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Department of Human Services

https://mn.gov/dhs/

AT A GLANCE

- Health Care: In fiscal year 2023, each month an average of 1,384,143 people received healthcare coverage through Medical Assistance and 104,648 through MinnesotaCare
- Long Term Care in the Community: In fiscal year 2023, each month 62,827 received home and community based services through the disability waivers, 27,962 people through the elderly waiver, and 40,264 people received personal care services.
- Nursing Facilities: 11,227 people per month received care in nursing facilities in fiscal year 2023
- Substance Use Disorder Treatment: 52,214 people received treatment for substance use disorder through the Medicaid program in calendar year 2023
- Mental Health: 208,680 Minnesota adults received mental health services through Minnesota Health Care Programs in calendar year 2023
- Economic Support: About 21,777 people received assistance through the General Assistance program and 30,152 people received support through the Minnesota Supplemental Aid program in FY23
- Housing: About 20,218 people received Housing Support services each month in fiscal year 2023
- In FY23 DHS all funds spending was $24.5 billion[i]

PURPOSE

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

Our work is guided by the following values:

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

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

DHS provides oversight and direction for most health and human services programs, making sure providers meet service expectations. Most services are delivered directly to people by counties, tribes, health care providers or other community partners.

Examples of our work include:

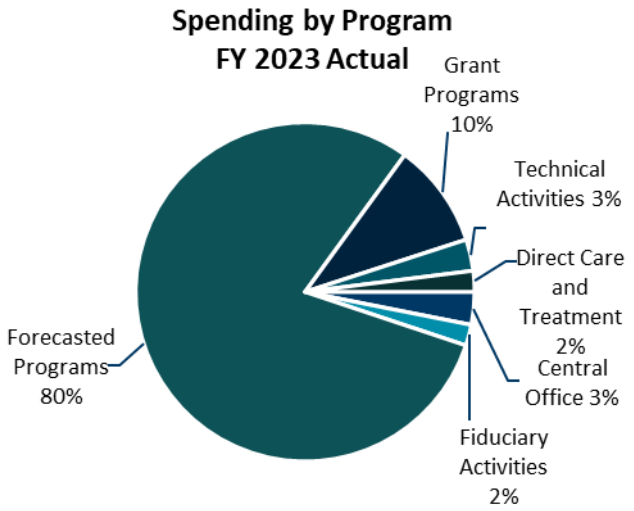
- Health care programs purchase medical care for children, older adults, people with disabilities and people with low incomes
- Home and community-based service programs help people with disabilities and older adults to receive support in their own homes and communities
- Mental health and substance use programs assist adults and children needing behavioral health services
- Housing programs assist people experiencing homelessness in finding shelter and securing long term housing stability
- Adult protective services ensure that older adults and people with disabilities are safe

- Grant programs support local delivery of human services for populations in need, including recent refugee immigrant populations, adults and children needing behavioral health services, people who are deaf or hard of hearing, people with disabilities, and older adults.

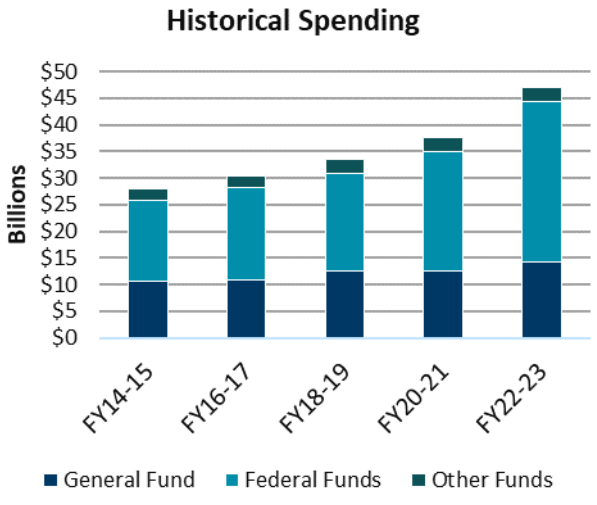
In fiscal year 2024, DHS began the transition of some programs and services to two new agencies, the Department of Children, Youth, and Families (DCYF), and Direct Care and Treatment (DCT). Beginning in fiscal year 2025, programs related to family economic support, nutrition, child care, child support and child welfare began transitioning from DHS to DCYF. By July 1, 2025, financial functions for these programs will transition to DCYF. Starting in fiscal year 2026, programs within Direct Care and Treatment of DHS will move into its own agency.

BUDGET

Below you will find all funds spending by program in fiscal year 2023. The majority of spending occurs within forecasted programs. Forecasted programs include: Medical assistance (89%), MinnesotaCare (3%), Economic support programs (6%) and other healthcare programs (2%).



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The data above reflects DHS prior to transitioning programs to the Department of Children Youth and Families and Direct Care and Treatment.

STRATEGIES

The 2023-2027 DHS Strategic Plan (https://mn.gov/dhs/general-public/about-dhs/strategic-plan/) includes three main outcomes and 14 goals.

Outcome: People in Minnesota thrive.
Goals:

1. Advance policy and programs that support equity, justice and stability in food, housing, income, child care and health care.
2. Promote adult and children's safety and wellbeing with easy access to behavioral health supports and optimal living situations.
3. Champion a service continuum that centers justice, equity and choice supporting people with disabilities and older adults to lead meaningful lives in community.
4. Invest in home, community, and facility-based care workforce and strengthen Minnesota's network of caregiving.

Outcome: People experience high-quality human services.
Goals:

1. Transform and strengthen the service delivery experience to be equitable, accessible, caring, and responsive.
2. Administer programs effectively and efficiently through streamlined processes and reduction of errors, fraud and waste.
3. Build capacity to partner with Tribal Nations and counties to envision a human services system that works for the people in Minnesota.
4. Build capacity to engage with community and amplify voices in decision making processes.
5. Equip partners and providers, with resources and technical assistance to maintain program integrity and deliver better services.

Outcome: People at DHS thrive in an inclusive environment.
Goals:

1. Become an anti-racist/multicultural organization and build equity into everything we do.
2. Create an organizational culture where employees experience inclusion, psychological safety, respect, wellbeing, and joy.
3. Build career pathways and create ways for staff to grow in their job.
4. Be a collaborative partner in the creation of separate state agencies while supporting employees and continuity of operations.
5. Enhance DHS's environmental sustainability.

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

[i] Excludes Fiduciary and Technical Activities

Program: Central Office Operations
Activity: Operations

https://Program/Activity website

AT A GLANCE

- Conducts more than 11,500 administrative appeals per year (Average of FY22-24).
- Reviews and approves more than 1,950 new contracts per year, not including amendments and purchase order revisions.
- Conducts more than 2,130 eligibility reviews for DHS programs and services.
- Our Single Audit Coordinator monitors 145 subrecipients, following up on all findings related to major federal programs.
- The Internal Audits Office responds to approximately 620 hotline complaints per year.
- Provides human resource management for over 7,100 state staff and about 4,100 county staff.
- Resolves more than 250 requests for disability accommodations, investigates over 100 employment discrimination complaints, and resolves over 300 complaints relating to service delivery per year.
- Promotes continuous improvement and accountability across the 11 essential human services in all 87 counties.
- Analyzes more than 600 bills per year impacting human services programs and an average of 360 fiscal notes per year for the legislature (FY23-24)

PURPOSE AND CONTEXT

The Operations area within the Department of Human Services (DHS) serves external customers, internal staff, and ensures integrity in spending of public resources. To external customers, we provide appeals processes, tribal, county, and community relations, and communication resources.

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

SERVICES PROVIDED

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

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

Audits, and the Digital Forensics Lab. Our staff conducts audits of DHS grantees, contractors, vendors, and counties.
- The **Organizational Integrity Office** oversees prevention, providing counsel on ethics, risk management, business continuity, records management, agency internal administrative policies, Commissioner Delegations of Authority, and policy bulletins.

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

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

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

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

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

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

Our **Office of the Chief Financial Officer** provides fiscal services and controls the financial transactions of the agency. Core functions include preparing budget information, paying agency obligations, providing federal fiscal reporting, conducting patient revenue generation and collections, processing agency receipts and preparing employees' payroll.

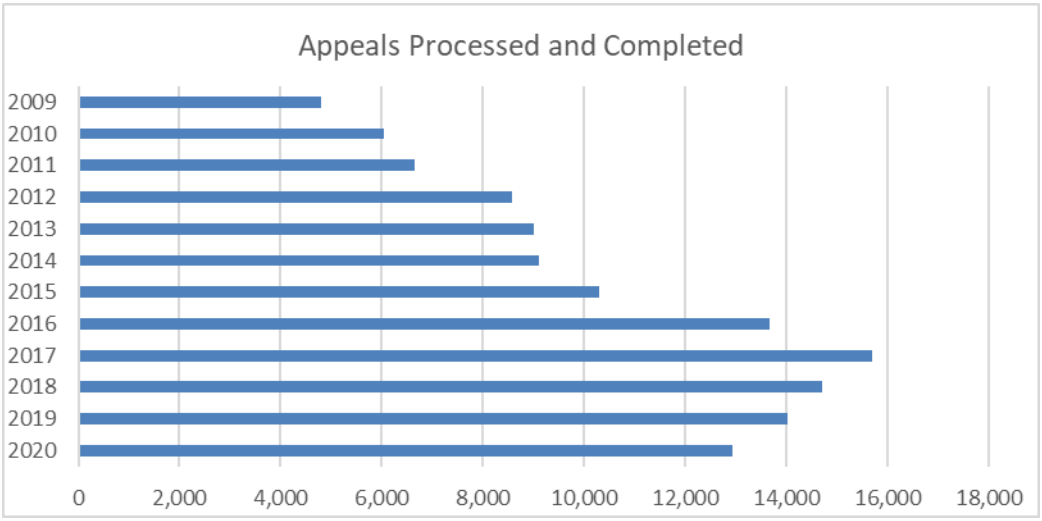
- The **Budget Analysis Division** is responsible for preparing the Governor's biennial, supplemental, and capital budgets, overseeing fiscal policy for the agency, overseeing fiscal notes prepared for the legislature, and implementing capital bonding projects.
- The **Reports and Forecasts Division** (https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp) is responsible for meeting federal reporting requirements for economic assistance programs and Minnesota Health Care Programs. Our staff provides forecasts of program caseloads and expenditures, provides fiscal analyses of proposed legislation affecting these programs, and responds to requests for statistical information on the programs.

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

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

RESULTS

Number of Appeals processed and completed by fiscal year



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

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

Program: Central Office Operations
Activity: Children & Families

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

AT A GLANCE

- Provides child support services to more than 314,000 custodial and non-custodial parents and 220,000 children annually.
- Provides child care assistance to an average of 22,000 children per month.
- 1,544 children were either adopted or had a permanent transfer of legal custody to a relative in 2021.
- Facilitates Supplemental Nutrition Assistance Program (SNAP) payments to more than 449,000 Minnesotans every month.
- All funds for Children and Families administrative spending for FY 2023 was $79 million

PURPOSE AND CONTEXT

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

Programs administered in this area seek to:

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

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

SERVICES PROVIDED

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

- Child Safety and Permanency
- Child Support
- Child Care Services
- Economic Assistance and Employment Supports
- Office of Economic Opportunity
- Management Operations

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

- Researching, recommending and implementing statewide policy and programs
- Managing grants
- Providing training and technical assistance to counties, Tribal Nations, and grantees

- Evaluating and auditing service delivery
- Conducting quality assurance reviews to ensure that services are delivered effectively, efficiently and consistently across the state

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

Funding for our programs comes from a combination of state and federal sources. Major federal block grants include Temporary Assistance for Needy Families, the Child Care and Development Fund, the Social Services Block Grant and the Community Services Block Grant.

RESULTS

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

Key Measures for programs serving families and children:

Measure name	***Measure type***	***Measure data source***	***Historical trend***	***Most recent data***
Repeated abuse or neglect	Quantity	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	Increased by 3 percentage points since 2020	2023: 94.4%
Permanency within 12 months	Result	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	Increased by 2 percentage points since 2020	2023: 48.6%
Permanency, 12 to 23 months	Result	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	Increased by 7.2 percentage points since 2020	2023: 59.6%
Permanency, 24 months or more	Result	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	Increased by 10 percentage points since 2020	2023: 42.2%

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

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

Year ending in March of:	***S-SI***
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%
2022	63.4%
2023	61.7%

- The decline in the Self-Support Index from 2020 to 2023 can be explained by the corresponding decline in the **range of expected performance** for each local agency. Each local agency has a customized range of Self-Support Index scores based on factors outside of the control of the local agency, such as demographics of person and household, local economic and community factors.
- The **statewide median placement wage** is a results measure and counts the number of MFIP and DWP Employment Services participants newly enrolled during the quarter who obtained employment in that quarter, and the median placement (starting) wage by service area at the start of the job. This only includes the first quarter of the fiscal year. The Minnesota Family Investment Program Management Indicators Report provides details for all quarters.

January-March (Quarter 1) of Year	***Number job placements (MFIP) in Q1***	***Number job placements (DWP) in Q1***
2023	1,213	486
2022	851	490
2021	1,060	0
2020	962	736

- The federal **Work Participation Rate** (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally recognized work activities. The measure does NOT count households who discontinue assistance when getting a job. Many requirements of the work participation rate were not in effect during the COVID 19 public health emergency.

Federal Fiscal Year	*WPR*
2012	45.3%
2013	45.1%
2014	46.2%
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%
2019	35.7%
2020	22.3%
2021	14.9%
2022	20.4%

Financial operations related to programs impacting children, youth, and families within this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

AT A GLANCE

- **Medical Assistance** provided coverage for an average of 1,384,143 people each month during FY 2023.
- **MinnesotaCare** provided coverage for an average of 104,648 people each month during FY 2023.
- In FY 2023, our Health Care Consumer Support team received 312,357 telephone calls from recipients.
- In FY 2023, our Provider Call Center received 224,023 calls from providers.
- All funds administrative spending for the Health Care activity for FY 2023 was $105.4 million. This represents 0.04 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

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

Our goals are to:

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

SERVICES PROVIDED

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

Office of the Assistant Commissioner

This office performs central functions including:

- Managing the partnership between DHS and the federal Centers for Medicare and Medicaid Services for all Medicaid state plan and waiver services
- Conducting care delivery and payment reform projects including the Integrated Health Partnerships and the CMS State Innovation Models

- Ensuring that benefit and payment policies are supported by best clinical practices through the Office of the Medical Director
- Coordinating the development of recommendations on health care policy and legislation

Health Care Eligibility Operations (HCEO)

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

Health Care Eligibility and Access (HCEA)

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

Health Improvement Benefit and Design (HIBD)

- Develops and implements quality measurements for measuring the impact of health care delivery and purchasing on people
- Leads cross-administration analysis of social conditions impacting health
- Administers the fee-for-service delivery system of MA and MinnesotaCare
- Develops policy, rates, and benefits for MA and MinnesotaCare Basic Care, including medical and dental care, transportation, and durable medical equipment
- Oversees Child and Teen Check-ups for children up to age 21 enrolled in MA
- Leads Population Health Initiatives including those targeted at improving perinatal outcomes, the Opioid Prescribing Improvement Program (OPIP), developing member benefit informational material, and facilitation of the Medicaid Participant Expert Panel

Managed Care Contracting and Rates (MCCR)

- Oversees rates and analysis for Managed Care Organizations (MCOs) contracting with DHS to provide health care coverage to Medical Assistance and MinnesotaCare recipients
- Administers managed care contracting
- Ensures compliance with federal managed care regulations

Pharmacy Program and Medicaid Decision Support (PPMDS)

- Manages the pharmacy benefit for enrollees receiving Minnesota Health Care Program benefits through fee-for-service
- Oversees modernization of the Pharmacy point-of-sale system
- Manages the agency's Medicaid Decision Making process

Medicaid Payments and Provider Services (MPPS)

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

Health Care Research and Quality (HRQ)

- Conducts data analysis, research, and data reporting responsibilities for the MHCP and oversees quality assurance activities for the managed care organizations contracting with DHS
- Uses heath care claims data to inform policy and program development, and monitors the quality of health care services purchased by DHS HCA staff
- Shares some health care coverage policy and rates development functions with the Behavioral Health, Housing, Deaf and Hard of Hearing (BHDH) Administration and the Aging and Disability Services Administration (ASDA) for the services under the purview of those other administrations.

HCA work supports the following strategies:

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

RESULTS

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

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

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

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

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

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

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

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of electronically submitted claims paid within two days[1]	Quality	FY 2021 Member and Provider Services Operational Statistics	98.59%	98.52%
Number of Integrated Health Partnerships[2]	Quantity	DHS contract administrative data	26	27
Total MA Benefit Recoveries (excluding fraud and cost avoidance)[3]	Quantity	Member and Provider Services Operational Statistics.	$61.6 million	$55.8 million

Performance Measure Notes:

- Source: FY 2021 Member and Provider Services Operational Statistics. Compares Fiscal year 2019 (Previous) to Fiscal year 2021 (Current). Our goal is to pay 98 percent of electronically submitted claims within two days. The trend is stable.
- Measure is the number of provider systems or collaboratives of independent practices voluntarily contracting with DHS as an IHP to serve MA and MinnesotaCare recipients. Compares 2020 (Previous) to 2021 (Current).
- Source: Member and Provider Services Operational Statistics. Measure is the total amount of recoveries conducted by the benefit recovery unit at DHS and contractors performing recovery activities on its behalf. Compares FY 2019 (Previous) and FY 2021 (Current).

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

Program: Central Office Operations
Activity: Aging and Disability Services

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

AT A GLANCE

- Covered Disability Waiver home and community-based services for 62,827 people per month in FY23.
- Covered Personal Care Assistance (PCA) services for 40,264 people per month in FY23.
- Covered nursing facility services for 11,227 people per month in FY23.
- Covered Elderly Waiver and Alternative Care services for 27,962 people per month in FY23.
- Performs statewide human services planning and develops and implements policy.
- Obtains, allocates, and manages resources, contracts, and grants.
- Senior Nutrition grants provide congregate dining to 20,000 people and home delivered meals to 23,000 people in SFY 23
- Provides comprehensive assistance and individualized help to more than 134,000, individuals through over 245,000 calls in SFY 2023 through the Senior LinkAge Line®.
- Sets standards for, and evaluates, service development and delivery, and monitors compliance
- Provides technical assistance and training to county and tribal agencies and supports local innovation and quality improvement efforts.
- Provided 4,640 people living with HIV/AIDS medical and support services in FY23.
- In FY 2023, lead agencies administered over 195,000 assessments for long-term services and supports. (This includes MnCHOICES, legacy LTCC and DD screenings, and PCA Assessments).
- Administered $67.25 million of grants to providers under Aging and Adult Services grants, $92.63 million under Disability Grants and $25.71 million under Other Long Term Care grants in FY23.
- All funds administrative spending for the Aging and Disability Services Administration activity for FY23, before Disability Services joined the Administration, was $30.06 million. This represented 0.10 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

We have four goals:

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

SERVICES PROVIDED

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

- Aging and Adult Services Division;
- Disability Services Division;
- Fiscal Analysis and Results Management;
- Nursing Facility Rates and Policy Division;

- Grants, Equity, Access, and Research Division;
- Deaf, Deafblind, and Hard of Hearing Services Division;
- Transitions, Tribal and Transformation Division;
- Operations and Central Functions; and
- Planning and Aging 2030.

Our work includes:

- Administering Medical Assistance long-term services and supports waiver programs and state plan services. This includes developing, seeking authority for and implementing policies, projects, and research. We also oversee state and federal grants and contracts, including Senior Nutrition Grants.
- Working with the Community Supports Administration to administer the Moving Home Minnesota program, a federal Money Follows the Person Rebalancing Demonstration Program which serves both seniors and people with disabilities.
- Operating the Minnesota Adult Abuse Reporting Center (MAARC), the state centralized system for reporting suspected abuse, neglect and financial exploitation of adults who are vulnerable.
- Monitoring service quality by program evaluation and measuring results using lead agency waiver reviews.
- Staffing of the Governor-appointed Minnesota Board on Aging (https://mn.gov/board-on-aging/), a state board administratively placed within DHS with support for the Office of Ombudsman for Long-Term Care;
- Working to improve the quality of services and share best practices across providers;
- Providing administrative, financial, and operational management and support for both the Continuing Care for Older Adults Administration and the Community Supports Administration;
- Providing legislative coordination with the department, legislature and stakeholders;
- Supporting both Continuing Care for Older adults and Community Supports administrations on IT modernization projects, IT project portfolio oversight, and business process improvement efforts;
- Providing outreach, staff support and technical assistance to stakeholders and stakeholder workgroups;
- Auditing 335 nursing facility annual cost reports to ensure DHS and providers are maintaining compliance with federal and state requirements and timely publication of accurate payment rates.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Promote access to core medical and support services to people living with HIV/AIDS by paying premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- Work to encourage the development of local service capacity, including related professional workforce development activities.
- Train and guide service delivery partners on best practices.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit providers.
- Secure funding outside of state appropriations and seek such opportunities to leverage goals.
- Develop and update an assisted living report card web site with quality ratings, which was launched in January 2024 to provide information to the public and to encourage quality improvement efforts among assisted living providers.
- Promote equal access and opportunities for Minnesotans who are deaf, deafblind, and hard of hearing by supporting effective communication, facilitating collaboration, and delivering direct statewide services through regional offices, the Minnesota Access to Communication Technology (MN ACT) program, and the DHHSD mental health program.
- Manage grant-funded programs, services, and supports for Minnesotans who are deaf, deafblind, and hearing, including:

    - Culturally and linguistically affirmative mental health services for adults and children,
    - Specialized services and technology and training supports for adults and children who are deafblind,
    - Mentors who help families with children who are deaf and hard of hearing learn American Sign Language (ASL) and other communication and life skills,
    - Sign language interpreting services for funerals and 12-step meetings in Greater Minnesota,
    - Sign language interpreter internship, training, and professional development opportunities in Greater Minnesota, and
    - Real-time captioning of live TV news programming statewide.
- The independent Governor-appointed Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing has an arrangement with our administration to receive some administrative support.

Direct services we provide include:

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

RESULTS

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
1. Average statewide risk-adjusted nursing facility quality of care score out of a possible 100 points	*Quality*	Minimum Data Set resident assessments	63.2	*63.9*
2. Percent of consumers in DHHSD grant-funded programs who are satisfied with the quality of the services they received.	Quality	DHS Data Warehouse	N/A	98%
3. Percent of older adults served by home and community-based services	Result	Nursing Facility Rates and Policy Division)	74.8%	79.9%
4. Difference between total weighted average daily payment rate as reported on the cost reports and the published rate.	Result	Nursing Facility Rates and Policy Division	Reported: $275.62 Published: $270.61 % Change: -1.82% MA Impact: ($M22.9)	Reported: $358.88 Published: $347.13 % Change: -3.27% MA Impact: ($45.1M)

5. Annual total of net nursing facility audit adjustments to reported costs	Result	DHS Data Warehouse	56.8M	87.6M
6. Percent of working age adults on certain Medical Assistance programs earning $600 or more per month	Result	DHS Data Warehouse	18% (FY2020)	18% (FY2022)
7. Percent of people with disabilities who receive home and community-based services at home	Result	DHS Data Warehouse	61.2% (FY2019) 18% (FY2020)	66.4% (FY2023) 18% (FY2022)
8. Percent of long term service and support spending for people with disabilities in home and community-based services rather than institutions.	Result	DHS Data Warehouse	91.2% (FY2019)61.2% (FY2019)	94.1% (FY2023)66.4% (FY2023)

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

Performance Notes:

- Measure one compares data from the one year period January through December 2019, to data from the one year period January through December 2023. (Source: Minimum Data Set resident assessments)
- This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: DHS Data Warehouse)
- Nursing facility daily payment rates are based on an annual cost report filed by facilities. The Nursing Facility Rates and Policy division audits these reports in order to ensure accuracy. The difference between reported and published rates in this measure represents corrections made a result of these audits. Without these audits, payment rates and MA payments would be higher. (Source: Nursing Facility Rates and Policy Division)
- This measure represents audit adjustments to annual nursing facility cost reports. (Source: Nursing Facility Rates and Policy Division)
- Measure compares monthly earnings for people age 18-64 who receive services from one of the following Medical Assistance programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD). More information is also available on the Employment First Dashboard (mn.gov/dhs/employment-first-dashboards) Source: DHS Data Warehouse.
- This measure compares people who receive disability waiver services in their own home rather than residential services. More information is available on the Long-Term Service and Support Performance Dashboards (mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse.
- This measure compares spending of long term service and support for people with disabilities in home and community-based services rather than institutions. More information is available on the Long-Term Service and Support Performance Dashboards (mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse.
- This measure compares spending of long term service and support for people with disabilities (DD and non-DD) in home and community-based services rather than institutions. This includes people on the four disability waivers and those under 65 years of age who receive State Plan Home Care with a disability diagnosis including developmental disability. More information is available on the Long-Term Service and Support Performance Dashboards (mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse.

