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Minnesota Department of **Human Services**

Pursuant to Minn. Stat. 256.01
Subd. 4 (7)

Report to the Public

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Our Mission



Department of Human Services and county employees offer a wide range of services to more than one-half million Minnesotans each year.

Helping Minnesotans

At the Department of Human Services, we deal with a lot of numbers—more than half a million Minnesotans seek hundreds of services from department employees in partnership with county employees throughout the state.

But numbers aren't what we're all about. We're here to help people make transitions and overcome obstacles in their lives. We're here to help people with the health care, social services and economic assistance that will help them get through difficult situations and live as independently as possible. We're here to help children and strengthen families by offering support early on before problems become crises.

Employees in the department's central office in St. Paul work closely with employees from Minnesota's 87 counties who provide most of the direct services to Minnesotans in need.

Most of the department's employees, however, work in regional treatment centers in Anoka, Brainerd, Cambridge, Faribault, Fergus Falls, Moose Lake, St. Peter and Willmar, and in the state operated nursing home in Ah-Gwah-Ching, providing direct services to people with disabilities—developmental disabilities, mental illness, chemical dependency and traumatic brain injuries. We're here, in communities, to offer treatment so people can live as independently as possible.

- At Ah-Gwah-Ching Center in northern Minnesota, we treat seniors who have behavioral difficulties which make it impossible for them to live in community facilities. We treat Minnesotans from around the state in our nursing care facility and Lakeside Chemical Dependency Center.
- At Anoka-Metro Regional Treatment Center, we offer inpatient care for Twin Citians who are severely disabled and chemically dependent or mentally ill.
- At Brainerd Regional Human Services Center, we offer a wide range of services to help Minnesotans. We treat people with mental illness, developmental disabilities and chemical dependency. We also offer nursing home care, a unique chemical dependency treatment program for Native Americans and a mental health program for children and adolescents.

- At Cambridge Regional Human Services Center, we serve people with developmental disabilities. We also operate two community-based businesses that offer work opportunities to our clients.
- At Faribault Regional Center, we serve clients with developmental disabilities and those in need of nursing care.
- At Fergus Falls Regional Treatment Center, we serve people with mental illness, developmental disabilities and chemical dependency from 17 northwestern Minnesota counties.
- At the Minnesota Sexual Psychopathic Treatment Center at Moose Lake, we treat people with psychopathic personality disorders.
- At St. Peter Regional Treatment Center, we treat people with mental illness, chemical dependency and developmental disabilities. Part of our treatment center includes the Minnesota Security Hospital for patients who are mentally ill and dangerous.
- At Willmar Regional Treatment Center, we treat people with mental illness, developmental disabilities and chemical dependency.

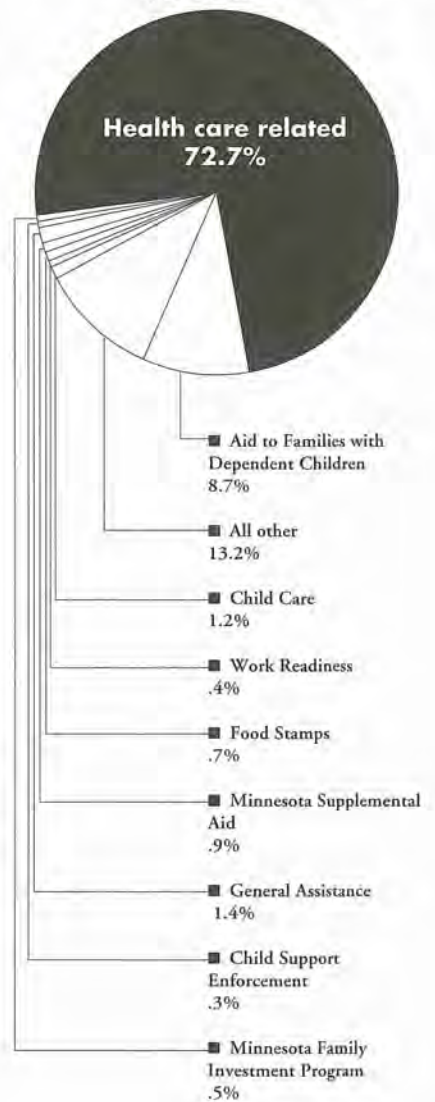
Putting tax dollars to work

The Department of Human Services accounts for approximately 25 percent of the state's fiscal year 1994-1995 general fund biennial budget. It's our responsibility to put state tax dollars where they can be most effective and allow communities and individuals to address their own needs with minimal government involvement.

We spend approximately 73 percent of the department's fiscal year 1994-1995 \$9.2 billion biennial budget on health care, including General Assistance Medical Care, Medical Assistance, MinnesotaCare, mental health services, alternative care services, chemical dependency services and regional treatment center services.

We devote about 27 percent to all other department services, including Aid to Families with Dependent Children (AFDC), the state's largest public assistance program, as well as General Assistance, subsidized child care, child support enforcement, Minnesota Supplemental Assistance, Minnesota Family Investment Program, federal Food Stamp administration and other social services.

DHS 1994-1995 Budget \$9.2 Billion



Source: Minnesota Department of Human Services

The Department of Human Services devotes about 73 percent of its \$9.2 billion biennial budget to health care and 27 percent to all other department services.

Our Priorities



We devote our time and effort to our priorities:

- *Children*
- *Communities*
- *Economic Self-Sufficiency*
- *Health Care*
- *Housing*
- *Infrastructure*
- *Life Skills Self-Sufficiency*

Serving Minnesotans in need

Life is unpredictable. At any time, any of us could fall victim to hard times. It doesn't take much. Losing a job, health insurance or child care services could be enough to cause a major crisis in our lives. Facing the uncertainty of a serious illness or long-term disability could be devastating. And that's when we need help most. Friends, families and neighbors are often there when problems seem insurmountable. And so is the Department of Human Services where we're here to help prevent problems from becoming overwhelming.

