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Mission:

The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential. Our values are:

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

DHS practices these shared values in an ethical environment where integrity, trustworthiness, responsibility, respect, diversity, justice, fairness and caring are of paramount importance.

Statewide Outcome(s):

Human Services supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

People in Minnesota are safe.

Context:

Minnesota's human services delivery system has a strong tradition of providing services for people in need and helping them live as independently as possible. The Minnesota Department of Human Services (DHS) plays a key role in that effort, along with Minnesota counties and tribes – which administer most direct services – and an array of community partners in the private sector. DHS provides oversight and direction for many health and human services programs, making sure providers meet service expectations. DHS employees also provide direct care and treatment to people with mental illness, chemical dependency and developmental disabilities as well as to individuals civilly committed for sex offender treatment.

Examples of the service administered by DHS include:

- An array of health care programs -- including Medical Assistance, MinnesotaCare, the Healthy Minnesota Contribution Program, and the Chemical Dependency Treatment Fund -- which purchase medical care and related home- and community-based services for children, the elderly and people with low incomes or disabilities.
- Economic support programs -- including the Minnesota Family Investment Program, the Diversionary Work Program, child support enforcement, child care assistance, Minnesota Supplemental Assistance, General Assistance, and the Supplemental Nutrition Assistance Program -- which provide assistance to Minnesotans in poverty or at risk of poverty as they work to re-establish their livelihoods.
- Child safety and well-being services designed to identify children subject to or at risk of abuse or neglect, and to intervene to improve the safety and quality of their home life or, if that isn't possible, to place them with safe and loving foster, relative or adoptive families.
- A number of grant programs to support local delivery of human services for a variety of populations in need, including recent refugee immigrant populations, adults and children with mental illness or substance abuse problems, people who are deaf or hard of hearing, vulnerable adults and the elderly.
- Direct care provided through a statewide array of community-based and residential services for people with mental illness, chemical dependency, developmental disabilities and/or an acquired brain injury, some of whom are civilly committed by the court because they may pose a risk to themselves or others.

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- Inpatient services and treatment to people who are committed by the court as a sexual psychopathic personality or a sexually dangerous person.

Strategies:

DHS emphasizes several strategies across its budget activity and program areas to realize its mission and support the statewide outcomes listed above. The strategies currently emphasized within DHS are organized in four broad categories:

Provide smart care that keeps people healthy and in their homes and communities

- Keep more people fed and healthy by increasing nutrition assistance participation, especially for seniors.
- Better protect vulnerable adults, especially those directly in our care.
- Increase the number of Minnesotans served in their homes and communities rather than in institutions.
- Create pathways to employment.
- Increase access to affordable health care.
- Integrate primary care, behavioral health and long-term care.
- Launch a campaign to encourage people to plan for long-term care.
- Keep more children out of foster care and safely with their families.

Redesign our care delivery systems

- Institute payment reform in health care purchasing.
- Create a new partnership model for our work with counties and tribes.
- Use technology to increase our outreach through online applications, a new website and e-licensing initiatives.
- Develop secure alternatives for a select group of Minnesota Sex Offender Program clients.
- Develop integrated services through smarter use of technology.
- Implement MnCHOICES assessment model to better align services to individual needs.

Narrow disparities and improve outcomes

- Enhance capacity of our tribal partners to assume more direct service delivery
- Decrease the disproportionate number of children of color in out-of-home placements
- Narrow the health care quality gap between clients in publicly funded health care and private enrollees
- Increase enrollment outreach to communities of color
- Improve life expectancy for people with a serious mental illness
- Increase access to high quality child care

Reduce fraud, waste and abuse

- Establish Office of Inspector General to improve fraud prevention and lead to increased prosecutions and collections of overpayments.
- Expand field investigations through Medicaid Recovery Audit Contracts.
- Create new enforcement tools including background study expansion, data analytics and financial integrity standards in licensing.

Measuring Success:

The DHS Dashboard -- <http://dashboard.dhs.state.mn.us/default.aspx> -- provides Minnesotans with a simple way to track the department's progress toward key agency goals. Since June 2011, the DHS Dashboard has outlined and charted progress toward goals in four priority areas: people, innovation, equity and program integrity.

Human Services

Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$10,277,752	\$3,308,535	\$12,367,767	\$25,954,054
Current Law Expenditures (FY 2014-15)	\$11,059,682	\$3,824,485	\$14,952,040	\$29,836,206
Governor's Recommended Expenditures (FY2014-15)	\$11,165,096	\$3,719,990	\$14,957,240	\$29,842,325
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$105,414	(104,495)	\$5,200	\$6,119
% Change from FY 2014-15 Current Law to Governor's Rec	1%	(3%)	0%	0%

Human Services
Sources and Uses
(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN	\$0	\$73,322	\$31,271	\$104,593
REVENUE	\$0	\$2,604,243	\$14,442,709	\$17,046,952
TRANSFERS IN	\$159,490	\$318,948	\$0	\$478,438
APPROPRIATION	\$11,469,773	\$822,420	\$514,533	\$12,806,726
SOURCES OF FUNDS	\$11,629,263	\$3,818,933	\$14,988,513	\$30,436,709
BALANCE FORWARD OUT		\$61,179	\$31,271	\$92,450
TRANSFERS OUT	\$464,170	\$37,762	\$0	\$501,932
EXPENDITURES	\$11,165,096	\$3,719,990	\$14,957,240	\$29,842,325
PAYROLL EXPENSE	\$527,231	\$319,488	\$35,049	\$881,767
OPERATING EXPENSES	\$168,090	\$441,245	\$332,533	\$941,867
OTHER FINANCIAL TRANSACTIONS	\$1,618	\$1,331,982	\$9,072	\$1,342,672
GRANTS, AIDS AND SUBSIDIES	\$10,468,125	\$1,627,238	\$14,580,587	\$26,675,950
CAPITAL OUTLAY-REAL PROPERTY	\$33	\$37		\$70
USES OF FUNDS	\$11,629,266	\$3,818,931	\$14,988,511	\$30,436,707

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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ACA: MA Eligibility and Enrollment Changes

The Governor recommends making changes to Medical Assistance (MA) processes and eligibility categories to comply with the federal Affordable Care Act. The changes include expanding MA coverage to children leaving foster care until age 26; aligning how income is counted across all insurance affordability programs including MA and premium tax credits; expanding spousal impoverishment protections for people with disabilities in home and community based services; removing the asset test for caretakers; changing enrollment procedures to certify enrollment eligibility annually instead of semi-annually; and permitting hospitals to presume patients' MA eligibility.

Performance Measures:

These eligibility and enrollment process changes will result in an additional average monthly enrollment of 65,000 people in MA. This proposal will reduce Minnesota's rate of uninsurance for persons below 200% of FPG, as measured by the annual Health Access Survey administered by MDH.

General Fund	Expenditure	30,243	136,070	166,313	152,649	165,685	318,334
	Net Change	30,243	136,070	166,313	152,649	165,685	318,334

ACA: Expand MA to Maintain Coverage for Children and Pregnant Women up to 275% FPG

The Governor recommends expanding Medical Assistance (MA) eligibility for children ages 2-18 and pregnant women from 150% FPG to 275% FPG effective January 1, 2014 to maintain the coverage for this population currently available in MinnesotaCare. It uses savings from moving this population from MinnesotaCare to MA to fund a portion of the cost.

Performance Measures:

This eligibility change will result in an additional average monthly enrollment of 106,000 people in MA, 47,000 of which weren't previously covered on any public program. This proposal will reduce Minnesota's rate of uninsurance for persons at or below the MA program income eligibility limits, as measured by the annual Health Access Survey administered by MDH.

General Fund	Expenditure	47,363	141,989	189,352	182,250	184,852	367,102
Other Funds	Expenditure	(26,875)	(73,076)	(99,951)	(84,084)	(87,705)	(171,789)
	Net Change	20,488	68,913	89,401	98,166	97,147	195,313

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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ACA: Implement Optional MA Expansions to 138% of FPG

The Governor recommends the expansion of Medical Assistance (MA) coverage to additional eligibility groups including childless adults with incomes between 75% and 138% of federal poverty guidelines (FPG) and parents and 19 and 20 year olds with incomes between 100% and 138% FPG, which is provided as an option to states under the federal Affordable Care Act (ACA). This proposal assumes the expansion will move 53,000 average monthly enrollees from MinnesotaCare to Medical Assistance in FY 2015 and will add an additional 34,000 average monthly enrollees who are currently uninsured. Going forward in FY 2015, adults without children, 19 and 20 year olds, and legal noncitizens will be covered under the Medical Assistance program in the health care access fund.

Performance Measures:

This proposal will reduce Minnesota's rate of uninsurance for persons at or below 138% of FPG, as measured by the annual Health Access Survey administered by MDH.

General Fund	Expenditure	(257,083)	(5,942)	(263,025)	16,441	(23,262)	(6,821)
Other Funds	Expenditure	141,426	(251,501)	(110,075)	(350,560)	(297,268)	(647,828)
	Net Change	(115,657)	(257,443)	(373,100)	(334,119)	(320,530)	(654,649)

Continued EMA Coverage for Cancer and Dialysis

The Governor recommends continuing Emergency Medical Assistance (EMA) coverage for cancer and dialysis. Such coverage is currently set to expire on June 30, 2013. This proposal removes the sunset date from statute, allowing coverage to continue permanently. Emergency Medical Assistance provides joint federal and state funded health care coverage for non-citizens, regardless of their immigration status.

Performance Measures:

This proposal continues access to services for EMA patients.

General Fund	Expenditure	2,420	2,901	5,321	2,901	2,901	5,802
	Net Change	2,420	2,901	5,321	2,901	2,901	5,802

Managed Care Organization Contract Savings

The Governor recommends capturing savings that occurred as a result of negotiating lower than previously forecast contract rates with managed care providers.

Performance Measures:

This proposal recognizes savings realized through active negotiations with Managed Care Organizations.

General Fund	Expenditure	(58,883)	(30,736)	(89,619)	(30,736)	(30,736)	(61,472)
Other Funds	Expenditure	15,844	14,632	30,476	14,632	14,632	29,264
	Net Change	(43,039)	(16,104)	(59,143)	(16,104)	(16,104)	(32,208)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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PMAP MERC Investment

The Governor recommends increasing the portion of Medical Education Research Costs (MERC) funding that runs through the Medical Assistance program starting in FY 2014. MERC funding provides grants to health care providers who train medical students. Under current law, the state would spend \$36.7 million on all PMAP MERC programming. This proposal increases that to \$49.5 million or 34%, restores funding to the FY 2011 level, and generates a 50% federal match of these dollars.

Performance Measures:

The Medical Education and Research Costs Fund investment offsets lost patient care revenue for teaching institutions engaged in clinical training key to the health and economic well-being of Minnesotans.

General Fund	Expenditure	6,404	6,404	12,808	6,404	6,404	12,808
	Net Change	6,404	6,404	12,808	6,404	6,404	12,808

MA Rate Increase for Targeted Service Categories

The Governor recommends increasing Medical Assistance rates for specific categories of service to maintain provider access for public program participants. Specifically, this increase applies to inpatient hospital, outpatient, mental health, basic care, and physician and professional services in MA fee for service, and dental services in both fee for service and managed care. The physician and professional services include primary care, podiatry, chiropractic, audiology, vision, radiology, and mental health. This increase is effective January 1, 2014 at a cost of \$27.2 million to the general fund in the 2014-15 biennium.

Performance Measures:

These increases will bring MA rates closer to Medicare rates and industry payment standards.

General Fund	Expenditure	5,848	21,344	27,192	23,195	24,777	47,972
	Net Change	5,848	21,344	27,192	23,195	24,777	47,972

Supplemental Rebates for Diabetic Test Strips

The Governor recommends implementing bulk purchasing for diabetic test strips by deeming certain brands as "preferred", allowing the state to negotiate higher rebates from those preferred brands to create savings to the state.

Performance Measures:

This proposal aligns with other existing department purchasing initiatives and provides savings to the overall budget solution through agency efficiencies.

General Fund	Expenditure	(103)	(421)	(524)	(421)	(421)	(842)
	Net Change	(103)	(421)	(524)	(421)	(421)	(842)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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SMAC for HCPCS Drug Codes

The Governor recommends expanding SMAC (State Maximum Allowable Cost) pricing to cover drugs administered in a clinical setting. SMAC pricing caps the rates pharmacies receive from Medical Assistance for drugs. Currently SMAC pricing is just available for drugs administered in a pharmacy and does not include those administered in a clinical setting. This would expand those rates to drugs also administered in a clinical setting to create savings to the state.

Performance Measures:

Permitting the use of State Maximum Allowable Cost when paying for drugs administered in a clinical setting creates consistency with payment policies for pharmacist administered drugs.

General Fund	Expenditure	(22)	(25)	(47)	(25)	(25)	(50)
	Net Change	(22)	(25)	(47)	(25)	(25)	(50)

Child and Teen Check-up Rate Change

The Governor recommends recalculating Medical Assistance rates for check-ups for children and teens. The rates, as currently calculated in administrative rule, include reimbursement for vaccines that are free to providers under the "Vaccines for Kids" program administered by the Minnesota Department of Health. This law change is required to override the administrative rule and align the rate calculation to new statute.

Performance Measures:

This rate adjustment is needed to align with the broader context of state law and provides savings to the overall budget solution through agency efficiencies.

General Fund	Expenditure	(349)	(590)	(939)	(714)	(742)	(1,456)
Other Funds	Expenditure	(2)	0	(2)	0	0	0
	Net Change	(351)	(590)	(941)	(714)	(742)	(1,456)

340B Drug Reimbursement

The Governor recommends making changes to drug reimbursement rates for providers enrolled as 340B providers with the United States Department of Health and Human Services to create a more consistent reimbursement methodology. Currently, different reimbursement rates apply to different 340B providers, based on when they negotiated their contract. This would make the methodology used to determine reimbursements consistent across all providers and would create some savings to the state from doing so.

Performance Measures:

This proposal will result in a consistent state policy for pharmacy claims payments to providers participating in the federal 340B pharmacy discount program in accordance with federal guidance.

General Fund	Expenditure	(1,538)	(3,710)	(5,248)	(3,746)	(3,805)	(7,551)
	Net Change	(1,538)	(3,710)	(5,248)	(3,746)	(3,805)	(7,551)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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Reform 2020: Enhance Vulnerable Adult Protection

The Governor recommends increasing protections for vulnerable adults through a multi-prong approach. These include creating a statewide common entry point for reporting suspected abuse, raising awareness of adult maltreatment through expanded public outreach, providing increased support to county adult protection units, and enhancing the state's role in providing quality oversight to the adult protection system. This item is contingent on federal approval.

Performance Measures:

Enhancing Vulnerable Adult Protection in Minnesota will have a direct and highly visible impact on the Framework for the Future goal of better protecting the state's vulnerable adults. The success of this proposal will be measured by an increase in the timeliness and responsiveness of the adult protection system. Proposed performance measures include: 1) percent of reports of suspected maltreatment that are forwarded by the common entry point to the lead investigative agency within required timelines (2 working days); 2) percent of reports assigned for investigation within required timelines (5 working days); and percent of reports where protective services were provided in a timely manner.

General Fund	Expenditure	4,019	4,499	8,518	4,498	4,481	8,979
	Net Change	4,019	4,499	8,518	4,498	4,481	8,979

Reform 2020: Alternative Care and Essential Community Supports FFP

The Governor recommends seeking federal match on two state-only funded programs: Alternative Care (AC) and Essential Community Supports (ECS). This proposal does not alter the eligibility for or services provided through these programs. This item is contingent on federal approval.

Performance Measures:

This proposal will be successful if federal financial participation is obtained for the Alternative Care and Essential Community Supports programs and the resources generated are reinvested into services that support seniors being served in their homes and communities, measured by the percent of elderly who receive home and community based waiver services at home.

General Fund	Expenditure	(10,439)	(11,128)	(21,567)	(13,048)	(13,702)	(26,750)
	Net Change	(10,439)	(11,128)	(21,567)	(13,048)	(13,702)	(26,750)

Reform 2020: Improve Access to HCBS for those Age 65 and Older with Ventilator Dependency

The Governor recommends removing the requirement that individuals on Elderly Waiver who are dependent on a ventilator must stay in a nursing facility for at least 30 days before being eligible for an enhanced budget that is sufficient to support their needs in the community. This item is contingent on federal approval.

Performance Measures:

This proposal allows people with vent dependency to be better served in their homes and communities rather than in institutional settings. Success will be measured by an increase in the percentage of elderly waiver recipients with high needs living at home.

General Fund	Expenditure	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0

Human Services

Governor's Changes

(Dollars in Thousands)

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Reform 2020: First Contact – Simplification, Access and Transitions Support

The Governor recommends improving access to services and supports to assist older adults, people with disabilities, and their family members navigate long-term care options. Changes include streamlining the pre-admission screening process and simplifying funding for the MN Choice assessment to flow directly to counties. Additionally, this proposal expands the Return to Community (RTC) model of ongoing follow-up and support to new targeted populations. This item is contingent on federal approval.

Performance Measures:

This proposal will be successful if more people are served in their communities rather than an institution. Proposed performance measures include: 1) the percent of people who receive home and community-based waiver services at home; 2) the percent of people with low needs who receive services in an institutional setting; and, 3) the percent of people with low needs who receive home and community-based waiver services in a residential setting.

General Fund	Expenditure	1,907	(3,437)	(1,530)	(6,748)	(9,845)	(16,593)
	Net Change	1,907	(3,437)	(1,530)	(6,748)	(9,845)	(16,593)

Reform 2020: HCBS Critical Access Study and Service Development

The Governor recommends funding a variety of efforts aimed at better understanding and addressing the critical access needs of older adults and people with disabilities. Efforts include a one-time critical access study, ongoing support for the biennial gaps analysis survey of the Home and Community-Based Services system, and increased capacity at the regional level through ElderCare Development Partnerships. This item is contingent on federal approval.

Performance Measures:

This proposal will assess local capacity and availability of home and community based services. Service gaps will be addressed with enhanced funding to nonprofit, quasi-formal providers, helping older Minnesotans remain in their communities. A key performance indicator for this effort is the percent change in availability of HCBS identified by gaps analysis survey as gaps in critical access areas.

General Fund	Expenditure	2,438	1,868	4,306	2,303	1,868	4,171
	Net Change	2,438	1,868	4,306	2,303	1,868	4,171

Reform 2020: Individual Community Living Support (ICLS) Added to AC and EW

The Governor recommends adding Individual Community Living Support (ICLS) as a service to the Alternative Care program and the Elderly Waiver. The ICLS service offers older adults living in their own homes a coordinated package of services and ongoing awareness of their needs from a single provider of their choice. This allows older adults to remain in their own homes for a longer period of time, delaying use of more expensive long-term care alternatives. This item is contingent on federal approval.

Performance Measures:

Adding ICLS as a service to the Alternative Care and Elderly Waiver will delay using more expensive services and allow seniors to live in their own homes for a longer period of time. The success of this proposal is measured through the following indicators: 1) the percent of people who receive home and community-based waiver services at home; 2) the percent of people with high needs who receive home and community-based waiver services in their own home; and 3) the percent of people with low needs who receive home and community-based waiver services in a residential setting.

General Fund	Expenditure	(65)	(3,338)	(3,403)	(6,944)	(6,944)	(13,888)
	Net Change	(65)	(3,338)	(3,403)	(6,944)	(6,944)	(13,888)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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Reform 2020: Crisis Diversion and Discharge Planning to Reduce Avoidable Costs

The Governor recommends reducing unnecessary hospital admissions by providing more comprehensive support to individuals who meet certain criteria. These support services will be available to individuals on Medical Assistance waivers who have certain behavioral health conditions and have been admitted to a hospital at least twice in the previous year. This item is contingent on federal approval.

Performance Measures:

This proposal will reduce unnecessary admissions and stays at hospitals, preventing utilization of costly health care services. This proposal will be successful if hospital stays and admissions for the target population are reduced.

General Fund	Expenditure	62	(905)	(843)	(1,832)	(1,894)	(3,726)
	Net Change	62	(905)	(843)	(1,832)	(1,894)	(3,726)

Reform 2020: Community First Services and Supports

The Governor recommends reforming the Personal Care Assistance (PCA) program to a new service called Community First Services and Supports (CFSS). CFSS will provide assistance with daily living, health-related tasks and skills acquisition, which enable individuals to stay in their homes. CFSS will be more flexible and responsive to persons served to remain at home, facilitate transition out of institutional care, and prevent or delay future admissions. Additionally, this proposal will test innovative models of service coordination across home, school and community for children receiving CFSS. This item is contingent on federal approval.

Performance Measures:

Reforming the PCA program and testing new models of service coordination will make these services more accessible and flexible, and will facilitate transition out of institutional care and prevent or delay future admissions. This proposal will be successful if the number of people being served in their own home or community rather than an institution increases. Key indicators to measure this include the percent of Long Term Care recipients served at home and the percent of Home and Community Based Services recipients served at home.

General Fund	Expenditure	(1,043)	45	(998)	(498)	(2,346)	(2,844)
	Net Change	(1,043)	45	(998)	(498)	(2,346)	(2,844)

Reform 2020: Work - Empower and Encourage Independence

The Governor recommends funding employment support services to employed individuals with the goal of preventing destabilization and reducing the likelihood of their need for disability benefits. Targeted populations include individuals ages 18 to 26 on Medical Assistance (MA), MA-Expansion group, and MA-Employed Persons with Disabilities. Wrap-around services will be provided by navigators (employed by community organizations) who will offer employment supports and benefits planning services including streamlined access to health insurance benefits information and integrated service delivery. This item is contingent on federal approval.

Performance Measures:

This new service will help contribute to economic stability and increase access to housing. This proposal will be successful if individuals maintain employment and delay or prevent the need to qualify for disability services. A key measure for this is the percent of monthly earnings over \$250/month for people with disabilities.

General Fund	Expenditure	342	57	399	(234)	(309)	(543)
	Net Change	342	57	399	(234)	(309)	(543)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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Reform 2020: Intensive Services for Children with Autism Spectrum Disorder

The Governor recommends funding for a comprehensive intensive intervention benefit for children with Autism Spectrum Disorder (ASD) who are on Medical Assistance. Covered services will seek to improve communication skills, increase social interactions, and reduce maladaptive behaviors for children with ASD at a critical time in their development.

Performance Measures:

This proposal provides services for children with autism that support acquisition of skills for optimal participation in their family, schools, and community life and promote successful integration into adulthood, reducing the need for institutional placements. Success will be measured by an increase in the percent of children with autism receiving the early intensive intervention benefit that show a reduced need for intensive intervention over time and demonstrate greater independence and functional participation in home, school, and community life by the time they reach 18 years of age in preparation for adulthood.

General Fund	Expenditure	3,740	8,260	12,000	8,260	8,260	16,520
	Net Change	3,740	8,260	12,000	8,260	8,260	16,520

Transition Initiatives for Certain Populations

The Governor recommends funding to help ease transitions back to the community for those who do not meet hospital level of care but are still in state-run treatment centers. This funding provides health insurance coverage on Medical Assistance waivers and specialized mental health services.

Performance Measures:

This proposal will be successful if more people are living in home and community based settings rather than institutions. Success of this proposal will be measured by: 1) Percent of Long-Term Care recipients receiving home and community-based services; 2) Percent of people receiving home and community based services.

General Fund	Expenditure	3,322	4,862	8,184	5,404	5,317	10,721
	Net Change	3,322	4,862	8,184	5,404	5,317	10,721

Nursing Facility Rate Increase and Quality Add-On

The Governor recommends increasing rates and establishing a quality add-on payment for nursing facilities. The quality add-on payment rewards facilities that make investments across five quality measures and funds additional improvements. All facilities will receive a general rate increase beginning October 2013.

Performance Measures:

Establishing a quality add-on will promote best practices and positive approaches in service delivery and provide the basis for provider incentives. This proposal will be successful if the Nursing Facility Quality of Life and/or Quality of Care measures tracked by the department improve.

General Fund	Expenditure	5,322	13,645	18,967	15,529	15,893	31,422
	Net Change	5,322	13,645	18,967	15,529	15,893	31,422

Human Services

Governor's Changes

(Dollars in Thousands)

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Suspend APS Operating Rate Inflation for Nursing Facilities

The Governor recommends continuing the suspension of automatic operating rate increases for nursing facilities that has been in effect since 1999. This proposal extends the suspension for four more years.

Performance Measures:

This proposal provides savings to the overall budget solution through reduced expenditures.

General Fund	Expenditure	(4,706)	(12,067)	(16,773)	(14,604)	(14,944)	(29,548)
	Net Change	(4,706)	(12,067)	(16,773)	(14,604)	(14,944)	(29,548)

Suspend APS Property Rate Inflation for Nursing Facilities

The Governor recommends continuing the suspension of automatic property rate increases for nursing facilities that has been in effect since 2011. This proposal continues that suspension for four more years.

Performance Measures:

This proposal provides savings to the overall budget solution through reduced expenditures.

General Fund	Expenditure	(616)	(1,578)	(2,194)	(1,911)	(1,955)	(3,866)
	Net Change	(616)	(1,578)	(2,194)	(1,911)	(1,955)	(3,866)

HCBS Pay for Performance Initiative

The Governor recommends creating a performance improvement project program for providers of Home and Community Based Services for older adults and people with disabilities. These "pay for performance" programs will be launched in phases beginning with a two-year planning period followed by the start of the increased payments in FY 2016.

Performance Measures:

The HCBS Pay for Performance Initiative will inform quality measurement of services provided to older Minnesotans and those with disabilities. Future assessment data gathered through the MnCHOICES tool will provide information about a recipient's satisfaction with their services and providers. A key indicator will be the percent of recipients satisfied with their services.

General Fund	Expenditure	2,046	4,589	6,635	48,203	50,654	98,857
	Net Change	2,046	4,589	6,635	48,203	50,654	98,857

Human Services

Governor's Changes

(Dollars in Thousands)

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Waiver Management Improvements

The Governor recommends enhancing management flexibility of the disability waivers in the Medical Assistance (MA) program. Changes include shifting waiver allocations between counties if dollars are not being used, managing corporate foster care capacity at the state level, and requiring waiver recipients to access the state MA services before accessing waiver-covered services.

Performance Measures:

This proposal increases the ability of the Department to more effectively manage the home and community-based services disability waiver programs. Success will be measured by an increase in the percentage of people with disabilities who receive Home and Community-Based Services.

General Fund	Expenditure	173	227	400	227	227	454
	Net Change	173	227	400	227	227	454

Quality Initiative: Positive Practice and Behavior Safeguards and Supports

The Governor recommends funding to support the adoption of best practices when addressing challenging behavior and establishing prohibitions on certain practices, such as restraint and seclusion and increasing positive approaches. This proposal will affect DHS-licensed home and community based services and programs for people with developmental disabilities.

Performance Measures:

Updating Minnesota Rules to reflect best practices in addressing challenging behavior will help ensure that all Minnesotans are healthy. This proposal will be successful if there is a reduction in the number of aversive procedures for people with disabilities. The department will measure and monitor the percent reduction of aversive and deprivation procedures for people with disabilities.

General Fund	Expenditure	412	372	784	372	372	744
	Net Change	412	372	784	372	372	744

Quality Initiative: Waiver Provider Standards Phase II

The Governor recommends funding to implement standards for home and community-based services (HCBS) waiver programs to meet federal compliance related to new 245D licensing standards for certain home and community-based service providers. Funding provides training and educational opportunities for providers and lead agencies. This educational effort will help providers understand how to conform to the updated standards to better ensure successful licensure.

Performance Measures:

Waiver Provider Standards will inform quality measurement of services provided to Minnesotans with disabilities. Future assessment data gathered through the MnCHOICES tool will provide information about a recipient's satisfaction with their services and providers.

General Fund	Expenditure	797	1,071	1,868	1,071	1,071	2,142
	Net Change	797	1,071	1,868	1,071	1,071	2,142

Human Services

Governor's Changes

(Dollars in Thousands)

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Enhance Audit Activity Resources for Nursing Facilities

The Governor recommends increasing audit activity with the goal of increasing program integrity and reducing incorrect payments. Savings are identified when auditing activities reveal incorrect billings and erroneous payments.

Performance Measures:

Enhanced audit activities maintain integrity of nursing facility spending by reducing errors and irregularities. This proposal will result in decreased Medical Assistance expenditures as audit activities reveal errors in payments or rates. The department will measure the percent change in total Medical Assistance nursing facility spending.

General Fund	Expenditure	(14)	(139)	(153)	(318)	(502)	(820)
	Net Change	(14)	(139)	(153)	(318)	(502)	(820)

Restore Planned Closure Rate Adjustment Authority

The Governor recommends restoring the nursing facility Planned Closure Rate Adjustment (PCRA) program, which was discontinued in 2011. The PCRA program provides incentive payments for the planned closure of nursing home beds in areas of the state where excess bed capacity exists or where a rebalancing of long-term care services is desirable.

Performance Measures:

The Planned Closure Rate Adjustment (PCRA) program provides an incentive for nursing facilities to reduce beds, decreasing the number of people served in institutional settings. The department will measure the percent of long-term care recipients receiving institutional services.

General Fund	Expenditure	(1,167)	(3,526)	(4,693)	(5,532)	(7,246)	(12,778)
General Fund	Revenue	(397)	(1,194)	(1,591)	(1,790)	(2,187)	(3,977)
	Net Change	(770)	(2,332)	(3,102)	(3,742)	(5,059)	(8,801)

HIV Rebate Adjustment

The Governor recommends correcting a double appropriation for supplemental insurance premiums and case management services for people living with HIV/AIDS starting in SFY 2014. This proposal will not impact recipients.

Performance Measures:

HIV/AIDS drug rebate funding will be used instead of the 2012 payback funding and as a result, the proposal will not impact recipients.