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

Program: Central Office Operations
Activity: Behavioral Health

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

AT A GLANCE

- Statewide, there were 52,214 individuals on Minnesota in Medicaid Programs treated for substance use disorder in CY23.
- 208,680 Minnesota adults received mental health services through Minnesota Health Care Programs (MHCP) in CY23.
- Administrative spending for all funds for the Behavioral Health Administration for FY23 was $60 million.* This represented 0.02% of the Department of Human Services overall budget.

*The administration during FY 23 included the Behavioral Health Division, Housing Services Division, Deaf and Hard of Hearing Services Division, and the Operations Division.

PURPOSE AND CONTEXT

Effective July 31, 2024, the Behavioral Health, Housing and Deaf & Hard of Hearing Services Administration (BHDH) within the Department of Human Services was separated into two administrations, creating the Behavioral Health Administration.

The Behavioral Health Administration (BHA), which encompasses children, family, and adult mental health services, substance use disorder, and problem gambling services is responsible for policy and grantmaking that ensures evidence-based and person-centered prevention, intervention, treatment, and recovery services for individuals with substance use disorders, problems with gambling, and mental health conditions. BHA works with county and tribal partners and qualified behavioral health care providers to optimize a continuum of services that are equitable and responsive to all targeted populations of need and those experiencing health disparities.

SERVICES PROVIDED

Collaborating both with partners within state agencies and in local communities, BHA works to shape and implement public policy on mental health, problem gambling, and substance use disorder treatment and prevention services.

Specifically, our staff:

- Lead efforts to shape and implement public policy directed towards prevention, early intervention, and treatment of persons with a mental illness or substance use disorder.
- Administer payment policy and manage grant programs for mental health and substance use disorder services, such as the Behavioral Health Fund, Minnesota Health Care Programs, Adult Mental Health Grants, Child Mental Health Grants, and Substance Use Disorder Treatment Support Grants.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Train and guide service delivery partners on best practices.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit providers.

- Partner with stakeholders to improve prevention and early intervention efforts and the service delivery system.
- Secure funding outside of state appropriations and seek opportunities to leverage goals.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Number of adults receiving Assertive Community Treatment (ACT) services.	*Quantity*	DHS Data Warehouse	2,051 - CY2021	1,952 - CY2023
Number of Adults with Serious Mental Illness who received Adult Rehabilitative Mental Health Services (ARMHS).	Quantity	DHS Data Warehouse	19,776 - CY2021	24,261 - CY2023
11th grade use of alcohol, 1-2 days, during the past 30 days.	Result	Minnesota Student Survey	14.5% - FY2019	10.2% - FY22

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

Program: Central Office Operations
Activity: Central IT

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

AT A GLANCE

- Connect over 2.8 million Minnesotans with access to vital DHS programs with the support of over 31,000 county, tribal, and state workers; 200,000 providers; client assistors; and DHS and MNsure partners via more than400 IT applications
- Oversee approximately 750 IT employees
- Manage approximately 55 active IT projects and 8 product teams
- Total all funds spending for this budget activity in FY24 was $252 million, which represents approximately 1.5% of the agency budget

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

MNIT provides the following services to DHS:
Leadership and planning support in the delivery of IT services to DHS at a high-value and cost-effective manner. This includes:

- Implementation and participation in the DHS IT governance structure which allocates funding and guides IT program design, including the sequence/prioritization of IT work
- Ensure that user experience design, accessibility and plain language are incorporated into DHS technology solutions
- Supporting the service delivery transformation to help move DHS to a product organization.

Program management activities to develop and operate the DHS IT project and portfolio management. This includes:

- Portfolio and project management,
- Business architecture,
- Business analysis, and
- Quality assurance

Application development and support to automate and maintain DHS services and operations. This includes:

- Enterprise architecture,
- Release management,
- Methodologies to determine technology solutions,
- Programming and coding, and
    - Ongoing maintenance to help ensure availability of DHS IT systems, and federal/state/industry compliance for DHS IT systems

IT services, including all of the computing, telecommunications and wide area network (WAN) services that underlie and support DHS program applications. This includes:

- Cyber security,
- Desktop, server and network support,
- Operations support,
- Firewall support & incident management,
- Contact center support, and
- Telephony, telepresence support

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

RESULTS

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

Measure name	Measure type	Historical trend	Most recent data
New projects added to the Project Portfolio	*Quantity*	12 projects added in FY 2023	21 projects added through June 2024
Projects completed	Quantity	25 projects completed in FY2023*	14 projects completed FY24*
Project to Product Transformation	Quantity	None	8 product teams launched
System Modernization	Quality	N/A	Modernization planning and analysis is underway for SSIS, PRISM and the portfolio of services provided to DCYF
Agency Separation	Quantity	N/A	DCYF successfully launched 7/1/24 DCT planned launch 7/1/25

**** less projects completed this year due to the number of very large efforts based on 2023 legislation.***

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

Program: Central Office Operations
Activity: Homelessness, Housing and Support Services Administration

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

AT A GLANCE

- Beginning SFY25, the Homelessness, Housing and Support Services Administration was created within DHS bringing together the Housing and Support Services Division, the Office of Economic Opportunity (OEO) Homeless Programs and Behavioral Health Homeless grants totaling $270 million in SFY24-25.
- In FY23, the Housing Support program served a monthly average of 20,218 people.
- The Office of Economic Opportunity Homeless grant-based programs have a budget of $250 million in FY24-25 supporting youth, single adults, and families through drop-in centers/day shelters, overnight shelters, street outreach, transitional housing, permanent supportive housing. In addition to meeting critical basic needs, the OEO Homeless programs focus on eliminating poverty and ending homelessness for families, individuals, and youth.
- In FY23, the Minnesota Supplemental Aid program supported a monthly average of 30,152 people.
- The Social Security Advocacy Services Team with 42 contracted providers helped 980 people who were under age 65, homeless or at risk for homelessness and have a disability, apply for Social Security disability benefits to increase their income and secure permanent housing
- The Homelessness, Housing and Support Services Administration currently has over 520 contracts with various counties, tribal nations, providers, and non-profit/ for-profit grantees totaling $305 million.
- In FY23, the General Assistance program supported a monthly average of 21,777 people.
- All funds administrative spending for the Homelessness, Housing and Support Services Administration Budget Activity for FY25 is $16.3 million. This represented 0.067 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

The Homelessness, Housing and Support Services Administration (HHSSA) within the Department of Human Services works to ensure that appropriate housing is available for the people we serve by supporting systems that integrate housing, services and income supports enabling people to live in the community of their choice. This includes financial assistance, Long-term Homeless Supportive Services, subsidized housing, Social Security Advocacy, Housing Stabilization Services, Community Living Infrastructure grants, Behavioral Health grants and Office of Economic Opportunity Homeless grants.

HHSSA trains, develops capacity, and provides guidance and oversight for community partners including health plans, counties, and community-based providers. Our current work supports the *Crossroads to Justice* Strategic Plan to create housing, racial, and health justice for people facing homelessness across the state. Programs and services managed by HHSSA work to address the disproportionate impact of homelessness and housing instability experienced by Minnesotans who identify as Black, Indigenous, and People of Color.

SERVICES PROVIDED

HHSSA goals are to support people toward housing stability, improve our operational excellence, and to manage an equitable and sustainable service delivery system. HHSSA collaborates both with partners within other state agencies and in local communities. HHSSA shapes and implements public policy on housing and homelessness needs across the state.

Specifically, Homelessness, Housing and Support Services staff:

- Lead efforts to shape and implement public policy directed towards making sure appropriate housing is available for the people we serve by supporting systems that integrate housing, services and income supports to enable people to live in the community of their choice.
- Provides support services across the homelessness response system including street outreach, drop-in centers, shelters, and a variety of housing models. In addition to meeting critical basic needs, the programs focus on eliminating poverty and ending homelessness for families, individuals, and youth.
- Administer payment policy and manage grant programs for all HHSSA Homeless, Housing, and income supports that support youth, single adults, and families that are homeless or at-risk of homelessness.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Train and guide grantees and community partners on best practices and Office of Grants Management Policies and procedures.
- Provide housing assistance support and related services to people experiencing homelessness or who are in danger of becoming homeless.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit/for-profit grantees and providers.
- Partner with community partners to improve prevention and early intervention efforts and the service delivery system.

RESULTS

Measure name	Measure type	Historical trend	Most recent data
Number of moves out of institutions or homelessness into settings using Housing Support (does not include shelter or crisis stays)	*Quality*	1,732 FY2022	*1,667 FY2023*
Percent of General Assistance recipients that are homeless	Quality	25.2% FY2022	23.9% FY2023
Number of youths served by OEO Homeless programs	Quantity	N/A	18,645 FY2023
Number of households/cases of MSA recipients who receive MSA housing assistance	Quality/Result	1,384 FY2022	2,632 FY2023

Program: Office of Inspector General
Activity: Office of Inspector General

https://mn.gov/dhs/general-public/office-of-inspector-general/

AT A GLANCE

- Licenses approximately 23,000 providers with the statewide capacity to serve more than 300,000 individuals. Programs include child care centers, foster care, adoption agencies, services for people with disabilities, and substance use disorder and mental health services.
- Conducts healthcare program integrity activities. CY2023 resulted in 630 healthcare provider investigations, $774,246 in monetary recovery identified and $138,914 in fines issued. In addition, 299 additional administrative actions (suspensions, terminations and payment withholds) were taken.
- Conducts child care program integrity activities. In FY2024, opened 223 and closed 308 child care audits and investigations.
- Conducts recipient program integrity activities including administration of fraud prevention grants for tribes and counties that saw the completion of 10,773 investigations of 11,246 referred in SFY 2024.
- Conducts background studies for more than 60 provider types, including more than 35,000 entities. A total of 228,555 background study determinations were completed in SFY 2024.

PURPOSE AND CONTEXT

By reliably delivering transformative licensing, background study and program integrity services, the Office of Inspector (OIG) promotes the health, safety and well-being of Minnesota children and vulnerable adults. OIG supports the DHS mission by providing accountability and comprehensive oversight of services and funds associated under its purview.

SERVICES PROVIDED

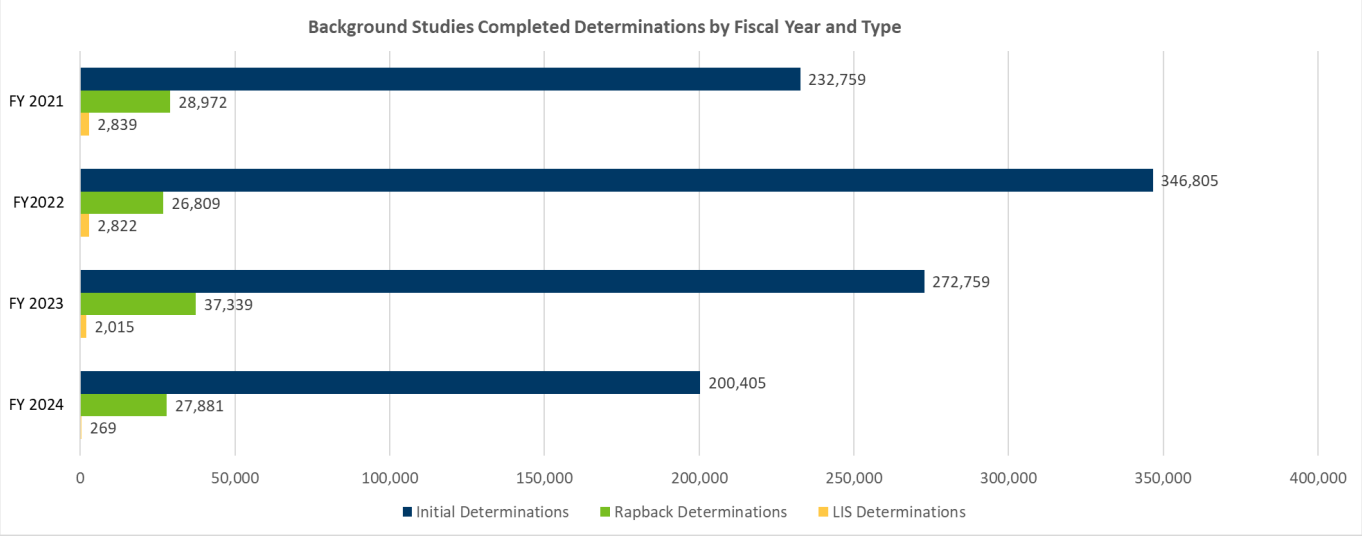
The **DHS Office of Inspector General** (https://mn.gov/dhs/general-public/office-of-inspector-general/) promotes the health, safety and well-being of Minnesota children and vulnerable adults by reliably delivering transformative licensing, background study and program integrity services. OIG includes three core business divisions (Background Studies, Licensing, and Program Integrity Oversight) and three enterprise support divisions (Chief Legal Counsel; Digital Services, Analytics, and Insights; and Enterprise Operations and Policy).

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

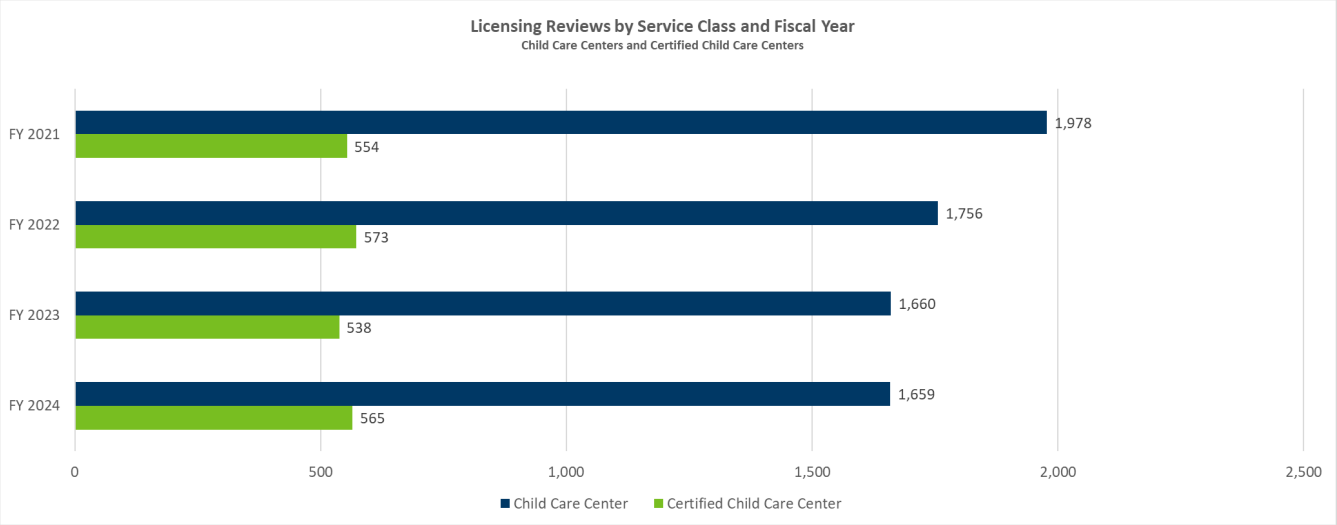
- The Program Integrity Oversight Division (https://mn.gov/dhs/general-public/program-integrity/program-integrity.jsp) identifies and prevents provider and recipient fraud, waste and abuse in public programs administered by DHS related to health care, economic assistance, child care assistance and food support programs. These activities ensure that public programs are appropriately utilized for the delivery of high-quality, needed services.
- The Chief Legal Counsel Office provides legal advice on all aspects of OIG's core functions. It partners with the state Attorney General's Office and county attorneys on civil and administrative litigation, including defending agency actions in the administrative and appellate courts. CLC attorneys issue decisions as part of the reconsideration process for many types of administrative actions for licensing and background studies.
- The Digital Services, Analytics, and Insights Division provides centralized enterprise-wide data and analytics capabilities. It also leads and supports innovation across OIG's divisions, including systems modernization efforts (e.g., Licensing and Reporting Hub).
- The Enterprise Operations and Policy Division provides enterprise-wide support for core business policy development and implementation, community engagement, budget formulation and execution, administrative policy, workforce planning, and business continuity. OIG's Equity Director and Tribal Nations Liaison are part of this division.

RESULTS

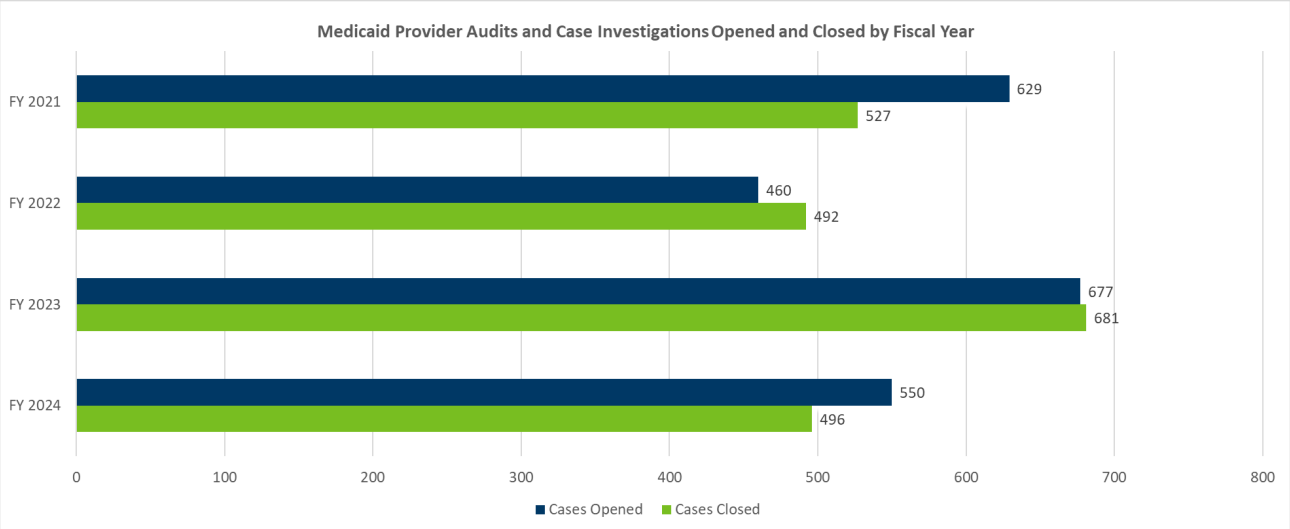
Number of background studies determinations completed each fiscal year.



Licensing Reviews – Child Care Centers and Certified Child Care Centers



Medicaid Provider Audits and Case Investigations Opened and Closed by Fiscal Year



The following M.S. sections provide the legal authority for OIG functions, as indicated: 245A – Human Services Licensing (Rules 2960, 9502*, 9503*, 9543, 9570); 245C – Human Services Background Studies; 245E – Child Care Assistance Program Fraud Investigations; 245G – Substance Use Disorder Licensed Treatment Facilities; 245H – Certified License-Exempt Child Care Centers*; 245I – Mental Health Uniform Service Standards Act; 256b.064 Sanctions; Monetary Recovery (Rule 9505); 245.095 Limit on Receiving Public Funds; 260E Maltreatment of Minors; and 626.557 Maltreatment of Vulnerable Adults

Program: Resettlement Programs Office

https://mn.gov/dhs/people-we-serve/seniors/services/refugee-assistance/

AT A GLANCE

- Administer the Federal Refugee Cash Assistance Program policy and benefit issuance, serving more than 2,500 people in FY 2025 with up to $29 million in anticipated cash benefits issued.
- Oversee implementation of Refugee Health screenings statewide through interagency agreement with Minnesota Department of Health.
- Implement, administer, and monitor grants to community organizations totaling more than $19 million in FY 2025.
- All administrative funding for FY2024 was $4.6 million.

PURPOSE AND CONTEXT

The Resettlement Programs Office (RPO) in the Minnesota Department of Human Services supports the effective resettlement of refugees in Minnesota, and coordinates services to foster self-sufficiency and integration, so refugees can thrive in community and achieve their highest potential. In partnership with the Federal Office of Refugee Resettlement, this office coordinates resettlement activities across the state, ensures accessibility to mainstream programs for people with refugee status, distributes funding to local agencies for supplemental services to new Americans, and provides education and information about resettlement in Minnesota.

SERVICES PROVIDED

RPO provides leadership, support, coordination, and funding to community-based organizations and stakeholders involved in the resettlement of new Americans. RPO builds and supports capacity for a continuum of services to new Americans individuals and families as they become Minnesotans, including basic needs, housing, legal services, employment assistance, education supports, and health screenings.

RPO has the responsibility to:

- Serve as liaison between state and federal entities in resettlement efforts,
- Coordinate resettlement activities across state to ensure effectiveness and efficiency,
- Administer and oversee the Refugee Cash Assistance and Refugee Medical Assistance programs,
- Administer and oversee Refugee Network Services grants to community partners,
- Administer and oversee the Refugee Health screening program,
- Conduct consultations with service providers and communities around local capacity for resettlement,
- Provide reliable information on resettlement in Minnesota.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Community engagement	Quantity	Number of community engagement events and resettlement-related activities tracked by RPO staff.	RPO participates in weekly, bi-weekly, monthly and quarterly meetings in multiple forums to coordinate resettlement activities, tables at community events, and hosts community education and celebration events.	Over 200 events and activities in 2024
Timeliness of Refugee health screenings	Result	Percent of screening conducted within 90 days of arrival, as reported to Minnesota Department of Health Refugee Health program by local public health agencies.	This screening rate has stayed consistently high, over 90% for more than a decade and remains one of the highest screening rates in the nation.	95%
Community Consultation Convening	Quantity	Number of community-level consultations on resettlement capacity	At least one per quarter in regions of the state, with increasing numbers due to shifting regional service landscape	20 in 2024

Program: Forecasted Programs
Activity: Minnesota Family Investment Program and Diversionary Work Program

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

AT A GLANCE

- About 70 percent of people served through the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) are children.
- In an average month, the programs serve about 62,000 children and their parents or caretakers in almost 23,000 households.
- Families receive an average of $1,100 a month of a combined cash assistance and food support through MFIP and $523 a month of cash assistance through the Diversionary Work Program.
- All funds spending for the MFIP/DWP activity for FY 2023 was $310 million.

PURPOSE AND CONTEXT

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

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

The goal of these programs is to stabilize families and improve economic outcomes through employment. Without these benefits, families lack other resources available to help meet their basic needs.

These programs are funded with a combination of state and federal Supplemental Nutrition Assistance Program (SNAP) funds and federal Temporary Assistance for Needy Families (TANF) funds. Counties and Tribal Nations administer the MFIP and DWP programs. Effective March 1, 2026, DWP is repealed and families applying and eligible for assistance will enroll in MFIP.

SERVICES PROVIDED

The Minnesota Family Investment Program provides job counseling, cash assistance, and food assistance. Families cannot receive assistance for more than 60 months in their lifetime, unless a significant impairment identified in state law qualifies them for extended assistance. The amount of assistance is based on family size and other sources of income. A family of three with no other income can receive $731 in cash assistance and $639 in SNAP benefits per month. The benefits are structured to reward families who work and are gradually reduced as income rises. Parents are required to participate in employment services. Families may also be eligible for childcare assistance and for health care coverage under Medical Assistance. Most families are also eligible for the MFIP housing assistance grant of $110 per month if they do not already receive a rental subsidy through the federal Department of Housing and Urban Development.

The Diversionary Work Program is a four-month long program for families who are applying for cash assistance who have not received cash assistance in the last 12 months and who meet other eligibility criteria. The program includes intensive, up-front job search services. A family receives cash benefits based on its housing, utility costs, and personal needs up to the same maximum as MFIP, based on the number of people in the family. Housing and

utility costs are paid directly to the landlord or utility company. The maximum that a family of three, a parent with two children, can receive is $731 in financial assistance. Most families are also eligible for SNAP benefits, childcare assistance, and health care coverage under Medical Assistance.