Based on the discussions we've had over the last few years with people who receive, provide or are interested in our services, we developed a set of priorities to carry out our mission to help Minnesotans who do not have the personal or family resources to meet their basic needs at certain times in their lives. At the Department of Human Services, we plan for the needs of people across the age spectrum, from infants to senior citizens. To ensure flexibility, access and choice, we adapt to the changing marketplace, economy, family structure and needs of Minnesotans, while taking advantage of the advances in technology and the strength of communities to help people avoid crises.

We take an integrated approach to administering services to Minnesotans because we can't address economic self-sufficiency without addressing health care. We can't deal with housing issues without dealing with basic living skills. We can't manage children's needs without managing communities' needs.

Setting priorities

Our priorities focus on children, communities, economic self-sufficiency (welfare reform), health care, housing, infrastructure and life skills self-sufficiency (long-term care reform). In the next few years, with these priorities in mind, we will:

- help families provide safe, healthy, nurturing environments for their children
- encourage businesses, organizations and foundations to develop safe, caring communities
- reward people for working, reinforce social responsibility and support families and communities in their efforts to achieve self-sufficiency
- help contain health care costs by becoming prudent purchasers of health care services as we expand access to quality health care services, simplify our three publicly funded health care programs and increase program flexibility to ensure Minnesotans get the care they need

- seek safe, affordable housing options for low-income and vulnerable Minnesotans
- respond to Minnesotans who use our services with effective and cost-efficient government practices and services
- offer long-term health care options to senior citizens and Minnesotans with disabilities so that they can live as independently as possible.

Working together with counties and communities

We can't do it alone. We need to develop strong partnerships with families, communities, businesses, counties and other government organizations to help Minnesotans. For example, to support community mental health services for both adults and children, we fund community projects that support people with mental illness who are seeking employment, help children with severe emotional problems, offer treatment for those with gambling problems, and secure medical and dental care for people with developmental disabilities who are living in community settings. While we in government can finance and administer some of life's necessities, families and communities serve a very critical role in offering social services and emotional support to Minnesotans in need.

To carry out our priorities, we depend on the help of many others, especially staff from Minnesota's 87 counties, who provide direct services to Minnesotans throughout the state. We also work with other state agencies, consumer groups, advocacy organizations, community-based services and other partners in human services to address Minnesotans' needs. We intend to help Minnesotans while serving taxpayers' desire for a cost-efficient and effective government. That's why we have developed a partnership with counties to carry out our priorities.

Developing partnerships

As partners, we seek innovative solutions to problems and enhance responsiveness, communication, technical assistance and leadership. By working closely with county staff, developing stronger bonds and sharing information freely, we are better able to help those who need our services.

We're constantly looking for ways to enhance a supportive and respectful partnership. So, we seek input from county staff on policy development, as well as budget and legislative initiatives. By establishing better communications with county representatives, we intend to create a relationship that is beneficial to the people we serve. Redefining a strong working relationship between county and department employees will help us all improve our health care and welfare systems, develop strong public policies on state operated services issues and meet the needs of Minnesotans who are in the midst of transitions in their lives.



We must work in partnership with staff in Minnesota's 87 counties to help Minnesotans throughout the state.

Children's Priority



For children, we administer a wide variety of services including foster care, adoption services, economic assistance, health care coverage, child care licensing, child support enforcement, child protection services and children's mental health care.

Frustrated because they didn't know what to do with their son, Aidan, who called 911 frequently, his mother and stepfather locked their 12-year-old in his room. Fortunately, county family-based services staff sent an in-home therapist to the family home to teach Aidan's parents how to appropriately discipline him by holding him and talking to him instead of getting angry and losing their tempers. In-home therapy, and some respite care for parents, have helped these parents—and many others—address their children's problems and prevent their placing them in out-of-home settings.

The Department of Human Services and county staff help parents improve their parenting skills so that they can avoid crises that lead to family disruption.

Putting children first

Many children don't have adequate food, clothing or housing, or safe, nurturing environments to prepare themselves for adulthood. According to 1994 data, 12.4 percent of Minnesota children live in poverty and 10.3 percent depend on Aid to Families with Dependent Children grants. So they're considered lucky if they meet even their basic needs. Because we have a special obligation to Minnesota's children, we elevated their needs to the top of our agenda. Whether we are talking about welfare reform, health care improvements or other services that we administer for Minnesotans, we try to place children's needs first.

Traditionally, we've reacted to problems by managing the safety net for children and families. Now, rather than focusing on crisis management, we take a more active approach by working to build communities and strengthen both public and private institutions, that will, in turn, nurture children and provide resources for children.

The task won't be easy. First, we must do all that we can to prevent these crises from occurring. To build on families' strengths and promote supportive community environments, we must pursue early prevention efforts. By providing resources to information and education on parenting skills, developmental disabilities, stress management and other difficulties that may disrupt families, we strive to help families before a crisis arises. Likewise, we want to help communities build the services and the support system that is unique to their particular neighborhoods so that they can help families. Second, when children and families need help, we must be ready to respond—not with a fragmented service system—but with a coordinated and integrated network of services.

Serving families through our Children's Priority

In Minnesota, we want our children to grow up physically and mentally healthy. We want to nurture children in stable families and safe communities.