General Fund	Expenditure	(4,462)	(2,038)	(6,500)	(2,038)	(2,038)	(4,076)
	Net Change	(4,462)	(2,038)	(6,500)	(2,038)	(2,038)	(4,076)

Human Services

Governor's Changes

(Dollars in Thousands)

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Reform 2020: Housing Stability Services Demonstration

The Governor recommends funding a demonstration project that seeks to increase housing stability for low-income individuals with chronic health conditions. This project targets certain groups in General Assistance and Group Residential Housing and provides them coordinated services across multiple systems, tenancy supports, and community living assistance. This item is contingent on federal approval.

Performance Measures:

It is expected that this proposal will increase access to necessary and appropriate levels of health and community living supports, improved housing stability, a reduction to costly emergency medical services and improved consistency of care. Measures include assessment of service utilization and housing stability at enrollment, annually and at termination; and fewer inpatient and psychiatric hospitalizations, emergency room visits and ambulance transports.

General Fund	Expenditure	(480)	(3,216)	(3,696)	(3,799)	(4,821)	(8,620)
	Net Change	(480)	(3,216)	(3,696)	(3,799)	(4,821)	(8,620)

Increase Access to Quality Care for Children with High Needs

The Governor recommends improving access to high quality child care through changes that include simplifying the current rates structure and setting updated rates for some providers. Additionally, it funds a quality add-on to rates for providers with three and four-star ratings through Parent Aware and guarantees child care for eligible teen parents to ensure they receive services.

Performance Measures:

By setting higher maximum rates, families' access to child care will improve. Access is defined as the percent of provider rates that are covered by the CCAP maximum rates. Increasing maximum rates supports families' access to more providers and to providers who offer higher quality care. The percent of children receiving CCAP in high quality programs is expected to increase. This is measured by the percent of families receiving Child Care Assistance who use 3- or 4-star rated child care providers.

General Fund	Expenditure	6,985	13,230	20,215	15,176	15,574	30,750
	Net Change	6,985	13,230	20,215	15,176	15,574	30,750

Northstar Care for Children

The Governor recommends increasing child permanency by equalizing the adoption assistance, relative custody assistance (RCA), and foster care rates. Currently, foster care rates can be more than double adoption assistance and RCA rates creating a financial incentive to not adopt children. This proposal eliminates that incentive by consolidating the three existing programs into a single program to support permanency for children for new placements, effective January 1, 2015.

Performance Measures:

Implementation of Northstar Care should reduce the number of children in out-of-home care; reduce the length of stay in out-of-home care; and, increase the percent of children adopted within 24 months of entry in foster care.

General Fund	Expenditure	378	2,014	2,392	4,989	8,242	13,231
	Net Change	378	2,014	2,392	4,989	8,242	13,231

Human Services

Governor's Changes

(Dollars in Thousands)

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Rebuilding an Effective MFIP Program

The Governor recommends improving MFIP program outcomes and simplifying program administration by targeting resources to establish home visiting initiatives for teen parents, increasing benefits for working families, providing additional supports to improve parents' employment outcomes, and suspending the Work Benefit program.

Performance Measures:

Among the outcomes positively impacted by these investments are improved employment outcomes for parents and improved high school graduation rates among teen parents on MFIP.

Federal Funds	Expenditure	3,500	1,700	5,200	2,000	2,000	4,000
General Fund	Expenditure	3,240	5,261	8,501	2,084	1,730	3,814
	Net Change	6,740	6,961	13,701	4,084	3,730	7,814

Expand Parent Support Outreach Program Statewide

The Governor recommends expanding the Parent Support Outreach Program (PSOP) statewide. PSOP is an early intervention response to screened-out reports of child maltreatment that provides early intervention, outreach, and supportive services to families.

Performance Measures:

The department will monitor the rate per thousand of substantiated child abuse and neglect reports. During the first four years of the PSOP pilot project, the Institute of Applied Research conducted an intensive study of the impact of PSOP in the counties where it was instituted. The final report, Minnesota Parent Support Outreach Program Evaluation (<http://iarstl.org/papers/PSOPFinalReport.pdf>) found that families with high levels of need related to poverty or to chemical dependency, who received services targeted to those issues, were less likely to have a subsequent accepted report in the child protection system than families with similar identified problems who received no services. The research also showed that those counties with high levels of PSOP implementation had greater reduction of screened-in child maltreatment reports in the final two years of the pilot program than counties that had a low level of implementation or did not offer PSOP at all.

General Fund	Expenditure	2,250	2,250	4,500	2,250	2,250	4,500
	Net Change	2,250	2,250	4,500	2,250	2,250	4,500

Electronic Benefit Transaction Fee

The Governor recommends eliminating the four cent fee paid to grocers for Electronic Benefit Transfer (EBT) card transactions made under the Supplemental Nutrition Assistance Program. This fee originated during the early years of payment card technology to encourage retailers to adopt the new payment method, but this incentive is now unnecessary given the widespread use of electronic payments.

Performance Measures:

This proposal provides savings to the overall budget solution through agency efficiencies without impacting SNAP recipients.

General Fund	Expenditure	(213)	(213)	(426)	(213)	(213)	(426)
	Net Change	(213)	(213)	(426)	(213)	(213)	(426)

Human Services

Governor's Changes

(Dollars in Thousands)

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Adoption Assistance Forecast Adjustment

The Governor recommends capturing surplus dollars in the adoption assistance program that result from reduced caseload projections

Performance Measures:

This proposal will result in savings to the state due to a reduction in projected caseload need, and does not impact services for people.

General Fund	Expenditure	(1,069)	(706)	(1,775)	(706)	(706)	(1,412)
	Net Change	(1,069)	(706)	(1,775)	(706)	(706)	(1,412)

Match Supportive Service Expenditures

The Governor recommends seeking federal match on the Supplemental Nutrition Assistance Employment and Training Program. The federal government provides a 50% match on support services to eligible SNAP recipients. This proposal uses existing state expenditures under the Child Care Assistance Program and the Diversionary Work Program.

Performance Measures:

This proposal provides savings to the overall budget solution by reducing state expenditures, without impacting services for people.

General Fund	Revenue	4,400	4,400	8,800	4,400	4,400	8,800
	Net Change	(4,400)	(4,400)	(8,800)	(4,400)	(4,400)	(8,800)

Expansion of School-linked Grants

The Governor recommends expanding access to mental health services for children with complex, high-cost conditions through increased funding to schools. Schools focus on improving outcomes by integrating services otherwise siloed by requiring comprehensive assessment, care coordination, and integrated treatment and supports planning.

Performance Measures:

Success of this proposal will be measured as follows: 1) An increase in the number of first-time users of mental health services funded by the School-Linked Mental Health Grants; 2) An increase in the number of schools providing mental health services; and, 3) An increase in the number of students of cultural minority groups receiving mental health services funded by the School-Linked Mental Health Grant.

General Fund	Expenditure	2,527	4,907	7,434	4,907	4,907	9,814
	Net Change	2,527	4,907	7,434	4,907	4,907	9,814

Human Services

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Establish a Clinical Care Coordination Benefit in MA

The Governor recommends expanding provider reimbursement for time spent in clinical consultation with a patient's other clinicians to coordinate their care. Coordination of clinical care for people with complex and chronic conditions remains inadequate for most Minnesotans receiving publicly and privately financed behavioral health care services. This will incent clinicians to coordinate care among providers by reimbursing them for their time spent doing so. This change will be funded by reallocating \$2.15 million currently used to provide targeted case management through a local share grant program.

Performance Measures:

The department will measure the success of this proposal by tracking an expected reduction in the number of children with high-cost mental health conditions ("high cost" is defined as expenditures of \$50,000 or greater in a 12-month period). A Children's Mental Health Care Coordination benefit in MA will create a financial incentive for treatment providers to ensure consistency of care across primary care, social services, schools, probation, and other specialty care providers and, based on treatment outcomes, adjust services as necessary to improve outcomes. Failure to coordinate care has been identified as major cause of high-cost cases.

General Fund	Expenditure	(347)	(347)	(694)	(347)	(347)	(694)
	Net Change	(347)	(347)	(694)	(347)	(347)	(694)

Establish a Family Psycho-education Benefit in Medical Assistance

The Governor recommends repurposing existing funding for the psychotherapy benefit in the Minnesota Health Care Plans (MHCPs) to instead be used for a psychoeducation benefit. The psychoeducation benefit will be used to teach family members skills to deal with a child's mental health illness, allowing them to participate in a child's treatment. Because a child spends more time with family members than with a therapist, this benefit will enlist family members in the child's treatment to provide a more useful and cost effective treatment model.

Performance Measures:

Because the first challenge of implementing a new benefit is to train providers on effective practice and documentation, the initial measures will be to establish a baseline and increase the number of mental health professionals who successfully complete training in the delivery, documentation and billing of the Family Psycho-education benefit.

General Fund	Expenditure	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0

Expand Mental Health Crisis Response Services

The Governor recommends expanding mental health crisis response services to an additional sixteen counties and two tribes. These services help individuals cope with mental health crisis in their own home rather than in a more restrictive and expensive setting. These services are currently available in 59 counties and one tribe.

Performance Measures:

Four new mobile crisis response teams will be developed which will cover sixteen counties and two tribes. Improved access to mental health crisis services is expected to reduce rates of suicide, hospitalizations, and law enforcement involvement.

General Fund	Expenditure	1,000	1,000	2,000	750	750	1,500
	Net Change	1,000	1,000	2,000	750	750	1,500

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Adjust Adult Rehabilitative Mental Health Services Payment Rate and Provisions of Services

The Governor recommends increasing payment rates for the Adult Rehabilitative Mental Health Services (ARMHS) currently provided and expands the range of services offered under ARMHS. ARMHS helps adults with serious mental illness gain emotional stability and learn new coping skills needed when thinking, concentrating or caring for oneself is severely impaired by symptoms of mental illness. Current rates do not cover service costs. This proposal aims to ensure the sustainability of these services.

Performance Measures:

The department expects that on average, individuals receiving ARMHS will have a 25 percent reduction in mental health hospital inpatient days.

General Fund	Expenditure	0	0	0	0	1,041	1,041
	Net Change	0	0	0	0	1,041	1,041

Mental Health Specialty Treatment Service

The Governor recommends establishing a pilot program for a 24 hour a day, seven days a week medically monitored mental health specialty treatment service. This service will serve as a transition from psychiatric hospitalization for individuals with complex treatment needs, and will seek to fill a gap in services for individuals who are ready for hospital discharge, but who for various reasons are not able to transition to non-hospital treatment settings.

Performance Measures:

This change is expected to reduce the total number of non-acute bed days for psychiatric hospital length of stay (excluding rule 20 stays) at Anoka Metropolitan Regional Treatment Center (AMRTC). While this affects a relatively small number of individuals each year, the treatment needs of these individuals have been identified as using the majority of hospital bed days where hospital level-of-care is no longer demonstrated. DHS AMRTC Continued Stay Criteria reports will be used to monitor this performance.

Other Funds	Expenditure	1,000	1,000	2,000	1,000	1,000	2,000
Other Funds	Revenue	1,000	1,000	2,000	1,000	1,000	2,000
	Net Change	0	0	0	0	0	0

Health Workforce – Substance Abuse Screening, Brief Intervention and Referral to Treatment

The Governor recommends funding training for primary care clinicians, so that they can use a screening tool that helps identify people with risky drug or alcohol use. This tool better integrates primary care and substance abuse treatment by enabling clinicians to reach more people who are at risk and connect them with services. This screening tool is known as Screening, Brief Intervention, and Referral for Treatment (SBIRT).

Performance Measures:

There is no current baseline, however the Department will measure the numbers of primary care physicians trained and utilizing the evidence-based practice of SBIRT.

General Fund	Expenditure	300	300	600	0	0	0
	Net Change	300	300	600	0	0	0

Human Services

Governor's Changes

(Dollars in Thousands)

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Eliminate Alternative to Moose Lake Grant

The Governor recommends eliminating grants used to subsidize programs in the non-metro community hospitals after the closure of Moose Lake Treatment Center. Since that time, the department has closed facilities in other parts of the state without providing similar subsidies.

Performance Measures:

This proposal provides savings to the overall budget solution through reduced expenditures.

General Fund	Expenditure	(2,653)	(2,653)	(5,306)	(2,653)	(2,653)	(5,306)
	Net Change	(2,653)	(2,653)	(5,306)	(2,653)	(2,653)	(5,306)

One-time Reduction in CCDTF Carryforward

The Governor recommends a one-time transfer of unspent funds in the Consolidated Chemical Dependency Treatment Fund (CCDTF) to the general fund. The transfer is possible because of lower-than-forecasted spending in the CCDTF over the past few years. This transfer does not affect services eligible recipients will receive or the number of people that will be served.

Performance Measures:

This is a one-time reduction in funds appropriated to a forecasted program and not used in a prior year.

General Fund	Transfers In	18,188	0	18,188	0	0	0
Other Funds	Transfers Out	18,188	0	18,188	0	0	0
	Net Change	0	0	0	0	0	0

Mental Health Transitions Services

The Governor recommends funding new mental health services. These funds will be used to support the development of new mental health specialty transitional treatment services and to assist individuals transitioning out of treatment at state operated facilities. The goal of these services is to improve the flow of services and relieve some historical pressures like waiting lists, jail holds, and community hospital space.

Performance Measures:

This change will be successful if there is an annual 10 percent reduction in the total number of non-acute bed days (excluding Rule 20 bed days) for psychiatric hospital length of stay at Anoka Metropolitan Regional Treatment Center (AMRTC). DHS AMRTC Continued Stay Criteria reports will be used to monitor this performance.

Other Funds	Expenditure	2,000	2,000	4,000	2,000	2,000	4,000
Other Funds	Revenue	2,000	2,000	4,000	2,000	2,000	4,000
	Net Change	0	0	0	0	0	0

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Change County Share of Cost of Care Rate for Anoka Regional Treatment Center

The Governor recommends an increase to the county share of costs for the Anoka Regional Treatment Center. The goal of the proposal is to encourage more timely patient discharge from the treatment center to a less restrictive, less costly setting as soon as it is appropriate for the patient.

Performance Measures:

This change will be successful if the length of stay for clients and the number of non-acute bed days are reduced. When a client can move through the system and return quickly to the community there is a greater chance they will retain their support system and living arrangement.

General Fund	Revenue	946	946	1,892	946	946	1,892
	Net Change	(946)	(946)	(1,892)	(946)	(946)	(1,892)

Change County Share of Cost of Care Rate for Minnesota Security Hospital

The Governor recommends increasing the county share of the cost of care for clients served in the Minnesota Security Hospital (MSH). The goal is to encourage a more timely return of clients to their home communities once a reduction in custody has been received. When clients are not able to quickly return to their home communities, they remain at an inappropriate, more expensive level of care and custody that is no longer conducive to their treatment progress.

Performance Measures:

A key measure of success for this item is a reduction in the length of stay once a client has been deemed appropriate for discharge and the client has been provisionally discharged from the program.

General Fund	Revenue	3,146	3,146	6,292	3,146	3,146	6,292
	Net Change	(3,146)	(3,146)	(6,292)	(3,146)	(3,146)	(6,292)

MN Sex Offender Program Growth

The Governor recommends increasing funding for the Minnesota Sex Offender Program (MSOP) to address current estimates for increases in the number of commitments to MSOP.

Performance Measures:

MSOP treatment is individualized based upon the clinical needs, risk potential, and responsiveness to treatment, for all clients. Consistent with the research and standard clinical practices, MSOP provides integrated treatment including sex-offender-specific treatment, vocational and work opportunities, education, therapeutic recreation, and mental health services. To assess utilization of treatment services, over 80% of the population will be involved in sex offender treatment. Assessment measures and targets are currently being developed to assess participation trends.

General Fund	Expenditure	3,693	6,669	10,362	6,669	6,669	13,338
General Fund	Revenue	923	1,667	2,590	1,667	1,667	3,334
	Net Change	2,770	5,002	7,772	5,002	5,002	10,004

Human Services

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(Dollars in Thousands)

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Implement New Fee Schedule for HCBS Providers

The Governor recommends establishing a fee structure to recover the costs of licensing home and community-based services (HCBS) as required by the federal Medicaid program. These licensing standards were passed by the 2012 Legislature, and the corresponding fee structure is now recommended to be implemented. The agency will collect a fee from HCBS providers to cover the costs of licensing all HCBS services and will centrally monitor provider performance and standards.

Performance Measures:

As a result of this change, program integrity will be enhanced through sanctions and recovery of payments for services not provided. Performance measures will identify the number of programs licensed, extent and type of monitoring activities, and enforcement actions taken.

Other Funds	Expenditure	500	2,700	3,200	2,700	2,700	5,400
Other Funds	Revenue	500	2,700	3,200	2,700	2,700	5,400
	Net Change	0	0	0	0	0	0

Application Fee for Provider Screening

The Governor recommends implementing federal provider enrollment requirements to conduct additional screenings, including additional FBI checks for high risk providers. This fee, which is set by the federal government, will be paid by all newly enrolled Medicaid providers at the time of enrollment. The intention of this change is to avoid significant "pay and chase" activity by preventing fraudulent or illegitimate Medicaid providers from enrolling in the first place.

Performance Measures:

The performance measure for this item will be the number of high risk and moderate risk providers that will receive pre and post enrollment visits, and the number of managers and owners identified as high risk providers who will have FBI background study checks.

General Fund	Expenditure	311	290	601	290	290	580
Other Funds	Expenditure	522	533	1,055	533	533	1,066
Other Funds	Revenue	522	533	1,055	533	533	1,066
	Net Change	311	290	601	290	290	580

Child Care Licensing Changes

The Governor recommends changes to child care licensure to address the issue of child mortality in child care settings. This recommendation includes various elements and strategies, including strengthening of child care provider licensing and testing, and both improving and subsidizing training for providers. The goal of these changes is to increase child safety, particularly related to safe sleep practices.

Performance Measures:

It is expected that implementing these changes will reduce the incidence of deaths in licensed family child care homes.

General Fund	Expenditure	1,002	1,298	2,300	1,298	1,298	2,596
	Net Change	1,002	1,298	2,300	1,298	1,298	2,596

Human Services

Governor's Changes

(Dollars in Thousands)

		FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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Child Care Provider Investigations & Data Analytics

The Governor recommends establishing a team of inspectors to address child care provider fraud. This team will identify provider fraud, investigate negligent or fraudulent providers, and refer cases for criminal or administrative prosecutions as appropriate.

Performance Measures:

The performance measure tracked will be the number of investigations and quantity of program savings and recoveries through fines, penalties and overpayments that result from new investigations of fraudulent and abusive financial conduct by child care providers.

General Fund	Expenditure	572	535	1,107	535	535	1,070
General Fund	Revenue	279	470	749	636	492	1,128
	Net Change	293	65	358	(101)	43	(58)

Expansion of Internal Audits Capacity

The Governor recommends expanding the agency's capacity to conduct internal compliance and financial audits of public programs and operations. The goal is to ensure that these programs are administered in accordance with federal and state laws, rules and regulations, and that program funds are directed to where they are needed most. As the size of human service programs has increased, it has become a challenge to accomplish this goal with existing resources. The increased internal audits capacity would enable the agency to better address known internal control deficiencies and program inefficiencies based on assessed risk, while still providing sufficient resources to respond to emerging high priority incidents.

Performance Measures:

Performance measures for this outcome would include costs savings / cost avoidance from issued audit reports, and also less tangible benefits such as improved internal controls, lower overall business risk, and improved efficiencies.

General Fund	Expenditure	349	318	667	499	499	998
	Net Change	349	318	667	499	499	998

Expansion of Surveillance and Integrity Review

The Governor recommends expanding the capacity to investigate Medical Assistance (MA) providers to prevent fraud and abuse of the MA program. This expansion will increase staff to investigate those providers identified as high risk, as well as allow investigators to cover additional provider types.

Performance Measures:

This change will be successful if the agency is able to expand investigations to more provider types.

General Fund	Expenditure	430	402	832	402	402	804
General Fund	Revenue	750	750	1,500	750	750	1,500
	Net Change	(320)	(348)	(668)	(348)	(348)	(696)

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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MA Provider Recoveries

The Governor recommends increasing authority to pursue Medicaid provider recoveries through new recovery mechanisms. By adding to the tools available to pursue Medicaid provider recoveries, amounts recovered will increase.

Performance Measures:

If successful, this change will improve fraud prevention and lead to increased collections of overpayments.

General Fund	Expenditure	101	94	195	94	94	188
General Fund	Revenue	500	500	1,000	500	500	1,000
	Net Change	(399)	(406)	(805)	(406)	(406)	(812)

Background Studies Expanded and Scope Expanded

The Governor recommends expanding background study requirements to include mental health centers and clinics. This group of providers is currently the only exception to the agency requirement that staff who provide direct care services must complete a background study. The Governor also recommends improving background studies by expanding their scope to include routine access to the Predatory Offender Registry (in many states, this is referred to as the "sex offender registry"), which is maintained by the state Department of Public Safety (DPS).

Performance Measures:

The goal of this change is not to increase disqualifications, but instead to protect persons served in licensed programs. The new background study activity covering mental health centers and clinics will likely result in individuals being removed from positions of direct contact. The specific performance measure tracked will be the number of disqualifications resulting from the expanded background studies, and disqualifications resulting from access to the Department of Public Safety information.

Other Funds	Expenditure	28	14	42	14	14	28
Other Funds	Revenue	28	14	42	14	14	28
	Net Change	0	0	0	0	0	0

Background Studies – Access to MNCIS Information

The Governor recommends improving background studies by expanding their access to the Minnesota Court Information System (MNCIS). This proposal creates a "rap back" system where data from MNCIS will automatically be retrieved from the courts when there is new arrest data on a subject who has previously completed a background study. The rap back system will make background studies more accurate and complete. This recommendation will also allow the agency to convert from a name based background study system to a fingerprint based system.

Performance Measures:

The goal of this change is not to increase number of disqualifications, but rather to protect persons served in licensed programs. It is estimated that new arrest information on 500 individuals each year will be newly available thanks to this change, which will likely result in 25 additional disqualifications per year. The performance measure tracked will be the number of disqualifications resulting from access to MNCIS through the rap back process.

Federal Funds	Expenditure	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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Modernization of DHS Technology Systems

The Governor recommends funding to implement the agency's systems modernization plan. This funding will leverage a substantial amount of federal funding made available through 2015 as a result of the Affordable Care Act. This proposal funds implementation of critical elements of the modernization plan including infrastructure, software and hardware required for systems integration, eligibility systems improvement, and modernization of the agency's child support system. Included in this funding recommendation is \$4.23 million in FY2014-15 and \$6.281 million in FY2016-17 for the state share of technology costs associated with the Health Insurance Exchange. A portion of this item is contingent on federal approval of Reform 2020.

Performance Measures:

A key measure will be how well the goal of integrated human service eligibility systems is achieved. An integrated system would eliminate the need and administrative complexity of supporting and using multiple systems with aging technology and incompatible data systems. Implementation of the integrated system will also result in greater efficiency in the delivery of human services at the county level.

General Fund	Transfers Out	11,227	17,902	29,129	9,140	4,854	13,994
Other Funds	Expenditure	24,076	38,745	62,821	23,257	12,097	35,354
Other Funds	Revenue	12,849	20,843	33,692	14,117	7,243	21,360
Other Funds	Transfers In	11,227	17,902	29,129	9,140	4,854	13,994
	Net Change	11,227	17,902	29,129	9,140	4,854	13,994

County Performance Management System

The Governor recommends funding to support the development of a performance management system for the state-county human services system. This includes funding for the administration of an advisory committee, development of performance standards, and technical assistance to support improvement of low-performing counties.

Performance Measures:

The goal of this initiative is to create a performance management system that will transform the state-county relationship in the delivery of human services. This change will also re-focus the state supervisory role to ensure, through support and enforcement, that counties are achieving desired outcomes.

General Fund	Expenditure	796	704	1,500	608	704	1,312
	Net Change	796	704	1,500	608	704	1,312

Adjust Transfers Between the HCAF and GF

The Governor recommends adjusting a current law transfer between the health care access fund and the general fund by \$44.986 million in FY 2014-15. The net change in transfers throughout the biennium is zero.

Performance Measures:

This proposal provides savings to the overall budget solution through reduced expenditures.

General Fund	Transfers In	(44,986)	44,986	0	0	0	0
Other Funds	Transfers Out	(44,986)	44,986	0	0	0	0
	Net Change	0	0	0	0	0	0

Human Services

Governor's Changes

(Dollars in Thousands)

	FY 14	FY 15	FY 14-15 Biennium	FY 16	FY 17	FY 16-17 Biennium
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ACA: New MinnesotaCare Demonstration Waiver

The Governor recommends seeking a new MinnesotaCare demonstration waiver for coverage for adults above 138% FPG that provides more seamless coverage options for individuals and their families above 138% FPG across all insurance affordability programs in Minnesota. This coverage will be partially funded by the reserve funding created by savings generated by the MA expansion option. The Governor and the Department of Human Services will immediately begin negotiations with the Centers for Medicare and Medicaid Services (CMS) on the new waiver and will submit a more detailed plan and fiscal estimate in the Governor's supplemental budget.

Performance Measures:

This proposal will reduce Minnesota's rate of uninsurance for persons above 138% of FPG, as measured by the annual Health Access Survey administered by MDH.

General Fund	Expenditure	0	0	0	0	0	0
Other Funds	Expenditure	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0

Strengthen Newborn Screening Program

The Governor recommends strengthening the state's newborn screening program by adding new tests to the screening program for infants. This program is administered by the Minnesota Department of Health, but will also have an impact on the state's Medical Assistance (MA) program, which is administered by DHS. Only the MA costs are reflected here. The remainder of the change can be found under the Department of Health.

Performance Measures:

The goal of this proposal is to increase the number of children with a congenital or hereditary disorder that are identified early enough in life to improve medical outcomes. This will be measured by the number of affected children found through the Newborn Screening System.

General Fund	Expenditure	296	496	792	496	496	992
	Net Change	296	496	792	496	496	992

Net All Change Items	Federal Funds	3,500	1,700	5,200	2,000	2,000	4,000
	General Fund	(176,686)	263,487	86,801	412,572	383,927	796,499
	Other Funds	103,595	(264,959)	(161,364)	(420,012)	(370,341)	(790,353)
	Net Change	(69,591)	228	(69,363)	(5,440)	15,586	10,146

Human Services
All Funds FTE by Activity

	Current	Forecast Base	Governor's Recommendation
Activity	FY 2013	FY 2015	FY 2015
Budget Activity: Operations	1,051.1	396.0	464.5
Budget Activity: Children & Families	312.5	312.5	316.5
Budget Activity: Health Care	559.0	559.0	563.0
Budget Activity: Continuing Care	260.7	260.7	303.7
Budget Activity: Chemical & Mental Health	92.3	92.3	95.3
Budget Activity: SOS Mental Health	1,178.8	1,105.9	1,106.9
Budget Activity: SOS Enterprise Services	1,455.7	1,391.0	1,391.0
Budget Activity: SOS Mn Security Hospital	752.0	719.1	719.1
Budget Activity: Sex Offender Program	866.2	825.2	894.2
Budget Activity: Fiduciary Activities	0.0	0.0	0.0
Budget Activity: Technical Activities	0.0	0.0	0.0
Human Services	6,528.4	5,661.7	5,854.2

Human Services
Revenue Summary
(Dollars in Thousands)

		Biennium FY14-15			
		General Fund	Other State Funds	Federal Funds	All Funds
Non Dedicated	TAXES	520,137			520,137
	FEDERAL GRANTS	0			0
	DEPARTMENTAL EARNINGS	117,874	9,900		127,774
	ALL OTHER	173,511	19,308		192,819
	Subtotal	811,522	29,208		840,730
Dedicated	TAXES		10	0	10
	FEDERAL GRANTS	0	19,336	14,330,151	14,349,487
	DEPARTMENTAL EARNINGS	0	346,072	28,600	374,672
	INVESTMENT INCOME		1,089	200	1,289
	ALL OTHER	0	2,237,737	83,758	2,321,495
	Subtotal	0	2,604,243	14,442,709	17,046,952
Total		811,522	2,633,451	14,442,709	17,887,682

Human Services Operations

http://www.dhs.state.mn.us/main/id_000261

Statewide Outcome(s):

Operations supports the following statewide outcome(s).

People in Minnesota are safe.

Efficient and accountable government services.

Context:

The Operations administration within the Minnesota Department of Human Services (DHS) provides the agency wide support and infrastructure needed for the effective and efficient delivery of human services. The work done in Operations ensures that federal and state compliance measures are in place and that proper fiscal accounting procedures are used in handling federal and state funds. The department's fraud prevention and detection efforts, which help ensure that public resources go to support those who need them by reducing fraud and abuse, are housed within Operations.

Operations works to ensure the necessary tools and capacity exist for the department's administrative work. Operations staff accomplish this by providing a wide variety of support services that include information and technology, human resource management, financial operations, facilities management and compliance services, as well as facilitating our work with our county and tribal partners. Primary customers for the Operations activities include human services staff, counties, tribes and community service providers.

Operations also provides direct program services that protect children and vulnerable adults as well as ensure fair and equal access to human services programs. Families, children and vulnerable adults need to be assured that the licensed facilities in which they receive care are safe and that people responsible for taking care of these family members, children and vulnerable adults meet service expectations. Operations staff license child and adult care programs, conduct fraud investigations related to human services program payments, and provide appeals processes for those who feel access to public services was wrongly reduced or ended. Primary customers include more than 289,000 individuals receiving care from a licensed service provider, individuals or providers receiving assistance or payments from human service programs and taxpayers.

Most Operations activities are funded through state general, health care access and special revenue funds and federal funds. Licensing activities are funded largely through special revenue fund proceeds from licenses and background study fees.

Strategies:

Operations functions fall generally into two categories: those efforts that support the effective and efficient delivery of human services and those efforts that contribute to keeping Minnesotans safe.