RESULTS

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

Year ending in March of:	***S-SI***
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%
2022	63.4%
2023	61.7%

- The decline in the Self-Support Index from 2020 to 2023 can be explained by the corresponding decline in the **range of expected performance** for each local agency. Each local agency has a customized range of Self-Support Index scores based on factors outside of the control of the local agency, such as demographics of person and household, local economic and community factors.
- The **statewide median placement wage** is a results measure and counts the number of MFIP and DWP Employment Services participants newly enrolled during the quarter who obtained employment in that quarter, and the median placement (starting) wage by service area at the start of the job. This only includes the first quarter of the fiscal year. The Minnesota Family Investment Program Management Indicators Report provides details for all quarters.

January-March (Quarter 1) of Year	***Number job placements (MFIP) in Q1***	***Number job placements (DWP) in Q1***
2023	1,213	486
2022	851	490
2021	1,060	0
2020	962	736

The state legal authority for the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) is under M.S. chapter 256J (https://www.revisor.mn.gov/statutes/?id=256J). It will be under M.S. chapter 142G at the Minnesota Department of Children, Youth and Families.

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Forecasted Programs
Activity: Minnesota Family Investment Program Child Care Assistance

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

AT A GLANCE

- In 2023 MFIP Child Care Assistance paid childcare for 8,988 children in 4,765 families during an average month.
- The average monthly assistance per family was $1,776.
- All funds spending for the MFIP Child Care Assistance activity for FY 2023 was $106 million.

PURPOSE AND CONTEXT

In order to work, families need safe and reliable childcare. The average annual cost of full-time care for one child ranges from $8,000 to $20,000 per year, depending on the age of the child, location, and type of provider attended.[1] Many low-income families struggle to find affordable childcare that fits their needs. Minnesota Family Investment Program (MFIP) Child Care Assistance provides financial subsidies to help low-income families pay for childcare. To support quality childcare experiences and school readiness, the program can pay a higher subsidy rate when a child is being cared for in a setting that meets quality standards.

SERVICES PROVIDED

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

The following families are eligible to receive MFIP childcare assistance:

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

When family income increases, the amount of childcare expenses paid by the family in the form of copayments also increases. All families receiving childcare assistance and earning 75 percent or more of the federal poverty guideline make copayments based on family income. A family of three leaving MFIP and earning 115 percent of the federal poverty level ($29,693) would have a total biweekly childcare provider payment of $25 for all children in childcare.

[1] https://www.childcareawaremn.org/families/cost-of-care/

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

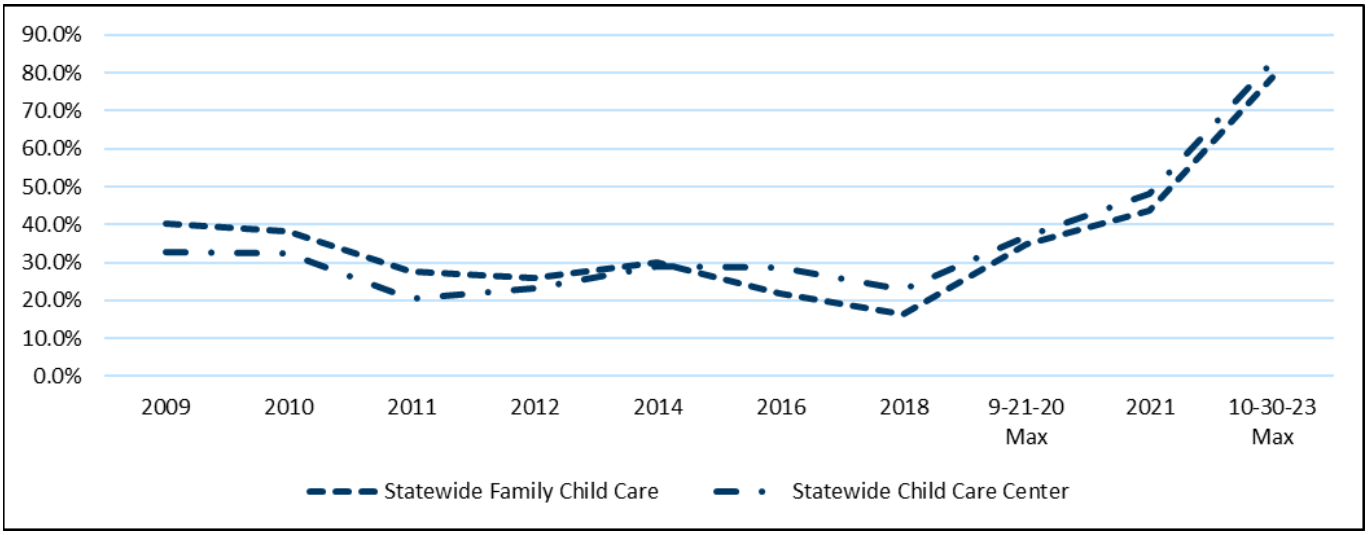
Childcare must be provided by a legal childcare provider over the age of 18 years. Allowable providers include legal non-licensed family childcare, license-exempt centers, licensed family childcare, and licensed childcare centers. Families choose their providers in the private childcare market. Counties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

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

RESULTS

Percent of provider prices fully covered by childcare - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of childcare. This may be a barrier for some families, if the family cannot find a provider in their community whose prices are covered by the maximum allowed under the program. However, the percent of childcare provider prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were increased in the 2023 legislative session. As of October 30, 2023, approximately 79 percent of family childcare providers and approximately 83 percent of childcare centers charge prices that are fully covered by the Child Care Assistance Program standard maximum rates.

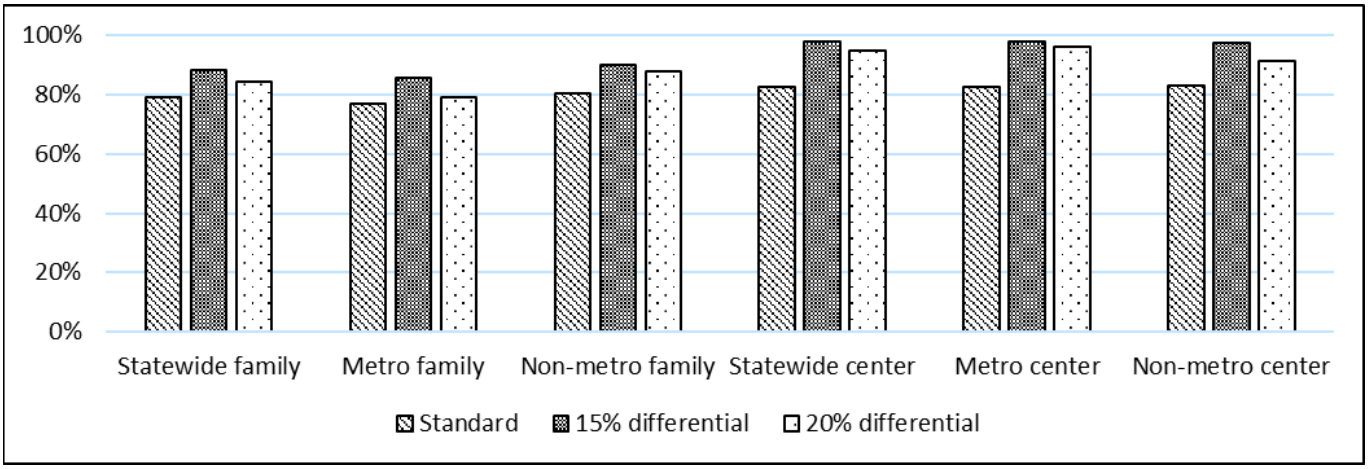
Provider prices fully covered by Standard Maximum Rates statewide, by percentage



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

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

Prices fully covered by Standard and Quality Differential Maximum Rates, by percent



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

Use of High-Quality Care - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving childcare assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 51 percent in July of 2023.

Percent of Children Receiving Child Care Assistance in Quality Settings

	2020	2021	2022	2023
Standard Care	46.6%	44.5%	47.6%	48.8%
Provider holds Accreditation*	2.4%	2.4%	2.5%	1.6%
Provider holds Parent Aware 1-2 Star	4.0%	3.5%	2.3%	1.5%
Provider holds Parent Aware 3-4 Star*	47%	49.6%	47.6%	48.1%

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

The data source for the prices charged by providers is a biennial survey of provider prices conducted by Child Care Aware of Minnesota for the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible for the higher rates for quality is from MEC^2, Minnesota's childcare electronic eligibility and payment system.

The legal authority for the MFIP/TY Child Care Assistance program was in M.S. chapter 119B in the Minnesota Department of Human Services (https://www.revisor.mn.gov/statutes/cite/119B). It will be M.S. chapter 142E in the Minnesota Department of Children, Youth and Families. (https://www.revisor.mn.gov/laws/2024/0/80/laws.5.6.0#laws.5.6.0).

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Forecasted Programs
Activity: General Assistance

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

AT A GLANCE

- General Assistance is an income support program that helps people in Minnesota thrive by providing income stability until they return to work or obtain other benefits such as Supplemental Security Income (SSI).
- General Assistance also supports people with disabilities to live meaningful lives in the community, and helps people meet their basic needs while they are receiving treatment for mental health or substance use disorders.
- In FY23, the General Assistance program supported an average of 21,777 people per month.
- The typical monthly benefit in FY23 was $203 for an individual, $260 for a couple, and $104 for a person living in a residential facility receiving Housing Support benefits.
- Beginning 10/1/2024, the monthly benefit amount increases to $350 for an individual, $350 for a couple, and $125 for a person living in a residential facility receiving Housing Support benefits.
- All funds spent for General Assistance activity for FY23 was $50.26 million, which represented 0.21 percent of the overall agency budget

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

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

The maximum monthly benefit in FY23 was $203 for a single adult (about 19 percent of the Federal Poverty Guideline of $1,063 per month for one person), $260 for a couple, and $104 for a person living in a residential facility or receiving Housing Support benefits. Beginning 10/1/2024, the monthly benefit amounts change to $350 for an individual, $350 for a couple, and $125 for a person living in a residential facility receiving Housing Support benefits.

In July 2023, nearly 41 percent of GA recipients received the lower benefit amount as a personal needs allowance while residing in residential facilities, such as mental health or substance use disorder treatment, and nursing facilities, or while receiving Housing Support.

The Emergency General Assistance (EGA) program provides additional emergency funds, no more than once in a twelve-month period, if a recipient cannot pay for basic needs and the person's health or safety is at risk. The total statewide allocation for EGA is $6,729,812 allocated among 79 counties and/or tribal nations.

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

RESULTS

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

Measure name	Measure type	Historical trend	Most recent data
Percent of GA recipients that are homeless	Result	23.7% July 2022	23.9% July 2023
Percent of GA recipients receiving Housing Support benefits	Quality	30.5% July 2022	31.4% July 2023
Percent of GA recipients living in a mental health facility	Quality	1.8% July 2022	1.7% July 2023
Percent of GA recipients living in a substance use disorder treatment facility	Quality	9.1% July 2022	9.3% July 2023

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

Program: Forecasted Programs
Activity: MN Supplemental Aid

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

AT A GLANCE

- Minnesota Supplemental Aid (MSA) provides financial assistance to people with disabilities and older adults who receive Supplemental Security Income (SSI) benefits, directly improving the well-being of Minnesota's communities.
- MSA promotes housing stability and choice by offering additional assistance to people who are burdened by high housing costs and helps pay for special dietary needs and services such as representative payee and guardian/conservator fees.
- In FY23, the Minnesota Supplemental Aid program supported an average of 30,152 people per month.
- The typical benefit is $81 for an individual and $111 for a couple.
- All funds spent for Minnesota Supplemental Aid activity for FY23 was $54.58 million, which represented 0.22% of the overall agency budget

PURPOSE AND CONTEXT

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

SERVICES PROVIDED

MSA provides a state-funded monthly cash supplement to help people who are older adults, blind or have a disability, and who receive SSI benefits. As of FY23, the average grant amount is $150.85 per month. In addition, some MSA recipients also receive a special needs increase to their grant, usually to accommodate medically necessary special diets. MSA also supports recipients by partially offsetting the expenses of having a representative payee, guardian, or conservator.

Recipients can receive MSA benefits while living in their own home, or a reduced amount if they are residing in a nursing or intermediate care facility. In FY23, about 2 percent of enrollees lived in a Medical Assistance certified facility.

In addition, MSA housing assistance is available to qualified recipients, adding $420.50 in FY23 to the MSA monthly benefit to help pay high housing costs. To be eligible for housing assistance, applicants must:

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

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

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

RESULTS

In FY23, the MSA program had an average monthly enrollment of 30,152. MSA benefits help low-income individuals with disabilities or who are older live successfully in the community and maintain longer-term economic stability. As shown in the table below, many people stay on MSA benefits for extended periods of time.

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Average cumulative amount of time a person receives MSA benefits	Quality	MAXIS Eligibility System	In FY21, 107 months or 9 years	In FY23, 119 months or 10 years
Number and percent of MSA recipients who receive additional funds for medically necessary dietary needs	Quantity and Quality	MAXIS Eligibility System	In FY21, 6,681 or 21%	In FY23, 6,022 or 20%
Number households/cases and percent of MSA recipients who receive MSA housing assistance	Result	MAXIS Eligibility System	In FY21, 1,384 or 4.4%	In FY23, 2,632 or 9%

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

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

Some of the above information was included from DHS reports and forecasts information: https://mn.gov/dhs/assets/background_forecast_tables_0224v2_tcm1053-611357.xlsx

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

Program: Forecasted Programs
Activity: Housing Support

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

AT A GLANCE

- Housing Support is an individual income supplement that allows older adults and people with disabilities who have low income to afford reliable, secure housing with the necessary supports.
- Housing Support also provides transitional access to the benefit for individuals without stable housing who are exiting treatment or incarceration in Department of Corrections facilities.
- Housing Support statute allows DHS to enter into agreements with counties and tribal nations to issue a cost-neutral transfer of Housing Support funds in accordance with an approved plan. In FY23, DHS had contracts with 5 counties for $8.3 million.
- In FY23, the Housing Support program served an average of 20,218 people per month.
- The current room and board rate limit is $1,135 for group settings, and $1,185 for community settings.
- The average monthly payment per recipient in FY23 was $793.54.
- All funds spent for Housing Support activity for FY23 was $190 million, which represented 0.78 percent of the overall agency budget.

PURPOSE AND CONTEXT

Housing Support is a state-funded income support that pays for housing related costs for adults with disabilities or who are age 65 or older, and who have low income and live in authorized settings. Housing Support also provides transitional access to the benefit for individuals without stable housing who are exiting treatment or incarceration in Department of Corrections facilities. In October 2024, income calculations for Housing Support will shift to allow people with unearned income to only pay 30% of their income toward their housing costs when living in supportive housing in the community. This change recognizes the costs of living in lease-based settings and increases the financial autonomy of recipients.

Payments are made directly to a housing provider authorized by a county or tribe. Recipients may receive Housing Support in a licensed facility, or an authorized community-based setting, such as their own home. The program aims to reduce and prevent institutional residence or homelessness.

The Housing Support statute allows the Commissioner of DHS authority to issue a cost-neutral transfer of funds from the Housing Support fund to county and tribal human services agencies according to a plan submitted by the county or tribe. Currently, DHS has Joint Powers contracts with 5 counties providing services through the Housing Support fund via the Cost Neutral Transfer authority. The total amount of Cost Neutral Transfer spending in FY23 was $8.1 million.

SERVICES PROVIDED

The Housing Support room and board rate is currently $1,135 per month in group settings and $1,185 per month for community settings (people living in supportive housing settings with their own lease). This amount is used to pay for rent, utilities, food, household supplies, and other items needed to provide room and board to a recipient. Recipients are required to pay a portion of their income directly to providers toward the room and board rate. Housing Support can pay for additional supportive services in some settings if a recipient is not eligible for home- and community- based waiver services or personal care assistance.

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

Table 1: Housing Support Setting Type and Number of People Served as of 6/30/2022 and 6/30/2023.

Setting Type	***Total # of People FY2022***	***Total # of People FY2023***
Adult Foster Care	8,204	8,153
Assisted Living	3,121	3,279
Board and Lodge	1,571	1,600
Board and Lodge Special Services	2,210	2,146
Boarding Care Home	287	288
Homeless Shelter	131	132
Hotel/Restaurant	0	1
LTH Supportive Housing	3,632	3,626
Metro Demo Supportive Housing	192	179
Other Supportive Housing	858	1,126
Supervised Living Facility	37	28
Total	20,243	20,558

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

RESULTS

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

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

The Housing Support program is used to support people with disabilities to move out of institutional settings and into more integrated settings. The percent of Housing Support recipients living in the community has grown over the past three years. Housing Support resources support people to move out of homelessness. Homelessness disproportionately impacts people of color and American Indians in Minnesota. Data below shows how Housing Support is used to address those disparities with permanent housing solutions. Data sources include: 2020 Census, DHS MAXIS eligibility system.

Measure name	*Measure type*	*Measure data source*	*Historical trend*	*Most recent data*
Number of moves out of institutions into settings using Housing Support	*Quantity*	DHS MAXIS eligibility system, 2020 Census	*In FY22, 568*	*In FY23, 496*
Percent of recipients living in community settings with a lease	Quality	DHS MAXIS eligibility system, 2020 Census	In FY22, 23%	In FY23, 24%
Number of moves out of homelessness into settings using Housing Support (does not include shelter or crisis stays)	Quality/Result	DHS MAXIS eligibility system, 2020 census	In FY22, 1,164	In FY23, 1,171
Percent of adults who are Black who make up 7% of the Minnesota population	Quality	DHS MAXIS eligibility system, 2020 census	In FY22, 37% were homeless on public assistance In FY22, 37% were receiving Permanent Supportive Housing	In FY23, 39% were homeless and on public assistance In FY23, 35% were receiving Permanent Supportive Housing
Percent of adults who are American Indian who make up 1.2 % of the Minnesota population	Quality	DHS MAXIS eligibility system, 2020 census	In FY22, 15% were homeless on public assistance In FY22, 13% were receiving Permanent Supportive Housing	In FY23, 14% were homeless and on public assistance In FY23, 15% were receiving Permanent Supportive Housing

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

Program: Forecasted Programs
Activity: Northstar Care for Children

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

AT A GLANCE

- 10,509 children experienced an out-of-home placement.
- 1,544 children were either adopted or had a permanent transfer of legal and physical custody to a relative.
- All fund spending for the Northstar Care for Children activity for FY 2023 was $176.9 million..

PURPOSE AND CONTEXT

Northstar Care for Children is designed to help children who are removed from their homes and placed in foster care. It supports permanency through adoption or transfer of permanent legal and physical custody (TPLPC) to a relative if the child cannot be safely reunified with parents. Financial support and medical assistance are provided on behalf of eligible children to support their daily care, stability, and well-being needs while in temporary foster care and in permanent adoptive and kinship homes. The financial benefit varies with the child's age but averages about $12,000 annually per child. Northstar Care for Children consolidates and simplifies administration of three existing programs: Family Foster Care, Kinship Assistance (which replaced Relative Custody Assistance), and Adoption Assistance. Northstar Care for Children helps more children grow up in safe, stable, and permanent homes.

SERVICES PROVIDED

The Northstar Care for Children program:

- Combines three child welfare benefit programs – Family Foster Care, Adoption Assistance, and Kinship Assistance – into a single program with uniform processes and unified benefits, each of which uses federal Title IV-E funds.
    - Northstar Foster Care is for temporary family foster care, including where children might become permanent members of families. It is not used for group housing or residential treatment.
    - Northstar Kinship Assistance supports children achieving permanency with relatives and kin through TPLPC and simplifies ongoing requirements for permanent kinship caregivers.
    - Northstar Adoption Assistance supports children achieving permanency through adoption and allows more decision making by adoptive parents, rather than requiring detailed state review and approval.
- Provides a monthly basic payment based on children's age for most eligible children.
- Uses a uniform assessment for all children to determine needs beyond the basic payment. The assessment results in one of 15 levels of monthly supplemental difficulty of care payments.
- Maintains children's existing pre-Northstar benefits unless they specifically transition into Northstar Care for Children (pre-Northstar benefit programs are phased out as children exit them).
- Reduces barriers to permanency by eliminating financial and medical disparities in benefits across existing programs, particularly for older youth in foster care. This in turn helps reduce racial disparities that are typically associated with longer stays in foster care and aging out of foster care without permanency.

Funding for Northstar Care for Children comes from state general fund appropriations; federal Title IV-E payments for foster care, guardianship assistance, and adoption assistance; and county and Tribal spending on foster care.

Northstar Care for Children spending was eligible for the temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA), which lasted through March 31, 2023 and was phased down in each fiscal quarter until it ended January 1, 2024.[1]

RESULTS

The department monitors the performance of counties and Tribes in delivering child welfare services, including services provided under Northstar Care for Children.

Measure name	***Measure type***	***Measure data source***	***Historical trend***	***Most recent data***
Rate of relative care	Result	Of all days that children spent in family foster care settings during the given period, what percentage of days were spent with a relative	Increased by 3 percentage points from 2019	2023: 63.1%
Placement stability	Quality	Of all children who enter foster care in the year, what is the number of placement moves per 1,000 days spent in foster care?	Decreased by 0.2 per 1,000 since 2019	2023: 3.5 per 1,000
Permanency, 12-23 months	Quality	Of all children in foster care who had been in foster care between 12 and 23 months on the first day of the year, what percent of children are discharged from foster care to permanency within 12 months of the first day of the year	Increased by 4 percentage points since 2019	2023: 59.6%
Permanency, 24 months	Quality	Of all children in foster care who had been in foster care for 24 months or more on the first day of the year, what percent of children are discharged to permanency within 12 months of the first day of the year	Increased by 9 percentage points since 2019	2023: 42.2%

Performance Measures notes:

Measures provided by the Child Safety and Permanency Administration in the department.

Also see the DHS Child Welfare Dashboard (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137)

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

The legal authority for Northstar Care for Children was M.S. chapter 256N in the Minnesota Department of Human Services (https://www.revisor.mn.gov/statutes/cite/256N). It will be M.S. chapters 142A.60-142A.612 in the Minnesota Department of Children, Youth and Families.

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Forecasted Programs
Activity: MinnesotaCare

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

AT A GLANCE

- In FY 2023, MinnesotaCare had an average monthly enrollment of 104,648.
- Total MinnesotaCare program expenditures reached $676 million in FY 2023. This represented 3.1 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MinnesotaCare program expenditures in FY2023 was $58 million.

PURPOSE AND CONTEXT

The MinnesotaCare Program was established in 1992 as an 1115 Medicaid demonstration waiver to provide affordable health coverage for people with incomes too high for Medicaid but unable to afford other health insurance. It provided a subsidized program for children and parents and later expanded to include adults.

Passage of the Affordable Care Act (ACA) in 2010, and subsequent state legislation, made many MinnesotaCare enrollees eligible for Medical Assistance (MA). Under the authority of the ACA, Minnesota established MinnesotaCare as a Basic Health Plan to provide health coverage for people with incomes between 138 percent and 200 percent of federal poverty guidelines. As a Basic Health Program (BHP), Minnesota receives federal funds equal to 95 percent of the advanced premium tax credits that would otherwise be available to eligible people enrolled in commercial health care coverage through MNsure rather than in MA where federal funding is tied to expenditures. In fiscal year 2023, federal Basic Health Plan funding covered 72 percent of MinnesotaCare's costs. The amount of federal funding varies year to year based on individual market premiums, enrollment, the geographic distribution of enrollees, and federal regulatory action. Federal BHP revenues are deposited into the BHP Trust Fund and used to fund eligible expenditures in the MinnesotaCare program. Historically, the BHP Trust Fund has had a surplus which has resulted in reductions to state expenditures.

Today, MinnesotaCare provides comprehensive health care coverage for about 105,000 Minnesotans who pay no more than $80 per month in standard premiums. However, changes made in the federal American Rescue Plan Act (ARPA) of 2021 reduced the highest premium to $28 through Calendar Year 2022. This change was further extended through Calendar Year 2025 by the Inflation Reduction Act of 2022. The standard premium requirements from pre-pandemic will resume in January of 2026.

MinnesotaCare coverage includes additional benefits not necessarily available or as affordable on MNsure, including dental (expanded to a comprehensive dental benefit for adults effective January of 2024), vision, and a broad array of behavioral health benefits.

In 2017, MinnesotaCare coverage was expanded to include Deferred Action for Childhood Arrivals (DACA) grantees who meet program eligibility requirements. A federal rule finalized in 2024 and codified during the 2024 Minnesota legislative session will allow DACA grantees to be eligible for the federally funded Basic Health Program. In January of 2025, Minnesotans who are undocumented but otherwise eligible for MinnesotaCare will be eligible for MinnesotaCare coverage with state-only funds.

