its goal, the Work Readiness program should provide assistance to anyone under the poverty level who is not eligible for some other program. Because AFDC covers most families with children, that population is disregarded entirely.

Although Work Readiness covers only employable individuals, and General Assistance covers individuals with barriers to employment, poverty data in the census is not available according to General Assistance versus Work Readiness eligibility categories. Still, comparing Work Readiness use to the entire poverty population from year to year should give an accurate portrayal of coverage trends, assuming rates of disability remain fairly constant.

Activity: 64-Work Readiness Grants

Data Source: The number of childless adults who receive Work Readiness should be available from the Reports and Forecasting Division, taken from MAXIS data. The number of childless adults under the poverty level should be available from census data. The number of childless adults receiving other public assistance should be available from the Reports and Forecasting Division, taken from MAXIS data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The Minnesota Legislature has set the Work Readiness eligibility level at $203/month for a single individual, which is only 33% of the poverty guideline. It is not reasonable to believe that $203/month can provide a subsistence that is compatible with decency and health (even if other benefits, such as food stamps, are added in). Therefore, the stated goal cannot be fully realized without action by the Legislature to increase eligibility levels.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 65-Minnesota Supplemental Aid (MSA)

1994 Total Expenditures ($000s): $59,110 1.37% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

The goals of Minnesota Supplemental Aid (MSA) is to provide financial assistance to Minnesota residents who are recipients of Supplemental Security Income (SSI) or would be receiving SSI, except for income, and are in financial need.

The Department's Strategic Plan includes the following goals which apply to the MSA program:

- Increase the number of blind, aged or disabled clients who can live independently in the community.
- Comply with the federal annual "cost of living adjustment" (COLA).
- Greater alignment of state program rules with federal SSI regulations.

DESCRIPTION OF SERVICES:

The MSA program provides a supplemental payment to individuals who are blind, aged, or disabled and who have income and resources less than the standards established by Minnesota Statute 256D.33.

The MSA grant is considered a state supplement to the SSI program. State supplements to SSI can be either federally or state administered. Minnesota has chosen to administer the supplemental payment at the county level. Much of the policy for this program is structured to follow specific SSI policy.

States providing an optional supplement to the SSI program are required by federal law to pass along the annual Social Security Administration (SSA) COLA to individuals who are eligible for a state supplement. Minnesota accomplishes compliance of this federal mandate by maintaining MSA payment levels. Failure to comply with this COLA pass along regulation affects Federal Financial Participation (FFP) for state Medical Assistance (MA) expenditures.

Clients eligible for and receiving MSA are automatically eligible for MA. Recipients of MSA can also receive Emergency MSA (EMSA) for emergencies such as eviction or a utility shutoff.

There is no restriction to the number of times a recipient can use EMSA. In addition to emergencies, the MSA program provides for special needs which can be a one time need like household furnishings or appliances or it can be an ongoing need like a special diet or guardianship fees. Residents of Group Residential Housing (GRH) facilities are not eligible for special needs as these items are to be factored into the negotiated rate.

An MSA recipient may also qualify for other programs available to low income individuals such as the Food Stamp program and housing subsidies.

Caseload and Expenditures:

In 1993 the MSA program served approximately 22,208 individuals. Of the total average number of MSA recipients (22, 208), 5,076 are aged, 161 are blind, and 16,971 are disabled. The amount of assistance an eligible person can receive is based on individual living situations and net income, not age, blindness, or disabilities.

Activity: 65-Minnesota Supplemental Aid (MSA)

Recipients who live in MA certified facilities, and are income eligible receive an MSA payment based on the MA standard for personal needs ($57 for 1994), which is adjusted annually.

Recipients who live in GRH settings such as board and care homes, supervised living facilities, or adult foster care homes receive an MSA payment based on room and board costs and a personal needs allowance minus any earned or unearned income of the client. Room and board rates are negotiated or set by local county human service agencies. The 1991 legislature placed a moratorium on the development of new GRH beds with the exception of adult foster care homes. The 1991 legislature also extended the 1989 rate cap which is $966.37 for residences with a rate agreement in place prior to June 1, 1989 and $869.73 for residences that established a rate after June 1, 1989. Rates negotiated above this cap are funded through county dollars.

Individual recipients who live in their own home or apartments receive an MSA payment based on a two tiered standard (basic needs + shelter needs). The standard for 1994 is $507 minus any earned and unearned income, if they live by themselves, and $387 minus earned and unearned income, if they live with others. Eligible couples receive an MSA payment based on a need standard of $760 if they live by themselves or $507 if they live with others.

The MSA program provided assistance to 22,208 recipients per month during FYI 1993. Total expenditures for 1993 were $47,579,431. This is a 10.35 per cent increase in recipients and a 9.95 per cent decrease in costs over fiscal year 1992.

Of the 22,208 recipients who receive MSA benefits 2,936 live in MA facilities, 4,729 live in GRH facilities and 12,959 live in their own home or apartment. The average monthly expenditures for MSA clients living in GRH facilities ($1,941,739) is almost equal to the expenditures for clients living in other settings ($1,776,006) even though the number of recipients in GRH facilities is approximately 20 per cent of the total MSA caseload.

Annual percentage increases in MSA costs have exceeded increases in caseload for almost every year since the program began with the exceptions of 1978, 1991, and 1992. This pattern of increases has been produced by 1) annual increases in negotiated rates for GRH facilities, and 2) increased caseloads in these facilities. The decrease in FY 1993 expenditures is a result of an increase in the number of recipients who live in private dwellings and the initiative to replace state MSA dollars with federal waiver money for recipients who are developmentally disabled or aged.

PROGRAM DRIVERS:

- Facility settings: Any changes to current rate structure for GRH facilities and/or development of new facilities will affect expenditures, as will initiatives to move individuals out of facility settings and into the community.
- An aging population and the AIDS epidemic may mean an increase in the number of people who will be eligible for SSI/MSA benefits.
- Any change in eligibility for the SSI program at the federal level will also affect caseload and expenditures at the state level.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 65-1.0 Provide incentives and options for individuals who are recipients of a state supplement to SSI to live independently in the community.

Activity: 65-Minnesota Supplemental Aid

Measure 65-1.0 The percentage of individuals receiving a state supplement to SSI living independently in the community.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

New measure - Historical data upon which to develop measure is not available.

Measure Description - Objective 65-1.0

Definition: The percentage of recipients of a state supplement to SSI who are living independently in the community. This includes individuals who live with others or alone and who may receive additional services under Medical Assistance Waivers. It does not include individuals in Group Residential Housing Facilities.

Rationale: This information will provide the Department with an idea of what percentage of clients are choosing to live independently in the community. The Department has a number of housing initiatives which assist individuals receiving a state supplement to SSI to live independently in the community. Monitoring changes in this percentage assists the Department in developing complementary housing incentives for this group of individuals.

Data Source: The percentage of individuals living independently in the community and receiving a state supplement to SSI should be available from the Reports and Forecasting Division, taken from MAXIS data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The growing number of aged individuals may have increased social and medical needs that cannot be served in an independent community setting. Housing costs may increase at such a rate that the client's income plus a supplemental grant is insufficient to provide safe affordable housing. The Medical Assistance Program may cut funding for waiver programs which Minnesota uses to provide additional services to clients receiving a supplemental payment to SSI and helps them to live independently.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 66-MFIP Grants

1994 Total Expenditures ($000s): $1,670 0.04% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

- To improve the public assistance system for families by constructing a system that rewards work, supports families, and embodies the social contract.

Service Population: MFIP will be implemented as a formal research project, with families assigned to two groups: MFIP and a comparison group (the latter group is eligible for assistance from current programs). DHS has contracted with an independent firm to evaluate the MFIP field trials. The parameters of the project are:

- Locations: Anoka, Dakota, Hennepin, Mille Lacs, Morrison, Sherburne, and Todd counties.
- Dates: April 1, 1994, to March 31, 1999.
- Clients: Approximately 17,000 families applying for or receiving public assistance will be randomly assigned to the MFIP research project, about one-half to participate in MFIP.

Service Population Trends: MFIP is designed to respond to several trends impacting low-income families:

- Real wages have declined since the early 1970's. Most families have responded by sending two workers into the labor force.
- The number of single parent families has increased. These families lack a second worker to help support the family financially, and are the poorest families.
- At the same time, AFDC rules have changed, making it difficult for low-income single parents to supplement their earnings with public assistance. The percent of single mothers on AFDC working has dropped to 14%, at the same time that mothers in general, even those with young children, are entering the labor force in record numbers.

DESCRIPTION OF SERVICES:

The design of MFIP responds to these trends with a more sensible public assistance program for families. MFIP makes three principal changes from the existing welfare system:

MFIP simplifies the welfare system: MFIP combines and replaces three programs: AFDC, Family GA, and Food Stamps. Thus, a family will encounter only one program with a single set of rules and procedures. Eligibility is based primarily on income and resources and not on family structure and work history. Budgeting and reporting will be improved and simplified.

MFIP contains strong incentives to become employed: For families in MFIP, working will always be more profitable than not working. Policies regarding the treatment of earned income ensure that total family income always goes up as earnings increase.

Families can work and continue to receive some assistance. Working families also receive needed child care assistance and continued Medical Assistance. These policies allow families to take the part-time and low-wage jobs that actually exist in today's labor market without jeopardizing the basic needs of their children.

Activity: 66-MFIP Grants

MFIP embodies the social contract: MFIP is a two-way street: The state provides more opportunities and, in turn, families are expected to move to greater self-support. Families that are not making progress after a certain period of time are required to meet with a case manager to develop a plan for self-support. Families will be supported in their plans by a case management system built on the STRIDE model, and with a guarantee for needed child care. If the parent does not comply with their self-support plan, their grant will be reduced by 10%.

PROGRAM DRIVERS:

- MFIP's success depends primarily on significant levels of employment and earnings for participants. Such a result is dependent on a strong economy in the MFIP field trial counties. Since MFIP will be evaluated using a control group -- which will be subject to the same economic conditions -- a poor economy can be controlled for and impacts can still be measured. However, a recession could depress impacts, and leave doubt about MFIP's performance in more normal economic conditions.

- MFIP will be evaluated by comparing outcomes for MFIP families with outcomes for a randomly assigned control group. Such an experimental design works best in a relatively stable policy environment, where current public assistance programs are not undergoing extensive re-working. If current programs (AFDC, Food Stamps, STRIDE) are changed significantly, it could make it difficult to ascertain the true impact of MFIP.

PERFORMANCE OBJECTIVES AND MEASURES: (based on M.S. 256.031, subd. 4)

NOTE: MFIP will be evaluated using an experimental research design. The measures presented here include some that will be available from administrative data and reported by fiscal year, and others that will be part of the formal evaluation and will be presented by an independent evaluator in three reports, due in 1997, 1999, and 2000.

Objective 66-1.0: Support families' movement to self-support.

Measure 66-1.0 (a): Percent of MFIP cases working and/or engaged in approved activities leading to employment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target			To be developed				

Measure 66-1.0 (b): Difference in employment rate between randomly assigned MFIP group and randomly assigned control group.

- MFIP will be evaluated using an experimental research design. This measure will be presented in three reports from the independent evaluator: 1-year impact report (due 12/97), 2-year impact report (due 1/99), 3-year impact report (due 1/00).

Measure Description - Objective 66-1.0

Measure 66-1.0 (a): Percent of MFIP cases working and/or engaged in approved activities leading to employment.

Definition: Percent of total active MFIP cases that are working in paid employment and/or participating in MFIP case management (not including sanctioned cases).

Activity: 66-MFIP Grants

Measure 66-1.0 (b): Difference in employment rate between randomly assigned MFIP group and randomly assigned control group.

Definition: Comparison of the percent of families working in the ever-assigned MFIP experimental group with the ever-assigned control group. Tests of statistical significance will be applied.

Rationale: Movement of families to greater self-support will be expected and supported in MFIP. MFIP provides strong economic incentives to encourage families to become employed, and requires that families who are not working after a certain length of time on assistance develop and comply with a plan for self-support. Movement to self-support is most directly evidenced by increases in employment and participation in activities designed to lead to employment. The proposed measures will directly measure such activity.

Data Source: Measure 1.0 (a): Data will be reported from MAXIS on a monthly basis. Annual measure will be an average of the 12 monthly figures.

Measure 1.0 (b): Independent evaluator's data base. Primary sources are Department of Economic Security wage records and client survey data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The health of the local economies in the MFIP field trial counties will impact the number of families that go to work. High unemployment in these counties would directly impact Measure 1.0 (a). Measure 1.0 (b) can control for an economic downturn by virtue of the experimental research design. However, Measure 1.0 (b) can be affected by changes in the programs MFIP replaces (AFDC, FGA, Food Stamps, STRIDE). Policy changes in these programs that mirror MFIP policies designed to increase employment could lessen the measurable impact of MFIP compared to the control group. Further, substantive changes to these programs during the field trial period complicate the data analysis and make it more difficult to ascertain the true impact of MFIP.

Objective 66-2.0: Simplify the administration of the welfare system.

Measure 66-2.0: To be determined. Several measures of simplification are under consideration: case processing time; percent cases overdue; financial worker observations/opinions; errors in eligibility determination and benefit accuracy.

MFIP will be evaluated by an independent evaluation contractor. The contractor has developed tentative plans for measuring simplification in MFIP. These measures will be presented in three reports (due 12/95, 12/97 and 1/99).

Activity: 66-MFIP Grants

Measure Description - Objective 66-2.0

Definition: Measures to be developed by independent evaluator in consultation with DHS.

Rationale: The current welfare system consists of over-lapping programs with different and sometimes contradictory rules. MFIP will combine several programs into a single program. Eligibility is based primarily on income and resources, not more complicated tests related to family composition. MFIP will also simplify reporting and budgeting procedures.

Data Source: To be determined. May include: direct observation of intake and recertification interviews, time study, focus groups and structured interviews with financial case workers, quality control case reviews.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

MFIP, like other public assistance programs, is administered through the MAXIS system. The degree of MAXIS functionality for a given program directly affects the complexity of administering the program, as county financial workers depend on MAXIS for most aspects of case processing. Maintaining a fully automated MFIP program in MAXIS requires a commitment of resources, given that MFIP is a new program and may change frequently during the field trial period. MAXIS has many other tasks competing for resources. The addition of other new initiatives that stretch MAXIS resources could adversely impact the simplification objective in MFIP.

Simplification in MFIP could also be impacted by significant changes in the program MFIP replaces. Under federal law, MFIP must hold all families harmless, i.e., all families in MFIP must receive at least as much assistance as they would under AFDC and Food Stamps. Currently, this policy is invoked for only a very small number of cases, but it is very complex to administer. If AFDC or Food Stamps undergo substantial changes, the number of "hold harmless" families could increase, complicating the administration of MFIP.

Objective 66-3.0: Prevent long-term dependence on welfare as the primary source of family income.

Measure 66-3.0 (a) Percent of families working and receiving MFIP financial assistance.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target			To be developed				

Measure 66-3.0 (b) Difference between randomly assigned MFIP group and randomly assigned control group in percent of families with 50% or less of income from public assistance.

Activity: 66-MFIP Grants

MFIP will be evaluated using an experimental research design. This measure will be presented in three reports from the independent evaluator. The 1-year impact report (due 12/97) and 2-year impact report (due 1/99) will include comparisons based on income observable from administrative data sources; the 3-year impact report (due 1/00) will provide a more complete measure using survey data.

Measure Description - Objective 66-3.0

Measure 66-3.0 (a) Percent of families working and receiving MFIP financial assistance.

Definition: Percent of total active MFIP cases that are working in paid employment.

Measure 66-3.0 (b) Difference between randomly assigned MFIP group and randomly assigned control group in percent of families with 50% or less of income from public assistance.

Definition: Comparison of families in the ever-assigned MFIP experimental group with the ever-assigned control group: Percent of families in each group with less than 50% of total family income derived from public assistance. Tests of statistical significance will be applied.

Rationale: MFIP allows families to work and continue to receive a reduced welfare grant. This combination will be particularly well suited for families with young children or substantial barriers to full financial independence. MFIP allows families to contribute to their own support rather than depending solely on public assistance. The measures included under this objective will directly address families' reliance on public assistance versus income derived from their own efforts, e.g., work.

Data Source: Measure 3.0 (a): Data will be reported from MAXIS on a monthly basis. Annual measure will be an average of the 12 monthly figures.

Measure 3.0 (b): Independent evaluator's data base. Primary sources are Department of Economic Security's wage records, DHS's welfare payment records, and client survey data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

The health of the local economies in the MFIP field trial counties will impact the number of families that go to work. High unemployment in these counties would directly impact Measure 3.0 (a). Measure 3.0 (b) can control for an economic downturn by virtue of the experimental research design. However, Measure 3.0 (b) can be affected by changes in the programs MFIP replaces (AFDC, FGA, Food Stamps, STRIDE). Policy changes in these programs that mirror MFIP policies designed to increase employment could lessen the measurable impact of MFIP compared to the control group. Further, substantive changes to these programs during the field trial period complicate the data analysis and make it more difficult to ascertain the true impact of MFIP.

Activity: 66-MFIP Grants

Objective 66-4.0: Help families increase their income.

Measure 66-4.0: Difference in total family income between randomly assigned MFIP group and randomly assigned control group.

MFIP will be evaluated using an experimental research design. This measure will be presented in three reports from the independent evaluator. The 1-year impact report (due 12/97) and 2-year impact report (due 1/99) will include comparisons based on income observable from administrative data sources; the 3-year impact report (due 1/00) will provide a more complete measure using survey data.

Measure Description - Objective 66-4.0

Definition: Comparison of total family income in the ever-assigned MFIP experimental group with the ever-assigned control group. Tests of statistical significance will be applied.

Rationale: MFIP policies ensure that families are always better off financially when they increase their earnings -- family income is always higher when a family works. In addition, working MFIP families are eligible for child care assistance and continued medical coverage. Families can earn up to about 150% of the poverty level before losing eligibility for MFIP benefits. Comparison of total family income with a randomly assigned control group provides the best possible measure of MFIP's impact on family income.

Data Source: Independent evaluator's data base. Primary sources are Department of Economic Security's wage records, DHS's welfare payment records, and client survey data.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

MFIP's design relies on paid employment as the means for families to increase their income. The health of the local economies in the MFIP field trial counties will impact the number of families that go to work. Measure 4.0 can be affected by changes in the programs MFIP replaces (AFDC, FGA, Food Stamps, STRIDE). Policy changes in these programs that mirror MFIP policies designed to increase employment could lessen the measurable impact of MFIP compared to the control group. Further, substantive changes to these programs during the field trial period complicate the data analysis and make it more difficult to ascertain the true impact of MFIP.

Agency: Department of Human Services
Program: Economic Self-Sufficiency
Activity: 67-Child Care Fund

1994 Total Expenditures ($000s): $52,702 1.22% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

- To provide low-income AFDC and non-AFDC families assistance with payment of child care costs.

DESCRIPTION OF PROGRAM SERVICES:

The program enables parents to pursue education, job search, and employment opportunities. There are five sub-programs within the Child Care Assistance Program:

AFDC employed child care
STRIDE child care
ACCESS child care
Transition Year (TY) child care, and
Basic Sliding Fee (BSF) child care.

Service Population: In State Fiscal Year 1993, an average of 14,682 families received child care assistance at a cost of $52,174,495. Approximately 15,634 families in 1994 and 15,762 families in 1995 will receive child care assistance in order to participate in employment, job search or education and training which will lead to self-sufficiency.

Service Population Trends: Local social services agencies administer the child care assistance program under state supervision. For this reason, the rate at which families choose to participate in STRIDE, ACCESS, Transition Year, Basic Sliding Fee (BSF), and employment related AFDC child care is not controllable by the child care assistance program staff. However, every effort will be made to advertise the availability of these opportunities to participate in education and training, job search and employment opportunities so that families may move to self-sufficiency. In addition, child care assistance program funds will be available for those who choose to participate.

PROGRAM DRIVERS:

Current utilization of the Child Care Assistance Program (CCAP) sub-programs is influenced by a number of external factors. Current employment conditions throughout the state have a direct relationship to the number of persons who are able to obtain employment, and to the number of persons needing specific types of education or training that is available, which will lead to self-sufficiency. In some areas of the state there has been little or no change in the economic conditions over the past few years, which leads to little or no changes in availability of employment, along with lack of education and training available to allow for career changes. Due to these economic trends, full utilization of all CCAP funds can fluctuate greatly depending upon the time of year, region of the state and economic changes that are taking place within the state.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 67-1.0: Maximize available funds to ensure the provision of child care assistance to all eligible AFDC families who are participating in employment, job search or education and training programs which entitle the recipient to child care assistance.

Activity: 67-Child Care Fund

Measure 67-1.0 (a): Average number of families receiving AFDC/employment child care and STRIDE child care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	4,745	4,475	4,687	4,900e	4,900e		
Target						4,900	4,900

Measure 67-1.0 (b): Average number of families receiving ACCESS child care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			835	1,500e	1,850e		
Target						1,850	1,850

Measure 67-1.0 (c): Average number of families receiving Transition Year child care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1,136	1,305	1,613	1,924e	2,213e		
Target						2,213	2,213

Measure Description - Objective 67-1.0

Measure 67-1.0 (a): Average number of families receiving AFDC/employment child care and STRIDE child care.

Definition: The count of AFDC families each state fiscal year, who have child care costs that exceed the AFDC dependant care deduction (AFDC/employed) or who are STRIDE participants and have child care costs (AFDC/STRIDE). This includes AFDC families who are mandatory STRIDE participants and voluntary STRIDE participants.

Measure 67-1.0 (b): Average number of families receiving ACCESS child care.

Definition: The count of AFDC families each state fiscal year, who are ineligible for STRIDE and are participating in a **self-initiated** education or training programs.

Measure 67-1.0 (c): Average number of families receiving Transition Year child care.

Definition: The count of former AFDC families each state fiscal year, who receive child care assistance because they lost eligibility for AFDC, due to increased earnings, hours of work or loss of the 30 1/3 disregard. These families are eligible for child care assistance for 12 months from the first month of AFDC ineligibility.

Rationale: Affordable child care has a direct relationship on the number of families who are able to participate in employment, education, training and/or job search activities which lead to self-sufficiency. Families are able to pursue self-sufficiency activities if they are able to receive assistance with meeting their child care costs.

Data Source: Department of Human Services Revised Projections for F.Y. 1994 - 1995 Biennium / March 1994 Forecasts.

Activity: 67-Child Care Fund

Discussion of Past Performance:

In past years through present time, county staff (Child Care Assistance Program Workers and Financial Workers) were not aware of the magnitude of the Child Care Assistance Program. Because of this, AFDC families who were participating in employment, job search or education and training programs were not receiving/utilizing the Child Care Assistance Program to it's fullest. While some of the AFDC/Entitlement Child Care Sub-Programs were being fully utilized, other Sub-Programs were grossly under utilized due to lack of knowledge by the Child Care Worker, Financial Worker and client.

Plan to Achieve Targets:

Statewide training was provided to county Child Care Assistance Program staff and other associated individuals in May and June, 1994. Eighty of the 87 counties were presented in the 13 training sessions that were presented. Basic program policy and procedures were covered as well as technical assistance provided to individuals attending the training. By educating these individuals, eligibility for the Child Care Assistance Program will be more easily identified, will be more efficiently determined and will be more readily obtained by persons applying for Child Care Assistance.

Training was also provided at the STRIDE Conference held in May 1994, for STRIDE Case Managers. Basic program policy and procedures were covered, as well as a review of the Child Care Rule 9565. Training will be provided to county Financial Workers and Case Aides (Fall 1994), covering the Child Gare Assistance Sub-Programs with a concentration on the AFDC/Entitlement child care sub-programs. By educating the county Financial Workers and Case Aides, those clients who are currently eligible for, but not receiving Child Care Assistance, can more easily be identified and referred to Child Care Assistance staff for application to the program.

Other Factors Affecting Performance:

Child care through the AFDC/employed, AFDC/STRIDE, AFDC/ACCESS and Transition Year programs is an entitlement because the client is either currently receiving AFDC or is a former AFDC recipient. Eligibility for AFDC/employed child care is guaranteed as long as the AFDC family is employed and has child care costs that exceed the dependent care deduction. The number of AFDC families that obtain employment directly affects the number of families who receive AFDC/employed child care assistance. Eligibility for AFDC/STRIDE child care is guaranteed as long as the AFDC family is participating in STRIDE. The number of STRIDE participants directly affects the number of families who receive AFDC/STRIDE child care assistance. Eligibility for AFDC/ACCESS is guaranteed as long as the specific county has an available ACCESS child care slot. The number of families that ACCESS is able to assist is directly affected by the number of clients with self-initiated education and training programs, and the number of available ACCESS child care slots in that county. Eligibility for Transition Year child care is guaranteed as long as the family lost AFDC eligibility due to increased earnings, increased hours or loss of the 30 1/3 disregard. The number of families who lose AFDC eligibility due to these factors directly affects the number of families who receive Transition Year child care.

Objective 67-2.0: Fully implement the Basic Sliding Fee (BSF) funding increase so that families currently on waiting lists will have opportunities to pursue employment, continue employment, or participate in education programs leading to employment.

Activity: 67- Child Care Fund

Measure 67-2.0: Average number of families receiving BSF child care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	5,220	6,959	7,547	7,309	6,799e		
Target						6,799	6,799

Measure Description - Objective 67-2.0

Definition: The count of non-AFDC families each state fiscal year, who have incomes within 75% of the state median income and have child care costs during employment activities, education and training activities and/or job search activities.

Rationale: Affordable child care has a direct relationship on the number of families who are able to remain self-sufficient. Since BSF is not an entitlement program, the caseload levels are a direct result of the funding available to counties. Currently many families are on waiting lists within individual counties, because of lack of funding available to pay child care. This in turn, forces some families to apply for or return to public assistance (AFDC and FGA) because they are unable to retain employment activities, pursue and continue education and training activities and/or pursue employment.

Data Source: Department of Human Services Revised Projections for F.Y. 1994 - 1995 Biennium / March 1994 Forecasts.

Discussion of Past Performance:

Participation by families on the Basic Sliding Fee (BSF) Program is limited to the allocation received by counties, each fiscal year. As families are added to the BSF child care program, funds must be encumbered each fiscal year, by the county to cover the family until they are no longer eligible and/or no longer need child care. Once the allocation is all encumbered, counties are required to keep a waiting list of families who appear to be eligible but are unable to participate due to lack of funds.

A current trend indicates that families are requiring more time to transition off of BSF assistance. This is resulting in less movement of sliding fee caseloads and longer waiting lists for assistance. There are currently approximately 7,000 families on waiting lists.

Plan to Achieve Targets:

Statewide training was provided to county Child Care Assistance Program staff and other associated individuals in May and June, 1994. Basic program policy and procedures were covered as well as technical assistance provided to individuals attending the training. By educating these individuals, eligibility for the Child Care Assistance Program will be more easily identified, will be more efficiently determined, and will be more readily obtained by persons applying for Child Care Assistance.

Other Factors Affecting Performance:

As a result of fixed funding levels and increasing costs per case, the number of cases served will decline each year.

Agency: Department of Human Services
Program: Health Care

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)	
Total Expenditures:	$ 2,823,594	65.23 % of departments' spending
From State General Fund	1,322,637	
From Health Care Access Fund	37,297	
From Federal Funds	1,334,963	
From Other Funds	128,697	
Number of FTE Staff:	393.4	6.23 % of department's staff

PROGRAM GOALS:

The mission of Health Care Administration is to enhance the quality of life to Minnesota citizens by providing access to appropriate medical benefits and long-term-care services for all eligible persons in an accountable and affordable manner.

- To purchase quality, affordable, accessible health care for low income, under and uninsured families and individuals while containing public costs.

- To ensure the special health needs of children and people with disabilities and long-term care needs are addressed in DHS programs and in health care reforms. Provide choices in long-term care that allow people to live as independently as possible.

SUMMARY OF PROGRAM SERVICES:

The Health Care Administration is comprised of a wide range of management activities directed at providing cost-effective care to low-income persons. These activities include Health Care Services Delivery, Health Care Benefits, Long-Term Care Services, Medical Assistance (MA) Grants, General Assistance Medical Care (GAMC) Grants, MinnesotaCare, Health Care Operations, Health Care Customer Services, and Medicaid Management Information System (MMIS).

Health Care Administration provides program supervision to local agencies and ensures that payments for services provided to eligible persons are properly made to enrolled providers of health care services. Health Care Administration staff develop policy for coverage and set rates for MA, MinnesotaCare and GAMC programs, manage prepayment capitation contracts and the interagency agreement with the Minnesota Department of Employee Relations for administrative managed care functions, ensure program integrity and efficient claims administration, develop and manage cost-effective long-term-care service systems and home-care alternatives, and maintain contracts with the Minnesota Department of Health for survey inspection of care, case mix audits for nursing facilities (NF's) and intermediate care facilities for the mentally retarded (ICF's/MR).

Program: Health Care

The Health Care Administration will use a series of strategies to achieve its goals:

Health Care Eligibility

- Consolidating and integrating Medical Assistance, General Assistance Medical Care and MinnesotaCare;
- Simplifying eligibility, application and enrollment processes;

Health Care Benefits

- Creating a comprehensive basic benefits package for use with all programs;
- Creating a supplemental benefit package for clients with special needs;

Health Care Delivery

- Increasing the use of managed care contracting;
- Using the current health care services market to obtain services for clients;

Health Care Purchasing

- Performance contracting;
- Risk and non-risk contracting;
- Rate-setting reform;

Long Term Care Service Delivery

- Revising reimbursement rules for ICF/MR facilities;
- Developing new funding mechanisms for Group Residential Housing;
- Creating alternative, cost-effective mechanisms for purchasing long-term care;
- Developing new policies for bed distribution and bed "lay aways" to eliminate disparity across geographical areas and reflect fluctuation in utilization.

MAJOR PROGRAM DRIVERS:

- In the past, health care programs have primarily responded to shifts in the economy resulting in greater or fewer unemployed, uninsured persons becoming eligible for publicly funded programs and to a lesser degree to epidemiological trends and standards of practice. Currently, the fastest growing population receiving medical assistance is the elderly. The Minnesota population is aging and becoming more frail putting a greater strain on the service delivery system. In the current environment, anticipated federal and state health care reform will provide a greater impetus for programmatic or budgetary change than other factors.

- At the federal level, the Department has submitted a comprehensive waiver request to Health Care Financing Administration which will provide authority to carry-out a number of the goals targeted for completion in the coming biennium. Denial of that request will thwart progress on initiatives to increase access without the commitment of additional state funds. Potential changes in ERISA provisions can significantly impact available financing through the Health Care Access Fund and other federal reforms could impact the number of potential enrollees and mix of services offered.

Program: Health Care

- State health care reforms, currently under consideration, also impact programs administered by Health Care Administration in a variety of areas. Changes in practice parameters in areas such as mental health treatment or standards for prenatal care may influence costs. The development of integrated service networks and community integrated service networks may impact the Department's ability to contract with managed care entities on a statewide basis. Availability of providers in under-served areas of the state has been a consistent problem in the expansion of managed care and also in the provision of long-term care. Legislative adoption of a universal benefit set has the potential to affect expenditures in publicly funded programs.

KEY PERFORMANCE OBJECTIVES AND MEASURES:

The following are selected program objectives and performance measures from within the Health Care Administration's Performance Report Section that represent key indicators of the Health Care Administration's progress toward its goals.

Goal 1: To purchase quality, affordable, accessible health care for low income, under and uninsured families and individuals while containing public costs.

Objective: The MinnesotaCare Program will increase access to health care services for low-income, under and uninsured citizens. (Objective 78-1.0, page 288.)

Performance Measure:

The percentage of estimated uninsured families with incomes below 275 percent of the federal poverty guidelines that enrolled in MinnesotaCare.

Objective: Managed care delivery systems will be expanded to all areas of the state where health plan networks exist. (Objective 71-3.0, page 244.)

Performance Measure:

Number of MA and GA/GAMC recipients enrolled in managed care delivery systems.

Number of MinnesotaCare recipients enrolled in managed care delivery systems.

Goal 2: To ensure the special health needs of children and people with disabilities and long-term care needs are addressed in DHS programs and in health care reforms. Provide choices in long-term care that allow people to live as independently as possible.

Objective: Improve access to and standardize quality of prenatal care for high risk pregnant women enrolled in Minnesota health care programs. (Objective 72-1.0, page 251.)

Performance Measure:

Percent of newborns who are premature and require neonatal intensive care services.

Program: Health Care

Objective: Admission of nursing home residents in case mix classification A (for persons needing the lowest level of care) will continue to decline in SAIL counties as potential nursing home residents find alternative services that meet their needs and that preserve their independence in the community. (Objective 70-4.4, page 231.)

Performance Measure:

Percent reduction in Case Mix A nursing home admissions each year in SAIL counties.

Objective: A managed care delivery model for disabled populations will be implemented on a demonstration project basis. (Objective 71-5.0, page 246.)

Performance Measure:

Pilot projects implemented in at least two counties.

Agency: Department of Human Services
Administration: Health Care
Activity: 70-Long-Term Care Administration

1994 Total Expenditures ($000s):	$38,732	0.89%	of department's budget
1994 Number of FTE Staff:	84.1	1.33%	of department's staff

PROGRAM GOALS:

There are six areas to the Long-Term Care Administration Activity:

- the Long-Term Care Facilities Division,
- the Audit Section of the Long-Term Care Facilities Division, and
- the Home and Community-Based Services Division,
- the Interagency Long-Term Care Planning Committee (Intercom).
- Alternative Care Grants
- Provider Appeals

1. Long-Term Care Facilities Division:

PROGRAM GOALS:

The mission of the Long-Term Care Facilities Division is to make appropriate, cost-effective services available to people who need long-term residential and related care. The division establishes payment rates for 875 long-term care facilities that participate in the Medicaid program, namely, nursing homes, boarding care homes, intermediate care facilities for the mentally retarded (ICF/MRs) and day training and habilitation (DT&H) facilities. It also provides technical assistance to counties, providers and other interested parties, regulates funding for services as required by law, and is developing a standardized, statewide approach to funding Group Residential Housing (GRH), which includes 2629 settings in Minnesota.

DESCRIPTION OF SERVICES:

Most of the division's activities are mandated by federal regulations or state statutes and rules. Many of these activities affect providers directly, but clients only indirectly. If these activities are not done or if they are not done well, the consequences could be grave, such as the loss of federal funding for many services. Yet many of these activities (such as monitoring nursing homes to ensure they do not become IMDs) do not have the direct client outcomes that this performance reporting seeks to measure. In other words, a very large proportion of the division's required work is not reflected in this report.

Currently, Long-Term Care Services is anticipating health care reform and will be developing and proposing policies for long-term health care reform consistent with general health care reform and with the following goals: containing or reducing costs, providing flexible, appropriate services along a continuum of care, promoting client independence and reliance on informal social supports, and working with providers to institute regulatory reform and to pilot innovative service delivery.

The program is delivered by the following activities:

1) Developing, reviewing and analyzing methods of reimbursing institutional care services, and Day Training & Habilitation (DT&H) Services.
2) Analyzing cost and program data to contain costs and improve services.
3) Submitting required state plan amendments and assurances to the federal Health Care Financing Administration (HCFA) and developing rules and implementing state and federal legislation and regulations.

Activity: 70-Long-Term Care Administration

4) Administering the Health Department contract for federally-mandated surveys (that is, inspections) and quality assurance in LTC facilities.
5) Coordinating and disseminating state LTC facilities policy.
6) Administering nursing facility property evaluations.
7) Designing, implementing and maintaining automated rate setting systems.
8) Designing, monitoring and evaluating demonstration projects of alternative long-term care delivery systems, service options and reimbursement mechanisms.
9) Monitoring nursing homes at risk for being designated Institutions for Mental Diseases (NF/IMDs), which would result in a loss of federal Medicaid funding.
10) Developing standardized, coordinated group residential housing (GRH) policies and funding.

PROGRAM DRIVERS:

- The aging population puts more pressure on long-term care services. This is especially true of the 85+ population which is growing most rapidly and which is the highest user of long-term care residential services.

- The medical model continues to dominate long-term care delivery, despite Minnesota's steady and innovative record of developing alternatives. And the medical inflation rate continues to significantly exceed the general rate of inflation. That plus the aging of the population means that the costs of long-term care will continue to grow.

- It is uncertain to what extent long-term care services will be included in any health reform proposals passed by Congress. The president's health care reform proposal did not deal substantially with long-term care.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-1.1. The division will review and identify an acceptable alternative to the current Rule 53 that fits this interim period prior to health care reform and long-term care reform, as measured by the Legislature and long-term care reform leaders.

Measure 70-1.1: By September 1994, the division will present a proposal to department senior management to revise reimbursement rules for ICF/MR facilities, either by statute or by rules, that health care reform leaders will approve and the Legislature will accept in the 1995 session.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					*ICF/MR reimbursement rule (Rule 53)		
Target					revised either in rule or statute or both.		

Definition: Not applicable here.

Rationale: DHS, ICF/MR providers, the provider association and other interested parties developed a proposal for revising the ICF/MR reimbursement rule. The purpose of this revision was to address some of providers' concerns in the existing rule, achieve shared objectives (such as simplifying the rule and reducing areas of dispute that result in appeals), and to develop revisions that will not increase MA spending. The revised objective allows the department to re-examine the need for revision of the ICF/MR rule, in light of anticipated broad-based changes in health care reform.

Activity: 70-Long-Term Care Administration

Data Source: Long-Term Care Facilities Division staff

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Dissatisfied providers sued the state in the past over the current reimbursement rule. DHS is currently working under a voluntary settlement agreement with providers, which will expire in November 1994. If providers sue again, and if the court imposes a settlement, decision making would be taken out of the department's and legislature's hands.

Objective 70-1.2. The division will respond to Policy Center information requests which can be adequately answered via telephone on a timely basis, with a goal of responding within five working days where that is feasible.

Measure 70-1.2: Percent of callers to the Policy Center whose request requires no more than a telephone response who receive an answer within five days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					90%e		
Target							

Measure Description - Objective 70-1.2

Definition: Not applicable here.

Rationale: Some callers to the Policy Center want written opinions or responses from the department. These requests are usually more complex and require research and coordination with other areas of DHS. Other callers simply want a reply by telephone, and such requests are usually less complex.

Data Source: Periodic random sampling of the disposition of policy center requests.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 70-Long-Term Care Administration

Other Factors Affecting Performance:

None foreseen.

Objective 70-1.3. Separation of funding for housing (room and board) and services in GRH settings, followed or accompanied by enhanced federally-matched funding for services delivered in GRH settings. This will result in greater availability and affordability of housing for persons requiring long-term care services in the community and consistent processes and outcomes among the 84 county human service agencies.

Measure 70-1.3 (a): The number of group residential housing settings and the ratio of metro area settings to Greater Minnesota settings.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Metro/Greater Minnesota							
Actual Performance							
Number				365/139	420/160e		
Ratio				2.6:1	2.6:1		
Target							

Measure Description - Objective 70-1.3 (a)

Definition: Metro counties include Anoka, Dakota, Hennepin, Ramsey and Washington counties.

Rationale: Living settings of this type have typically been far more readily available in the metro area than in Greater Minnesota. Development of new settings at a faster rate outside the metro area is a demonstration of the increasing availability of this type of housing option, and if this trend continues, there will eventually be proportional parity of services between the metro area and Greater Minnesota.

Data Source: MAXIS

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Statewide rate setting (as opposed to regional rate setting) will continue to favor Greater Minnesota relative to the Metro area.