Effective and efficient delivery of human services - Operations provides the agency wide support and infrastructure required for the efficient and accountable delivery of human services. These activities include:

- Reducing fraud, waste and abuse. DHS created the Office of Inspector General (OIG) in August 2011. The OIG works to ensure government resources are going to those who need them by reducing fraud and abuse in the use and distribution of state and federal funds. The office is also using new tools to stop individuals and providers from receiving benefits and funds inappropriately.
- Providing an appeals process that helps ensure accountability and fairness for human services programs. Upon request, fair hearings are conducted for individuals and providers whose services, benefits or payments have been changed.
- Information and technology services, which includes day-to-day network maintenance and support and management of more than 300 system applications and several major statewide computer systems. The major systems, used by 87 counties and thousands of providers, are: (1) "Medicaid Management Information System" (MMIS), which processes Medical Assistance and MinnesotaCare claims; (2)

MAXIS, which is used by state and county workers to determine eligibility for public assistance and health care programs and to make public assistance payments; (3) "Providing Resources to Improve Support in Minnesota" (PRISM), which supports Minnesota's Child Support Enforcement program; and (4) "Social Service Information System" (SSIS), which is a county case management and data collection system for foster care, out-of-home placement, children's mental health, and adoption information.

- Financial operations. Staff develop agency budgets based on sound fiscal policy; provide accounting payment processes that ensure health care providers, child care providers or assistance recipients receive accurate and timely payments, and forecast program enrollment and expenditures to provide federal and state decision makers with sound fiscal estimates.
- Compliance services. Staff conduct operational and program evaluations, county audits, and reviews of grantees and contractors to ensure fiscal and compliance requirements are met.

Keeping people safe - Licensing activities help to ensure individuals receive services that meet accepted standards in safe, healthy environments. Staff conduct background studies to ensure that individuals providing direct care do not have disqualifying characteristics and conduct licensing reviews to ensure applicants and license holders comply with statutes and regulations. Operations licenses more than 23,000 service providers and conducts 252,000 background studies annually. Licensing activities also include conducting maltreatment investigations, removing individuals responsible for maltreatment from providing care services, and applying licensing sanctions when warranted to protect the health and safety of individuals. Licensing staff conduct approximately 950 maltreatment investigation each year.

A new Licensing Information Lookup website enables individuals to learn more about their care providers. In the first half of 2012, there was a 26 percent increase in the monthly number of visits to this website. This resource will continue to provide valuable information to Minnesotans as DHS strives to provide more relevant information about service providers on this website.

Operations supports several strategies in the agency's "Framework for the Future: 2012." <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6464-ENG>

- Establish Office of Inspector General to improve fraud prevention and lead to increased prosecutions and collections of overpayments
- Expand field investigations through Medicaid Recovery Audit Contracts
- Create new enforcement tools including background study expansion, data analytics and financial integrity standards in licensing
- Use technology to increase our outreach through online applications, a new website and e-licensing initiatives
- Create a new partnership model for our work with counties and tribes
- Enhance capacity of our tribal partners to assume more direct service delivery

Results:

Operations monitors and reports on key measures to tell us how well our strategies are working. DHS tracks the amount of funds recovered as a key measure of the effectiveness of OIG efforts. The Appeals Office tracks the timeliness with which appeals are heard and completed. This is important because there has been significant growth in the number of appeals that must be processed. (In FY 2008, the office closed out 6,482 appeals and in FY 2012, the office closed out 9,730 appeals.) Operations has added a performance measure to track usage of the Licensing Information Lookup website. We also track the number of licensing sanctions; these have remained relatively stable over the past four years. Our Minnesota IT Services (MN.IT) staff track the volume of information that is processed by one of the largest of the Department's major systems.

Performance Measures	Previous	Current	Trend
Funds received through recovery and investigation efforts from Medical Assistance (MA) providers ¹	\$50 million	\$68 million	Improving
Appeals cases closed out within statutory timelines ²	91%	82%	Worsening
Use of Licensing Information Lookup website ³	37,000 visits	50,000 visits	Improving

Performance Measures	Previous	Current	Trend
Number of Licensing sanctions ⁴	859	888	Stable
Medicaid Management Information System (MMIS): Number of claims processed each month ⁵	7.5 million	8.28 million	Improving

Performance Measures Notes:

1. Compares FY2008 (Previous) to FY2011 (Current). Source: DHS Dashboard data on Program Integrity – recovered funds: <http://dashboard.dhs.state.mn.us/measure04.aspx>
2. Compares the percentage closed within statutory timelines for FY 2008 (Previous) to FY 2012 (Current). Source: DHS monthly Appeals reports
3. Reports the number of unique visits that separate individuals made to the DHS Licensing Information Lookup website per month. Compares January 2012 (Previous) to July 2012 (Current). Source: DHS Licensing Information Lookup website: <http://licensinglookup.dhs.state.mn.us>
4. Compares 2008 (Previous) to 2011 (Current). Source: License Information System (LIS). The Licensing sanctions reported here include license revocations, suspensions, fines, conditional licenses and order of temporary immediate suspensions.
5. Compares July 2011 (Previous) to July 2012 (Current). Source: MN.ITS @ DHS MMIS reporting

Budget Activity: Operations
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$80,168	\$215,870	\$3,653	\$299,691
Current Law Expenditures (FY 2014-15)	\$79,813	\$265,707	\$4,940	\$350,460
Governor's Recommended Expenditures (FY2014-15)	\$89,229	\$334,732	\$4,940	\$428,901
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$9,416	\$69,025	\$0	\$78,441
% Change from FY 2014-15 Current Law to Governor's Rec	12%	26%	0%	22%

Budget Activity: Operations**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$6,527		\$6,527
REVENUE	\$0	\$174,524	\$4,742	\$179,266
TRANSFERS IN	\$8,084	\$148,242		\$156,326
APPROPRIATION	\$207,641	\$34,986	\$200	\$242,827
SOURCES OF FUNDS	\$215,725	\$364,279	\$4,942	\$584,946
BALANCE FORWARD OUT		\$12,573		\$12,573
TRANSFERS OUT	\$126,498	\$16,974	\$0	\$143,472
EXPENDITURES	\$89,229	\$334,732	\$4,940	\$428,901
PAYROLL EXPENSE	\$54,544	\$27,032	\$2,740	\$84,316
OPERATING EXPENSES	\$34,685	\$307,700	\$2,201	\$344,585
USES OF FUNDS	\$215,727	\$364,279	\$4,940	\$584,946

Human Services Children & Families

<http://mn.gov/dhs/people-we-serve/children-and-families/>

Statewide Outcome(s):

Children & Families supports the following statewide outcome(s).

Strong and stable families and communities.

People in Minnesota are safe.

Context:

Children & Families provides administrative support for programs serving low-income families, children, and low-income adults. This area includes administration of forecasted programs: the Minnesota Family Investment (MFIP) and Diversionary Work Programs, General Assistance, Group Residential Housing, Minnesota Supplemental Aid, and MFIP Child Care Assistance, as well as non-forecasted grant programs that provide funding for housing, food and child welfare services.

These services help to ensure that low-income people receive the support they need to be safe and help build stable families and communities. Programs administered in this area seek to keep more people fed and healthy by increasing nutrition assistance participation (especially for seniors), to keep more children out of foster care and safely with their families, to decrease the disproportionate number of children of color in out-of-home placements, and to increase access to high quality child care. Statewide administration of these programs ensures that federal funds are used in accordance with federal regulations, resources and services are distributed equitably across the state; and quality standards are maintained.

Funding includes a combination of state and federal dollars. Major federal block grants that support programs in this area include Temporary Assistance for Needy Families, the Child Care and Development Fund, the Social Services Block Grant and the Community Services Block Grants, totaling over \$380 million a year. The Supplemental Nutrition Assistance Program (SNAP) is also administered in this area.

In 2011, an average of 469,904 people per month received help under the Supplemental Nutrition Assistance Program, and there were 17,716 reports of child abuse and neglect, involving 24,962 children.

Strategies:

Children & Families provides administrative direction and support to counties, tribes and community agencies. Support includes:

- Policy development and program implementation
- Grants management
- Training and technical assistance to counties, tribes and grantees
- Evaluation and auditing of service delivery and quality assurance reviews to ensure that effective services are delivered efficiently and consistently across the state.

This administration provides oversight of statewide child welfare services that focus on ensuring children's safety while supporting families, ensuring 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.

Children & Family Services supports the following strategies in the DHS Framework for the Future: 2012

(<https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-6464-ENG>):

- Keep people fed and healthy by increasing nutrition assistance participation by seniors through targeted outreach efforts
- Keep more children out of foster care and with their families
- Decrease the disproportionate number of children of color in out of home placements

- Increase access to high quality child care
- Create pathways to employment

Results:

Children & Families provides administrative support to a broad array of programs and services for low-income families and adults, and children. Included below are some key measures related to SNAP and child protection programs.

Performance Measures	Previous	Current	Trend
Percent of Children Not Experiencing Repeated Abuse or Neglect Within six Months of a Prior Report ¹	95.1%	95.6%	Improving
Percent of Children Either Reunified With Parents or Living With Relatives in Fewer than 12 Months from Last Removal from Home ¹	84.5%	85.7%	Improving
SNAP Participation Rate for All People in Poverty ²	51%	56%	Improving

Performance Measures Notes:

1. Child Welfare Report, measurements compare 2010 data (previous) to 2011 data (current). http://www.dhs.state.mn.us/main/id_000152
2. Data on SNAP participation is for the years 2009 (previous) and 2010 (current) and come from the Food Support Access Index.

Budget Activity: Children & Families
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$13,798	\$93,893	\$23,245	\$130,936
Current Law Expenditures (FY 2014-15)	\$14,004	\$43,336	\$24,542	\$81,882
Governor's Recommended Expenditures (FY2014-15)	\$15,108	\$43,336	\$24,542	\$82,986
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$1,104	\$0	\$0	\$1,104
% Change from FY 2014-15 Current Law to Governor's Rec	8%	0%	0%	1%

Budget Activity: Children & Families**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$6,107		\$6,107
REVENUE	\$0	\$43,832	\$19,977	\$63,809
TRANSFERS IN		\$1,084	\$0	\$1,084
APPROPRIATION	\$16,192	\$0	\$4,564	\$20,756
SOURCES OF FUNDS	\$16,192	\$51,023	\$24,541	\$91,756
BALANCE FORWARD OUT		\$7,687		\$7,687
TRANSFERS OUT	\$1,084			\$1,084
EXPENDITURES	\$15,108	\$43,336	\$24,542	\$82,986
PAYROLL EXPENSE	\$12,019	\$19,779	\$17,826	\$49,625
OPERATING EXPENSES	\$3,089	\$23,557	\$6,708	\$33,355
OTHER FINANCIAL TRANSACTIONS			\$7	\$7
USES OF FUNDS	\$16,192	\$51,023	\$24,542	\$91,757

Human Services

Health Care

http://www.dhs.state.mn.us/id_006301

Statewide Outcome(s):

Health Care supports the following statewide outcome(s).

Minnesotans are healthy.

Context:

The Minnesota Department of Human Services (DHS) Health Care Administration is responsible for overseeing the development, operational components and federal and state compliance of Minnesota's public health care programs, including:

- *Medical Assistance* (MA, or Minnesota's Medicaid program), which provides coverage for an average of more than 660,000 low-income people each month, including children and families, people 65 or older, people who have disabilities and adults without children.
- *MinnesotaCare*, which is designed for Minnesotans who do not have access to affordable health care coverage. MinnesotaCare serves an average of 148,000 people each month, and can be critical to helping people leave welfare and go to work without losing health care coverage.
- *Healthy Minnesota Contribution Program*, which began July 1, 2012 and provides a subsidy for adults without children at the upper end of the MinnesotaCare income range to purchase private health care coverage in the individual insurance market.

Through these programs, the state pays all or part of enrollees' medical bills. In FY 2011, about 74 percent of DHS' all-funds (state and federal funds) budget was devoted to these programs. These programs provide a safety net for low-income families, the elderly, disabled and very low-income adults without children. When faced with no coverage, individuals often seek preventative care services in an emergency room setting or choose not to seek preventative care. Uninsured Minnesotans also receive care in an uncoordinated and uncompensated manner in disparate provider settings (as opposed to a primary care setting), and/or delay seeking health care for emerging conditions. All of these choices result in reduced health outcomes for Minnesotans and/or increased cost for taxpayers.

The goals of the DHS Health Care Administration (HCA) are to:

1. Reduce the number of uninsured Minnesotans, by helping eligible people get health care coverage and measuring the quality of this coverage to improve it;
2. Reform the payment and service delivery models for Minnesota's public health care programs, by designing our rates and systems to be transparent and of maximized value for the taxpayer dollar;
3. Utilize research, data and analysis to develop HCA initiatives, support DHS health care programs and evaluate results;
4. Employ technology solutions to reduce costs and improve services for applicants, members and providers; and
5. Encourage stakeholder communication across HCA, to promote understanding and support of Minnesota's public health care programs.

HCA is actively engaged in implementing federal and state health care reform initiatives, to maximize available opportunities and promote health reform.

Strategies:

HCA's operational components include eligibility policy, provider and member enrollment/relations, federal relations (with the Centers for Medicare & Medicaid Services, or CMS, which administers Medicaid federally), managed care enrollment and contracting, project management, purchasing and service delivery, claims processing, benefit recovery, system development and maintenance, performance measurement, and numerous other functions of a public health plan. (HCA shares some MA and MinnesotaCare coverage policy and rates

development functions with the DHS Continuing Care and Chemical and Mental Health Services administrations for those services.) HCA also develops improvements to the way we administer and deliver these programs.

DHS and HCA work with many stakeholders to help us determine how we can improve our health care programs:

Improve health outcomes of public health care recipients while lowering costs for taxpayers

- MA and MinnesotaCare provide coverage of care coordination services for people with chronic illnesses through physician clinics that are certified Health Care Homes.
- DHS, per legislative direction in 2011, is seeking federal approval to reform MA to achieve better outcomes for people with disabilities, seniors and other enrollees through the *Reform 2020* initiative. More information is available online at http://www.dhs.state.mn.us/main/dhs16_166654
- DHS is submitting a grant application for a CMS Innovation Challenge for the “Strong Start for Mothers and Babies” initiative, to decrease disparities in birth outcomes for infants from communities of color.
- DHS is working with many partners to launch the Money Follows the Person Rebalancing Demonstration Program, aimed at increasing the number of Minnesotans with disabilities served in their homes and communities rather than in institutions. (See http://www.dhs.state.mn.us/dhs16_162194)
- DHS is partnering with the Minnesota Department of Health to help MA and MinnesotaCare enrollees prevent diabetes and other chronic disease by participating in the YMCA’s Diabetes Prevention Program and receiving other incentives for healthy behavior. Funded through a five-year grant, this program will help clients improve their health while lowering state health care spending for chronic conditions.

Integrate primary care, behavioral health and long-term care

Minnesota will see large growth in cost and utilization of long-term care services as Minnesota’s population ages. We can save money, reduce duplication of services and improve the health of our recipients if we better integrate our health care services. Some examples include:

- As part of *Reform 2020*, DHS is building on current state initiatives to improve performance of primary care and care coordination models for dual Medicare-Medicaid eligibles. Part of this focus is on primary care payment reform, and the consistent measurement and improvement in clinical outcomes. More information about this component of the overall reform is available at http://www.dhs.state.mn.us/main/dhs16_163573
- DHS is developing a grant project to integrate primary care and behavioral health care.
- DHS is partnering with Hennepin County on an innovative pilot project to test new strategies to better deliver human services to high-needs populations. This new demonstration, Hennepin Health, will provide a system that integrates medical, behavioral health and county human services for up to 10,000 low-income Minnesotans in a patient-centered model of care, improving patient outcomes while reducing overall costs.

Institute payment reform in health care purchasing

HCA is negotiating with potential Health Care Delivery System (HCDS) sites to begin full operation by January 2013. HCDS demonstration projects will contract directly with providers in a new way that allows them to share in savings for improving quality of care and patient experience and reducing the total cost of care for Medicaid enrollees. In this new model, MA enrollees will receive more coordinated care to improve their overall health, and health care providers will be paid based on the quality of care they provide to their patients and their ability to reduce the cost of care.

HCA’s work also supports the following strategies in the DHS Framework for the Future: 2012 <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6464-ENG>

- Increase access to affordable health care
- Integrate primary care, behavioral health and long-term care
- Institute payment reform in health care purchasing
- Use technology to increase our outreach through online applications, a new website and e-licensing initiatives
- Narrow the health care quality gap between clients in publicly-funded health care and private enrollees
- Increase enrollment outreach to communities of color.

Results:

Minnesota is consistently a national leader in promoting and implementing policy and payment initiatives that improve access, quality, and cost-effectiveness of services provided through publicly funded health care programs. We monitor performance measures that help us get at key actions and strategies. If DHS can quickly reimburse providers who serve our recipients, these providers may be more apt to serve recipients of Minnesota's public health care programs. Timely disposition of applications greatly improves access to health care coverage for eligible customers. Treating people in emergency rooms is more expensive than keeping them healthy to begin with, so it makes sense to get people the primary care they need. This last performance measure needs improvement, since providing people with insurance offers access to the kind of preventive care that keeps costs down and helps people live better lives.

Performance Measures	Previous	Current	Trend
Percent of electronically submitted claims paid within two days ¹	98.4%	98.5%	Stable
Average number of days to process MinnesotaCare applications ²	32 days	25 days	Improving
Percent of Minnesotans lacking health care insurance ³	9%	9.1%	Stable

Performance Measures Notes:

1. Source: DHS Data Warehouse, measured quarterly. Compares Fiscal year 2012, 2nd Quarter (Previous) to Fiscal year 2012 3rd Quarter (Current). The goal is to continue to pay 98 percent of electronically submitted claims within two days.
2. Source: DHS HCEA Operations, measured quarterly. Compares Fiscal year 2012, 1st Quarter (Previous) to Fiscal year 2012 2nd Quarter (Current). The goal is to process applications for MinnesotaCare within thirty days.
3. Source: Minnesota Department of Health Access Survey (conducted semiannually). Compares 2009 (Previous) to 2011 (Current). Nearly three-fourths of the uninsured have some potential access to coverage but do not take advantage of it.

Budget Activity: Health Care
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$26,039	\$114,679	\$4,008	\$144,726
Current Law Expenditures (FY 2014-15)	\$24,444	\$95,655	\$37,390	\$157,489
Governor's Recommended Expenditures (FY2014-15)	\$25,119	\$95,687	\$37,390	\$158,196
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$675	\$32	\$0	\$707
% Change from FY 2014-15 Current Law to Governor's Rec	3%	0%	0%	0%

**Budget Activity: Health Care
Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$3,277		\$3,277
REVENUE		\$46,155	\$37,390	\$83,545
TRANSFERS IN	\$154	\$2,982		\$3,136
APPROPRIATION	\$27,347	\$47,236	\$0	\$74,583
SOURCES OF FUNDS	\$27,501	\$99,650	\$37,390	\$164,541
BALANCE FORWARD OUT		\$3,363		\$3,363
TRANSFERS OUT	\$2,382	\$600		\$2,982
EXPENDITURES	\$25,119	\$95,687	\$37,390	\$158,196
PAYROLL EXPENSE	\$15,995	\$63,713	\$384	\$80,092
OPERATING EXPENSES	\$9,124	\$31,974	\$37,006	\$78,104
USES OF FUNDS	\$27,501	\$99,650	\$37,390	\$164,541

Human Services Continuing Care

http://www.dhs.state.mn.us/main/dhs16_166609#

Statewide Outcome(s):

Continuing Care supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Continuing Care serves older Minnesotans and Minnesotans with disabilities who need long-term care services, including persons with physical or developmental disabilities, impairment due to chronic illness, deafness or hearing loss, mental illness and HIV/AIDS. These populations have a variety of needs including assistance with activities of daily living such as bathing and dressing, communication assistance, medical needs and behavioral supports, and advocacy and protective services. Continuing care services help support these populations to remain independent in their communities and so avoid costly institutionalization. Minnesota is required by federal law to provide services to eligible seniors and people with disabilities through Medicaid.

The Continuing Care Administration (CCA) is the administration within the Minnesota Department of Human Services (DHS) responsible for long-term care programs and services for people with disabilities and older Minnesotans with a variety of different needs and their families. The CCA mission is to improve the dignity, health and independence of the people we serve.

The Continuing Care Administration has four goals:

- Support and enhance the quality of life for older people and people with disabilities;
- 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.

The Continuing Care Administration is funded with state, federal and special revenue funds. The employees in Continuing Care administer more than \$3.3 billion annually in state and federal funds serving over 400,000 Minnesotans annually.

Strategies:

Continuing Care functions are to:

1. Administer Medical Assistance (MA) long-term care programs (waivers and state plan services), which includes developing, seeking authority for and implementing policies, projects, and research. This includes administering state and federal grants and contracts, including the new Money Follows the Person Rebalancing Demonstration Program
2. Provide information, education, assistance, advocacy and direct service, including overseeing the state's adult protective services system.
3. Manage nursing home, Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD), and Day Training and Habilitation (DT&H) provider rates.
4. Assure service quality, conduct evaluations and measure results.
5. Staff the Governor-appointed MN Board on Aging (<http://www.mnaging.org>), the Ombudsman for Long-Term Care, numerous stakeholder work groups, and the Commission of Deaf, Deafblind and Hard of Hearing Minnesotans, a state agency housed within DHS (<http://mn.gov/deaf-commission>).
6. Provide administrative, financial, and operational management and support.
7. Provide technical assistance to stakeholders.

In addition to the normal administrative functions, which apply to all people served, Continuing Care staff perform unique specialized activities. Direct service functions include:

- Statewide regional service centers that help deaf, deafblind, and hard-of-hearing people access community resources and the human services system;
- The Telephone Equipment Distribution Program, which helps people with hearing loss or communication disabilities access the telephone with specialized equipment;
- HIV/AIDS programs that help people obtain and maintain needed health care coverage;
- Older Minnesotan ombudsman services, which assist consumers in resolving complaints and preserving access to services; and
- Online education in American Sign Language and advocacy in education, employment, health care, technology, public access, voter engagement and heritage.

Continuing Care supports the following strategies in the DHS Framework for the Future: 2012 <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6464-ENG>

- Keep people fed and healthy by increasing nutrition assistance participation by seniors through targeted outreach efforts
- Better protect vulnerable adults, especially those directly in our care
- Increase the number of Minnesotans served in their homes and communities rather than in institutions
- Implement MnCHOICES assessment model to better align services to individual needs

Results:

Continuing Care utilizes a variety of information sources and data to monitor and evaluate quality outcomes and provider performance to help us see how our strategies are working. Much of the information analyzed is from the DHS Data Warehouse or from various surveys of consumers, providers, and lead agencies.

Performance Measures	Previous	Current	Trend
1. Percent of waiver review follow-up cases corrected after issuance of corrective actions	84%	94%	Improving
2. Average statewide risk-adjusted nursing facility quality of care score out of a possible 100 points	69.6	70.8	Improving
3. Percent of working age consumers on disability waiver programs with earnings	43.9%	43.6%	Stable

Performance Measures Notes:

1. Measure one compares 2010 data (Previous) to 2011 data (Current). 2010 data is earliest available. Source: Waiver review database
2. Measure two compares CY 2008 data (Previous) to CY 2010 data (Current). Source: Minimum Data Set resident assessments.
3. Measure three compares CY 2008 data (Previous) to CY 2011 data (Current). Measure includes all disability waiver programs. Source: DHS Data Warehouse.

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

Budget Activity: Continuing Care
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$33,785	\$12,069	\$11,336	\$57,189
Current Law Expenditures (FY 2014-15)	\$33,634	\$8,735	\$10,471	\$52,840
Governor's Recommended Expenditures (FY2014-15)	\$51,229	\$8,735	\$10,471	\$70,435
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$17,595	\$0	\$0	\$17,595
% Change from FY 2014-15 Current Law to Governor's Rec	52%	0%	0%	33%

Budget Activity: Continuing Care**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE	\$0	\$7,884	\$10,470	\$18,355
TRANSFERS IN	\$200	\$600		\$800
APPROPRIATION	\$51,230	\$250	\$0	\$51,480
SOURCES OF FUNDS	\$51,430	\$8,734	\$10,470	\$70,635
TRANSFERS OUT	\$200	\$0		\$200
EXPENDITURES	\$51,229	\$8,735	\$10,471	\$70,435
PAYROLL EXPENSE	\$33,826	\$4,962	\$6,953	\$45,740
OPERATING EXPENSES	\$17,403	\$3,773	\$3,519	\$24,695
USES OF FUNDS	\$51,429	\$8,735	\$10,471	\$70,635

Human Services Chemical & Mental Health

http://www.dhs.state.mn.us/main/id_000162;
http://www.dhs.state.mn.us/main/id_000082

http://www.dhs.state.mn.us/main/id_000085;

Statewide Outcome(s):

The Chemical & Mental Health Services Administration supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

In order to meet the shifting needs of adults with mental illness, children with an emotional disturbance or those struggling with substance abuse problems, the Department of Human Services (DHS) Chemical and Mental Health Services Administration (CMHS) works to ensure that the state has an accessible and comprehensive system for delivering treatment and supports for persons with mental illness and/or substance addiction.

The life expectancy of persons with serious mental illness is, on average, 25 years shorter than the general population. The causes of physical illness and death among people with serious mental illness are the same as those in other groups - smoking, obesity, diabetes - and are just as treatable.

About half of persons who have a serious mental illness also have a substance use problem. Research has found that integrating mental health and chemical dependency treatment is more effective than parallel services or completing treatment in one specific area (i.e. mental health) and then receiving treatment in the other area (i.e. chemical dependency).

Finally, the impact of traumatic experiences on the mental, physical and developmental health of children is coming to the forefront as an issue that must be dealt with. Trauma is common in the lives of children, and is ubiquitous across the child welfare population. Unmediated trauma creates toxic stress in the form of increased cortisol level, which interrupts the development of brain architecture in young children and produces chronic health and mental health problems in older children and youth through effects on the immune system. From there, negative life course consequences accrue, including school and employment problems, chronic health conditions, substance abuse, justice system involvement and early mortality and morbidity. The wide distribution of research studies on adverse childhood experiences (ACE) and early brain development has led to national attention on trauma-informed care, spearheaded by the Administration for Children and Families.

Strategies:

The three divisions within CMHS shape and implement state policy around mental health and chemical dependency treatment and prevention services. They work in close partnership with the continuing care, health care and state operated services arms of the department. Collaborative partners within state government include the departments of Health, Economic Development, Housing Finance and Corrections. External partners include tribes, counties, advocacy organizations a large array of treatment and supportive services providers health plans, professional training colleges, universities and research institutions. Among the key strategies now being pursued by CMHS staff are:

- Administering grants for mental health and substance abuse treatment, prevention, ancillary services and capacity development.
- Taking the lead role in coordinating and implementing mental and chemical health policy in the department's health care programs, county human services programs, licensing activities and continuing care programs.
- Working to better integrate chemical and mental health with primary health care and continuing care. One of the concrete goals within this effort is to increase the average lifespan of Minnesotans with Bipolar Disorder or Schizophrenia by ten years within the next ten years, known as the MN 10 by 10 Initiative. CMHS is also partnering with the Department of Health and the Institute for Clinical Systems to expand

training for primary care clinicians, emergency departments and mental health professionals on screening, brief intervention and referral to treatment (SBIRT) of persons with substance use disorders.

- Working to integrate health care for children and schools to improve access to prevention and early intervention services by reaching families in normal, non-stigmatizing environments and, ultimately, improving effectiveness of care by coordinating comprehensive assessment, evidence-based treatment, and outcomes measurement across several child-serving systems.
- Improving access to evidence-based care by providing training and incentives for the provision of treatment and supportive service models that have been proven effective through nationally recognized research, including Integrated Dual Disorders Treatment (IDDT), Assertive Community Treatment (ACT) and Illness Self-management and Recovery. CMHS continues to train clinicians serving children and youth in the use of the Minnesota Evidence-Based Practices Database and to collect individual treatment outcomes using standardized instruments.
- Launching statewide practice changes to implement trauma-informed care—based on the latest research from the University Minnesota, Kaiser Permanente, and the Centers for Disease Control and Prevention. Working with child welfare, public health, schools, and others, to prevent and remediate the lasting effects of adverse childhood experiences, CMHS will develop providers’ capacity to reduce the long-term effects of traumatic events when they occur.
- Finally, Leading the State Substance Abuse Strategy group to implement the 2012 Minnesota State Substance Abuse Strategy Report recommendations related to prevention and treatment for abuse of opioids such as Oxycontin and heroin.

CMHS supports the following strategies in the DHS Framework for the Future: 2012

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6464-ENG>

- Increase the number of Minnesotans served in their homes and communities rather than in institutions.
- Integrate primary care, behavioral health and long-term care.
- Improve life expectancy for people with a serious mental illness.