That is why we set children as a high priority at the Department of Human Services. Our Children's Priority will:

- ensure that family support services help families gain economic self-sufficiency while providing an environment that promotes healthy child development
- ensure that children's health care needs are considered in our health care initiative efforts
- strengthen current children's health care services to reinforce prevention and early intervention
- promote responsible parenthood, invest in quality child care, help families find child care and offer help with adoptions
- help families and children who are in the midst of a crisis or at risk of violence
- ensure that our services are culturally appropriate
- eliminate barriers between government services that prevent or delay families from getting the help they need.



Putting our priority to work

Because children's services tend to be fragmented throughout government and within our own department, we now place special emphasis on collaborating with others to serve children better. We, as well as others in government and the human services field, discuss our concerns and develop services to ensure that children grow up in nurturing environments where they receive the health care, child care and child support they deserve. By collaborating, we are better able to develop policies that help children who need protection or other social services. We oversee adolescent and child care services as well as adoption, guardianship and foster care services. We fund community-based services aimed at early prevention of child maltreatment. In short, we offer support and transitional services to families and children in need.

Part of our integrated approach to serving children includes funding the health care coverage they need not only to prevent ailments but to help them through serious illnesses, diseases and severe emotional disturbances. Of the state's uninsured people, children make up 18 percent, according to *Kids Can't Wait*, a 1992 report published by the Action for Children Commission. Through Minnesota's three publicly funded health care programs—MinnesotaCare, Medical Assistance and General Assistance Medical Care—and our community mental health services, the Department of Human Services purchases health care services for children and their families. Our goal is to help children—especially those living in poverty—find hope, dignity and success in their lives. Our success in this area is dependent on not only our own work but that of families, counties, communities and other government agencies.

Community Priority



We work in partnership with communities to offer families supportive services, including mental health care, developmental disabilities care, chemical dependency treatment, self-sufficiency services, and deaf and hard of hearing services.

When members of Girl Scouts, Boy Scouts, 4-H Clubs, community groups, the city council and the city manager pooled their ideas, they identified some problems and came up with some creative solutions for their small community just west of Minneapolis. In 1994, the Montrose on the Move Task Force developed a five-year plan to provide parents education and support; offer families health care, educational and literacy programs; and provide community support for people seeking substance abuse prevention, and mental health, vocational, emergency, transportation, housing and financial assistance.

The people in this community are deciding what's best for them, including a child care program, open gym for youths, and evening parenting and General Equivalency Diploma classes for parents. They're seeking the help of local schools, hospitals, businesses—and each other—to solve their problems. And, they're succeeding.

Serving Minnesotans through our Community Priority

Safe, caring communities can help people prevent problems before they are forced to seek government help. This is often easier, healthier, less intrusive and less expensive than solving problems after they occur. At the Department of Human Services, we are reshaping our services to complement and support other state agencies, foundations, corporate giving programs, community groups and non-profit organizations to build community resources.

We support community efforts and develop partnerships with county staff, advocacy groups, non-profit organizations and businesses by offering creative solutions and resources—often rather than funding—to help. This process is a new way of thinking for the department staff. To manage our connections *with* each other rather than maintain our distinctions *from* each other, we developed our Community Priority.

Our Community Priority will:

- help develop partnerships and mutual support among communities and government agencies
- involve private sector, non-profit organizations and communities in planning and delivering our services
- recognize the value of diversity, incorporate diversity into the way services are delivered and bring people together across generational and cultural lines
- support communities in their efforts to solve their problems.

We encourage people within each community to help each other because neighbors and friends usually know what's best for each other and can offer the day-to-day support that Minnesotans need. We, in turn, often serve as an information resource, connecting people in one community with those in another so that they can build on each other.

Melinda enjoyed her job and wanted to keep working but she didn't earn enough to pay rent as well as child care for her newborn son, Jonathan. With bills mounting and no child support coming in, Melinda, a single mother, reluctantly opted for welfare as a solution to her financial problems.

"All my savings were gone, she said. "I was down to the last pack of diapers, but I was having a real hard time with going on welfare. I wanted to work."

When she finally applied for welfare through the county, she was ecstatic to learn that Minnesota Family Investment Program (MFIP) helped pay for her health care and child care expenses while she earned a paycheck.

With the help of MFIP, she's able to work full-time while Jonathan attends a child care center. MFIP is helping many parents like Melinda move toward self-sufficiency.

"Sometimes you need just a little boost," she said.

Helping people through difficult transitions

Some people will always have little or no money to survive at some time in their lives. Some people lose their jobs, cannot work or are employed in jobs that don't pay enough to support themselves and their families. We want to help people survive their temporary financial crises so that they can regain self-sufficiency, nurture their children and take advantage of the support offered through their communities.

We strive to help children and strengthen families by implementing anti-poverty welfare reforms, rewarding people for working, reinforcing mutual responsibility between government and Minnesotans, and encouraging support from communities, organizations and other institutions outside the welfare system.

Putting our Economic Self-Sufficiency Priority to work

As we carry out these reform efforts, we want to help people help themselves by making the welfare system work *for*, not *against*, them. We want to continue to make work pay so that families are better off financially in the workforce than they are on welfare. And, we want to reinforce the responsibility we in government have as well as the responsibilities that individuals and communities have to each other.

Our Economic Self-Sufficiency Priority will:

- gain support outside the welfare system to help low-income families
- continue to implement the Minnesota Family Investment Program
- increase child support collections
- eliminate anti-work rules in our services

Economic Self- Sufficiency Priority



*Together with counties,
we help families
through the Minnesota
Family Investment
Program, Aid to
Families with
Dependent Children,
Community-Based
Services, Refugee and
Immigrant Services,
and Project Success
Through Reaching
Individual
Development and
Employment.*



Assisting 62,000 families each month, AFDC represents about 8 percent of the Minnesota Department of Human Services budget.