Other Factors Affecting Performance:

If the federal government makes radical changes in waiver policy, this could affect the availability of federal funds for services.

Activity: 70-Long-Term Care Administration

Measure 70-1.3 (b): Increase in the number Group Residential Housing settings, i.e. residential care services and assisted living services, used by Elderly Waiver clients.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Residential Services			58	1,029	1,235e		
Assisted Living			196	728	874e		
Target							

Measure Description - Objective 70-1.3 (b)

Definition: Residential care services are room and board facilities with special services, and assisted living services are apartments for elderly persons that also provide various services such as personal care, medications, housekeeping and congregate meals. The Elderly Waiver is part of the Medical Assistance program, which means that participants must meet income and other eligibility requirements, such as prohibitions against the transfer of assets in order to become eligible for Medicaid.

Rationale: The state has previously used only state dollars to pay for services in these facilities. By expanding the number of settings where services are separated from housing in the Elderly Waiver program, the state can save money by relying on federal funding for services and use the savings to set up additional residential settings. Use of the waiver indicates that separation of services is occurring. This process does not guarantee but does permit greater availability of housing options statewide that were more typically available in the metro area.

Data Source: MMIS.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Changes in waiver policy by the federal government could affect the availability of federal funds for services.

Objective 70-1.4. The division will provide technical assistance and approve additional funding as a rate exception to support needed services under the Special Needs Rate Exception Program (SNREP) in order to maintain clients in community settings.

Measure 70-1.4: Percentage of special needs clients who **did not** need to be admitted to Regional Treatment Centers (RTCs) after receiving a special needs rate exception.

Activity: 70-Long-Term Care Administration

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				94%	94%e		
Target							

Definition: A special needs rate exception is a temporary increase in a provider's reimbursement rate to allow the provider to target special services to a client or resident with developmental disabilities who is at risk for admission to a regional treatment center (RTC) within 60 days. This determination of risk is made by an interdisciplinary team responsible for developing the resident's various service plans. Eligible client situations include presence of severe and challenging behaviors and short-term medical needs, such as post-operative recovery.

Rationale: Since the purpose is to prevent RTC admissions, this is the primary measure of program and client success. The maximum rate is capped at $263 per day (which includes the ICF/MR per diem, Day Training and Habilitation services and Special Needs) compared to an average RTC per diem of $324 per day. Therefore, use of the Special Needs Rate Exception will always be less costly than an RTC admission.

Data Source: Special Needs Rate Exceptions Program Administrator

Discussion of Past Performance:

This small program has succeeded in meeting its primary goal for the vast majority of recipients.

Plan To Achieve Targets:

Target estimate is based on current funding levels.

Other Factors Affecting Performance:

Even though funding is available, some needed services simply have not been fully developed, such as community-based crisis services. Lack of alternatives can sometimes result in a client's RTC admission, despite the availability of funding.

Objective 70-1.5. The division will recommend elimination, expansion or redesign of the current Day Training and Habilitation (DT&H) Rate Setting Pilot Project based on discussions with the department and stakeholders on the cost-effectiveness and feasibility of alternative approaches.

Measure 70-1.5: By June 1995, the division, department senior management, the Legislature and the Governor will have considered and made a decision on Day Training and Habilitation rate setting.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

Measure Description - Objective 70-1.5

Definition: The division is pursuing a policy decision that is not amenable to this kind of performance measurement at this stage. When the policy decision has been made, then performance objectives and measures that focus on client outcomes can be developed. The policy decision is a necessary first step, however.

Activity: 70-Long-Term Care Administration

Rationale: The current funding approach has aroused long-standing dissatisfaction among department professionals and among providers.

Data Source: Day Training and Habilitation Supervisor

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Stakeholder consensus will be necessary to achieve desired outcomes.

Objective 70-1.6. The division will collaborate with other divisions (such as Home and Community-Based Services, Division for People with Developmental Disabilities, Health Care Delivery, and so on) to design alternative, cost-effective mechanisms for purchasing long-term care.

Measure 70-1.6: The division will conduct a Long-Term Care Symposium in July 1994 to generate at least three alternative mechanisms for purchasing long-term care services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

Definition: Like Objective 7, the division is pursuing a policy decision that is not amenable to this kind of performance measurement at this time. When the policy decision has been made, then performance objectives and measures that focus on client outcomes can be developed. The policy decision is a necessary first step, however.

Rationale: Providers, a major customer of the division, have long complained that the current approach to regulating and paying for long-term care, is burdensome, inadequate, and unnecessarily rigid. This symposium will seek to raise up break-through approaches to providing long-term care.

Data Source: Symposium Coordinator

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 70-Long-Term Care Administration

Other Factors Affecting Performance:

Stakeholder consensus will be necessary to achieve desired outcomes.

2. The Audit Section

PROGRAM GOALS:

The Audit Section is responsible for compliance auditing of 800 long-term care facilities and 30 rural health clinics (RHCs) and federally-qualified health centers (FQHCs). On-site (field) audits are conducted in accordance with federal audit standards. Information generated by audits of long-term care facilities' cost reports is used to determine payment rates for Medicaid-certified facilities.

DESCRIPTION OF SERVICES:

The program is delivered by the following activities:

1) Approximately 800 desk audits are conducted annually.
2) Approximately 100 field audits are conducted annually.
3) Recalculation of facility rates for 100 facilities per month due to sales, refinancing, building projects, program and life safety code adjustments, conversion of ICF/Mrs from Class A to B, closure of facilities, receiverships, and rate appeal settlements.

PROGRAM DRIVERS:

The Audit Section has seen a large number of facility debt and building refinancing projects, probably due to a combination of statute revisions and low interest rates.

Many ICFs/MR are experiencing one-time program rate adjustments and Class A to Class B conversions due to discharge of RTC residents requiring heavier levels of care to ICFs/MR. In addition, residents in ICFs/MR are aging and living longer, and as their needs change, ICFs experience the need for progressive rate adjustments to account for differing care needs.

When ICF/MR facilities close, the closure process often requires an interim rate determination, followed by a post-closing settle-up and a final field audit. If ICFs continue to close, there will be fewer audits, unless the Audits Section is mandated to audit use of federal and state funds under waivered services programs.

As beds are moved between facilities under the Moratorium Exceptions Process, more nursing facilities will require mid-year rate adjustments.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-2.1. Complete all nursing facility desk audits by May 1 of each year. Calculate and issue rates that will go into effect on July 1 by May 1 or as soon as possible following the close of the legislative session, whichever is later.

Measure 70-2.1: All nursing facility desk audits will be completed by May 1 (Similar to Long-Term Care Facilities Division Measure 1.1(b).

Activity: 70-Long-Term Care Administration

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	6-5-91	5-20-92	6-22-93	5-20-94	5-1-95e		
Target						5-1-96	

Measure Description - Objective 70-2.1

Definition: Desk audits are an annual in-house examination of each nursing facility's annual cost report to determine compliance with medical assistance regulations. Desk audits determine allowable costs and include those costs in the calculation of the facility's per diem payment rates for the upcoming rate year.

Rationale: Nursing facility desk audits are a necessary component to rate calculations, since rates are based in part on allowable historical costs. Facilities (providers), a major customer of the division, are interested in learning what their new rates will be in order to budget and in order to give private-pay residents adequate notice of any rate increases. Due to Minnesota's rate equalization law, private-pay residents may not be charged differently than Medicaid residents, so, in effect, the state sets payment rates for private-pay residents as well as Medicaid residents.

Data Source: Annual reports of Long-Term Health Care Facilities along with financial statements and supporting schedules.

Discussion of Past Performance:

Delays due primarily to late legislative adjournment.

Plan To Achieve Targets:

Target estimate based on date of legislative adjournment and no significant changes in rate setting policy.

Other Factors Affecting Performance:

Desk audits are only one component of the rate calculations; others require legislative action. If the Legislature adjourns after May 1 in a budget year (as regularly happens), this prevents the department from notifying facilities of rate increases as early as facilities would like.

Objective 70-2.2. Complete all ICF/MR desk audits, calculate and issue rates that will go into effect on October 1 by September 1 of each year.

Measure 70-2.2: All ICF/MR desk audits will be completed by September 1 each year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	9-4-90	8-31-91	9-4-92	9-1-93	9-1-94e		
Target						9-1-95	

Measure Description - Objective 70-2.3

Definition: Desk audits are an annual in-house examination of each ICF/MR's annual cost report to determine compliance with medical assistance regulations. Desk audits determine allowable costs and include those costs in the calculation of the facility's per diem payment rates for the upcoming rate year.

Activity: 70-Long-Term Care Administration

Rationale: ICF/MR desk audits are a necessary component to rate calculations, since rates are based in part on allowable historical costs. Facilities (providers), a major customer of the division, are interested in learning what their new rates will be in order to budget and plan for the coming year.

Data Source: Annual reports of Long-Term Health Care Facilities along with financial statements and supporting schedules.

Discussion of Past Performance:

In contrast to nursing homes (previous objective), this objective is not dependent on the Legislature's timely adjournment. Consequently, the Audit Section is better able to meet its timetable.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

None.

Objective 70-2.3 Increase field audits completed from 90 in FY 93 to 110 in FY 94 and 120 in FY 95.

Measure 70-2.3: Number of field audits completed.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	40	41	90	118	120e		
Target							

Measure Description - Objective 70-2.3

Definition: Field audits are on-site audits (that is, conducted at the facility) of the financial and records and supporting documents of long-term health care facilities.

Rationale: Field audits provide access to facility records that permit verification of facility financial and statistical information not available by desk audit. Increased numbers of field audits are desirable to ensure broader industry coverage and to measure compliance.

Data Source: Annual reports of Long-Term Health Care Facilities along with financial statements and supporting schedules and facility books and supporting documentation.

Discussion of Past Performance:

Previous improvements were due to use of new technology, modifications of procedures and internal efficiencies.

Plan To Achieve Targets:

Target estimate is based on current levels of funding, staffing, and technology.

Activity: 70-Long-Term Care Administration

Other Factors Affecting Performance:

Delays or complexities in completing desk audits, which have priority, will affect the number of staff available and the time available to conduct field audits.

3. Home and Community-Based Services:

PROGRAM GOALS:

This activity is responsible for oversight and administration of home and community-based alternatives to institutional care for individuals in need of long-term care. The populations served through home and community-based services are individuals of all ages: who have a mental or physical disability; who are medically fragile or chronically ill individuals or who are survivors of traumatic brain injury.

Mission Statement: The mission of home and community based services is to offer home and community options to enable individuals to make safe and informed living choices and utilize the services necessary to support their choices.

The Home and Community Based Services Division exists to provide leadership in promoting innovative and responsive service development; to develop and implement policies and procedures relating to the delivery of home and community-based services; to facilitate the provision of cost effective, quality home and community based care services.

The programs administered fall under medical assistance (MA), state funded alternative care, and state and federal grants. In addition to being the funding source to counties, providers, and projects, this activity develops administrative rules for the providers of services. These rules govern the delivery of home and community based services and addresses issues of program administration, standards for providers, procedures, and eligibility for services.

DESCRIPTION OF SERVICES:

Specifically, this activity performs the following functions:

- Administers the traumatic brain injury (TBI) program which provides statewide administrative case management assistance and overall coordination of MA policies and services for TBI survivors.

- Administers the alternative care (AC) and preadmission screening (PAS) program, including home health aide services, personal care services, respite care, adult day care, case management, nutrition, and caregiver support.

- Oversees efforts to receive waivers within the federal guidelines in order to offer flexibility and efficiency within the state's Medicaid program and it administers and oversees waivered services. Such waivered services are community alternative care (CAC), community alternatives for disabled individuals (CADI), the elderly waiver (EW), and the traumatic brain injury waiver (TBIW). Recipients of waiver services are eligible for home care services available through MA and a variety of waiver services which may include case management, respite, homemaker, extended home health, and supplies and equipment.

- Maintains liaison activity with Department of Health staff to coordinate activities of: administrative rule development; investigations of home care service complaints and the corrective action taken if warranted; the development and revision of case mix classification criteria; and the use of data from the TBI/SCI Trauma Registry to plan effective services and prevention activities.

Activity: 70-Long-Term Care Administration

- Administers the Living at Home/Block Nurse Program (LAH/BNP). The LAH/BNP is a community program that draws upon the professional and volunteer services of local residents to provide information, social and support services, nursing and other professional services to their elderly neighbors who might otherwise be admitted to nursing homes.

- Administers the MA home care program which uses a staff of nurses to review prior authorization requests for medically necessary home care services. These services include: private duty nursing, personal care services, skilled nurse visits, and home health aide visits.

- Develops policies for the provision of home and community based services related to the above.

- Carries out rulemaking related to the above. These rules govern the delivery of home and community based services and addresses issues of program administration, standards for providers, procedures, and eligibility for services.

- Administers the state's Caregiver Support Project and Resource Center, including state and federal grants for caregiver support and respite care projects.

Persons receiving services from these programs are of all ages and may be: disabled; medically fragile and chronically ill; survivors of traumatic brain injury; or developmentally disabled. The trend in these service populations is to seek services in a home and community based setting rather than in a medical institution such as a nursing facility, an acute care hospital or an intermediate care facility for persons with mental retardation.

PROGRAM DRIVERS:

Factors that affect the ability to serve clients choosing to receive home and community based services are:

- State and federal regulation regarding eligibility;
- Cost effective funding of appropriate services;
- The number of clients that can be served on waiver service programs; and
- Difficulty in developing services and the availability of those services in certain areas.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-3.0. To provide home and community-based services to eligible clients.

Measure 70-3.0 (a): Number of recipients participating in home and community based service programs.

Activity: 70-Long-Term Care Administration

MA Home Care - Average number of recipients served per month PCA/PDN

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	2,277	3,032	4,406	5,594e	(Annualized based on 3/4 of		
Target							fiscal year)

Average number of recipients served per month Home Health Services

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	7,702	8,226	8,376	6,921e	(Annualized based on 3/4 of		
Target							fiscal year)

EW - Waiver Year (WY) July 1 through June 30.

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance		3,549	4,234	4,958	5,768		
Target						6,456	7,200

CADI - Waiver Year (WY) October 1 through September 30

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	1,080	1,370	1,463	1,769	2,087	Waiver ends 5 year	
Target				Renewal period on 9/30/95. DHS will reapply.			

CAC - Waiver Year (WY) April 1 through March 31

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	93	123	131	165	202		
Target						204	214

TBI - Waiver Year (WY) April 1 through March 31

	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	11	125	200	300	Waiver ends initial 3	
Target				years on 4/30/95. DHS will reapply.		

Measure 70-3.0 (b): Average annual costs per recipient of home and community based service programs.

MA Home Care - Average cost per recipient per month PCA/PDN

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$1,787	$1,769	$1,449	$1,409e	(Annualized based on 3/4 of		
Target							fiscal year)

Average cost per recipient per month - Home Health (HHA SNV)

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$175	$190	$217	$234	(Annualized based on 3/4 of		
Target							fiscal year)

Activity: 70-Long-Term Care Administration

EW-Average cost per recipient

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance		$2,338	$2,471	$2,671	$3,089		
Target						$2,830	$3,071

CADI-Average cost per recipient

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	$4,002	$3,966	$3,864	$4,119	$4,296	Waiver ends 5 year	
Target				renewal period on 9/30/95. DHS will reapply.			

CAC-Average cost per recipient

	W.Y. 1991	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	$78,811	$86,283	$79,273	$77,357	$89,237		
Target						$107,798	$113,399

TBI-Average cost per recipient

	W.Y. 1992	W.Y. 1993	W.Y. 1994	W.Y. 1995	W.Y. 1996	W.Y. 1997
Actual Performance	$5,855	$39,644e	$84,904e*	Waiver ends initial		
Target			3 years on 4/30/95. DHS will reapply.			

* Added hospital level of care

Measure 70-3.0 (c): Total cost of recipients in MA Home Care and Home Health Programs.

MA Home Care-Total Cost - (Thousands of dollars)

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--	--	$104,506e		
Target						$113,105	$128,969

Home Health (PCA/PDN)-Total Cost - (Thousands of dollars)

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	--	--	--	--	$27,196e		
Target						$27,836	$30,440

Measure Description - Objective 70-3.0

Measure 70-3.0 (a): Number of recipients participating in home and community based service programs.

Definition: The count of home and community based service program participants who are at risk of placement in a medical institution.

Measure 70-3.0 (b): Average costs per recipient of home and community based services.

Definition: The average per recipient cost of caring for persons in the community who would otherwise reside in a medical institution.

Measure 70-3.0 (c):

Activity: 70-Long-Term Care Administration

Definition: The total cost of caring for persons in the community who would otherwise reside in a medical institution.

Rationale: For MA Home Care recipients,services provided are medically necessary and must be cost effective. For waiver services recipients, home and community-based services are provided to persons at risk of a medical institution. Services must be provided to meet the health and safety needs of an at risk population at a cost that would not exceed the cost of caring for the individual in an appropriate medical institution.

Data Source: Actual program usage. The second data source is the Department's March 1994 forecast report.

Discussion of Past Performance:

Waiver Service Programs: Past performance measures include: (1) The department has contracted for independent assessments for each of the waiver service programs. Each assessment addresses access to services, quality of care, and cost effectiveness of each program. Overall the assessments document that each waiver program met these measures. (2) Each waiver program submits annual reports to the federal government. These reports consistently show that the programs are cost effective.

Plan To Achieve Targets:

Expand partnerships with our customers that will ensure access to quality and cost effective services. Develop and fund services that enhance a person's ability to remain in the community. Develop and implement program policies and administrative procedures which promote access to quality services to prevent/delay institutionalization placement. Authorize appropriate cost effective, medically necessary home care and waivered services in coordination with providers, counties, and consumers, to ensure statewide consistency for access and utilization of home and community-based services.

Other Factors Affecting Performance:

Factors that affect the ability to serve clients choosing to receive home and community based services are: (1) state and federal regulation regarding eligibility; (2) cost effective funding of appropriate services; (3) the number of clients that can be served on waiver service programs; and (4) difficulty in developing services and the availability of those services in certain areas.

4. The Interagency Long-Term Care Planning Committee:

PROGRAM GOALS:

This committee, referred to as Intercom, administers the Nursing Home Moratorium Exceptions Process and the Senior Agenda for Independent Living (SAIL) Program. Intercom is funded by both the Departments of Human Services and Health, and the committee's staff are supervised by each department in alternate years. The committee was established by the Legislature in 1983 to identify long-term care issues requiring coordinated interagency policies, conduct research and analysis and make recommendations to the commissioners of Human Services and Health.

Activity: 70-Long-Term Care Administration

DESCRIPTION OF SERVICES:

The program is delivered through the following activities:

1) Every other year, as the Legislature allocates funds, the committee oversees the Nursing Home Moratorium Exceptions Process, which allows nursing homes to make improvements to renovate, refurbish or replace their physical plants according to criteria that meet state policy requirements.

2) The Legislature or commissioners of Human Services and Health assign research projects to Intercom. In FY 94, for example, staff have issued these reports: "1993 Distribution of Nursing Home Beds in Minnesota" and "Feasibility of Implementing a LTC Insurance Partnership in Minnesota."

3) The Senior Agenda for Independent Living (SAIL) Program is a 20-year initiative to change the paradigm of Minnesota's long-term care system. Through innovative projects in 36 of Minnesota's 87 counties, SAIL has developed projects in the following areas:

   a) A refocused preadmission screening program;
   b) The development of additional alternatives to nursing home placement;
   c) A program to support informal caregivers of elderly persons;
   d) Programs to strengthen the use of volunteers to permit elderly person to remain in their own homes;
   e) A community commitment to provide long-term care for elderly persons; and
   f) a coordinated planning and administrative process for SAIL.

PROGRAM DRIVERS:

See "Drivers" under the Long-Term Care Facilities Division section of this document.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-4.1. Nursing facilities' physical structures will be maintained and renovated or replaced as necessary.

Measure 70-4.1: The Nursing Home Moratorium exceptions statute will be amended to add and refine exceptions criteria in order to reduce the need for special legislative action on a case-by-case basis. The department's proposed amendments will be acceptable to its customers, the Legislature and industry leaders, as clear, fair and reasonable.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Moratorium exceptions process		
Target					amendments sought.		

Measure Description - Objective 70-4.1

Definition: The Nursing Home Moratorium exceptions statute permits nursing homes to request of Intercom that they be permitted to renovate or replace inadequate physical plants.

Rationale: Legislators, who are customers of the division, have said that they want to see exceptions to the Nursing Home Moratorium handled through the exceptions process, because requests for special legislation that come outside the process clog the legislative session. There is also the possibility that legislation for individual facilities creates policy in a piecemeal and inconsistent fashion.

Activity: 70-Long-Term Care Administration

Data Source: Intercom staff.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Stakeholder consensus will be necessary to achieve outcomes.

Objective 70-4.2. State policy regarding bed distribution, "bed banking" and "bed layaways," will be developed during FY 95.

Measure 70-4.2: Intercom's Institutional Care Subcommittee will begin to analyze data and meet with industry representatives to develop an acceptable policy, which will then require legislative action.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

Measure Description - Objective 70-4.2

Definition: Intercom is pursuing a policy decision that is not amenable to this kind of performance measurement at this stage. When the policy decision has been made, then performance objectives and measures that focus on client outcomes can be developed. The policy decision is a necessary first step, however.

Rationale: While the Minnesota Nursing Home Bed Moratorium continues to serve the state well in curbing the growth of Medicaid spending, there is a disparity in different geographic areas of the state between bed need and bed supply. This policy will address that issue, and will be accepted by the Legislature.

Data Source: Intercom staff.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Stakeholder consensus will be necessary to achieve outcomes.

Activity: 70-Long-Term Care Administration

Objective 70-4.3 Nursing facilities will have a mechanism that will allow them to downsize or expand or move to different geographic locations to meet fluctuations in utilization, but which will also permit the state to control Medicaid expenditures for nursing home costs.

Measure 70-4.3: Permanent rules to the Nursing Home Moratorium exceptions process will be promulgated by June 1995.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						Permanent rules promulgated	

Measure Description - Objective 70-4.3

Definition: The Moratorium exceptions process has previously allowed facilities to renovate or replace substandard physical plants. It will be expanded to permit downsizing, expansion, bed transfers or movement of facilities from one geographic location to another to meet Minnesotans' needs for nursing facility care.

Rationale: The Minnesota Legislature instituted a moratorium on the certification of Medicaid nursing home beds in 1983 and a moratorium on the licensure of additional nursing home beds in 1985 in order to curb the growth of Medicaid spending and to stem the over-reliance on institutional care in the absence of well-developed alternatives that might be more cost-effective and which might promote greater elder independence and choice. And yet, there needs to be a mechanism that will permit nursing facilities to renovate their physical plants, downsize or expand as needs in their communities change. The Legislature set up the Moratorium Exceptions Process to permit that, and Intercom, which implements the exceptions process has been charged with developing comprehensive and fair rules to carry out the Legislature's intent.

Data Source: Intercom staff.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

If any of the proposed rules are particularly controversial, it may take longer than June 1995 to reach acceptable compromises.

The following performance objectives pertain to from the SAIL Program and apply only to the 36 SAIL counties.

Objective 70-4.4. Admission of nursing home residents in case mix classification A (the lowest level of care needed) will continue to decline in SAIL counties as potential nursing home residents find alternative services that meet their needs and preserve their independence in the community.

Activity: 70-Long-Term Care Administration

Measure 70-4.4: Percent reduction in Case Mix A nursing home admissions in SAIL counties.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			19%	18%	16.9%e		
Target							

Measure Description - Objective 70-4.4

Definition: For nursing homes that participate in the Medicaid or Medicare programs, residents are classified in categories A-K depending on the level of care they need; a resident in case mix A requires the lowest level of nursing care and a resident in case mix K requires the highest level of nursing care. Nursing home per diem payments reflect the level of care. Rates in any given facility for private-pay residents are equal to rates for Medicaid residents at the same case mix level, due to Minnesota's rate equalization law.

Rationale: Minnesota residents utilize nursing homes at a higher rate than the national average. Nationally, approximately 5 percent of all elderly reside in nursing homes; in Minnesota, that figure is approximately 7.8 percent, according to the State Auditor's Office in 1989. While preadmission screening can help reduce state costs and maintain elder independence, the normal preadmission screening requirements may prevent a screening from taking place until a resident has already been placed in a nursing home. By providing simpler, quicker screenings, potential nursing home residents who need the lowest level of care can more expeditiously be made aware of alternatives that will meet their needs and reduce state Medicaid costs, either by lowering the cost of care or by preserving elders' own resources longer.

Data Source: SAIL Program Data

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Target estimate is based on current levels of funding.

Other Factors Affecting Performance:

Difficulties in locating people who would benefit from preadmission screening and reaching them in a timely manner..

Objective 70-4.5. Reduce long-term care costs, while providing a continuum of appropriate services to elders who need them.

Measure 70-4.5: Aggregate per capita long-term care costs in SAIL counties will consistently average less than aggregate per capita long-term care costs in non-SAIL counties.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

Activity: 70-Long-Term Care Administration

Measure Description - Objective 70-4.5

Definition: "Aggregate costs" means costs for the following long-term care programs: Alternative Care, MA Home Care, Elderly Waiver, nursing facility care, Homes Plus (that is, Adult Foster Care), and Living at Home/Block Nurse Program (LAH/BNP). The measure will be "per capita costs" to account for uneven growth in the number of seniors in different counties.

Rationale: The SAIL Program consists of initiatives implemented in 36 counties focused on early intervention, resource development, integrating the local infrastructure and changing the attitude of seniors toward non-institutional long-term care. The SAIL counties serve as laboratories and the SAIL initiatives provide possible models for statewide implementation of innovative and cost-effective services. For example, in 1992, SAIL's simplified preadmission screening practices were adopted statewide because they facilitated easier, earlier and less expensive screenings. If SAIL initiatives save the state money as well as preserve elder independence and choice, then these efforts might become models for the rest of the state as well.

Data Source: SAIL Program and Long-Term Care Services data.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Information on programs from SAIL counties and non-SAIL counties may not initially be obtainable in comparable formats.

5. Preadmission Screening and Alternative Care Grants

The Preadmission Screening and Alternative Care programs are State-funded programs that provide funding to clients needing nursing facility-level care, but who may receive that care in a community setting with the assistance of community support services. Counties act as agents to provide direction to participants and providers. Payment for Alternative Care services is made on a fee-for-service basis and is made through the same process as that used by the Medical Assistance Waiver programs.

PROGRAM GOALS:

- To assure that individuals are provided with comprehensive information regarding their options for nursing facility-level care and encourage individuals to seek and enter programs that provide the appropriate level of services in accordance with their needs in the least costly setting.

- Alternative care supports elderly Minnesotans in their desire to remain living independently in their community by providing cost-effective home and community based services for those who would be eligible for medical assistance within 180 days of entering a nursing facility.

Activity: 70-Long-Term Care Administration

- Alternative care supports state mandated moratorium on nursing facility beds by offering cost-effective alternatives to facility placement to a growing senior population.

DESCRIPTION OF SERVICES:

Preadmission Screening Program Description: All applicants to Medicaid certified nursing facilities (NF) or board and care facilities must be screened prior to admission, regardless of income, assets or funding sources, with four exemptions, as defined in State statute. The PAS process is administered through a designated county public health agency or social services agency in each Minnesota county. The PAS process begins when the need for home care or nursing facility care has been determined. Through an interview with a county preadmission screener (public health nurse or social worker), assessment of needs and determination of services availability are defined. Applicants may be screened by telephone or in a face-to-face consultation. The screener identifies whether the applicant will need a telephone screening or a face-to-face screening.

If the PAS indicates the applicant needs care that could be provided in the community cost-effectively rather than more expensive NF care, the screener encourages the applicant to use community resources. The screener develops a care plan and includes all services that will be provided. The screener considers public and private agencies in the community in order to offer a variety of cost-effective services to the disabled and elderly. The screener encourages the use of volunteers from families, religious organizations, social clubs and similar civic and service organizations to provide services in the community. A discharge plan is developed for clients admitted to a nursing facility who have discharge potential.

Alternative Care Program Description: The Alternative Care program is a funding source for home care services provided to certain elderly Minnesota residents. Recipients must be 65 years of age or older, determined to be at risk of nursing facility placement through a preadmission screening assessment, and they would become financially eligible for Medical Assistance within 180 days of admission to nursing facility.

The monthly cost of home care services funded by the program may not exceed 75 percent of the statewide average monthly medical assistance payment for nursing facility care at the individuals case mix classification to which the individual would be assigned under Minnesota Rules, parts 9549.0050 to 9545.0059. There are eleven case mix levels (levels A through K) that reflect the intensity of NF level of care needed by the client. This cap is established by the Minnesota Legislature in Minnesota Statutes, section 256B.0913.

Currently, services funded by the alternative care program include:

Home health aide services and personal care services provides assistance with activities of daily living.
Homemaker services assists in assuring a safe living environment
Case management assures appropriate care is provided to the client
Adult day care
Home-delivered meals
Companion services to enhance quality of life
Caregiver training and education to provide family or friends with the knowledge to adequately care for clients
Respite care both in the client's home and in approved facilities
Chore services
Home health nursing visits
Transportation
Nutrition services to assure dietary balance
Foster care services and residential care services to provide funding for services in alternative settings
Assisted living to provide services for those in need of greater support

Activity: 70-Long-Term Care Administration

PROGRAM DRIVERS:

Preadmission Screening Program: In FY 1993, approximately 24,000 preadmission screenings were administered. Of these, 73 percent were admitted to a NF and 14 percent were provided services through the Alternative Care Program. With a stronger emphasis on programs that support the elderly and disabled in the community at lower costs, the need for NF or board and care services may be delayed for a large portion of NF applicants in the future. With the inception of the telephone triaging process in July, 1993, as part of the preadmission screening program, less time is now being expended on the triaging process. This permits more expedient access for those in need of NF care and frees up the screeners to focus efforts on developing home and community based services for clients able to be served in the community.

Alternative Care Program: The following is a listing by fiscal year of the number of unduplicated clients receiving home care services funded through the Alternative Care program and the total cost for those services. Note: The drop in number of clients in FY 91 was due to a decrease in available AC funding resulting in zero growth during part of that fiscal year.

- As the elderly citizens (65 years and older) becomes a greater proportion of the population, the number of elderly citizens who have health care needs which put them at risk of nursing facility placement, the need for a variety of services and funding of those services will increase. By providing funding for necessary home and community-based services, the program allows elderly who could not otherwise pay for services to remain in the community and also nurtures the growth of service providers in communities.

Fiscal Year	Unduplicated Clients	Annual Expenditure *
1990	5,757	$ 17,040,237
1991	4,707	$ 14,112,000
1992	5,280	$ 17,248,637
1993	6,402	$ 20,155,903
Projected 1994	8,413	$ 25,289,309

* Source: Minnesota Family Self-Sufficiency and Medical Entitlement Programs and Related Programs, Revised Projections for the FY 1994-1995 Biennium, March 1994 Forecasts. Department of Human Services, March 2, 1994

Activity: 70-Long-Term Care Administration

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-5.1. The Alternative Care Program will provide care at a cost that does not exceed 75 percent of the average payment for nursing facility care.

Measure 70-5.1: Average monthly cost of nursing facilities and alternative care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Average monthly cost of nursing facility (NF)	$2,149	$2,385	$2,482	$2,662	$2,766e		
Average monthly NF Medicaid payment							
Total:	1,687	1,888	1,991	2,174	2,333e		
Nonfederal share:	788	865	899	984	1,064e		
Average monthly alternative service cost*	374	408	393	375	381e		
Target							
Average monthly cost of nursing facility						N/A	N/A
Average monthly NF Medicaid payment							
Total:						N/A	N/A
Nonfederal share:						N/A	N/A
Average monthly alternative service cost*						$403	$418

* Based on client average of 8 months of service

Measure Description - Objective 70-5.1

Definition: Compare average monthly cost of nursing facility care to average monthly cost of providing home and community-based services to AC clients.

Rationale: Home and Community-based services provide necessary, yet cost-effective support to individuals at risk of nursing facility placement, but who wish to remain in the community. By offering alternative to nursing home supports the nursing home bed moratorium.

Data Source: 0D6655 - Internal DHS report from CI file. Audits Division of DHS for average cost of nursing facility resident.

Discussion of Past Performance:

Prior to the existence of the Alternative Care Program, rates of nursing facility admissions were rising steadily each year. That trend has been slowed and turned around with the programs inception. Programs consistently show cost-effective alternatives to nursing facility placement.

Activity: 70-Long-Term Care Administration

Plan To Achieve Targets:

Target estimate is based on current levels of program funding. Average length of time clients need services may increase.

Other Factors Affecting Performance:

Clients may chose nursing facility care. Service needs of client base may escalate therefore increasing average cost per client.

Objective 70-5.2. The Preadmission Screening program will reduce rate of admission to nursing facilities among applicants whose care needs could be met in the community with the assistance of home and community based health services.

Measure 70-5.2 (a): Number of persons screened and number diverted from nursing facilities to Alternate Care or other services as a result of the screening.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994[1]	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Total Screenings:	18,081	19,667	22,389	23,330	To be developed as MMIS II		
Alternative Care:	2,390	2,634	3,184	3,650	data reports are available.		
Nursing Facilities:	13,563	14,308	16,332	16,760			
Other care/no care:	2,128	2,725	2,873	2,920			
Target							

[1] 6 months rate annualized

Measure 70-5.2 (b): Percent of persons screened that were diverted from nursing facilities to Alternate Care, or other services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994[1]	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Alternate Care	13%	13%	14%	16%	To be developed as MMIS II		
Nursing Facilities	75%	73%	73%	72%	data reports are available.		
Other/no care	12%	14%	13%	12%			
Target							

[1] 6 months rate annualized

Measure 70-5.2 (c): Rate per 1,000 population 65+ of persons screened that were diverted from nursing facilities to Alternate Care, or other services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994[1]	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Total	32.8	35.2	39.6	40.8	To be developed as MMIS II		
Alternate Care	4.3	4.7	5.6	6.4	data reports are available.		
Nursing Facilities	24.6	25.6	28.9	29.4			
Other/no care	3.9	4.9	5.1	5.2			
Target							

[1] 6 months rate annualized

Activity: 70-Long-Term Care Administration

Measure Description - Objective 70-5.2

Definition: The number of preadmission screening for fiscal years is measured. These are subgrouped by those whose final action resulted in nursing facility placement, those that resulted in use of Alternative Care services and those that resulted in use of other community care or no community care. These numbers were converted to rates per 1000 population for persons age 65 or older.

Rationale: The services provided are the array of services offered through the Alternative Care program. This performance measure reflects the extent to which the Alternative Care program is being utilized as an option to nursing facility care.

Data Source: Information collected on DHS-2657 is the source of the measure. This form collects client-specific information on the outcome of the preadmission screening. Data are aggregated monthly. Presently a crude rate per 1000 population age 65+ has been calculated. A more sensitive indicator would require calculating an age/sex-specific rate and this may be attempted in the future.

Discussion of Past Performance:

Although percentage of population being screened has steadily increased, the number of people served by community-based services has also increased. Prior to the existence of the Alternative Care Program, rates of nursing facility admissions were rising steadily each year. That trend has been slowed and turned around with the program's inception.

Plan To Achieve Targets:

Continue to fund cost-effective alternatives to nursing facilities and work with the community in developing wider array of needed services and expanding services into areas where client need exists.

Other Factors Affecting Performance:

This measure does not take into account the number of available nursing facility beds, nor the number of alternative services available.

6. Provider Appeals

PROGRAM GOALS:

The mission of Provider Appeals is to finalize determinations of payment status for Medical Assistance vendors that have appeal rights. This need is met through early administrative intervention as an alternative to more costly formal hearing and judicial processes. Effective performance of this function means that service delivery can continue efficiently.

Activity: 70-Long-Term Care Administration

DESCRIPTION OF SERVICES:

Long Term Care appeals filed by 444 nursing homes and 347 intermediate care facilities for the mentally retarded (ICF/MR) are resolved primarily through an experimental review process established in 1993 (M.S. 256B.50, subd. 1,h.). Determinations are issued within statutory timelines, and they become final unless a provider requests a formal hearing. Each year approximately 600 appeals are filed. Provider acceptance of the review process is a major factor in providing this function cost effectively.

Advisory services are provided in relation to settlements of rate appeals filed by approximately 180 Minnesota and local trade area acute care hospitals. Each year approximately 50 appeals are filed.

Final administrative determinations are issued for appeals regarding coverage of in-patient acute care hospital services on the basis of medical necessity (M.S. 256.9685, subd. 1b.). Each year approximately 50 appeals are filed.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 70-6.1. A determination will be issued for each long term care rate appeal within a year of the filing due date.

Measure 70-6.1 (a): Percent of determinations issued within the one-year timeline.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	100%	100%e		
Target						100%	100%

Measure Description - Objective 70-6.1

Definition: As above.

Rationale: As of July 1, 1993, state law requires that long term care rate appeal determinations be issued within one year of the appeal filing deadline.

Data Source: Data maintained by the division.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Expectation based on recent performance.

Other Factors Affecting Performance:

None.

Objective 70-6.2. The majority of long term care providers will accept the determination issued by the division, rather than request contested care hearing procedures.

Activity: 70-Long-Term Care Administration

Measure 70-6.2: Percent of appeals for which providers do not require a contested case hearing.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	89%	90%e		
Target						90%	90%

Measure Description - Objective 70-6.2

Definition: As above.

Rationale: Long term care providers may either accept the initial appeal determination or require a formal contested case hearing to finalize an appeal. The ability of staff to meet time lines is predicated on the assumption that the issuance of the determination will complete the appeal process in most cases. If a large number of cases require hearing, the workload will increase to the point that initial determination cannot be performed within the time lines.

Data Source: Data maintained by the division.

Discussion of Past Performance:

Plan To Achieve Targets:

Other Factors Affecting Performance:

This is a measure of how long term care providers respond to the initial appeal determinations. While it is outside the agency's control, the division influences initial acceptance through accurate responses and clear explanations.

Agency: Department of Human Services
Program: Health Care
Activity: 71-Health Care Delivery Administration

1994 Total Expenditures ($000s):	$3,242	0.07%	of department's budget
1994 Number of FTE Staff:	26.0	0.41%	of department's staff

PROGRAM GOALS:

The mission of the Health Care Services Delivery Administration is to provide quality, accessible and cost effective health care services to Medical Assistance (MA), General Assistance Medical Care (GAMC) and MinnesotaCare recipients through managed care delivery systems, designed to meet the needs of the enrolled populations. In addition, the Health Care Services Delivery Administration provides technical assistance to counties regarding MA/GAMC eligibility and managed care enrollment, as well as, develops and maintains federal relations and contacts through it's federal relations unit.

The primary goals of each of the divisions within Health Care Services Delivery are as follows:

Managed Care Division (Minn. Stat. § 256B.69):

- Maintain and improve the quality, accountability, and customer responsiveness of current managed care programs.
- Expand managed care delivery systems for MA and GAMC populations to other areas of the state where health plan, CISN, or ISN networks exist.
- Implement a plan to enroll the MinnesotaCare population in a managed care delivery system.
- Seek to increase access to dental services through managed care dental care delivery systems.
- Design and implement managed care delivery models for populations with special needs, such as aged and disabled recipients.
- Consolidate the purchasing of health care services for the state as a single entity.

Eligibility Policy Division:

- Maintain compliance with federal regulations governing the MA eligibility.
- Consolidate and simplify the policies and procedures used to administer the MA and GAMC programs.
- Provide clear instruction and support to county agencies administering the MA and GAMC programs.
- Explore the feasibility of designing a new model of eligibility determination that eliminates the stigma currently attached to MA and GAMC.