SERVICES PROVIDED

MinnesotaCare covers a broad range of health care services including:

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

People seeking coverage under MinnesotaCare can apply directly through the MNsure website or by submitting a paper application to MNsure, to DHS, or to their county human services or tribal office. Applicants are not eligible if they have access to affordable health insurance coverage through an employer. There are no health condition barriers for eligibility, but applicants must meet income guidelines and pay a premium (if applicable) to receive coverage[1].

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of Minnesotans without health insurance[1]	Result	Minnesota Health Access Survey, Minnesota Department of Health.	4.0% 2021	3.8% 2023
Percent of low-income Minnesotans forgoing care[2]	Result	Minnesota Health Access Survey, Minnesota Department of Health.	26.8% 2021	33.6% 2023
Utilization rate of dental services per 1,000 enrollees[3]	Quality	DHS Annual Dental Care Spending and Utilization Statistics among Minnesota Health Care Program (MCHP) Recipients	231 2021	254 2023

Performance Measure Notes:

- Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2021 (Previous) and 2023 (Current)
- Measure is the percentage of Minnesotans who identified foregone care and have family incomes below 200 percent of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2021 (Previous) and 2023 (Current)
- Source: DHS Annual Dental Care Spending and Utilization Statistics among Minnesota Health Care Program (MCHP) Recipients

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

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

[2]

[3]

Program: Forecasted Programs
Activity: Medical Assistance

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

AT A GLANCE

- In FY23, Medical Assistance (MA) served a monthly average of 1,384,143 people. This is 23.8 percent of the state's population.
- In FY23, MA provided coverage for:
  - 32% of all live births in Minnesota
  - 482,788 people receiving dental services
- In FY23, the families with children group made up 62 percent of total MA enrollment, but only 23.2 percent of total program expenditures.
- In FY23, coverage for older adults and people with disabilities made up 14 percent of total enrollment, but 60 percent of total program expenditures.
- MA is funded with state general funds, the health care access fund, federal Medicaid funds, and local shares for several services.
- All funds spending for the Medical Assistance activity for FY23 was $18.1 billion. This represented 67.4 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MA expenditures in FY23 was approximately $6.5 billion.

PURPOSE AND CONTEXT

Medical Assistance (MA) is Minnesota's Medicaid program. MA is Minnesota's largest public health care program and serves children and families, pregnant women, adults without children, older adults, and people who are blind or have a disability. It covers one out of every five Minnesotans.

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

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

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

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

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

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

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

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

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

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

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

Recent expansions in MA coverage include the extension of postpartum coverage for birthing persons from 2 months postpartum to 1 year, inclusion of telehealth services including audio-only services through June 30, 2025, the implementation of continuous coverage for children under age 6 for up to 72 months, up to 12 months for children up to age 20, the expansion of oral health benefits for adults, and the elimination of copays in MA beginning in calendar year 2024.

SERVICES PROVIDED

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

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

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

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

MA Coverage of Long-Term Care Facilities

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

MA pays for long-term care services for people who reside in facilities. In FY 2023, over 11,600 people per month received facility based long term care services. Total spending on this group was about $1.2 billion FY 2023, of which $460 million came from state funds. Care provided under this segment of MA includes 24-hour care and supervision in nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD). It also includes day training and habilitation (DT&H) services for people who live in an ICF/DD.

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

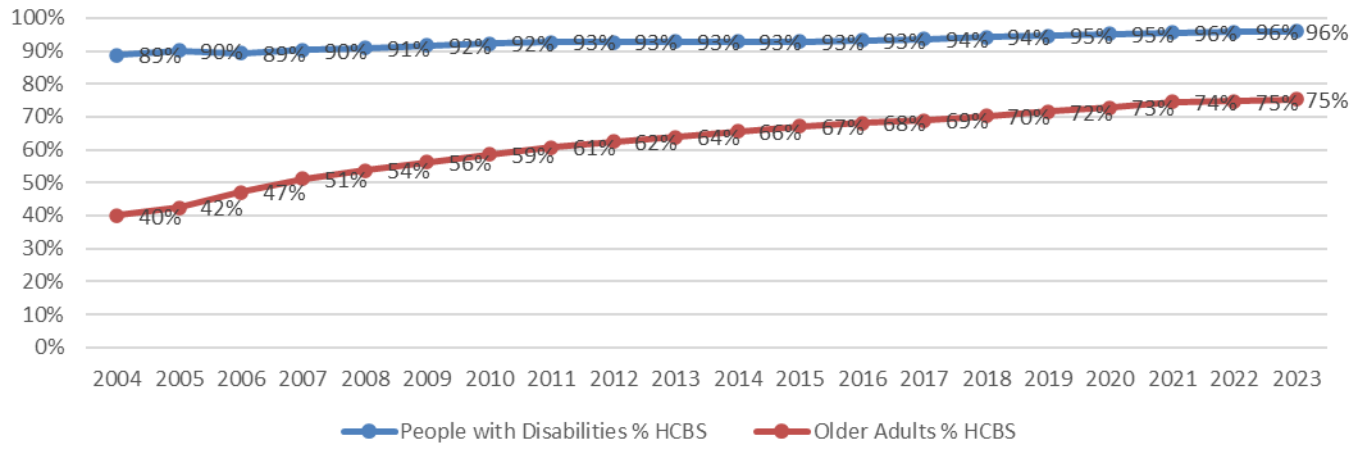
MA Coverage of Care Through Home and Community-Based Services

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

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

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

Figure 5. Minnesota Medicaid enrollees receiving long-term services and supports in home- and community-based services



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

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

In FY 2023, an average of nearly 86,000 people received home care and waivered services per month. Total spending on waiver and home care services was just over $5.6 billion in FY2023, and roughly half of this was from state funds.

Minnesota operates five home and community-based waivers:

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

These waivers can offer:

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

Medical Assistance Basic Health Care

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

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

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

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

This segment of the MA program also includes the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. MA-EPD enables working individuals with disabilities to receive the full MA benefit set. This

program encourages people with disabilities to work and enjoy the benefits of being employed. It allows working people with disabilities to qualify for MA without an income limit. Most MA-EPD enrollees are subject to paying a premium of at least $35 per month. Premiums are calculated on a sliding fee scale based on the enrollee's income and family size. The asset test for MA-EPD enrollees was eliminated in the 2023 legislatives session. More information on MA-EPD is available in the Medical Assistance for Employed Persons with Disabilities brochure (http://edocs.dhs.state.mn.us/lfserver/public/DHS-2087L-ENG).

In FY 2023, MA funds for Basic Care for Older Adults and People with Disabilities supported an average of 196,745 people per month, many of whom are also enrolled in Medicare and therefore are "dual eligible beneficiaries." Total spending on this group was over $3.7 billion in FY 2023, about 40 percent of which came from state funds.

MA Coverage of Basic Health Care for Families with Children

Enrollees in this eligibility category include low-income pregnant women, children, parents and caretaker relatives. This segment of the MA program also includes funding for the Minnesota Family Planning Program (MFPP) and the MA Breast and Cervical Cancer Treatment program (MA-BC). MFPP provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare. MA-BC covers treatment costs for breast cancer, cervical cancer, or a precancerous cervical condition for women without health insurance. In FY 2023, this segment of MA funds supported an average of 883,449 people per month. Total spending on this group was over $4.3 billion, about 41 percent of which came from state funds.

MA Coverage of Basic Health Care for Adults without Children

In FY 2023, MA covered an average of 314,341 adults without dependent children per month. Under the Affordable Care Act the federal government pays 90 percent of the expenditures for this population. Total spending on this group was about $3.7 billion, with about $318 million coming from state funds.

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

Today Minnesota's Medicaid program is a cornerstone of our state's system of health and long-term care coverage, with almost 1.5 million people covered in 2023, including children, parents, people with disabilities and older adults.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of older adults served by home and community-based services[1]	*Quality*	DHS Data Warehouse	74.8% FY2019	*79.9% FY2023*
Percent of people with disabilities served by home and community-based services[2]	Quality	DHS Data Warehouse	95.5% FY2019	97.0% FY2023
Percent of Minnesotans without health insurance[3]	Result	Minnesota Health Access Survey, Minnesota Department of Health	4.0% 2021	3.8% 2023

Performance Measure Notes:

1. This measure reflects the percentage of older adults receiving publicly funded long-term care services who receive HCBS services through the Elderly Waiver or Alternative Care program instead of services in nursing homes. More information is also available at https://mn.gov/dhs/ltss-program-performance (Source: DHS Data Warehouse).
2. This is the percent of people with disabilities receiving publicly funded long-term care services who receive HCBS services through disability waiver or home care programs instead of services in nursing homes or Intermediate Care Facilities. More information is also available at https://mn.gov/dhs/ltss-program-performance (Source: DHS Data Warehouse).
3. Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2021 (Previous) and 2023 (Current).

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

Program: Forecasted Programs
Activity: Alternative Care

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

AT A GLANCE

- The Alternative Care Program served 3,681 people, averaging 2,615 enrollees per month with an average monthly benefit of $1,327 in FY23.
- Enrolled consumers contributed a total of $715 thousand towards their cost of care.
- The Essential Community Supports program is included as part of the Alternative Care Budget activity and served 132 enrollees each month with an average monthly benefit of $254 in FY23.
- All funds spending for the Alternative Care activity for FY23 was $41.80 million. This represented 0.19 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

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

Some people who have a lower level of need for long-term care services do not qualify for Alternative Care or Medical Assistance LTSS. Those people are instead served by the Essential Community Supports (ECS) program. ECS covers the following services: adult day services, service coordination (case management), chore services, home delivered meals, homemaker services, personal emergency response, caregiver education/training, and community living assistance. People can qualify for up to $613 a month for these services. This program is included as part of the Alternative Care budget activity. DHS partners with community providers, counties, Tribal Nations, and the Department of Health in providing and monitoring services.

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

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

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

RESULTS

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of older adults served by home and community-based services[1]	*Quality/Result*	DHS Data Warehouse	74.8% 2019	*79.9% 2023*
Percent of long-term services and support expenditures for older adults spent on home and community-based services[2]	Quality	DHS Data Warehouse	48.7% 2019	53.1% 2023
Percent of AC spending on Consumer-Directed Community Supports (CDCS)[3]	Quality	DHS Data Warehouse	13.7% FY2019	23.2% FY2023

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

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

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

Performance Notes:

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

More information is available on the DHS Dashboard (LTSS performance measures dashboard / Minnesota Department of Human Services (mn.gov)).

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

Program: Forecasted Programs
Activity: Behavioral Health Fund

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

AT A GLANCE

- In the United States, 48.7 million people aged 12 and older had substance use disorders (CY22)[1] according to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- About 835,000 people aged 12 or older in Minnesota were estimated to have a substance use disorder in the past year, according to the 2022 National Survey on Drug Use and Health data.[2]
- Statewide, there were 63,856 admissions for substance use disorder (SUD) treatment in CY22.[3]
- The percentage of people completing substance use disorder was 46 percent in CY 2022.[4]
- All funds spending for the Behavioral Health Fund activity for FY 2023 was $192 million, which represents 0.78 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

The Behavioral Health Fund is fee-for-service funding for residential and outpatient substance use disorder treatment services for eligible low-income Minnesotans. The BHF combines multiple funding sources – state

appropriations, county share, and a portion of the federal Substance Abuse, Prevention and Treatment block grant. Federal Medicaid matching funds are collected on eligible treatment services provided to Medical Assistance recipients. Counties also contribute a share toward the cost of treatment. There is no county share for Medicaid recipients. Counties pay 22.95% of treatment service claims for non-MA recipients.

All SUD treatment programs are enrolled as Minnesota Health Care Programs and provide a continuum of effective, research-based treatment services for individuals who need them. Treatment services include individual and group therapy in outpatient or residential settings, and may also include treatment for a mental illness, other

[1] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data
[2] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data

[3] MN Office of Addiction and Recovery
[4] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data

medical services, medication-assisted therapies (with or without adjunct behavioral services), and service coordination.

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

RESULTS

Type of Measure	***Name of Measure*** (1)	***Previous***	***Current (CY2023)***	***Dates***
Quantity	Number of treatment admissions to substance use disorder treatment	58,563	63,856*	2021 to 2023
Result	Percent of persons completing substance use disorder treatment	43%	46%	2019 to 2021
Result	Effect of recovery environment on non-completion rates in substance use disorder treatment (2) No severity vs. extreme severity	3.45% vs. 30.07%	13.81% vs. 55.33%	2021 to 2023

Measure Notes:

- This indicator is from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) in the Performance Measurement & Quality Improvement section in the Alcohol and Drug Abuse Division of the Minnesota Department of Human Services.
- Recovery environment (encompassing health, home, community and purpose) is a predictable measure of successful treatment and continued recovery.
- * Increase in admissions is a return to pre-COVID 19 levels.

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

Program: Grant Programs
Activity: Support Services Grants

https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/e-and-t.jsp

AT A GLANCE

- Provides MFIP/DWP employment services to approximately 21,700 people per month.
- Provides Supplemental Nutrition Assistance Program employment services to approximately 400 people per month.
- All funds spending for the Support Services Grants activity for FY 2023 was $104 million.

PURPOSE AND CONTEXT

The Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) primary focus is on self-sufficiency through employment. Minnesota's Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Program is focused on SNAP recipients and providing them with clear pathways in developing marketable and in-demand skills, leading to career advancement and self-sufficiency.

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

SERVICES PROVIDED

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

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

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

- Referrals to housing, child care, and health care coverage, including any needed chemical and mental health services, to aid in stabilizing families
- Basic education, English proficiency training, skill building, and education programs to prepare participants for the labor market
- Job search assistance and job placement services to help participants locate employment that matches their skills and abilities
- Innovative programs to address special populations or needs such as: the Whole Family Systems initiative, summer youth employment, and services for teen parents that includes public health home visits.

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

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

RESULTS

The two key measures in MFIP/DWP are:

- The **Self-Support Index** is a results measure. The Self-Support Index shows the percentage of adults eligible for MFIP or DWP in a quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The chart following shows that about two-thirds of participants have left MFIP or DWP and/or are working at least 30 hours per week three years after a baseline period.
- The decline in the Self-Support Index from 2020 to 2023 can be explained by the corresponding decline in the range of expected performance for each local agency. Each local agency has a customized range of Self-Support Index scores based on factors outside of the control of the local agency, such as demographics of person and household, local economic and community factors.

Year ending in March of:	***S-SI***
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%
2020	65.7%
2021	64.6%
2022	63.4%
2023	61.7%

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

Calendar Year	*Median Placement Wage Per Hour for MFIP Clients*	*Median Placement Wage Per Hour for DWP Clients*
2008	$9.00	$9.39
2009	$9.00	$9.30
2010	$9.50	$9.50
2011	$9.50	$9.50
2012	$9.95	$10.00
2013	$10.00	$10.00
2014	$10.29	$10.00
2015	$11.00	$11.00
2016	$11.50	$11.50
2017	$12.00	$12.00
2018	$12.50	$13.00
2019	$13.00	$13.00
2020	$14.00	-
2021	$15.00	-
2022	$15.88	$16.44
2023	$17.07	$17.23

Two key federal reporting requirements for SNAP E&T are the percentage of participants employed and median quarterly wages in the second quarter after exiting the program.

Year	*Percent of participants employed 2 quarters after exit*	*Median quarterly wages of employed participants 2 quarters after exit*
2020	52.09%	$4204.21
2021	48.52%	$4,018.72
2022	45.16%	$5,894.00
2023	9.12%	$6,648.12

The legal authority for Support Services Grants is M.S. sections 256J.626 and 256D.051 (https://www.revisor.mn.gov/statutes/?id=256J.626) at the Department of Human Service. It will be M.S. 142G.76 at the Department of Children, Youth, and Families.

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Grant Programs
Activity: Basic Sliding Fee Child Care Assistance Grants

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

AT A GLANCE

- In SFY23 Basic Sliding Fee Child Care Assistance paid for childcare for 13,169 children in 6,775 families in an average month.
- As of May 2024, there was a waiting list of 1,116 families eligible for assistance but unable to be served at the current funding levels.
- The average monthly assistance per family was $1,663.
- All funds spending for the BSF Child Care Assistance Grants activity for FY 2023 was $142 milli

PURPOSE AND CONTEXT

In order to work, families need safe and reliable childcare. The average annual cost of full-time care for one child ranges from $8,000 to $20,000 per year, depending on the age of the child, location, and type of provider attended.1 Many low-income families struggle to find affordable childcare that fits their needs. Basic Sliding Fee (BSF) Child Care Assistance provides financial subsidies to help low-income families pay for childcare through the Child Care Assistance Program. Families earning no more than 47 percent of the state median income ($49,605 in 2023 for a family of three) are eligible to enter the Basic Sliding Fee program. Families leave the Child Care Assistance Program when their earnings are greater than 67 percent of state median income ($70,713 in 2023 for a family of three) or when their copayment exceeds their cost of care.

SERVICES PROVIDED

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

Families must be working, looking for work or attending school to be eligible for the Basic Sliding Fee Program. The program helps families pay childcare costs on a sliding fee basis. As family income increases, so does the amount of childcare expenses (copayment) paid by the family. All families receiving childcare assistance and earning 75 percent or more of the federal poverty guideline make copayments based on their income. A family of three earning 55 percent of the state median income ($58,048) would have a total biweekly copayment of $187 for all children in care.

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

[1] https://www.childcareawaremn.org/families/cost-of-care/

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

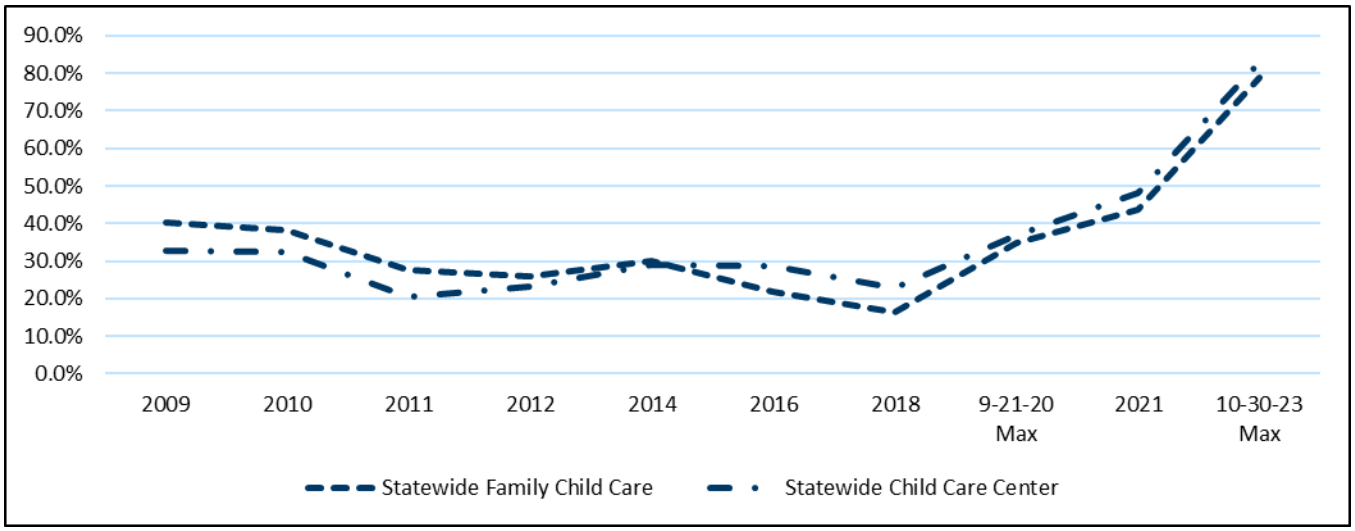
BSF funding is a capped allocation. It includes a combination of state funds and federal Child Care and Development and Temporary Assistance for Needy Families (TANF) funding. The agency allocates funding to counties, who administer the program. Because the funding is capped, not everyone who is eligible for the program may be served. As of May 2024, there was a waiting list for BSF childcare assistance of 1,116 families.

RESULTS

Percent of Provider Prices Fully Covered by CCAP - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of childcare. This may be a barrier for some families if they cannot find a provider in their community whose prices are covered by the maximum allowed under the program. **The percent of childcare providers who charge prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in the 2023 legislative session.**

As of October 30, 2023, approximately 79 percent of family childcare providers and approximately 83 percent of childcare centers charge prices that are fully covered by the Child Care Assistance Program standard maximum rates.

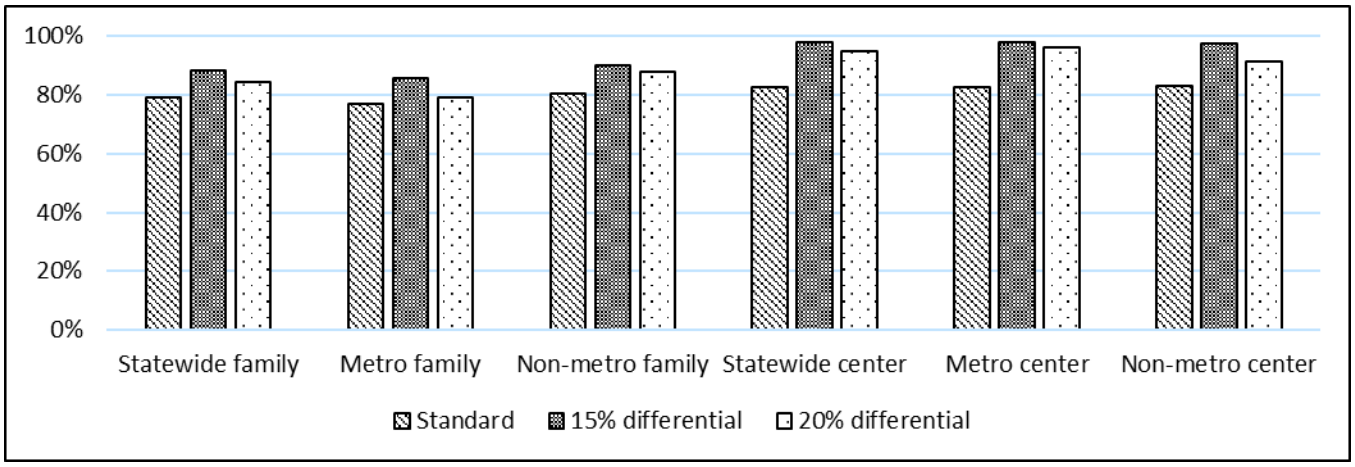
Provider prices fully covered by Standard Maximum Rates statewide, by percentage



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

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

Prices fully covered by Standard and Quality Differential Maximum Rates



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

Use of High-Quality Care - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving childcare assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 51 percent in July of 2023.

Percent of Children Receiving Child Care Assistance in Quality Settings

	2020	2021	2022	2023
Standard Care	46.6%	44.5%	47.6%	48.8%
Provider holds Accreditation*	2.4%	2.4%	2.5%	1.6%
Provider holds Parent Aware 1-2 Star	4.0%	3.5%	2.3%	1.5%
Provider holds Parent Aware 3-4 Star*	47%	49.6%	47.6%	48.1%

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

The data source for the prices charged by providers is a biennial survey of provider prices conducted by Child Care Aware of Minnesota for the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible of the higher rates for quality is from MEC[2], Minnesota's childcare electronic eligibility and payment system.

The legal authority for the Basic Sliding Fee (BSF) Child Care Assistance program was in M.S. chapter 119B. (https://www.revisor.mn.gov/statutes/cite/119B) in the Department of Human Services. It will be in M.S. chapter 142E. (https://www.revisor.mn.gov/laws/2024/0/80/laws.5.6.0#laws.5.6.0) at the Department of Children, Youth, and Families.

Program: Grant Programs
Activity: Child Care Development Grants

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

AT A GLANCE

- Over 6,000 child care programs received funding through the Great Start Compensation Support Payment Program from October – December 2023.
- 2,879 family child care providers and 11,360 child care center direct care staff have listed their employment at their child care program in Develop, Minnesota's Quality Improvement and Registry Tool.
- 32% of eligible child care and early education programs are Rated by Parent Aware, Minnesota's Quality Rating and Improvement System as of July 2023.
- All spending for the Child Care Development Grants activity for FY23 was $203.2 million.