- reinforce the responsibilities of parents and families
- intervene early to help people applying for welfare enter the job market
- continue to support self-sufficiency by promoting health care access for low-income families
- expand access to quality child care and housing support for low-income families.

Helping people move toward self-sufficiency

Most people do a pretty good job of leaving the welfare system on their own, but some will always need help. Currently, we help 62,000 Minnesota families with Aid to Families with Dependent Children (AFDC), a cash assistance program that helps parents or caretakers with dependent children meet their daily needs. In Minnesota, the average AFDC grant was \$410 per month in 1994.

Through General Assistance, we provide cash assistance to people who do not qualify for AFDC or Supplemental Security Income but meet the General Assistance eligibility criteria. Through the federally-funded Food Stamp program, we help low-income families with coupons they may redeem at most stores for food.

Making improvements in the welfare system is closely linked to enhancing the health care system. Lack of affordable health insurance may discourage many welfare recipients from seeking or accepting jobs. Through MinnesotaCare, the state subsidized insurance program, we've eased that burden. Now, fewer families rely on AFDC because they have access to affordable health care through MinnesotaCare. Since the inception of MinnesotaCare in 1993 through late 1994, 2,400 fewer families were on AFDC, saving the state approximately \$800,000 in state funds per month.

On behalf of children, we work with counties to collect child support payments to increase their income and help those receiving AFDC move toward self-sufficiency. We help noncustodial parents who have problems paying child support by introducing them to innovative jobs programs. We also help unmarried parents establish paternity by signing a recognition form at the time of a child's birth. This helps county workers collect child support payments.

Through other services, we help refugees and immigrants make the transition to life in Minnesota, and provide cash assistance and resources to help them achieve self-sufficiency. We also offer emergency, temporary assistance, such as shelter, to people who do not have funds to avert a crisis.

Rewarding Minnesotans for their work

Our Minnesota Family Investment Program (MFIP), the state's comprehensive effort to reform the welfare system, is showing early signs of success. This redesign of the state's welfare system eliminates AFDC, Food Stamps, family General Assistance (GA) and Success Through Reaching Individual Development and Employment (STRIDE) services for families participating in the five-year pilot, which we launched in seven counties in April 1994. Through MFIP, participants learn new skills and seek jobs to rise out of poverty and off of welfare.

Based on the principle that families should always be better off financially if parents work rather than accept a welfare check, MFIP rewards work and allows families who are on welfare the chance to keep some financial support, and health care and child care benefits as they move toward self-sufficiency.

Through the program, families' incomes increase when they work. Based on early 1995 figures, if an MFIP parent is not working, MFIP will pay the family \$627 per month in public assistance (a combination of AFDC and Food Stamp benefits). However, if a parent earns \$500 per month, MFIP will pay the family \$442 in public assistance for a total of \$942 per month. If a parent earns \$1,000 per month, MFIP will pay the family \$132 in public assistance for a total family income of \$1,132 per month. As a parent earns more, the amount of welfare decreases while overall income increases—encouraging families to reach self-sufficiency.

By the end of the pilot, more than 8,500 Minnesota families, in both urban and rural counties, will participate in MFIP. The pilot's early success is an indication that people are striving to improve themselves, their families and their communities. According to early data, in urban counties, 31.7 percent of the families enrolled in MFIP are now employed compared to 13.7 percent among groups of AFDC recipients in a control group. Also, in rural counties, 51.9 percent of MFIP participants were employed compared to 34.2 percent in a control group.

Encouraging education and training

Data for 1995 indicates that with Project STRIDE, more than 22,000 Minnesotans who are on AFDC and working toward economic self-sufficiency, take advantage of education, training and job search services. Project STRIDE is Minnesota's version of the welfare reform program known nationally as the Job Opportunity and Basic Skills Program. Minnesota's Project STRIDE is geared toward families at the greatest risk of long-term welfare dependency. Through STRIDE, we help people overcome personal, educational and employment barriers that may prevent them from achieving self-sufficiency.



Health Care Priority



For Minnesotans in need of health care, among other services, we administer three publicly funded health care programs—MinnesotaCare, Medical Assistance and General Assistance Medical Care.

“I sat down and cried when I read the notice informing us that we had been accepted by MinnesotaCare,” said 32-year-old Janet who had not seen a doctor for three years, ever since her husband, Tom, had a disabling back injury. No one in the family, including their three children, had seen a dentist during that time.

Six months after his injury, Tom was able to work again, but only for 20 hours a week at a job that didn’t provide health care benefits. Neither did Janet’s part-time job at a nearby convenience store.

“MinnesotaCare has saved us from financial disaster,” Janet said. MinnesotaCare enabled Janet to have her daughter’s curvature of the spine treated and a lump in Janet’s breast tested immediately.

“You just don’t know the relief—knowing we have coverage,” said Janet. “MinnesotaCare has been a godsend.”

Purchasing health care for Minnesotans

Everyone needs health care coverage. At the state and national levels, we face increasing challenges—including rising health care costs and an increasing need to provide services to individuals with chronic health care problems for long periods of time—to help people meet their basic health care needs. With this in mind, on a daily basis, we work with other government agencies and health care providers to evaluate the best ways to offer health care to Minnesotans.

Through the Medical Assistance (MA), General Assistance Medical Care (GAMC) and MinnesotaCare programs, the Department of Human Services purchases more than \$3 billion annually, according to fiscal year 1995 figures, in health care services for more than one-half million Minnesotans, primarily children, seniors, low-income families and people with disabilities.

To improve these publicly funded health care programs, we developed our Health Care Priority. Through this priority, we plan to expand Minnesota families’ access to quality health care, simplify all three publicly funded programs and increase our program flexibility so that Minnesotans receive quality care and taxpayers receive the most for their tax dollars.