Federal Relations Division:

- Assure appropriate collection of federal financial participation in health care expenditures.
- Minimize the loss of federal financial participation.
- Analyze federal legislation to be proactive in federal legislative issues.

Activity: 71-Health Care Delivery Administration

Health Care Performance Measurement Division:

- Analyze claims and encounter data to assure access, quality, and appropriate outcomes for MA, GAMC, and MinnesotaCare fee-for-service and managed care recipients.
- Implement a system design to assure accurate, credible data.
- Assure ongoing quality improvement in both the fee-for-service and managed care delivery systems.

DESCRIPTION OF SERVICES:

Managed Care is delivered through the following activities:

Managed Care Contracting: Monitors health plan compliance with contractual requirements, including health care delivery, quality improvement, and reporting. Works with the health plans to correct deficiencies and resolve issues of contract compliance. Provides technical assistance, policy interpretation, and clarification of contract issues to health plans. Participates in all aspects of contract development, solicitation of proposals from qualified health plan participants, proposal review, contract negotiations, and managed care expansion plans. Provides education for health plans, providers, counties, and other public and private entities on the public assistance managed health care programs. Participates in rule development, legislative initiatives, and utilization studies. Designs, develops, and implements initiatives involving new managed care delivery models. In conjunction with an actuary, establishes prepaid capitation rates and develops ongoing rate methodologies.

Managed Care Operations: Provides training to counties on required procedures for client education and managed care enrollment. Monitors the county and contracted prepaid health plan managed care enrollment and education processes, and acts as intermediary between health plans and counties on enrollment and adjustment issues. Performs adjustment processing duties, and provides training for counties and health plans on the adjustment process. Provides statistical information and gives technical support to health plans and counties on monthly report interpretation. Gives clarification of policies and procedures in a managed care manual. Assists providers with billing problems related to health services for managed care clients.

Office of the Managed Care Ombudsman: Investigates client complaints and attempts to informally resolve problems involving service related issues. Mediates disputes between enrollees and their health plans, when appropriate. Explains appeal options to clients and provides information on the functions of the appeal and complaint processes. Assists clients in filing formal complaints and appeal requests, and in obtaining second medical opinions. Assures that the necessary medical services are provided either by the health plan or by referral to the appropriate social services. Acts as liaison between the State and the county managed care advocates.

Eligibility policy is developed and delivered through the following activities:

Policy Development: Researches and analyzes changes to federal law or flexibility within existing regulation. Develops legislative proposals and provides testimony at legislative hearings. Provides technical assistance and expert advice on initiatives and proposals initiated by legislators and other entities. Develops the implementation plan for major changes to policy.

Activity: 71-Health Care Delivery Administration

County Support: Provides written responses to case specific questions submitted by county social services agencies. Delivers on-site training and conference workshops. Prepares written instruction for the Combined Program Manual. Prepares written instruction for the Combined Program Manual. Prepares instructional bulletins to announce major changes in policy and provide detailed procedural instructions to implement the change. Responds to direct telephone inquiries from county income maintenance staff and health care program recipients. Maintains current policy in brochures and publications available to the general public.

Revenue Enhancement: Identifies recipients of state funded health care programs who satisfy the age or disability criteria of the federally funded MA program. Develops automated system edits and analyzes system generated reports to assist in the prevention of inappropriate eligibility determinations. Delivers training and technical advise to county income maintenance staff. Tracks county compliance.

State Medical Review Team: Evaluates medical evidence to determine if applicants and recipients of health care programs meet criteria necessary to establish a basis of eligibility in the MA program as a disabled person. Provides on-site training and conference workshops. Assists county income maintenance staff and clients with issues related to the documentation necessary for certification of disability.

The Federal Relations Unit provides the following support to the Health Care Administration (HCA):

- Provides technical assistance to HCA and other Department administrations concerning MA program compliance with federal requirements.

- Negotiates with federal Medicaid agency concerning federal disallowances and approval of State Medicaid plan and waivers.

- Analyzes federal and state legislation.

The Health Care Performance Measurement Division undertakes the following data analysis and quality improvement activities:

- Develops and uses statistically valid performance measurements to assess the impact of the fee-for-service and managed care delivery systems in quality, access, affordability and accountability.

- Reviews emerging technology to develop necessary systems and management report capabilities to investigate trends, address legislative concerns and respond to research requirements.

PROGRAM DRIVERS:

- Health Care Reform: The overall health care system is changing in structure, financing and delivery based on reforms at both the national and state levels, with a resulting ever-changing health care marketplace and uncertainty as to how this dynamic environment will take shape.

- County Mandates: New state and federal mandates affect the willingness and ability of counties to administer managed care client education, enrollment and advocacy systems.

- Program Integration: Currently MA, GAMC, and MinnesotaCare are three separate programs. The goal is to integrate the three programs into a seamless system for the health care consumer. Expanding managed care delivery systems when program change is imminent will be challenging.

Activity: 71-Health Care Delivery Administration

- Lack of Access: In some areas of the state and for some services consumers covered under MA, GAMC, and MinnesotaCare do not have sufficient access to health care services. Health professional shortages in rural areas and inadequate reimbursement in general contribute to the unwillingness of providers to serve DHS recipients. Managed care delivery systems can improve the situation only if providers, health plans and government agencies are willing to work together to improve these basic access problems.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 71-1.0 Recipient customer satisfaction with managed care programs will steadily improve.

Measure 71-1.0: Results of consumer satisfaction surveys.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						Baseline	5%

Measure Description - Objective 71-1.0

Definition: Recipient satisfaction will be measured by annual consumer satisfaction surveys. The level of satisfaction should improve with each annual survey.

Rationale: Survey results are the most concrete measures of satisfaction. Since it would be arbitrary to target a percentage of satisfied customers, it is reasonable to use continuous improvement as the measure.

Data Source: Results of annual consumer satisfaction survey, using a uniform survey tool under development by the Data Institute.

Discussion of Past Performance:

In the past customer satisfaction surveys have been conducted using survey tools developed by individual health plans. This is the first attempt at using a uniform survey instrument.

Plan To Achieve Targets:

Division staff will continue working with the Data Institute to finalize the survey tool.

Other Factors Affecting Performance:

Health care access problems and health professional shortages throughout the state will affect the ability of the department to deliver adequate health care networks under managed care programs. Potential access problems could affect recipient satisfaction.

Activity: 71-Health Care Delivery Administration

Objective 71-2.0. County satisfaction with managed care programs will steadily improve.

Measure 71-2.0: Number of customer focus groups conducted.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						7	16

Measure Description - Objective 71-2.0

Definition: County satisfaction will be measured by annual county focus groups conducted by an independent facilitator. Focus groups will provide feedback to improve the program.

Rationale: Focus groups will provide qualitative information to improve the program.

Data Source: Results of annual focus groups.

Discussion of Past Performance:

In the past feedback from counties had been obtained at monthly county meetings. Using an independent facilitator in a more formalized process should achieve better results.

Plan To Achieve Targets:

Division staff will be designated to plan and implement county focus groups.

Other Factors Affecting Performance:

Additional mandates on counties which affect their operations will impact their ability to administer managed care functions and their satisfaction with managed care programs.

Objective 71-3.0. Managed Care Delivery Systems for Minnesota medical programs will be expanded to all areas of the state where health plan networks exist.

Measure 71-3.0 (a): Numbers of MA & GA/GAMC recipients enrolled in managed care delivery systems.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				140,000	165,000e		
Target						165,000	165,000

Measure 71-3.0 (b): Numbers of MinnesotaCare recipients enrolled in managed care.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				0	2,000e		
Target						2,000	2,000

Activity: 71-Health Care Delivery Administration

Measure Description - Objective 71-3.0

Definition: An enrolled recipient is defined as any recipient coded on MMIS as enrolled in a managed care plan.

Rationale: Enrollment numbers are a concrete measure of managed care expansion activities.

Data Source: DHS enrollment statistics.

Discussion of Past Performance:

The department enrolled 140,000 recipients over the course of 9 years. New enrollment goals are much more aggressive. MinnesotaCare recipients have not been previously enrolled in managed care.

Plan To Achieve Targets:

Implementation teams and lead staff have been designated.

Other Factors Affecting Performance:

Health plans may be unwilling to contract with the department in certain areas of the state. Health care networks may be inadequate in some areas. Counties may raise opposition to the expansion of managed care. Progress toward implementation of MinnesotaCare and MA/GAMC programs may cause delays in expansion of managed care, as new operational issues present themselves. All of the above could impede progress toward meeting goals.

Objective 71-4.0. Managed Care Delivery Systems for dental services will be implemented for MA/GAMC populations, including disabled persons.

Measure 71-4.0: Numbers of counties participating in dental managed care delivery systems.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				0	10e		
Target						10	10

Measure Description - Objective 71-4.0

Definition: Self explanatory.

Rationale: Dental managed care systems should be implemented on a region by region basis.

Data Source: DHS records.

Discussion of Past Performance:

This is DHS's first managed care dental program. In the past, dental services were delivered on a fee for service basis or through a comprehensive managed care program.

Activity: 71-Health Care Delivery Administration

Plan To Achieve Targets:

An implementation team and lead staff have been assigned.

Other Factors Affecting Performance:

Both the availability of dental managed care contractors and of adequate dental networks will affect implementation. Another factor will be rate of payment. The department may not be able to afford the rates of payment required to assure adequate access to dental services.

Objective 71-5.0. A managed care delivery model for disabled populations will be implemented on a demonstration project basis.

Measure 71-5.0: Pilot projects implemented in at least two counties.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			0	0	0		
Target						2	2

Measure Description - Objective 71-5.0

Definition: Self-explanatory.

Rationale: Innovative models for managed care delivery systems for disabled populations are undeveloped. It is reasonable to test models on a pilot project basis in select counties before broader application of the model.

Data Source: DHS records

Discussion of Past Performance:

Disabled persons have been excluded from managed care. This is a new initiative.

Plan To Achieve Targets:

Lead staff have been assigned. RWJF & Kaiser Foundation funding is being sought.

Other Factors Affecting Performance:

HCFA waivers are needed to implement this model. Consumers and advocacy groups must "buy-in" to the chosen model for successful implementation. In addition, providers must be willing and able to serve this population.

Objective 71-6.0. A managed care delivery model for aged persons will be implemented on a demonstration project basis. This model will include Medicare payments and LTC services.

Activity: 71-Health Care Delivery Administration

Measure 71-6.0: Pilot projects implemented in at least 7 counties.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						7	7

Measure Description - Objective 71-6.0

Definition: Numbers of demonstration counties.

Rationale: This model known as the "Long Term Care Options Project" is testing a unique managed care approach, including both Medicare and Medicaid covered acute and long term care services. It is reasonable to test this model before broader application for the aged population. The seven county metro area is the targeted pilot area, as a large population base is necessary to make the model feasible.

Data Source: DHS records

Discussion of Past Performance:

In the past, aged persons have been enrolled in the PMAP Program, which did not include nursing home services and did not include Medicare payments.

Plan To Achieve Targets:

Lead staff and implementation team have been assigned. RWJF funding is being sought.

Other Factors Affecting Performance:

HCFA waivers are needed to implement this model. Although HCFA officials are very positive about a potential demo, waiver approval is not assured. In addition, the state must be able to negotiate reasonable rates with HCFA.

Successful implementation of the model depends on the willingness of health plans to contract to serve aged persons under this model.

Objective 71-7.0: Maintain policy and standards for health services covered by MA, GAMC, and MinnesotaCare to be consistent and current with federal regulations.

Measure 71-7.0 (a): Number of federal sanctions or disallowances.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	6	3	0	3	2e		
Target						2	1

Activity: 71-Health Care Delivery Administration

Measure 71-7.0 (b): Dollar amount of federal sanctions or disallowances ($000s).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$14,900	$3,547	$-0-	$5,337	$5,000e		
Target						$5,000	$3,000

Measure Description - Objective 71-7.0

Measure 71-7.0 (a): Number of federal sanctions or disallowances.

Definition: Unduplicated count of sanctions or disallowances imposed by the federal Health Care Financing Administration (HCFA) on Minnesota Medical Assistance.

Measure 71-7.0 (b): Dollar amount of federal sanctions or disallowances.

Definition: Total dollar amount of sanctions or disallowances imposed by HCFA on Minnesota MA.

Rationale: HCFA monitors states' compliance with federal regulations related to access, outreach, and reimbursement for services to MA enrollees. If a state is found out of compliance, HCFA can impose financial sanctions or disallowances until the state is in compliance. The volume and dollar amount of sanctions imposed by HCFA on Minnesota MA are a direct measurement of negative action and impact of performance.

Data Source: Notifications from HCFA, budget reports.

Discussion of Past Performance:

Insufficient staff in federal compliance and an MMIS that was unable to respond to changes necessary to comply with federal requirements contributed to large disallowances historically.

Plan To Achieve Targets:

Increase in federal compliance staff. Improved MMIS, although reduction in disallowances resulting from new MMIS will likely not occur for 3 to 4 years. Seeking federal approval of waiver of federal Medicaid requirements.

Other Factors Affecting Performance:

Discrepancy between state and federal regulations. MMIS inflexibility.

Agency: Department of Human Services
Program: Health Care
Activity: 72-Health Care Benefits Administration

1994 Total Expenditures ($000s):	$7,848	0.18%	of department's budget
1994 Number of FTE Staff:	66.2	1.05%	of department's staff

PROGRAM GOALS:

The mission of the Health Care Benefits Administration is to direct the service coverage policy and technical assistance activities for the Medical Assistance Grants Program (MA), the General Assistance Medical Care Grants Program (GAMC), and MinnesotaCare.

DESCRIPTION OF SERVICES:

Health Care Benefits Administration is responsible for the following:

- developing and implementing health service coverage policy within state and federal guidelines
- providing technical assistance to internal and external stakeholders impacted by health service coverage policy decisions,
- implementing payment rates derived from the formula set by the legislature,
- health services utilization review,
- providing policy support to appeals division,
- administering the prior authorization function.

Along with these functions, Health Care Benefits Administration has the lead responsibility for directing and implementing several statewide outreach, evaluation, and quality assurance activities. The purpose of these activities is to promote quality, cost-effective health care for low income Minnesotans. Examples include:

- promoting access to and quality of maternal and child health services,
- coordinating the mental health collaborative efforts,
- developing policy and standards for newly covered services,
- administering state and federal funds appropriated for HIV positive individuals,
- coordinating targeted utilization review activities such as prescription drug use and hospital admissions.

These activities involve ongoing collaboration with advocate and provider community representatives, professional consultants, other DHS divisions, other state and local agencies, and the legislature.

The prior authorization function of Health Care Policy is to apply the medical necessity standards at the individual level. This involves approving or denying providers' requests for coverage for certain health care services after collecting additional client specific information.

Service Population: 628,240 MA enrollees*,
107,641 GAMC enrollees*,
62,305 MinnesotaCare enrollees**,
24,000 health care providers.

* Unduplicated count of enrollees in fiscal year 1993.
** Projected average monthly enrollees in FY 1994.

Activity: 72-Health Care Benefits Administration

Administration: Health Care Benefits Administration is one division within the Health Care Program. It focuses on covered service standards for primary and acute care services. Long term care services, managed care, and claims processing are administered by other divisions within Health the Care Program.

Administrative dollars comprise the Health Care Benefits Administration. Funds for supporting its activities are from a combination of federal financial participation dollars and state appropriations. Service dollars, which support reimbursing health care providers for delivering covered services to MA and GAMC enrollees, are identified in the Medical

Assistance Grants and General Assistance Medical Care Grants budget activities. Service dollars for the delivery of health care services to MinnesotaCare enrollees are identified in the MinnesotaCare budget activity.

PROGRAM DRIVERS:

Federal Legislation: The national public policy debate about universal access to health care and health care cost containment will determine the future of the MA program. Also, current long range federal legislation continues to expand the eligibility criteria for MA, particularly for pregnant women and children. This increases the service population, and expands the service population profile across a widening range of individuals with a widening range of needs.

State Legislation: State legislation drives the direction and vision of Health Care Benefits Administration, particularly in the area of health care reform. A partner in Minnesota's health care reform effort, DHS directs certain legislatively mandated efforts such as expansion of the managed care system statewide, expansion of MinnesotaCare to include adults without children, and the future integration of MA, GAMC, and MinnesotaCare. This latter effort involves obtaining a federal waiver to enable Minnesota to simplify MA. This will help create seamless eligibility across the three health care programs and still allow Minnesota to qualify for federal financial participation.

DHS Initiatives: Department wide initiatives which impact Health Care Benefits Administration include:

- Continuous Quality Improvement (CQI),
- Cultural Diversity Sensitivity and Training,
- Children's Initiative*.

*A new philosophical framework for orienting DHS services provided to families and children.

Each of these is intended to enhance the accessibility, user-friendliness, and efficiency of all DHS-related activities.

Health Care Administration Initiatives: A project critical to Health Care Benefits Administration is the new Medicaid Management Information System (MMIS ll). MMIS ll provides electronic processing of 17 million reimbursement claims filed annually by 24,000 enrolled health care providers. It also meets management information needs for MA, GAMC, and MinnesotaCare. The Division relies heavily on MMIS ll for ongoing and ad hoc information to identify trends and shape future policy directions.

As the field of mental health services grows and develops, collaborative efforts between the many stakeholders are escalating. As these collaboratives take shape, they will impact the direction and scope of the division's activities related to mental health service benefits for MA, GAMC, and MinnesotaCare enrollees.

Activity: 72-Health Care Benefits Administration

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 72-1.0: Improve access to and standardize quality of prenatal care for high risk pregnant women enrolled in Minnesota's health care programs.

Measure 72-1.0 (a): Percent of obstetrical care providers who served pregnant women enrolled in MA.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	94.9%	94.0%	94.0%	89.0%	90.0%e		
Target						92.0%	94.0%

Measure 72-1.0 (b): Percent of MA women who gave birth and were screened for risk of poor birth outcome during the prenatal period.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	To be developed		
Target							

Measure 72-1.0 (c): Percent of newborns who are premature and require neonatal intensive care services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	To be developed		
Target							

Measure Description - Objective 72-1.0

Measure 72-1.0 (a): Percent of obstetrical care providers who served pregnant women enrolled in MA.

Definition: Percent of all licensed obstetricians, family practice physicians, and certified nurse midwives who served women enrolled in Minnesota MA.

Rationale: Federal mandate requires MA programs to annually document obstetric care provider participation in MA. This is an indicator of accessibility of care for pregnant women.

Data Source: Annual State Plan Amendment: Obstetric/Pediatric Assurances Report to HCFA.

Discussion of Past Performance:

A new database was used for FY 94 reporting. It shows four counties with no obstetric care providers. The previous database showed two counties with no obstetric care providers. Thus, the trend appears downward in FY 94. This will stabilize in future years.

Plan To Achieve Targets:

Extensive provider outreach and training targeted at underserved areas.

Activity: 72-Health Care Benefits Administration

Other Factors Affecting Performance:

Implementation of DHS Rule 101 related to provider participation in Minnesota Health Care Programs.
Expansion of managed care for all enrollees
National health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
State health care reform
Availability of providers in underserved areas
Epidemiological trends

Measure 72-1.0 (b): Percent of MA women who gave birth and were screened for risk of poor birth outcome during the prenatal period.

Definition: Percent of all Minnesota MA women who received delivery services during the fiscal year and documentation of a prenatal assessment for poor birth outcome using a DHS approved form exists for that delivery.

Rationale: DHS implemented a prenatal risk assessment process for pregnant MA women in 1988, and collaborated in providing extensive outreach and training to obstetric care providers. The new MMIS will enable DHS to evaluate the level of provider compliance at the individual patient level by linking a mother's hospital delivery claim to her prenatal risk assessment. This measure provides an indicator of quality of prenatal care provided to MA women.

Data Source: DHS database of prenatal risk assessments and the rates of referral for the enhanced services.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

National health care reform
State health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
Availability of health care providers in underserved areas
Changing standards of prenatal care as determined by professional and regulatory organizations
Epidemiological trends
Statewide expansion of managed care for all enrollees
Funding level allocated for implementation of the new assessment form

Activity: 72-Health Care Benefits Administration

Measure 72-1.0 (c): Percent of newborns who are premature and require neonatal intensive care (NICU) services.

Definition: Numerator = Unduplicated count of level 2 or level 3 NICU claims with prematurity indicated by the Diagnosis Related Group (DRG).

Denominator = Unduplicated count of hospital claims for all newborn deliveries.

Rationale: A meaningful indicator of the level of prenatal care a pregnant women receives is the birth outcome. The most meaningful indicators of birth outcome currently available to DHS are contained in claims data. Claims data related to newborn deliveries are complex and variable from year-to-year for several reasons including changes in coding and billing practices. The unduplicated count of hospital claims for all newborn deliveries is a relatively stable measure that can define and gauge the "universe" of all newborns covered by Minnesota Health Care Programs. The number of level 2 or level 3 NICU claims with a prematurity DRG describes the subset of premature newborns requiring significantly higher levels of care. This subset is a proxy for poor birth outcome. Once the new MMIS is fully operational, DHS will be able to collect these data in a standard way on an annual basis.

Data Source: MMIS II claims files, managed care encounter data.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Implementation of new statewide risk assessment protocol for all pregnant women
Statewide expansion of managed care for all MA enrollees
National health care reform
State health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
Availability of health care providers in underserved areas
Changing standards of prenatal care as determined by professional and regulatory organizations
Epidemiological trends

Objective 72-2.0: Improve access to and rate of Child and Teen Checkups (C & TC) screening and follow-up referrals.

Measure 72-2.0 (a): Percent of pediatric care providers who served children enrolled in MA.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	94.3%	94.0%	90.0%	89.0%	90.0%e		
Target						92.0%	94.0%

Activity: 72-Health Care Benefits Administration

Measure 72-2.0 (b): Percent of MA children under 21 years of age who received screening according to the C & TC periodicity schedule. (Target represents federal goal.)

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	39.1%	41.2%	NA	NA		
Target		50%	60%	70%	80%	80%	80%

Measure 72-2.0 (c): Percent of 3 year old MA children who receive a C & TC screening **AND** a dental exam at age 3.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

Measure 72-2.0 (d): Percent of 3 year old MA children who did **NOT** receive a C & TC screening and **DID** receive a dental exam at age 3.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

Measure Description - Objective 72-2.0

Measure 72-2.0 (a): Percent of pediatric care providers who served children enrolled in MA.

Definition: Percent of all licensed pediatricians, family practice physicians, pediatric nurse practitioners, and family nurse practitioners who served children enrolled in Minnesota MA.

Rationale: Federal mandate requires MA programs to annually document pediatric care provider participation in MA. This is an indicator of accessibility of care or children.

Data Source: Annual State Plan Amendment: Obstetric/Pediatric Assurances Report to HCFA.

Discussion of Past Performance:

A new database was used for FY 94 reporting. It shows four counties with no pediatric care providers. The previous database showed two counties with no pediatric care providers. Thus, the trend appears downward in FY 94. This will stabilize in future years.

Plan To Achieve Targets:

Extensive provider outreach and training targeted at underserved areas.

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
National health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
State health care reform
Availability of health care providers in underserved areas

Activity: 72-Health Care Benefits Administration

Measure 72-2.0 (b): Percent of MA children age 21 years of age who received screening according to the C & TC periodicity schedule. (Target represents federal goal.)

Definition: Percent of MA enrolled children under age 21 years who receive a preventative health screening from a Minnesota MA enrolled health care provider according to the age related frequency schedule to meet the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program goal.

Rationale: EPSDT, now called Child and Teen Checkups in Minnesota is a preventative health screening program for MA children. It promotes primary, preventive health care for children through outreach to MA families and reimbursement for well child health care services such as regular checkups, immunizations, developmental testing, and health education. DHS is targeting the health care provider community and the county human service agencies in order to increase the effectiveness of outreach and well child service delivery. To ensure that MA children benefit from this program, the federal government requires states to meet screening rate goals each year. States' achievement of these goals indicate progress toward a higher level of utilization of well child services.

Data Source: Annual DHS report to HCFA, MMIS II claims files, and managed care encounter data.

Discussion of Past Performance:

Outreach to families and providers regarding C & TC is variable depending on the county outreach subcontractor.

Plan To Achieve Targets:

Extensive statewide training to outreach subcontractors.

Other Factors Affecting Performance:

Implementation of Rule 101 related to provider participation in Minnesota Health Care Programs
Statewide expansion of managed care for all enrollees
National health care reform
State health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
Availability of health care providers in underserved areas
Changes in federal regulations affecting C & TC program
Epidemiological trends

Measure 72-2.0 (c): Percent of 3 year old MA children who received a C & TC screening **AND** a dental exam at age 3.

Definition: Numerator = Unduplicated count of claims for C & TC screenings for 3 year old MA children who also had a claim for a dental exam at age 3.

Denominator = Unduplicated count of claims for C & TC screenings for 3 year old MA children.

Activity: 72-Health Care Benefits Administration

Rationale: The American Dental Association recommends that children receive their first dental checkup at age 3 years. One component of C & TC is making referrals for additional preventative care services as indicated. A referral for a dental checkup is a standard of practice during the C&TC screening for a 3 year old child. This measure will identify the proportion of children who actually received a dental exam, and thereby provide a proxy for the rate of C & TC follow-up referrals. Once the new MMIS is fully operational, DHS will be able to collect this data in a standard way on an annual basis.

Data Source: MMIS II claims files and managed care encounter data.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
National health care reform
State health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
Availability of health care providers in underserved areas
Changes in federal regulations affecting the C & TC program
Epidemiological trends

Measure 72-2.0 (d): Percent of 3 year old MA children who did **NOT** receive a C & TC screening and **DID** receive a dental exam at age 3.

Definition: Numerator = Unduplicated count of claims for a dental exam for 3 year old MA children who did not receive a C & TC screening at age 3.

Denominator = Unduplicated count of 3 year old MA children who had a claim filed for services provided at age 3, and who did not have a C & TC screening at age 3.

Rationale: The American Dental Association recommends that children receive their first dental checkup at age 3 years. One component of C & TC is making referrals for additional preventative care services as indicated. One method of evaluating the effectiveness of the C & TC follow-up referral component is to compare the rate of dental exams for 3 year olds who did **not** receive a C & TC screening at age 3. Once the new MMIS is fully operational, DHS will be able to collect these data in a standard way on an annual basis.

Data Source: MMIS II claims files and managed care encounter data.

Discussion of Past Performance:

Not applicable.

Activity: 72-Health Care Benefits Administration

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
National health care reform
State health care reform
State legislation affecting covered services, eligibility, and reimbursement rates
Availability of health care providers in underserved areas
Changes in federal regulations affecting C & TC program
Epidemiological trends

Objective 72-3.0: Facilitate implementation of the Vaccines for Children Program (VFC) for children enrolled in Minnesota's health care programs.

Measure 72-3.0: Percent of MA-enrolled health care providers who are participating in the VFC program.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	NA	NA	NA	NA	50%e		
Target						75%	95%

Measure Description - Objective 72-3.0

Definition: Individual and group providers enrolled in Minnesota MA who are enrolled in VFC. "Providers" includes, but is not limited to, pediatricians, family and general practice physicians, nurse practitioners, and clinics.

Rationale: VFC is a statewide program administered by the Minnesota Department of Health. The role of DHS is to facilitate implementation of VFC specifically for children enrolled in Minnesota MA, GAMC, and MinnesotaCare. Children enrolled in these three programs have automatic access to routine childhood vaccines if their MA-enrolled health care provider is also enrolled in VFC through the Minnesota Department of Health.

Data Source: DHS MA provider file and Minnesota Department of Health VFC provider file.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 72-Health Care Benefits Administration

Other Factors Affecting Performance:

Implementation of DHS Rule 101 related to provider participation in Minnesota Health Care Programs
Statewide expansion of managed care for all enrollees
National health care reform
State health care reform
State legislation affecting covered services, eligibility and reimbursement rates
Availability of providers in underserved areas
Changes in federal children's legislation
Epidemiological trends

Objective 72-4.0: Promote access to health care for people with Human Immunodeficiency Virus (HIV) disease.

Measure 72-4.0: Percent of all participants in Ryan White Comprehensive AIDS Resources Emergency (CARE Act) programs administered by the Minnesota Department of Health who have health insurance within 6 months of enrollment.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	85%e		
Target						85%	85%

Measure Description - Objective 72-4.0

Definition: Persons receiving CARE Act services through the Minnesota Department of Health who, within six months, have health insurance through the public or private sector.

Rationale: DHS supplements services provided by the Minnesota Department of Health by administering federal and state subsidies for three items: traditional health insurance premiums, dental care, and prescription drugs. DHS also promotes access to health care services provided by traditional health insurance by providing training and technical assistance to case managers and other direct service providers, and by providing education to affected individuals. Provider training and technical assistance by DHS effects the level of success in accessing or maintaining health insurance for this population.

Data Source: Minnesota Department of Health CARE Act quarterly reports.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 72-Health Care Benefits Administration

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
Changes in federal and state financial appropriations
National health care reform
State health care reform
Changes in availability of public sector health insurance, specifically
Minnesota Comprehensive Health Association (MCHA)
Epidemiological trends
Availability of providers in underserved areas

Objective 72-5.0: Improve access to neuropsychological evaluations for adults and children enrolled in Minnesota's health care programs.

Measure 72-5.0 (a): Number of prior authorization requests for neuropsychological assessment services which are approved as medically necessary.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	N/A		
Target						To be developed	

Measure 72-5.0 (b): Percent of approved prior authorization requests for neuropsychological assessment services which are approved as medically necessary.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A			
Target						To be developed	

Measure Description - Objective 72-5.0

Measure 72-5.0 (a): Number of prior authorization requests for neuropsychological assessment service which are approved as medically necessary.

Definition: Number of prior authorization requests received by DHS for neuropsychological assessment (CPT 95883) which are approved as medically necessary for adults and children.

Measure 72-5.0 (b): Percent of approved prior authorization requests for neuropsychological assessment services.

Definition: Percent of prior authorization requests for neuropsychological assessment (CPT 95883) for adults and children which are approved as medically necessary.

Rationale: Traumatic brain injury is one of the fastest growing disabilities in the nation. Neurological impairments are often misdiagnosed as psychiatric disorders in adults and children. To improve diagnosis and rehabilitation outcomes, MA added neuropsychological assessment to the list of covered mental health services. To ensure integrity of service delivery, DHS approves coverage for neuropsychological assessment only if it is provided by a DHS-approved clinical neuropsychologist who has prior authorization. The number and percent of approved prior authorization requests for this service from year to year will indicate the trends in accessing the service and the effectiveness of the prior authorization process.

Activity: 72-Health Care Benefits Administration

Data Source: DHS prior authorization records.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
National health care reform
State health care reform
Expansion of managed care
Availability of providers in underserved areas
State legislation affecting coverage, eligibility, and reimbursement rates
Changes in mental health services practice parameters
Epidemiological trends

Objective 72-6.0. Reduce the number of resubmissions of prior authorization requests for rehabilitation services by 20%.

Measure 72-6.0: Number of resubmissions of prior authorization requests for rehabilitative services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	725e		
Target						580	464

Measure Description - Objective 72-6.0

Definition: Unduplicated count of prior authorization requests for physical therapy, occupational therapy, and speech therapy which must be resubmitted with additional information.

Rationale: Rehabilitation service prior authorization requests involve complex medical information to determine medical necessity. There is confusion in the rehabilitation provider community about the prior authorization process, and therefore the resubmission rate is unnecessarily high. Rehabilitation service prior authorization requests have been targeted as a priority for process improvement.

Data Source: MMIS II prior authorization files.

Discussion of Past Performance:

Not applicable.

Activity: 72-Health Care Benefits Administration

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Statewide expansion of managed care for all enrollees
State legislation affecting covered services, eligibility and reimbursement rates
National health care reform
State health care reform
Epidemiological trends

Agency: Department of Human Services
Program: Health Care
Activity: 73-Medical Assistance Grants

1994 Total Expenditures ($000s): $2,521,050 58.24% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

The mission of the Medical Assistance Grants Program (MA) is to remove the financial barrier to health care services for low income Minnesotans.

DESCRIPTION OF SERVICES:

MA is a federal program. It pays for inpatient and outpatient health care. Eligibility for MA is determined locally by the county human services agency, and oversight is provided at the state level. MA is funded by a combination of federal and state dollars. These are service dollars only. They are used to reimburse health care providers for delivering covered services to MA enrollees.

Service Population: 628,240 MA enrollees*
87 county administrations
24,000 health care providers

*Unduplicated count of enrollees in fiscal year 1993.

Eligibility: Eligibility for MA is based either on categorical eligibility or income eligibility. Categorical eligibility means that an individual or family who qualifies for certain cash assistance programs automatically qualifies for MA. Examples of cash assistance programs associated with automatic eligibility for MA include Aid to Families with Dependent Children (AFDC), Minnesota Supplemental Aid (MSA), Refugee Cash Assistance (RCA), or Title IV-E Foster Care.

Individuals who do not qualify for MA on a categorical basis of eligibility may qualify based on income and assets. This is known as a medically needy basis of eligibility. The MA income eligibility limit for this population is equal to 133 and 1/3% of the AFDC income standard for families with children. This income standard is set by the state legislature. It is equivalent to approximately 69% of the federal poverty guideline (FPG). Examples would be $5,040 for a family of one, or $6,288 for a family of two.

To increase access to health care for targeted at risk populations, the federal government has gradually increased the income limits for pregnant women, infants, and children over the past several years. Currently, pregnant women and infants can qualify for MA at 275% of the FPG, or for example, $39,468 for a family of four. Children ages one through ten can qualify for MA at incomes between 100% and 133% of the FPG, depending on the age of the child. Each year, more children will become eligible for MA under the expanded income limits until all children up to age eighteen qualify. Assets are not counted in determining MA eligibility for these targeted at risk populations.

Individuals who do not qualify for MA because of excess income may qualify through the spenddown provision. This allows individuals who have incurred medical bills to reduce their income by the amount of the medical bills, and thereby meet the income eligibility criteria.

Activity: 73-Medical Assistance Grants

Covered Services: MA pays for many, but not all health care services. Covered services include the following:

Alcohol and drug treatment
Audiology services
Chiropractic spine services
Clinic services
Dental care
Emergency medical transportation
Eye care and eyeglasses
Family planning services
Hearing aids
Home health services
Home and community based waiver services
Hospice services
Hospital care
Immunizations
Laboratory and x-ray services
Medical equipment and supplies
Mental health services
Nursing home care
Personal care assistant services
Prenatal care and other pregnancy-related services
Podiatry (foot services)
Prescription drugs
Preventive health services for children and young adults under age 21 (Child and Teen Checkups)
Well-baby checkups
Day-care or school physical exams
Private duty nursing services
Prosthetic (artificial limb) services
Rehabilitation therapy services

Non-covered Services: MA does not pay for the following:

Cosmetic surgery
Ear piercing
Missed medical appointments
Reversal of voluntary sterilization
Invitro fertilization
Autopsies

Except for individuals who qualify for MA with a spenddown, MA enrollees do not pay out of pocket for covered services. Covered services must be given by a provider who is enrolled with Minnesota MA.

Activity: 73-Medical Assistance Grants

PROGRAM DRIVERS:

Federal Legislation: The national public policy debate about universal access to health care and health care cost containment will determine the future of the MA program. Also, current long range federal legislation continues to expand the eligibility criteria for MA, particularly for pregnant women and children. This increases the service population, and expands the service population profile across a widening range of individuals with a widening range of needs. This directly impacts DHS and county administration responsibilities.

State Legislation: State legislation determines what is and is not covered by MA. State health care reform, which is also driven by state legislation, directly impacts the MA program. A partner in Minnesota's health care reform effort, DHS directs certain legislatively mandated efforts such as expansion of the managed care system across the entire Minnesota MA program, and the future integration of MA, GAMC, and MinnesotaCare. This latter effort involves obtaining a federal waiver to enable Minnesota to simplify MA. This will help create seamless eligibility across the three health care programs and still allow Minnesota to qualify for federal financial participation.

Health Care Administration Initiatives: A project critical to MA Grants is the new Medicaid Management Information System (MMIS ll). MMIS ll provides electronic processing of 17 million reimbursement claims filed annually by 24,000 enrolled health care providers.

Administration: MA is administered by the Minnesota Department of Human Services. Eligibility for MA is determined locally by the county human services agency. Oversight of MA is provided at the state level. Oversight includes management of federal and state regulation compliance, rule promulgation, service coverage and eligibility policy, training, claims processing, fiscal management, and the information management system.

Funding for MA Grants is 54% federal and 46% state dollars. Administrative dollars for MA are 50% federal and 50% state or county, depending on the administrative function.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 73-1.0: Make covered health care services available and accessible to MA enrollees.

Measure 73-1.0 (a): Number of children enrolled in MA.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	179,000	201,000	216,000	223,000	236,000e		
Target						248,000	260,000

Measure 73-1.0 (b): Number of adults enrolled in MA.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	160,000	172,000	182,000	193,000	202,000e		
Target						210,000	217,000

Measure Description - Objective 73-1.0

Measure 73-1.0 (a): Number of children enrolled in MA.

Activity: 73-Medical Assistance Grants

Definition: Monthly eligibles* under age 21 years. Includes HMO enrollees. Ages are calculated as of the end of December in the fiscal year.

*Definition of "eligible": An individual who applies for and is found eligible for MA.

Rationale: The children who have eligibility for MA have improved access to health care.

Data Source: DHS Forecast Report: "Minnesota Family Self-Sufficiency and Medical Entitlement Programs and Related Programs."

Discussion of Past Performance:

The number of MA enrollees has increased steadily due to the federal regulations expanding eligibility for targeted populations.

Plan To Achieve Targets:

Will continue to implement federal regulations as indicated.

Other Factors Affecting Performance:

Implementation of DHS Rule 101 related to provider participation in Minnesota Health Care Programs
Statewide expansion of managed care for all MA enrollees
State legislation affecting covered services, eligibility and reimbursement rates
National health care reform
State health care reform
Availability of providers in underserved areas
Epidemiological trends
Federal legislation affecting eligibility shifts in economic trends, especially unemployment rate

Measure 73-1.0 (b): Number of adults enrolled in MA.

Definition: Monthly average eligibles* age 21 years and older. Includes HMO enrollees. Ages are calculated as of the end of December in the fiscal year.

*Definition of "eligible": An individual who applies for and is found eligible for MA.

Rationale: The adults who have eligibility for MA have improved access to health care.

Data Source: DHS Forecast Report: "Minnesota Family Self-Sufficiency and Medical Entitlement Programs and Related Programs."

Discussion of Past Performance:

The number of MA enrollees has increased steadily due to the federal regulations expanding eligibility for targeted populations.

Activity: 73-Medical Assistance Grants

Plan To Achieve Targets:

Will continue to implement federal regulations as indicated.

Other Factors Affecting Performance:

Implementation of DHS Rule 101 related to provider participation in Minnesota Health Care Programs
Statewide expansion of managed care for all MA enrollees
State legislation affecting covered services, eligibility and reimbursement rates
National health care reform
State health care reform
Availability of providers in underserved areas
Epidemiological trends
Federal legislation affecting eligibility shifts in economic trends, especially unemployment rate

Agency: Department of Human Services
Program: Health Care
Activity: 74-General Assistance Medical Care Grants

1994 Total Expenditures ($000s): $202,360 4.67% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

The mission of the General Assistance Medical Care Grants Program (GAMC) is to remove the financial barrier to health care services for low income Minnesotans who do not qualify for Medical Assistance (MA).