Results:

Performance Measures	Previous	Current	Trend
Percent of Children in the child welfare system who received a mental health screening. ¹	55.3%	56.6%	Improving
The percent of adults in Assertive Community Treatment (ACT) who receive an annual comprehensive preventative physical exam. ²	26.5%	27.8%	Improving
Percent of youth who report using alcohol in the past 30 days in funded communities. ³	33.4%	23.5%	Improving
Number of mental health professionals trained annually in Trauma-Informed Care. ⁴	new	23	Improving

Performance Measures Notes:

1. With parental consent, counties conduct mental health screenings for children in the child welfare and juvenile justice systems who have not had a recent assessment. The Previous measure is Calendar Year 2009; the Current measure is CY 2010. (DHS Public Dashboard)
2. Compares CY 2010 (Previous) and CY 2011 (Current). The measure is based on ACT recipients who are not Medicare eligible and who are enrolled 12 months in MA or MinnesotaCare. (DHS Public Dashboard)
3. Compares state Fiscal Year 2004 (Previous) and SFY 2010 (Current) as reported in the Minnesota Student Survey in communities receiving substance abuse prevention grant funds. The Department goal is to reduce this rate annually. (DHS internal performance tracking.)
4. Establish base measure for a new priority. Current year is CY 2012. Source: DHS Central Office Learning Center

Budget Activity: Chemical & Mental Health
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$7,317	\$4,170	\$9,324	\$20,812
Current Law Expenditures (FY 2014-15)	\$8,278	\$5,587	\$9,629	\$23,494
Governor's Recommended Expenditures (FY2014-15)	\$8,891	\$5,587	\$9,629	\$24,107
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$613	\$0	\$0	\$613
% Change from FY 2014-15 Current Law to Governor's Rec	7%	0%	0%	3%

Budget Activity: Chemical & Mental Health**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$8,328		\$8,328
REVENUE		\$5,273	\$9,629	\$14,902
APPROPRIATION	\$8,891	\$314	\$0	\$9,205
SOURCES OF FUNDS	\$8,891	\$13,915	\$9,629	\$32,435
BALANCE FORWARD OUT		\$8,328		\$8,328
EXPENDITURES	\$8,891	\$5,587	\$9,629	\$24,107
PAYROLL EXPENSE	\$6,298	\$4,226	\$7,146	\$17,669
OPERATING EXPENSES	\$2,593	\$1,361	\$2,478	\$6,433
OTHER FINANCIAL TRANSACTIONS			\$5	\$5
USES OF FUNDS	\$8,891	\$13,915	\$9,629	\$32,435

Human Services

MFIP/DWP Grants

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

Statewide Outcome(s):

Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP) Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans have the education and skills needed to achieve their goals.

Context:

MFIP/DWP Grants provide temporary financial support to help meet the basic needs of low-income families with children and low-income pregnant women. Half the parents enrolled in MFIP or DWP were employed in the quarter before they turned to assistance. Common causes for job losses are layoff, reduced hours, birth of a baby by a parent with no leave time, need to care for an ill or disabled child or spouse, or transportation and child care costs that wages do not cover. MFIP benefits include both financial and nutrition assistance. For those leaving the program with employment, the Work Benefit (WB) provides a small monthly cash payment for a limited time. DWP provides up to four months of financial support designed to meet specific crisis situations and help families move immediately to employment. The goal of these programs is to stabilize families and improve economic outcomes through employment. Without these benefits, families would not have the resources to meet their basic needs.

In FY 2011, an average of 116,428 people per month received help through these programs, 70 percent of whom were children. The average monthly payment per person was \$245, including the food portion of MFIP.

These programs are funded with a combination of state funds and federal Temporary Assistance for Needy Families (TANF) funds. MFIP/DWP Grants are administered by counties and tribes.

Strategies:

MFIP/DWP Grants provides financial assistance to help meet the basic needs of low-income families with children and to improve economic outcomes through employment.

- Parents are required to participate in employment services, to develop the skills necessary to move into the labor market as soon as possible.
- Under MFIP, families receive time-limited cash and food assistance benefits based on family size. The benefits are structured to reward families who work and are gradually reduced as income rises. Participants must engage in work-related activities to continue receiving assistance.
- DWP is focused on rapid entry into employment and provides up to four months of intensive job search assistance.
- WB provides a small cash payment (\$25) for up to 24 months to help working families remain off assistance.

Success for families receiving assistance depends not only on the services delivered by counties, community agencies and tribes, but also on referrals and connections to the social services and health care system. This combination of financial assistance, employment services, and supports for children and adults helps to build on strengths to move families into the labor market and out of poverty. Helping parents become employed is directly related to the health of the economy. During the recession, more focus has been placed on training to develop the skills needed during the continuing recovery.

MFIP/DWP works together with related Department of Human Services (DHS) programs such as Support Services Grants and MFIP Child Care Assistance Grants. Those provide other supports such as employment and training services, transportation, and child care to ensure parents are able to participate in activities and accept employment.

Results:

Success in MFIP is measured in several ways. Two key measures are:

- The Self-Support Index is a Minnesota specific outcome measure that reflects the number of families who leave assistance or who are working at least 30 hours per week, and
- The federal measure for MFIP is the Work Participation Rate (WPR). The WPR is a process measure that reflects the number of hours parents are participating in a small number of approved activities.

Performance Measures	Previous	Current	Trend
Minnesota Self-Support Index	69%	67%	Worsening
Work Participation Rate	29.8%	40.2%	Improving

Performance Measures Notes:

1. The MFIP Self-Support Index compares 2010 (previous) and 2011(current).
2. TANF Work Participation Rate by Federal Fiscal Year, compares 2009 (previous) and 2010 (current).

For more information on these programs:

Minnesota Family Investment Program: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5830-ENG>

Diversionary Work Program: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5848-ENG>

Work Benefit: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5837-ENG>

Budget Activity: MFIP/DWP**Current, Base and Governor's Recommended Expenditures**

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$161,893	\$2,170	\$485,960	\$650,023
Current Law Expenditures (FY 2014-15)	\$151,623	\$2,400	\$489,512	\$643,535
Governor's Recommended Expenditures (FY2014-15)	\$153,614	\$2,400	\$489,512	\$645,526
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$1,991	\$0	\$0	\$1,991
% Change from FY 2014-15 Current Law to Governor's Rec	1%	0%	0%	0%

Budget Activity: MFIP/DWP**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN			\$31,271	\$31,271
REVENUE		\$2,400	\$333,214	\$335,614
APPROPRIATION	\$153,614	\$0	\$156,298	\$309,912
SOURCES OF FUNDS	\$153,614	\$2,400	\$520,783	\$676,797
BALANCE FORWARD OUT			\$31,271	\$31,271
EXPENDITURES	\$153,614	\$2,400	\$489,512	\$645,526
PAYROLL EXPENSE				
OTHER FINANCIAL TRANSACTIONS	\$1,550			\$1,550
GRANTS, AIDS AND SUBSIDIES	\$152,064	\$2,400	\$489,512	\$643,976
USES OF FUNDS	\$153,614	\$2,400	\$520,783	\$676,797

Human Services

MFIP Child Care Assistance Grants

http://www.dhs.state.mn.us/main/id_008688#

Statewide Outcome(s):

MFIP Child Care Assistance Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans have the education and skills needed to achieve their goals.

Context:

About three-quarters of Minnesota households with children ages 12 and younger use child care. These families are challenged to knit together child care that fits their preferences and needs, and is affordable, according to a 2009 study commissioned by the Minnesota Department of Human Services and conducted by Wilder Research. In households with low incomes, 20 percent of parents reported that child care problems interfered with their getting or keeping a job in the past year. Without this program, many low-income families would not be able to pay for child care and would be unable to work or pursue education leading to work.

The Minnesota Family Investment Program (MFIP) Child Care Assistance Grants provide financial subsidies to help low-income families pay for child care so that parents may pursue employment or education leading to employment, and so children are well-cared for and prepared to enter school ready to learn. MFIP child care serves families who currently participate in the MFIP or Diversionary Work Program (DWP), or who have recently done so. In FY 2011, an average of 9,798 families with 17,498 children per month were served with a monthly average payment of \$961 per family. State law determines the maximum rates this program will pay to providers and providers are paid at the rate charged up to this limit. All families who meet eligibility requirements may receive this help. This program 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. Counties administer the Child Care Assistance Program.

Strategies:

MFIP Child Care Assistance Grants provide supports to help improve outcomes for the most at-risk children and their families by increasing access to high quality child care.

- Receipt of child care assistance helps families with low incomes access quality child care. Families choose their providers in the private child care market. Maximum rates paid through the program are set for each type of care: center-based, family child care and legal non-licensed child care.
- A higher reimbursement rate is paid to child care providers who provide high quality child care. Participation in high quality care increases the likelihood of improved school readiness.

Results:

Maximum rates paid to providers under the child care assistance program may not cover the full cost of care because they are not based on the current market rates. This may be a barrier to parents' access to many of the child care providers in their communities. The percent of child care provider rates that are fully covered by the Child Care Assistance Program is worsening. If maximum rates are held constant or reduced, this trend will continue as rates in the private child care market increase.

High quality early child care and education experiences are associated with better child outcomes, particularly for children from low-income families. Up to a 15 percent higher maximum rate is paid to providers who meet certain accreditation or education standards established in statute. In 2011 and 2012, one-fifth of the children served by the Child Care Assistance Program received care from a provider who met these quality standards.

Performance Measures	Previous	Current	Trend
Percent of Child Care Providers Covered by Maximum Rates –	38.4%	27.6%	Worsening

Performance Measures	Previous	Current	Trend
Family Child Care ¹			
Percent of Child Care Providers Covered by Maximum Rates – Center Child Care ¹	32.5%	20.6%	Worsening
Percent of Children Receiving Child Care Assistance who are in Accredited Programs ²	19.3%	20.0%	Stable

Performance Measures Notes:

¹ Child Care Assistance Program Family Profile, 2010 (Previous), 2011 (Current).

http://www.dhs.state.mn.us/main/groups/economic_support/documents/pub/dhs_id_057781.pdf

² Quality Child Care Assistance Children and Family Services Dashboard, 2011 (Previous), 2012 (Current).

For additional information on the Child Care Assistance Programs see: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4745-ENG>

Budget Activity: MFIP Child Care Assistance
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$96,012		\$109,880	\$205,892
Current Law Expenditures (FY 2014-15)	\$107,759		\$99,989	\$207,748
Governor's Recommended Expenditures (FY2014-15)	\$122,094		\$99,989	\$222,083
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$14,335		\$0	\$14,335
% Change from FY 2014-15 Current Law to Governor's Rec	13%		0%	7%

Budget Activity: MFIP Child Care Assistance**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$99,990	\$99,990
APPROPRIATION	\$122,094		\$0	\$122,094
SOURCES OF FUNDS	\$122,094		\$99,990	\$222,084
EXPENDITURES	\$122,094		\$99,989	\$222,083
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$122,094		\$99,989	\$222,083
USES OF FUNDS	\$122,094		\$99,989	\$222,083

Human Services

General Assistance Grants

http://www.dhs.state.mn.us/main/id_002558#

Statewide Outcome(s):

General Assistance Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

General Assistance (GA) Grants provide state-funded, monthly cash grants for people without children who have very limited income and are unable to fully support themselves. Without additional income supports these individual would likely fall further into poverty and become homeless. The most common eligibility reason for people at enrollment is illness or incapacity (67 percent). 32 percent of those eligible have applied for other income benefits such as Supplemental Security Income (SSI) or Retirement, Survivors and Disability Income. The GA grant helps meet some of their basic and emergency needs. In SFY 2011, an average of 20,963 people per month received an average monthly payment of \$165. People who become eligible for SSI are no longer eligible for GA and become eligible for Minnesota Supplemental Aid (MSA) to supplement their SSI income.

GA helps to address homelessness and poverty in Minnesota and is funded through the state general fund.

Strategies:

General Assistance is the primary safety net for people without children who are unable to work and do not have enough money to meet their basic needs. Many people receive these benefits while they wait for more stable assistance such as Supplemental Security Income, a federal income supplement program that helps aged, blind and disabled people who have little or no income.

- GA contributes to stabilizing crisis situations, avoiding homelessness, and making connections to other resources, resulting in better outcomes.
- The department works with the Social Security Administration and the state's Disability Linkage Line® to identify possible ways to streamline the disability determination process, and connects recipients with resources to assist in the SSI application process.
- The Department of Human Services works with counties, tribes, homeless service providers and other non-profit advocacy agencies to advise on and administer the GA program.

Results:

Recipients of GA who appear to meet SSI eligibility criteria are required to apply for SSI or Social Security Disability Insurance (SSDI). SSI eligibles must sign an Interim Assistance Agreement which allows the state to recoup some of the GA dollars when the person receives other benefits such as SSI. Approval for SSI results in higher and more stable income for aged, blind and disabled adults. When SSI is approved, the state is reimbursed for GA payments made for the retroactive time period that matches the SSI approval.

Performance Measures	Previous	Current	Trend
Percent of GA Recipients Required to Apply for SSI	33%	31%	Stable

Performance Measures Notes:

“Percent of GA Recipients Required to Apply for SSI” is the number of people receiving GA who signed an Interim Assistance Agreement. Data compares 2010 (Previous) to 2011 (Current).

Budget Activity: General Assistance
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$102,558	\$50		\$102,608
Current Law Expenditures (FY 2014-15)	\$109,825	\$100		\$109,925
Governor's Recommended Expenditures (FY2014-15)	\$109,825	\$100		\$109,925
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%		0%

Budget Activity: General Assistance**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$100		\$100
APPROPRIATION	\$109,825	\$0		\$109,825
SOURCES OF FUNDS	\$109,825	\$100		\$109,925
EXPENDITURES	\$109,825	\$100		\$109,925
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$109,825	\$100		\$109,925
USES OF FUNDS	\$109,825	\$100		\$109,925

Human Services

Minnesota Supplemental Aid Grants

Website: http://www.dhs.state.mn.us/main/id_004114#

Statewide Outcome(s):

Minnesota Supplemental Aid (MSA) Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Minnesota Supplemental Aid (MSA) grants help to address homelessness and poverty in Minnesota. MSA Grants provide a state-funded monthly cash supplement to help people who are aged, blind or disabled, and who receive federal Supplemental Security Income (SSI) benefits to meet their basic needs that are not met by SSI alone. Nearly half of MSA recipients are age 60 or older and 79 percent are disabled. MSA grants are intended to cover basic need items and other daily or special necessities. Some recipients who do not receive SSI because their income is too high may still be eligible for MSA if they meet other eligibility criteria.

In SFY 2011, an average of 30,000 people per month received an average monthly MSA supplement of \$91. This supplements a typical monthly SSI benefit is \$698 for an individual living alone.

Minnesota established the MSA program in 1974. Federal maintenance of effort regulations require that states maintain payment levels that were in effect in March 1983 or the state risks losing Medicaid federal financial participation. The program serves as the supplement to Minnesota recipients of the SSI program. People who become eligible for SSI are no longer eligible for GA and become eligible for MSA to supplement their SSI income.

Strategies:

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

Results:

People who receive SSI are categorically eligible for MSA, but must apply for benefits. While the MSA program has had stable enrollment of around 30,000 individuals over time, the number of adults who receive SSI but do not receive MSA is increasing. This is an indicator that people are not fully accessing the benefits they are eligible to receive. While further analysis is needed, some of the increase may be due to small differences in policies which could be addressed through a change in MSA policy.

Performance Measure	Previous	Current	Trend
Number of Adults on SSI with no MSA	38,870	45,518	Worsening

Performance Measures Notes:

*Social Security Research, Statistics, & Policy Analysis – “SSI Recipients by State and County” data compares 2010 (previous) and 2011 (current), www.ssa.gov/policy/docs/statcomps/ssi_sc/

Budget Activity: MN Supplemental Assistance
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$73,417	\$5		\$73,422
Current Law Expenditures (FY 2014-15)	\$78,456	\$10		\$78,466
Governor's Recommended Expenditures (FY2014-15)	\$78,456	\$10		\$78,466
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%		0%

Budget Activity: MN Supplemental Assistance**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
REVENUE		\$10		\$10
APPROPRIATION	\$78,456	\$0		\$78,456
SOURCES OF FUNDS	\$78,456	\$10		\$78,466
EXPENDITURES	\$78,456	\$10		\$78,466
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$78,456	\$10		\$78,466
USES OF FUNDS	\$78,456	\$10		\$78,466

Human Services

Group Residential Housing Grants

Website: http://www.dhs.state.mn.us/main/id_002549#

Statewide Outcome(s):

Group Residential Housing Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Group Residential Housing (GRH) is a state-funded income supplement program that pays for room and board costs for low-income adults who have been placed in a licensed or registered setting. GRH Grants assist individuals who have illnesses or disabilities, including developmental disabilities, mental illnesses, chemical dependency, physical disabilities, advanced age, or brain injuries, to prevent or reduce institutionalization or homelessness. Approximately 16 percent of GRH recipients are seniors, and those who are younger than 65 years of age all have a combination of factors that limit their self-sufficiency. Without GRH, program recipients likely would be in institutional placements or homeless.

In FY 2011, an average of 18,200 people received GRH payments each month. The average monthly GRH payment per person was \$530. The GRH program is funded with state general fund dollars and receives some federal funding for food and nutrition costs.

Strategies:

GRH provides an income supplement used to cover room and board and other necessary housing-related services for aged, blind, ill or disabled individuals to prevent or reduce homelessness and institutional residence. Without this aid, program recipients would likely be in institutional placements or homeless.

- Participants are encouraged to seek earned income opportunities.
- Individuals who also receive General Assistance are required to apply for federal Supplemental Security Income.

The Department of Human Services works with counties, tribes, residential housing service providers, community agencies, and other state agencies, including the Department of Health and the Minnesota Housing Finance Agency to deliver these services. Counties contract with GRH facilities to establish the monthly room & board rate.

Results:

An increase in the number of GRH recipients who are no longer homeless indicates an improvement in the prevention and reduction of homelessness. Performance trends are impacted by the availability of affordable housing in the community, general community economic health, and the availability of employment opportunities.

Performance Measures	Previous	Current	Trend
Number of GRH Recipients Who Are No Longer Homeless	867	1224	Improving

Performance Measures Notes:

Information regarding GRH recipients who are no longer homeless is based on department data on individuals receiving Housing First housing with services. Housing First is a national model that provides housing and support services to maintain an individual's housing. Comparison years are December 2010 (Previous) and December 2011 (Current).

Budget Activity: Group Residential Housing
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$250,083	\$2,546		\$252,629
Current Law Expenditures (FY 2014-15)	\$287,078	\$3,330		\$290,408
Governor's Recommended Expenditures (FY2014-15)	\$277,361	\$3,330		\$280,691
\$ Change from FY 2014-15 Current Law to Governor's Rec	(9,717)	\$0		(9,717)
% Change from FY 2014-15 Current Law to Governor's Rec	(3%)	0%		(3%)

Budget Activity: Group Residential Housing**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$3,330		\$3,330
APPROPRIATION	\$277,361	\$0		\$277,361
SOURCES OF FUNDS	\$277,361	\$3,330		\$280,691
EXPENDITURES	\$277,361	\$3,330		\$280,691
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$277,361	\$3,330		\$280,691
USES OF FUNDS	\$277,361	\$3,330		\$280,691

Human Services Minnesota Care

http://www.dhs.state.mn.us/main/id_006255

Statewide Outcome(s):

Minnesota Care supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Many working Minnesotans cannot afford – or do not have – health insurance coverage options available through their employer(s). The MinnesotaCare program provides health care coverage for low-income, working families and adults in Minnesota with higher income levels than the Medical Assistance program, who do not have access to affordable health insurance individually or through their employer. Populations covered under MinnesotaCare include pregnant women, children, parents/caretakers, and adults without children. In FY 2011, MinnesotaCare covered approximately 148,000 people in an average month.

MinnesotaCare covers preventive services and well-child visits, physician services, ambulance and emergency room services, laboratory and x-ray services, prescription drugs, chiropractic services, rehabilitative therapy, vision care, chemical dependency treatment and mental health services, inpatient and outpatient hospital care, immunizations, medical transportation, dental care, and services through rural health clinics, federally qualified health centers, and Indian health. All adults without children and parents at the upper income levels receive some lesser benefits than other populations on MinnesotaCare, most significant of which is a \$10,000 limit to hospital services.

Families and individuals seeking coverage under MinnesotaCare can apply directly to the state (MinnesotaCare state operations) or through their county. DHS contracts with non-profit health plans to provide health care services through their provider networks to MinnesotaCare enrollees. Except for certain low-income children, applicants are not eligible if they have other health insurance (including Medicare), have access to coverage through their employer and the employer's share of the premium is 50 percent or more, have had access to such coverage in the past 18 months, or have had other insurance within the past four months. There are no health condition barriers, but MinnesotaCare applicants must pay a premium, meet income guidelines and other requirements to qualify. Enrollees pay a premium based on income. The average enrollee premium for FY 2011 was \$22 per person per month. The premium for some low-income children was \$4 per month until July 1, 2012, when the premium for those children went down to zero. The full list of MinnesotaCare populations, income and asset limits is online at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4346-ENG>.

MinnesotaCare is funded with appropriations from the health care access fund, from federal Medicaid funds, and from enrollee premiums.

Approximately 50,000 adults without children on MinnesotaCare moved to the Medical Assistance (MA) program under the MA early expansion that became effective March 1, 2011. As of July 1, 2012, some MinnesotaCare adults without children at the upper end of the income range (above 200 percent of the Federal Poverty Guidelines) moved to the new Healthy Minnesota Contribution Program, which provides a subsidy for adults without children to purchase private health care coverage in the individual market.

Strategies:

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

Improving health outcomes of public health care program recipients while lowering costs for taxpayers

- MinnesotaCare provides coverage of care coordination services for people with chronic illnesses through physician clinics that are certified Health Care Homes.

- DHS, per legislative direction in 2011, is seeking federal approval to reform Minnesota's public health care programs to achieve better outcomes for people with disabilities, seniors and other enrollees through the Reform 2020 initiative. More information is available online at http://www.dhs.state.mn.us/main/dhs16_166654
- DHS is submitting a grant application for a CMS Innovation Challenge for the "Strong Start for Mothers and Babies" initiative, to decrease disparities in birth outcomes for infants from communities of color.
- DHS is partnering with the Minnesota Department of Health to help public health care program enrollees prevent diabetes and other chronic disease by participating in the YMCA's Diabetes Prevention Program and receiving other incentives for healthy behavior.

Integrate primary care, behavioral health and long-term care

DHS is developing a grant project to integrate primary care and behavioral health care. This grant project includes the development of a methodology to identify children who are considered "socially complex" and would benefit from medical care coordination.

Institute payment reform in health care purchasing

DHS is negotiating with potential Health Care Delivery System (HCDS) sites to begin full operation by January 2013. HCDS demonstration projects will contract directly with providers in a new way that allows them to share in savings for improving quality of care and patient experience and reducing the total cost of care for public health care program enrollees. In this new model, MinnesotaCare enrollees will receive more coordinated care to improve their overall health, and health care providers will be paid based on the quality of care they provide to their patients and their ability to reduce the cost of care.

Results:

Performance Measures	Previous	Current	Trend
Percent of Minnesotans lacking health insurance ¹	9%	9.1%	Stable
Percent of children receiving well-child visits ²	40.3%	42.1%	Improving
Number of clinics certified as health care homes ³	0	155	Improving

Performance Measures Notes:

1. Measure is the percent of Minnesotans that do not have health insurance. Nearly three-fourths of the uninsured have some potential access to coverage but do not take advantage of it. Source: Minnesota Department of Health, Health Access Survey (measured semi-annually). Compares 2009 (Previous) to 2011 (Current).
2. Measure is the percentage of children who receive six well child visits (e.g. age-specific preventive visits and screenings) by 15 months of age through their health care provider. Source DHS Data Warehouse (measured annually). Compares calendar year 2009 (Previous) and CY 2010 (Current).
3. Measure is the number of physician clinics certified by the Minnesota Department of Health as health care homes that provide care coordination services for people with chronic illnesses. Source: Minnesota Department of Health (measured quarterly). Compares the beginning of CY 2011 (Previous) and CY 2011 fourth quarter (Current).

Budget Activity: MinnesotaCare
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$616,978	\$270,644	\$887,621
Current Law Expenditures (FY 2014-15)		\$988,524	\$408,312	\$1,396,836
Governor's Recommended Expenditures (FY2014-15)		\$346,348	\$408,312	\$754,660
\$ Change from FY 2014-15 Current Law to Governor's Rec		(642,176)	\$0	(642,176)
% Change from FY 2014-15 Current Law to Governor's Rec		(65%)	0%	(46%)

Budget Activity: MinnesotaCare**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$74,234	\$408,312	\$482,546
APPROPRIATION		\$272,114	\$0	\$272,114
SOURCES OF FUNDS		\$346,348	\$408,312	\$754,660
EXPENDITURES		\$346,348	\$408,312	\$754,660
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES		\$346,348	\$408,312	\$754,660
USES OF FUNDS		\$346,348	\$408,312	\$754,660

Human Services

GAMC

Statewide Outcome(s):

GAMC supports the following statewide outcome(s).

Minnesotans are healthy.

Context:

GAMC (General Assistance Medical Care) ended on June 1, 2010. GAMC was a state entitlement program that paid for health care services for very low income single adults ineligible for Medical Assistance or other state or federal health care programs. Health care coverage provided through GAMC was 100 percent paid for with state General Fund dollars.

Strategies:

To bring an orderly close to the GAMC program, department staff must properly manage the tails of remaining GAMC financial obligations. In the FY 2012-13 biennium, this work included: making the last managed care withhold payments; making negative accounting adjustments when disability determinations made GAMC recipients retroactively eligible for Medical Assistance; and managing a settle up payment process for hospitals that provided care to GAMC recipients before June 1, 2010.

Moving forward, department staff will continue to appropriately manage any remaining hospital settlement payments relating to the old GAMC program. (Laws 2011, First Special Session Chapter 9, Article 10, Section 2, Subd. 2, <https://www.revisor.mn.gov/data/revisor/law/2011/1/2011-SP1-009.pdf#page=210> rider "Payments for Cost Settlements")

Results:

N/A

Performance Measures	Previous	Current	Trend
N/A			

Performance Measures Notes:

Budget Activity: GAMC

Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$1,996			\$1,996
Current Law Expenditures (FY 2014-15)				
Governor's Recommended Expenditures (FY2014-15)				
\$ Change from FY 2014-15 Current Law to Governor's Rec				
% Change from FY 2014-15 Current Law to Governor's Rec				

Human Services
Medical Assistance
<http://www.dhs.state.mn.us/MA>

Statewide Outcome(s):

Medical Assistance supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Medical Assistance (MA) is Minnesota’s Medicaid program that provides comprehensive coverage to the lowest-income families and individuals not able to afford coverage. Medical services covered by MA include preventive care, primary and specialty medical care, dental, mental health and chemical dependency services and long-term care coverage. The goal of this joint federal-state program is to avoid impoverishing low income elderly and disabled people due to high health care costs, and to provide basic health care coverage for very low income families and children. These services also help support older people and people with disabilities to function more independently in their homes and communities or in institutional settings. MA has lower income guidelines than MinnesotaCare, does not have premiums or insurance barriers, and pays for previously incurred medical bills. MA is funded with general fund appropriations and federal Medicaid funds. In fiscal year 2011, MA served a monthly average of 665,483 people and had total spending (federal, state and local) of \$7.5 billion, of which \$3 billion was the Minnesota state budget share.

Share of MA Total Enrollment and Payments by Population in FY2011

MA Population	Share of Total Enrollment ¹	Share of Total Payments ²
Families with children ³	70%	30%
Elderly	8%	22%
Disabled	18%	47%
Adults without children ⁴	4%	1%

Notes: ¹ Enrollment figures are based on a 12-month average.

² Payments include withhold payments to health plans in the year paid. Payments do not include an offset for pharmacy rebates.

³ Families with children payments include payments relating to Emergency MA, Family Planning Waiver, and Breast and Cervical Cancer coverage.

⁴ Adults with no children coverage began in March 2011.

The Minnesota Department of Human Services (DHS) partners with all 87 Minnesota counties to administer the MA program, and enrolls or contracts with most health care providers and health plans across the state to deliver care to MA enrollees. MA enrollees fall under one of five general categories:

1. MA Coverage of Basic Health Care for Elderly and Disabled

In FY2011, this segment of MA funds supported an average of 174,491 people per month (many of whom are also enrolled in Medicare as “dual eligibles”). The state budget share of this spending was \$944.28 million. Recipients of these services are low-income elderly (65 years or older) and people who are blind or have a disability, who receive health care coverage or financial assistance to help them pay for their Medicare premiums and cost sharing/copayments (this approach is often cheaper than if the state provided their health coverage).

This segment of the MA program also includes employed persons with disabilities (a monthly average of over 7900 working people), who receive full MA coverage under the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. This program encourages people with disabilities to work and enjoy the benefits

of being employed by allowing working people with disabilities to qualify for MA under higher income and asset limits than standard MA. More information on MA-EPD is available online at http://www.dhs.state.mn.us/id_004088

2. MA Coverage of Care through Long-Term Care Waivers & Home Care

In FY2011, this segment of MA funds supported an average of 54,780 people per month. The state budget share of spending was \$888.78 million. Recipients of MA LTC waivers and home care services are low-income Minnesotans who are elderly or have disabilities. These long-term care services and health care-related supports enable them to live as independently as possible in their communities.

“LTC waivers” refer to home and community-based services (HCBS) available under a federal Medicaid waiver. These programs are called waivers because they allow states to “waive” the Medicaid rules that require individuals to be served in institutional settings. Waivers are available to people who qualify for MA and who have certain levels of need, within available funding. More information on the HCBS waiver programs is online at http://www.dhs.state.mn.us/id_003726#.

3. MA Coverage of Care in Long-Term Care Facilities

In FY2011, this segment of MA funds supported an average of 19,308 people per month. The state budget share of spending was \$377.44 million. Recipients of these services are elderly or have disabilities, reside in a nursing facility, and receive 24-hour care and supervision in an institutional-based setting, including nursing care, help with activities of daily living and other care needs, including housing, meals, and medication administration. More information on nursing facilities is online at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5961-ENG>

This segment of the MA program also includes services to persons with developmental disabilities who receive 24-hour care, active treatment in intermediate care facilities (ICFs/DD). ICF/DD residents may also receive day training and habilitation (DT&H) services. DT&H services help people with disabilities develop and maintain life skills, participate in the community, and engage in productive and satisfying activities.

4. MA Coverage of Basic Health Care for Families with Children

In FY 2011, this segment of MA funds supported an average of 463,151 people per month. The state budget share of spending was \$791.21 million. Recipients of this health care coverage are often the poorest Minnesotans, and include low income pregnant women, children, and parents/caretakers.

This segment of the MA program also includes funding for the Minnesota Family Planning Program (MFPP), which provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare.

5. MA Coverage for Adults without Children

In the four-month period from March–June 2011, this segment of the MA program served an average of 82,800 people per month. The state budget share of spending was \$50.78 million. Recipients of this health care coverage are single adults with income at or below 75 percent of the federal poverty guidelines (\$8,388 per year). Federal law allows all states to expand MA eligibility to cover adults with no children effective January 2014, and allowed some states to expand coverage to low income adults without children earlier. Minnesota expanded its MA program to this population beginning March 1, 2011.