PURPOSE AND CONTEXT

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

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

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

SERVICES PROVIDED

The Department provides compensation support payments to child care providers, and grants to public and private partners who specialize in providing services for child care providers, families, and individuals working on starting new child care businesses, to increase the supply and quality of child care in Minnesota. Services include:

- Information for parents searching for quality child care and early education for their children through Parent Aware, an online search tool (Parent Aware website, http://www.parentaware.org/) and other parent education services provided by Child Care Aware of Minnesota.
- Grants, loans, financial supports and other incentives to encourage current and prospective child care providers and early educators to enter the care and education field, stay in it, advance in the field of child care and early education, and improve their programs.
- Training, coaching, professional development advising, and other workforce supports for early childhood and school-age care providers to increase their business skills, knowledge of child development, and instructional practices to meet the needs of individual children.
- Compensation support payments to retain early educators working directly with children in child care programs, stabilizing the child care workforce as part of a larger strategy to address Minnesota's child care shortages.
- Supports for family, friend and neighbor providers to promote children's social-emotional learning and healthy development, early literacy, and other skills to succeed as learners.

- Reimbursement to child care programs and providers to cover some of the fees charged to complete a nationally recognized child care accreditation program.

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

RESULTS

Use of Quality Child Care - Children who participate in quality child care and early education are more likely to experience school success and positive life-long outcomes. This measure shows that the percent of all children receiving child care assistance and attending child care programs with Parent Aware Ratings has increased from 65 percent in July 2021 to 71 percent in July 2023.

Number of Programs Rated by Parent Aware – Parent Aware improves children's outcomes by improving families' access to high quality child care. This measure shows that the percentage of child care and early education programs with a Parent Aware rating increased from 2021 to 2023.

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

Searches for Quality Care through Parent Aware – The ParentAware.org website is an important resource for families searching for all types of early care and education settings, including child care, school-based pre-kindergarten programs, and Head Start. The number of unique visitors on this website grew between 2021 to 2023.

Measurement Name	***Type of Measure***	***Measurement Data Source***	***Historical trend***	***Most recent data***
Quality Child Care	Result	Percent of children receiving child care assistance in quality settings	65% in 2021	71% in 2023
Quality Child Care	Quantity	Percent of child care and early education programs with a Parent Aware rating	30% in 2021	32% in 2023
Quality Child Care	Quantity	Number of family child care providers and teachers working directly with children with a Credential, CDA or Degree (AAS, BA/BS or higher)	6,070 in 2021	9,352 in 2023
Great Start Compensation Support Payment Program Impact	Quantity	Number of child care programs receiving payments through the Great Start Compensation Support Payment Program and the number of individuals supported.	6,186 programs and 40,161 individuals from July to Sept 2023	6,388 programs and 38,593 individuals from Oct to Dec 2023
Parent Aware Visibility	Quantity	Number of unique visitors on Parent Aware.org	109,671 in 2021	121,000 in 2023

The legal authority for the Child Care Development Grant activities was M.S. chapter 119B in the Minnesota Department of Human Services (https://www.revisor.mn.gov/statutes/?id=119B). It will be M.S. chapters 142D and 142E in the Minnesota Department of Children, Youth and Families. Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Grant Programs
Activity: Child Support Enforcement Grants

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

AT A GLANCE

- In federal fiscal year (FFY) 2023, county and state child support offices provide services to more than 292,245 custodial and non-custodial parents and their 206,649 children.
- In FFY 2023, the child support program collected and disbursed $520 million in child support payments.
- Access and visitation funds served 1,465 children in 2023.
- All funds spending for Child Support Enforcement Grants for FFY 2023 was $1.7 million

PURPOSE AND CONTEXT

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

The State of Minnesota collected $520 million in child support payments in FY 2023 The Minnesota child support program plays an active role in reducing the reliance on other state income maintenance programs given the significant amount of child support that is collected and sent directly to families.

Child support represents a high proportion of income for low income custodial parents. Ten percent of cases are currently on public assistance and 40.3 percent of cases were formerly on public assistance. 88 percent of custodial parents who are eligible for child support are women. The program disproportionately serves parents of color. African American parents account for 24 percent of the child support caseload and American Indian parents account for six percent even though African American and American Indian Minnesotans only account for seven and three percent of the general population.

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

SERVICES PROVIDED

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

The following activities help to support and stabilize families:

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

RESULTS

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

In 2023 Minnesota earned $11.3 million dollars in federal incentives. The federal incentives are passed on to counties to help cover their administrative costs of the program.

Measure name	***Measure type***	***Measure data source***	***Historical trend***	***Most recent data***
Paternities established	Result	Percent of children born outside marriage for whom paternity was established in open child support cases for the year	Decreased by three percentage points since 2019	FFY2023: 97.7%
Orders established	Result	Percent of cases open at the end of the year with orders established	Decreased by three percentage points since 2019	FFY2023: 85.7%
Collections on current support	Result	Percent of cases with current support due within the year that had a collection on current support	Decreased by two percentage points since 2019	FFY2023: 73.4%
Collections on arrears	Result	Percent of cases with arrears due within the year that had a collection on arrears	Decreased by three percentage points since 2019	FFY2023: 69.9%
Cost effectiveness	Result	Dollars collected per dollars spent	Decreased by 46 cents since 2019	FFY2023: $2.68

Notes on Performance Measures:

- Federal performance measures are listed in the 2023 Minnesota Child Support Performance Report
- (https://www.lrl.mn.gov/docs/2024/other/240564.pdf)
- FFY = federal fiscal year
- Paternities established can be higher than 100 percent because the results include children born in prior years for whom paternity has been established in that year.

Evidence-based Practice	*Source of Evidence*	*FY 22-23 Expenditures*
Driver's License Suspension Procedural Justice Project	Pilot that started in Fall 2021, ended in Spring 2022. MMB Impact Evaluation Unit conducted an evaluation. The descriptive report was published April 2023 and the impact evaluation report is published on the MMB website[1].	No current costs in regards to the evaluation report. Based upon finding(s) of the evaluation report there may be action steps taken to address the findings which may have future costs.

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

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

State law:

Requires a person receiving public assistance to assign child support rights to the state and cooperate with child support services (M.S. sec. 256.741,) https://www.revisor.mn.gov/statutes/?id=256.741). This is renumbered to MS 518A.81.

Provides legal authority to establish child support (M.S. sec. 256.87), https://www.revisor.mn.gov/statutes/?id=256.87) and to establish paternity (M.S. sec. 257.57, https://www.revisor.mn.gov/statutes/?id=257.57). This was renumbered to M.S. 518A.82.

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

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

[1] Driver's License Suspension Project Impact Evaluation: https://mn.gov/mmb/assets/DLS%20impact%20report_Final%20%28accessible%29_tcm1059-632219.pdf

Program: Grant Programs
Activity: Children's Services Grants

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

AT A GLANCE

In 2023:

- 23,507 assessments and investigations of child abuse and neglect involving 30,444 children were finalized.
- Of these, 4,884 unique children were determined to be victims of child maltreatment.
- 10,509 children/youth experienced an out-of-home placement.
- All funds spending for the Children's Services Grants activity for FY 2023 was $82.6 million.

PURPOSE AND CONTEXT

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

SERVICES PROVIDED

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

- Reform the child welfare system to focus on prevention and early intervention efforts to ensure children's safety and well-being by supporting families.
- Improve the Minnesota Child Welfare Training System.
- Design and develop Tribal approaches that ensure child safety and permanency.
- Transfer responsibility from counties to Tribes to deliver a full continuum of child welfare services to American Indian children and families on three reservations.

These services are essential to keep children safe and families stable. Children's Services Grants include state and federal funding for child welfare services

RESULTS

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Repeated abuse or neglect	Quantity	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	Remained steady since 2020	2023: 94.4%
Permanency within 12 months	Result	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	Increased by 2 percentage points since 2020	2023: 48.6%
Permanency, 12 to 23 months	Result	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	Increased by 7.2 percentage points since 2020	2023: 59.6%
Permanency, 24 moths or more	Result	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	Increased by 10 percentage points since 2020	2023: 42.2%

Performance Measures notes:

Measures are from the Child Safety and Permanency Administration at the Department of Children, Youth, and Families. Also see the DHS Child Welfare Dashboard: (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137)

Several state statutes provide the legal authority for the Children's Services Grants activity:
Provisions for reasonable efforts, Interstate Compact on Placement of Children and Minnesota Indian Preservation Act are in M.S. chapter 260 (https://www.revisor.mn.gov/statutes/?id=260)
Provisions for juvenile protection are in M.S. chapter 260C (https://www.revisor.mn.gov/statutes/?id=260C)
Provisions for voluntary foster care for treatment are in M.S. chapter 260D (https://www.revisor.mn.gov/statutes/?id=260D)
Reporting of Maltreatment of minors is under M.S. chapter 260E (https://www.revisor.mn.gov/statutes/?id=260E)

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

Program: Grant Programs
Activity: Child & Community Service Grants

https://mn.gov/dhs/partners-and-providers/program-overviews/child-protection-foster-care-adoption/

AT A GLANCE

In 2023:

- 23,507 assessments and investigations of child abuse and neglect involving 30,443 children were finalized.
- 1,544 children were either adopted or had a permanent transfer of legal and physical custody to a relative.
- All funds spending for the Children & Community Services activity for FY 2023 was $97.4 million.

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

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

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

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

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

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

Finally, this budget activity includes child protection funding for the opioid epidemic response fund that is annually distributed to counties and tribal nations.

RESULTS

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Repeated abuse or neglect	Result	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	Remained steady since 2020	2023: 94.4%
Permanency	Result	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	Increased by two percentage points since 2020	2023: 48.6%
Permanency, 12 months	Result	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	Increased by 7 percentage points since 2020	2023: 59.6%

Performance Measures notes:

Measures provided by the Child Safety and Permanency Administration at the Department of Children, Youth, and Families. Also see the DHS Child Welfare Data Dashboard (https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/).

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

Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

SNAP (https://dcyf.mn.gov/programs-directory/supplemental-nutrition-assistance-program-snap)
Economic Opportunity (https://mn.gov/dhs/partners-and-providers/program-overviews/economic-supports-cash-food/office-of-economic-opportunity/)

AT A GLANCE

- More than 449,000 Minnesotans receive help through the Supplemental Nutrition Assistance Program (SNAP) every month with an average monthly benefit of $222 per person.
- In SFY 2022-23, 297 food shelves across the state received funding from the Minnesota Food Shelf Program (MFSP) grant, totaling $1.5 million.
- 88.5% of the MFSP grant funds were spent on food purchases that allowed food shelves to keep fresh produce, pantry staples, dairy products, and meat on their shelves.1
- As of April 2022, Family Assets for Independence in Minnesota (FAIM) has helped 1,114 people save nearly $4.9 million and acquire over 3,300 long-term financial assets since 1998.
- All funds spending for the Child & Economic Support Grants activity for FY 2023 was $1.3 billion.

PURPOSE AND CONTEXT

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

The largest part of this budget activity is federal funding for the Supplemental Nutrition Assistance Program (SNAP). Outreach and nutrition education are conducted under this activity. These efforts help keep more people fed and healthy. Fifty-eight percent of SNAP participants are children and their families, 17 percent are seniors, 12 percent are adults with a disability, and 12 percent are other adults.[1]

SERVICES PROVIDED

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

- Help people buy food.
- Help families with school-aged children buy groceries when school is out for the summer.
- Ensure people eligible for SNAP know about the program and receive application assistance.
- Educate people on nutrition and food preparation.
- Help legal non-citizens 50 years and older who do not qualify for federal SNAP due to citizenship status purchase food.
- Fund food banks, food shelves, and on-site meal programs.
- Support food system changes and provide equitable access to food support for Tribal Nations and American Indian communities.

[1] Characteristics of People and Cases on the Supplemental Nutrition Assistance Program (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5182P-ENG), Minnesota Department of Human Services, 2023.

- Fund a diaper distribution program for low-income families.

These grants also support:

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

In addition to the federal SNAP funding, other funding sources include state grants, federal grants from the U.S. Departments of Agriculture (USDA) for Summer Electronic Benefit Transfer, The Emergency Food Assistance Program (TEFAP), SNAP Outreach, and SNAP Education, and Health and Human Services (HHS) for the Community Services Block Grant.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
SNAP Enrollment	Quantity	Count of enrollment	10 percent increase from December 2021	December 2022: 450,0671
Family Assets for Independence	Result	Improved Incomes of FAIM post-secondary education participants	Trend not available	2019: 57%[2]
Food shelf visits	Quantity	Number of food shelf visits	36 percent increase from 2022	2023: 7.5 million

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

SNAP Employment and Training, M.S. sec. 256D.60 https:/www.revisor.mn.gov/statutes/cite/256D.60)
Minnesota Food Assistance Program, M.S. sec. 256D.64 (https://www.revisor.mn.gov/statutes/cite/256D.64)
SNAP Outreach, M.S. sec. 256D.65 (https://www.revisor.mn.gov/statutes/cite/256D.65
Community Action Programs, M.S. secs. 256E.30 to 256E.32 (https://www.revisor.mn.gov/statutes/?id=256E.30)
Minnesota Food Shelf Program, M.S. sec. 256E.34 (https://www.revisor.mn.gov/statutes/?id=256E.34)
American Indian Food Sovereignty Funding Program, M.S. sec. 256E.342 (https://www.revisor.mn.gov/statutes/cite/256E.342)
Family Assets for Independence in Minnesota (FAIM), M.S. sec. 256E.35 (https://www.revisor.mn.gov/statutes/?id=256E.35)
Diaper Distribution Grant Program, M.S. sec. 256E.38 (https://www.revisor.mn.gov/statutes/cite/256E.38)
Financial operations related to this activity will transfer to the Department of Children, Youth, and Families starting on July 1, 2025.

[2] Minnesota Community Action Annual Report (https://minncap.org/files/galleries/2019_MinnCAP_Annual_Report.pdf), 2019.

Program: Grant Programs
Activity: Refugee Services Grants

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

AT A GLANCE

- In state fiscal year 2023 (FY23) an average of 4,094 people per month received employment and social services through Refugee Services grants.
- The average monthly cost per recipient in FY23 was $476 for employment-related services, such as assessment, employment development planning, supported job search, placement and follow-up services.
- All funds spending for the Refugee Services Grants activity for FY23 was $10.3 million.

PURPOSE AND CONTEXT

The Minnesota Department of Human Services is designated as the State agency responsible for services for people granted a humanitarian protection to build well-being in Minnesota. The United States Department of Health and Human Services Office of Refugee Resettlement provides funding for these programs.

SERVICES PROVIDED

The Minnesota Department of Human Services Resettlement Programs Office implements programming through Regional Resettlement Networks comprised of diverse agencies who provide services in one or more of the following areas:

- Family Resource Connections work with families to resolve immediate needs and connect them to a wide array of community resources.
- Family Education Supports provide longer-term support and utilize a Check and Connect model to support progress towards multi-step academic and career/vocational goals for students, youth or adults.
- Immigration Legal Services help people apply for work authorization and progress on a path to become U.S. Citizens.
- Employment and Career Supports assist people to secure and maintain employment and job upgrades.
- Community Workshops provide education about integration topics encountered during the first 5 years in the U.S., such as employment readiness, how to utilize public transit, financial literacy, navigating the public education system, understanding healthcare in the U.S., buying a home, ways to volunteer and get involved in your new community, and other relevant topics identified by community partners.
- Refugee Health Promotion Services provide direct assistance to people with ongoing medical needs to access services and supports needed to manage their health conditions.
- Refugee Cash Assistance (PPP) provides cash assistance and connections to resources for up to 12 months to people within their first year of arrival who are not eligible for other cash support.

In addition, some federal funds are earmarked to supports certain populations based on federal statute. These more restrictive funds support the following programs which have narrower eligibility criteria:

- Support for impacted school districts
- Health screening coordination
- Housing stabilization for Afghan arrivals
- Stabilization service for Ukrainians
- Immigration legal services for Afghans and Ukrainians

Grants are used to supplement existing services to better meet the needs of refugees through local community partners, counties, and refugee communities to ensure refugees and their families are healthy, stable, and live and work in strong, welcoming communities.

RESULTS

The DHS Resettlement Programs Office uses several client outcome indicators to measure performance and determine the effectiveness of our grant programs and activities. Below are selected measures related to employment services.

Measure name	Measure type	Historical trend	Most recent data
Percent of individuals receiving federal cash benefit when placed into employment who were reduced or terminated from that benefit due to increased income from employment placement.	*Result*	*69% Sept 2022*	*76% Sept 2023*
Job retention rate within 90 days of people placed into employment	Quality	82% Sept 2022	86% Sept 2023
Average hourly wage for people placed into employment	Quality	$17.12 Sept 2022	$17.83 Sept 2023

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

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

Program: Fraud Prevention Grants
Activity: Fraud Prevention Grants

https://mn.gov/dhs/general-public/office-of-inspector-general/

AT A GLANCE

- 85 Counties (directly or as participants in a regional operation) and three Tribal Nations participate in the FPI program, which covers more than 90% of Minnesota's public assistance caseload.
- The FPI legislation has a cost neutrality requirement on DHS' funding for County, Regional, and Tribal administrative costs, meaning that the benefits of the FPI Program must outweigh the costs. For every $1.00 DHS provides in FPI grant funding, $3.00 in savings must be identified during the State Fiscal Year.

PURPOSE AND CONTEXT

Minnesota Statutes 256.983 requires the Minnesota Department of Human Services (DHS) to manage an FPI Program. The FPI program focuses on investigating allegations of recipient fraud in Minnesota's public assistance programs. DHS reimburses County and Tribal Human Services Agencies for the staffing costs to run their FPI Programs, up to the maximum budgeted.

SERVICES PROVIDED

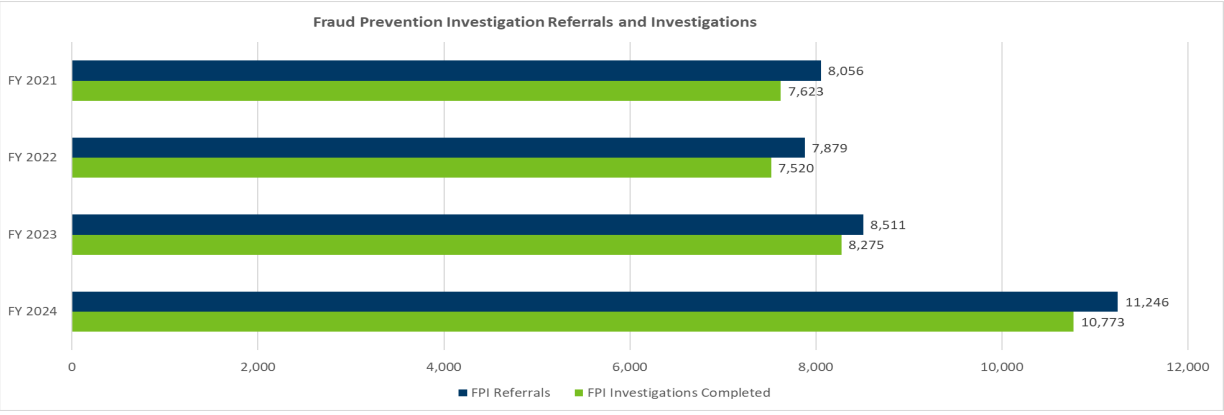
The Fraud Prevention Investigation (FPI) program is administered by the DHS Office of Inspector General's (OIG) Program Integrity Oversight Division to:

- Maintain integrity in the recipient eligibility process;
- Make sure benefits are provided at the appropriate levels and only to eligible applicants and recipients;
- Administer investigations consistently statewide; and
- Ensures recipients in similar situations are treated consistently statewide.

FPI Program Staff at DHS-OIG provide FPI program oversight, technical support and guidance to the 85 Counties and Regions and three Tribal Nations that currently participate in the FPI Program. The public assistance programs administered by DHS and investigated by FPI investigators include:

- TANF (Temporary Assistance for Needy Families)
- MFIP (MN Family Investment Program)
- DWP (Diversionary Work Program)
- WB (Work Benefit)
- EA (Emergency Assistance)
- SNAP (Supplemental Assistance Program
- MA (Medical Assistance)
- GA (General Assistance)
- MSA (MN Supplemental Aid)
- CCAP (Child Care Assistance Program)
- RCA (Refugee Cash Assistance)

RESULTS



AT A GLANCE

- There are currently 796 navigators and in person assisters available statewide to aid people in obtaining health care coverage.
- Navigators and in person assisters provided application assistance to nearly 22,000 individuals or families enrolled in public health care programs during FY 2023.
- All of Minnesota's 87 counties collect and track Child and Teen Check-up immunization data with the help of grant funds from this activity.

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

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

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

- **In-Person Assister and Minnesota Community Application Agent (MNCAA) Programs.** These funds provide incentive payments to entities assisting people applying to and enrolling in MinnesotaCare and Medical Assistance.
- **Emergency Medical Assistance Referral and Assistance Grants.** These grants fund organizations to provide immigration legal assistance to people with emergency medical conditions whose immigration status is a barrier to Medical Assistance or MinnesotaCare eligibility.
- **Immunization Registry Grants.** Provides administrative funds to counties to support immunization registries.
- **Child and Teen Checkup Grants.** Provides funding to over 50 tribes and community health boards for outreach and education to children on Medical Assistance related to Child and Teen Checkup services.
- Integrated Care for High-Risk Pregnancies (ICHRP). Integrated Care for High-Risk Pregnancies (ICHRP). This program provides funding for community-led collaborative care models to improve birth outcome disparities in the MA program. ICHRP grants support community-led planning, systems development, and the integration of medical, chemical dependency, public health, social services, and child welfare

coordination to address the psycho-social conditions that negatively influence maternal and birth outcomes.

- **Periodic Data Matching Grants.** Provides funds to counties to offset their costs in resolving discrepant information for MA and MinnesotaCare enrollees flagged as potentially ineligible through periodic data matching of available electronic data sources.

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

RESULTS

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

Please note that the numbers below are affected by Federal Public Health Emergency (PHE) requirements to extend continuous coverage to many enrollees on MA and MinnesotaCare in order for the state to draw down enhanced federal funding in order to respond to COVID-19. Because continuous coverage was extended and MA and MinnesotaCare caseloads were at a historic high toward the end of FY2023, fewer enrollees required assistance in applying for and enrolling in public health care coverage programs.