DESCRIPTION OF SERVICES:

GAMC is a state program rather than federal. It pays for many of the health services that MA pays for. Like MA, eligibility for GAMC is determined locally by the county human services agency, and oversight is provided at the state level. GAMC is funded with state and county dollars. These funds provide reimbursement to health care providers for delivering covered services to GAMC enrollees.

Service Population: 107,641 GAMC enrollees*
87 county administrations
24,000 health care providers

*Unduplicated count of enrollees in fiscal year 1993.

Eligibility: Eligibility for GAMC is based on income. The GAMC income eligibility limit is 120% of the AFDC income standard for single adults and families without children. This income standard is set by the state legislature. This is equivalent to approximately 69% of the Federal Poverty Guideline (FPG). An example would be $5,040 annually for a family of one.

Individuals who qualify for MA do not qualify for GAMC. Because of the expansions of MA to cover more at-risk individuals such as pregnant women and children, these populations typically do not qualify for GAMC. Single adults without children in the home comprise the majority of people who are eligible for GAMC.

To ensure that the limited state dollars appropriated for GAMC target only those who cannot qualify for other assistance, the county human service agency first screens closely for eligibility for federal programs, such as MA. This helps contain state spending by ensuring that the federal financial contribution is maximized.

As with the Medical Assistance Grants Program (MA), individuals who do not qualify for GAMC because of excess income may qualify through the spenddown provision. This allows individuals who have incurred medical bills to reduce their income by the amount of the medical bills, and thereby become eligible for GAMC.

Covered Services: GAMC pays for the following services:

Alcohol and drug treatment services
Chiropractic spine services
Dental care
Clinic services
Emergency medical transportation
Eye care and eyeglasses

Activity: 74-General Assistance Medical Care

Covered Services (Contd.): GAMC pays for the following services:

Family planning services
Hearing aids
Inpatient hospital services
Immunizations
Laboratory and x-ray services
Medical equipment and supplies
Mental health services
Podiatry (foot services)
Prescription drugs
Prosthetic (artificial limb) services
Rehabilitation therapy services

Non-covered Services: GAMC does not pay for the following:

Cosmetic surgery
Ear piercing
Missed medical appointments
Reversal of voluntary sterilization
Home care
Autopsies

GAMC enrollees do not pay out of pocket for covered services unless there is a spenddown. As with MA, services covered by GAMC must be given by a provider who is enrolled with Minnesota MA.

PROGRAM DRIVERS:

Federal Legislation: The national public policy debate about universal access to health care and health care cost containment will indirectly determine the future of the GAMC program. Also, current long range federal legislation continues to expand the eligibility criteria for MA, particularly for pregnant women and children, which can ultimately reduce the number of individuals who qualify for GAMC.

State Legislation: State legislation determines what is and is not covered by GAMC. State health care reform, which is also driven by state legislation, directly impacts the GAMC program. A partner in Minnesota's health care reform effort, DHS directs certain legislatively mandated efforts such as the future integration of MA, GAMC, and MinnesotaCare. This latter effort involves obtaining a federal waiver to enable Minnesota to simplify MA. This will help create seamless eligibility across the three health care programs and still allow Minnesota to qualify for federal financial participation.

Health Care Administration Initiatives: A project critical to GAMC Grants is the new Medicaid Management Information System (MMIS ll). MMIS ll provides electronic processing of 17 million reimbursement claims filed annually by 24,000 enrolled health care providers.

Administration: GAMC is administered by the Minnesota Department of Human Services. As with MA, eligibility for GAMC is determined locally by the county human services agency. Oversight of GAMC is provided at the state level. Oversight includes management of state regulation compliance, rule promulgation, service coverage and eligibility policy, training, claims processing, fiscal management, and the information management system.

Activity: 74-General Assistance Medical Care

Funding for GAMC is from state and county dollars. These are service dollars only. They are used to reimburse health care providers for delivering covered services to GAMC enrollees. Administrative funding is 100% state dollars for state administrative functions, and 100% county dollars for all other county administrative functions.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 74-1.0: Make covered health care services available and accessible to GAMC enrollees.

Measure 74-1.0 (a): Number of people enrolled in GAMC.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	50,927	54,963	54,963	54,289	53,784e		
Target						54,777	56,607

Measure 74-1.0 (a): Number of people enrolled in GAMC.

Definition: Monthly average GAMC eligible.*

*Definition of "eligible": An individual who applies for and is found eligible for GAMC.

Rationale: The individuals who have eligibility for GAMC have improved access to health care.

Data Source: DHS Forecast Report: "Minnesota Family Self-Sufficiency and Medical Entitlement Programs and Related Programs."

Discussion of Past Performance:

The increase in enrollment from 1991-1992 is due to a significant increase in enrollment in the Work Readiness Program and the indirect affect of the Children's Health Plan (CHP) referring parents of CHP children to GAMC. Both of these trends have now leveled off.

Plan To Achieve Targets:

The forecast is for not as high an increase in enrollment.

Other Factors Affecting Performance:

Implementation of DHS Rule 101 related to provider participation in Minnesota Health Care Programs
Statewide expansion of managed care for all enrollees
State legislation affecting covered services, eligibility and reimbursement rates
National health care reform
State health care reform
Availability of providers in underserved areas
Epidemiological trends

Agency: Department of Human Services
Program: Health Care Administration
Activity: 75-Health Care Operations

1994 Total Expenditures ($000s):	$6,341	0.15%	of department's budget
1994 Number of FTE Staff:	119.5	1.89%	of department's staff

PROGRAM GOALS:

This activity is responsible for administering centralized medical payment systems so that:

- Claims for health care services and long term care (LTC) services provided to Medical Assistance (MA), General Assistance Medical Care (GAMC), and MinnesotaCare recipients are promptly paid.
- All liable third parties are required to pay for medical expenses if payment is made by government entities.
- Medicare participation in the cost of LTC services is maximized.
- The medical care surcharge is properly billed to nursing facilities and inpatient hospitals and complies with federal laws and regulations;
- The Medicaid Management Information System (MMIS II) is fully certifiable by the federal government.
- The integrity of the combined programs is assured through maintenance of a viable Surveillance and Integrity Review function to monitor fraud and abuse, and ensure federal certification of the MMIS.
- Drug Rebate Dispute Resolution is effectively administered and rebate funds are recovered.

DESCRIPTION OF SERVICES:

The Health Care Operations (HCO) Division of the Minnesota Department of Human Services (DHS) is responsible for the administrative functions of Minnesota's publicly funded health care programs, to include Medical Assistance (MA), General Assistance Medical Care (GAMC) and MinnesotaCare. The following activities are represented in the administrative functions of health care operations:

Claims Operations

The Claims Operations Section of the Health Care Operations Division is responsible for the receipt, and processing of the 17 million claims. The MMIS System, and the LTC System, respectively processed approximately 16.5 million and 500,000 claims on an alternating, bi-weekly basis in F.Y. 93. Both systems are administered to ensure that claims are processed in accordance with federal regulations; **thereby, retaining federal financial participation for the processing operation at the 75% level.**

Claim volume has demonstrated a significant upward trend in recent years and continues to increase at the rate of approximately 10% in spite of increased managed care activity. Similarly, the LTC System has also experienced growth, but at a much slower pace consistent with the controlled number of long term care beds. The increase in these systems has not been matched with a commensurate increase in staff; however, continuous process improvement temporarily enables a claim adjudication rate of more than 90% in 30 days for MMIS (fee-for-service) and more than 95% in 30 days for the LTC System. Federal financial participation at the 75% level is lost if the rate drops below 90% in 30 days.

Efficiency is gained from the use of an optical character reader that scans or reads up to 1,600 paper claims per hour, and converts the claim to an electronic image. At the present time approximately 57% of all claims received are in an electronic format, with the remaining claims received on paper. Significant resources are being dedicated to increasing electronic data interchange (EDI) of claim information.

Activity: 75-Health Care Operations

The payment of these claims must meet the requirements of state and federal laws, rules and regulations. The edit structure for the MMIS system consists of more than 9,000 system edits which are variably utilized depending on the type of service billed. These edits validate the information submitted, check for accuracy, determine appropriate coverage, compute reimbursement, assure that the claim has not been previously paid or does not conflict with another claim, and finally validate recipient eligibility. While claims that fail edits must be manually reviewed and corrected, claims which are clean are processed and paid within 30 days of receipt. The department's Customer Services Division coordinates provider training sessions on claim preparation to reduce the number of claims submitted with errors. A "clean" claim is paid faster with the result of lowering the provider's accounts receivable, which in turn, may partially reduce the impact of prevailing rate structures.

The data collected from adjudicated claims provides the base for management and operational reports, surveillance and integrity review, and the database for computing reimbursement rates. The claims processing section operates a provider hot-line 8 hours per business day and receives in excess of 400 calls daily. Provider communications are coordinated through this activity to ensure that all claims processing related communication is consistent with department policy and responsive to the needs of the provider community. Information sought by providers includes types of covered services, proper medical procedure billing codes, reimbursement requirements, payment levels, and status of suspended claims.

The current MMIS system which drives the administration of the health care programs, to include claim payment, was implemented on May 31, 1994. The previous system was installed in 1974. The programs are now preparing for federal certification of the new MMIS. The system will incorporate electronic media capability, eligibility verification systems, and nationally recognized coding systems and claim forms. The use of national coding schemes and common claim forms will enable the programs to easily process health care claims from other governmental entities that administer smaller claims payment systems.

Benefit Recovery/Third Party Liability

The Benefit Recovery Section pursues all available third parties that may be potentially liable for a recipients health care. The activity was responsible for the recovery or avoidance of $39 million in program expenditure in F.Y. 93. The sections operating budget for the same period of time was $1.5 million.

The benefit recovery activity uses an automated system of post-payment billing and recovery to pursue third parties after a claim is paid by MA, GAMC or MinnesotaCare. Third party resources include health insurance, Medicare, workers' compensation, casualty/liability insurance, settlements awarded in Tort actions and persons or entities responsible to provide medical support.

Computer data matches with insurance companies, Workers Compensation, and Child Support Enforcement are used to identify potential third party resources. An extensive claim edit process for identification of trauma injuries indicative of an auto accident, further identifies potential insurance coverage.

Prospectively, the benefit recovery activity increases program savings through a computerized cost-avoidance mechanism which ensures that all identified third parties have been billed prior to payment by the programs.

This activity also administers an aggressive medicare revenue enhancement program that attempts to ensure that Medicare has fully participated in the payment for services provided on behalf of a dually eligible client. The medicare recovery program has focused on long term care costs in previous fiscal years and is projected to expand into home health and medical supplies.

The benefit recovery function administers the medical care surcharge activity in compliance with state and federal regulations.

Activity: 75-Health Care Operations

Surveillance and Integrity Review

The Surveillance and Integrity Review Section (SIRS) represents a federally mandated function of the Medicaid Program. The Minnesota SIRS program has been federally certified since 1975, and enables the state to receive enhanced federal funding. Minnesota has long been recognized as having one of the most successful and innovative SIRS operations in the country.In a recent federal publication Minnesota SIRS was identified as having "Best State Practices" in several areas that could serve as a model for other states.

The purpose of SIRS is to ensure the integrity of the program, to protect tax dollars invested in health care and to eliminate fraudulent billing for services not provided and abusive billing which misstates or overstates the type and intensity of service provided.

The SIRS section conducts state-wide post payment review for potential fraud & abuse in provider billings submitted to the MA, GAMC and MinnesotaCare programs. The primary source of information utilized to identify potential fraud and/or abuse is a computer generated profiling system which compares a provider's pattern of billing with that of the appropriate peer group. If the providers pattern of billing is substantially different than his legitimate peer group with a similar practice, then it suggests that billings may potentially be in error. Other referrals originate from a "Recipient Hot-Line", complaints from county human service agencies, other providers, state agencies and divisions within the department. The new MinnesotaCare program will add an estimated 250,000 recipients to the state's fee for service population by the end of the biennium which will increase provider claim activity.

In FY 93, SIRS investigative staff conducted initial reviews on 1,400 cases identifying little or no abusive billing and 120 full scale investigations of cases with substantial abusive, erroneous or fraudulent. All Investigations resulted in the recovery of $4 million to the state treasury and a number of referrals to the Office of the Attorney General for civil or criminal prosecution.

Drug Rebate Dispute Resolution

The Drug Rebate Dispute Resolution Team (DRDRT) implements the provisions of OBRA 90 which requires drug manufactures to provide a rebate to state Medicaid Agencies for drugs purchased on behalf of Medical Assistance clients by the agencies. The DRDRT resolves any rebate amounts claimed by the states, but disputed by the manufacturer.

PROGRAM DRIVERS:

- Impacts of Health Care reform on fee for service environment.
- 1994 Administrative Simplification Act
- Federal Certification of MMIS II
- Federal Guidelines for Administration of Program Activities

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 75-1.0 The operation of a centralized claims processing system for MMIS and LTC claims meet federal certification standards and receive enhances federal funding.

Activity: 75-Health Care Operations

Measure 75-1.0 (a): Percent of clean claims submitted to the MMIS system that are adjudicated in 30 days of receipt.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	90%	90%	90%	91%	92%e		
Target						93%	94%

Measure 75-1.0 (b): Percent of clean claims submitted to the LTC payment system that are adjudicated in 30 days.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	96%	96%	96%	97%	97%e		
Target						97%	97%

Measure Description - Objective 75-1.0

Definition: Claims paid within 30 days of receipt divided by total claims received.

Rationale: Federal certification and provider approval are critical measures of system performance.

Data Source: MMIS management reports

Discussion of Past Performance:

Past performance limited by constraints of old software/hardware.

Plan To Achieve Targets:

- Increased EDI
- Increased Provider Education

Other Factors Affecting Performance:

Quality of claims received and the media of receipt, i.e., paper versus electronic.

Objective 75-2.0. Ensure that MA, GAMC and MinnesotaCare expenditures are made according to federal and state requirements and secure recovery of expenditures where other third parties are liable or where fraud, abuse or misuse is established.

Measure 75-2.0: Recoveries and cost avoidance from liable third parties measured in millions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$30.2	$37.8	$38.8	$39.7	$40.7e		
Target						$41.7	$42.7

Measure Description - Objective 75-2.0

Definition: Actual state tax dollars not spent or recovered by billing insurance companies for their rightful payment.

Activity: 75-Health Care Operations

Rationale: The state health care programs are the last dollars spent on a health care claim.

Data Source: Benefit Recovery Section

Discussion of Past Performance:

The increase from FY 1991 to 1992 was associated with a federal mandate to reject all claims with identified third party coverage; thereby avoiding the cost of the claim.

Plan To Achieve Targets:

Target estimate based on current levels of program payments.

Other Factors Affecting Performance:

Availability of insurance. Lack of reporting of other health coverage by clients.

Objective 75-3.0. Administer an appeal process that enhances Medicare participation in payment for LTC services, thereby maximizing federal funds.

Measure 75-3.0: Monthly average resident days in LTC facilities funded by Medicare for clients dually eligible for Medicare and Medicaid.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	12,000	13,000	14,000	14,000	14,000e		
Target						14,000	14,000

Measure Description - Objective 75-3.0

Definition: Number of resident days billed to Medicare and reported to DHS for co-insurance.

Rationale: Forcing Medicare payment of days within their guidelines reduces state tax dollar expenditures.

Data Source: LTC Payment System

Discussion of Past Performance:

Advent of the Medicare revenue enhancement project dramatically increased Medicare billed days. Provider education, deinstitutionalization, and managed care will reduce or stabilize number of available days.

Plan To Achieve Targets:

Target estimate based on stable bed capacity, movement of clients to other living arrangements and education of provider community to force billing to Medicare.

Activity: 75-Health Care Operations

Other Factors Affecting Performance:

- Medicare payment criteria
- Deinstitutionalization of clients

Objective 75-4.0. To increase the use of electronic media claim for billing of health claims to DHS; thereby reducing provider and DHS administrative cost and speeding payment process.

Measures 75-4.0: Percentage of claims which are received by electronic media.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	55%	55%	57%	65%	75%e		
Target						80%	90%

Measure Description - Objective 75-4.0

Definition: Number of electronically received claims divided by total claims received.

Rationale: Electronic billing reduces cost in all aspects of the health care environment and speed payment, thus lowering the age of the provider's accounts receivable.

Data Source: MMIS management reports.

Discussion of Past Performance:

The potential for increasing electronic claims was historically limited by the limitation of the aged system infrastructure.

Plan To Achieve Targets:

- Aggressive marketing of EDI by modem transmission
- Expansion of point of sale

Other Factors Affecting Performance:

Provider ability or willingness to convert to electronic activity.

Objective 75-5.0. To ensure that the MA, GAMC, and MinnesotaCare expenditures are made according to federal and state requirements.

Measures 75-5.0 (a): Number of fraud and abuse investigations undertaken annually by SIRS.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	1,200	1,200	1,200	1,300	1,100e		
Target						1,000	900

Activity: 75-Health Care Operations

Measure 75-5.0 (b): Total program expenditures cost avoided annually as a result of SIRS activity in thousands of dollars.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$183	$313	$350	$375	$375e		
Target						$300	$250

Measure Description - Objective 75-5.0

Measure 75-5.0: Dollars not paid by the program because the providers erroneous billing practice was corrected and they are now billing correctly.

Definition: (a) Actual investigations conducted.

(b) Dollars identified as the result of past field audit, extrapolated to the providers current practice.

Rationale: Surveillance activity corrects billing practices, and providers no longer submit erroneous claims, thus avoiding inappropriate expenditures.

Data Source: Surveillance and Integrity Review

Discussion of Past Performance:

Program integrity activity grows in relation to program growth. Increased managed care, health care reform and reduced fee for service reduces opportunity over time.

Plan To Achieve Targets:

Target estimates based on projected growth in managed care by FY 95.

Other Factors Affecting Performance:

- Long term provider compliance.
- Growth in managed, pre-paid health care.

Objective 75-6.0. To secure recovery of expenditures where fraud, abuse, or misuse is established.

Measures 75-6.0 (a): Total program expenditures recovered by the SIRS section as a result of fraud and abuse investigations, measured in millions.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$3.0	$3.5	$3.2	$2.8	$2.6e		
Target						$2.3	$2.0

Measure 75-6.0 (b): Investigative costs recovered from providers who deliberately billed contrary to established policy, measured in thousands.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	$10	$25e	$25e	$25e	$25e		
Target						$20	$15

Activity: 75-Health Care Operations

Measure Description - Objective 75-6.0

Measure 75-6.0: Dollars recovered from providers for abusive or fraudulent billing and assessed providers to cover investigative costs.

Definition: Actual dollars recovered or levied providers.

Rationale: State law requires recovery of dollars associated with fraud and abuse, and permits recovery of administrative costs in situation, where the provider flagrantly and knowingly misbilled the programs.

Data Source: Surveillance and Integrity Review Section

Discussion of Past Performance:

Advanced enrollment in managed care reduces fee for service base for audit and recovery.

Plan To Achieve Targets:

Target estimates based on projected growth in managed care.

Other Factors Affecting Performance:

Growth in managed care.

Objective 75-7.0. To effectively administer the drug dispute resolution so the maximum rebate is negotiated and recovered from the drug manufacturer.

Measure 75-7.0: Percent of dollars disputed by the drug manufacturers that are recovered by the program as a result of successful dispute resolution.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	60%	70%	80%	80%	80%e		
Target						90%	90%

Measure Description - Objective 75-7.0

Measure 75-7.0: Percentage of drug rebate dollars disputed by drug manufacturers that are paid to state after dispute resolution.

Definition: Rebate dollars recovered divided by dollars disputed.

Rationale: Rebate dollars disputed by drug companies.

Data Source: Drug Rebate Dispute Resolution Team

Activity: 75-Health Care Operations

Discussion of Past Performance:

Initiation of drug rebate dispute resolution in FY 91 was hampered by lack of federal guidance. Development of a state audit and negotiation group has enhanced the process.

Plan To Achieve Targets:

Target estimates are based on historical experience.

Other Factors Affecting Performance:

- HCFA Rebate Policy
- Field audit findings

Agency: Department of Human Services
Program: Health Care
Activity: 76-Customer Service

1994 Total Expenditures ($000s):	$2,682	0.06%	of department's budget
1994 Number of FTE Staff:	42.6	0.67%	of department's staff

PROGRAM GOALS:

The purpose of the Customer Services Division is to enroll providers, provide training, technical assistance and information regarding Minnesota's Health Care Programs, including, Medical Assistance, General Assistance Medical Care, and MinnesotaCare policy to 24,000 enrolled providers and 400,000 clients.

Customer Services has four basic goals:

- build and maintain positive relationships;
- develop and share practical, useful tools;
- ensure proactive communications;
- meet the individual needs of customers

DESCRIPTION OF SERVICES:

Recruiting new providers to enroll in Minnesota's Health Programs where access problems have been identified.

Staffing the MMIS II Help Desk to answer questions from program clients regarding basic benefit coverage of Minnesota's health care programs and to respond to providers who are seeking basic policy and billing information using a "one call answer" strategy.

Assigning a personal liaison to contact providers who are requesting to be terminated from Minnesota's health care programs.

Integrating information pertaining to MinnesotaCare with all other provider information.

Distributing information pertaining to electronic claim submission to providers.

Offering frequent training opportunities for providers to guarantee timely delivery of information and increased provider satisfaction.

Development and distribution of information in a variety of mediums to assist providers in working with DHS.

Assigning every provider group a "Customer Services Specialist" to call when they encounter problems.

Monitoring, documenting and sharing provider concerns within DHS to ensure that emerging problems are recognized and effective solutions are found before access to health care is affected.

Activity: 76-Customer Service

PROGRAM DRIVERS:

- Temporary staffing of Customer Services has been accomplished through and in response to the tremendous amount of change occurring from the MMIS II project. In order to ensure continued success, the temporary staff positions will need to be converted to permanent positions or the established expectations of a high level of service will not be maintained.

- The vast numbers of individual customers and the complexity of rapidly changing program information offer special challenges in keeping customers informed and satisfied with the responsiveness of DHS toward their needs.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 76-1.0: Positive relationships with medical and paramedical schools and providers will be built and maintained.

Measure 76-1.0: Number of newly licensed health care professionals enrolling as new providers.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				To be developed			
Target							

Measure Description - Objective 76-1.0

Definition: The count of newly licensed physicians and dentists compared to the count of other enrollees.

Rationale: A greater number of health care professionals participating in Minnesota's Health Programs will result in fewer access to health care problems.

Data Source: MMIS II System

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Data will not be available until completion of MMIS II implementation.

Objective 76-2.0: Tools will be developed in a variety of mediums to assist providers in working with DHS.

Measure 76-2.0: Decrease in number of requests for one-on-one assistance from providers.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				To be developed			
Target							

Activity: 76-Customer Service

Measure Description - Objective 76-2.0

Definition: The count of requests for individual assistance.

Rationale: Development of provider friendly instructional information will enable providers to work with DHS without additional assistance.

Data Source: Provider Training Unit and Customer Service Help Desk

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Data will not be available until Provider\Recipient Publication Unit is established.

Objective 76-3.0. Provider communications will be proactive and occur with greater frequency.

Measure 76-3.0: Percentage of positive evaluations from participants.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target						80%	90%

Measure Description - Objective 76-3.0

Definition: Evaluations will be reviewed to determine provider satisfaction.

Rationale: Positive provider evaluations will reflect successful delivery of information and satisfaction with department operations.

Data Source: Provider Training Unit

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 76-Customer Service

Other Factors Affecting Performance:

Not all participants choose to evaluate experiences.

Objective 76-4.0. Provider and recipient needs will be met by developing a comprehensive problem tracking system to be used by the Customer Service Help Desk. A personal liaison will be assigned to each provider group on a ongoing basis.

Measure 76-4.0: Development of tracking system to identify problem areas.

Measure Description - Objective 76-4.0

Definition: Information will be collected for internal reporting purposes. Solutions will be explored and action will be taken accordingly.

Rationale: This tracking system can help to disseminate information to all interested divisions. Note: Tracking system will be developed upon hiring of staff.

Data Source: Customer Service Division tracking system.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Other Factors Affecting Performance:

Tracking system will be developed upon hiring of staff.

Agency: Department of Human Services
Program: Health Care
Activity: 77-Medicaid Management Information System (MMIS)

1994 Total Expenditures ($000s): $4,712 0.11% of department's budget
1994 Number of FTE Staff:

PROGRAM GOALS:

This activity is responsible for administering the centralized information system and data base critical for administration of the combined health care program administered by the Department of Human Services.

- Maintain an accurate client information data base for Medical Assistance (MA), General Assistance Medical Care (GAMC), and MinnesotaCare.
- Receive and maintain federal certification for operation of MMIS.
- Centralized operation of Minnesota's waivered services programs.
- Successful integration with other information systems administered by the department to support core business functions.
- Successful integration with data research activity associated with health care reform activities.
- Support certifiable level of performance in claims operation.
- Stability of on-line operations.
- Maintain highly accessible information data base to support program operation and health care reform research and trend analysis.

DESCRIPTION OF SERVICES:

The Medicaid Management Information System (MMIS) is federally required technology to enhance the Minnesota's efficiency in administering Medical Assistance. The system is also used for joint administration of state programs serving population not covered under MA, i.e. GAMC and MinnesotaCare.

The current MMIS was implemented in Minnesota on May 31, 1994. The current system is only the second information system implemented by Minnesota Health Care Programs. The original MMIS was implemented in 1974.

MMIS maintains and supports a management information reporting data base utilizing 3 years of converted claims history to provide immediate, on-line medical payment information - 45 million claims, $6 billion worth of health service information. This on-line capability provides critical, timely information for administration of the combined programs, health care reform and federal reporting. A critical function of MMIS is to support a highly integrated claims payment system capable of processing 17 million claims for health care services provided to clients of Medical Assistance, General Assistance Medical Care and MinnesotaCare.

Activity: 77-Medicaid Management Information System (MMIS)

Acknowledged benefits of the new system are:

- Lower administrative costs for the state and provider because of increased use of electronic media claim.
- On-line claims processing - better customer service.
- Ability to rapidly support health care reform decisions, identify trends,etc.
- Enhanced coordination of benefits assuring that tax dollars are the last dollars spent on health care. Uniformity in business practices to reduce provider costs.
- Pharmacy point of sale - immediate claims processing.
- Standardized national claim form - simplify provider billing.
- Recipient ID card for all programs - one number.
- Eligibility Verification - touch tone response for eligibility, benefit limits spenddown and third party coverage.
- Electronic media claim - modem to modem, magnetic tape or cartridge, diskette.
- Information Transfer System - free software and ability to purchase from volume purchase contracts to encourage electronic claims.
- On-line editing and response for better customer service.

PROGRAM DRIVERS:

- Health care reform data initiatives.
- Federal certification.
- Transition from fee for service to managed care.
- Health care reform.
- State funding of enhanced levels of operation.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 77-1.0. Maintain an accurate client information data base for all health care programs so that eligibility errors are reduced.

Measure 77-1.0: Percent of claims rejected for eligibility errors.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	40%	40%	40%	35%	30%e		
Target						25%	20%

Measure Description - Objective 77-1.0

Measure 77-1.0: Percentage of claims rejected for errors related to maintenance of an accurate eligibility file.

Definition: Percent of claims rejected for eligibility errors divided by total claims rejected.

Rationale: Maintenance of an accurate eligibility data base and provider use of the eligibility verification system will reduce unnecessary rejection.

Data Source: MMIS management reports

Activity: 77-Medicaid Management Information System (MMIS)

Discussion of Past Performance:

The previous MMIS utilized monthly eligibility cards, multiple client numbers and county eligibility verification to provide client information to providers. Advent of the new MMIS brings an industry standard uniform card, a single number and implementation of an eligibility verification system.

Plan to Achieve Target:

Target estimates are based on historical experience and current levels of claim activity.

Other Factors Affecting Performance:

County input of eligibility information and provider use of the verification system.

Objective 77-2.0. The MMIS production system will be available to customers at least 97% of regularly scheduled hours.

Measure 77-2.0: Availability during regularly scheduled business hours.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	96%e		
Target						97%	97%

Measure Description - Objective 77-2.0

Measure 77-2.0: Percentage of hours the on-line component of MMIS is available for state and county users.

Definition: Number of system up-time hours divided by total regularly scheduled business hours.

Rationale: The on-line functions of MMIS are critical to state and county staff for completion of daily business requirements.

Data Source: Information Policy and Services Division

Discussion of Past Performance:

The previous MMIS was not an on-line system. The current MMIS must maintain a stable on-line environment to support critical state and county activity required for operation of a health care and social services system.

Plan to Achieve Target:

Target estimates are correlated with other MMIS operating efficiencies.

Other Factors Affecting Performance:

1. Stability of MAXIS.
2. Stability of host environment.

Activity: 77-Medicaid Management Information System (MMIS)

Objective 77-3.0: The MMIS Point-of Sale system will be available to pharmacy vendors 97% of regularly scheduled business hours.

Measure 77-3.0: Availability during regularly scheduled business hours.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	N/A	N/A	N/A	N/A	96%e		
Target						97%	97%

Measure Description - Objective 77-3.0

Measure 77-3.0: Percentage of hours the Point-of-Sale component of MMIS is available to pharmacy vendors.

Definition: Number of system up-time hours divided by total regularly scheduled business hours.

Rationale: The point of sale function of MMIS is critical administration of the $120 million pharmacy benefit for the combined health care programs.

Data Source: Information Policy and Services Division

Discussion of Past Performance:

The previous MMIS did not support a Point-of-Sale system for administration of pharmacy claims. The current MMIS must maintain a stable on-line environment to support critical claims processing for the drug benefit.

Plan to Achieve Target:

Target estimates are projected from historical experience with data center up-time.

Other Factors Affecting Performance:

1. Stability of host environment.

Agency: Department of Human Services
Program: Health Care
Activity: 78-MinnesotaCare

1994 Total Expenditures ($000s):	$36,627	0.85%	of department's budget
1994 Number of FTE Staff:	54.5	0.86%	of department's staff

PROGRAM GOALS:

The program objectives are:

- To provide affordable access to health care for low-income, uninsured Minnesotans;
- To provide comprehensive health care benefits with an emphasis on prevention; and
- To coordinate coverage with Medical Assistance in order to reduce the cost of care to the state.

DESCRIPTION OF SERVICES:

MinnesotaCare is a state-subsidized health care plan built on the Medical Assistance infrastructure and offers a full range of primary and inpatient services. The program was implemented on October 1, 1992, as an expansion of the successful Children's Health Plan. The program is delivered through a mail-in application process through the MinnesotaCare Division of the Department of Human Services. Premiums are based on a sliding scale for families whose income is at or below 275 percent of poverty. Children whose family income is at or below 150 percent of poverty pay special fixed premiums of $4 per month per child. On October 1, 1994, adult-only households (no minor, dependent children) with incomes below 125% of poverty become eligible for MinnesotaCare. Funds permitting, adult-only households with incomes up to 275% of poverty will be eligible on October 1, 1995. All premiums range from 1.5 to 8.8 percent of a family's gross income.

The MinnesotaCare benefit plan covers primary, preventive and inpatient services including mental health, chemical dependency treatment, rehabilitative services, prescription drugs, and medical supplies and equipment. Dental services except for orthodontia are covered for children. Preventive dental services only are covered for adults. Adults pay $3 for each prescription, $25 for eyeglasses, and 10 percent of inpatient hospital charges up to $1,000 per person or $3,000 per family. Inpatient coverage for adults is limited to $10,000 per year. There is no limit to inpatient coverage for children.

Over seventy thousand people from every county in the state are enrolled in the program, more than forty thousand of these are children. Approximately seventy percent of enrolled families have family income at or below 150 percent of poverty. The program receives an average of 500 applications per week. Applications are readily available from state and local health and human service agencies, health providers and schools. Coverage does not actually begin until premium payment is received.

PROGRAM DRIVERS:

Program demand, budget and policy decisions are impacted by a variety of external factors. The job market and policies of employers related to employee benefits influences the number of potentially eligible enrollees. The health care reform initiatives at both the state and federal level have a substantial impact on MinnesotaCare. The Department has submitted a waiver request to HCFA proposing changes in Medicaid eligibility which will draw federal financial participation for pregnant women, children to age 21, and some parents of minor children. Approval of this request will result in the availability of more state funds for adult-only household members. Potential federal legislation which impacts employer mandates to provide health care or modifies ERISA exemptions could also significantly impact MinnesotaCare enrollment and finances.

Activity: 78-MinnesotaCare

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 78-1.0. The MinnesotaCare Program will increase access to health care services for low-income, under and uninsured citizens.

Measure 78-1.0 (a): The percentage of estimated uninsured families with incomes below 275% of the federal poverty guidelines that enrolled in MinnesotaCare.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			25%	44%	56%e		
Target						64%	67%

Measure 78-1.0 (b): The percentage of estimated uninsured households without dependent children with incomes below 125% of federal poverty guidelines in FY 95 and 275% of federal poverty guidelines in FY 96 and FY 97 that enrolled in MinnesotaCare.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance			Not applicable		4%e		
Target						8%	10%

Measure Description - Objective 78-1.0

Definition: The number of enrollees in families with dependent children and the number of enrollees in adult-only households divided by the estimated number of uninsured persons in families and the number of uninsured persons in adult-only households with incomes below a percentage of the federal poverty guidelines.

Rationale: The purpose of MinnesotaCare is to provide health care access to persons unable to obtain health care coverage through other public or private sector benefit plans. Measuring the impact of the program on the uninsured population demonstrates whether the program is impacting that purpose.

Data Source: MinnesotaCare enrollment data, estimates of the uninsured population.

Discussion of Past Performance:

MinnesotaCare has met targets which are based on actuarial and population data.

Plan To Achieve Targets:

Outreach materials are provided to community-based agencies for appropriate referrals, persons terminating MA benefits because of excess income are referred to MinnesotaCare.

Other Factors Affecting Performance:

The agency cannot control the actions of private health carriers and employers who may take unanticipated actions in response to fiscal constraints or perceived threats resulting from state or national health care reform efforts thus dramatically increasing or decreasing the predicted number of uninsured Minnesotans in any given year.

Activity: 78-MinnesotaCare

Objective 78-2.0 MinnesotaCare applications will be fully processed within 30 days of the completed application reaching DHS ninety percent of the time.

Measure 78-2.0: Percent of applications fully processed within 30 days of application.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				70%	75%e		
Target						80%	90%

Measure Description - Objective 78-2.0

Definition: The number of applications with a processing date within 30 days of the date of receipt divided by the total number of applications received during a specific time period.

Rationale: MinnesotaCare currently receives about 100 completed applications each day. Because MinnesotaCare does not offer retroactive coverage, determining eligibility quickly is critical. Eligibility is contingent on many factors including, income, family size, access to employer subsidized health insurance, and current health insurance coverage. When a MinnesotaCare eligibility representative determines that a family is eligible, MinnesotaCare sends the client an initial premium bill. Eligibility begins on the first day of the month following the month during which the payment is received.

Data Source: MMIS II, MinnesotaCare Files

Discussion of Past Performance:

MinnesotaCare has processed new applications within the 30 day period since Spring of 1993. This year some delays were caused by conversion to a new computer system.

Plan To Achieve Targets:

Additional staff have been hired to handle the new eligibility group beginning October 1, 1994.

Other Factors Affecting Performance:

An unpredicted increase in the rate of applications received could negatively impact the agency's ability to process the applications in a timely manner.

Objective 78-3.0. Telephone inquiries to MinnesotaCare will be responded to quickly and courteously.

Measure 78-3.0 (a): Requests through the MinnesotaCare information line to speak with an Eligibility Representative will be responded to 80 percent of the time within 90 seconds or fewer.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	Not applicable				70%e		
Target						80%	90%

Activity: 78-MinnesotaCare

Measure 78-3.0 (b): Callers to the Integrated Voice Response (IVR) will respond positively to consumer satisfaction inquiries.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance		Not applicable			85%e		
Target						90%	90%

Measure Description - Objective 78-3.0

Definition: The number of calls answered within 90 seconds or less divided by total number of call received during a specified time period and yes responses to the IVR divided by the total number of callers responding to the IVR consumer satisfaction questions.

Rationale: MinnesotaCare receives an average of 1,200 calls each day through an integrated voice response (IVR) system in addition to numerous calls direct-dialed to eligibility workers. Good customer service and easy accessibility to the program require a short wait before reaching a representative. For quick answers to common questions, MinnesotaCare maintains an interactive voice response system. Among other features, the automated line describes the MinnesotaCare program, estimates monthly premiums, takes requests for applications, informs clients about the status of their application, and lists covered services. Effective telephone service reduces the number of ineligible applicants and eliminates the need for face-to-face interviews which increase program administration costs.

Data Source: Integrated Voice Response system reports.

Discussion of Past Performance:

The technology was not available to measure past performance.

Plan To Achieve Targets:

Installed a new telephone system which routes and distributes calls can be monitored for performance. Assigned special staff to enhance telephone service.

Other Factors Affecting Performance:

The health care reform debate coupled with inaccurate media reporting occasionally result in dramatic and unanticipated increases in the number of calls from enrollees fearful of losing health care benefits. Unanticipated demand for enrollment information because of mass layoffs or other actions resulting in the loss of health care benefits also increases the number of calls.

Objective 78-4.0. MinnesotaCare enrollees with high inpatient expenditures will be successfully transferred to Medical Assistance 90 percent of time.

Activity: 78-MinnesotaCare

Measure 78-4.0 (a): MinnesotaCare enrollees experiencing inpatient hospitalization episodes will be identified and screened within 60 days of the date of admission.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

Measure 78-4.0 (b): Appropriate referrals to Medical Assistance will be made for MinnesotaCare enrollees identified as receiving inpatient hospital services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target				To be developed			

Measure Description - Objective 78-4.0

Definition: Providers are required to submit a pre-admission certification so that MinnesotaCare can screen enrollees and appropriately refer to Medical Assistance in order to collect federal matching funds for costly expenditures. Performance will be measured by dividing the number identified and screened within 60 days by the total number receiving inpatient services and by the number subsequently determined eligible for MA divided by the total number of referrals.

Rationale: Enrollees with high medical expenses are frequently eligible for Medical Assistance with a spend-down. Transferring enrollees to Medical Assistance allows the state to re-coup approximately 50 percent of the cost of care from the federal government thereby making MinnesotaCare available for more people. It is important to identify potential MA eligibles quickly so that a determination of MA eligibility can be made within the 90 day retroactive benefit period. Accurate referrals are important to reducing confusion and inconvenience for MinnesotaCare enrollees.

Data Source: MMIS II and the MinnesotaCare Inpatient Database. Reports from MMIS II may not be available until late in 1994 making it impossible to develop reasonable measures until preliminary data can be reviewed.

Discussion of Past Performance:

Plan To Achieve Targets:

Developing new database to enhance referral activity and share data among staff. Added clerical support to function. Providing training to county MA staff to facilitate better coordination between programs.

Other Factors Affecting Performance:

A backlog in county processing time can negatively impact the timeliness with which MA eligibility determinations are made.

Agency: Department of Human Services
Program: Community Mental Health and State-Operated Services

PROGRAM SUMMARY

Expenditure and Staffing (F.Y. 1994)

	($ in thousands)	
Total Expenditures:	$ 285,202	6.59 % of department's spending
From State General Fund	254,139	
From Federal Funds	6,716	
From Enterprise Funds	11,314	
From Other Funds	13,033	
Number of FTE Staff:		
FTE @ 2080 hrs./yr.	5,109.7[1]	80.65 % of department's spending

[1] FTE allocation 7/1/94=4,379.5 (see Appendix C)

PROGRAM GOALS:

To provide direction for state mental health policy and provide direct services in the areas of mental health, chemical dependency, and nursing home care that help Minnesotans becomem healthy and get the help they need to live as independently as possible.