The full list of Medical Assistance populations, income and asset limits is online at <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-4346-ENG>. For more information on expenditures and enrollment, go to http://www.dhs.state.mn.us/main/id_016358, scroll down to “Background Data Tables for the Expenditure Forecast,” and click on “Background data tables for February 2012.”

Strategies:

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

Improve health outcomes of Medicaid recipients while lowering costs for taxpayers

- MA provides coverage of care coordination services for people with chronic illnesses through physician clinics that are certified Health Care Homes.

- DHS, per legislative direction in 2011, is seeking federal approval to reform MA to achieve better outcomes for people with disabilities, seniors and other enrollees through the *Reform 2020* initiative. More information is available online at http://www.dhs.state.mn.us/main/dhs16_166654.
- DHS is submitting a grant application for a CMS Innovation Challenge for the “Strong Start for Mothers and Babies” initiative, to decrease disparities in birth outcomes for infants from communities of color.
- DHS is working with many partners to launch the Money Follows the Person Rebalancing Demonstration Program, aimed at increasing the number of Minnesotans with disabilities served in their homes and communities rather than in institutions. (See http://www.dhs.state.mn.us/main/dhs16_162194).
- DHS is partnering with the MN Department of Health to help MA enrollees prevent diabetes and other chronic disease by participating in the YMCA’s Diabetes Prevention Program and receiving other incentives for healthy behavior.

Integrate primary care, behavioral health and long-term care

Minnesota will see large growth in cost and utilization of long-term care services as Minnesota’s population ages. We can control cost growth, reduce duplication of services and improve the health of our recipients if we better integrate our health care services. Some examples include:

- As part of *Reform 2020*, DHS is building on current state initiatives to improve performance of primary care and care coordination models for dual Medicare-Medicaid eligibles. Part of this focus is on primary care payment reform. More information about this component of the overall reform is available online at http://www.dhs.state.mn.us/dhs16_163573
- DHS launched the “Own Your Future” public awareness campaign to encourage Minnesotans to plan for aging care needs and increase the number of Minnesotans who take action to address and provide for their future long-term care.
- DHS is developing a grant project to integrate primary care and behavioral health care.
- DHS submitted the Long-Term Care Realignment waiver proposal to CMS in February of 2012 to request federal authority to implement the new nursing facility level of care criteria.
- DHS is partnering with Hennepin County on an innovative pilot project to test new strategies to better deliver human services to high-needs populations by integrating medical, behavioral health and county human services for up to 10,000 low-income Minnesotans.

Institute payment reform in health care purchasing

DHS is negotiating with potential Health Care Delivery System (HCDS) sites to begin full operation by January 2013. HCDS demonstration projects will contract directly with providers in a new way that allows them to share in savings for improving quality of care and patient experience and reducing the total cost of care for Medicaid enrollees. In this new model, MA enrollees will receive more coordinated care to improve their overall health, and health care providers will be paid based on the quality of care they provide to their patients and their ability to reduce the cost of care.

Results:

Performance Measures	Previous	Current	Trend
1. Percent of Minnesotans lacking health insurance	9%	9.1%	Stable
2. Percent of children receiving well-child visits	40.3%	42.1%	Improving
3. Number of clinics certified as health care homes	0	155	Improving
4. Percent of seniors served by home and community-based services	54%	62.4%	Improving
5. Percent of people with disabilities served by home and community-based services	92%	94.5%	Improving

Performance Measures Notes:

1. Measure is the percent of Minnesotans that do not have health insurance. Nearly three-fourths of the uninsured have some potential access to coverage but do not take advantage of it. Source: Minnesota Department of Health, *Health Access Survey*, measured semi-annually. Compares 2009 (Previous) to 2011 (Current).

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2. Measure is the percent of children who receive six well child visits (e.g. age-specific preventive visits and screenings) by 15 months of age through their health care provider. Source: DHS Data Warehouse, measured annually. Compares calendar year 2009 (Previous) and CY 2010 (Current) data
 3. Measure is the number of physician clinics certified by the Minnesota Department of Health as health care homes that provide care coordination services for people with chronic illnesses. Source: Minnesota Department of Health, measured quarterly. Previous measure represents the beginning of CY 2011; current measure is CY 2011 fourth quarter.
 4. Measure is the percent of older adults receiving publicly funded long-term care services who receive home and community-based services (HCBS) through the Elderly Waiver or Alternative Care program instead of services in nursing homes. Source: DHS Data Warehouse. Compares FY 2007 (Previous) and FY 2011 (Current) data.
 5. Measure 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. Source: DHS Data Warehouse. Compares FY 2007 (Previous) and FY 2011 (Current) data.

More information is available on the DHS Dashboard: <http://dashboard.dhs.state.mn.us>.

Budget Activity: Medical Assistance
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$8,279,420	\$110,404	\$8,575,372	\$16,965,195
Current Law Expenditures (FY 2014-15)	\$8,972,221	\$122,361	\$10,999,972	\$20,094,554
Governor's Recommended Expenditures (FY2014-15)	\$9,024,088	\$584,985	\$10,999,972	\$20,609,045
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$51,867	\$462,624	\$0	\$514,491
% Change from FY 2014-15 Current Law to Governor's Rec	1%	378%	0%	3%

Budget Activity: Medical Assistance**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE	\$0	\$122,361	\$10,999,971	\$11,122,332
TRANSFERS IN	\$35,923			\$35,923
APPROPRIATION	\$9,025,556	\$462,624	\$0	\$9,488,180
SOURCES OF FUNDS	\$9,061,479	\$584,985	\$10,999,971	\$20,646,435
TRANSFERS OUT	\$37,391			\$37,391
EXPENDITURES	\$9,024,088	\$584,985	\$10,999,972	\$20,609,045
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$9,024,088	\$584,985	\$10,999,972	\$20,609,045
USES OF FUNDS	\$9,061,479	\$584,985	\$10,999,972	\$20,646,436

Human Services Alternative Care

http://www.dhs.state.mn.us/main/dhs16_137084

Statewide Outcome(s):

Alternative Care supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans are healthy.

Context:

Between now and 2030, Minnesota will experience the most profound age shift in its history. Along with the rest of the nation and the world, we will become older not just as individuals but as a society. The baby boomers—1.5 million strong in Minnesota—are leading us into this uncharted territory as they begin to age. By 2030, we will have 1.3 million persons over 65, or one out of every four Minnesotans. Later, in 2050, we will have the largest number ever of people over 85. Over two-thirds of persons age 85 and older have at least one disability. Older persons are more likely to have multiple disabilities, and each of these chronic conditions poses a challenge to the individual's ability to live independently. Therefore, Minnesotans' need for community-based long-term care services, which are usually not covered by Medicare, will continue to increase. Alternative Care services support seniors, their families, caregivers and communities to enable seniors to stay in their homes and communities and avoid costly institutionalization.

The Alternative Care (AC) Program is a state-funded, cost-sharing program that supports certain home- and community-based services for eligible Minnesotans age 65 and over. The program provides services to prevent and delay transitions to Medical Assistance-funded services, such as Elderly Waiver and nursing home care. The program helps prevent the impoverishment of eligible seniors and shares the cost of care with individuals on the program by maximizing use of their own resources. It is available to individuals who need the level of care provided in a nursing home but choose 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.

The AC program served a monthly average of 3,086 older Minnesotans in FY 2011, at an average monthly cost of \$769. The program is funded with state funds along with monthly program participation fees paid by the client. Payments made by the state for AC services are subject to estate recovery.

Strategies:

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

DHS partners with community providers, counties, tribal health entities and the Department of Health in administering and monitoring AC services.

More information is available on the Alternative Care fact sheet:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4720-ENG>.

Results:

Improvement in the percentage of seniors supported in their own homes rather than institutions contributes to the Statewide Outcome of strong and stable families and communities. We monitor performance measures that help us see how our strategies in this program are working. Measures we track include the percentage of elderly receiving publicly funded long-term care services who receive home and community-based long-term care services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services; and the percentage of public long-term care funding for seniors that is spent on Elderly Waiver, Alternative Care or home care services instead of nursing home services. We also measure the proportion of AC spending that is

used for Consumer-Directed Community Supports, which is a newer approach that gives participants more flexibility and responsibility for directing their own services and supports - compared to services provided through the traditional program – including hiring and managing direct care staff.

Performance Measures	Previous	Current	Trend
Percent of elderly served by home and community-based services ¹	54%	62.4%	Improving
Percent of long-term care spending for home and community-based services for elderly ²	34.1%	42.7%	Improving
Percent of AC spending on Consumer-Directed Community Supports (CDCS) ³	1.6%	4.2%	Improving

Performance Measures Notes:

1. Compares FY 2007 (Previous) to FY2011 (Current) data. Source: DHS Data Warehouse
2. Compares 2007 (Previous) to 2011 (Current) data. Source: DHS Data Warehouse
3. Compares FY 2007 (Previous) to FY2011 (Current) data. This is a 197 percent increase over five years. Source: DHS Data Warehouse.

More information is available on the Continuing Care Performance Reports webpage at http://www.dhs.state.mn.us/main/dhs16_166609# and the DHS Dashboard: <http://dashboard.dhs.state.mn.us>.

Budget Activity: Alternative Care
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$51,268	\$3,954		\$55,222
Current Law Expenditures (FY 2014-15)	\$54,737	\$4,163		\$58,900
Governor's Recommended Expenditures (FY2014-15)	\$38,408	\$4,163		\$42,571
\$ Change from FY 2014-15 Current Law to Governor's Rec	(16,329)	\$0		(16,329)
% Change from FY 2014-15 Current Law to Governor's Rec	(30%)	0%		(28%)

Budget Activity: Alternative Care**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$4,163		\$4,163
APPROPRIATION	\$74,331	\$0		\$74,331
SOURCES OF FUNDS	\$74,331	\$4,163		\$78,494
TRANSFERS OUT	\$35,923			\$35,923
EXPENDITURES	\$38,408	\$4,163		\$42,571
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$38,408	\$4,163		\$42,571
USES OF FUNDS	\$74,331	\$4,163		\$78,494

Human Services CD Treatment Fund

<http://www.dhs.state.mn.us/adad>

Statewide Outcome(s):

The CD Treatment Fund supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Chemical addiction can affect persons of any age, race, religion, or income. According to the 2006 Substance Abuse and Mental Health Service (SAMHSA) National Survey on Drug Use, 22.6 million people, or 9.2 percent, of people in the U.S aged 12 and older were chemically dependent. Chemical dependence broke down as follows: 3.2 million people were dependent on both drugs and alcohol, 3.8 million were dependent on drugs alone, and 15.6 million were dependent on alcohol alone. Of this 22.6 million people, only 1.6 percent received treatment. Without treatment, the consequences of substance use for the individual and society are staggering. It includes unnecessary disability, unemployment, mental illness, homelessness, incarceration, and suicide.

The Consolidated Chemical Dependency Treatment Fund (CCDTF) provides funding for residential and non-residential addiction treatment services for eligible low-income Minnesotans who have been assessed as needing treatment for chemical abuse or dependency. Approximately 50 percent of all CD treatment admissions for Minnesota residents are paid for through the CCDTF. Almost all treatment providers in the state are enrolled as CCDTF providers.

The CCDTF combines otherwise separate funding sources – MA, Minnesota Care, other state appropriations and the federal Substance Abuse, Prevention and Treatment block grant – into a single fund with a common set of eligibility criteria, and a single process for evaluating and placing persons with substance abuse problems in appropriate treatment. Counties also contribute a share toward the cost of treatment, paying 15 percent of treatment costs for Medicaid recipients and 22.95 percent for non-Medicaid recipients. Federal Medical Assistance Percentage (FMAP) is collected on the treatment program services provided to Medicaid recipients.

Minnesota Statutes, section 254B.01 Subd.3 defines chemical dependency services payable by the CCDTF. This definition applies to a wide variety of services applicable within a service continuum of care.

Strategies:

A uniform, statewide process for determining eligibility and evaluating treatment needs is the primary strategy by which the CCDTF allocates its resources. For those eligible for Medicaid, DHS has permission from the Centers for Medicare and Medicaid Services to predicate access to treatment based in the results of a standardized clinical evaluation. Minnesota Indian tribes, counties, and state contracted managed care organizations are defined as *placing authorities*. Counties and Indian tribes assess and place persons who meet both clinical (Rule 25 - Minnesota Rules 9530.6600 through 9530.6655) and financial eligibility (Rule 24 - Minnesota Rules 9530.6800 through 9530.7030). State contracted MCO's are required to use the same assessment tools to provided assessment and placement for their enrollees.

The CCDTF also provides the CD treatment services for all Medical Assistance and Minnesota Care clients enrolled on a fee-for-service basis. Because of this, it is imperative that the CCDTF adapt and align with the ongoing changes in the state's health care programs. Recently, coordination between fee-for-service and state contracted managed health care plans presents a number of challenges.

- Managed Care Organization billing systems do not accommodate the specificity of the current CCDTF rate structure, requiring manual processing by the MCOs.
- CD treatment providers bear the burden of coordinating funding streams when recipients move between managed care and fee-for-service coverage.

- While the fee-for-service and managed care plans have identical benefit sets for CD treatment services, the federal rules for financial participation in MCO capitation payments results in an awkward system where MCO's initially pay residential-non-hospital CD providers for both treatment program services and room and board services, and then must obtain reimbursement for the room and board from the CCDTF.

Results:

Treatment completion has been found to be a strong indicator of continued sobriety after treatment. While there has been a small decrease in the percentage of clients completing treatment, there is also concern as to how trends of reduced authorizations for treatment might reflect emerging barriers to both access to and completion of treatment.

The CCDTF was designed to allow funding to follow clients to clinically appropriate services. Persons who obtain treatment through the CCDTF must obtain placement authorization through their local county or tribal placing authority. For fiscal years (FY) 2010, 2011, and 2012, the number of clients authorized varies by placing authority. Placements tabulated for FY 2012 indicate that 13 counties/tribes authorized an increase in placements over FY 2011. However, across all counties and tribes, there is a 19 percent average reduction in the number of placements. For those same placements, the average dollar amount authorized was also reduced from an average of \$9,245.67 to \$6,258.67. The department plans further analysis to identify and then ameliorate any negative impact of non-clinical considerations on access and provision of treatment.

Performance Measures	Previous	Current	Trend
Percent of persons completing chemical dependency treatment ¹	61.2%	60.3%	Worsening
Reduction from admission to discharge of the percent of clients who report use of alcohol in the past 30 days past use of alcohol ²	33.0%	32.5%	Stable
Number of persons accessing chemical dependency treatment ³	49,610	47,742	Worsening

Performance Measures Notes:

NOTE: Measures in this section are based on reports from all CD treatment admissions, not just those funded through public funds.

- (1) Previous year represents Fiscal Year 2009 and current year represents FY 2010.
- (2) Change in percent of clients who reported alcohol use within the last 30 days at time of admission and then on discharge. Previous figures from calendar year (CY) 2009 (Admit 48.2 percent, Discharge 15.2 percent) Current figures from CY 2010 (Admit 46.7 percent, Discharge 14.2 percent).
- (3) Previous year represents FY 2010 and current year represents FY 2011.

Budget Activity: CD Treatment Fund
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$260,210		\$260,210
Current Law Expenditures (FY 2014-15)		\$278,760		\$278,760
Governor's Recommended Expenditures (FY2014-15)		\$278,760		\$278,760
\$ Change from FY 2014-15 Current Law to Governor's Rec		\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%		0%

Budget Activity: CD Treatment Fund**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$18,188		\$18,188
REVENUE		\$117,784		\$117,784
TRANSFERS IN		\$160,976		\$160,976
APPROPRIATION	\$160,976	\$0		\$160,976
SOURCES OF FUNDS	\$160,976	\$296,948		\$457,924
BALANCE FORWARD OUT		\$0		\$0
TRANSFERS OUT	\$160,976	\$18,188		\$179,164
EXPENDITURES		\$278,760		\$278,760
PAYROLL EXPENSE				
OTHER FINANCIAL TRANSACTIONS		\$400		\$400
GRANTS, AIDS AND SUBSIDIES		\$278,360		\$278,360
USES OF FUNDS	\$160,976	\$296,948		\$457,924

Human Services

Support Services Grants

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

Statewide Outcome(s):

Support Services Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans have the education and skills needed to achieve their goals.

Context:

Half the parents who apply for the Minnesota Family Investment Program (MFIP) were employed in the quarter they turned to assistance. Common causes for the recent job losses are layoff, reduced hours, illness, birth of a baby to a parent with no leave time, need to care for an ill or disabled child or spouse, or transportation and child care costs that wages do not cover.

Support Services Grants provide funding for job counselors to help parents participate in work activities, including searching for jobs and addressing barriers to employment. Without these funds, families would not receive supports in moving to work and help in meeting emergency needs. Support Services Grants include funding for an array of employment services including job search, job placement, training, education, and other supports such as emergency needs for low-income families with children. These grants fund a portion of county administration of the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP). Also included are funds for employment supports for adults who receive benefits through the Supplemental Nutrition Assistance Program, or SNAP. (For more information on the SNAP Employment and Training Program, http://www.dhs.state.mn.us/main/id_002556)

Support Services grants are allocated to counties and tribes to provide these services and are funded with a combination of state and federal funds, including Temporary Assistance for Needy Families (TANF). In 2011, on average more than 35,000 people were enrolled in employment services each month.

Strategies:

Support Services Grants covers costs of services to create pathways to employment by addressing barriers, helping stabilize families and adults, and by building skills that ensure participants are prepared to find and retain employment. Services are delivered by Workforce Centers, counties, tribes, and community agencies. Service providers evaluate the needs of each participant and develop an individualized employment plan that builds on strengths and addresses areas of need. Services include:

- Help to stabilize housing and to access child care, medical benefits, chemical and mental health services;
- 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 skills and abilities; and
- Innovative programs to address special populations or needs such as a single point of contact for teen parents that includes public health home visits, subsidized work experiences, integrated services for families with serious disabilities, and support for the FastTRAC program, which links education and credentials to high demand careers.

Results:

Success for families and adults receiving assistance depends on the services delivered by counties, community agencies and tribes and on referrals and connections to the social service and health care system. Helping parents become employed is directly related to the health of the economy. During the recession more focus has been placed on training to develop the skills that will be needed during the continuing recovery.

Success in MFIP is measured in several ways. Two key measures are:

- The Self-Support Index, which is a Minnesota outcome measure that reflects the number of families who leave assistance or who are working at least 30 hours per week.
- The federal measure for MFIP, which is the Work Participation Rate (WPR). The WPR is a process measure that reflects the number of hours parents are participating in a small number of work activities.

Performance Measures	Previous	Current	Trend
Minnesota Self-Support Index	69%	67%	Worsening
Federal Work Participation Rate	29.8%	40.2%	Improving

Performance Measures Notes:

1. MFIP Self-Support Index, 2010 (Previous), 2011 (Current).
2. TANF Work Participation Rate 2009 (Previous), 2010 (Current).

Budget Activity: Support Services Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$17,414		\$195,243	\$212,658
Current Law Expenditures (FY 2014-15)	\$17,430		\$189,290	\$206,720
Governor's Recommended Expenditures (FY2014-15)	\$21,466		\$194,490	\$215,956
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$4,036		\$5,200	\$9,236
% Change from FY 2014-15 Current Law to Governor's Rec	23%		3%	4%

Budget Activity: Support Services Grants**Sources and Uses**

(Dollars in Thousands)

Biennium FY14-FY15				
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$68	\$68
APPROPRIATION	\$21,466		\$194,422	\$215,888
SOURCES OF FUNDS	\$21,466		\$194,490	\$215,956
EXPENDITURES	\$21,466		\$194,490	\$215,956
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$21,466		\$194,490	\$215,956
USES OF FUNDS	\$21,466		\$194,490	\$215,956

Human Services

BSF Child Care Assistance Grants

http://www.dhs.state.mn.us/main/id_008688#

Statewide Outcome(s):

Basic Sliding Fee Child Care Assistance Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans have the education and skills needed to achieve their goals.

Context:

About three-quarters of Minnesota households with children ages 12 and younger use child care. These families are challenged to knit together child care that fits their preferences and needs, and is affordable, according to a 2009 study commissioned by the Minnesota Department of Human Services and conducted by Wilder Research. In households with low incomes, 20 percent of parents reported that child care problems interfered with their getting or keeping a job in the past year. Without this program, many low-income families would not be able to pay for child care and would be unable to work or pursue education leading to work.

Basic Sliding Fee (BSF) Child Care Assistance Grants provide financial subsidies to help low-income families who are not participating in the Minnesota Family Investment Program or the Diversionary Work Program pay for child care so that parents may pursue employment or education leading to employment, and so children are well-cared for and prepared to enter school ready to learn. In FY 2011, an average of 10,090 families with 17,978 children per month was served, with a monthly average payment of \$814 per family. State law determines the maximum rates the program will pay to providers. This program is funded with county, state and federal funds that include the federal Child Care and Development Fund and the Temporary Assistance for Needy Families (TANF) fund. Not all families who meet eligibility requirements under this program receive benefits because funding is capped at a specific amount each year. Counties administer the Child Care Assistance Program.

Strategies:

The BSF program provides supports to help improve outcomes for the most at-risk children and their families by increasing access to high quality child care.

- Receipt of child care assistance helps families with low incomes access quality child care. Families choose their providers in the private child care market. Maximum rates paid through the program are set for each type of care: center-based, family child care, and legal non-licensed care.
- A higher reimbursement rate is paid to child care providers who provide high quality child care. Participation in high quality care increases the likelihood of improved school readiness.

Results:

Maximum rates paid to providers under the child care assistance program may not cover the full cost of care because they are not based on the current market rates. This may be a barrier to parents' access to many of the child care providers in their communities. The percent of child care provider rates that are fully covered by the Child Care Assistance Program is worsening. If maximum rates are held constant or reduced, this trend will continue as rates in the private child care market increase.

High quality early child care and education experiences are associated with better child outcomes, particularly for children from low-income families. Up to a 15 percent higher maximum rate is paid to providers who meet certain accreditation or education standards established in statute. In 2011 and 2012, one-fifth of the children served by the Child Care Assistance Program received care from a provider who met these quality standards.

Basic Sliding Fee funds are allocated to counties. Counties sometimes do not have adequate funds to serve all families who apply, in which case they are placed on a waiting list. Other counties do not spend all available funds. This results in unspent funds in some counties while families are being added to a waiting list in other counties.

Performance Measures	Previous	Current	Trend
Percent of Child Care Providers Covered by Maximum Rates – Family Child Care ¹	38.4%	27.6%	Worsening
Percent of Child Care Providers Covered by Maximum Rates – Center Child Care ¹	32.5%	20.6%	Worsening
Percent of Children Receiving Child Care Assistance who are in Accredited Programs ²	19.3%	20.0%	Stable
Basic Sliding Fee Waiting List ³	4,661	7,551	Worsening

Performance Measures Notes:

1. Child Care Assistance Program Family Profile, 2010 (Previous), 2011 (Current).
http://www.dhs.state.mn.us/main/groups/economic_support/documents/pub/dhs_id_057781.pdf
2. Quality Child Care Assistance, Children and Family Services Dashboard, 2011 (Previous), 2012 (Current).
3. Child Care Assistance Program Waiting List; May 2011 (Previous), 2012 (Current). May 2012 link:
http://www.dhs.state.mn.us/main/groups/economic_support/documents/pub/dhs_id_057782.pdf

For additional information on the Child Care Assistance Programs, see:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4745-ENG>

Budget Activity: BSF Child Care Assistance Grts
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$75,822		\$99,157	\$174,979
Current Law Expenditures (FY 2014-15)	\$75,387		\$100,657	\$176,044
Governor's Recommended Expenditures (FY2014-15)	\$82,884		\$100,657	\$183,541
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$7,497		\$0	\$7,497
% Change from FY 2014-15 Current Law to Governor's Rec	10%		0%	4%

Budget Activity: BSF Child Care Assistance Grts**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$100,658	\$100,658
APPROPRIATION	\$82,884		\$0	\$82,884
SOURCES OF FUNDS	\$82,884		\$100,658	\$183,542
EXPENDITURES	\$82,884		\$100,657	\$183,541
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$82,884		\$100,657	\$183,541
USES OF FUNDS	\$82,884		\$100,657	\$183,541

Human Services

Child Care Development Grants

http://www.dhs.state.mn.us/main/id_008689#

Statewide Outcome(s):

Child Care Development Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans have the education and skills needed to achieve their goals.

Context:

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

Child Care Development Grants promote services to improve school readiness, and the quality and availability of child care in Minnesota. These services include consumer education to parents and the public, and activities that help parents choose care for more than 230,000 Minnesota children cared for in licensed child care settings. Services include development and implementation of a an early childhood quality rating and improvement system called Parent Aware, and grants, consultation and financial supports to Minnesota’s 13,000 licensed child care providers to improve quality. These grants are funded primarily with federal Child Care and Development Funds with additional federal support from Minnesota’s Race to the Top-Early Learning Challenge grant and some state funds.

It is important that all children and their families have access to high-quality child care and education programs. These grants provide leadership and support to programs working to increase the availability of quality care and education in Minnesota.

Strategies:

The Department of Human Services works with public and private agencies and individuals to promote school readiness through education and training. Grants are used to improve the quality of early childhood and school-age care, and increase access to high quality care, especially for high-need children. Grants help parents support their children's success through information about child care by providing:

- Information to families and communities through Minnesota's Child Care Resource & Referral parent referral services and Parent Aware;
- Grants and financial supports to providers for quality improvement;
- Training, coaching, consultation and other workforce supports for early childhood and school-age care providers to increase their knowledge and skills in child development, instructional practices and ways to meet the needs of individual children; and
- Reimbursements to child care programs and providers to cover some of the fees associated with completing accreditation with a nationally recognized child care accreditation program.

Results:

Performance Measures	Previous	Current	Trend
Referrals to Parents Made by Child Care Resource & Referral Agencies ¹	22,181	22,427	Stable
Number of Child Care Centers Receiving Reimbursement for Accreditation Fees ²	28	49	Improving
Number of Family Child Care Programs Receiving Reimbursement for Accreditation Fees ²	2	16	Improving

Performance Measures Notes:

1. Data is from a report produced by Wilder Research, "Results of Referral Outcomes Follow-up Surveys, July 2009 through June 2010" (Previous) and "Results of Referral Outcomes Follow-up Surveys, July 2010 through June 2011" (Current).
2. Family child care and center-based programs are reimbursed for one-half of the direct cost of accreditation fees, upon successful completion of accreditation with a nationally recognized child care accreditation program. Compares 2011 (Previous) and 2012 (Current), as tracked by the Department of Human Services.

Budget Activity: Child Care Development Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$1,515	\$1,286	\$21,166	\$23,967
Current Law Expenditures (FY 2014-15)	\$2,974	\$5,107	\$18,564	\$26,645
Governor's Recommended Expenditures (FY2014-15)	\$3,724	\$5,107	\$18,564	\$27,395
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$750	\$0	\$0	\$750
% Change from FY 2014-15 Current Law to Governor's Rec	25%	0%	0%	3%

Budget Activity: Child Care Development Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$5,107	\$18,564	\$23,671
APPROPRIATION	\$3,724	\$0	\$0	\$3,724
SOURCES OF FUNDS	\$3,724	\$5,107	\$18,564	\$27,395
EXPENDITURES	\$3,724	\$5,107	\$18,564	\$27,395
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$3,724	\$5,107	\$18,564	\$27,395
USES OF FUNDS	\$3,724	\$5,107	\$18,564	\$27,395

Human Services

Child Support Enforcement Grants

http://www.dhs.state.mn.us/main/id_000160#

Statewide Outcome(s):

Child Support Enforcement Grants supports the following statewide outcome(s).

Strong and stable families and communities.

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. According to *Custodial Mothers and Fathers and Their Child Support: 2009*, a report released by the U.S. Census Bureau in December 2011, Americans who pay child support provide an average of \$430 per month to custodial parents of those children. Child support represents a high proportion of income for lower income custodial parents. Among custodial parents below the poverty level who received the full amount of ordered payments in 2009, child support represented an average of 62.6 percent of their annual individual income. Conversely, among custodial parents of all income levels, child support payments received represented 16.1 percent of their average annual individual income in 2009. In 2010, 26.8 percent of all custodial parents sought government assistance in collecting child support.

Child Support Enforcement Grants help strengthen families by providing concrete financial supports. Child Support is an important component to help families be self-sufficient. Child support enforcement is administered by counties acting under state direction and supervision. These grants assure that assistance in obtaining basic support, medical support and child care support is available to children through locating parents, establishing paternity and support obligations. Without these supports, many custodial families would not have the financial resources to become self-sufficient. Additional grants provide federal funding to improve non-custodial parents' access to their children. Funding is a mix of federal grants, state general fund and fees.

County and state child support offices provide services to more than 395,000 custodial and non-custodial parents and their 268,000 children. In 2011, the child support program collected and disbursed \$602 million in child support. Access and visitation funds served 347 families in FY 2011.

Strategies:

Working with counties and tribes, the following activities help to support and stabilize families:

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

Results:

The federal government funds the child support program at the state level in part through performance incentives. Incentives are calculated by measuring the state program's performance in core program activities: paternity establishment, order establishment, collection of current support and collection of arrears (past due support). States are ranked by their scores on the performance measures. Minnesota ranks among the top five states on the collections measures, and among the top 20 on paternity and order establishment measures.