Our Health Care Priority will:

- increase access to health care services and help contain costs by expanding purchasing strategies such as buying health care through health care provider networks
- reduce the red tape so that program participants don’t have to reapply if they move from one department-administered program to another
- increase options for applying for benefits
- integrate and leverage health care purchasing strategies to ensure

better access, affordability and accountability in delivering health care to recipients of publicly subsidized health care services

- work toward a supplemental health care benefit packages for those who need more than a basic benefit package
- create managed care (a unified system using a network of doctors, hospitals and health care providers to ensure that patients receive quality, cost-efficient care) pilot projects to determine the best way of meeting the health care needs of Minnesotans with disabilities
- explore options for tailoring health care services to what Minnesotans need and want, particularly for long-term or chronic care services.

Keeping Minnesotans healthy

About one half million Minnesotans, including seniors, people on AFDC, people who have low-incomes and people with disabilities who cannot afford health care coverage, receive coverage through Medical Assistance, also known as Medicaid, in the course of a year.

Approximately 50 percent of the MA budget is devoted to residential care, such as nursing homes, while approximately 50 percent is devoted to all other services, including inpatient hospital care and prescription drugs.

GAMC is designed specifically for people with low incomes who do not qualify for Medical Assistance. About 54,000 Minnesotans are enrolled in this program.

MinnesotaCare is a health coverage plan for Minnesota residents who cannot afford private coverage for medical or dental care and are not eligible for MA or GAMC. About 80,000 people are enrolled in MinnesotaCare for fiscal year 1995.

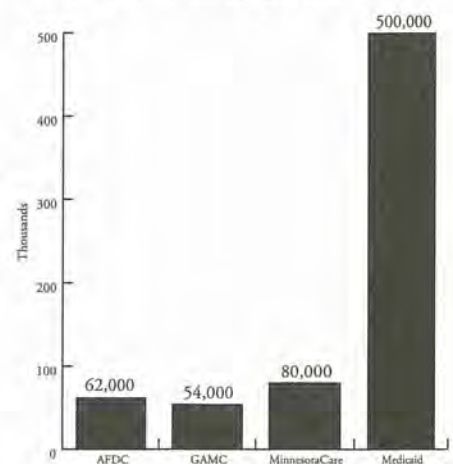
Serving vulnerable Minnesotans

Purchasing health care is not the only health-related service we offer Minnesotans. We treat people with disabilities in our state-operated nursing home and treatment centers.

We help people of all ages get the type of treatment best suited for them. We help children with severe emotional problems, offer treatment to people with gambling problems, fund community projects that support people with mental illness who are seeking employment and offer medical and dental care as well as habilitation opportunities to people with disabilities who are living in community settings.



Minnesotans receiving AFDC or health care services



Housing Priority



Through our efforts to coordinate long-term, permanent housing for Minnesotans in need, the Department of Human Services supplements payments for homes, apartments, foster homes, nursing homes and community housing.

When Chaz thought about housing, it wasn't about where he'd live, but rather if there would be a place to live for more than a few months. Chaz, who has a mental illness, doesn't have much money and battles daily against the stigma people place on those with a mental illness—two barriers to finding safe, affordable housing.

A few years ago, his best choices were to live in a hospital that provided short-term psychiatric care, or at a treatment center or foster home where he'd receive longer term rehabilitation services. He had few options to live in a neighborhood of his choice.

Fortunately, county workers helped him find community housing and the Minnesota Housing Finance Agency helped pay for most of his rent so that he now lives more independently in the neighborhood he wants to live in. While Chaz has access to the mental health services he needs, he's also close to buses, stores and friends, making his life less stressful and enabling him to focus on his recovery.

Helping Minnesotans with housing expenses

Housing is a basic human need. It is more than shelter. It represents a place to live, handle personal business, socialize and interact with others. It serves as a haven, a place to raise a family, a form of stability in our lives.

People need safe, affordable housing not only to survive but to stabilize their lives and become more self-sufficient. We recognize how critical adequate, safe housing is to Minnesotans' abilities to achieve their goals.

The Department of Human Services staff doesn't directly provide housing for Minnesotans. However, in working with counties, the Minnesota Housing Finance Agency and other government partners, we administer services and funds that offer people the indirect means of securing shelter for themselves. Our goal is to help Minnesotans secure fair, easily accessible choices for permanent homes.

In collaboration with our partners, we explore ways to spend public funds wisely to help low-income and vulnerable Minnesotans find and keep a place to call "home."

Implementing our Housing Priority

Our Housing Priority will:

- identify agency housing expenditures
- create a department housing policy in coordination with the Minnesota Housing Finance Agency
- identify strategies for using housing dollars to support people we serve and enable them to afford community housing
- explore new financing strategies to expand access to safe, affordable housing for low-income Minnesotans.

Offering better choices

By helping low-income and vulnerable Minnesotans with their finances, we indirectly help people with their housing needs. With the economic assistance Minnesotans receive from the state, they are able to pay for some of their shelter expenses, whether that's a house, apartment, nursing home, community housing or foster care setting.

As we examine our policies with the need for housing in mind in the future, we want to:

- make it possible for people to remain in their current homes while receiving the care and treatment they need
- make it easier for low-income and vulnerable Minnesotans to find affordable, stable housing in the communities of their choice
- support people who want to move from institutional settings to community settings
- encourage and support low-income and vulnerable Minnesotans' housing choices.

We need to change the way we allocate resources to fit low-income and vulnerable Minnesotans' needs better, make community housing more available to people who need it and make services available in the areas people want to live. By developing a department-wide policy on housing for Minnesotans, we help people fulfill one of their basic needs so that they can concentrate on other issues in their lives.