- To develop and implement a statewide mental health plan according to legislative directives in the Comprehensive Children's and Adult Mental Health Acts and other legislation.
- To effectively administer State-Operated Services which provide treatment and housing for people with chemical dependency, mental illness and developmental disabilities and to connect those individuals back to community life.

SUMMARY OF PROGRAM SERVICES:

This program exists to ensure an array of integrated services to persons with developmental disabilities, mental illness and chemical dependency. This includes the following management activities: Mental Health Administration, State Mental Health Grants (community programs for adults and children), Federal Mental Health Grants, the RTC Systemwide budget, Residential Facilities Management, management activities for each RTC, the state-operated nursing home and state-operated services for persons with developmental disabilities (DD-SOCS) and for persons with mental illness (MI-SOCS). Since this does not include the full array of services for each population, this program works closely with the other parts of DHS and other agencies which have a role in serving these populations.

This program participates in implementation of all of the Department's key initiatives, with particular emphasis on initiatives relating to families and children, life-skills self-sufficiency (including long term care reform), health care reform, infrastructure and community.

Program: Community Mental Health and State-Operated Services

In recent years, this program has moved towards operation of fewer beds within RTC institutional settings, with a significant number of current beds being consolidated, closed or transferred for other uses (such as Corrections); the remaining beds are being used for increasingly specialized needs which cannot be met in other settings (such as beds for psychopathic personalities). Key examples of this movement are the transition occurring at Moose Lake RTC during FY 1994-95, and the legislatively approved recapitalization and planned development of state-operated services at Anoka Metro RTC during FY 1996-97.

In the children's area, this program is supporting development of children's mental health collaboratives and maximizing federal funds for children's mental health services.

For both adult and children's services, this program is moving towards better integrated and coordinated services, including effective utilization of RTC staff in provision of community-based services, and movement towards managed care which will cut across funding sources and service systems.

MAJOR PROGRAM DRIVERS:

- Community-based services for both children and adults, particularly crisis services, case management and community support services, are often inadequate, not appropriate to the needs or simply unavailable.
- Categorical funding streams that support most mental health services often result in a service system that is driven by funding rather than addressing the needs of clients.
- In many areas, there has been a heavy reliance on institutional models of care which are not well integrated with community care and do not address individual client need.
- The overall health care system is undergoing rapid and profound change. Mental health needs must be appropriately addressed within these broader system changes.

KEY PERFORMANCE OBJECTIVES AND MEASURES:

Goal 1: To develop and implement a statewide mental health plan according to legislative directives in the Comprehensive Children's and Adult Mental Health Acts and other legislation.

Objective: Adult community support programs (CSP) and day treatment services achieve high levels of effectiveness. (Objective 50-5.0, page 303.)

Performance Measure:

The percent CSP clients who report scores of 4 or higher on the five-point client outcomes scale.

The percent of Day Treatment clients who report scores of 4 or higher on the five-point client outcomes scale.

Objective: Local children's mental health systems will be integrated with school and social services systems in the provision of services. (Objective 50-3.0, page 301.)

Program: Community Mental Health and State-Operated Services

Performance Measure:

Number of local children's mental health collaboratives approved by the State Coordinating Council.

Goal 2: To effectively administer State-Operated Services which provide treatment and housing for people with chemical dependency, mental illness and developmental disabilities and to connect those individuals back to community life.

Objective: To provide SOCS crisis intervention and RTC based Community Support Services programs so that clients with developmental disabilities are able to remain in the community. (Objective 96-2.0, page 377.)

Performance Measure:

Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention and/or community support services. Based on the total number of individuals with DD receiving crisis intervention and/or community support services.

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 50-Mental Health Programs

1994 Total Expenditures ($000s):	$41,001	0.95%	of department's budget
1994 Number of FTE Staff:	32.7	0.52%	of department's staff

PROGRAM GOALS:

The goal of mental health programs is to improve the mental health of the adults and children living in the state. This goal can be achieved through implementation of the Adult and Children's Comprehensive Mental Health Acts (M.S. 245.461, M.S. 245.487), passed in 1987 and 1989 respectively. These acts put special emphasis on meeting the needs of adults with serious and persistent mental illness (SPMI) and children with severe emotional disturbance (SED). There are approximately 32,000 adults with SPMI and 57,000 children with SED living in the state.

In its efforts to implement the mental health acts, the Mental Health Division of the Department of Human Services has in recent years focused on the following, more specific, goals:

- Developing needed services where they have not been available;
- Ensuring that services are of high quality;
- Improving the coordination or integration among services; and
- Reducing barriers to service access.

Most in need of development have been community-based services such as community and family support services, day treatment, and case management. These services typically represent less restrictive and less costly forms of care than institutional (hospital) treatment and residential treatment, and, when available, have been demonstrated to often *prevent* hospitalization and residential treatment placements. Development of emergency and crisis services, which can also prevent hospitalization, has also been a high priority.

Although the Mental Health Acts, and state rules developed to implement these acts, provide many regulations to ensure service quality, including licensure of some types of providers, the Mental Health Division is now developing the means to ensure quality through measures of effectiveness. Services that meet the needs of clients and improve their level of functioning and quality of life can be said to have quality.

As the services system develops the full range of services needed by the target population, attention is shifting toward the concern about coordination among these services. Coordination eliminates inefficiencies and "gaps" in the system of service delivery. Integration of funding streams prevents situations in which a client receives less appropriate services because those are the only services for which the client is financially eligible.

Finally, due to factors of geographic isolation, cultural diversity, lack of funding, lack of transportation, and the stigma of mental illness, many adults and children who could benefit from public services are not able to gain access. The Division engages in a variety of efforts to reduce or eliminate these barriers.

Achievement of the goals above means providing an array of services to the residents of each county that meets the varying needs of all individuals with mental illness or emotional disturbance. The Mental Health Division works with counties (the local mental health authorities), regional treatment centers, other state agencies, advocacy organizations, consumer groups, and a variety of community-based programs to assure provision of a quality array of services. The Division has five primary functions:

Activity: 50-Mental Health Programs

- Setting quality standards for mental health services (e.g., rules, demonstration programs),
- Developing and allocating resources to counties for provision of services,
- Monitoring key indicators of service provision,
- Providing technical assistance and consultation to counties and providers, and
- Planning a statewide system.

DESCRIPTION OF SERVICES:

The county agency functions as the Local Mental Health Authority and has the responsibility to provide a comprehensive array of mental health services to county residents. This array is described below. The local agency can provide these services directly or through contracts with private providers. Services to individuals are coordinated by case managers. The law provides that the potential service recipient has the right to accept or refuse service and that acceptance of one service cannot be made a condition of the provision of another service.

Education and Prevention: These services are designed to convey information regarding mental illness and emotional disturbance, along with information about treatment resources, to the general public and to special high-risk target groups. This task may be carried out through a variety of methods, but should increase understanding and acceptance of problems associated with mental illness and emotional disturbance. These services should also improve people's skills in dealing with high-risk situations known to have an impact on mental health, and should prevent development or deepening of mental illness or emotional disturbance. Finally these services should encourage referrals to appropriate mental health services.

Emergency: Services for persons who are experiencing an emotional crisis, mental illness, or emotional disturbance, which:

1) Promote the safety and emotional stability of the person;
2) Minimize further deterioration of illness or disturbance;
3) Help the person obtain any needed ongoing care and treatment; and
4) Prevent treatment in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet the person's needs.

Outpatient Services: Generally, outpatient services refer to counseling and psychotherapy sessions held between a psychologist or social worker and the client. The purpose of these services is to assist the client in recovering from his or her mental illness or emotional disturbance. Examples of other outpatient services include diagnostic assessments; psychological testing; developing individual treatment plans; prescribing medication and evaluating its effectiveness.

Case Management: Mental health case management is a series of activities designed to assist the client in accessing the mental health services of the person's choice. It also involves coordinating the services and monitoring their effectiveness so that the client receives the services he or she needs. The case manager makes regular contact with the client as well as with friends, family members and service providers to assure that the client gets the best array of services to which he or she is entitled.

Community and Family Support Services Community support programs (CSP) and family community support services (FCSS) are designed to provide the necessary support for persons with serious and persistent mental illness or severe emotional disturbance to allow them to lead healthy and productive lives in a community setting, or, in the case of children, within the family. These services occur, to the extent possible, in the person's home or day to day living environment.

Day Treatment Day Treatment is a subgroup of community support services that are clinical in nature and operate on a continuous basis throughout the year. They are designed to provide a structured environment for treatment that allows the client to live in the community.

Activity: 50-Mental Health Programs

Residential Treatment Residential treatment services include both intensive and structured residential treatment, with length of stay based on client need. Services must be as close to the county of origin as possible. Residential treatment is designed to prevent hospitalization and to help clients develop toward more independent living, in the case of adults, or, in the case of children, to rejoin their families. To do this they help clients gain the necessary skills to function in a less structured setting.

Community Hospital Inpatient Treatment Community hospital inpatient treatment services are designed to stabilize the medical and mental health condition of the person for which admission is required. They are also designed to improve functioning to the point where discharge to residential treatment or community-based mental health services is possible; and to facilitate appropriate referrals for follow-up mental health care in the community.

Regional Treatment Center Inpatient Treatment Regional treatment centers (RTCs) provide services to persons in need of treatment for serious and persistent mental illness. Among other things, they provide acute care inpatient hospitalization, stabilize the medical and mental health condition of the patient, improve functioning to the point where discharge to community-based mental health services is possible, strengthen family and community support and facilitate appropriate discharge and referrals for follow-up mental health care in the community.

PROGRAM DRIVERS:

The Mental Health Division is one agency among many that work toward improving the lives of persons with mental illness or emotional disturbance. Counties, other state agencies and the state legislature, service providers, consumers and their families, all share some of the responsibility for accomplishing this goal. Accomplishment of the more specific goals of the Mental Health Division, defined above, is to some degree dependent as well on the decisions and actions of these other participants in the system.

PERFORMANCE OBJECTIVES AND MEASURES:

Performance objectives are defined for some, but not all, of the mandated services described above. The Mental Health Division's primary focus through 1997 is on development of new models, or systems, of service delivery, with emphasis on the development of the needed non-institutional, community-based services: emergency and crisis services, community support services, family community support services, day treatment, and case management. Because in many parts of the state these services are not yet fully developed, objectives having to do with the extent to which level of need in the target population is being met are still of central importance. Objectives related to service quality and coordination, although important and being addressed by the Division, are not yet part of this report.

It must be noted that the selected indicators of performance in this section are highly specific and do not address all sides of the performance issue. Evaluation of performance should consider other forms and sources of information. Program operations should not compromise the integrity of services or their effectiveness in any special efforts to "manage to the objective."

Objective 50-1.0 Persons contacting emergency mental health services telephone hotlines will receive prompt attention from a mental health professional.

Measure 50-1.0: Percent of emergency hotlines providing access to a mental health professional within 30 minutes.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	79%	82%e		
Target						84%	87%

Activity: 50-Mental Health Programs

Measure Description - Objective 50-1.0

Definition: Computed as the number of sampled providers with 30-minute access to a mental health professional, divided by the total number of providers sampled.

Rationale: Emergency services are a top priority of the Mental Health Acts. All counties are required to provide emergency services in the form of a 24-hour telephone hotline, with prompt access to a mental health professional. Counties contract this service through provider agencies, and some of these agencies serve more than one county. There is no target established for FY 1995 because the FY 1994 survey was conducted near the end of that year and the Department will not conduct its next survey until FY 1996.

Data Source: Periodic sample survey of hotlines, involving trial calls from simulated clients needing immediate assistance.

Discussion of Past Performance:

In FY 1994, 26 out of 33 sampled hotlines provided 30-minute access to a mental health professional.

Plan to Achieve Targets:

The Mental Health Division will provide technical assistance to counties and providers in the fall of 1994, and will continue to monitor this service to ensure its continued availability as prescribed in law.

Other Factors Affecting Performance:

Because the mental health system is primarily a collection of local (county) systems, with supporting and supervisory functions at the state level, operational control is in the hands of counties, which at times may elect not to abide by state mandates. Inadequate state funding is a commonly cited reason for lack of compliance with the Mental Health Acts. Although the state agency has statutory authority to compel compliance through withholding of funding, it is the clients who stand to lose most if such a decision is made. The state agency, therefore, relies on provision of technical assistance and consultation in trying to resolve compliance problems.

Objective 50-2.0 Crisis intervention services will divert a significant number of potential admissions.

Measure 50-2.0: Number of patients diverted from inpatient treatment by crisis intervention.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	-	200e		
Target						250	300

Measure Description - Objective 50-2.0

Definition: This is a raw count of the number of persons whose crisis is serious enough for admission to inpatient treatment, but who instead are diverted back to the community through the intervention of crisis services.

Activity: 50-Mental Health Programs

Rationale: Crisis intervention services are a top priority of the Mental Health Acts. These services are now being developed in 12 counties as demonstration projects, and it is anticipated that after 1997 the successful models will be expanded into statewide operation. The targets for this measure were developed without baseline information and may have to be adjusted in 1995.

Data Source: Periodic reports from crisis intervention programs, beginning in 1995.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

The Department will increase monitoring efforts in connection with these demonstration projects, and will develop plans for future expansion of crisis services, depending upon available funding and identification of models that are effective.

Other Factors Affecting Performance:

Because the Department and counties are experimenting with a variety of approaches to crisis intervention, it is possible that not all of these approaches will prove effective.

Objective 50-3.0 Local children's mental health systems will be integrated with school and social services systems in the provision of services.

Measure 50-3.0: Number of local children's mental health collaboratives approved by the State Coordinating Council (SCC).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	-	10e		
Target						12	15

Measure Description - Objective 50-3.0

Definition: A count of the number of local children's mental health collaboratives that have joined with educational and social services agencies serving children.

Rationale: Local children's mental health systems will be forming collaboratives with schools and other agencies serving children in order to better coordinate care and to integrate funding. Integrated funding will allow provision of more services tailored to individual needs. This is a long-range effort, begun in 1994 with submission of plans to the Department by local agencies interested in forming collaboratives. Targets reflect future implementation efforts.

Data Source: State Coordinating Council.

Discussion of Past Performance:

Not applicable.

Activity: 50-Mental Health Programs

Plan to Achieve Targets:

The Children's Team of the Mental Health Division will work as part of the Children's Initiative to ensure that family and children's collaboratives incorporate mental health agencies and services.

Other Factors Affecting Performance:

The extent to which Medical Assistance is made available to approved collaboratives will influence the number of counties willing to form or participate in formation of collaboratives. Future funding of collaborative efforts will also affect county willingness to participate.

Objective 50-4.0 The unmet need for Case Management and CSP/Day Treatment services among adults will decrease.

Measure 50-4.0 (a): The percent of the estimated number of adults with SPMI in need of Case Management who actually receive these services.

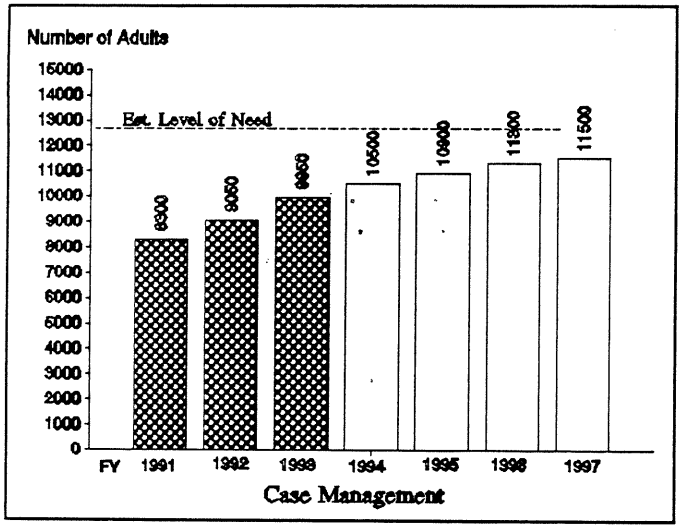
	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	65%	71%	78%	82%	85%e		
Target						88%	90%

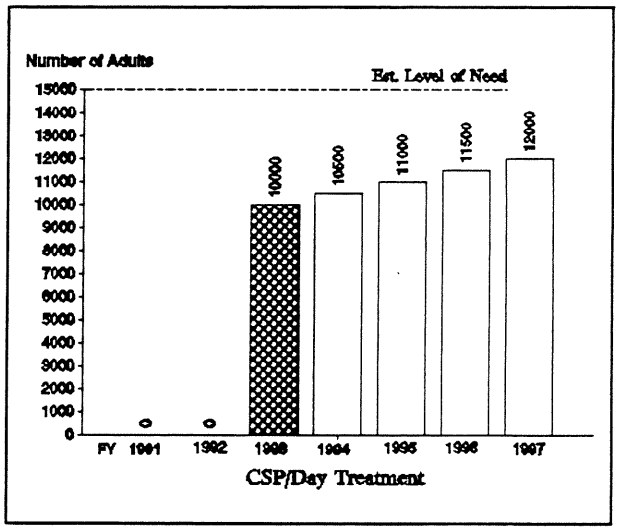
(see graph below)

Measure 50-4.0 (b): The percent of the estimated number of adults with SPMI in need of CSP/Day Treatment who actually receive these services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	67%	70%	73%e		
Target						76%	80%

(see graph below)





Activity: 50-Mental Health Programs

Measure Description - Objective 4.0

Definition: The number of persons receiving each service is divided by the number of persons *estimated* to need the service. The levels of need are computed in various ways, which are further explained in the Department's annual *Mental Health Report to the Legislature.* These levels of need will be adjusted in 1995 for population increases.

Rationale: A major goal of the Adult Mental Health Act is to increase reliance on nonresidential, community-based services, and to decrease reliance on inpatient and residential services. These trends can be monitored by measuring the extent to which the community-based services are meeting estimates of need. The more of the SPMI target population who are receiving quality community-based treatment and support services, the fewer will develop crises that require hospitalization or residential treatment.

Data Source: The Community Mental Health Reporting System (CMHRS) and the Minnesota Medicaid Information System (MMIS).

Discussion of Past Performance:

These services underwent major development in the late 1980s and early 1990s, with the availability of additional state and federal funds.

Plan to Achieve Targets:

Some counties are still developing these services, including adding case managers and CSP staff. Increasing discharges from the RTCs will require further development of these alternative services. RTC resources will also become increasingly involved in providing these services.

Other Factors Affecting Performance:

See discussion under Objective (1). Another factor that will affect these measures is new methodologies, mandated by the federal government, for estimating the prevalence of SPMI. These methodologies are anticipated during 1994 or 1995, and they are likely to result in higher estimates of need statewide. If these services are in the future included in MinnesotaCare, the overall funding level can be expected to rise and progress toward meeting need accelerated.

Objective 50-5.0 Adult CSP and Day Treatment services achieve high levels of effectiveness.

Measure 50-5.0 (a): The percent CSP clients who report scores of 4 or higher on the five-point client outcomes scale.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	-	-		
Target						40%	45%

(Note: 90% target is ultimate objective, and should be achieved by the year 2000)

Activity: 50-Mental Health Programs

Measure 50-5.0 (b): The percent Day Treatment clients who report scores of 4 or higher on the five-point client outcomes scale.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	-	-	-		
Target						40%	45%

Measure Description - Objective 50-5.0

Definition: Computed as the number of clients reporting global outcome scores '4' or higher on the state's client outcomes survey. The global outcome score is a combination of three scales: client satisfaction, level of functioning, and quality of life. Scores of 4 or 5 indicate a high level of program success in meeting client needs.

Rationale: In order for the shift toward community-based services to be justifiable, these services must meet client needs. Within the context of health care reform, there has been significant development of outcomes measurement technology in mental health services. The Department is taking advantage of this development by implementing a client outcomes study in the Moose Lake RTC catchment area, as part of the effort to evaluate the effectiveness of the closure of that facility. This technology will be implemented on a broader scale beginning in 1995 or 1996. Since there are no baseline data from which to project targets, the targets shown above could change significantly next year.

Data Source: The Annual Community Client Outcome Survey (under development).

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

The data collection procedures will be tested in the Moose Lake catchment area in 1994 and 1995 as part of the effort to evaluate the effectiveness of the closure of that facility. It will be employed on a broader scale in 1995 or 1996.

Other Factors Affecting Performance:

The state agency will rely on counties and providers to serve as intermediaries in the data collection system, and accuracy of measurement will depend on adherence to data collection procedures.

Objective 50-6.0 The unmet need for Case Management, Family Community Support Services (FCSS), Professional Home-Based Treatment, and Day Treatment will decrease.

Measure 50-6.0 (a): The percent of the estimated number of children with SED in need of Case Management who actually receive these services.

Activity: 50-Mental Health Programs

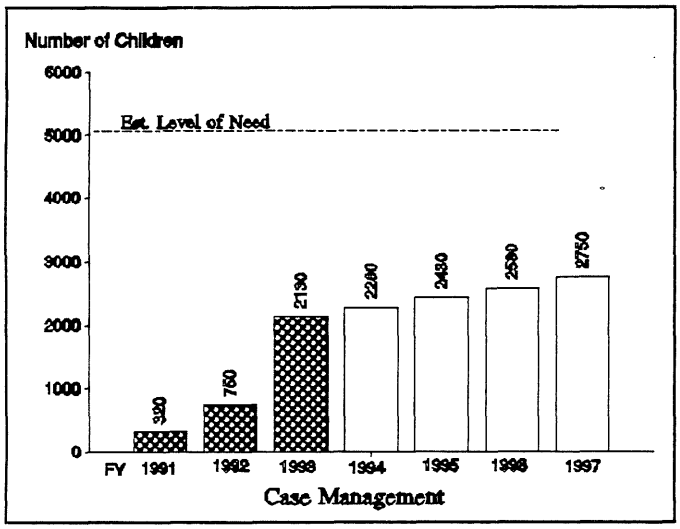
	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	6%	15%	42%	45%	48%e		
Target						51%	54%

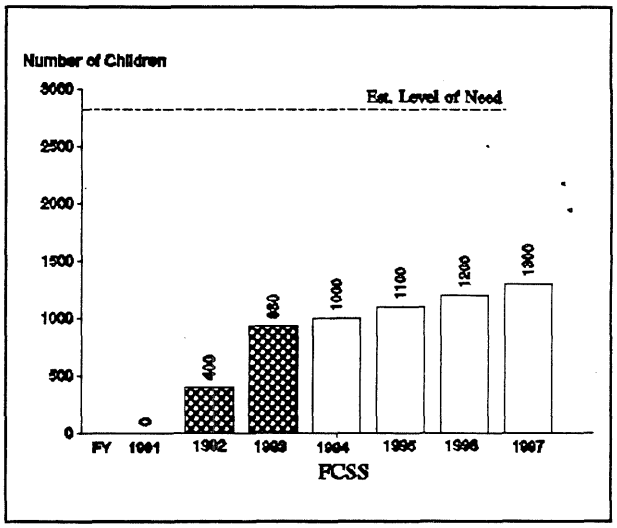
(see graph on next page)

Measure 50-6.0 (b): The percent of the estimated number of children with SED in need of Family Community Support Services who actually receive these services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	33%	36%	39%e		
Target						42%	45%

(see graph below)





Measure 50-6.0 (c): The percent of the estimated number of children with SED in need of Professional Home-Based Treatment who actually receive these services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	17%	20%	25%e		
Target						30%	35%

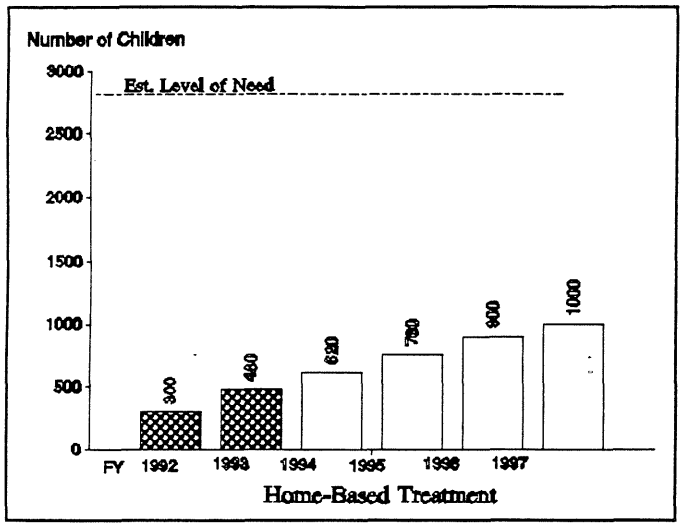
(see graph on next page)

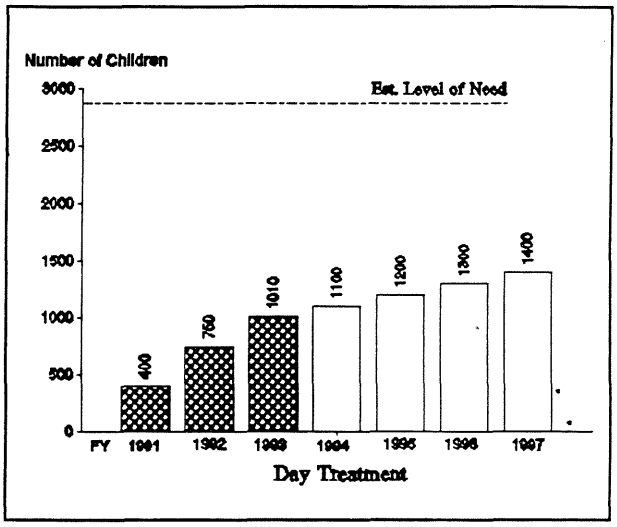
Measure 50-6.0 (d): The percent of the estimated number of children with SED in need of Day Treatment who actually receive these services.

Activity: 50-Mental Health Programs

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	36%	39%	42%e		
Target						45%	48%

(see graph on next page)





Measure Description - Objective 50-6.0

Definition: The number of children receiving each service is divided by the number of children estimated to need the service. The levels of need are computed in various ways, which are further explained in the Department's annual *Mental Health Report to the Legislature.* These levels of need will be adjusted in 1995 for population increases.

Rationale: A major goal of the Children's Mental Health Act is to increase reliance on nonresidential, community-based services, and to decrease reliance on inpatient and residential services. These trends can be monitored by measuring the extent to which the community-based services are meeting estimates of need. The more of the SED target population who are receiving quality community-based treatment and support services, the fewer will develop crises that require hospitalization or residential treatment.

Data Source: The Community Mental Health Reporting System (CMHRS) and the Minnesota Medicaid Information System (MMIS).

Discussion of Past Performance:

Development of these services was most dramatic in the early 1990s, as new funding became available after passage of the Children's Mental Health Act. More development is needed, but unless these services are funded at the level required, the rate of development will be slower.

Activity: 50-Mental Health Programs

Plan to Achieve Targets:

Use of Medicaid, GAMC, and MinnesotaCare to fund these services is expected to increase. FCSS will become eligible for this funding for the first time in early 1995.

Other Factors Affecting Performance:

See discussion under Objective (1). Another factor that will affect these measures is new methodologies, mandated by the federal government, for estimating the prevalence of SED. These methodologies are anticipated during 1994 or 1995, and they could result in either higher or lower estimates of need. If these services are in the future included in MinnesotaCare, the overall funding level can be expected to rise and progress toward meeting need accelerated.

Objective 50-7.0 Individuals and families experiencing problems associated with compulsive gambling will have access to a toll-free hotline service and to treatment services.

Measure 50-7.0 (a): The number of calls received by the hotline service.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	2,300	3,600	4,800	6,600e		
Target						8,400	8,400

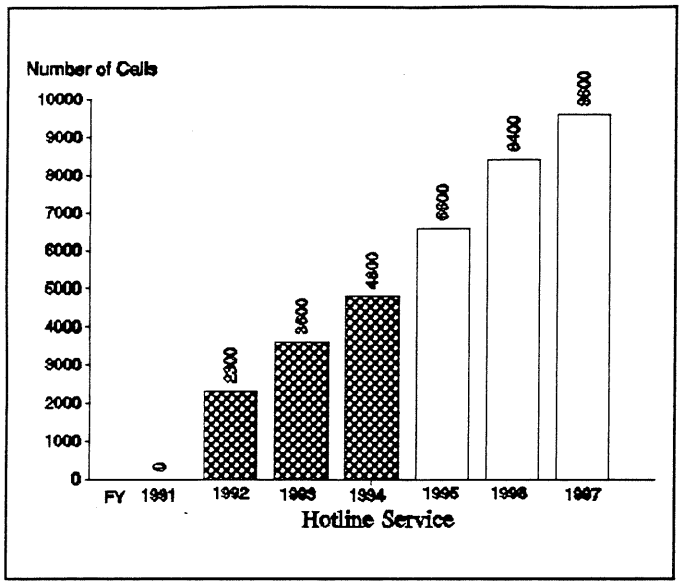
(see graph below)

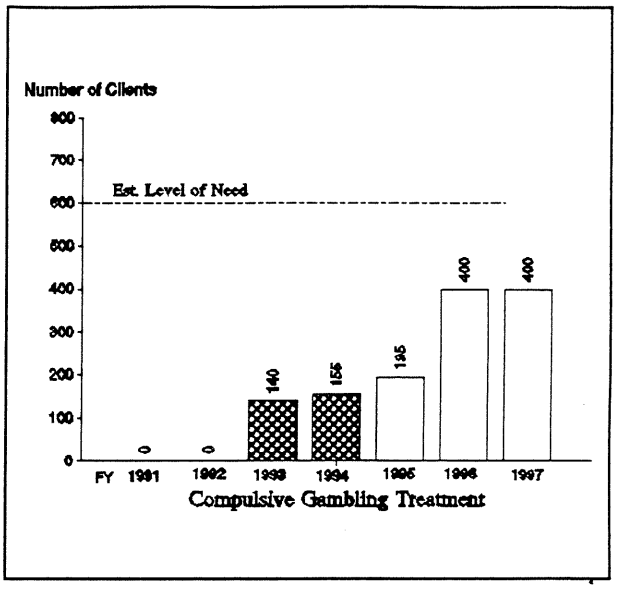
Measure 50-7.0 (b): The number of persons receiving treatment services for compulsive gambling.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance	-	-	140	155	195e		
Target						400	400

(see graph below)

Activity: 50-Mental Health Programs





Measure Description - Objective 50-7.0

Definition: These measures are actual counts of the number of hotline calls and persons receiving treatment.

Rationale: Calls to the hotline take a variety of forms. The majority are queries for general information. About one-quarter of callers require some type of intervention services. Many of these are best suited to referral for assessment or to informal, self-help types of services such as Gamblers Anonymous or Gamanon. A small percentage of callers require referral to formal outpatient treatment programs. Measure (b) refers to these formal treatment programs.

Data Source: Hotline records and quarterly reports from treatment programs and the Hazelden Outcome Evaluation Project.

Discussion of Past Performance:

Public awareness of compulsive gambling problems has grown steadily since 1992, resulting in an increase in hotline calls, in referrals for assessment and to self-help groups, and in treatment.

Plan to Achieve Targets:

The Division's compulsive gambling program will provide training to mental health and chemical dependency professionals, and will increase public education and prevention programs. In the absence of additional funding for treatment programs, 1995 levels of performance can be expected to be maintained.

Activity: 50-Mental Health Programs

Other Factors Affecting Performance:

Performance on these indicators will be affected by the level of continued funding of programs through legislative appropriations, any expansion in the number of gambling sites in the state, and the actual prevalence of problem and compulsive gambling.

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 85-Residential Program Management

1994 Total Expenditures ($000s):	$1,255	0.03%	of department's budget
1994 Number of FTE Staff:	11	0.17%	of department's staff

PROGRAM GOAL:

- To provide administrative and programmatic support for the 9 regional treatment facilities so uniform and effective management of human and fiscal resources, quality care, and active treatment are provided to individuals served by the residential facilities.

DESCRIPTION OF SERVICES:

The major functions of this activity are to:

1. Support, monitor and evaluate the quality and appropriateness of client care and treatment in RTCs, through the Quality Assurance and Utilization Review mechanisms, to resolve problems as identified and assure active treatment.

2. Review, develop, and implement policies and procedures by which the residential facilities provide treatment and protect the rights, dignity, and physical and mental well being of the residents and clients.

3. Coordinate and maintain the development of information and communication technology for the residential facilities to enhance the delivery of quality health care services.

4. Prepare Legislatively required reports.

5. Assist residential facilities in meeting applicable accreditation, certification, and licensure requirements.

6. Plan, develop, and monitor the provision of care and active treatment to individuals who are mentally ill, developmentally disabled, chemically dependent, or geriatric clients with behavior problems, in coordination with other division, i.e., Developmental Disabilities, Mental Health, Chemical Dependency, and Long Term Care Divisions.

7. Coordinate the statutorily required Special Review Board function which governs the transfer, provisional discharge, or discharge of special category clients.

8. Coordinate preparation of biennial and capital improvement budgets, allocate and monitor operating expenditures to assure resources are efficiently and effectively utilized to meet programmatic and administrative functions.

9. Monitor staffing requirements, physical plant needs, forms management, and provide coordination for matters concerning the Jarvis litigation and the Memorandum of Understanding.

10. Prepare population census and other management reports pertinent to the operation of the residential facilities.

11. Facilitate the delivery of mutually beneficial and cost-effective services through shared service agreements.

Activity: 85-Residential Program Management

PROGRAM DRIVERS:

- Shift from institutional to community based service delivery system
- Excess capacity
- Economic impact on RTC host communities
- How will RTC service fit into Health Care Reform (i.e., ISNs)?
- Supreme Court decision reaffirming ongoing commitment of PPs
- Demand for Department of Correction space
- Brady Bill implications

PERFORMANCE OBJECTIVES AND MEASURES:

Measure Description - Objective 85-1.0

Objective 85-1.0 To control the transfer, community placement, or discharge of all clients committed as mental ill and dangerous (MI & D), as a psychopathic personality (PP), and certain convicted sex offenders.

Measure 85-1.0: The percent of MI & D, PP, and Sex Offender clients appearing before the Special Review Board (SRB) each fiscal year. Based on the total number of MI & D, PP, and Sex Offenders eligible to appear before the SRB.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number	95	87	92				
Percent	45%	45%	47%				
Target							
Number							
Percent							

Measure Description - Objective 85-1.0

Definition: The total number of MI & D, PP, and Sex Offender clients appearing before the Special Review Board (SRB), each fiscal year, divided by the total number of MI & D, PP, and Sex Offenders eligible to appear before the SRB during that fiscal year.

Rationale: A responsibility of the Residential Program Management Division is to convene a Board composed of members meeting the Statutory definition and to hear client petitions for privileges, transfer, or discharge. In the past there have been approximately 100 hearings per fiscal year. Changes in the law may lead to a significant increase in the number of petitions filed.

Data Source: Data base will be maintained by the Special Review Board coordinator.

Discussion of Past Performance:

In the past, there have been approximately 100 petitions heard per fiscal year. Data is available back to FY 86.

Activity: 85-Residential Program Management

Plan To Achieve Targets:

The Division cannot control the number of petitions filed, but will change procedures as necessary to respond to petitioners in a timely manner. Some hearings will also be scheduled at the Minnesota Security Hospital, in St. Peter, to facilitate more hearings within the same day.

Other Factors Affecting Performance:

Legislative changes could affect the frequency with which clients are permitted to file a petition. Court decisions may affect matters to be considered by the Board.

Measure Description - Objective 85-2.0

Objective 85-2.0 To support the State-Operated Services (SOS) system by carrying out liaison and technical assistance activities with appropriate facility/program counterparts within the system and with external agency/organizational representatives on behalf of the system, in order to strengthen and improve its operations in the delivery of services to the clients under our care and supervision.

Measure 85-2.0: Percent of SOS contracts with identified deficiencies requiring return for correction to the originating facility once signed by the contractor and submitted for final agency approval and signature. Based on the total number of SOS contracts submitted for final agency signature/approval.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

Measure Description - Objective 85-2.0

Definition: The total number of SOS contracts with identified deficiencies requiring return for correction to the originating facility once signed by the contractor and submitted for final agency approval and signature, each fiscal year, divided by the total number of SOS contracts submitted for final agency signature/approval.

Rationale: Technical assistance is provided to developers of contracts in the SOS system throughout the contract drafting phase. Modifications that are needed should occur during that time. The number of contracts that need changes after that point, during final clearance, is on indicator of the effectiveness of the technical assistance provided to the developers.

Data Source: Data base to be developed. Data for current and previous fiscal years has not been collected and is not available.

Discussion of Past Performance:

Not applicable.

Activity: 85-Residential Program Management

Plan To Achieve Targets:

Monitor how training sessions, revised manual materials and other information disseminated to developers individually and collectively, influences contact error rates to determine the need for refinement and supplementation of those efforts.

Other Factors Affecting Performance:

Will be identified in the future.

Objective 85-3.0: Implement a system-wide Computerized Facilities Management System (CFMS) which will promote the efficient and effective use of physical plant and capital assets; and provide safe, secure, and healthful environments for clients, staff and visitors of the RTCs.

Measure 85-3.0: Percent of service requests or work orders classified as breakdowns (equipment/utility failures, or emergency repairs). Based on total number of service requests generated through Computerized Facility Management System (CFMS).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Target					To be developed		

Measure Description - Objective 85-3.0

Definition: Total number of service requests or work orders classified as breakdowns (equipment/utility failures, or emergency repairs), each fiscal year, divided by the total number of service requests generated through CFMS.

Rationale: The implementation and active management of a comprehensive CFMS should provide the data required to identify obsolete, worn/defective equipment and facility components. Analysis of this information should: 1) Expedite the shift from reactive maintenance management (emergency quick-fixes and stopgaps) to a proactive maintenance management system (planned, scheduled, and preventive); 2) enhance administrative efforts to maximize resources and identify redundant facilities; and 3) facilitate efforts to prioritize and schedule preservation and replacement of capital assets. The percentage of the total number of annual service requests classified as breakdowns should decline if a CFMS is effectively phased into operation. Although a certain amount of breakdowns cannot be avoided, an effective CFMS should reduce these breakdowns to a minimum.

Data Source: Computerized Facility Management System.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Not applicable.

Activity: 85-Residential Program Management

Other Factors Affecting Performance:

Will be identified in the future.

Objective 85-4.0 To facilitate RTC and system-wide responses to the concurrent activities of required RTC staffing reductions and the necessary addition of staffing for new or expanded state-operated services authorized by the Legislature.

Measure 85-4.0: Percent of employees who separate from the RTCs within six (6) weeks. Based on the total number of positions placed "at risk" during the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				137	175		
Percent				80%	75e%		
Target							
Number						200	200
Percent						70%	70%

Measure Description - Objective 85-4.0

Definition: Total number of positions put "at risk" across the RTC system in which the effective employees separate from the RTC employment within six (6) weeks, each fiscal year, divided by the total number of positions placed "at risk" across the RTC system during that fiscal year.

Rationale: If agreed upon procedures are carried out without major complications or changing conditions in the six (6) week period, there should be a relatively high rate of efficiency in reducing staffing levels within desired time frames.

Data Source: RTC Human Resources Offices.

Discussion of Past Performance:

Not applicable.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Specific employee option selections have potential for extending the six (6) week period; potential state-operated service delays would have a similar effect.