Performance Measures	Previous	Current	Trend
Child Support Current Collection Rate ¹	69%	70%	Improving
Paternity Establishment Rate - percent of children who were born outside of marriage for whom paternity was established in open child support cases for the year ^{1,2}	91%	92%	Improving
Order Establishment Rate – percent of open cases within the year that have orders established by year's end ^{1,2}	85%	86%	Improving
Arrears Collection Rate – percent of cases with arrears due within the year that had a collection on that arrears ^{1,2}	70%	70%	Stable

Performance Measures Notes:

- 1 Measurements compare 2010 data (Previous) to 2011 data (Current). Each measurement has a threshold of 80 percent. This represents the point at which states begin earning and maximizing federal incentives.
- 2 Federal measures may be found in the 2011 Minnesota Child Support Performance Report, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4252L-ENG>.

Budget Activity: Child Support Enforcement Grts
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$3,499	\$330	\$3,828
Current Law Expenditures (FY 2014-15)		\$2,990	\$268	\$3,258
Governor's Recommended Expenditures (FY2014-15)		\$2,990	\$268	\$3,258
\$ Change from FY 2014-15 Current Law to Governor's Rec		\$0	\$0	\$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%	0%	0%

Budget Activity: Child Support Enforcement Grts

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$118		\$118
REVENUE		\$2,850	\$268	\$3,118
TRANSFERS IN		\$100		\$100
APPROPRIATION	\$100	\$0	\$0	\$100
SOURCES OF FUNDS	\$100	\$3,068	\$268	\$3,436
BALANCE FORWARD OUT		\$78		\$78
TRANSFERS OUT	\$100			\$100
EXPENDITURES		\$2,990	\$268	\$3,258
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES		\$2,990	\$268	\$3,258
USES OF FUNDS	\$100	\$3,068	\$268	\$3,436

Human Services Children's Services Grants

http://www.dhs.state.mn.us/main/id_000152

Statewide Outcome(s):

Children's Services Grants supports the following statewide outcome(s).

People in Minnesota are safe.

Strong and stable families and communities.

Context:

Having strong families and communities is an effective first line of defense for keeping children safe, especially in times of stress. Children who have been abused and neglected are more likely to perform poorly in school, get involved in criminal activities and abuse or neglect their own children. Programs and services that cultivate the factors shared by strong families and communities actually minimize long-term costs, such as intervention for crime, corrections, truancy, hospitalization, special education and mental health care.

Research provides compelling evidence that strength-based child welfare interventions such as those funded with Children's Services Grants, result in safer children and more stable families. Without these services, children and families remain at risk.

Children's Services Grants seek to ensure the safety, permanency and well-being of children involved in the child protection system. In 2011, 17,716 reports of child abuse and neglect were assessed involving 24,962 children. Of these, 4,589 children were determined to be victims of child maltreatment. In the same year, 11,368 children experienced an out-of-home placement and 1,133 were either adopted or had a permanent transfer of legal custody to a relative.

Grants in this activity are funded through a combination of state and federal dollars, including federal foster care, state and federal Adoption Assistance, and federal Family Preservation and Family Support Grants.

Strategies:

Children's Services grants fund a continuum of statewide child welfare services including adoption assistance, Indian Child Welfare services, child protection, homeless youth services, and child abuse and neglect services through counties, tribes, and community based providers. Grants provide supports to help keep more children out of foster care and safely with their families, and to decrease the disproportionate number of children of color in out-of-home placements. Most recently these grants have been used to:

- Reform the child welfare system to focus on ensuring children's safety while supporting families;
- Improve the Minnesota Child Welfare Training System;
- Work with tribes to design and develop tribal approaches that ensure child safety and permanency; and
- Transfer responsibilities from counties to tribes to deliver a full continuum of child welfare services to American Indian children and families on two reservations.

These services are essential in keeping children safe and families stable.

Results:

The Department of Human Services monitors the performance of counties and tribes in delivering child welfare services. Minnesota outcomes match or exceed most federal standards. Efforts to engage families early and collaboratively, and provide evidenced-based services with a focus on safety and timely permanency, have resulted in improving or maintaining outcomes.

Performance Measures	Previous	Current	Trend
Percent of Children Not Experiencing Repeated Abuse or Neglect Within 6 Months of a Prior Report	95.1%	95.6%	Improving
Percent of Children Reunified With Parents or Living With Relatives in Less than 12 Months from Latest Removal from Home	84.5%	85.7%	Improving
Percent of Children Adopted in Less than 24 Months from Latest Removal from Home	48.2%	48.1%	Stable

Performance Measures Notes:

All measures are from Minnesota's Child Welfare Report. Measurements compare 2010 data (Previous) to 2011 data (Current). Child protection statistical reports are posted on the DHS Child protection Publications page: http://www.dhs.state.mn.us/main/id_003712.

See also Child Welfare Dashboard:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137

Budget Activity: Children's Services Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$95,920	\$7,006	\$93,733	\$196,660
Current Law Expenditures (FY 2014-15)	\$94,051	\$6,841	\$100,162	\$201,054
Governor's Recommended Expenditures (FY2014-15)	\$99,062	\$6,841	\$100,162	\$206,065
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$5,011	\$0	\$0	\$5,011
% Change from FY 2014-15 Current Law to Governor's Rec	5%	0%	0%	2%

Budget Activity: Children's Services Grants

Sources and Uses

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$507		\$507
REVENUE		\$4,048	\$99,881	\$103,929
TRANSFERS IN	\$74,906	\$2,964		\$77,870
APPROPRIATION	\$102,025	\$0	\$280	\$102,305
SOURCES OF FUNDS	\$176,931	\$7,519	\$100,161	\$284,611
BALANCE FORWARD OUT		\$679		\$679
TRANSFERS OUT	\$77,870			\$77,870
EXPENDITURES	\$99,062	\$6,841	\$100,162	\$206,065
PAYROLL EXPENSE				
OPERATING EXPENSES		\$0	\$200	\$200
OTHER FINANCIAL TRANSACTIONS			\$4,150	\$4,150
GRANTS, AIDS AND SUBSIDIES	\$99,062	\$6,841	\$95,811	\$201,714
USES OF FUNDS	\$176,932	\$7,520	\$100,162	\$284,614

Human Services

Child & Community Service Grants

http://www.dhs.state.mn.us/main/id_000152

Statewide Outcome(s):

Child & Community Service Grants supports the following statewide outcome(s).

People in Minnesota are safe.

Strong and stable families and communities.

Context:

Children & Community Service grants provide funding to support core safety services for vulnerable children and adults, including response to reports of maltreatment, assessments of safety and risk, case management and other supportive services that help keep children and adults safely in their own homes; and support safe alternative living arrangements such as foster care. Grants provide funding to counties and tribes to purchase or provide these services for children, families and vulnerable adults.

In 2011, 17,716 reports of child abuse and neglect were assessed involving 24,962 children. Of these, 4,589 children were determined to be victims of child maltreatment. In the same year, 11,368 children experienced an out-of-home placement and 1,133 were either adopted or had a permanent transfer of legal custody to a relative.

These grants include state funds and the federal Social Services Block Grant, and serve over 300,000 people annually.

Strategies:

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

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

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

Results:

The Department of Human Services monitors the performance of counties and tribes in delivering social services. Minnesota outcomes match or exceed most Federal standards. Efforts to engage families early and collaboratively, and provide evidence-based services with a focus on safety and timely permanency has resulted in improving or maintaining outcomes.

Performance Measures	Previous	Current	Trend
Percent of Children Not Experiencing Repeated Abuse or Neglect Within 6 Months of a Prior Report	95.1%	95.6%	Improving
Percent of Children Reunified to parents or living with relatives in Less than 12 Months from Latest Removal From Home	84.5%	85.7%	Improving
Percent of Children Adopted in Less than 24 Months from Latest Removal From Home	48.2%	48.1%	Stable

Performance Measures Notes:

All measures are from Minnesota's Child Welfare Report. Measurements compare 2010 data (Previous) to 2011 data (Current). Child protection statistical reports are posted on the DHS Child protection Publications page: http://www.dhs.state.mn.us/main/id_003712

See also the DHS Child Welfare Dashboard:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137

Budget Activity: Child & Community Service Grts
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$106,602		\$64,810	\$171,412
Current Law Expenditures (FY 2014-15)	\$106,602		\$64,933	\$171,535
Governor's Recommended Expenditures (FY2014-15)	\$112,602		\$64,933	\$177,535
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$6,000		\$0	\$6,000
% Change from FY 2014-15 Current Law to Governor's Rec	6%		0%	3%

Budget Activity: Child & Community Service Grts**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$64,932	\$64,932
APPROPRIATION	\$112,602		\$0	\$112,602
SOURCES OF FUNDS	\$112,602		\$64,932	\$177,534
EXPENDITURES	\$112,602		\$64,933	\$177,535
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$112,602		\$64,933	\$177,535
USES OF FUNDS	\$112,602		\$64,933	\$177,535

Human Services

Children & Economic Support Grants

http://www.dhs.state.mn.us/main/id_002550

Statewide Outcome(s):

Children & Economic Support Grants supports the following statewide outcome(s).

Strong and stable families and communities

Minnesotans have the education and skills needed to achieve their goals.

Context:

Poverty imposes substantial barriers on the health and development of individuals and families. The Minnesota Department of Human Services administers nearly 200 grants annually to more than 100 grantee organizations to help people in poverty meet their basic needs for food, clothing and shelter, and attain the skills, knowledge and motivation to become more self-reliant. Without these funds, more people would be hungry and homeless.

Children & Economic Support Grants provide funding for housing, food, poverty reduction, and financial education services for low-income families and individuals. Examples of strategies are listed below.

- Supportive and transitional housing services to address the needs of homeless individuals and families by helping them find safe and stable housing. More than 12,000 people received temporary shelter and services in 2011, and more than 3,500 people who experienced long-term homelessness received services.
- Emergency services funding for organizations that provide emergency shelter and essential services to homeless adults, children and youth; served over 200,000 individuals and families in 2011.
- Funding for food banks, food shelves and on-site meal programs.
- Supplemental Nutrition Assistance Program (SNAP) outreach and nutrition education.
- Programs administered by Community Action Agencies that help low-income people become more economically secure. These agencies served over 280,000 Minnesotans with help to gain employment and supports in 2011.

The largest portion of this budget area is federal funding for the Supplemental Nutrition Assistance Program. In FY 2011, the SNAP program provided help with food for an average of 469,904 persons per month receiving an average monthly payment of \$119. Outreach and nutrition education are conducted under this activity.

Funding sources include state grants and federal grants from the U.S. Departments of Agriculture (USDA), Health and Human Services (HHS), Housing and Urban Development (HUD), as well as private foundations.

Strategies:

People living in poverty frequently face numerous barriers and have complex needs. Children and Economic Support Grants employs strategies targeting both short-term crisis stabilization efforts and long-term strategies to help people leave poverty and sustain economic security for themselves and their families into the future, including:

- Providing basic food, housing and other supports to the most at-risk adults and children;
- Providing funding, training, and technical assistance to counties and tribes for services to reduce barriers for long-term homeless adults, youth and families; and
- Helping the most at-risk adults and children attain the skills, knowledge, and motivations that will result in their becoming more economically secure.

Outreach and nutrition education efforts under SNAP help keep more people fed and healthy, and increases nutrition assistance participation.

Results:

There are many programs to help people with their food needs, such as emergency food help, SNAP and Minnesota Food Assistance. Measures below show increased participation in the SNAP program to help keep people fed and healthy.

Grants for long-term homeless youth, adults, and families assist people in finding and maintaining housing and increasing their self-sufficiency. (For more information on housing programs, see:

http://www.dhs.state.mn.us/main/id_002548)

Performance Measures	Previous	Current	Trend
SNAP Participation Rate for All People in Poverty ¹	51%	56%	Improving
SNAP Participation Rate for Seniors in Poverty ¹	32%	37%	Improving
Percent of Long-Term Homeless Enrolled in Services and Permanent Housing ²	70%	71%	Stable
Percent of Long-Term Homeless Enrolled in Services with No Income ²	20%	10%	Improving

Performance Measures Notes:

1. Data on SNAP participation is for the years 2009 (Previous) and 2010 (Current). The participation rate for all people in poverty comes from the Food Support Access Index (FSAI). SNAP participation rate for seniors in poverty is available at: <http://dashboard.dhs.state.mn.us/measure01-6.aspx>. Note: At the end of calendar year 2011, 44.7 percent of seniors in poverty were accessing SNAP.
2. Data on long-term homeless services is for the years 2010 (Previous) and 2011 (Current), from the "Summary Long-Term Homeless Supportive Service Grants Annual Homeless Management Information System (HMIS) Report." Income information is collected periodically while receiving services and when exiting from services.

Budget Activity: Child & Economic Support Grts
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$32,022	\$138	\$1,155,838	\$1,187,998
Current Law Expenditures (FY 2014-15)	\$32,445	\$7	\$1,155,337	\$1,187,789
Governor's Recommended Expenditures (FY2014-15)	\$32,445	\$7	\$1,155,337	\$1,187,789
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0	\$0	\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%	0%	0%

Budget Activity: Child & Economic Support Grts**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$6	\$1,155,337	\$1,155,343
TRANSFERS IN	\$1,632			\$1,632
APPROPRIATION	\$32,445	\$0	\$0	\$32,445
SOURCES OF FUNDS	\$34,077	\$6	\$1,155,337	\$1,189,420
TRANSFERS OUT	\$1,632			\$1,632
EXPENDITURES	\$32,445	\$7	\$1,155,337	\$1,187,789
PAYROLL EXPENSE		\$0		\$0
OPERATING EXPENSES	\$0	\$1	\$10	\$11
GRANTS, AIDS AND SUBSIDIES	\$32,445	\$6	\$1,155,327	\$1,187,778
USES OF FUNDS	\$34,077	\$7	\$1,155,337	\$1,189,421

Human Services

Refugee Services Grants

http://www.dhs.state.mn.us/main/id_004115#

Statewide Outcome(s):

Refugee Services Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Minnesotans have the education and skills needed to achieve their goals.

Context:

Refugees have had to flee their country of origin and are unable to return because of a well-founded fear of persecution. When no other options exist, the United States, as well as most Western nations, provides refugees an opportunity for permanent resettlement. Most refugees resettled in the United States over the last two decades have been Southeast Asians, but more recently the population has become more diverse with people from countries in strife, such as Bosnia, Somalia, Sudan, Liberia, Iraq and the former Soviet Union.

Refugee Services Grants provide assistance to refugees, asylees and victims of human trafficking to resettle in Minnesota. Grants are provided to state and local agencies, including county and voluntary resettlement agencies, school districts and community agencies in order to enhance human, health, educational, employment and training services. In 2011, an average of 1,210 persons per month received employment and social services through these grants, at an average monthly cost of about \$300 per recipient.

The activity is funded with federal grants appropriated through the United States Department of Health and Human Services.

Absent these services, fewer refugees will find work and more will lack the medical, social and financial supports necessary to resettle successfully.

Strategies:

Refugee Services Grants provide an array of services, including:

- Medical health screening
- Refugee cash assistance
- Information and referral
- Translation and interpreter services
- Case management services
- Citizenship and naturalization preparation services
- Supported employment services and transportation

Grants are used in partnerships with local voluntary resettlement agencies, the Minnesota Departments of Health and Education, providers and refugee communities. They support services that improve health, safety and stability during resettlement.

Results:

The department's Refugee Services uses several client outcome indicators to determine the effectiveness of its grant management activity.

Performance Measures	Previous	Current	Trend
Percent of Refugees Receiving Health Screening within 90 Days of Arrival	96%	96%	Stable
Percent of Refugees Who are Employed	49%	54%	Improving

Performance Measures Notes:

Measurements come from the Office of Refugee Resettlement Performance Report. Measures compare 2010 (Previous) to 2011 data (Current).

Budget Activity: Refugee Services Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)			\$15,436	\$15,436
Current Law Expenditures (FY 2014-15)			\$13,766	\$13,766
Governor's Recommended Expenditures (FY2014-15)			\$13,766	\$13,766
\$ Change from FY 2014-15 Current Law to Governor's Rec			\$0	\$0
% Change from FY 2014-15 Current Law to Governor's Rec			0%	0%

Budget Activity: Refugee Services Grants**Sources and Uses**

(Dollars in Thousands)

Biennium FY14-FY15				
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$13,766	\$13,766
SOURCES OF FUNDS			\$13,766	\$13,766
EXPENDITURES			\$13,766	\$13,766
PAYROLL EXPENSE				
OPERATING EXPENSES			\$2,725	\$2,725
GRANTS, AIDS AND SUBSIDIES			\$11,041	\$11,041
USES OF FUNDS			\$13,766	\$13,766

Human Services

Health Care Grants

Statewide Outcome(s):

Health Care Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Context:

Health Care Grants are used to provide support, infrastructure, investment or outreach that benefits enrollees in public health care programs, Medical Assistance (MA) and MinnesotaCare, and some uninsured or underinsured individuals. DHS seeks grants to augment our own operational efforts. In doing so, we engage experts outside of 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) get all the care that we are paying for. Grantees can be providers, counties, or community organizations. These grants have historically targeted projects or work that is not funded under the MA or MinnesotaCare program and that provide support to those program and enrollees. The grants are not typically for direct care.

Health Care Grants are funded from appropriations from the state General Fund and Health Care Access Fund, and some federal funds.

Strategies:

The Health Care Grants administered by DHS can change over time depending on the length of the funding or project. These grants can often be for one year or ongoing for several years and are for a specific project, demonstration or function that are usually the result of state legislation. Grantees can range from providers, counties, or community organizations. For example, one of the long-standing grants funded out of this budget activity provides payments to providers, counties, community organizations for assisting individuals with the application process for MA and MinnesotaCare.

The grants currently funded under this budget activity include:

- *Neighborhood Care Network.* Provides funding to operate a consumer health care information line.
- *Outreach Grants or Minnesota Community Application Agent (MNCAA) Program.* Provides funding for an external organization to effectively provide culturally appropriate outreach and renewal assistance services to Minnesotans enrolled in MA or MinnesotaCare.
- *Child and Teen Checkups and Immunization Registry Grants.* Provide administrative funds for activities that support the work of local Child and Teen Checkups and Immunization Registry activities.

Results:

The DHS Health Care Administration is committed to measuring our work. One measure the Health Care Grants contribute to reducing is the percent of lower-income Minnesotans that do not have health insurance even if they are eligible for public programs. DHS has also begun to collect information on the number of successful applications completed by application agents under the MNCAA program. Although data is not yet available, in the future we will be able to report on this targeted performance measure.

Performance Measures	Previous	Current	Trend
Percent of Minnesotans lacking health insurance	9%	9.1%	Stable

Performance Measures Notes:

Compares 2009 (Previous) to 2011 (Current). Nearly three-fourths of the uninsured have some potential access to coverage but don't take advantage of it. Source: Minnesota Department of Health, Health Access Survey (conducted semiannually).

Budget Activity: Health Care Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$66	\$190	\$74,020	\$74,276
Current Law Expenditures (FY 2014-15)	\$180	\$380	\$60,282	\$60,842
Governor's Recommended Expenditures (FY2014-15)	\$180	\$380	\$60,282	\$60,842
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0	\$0	\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%	0%	0%

Budget Activity: Health Care Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$60,282	\$60,282
APPROPRIATION	\$180	\$380	\$0	\$560
SOURCES OF FUNDS	\$180	\$380	\$60,282	\$60,842
EXPENDITURES	\$180	\$380	\$60,282	\$60,842
PAYROLL EXPENSE				
OPERATING EXPENSES			\$2,644	\$2,644
GRANTS, AIDS AND SUBSIDIES	\$180	\$380	\$57,638	\$58,198
USES OF FUNDS	\$180	\$380	\$60,282	\$60,842

Human Services

Aging & Adult Services Grants

http://www.dhs.state.mn.us/main/id_005734

Statewide Outcome(s):

Aging and Adult Services Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans are healthy.

Context:

Between now and 2030, Minnesota will experience the most profound age shift in its history. Along with the rest of the nation and the world, we will become older not just as individuals but as a society. The baby boomers—1.5 million strong in Minnesota—are leading us into this uncharted territory as they begin to age. By 2030, we will have 1.3 million persons over 65, or one out of every four Minnesotans. Later, in 2050, we will have the largest number ever of people over 85. Over two-thirds of persons age 85 and older have at least one disability. Older persons are more likely to have multiple disabilities, and each of these chronic conditions poses a challenge to the individual's ability to live independently. Therefore, Minnesotans' need for community-based long-term care services will continue to increase. Aging and Adult Services Grants support seniors, their families, caregivers and communities to enable seniors to stay in their homes and communities and avoid costly institutionalization.

The purpose of Aging and Adult Services Grants is to provide non-medical social services and supports for older Minnesotans and their families to enable older adults to stay in their own homes and avoid institutionalization. These funds increase service availability and service choice for older Minnesotans in both urban and rural communities, and so provide greater opportunity for Minnesotans to age at home. Several of the state grant programs are aligned and 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 to 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.

Strategies:

Aging and Adult Services Grants promote evidence-based models that leverage local private funds and in-kind contributions to promote affordable services that are both dependable and sustainable. Aging and Adult Services grants provide the following services.

- Nutritional services including congregate meals to 56,000 people, home-delivered meals to 13,000 people, and grocery delivery to 660 people annually.
- Increased service availability and service choice for older Minnesotans through service development opportunities provided by the Community Service/Community Services Development (CS/SD), Family Caregiver Support, and ElderCare Development Partnership (EDP) grant programs. Services include: transportation, chore, assistance with activities of daily living, and other services that help people stay in their own homes; evidence-based health promotion, chronic disease management, and falls prevention services; and respite and other supportive services to family caregivers. In the FY 2010-2011 biennium, over 14,000 people were served and capacity was increased by more than 6,000 volunteers.
- Support to more than 16,000 older volunteers per year who provide services through the RSVP, Foster Grandparent, and Senior Companion programs.
- Through the Senior LinkAge Line®, comprehensive assistance and individualized help to more than 67,000 people through 125,000 calls in 2011. Senior LinkAge Line® has trained long-term care options counselors that assist individuals to find community resources, including supports for family caregivers, counseling about Medicare, supplemental insurance, and other health and long-term care insurance options; and comprehensive prescription medication expense assistance, including assistance with Medicare Part D benefits and Medicare plan selection to beneficiaries of all ages.
- Information about community-based resources and customized long-term care planning tools to 353,000 visitors in 2011, through www.minnesotahelp.info, a web-based database of over 29,000 services.

- An intensive long-term care options counseling service provided by the Senior LinkAge Line®, known as Return to Community, that helps people successfully remain in their homes after discharge from a nursing home. Since the launch of this service in 2010, over 2,800 consumers have been contacted for discharge support; of those, direct assistance was provided to 500 older adults at their request to return home and 700 are receiving five years of telephonic follow-up at home.
- A benefit through the Essential Community Supports program for people who will not be eligible for Medical Assistance.

Services are administered in partnership with Area Agencies on Aging, local counties and tribes, and community providers.

Results:

Minnesota has seen continuous improvement in the number of seniors served by community-based rather than institution-based services. Measures we track include the percent of elderly receiving publicly funded long-term care services who receive HCBS services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. The percent of seniors served in the community has consistently remained steady or improved over the past five years. DHS, through its partners, surveys users of the Senior LinkAge Line® and found an increasing number of people who would recommend Senior LinkAge Line® services to others.

Performance Measures	Previous	Current	Trend
1. Percent of elderly served by home and community-based services	54%	62.4%	Improving
2. Percent of consumers who would recommend the Senior LinkAge Line® to others	93%	96%	Improving
3. Number of people who have moved from nursing homes back to the community through the Return to Community Initiative	82	204	Improving
4. Percent of family caregivers who report that the intervention helped them provide care for a longer period of time	93%	95%	Improving

Performance Measures Notes:

1. Compares FY 2007 (Previous) to FY 2011 (Current). Source: DHS Data Warehouse
2. Compares 2007 (Previous) to 2011 (Current). Source: Consumer Surveys, WebReferral database
3. Compares data for the last three quarters of calendar year (CY) 2010 (Previous) to CY 2011 data (Current). Source: Return to Community Database
4. Compares CY 2005 (Previous) to CY 2011 (Current), as measured by an annual survey of family caregivers receiving Older Americans Act-funded caregiver support services. Source: Annual Caregiver Program Participant Survey

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

Budget Activity: Aging & Adult Services Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$24,609	\$322	\$41,885	\$66,816
Current Law Expenditures (FY 2014-15)	\$44,952	\$374	\$43,014	\$88,340
Governor's Recommended Expenditures (FY2014-15)	\$51,210	\$374	\$43,014	\$94,598
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$6,258	\$0	\$0	\$6,258
% Change from FY 2014-15 Current Law to Governor's Rec	14%	0%	0%	7%

Budget Activity: Aging & Adult Services Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$374	\$43,014	\$43,388
APPROPRIATION	\$51,210	\$0	\$0	\$51,210
SOURCES OF FUNDS	\$51,210	\$374	\$43,014	\$94,598
EXPENDITURES	\$51,210	\$374	\$43,014	\$94,598
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$51,210	\$374	\$43,014	\$94,598
USES OF FUNDS	\$51,210	\$374	\$43,014	\$94,598

Human Services

Deaf & Hard Of Hearing Grants

http://www.dhs.state.mn.us/main/dhs16_139339

Statewide Outcome(s):

Deaf and Hard of Hearing Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Context:

Hearing loss occurs at all stages of life. Three out of every 1,000 newborns have hearing loss. Two-thirds of seniors over age 75 have hearing loss. In Minnesota, between 530,000 and 742,000 people are estimated to have some degree of hearing loss. Of those, about 15% are deaf and as many as 1,600 individuals are deafblind. The impact of hearing loss on each individual is unique, depending on the degree and type of hearing loss. Isolation, loss of meaningful communication, diminished independence and misdiagnosis of mental health issues are common effects of hearing loss. Deaf and Hard of Hearing Services grants assist Minnesotans of all ages who are deaf, deafblind and hard of hearing with communication access and other supports they need to be involved in their families and communities.

The purpose of Deaf and Hard of Hearing Grants is to provide statewide services that enable at-risk Minnesotans who are deaf, deafblind, or hard of hearing to gain and maintain the ability to live independently and participate in their families and communities. Deaf and Hard of Hearing Grants supported 18,800 people in state fiscal year 2011.

Deaf and Hard of Hearing grants are primarily funded by the state's general fund. Additional funding for real-time television captioning grants is provided through a fee assessed on phone bills and collected by the Department of Commerce. (DHS is not able to count the number of television viewers who use captioning.)

More information about other programs and services provided in the Deaf and Hard of Hearing Services Division is available at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6573-ENG>.

Strategies:

Deaf and Hard of Hearing Grants provide services that enable deaf, deafblind, or hard of hearing Minnesotans to live in their communities. Services provided include:

- Sign language interpreter referral and interpreter-related services that allow Minnesotans who are deaf, hard of hearing, and deafblind to access emergency core services such as courts, medical care, mental health services, and law enforcement.
- Deafblind grants to support adults who are both deaf and blind so they can live independently and stay in their own homes.
- Specialized mental health services that provide linguistically and culturally appropriate services including home-based outreach supports, a drop-in center, inpatient therapy, outpatient therapy, family counseling, and educational opportunities for families, schools, and mental health providers. A peer support program is being developed for individuals who are deaf and have a serious mental illness.
- Mentors who work with families that have children with hearing loss to develop the family's communication competence, including use of American Sign Language.
- Real-time television captioning grants to allow consumers in greater Minnesota who are deaf, deafblind and hard of hearing to have access to live local news programming from some television stations.

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

Results:

Consumers of deaf and hard of hearing grant-funded services are surveyed to measure satisfaction with the quality and timeliness of services. Consumers have reported increasing satisfaction with services received.

Performance Measures	Previous	Current	Trend
1. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received	86%	95%	Improving
2. Percent of consumers in DHHS grant-funded programs who are satisfied with timeliness of the services they received	87%	89%	Improving

Performance Measures Notes:

Both measures compare 2008 data (Previous) to 2011 data (Current). Data source: Consumer satisfaction surveys. More information on these measures is available online on the Continuing Care Performance Report: http://www.dhs.state.mn.us/main/dhs16_166609#

Budget Activity: Deaf & Hard Of Hearing Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$3,627	\$568		\$4,195
Current Law Expenditures (FY 2014-15)	\$3,534	\$538		\$4,072
Governor's Recommended Expenditures (FY2014-15)	\$3,534	\$538		\$4,072
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%		0%

Budget Activity: Deaf & Hard Of Hearing Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$538		\$538
APPROPRIATION	\$3,534	\$0		\$3,534
SOURCES OF FUNDS	\$3,534	\$538		\$4,072
EXPENDITURES	\$3,534	\$538		\$4,072
PAYROLL EXPENSE				
GRANTS, AIDS AND SUBSIDIES	\$3,534	\$538		\$4,072
USES OF FUNDS	\$3,534	\$538		\$4,072

Human Services Disabilities Grants

http://www.dhs.state.mn.us/main/id_010527

Statewide Outcome(s):

Disabilities Grants supports the following statewide outcome(s).

Strong and stable families and communities.

Minnesotans are healthy.

Context:

Disability is a naturally occurring part of human life. Disability can occur at birth or be acquired later in life and can include physical disabilities, developmental disabilities, chronic medical conditions, and acquired or traumatic brain injuries. The US Census Bureau estimates that nearly 400,000 or 14 percent of Minnesotans have a disability or disabling condition. Individuals with disabilities are unique and have a variety of needs that may range from assistance with bathing and dressing to needing 24 hour care and supervision. Disability grants provide services and supports to enable Minnesotans with disabilities to remain in their communities and avoid institutionalization. These grants also provide funding to local counties, tribes, families and providers to support individuals with disabilities.

The purpose of Disabilities Grants is to provide community service options for individuals with disabilities, support to lead agencies, and to develop and maintain a system-wide infrastructure. These funds increase service availability and service choice 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 infrastructure.

Disabilities grants are funded by the state general fund, federal funds, and special revenue funds. The HIV/AIDS programs receive federal funds from the Ryan White Care Act and receive rebate funding from pharmaceutical companies for drugs and insurance.

More information about Disabilities Grants and the number of people served is available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6575-ENG>.

Strategies:

Disabilities Grant programs include the following.