Life Skills Self- Sufficiency Priority



To enable Minnesotans to live as independently as possible, we administer care for Minnesotans in their own homes, as well as nursing homes, regional treatment centers and community settings.

Thirty-eight years ago, Lance, who was born with mental retardation and muscular dystrophy, and his family had few choices and little money to care for his needs. At that time, parents of children with disabilities had the choice of state institutions or nothing. For years, Lance lived in a large state institution, large and small group homes, and often had lengthy stays in hospitals due to his medical needs.

Today, he has the opportunity to use his skills and knowledge to live in the community rather than in a more costly institutional setting. He lives in a family foster home with his foster parents and their children. In addition to working part-time and taking community education classes, he enjoys celebrating holidays and participating in a variety of activities with his foster family.

Promoting our Life Skills Self-Sufficiency Priority

Minnesotans want to live independently as long as possible. Many people with disabilities want to live in non-institutional community settings if possible. Many seniors don't want to go into nursing homes until it's absolutely necessary. Minnesotans want a strong health care system coupled with support for chronic care conditions and social services options that are tailored to fit their needs. They want access to services and the ability to choose the services that are best suited for them. This not only enables seniors and people with disabilities to gain as much independence as possible but is usually much more cost-effective for the state.

Working with county staff, we offer long-term care services for Minnesotans. In other words, we help finance and coordinate delivery for medical, habilitative, residential, institutional, and home- and community-based services so that Minnesotans can live in the environment that enables them to live as productively and independently as possible. This may include a range of options from nursing homes to family homes with some occasional help.

To give Minnesotans the services they want and need, we formed the Life Skills Self-Sufficiency Priority. Our Life Skills Self-Sufficiency Priority will:

- maintain effective psycho-social supports that maximize independence for people with special needs
- increase focus on individual and family needs so that we are more flexible and responsive in delivering the help people need
- offer choices in long-term care that allow seniors and Minnesotans with disabilities to live as independently as possible.

Minnesota has made tremendous strides in meeting the needs of seniors and people with disabilities. Sometimes, people need just a little help to live independently. Focusing on individual needs, we work with county staff to help people with disabilities learn the skills they need to live in foster homes, group homes or on their own.

We also purchase care and training for people who abuse drugs or alcohol through our chemical dependency treatment services, for people who are deaf and hard of hearing through our service centers around the state, and for people who are developmentally disabled and vulnerable through our regional treatment centers.

Offering care in community settings

Adapting our services to the changing health care environment, we serve clients through county agencies, regional treatment centers, state-operated community services and other settings. We want to support people in community settings so that they can become as self-sufficient as possible. By working with communities as well as families' and children's mental health collaboratives, we can simplify access to our services and create "one-stop" shopping for families.

But that's not all. We look beyond our current means to care for people in alternative settings in the community to ensure that mental health services are available to clients throughout the state. We want to help people with disabilities so that they have access to community living.

We work with counties, other state agencies, consumer groups, advocacy organizations, mental health centers, community-based services and other partners in human services to address the changing needs of our clients and health care services.

Seeking alternatives for seniors

Concerned with the health of Minnesota's senior citizens, we seek innovative solutions to helping people live independently as long as possible. With a growing need for nursing home services, we look for alternatives to help seniors live on their own through the Seniors Agenda for Independent Living. Although some seniors may need nursing home and other institutional care, we seek many alternatives, including home- and community-based care, as important options to meet their needs.



Infra- structure Priority



In 1994, through the use of the Child Support Enforcement System, Minnesota county staff collected a record \$250 million in child support for the state's children.

S arah needed help. Already on welfare, she asked the county to find the father of her child so that she could begin collecting child support for her daughter, Kyra.

With the help of the Department of Human Services' Child Support Enforcement System (CSES), a county worker located the father, who travelled for his job, and verified his income. Based on that information, a court ordered that the father begin making child support payments of more than \$465 per month, which was more than Sarah received in her AFDC check, enabling Sarah and Kyra to leave the welfare system.

The county worker continues to use the computer system to send bills and track the father's payments, which he has been making regularly.

With the aid of our computer systems, state and county staff are better able to help more than 200,000 Minnesota children collect the child support they deserve each year.

Seeking cost-efficiency for taxpayers

Minnesota taxpayers deserve a cost-efficient government that is designed to meet the needs of its people. To ensure that, we invest in our employees and our technology so that we can offer Minnesotans timely, efficient and effective services.

We use automation as a means of serving Minnesotans better. With computer technology, we increase our efficiency and effectiveness in a environment of limited resources, and we help people when they need our services most.

Our Infrastructure Priority will:

- use technology to support reform efforts
- redirect resources to meet Minnesotans' needs whenever possible
- strengthen employees' professional development, training and mentoring; recruit a diverse workforce so that we are representative of the people we serve
- link research and successful procedures to encourage innovation and learn from others' successes to meet the needs of people whom we serve.

Developing computer systems to offer better service

The Department of Human Services' computer systems help us do our jobs more efficiently and effectively. As we look to the future, we realize we must be flexible in administering our services, particularly health care, to all areas of the state. Advanced and sophisticated technology—in the areas of computers and communication—will help us help Minnesotans in need. In 1995, our computer systems, which we as well as county workers use, enable us to:

- help more than 200,000 Minnesota children collect the child support payments they deserve and hopefully keep their families out of poverty.
- offer improved services and more uniformity in case management when collecting child support payments
- pay the medical bills for health care program enrollees, detect medical fraud and maintain data critical for purchasing more than \$2.5 billion in health care services annually
- process 20 million medical claims from 24,000 health care providers for Medicaid, MinnesotaCare and General Assistance Medical Care programs for more than one-half million clients each year
- determine nearly one million Minnesotans' eligibility for economic, food and health care benefits as well as the amount they are entitled to
- collect information on adoption, foster care, mental health, child protection, chemical dependency, out-of-home placement, services for the elderly and other social services to serve clients better.