Measure 85-4.0 (b): Total number of grievances upheld during the fiscal year. Based on implementation of agreements with the exclusive representatives for the reduction of permanent employees.

Activity: 85-Residential Program Management

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				3	3e		
Target						3	3

Measure Description - Objective 85-4.0 (b)

Definition: Total number of grievances upheld concerning the implementation of procedures to reduce staffing in that fiscal year.

Rationale: The procedures are extraordinarily complex and detail-oriented, thus providing the potential for a very high number of grievances. The very low number anticipated is reflective of past experience and suggests a continuing measure of effective application of the procedures to reduce staffing.

Data Source: RTC Human Resources Offices.

Discussion of Past Performance:

Past experience suggests a continuing low number of grievances despite more difficult applications of the procedures in the future.

Plan To Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

None.

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 860-Anoka Metro Regional Treatment Center

1994 Total Expenditures ($000s): $24,360 0.56% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward personal habilitative or rehabilitative goals that are necessary for their successful reintegration into normal community life.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

The Anoka-Metro Regional Treatment Center (AMRTC) provides primarily in-patient care and related treatment, and rehabilitation services for mentally ill (MI) citizens of Anoka, Dakota, Hennepin, Ramsey, Sherburne, and Washington counties and in-patient and detoxification services for any chemically dependent (CD) person in Minnesota through a Host County contract with Anoka County Social Services.

Mental Health: The Mental Health Treatment Program includes seven units designed to provide active psychiatric treatment through inter-disciplinary treatment teams. At present 98 percent of the clients are admitted to the program under court orders, primarily civil commitments. Almost all of the clients are admitted directly from community hospital mental health units where they have received acute care prior to court commitment.

All hospital units take direct admissions to increase continuity of care and provide maximum use of available bed space. Individualized Treatment Plans are developed with each client based on their unique abilities and needs. A Centralized Service Program (CSP) provides a wide range of therapeutic opportunities to clients off the treatment units. The CSP is designed to permit clients to experience treatment in a manner that more closely resembles the delivery of treatment in the community.

AMRTC provides a number of specialized mental health treatment services to meet the unique needs of persons with dual diagnosis, persons who pose serious danger to others or themselves and persons who have been committed as mentally ill, who exhibit antisocial behavior. Out-patient services are also provided when deemed appropriate by the treatment team and county case manager that such services would assist in client transition and successful re-integration into the community.

In an effort to better meet the needs of the metropolitan area, AMRTC has established contractual relationships with three community psychiatric hospital programs to treat those persons whose treatment can be completed in under 45 days. This service provides greater continuity of care for patients and also provides the community and AMRTC the opportunity to pilot new relationships and partnerships in delivering treatment to persons with mental illness.

Chemical Dependency: The chemical dependency treatment programs provide a structured therapeutic environment for persons with chemical dependency, primarily alcoholism. Services consist of diagnostic and overall needs assessment; supportive health care services; group, individual and family counseling; education; aftercare planning; referrals and follow-up.

Activity: 860-Anoka Metro Regional Treatment Center

AMRTC is certified to provide chemical dependency treatment to clients who are on Methadone maintenance.

In February 1993, the Chemical Dependency unit established a twelve bed, sub-acute detoxification unit. The program serves the Anoka County area under a contractual agreement. Detox patients also receive education on chemical dependency, chemical assessments and information on AA meetings. Referrals are also made for housing assistance, Rule 25 assessment for CD treatment, mental health and medical services, and civil commitments.

PROGRAM DRIVERS:

- Population Growth. The metropolitan area's adult population is expected to grow at approximately four percent (4%) annually through the year 2000. Overall population growth coupled with the immigration of persons with mental illness in search of services, will result in an increasing demand for services for persons with serious mental illness. Since 1990 commitments to AMRTC have steadily increased from approximately 500 to over 900 in 1993.

- Limited Bed Capacity/Diversions. While administrative changes have resulted in approximately 100 more persons admitted annually to the facility, the demand for admissions to AMRTC exceeds the number of beds available for committed patients. In addition to maintaining a waiting list, AMRTC must divert to other regional treatment centers. nearly forty-five percent (45%) of all persons committed to AMRTC. This creates difficulty for overall case management and limits family involvement in patient treatment. The pilot contract partnerships with three community psychiatric hospital programs provides an alternate setting for committed patients within their community. In 1995, AMRTC will develop two community based services to assist patients in transition to the community or to provide alternatives to costly hospital care for patients needing longer supervision. These programs will also help reduce the waiting list by reducing the facility's average length of stay and thereby permitting a large number of admissions.

- Physical Plant. The buildings at AMRTC are old and pose significant problems in meeting Minnesota Department of Health or building code requirements or in providing for safety or privacy in the therapeutic environment. Plans are underway to construct a new psychiatric facility of 150 beds. It will be completed in December, 1997.

- Health Care Reform. The impact of federal and state health care reform is unclear. Limitations in health service benefits covered under most public and private health insurance programs for persons with mental illness or chemical dependency may well increase the number of patients referred to the regional treatment centers. AMRTC as a part of the service delivery system for individuals with mental illness will need to work closely with agencies and facilities in the Metro area to provide the appropriate level of services in the right environment to individuals with serious and persistent mental illness and with person with chemical dependency. As the health care system evolves AMRTC remains flexible to expand community service capacity through partnerships with other agencies to assure that a full range of options are available.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Descriptions in Appendix B)

Objective 860-2.1. To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 860-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission and 91+ days of admission. Based on the total number of adult MI clients discharged.

Activity: 860-Anoka Metro Regional Treatment Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				457	480e		
0-30 days				6.6%	8.0%e		
31-60 days				12.8%	15.0%e		
61-90 days				13.7%	20.0%e		
90+ days				66.8%	57.0%e		
Target							
Number						500	525
0-30 days						10.0%	10.0%
31-60 days						20.0%	25.0%
61-90 days						25.0%	30.0%
90+ days						45.0%	35.0%

Measure 860-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				435	457e		
Percent				12.0%	10.0%e		
Target							
Number						480	500
Percent						8.0%	6.0%

Objective 860-2.2. To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 860-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 860-3.1 To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 860-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, or Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

Activity: 860-Anoka Metro Regional Treatment Center

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				132	134e		
In-patient				31.1%	31.0%e		
Out-patient				3.0%	3.0%e		
Extended care				65.9%	66.0%e		
Target							
Number						136	138
In-patient						31.0%	31.0%
Out-patient						3.0%	3.0%
Extended care						66.0%	66.0%

Measure 860-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

Measure 860-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

Objective 860-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 860-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 870-Brainerd Regional Human Services Center

1994 Total Expenditures ($000s): $28,092 0.65% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward personal habilitative or rehabilitative goals which are necessary for their successful reintegration into normal community life.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

The Brainerd Regional Human Services Center (BRHSC) provides in-patient services to the mentally ill (MI), chemically dependent (CD), developmentally disabled (DD) and geriatric clients (NF) of the 12 counties of north central Minnesota. The center works with county social services and area mental health centers in developing programs to meet the needs of the consumer public. The center offers special programs for MI adolescents, a CD program for adult Native Americans based on cultural beliefs, and a program for individuals diagnosed as both MI and DD.

Based on the belief that every person is capable of improvement, BRHSC staff provide active treatment toward maximizing individual self-dependence, growth, and development. Whenever possible the goal is to return clients to the community with the ability to cope with their disabilities and to successfully function in society.

Mental Health: The Timberland Mental Health Programs include three units designed to provide active psychiatric treatment through a multi-disciplinary team approach. The program's service area for adult clients consists of a 12-county catchment area in north central Minnesota. The adolescent program serves the entire state. The programs have a total of 124 licensed and 105 utilized beds. The occupancy rate averages 93 percent for the adult program.

All new adult clients are initially assigned to a locked admissions unit for a period of observation, assessment, and stabilization. Although some clients may only require a brief stay prior to discharge from the facility, others may be transferred to the Rehabilitation Unit for a longer length of stay. In FY 92, 347 clients were admitted, 193 on a 72-hour emergency hold order. Clients with severe and persistent mental illness receive behavioral and vocational treatment. Clients admitted to the Rehabilitation Unit have frequently experienced multiple attempts to live in the community and lack the capacity to function without daily supervision.

The Adolescent Unit serves a population who are five to seventeen years of age and reside in the State of Minnesota, are emotionally disturbed and are in need of in-patient psychiatric treatment. Those admitted to this unit have typically been involved in lengthy mental health treatment prior to admission. The average length of stay is 94 days.

Developmental Disabilities: The BRHSC Developmental Disabilities Service currently provides residential and medical services and habilitation training to 101 persons. The area of service consists of an 18-county area in north central Minnesota. This includes four counties previously in the Moose Lake Regional Treatment Center catchment area. The majority of admissions are for temporary crisis care up to 90 days in length.

Activity: 870-Brainerd Regional Human Services Center

Lakes Area Residential Communities (LARC), the on-campus residential portion of services, is located in three residential buildings, consisting of eight living areas, and licensed for 16 clients each. The number of persons with mental retardation LARC served has declined over the years as community development continues. During this time, the percentage of individuals suffering from serious chronic medical conditions or behavior problems has increased. The gradual change in the LARC population has resulted in a rough division between clients who present challenging behavior and clients who are medically involved. Residential areas of LARC are dedicated to dually diagnosed persons: mentally retarded and mentally ill; elderly retarded; medically involved or fragile; as well as several living areas that serve clients who suffer from a mix of these disabilities.

The number of individuals with mild mental retardation who also experience psychiatric disabilities has remained steady for the past several years despite efforts to intensify community services. This group accounts for 90 percent of the current admissions, and receives specialized care in the areas of psychotropic medication, behavioral programming and counseling, work training, and sexuality training. The Northwoods Dual Diagnosis Program served 43 persons during the past 12 months, representing 24 percent of all clients served during that period. During the last year, the average length of stay for discharged clients for this program was 2.84 years compared with 17.21 years for the remainder of the LARC Program.

Nursing Facility: In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a nursing facility, Woodhaven Senior Community, was opened on BRHSC's campus August 18, 1989.

Woodhaven Senior Community (WSC) is a 28-bed nursing home licensed by the Minnesota Department of Health, certified as a Medicare and Medicaid provider and accredited by the Joint Commission on Accreditation of Healthcare Organizations. Admission criteria provide for admission of elderly persons who are medically fragile and exhibit severe or challenging behaviors or require treatment for an underlying mental illness.

All applicants for admission must be screened prior to admission by the county in which they are living. This screening includes special procedures for persons with mental illness or those who are developmentally disabled and applying for nursing home admission.

Woodhaven Senior Community is a health care resource for elderly persons with disruptive behaviors which, in combination with health care needs, make them undesirable candidates for admission to private nursing homes. Ages range from 64 to 94 with an average age of 76.8 years.

Woodhaven Senior Community provides 24 hour licensed nursing care and rehabilitation services in a supportive environment. Specialized professional services are provided by BRHSC specialists.

Chemical Dependency: All chemical dependency services are housed in the Peterson Building. Two chemically dependent treatment units operate specialized treatment programs which are designed to meet the treatment needs of their clients. The Aurora Unit provides 28-day residential primary treatment, 96-hour out-patient primary treatment, 60-day extended care residential treatment, and 48-hour out-patient extended care treatment. In addition the Aurora Unit provides chemical abuse/chemical dependency services to Crow Wing County Jail inmates. The Four Winds Lodge Unit provides specialty primary residential and extended care residential treatment to meet the unique cultural needs of Native Americans. This program has been recognized for outstanding contributions made to Minnesota's Native Americans. BRHSC also operates an out-patient program located on the Ojibwa Indian Reservation.

Approximately 93 percent of the clients admitted to the programs are placed as public pay clients. Over 50 percent of the clients have been incarcerated during the last six months preceding admission to treatment. Nearly all north central counties utilize the programs to provide affordable and accessible services for the "most difficult to place" segments of the population.

Activity: 870-Brainerd Regional Human Services Center

The treatment programs and staff members reflect the experience in serving a population where only 25 percent of clients are living with a spouse/partner and children, 60 percent of clients are unemployed, and 65 percent of the clients have less than a high school education. Many clients, particularly those in the residential extended care treatment programs, are individuals in the advanced stages of chemical dependency. These individuals are likely to have secondary deterioration conditions in most areas of their lives. Most of the clients have exhausted community hospitals and are also medically indigent.

Traumatic Brain Injury: Laws of 1993, First Special Session, authorizes the commissioner to develop 15 beds at Brainerd regional human services center for persons with traumatic brain injury, including patients relocated from the Moose Lake regional treatment center. This unit is tentatively scheduled to open January 2, 1995.

PROGRAM DRIVERS:

- Population Growth: Crow Wing county is one of the five fastest growing counties in the state with a high percentage of elderly. The catchment area for BRHSC will increase with the closure of Moose Lake Regional Treatment Center.
- Population Served: The BRHSC campus continues to be the most diversified programmatically with continued interest from Community Corrections for a locked juvenile sex offenders program.
- Physical Plant: Two major construction projects are currently ongoing. Every effort must be maintained to continue with the upkeep of the buildings on this campus. The new asbestos regulations will increase the cost of construction and physical plant upkeep.
- Health Care Reform: The impact of Health Care Reform may force additional clients to the RTC system.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description in Appendix B)

PROGRAM: ADOLESCENT MENTAL HEALTH - OBJECTIVE SET 1

Objective 870-1.1 To provide effective treatment for emotionally disturbed children and adolescents so that behavioral control is restored, and return to the community is possible.

Measure 870-1.1 (a): Percent of adolescents discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission, and 366+ days of admission. Based on the total number of adolescents discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				86	92e		
0-90 days				60.5%	60.0%e		
91-180 days				27.9%	28.0%e		
181-365 days				9.3%	10.0%e		
366+ days				2.3%	2.0%e		
Target							
Number						92	92
0-90 days						60.0%	60.0%
91-180 days						28.0%	28.0%
181-365 days						10.0%	10.0%
366+ days						2.0%	2.0%

Activity: 870-Brainerd Regional Human Services Center

Measure 870-1.1 (b): Percent of adolescents readmitted to the facility within 90 days of a planned discharge. Based on the total number of adolescents given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				90	92e		
Percent				7.8%	8.0%e		
Target							
Number						92	92
Percent						8.0%	8.0%

Objective 870-1.2. To provide consultation and liaison services to community based mental health care providers so that emotionally disturbed children and adolescents are better able to remain in the community.

Measure 87-1.2: Percent of adolescents receiving consultation and/or liaison services who remain in their own home or other community setting 90 days after discharge from the facility.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance						To be developed	
Target							

PROGRAM: ADULT MENTAL HEALTH - OBJECTIVE SET 2

Objective 870-2.1. To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 870-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission. Based on the total number of adult MI clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				336	350e		
0-30 days				48.2%	48.0%e		
31-60 days				12.8%	13.0%e		
61-90 days				8.0%	8.0%e		
91+ days				31.0%	31.0%e		
Target							
Number						400	400
0-30 days						48.0%	48.0%
31-60 days						13.0%	13.0%
61-90 days						8.0%	8.0%
91+ days						31.0%	31.0%

Measure 870-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

Activity: 870-Brainerd Regional Human Services Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				317	325e		
Percent				13.6%	15.0%e		
Target							
Number						340	340
Percent						15.0%	15.0%

Objective 870-2.2. To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 870-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 870-3.1 To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved:

Measure 870-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, or Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				219	219e		
In-patient				63.5%	63.0%e		
Out-patient				8.7%	9.0%e		
Extended care				27.8%	28.0%e		
Target							
Number						219	219
In-patient						63.0%	63.0%
Out-patient						9.0%	9.0%
Extended care						28.0%	28.0%

Measure 870-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Measure 870-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Activity: 870-Brainerd Regional Human Services Center

Objective 870-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 870-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 870-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 870-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				38	40e		
0-90 days				26.3%	28.0%e		
91-365 days				23.7%	20.0%e		
366+ days				50.0%	52.0%e		
Target							
Number						40	40
0-90 days						30 0%	30.0%
91-365 days						20.0%	20.0%
366+ days						50.0%	50.0%

Measure 870-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				102	85e		
Percent				88.0%	86.0%e		
Target							
Number						85	85
Percent						79.0%	75.0%

Objective 870-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 870-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

Activity: 870-Brainerd Regional Human Services Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				56	70e		
Percent				93.0%	93.0%e		
Target							
Number						86	107
Percent						93.0%	93.0%

Objective 870-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 870-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				11	13e		
Percent				82.0%	82.0%e		
Target							
Number						17	20
Percent						85.0%	90.0%

PROGRAM: NURSING HOME - OBJECTIVE SET 7

Objective 870-7.1. To provide nursing home (NH) services for clients with medical and/or mental and/or behavioral problems so that functioning improves, and clients are able to live in community settings.

Measure 870-7.1 (a): Percent of NH clients discharged from the facility within 180 days of admission and 181+ days of admission. Based on the total number of NH clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				4	5e		
0-180 days				25.0%	25.0%e		
181+ days				75.0%	75.0%e		
Target							
Number						6	6
0-180 days						25.0%	25.0%
181+ days						75.0%	75.0%

Measure 870-7.1 (b): Percent of NH clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of NH clients given a planned discharge.

Activity: 870-Brainerd Regional Human Services Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				1	0e		
Percent				0.0%	0.0%e		
Target							
Number						0	0
Percent						0.0%	0.0%

Measure 870-7.1 (c): Percent of NH clients in residence at the facility over 365 days. Based on the total number of NH clients in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				27	27e		
Percent				81.0%	81.0%e		
Target							
Number						27	27
Percent						81.0%	81.0%

PROGRAM: TRAUMATIC BRAIN INJURED (TBI) - OBJECTIVE SET 8

Objective 870-8.1. To provide treatment services for brain-injured clients so that mental and behavioral functioning improve, and clients are able to return to community living.

Measure 870-8.1: Percent of TBI clients discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission, and 366+ days of admission. Based on the total number of TBI clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				Tentatively scheduled to open January 2, 1995			
Target							

Objective 870-8.2. To provide aftercare services for brain-injured clients and their significant others so brain-injured clients are able to remain in the community.

Measure 870-8.2: Percent of TBI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of TBI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance				Tentatively scheduled to open January 2, 1995			
Target							

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 880-Cambridge Regional Human Services Center

1994 Total Expenditures ($000s): $20,769 0.48% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward habilitative or rehabilitative goals which are necessary for their successful reintegration into normal community life.
- To ensure that when admission is necessary, the individual is returned to the community as soon as possible.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

The Cambridge Regional Human Services Center (CRHSC) provides residential, habilitative, therapeutic and health care services to individuals with mental retardation and developmental disabilities. The individuals served generally have additional functional problems such as severe physical disabilities, significant health problems, challenging behaviors, and/or mental illness. A significant number of admissions to CRHSC are committed through the judicial process. Over the past several years, CRHSC has realigned its services consistent with Department of Human Services' policy to support and maintain community integration. To accomplish this, CRHSC has augmented its on-campus services with several off-campus services and support activities including the operation of 5 state-operated community services (SOCS) group homes, the opening of a pilot Community Health Clinic, the establishment of a Community Support Services Team, the opening of a Short-Term Admissions Unit, and the development of community-based day training and habilitation (DT&H) programs.

State-Operated Community Services (SOCS): CRHSC has successfully operated and managed three Title XIX waivered services homes since 1986. Each home provides services for four adults. The home located in Isanti County was designed to serve individuals with physical handicaps. The two homes in Ramsey County provide services to individuals who exhibit challenging behaviors. Nursing services have been provided on a consultative basis from CRHSC. Each home has been successful in obtaining a wide range of generic support services for its clients.

The 1989 Legislature authorized CRHSC to develop additional SOCS homes. These homes were designated to be ICF/MRs (intermediate care facility for mentally retarded clients) serving six clients each. Staff from the regional center worked closely with various county social services staff in the planning and development of these homes. A SOCS for Pine County was constructed in Pine City, Minnesota, and began operation in July 1991. The Anoka County SOCS, located in Blaine, Minnesota, opened in September 1992. Both homes are in compliance with DHS Rule 34 and federal ICF/MR standards.

Community Health Clinic Pilot Project: The 1989 Legislature authorized the Department of Human Services to expand the number and types of state-operated community services it provides within a region. In order to identify alternative approaches for supporting community placement within a decentralized system and to test the delivery of services, the Department initiated a Community Health Clinic Pilot Project at CRHSC. The Clinic was designed to provide direct services such as primary and specialized physician, dental, diagnostic, rehabilitative and psychological services to support clients with developmental disabilities in SOCS, or other public or private programs, who may otherwise not have access to such

Activity: 880-Cambridge Regional Human Services Center

services. The Clinic supports the use of existing health services wherever available and appropriate, and provides training to community health and clinical service providers to improve existing community services. The Clinic also provides a means of intervening at early stages to maintain and support community placements, and minimize the need for clients to be returned to an RTC.

Community Support Services Project: In March 1990 CRHSC began the operation of a pilot program initially called the Pre-Admission Evaluation Project. In 1992 the project was re-named the Community Support Services Project. This program was designed to evaluate persons at risk of admission to an RTC developmental disability program. When indicated, the project team members also provide crisis intervention for clients in order to retain their community placements and avoid admission or return to an RTC. The team is comprised of a licensed psychologist and four behavior analysts. The services consist chiefly of consultation to a client's interdisciplinary team, which includes diagnosis, evaluation, and the development and implementation of individualized program plans.

Short-Term Admission Services: In February 1992 CRHSC began offering a service for individuals in need of short-term crisis services. These services are available to persons who have a primary diagnosis of mental retardation or related condition, who are currently residing in the community, and whose behavior puts them at risk of commitment to an RTC or admission to community psychiatric in-patient treatment as determined by their county social services agency. Short-term admission services are coordinated by staff from the Community Support Services Project.

The basic services provided in the six-bed assessment unit include multi-disciplinary assessments, development of comprehensive intervention plans, and transition services. Transition services consist of on-site consultation, program development, staff training, follow-up services and referral to appropriate community agencies.

The targeted length of stay on the short-term admission unit is less than 42 days.

Day Program Services: The vocationally based day program at CRHSC offers evaluation, program development and employment options to clients. The principal goal of the day program is to assist each client to achieve the highest level of personal, economic and social independence possible through quality training and habilitation services.

One component of CRHSC's day program is the Rum River Ornamental Products and Services business, located in the industrial park area in Isanti, Minnesota. This vocational operation provides prime product manufacturing and community supported employment using entrepreneurial, mobile crew and single placement models. Rum River Ornamental Products and Services is licensed to serve 40 clients. Client wages are paid through the sale of products and services. The average biweekly payroll is $1,300.

In June 1989, the Rum River program received a separate license under DHS Rule 38. It has also been incorporated as a non-profit business and is operated by a board of directors. Board members consist of professionals and business persons from the surrounding community. In the fall of 1994, the Rum River program received SOCS designated and now serves individuals residing in the community while continuing to serve RTC clients.

The Four Star Products vocational program was developed at CRHSC to employ clients who are physically and developmentally disabled. Some clients require staff assistance to perform tasks, while others are able to perform using special adaptive jigs or other equipment. Clients in this program make hand crafted items, complete packaging projects and perform some office services such as stapling and shredding paper. Funds raised facilitate the purchase of additional program supplies and equipment and expanded employment for the clients.

Day Program Services implemented plans to further integrate clients by moving the Four Star Products Program into the business community in Cambridge, Minnesota, in January 1991. The program is licensed under DHS Rule 38 to serve 30 clients.

Activity: 880-Cambridge Regional Human Services Center

PROGRAM DRIVERS:

- Change in Client Populations - gradual change from severe/profound, multiply handicapped to dual diagnoses with severe explosive behaviors; there were 63 clients admitted since 1-1-93, 42 were committed through judicial process, 21 were readmitted following crisis intervention or failure in the community.

- Change in Philosophy - promotes community integration; supports client's right to live/work in the least restrictive setting; training and treatment focus on successful placement in the community. CRHSC discharged 86 clients since 1-1-93.

- Lack of Community Services - more individuals living in the community; needed health and dental services are not available; Health Source Community Health Clinic averaged 166 appointments per month during 1993 - over 65% of these appointments were clients with MR/DD from the community.

- The proposed development of community-based crisis homes should reduce the frequency of short-term admissions to CRHSC.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description in Appendix B)

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 880-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 880-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				77	77e		
0-90 days				23.4%	22.7%e		
91-365 days				19.5%	22.7%e		
366+ days				57.1%	54.5%e		
Target							
Number						54	52
0-90 days						32.4%	33.7%
91-365 days						32.4%	33.7%
366+ days						35.2%	32.7%

Measure 880-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

Activity: 880-Cambridge Regional Human Services Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				156	114e		
Percent				82.7%	75.4%e		
Target							
Number						95	78
Percent						70.5%	64.1%

Objective 880-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 880-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				102	100e		
Percent				83.3%	87.0%e		
Target							
Number						100	100
Percent						87.0%	87.0%

Objective 880-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 880-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				28	28e		
Percent				82.1%	85.7%e		
Target							
Number						28	28
Percent						85.7%	85.7%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 890-Faribault Regional Center

1994 Total Expenditures ($000s):	$32,256	0.75%	of department's budget
1994 Number of FTE Staff:	*(See Appendix C)*		

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward habilitative and rehabilitative goals which are necessary for successful reintegration into normal community life.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.
- To coordinate the conversion of designated campus space to accommodate the 300-bed expansion of a medium security prison operated by the Department of Corrections.

DESCRIPTION OF SERVICES:

The Faribault Regional Center (FRC) provides community-based transitional services, community and facility-based residential and day program services, crisis services, health and habilitative services for individuals with developmental disability from southeastern Minnesota including Hennepin, Dakota, and Olmsted counties. FRC is certified by the US Department of Health and Human Services, licensed by the Minnesota Department Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Residential Programs: Fifty-nine percent of FRC's clients are profoundly retarded, 30 percent severely retarded, and 11 percent are moderately or mildly retarded. Fifty percent of FRC clients are also physically handicapped. FRC is licensed by the Minnesota Departments of Health and Human Services for 401 beds -- 341 as an ICF/MR (intermediate care facility for the mentally retarded), 35 beds as a skilled nursing facility, and 25 beds as a medical hospital. FRC is also certified by the U.S. Department of Health and Human Services and by the Commission on Accreditation of Rehabilitation Facilities.

Community-Based Programs: FRC is significantly enhancing its regional service component to assist clients living in natural homes and a variety of community provider facilities. The development of these community-based, training and habilitation services has become increasingly important in meeting the needs of persons with developmental disabilities.

In meeting the community needs of clients, FRC operates: waiver service homes; community ICF/MR homes; community day training and habilitation programs (DT&H); community supported employment programs; vocational opportunities for more than 200 of the 260 persons residing at the facility; community crisis support; behavioral programming expertise; assistive technology programs; integration programs; and a community health clinic.

FRC has established three licensed off-campus day program sites in the City of Faribault which serve 80 clients. Currently clients are involved in light manufacturing, hog farming, motel cleaning, janitorial services, city park maintenance, auto repair and various services involving local businesses and individuals.

Activity: 890-Faribault Regional Center

FRC is currently operating nine ICF/MR, six-bed homes in the cities of Lakeville (x2), Rochester, Austin, Kasson, Faribault, Bloomington and Eden Prairie (x2). These homes are in addition to the four waiver services group homes FRC operates in Rochester, Dodge Center, Farmington and Faribault. FRC is scheduled to open a total of sixteen additional waiver homes in the counties of Dakota, Hennepin and Rice in FY 95. FRC also operates 2 DT&H programs, one in Faribault and one in Austin.

FRC is committed to transitioning itself from a localized program dependent on "bricks and mortar" to a valued supplier of services within the communities it serves.

Day Programs: In the day habilitation program, clients are assisted in developing skills associated with self-care, domestic living, social interaction, employment skills and other skill areas necessary for community integrated living. The day program has a strong vocational training emphasis and currently provides work opportunities for clients regardless of the client's functional level and/or degree of handicapping condition. Those services include work activity on campus and in three workshops located in the Faribault community and supported employment opportunities provided in local business establishments. Clients participate in the day programs each weekday, and some supported employment assignments include weekend and evening work.

Special programs and services for persons with hearing or visual impairments are provided through a cooperative effort with the State Academies for the Deaf and Blind which are also located in Faribault. Five FRC clients participate in the Faribault School District's Trainable Mentally Handicapped (CARL) program.

PROGRAM DRIVERS:

Transition of Services: Several decades of effort to integrate institutionalized developmentally disabled (DD) persons into the mainstream of American society has resulted in significant downsizing of the Faribault Regional Center's DD population. Plans to further accelerate the downsizing of FRC are expected to result in a 60% population reduction by June 30, 1995, and the anticipated operation of all services from a community base in 1998. This includes:

- Transitioning from facility-based to community-based services results in high levels of personnel changes in facility-based residential and day program areas. Continuity of care and quality of services is an issue requiring careful planning and monitoring.

- Continued development and management of state operated community and day programming sites presents major challenges to both RTC and SOCS sites. By 1-1-95, FRC will be a major provider of community programs: Close consideration and collaboration with host counties to develop programs and provide essential resources to address each individual's needs are critical.

- Recognition and assimilation of changing approaches to assure that the best practices in the field of developmental disabilities are incorporated into the services provided for persons with developmental disabilities will be essential components for service delivery.

- Services and supports to be designed and created around the needs and desires of each person so that personal outcomes can be realized.

- 20 Waiver homes, 9 ICF/MR homes, 3-4 day programming and habilitative sites, professional and technical community support services and increased crisis services leading to the development of 4 crisis homes. A need for a viable and functional infrastructure to manage the existing community sites becomes vital.

Activity: 890-Faribault Regional Center

- Support is needed to assist private developers in the rapid upsizing speed needed to accommodate the projected RTC discharge numbers.

- Concern for availability of high medical community support needed for clients with intense medical needs under the current proposed funding waiver cap. As more medically fragile clients move into community based services, rapid availability of essential community health providers, supportive budget systems, and quality assurance mechanisms must be operational.

Corrections Expansion: For several years policy makers have noted the Department of Corrections' (DOC) need for additional bed capacity has been increasing. On a number of occasions the Legislature has expressed the idea that where ever possible, planners should try to use the expansion of the state's correctional system to mitigate the effects of the downsizing of the DD populations in regional treatment centers on the local communities and other stakeholders. Current plans include a 300-bed Correctional facility expansion on the FRC campus beginning in the fall of 1994.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description in Appendix B)

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVES SET 4

Objective 890-4.1 To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 890-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				72	150e		
0-90 days				33.0%	10.0%e		
91-365 days				6.0%	0.0%e		
366+ days				61.0%	90.0%e		
Target							
Number						60	50
0-90 days						5.0%	0.0%
91-365 days						0.0%	0.0%
366+ days						95.0%	100.0%

Measure 890-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				252	108e		
Percent				98.0%	98.0%e		
Target							
Number						49	15
Percent						98.0%	98.0%

Activity: 890-Faribault Regional Center

Objective 890-4.2 To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 890-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				30	40e		
Percent				74.0%	75.0%e		
Target							
Number						45	45
Percent						75.0%	75.0%

Objective 890-4.3 To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 890-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				9	11e		
Percent				85.0%	75.0%e		
Target							
Number						3	3
Percent						75.0%	80.0%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 900-Fergus Falls Regional Treatment Center

1994 Total Expenditures ($000s): $23,278 0.54% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward personal habilitative and rehabilitative goals which are necessary for their successful reintegration into normal community life.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

The Fergus Falls Regional Treatment Center (FFRTC) provides in-patient and out-patient care, treatment, rehabilitation, and habilitation services to mentally ill (MI), chemically dependent (CD), and developmentally disabled (DD) clients. The majority of residents are from 17 northwest counties of Minnesota, although client referrals are from throughout the state. Other treatment opportunities are developed by contractual and shared service agreements with community human services agencies. Such agreements are designed to extend the services of state staff into the community to enhance community programs, are needed to expand opportunity for client treatment choice, and improve the availability and cost effectiveness of services for residents of northwestern Minnesota.

Mental Health: The Mental Health Division (MHD) of FFRTC assists people to cope with stress in their lives and to find mental health through a program of individualized professional psychiatric treatment services. MHD serves clients who are eighteen years of age or older and operates five treatment programs designed to meet the needs of a diverse clientele.

The Admission and Crisis Center serve as the admissions unit for the Division and also provide crisis intervention treatment services for clients experiencing an acute psychiatric episode. The Gateway and Hursh Units serve clients whose mental illness is serious and persistent. Often treatment of these clients is complicated by problems associated with chemical dependency or chemical abuse.

Many clients are unable to cope with severe stress and they often exhibit significant behavior management problems. The Spore Unit provides active psychiatric treatment services to a psychogeriatric population. These services are designed to meet the treatment needs of clients who have behavioral problems which are complicated by medical problems and physical disabilities associated with the aging process. The Youngdahl Unit serves seriously and persistently mentally ill adults with significant cognitive impairments and behavioral problems which frequently make community placement more difficult.

MHD emphasizes a holistic treatment approach which fosters development in all areas of the clients's life: physical, psychological, social, spiritual and emotional. Work with the families of clients is an essential element of the treatment process. The treatment techniques utilized by the division include individual psychotherapy, crisis intervention, a wide range of group therapy learning opportunities, family therapy and medication therapy.

Activity: 900-Fergus Falls Regional Treatment Center

Developmental Disabilities: The State Regional Residential Center (SRRC) of FFRTC provides high quality habilitative services to persons with developmental disabilities. Services are based upon individualized assessments directed by an interdisciplinary team. Residential services include training in self-care skills, socialization and leisure/recreation. The Vocational Services Program provides for a variety of vocational training experiences. These experiences combine light assembly work, janitorial, grounds keeping and supported opportunities. Both programs provide employment opportunities for participation in community integration activities. Behavioral consultation/training is provided to aid community based providers in maintaining individuals in their programs. Specialty services that are available to clients include medical services, nursing services, speech and hearing services, physical therapy, occupational therapy, psychological services, social work, dietary services and chaplaincy services.

Chemical Dependency: The Drug Dependency Rehabilitation Center (DDRC) assists people to develop a healthy life style free from chemical dependency through a program of individualized professional treatment, counseling and rehabilitation services. DDRC serves both adolescent and adults in its out-patient, primary and extended care programs. These services are flexible and can be modified to meet the changing needs of clients and growing market demands. Chemical dependency treatment services are provided to DDRC clients by applying the principles of Alcoholics Anonymous to a comprehensive program of physical, mental, social and spiritual rehabilitation.

DDRC operates five chemical dependency treatment programs. The Primary Program is a short-term program for adult and adolescent males and females. The Extended Care Program treats adult males and females who have prior treatment experience and who may have secondary mental illness problems. An additional extended care program is the Halt Program, a locked unit for individuals with a history of elopement from treatment. The New Life Out-patient Program consists of 4 weeks of treatment followed by 12 weeks of aftercare services. The Family Program is a 2 1/2-day, live-in program to educate family members and significant others about chemical dependency and its impact on the individual and the family. A 2-day DWI seminar is provided as a program for DWI offenders referred by the court.

DDRC is also involved in a cooperative arrangement with Clay County Social Services in the joint operation of an out-patient chemical dependency treatment program at Moorhead, Minnesota.

Accredited Academic Programs: FFRTC's Chaplaincy Department offers a Clinical Pastoral Education Program (CPE) in conjunction with the Association for CPE. The Student Live-In Program, in conjunction with the Fergus Falls Community College, provides dormitory space and meals for college students. In return, the students spend 20 hours per week working in supervised assignments throughout the hospital and earn college credits in sociology. FFRTC also offers various professional student internships in conjunction with area colleges and universities.

PROGRAM DRIVERS:

Client Issues:

- As downsizing continues and the number of DD living units decreases, the difference in client compatibility becomes more difficult to handle as options for unit placement are less.

- There has been an increase in the proportion and numbers of dual diagnosed clients and clients with personality disorders. These clients present difficult and challenging treatment and care issues impacting directly and indirectly on cost issues associated with staffing.

- New treatment options (costly technology, methods of treatment, e.g. Clozapine) create not only additional medication costs, but also ancillary costs for blood work, case management, medical, and other clinical services.

Activity: 900-Fergus Falls Regional Treatment Center

- The proportion of aged in our catchment area population is increasing and this is presenting increased utilization, as this population is a higher risk group.

Community and Geographical Issues:

- The size and dispersal of clients and services over a large geographical area presents logistical costs, coordination and follow-up problems.

- Community follow-up options are limited or lacking in many areas. For example, psychiatry and other clinical resources are simply not immediately available following discharge.

- New treatment procedures require more follow-up service and locally available clinical expertise, for example, in the use of Clozapine.

- Because of limited availability of some services in the community, the demand is increasing for integrating services for the RTC with those of the community. There are limited structures which support and allow for the ease of this integration. For example, funding mechanisms remain traditionally rigid, albeit some improvements have occurred.

- At the very time expectations increase for treatment to be community-based in geographically outlying areas, the services in those areas are actually decreasing. In the FFRTC catchment area, both private and adult and adolescent psychiatric and CD treatment community-based services have closed. This places significant demand on RTCs to fill those vacuums of services. This demand occurs without the support of dollars or integrative structures to meet the demand.

Other Issues:

- Difficulty in recruitment of psychiatrist and clinical specialists impacts significantly on program services. This impact is being exacerbated by the recent trend toward contracting specialty services to community-based agencies, such as psychiatry.

- JARVIS and MN Commitment Act place constraints (in the form of timeliness of treatment delivery, requirements for additional documentation, assessments, etc.) on program delivery and treatment.

- External regulatory agencies keep raising their standards for treatment and budget constraints keep decreasing the amount of dollars/resources available to meet those demands.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description in Appendix B)

PROGRAM: ADULT MENTAL HEALTH - OBJECTIVE SET 2

Objective 900-2.1 To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 900-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission. Based on total number of adult MI clients discharged.

Activity: 900-Fergus Falls Regional Treatment Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				400	400e		
0-30 days				53.3%	52.3%e		
31-60 days				13.0%	13.0%e		
61-90 days				9.5%	8.7%e		
91+ days				24.2%	26.0%e		
Target							
Number						400	400
0-30 days						53.0%	52.7%
31-60 days						12.9%	12.9%
61-90 days						9.1%	8.9%
91+ days						25.0%	25.5%

Measure 900-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				387	388e		
Percent				14.2%	14.0%e		
Target							
Number						389	390
Percent						15.0%	15.0%

Objective 900-2.2 To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 900-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance						To be developed	
Target							

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 900-3.1 To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 900-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, and Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				83	267e		
In-patient				59.0%	50.0%e		
Out-patient				12.1%	14.0%e		
Extended care				28.9%	36.0%e		

Activity: 900-Fergus Falls Regional Treatment Center

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Target							
Number						299	299
In-patient						50.0%	50.0%
Out-patient						14.0%	14.0%
Extended care						36.0%	36.0%

Measure 900-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Measure 900-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Objective 900-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 90-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 900-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 900-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91-365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				17	17e		
0-90 days				29.4%	29.0%e		
91-365 days				17.7%	18.0%e		
366+ days				52.9%	53.0%e		
Target							
Number						17	17
0-90 days						29.0%	29.0%
91-365 days						18.0%	18.0%
366+ days						53.0%	53.0%

Activity: 900-Fergus Falls Regional Treatment Center

Measure 900-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				89	80e		
Percent				97.8%	98.0%e		
Target							
Number						71	62
Percent						98.0%	98.0%

Objective 900-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 900-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				29	29e		
Percent				90.0%	91.0%		
Target							
Number						30	31
Percent						92.0%	95.0%

Objective 900-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 900-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				6	6e		
Percent				100.0%	88.0%e		
Target							
Number						6	6
Percent						90.0%	95.0%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 910-Moose Lake Regional Treatment Center

1994 Total Expenditures ($000s): $21,005 0.49% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

Moose Lake Regional Treatment Center (MLRTC) is scheduled to close effective July 1995. The transition includes the following:

- Conversion of existing campus to a 600-bed medium security prison to be operated by the Department of Corrections.
- Construction of a new hospital and development of programs for 100 patients committed as psychopathic personality.
- Relocation of the men's Extended Care Chemical Dependency (CD) Program and the women's specialized CD program.
- Placement of all developmentally disabled residents to community based programs, both state operated and privately operated.
- Development of community alternatives for the serious and persistently mentally ill including state-operated services.