- 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) helps individuals purchase home care, adaptive aids, home modifications, respite care, and other assistance with the tasks of daily living.
- Semi-Independent Living Services (SILS) are used by adults with developmental disabilities to live in the community. The funding is used to purchase instruction or assistance with nutrition education, meal planning and preparation, shopping, first aid, money management, personal care and hygiene, self-administration of medications, use of emergency resources, social skill development, home maintenance and upkeep, and transportation skills.
- HIV/AIDS programs assist enrollees with premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- Housing Access Services provides a grant to a non-profit organization to help individuals move out of licensed settings or family homes into their own homes.
- The Disability Linkage Line (DLL) provides one-to-one assistance to help people learn about their options and connect with the supports and services they choose.
- Local planning grants provide assistance to counties and tribes for the development of community alternatives to corporate foster care placements. During FY 2013, this funding will be used to support

counties and tribes in gathering information to inform the statewide gaps analysis and needs determination processes.

- The Advocating Change Together grant provides funding to the non-profit Advocating Change Together, which is a statewide self-advocacy organization for people with disabilities.
- Technology Grants for Corporate Foster Care Alternatives provides funding for case consultation, evaluation and consumer information grants to assist in developing alternatives to shift-staff foster care residential services models.
- People, Inc. receives a grant to support a living skills training program for people with intractable epilepsy who need assistance in the transition to independent living.

Results:

The Minnesota Department of Human Services (DHS) 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. Measures we track include the percent of people with disabilities who are receiving publicly funded long-term care services through a disability waiver or home care program instead of services in a nursing facility or intermediate care facility. The percent of people with disabilities served in the community has consistently remained steady or improved over the past five years.

A 2009 moratorium in state law on corporate foster care helps to curb the growth of residential settings. We are tracking the percent of people with disabilities who receive home and community-based services in their own home instead of in a residential setting, such as foster care. Current data shows improvement on this measure for people with developmental disabilities but has yet to show an impact for people with other disabilities.

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

Performance Measures	Previous	Current	Trend
1. Percent of people with disabilities served by home and community-based services	92%	94.5%	Improving
2. Percent of people with disabilities (excluding developmental disabilities) who receive home and community-based services in their own home	65%	63%	Worsening
3. Percent of people with developmental disabilities who receive home and community-based services in their own home	34.6%	35.7%	Improving
4. Number of people that Housing Access Services has helped move to a home of their own	48	71	Improving
5. Percent of consumers who would recommend the Disability Linkage Line (DLL) to others	99%	100%	Stable

Performance Measures Notes:

1. Compares FY 2007 (Previous) to FY2011 data (Current). Source: DHS Data Warehouse.
2. Compares 2007 (Previous) to 2011 data (Current). Source: DHS Data Warehouse.
3. Compares 2007 (Previous) to 2011 data (Current). Source: DHS Data Warehouse.
4. Compares calendar year 2010, quarter two data (Previous) to CY 2012, quarter two data (Current). Since the program began, Housing Access Services has moved 459 people with disabilities into homes of their own. Source: DHS Grant reports.
5. Compares CY 2008 data (Previous) to CY 2011 data (Current). Source: DLL Customer Satisfaction Surveys.

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

Budget Activity: Disabilities Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$63,600	\$12,097	\$16,194	\$91,891
Current Law Expenditures (FY 2014-15)	\$78,460	\$12,793	\$12,796	\$104,049
Governor's Recommended Expenditures (FY2014-15)	\$74,660	\$12,793	\$12,796	\$100,249
\$ Change from FY 2014-15 Current Law to Governor's Rec	(3,800)	\$0	\$0	(3,800)
% Change from FY 2014-15 Current Law to Governor's Rec	(5%)	0%	0%	(4%)

Budget Activity: Disabilities Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$12,011		\$12,011
REVENUE		\$12,794	\$12,796	\$25,590
TRANSFERS IN	\$37,391	\$0		\$37,391
APPROPRIATION	\$37,269	\$0	\$0	\$37,269
SOURCES OF FUNDS	\$74,660	\$24,805	\$12,796	\$112,261
BALANCE FORWARD OUT		\$12,011		\$12,011
EXPENDITURES	\$74,660	\$12,793	\$12,796	\$100,249
PAYROLL EXPENSE				
OPERATING EXPENSES	\$758	\$503		\$1,261
GRANTS, AIDS AND SUBSIDIES	\$73,902	\$12,290	\$12,796	\$98,988
USES OF FUNDS	\$74,660	\$24,804	\$12,796	\$112,260

Human Services

Adult Mental Health Grants

http://www.dhs.state.mn.us/main/id_000085

Statewide Outcome(s):

Adult Mental Health Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Mental illness strikes all ages, all economic levels, and all races. For people with mental illness, it disrupts learning and educational plans for the future, job security and income. One out of every four persons live with a mental health problem. Mental illness also affects families – spouses, parents, siblings, grandparents and children. People living with a mental illness are at significant risk for being homeless. According to a 2009 Wilder Research Homeless study, 55 percent of homeless adults surveyed had a serious mental illness. Having a mental illness can sometimes be fatal. Suicide is one of the leading causes of death. In Minnesota, eleven out of every 100,000 adults take their own lives each year.

National and state statistics demonstrate that individuals with mental illness have higher mortality rates than others due to untreated or undertreated physical health issues. Seeking a primary care physician for annual physical health screenings can result in earlier and less-costly treatment of common chronic illnesses.

Adult mental health services provide the supports people need at crucial times in their lives. Grant funding is used to increase the number of Minnesotans served in their homes and communities rather than in institutions and to improve life expectancy for people with a serious mental illness.

Strategies:

Provide a statewide network of crisis response services. Mobile crisis teams can provide outreach to persons and intervene quickly in community neighborhoods when people experience a mental health crisis. Crisis beds can also help people stay closer to home and avoid costly hospital stays. Crisis response services save lives by provided support and intervention that allows people to remain in the community and avoid the additional life disruption that a hospital stay entails. They also allow law enforcement professionals to carry on with their other duties of protecting the citizenry and they frequently team with law enforcement officers to lessen the time that law enforcement officers must spend intervening in mental health crisis, transporting individuals or waiting for the individual at a hospital. Crisis response services also can allow emergency room doctors to focus on treating physical ailments rather than focusing on persons with mental health issues.

Co-locate medical and mental health services wherever possible. Since persons with mental illness are at significant risk of diabetes, heart disease, and other chronic health conditions, it is important to link physical health services with mental health services. Assertive Community Treatment (ACT) is a service-delivery model that provides comprehensive, locally based treatment to people with mental illnesses. ACT provides highly individualized services directly to consumers through multidisciplinary teams. Staff are available around-the-clock to deliver the majority of treatment, rehabilitation, and support services required by each client to live in the community. Most recently, ACT teams have focused on improving the physical health of individuals with mental illness through better linkages with primary care clinics. In Minnesota, efforts to reduce the number of persons with mental illness who die 25 years earlier than the general population focus on the following two strategies.

- Improved integration of physical and mental health care.
- Providing every ACT client with an annual physical focusing on health and wellness indicators, including body mass index, tobacco and alcohol use, blood pressure, LDL cholesterol, and blood sugar. Any indicator failing outside the “normal/desirable” range will be followed up by the team.

Provide access to crisis housing funds to ensure people don't lose their housing during their hospital stay. A short term crisis housing retention fund helps people with to 90 days of financial assistance for mortgage, rent, and utilizes for adults with very chronic, severe mental illness. This assistance is used to help the person to retain their home while they are getting needed mental health treatment and using their income to pay for treatment. This is the only program in the state that provides this service.

Results:

Crisis Response Services Results - Adult residents in every county in the state can access some form of Crisis Response Services.

Assertive Community Treatment Results - An important performance measure is the degree to which the services succeed in keeping the client well and living in the community rather than requiring hospitalization or institutional care.

Crisis Housing Fund Results - Crisis Housing Funds served persons with severe, chronic long-term mental illness. It allows individuals to retain their housing while they received needed mental health treatment.

Performance Measures	Previous	Current	Trend
The percentage of adults in Assertive Community Treatment (ACT) who are not Medicare eligible and enrolled 12 months in Minnesota Health Care Programs who have received an annual comprehensive preventative exam. ¹	26.5%	27.8%	Improving
Percent of Adults with serious mental illness who remain in the community six months after discharge from an inpatient psychiatric setting. ²	65%	65%	Stable
Changes in inpatient days for persons served in Intensive Community Recovery Service (ICRS) ³	9.23	3.93	Improving
Changes in inpatient days for persons served in Assertive Community Treatment (ACT) ³	22.63	10.01	Improving
The percentage of adults receiving Rehabilitative Mental Health Services who are screened for substance abuse ⁴	69.2%	77.8%	Improving

Performance Measures Notes:

1. Previous measures Calendar Year 2010 and Current measures CY 2011.
2. Previous measures Calendar Year 2009 and Current measures CY 2010. The measure looks at a readmission to any psychiatric inpatient care unit (either State Operated or Community) within six months of discharge from a psychiatric inpatient care unit.
3. Previous measures Inpatient days per client for the year before starting program and current measures inpatient days per client the year after starting the program. The department goal is to reduce the need for hospitalization and keep persons served in the community.
4. Previous measures State Fiscal Year 2008 and Current measures State Fiscal Year 2011 of the percentage of individuals receiving adult rehabilitative mental health services (Assertive Community Treatment, Adult Rehabilitative Mental Health Services, or Intensive Community Recovery Services) who are screened for the possibility of substance use. Recovery from mental illness can be more difficult when an individual has undiagnosed and/or untreated substance abuse issues.

Budget Activity: Adult Mental Health Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$145,065	\$5,799	\$19,247	\$170,111
Current Law Expenditures (FY 2014-15)	\$147,036	\$4,516	\$20,047	\$171,599
Governor's Recommended Expenditures (FY2014-15)	\$141,807	\$6,516	\$20,047	\$168,370
\$ Change from FY 2014-15 Current Law to Governor's Rec	(5,229)	\$2,000	\$0	(3,229)
% Change from FY 2014-15 Current Law to Governor's Rec	(4%)	44%	0%	(2%)

Budget Activity: Adult Mental Health Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE			\$20,047	\$20,047
TRANSFERS IN	\$1,200	\$2,000		\$3,200
APPROPRIATION	\$140,607	\$4,516	\$0	\$145,123
SOURCES OF FUNDS	\$141,807	\$6,516	\$20,047	\$168,370
EXPENDITURES	\$141,807	\$6,516	\$20,047	\$168,370
PAYROLL EXPENSE				
OPERATING EXPENSES		\$120	\$330	\$450
GRANTS, AIDS AND SUBSIDIES	\$141,807	\$6,396	\$19,717	\$167,920
USES OF FUNDS	\$141,807	\$6,516	\$20,047	\$168,370

Human Services

Child Mental Health Grants

http://www.dhs.state.mn.us/main/id_000162

Statewide Outcome(s):

Child Mental Health Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Emotional or mental illness strikes all ages, all economic levels, and all races. Many children have mental health issues that can seriously affect aspects of their lives and the stability of their family.

- Studies estimate that mental health problems affect one in five young people at any given time.
- Many children and adolescents experience emotional disorders, such as depression, anxiety and attention-deficit, conduct and eating disorders.
- An estimated 91,000 children in Minnesota need treatment for emotional disturbances.
- In Minnesota, nine percent of school-age children and five percent of preschool children have a serious emotional disturbance, which is a mental health problem that has become longer lasting and interferes significantly with the child's functioning at home and in school.
- Children and youth with a serious emotional disturbance experience risks related to reduced graduation rates, increased involvement with juvenile corrections and more substance abuse problems.

Children's Mental Health Grants fund children's mental health services provided by non-profit agencies, schools, Medicaid-enrolled mental health clinics, tribes, counties, and culturally specific agencies. While the public mental health system is responsible for the full continuum of children's mental health treatment interventions and ancillary services, grants cover treatment services for children who are uninsured or whose family insurance does not cover necessary mental health services. In addition, grants fund coordination of physical healthcare and developmental disabilities services and build community alternatives to inpatient hospitalization and residential treatment.

The evidence base behind mental health prevention, treatment, and recovery/resiliency services continues to grow and promises better outcomes for people with, and at risk for, mental disorders. We can now say with certainty that:

- Mental health is essential to overall health;
- Prevention works;
- Treatment is effective; and
- Children can increase their resilience to mental illness.

Strategies:

Children's Mental Health Grants support children with mental illness by:

- Integrating mental health into the overall health care delivery system;
- Filling gaps in a full array of services/supports;
- Expanding the capacity of mental health care delivery;
- Reducing disparities among communities;
- Measuring effectiveness of services; and
- Providing for the efficient use of limited resources.

To help children and youth become healthy Minnesotans, the Children's Mental Health Grants train providers on evidence-based practices; build statewide provider capacity; cover treatment and supports for under/uninsured children; and provide for easy access to the earliest possible, effective interventions when a mental health

problem emerges. When a child suffers trauma or other adverse childhood experiences (ACEs), the children's mental health system-as a core component of Minnesota's child and family-serving systems-has the responsibility to remediate life-long detrimental effects on physical and mental health.

Partners are essential for a dynamic and learning mental health service delivery system. For children, coordination of care encompasses many other child-serving sectors of the public and private health and human service systems of Minnesota - including primary care, day care, substance abuse treatment, schools, public health, child welfare, juvenile justice, adult transition services, and services to parents designed to prevent traumatic events in a child's life and to build or repair the crucial parent-child attachment bond.

Results:

Strategies of the Children's Mental Health Grants are measured at both the system performance level and the individual client outcomes level.

- Individual treatment effectiveness is measured through the Children's Mental Health Outcome Reporting System, using standardized measurement instruments, the results of which are submitted by treating mental health professionals to DHS through a Web-based reporting system.
- Grantee and system performance is evaluated in the annual Children's Mental Health Grants Outcomes and Division Progress Report. The report separately evaluates each children's mental health grant funded by state appropriation or the federal Mental Health Block Grant. It reports service utilization; age, gender, and cultural/ethnic demographics; location of services; insurance status; improved access; provider trainings; and client outcomes summaries.

Performance Measures	Previous	Current	Trend
Service Utilization Rate (per 10,000 children) ¹	342	437	Improving
Percent of Children in the child welfare system who received a mental health screening ²	55.3%	56.6%	Improving

Performance Measures Notes:

1. 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 healthcare system per 10,000 children in the general child population. Compares Calendar Year (CY) 2008 (Previous) and CY 2010 (Current). Note: Utilization rate is not an indicator of need for services as the incidence of emotional disturbance is far higher than the rate at which the children access treatment.
2. With parental consent, counties conduct mental health screenings for children in the child welfare and juvenile justice systems who have not had a recent assessment. The previous measure is CY 2009; the current measure is CY 2010.

Budget Activity: Child Mental Health Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$34,345			\$34,345
Current Law Expenditures (FY 2014-15)	\$35,408			\$35,408
Governor's Recommended Expenditures (FY2014-15)	\$37,587			\$37,587
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$2,179			\$2,179
% Change from FY 2014-15 Current Law to Governor's Rec	6%			6%

Budget Activity: Child Mental Health Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
APPROPRIATION	\$37,587		\$0	\$37,587
SOURCES OF FUNDS	\$37,587		\$0	\$37,587
EXPENDITURES	\$37,587			\$37,587
PAYROLL EXPENSE				
OPERATING EXPENSES	\$400			\$400
GRANTS, AIDS AND SUBSIDIES	\$37,187			\$37,187
USES OF FUNDS	\$37,587			\$37,587

Human Services

CD Treatment Support Grants

<http://www.dhs.state.mn.us/adad>

Statewide Outcome(s):

CD Treatment Support Grants supports the following statewide outcome(s).

Minnesotans are healthy.

Strong and stable families and communities.

Context:

Chemical addiction can affect persons of any age, race, religion, or income. According to the 2006 Substance Abuse and Mental Health Service (SAMHSA) National Survey on Drug Use, 22.6 million people (9.2 percent) of people in the U.S aged 12 and older were chemically dependent. Chemical dependence broke down as follows: 3.2 million people were dependent on both drugs and alcohol, 3.8 million were dependent on drugs alone, and 15.6 million were dependent on alcohol alone.

Of this 22.6 million people, only 1.6 percent received treatment. Without treatment, the consequences of substance use for the individual and society are staggering: unnecessary disability, unemployment, mental illness, homelessness, incarceration, suicide and wasted lives. Chemical Dependency (CD) Treatment Support grants pays for statewide prevention, intervention, treatment support, recovery maintenance, and case management services, including culturally appropriate services and support. A combination of state and federal dollars supports this activity.

Research studies indicate that the prevalence of substance abuse is higher for certain communities/populations or that some groups do not succeed in chemical dependency treatment at the same rate as the general population. Specific improvement efforts to address these disparities include prevention strategies and treatment support services that focus on the unique strengths and needs of these various communities/populations. The value of these specialized services is especially highlighted as counties and tribes recognize the role treatment support services play in successfully serving families with substance abuse problems in the Temporary Assistance to Needy Families and Child Welfare programs.

Strategies:

The majority of this program's is from the federal Substance Abuse Prevention and Treatment block grant. Federal rules specify that some of these federal funds be targeted toward treatment supports of Native Americans, women, women with children, the elderly, and other diverse populations. Specifically, roughly \$4 million on women's services and \$5 million from each annual award is spent on prevention targeted to culturally specific communities of highest need on a regional basis. Minnesota expends the remaining \$5 million on treatment support and recovery maintenance for specific target populations.

Roughly \$1 million of state general fund are appropriated each fiscal year for grants to American Indian Tribes to conduct prevention and treatment support services for American Indians.

The state works with prevention and recovery support providers in the community, along with regional coordinators in all seven areas of the state. DHS collaborates with the Minnesota Departments of Health, Public Safety, Education and Corrections in program planning, data collection and analysis.

Results:

The performance measures demonstrate this activity's contribution to strong and stable families and communities as reflected by reductions in past 30 day use of alcohol by young people. The state-wide outcomes are also supported by reducing to zero the number of drug-positive babies born to mothers in programs serving them.

Performance Measures	Previous	Current	Trend
Past 30 day use of alcohol by youth in funded communities ⁽¹⁾	33.4%	23.5%	Improving
Babies born with positive drug screens ⁽²⁾	20%	11%	Improving

Performance Measures Notes:

- (1) Percent of children in communities receiving substance abuse prevention funding as reported in the Minnesota Student Survey. Previous represents calendar year (CY) 2004 and Current represents CY 2010.
- (2) Number of at risk babies reported with positive toxicology screens in communities receiving prevention funding. Previous represents FY 2005 and Current represents FY 2011.

Budget Activity: CD Treatment Support Grants
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$2,424	\$1,507	\$35,848	\$39,779
Current Law Expenditures (FY 2014-15)	\$2,672	\$1,800	\$43,226	\$47,698
Governor's Recommended Expenditures (FY2014-15)	\$3,272	\$1,800	\$43,226	\$48,298
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$600	\$0	\$0	\$600
% Change from FY 2014-15 Current Law to Governor's Rec	22%	0%	0%	1%

Budget Activity: CD Treatment Support Grants**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
REVENUE		\$1,799	\$43,226	\$45,025
APPROPRIATION	\$3,272	\$0	\$0	\$3,272
SOURCES OF FUNDS	\$3,272	\$1,799	\$43,226	\$48,297
EXPENDITURES	\$3,272	\$1,800	\$43,226	\$48,298
PAYROLL EXPENSE				
OPERATING EXPENSES			\$260	\$260
OTHER FINANCIAL TRANSACTIONS			\$1,490	\$1,490
GRANTS, AIDS AND SUBSIDIES	\$3,272	\$1,800	\$41,476	\$46,548
USES OF FUNDS	\$3,272	\$1,800	\$43,226	\$48,298

Human Services SOS Mental Health

<http://www.dhs.state.mn.us/sos>

Statewide Outcome(s):

SOS Mental Health supports the following statewide outcome(s).

Minnesotans are healthy.

People in Minnesota are safe.

Context:

Mental illnesses can affect persons of any age, race, religion, or income. According to the National Alliance on Mental Illness – Minnesota (NAMI-MN), it is estimated that mental illnesses affect one in five families. Without treatment, the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives. The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States. By ensuring access to services and supports that have been proven to be effective, recovery is possible.

Minnesota's policy for serving people with disabilities has emphasized a broad array of community-based treatment and support options enabling people to access the most appropriate care as close to their home community and natural support systems as possible. This policy has worked well for many individuals but continues to have gaps for individuals with co-occurring and complex conditions. As a result, these individuals do not move through the system and become "stuck" in inappropriate levels of care. A bottleneck in the care system results. This occurs in all levels of the mental health treatment continuum including community hospitals, community corrections and State Operated Services (SOS) treatment sites. A shortage of mental health providers has also resulted in a restriction of available capacity in the SOS treatment system.

Strategies:

As part of a broader continuum of care, SOS's Mental Health services provide specialized treatment and related supports for youth and adults with serious mental illness (SMI), emotional disturbances, and co-occurring neurocognitive disabilities. These services are provided in an array of facilities including psychiatric hospitals, intensive residential treatment services (IRTS), and a variety of other service settings. State Operated Services' Mental Health Services are funded with state general fund appropriations. In fiscal year 2012, 2,457 individuals received mental health services from SOS Mental Health programs. An additional 5,030 received dental services within the five dental clinics.

SOS provides quality treatment using a person-centered approach to care. To be successful, care must be provided in a safe and appropriate level of care environment. SOS has developed services at different levels of the continuum to allow clients to move through the mental health treatment system and back to the community.

The ability to safely move individuals from one level of care to another is a challenge due to the limited resources available to clients. Individuals that no longer require inpatient hospital care but who can't be discharged due to lack of community resources reduce the ability to appropriately serve individual who do need inpatient care as beds are full. Though gaps still exist for some clients, many are able to return to their homes and community. SOS continues to reach out to the service system to partner with other community providers in order to assure individuals with mental illness receive the services they need to successfully live in the community. Key current strategies to help clients successfully manage their return to the community are:

- Ensuring prompt psychiatric follow-up upon their return to a community setting.
- Working to reduce the number of medications necessary to control each client's symptoms.

Both these serve to support the client's continued effective treatment following their transition to community living.

DHS is also seeking a new Medicaid waiver to redesign the relationship of the Anoka Metro Regional Treatment Center (AMRTC) to the rest of the Medicaid program. Virtually all people receiving treatment services at AMRTC

are Medicaid-eligible at admission or would be Medicaid-eligible if the services were available in the community, and a majority are also Medicare recipients. A waiver of the federal law prohibiting Medicaid coverage for persons "residing in institutions for mental diseases" for people receiving services at AMRTC would allow MA coverage and reimbursement while receiving treatment at AMRTC. It also would allow Minnesota to make additional strides in reducing lengths of stay, reserving the AMRTC setting only for the most acute needs, and assisting timely and smooth transitions back to community-based supportive services.

In addition, State Operated Services is undertaking a comprehensive planning process to better define its role in delivering services to person with complex needs. This planning effort is coordinated with state health care reform initiatives, Olmstead planning, courts/law enforcement/corrections planning, and broader healthcare organizations. Agreeing on a shared vision for the role of SOS in the state's safety net between DHS, community providers and stakeholders would put SOS in a better position to collaborate effectively in these other policy-making settings and could result in improved care for people, improved relationships with other providers, a more seamless safety net, and financial savings.

Results:

SOS measures success in the strategies outlined above in the reduction in the length of stay for clients and in the reduction in the number of non-acute bed days. When a client can move through the system and return quickly to the community there is a greater chance they will retain their support system and living arrangement. A key measure of success is the reduction of non-acute bed days which result when a client longer needs inpatient hospital level of care but cannot be discharged for lack of funding or availability of an appropriate placement. Inability to discharge from a hospital setting is costly and restricts the systems flow resulting in individuals who need hospital level of care being held in inappropriate settings including community corrections and emergency rooms.

Performance Measures	Previous	Current	Trend
Average Number of Non-Acute bed days per adult patient ¹	9.4	8	Improving
Mental Health [post discharge] Follow Up Rate ²	73%	75.7%	Improving
The average number of psychotropic medications prescribed at discharge ³	2.4	2.3	Improving

Performance Measures Notes:

1. Previous measures Calendar Year (CY) 2010, fourth quarter and Current measures CY2011, fourth quarter (Source: DHS Public Dashboard)
2. The percent of clients hospitalized for mental illness who have a follow-up appointment set up within 30 days in place at time of discharge. Prompt follow-up in the community is an important factor in avoiding re-hospitalization. Previous measures CY 2011 and Current year measures CY 2012, 2nd Quarter. (Source: DHS Internal Performance Tracking)
3. The average number of psychotropic medications prescribed at discharge. Previous measure is third quarter state fiscal year 2011 and Current measure is third quarter state fiscal year 2012. Decreasing prescribed medications increases compliance which in turn results in increased stability following discharge. (Source: DHS Internal Performance Tracking)

Budget Activity: SOS Mental Health
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$218,864	\$30,643		\$249,507
Current Law Expenditures (FY 2014-15)	\$216,089	\$27,662		\$243,751
Governor's Recommended Expenditures (FY2014-15)	\$216,289	\$31,662		\$247,951
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$200	\$4,000		\$4,200
% Change from FY 2014-15 Current Law to Governor's Rec	0%	14%		2%

Budget Activity: SOS Mental Health**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$564		\$564
REVENUE	\$0	\$33,664		\$33,664
APPROPRIATION	\$231,676	\$0	\$0	\$231,676
SOURCES OF FUNDS	\$231,676	\$34,228	\$0	\$265,904
BALANCE FORWARD OUT		\$564		\$564
TRANSFERS OUT	\$15,388	\$2,000		\$17,388
EXPENDITURES	\$216,289	\$31,662		\$247,951
PAYROLL EXPENSE	\$172,252	\$19,514		\$191,766
OPERATING EXPENSES	\$43,940	\$11,638		\$55,579
GRANTS, AIDS AND SUBSIDIES	\$93	\$510		\$603
CAPITAL OUTLAY-REAL PROPERTY	\$4			\$4
USES OF FUNDS	\$231,677	\$34,226		\$265,903

Human Services

SOS Enterprise Services

<http://www.dhs.state.mn.us/sos>

Statewide Outcome(s):

SOS Enterprise Services supports the following statewide outcome(s).

Minnesotans are healthy.

People in Minnesota are safe.

Context:

According to the Coalition for Whole Health, Recommendations on Coverage of Mental Health and Substance Use Disorder Services, published in August 2011, nearly one-third of adults and one-fifth of children had a diagnosable substance use or mental health problem in the last year. Individuals with severe mental health and severe substance use disorders are known to have greater mortality rates, dying 25 to 37 years earlier than the general population. In 2009, 23.5 million Americans needed treatment for an illicit drug or alcohol problem, but only 4.3 million people received treatment. Several states have found that providing adequate mental health/addiction treatment benefits slows the escalation in health care costs and reduces Medicaid spending.

In 2006–2008, the Centers for Disease Control (CDC) reported that in the United States, about one in six children had a developmental disability ranging in severity levels. As these children become adults, some are unable to self-manage their own disabilities or continue their existing living arrangement or find employment.

State Operated Services' (SOS) Enterprise Services is for those individuals that other community providers cannot or will not serve due to the individuals complex service needs. SOS Enterprise services served 2,043 clients in the Community Addiction Recovery Enterprise programs, 35 children in foster care services, 896 clients in vocational programs, and 524 clients in community-based residential services in fiscal year 2012.

Strategies:

State Operated Services specializes in providing services to vulnerable people for whom no other providers are available or for whom State Operated Services may be the provider selected by the payer. As such, these services fill a need in the continuum of services for vulnerable people with disabilities by providing services not otherwise available. SOS Enterprise Services focus on providing treatment and residential care for adults and children with chemical dependency, behavioral health issues, and developmental disabilities. SOS Enterprise Services operates in the marketplace with other providers, funded solely through revenues collected from third-party payment sources. As such, these services do not rely on a state appropriation for funding. Enterprise services are fully funded by public or private third-party health insurance or other revenue sources.

Current services SOS provides on an enterprise basis include:

- **Chemical Addiction Recovery Enterprise (C.A.R.E.)** programs provide inpatient and outpatient treatment to persons with chemical dependency and substance abuse problems. Programs are operated in Anoka, Brainerd, Carlton, Fergus Falls, St. Peter, and Willmar.
- **Child and Adolescent Behavioral Health Services (CABHS)** provide an array of foster care services to children or adolescents who have severe emotional disturbances and serious acting out behaviors. Child and Adolescent Behavioral Health Services provides these services at sites statewide and the treatment structure of the foster care home is based on a combination of evidence-based models, including the multidimensional treatment foster care model, wrap-around services model, and, where appropriate, dialectical behavioral therapy.
- **State Operated Services community-based residential services** for people with disabilities typically are provided in four-bed group homes. Individual service agreements are negotiated with the counties for each client based on his/her needs. Clients take advantage of and are integrated into the daily flow of their community.

- **Day Training and Habilitation (DT&H)** programs provide vocational support services to people with disabilities and include evaluation, training, and supported employment. Individual service agreements are negotiated for each client.