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Enrollees receiving support from MNCAAs/In Person Assisters[1]	Quantity	*MnSure*	26,668 FY2021	*21,723* *FY 2023*

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

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

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

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

AT A GLANCE

- This budget activity covers grants that serve multiple populations including people with disabilities, people with a mental illness and older adults.
- The Home and Community-Based Service (HCBS) Innovation Pool was established in FY17 to support increased innovation in HCBS programs. The appropriation for FY22 was $1,925,000 and FY24 was $1,925,000. The base appropriation is $1,925,000.
- The Home and Community-Based Service (HCBS) Innovation Pool funding supported 20 grant contracts in FY2022 and 20 grant contracts in FY23.
- Moving Home Minnesota (MHM), a Money Follows the Person (MFP) federal demonstration grant, was awarded $40.91 million for CY2024 to support transitions to the community. MHM budgeted funds to support up to 308 community transitions across CY24.
- All funds spending for the Other Long-Term Care grants activity for FY23 was $25.710 million. This represented 0.16 percent of the Department of Human Services overall budget

PURPOSE AND CONTEXT

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

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

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

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

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

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

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

SERVICES PROVIDED

- The Home and Community-Based Service (HCBS) Innovation Pool rewards providers, service recipients, and other entities for innovation in achieving outcomes that improve quality of life, including integrated competitive employment and living in the most integrated setting in the community. The funds were distributed via a request for proposal (RFP) process. There are three ways that the money was distributed:
    - Large grants (up to $500,000). These grants incentivize innovation in HCBS services. Some grantees use pay for performance concepts and models that utilize outcome-based payments consisting of financial incentives based on the outcomes proposed, produced, and achieved.
    - Small grants ($5,000 - $50,000). This is for grants of up to $50,000 per year for 1 to 3 years. A simplified RFP process solicits participation from diverse grantees beyond typical responders. This could include individuals, small groups, sole proprietors, small businesses, etc.
    - Micro grants ($100 - $2,000). The micro grant program provides modest amounts of money to people with disabilities so they can accomplish their own goals and aspirations. The funds complement and supplement what can already be paid for through other sources of funds and have a lasting and ongoing impact for the micro grant recipient.
- The Money Follows the Person (MFP) Rebalancing Demonstration grant supports efforts to rebalance spending on long-term services and supports to ensure individuals have a choice of where they live and receive services. Individuals wishing to move into the community that have resided in an institutional setting for over 60 days are supported in locating and transitioning to community-based care. The transition and a year of services in the community are funded by the grant. The services provided under the MFP grant are eligible for an enhanced federal financial participation (FFP) of 25 percent. The enhanced FFP is deposited into a special revenue fund and began funding rebalancing demonstration projects in FY19. The rebalancing funds may be used by the state to invest in or support activities that will promote improvements to the state's delivery of long-term services and supports and move the state toward more integrated and inclusive community-based service delivery systems.
- Funds under the Money Follows the Person Tribal Initiative are similarly used to improve access to community-based long-term care services and supports (CB-LTSS) for American Indians and Alaska Natives. In addition, the Tribal Initiative may be used to advance the development of an infrastructure required to implement CB-LTSS for American Indians and Alaska Natives using a single or variety of applicable Medicaid authorities. Funding is intended to support the planning and development of:
    - An in-state Medicaid program CB-LTSS (as an alternative to institutional care) tailored for American Indians and Alaska Natives who are presently receiving services in an institution.
    - A service delivery structure that includes a set of administrative functions delegated by the state Medicaid agency to Tribes or Tribal organizations, such as enabling tribe(s) to design an effective program or package of Medicaid CB- LTSS and operating day-to-day functions pertaining to the LTSS program(s).
    - The Tribal Initiative may be used to cover costs necessary to plan and implement activities consistent with the objectives of this funding and within Federal grant regulations. The funds are subject to all the terms and conditions of the MFP Program.
- Retainer grants were for eligible providers to assist with the costs of business interruptions due to required COVID-19 closures and to help ensure service access following the pandemic. Grants amounts equaled 66 percent of the revenue providers received for eligible services in January 2020. Two hundred nine (209) providers received a grant, totaling $15.2 million in payments. Providers of the following services were eligible to receive these funds:
    - Adult day services provided under the BI, CADI, DD, EW waivers and AC program
    - Day training & habilitation provider under the DD waiver

    - Prevocational services provided under the BI and CADI waivers
    - Structured day services provided under the BI waiver
    - Employment exploration, development, and support services provided under the DD, CADI, CAC, and BI waiver
    - Early Intensive Developmental and Behavioral Intervention (EIDBI) services
- Public health grants - Eligible disability services providers used the funds to improve social distancing practices to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them by:
    - Maintaining or increasing use of individualized day or employment services
    - Reducing use of congregate and sheltered workshop settings
    - Eighty-four (84) unique recipients received a grant, totaling $15.3 million in payments. For full details please see the legislative report Disability services provider COVID-19-related public health grants (https://www.lrl.mn.gov/docs/2021/mandated/210780.pdf)
- Technology for HCBS recipients grants ($2.5 million in the FY22-23 biennium) provides for one-time funding for technology to support people living in their own homes to enhance access to HCBS services and strengthen a person's ability to live independently.
- Provider capacity grants for Rural and Underserved Communities ($14 million in the FY22-23 biennium) provides temporary funding for small provider organizations serving rural or underserved communities.
- HCBS workforce development grants ($5.588 million in the FY22-23 biennium) to attract and retain direct care workers who provide home and community-based services for people with disabilities and older adults.

RESULTS

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

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of working aged people on certain Medical Assistance programs earning $600 or more per month.	*Quality*	DHS Data Warehouse	*18% FY 2010*	*18% FY 2023*
Percent of people with disabilities who receive home and community-based services at home.	Quality	DHS Data Warehouse	61.2% FY 2019	66.4% FY 2023
Percent of older adults who receive home and community-based services at home.	Quality	DHS Data Warehouse	62.7% FY 2019	62.9% FY 2023

Performance Measures Notes:

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

Program: Grant Programs
Activity: Aging & Adult Services Grants

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

AT A GLANCE

- Provides congregate dining to 20,400 people and home delivered meals to 24,000 people annually.
- Funded by the Minnesota Board on Aging, AmeriCorps, Senior (formally Senior Corps) supports about 10,000 older volunteers per year who provide services through the Retired and Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions.
- Provided comprehensive assistance and individualized help to more than 134,000 individuals through over 245,000 calls in SFY23 through the Senior LinkAge Line®.
- Educated over 8,500 community members about Alzheimer's or other dementias, and provided services, supports and resources to nearly 2,500 family, friends, and neighbor caregivers and almost 2,500 persons suspected or diagnosed with Alzheimer's or other dementias through the Dementia grant program in SFY 23.
- Funded home and community-based service options through the Community Service/Services Development (Live Well at Home) grant program in SFY23.
- Funded 97 communities and projects through the Age-Friendly grant program in SFY23.
- All funds spending for the Aging & Adult Services Grants activity was $67.25 million in FY2023. This represented 0.34 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

SERVICES PROVIDED

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

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

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

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

RESULTS

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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Percent of older adults served by home and community-based services[1]	Result	DHS Data Warehouse	74.8% FY 2019	79.9% FY 2023
Percent of consumers who would recommend the Senior LinkAge Line® to others[2]	Quality	Consumer Surveys, Web Referral database	94% 2017	90% 2019

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Number of older adults who receive meals through the Congregate and Home Delivered Meal Programs.	Quantity	Return to Community Database	45,773 2020	44,494 2022

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

Results Notes:

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

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

Program: Grant Programs
Activity: Deaf, DeafBlind, and Hard of Hearing Grants

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

AT A GLANCE

In FY23, Deaf, DeafBlind, and Hard of Hearing Grants provided specialized programs and services to 284 adults and 288 children who are deaf, deafblind, and hard of hearing and also provided additional supports to meet the statewide service needs of people who are deaf, deafblind, and hard of hearing. These grants are managed by the Deaf, DeafBlind, and Hard of Hearing State Services Division. The total FY23 funds spending for this activity was $2.8 million, which represented 0.01% of the Department of Human Services overall budget.

The Division's community-based programs, services, and supports provided:

- Culturally and linguistically affirmative mental health services that include access to American Sign Language (ASL) for people who are deaf, deafblind, and hard of hearing. In FY23, 142 adults and 144 children were served.
- Specialized programs and technology and training supports to people who are deafblind to establish and maintain their independence, develop knowledge and skills, and participate fully in their families and communities. In FY23, 117 adults and 47 children were served by specialized programs and 25 adults and 7 children received technology and training supports.
- Specialized training opportunities for individuals who are deafblind and for service providers serving people who are deafblind to enable them to develop deafblind communication skills. In FY23, 119 participants were served.
- Deaf and hard of hearing adult mentor services to families with children who are deaf and hard of hearing to help them learn American Sign Language (ASL) and other communication and life skills. In FY23, 90 families with children were served.
- Sign language interpreting services to people who are deaf, deafblind, and hard of hearing and need communication access to funerals and 12-step meetings in Greater Minnesota. In FY23, interpreting services were provided for 23 funerals and 38 12-step meetings.
- Assistance with covering interpreter travel costs for sign language interpreting service requests that meet the critical communication access needs of people who are deaf, deafblind, and hard of hearing in Greater Minnesota. In FY23, 150 interpreting service requests received travel cost assistance.
- Internship, training, and professional development opportunities for sign language interpreters in Greater Minnesota to enable them to meet the evolving communication access needs of people who are deaf, deafblind, and hard of hearing. In FY23, 8 internship stipends were provided to 8 interpreter interns, 8 training workshops were provided to 139 interpreter participants, 6 specialized training programs were provided to 217 interpreter participants, and 7 statewide Video Remote Interpreting (VRI) workshops were provided to 500 interpreter participants.
- Accessible local TV news for people who are deaf, deafblind, and hard of hearing through the real-time captioning of live TV news programming statewide. In FY23, real-time captioning services were provided for 1,041.75 hours of live TV news programming.

PURPOSE AND CONTEXT

It is estimated that 20% of Minnesotans are deaf, deafblind, and hard of hearing. This means approximately 1.16 million are likely to have some degree of hearing loss (out of the total population of 5,801,769 for 2022 as estimated by the state demographer). An estimated 11.4% of Minnesotans are deaf and hard of hearing (have bilateral hearing loss), and an estimated 0.57% of Minnesotans are deafblind (have both hearing and vision loss).

The number of Minnesotans with hearing loss is projected to increase significantly in the future due to factors like noise exposure and aging. According to the Minnesota Department of Health, approximately 250 infants and young children each year are identified with permanent childhood hearing loss, which makes hearing loss one of the most common conditions present at birth. As children get older, the frequency of hearing loss increases from 1.7 out of 1000 at birth to 5 out of 1000 for ages 3-17. For adults, hearing loss is the fourth most common disability. It is estimated that 2.0% of adults between ages 45-54, 8.5% of adults between ages 55-64, 25% of adults between ages 65-74, and 50% of adults over 75 have hearing loss that significantly impacts their lives.

Deaf, DeafBlind, and Hard of Hearing Grants provide Minnesotans who are deaf, deafblind, and hard of hearing with specialized programs, services, and supports that meet their needs across the lifespan, including the critical need for effective communication access. The Deaf, DeafBlind, and Hard of Hearing State Services Division administers these grants.

SERVICES PROVIDED

The Division partners with community-based service providers, mental health professionals, local television stations, and the Department of Commerce to provide statewide grant-funded programs, services, and supports. Few providers have the unique skills needed to provide the culturally and linguistically affirmative services required by people who are deaf, deafblind, and hard of hearing, and the Division works closely with them.

Grants are primarily funded by the state general fund. In addition, the grants for the real-time captioning of live TV news programming are funded by the Department of Commerce's Telecommunications Access Minnesota (TAM) funds.

The Division's community-based programs, services, and supports include:

- Specialized mental health programs for adults, children, and youth that provide culturally and linguistically affirmative services, including services provided directly in American Sign Language (ASL), another sign language, or a tactile form of a visual language. Services include outpatient therapy, family counseling, psychological assessments, and training opportunities for families, schools, and mental health providers.
- Specialized programs, services, and supports for adults and children who are deafblind so they can live independently and participate fully in their lives.
    - Specialized adult supports include:
        - Support service providers who are fluent in American Sign Language (ASL) and trained in deafblind communication methods
        - Consumer-directed services
        - Technology and training supports
        - Deafblind communication skills training
    - Specialized children and family supports include:
        - Community interveners who are trained to work with children who are deafblind and their families so that they may develop their language and communication skills, meet childhood developmental goals, engage with their families, and learn about their home and community environments
        - Technology and training supports

        - Deafblind communication skills training
- Deaf and hard of hearing adult mentors who work with families that have children who are deaf and hard of hearing to support the families and their children in the development of communication and other life skills, including the facilitation of early language through American Sign Language (ASL) instruction.
- Sign language interpreting services that allow people who are deaf, deafblind, and hard of hearing to access everyday activities and core services such as medical care, mental health services, human services, the judicial system, and self-help. Services include:
    - Interpreting services for people who are deaf, deafblind, and hard of hearing and need communication access to funerals and 12-step meetings in Greater Minnesota
    - Assistance with covering interpreter travel costs for interpreting services that meet the critical communication access needs of people who are deaf, deafblind, and hard of hearing in Greater Minnesota
- Sign language interpreter internship, training, and professional development opportunities to help maintain the number and quality of interpreters serving people who are deaf, deafblind, and hard of hearing in Greater Minnesota. Opportunities include:
    - Internships for interpreter interns
    - Supports for interpreters who are pursuing certification and who are newly certified
    - Training and professional development workshops for new and experienced interpreters
- Real-time captioning services for live TV news programming statewide that allow people who are deaf, deafblind, and hard of hearing to have equal access to their local TV news.

RESULTS

Due to the unique and diverse nature of Deaf, DeafBlind, and Hard of Hearing Grants, measurements will vary across the range of the Division's grant-funded programs, services, and supports. People served have the opportunity to fill out surveys which measure their satisfaction with the quality and timeliness of services received.

- Across all grants, consumers reported a high level of satisfaction with the quality and timeliness of services received.
- Across the grant-funded mental health programs, the percent of clients who completed or are making good progress on their treatment plan goals is 92% as a result of the culturally and linguistically affirmative services that these clients receive.
- Across the grant-funded programs that support families with children who are deaf, deafblind, and hard of hearing, 96% of parents reported noticeable improvement in their child's progress in communication ability, community engagement, and social development as a result of the specialized services that these families and their children receive.

Measure name	Measure type	Historical trend	Most recent data
1. Percent of consumers in the Division's grant-funded programs who are satisfied with the quality of the services they received.	*Quality*	*82% FY 2021*	*98% FY 2023*
2. Percent of consumers in the Division's grant-funded programs who are satisfied with the timeliness of the services they received.	Quality	79% FY 2021	94% FY 2023
3. Percent of clients in the Division's grant-funded mental health programs who completed or are making good progress on their treatment plan goals.	result	82% FY 2021	92 % FY 2023

Measure name	Measure type	Historical trend	Most recent data
4. Percent of parents in the Division's grant-funded programs who observed progress in the communication ability, community engagement, and social development of their child who is deaf, deafblind, and hard of hearing.	Result	90% FY 2021	96% FY 2023

Performance Notes:

- Data source: Consumer satisfaction surveys and grantee reports.

M.S. sections 256.01, subd. 2 (https://www.revisor.mn.gov/statutes/?id=256.01), 256C.233 (https://www.revisor.mn.gov/statutes/?id=256C.233), 256C.261 (https://www.revisor.mn.gov/statutes/?id=256C.261), and 256C.30 (https://www.revisor.mn.gov/statutes/?id=256C.30) provide the legal authority for Deaf, DeafBlind, and Hard of Hearing Grants.

Program: Grant Programs
Activity: Disabilities Grants

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

AT A GLANCE

- The Family Support Grant served 1,116[i] people in FY23.
- The Consumer Support Grant supported an average of 3,862 people a month in FY23.
- Semi-independent living services served 3,874[ii] people in FY23.
- HIV/AIDS programs helped 4,086[iii] people living with HIV/AIDS in FY23.
- The Disability Hub MN, in FY21 served 26,264 people, had 86,695 contacts and 67 educational events. In FY22 the Hub served 28,447 people, had 71,108 contacts and 30 educational events.[iv]
- In FY22 new grants have been added to this budget activity funded through the federal American Rescue Plan Act (ARPA), totaling $18.546 million in the FY22-23 biennium.
- All funds spending for the Disabilities Grants activity for FY23 was $92.63 million. This represented 0.39 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

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

SERVICES PROVIDED

Disabilities Grant programs include:

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

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

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

ARPA funded grants in the FY22-23 biennium include:

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

The Disabilities Grants activity is funded by the state's general fund, federal funds, and special revenue funds. The HIV/AIDS programs receive federal funds from the Ryan White Care Act (https://ryanwhite.hrsa.gov/about/legislation) and also rebate funding from pharmaceutical companies for drugs and insurance.

RESULTS

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

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

More information is also available on the DHS dashboard (LTSS performance measures dashboard / Minnesota Department of Human Services (mn.gov)

Measure name	Measure type	Measure data source	Historical trend	Most recent data
1. Percent of people with disabilities who receive home and community-based services at home.	Result	DHS Data Warehouse	61.2% FY 2019	66.4% FY 2023
2. Percent of consumers who would recommend the Disability Hub MN to others.	Quality	Disability Hub MN Customer Satisfaction Surveys	98% 2019	98% 2021
3. Annual number of people served through the Technology for Home Services grant.	Quantity	DHS Data Warehouse	372 FY 2019	375 FY 2021

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

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

[i] The total FY21 spending and divide it by the average grant amount ($2,000). Grants may not exceed $3,113.99 per calendar year for each eligible child.
[ii] Based on assumption of 2% recipient growth over FY 2018 estimation.
[iii] These numbers are from CAREWare, the client level database for Ryan White Services.
[iv] Information is from the Disability Hub Call Center report.

Program: Grant Programs
Activity: Housing & Support Services Grants

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

AT A GLANCE

- The Housing and Support Services Division (HSSD) oversees 15* grant programs to support housing-related activity statewide impacting youth, single adults, and families.
- Services provided include case management, outreach and education, online housing search tools, housing program administration costs and grants for securing safe and secure housing.
- In FY23, grant spending of over $46.65 million* was used to ensure Minnesotans that are homeless or at-risk of homelessness with limited incomes can live with dignity, stability, respect and choice. This represents .19% of the Department of Human Services overall budget.

*Beginning SFY25, the Homelessness, Housing and Support Services Administration was created within DHS bringing together the Housing and Support Services Division, the Office of Economic Opportunity (OEO) Homeless Programs and Behavioral Health Homeless grants totaling $270 million in FY24-25.

PURPOSE AND CONTEXT

The Housing and Support Services Division manages 15 grant programs to support and provide housing and housing related services to youth, single adults, families and low-income Minnesotans with disabilities. These programs, which amount to nearly $270 million in FY24-25, support people across the housing spectrum. This funding is an integral part in the Division's commitment to supporting systems that integrate housing, services, and income supports to enable people to live in the community of their choice.

Beginning SFY25, the Homelessness, Housing and Support Services Administration was created within DHS to bring together the Housing and Support Services Division, the Office of Economic Opportunity (OEO) Homeless Programs Team and other agency Homelessness and Housing grants. Grants such as Long-Term Homelessness Supportive Services, Community Living Infrastructure, Emergency Services Program (ESP), Emergency Solutions Grant (ESG), Transitional Housing Program (THP), Safe Harbor program, Project for Assistance in Transition from Homelessness (PATH), Housing with Support for Adults with Serious Mental Illness (HSAMI) and many others. The total for all new grants added to the division in SFY25 is $72.4 million.

SERVICES PROVIDED

- The Long-Term Homelessness Supportive Services grant supports multi-county and tribal collaboratives to assist individuals and families with long histories of homelessness to find and keep permanent housing. Grants fund case management, outreach, and direct assistance that allow individuals and families to find and stay in their housing.
- The Community Living Infrastructure grant, which began in 2018, integrates housing as a basic component of county and tribal human service agency work. Funds are available to 59 counties and three tribes across the state. Grant funding can be used in one or more of these areas: 1) outreach activities to individuals who are homeless or in institutions or other facility stays; 2) housing resource specialists who build capacity and trainings related to the access of housing resources for those in housing search or navigating homelessness. Housing Resource Specialists provide information to Human Services staff individuals, family members, providers, advocates, etc. about housing resources they may be eligible for,

as well as information about housing opportunities in their area; and 3) operations and monitoring of the Housing Support program by counties or tribes.

- The Real Time Housing Website grant funds the design, development and maintenance of a fully accessible and usable website to track availability of housing openings in real-time for people with disabilities across the state of Minnesota. It will help connect individuals, advocates, and family members to housing options and information about community living resources available. The website, named HB101 Places, has been built and is currently being expanded to include Scattered Site housing support providers.
- The Housing Benefit 101 grant pays for the development and maintenance of the Housing Benefits 101 website which helps people with disabilities understand housing-related resources available to them according to their situation and needs. The website has information on housing programs that can make housing more affordable along with information on different types of housing options and services that can improve quality of life. HB101 has a Vault feature in which persons can securely store their personal information related to housing and utilize a personalized housing planning tool in their search for housing in the community of their choice.
- The Housing Access Services grant supports individuals with disabilities to find and access housing in the community. Since the fall of 2009, more than 2,500 people have used Housing Access Services to move from licensed or unlicensed settings to homes of their own.
- In addition to ongoing grants, COVID-19 Minnesota Fund dollars were appropriated to supplement the Community Living Infrastructure grant in FY22, FY23 and FY24 to provide outreach, to engage people facing homelessness or living in segregated settings, screening for basic needs and assistance with referral to community living resources; build capacity to assist people and provide technical assistance and consultation on housing and related support services resources for persons with both disabilities and low income; to streamline administration or monitoring of the Housing Support Program; and to provide direct assistance to individuals to access and maintain housing in community settings.

RESULTS

Long-Term Homeless Supportive Services grant

Measure name	Measure type	Most recent data
Number of people and households served annually by the Long-Term Homeless Supportive Services Fund Grant	*Quantity*	2,752 people 1,589 households *FY 23*
Regional breakdown of people served by the Long-Term Homeless Supportive Services Fund Grant Program	Quality	70% Greater MN 30% Twin Cities

Community Living Infrastructure Grant

Measure name	Measure type	Most recent data
Estimated number of people served by outreach, housing resource specialists, and Housing Support operations	*Quantity*	*7,000 people FY 23*
Number of Full Time Employees (FTEs) statewide increasing infrastructure to support people with disabilities access housing of their choice and expand affordable housing options through outreach, housing resource specialists, and Housing Support operations.	Quantity	48 FY 23

Legal authority for Housing and Support Services Grants:
M.S. sections 256I.09 (https://www.revisor.mn.gov/statutes/cite/256I.09);
256K.26 (https://www.revisor.mn.gov/statutes/?id=256k.26);
256B.0658 (https://www.revisor.mn.gov/statutes/cite/256B.0658);
256I.04 (https://www.revisor.mn.gov/statutes/cite/256I.04)
Laws of 2023, Chapter 70, Article 11, section 14
Chapter 70 - MN Laws
Laws of 2023, Chapter 70, Article 20, section 2, Subd. 24, Paragraph (f)
Chapter 70 - MN Laws
Laws of 2023, Chapter 20, section 2, Subd 24(i)
Chapter 20 - MN Laws
M.S. sections 256I.09
Sec. 245.992 MN Statutes
Sec. 245.99 MN Statutes

Program: Grant Program
Activity: Adult Mental Health Grants

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

AT A GLANCE

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

PURPOSE AND CONTEXT

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

SERVICES PROVIDED

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

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

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

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

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

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

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

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

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

RESULTS

Transitions to Community – FY21

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

Adult Rehabilitative Mental Health Services (ARMHS), and Crisis Response
Information below is the most current available

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Number of Adults with Serious Mental Illness who received **Adult Rehabilitative Mental Health Services** (ARMHS)	Quantity	DHS Data Warehouse	21,109 - CY 2018	20,175 - CY 2020
Number of episodes for which **Mental Health Crisis Services** were provided	Quantity	DHS Data Warehouse	13,317 - CY 2018	12,300 - CY 2020
Percent of people needing hospitalization after receiving **crisis service interventions**	Quality	DHS Data Warehouse	11% - CY 2019	8% - CY 2021

Performance Measure Notes:

- Source: DHS Data Warehouse

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

Program: Grant Programs
Activity: Children's Mental Health Grants

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

AT A GLANCE

- An estimated 67,540 (10%) of children and youth ages 9-17 in Minnesota meet federal criteria for serious emotional disturbance (SED) in CY 2022.
- In CY 2022, 89,741 children and youth in Minnesota on Medicaid Programs (under 21 years of age) received publicly funded mental health services. The number of children and youth that received publicly funded mental health services in Minnesota increased to 93,547 in CY 2023.
- Spending for the Child Mental Grants activity for FY 2023 was $36.7 million. This represented 0.15 percent of the Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

SERVICES PROVIDED

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

Children's mental health grant programs include:

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

- Provide mental health consultation to childcare, early learning and public health providers across the state to prevent expulsion and suspension of young children from childcare, increasing early childhood staff morale and retention, and addressing the mental health issues of young children and their families who are accessing early learning and public health services.

- **Children's Mental Health Screening Grants-** Mental Health Screenings are provided to children being served by the child welfare and juvenile justice programs to integrate mental health into current practices and to promote earlier mental health identification and intervention. Grant funding can provide mental health treatment for children who wouldn't otherwise receive these services.
- **First Episode Psychosis-** Programs serve youth and young adults 15 to 40 years old with early signs of psychosis. First Episode Psychosis (FEP) is recovery-oriented, promotes shared decision-making, and uses a team of specialists who work with the client to create a personal treatment plan. Program services include psychotherapy, medication management, family education and support, case management, and work or education support depending on the individual's needs and preferences.
- **School Linked Behavioral Health Grants-** These grants provide funding to community mental health agencies that place mental health professionals and practitioners in partnering schools to provide mental health services to students. These mental health providers also consult with teachers, provide care coordination, and offer classroom presentations and school-wide trainings on mental health issues.
- **Crisis Response Services-** Crisis services include mobile crisis and a children's mental health urgent care pilot. Mobile crisis teams respond to individuals in the community who are experiencing a severe mental health problem and provide screening, assessment, intervention, and stabilization. The children's mental health urgent care pilot combines components of crisis services, children's respite, and offers the individual and their family quick access to psychiatry to maximize the number of youths experiencing a mental health crisis to remain in the community.
- **PRTF Capacity Building Grant-** Psychiatric Residential Treatment Facility (PRTF) development has been a priority for the Behavioral Health Administration. The PRTF capacity building grants are intended to help fund start-up costs for new PRTF or expansion of existing PRTF to expand existing services.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Service Utilization Rate (per 10,000)	Result	MMIS and state population estimates.	615 - CY 2021	719 - CY 2023
Number and percent of total Independent School Districts (ISD) with School Linked Behavioral Health Grant services	Quantity (#) and Quality (%)	District and school site data reported by grantee and MDE.	268 (82%) - FY 2022	277 (85%) - FY 2024
Behavioral health assessment data collected by grantees of the Early Childhood Mental Health (ECMH) program- Aggressiveness- 651 children evaluated	Result	Early Childhood MH Grant Program- Child Behavior Checklist- Assessment Analysis- Jan 2024- Department of Human Services	Initial testing-July 2012 Mean T Score: 65.14	August 2023 Mean T Score: 63.06 Decrease in score means reduced aggressiveness

Performance Measure Notes:

- Service Utilization Rate: An indicator of service access, this indicator counts the number of children (under age 18) receiving any mental health service from the publicly financed health care system, per 10,000 children in the general child population. An increase in utilization rate denotes an increase in access to services for children.
- School District information: The information is from grantee-reported data and data available from the Minnesota Department of Education.
- Early Childhood Mental Health Program Report-Department of Human Services January 2024

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

Program: Grant Programs
Activity: Substance Use Disorder (SUD) Grants

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

AT A GLANCE

- In the United States in 2022, it is estimated that 48.7 million people over the age of 12 had substance use disorders (SUD).[1]
- 63,856 people in Minnesota received treatment for substance use disorder in CY22.[2]
- 46 percent of people who sought substance use disorder treatment in 2023 completed their program.[3]
- The compulsive gambling helpline receives more than 2,000 calls and texts each year for information or referrals to treatment.[4]
- Spending for the SUD Treatment Support and Primary Prevention grant for FY23 was $40.495 million, which represented 0.165 percent of the Minnesota Department of Human Services overall budget.