In the future, we will continue to pursue more advanced technology to help serve Minnesotans better. These computer systems help us keep up with the growing demand for social services in our state. They also help us collect more accurate and up-to-date information, improve our financial forecasting and budgeting processes, and eradicate duplication in our and other government agencies' processes and procedures. All of this helps us run a more efficient, cost-effective government agency, but our main focus is still on people. We're here to offer flexibility in our systems so that we can help the most Minnesotans get the services they need quickly.

Improving our workforce and delivering better service

Supporting the human services infrastructure is the department's Human Resources Division, and the Office for Equal Opportunity, Affirmative Action and Civil Rights. Through these offices, we hire and promote job applicants who have the skills needed and are representative of the state's diverse population so that we can best serve Minnesotans. We set out to hire and retain a diverse workforce that offers culturally appropriate services to Minnesotans.

As part of our civil rights policy and our efforts to ensure that Minnesotans receive access to quality services, we resolve discrimination complaints from clients and applicants for human services in Minnesota.



Through the Minnesota Medicaid Information System, Department of Human Services staff processes 20 million Medicaid, MinnesotaCare and General Assistance Medical Care medical claims from 24,000 health care providers each year.

Resources



Working with employees in Minnesota's 87 counties, we provide health care, social services and economic assistance to help Minnesotans make transitions in their lives and live as independently as possible.

Minnesota counties

Aitkin County Family Service Agency

Child Support and Collections 218/927-2212
Family Services 218/927-3744
Financial Assistance 218/927-2141

Anoka County Human Services Division

Blaine Financial Assistance Office 612/783-4800
Child Support Collections 612/422-7320
Columbia Heights Financial Assistance Office 612/789-4326
Community Health and Environmental Services 612/422-7030
Community Social Services and Mental Health 612/422-7000
General Information 612/422/7000
TTY 612/422-7166

Becker County Human Services

Family Services 218/847-5684
Financial Assistance 218/847-5628

Beltrami County Social Service Center

Adult Services 218/759-4223
Financial and Family Services 218/751-4310
Red Lake Branch 218/679-3945

Benton County Social Services Agency

Information 612/968-6254

Big Stone County Family Service Center

Information 612/839-2555
TTY 612/839-6161

Blue Earth County Human Services

Financial Services 507/389-8335
Social Services, Public Health, Mental Health 507/389-8319

Brown County Family Services

Information 507/354-8246
TTY 507/359-6505

Carlton County Human Service Center

Health and Adult Services 218/879-4511
Social, Financial, and Child Services 218/879-4583

Carver County Community Social Services

Information 612/361-1600
TTY 612/361-1673

Cass County Department of Social Services

Information 218/547-1340

Chippewa County Family Services
Information 612/269-6401

Chisago County Human Services
Adult Services 612/257-0374
Child and Family Services 612/257-0337
Child Support Collections 612/257-0329
Financial Assistance 612/257-0318
North Branch 612/674-4433
TTY 612/257-0300
Welfare Fraud 612/257-0336

Clay County Social Service Center
Information 218/299-5200
TTY 218/299-5230

Clearwater County Department of Human Services
Information 218/694-6164

Cook County Social Services
Information 218/387-2282

Cottonwood County Family Service Agency
Information 507/831-1891

Crow Wing County Social Service Center
Child Support and Collections 218/828-3974
Financial Assistance 218/828-3968
Social Services 218/828-3966

Dakota County Human Services
Child Support and Collections 612/450-2852
or 612/450-2689
Developmental Disabilities 612/552-3000
Financial Assistance 612/450-2611
Public Health 612/552-3100
Social Services 612/891-7480
TTY 612/450-2616

Dodge County Human Services
Information 507/635-6170
TTY 507/635-6200

Douglas County Social Services
Information 612/762-2302

Faribault County Human Services Center
See Human Services of Faribault/Martin County

Fillmore County Social Services
Information 507/765-2175

Freeborn County Department of Human Services
Children and Adult Services 507/377-5480
Community Support/Mental Health 507/377-5440
Crime Victims' Crisis Center 507/377-5460
Information 507/377-5400
TTY 507/377-5519

Goodhue County Social Service Center
Child Support 612/385-3210
Social Services 612/385-3232
TTY 612/385-3190
Welfare Department 612/385-3200

Grant County Social Service Department
Information 218/685-4417
Toll free 800/291-2827

Hennepin County Bureau of Social Services
Information 612/348-3000

Houston County Department of Human Services
Information 507/724-5811

Hubbard County Social Service Center
Information 218/732-1451

Human Services of Faribault and Martin Counties
Blue Earth Office 507/238-4757
Fairmont Office 507/526-3265

Isanti County Family Services
Information 612/689-1711

Itasca County Human Services
Child and Family/Senior/Developmental
Disabilities Services 218/327-2981
Child Support 218/327-2868
Financial Assistance 218/327-2941
Itasca Medical Care 218/326-7514
Nashwauk Branch 218/885-3305
Public Health 218/327-2851
Social Services 218/327-2981

Jackson County Human Services
Information 507/847-4000
Toll free 800/422-0487

Kanabec County Family Service Department
Family Services and Financial Assistance
612/679-3464 or 612/679-3465
Social Services 612/679-4740, 612/679-4741
or 612/679-4744

Kandiyohi County Family Service Department
Child Support 612/231-6240
Community Health Services 612-235-4785
Financial Assistance 612/231-6232
Social Services 612/235-8317

Kittson County Welfare Department
Information 218/843-2689

Koochiching Family Services
Information 218/283-8405
Northome Branch 218/897-5266