DESCRIPTION OF SERVICES:

Mental Health: Mental health community alternatives include an enhancement of community based programs and services such as case management, community support programs (CSP), mental health center programs, acute psychiatric hospital programs and residential programs (Rule 36). Legislation provided for an increased capacity at the Brainerd Regional Human Services Center for 60 psychiatric beds and a 15 bed specialized program for persons with traumatic brain injuries.

Other state-operated services being develop include a 15-bed acute care psychiatric unit and a combination of residential and mobile crisis teams. The program focus of the hospital unit will be for persons who are treatment resistant and require hospitalization for longer than 45 to 60 days. The other residential program will provide services to persons 1) who do not require hospitalization but need evaluation and/or stabilization; or 2) to shorten the length of hospital stay by providing a structured transition program until the person is ready to return to independent living. The crisis team will work in collaboration with other providers and law enforcement to assist the person during crisis and, if appropriate, maintain that person in their present living environment (whether it is independent, residential, skilled nursing facility or other). This crisis team will also work directly with persons who have a history of chronic recidivism and are frequently returned to the hospital. The latter group should be differentiated from the serious and persistently mentally ill persons who are doing well with services from CSP and other resources.

Psychopathic Personality: Following several well-publicized sex crimes, involving the rape and deaths of several women and children, the Courts have been more willing to use the Psychopathic Personality (PP) Statute for repetitive sex offenders. As a result, the Minnesota Security Hospital (MSH) has seen a dramatic rise in admissions in the past few years of men committed under this statute. Therefore, the State has responded by creating a special facility for this population in Moose Lake.

During fiscal year 1995 activities will be concentrated on building construction and program development in order to facilitate opening of the Minnesota Psychopathic Center in September, 1995.

Activity: 910-Moose Lake Regional Treatment Center

Building construction began in July, 1994 with the structure scheduled for substantial completion on August 15, 1995. The 100 bed facility is being constructed on a portion of the present grounds of the Moose Lake Regional Treatment Center. DHS staff have worked with architects and engineers to design a facility which will meet the treatment and security needs of the patient population. The facility will offer many self contained services in order to promote patient security.

Concurrent with building construction is the development of the treatment programming which will be provided to the patients. MLRTC staff are working closely with the staff from the MSH on program development. MSH will also have a 50 bed addition designed to serve a similar patient population. Because of the experience of MSH staff in providing Sex Offender Treatment, they have taken the lead in developing the multi-disciplinary treatment approach for PP patients. A decision has essentially been made to offer a single PP program at two sites, Moose Lake and St. Peter, with individual modification as necessary at each site due to subtle changes in the patient population. The programming at Moose Lake includes sex offender therapy and will concentrate on educational, industrial and recreational aspects of treatment. During FY95, the process of filling the staff positions and providing those selected to work in the facility necessary training will also occur.

Developmental Disabilities: The MLRTC Developmental Disabilities (DD) Program role as a provider of residential and day training and habilitation (DT&H) services in a regional treatment center setting has changed to providing these services in state-operated community based settings. Currently, services for persons with developmental disabilities in Northeastern Minnesota provided by MLRTC occur across 15 work sites located in Moose Lake (one ICF/MR; one DT&H), Virginia (one ICF/MR; one DT&H), Cloquet (one Adult Foster Home), Esko (one Adult Foster Home) and Duluth (one ICF/MR; 2 DT&Hs; four Adult Foster Homes and two Adult Foster Crisis Homes).

In the nine group homes identified above, a wide array of services are provided. Persons with developmental disabilities in these group homes are functionally integrated into daily living situations aimed at enhancing their independence and increasing their quality of life. Specifically, these individuals participate in purchasing groceries, making their own meals, maintenance of the home and community integration.

The DD Program also provides crisis services to persons with developmental disabilities within two 4-bed Adult Foster Homes. The role of these two work sites is to provide both residential and outreach technical assistance to community based persons with developmental disabilities in an effort to help keep people from being institutionalized.

The four state-operated DT&Hs operated by the MLRTC DD Program currently serve 57 individuals from both state-operated residential and private provider sites. A major component of the DT&Hs involves supported employment situated at work sites in the community involving lawn mowing, janitorial, can collection and service work. Work projects are also contracted for in house work and include packaging, assembly, painting, paper shredding, stocking caps and clerical.

Chemical Dependency: The Chemical Dependency Program is designed to serve specialized clients not readily served in the private sector. The Program offers two types of extended care for men: the Stabilization Model designed for the "fragile" chemically dependent clients who have long term withdrawal issues, cognitive deficits, and/or need monitoring/evaluation to stabilize appropriate medication for mental disorders; and the Relapse Model designed to help the male client who has not maintained sobriety after primary treatment. This program has been move onto the campus of the Cambridge Regional Human Services Center to facilitate the closure of MLRTC.

The Liberals Program is designed for chemically dependent women who are vulnerable due to gender specific issues. All professional and direct-care staff are women which is an important factor in creating a safer, more trusting treatment climate. The programming focuses on recovery needs and self-learning behavioral changes with emphasis on self strengths and independence. The educational component gives information on a variety of concerns a woman may encounter within her

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recovery including the development of healthy relationships, setting boundaries, assertiveness skills, eating disorders, grief and sexuality issues. An aftercare component helps clients increase independence by learning how to mobilize personal and community resources. Liberals offers primary and extended-care programming with varying lengths of stay. This program has been re-located onto the premises of the Cloquet Memorial Community Hospital in Cloquet, Minnesota to facilitate the closure of MLRTC.

PROGRAM DRIVERS:

- Usage of General Hospitals: High usage of community out-patient and general hospital in-patient psychiatric services available in the catchment area prevent RTC hospitalization for all mentally ill except those who are particularly treatment resistant or have significant coexisting medical or personality disorders. Impact would be to increase length of stay.

- Specialized Geriatric Population: Lack of specialized geriatric nursing care units and/or skilled nursing facility beds in region for difficult to manage psycho-geriatric clients has increased the length of stay at the RTC for this population.

- Dual Diagnosis Client: Trend for younger population of mentally ill to exhibit more pronounced substance abuse problems and acting out behavior. This population is less likely to comply with mental health delivery system parameters resulting in more acute hospitalization episodes and medication management problems. Impact would be to lengthen medication stabilization time when first admitted and decrease time in community after discharge.

- MI Crisis Services: Until crisis services are developed, it would be difficult to predict what the significant factors might be; however, some hypotheses are: increase expectations that mentally ill will be residing in own homes or apartments; increased expectations by law enforcement for integration of services between mental health delivery system and the legal system; greater concern about public safety from the general population; and introduction of new medications that require intensive monitoring (i.e., Clozapine).

- Significant factors that may impact the performance measures (i.e., length of stay, time in community, and crisis services).

    1. Increase in technological demands of the work place and high unemployment in region prevent employment opportunities for those mentally ill who are motivated to enter the work force but are only likely to succeed at semi-skilled employment. Impact is on treatment planning and aftercare services.

    2. Increased expectation by consumers, advocacy groups, and professionals that the mentally ill will be living in their communities in independent housing status. Impact is on treatment planning, aftercare services, and will have significant impact on development of state operated services.

- Community-Based Service Providers: Those individuals with developmental disabilities (DD) that remain in RTCs typically are involved in multiple disabilities within their own DD disability. For these individuals, the ability of state-operated community services (SOCS) finding appropriate community based providers in the areas of medicine, occupational/physical therapy, speech, dental, etc. is difficult without addressing the issues of these same providers taking additional medical assistance cases. Today, finding the above identified providers outside of the RTC setting is a difficult task.

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- Budgets: The population being served by the DD SOCS programs at MLRTC represent a group of individuals that receives an established rate for waiver (adult foster care) programs specified within the enhanced/enhanced waiver. Because the DD population that moved from MLRTC into waiver SOCS is an aging and in many cases medically involved population, the possibility exits that one or more openings in a SOCS waiver home will occur in the near future as a result of a death or sickness. A significant budgetary issue for these SOCS waiver homes is the waiver rate identified for non-RTC persons with DD that would move into those homes to replace the vacancy.

- Support Services: Upon completion of the SOCS homes (ICF/MR and Waiver) and state-operated community-based programs for the serious and persistently mentally ill necessary to bring closure to the MLRTC, the need to establish infection control, safety, and other regulatory requirements has become apparent. The need for these support services results from the ongoing process established by the rule/regulations of the licensing agencies responsible for surveys and safety aspect of continued building maintenance.

- Increased Debt: There has been an increase in the number of committed clients ineligible for Consolidated Chemical Dependency Treatment Funding. Without this reimbursement for services the CD programs are being charged a "bad debt" which creates deficit balances. This situation is beyond the control of any one program yet negatively impacts all of them.

- Population Trend: Because of the significant development of optional services, it is very difficult to predict the effectiveness and impact of such services on the future needs of the developmentally disabled and the mentally ill. There appears to be a stable trend of chemical dependent persons who have other problems in addition to their chemical abuse.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description Appendix B)

PROGRAM: ADULT MENTAL HEALTH - OBJECTIVE SET 2

Objective 910-2.1. To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 910-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission. Based on the total number of adult MI clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				380	235e		
0-30 days				42.1%	41.0%e		
31-60 days				11.0%	11.0%e		
61-90 days				10.3%	10.0%e		
91+ days				36.6%	38.0%e		
Target					Program scheduled to close 6/95		

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Measure 910-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				328	203e		
Percent				22.3%	13.36%e		
Target					Program schedule to close 6/95		

Objective 910-2.2. To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 910-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 910-3.1. To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 910-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, and Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				226	230e		
In-patient				26.6%	30.0%e		
Out-patient				2.2%	2.0%e		
Extended care				71.2%	68.0%e		
Target							
Number						230	230
In-patient						30.0%	30.0%
Out-patient						2.0%	2.0%
Extended care						68.0%	68.0%

Measure 910-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

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Measure 910-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Objective 910-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 910-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 910-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 910-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91-365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				35			
0-90 days				0.0%			
91-365 days				6.0%			
366+ days				94.0%			
Target						Program closed 3/94	

Measure 910-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				0			
Percent				0.0%			
Target						Program closed 3/94	

Objective 910-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 910-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

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	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				51	60e		
Percent				96.1%	96.0%e		
Target							
Number						65	65
Percent						96.0%	96.0%

Objective 910-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 910-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				35			
Percent				97.1%			
Target						Program Closed 3/94	

PROGRAM: PSYCHOPATHIC PERSONALITY - OBJECTIVE SET 6

Objective 911-6.1. To evaluate psychopathic personality (PP) clients so that appropriate court recommendations can be made.

Measure 911-6.1: Percent of courts reporting satisfaction with warrant evaluation recommendations. Based on the total number of courts responding to the survey which is sent with each warrant evaluation report.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Program scheduled to open 7/95		
Target							

Objective 911-6.2: To provide psycho-educational services for PP clients in a safe and secure setting, so that mental and behavioral functioning improve and PP clients are able to live in a less restrictive setting.

Measure 911-6.2 (a): Percent of PP clients participating in sex-offender specific PP program components during a one-week time sample at the end of the fiscal year. Based on the total number of PP clients in residence during that week.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Program scheduled to open 7/95		
Target							

Measure 911-6.2 (b): The average change in scores on PP Behavior Rating Scales (100 point scale) for PP clients per fiscal year. Based on the total number of PP clients with both scores available.

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	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Program scheduled to open 7/95		
Target							

Objective 911-6.3: To minimize the risk of PP clients harming others.

Measure 911-6.3 (a): Incident rate per year of assaults within the facility, involving PP clients. Based on the average daily census of PP clients for the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Program scheduled to open 7/95		
Target							

Measure 911-6.3 (b): Percent of PP clients arrested and/or convicted of violent and non-violent crimes two years after being released from the facility. Based on the total number of PP clients released from the facility.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					Program scheduled to open 7/95		
Target							

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 920-St. Peter Regional Treatment Center

1994 Total Expenditures ($000s): $28,222 0.65% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards, and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward personal habilitative or rehabilitative goals which are necessary for their successful reintegration into normal community life.
- To provide community-based services in an effort to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

St. Peter Regional Treatment Center (SPRTC) provide in-patient care, treatment, rehabilitation, and habilitation services to mentally ill, chemically dependent, and developmentally disabled clients. In carrying out these activities, SPRTC is developing local relationships with the community, and meeting identified needs within the service area. All programs deliver quality care to clients in the least restrictive environment.

Mental Health: The Mental Health Division (MHD) provides high quality, comprehensive mental health services to adults in south central and southeastern Minnesota. There are several processes through which individuals are admitted. They may be legally committed by a county court, voluntarily seek treatment by requesting admission, or be transferred from other state facilities. The MI Division has five treatment units offering a continuum of care to adults suffering from acute and serious and persistent mental illness. Four mental health units in Pexton Hall specialize in treating individuals with serious and/or persistent mental illness; they provide a continuum of psychiatric care. Clients are assigned to these units based on assessed needs for structured care and treatment. Bartlett Hall 1 South provides treatment primarily to psychogeriatric clients with mental and physical problems and minimal self-care abilities. The MHD also offers comprehensive in-patient psychiatric and psychological services to clients who have mental illness and hearing impairments. A large number of direct care staff have been trained in sign language, allowing clients to be placed on most units within the MHD, as the need arises.

Overall, the MHD provides modern, comprehensive psychiatric, psychological, and rehabilitative services to clients who are unable to be treated with existing community resources. The MHD is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, licensed under the Department of Human Services' Rule 36, and certified by Health Care Financing Administration and the U.S. Department of Health and Human Services for Title XVIII and XIX.

Developmental Disabilities: The Developmental Disabilities Division (DDD) serves people who have a primary diagnosis of mental retardation and whose service needs are frequently complicated by additional physical, behavioral, and/or mental health disabilities. Staff also work with other human services agencies and community vendors to facilitate transition to community living, and prevent re-admission to the DDD. Crisis services are also available on campus, for up to 90 days.

The DD Division operates a Day Activity Program, as well as an excellent vocational training program, which focuses on facilities community integration.

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For the past several years, the DDD, like other state-operated facilities for the developmentally disabled, has been downsizing. This is being accomplished through the emergence of community-based treatment and residential options, and aggressive community placement efforts. The facility adheres to the highest regulatory and accrediting standards. The DDD is accredited by the Joint Commission on Accreditation of Healthcare Organizations, certified by the Health Care Financing Agency, and licensed by the Minnesota Departments of Health and Human Services' Rules 34 and 38.

Chemical Dependency: Johnson Chemical Dependency Center (JCDC) offers an Alcoholics Anonymous-based chemical dependency treatment program for men and women 18 and older. It has a licensed bed capacity of 58. Several treatment options are available.

The 28-day primary program offers three phases of treatment: acceptance, family and re-entry, in a flexible format. A client may enter or exit at the beginning or end of any phase depending upon their needs. The program also offers a 2 x 4 component that provides a combination of in-patient and out-patient treatment. A multi-disciplinary treatment team assists clients in identifying, recognizing and accepting their substance abuse problems. Although the in-patient program specializes in treatment of multi-diagnosed and behavior disordered clients, it is open to all who desire sobriety and health. Specialized program components include: a Women's Program which includes in-patient, out-patient or extended care options; a Dual Diagnosis Program for clients who have mental health and chemical dependency problems; an Out-patient Program which provides individualized treatment services for those who are in need of intensive chemical dependency treatment, but who are able to continue living in the community; an extended care program which is available for individuals who have been unable to maintain lasting sobriety; a Family Program which provides education and support to a client's family members and significant others; Aftercare Services to all clients who have completed treatment; and a Relapse Program for clients who have completed treatment within the last twelve months, but were unable to maintain sobriety.

JCDC offers a wider array of chemical dependency and mental health programs than any other chemical dependency treatment program in Southern Minnesota. In the past decade it has admitted and treated nearly 4,000 people. JCDC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, and licensed under the Department of Human Services' Rules 35 and 43.

PROGRAM DRIVERS:

Adult Mental Health Services:

- The Incidence and Prevalence of Serious Mental Illness: According to the U.S. Department of Health and Human Services, in 1989 there were approximately 3.3 million non-institutionalized adults who had a serious mental illness (SMI) in the past 12 months, a rate of 18.2 adults per 1,000 persons.

  The rate of SMI is higher in older age groups. More females than males are reported to have SMI. SMI is often a persistent and chronic condition, resulting in psychosocial deterioration and occasional relapse.

- Poverty Status: Both the prevalence of SMI and resulting disability is clearly related to poverty status. SMI is over 2.5 times as likely among poor adults as among those not living in poverty.

- Level of Educational Attainment: Lower educational attainment is strongly related to the prevalence and disability from SMI. The rate of SMI for those with less than 12 years of education is almost twice that of those with more than 12 years.

Activity: 920-St. Peter Regional Treatment Center

- The Need for a Continuum of Services: It is increasingly becoming recognized that SMI clients are a heterogenous group of people with different diagnoses, levels of disability, duration of disability, and therefore, different service needs. Regional treatment centers are part of the continuum of treatment options available to meet the needs of this population. While many of the SMI can be served in the community, some do not respond to short-term hospitalization, and require the mid- to long-term care and level of structure available only at regional treatment centers.

Developmental Disability Service:

- The Incidence and Prevalence of Developmental Disabilities: Due to advances in public health, such as improved sanitation, housing, and widespread vaccination of children; and advances in medical science, such as better prenatal care and genetic counseling, the rate of some forms of developmental disabilities is declining. Despite advances, the average statewide daily census of persons with DD residing in state operated residential treatment programs was 913 in FY93. Like the rest of the population, the developmentally disabled are aging, resulting in new challenges for care givers.

- The need for a Continuum of Care: It is increasingly being recognized and demonstrated that most people with DD can be adequately served in the community. The emergence of an increased number of community facilities, combined with an improved level of technical sophistication among community care givers, has resulted in the widespread de-institutionalization of the developmentally disabled is the past two decades.

  Despite advances in community care, there remains a small, but significant proportion of DD who will occasionally be in need of the services available at regional treatment centers. Such clients, who frequently also have associated physical, behavioral, and psychiatric problems, often develop dysfunctions which cannot be handled in the community. For such clients, the regional treatment center is the provider of choice.

Chemical Dependency Services:

- The Incidence and Prevalence of Substance Abuse: Mood altering substances are a part of everyday life. The use of nicotine in the form of cigarettes is on the rise among teenagers. Caffeine is an ubiquitous ingredient in pop, coffee, candy, as well as a variety of other substances, and its consumption is rising. Alcohol, present in wine, beer, and hard liquors, is widely available.

  While most Americans use these substances wisely, many will go on to develop chemical dependency problems. It is estimated that between 10 and 23 percent of all U.S. workers use dangerous drugs in the workplace. Substance abuse significantly impacts worker productivity, product cost, health care costs, workers compensation claims, automobile accident rates, as well as nearly every facet of society.

- Recidivism: Many treatment programs have significant problems with recidivism. In-patient and out-patient treatment programs may be ineffective unless there is a provision for long-term aftercare. Due to the nature of chemical dependency, it is often necessary for many substance abusers to be treated several times, before their abuse is arrested.

- The Need for Special Treatment Program: According to National Institute of Drug Abuse, chemical dependency treatment programs are more likely to be effective when they meet the needs of their target populations. In light of this, specialized treatment programs have been developed in Minnesota and nationwide for women, minorities, and the mentally ill and chemically dependent. SPRTC provides treatment targeted to the needs of low income adults, who frequently have other problems such as mental illness, behavioral and personality disturbances, and who have not responded to less intensive treatment options.

Activity: 920-St. Peter Regional Treatment Center

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Descriptions in Appendix B)

PROGRAM OBJECTIVES: ADULT MENTAL HEALTH - OBJECTIVE SET 2

Objective 920-2.1. To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 920-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31-60 days of admission, between 61-90 days of admission, 91+ days of admission. Based on the total number of adult MI clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				458	450e		
0-30 days				44.0%	44.0%e		
31-60 days				15.0%	15.0%e		
61-90 days				11.0%	11.0%e		
91+ days				30.0%	30.0%e		
Target							
Number						450	450
0-30 days						44.0%	44.0%
31-60 days						15.0%	15.0%
61-90 days						11.0%	11.0%
91+ days						30.0%	30.0%

Measure 920-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				446	440e		
Percent				8.0%	8.0%e		
Target							
Number						440	440
Percent						8.0%	8.0%

Objective 920-2.2. To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 920-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance						To be developed	
Target							

Activity: 920-St. Peter Regional Treatment Center

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 920-3.1. To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 920-3.1 (a): Percent of individuals completing CD In-Patient, Out-Patient, and Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				252	250e		
In-patient				67.0%	67.0%e		
Out-patient				2.0%	2.0%e		
Extended care				31.0%	31.0%e		
Target							
Number						250	250
In-patient						67.0%	67.0%
Out-patient						2.0%	2.0%
Extended care						31.0%	31.0%

Measure 920-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

Measure 920-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

Objective 920-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 920-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance						To be developed	
Target							

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 920-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Activity: 920-St. Peter Regional Treatment Center

Measure 920-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91-365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				27	22e		
0-90 days				15.0%	15.0%e		
91-365 days				22.0%	22.0%e		
366+ days				63.0%	63.0%e		
Target							
Number						18	15
0-90 days						15.0%	15.0%
91-365 days						22.0%	22.0%
366+ days						63.0%	63.0%

Measure 920-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				59	40e		
Percent				90.0%	90.0%e		
Target							
Number						30	20
Percent						90.0%	90.0%

Objective 920-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 920-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				12	10e		
Percent				100.0%	100.0%e		
Target							
Number						10	10
Percent						100.0%	100.0%

Objective 920-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 920-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharge from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

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	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				26	20e		
Percent				92.0%	90.0%e		
Target							
Number						15	10
Percent						90.0%	90.0%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 930-Minnesota Security Hospital

1994 Total Expenditures ($000s): $13,507 0.31% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide quality forensic services that meet national standards and state and federal regulations to the court system.
- To treat, habilitate, and rehabilitate mentally ill and dangerous clients during as short a period of hospitalization as feasible and to assist their reintegration into community life.
- To safeguard society by providing a secure environment for these clients.

DESCRIPTION OF SERVICES:

Minnesota Security Hospital (MSH) provides multi-disciplinary forensic evaluation and therapy services in a 296-bed, secure setting located at the St. Peter Regional Treatment Center. This facility serves adults from all 87 counties of Minnesota, who are admitted pursuant to judicial or other lawful orders for assessment and/or treatment of acute and chronic major mental disorders. Included within this population are individuals who have been committed under the Psychopathic Personality statute. These disorders may manifest in severely sexually aggressive behaviors, which presents an imminent danger of grave harm to others. The need for appropriate protection of society from such aggressive and dangerous individuals is a recognized function of our mission.

The MSH has been praised by outside reviewers as one of the finest forensic hospitals in the U.S. MSH has a licensed bed capacity of 296. It provides comprehensive court-ordered forensic psychiatric evaluations, including competency to stand trial, the insanity defense and pre-sentence and sex offender evaluations. MSH evaluates and treats clients who are mentally ill, mentally ill and dangerous, and those committed under the psychopathic personalities statute.

A multi-disciplinary approach (psychiatric, medical, psychological, social, nursing, behavior analysis, vocational, educational, and activity therapy services) is used to treat mental illness and modify behavior. The goal of treatment is to improve the functioning of individuals in order that they may return to society. MSH also serves as a resource for individuals who need long-term care and a secure setting due to the chronicity and intractability of their illness, and persistence of their dangerousness.

In addition to evaluation services, MSH has intensive treatment programs for aggressive clients and accepts transfers within the Department of Human Services from other RTCs for treatment. Clients from the Department of Corrections may be accepted by transfer or on parole status. In FY 94, MSH admitted 174 people and had an average daily census of 260. It provides a full range of psychiatric, psychological, nursing and social work services.

PROGRAM DRIVERS:

- The Incidence of Mentally Ill and Dangerous Adults: During the first decade of the 20th century, citizens in the State of Minnesota recognized the need for a specialized facility to house and treat mentally ill and dangerous men, resulting in the establishment of Minnesota Security Hospital in 1911. In FY 1993, the facility had an average daily population of 237, up 7.04% form the previous year. In the last five years alone, the facility has admitted over 1,100 people. Since FY 1983, the facility has averaged 19.5 female admissions per year.

Activity: 930-Minnesota Security Hospital

- The Rise in the Use of the Psychopathic Personality Commitment Statute: Following several well-publicized sex crimes, involving the rape and deaths of several women and children, the Courts have been more willing to use the Psychopathic Personality Commitment Statute for repetitive sex offenders. As a result, the MSH has seen a dramatic rise in admissions in the past few years of men committed under this statute. In addition, the State has responded by creating a special facility for this population in Moose Lake.

- Increased Public Concern About Safety: According to some recent national surveys, safety is the public's number one concern. As a result, there has been widespread support for the building of correctional facilities to house violent offenders. Some of these offenders, who are mentally ill and dangerous, end up at facilities such as MSH.

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Description in Appendix B)

PROGRAM: FORENSIC PSYCHIATRIC SERVICES - OBJECTIVE SET 5

Objective 930-5.1. To evaluate forensic clients so that appropriate court recommendations can be made.

Measure 930-5.1 (a): Percent of court ordered evaluations completed within 30 days of admission, betweens 31 and 60 days of admission, and 61+ days of admission. Based on the total number of completed court ordered evaluations.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				86	86e		
0-30 days				73.3%	73.0%e		
31-60 days				20.9%	15.0%e		
61+ days				5.8%	12.0%e		
Target							
Number						86	86
0-30 days						73.0%	73.0%
31-60 days						15.0%	15.0%
61+ days						12.0%	12.0%

Objective 930-5.2. To provide treatment services for mentally ill and/or dangerous (MI & D) clients, so that mental and behavioral functioning improve, and clients are able to live in a less restrictive setting.

Measure 930-5.2 (a): Percent of MI & D, Condition of Probation (COP) Sex Offender, and "Other" clients discharged from treatment in the Forensic Program. Based on the total number of clients in each category served during the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
MI & D:							
Number				125	125e		
Percent				24.0%	24.0%e		
COP Sex Offender:							
Number				39	10e		
Percent				80.0%	0.0%e		
"Other":							
Number				43	43e		
Percent				58.1%	52.0%		

Activity: 930-Minnesota Security Hospital

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Target							
MI & D:							
Number						125	125
Percent						24.0%	24.0%
COP Sex Offender:							
Number						10	10
Percent						80.0%	0.0%
"Other":							
Number						43	43
Percent						52.0%	52.0%

Measure 930-5.2 (b): Percent of MI & D, COP Sex Offender, and "Other" clients discharged from treatment in the Forensic Program within 12, 24, 36, 37+ months of admission. Based on the total number of MI & D, COP Sex Offender and "Other" clients served during the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
MI & D:							
Number				29	29e		
12 months				17.2%	17.0%e		
24 months				13.8%	14.0%e		
36 months				20.7%	21.0%e		
37+ months				48.3%	48.0%e		
COP Sex Offender:							
Number				13	8e		
12 months				30.8%	25.0%e		
24 months				0.0%	0.0%e		
36 months				30.8%	25.0%e		
37+ months				38.4%	50.0%e		
"Other":							
Number				25	25e		
12 months				52.0%	52.0%e		
24 months				16.0%	16.0%e		
36 months				8.0%	8.0%e		
37+ months				24.0%	24.0%e		

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	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Target							
MI & D:							
Number						29	29
12 months						17.0%	17.0%
24 months						14.0%	14.0%
36 months						21.0%	21.0%
37+ months						48.0%	48.0%
COP Sex Offender:							
Number						5	0
12 months						20.0%	0.0%
24 months						0.0%	0.0%
36 months						40.0%	0.0%
37+ months						40.0%	0.0%
"Other":							
Number						25	25
12 months						52.0%	52.0%
24 months						16.0%	16.0%
36 months						8.0%	8.0%
37+ months						24.0%	24.0%

Measure 930-5.2 (c): Percent of MI & D, COP Sex Offender, and "Other" clients readmitted into the Forensic Program within six months of a planned discharged. Based on the total number of MI & D, COP Sex Offender, and "Other" clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
MI & D:							
Number				3	3e		
Percent				33.3%	33.0%e		
COP Sex Offender:							
Number				0	3e		
Percent				0.0%	0.0%e		
"Other":							
Number				2	2e		
Percent				50.0%	50.0%e		
Target							
MI & D:							
Number						3	3
Percent						33.0%	33.0%
COP Sex Offender:							
Number						3	3
Percent						0.0%	0.0%
"Other":							
Number						2	2
Percent						50.0%	50.0%

Activity: 930-Minnesota Security Hospital

PROGRAM: PSYCHOPATHIC PERSONALITY - OBJECTIVE SET 6

Objective 930-6.1. To evaluate psychopathic personality (PP) clients so that appropriate court recommendations can be made.

Measure 930-6.1: Percent of courts reporting satisfaction with warrant evaluation recommendations. Based on the total number of courts responding to the survey which is sent with each warrant evaluation report.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				3	12e		
Percent				66.7%	67.0%e		
Target							
Number						12	12
Percent						67.0%	67.0%

Objective 930-6.2. To provide psycho-educational services for PP clients in a safe and secure setting, so that mental and behavioral functioning improve and PP clients are able to live in a less restrictive setting.

Measure 930-6.2 (a): Percent of PP clients participating in sex-offender specific PP program components during a one-week time sample at the end of the fiscal year. Based on the total number of PP clients in residence during that week.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				61	71e		
Percent				69.0%	69.0%e		
Target							
Number						81	91
Percent						69.0%	69.0%

Measure 930-6.2 (b): The average change in scores on PP Behavior Rating Scales (100 point scale) for PP clients per fiscal year. Based on the total number of PP clients with both scores available.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				59	69e		
Score Change				+3 pts.	+3 pts.		
Target							
Number						79	89
Score Change						+3 pts.	+3 pts.

Objective 930-6.3. To minimize the risk of PP clients harming others.

Measure 930-6.3 (a): Incident rate per year of assaults within the facility, involving PP clients. Based on the average daily census of PP clients for the fiscal year.

Activity: 930-Minnesota Security Hospital

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				63	73e		
Incidents per client				.38	.38e		
Target							
Number						83	93
Incidents per client						.38	.38

Measure 930-6.3 (b): Percent of PP clients arrested and/or convicted of violent and non-violent crimes two years after being released from the facility. Based on the total number of PP clients released from the facility.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				0	3e		
Percent				N/A	0.0%e		
Target							
Number						5	5
Percent						20.0%	22.0%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 940-Willmar Regional Treatment Center

1994 Total Expenditures ($000s): $28,804 0.67% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide active treatment consistent with industry standards and state and federal regulations in a therapeutic environment.
- Assist individuals to make documented progress toward personal habilitative or rehabilitative goals necessary for successful reintegration into normal community life.
- To provide community-based services in an attempt to fill existing gaps in the service delivery continuum.

DESCRIPTION OF SERVICES:

Willmar Regional Treatment Center (WRTC) provides quality specialty health services including in-patient treatment, rehabilitation, developmental services, community-based transitional services, community-based residential and day program services, out-patient services, and crisis services for consumers primarily of central/southwestern Minnesota (statewide programs noted below). WRTC serves as the primary public agency in providing these services for problems associated with adult mental illness, adolescent mental illness, chemical dependency, and developmental disabilities. Specialized statewide programs include: 1) adolescent treatment, 2) a protective component unit for severely disturbed male adolescents, 3) Methadone detoxification and treatment, and 4) MI/CD dual disability treatment (a five-county consortium also operates a statewide juvenile detention program on our campus).

As a leader in customer-centered, cost effective specialty health services, WRTC strives to be a valued partner in improving and building a comprehensive mental health care system in our service area. We center our efforts on improving the mental health of those who use our services, enabling them to achieve greater independence and improved quality of life in their communities.

Mental Health: The Mental Health Treatment Program includes 10 units designed to provide active psychiatric treatment through multi-disciplinary teams. Early assessment and diagnosis occurs in the Admission/Observation Unit. Fifteen percent of those admitted are discharged from this unit after a stay of less than 10 days. Adult mentally ill patients are transferred to other units with patients of similar diagnosis and treatment needs to maximize hospital resources in completing treatment in the shortest period of time. These special treatment units include: the Stabilization Unit for persons needing short term, high intensity treatment; Transition Services for patients on the threshold of chronic mental illness; Geriatrics for elderly patients and others who have organic and physiological illnesses which require significant additional medical and nursing care; Behavior Therapy Program for persons with serious and persistent mental illness who have serious self control and coping skills deficits; Psychiatric Rehabilitation Unit for persons who have regressive behavioral and vocational skills deficits; and, Medallion and MI/CD Unit this is CD milieu based with MI programming for dually diagnosed patients.

The Adolescent Mental Health Program operates three co-educational treatment units. The program serves 12 to 18 year old adolescents in two units and maintains a 6-bed locked protective unit for severely disturbed adolescent boys. The programs specialize in adolescents who have multiple treatment failures in community-based treatment programs using a comprehensive multi-disciplinary approach individualized for each adolescent. The treatment programs are integrated with education programs provided by the local school district, both on and off the campus. The unit serves persons from the entire state of Minnesota with the Protective Unit being the only public program of its kind. The program will celebrate its 30th anniversary in 1995.

Activity: 940-Willmar Regional Treatment Center

Gaps in community-based services as defined by our customers is an important and new hospital focus. Transition Services are in place for the majority of the 23 counties served by WRTC. These services work with county case managers, community mental health center support programs, private providers, etc., to ensure patient follow up during the critical weeks following discharge. This program ensures solid hospital discharge and prevents premature return by working with community support systems and the patients in their home communities. Crisis Services are in place in two counties having gaps in these programs. WRTC staff are on call for in-home crisis as determined by the county case manager. The intent is to provide the services in the citizen's home to prevent admission to WRTC. WRTC psychiatrists are also participating in outreach and out-patient programs with community mental health centers and private providers to bring this seriously critical skill to community-based programs.

The Mental Health Programs have a total of 263 utilized beds averaging over 90 percent occupancy. Admissions have consistently increased over the last five years and totalled almost 1,000 in fiscal year 1992. Included in this number is 115 admissions from the metropolitan area in our role as backup to Anoka Metro Regional Treatment Center.

Developmental Disabilities: Glacial Ridge Training Center (GRTC) is a home-like residential and training center for nearly 40 developmentally disabled and mentally retarded men and women. The program's goal is to teach residents skills they need to live as independently as possible and to provide experiences that will enrich their lives. The Center consists of two residential living units on campus and two day-training and habilitation programs (DT&H). One DT&H program is located on campus and one is located off campus in the community. In 1991 GRTC opened a six-bed ICF/MR (intermediate care facility for the mentally retarded) offering state-operated community services in Redwood Falls. GRTC is in the process of developing and operating 4-bed community-based waiver homes in and around the Willmar area, one opened in June, 1994. The off campus DT&H Program (Crossroads) serves both public and private clients. All campus and off campus programs, as well as private providers and school programs in the region are served by the GRTC crisis team. This team brings specialized behavioral and psychological services to assist with discharges from the GRTC and maintain discharges in public and private community-based program.

Chemical Dependency: WRTC has an eighty year legacy of providing progressive and innovative treatment to persons with chemical dependency. The Bradley Center houses WRTC's in-patient programs in recognition of Dr. Nelson Bradley, who with Dan Anderson and others, pioneered the "Minnesota Model" to chemical dependency treatment originated at WRTC in the 1950s.

The Bradley Center offers an array of intensive treatment programs for persons suffering addiction disorders. The Primary Residential Treatment Program has been in operation for over 80 years and uses a combination of individual and group therapy, and education and spiritual services to assist clients move to sobriety. The average length of stay in this program is 30 days. For clients who are prone to relapse and require a fully structured environment, the Extended Care Program deals with barriers to recovery and develops coping techniques to improve daily living skills. Clients stay an average of three months in extended care.

The Bradley Center has the State's only public Cocaine/Opiate Withdrawal and Treatment Program that consists of up to 30 days of medically managed withdrawal. The second phase of this program involves a minimum of 30 to 60 days of primary treatment. The Bradley Center also offers a halfway house for men and women transitioning back into the community.

The Cardinal Recovery Center operates a Primary Out-patient Treatment Program for adults who can maintain sobriety during treatment. Clients receive an average of 60 hours of treatment. A combination program is also available with two weeks of intensive in-patient treatment prior to transferring to the out-patient component. The Center operates a Women's Day Treatment Program which is designed to be sensitive to the special needs of chemically dependent women. The program averages 5 weeks in length with an additional 12 weeks of aftercare. An out-patient program for adolescents, The Youth Program, is designed to guide young drug and alcohol abusers, aged thirteen to eighteen, to an

Activity: 940-Willmar Regional Treatment Center

understanding of their relationship with their chemical of choice. The Youth Program is a 10-week course of treatment averaging 150 hours per client. Cardinal's Prairie Youth Program is an adolescent program for adjudicated youths housed at Prairie Lakes Detention Center. The program is offered to male and female youth on a concurrent basis with their correctional program.

A flexible program for relapse-prone clients is offered at both the Bradley Center and Cardinal Recovery Center.

PROGRAM DRIVERS:

Health care reform and need for a comprehensive mental health delivery system of specialized hospital-based programs and broader based community programs will drive WRTC to change:

- Diminishing on-campus DD Program and increasing transition to a state-operated community-based component.
- Finding innovative ways to share our mental health professional resources in the region, particularly psychiatry, psychiatric nursing and behavioral expertise.
- Working with our region to improve the service's shortfall outside of WRTC.
- Continued difficulty in the region of MA funded clients finding consistent and comprehensive professional/mental health services.
- Changing the delivery system using state resources to enhance community-based services without transition funding or available staff.
- The mushrooming mental health needs of adolescents and children with limited community-based services available.
- The expertise of the RTC in serving adolescents and children and finding ways to share these resources with the community.
- The need for additional secure treatment beds for both male and female adolescents.
- The need to develop and share expertise and mental health and CD professional services for kids, including involvement with juvenile detention and education.
- Increasing pressure of unfunded mandates (e.g., commitments without Rule 25 funding) for chemical dependency treatment.
- The increasing number of dually diagnosed MI/CD patients.
- The increasing acuity (first episode admissions and severe acute exacerbations of chronic illnesses) of mental health admissions.

Activity: 940-Willmar Regional Treatment Center

- The decreasing population in the central/southwestern part of the state in conflict with increasing mental health treatment needs and decreasing accessibility to professional mental health services.

- The question of what role the RTC can play as a part of mental health care reform (mental health ISNs) in the central/southwestern part of the state.

PERFORMANCE OBJECTIVES AND MEASURES - **(See Measure Description in Appendix B)**

PROGRAM: ADOLESCENT MENTAL HEALTH - OBJECTIVE SET 1

Objective 940-1.1. To provide effective treatment for emotionally disturbed children and adolescents so that behavioral control is restored, and return to the community is possible.