PURPOSE AND CONTEXT

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

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

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

SERVICES PROVIDED

Substance Use Disorder Treatment Support and Primary Prevention Grants provide:

- Community drug and alcohol abuse prevention, intervention, and case management services for communities of color, the elderly, disabled, individuals with a mental illness and substance use disorder, individuals experiencing chronic homelessness, and people involved in the criminal justice system;
- Treatment supports specifically targeted to women, women with children, the elderly, and other diverse populations;

[1] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data
[2] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data
[3] HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data
[4] FY23 Gambling Helpline internal data

- Residential substance use treatment for pregnant and parenting mothers and mental health services for the children continuing to reside with them in the treatment setting in order to enable mothers to continue to parent while addressing substance use disorders;
- A statewide prevention resource center that provides education and capacity building to prevent the misuse of alcohol and other drugs. Education includes delivering information and training to counties, tribes, local communities, and other organizations;
- Community-based planning and implementation grants that use a public health approach to preventing alcohol use problems among young people;
- Regional prevention coordinators across MN to provide substance use prevention technical assistance and training locally to prevention professionals; and
- A tobacco merchant educational training and compliance check project, as well as funding for Synar inspectors, who conduct random inspections of tobacco retailers.

Most of the funding for SUD Treatment Support and Prevention Grants comes from the U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant. Funding also comes from the Federal State Opioid Response (SOR) grant focusing on the prevention of opioid based substances. State appropriations provide additional funding for drug and alcohol abuse prevention, treatment support and recovery maintenance services for Native Americans.

Minnesota's Compulsive Gambling Program provides:

- Public awareness campaigns to promote information and awareness about problem gambling;
- A statewide phone and text help line and problem gambling awareness resources and supports;
- Funding for problem gambling assessments, outpatient and residential treatment of problem gambling and gambling addiction;
- Compulsive gambling assessments of offenders under Minnesota Statutes 609.115, subdivision 9;
- Training for gambling treatment providers and other behavioral health service providers;
- Research focusing on the prevalence of problem gambling and gambling addiction among Minnesotans; and
- Research that evaluates awareness, prevention, education, treatment service and recovery supports related to problem gambling and gambling addiction.

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

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

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

The Synar Program is required and funded by the federal Substance Abuse Prevention and Treatment Block Grant. Synar conducts annual inspections of randomly selected tobacco retailers in Minnesota to determine the State's

Retailor Violation Rate. Synar requirements include the facilitation of the annual Tobacco Enforcement Survey (TES), the coverage study which is required every three years and the Annual Synar Report which is a required deliverable under the terms and conditions of the Federal Block Grant Award.

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

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

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

Opiate Epidemic Response Advisory Council (OERAC)

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

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

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

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

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

Programs **funded through SOR** aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet

treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

The Behavioral Health Administration also administers the programs and grants within the SUD Treatment Support Grants activity.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
11th grade use of alcohol, 1-2 days, during the past 30 days.	Result	Minnesota Student Survey	23% - FY 2019	17% - FY 2022
11th grade use of any tobacco products, including e-cigarettes and hookah, during the past 30 days.	Result	Minnesota Student Survey	26% - FY 2019	14% - FY 2022
11th grade use of marijuana during the past 30 days.	Result	Minnesota Student Survey	16% - FY 2019	12% - FY 2022

Minnesota Statutes, chapters 254A (https://www.revisor.mn.gov/statutes/?id=254A), 254B (https://www.revisor.mn.gov/statutes/?id=254B) and 256, (https://www.revisor.mn.gov/statutes/?id=256) and sections 245.98 (http://www.revisor.mn.gov/statutes/?id=245.98) and 297.E02, subd. 3 (https://www.revisor.mn.gov/statutes/?id=297E.02) provide the legal authority for SUD Treatment Support and Primary Prevention Grants.

Program: Direct Care and Treatment

https://mn.gov/dhs/people-we-serve/adults/services/direct-care-treatment/

AT A GLANCE

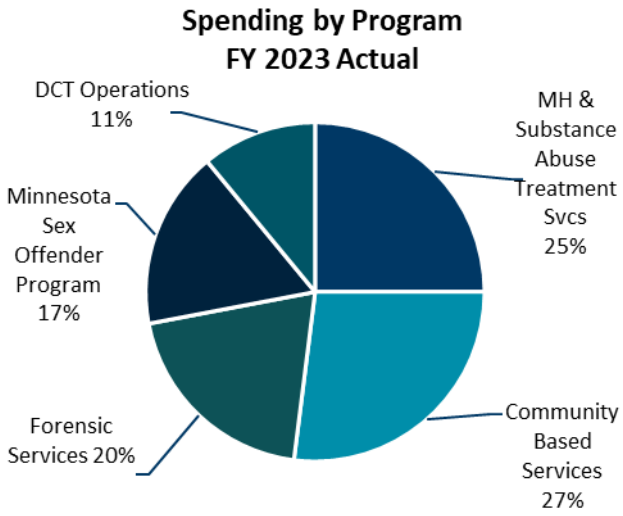
- Direct Care and Treatment (DCT) is the state-operated behavioral health care system.
- The system serves more than 12,000 patients and clients each year that other health care systems cannot or will not serve.
- About 5,000 full- and part-time staff care for patients and clients.
- Services are delivered at about 150 sites statewide.

PURPOSE AND CONTEXT

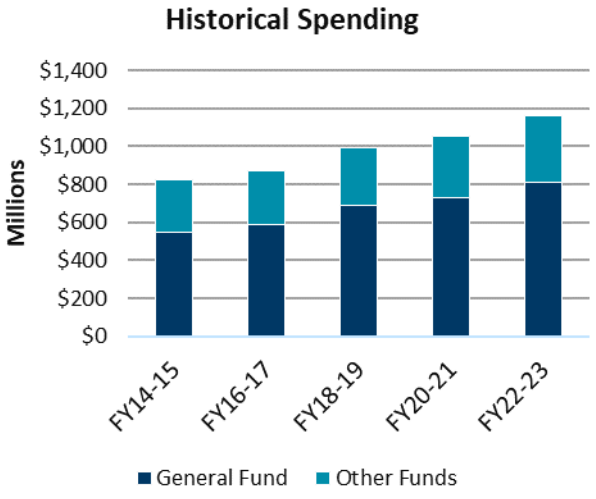
Direct Care and Treatment (DCT) plays a unique role in Minnesota's continuum of mental health services. It is a highly specialized behavioral health care system that serves people with mental illnesses, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them.

Beginning in the FY26-27 biennium, Direct Care and Treatment will transition from a program within the Department of Human Services to a standalone state agency. The narratives for Direct Care and Treatment will appear in both the DCT and DHS agency books.

BUDGET



Source: Budget Planning & Analysis System (BPAS)[1]



Source: Consolidated Fund Statement[1]

[1] Historical financial information provided is DCT program spending at the Department of Human Services (DHS).

STRATEGIES

- DCT provides expert behavioral health care in a variety of settings for adults, adolescents and children with serious and persistent mental illnesses, behavior disorders, and intellectual disabilities.
- DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational programs; and the nation's largest treatment program for civilly committed sex offenders. The goal is to provide necessary treatment and ongoing support so that patients and clients can safely live, work, and participate in their communities in the least restrictive setting appropriate for their conditions.
- People with mental illnesses, developmental disabilities, substance use disorder, and other behavior disorders have disproportionately poorer health outcomes. DCT has health equity teams embedded in each of its major service lines to monitor health outcomes for the patient population as a whole, as well as focusing on patients and clients who are Black, Indigenous, and People of Color (BIPOC), LGBTQIA+ and other disproportionately affected patients and clients.

The Department of Direct Care and Treatment's overall legal authority comes from M.S. 246 (https://www.revisor.mn.gov/statutes/cite/246). We list additional program-specific legal authority at the end of each program/budget activity narrative.

Program: Direct Care and Treatment
Activity: Mental Health & Substance Abuse Treatment Services

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

AT A GLANCE

- Mental Health and Substance Abuse Treatment Services (MHSATS) provides inpatient and residential services to approximately 300 patients each day.
- The Anoka-Metro Regional Treatment Center (AMRTC) is the state's largest psychiatric hospital. It operates 96 beds.
- The six Community Behavioral Health Hospitals (CBHHs) are 16-bed psychiatric hospitals located across the state.
- Community Addiction Recovery Enterprise (CARE) program operates 16-bed residential treatment facilities located in Anoka, Carlton, Fergus Falls and St. Peter.
- All-funds spending for this budget activity was approximately $168 million for FY 2024, which represents 25 percent of total DCT all-funds spending.

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Mental Health and Substance Abuse Treatment Services (MHSATS) is one of DCT's five main service lines. MHSATS provides inpatient services in eight psychiatric hospitals, four locked substance-use-disorder treatment facilities, and three short-term residential facilities. Nearly all patients have been civilly committed as mentally ill, chemically dependent or both. The goal is to treat patients as close as possible to their home communities, families, friends, jobs and other supports so that they can make a smooth transition back to life in the community once they are stabilized and ready for discharge.

SERVICES PROVIDED

The following services are funded with general fund appropriations:

- **Anoka-Metro Regional Treatment Center (AMRTC):** Inpatient psychiatric services for adults in a secure hospital setting.
- **Community Behavioral Health Hospitals (CBHHs):** Inpatient psychiatric services in a secure hospital setting for adults. Locations are in Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester.
- **Child & Adolescent Behavioral Health Hospital (CABHH):** Inpatient psychiatric services in a secure hospital setting in Willmar for children and teens.
- **Minnesota Specialty Health System (MSHS):** Inpatient Intensive Residential Treatment Services (IRTS) for adults, located in Brainerd, Wadena and Willmar.
- **Community Addiction Recovery Enterprise (CARE):** Locked inpatient residential treatment for clients with substance use disorders. Programs operate in Anoka, Carlton, Fergus Falls, and St. Peter. However, CARE St. Peter will close in January of 2025 so the facility can be repurposed to offer long-term mental health

treatment services for people civilly committed as mentally ill and dangerous. The Legislature has instructed DCT to study the possibility of opening an additional CARE facility within 35 miles of St. Peter.

All services are:

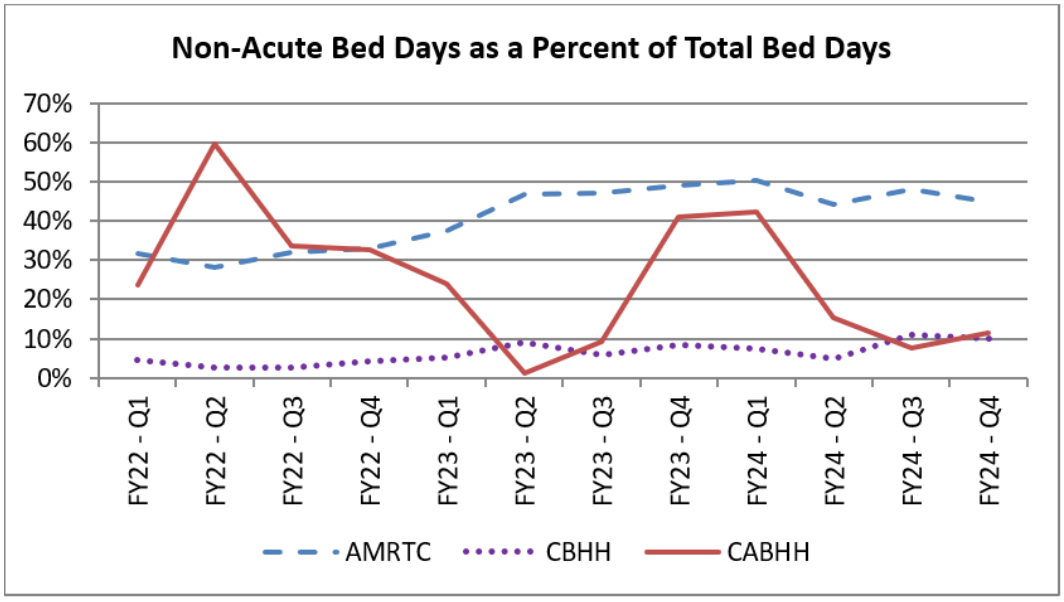
- Patient-centered, focusing on the needs of the individual.
- Provided in a safe environment at the appropriate level of care.
- Designed to allow individuals to move through treatment and into the most integrated setting possible.

To assure a successful transition back to life in the community, MHSATS:

- Collaborates closely with county case managers and community partners to ensure continuity of services and prompt psychiatric follow-up upon an individual's return to a community setting.
- Focuses on reducing the number of medications necessary to control patients' symptoms.

RESULTS

MHSATS measures non-acute bed days. These are days when patients who no longer need a hospital level of care are not discharged in a timely way but remain in the hospital, most often due to a lack of community placement options for continued care. These delays in discharge are costly and they prevent the hospitals from admitting new patients because of a lack of available beds. The industry goal for hospitals is to have less than 10 percent of total bed days be classified as non-acute bed days.



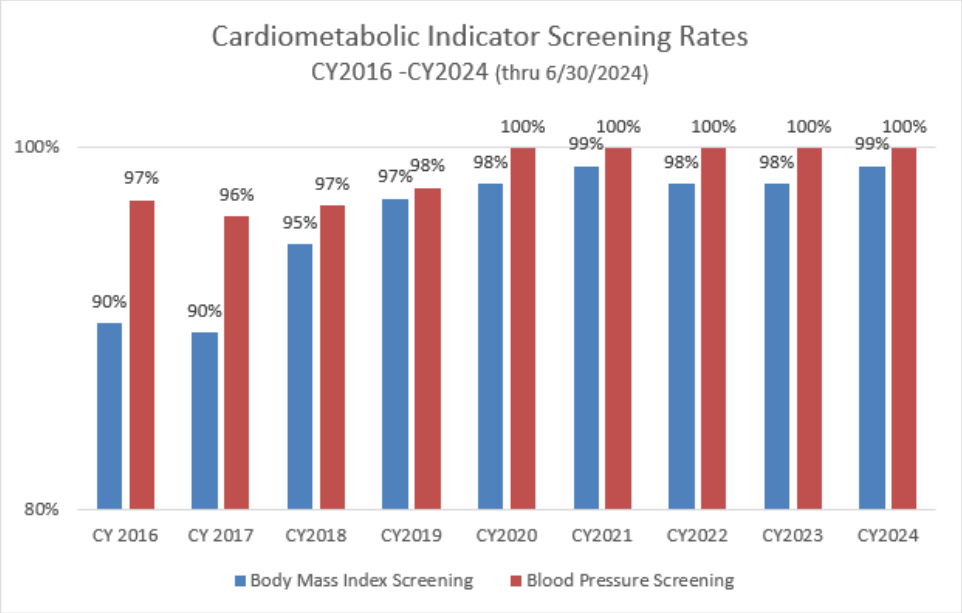
The graph illustrates little change in the trend of non-acute bed days at AMRTC, which is the state's largest psychiatric hospital. On average about 40 percent of bed days at the facility are non-acute bed days.

Non-acute bed days at the CBHHs remain around the 10 percent goal. Because of the lower daily census, non-acute bed days at the CABHH vary widely – or, more directly, one or two clients who do not meet the criteria for hospital level of care greatly impact the non-acute bed day measure.

Another measure of success is the screening for cardiometabolic syndrome indicators. Cardiometabolic syndrome prevention is a key component of improving the lives of patients and mirrors national trends towards improving health care quality systems. Increasing the number of people who are at a healthy weight will help us reduce the incidence of metabolic syndrome and chronic diseases among our patients. These rates also help determine appropriate interventions. Integrating body mass index (BMI) education into existing programming can reduce the likelihood of the onset and progression of obesity and related chronic diseases, as well as increase healthy eating

and physical lifestyle skills. We are collecting and monitoring data closely to help patients maintain an appropriate BMI, reduce incidences of chronic disease, and enable them to live healthier lives.

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



The graph illustrates the sustained progress that has been made to improve screening for two key components of cardiometabolic syndrome: body mass index (BMI) and blood pressure. MHSATS' goal is to have a 95 percent screening rate for both BMI and blood pressure.

Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/?id=246) provides the legal authority for Direct Care and Treatment State Operated Services.

Program: Direct Care and Treatment
Activity: Community Based Services

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

AT A GLANCE

- Community Based Services (CBS) provided residential, vocational, and other support services for 1,200 people with developmental disabilities and other complex behavioral needs in FY 2024.
- Community Support Services mobile teams provided support to 353 people in FY 2024.
- CBS residential programs served 285 clients in FY 2024.
- CBS vocational program served 473 clients in FY 2024.
- All-funds spending for this budget activity was approximately $177 million for FY2024. This represents 27 percent of total Direct Care and Treatment (DCT) all-funds spending.

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Community Based Services (CBS) is one of DCT's five main service lines. CBS provides treatment and residential supports to individuals with developmental disabilities and complex behavioral health needs for whom no other providers are available. The majority of CBS programs operate as enterprise services, which means funding relies on the revenues generated from services provided to clients. Revenues are collected from third-party payment sources such as Medical Assistance, private insurance, and the clients themselves.

SERVICES PROVIDED

Service programs within this activity include:

- **Community Support Services (CSS):** Specialized mobile teams provide crisis support services statewide to individuals with mental illness and/or disabilities who are living in their home community or transitioning back to their home community. The goal is to support people in the most integrated setting by addressing behavior associated with mental illness or intellectual disabilities that would cause individuals to be admitted to inpatient treatment settings.
- **Crisis Residential Services and Minnesota Life Bridge (CRS and MLB):** CRS and MLB operate short-term residential programs throughout the state. The goal is to support clients in the most integrated setting close to their home communities or near families, friends, and other supportive people while addressing behavior associated with mental illness or intellectual disabilities that could cause individuals to lose their residential placements or be admitted to a less integrated setting.
- **Child and Adolescent Services (CAS):** These services for youth range from short-term crisis residential placements to foster care. Short-term crisis residential programs provide support to youth exhibiting behaviors related to intellectual disabilities and/or mental illness with a goal of finding long-term placement. The Minnesota Intensive Therapeutic Homes (MITH) program provides foster care to children

and adolescents who have severe emotional disturbances and challenging behaviors. Homes are located throughout the state. Treatment is tailored to the needs of each child and is based on a combination of multidimensional treatment, wrap-around services and specialized behavior therapy.

- **CBS Residential Services:** Operates about 100 small group homes (typically four beds) located throughout Minnesota for individuals with mental illness and/or developmental disabilities. Staff assist clients with activities of daily living, provide therapeutic support and help them live, work and be involved in their local communities. Service rates are set through the Rate Management System (RMS) for each client based on individual needs. The program is a transitional service that keeps clients from being placed in less integrated settings such as jails, hospitals, and institutions. It also helps transition clients out of segregated or secure settings and into community life. As clients improve and no longer require the level of care they receive in a CBS-operated home, they move to homes operated by private entities. Many clients (and entire CBS-operated homes) have been successfully transitioned to private care providers. This allows CBS to continue serving the most behaviorally complex individuals.
- **CBS Vocational Services**: Provides vocational support services to help people with developmental disabilities prepare for, find and keep employment. Services include evaluations, training, and onsite coaching and assistance for clients working jobs in the community. Service rates are generated for each client based on individual needs.
- **Ambulatory Services:** Operates five special care dental clinics that provide a full range of services for people with developmental disabilities and mental illnesses. The Southern Cities Clinic in Faribault also provides outpatient psychiatric care, primary care and telehealth services.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
The percentage of survey respondents who said support from CSS mobile teams prevented placement in a less integrated setting (jails, hospitals, institutional settings, etc).	Quality	DCT - CBS Satisfaction Survey	91% - 2022	81% - 2023
The percentage of vocational services clients employed in their communities.	Result	DCT- CBS Satisfaction Survey	88% - June 2023	92% - June 2024
Clients who no longer required CBS services and were transitioned to other providers.	Quantity	DCT Electronic Health Records	FY23 - 32	FY24 – 38

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Clients admitted who have complex behavioral needs that cannot be supported by other providers.	Quantity	DCT Electronic Health Records	FY23 - 16	FY24 - 39
Crisis Residential Services and Minnesota Life Bridge admissions and discharges	Quantity	DCT Electronic Health Records	Transitions/Discharges FY23 – 12 Admissions FY23 - 13	Transitions/Discharges FY24 – 16 Admissions FY24 - 13

Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/?id=246) provide the legal authority for Direct Care and Treatment State Operated Services.

Program: Direct Care and Treatment
Activity: Forensic Services

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

AT A GLANCE

- Forensic Services provided mental health treatment, evaluation or support services to nearly 2,300 people during FY 2024.
- The Forensic Mental Health Program (FMHP) served 402 patients.
- The Forensic Nursing Home cared for 45 patients during FY 2024.
- Forensic examiners completed more than 1,185 court-ordered competency and pre-sentencing evaluations and 409 outpatient evaluations during FY 2024.
- Currently, 245 individuals civilly committed as mentally ill and dangerous (MI&D) are on provisional discharge from Forensic Services and living successfully in Minnesota communities with support from the Community Integrated Services team.
- As of June 30, 2024, 49 patients civilly committed by the court as MI&D were on a waiting list for admission to the FMHP.
- All-funds spending for this budget activity was approximately $133 million for FY 2024. This represents 20 percent of the total Direct Care and Treatment (DCT) all-funds spending.

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

Forensic Services (FS) is one of DCT's five main service lines. At secure and non-secure facilities in St. Peter, MN, Forensic Services provides evaluation and specialized mental health treatment services to adults with severe and persistent mental illness whom the courts have civilly committed as mentally ill and dangerous, often because they have committed a serious crime. It is the only state-operated facility in specifically designated to care for MI&D patients.

SERVICES PROVIDED

Forensics Services provides a continuum of care:

- **Forensic Mental Health Program (FMHP):** Provides psychiatric treatment that focuses on long-term stabilization and prepares patients for eventual provisional discharge and re-entry into the community. The FMHP also includes a 34-bed facility off the main campus in St. Peter which houses patients who have received permission from the Special Review Board to reside in a non-secure treatment facility. In 2025, the FMHP will begin repurposing another facility in St. Peter to add another 16 beds to the program.
- **Forensic Nursing Home (FNH):** Minnesota's only state-operated nursing home, the FNH provides a secure licensed nursing home setting for individuals who are committed as MI&D, sexual psychopathic personality (SPP), and sexually dangerous person (SDP), and prison inmates on a medical release from the

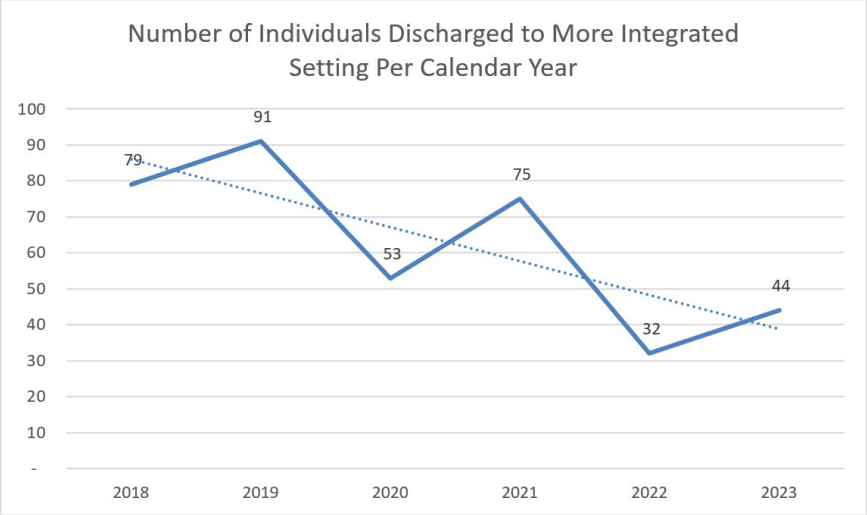
Department of Corrections. Treatment focus is similar to all nursing homes with provision activities of daily living care, rehabilitation services, and end of life care.