Lac Qui Parle County Family Service Center
Information 612/598-7594

Lake County Social Service Department
Information 218/834-8400

Lake of the Woods Social Service Department
Information 218/634-2642

LeSueur County Department of Human Services
Information 612/357-2251

Lincoln County Welfare Office
See Region VIII North Welfare

Lyon County Welfare Office
See Region VIII North Welfare

McLeod County Social Service Center
Voice/TTY 612/864-3144

Mahnomen County Human Services
Information 218/935-2568

Marshall County Social Services Department
Information 218/745-5124

Martin County Human Services Center
See Human Services of Faribault/Martin County

Meeker County Social Services
Information 612/693-2418

**Mille Lacs County Family Services
and Welfare Department**
Information 612/983-8208

Morrison County Social Services
Child Support 612/632-0228
Financial/Energy Assistance 612/632-0200
Social Services 612/632-2951
Welfare Fraud 612-632-0229

Mower County Human Services
Information 507/437-9700

Murray County Welfare Office
See Region VIII North Welfare

Nicollet County Social Services
Information 507/931-6800
North Mankato Branch 507/387-4556

Nobles County Family Service Agency
Information 507/372-2157

Norman County Social Service Center
Information 218/784-7136

Olmsted County Community Services
Community Services 507/285-7009
Financial Assistance and Child Support
507/285-8382

**Otter Tail County
Department of Social Services**
Child Support and Collections 218/739-4496
Financial and Energy Assistance 218/739-4496
Social Services 218/739-4491

**Pennington County
Department of Welfare and Human Services**
Child Protection Hotline 218/681-5869
Child Support and Collections 218/681-7746
Social Services 218/681-2880

Pine County Department of Human Services
Information 612/629-6781
Information toll free 800/450-7463

Information TTY 800/627-3529
Sandstone Branch 612/245-2268
Sandstone Branch toll free 800/450-7263

Pipestone County Family Service Agency
Information 507/825-3357

Polk County Social Service Center
Crookston Child Support 218/281-3423
Crookston Financial Assistance 218/281-7329
Crookston Social Services 218/281-3127
Crookston Social Services TTY 218/281-3127
ext. 103
East Grand Forks Branch Financial Assistance
218/773-2431
Fosston Branch Financial Assistance
218/435-1585

Pope County Family Service Department
Information 612/634-5750

Ramsey County Human Service Department
Information 612/298-5351

Red Lake County Social Service Center
Information 218/253-4131

Redwood County Human Services
Information 507/637-5741

Region VIII North Welfare Department
Lincoln County Ivanhoe Branch
Voice/TTY 507/694-1452
Lyon County Marshall Branch
Voice/TTY 507/537-6747
Murray County Slayton Branch
Voice/TTY 507/836-6144

Renville County Human Services
Information 612/523-2202

Rice County Social Services
Information 507/332-6115

Rock County Family Service Agency
Information 507/283-9507

Roseau County Social Service Center
Information 218/463-2411

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

Scott County Human Services
Information 612/445-7751

Sherburne County Social Services
Becker Branch for Becker Residents
612/261-4550
Becker Branch 612/441-1880
Becker Branch toll free 800/821-9719
Toll free 800/433-5239
Twin Cities Metro 612/241-2600

Sibley County Human Services
Voice/TTY 612/237-5575

Stearns County Social Service Center
Belgrade Branch Office 612/254-3694
Melrose Branch Office 612/256-3308
Social Services, Financial Assistance
612/656-6000
Toll free 800/450-3663
TTY 612/656-6204

Steele County Human Services
Information 507/451-0414

Stevens County Human Services Department
Information 612/589-7400

Swift County Human Services
Information 612/843-3160

Todd County Social Services
Information 612/732-4500

Traverse County Social Services Agency
Information 612/563-8255

Wabasha County Department of Social Services
Child Support 612/565-3356
Financial Assistance 612/565-2613
Social Services 612/565-3351

Wadena County Social Service Department
Financial Assistance Division 218/631-2832
Social Services Division 218/631-4225

Waseca County Department of Human Services
Information 507/835-0560

Washington County Community Services
Information 612/439-6901

Watsonwan County Human Services Center
Information 507/375-3294

Wilkin County Family Service Agency
Information 218/643-8561

Winona County Department of Human Services
Information 507/457-6200

Wright County Human Services
Child Support, Financial Assistance
612/682-7414
Social Services and Community Health
612/682-7400

Yellow Medicine County Family Service Center
Information 612/564-2211

**Minnesota
Department of Human Services**

Ah-Gwah-Ching Center
Information 218/547-8300

Anoka Metro Regional Treatment Center
Information 612/422-4150

Brainerd Regional Human Services Center
Information 218/828-2201

Cambridge Regional Human Services Center
Information 612/689-7200

Children's Initiative
Information 612/297-3840

**Community Mental Health
and State Operated Services Administration**
Information 612/296-2307

Economic Self-Sufficiency Administration
Child Support Enforcement 612/296-2542
Information 612/296-0868
Minnesota Family Investment Program
612/297-4727

Faribault Regional Center
Information 507-332-3000

Fergus Falls Regional Treatment Center
Information 218/739-7200

Finance and Management Administration
Information 612/297-3909
Licensing 612/296-3971

Health Care Administration
Information 612/296-1776

Moose Lake Regional Treatment Center
Information 218/485-5300

**St. Peter Regional Treatment Center
and Minnesota Security Hospital**
Information 507/931-7100

Social Services Administration
Chemical Dependency Program
612/296-3991
Deaf and Hard of Hearing Services
612/296-3980 or TTY 612/297-1506
Developmental Disabilities 612/296-2160
Information 612/297-1468

Willmar Regional Treatment Center
Information 612/231-5100

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