Measure 940-1.1 (a): Percent of adolescents discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission, and 366+ days of admission. Based on the total number of adolescents discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				57	60e		
0-90 days				24.6%	25.0%e		
91-180 days				24.6%	27.0%e		
181-365 days				28.0%	28.0%e		
366+ days				22.8%	20.0%e		
Target							
Number						60	60
0-90 days						25.0%	33.0%
91-180 days						29.0%	29.0%
181-365 days						28.0%	28.0%
366+ days						18.0%	10.0%

Measure 940-1.1 (b): Percent of adolescents readmitted to the facility within 90 days of a planned discharge. Based on the total number of adolescents given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				58	60e		
Percent				10.3%	10.0%e		
Target							
Number						60	60
Percent						10.0%	10.0%

Objective 940-1.2. To provide consultation and liaison services to community based mental health care provides so that emotionally disturbed children and adolescents are better able to remain in the community.

Measure 940-1.2: Percent of adolescents receiving consultation and/or liaison services who remain in their own home or other community setting 90 days after discharge from the facility.

Activity: 940-Willmar Regional Treatment Center

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance						To be developed	
Target							

PROGRAM: ADULT MENTAL HEALTH - OBJECTIVE SET 2

Objective 940-2.1. To provide effective treatment service for people with mental illness (MI), so that mental and behavioral functioning improve, and clients are able to return to the community.

Measure 940-2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission. Based on the total number of adult MI clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				789	800e		
0-30 days				33.7%	32.0%e		
31-60 days				16.4%	18.0%e		
61-90 days				12.7%	15.0%e		
91+ days				37.3%	35.0%e		
Target							
Number						800	800
0-30 days						32.0%	30.0%
31-60 days						18.0%	20.0%
61-90 days						18.0%	20.0%
91+ days						32.0%	30.0%

Measure 940-2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				805	810e		
Percent				6.7%	6.5%e		
Target							
Number						820	820
Percent						6.5%	6.5%

Objective 940-2.2. To provide community support and crisis intervention services so that clients with mental illness are able to remain in the community.

Measure 940-2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance					To be developed		
Target							

Activity: 940-Willmar Regional Treatment Center

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 940-3.1. To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 940-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, and Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				211	220e		
In-patient				29.9%	31.8%e		
Out-patient				19.9%	18.2%e		
Extended care				50.2%	50.0%e		
Target							
Number						220	220
In-patient						31.8%	31.8%
Out-patient						18.2%	18.2%
Extended care						50.0%	50.0%

Measure 940-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Measure 940-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Objective 940-3.2. To provide linkage to community aftercare services so that sobriety is maintained.

Measure 940-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Activity: 940-Willmar Regional Treatment Center

PROGRAM: DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Objective 940-4.1. To provide effective treatment for developmentally disabled (DD) people, so that individuals can return to community living.

Measure 940-4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				37	30e		
0-90 days				43.2%	43.0%e		
91-365 days				8.1%	8.0%e		
366+ days				48.7%	49.0%e		
Target							
Number						26	13
0-90 days						43.0%	43.0%
91-365 days						8.0%	8.0%
366+ days						49.0%	49.0%

Measure 940-4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based a the total number of individuals with DD in residence on the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				31	24e		
Percent				83.9%	84.0%e		
Target							
Number						16	8
Percent						84.0%	84.0%

Objective 940-4.2. To provide crisis intervention services so that individuals with developmental disabilities are able to remain in the community.

Measure 940-4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				141	141e		
Percent				98.2%	98.0%e		
Target							
Number						141	141
Percent						98.0%	98.0%

Activity: 940-Willmar Regional Treatment Center

Objective 940-4.3. To provide community support services so that individuals with developmental disabilities are able to remain in the community.

Measure 940-4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				10	16e		
Percent				100.0%	100.0%e		
Target							
Number						20	28
Percent						100.0%	100.0%

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 970-Ah-Gwah-Ching Center

1994 Total Expenditures ($000s): $14,130 0.33% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To provide nursing care and treatment consistent with industry standards and state and federal regulations in a therapeutic environment.

- Assist individuals to make documented progress toward personal habilitative or rehabilitative goals which are necessary to facilitate their return to less restrictive community settings.

DESCRIPTION OF SERVICES:

Ah-Gwah-Ching Center (AGCC) is a 343-bed nursing home facility which also has 40 Rule 35 chemical dependency beds. It provides services for the geriatric and chronic chemically dependent populations of the entire state. The behavior problems which clients show include physical and verbal assaultiveness, sexually inappropriate behavior, socially inappropriate behavior, and chronic chemical dependency. The services provided include behavior management, rehabilitation, and nursing home care for the elderly and treatment for the chronic, long-term chemically dependent.

Traditionally, the center only accepted residents from state hospitals, but today the center admits residents from different providers throughout the state. In terms of state operated facilities, the center accepts residents from the veterans homes, Department of Corrections, and several of the state regional treatment centers. The center receives more than half (55%) of its admissions from community nursing homes and hospitals and the VA system.

Nursing Facility: AGCC is specifically structured to give nursing home care to elderly persons with behavior problems. For that reason, AGCC is designated as a nursing facility with Institution of Mental Diseases (IMD) status. An IMD is defined as "an institution that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." AGCC historically has served as a back-up resource to community nursing homes for residents with severe behavior problems which cannot be handled in another setting. In addition to in-patient services, the Center provides education, training and consulating services to many long-term care and other providers who need assistance in the area of behavior management. As an IMD, AGCC is in a better position to continue to provide back-up service for residents 65 and over with mental illness. AGCC is a vital link providing an uninterrupted continuum of care for the geriatric population in Minnesota.

Chemical Dependency: Lakeside Chemical Dependency Treatment Center was opened in 1983. It is a 40-bed, Rule 35 chemical dependency treatment center located in a free-standing unit on the AGCC campus. This program provides both in-patient and out-patient treatment for the chronically chemically dependent. Its goal is to help chemically dependent clients who have been unsuccessful in previous treatment programs.

PROGRAM DRIVERS:

In an effort to continue providing resources to community services and meet the ever increasing demands for an aging population, AGCC has started a short-term rapid assessment and stabilization program in which referred residents will be able to go back to the facility of record within three to six months. Thus, over the long term it is envisioned that AGCC staff would continue to provide an increase in outreach and consultant services to many people throughout the state and who need specialized care in the field of behavior management.

Activity: 970-Ah-Gwah-Ching Center

PERFORMANCE OBJECTIVES AND MEASURES - (See Measure Descriptions in Appendix B)

PROGRAM: NURSING HOME - OBJECTIVE SET 7

Objective 970-7.1. To provide nursing home (NH) services for clients with medical and/or mental and/or behavioral problems so that functioning improves, and clients are able to live in community settings.

Measure 970-7.1 (a): Percent of NH clients discharged from the facility within 180 days of admission and 181+ days of admission. Based on the total number of NH clients discharged.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				54	55e		
0-180 days				48.2%	40.0%e		
181+ days				51.8%	60.0%e		
Target							
Number						60	60
0-180 days						45.0%	45.0%
181+ days						55.0%	55.0%

Measure 970-7.1 (b): Percent of NH clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of NH clients given a planned discharge.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				49	65e		
Percent				0.0%	0.0%e		
Target							
Number						65	65
Percent						0.0%	0.0%

Measure 970-7.1 (c): Percent of NH clients in residence at the facility over 365 days. Based on the total number of NH clients in residence of the last day of the fiscal year.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				248	240e		
Percent				75.8%	75.0%e		
Target							
Number						240	240
Percent						70.0%	70.0%

Activity: 970-Ah-Gwah-Ching Center

PROGRAM: CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Objective 970-3.1. To provide effective treatment for chemically dependent (CD) people, so that sobriety is achieved.

Measure 970-3.1 (a): Percent of individuals completing CD In-patient, Out-patient, and Extended Care Treatment programs at the facility. Based on the total number of individuals completing CD treatment.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance							
Number				14	93e		
In-patient				0.0%	0.0%e		
Out-patient				14.3%	14.0%e		
Extended Care				85.7%	86.0%e		
Target							
Number						93	100
In-patient						0.0%	0.0%
Out-patient						14.0%	14.0%
Extended Care						86.0%	86.0%

Measure 970-3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Measure 970-3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance					To be developed		
Target							

Objective 970-3.2: To provide linkage to community aftercare services so that sobriety is maintained.

Measure 970-3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

	C.Y. 1990	C.Y. 1991	C.Y. 1992	C.Y. 1993	C.Y. 1994	C.Y. 1995	C.Y. 1996
Actual Performance				To be developed			
Target							

Agency: Department of Human Services
Program: Community Mental Health and State Operated Services
Activity: 96-DD SOCS (State Operated Community Services)

1994 Total Expenditures ($000s): $7,935 0.18% of department's budget
1994 Number of FTE Staff: *(See Appendix C)*

PROGRAM GOALS:

- To stabilize individuals in their current placements and avoid the need for admission to the regional center.
- To decrease the length of stay in the regional center.
- To enhance the community service providers capacity to serve individuals with challenging behaviors.

DESCRIPTION OF SERVICES:

This activity supports the de-institutionalization policy of the state for persons with developmental disabilities (DD) and consists of three components: Community Support Services, State-Operated Community Residential Services (including: ICF/MR, Waiver Services and Crisis Services), and State-Operated Day Training and Habilitation Services (DT&H).

All Regional Treatment Center (RTC) DD programs operate Community Support Services. These services include technical support for persons at risk of regional center placement. The technical support includes behavioral and psychological assessment, program development, hands on program implementation support, staff training, and emergency short term placement.

State-Operated Community Residential Services provide treatment and services to individuals who have been discharged from regional treatment centers (RTC) to enable them to live in community residences. The services include assisting the individuals in activities of daily living, nursing care, and ancillary support services.

State-Operated Day Training and Habilitator Services are located in community settings and provide vocational support services which include vocational education and training, and supportive employment.

PROGRAM DRIVERS:

- Downsizing of RTCs results in increased discharges to community.
- Philosophy which promotes and encourages community integration/placement.
- Need for a balanced array of services - DD SOCS is "safety net" for community; it accepts most difficult to serve clients.

PERFORMANCE OBJECTIVES AND MEASURES:

Objective 96-1.0. To ensure individuals served in SOCS have services delivered in accordance with individual service plans and the applicable rules and regulations.

Activity: 96-DD SOCS

Measure 96-1.0: Percent of SOCS programs maintaining required licenses and certifications for operation. Based on the total number of SOCS programs operated by the Department of Human Services; including, Waiver Residential programs, Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and Day Training and Habilitation programs (DT&H).

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Waiver Services							
Number	7	7	7	18	53e		
Percent	100%	100%	100%	100%	100%		
ICF/MRs							
Number		6	15	15	15e		
Percent		100%	100%	100%	100%		
DT&Hs							
Number	2	3	6	8	17e		
Percent	100%	100%	100%	100%	100%		
Target							
Waiver Services							
Number						66	66
Percent						100%	100%
ICF/MRs							
Number						15	15
Percent						100%	100%
DT&Hs							
Number						21	21
Percent						100%	100%

Measure Description - Objective 96-1.0

Definition: The total number of SOCS programs maintaining required licenses and certifications, each fiscal year, divided by the total number of SOCS programs operated by the Department of Human Services during that fiscal year (includes Waiver Residential programs - Rule 42 and Adult Foster Care Providers licenses; Intermediate Care Facilities for the Mental Retarded - ICF/MR certification and Rule 10 license; and, Day Training and Habilitation programs - Rule 38 Providers license).

Rationale: The County Social Services agency is responsible for the design of the individual service plan which describes the services the SOCS is to deliver to the individual. Licensing and certification standards examine the quality of the SOCS efforts to deliver these services. By maintaining licensure and/or certification, the SOCS demonstrate their ability to adequately address the needs of the individuals they serve.

Data Source: Respective licensing and certification agencies (Departments of Health and Human Services).

Discussion of Past Performance:

SOCS programs have maintained the required licenses and certifications since the opening of the first programs in 1986.

Activity: 96-DD SOCS

Plan to Achieve Targets:

Target estimates are based on current levels of program funding.

Other Factors Affecting Performance:

To be identified in the future.

Objective 96-2.0. To provide SOCS crisis intervention and RTC based Community Support Service programs so that clients with developmental disabilities are able to remain in the community.

Measure 96-2.0 (a): Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention and/or community support services. Based on the total number of individuals with DD receiving crisis intervention and/or community support services.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				546	544e		
Percent				91.0%	91.0%		
Target							
Number						566	594
Percent						92.0%	92.0%

Measure 96-2.0 (b): If admission to an RTC is necessary, the percent of individuals with developmental disabilities discharged within 90 days of admission and 91+ days of admission. Based on the total number of individuals with DD discharged from the RTCs.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number				303	336e		
0-90 days				25.0%	19.0%		
91+ days				75.0%	81.0%		
Target							
Number						215	187
0-90 days						23.0%	22.0%
91+ days						77.0%	78.0%

Measure Description - Objective 96-2.0

Measure 96-2.0 (a): Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention and/or community support services. Based on the total number of individuals with DD receiving crisis intervention and/or community support services.

Definition: Total number of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention and/or community support services, each fiscal year, divided by the total number of individuals with developmental disabilities receiving crisis intervention and/or community support services between the beginning of the fourth quarter of the previous fiscal year through the end of the third quarter of the current fiscal year.

Activity: 96-DD SOCS

Rationale: The provision of outreach services from the RTCs and the SOCS Crisis Services will increase the availability of specialized behavioral services to individuals with developmental disabilities residing in the community. This will reduce the need to rely on institutional settings to secure these services.

Data Source: Crisis Intervention Teams

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Increase coordination of Community Support Services in Metro area. Develop community crisis homes as identified in Faribault closure plan. Improve capability of sending direct care staff to augment local staffing. Improve capability to secure specialized consultants in difficult cases. Improve coordination of Community Support Services with county and private crisis services including Community Mental Health Centers and Acute Psychiatric Units. Assist counties and private providers to develop more mental health and work options for individuals with developmental disabilities. Train providers and county case managers to recognize signs of de-stabilization as well as training them on effective intervention strategies.

Other Factors Affecting Performance:

To be identified in the future.

Measure Description - Objective 96-2.0

Measure 96-2.0 (b): If admission to an RTC is necessary, the percent of individuals with developmental disabilities discharged within 90 days of admission and 91+ days of admission. Based on the total number of individuals with DD discharged from the RTCs.

Definition: Total number of individuals with developmental disabilities discharged from the RTCs within 90 days of admission and 91+ days of admission, each fiscal year, divided by the total number of individuals with DD discharged from the RTCs during that fiscal year.

Rationale: The provision of outreach services from the RTCs and the SOCS Crisis Services will increase the availability of specialized behavioral services to individuals with developmental disabilities residing in the community. This will reduce the need to rely on institutional settings to secure these services.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92, and FY 93 is not available. NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

The trend in admissions since the advent of RTC based Community Support Services has been an increase in individuals admitted to an RTC for stay of less than 90 days and a decrease in individuals whose stay exceeds 90 days.

Activity: 96-DD SOCS

Plan to Achieve Targets:

Target estimate is based on continuing DD downsizing trends.

Other Factors Affecting Performance:

Will be identified in the future.

Objective 96-3.0. To develop SOCS in accordance with Statutory requirements.

Measure 96-3.0: Number of SOCS developed and operational each fiscal year. Based on the total number of SOCS mandated by the legislature to be developed during the 94-95 biennium and the 96-97 biennium.

	F.Y. 1991	F.Y. 1992	F.Y. 1993	F.Y. 1994	F.Y. 1995	F.Y. 1996	F.Y. 1997
Actual Performance							
Number Operational				10	51e		
Number Mandated				48	13e		
Target							
Number Operational						10	7
Number Mandated						10	7

Measure Description - Objective 96-3.0

Definition: The total number of SOCS developed and operational each fiscal year and the total number SOCS mandated by the legislature to be developed during the 94-95 biennium and the 96-97 biennium.

Rationale: SOCS services are being developed in support of downsizing and closure of the RTC DD Programs.

Data Source: Residential Program Management Division Monthly SOCS Status Report.

Discussion of Past Performance:

Not applicable.

Plan to Achieve Targets:

Programs working with counties will work to develop the SOCS for their region.

Other Factors Affecting Performance:

To be identified in the future.

DHS 1994 Annual Performance Report Development Process

Workplan Summary:

The basic approach toward the report was evolutionary and decentralized. We did not expect that all programs performance measures would be developed to the same degree of sophistication. We did expect that each program would be adequately described and that its section would include performance objectives and measures, however. The Budget Analysis Division coordinated the project with section development left up to individual divisions and administrations.

A two track process was used which included a regular track for most programs and an accelerated track for a very limited number of programs. Programs running on the regular track developed their report on a three part timetable. The first part was the preparation (revision in the case of narratives already in the November 1993 draft report) of information that addressed the program description and the listing and description of program performance objectives. A draft of this information was completed in late March. In April, this draft was circulated for review to the mandated groups. In May and June, the section authors developed measures that fit with their program goals and objectives. They also were asked to take into account comments from the Legislative Auditor and the external reviewers. Authors then redrafted the descriptive narrative and added the performance measures along with the required descriptive information. A phase II draft which contained performance measures was distributed to reviewers mid-July.

The accelerated track focused on being much more systematic about developing performance objectives as well as measures. Using, Brizius and Campbell's Getting Results as a guide, members developed a more sophisticated version of the performance report for their programs. A higher degree of training and technical assistance was provided to make this group successful. Mr. Michael Campbell of Campbell and Associates provided a two day workshop in early February. Like the regular track, narrative and objective drafts were sent out for review. The deadline for a full drafts was earlier so that the work of the group could provide examples to those working on regular track projects. These individuals, in some cases, provided technical assistance to other authors.

Training and Technical Assistance

There were three principal means of developing the capacity to do this project. First, Budget Analysis staff developed written instructions and other materials as aids in developing the report sections. Second, two training presentations were scheduled for authors. Mr. William Pederson and Dr. Phillip Kent of St. Peter Regional Treatment Center provided a training which described the RTC Performance Measurements Committee's work and Ms Abigail McKenzie of the Department of Trade and Economic Development (DTED) went over DTED's performance measurement work that was done in conjunction with the Urban Institute. And, finally, the work of the enhanced group provided examples for authors.

External Review:

The Performance Reporting law requires extensive external review of the report. Budget Analysis coordinated this process. First, lists of reviewers were solicited from individual section authors. These lists were collated and used as the basis for mailing sections out for comment.

The review was divided into two phases. In the phase I mailing, reviewers were sent individual report sections for their review along with a review form that asked specific questions related to the quality of the narrative and relevance of the objectives.

The phase II mailing included the entire document with the relevant section(s) flagged for review. Review forms were included which focused on the sections' performance measures. For this mailing, the list size was reduced. Reviewers that commented during the first round were automatically included. Others were included if they responded affirmatively to a mailing which asked if they wished to receive the phase II report for review.

Summary of DHS Annual Performance Report Review Process

	Content of mailing.	Distribution Date	Reviewers Contacted	Reviewers Responding	Sections Receiving Comments
First Mailing	Individual program narrative sections and objective statements along with standardized comments sheets.	April 22, 1994	243	59 (24%)	91
Second Mailing	Entire report with sections for review flagged along with standardized comments sheets.	July 15, 1994	142	34 (24%)	59

Worker Participation Committee

The Performance Reporting law also requires each agency to convene a Workers Participation Committee and involve them in its planning. The DHS Workers Participation Committee met twice. The first meeting, in early February, focused on describing the workplan to the members of the committee. The second meeting was held in early August. The Phase II draft was distributed and two authors made presentations on sections. A draft of the DHS strategic planning document *Priorities for People* was also distributed and discussed.

STATE OPERATED FACILITIES PERFORMANCE MEASURE DESCRIPTIONS

ADOLESCENT MENTAL HEALTH - OBJECTIVE SET 1

Measure Description - Objective 1.1

Measure 1.1 (a): Percent of adolescents discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission and 366+ days of admission. Based on the total number of adolescents discharged.

Definition: Total number of adolescents discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission and 366+ days of admission, each fiscal year, divided by the total number of adolescents discharged from the facility during that fiscal year.

Rationale: One of the indicators of effective treatment and program efficiency is length of time in treatment.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure 1.1 (b): Percent of adolescents readmitted to the facility within 90 days of a planned discharge. Based on the total number of adolescents given a planned discharge.

Definition: Total number of adolescents readmitted to the facility within 90 days of a planned discharge, each fiscal year, divided by the total number of adolescents given a planned discharge between the beginning of the fourth quarter of the previous fiscal year through the end of the third quarter of the current fiscal year.

Planned discharge = a discharge with medical advice or a provisional discharge.

Rationale: If treatment has been effective, and has addressed relevant clinical needs, there should be few complications resulting in the need for re-hospitalization within 90 days of discharge from the facility.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

ADOLESCENT MENTAL HEALTH - OBJECTIVE SET 1 (Contd.)

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 1.2

Measure 1.2: Percent of adolescents receiving consultation and/or liaison services who remain in their own home or other community setting 90 days after discharge from the facility.

Definition: To be defined.

Rationale: If consultation and liaison services are clinically helpful, the need for return to an RTC should be minimized. Consultation and liaison services should facilitate transition to the community.

Data Source: This is a futuristic measure. Consultation and liaison projects are being designed to determine feasibility. Once these projects are complete and services are implemented, the facility will need to work with County Case Management Services to set up a data collection system.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

Will be identified in the future.

ADULT MENTAL HEALTH - OBJECTIVE SET 2

Measure Description - Objective 2.1

Measure 2.1 (a): Percent of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission. Based on the total number of adult MI clients discharged.

Definition: Total number of adult MI clients discharged from the facility within 30 days of admission, between 31 and 60 days of admission, between 61 and 90 days of admission, and 91+ days of admission, each fiscal year, divided by the total number of adult MI clients discharged from the facility during that fiscal year.

Rationale: One of the indicators of effective treatment and program efficiency is length of time in treatment.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

ADULT MENTAL HEALTH - OBJECTIVE SET 2 (Contd.)

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure 2.1 (b): Percent of adult MI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of adult MI clients given a planned discharge.

Definition: Total number of adult MI clients readmitted to the facility within 90 days of a planned discharge, each fiscal year, divided by the total number of adult MI clients given a planned discharge between the beginning of the fourth quarter of the previous fiscal year through the end of the third quarter of the current fiscal year.

Planned discharge = a discharge with medical advice or a provisional discharge.

Rationale: If treatment has been effective, and addressed relevant clinical needs, there should be few complications resulting in the need for re-hospitalization within 90 days of discharge from the facility.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 2.2

Measure 2.2: Percent of adult MI clients remaining in the community after 90 days of initial contact with community support and/or crisis intervention services.

Definition: To be defined.

Rationale: If intervention services are effective, admissions to RTCs should be minimized.

ADULT MENTAL HEALTH - OBJECTIVE SET 2 (Contd.)

Data Source: This is a futuristic measure. Community support and crisis intervention projects are being designed to determine feasibility. Once these projects are complete and services are implemented, the facility will need to work with County Case Management Services to set up a data collection system.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

Will be identified in the future.

CHEMICAL DEPENDENCY - OBJECTIVE SET 3

Measure Description - Objective 3.1

Measure 3.1 (a): Percent of individuals completing CD In-patient, Out-patient or Extended Care treatment programs at the facility. Based on the total number of individuals completing CD treatment.

Definition: Total number of individuals completing CD In-patient, Out-patient or Extended Care treatment programs at the facility, each calendar year, divided by the total number of individuals completing CD treatment at the facility during that calendar year.

Rationale: Treatment completion rate is a measure of the degree to which a given program can meaningfully engage clients in a "change" program.

Data Source: Treatment Accountability Program (TAP). The CD Division began collecting data on the TAP system 7/1/94. CY 93 data was provided from the integration of DAANES (Drug and Alcohol Abuse Normative Evaluation System) data with facility data.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current market share.

Other Factors Affecting Performance:

CD programs are considered enterprises and must operated on generated revenues.

Measure 3.1 (b): Percent of individuals remaining sober for six months after completing CD treatment at the facility.

Definition: To be defined.

Rationale: The first six months of sobriety are often the hardest for chemically dependent people. If a person can maintain sobriety for six months, their likelihood of maintaining sobriety in the future is increased.

CHEMICAL DEPENDENCY - OBJECTIVE SET 3 (Contd.)

Data Source: This a futuristic measure. The information is only available through the TAP system. The CD Division began collecting data on the TAP system 7/1/94.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

CD programs are considered enterprises and must operated on generated revenues.

Measure 3.1 (c): Mean decrease in matched Addiction Severity Index Scores from admission to follow-up.

Definition: To be defined.

Rationale: If treatment is clinically effective, persons with chemical dependencies, on the average, should present lower index scores at discharge than at admission.

Data Source: This a futuristic measure. The information is only available through the TAP system. The CD Division began collecting data on the TAP system 7/1/94.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

CD programs are considered enterprises and must operated on generated revenues.

Measure Description - Objective 3.2

Measure 3.2: Percent of individuals attending community aftercare services within six months of completing CD treatment at the facility.

Definition: To be defined.

Rationale: The research indicates that program completers participating in community aftercare have a higher likelihood of maintaining sobriety over time.

Data Source: This a futuristic measure. The information is only available through the TAP system. The CD Division began collecting data on the TAP system 7/1/94.

Discussion of Past Performance:

Not Applicable.

CHEMICAL DEPENDENCY - OBJECTIVE SET 3 (Contd.)

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

Will be identified in the future.

DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4

Measure Description - Objective 4.1

Measure 4.1 (a): Percent of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission. Based on the total number of individuals with DD discharged.

Definition: Total number of individuals with developmental disabilities discharged from the facility within 90 days of admission, between 91 and 365 days of admission, and 366+ days of admission, each fiscal year, divided by the total number of individuals with developmental disabilities discharged from the facility during that fiscal year.

Rationale: One of the indicators of effective treatment and program efficiency is length of time in treatment. The longer a DD individual remains in treatment, the harder it is to discharge them. Individuals who remain in treatment over one year are often very hard to discharge, and represent a very difficult to treat population.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on continuing DD downsizing trends.

Other Factors Affecting Performance:

Will be identified in the future.

Measure 4.1 (b): Percent of individuals with developmental disabilities in residence at the facility over 365 days. Based on total number of individuals with DD in residence on the last day of the fiscal year.

Definition: Total number of individuals with developmental disabilities in residence at the facility over 365 days on the last day of each fiscal year divided by the total number of individuals with developmental disabilities in residence at the facility on the last day of that fiscal year.

DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4 (Contd.)

Rationale: The longer a DD individual remains in treatment, the harder it is to discharge them. Individuals who remain in treatment over one year are often very hard to discharge, and represent a very difficult to treat population.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on continuing DD downsizing trends.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 4.2

Measure 4.2: Percent of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services. Based on the total number of individuals with DD receiving crisis intervention services.

Definition: Total number of individuals with developmental disabilities remaining in the community after 90 days of initial contact with crisis intervention services, each fiscal year, divided by the total number of individuals with developmental disabilities receiving crisis intervention services between the beginning of the fourth quarter of the pervious fiscal year through the end of the third quarter of the current fiscal year.

Rationale: Crisis intervention services help prevent RTC admission.

Data Source: Facility's Crisis Intervention Team.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Increase coordination of Community Support Services in Metro area. Develop community crisis homes as identified in Faribault closure plan. Improve capability of sending direct care staff to augment local staffing. Improve capability to secure specialized consultants in difficult cases. Improve coordination of Community Support Services with county and private crisis services including Community Mental Health Centers and Acute Psychiatric Units. Assist counties and private providers to develop more mental health and work options for individuals with developmental disabilities. Train providers and county case managers to recognize signs of de-stabilization as well as training them on effective intervention strategies.

DEVELOPMENTAL DISABILITIES - OBJECTIVE SET 4 (Contd.)

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 4.3

Measure 4.3: Percent of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility. Based on the total number of individuals with DD receiving community support services after discharge.

Definition: Total number of individuals with developmental disabilities receiving community support services who remain in the community at least 90 days after being discharged from the facility, each fiscal year, divided by the total number of individuals with developmental disabilities receiving community support services that where discharged from the facility between the beginning of the fourth quarter of the pervious fiscal year through the end of the third quarter of the current fiscal year.

Rationale: If clients survive 90 days of community placement, they are likely to remain in the community over an extended period of time.

Data Source: Facility's Community Support Team.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Increase coordination of Community Support Services in Metro area. Develop community crisis homes as identified in Faribault closure plan. Improve capability of sending direct care staff to augment local staffing. Improve capability to secure specialized consultants in difficult cases. Improve coordination of Community Support Services with county and private crisis services including Community Mental Health Centers and Acute Psychiatric Units. Assist counties and private providers to develop more mental health and work options for individuals with developmental disabilities. Train providers and county case managers to recognize signs of de-stabilization as well as training them on effective intervention strategies.

Other Factors Affecting Performance:

Will be identified in the future.

FORENSIC PSYCHIATRIC SERVICES - OBJECTIVE SET 5

Measure Description - Objective 5.1

Measure 5.1: Percent of court ordered evaluations completed within 30 days of admission, between 31 and 60 days of admission, and 61+ days of admission. Based on the total number of completed court ordered evaluations.

Definition: Total number of court ordered evaluations completed within 30 days of admission, between 31 and 60 days of admission, and 61+ days of admission, each fiscal year, divided by the total number of court ordered evaluations completed that fiscal year.

FORENSIC PSYCHIATRIC SERVICES - OBJECTIVE SET 5 (Contd.)

Rationale: Completion rates reflect work loads as well as organizational efficiency, and can reflect the number of difficult to assess clients received.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 5.2

Measure 5.2 (a): Percent of MI&D, Condition of Probation (COP) Sex Offender and "other" clients discharged from treatment in the Forensic Program. Based on the total number of clients in each category served during the fiscal year (N).

Definition: Total number of MI&D, COP Sex Offender and "other" clients discharged from treatment in the Forensic Program, each fiscal year, divided by the total number of clients in each category served during the fiscal year.

Rationale: Percentages reflect the relative rates of discharge of Forensic clients in these three categories each fiscal year.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable. .

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Willingness of other agencies to accept the clients prepared for discharge from the Forensic Program.

FORENSIC PSYCHIATRIC SERVICES - OBJECTIVE SET 5 (Contd.)

Measure 5.2 (b): Percent of MI&D, COP Sex Offender and "other" clients discharged from treatment in the Forensic Program within 12, 24, 36, 37+ months of admission. Based on the total number of MI&D, COP Sex Offender and "other" clients served during the fiscal year.

Definition: Total number of MI&D, COP Sex Offender and "other" clients discharged from treatment in the Forensic Program within 12, 24, 36, 37+ months of admission, each fiscal year, divided by the total number of MI&D, COP Sex Offender and "other" clients served during that fiscal year.

Rationale: Percentages reflect the type of clients successfully discharged by Forensic Services during various time periods. The numbers reflect the length of time it takes to successfully treat various types of clients.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Willingness of other agencies to accept the clients prepared for discharge from the Forensic Program.

Measure 5.2 (c): Percent of MI&D, COP Sex Offender and "other" clients readmitted into the Forensic Program within six months of a planned discharged. Based on the total number of MI&D, COP Sex Offender and "other" clients given a planned discharge.

Definition: Total number of MI&D, COP Sex Offender and "other" clients readmitted into the Forensic Program within six months of a planned discharge, each fiscal year, divided by the total number of clients in each of these three categories given a planned discharge between the beginning of the third quarter of the pervious fiscal year through the end of the second quarter of the current fiscal year.

Planned discharge = a discharge with medical advice or a provisional discharge.

Rationale: Readmission rates reflect treatment efficacy.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

FORENSIC PSYCHIATRIC SERVICES - OBJECTIVE SET 5 (Contd.)

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Many, including services provided by other agencies after client is discharged.

PSYCHOPATHIC PERSONALITY - OBJECTIVE SET 6

Measure Description - Objective 6.1

Measure 6.1: Percent of courts reporting satisfaction with warrant evaluation recommendations. Based on the total number of courts responding to the survey which is sent with each warrant evaluation report (N).

Definition: Total number of courts reporting satisfaction with warrant evaluation recommendations, each fiscal year, divided by the total number of courts responding to the survey which is sent with each warrant evaluation report during that fiscal year.

Rationale: The court system is a customer of this program; ratings reflect consumer satisfaction.

Data Source: PP Program Evaluation staff. Data collection began 1/94; therefore, measurement data for FY 94 is for six months only.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 6.2

Measure 6.2 (a): Percent of PP clients participating in sex-offender specific PP program components during a one-week time sample at the end of the fiscal year. Based on the total number of PP clients in residence during that week (N).

Definition: Total number of PP clients attending sex offender therapy group during the week of assessment, each fiscal year, divided by the total number of PP clients in residence during that week.

Rationale: Participation rate reflects active treatment.

Data Source: PP Program Evaluation staff. Data collection began 1/94; therefore, measurement data for FY 94 is for six months only.

Discussion of Past Performance:

Not Applicable.

PSYCHOPATHIC PERSONALITY - OBJECTIVE SET 6 (Contd.)

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

The political/legal environment's influence on client's hope of successful legal appeal.

Measure 6.2 (b): The average change in scores on PP Behavior Rating Scales (100 point scale) for PP clients per fiscal year. Based on the total number of PP clients with both scores available.

Definition: Average change in scores compare scores on this instrument early in the fiscal year to scores late in the fiscal year, using only those PP clients for whom both scores are available.

Rationale: Average score changes reflect program impact and the degree to which clients are moving through treatment.

Data Source: PP Program Evaluation staff. Data collection began 1/94; therefore, measurement data for FY 94 is for six months only.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Client's willingness to participate in programming is influenced by their hope of successful appeal. In addition to quality of treatment, lack of participation and inherent limitations in capacity for change influence progress in treatment.

Measure Description - Objective 6.3

Measure 6.3 (a): Incident rate per year of assaults within the facility, involving PP clients. Based on the average daily census of PP clients for the fiscal year.

Definition: Total number assault incidents involving PP clients, each fiscal year, divided by the average daily census of PP clients for that fiscal year.

Rationale: A low incident rate suggests a clinically sound treatment program which is addressing the needs of PP clients.

Data Source: PP Program Evaluation staff. Data collection began 1/94; therefore, measurement data for FY 94 is for six months only.

Discussion of Past Performance:

Not Applicable.

PSYCHOPATHIC PERSONALITY - OBJECTIVE SET 6 (Contd.)

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Types of clients admitted to the PP Program.

Measure 6.3 (b): Percent of PP clients arrested and/or convicted of violent and non-violent crimes two years after being released from the facility. Based on the total number of PP clients released from the facility.

Definition: Total number of PP clients arrested and/or convicted of violent and non-violent crimes within two years of being released from the facility, each fiscal year, divided by the total number of PP clients released 24 months prior to the current fiscal year.

Rationale: A low arrest rate indicates treatment efficacy.

Data Source: PP Program Evaluation staff. Data collection began 1/94; therefore, measurement data for FY 94 is for six months only.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on the arrest/conviction experience of clients released from the COP Sex Offender program.

Other Factors Affecting Performance:

The high legal profile of these men will influence their arrest rate. Hopefully this factor is less likely to influence the conviction rate.

NURSING HOME - OBJECTIVE SET 7

Measure Description - Objective 7.1

Measure 7.1 (a): Percent of NH clients discharged from the facility within 180 days of admission and 181+ days of admission. Based on the total number of NH clients discharged.

Definition: Total number of NH clients discharged from the facility within 180 days of admission and 181+ days of admission, each fiscal year, divided by the total number of NH clients discharged from the facility during that fiscal year.

Rationale: The percent discharged within 180 days of admission reflects the number of NH clients served with acute problems.

NURSING HOME - OBJECTIVE SET 7 (Contd.)

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

Measure 7.1 (b): Percent of NH clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of NH clients given a planned discharge.

Definition: Total number of NH clients readmitted to the facility within 90 days of a planned discharge, each fiscal year, divided by the total number of NH clients given a planned discharge between the beginning of the fourth quarter of the previous fiscal year through the end of the third quarter of the current fiscal year.

Planned discharge = a discharge with medical advise or a provisional discharge.

Rationale: If clients survive 90 days of community placement, they are likely to remain in the community over an extended period of time.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

NURSING HOME - OBJECTIVE SET 7 (Contd.)

Measure 7.1 (c): Percent of NH clients in residence at the facility over 365 days. Based on the total number of NH clients in residence on the last day of the fiscal year.

Definition: Total number of NH clients in residence at the facility over 365 days on the last day of each fiscal year divided by the total number of clients in residence at the facility on the last day of that fiscal year.

Rationale: This percentage reflects the number of NH clients needing the services offered in an RTC for an extended period of time.

Data Source: Human Services Information System (HSIS). HSIS was not installed until FY 94. Data for FY 91, FY 92 and FY 93 is not available.

NOTE: A computer program to generate this measure has been developed, but will need to be updated as the definition is more clearly defined.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Target estimate is based on current levels of program funding.

Other Factors Affecting Performance:

Will be identified in the future.

TRAUMATIC BRAIN INJURY - OBJECTIVE SET 8

Measure Description - Objective 8.1

Measure 8.1: Percent of TBI clients discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission and 366+ days of admission. Based on the total number of TBI clients discharged.

Definition: Total number of TBI clients discharged from the facility within 90 days of admission, between 91 and 180 days of admission, between 181 and 365 days of admission and 366+ days of admission, each fiscal year, divided by the total number of TBI clients discharged from the facility during that fiscal year.

Rationale: Length of stay measures treatment efficacy and program efficiency, and additionally provides information about the difficulty of clients served.

Data Source: Human Services Information System (HSIS). This is a futuristic measure. The TBI unit at BRHSC is tentatively scheduled to open on January 2, 1995.

Discussion of Past Performance:

Not Applicable.

TRAUMATIC BRAIN INJURY - OBJECTIVE SET 8 (Contd.)

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

Will be identified in the future.

Measure Description - Objective 8.2

Measure 8.2: Percent of TBI clients readmitted to the facility within 90 days of a planned discharge. Based on the total number of TBI clients given a planned discharge.

Definition: Total number of TBI clients readmitted to the facility within 90 days of a planned discharge, each fiscal year, divided by the total number of TBI clients given a planned discharge between the beginning of the fourth quarter of the previous fiscal year through the end of the third quarter of the current fiscal year.

Planned discharge = a discharge with medical advice or a provisional discharge.

Rationale: Percentages reflect treatment efficacy and the degree to which client needs were satisfactorily addressed.

Data Source: Human Services Information System (HSIS). This is a futuristic measure. The TBI unit at BRHSC is tentatively scheduled to open on January 2, 1995.

Discussion of Past Performance:

Not Applicable.

Plan to Achieve Targets:

Not Applicable.

Other Factors Affecting Performance:

Will be identified in the future.

RTC Position Allocation by Facility as of July 1, 1994

Facility	FTE Allocation[1]
Anoka	401.2
Brainerd	495.8
Cambridge	364.3
Faribault	587.6
Fergus Falls	402.7
Moose Lake	250.8
St. Peter	547.5
Minnesota Security Hospital	267.0
Willmar	534.8
Ah-Gwah-Ching	297.7
DD SOCS	178.0
RTC Systemwide	51.1
Total	4,379.50

[1] Does not include shift, overtime or worker's comp hours paid.