- **Community Integrated Services:** A specialized team provides support services for patients who have been provisionally discharged to live in a variety of community settings. The services are designed to help patients live happy, stable, successful lives and avoid the need for return stays at the FMHP.
- **Court-ordered Evaluations: A** team of forensic examiners provides competency and pre-sentencing mental health evaluations. These can be done on either an inpatient basis within Forensic Services or in a community setting, including jails.

All of these services are provided through a direct general fund appropriation except for court-ordered evaluations, which are funded with other revenues.

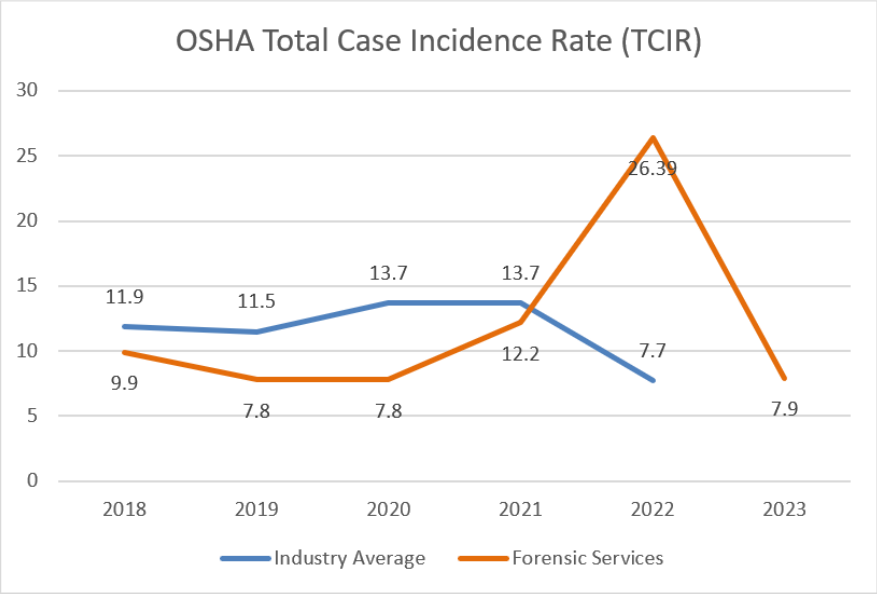
RESULTS

One measure of success is the number of individuals discharged from Forensic Services programs to more integrated settings in the community, consistent with Minnesota's Olmstead Plan . This plan refers to the state's overarching initiative to transform service delivery systems by reducing reliance on institutional care and offering people with disabilities greater independence and choice of community-based services. In the chart below, the solid line is the average number of discharges. The dotted line is the trend line over time.



The reduction in the number of individuals discharged to more integrated settings is driven by clinical factors for individual patients and a significant reduction in community provider capacity due to staffing shortages and the lingering effects of COVID.

The safety of our clients and staff is our top priority. One measure of safety is the Occupational Safety and Health Administration (OSHA) Total Case Incidence Rate (TCIR). The OSHA Total Case Incident Rate is the total number of workplace injuries or illnesses per 100 full-time employees (FTE) working in a year. This is a metric used nationally to compare rates of workplace injuries with national averages of similar industries, which in the case of Forensic



Since 2016, the TCIR at Forensic Services has been below – often, well below – the industry average. However, significant spikes in 2021 and 2022 are outliers, largely due to an increase in workplace illness during the COVID pandemic, during which a high proportion of staff came down with the virus. If the COVID outliers are removed, the TCIR falls back to levels recorded in 2019 and 2020. In 2023, TCIR numbers returned to the more normal range of 7.9 illnesses or injuries per 100 staff. The industry average for 2023 has not yet been released.

Several factors have contributed to the general trend toward lower TCIRs since 2016, including:

- Facilities have a more therapeutic environment that is safer for patients and the staff who care for them.
- Clinical, nursing and support staff provide person-centered clinical direction that takes the unique needs of individual patients into account and guides more effective treatment.
- Strong and consistent medical leadership.
- Increase in programming such as group therapy, social skill development through recreational and occupational therapies, music and art therapy, medication education, spiritual services, reintegration activities and vocational skills development.
- Support staff work with patients and reinforce skills practiced in groups and strategies for managing stressors, mental health crisis, free time, completion of normal day activities.
- Training and retraining staff and ongoing monitoring how staff follow and implement training.
- Monthly Safety Committee meetings with staff who work on all shifts to review all staff and patient injuries from the previous month. The committee focuses on what went well, what didn't go well, training needs and opportunities for improvement.

Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/?id=246) provides the legal authority for State Operated Services. See also, Minnesota Statutes Chapter 253 (https://www.revisor.mn.gov/statutes/?id=253) for additional authority that is specific to Forensic Services.

Program: Direct Care and Treatment
Activity: Minnesota Sex Offender Program

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

AT A GLANCE

- Clients progress through three phases of sex-offender-specific treatment.
- As of July 1, 2024:
  - Minnesota Sex Offender Program (MSOP) client population was 734.
  - 63 MSOP clients were on provisional discharge and living in the communities under MSOP supervision. Another 10 had been granted provisional discharge and were waiting for community placement.
  - 109 MSOP clients have received a provisional discharge order in the history of the program.
  - 25 MSOP clients have been fully discharged from their commitment.
  - About 85 percent of MSOP clients voluntarily participated in treatment.
- All-funds spending for this budget activity was approximately $114 million for FY 2024. This represents 17 percent of the total Direct Care and Treatment all-funds spending

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illness, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other healthcare systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise.

The Minnesota Sex Offender Program (MSOP) is one of DCT's five main service lines. MSOP operates secure treatment facilities in Moose Lake and St. Peter for civilly committed sex offenders. It also operates Community Preparation Services, a less restrictive treatment setting on the St. Peter campus, and Reintegration Services, which monitors and supervises clients who have been provisionally discharged by the court.

- Only a court has the authority to commit or discharge someone from MSOP.
- MSOP's mission is to promote public safety by providing comprehensive sex offender treatment and reintegration opportunities for sexual abusers.
- Minnesota is one of 20 states with civil commitment laws for sex offenders and is the largest program of its kind in the country.
- There are about 23 new commitments annually.
- Most MSOP clients have served prison sentences prior to their civil commitment.
- Transfer to less restrictive settings, such as Community Preparation Services, provisional discharge, or full discharge, may only occur by court order from a three-judge panel

SERVICES PROVIDED

The program accomplishes its mission by:

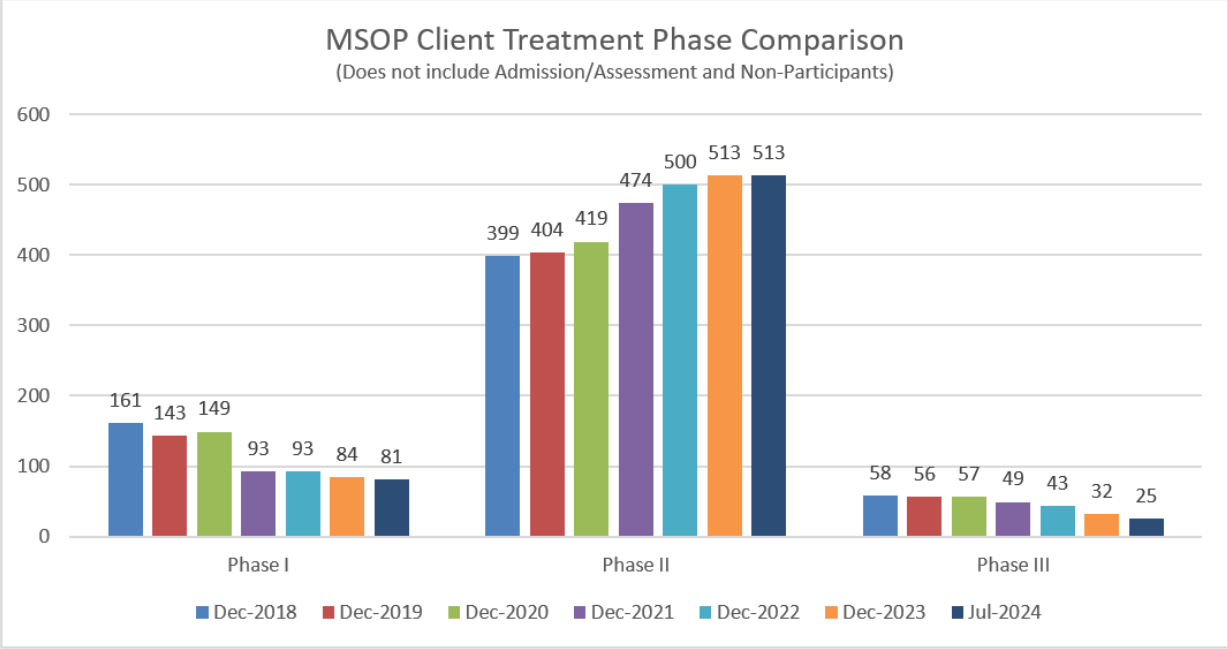
- Providing core group therapy, psycho-educational modules, and other treatment. Clients also participate in rehabilitative services that include education, therapeutic recreation, and vocational program work assignments.
- Providing risk assessments, treatment reports, and testimony that inform the courts.
- Maintaining a therapeutic treatment environment that is safe and conducive to making positive behavioral change.
- Providing supervision and resources to help provisionally discharged clients succeed in the community.
- Working together with communities, policymakers, and other governmental agencies.

MSOP is a three-phase treatment program. In Phase I, clients initially address treatment-interfering behaviors and attitudes. Phase II focuses on clients' patterns of abuse and identifying and resolving the underlying issues in their offenses. Clients in Phase III focus on deinstitutionalization and reintegration, applying the skills they acquired in treatment and maintaining the changes they have made while managing their risk for re-offense.

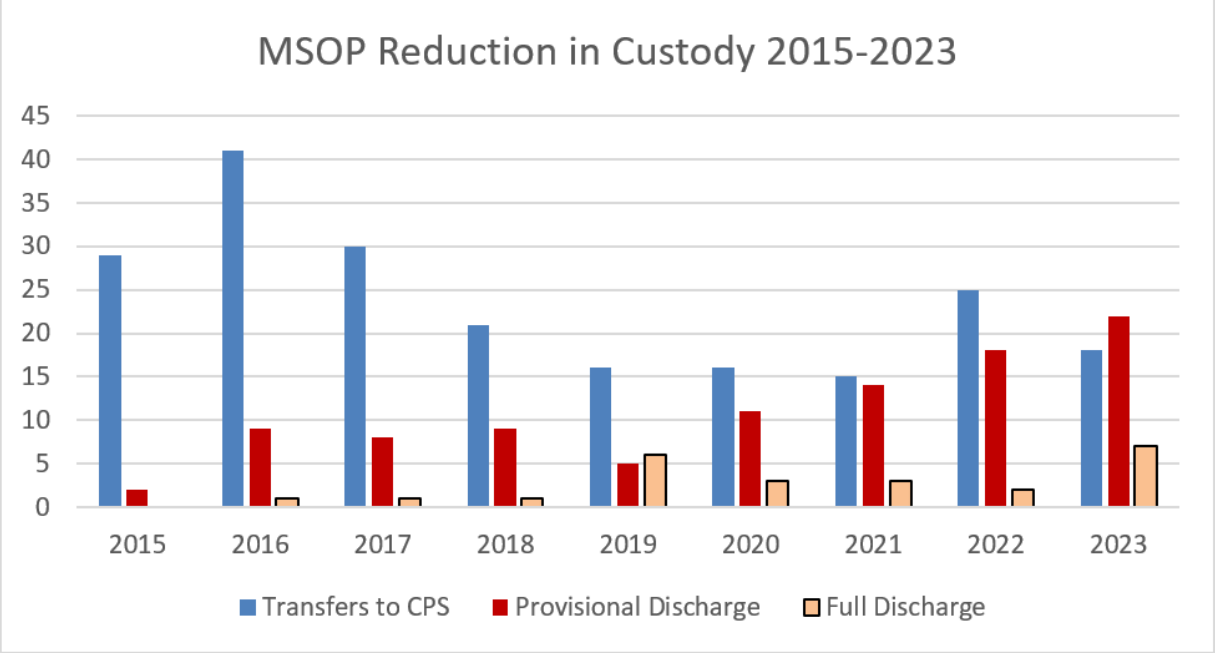
MSOP is funded by general fund appropriations. When a court commits someone to the program, the county in which they are committed is responsible for part of the cost of care. For commitments initiated before August 2011, the county share is 10 percent. For commitments after that date, the county share is 25 percent. When a client is court-ordered to provisional discharge (during which there is continued monitoring and community supervision by MSOP), there is a 25-percent county share.

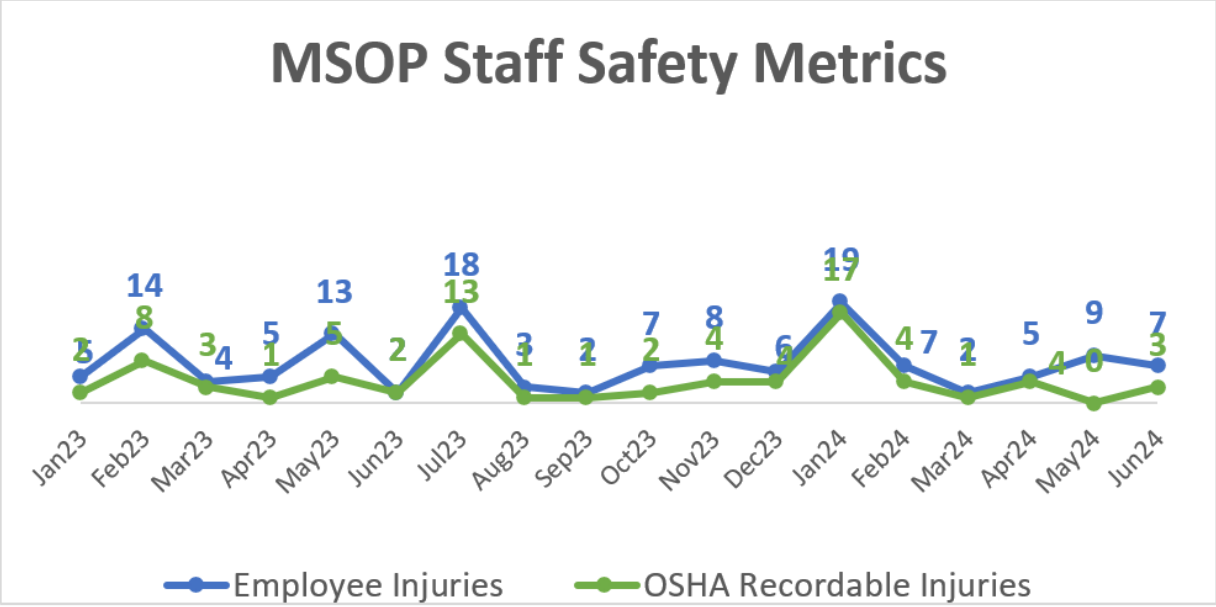
RESULTS

As more clients move through the program, we expect to see increases in the number of clients participating in the latter stages of treatment. The chart below shows the treatment progression of clients since 2014.



MSOP REDUCTION IN CUSTODY 2015-2023





Results Notes

- Treatment progression graph is produced by the MSOP Research Department.
- Employee injury data is maintained by MSOP Operations department.

Minnesota Statutes, chapter 246B (https://www.revisor.mn.gov/statutes/cite/246B) governs the operation of the Sex Offender Program and chapter https://www.revisor.mn.gov/statutes/cite/253D governs the civil commitment and treatment of sex offenders.

Program: Direct Care and Treatment
Activity: DCT Administration

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

AT A GLANCE

- Direct Care and Treatment (DCT) cares for more than 12,000 people annually at about 150 sites throughout Minnesota.
- DCT has nearly 5,000 employees and an annual budget of more than $650 million.
- All-funds spending for DCT Administration was approximately $70 million for FY 2024. This represents 11 percent of the total DCT all-funds spending.

PURPOSE AND CONTEXT

Direct Care and Treatment (DCT) is a highly specialized behavioral health care system that serves people with mental illnesses, substance use disorders, intellectual disabilities, and other serious and often co-occurring conditions. DCT operates psychiatric hospitals and other inpatient mental health treatment facilities; inpatient substance abuse treatment facilities; special-care dental clinics; group homes and vocational sites; and the nation's largest treatment program for civilly committed sex offenders. The system cares for more than 12,000 patients and clients each year. Because these individuals have conditions that are complex and behaviors that can be challenging, other health care systems cannot or will not serve them. Some providers do not have the capacity; others do not have the expertise. DCT programs and services are provided statewide, with most operating 24 hours a day, seven days a week. DCT Administration provides basic support for all service lines, including:

- Oversight of all fiscal and business processes
- Management all operational functions
- Strategic direction, planning and implementation

SERVICES PROVIDED

DCT Administration provides leadership and direction across the entire behavioral health system. It also works in collaboration with MNIT and DHS central office and has service-level agreements in place for additional support services such as IT, HR, Legislative, Communications, Legal, and other DHS-wide services. The costs for these additional support services are included in the overall $70 million budget for DCT Administration. DCT Administration support services include, but are not limited to:

- **Chief Quality Officer (CQO):** Responsible for managing relationships with several state and federal regulatory bodies that oversee DCT programs. The CQO works to ensure that staff understand regulatory requirements and that all standards are being followed. This department also aligns quality, safety, and security across each service line to ensure compliance.
- **Chief Compliance Officer (CCO):** Oversees risk assessment and contract management services that directly impact DCT operations. Through internal auditing and monitoring, the CCO ensures proper processes are in place and are followed.
- **Health Information Management Services (HIMS):** Manages all patient and client records to assure that information is properly documented and protected. HIMS provides support to the direct care staff to assure medical records are accurate, timely, and up-to-date; records are properly stored; and staff access to a patient's private health information is appropriate and documented.
- **Learning and Development (L&D):** Provides ongoing training essential to the delivery of high-quality care. L&D ensures that DCT staff have the training they need to meet regulatory requirements and standards

Program: Fiduciary Activities
Activity: Fiduciary Activities

AT A GLANCE

- All funds spending for Fiduciary Activities was $547 million in state fiscal year 2023.
- Child Support Enforcement, the vast majority of this activity, is transitioning to the Department of Children, Youth and Families in fiscal year 2026.

PURPOSE AND CONTEXT

The Fiduciary Activities budget program collects money from individuals and organizations and distributes the collected funds to people owed the money. Because these are not state funds and belong to others, they are not included in the state's budget or consolidated fund statement.

SERVICES PROVIDED

Most of the transactions of this budget activity include money recovered from clients, providers, or beneficiaries that are held in this account until they can be credited to the correct area. DHS and the state are temporary custodians of these funds until they are passed to the appropriate entity.

RESULTS

The activity in this budget program is largely accounting in nature and does not have programmatic results or consequences. DHS maintains necessary staff and information technology resources to adequately support accurate, efficient, and timely management of these funds.

State statutes that underlie the activities in the Fiduciary Activities budget program include M.S. sections , 256.019 (https://www.revisor.mn.gov/statutes/?id=256.019), and 256.01 (https://www.revisor.mn.gov/statutes/?id=256.01).

AT A GLANCE

- All funds spending for Technical Activities was $850 million during state fiscal year 2023.
- Technical Activities largely consists of federal administrative reimbursement earned by and paid to counties, tribes, and other state and local agenc

PURPOSE AND CONTEXT

The Technical Activities budget program includes transfers and expenditures between federal grants, programs and other agencies that would result in misleading distortions of the state's budget if the Department of Human Services did not account for them in a separate budget activity. This arrangement helps us to make sure that these transfers and expenditures are still properly processed in the state's accounting system and to comply with federal accounting requirements.

SERVICES PROVIDED

We include several different types of inter-fund and pass through expenditures in the Technical Activities budget program:

- Federal administrative reimbursement earned by and paid to counties, tribes and other local agencies.
- Federal administrative reimbursement earned by and paid to other state agencies.
- Administrative reimbursement (primarily federal funds) earned on statewide indirect costs and paid to the general fund.
- Administrative reimbursement (primarily federal funds) earned on DHS Central Office administrative costs and paid to the general fund, health care access fund or special revenue fund under state law and policy.
- Transfers between federal grants, programs and state agencies that are accounted for as expenditures in the state's SWIFT accounting system.
- Other technical accounting transactions.

Staff members in our Central Office Operations are responsible for the accounting processes we use to manage the Technical Activities budget program.

RESULTS

We maintain necessary staff and information technology resources to adequately support accurate, efficient, and timely federal fund cash management. We measure the percentage of federal funds deposited within two working days.

Measure name	Measure type	Historical trend	Most recent data
Percent of federal fund deposit transactions completed (deposited in State treasury) within two working days of the amount being identified by the SWIFT accounting system.	Quality	98.2% FY2023	97.9% FY2024

M.S. sections 256.01 (https://www.revisor.mn.gov/statutes/?id=256.01) to 256.011 (https://www.revisor.mn.gov/statutes/?id=256.011) and Laws 1987, chapter 404, section 18, provide the overall state legal authority for DHS's Technical Activities budget program.

and to best serve patients and clients. Currently, 5 percent of all DCT staff time (a total of 450,000 hours) in any year is devoted to training to ensure compliance with regulatory standards and skill development.

- **Financial Management Office:** Provides DCT-specific fiscal services and manages the financial transactions and reporting to assure prudent use of public resources. Core functions include preparing operating and Legislative budget requests, patient services billing and accounts receivable, contract management support, accounts payable, Medicare and/or Medicaid Cost reporting for DCT's hospitals and clinics, financial reporting, and resident trust services for our institutional patients and clients.
- **DCT IT/MNIT Administrative Services:** Works in collaboration with MNIT to understand DCT's unique technological needs and to develop and implement an electronic health record system that provides access to each patient chart and gives clinical staff the ability to document every aspect of patient care to ensure compliance to care delivery, financial/billing, and expected clinical outcomes.
- **Health Equity Department:** Provides an integrated approach to ensure that all DCT staff have the education, skills, and tools they need to work effectively across DCT, nurture a culture of inclusion, and have a positive impact on equity, diversity, and anti-racism efforts.
- **Facilities Management (FM):** Responsible for overseeing the care and maintenance of all DCT-owned and leased buildings, including maintaining a 10-year facility plan. FM also does all of the planning necessary to prepare DCT's capital budget requests. Core functions include leasing, design and management of construction projects, asset management, procurement, conditional facility assessment, department sustainability activities and strategic planning to meet the ongoing needs of DCT programs.
- **Office of Special Investigations (OSI):** Provides investigative services upon request that work in tandem with DCT-wide event reviews and root cause analyses. OSI works in collaboration with local law enforcement agencies when needed on patient-client elopements, deaths, drug and alcohol violations, assaults to staff or patients, and other events that require investigation.
- **Business Process Services:** Provides support to direct care staff on consistent and standardized business processes across all DCT programs and divisions for documenting admissions, assessments, treatment progress, discharge, etc. Another core function is to ensure these standardized business processes are incorporated into the DCT Behavioral Health Medical Record.

RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
The number of new contracts executed [1]	Quantity	DCT SharePoint Site	185 - FY23	353 - FY24
The number of background checks completed for handgun permits [2]	Quantity	Inquiries received by the department	14,302 - FY23	17,203 - FY24
The number of unique claims processed for client billings	Quantity	DCT Electronic Health Record	151,793 - FY23	125,622 - FY24

[1] The number of new contracts with a start date in each fiscal year across DCT. Some contracts may have been formally executed or initiated in a different fiscal year. This measure does not include executed contract amendments or extensions.

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

Minnesota Statutes Chapter 246 (https://www.revisor.mn.gov/statutes/cite/246) provides the legal authority for Direct Care and Treatment State Operated Services.