Results:

Performance Measures	Previous	Current	Trend
Percent of persons admitted to Community Addiction Recovery Enterprise (C.A.R.E.) who completed treatment ¹	65.3%	66.1%	Improving
The amount of income earned by clients participating in day treatment and habilitation (DT&H) programs ²	\$1,000	\$1,550	Improving
The number of patients discharged that return to C.A.R.E. within 60 days. ³	9.1%	7.4%	Improving

Performance Measures Notes:

1. Previous represents the average between all C.A.R.E. programs for CY 2009 and Current represents CY 2010. The department goal is to increase treatment rates by five percent. This measure is important because completion of a chemical dependency treatment program is an indication of client engagement and increases likelihood of sobriety after discharge. (Source: DHS internal performance tracking)
2. Previous represents CY 2011 and Current represents CY 2012. This measure is important because it demonstrates the department’s commitment to recognizing that people with disabilities can do useful work and be productive citizens. (Source: DHS internal performance tracking)
3. Previous represents FY 2011 and Current represents FY 2012. This measure is important because it demonstrates that the patient’s treatment is working and they are able to remain in recovery and live in their community. (Source: SOS medical records system)

Budget Activity: SOS Enterprise Services
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$212,786		\$212,786
Current Law Expenditures (FY 2014-15)		\$219,842		\$219,842
Governor's Recommended Expenditures (FY2014-15)		\$219,842		\$219,842
\$ Change from FY 2014-15 Current Law to Governor's Rec		\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%		0%

Budget Activity: SOS Enterprise Services**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$12,827		\$12,827
REVENUE		\$218,697		\$218,697
SOURCES OF FUNDS		\$231,524		\$231,524
BALANCE FORWARD OUT		\$11,681		\$11,681
EXPENDITURES		\$219,842		\$219,842
PAYROLL EXPENSE		\$180,113		\$180,113
OPERATING EXPENSES		\$37,628		\$37,628
GRANTS, AIDS AND SUBSIDIES		\$2,064		\$2,064
CAPITAL OUTLAY-REAL PROPERTY		\$37		\$37
USES OF FUNDS		\$231,523		\$231,523

Human Services

SOS MN Security Hospital

<http://www.dhs.state.mn.us/sos>

Statewide Outcome(s):

SOS MN Security Hospital supports the following statewide outcome(s).

People in Minnesota are safe.

Minnesotans are healthy.

Context:

Mental illnesses can affect persons of any age, race, religion, or income. According to the National Alliance on Mental Illness – Minnesota (NAMI-MN), it is estimated that mental illnesses affect one in five families. Mental illness falls along a continuum of severity. Without treatment, the consequences of mental illness for the individual and society are staggering and can lead to an individual with high severity to commit acts that seriously endanger themselves or others.

The Minnesota Security Hospital (MSH) in St. Peter provides multidisciplinary treatment services to adults and adolescents who have the most severe illnesses and who have endangered others and now present a serious risk to public safety. Persons are admitted into the MSH from throughout the states pursuant to judicial or other lawful orders, for assessment and/or treatment of acute and chronic major mental disorders, including persons committed by the courts as mentally ill and dangerous. The population served in the secure perimeter of the Minnesota Security Hospital is growing at a forecasted rate of five to seven per year. With an average length of stay of 6.2 years, in fiscal year 2012, 233 persons were served by this program. An additional 167 persons received services in the MSH Transition Program, 213 persons received services in the treat to competency program (Criminal Court Procedure Rule 20.01 and 20.02), and 39 persons received services in the Forensic Nursing Home.

The population admitted to the Minnesota Security Hospital present many challenges and serving this population successfully requires that the state meet all those challenges well. In recent years, the Minnesota Security Hospital has had numerous client safety issues and employee injuries, indications that we need to do more to meet the needs of the people we're serving and the employees who serve them.

Strategies:

The Minnesota Security Hospital provides treatment, comprehensive, court-ordered forensic evaluations; including competency to stand trial and pre-sentence mental health evaluations. The Minnesota Security Hospital operates a transition program that provides a supervised residential setting offering social rehabilitation treatment to increase self-sufficiency and build the skills necessary for a safe return to the community.

In response to physical plant shortcomings contributing to client and staff safety problems, the 2012 Legislature appropriated \$3.7 million in bonding for the predesign and design of the first phase of a two-phase project to remodel existing facilities and develop new residential, program, activity and ancillary facilities on the upper campus of the St. Peter Regional Treatment Center. This action launched the necessary planning activities for renovation and construction needs to improve patient safety and reduce employee injuries associated with the environment. The department will remain in regular communication regarding the results of that planning and next steps in meeting the physical plant needs related to treating our clients.

MSH shares the St. Peter campus with the Minnesota Sex Offender Program (MSOP). Designs are intended to address issues the department faces as it operates MSH and MSOP on the same campus. This project will result in the eventual relocation of all MSH residential and program activities from the lower campus to the upper campus. The lower campus will be reused and redeveloped for MSOP as a separate project. New facilities on the upper campus will allow the long-term needs of different populations served by MSH to be met.

Besides the secure and transition programs operated at the Minnesota Security Hospital, the program also operates a forensic nursing home which provides services to those individuals who are in need of nursing home

level of care and are committed as mentally ill and dangerous, sexual psychopathic personality (SPP), a sexually dangerous person (SDP), or those on medical release from the Department of Corrections (DOC).

Results:

Important performance measures for this program include:

- monitoring the percent of eligible patients are participating in therapeutic work activities which build skills and work habits in preparation for transition to a job placement in the community. Eligible patients include those in the Forensics Transitions Service (FTS) and Minnesota Security Hospital (MSH) Young Adult and Adolescent Program and Special Needs Services.
- increasing the percent of persons who are successfully and safely provisionally discharged from forensic transition services into the community. This measure is important because it ensures that persons committed to the Minnesota Security Hospital are completing their treatment and being successfully placed into the community.
- reducing the number of worker’s compensation claims. This measure is important because it monitors the safety of our work environment for our employees and the rate of worker’s compensation claims.

Performance Measures	Previous	Current	Trend
The percent of eligible patients who are engaged in therapeutic work activities ¹	69%	71%	Improving
The percent of persons who have been provisionally discharged from forensic transition services into the community ²	14%	18%	Improving
Number of worker compensation claims filed ³	20	28	Worsening

Performance Measures Notes:

1. Previous represents Calendar Year (CY) 2012, first quarter and the current represents CY 2012, second quarter. (Source: DHS internal performance tracking)
2. Previous represents CY 2011 and the current represents CY 2012, first two quarters. (Source: SOS medical records system)
3. Previous represents CY 2012 first quarter and the current represents CY 2012 second quarter. (Source: DHS internal performance tracking)

Budget Activity: SOS Mn Security Hospital
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$139,167	\$3,764		\$142,931
Current Law Expenditures (FY 2014-15)	\$139,164	\$3,850		\$143,014
Governor's Recommended Expenditures (FY2014-15)	\$139,164	\$3,850		\$143,014
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$0	\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec	0%	0%		0%

Budget Activity: SOS Mn Security Hospital**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$883		\$883
REVENUE		\$3,703		\$3,703
APPROPRIATION	\$139,164	\$0		\$139,164
SOURCES OF FUNDS	\$139,164	\$4,586		\$143,750
BALANCE FORWARD OUT		\$736		\$736
EXPENDITURES	\$139,164	\$3,850		\$143,014
PAYROLL EXPENSE	\$112,744	\$150		\$112,894
OPERATING EXPENSES	\$25,663	\$350		\$26,013
GRANTS, AIDS AND SUBSIDIES	\$758	\$3,350		\$4,108
USES OF FUNDS	\$139,164	\$4,586		\$143,750

Human Services

Minnesota Sex Offender Program

http://www.dhs.state.mn.us/main/dhs16_149914

Statewide Outcome(s):

The Minnesota Sex Offender Program (MSOP) supports the following statewide outcome(s).

People in Minnesota are safe.

Minnesotans are healthy.

Context:

The Minnesota Sex Offender Program (MSOP) provides services to individuals who have been court-ordered to receive sex offender treatment. Minnesota is one of 20 states that has civil commitment laws to indeterminately detain individuals for treatment to address their sexual dangerousness and as part of a broader strategy to manage the risks to public safety presented by sexual offenders. The statutory mission of MSOP is to promote public safety by providing sex offender treatment to individuals determined by the court as high-risk for reoffending and civilly committed to the Minnesota Department of Human Services (DHS) for treatment.

Most of MSOP clients, but not all, come from the state Department of Corrections (DOC). Toward the end of their sentences, all individuals convicted of sexual offenses are reviewed by the Risk Assessment Community Notification Unit within DOC. Through this process, the DOC determines which cases to refer for consideration of civil commitment as a sexually dangerous person (SDP) or sexual psychopathic personality (SPP). It is then up to respective counties to determine if they wish to pursue civil commitment for these individuals after their period of incarceration is complete.

If a civil court determines an individual meets the statutory criteria for civil commitment, the person is committed to MSOP for court-ordered sex offender treatment for an indeterminate period of time. Transfer, provisional discharge or discharge from MSOP must also be ordered by the court. In 2012, the courts ordered the first provisional discharge from the program in many years.

MSOP is funded through general fund appropriations and county payments. Committing counties are responsible for 25% of the cost of care.

Strategies:

Civil commitment is only one tool on the statewide continuum of comprehensive sex offender management and supervision. MSOP accomplishes its mission through the following strategies:

- Creating a therapeutic environment that is safe for clients and staff. The treatment model is client-centered and has a clear progression across the continuum of care.
- Maximizing public safety by using state-of-the art technology to monitor client movement both inside the facility perimeter and for those with community privileges.
- Prioritizing our responsibility to Minnesotans through efficient use of state resources to effectively enhance, develop, and manage a comprehensive and individualized treatment program.
- Working together with community stakeholders, policy makers, and other state agencies to prevent sexual violence.
- Developing resources for MSOP clients court-ordered for provisional discharge while maintaining public safety via community-based clinical services, integrated supervision and risk management, stable housing, and meaningful employment.

Results:

The number of clients served in MSOP has grown from 483 at the end of state fiscal year 2008 to 653 at the end of state fiscal year 2012. Despite its continued growth trend, MSOP has demonstrated numerous clinical advances, operational efficiencies, and security enhancements over the last few years.

Because individuals committed to MSOP can choose whether to participate in treatment, MSOP tracks the rate of participation in sex-offender specific treatment. MSOP also measures and reports the program's operational per diem on an annual basis. The operational per diem measures the average program-wide daily costs for treating and housing MSOP clients. A downward trend indicates efficiency improvements in operating the program.

- We have begun collecting information on a new performance measure that tracks the average of weekly clinical service hours per participant. We have also begun collecting information on the number of reportable injuries and claims for worker's compensation. In the future, we will also be able to report on these new performance measures.

Performance Measures	Previous	Current	Trend
Rate of participation in sex-offender specific treatment (quarterly measure) ¹	85%	86%	Stable
Operational Per Diem ²	\$302	\$290	Improving

Performance Measures Notes:

- 1 Compares March 31, 2012 (Previous) to June 30, 2012 (Current). Source: DHS Dashboard.
- 2 Compares FY 2011 (Previous) to FY 2013 (Current). Source: DHS Dashboard. The Operational Per Diem measures DHS' average program-wide daily costs for treating and housing MSOP clients.

Budget Activity: Sex Offender Program
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)	\$138,938	\$8,236		\$147,174
Current Law Expenditures (FY 2014-15)	\$141,426	\$8,166		\$149,592
Governor's Recommended Expenditures (FY2014-15)	\$151,788	\$8,166		\$159,954
\$ Change from FY 2014-15 Current Law to Governor's Rec	\$10,362	\$0		\$10,362
% Change from FY 2014-15 Current Law to Governor's Rec	7%	0%		7%

Budget Activity: Sex Offender Program**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			Total Funds
	General Funds	Other State Funds	Federal Funds	
BALANCE FORWARD IN		\$789		\$789
REVENUE		\$7,660		\$7,660
APPROPRIATION	\$156,514	\$0		\$156,514
SOURCES OF FUNDS	\$156,514	\$8,449		\$164,963
BALANCE FORWARD OUT		\$283		\$283
TRANSFERS OUT	\$4,726			\$4,726
EXPENDITURES	\$151,788	\$8,166		\$159,954
PAYROLL EXPENSE	\$119,553			\$119,553
OPERATING EXPENSES	\$30,435	\$6,332		\$36,767
OTHER FINANCIAL TRANSACTIONS	\$68			\$68
GRANTS, AIDS AND SUBSIDIES	\$1,704	\$1,834		\$3,538
CAPITAL OUTLAY-REAL PROPERTY	\$29			\$29
USES OF FUNDS	\$156,514	\$8,449		\$164,963

Human Services Fiduciary Activities

Statewide Outcome(s):

Fiduciary Activities supports the following statewide outcome(s).

Strong and stable families and communities.

Context:

The Fiduciary Activities budget program includes expenditures accounted for in the state's fiduciary fund group. By definition, the fiduciary fund group is used to account for assets held in trust by the government for the benefit of individuals or other organizations. Accordingly, the fiduciary fund group is excluded from the state's budgetary fund balance presentation. By isolating these expenditures in this budget program, spending in the other DHS budget activities is not distorted.

For DHS, the bulk of these expenditures are attributable to the payment of child support collections to custodial parents. Listed below are the specific types of expenditures included in this program.

- Child support payments: Payments made to custodial parents from funds collected by the state from noncustodial parents.
- MAXIS off-line recoveries: Funds recovered by the state and money received from counties that cannot be receipted MAXIS (the state computer system that determines eligibility for and issues public assistance payments). The funds are held here until DHS can determine what program is to be credited and to whom payment should be made. Payments are made to the U.S. Treasury for federal shares of recoveries, to counties for incentives, to clients for returned money or their balance of interim assistance recoveries, to providers for Supplemental Security Income (SSI) services, or to the state for any state share of recoveries.
- Long-term care civil penalties: Monies collected by the federal Centers for Medicare & Medicaid Services (CMS) from nursing homes that are assessed penalties for noncompliance. The portion given to states must be used solely for approved projects that specifically address nursing home deficiencies.

The expenditures and associated accounting processes in this activity are supported administratively by the budgets within the Central Office program.

Strategies:

Maintain necessary staff and information technology resources to adequately support payment collections and disbursement activity.

Results:

Minnesota citizens and DHS clients expect accurate, efficient, and timely payment processing. This performance measure tracks the efficiency and timeliness of child support collections disbursed to families. DHS consistently ranks in the top five states for processing child support payments.

Performance Measures	Previous	Current	Trend
Percent of Unresolved Undistributed Child Support Collections	2.1%	2.2%	Stable

Performance Measures Notes:

Compares Federal fiscal year 2009 (Previous) and federal fiscal year 2010 (Current). Source: Preliminary 2010 federal child support report.

Budget Activity: Fiduciary Activities
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$1,528,646		\$1,528,646
Current Law Expenditures (FY 2014-15)		\$1,694,306		\$1,694,306
Governor's Recommended Expenditures (FY2014-15)		\$1,694,306		\$1,694,306
\$ Change from FY 2014-15 Current Law to Governor's Rec		\$0		\$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%		0%

Budget Activity: Fiduciary Activities**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$946		\$946
REVENUE		\$1,694,306		\$1,694,306
SOURCES OF FUNDS		\$1,695,252		\$1,695,252
BALANCE FORWARD OUT		\$946		\$946
EXPENDITURES		\$1,694,306		\$1,694,306
PAYROLL EXPENSE				
OPERATING EXPENSES		\$11,930		\$11,930
OTHER FINANCIAL TRANSACTIONS		\$1,324,182		\$1,324,182
GRANTS, AIDS AND SUBSIDIES		\$358,194		\$358,194
USES OF FUNDS		\$1,695,252		\$1,695,252

Human Services Technical Activities

Statewide Outcome(s):

Technical Activities supports the following statewide outcome(s).

Efficient and accountable government services.

Context:

The Technical Activities budget program includes transfers and expenditures between federal grants, programs and state agencies that Department of Human Services (DHS) staff account for in different funds in the state's accounts, and that must be properly processed in the state's SWIFT accounting system. This budget program also includes administrative reimbursements earned by other human services entities or other state funds that DHS must ensure is passed through to the proper entities and accurately recorded in the state's accounting system. By isolating these expenditures in this budget program, spending reported in other DHS budget activities is not distorted and federal grant accounting requirements are followed.

Listed below are specific types of inter-fund and pass-through expenditures included 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 and special revenue fund as prescribed by 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.

Expenditures and associated accounting processes reflected by this program are supported administratively by the Operations budget activity within the Central Office budget program.

Strategies:

DHS maintains necessary staff and information technology resources to adequately support accurate, efficient, and timely federal fund cash management.

Results:

DHS measures the extent to which federal funds are deposited within two working days.

Performance Measures	Previous	Current	Trend
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. ¹	not available ²	89%	Stable

Performance Measures Notes:

1. SWIFT identifies and creates an invoice when federal funds are due to the State Treasury. This efficiency measure monitors the percent of deposit transactions that staff complete within two working days of the SWIFT invoice process. The current measure is for the latter three quarters of SFY 2012. Source: DHS Receipt Center records

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2. The federal draw process changed with the new SWIFT accounting system and a previous percent measure is not available.

Budget Activity: Technical Activities
Current, Base and Governor's Recommended Expenditures

(Dollars in Thousands, Biennial Totals)

	General Funds	Other State Funds	Federal Funds	All Funds
Current Biennium Expenditures (FY 2012-13)		\$55,050	\$1,041,438	\$1,096,488
Current Law Expenditures (FY 2014-15)		\$16,645	\$1,044,942	\$1,061,586
Governor's Recommended Expenditures (FY2014-15)		\$16,645	\$1,044,942	\$1,061,586
\$ Change from FY 2014-15 Current Law to Governor's Rec		\$0	\$0	\$0
% Change from FY 2014-15 Current Law to Governor's Rec		0%	0%	0%

Budget Activity: Technical Activities**Sources and Uses**

(Dollars in Thousands)

	Biennium FY14-FY15			
	General Funds	Other State Funds	Federal Funds	Total Funds
BALANCE FORWARD IN		\$2,250		\$2,250
REVENUE	\$0	\$16,646	\$886,175	\$902,821
APPROPRIATION		\$0	\$158,769	\$158,769
SOURCES OF FUNDS	\$0	\$18,896	\$1,044,944	\$1,063,840
BALANCE FORWARD OUT		\$2,250		\$2,250
EXPENDITURES		\$16,645	\$1,044,942	\$1,061,586
PAYROLL EXPENSE				
OPERATING EXPENSES		\$4,377	\$274,452	\$278,828
OTHER FINANCIAL TRANSACTIONS		\$7,400	\$3,420	\$10,820
GRANTS, AIDS AND SUBSIDIES		\$4,868	\$767,070	\$771,938
USES OF FUNDS		\$18,895	\$1,044,942	\$1,063,836

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Supplemental Nutrition Assistance Program (SNAP) - EBT Issuance	The Supplemental Nutrition Assistance Program (SNAP) provides help with food for an average of 469,904 persons per month receiving an average monthly payment of \$119.	\$713,810	\$715,021	\$721,340	\$721,340	No	No	HEALTH OUTCOME
TANF Block Grant	The purposes of the Temporary Assistance for Needy Families (TANF) block grant are to assist needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families. These funds are used to provide grants to counties and tribes to provide support services for Minnesota Family Investment Program (MFIP)/Diversionsary Work Program (DWP) participants that include job search/skills, adult basic education, GED classes, job coaching, short-term training, county programs to help with emergency needs, and help accessing other services such as child care, medical care and CD/Mental health services. In 2011, an average of more than 35,000 people were enrolled in employment services each month. TANF also helps fund the MFIP/DWP cash benefit program and child care assistance programs as well as other programs that help low-income families with children.	\$252,137	\$271,466	\$254,318	\$255,014	Yes	No	COMMUNITIES OUTCOME
Child Care Admin. & Development	The Child Care and Development Fund (CCDF) provides funds to States to increase the availability, affordability, and quality of child care services for low-income families where the parents are working or attending training or educational programs. This grant helps fund the Minnesota Family Investment Program (MFIP) and Basic Sliding Fee Child Care Assistance Programs that help low-income families pay for child care so that parents may pursue employment or education leading to employment. Also funded are Child Care Development Grants that promote services to improve school readiness, and the quality and availability of child care in Minnesota. In FY 2011, an average of 19,888 families per month received child care assistance subsidies. Also in FY 2011, 22,427 parents received referrals to find child care and child care-related training was provided to 33,547 attendees through Child Care Resource & Referral agencies.	\$120,332	\$118,583	\$114,355	\$114,354	93.575-Yes 93.596 - No	No	COMMUNITIES OUTCOME
Medicaid Services	Medicaid program grants provide health and long term care coverage to an average of 600,000 uninsured or underinsured Minnesotans who meet income eligibility requirements. This program is managed by the state under guidance from the federal government. The amounts reported here are the federal share of spending for this joint federal-state program.	\$4,371,774	\$4,364,304	\$5,216,239	\$6,086,178	Yes	No	HEALTH OUTCOME
Federal S-CHIP Grant	The Federal Children's Health Insurance Program (SCHIP) grants provide coverage to over 2,100 uninsured low-income children and pregnant women who do not qualify for regular Medicaid. Minnesota spends most of its S-CHIP funding through the MinnesotaCare program and spends the rest within the Medical Assistance program.	\$30,974	\$30,096	\$31,281	\$23,548	Yes	No	HEALTH OUTCOME
State Innovation Model (SIM) Testing (New grant)	New Grant: This grant builds upon the Minnesota Medicaid health care delivery system and the Hennepin Health demonstration project, with a focus on patient centered services across a continuum of health care, mental health, long-term care, and other services. The goal of this grant is to create multi-payer models with a broad mission to raise community health status and reduce long term health risks for beneficiaries of Medicare, Medicaid, and CHIP. The Minnesota Accountable Health Model will offer a comprehensive, statewide, imitative to close the current gaps in health information technology, secure exchange health information, quality improvement infrastructure, and workforce capacity needed to provide team-based coordinated care.	\$0	\$2,305	\$16,941	\$19,909	No	No	HEALTH OUTCOME
State Survey & Certification	This grant provides funding for a contract with Minnesota Department of Health (MDH) to certify nursing homes and rehabilitation providers in accordance with requirements from the Centers for Medicare and Medicaid Services. These providers may not participate in the Medicaid program unless they are certified.	\$6,468	\$6,943	\$6,943	\$6,943	Yes	No	GOVERNMENT OUTCOME
Medicaid Administration	This grant is an administrative pass-through of federal financial participation (FFP) to counties, DHS systems, and the state general fund for approved MA administrative activities. State earn administrative FFP for approved MA administrative activity.	\$219,130	\$220,988	\$223,554	\$225,182	Yes	No	GOVERNMENT OUTCOME
Federal CD Block Grant	The Consolidated Chemical Dependency Treatment Fund (CCDTF) combines otherwise separate funding sources – the federal Substance Abuse, Prevention and Treatment block grant, MA, Minnesota Care and other state appropriations – into a single fund. (The CCDTF provides funding for residential and non-residential addiction treatment services for eligible low-income Minnesotans who have been assessed as needing treatment for chemical abuse or dependency. Approximately 50 percent of all CD treatment admissions for Minnesota residents are paid for through the CCDTF. Almost all treatment providers in the state are enrolled as CCDTF providers). These amounts are the federal CD block grant.	\$26,158	\$30,694	\$30,652	\$30,650	No	Yes	HEALTH OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
FSET Service Grants dedicated	These service grants represent revenues to the general fund from the federal Supplemental Nutrition Assistance Program (SNAP) Employment & Training program which provides 50% federal matching funds for support services such as child care and other employment supports provided to eligible SNAP recipients. There are approximately 36,000 participants in SNAP employment and training activities during the year.	\$5,270	\$5,159	\$3,159	\$3,159	Yes	No	GOVERNMENT OUTCOME
IV-D Accelerating Innovation	These funds are used by the Minnesota Department of Human Services Child Support Enforcement Division (CSED) to simplify and streamline the process for the review and modification of child support orders so that adjustments are made expeditiously, with minimal burden, at a reduced cost, while ensuring due process. The project targets simplification and streamlining by changing policies, forms and procedures to expedite the review and modification process for child support agencies and applying technical supports to the process (where people represent themselves in filing legal papers and appearing in court). The project improves the process for all parties and targets high-impact, low-cost improvements for parents who are in prison or receive public assistance benefits. Serves over 14,000 people annually.	\$19	\$0	\$0	\$0	Yes	No	GOVERNMENT OUTCOME
IV-D Co-Parent Court	Participants are provided with assistance in developing parenting time plans and parenting skills classes. The goals and objectives are to: target unwed parents to establish paternity and offer appropriate services to those who can benefit from social services, improve parenting skills, parental relationships, and paternal participation in the lives of their children, increase child support payments by providing non-custodial parents information on how the child support system works and providing services they need to better provide financial support, promote agreed upon child support orders bad custody and parenting time orders for unwed parents, and improve outcomes for children by helping unmarried parents work together to parent their children. Serves 300 parents annually.	\$164	\$0	\$0	\$0	Yes	No	COMMUNITIES OUTCOME
Title IV-D Child Support Administration	This funding is the federal financial participation (FFP) for the Supreme Court, Department of Corrections, county federal incentives, County Income Maintenance (both administrative and indirect costs), systems fund, general fund and 1115 grants.	\$107,731	\$111,113	\$111,082	\$111,082	Yes	No	COMMUNITIES OUTCOME
Title IV-D Access & Visitation Grants	Child Support Enforcement (CSE) Access & Visitation Grants improve non-custodial parents' access to their children. The grant goes to two grantees, Children's Safety Centers and Genesis II for families. Serves approximately 400 families annually.	\$165	\$165	\$134	\$134	No	No	COMMUNITIES OUTCOME
IV-D Mind The GAP	The overarching goal of Minnesota's Mind the Gap project is to address the gaps and barriers that people about to be released from prison must overcome to become employed and become consistent payers of child support. This grants helps develop child support policies and collaborative practices to bridge that gap. This is accomplished through a unique partnership of programs and activities that include state and local child support staff, state and local corrections staff, a local responsible fatherhood program and a statewide father and families network organization. Two metro counties provide dedicated child support staff for parolees in the grant and a case manager at the prison sites to meet with and help prepare inmates who are about to be paroled to resume their child support obligations and to reintegrate with their families. 112 families served.	\$33	\$0	\$0	\$0	Yes	No	COMMUNITIES OUTCOME
Title IV-E Foster Care	The title IV-Foster Care program helps states provide temporary safe and stable out-of-home care for children whose parents cannot safely care for them. Of the approximately 11,400 children in out-of-home placements in 2011, foster families provided care to 8,000 of them.	\$40,462	\$51,241	\$51,241	\$51,241	Yes	No	SAFETY OUTCOME
Child Abuse Prevention and Treatment Act (CAPTA)	The Child Abuse Prevention and Treatment Act (CAPTA) is used to improve child protective services systems. In Minnesota, grants to five counties are used to administer the federally required Citizen Review Panels for child protection services. The counties are Chisago, Hennepin, Ramsey, Washington and Winona. This is a requirement of all states to be able to access other federal reimbursement.	\$331	\$365	\$365	\$365	No	Yes	SAFETY OUTCOME
ARRA Title IV-E Adoption Asst.	Title IV-E Adoption Assistance provides Federal Financial Participation (FFP) to States in adoption subsidy costs for the adoption of children with special needs who cannot be reunited with their families and who meet certain eligibility tests. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being. Federal Title IV-E share from Stimulus Funding for children receiving federal IV-E Adoption Assistance maintenance payments. Ended on 6/30/11.	\$5	\$0	\$0	\$0	Yes	No	SAFETY OUTCOME
Title IV-B1 Child Welfare Program	The purpose of the Title IV-B1 Child Welfare Services Program is to promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. These funds provide grants to counties and tribes to provide core child protection services to strengthen families and to prevent out-of-home placement when it is safe to do so. Grants support services to approximately 33,400 families per year.	\$4,042	\$4,521	\$4,433	\$4,433	Yes	Yes	COMMUNITIES OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Child Justice Act	Children's Justice Grants encourage states to enact reforms designed to improve (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. In Minnesota these grants provide training for county and tribal law enforcement, county attorney, and county and tribal child protection professionals on assessment and investigations, including training on forensic interviewing of potential child abuse victims. This grant supports training for approximately 180 participants.	\$248	\$276	\$276	\$276	N	Unknown	SAFETY OUTCOME
Independent Living-Support for Emancipation and Living Functionally (SELF)	The federal John H. Chafee Foster Care Independence Act, passed in 1999, provides funding to and governs the program known as the Support for Emancipation and Living Functionally (SELF) Program in Minnesota. The intent of the funds is to reduce the risk that youth aging out of long term out-of-home placement will become homeless or welfare dependent. Funds are therefore awarded for the provision of services designed to help older youth, currently or formerly in out-of-home care, prepare for a successful transition to adulthood. Approximately 1,500 high-risk youth served annually.	\$1,904	\$2,007	\$2,007	\$2,007	Yes	No	COMMUNITIES OUTCOME
ARRA Title IV-E Foster Care	Title IV-E Foster Care funds help States provide safe and stable out-of-home care for children under the jurisdiction of the State child welfare agency until the children are returned home safely, placed with adoptive families, or placed in other planned arrangements for permanency. Federal Title IV-E share from Stimulus Funding for children receiving federal IV-E Foster Care maintenance payments. Ended on 6/30/11.	\$81	\$0	\$0	\$0	Yes	Yes	SAFETY OUTCOME
Title IV-E Adoption Assistance	Federal financial participation for payments to individuals adopting Title IV-E special needs children. In 2012, approximately 4,500 children receive IV-E adoption assistance. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being.	\$26,560	\$28,065	\$28,025	\$27,985	Yes	No	SAFETY OUTCOME
Independent Living Education and Training Vouchers (ETV)	The Chafee Education and Training Vouchers Program (ETV) provides resources to States to make available vouchers for postsecondary training and education to help defray the costs of post-secondary education to 221 youth who aged-out of foster care at age 18, were adopted from foster care on or after their 16th birthday, or custody was transferred to a relative from foster care on or after their 16th birthday.	\$697	\$626	\$626	\$626	Yes	Yes	SAFETY OUTCOME
Title IV-B2 Child Welfare Program	Title IV-B2, Promoting Safe and Stable Families, provides funds to help prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. Funding provides grants to community-based agencies, counties and tribes to provide services to families to reduce the risk of maltreatment, to prevent child maltreatment and improve family functioning for families reported to child protection services, and provide child protective services to strengthen families and prevent out-of-home placement when it is safe to do. This grant helps serve approximately 24,500 families.	\$2,732	\$3,853	\$3,398	\$3,398	Yes	Yes	SAFETY OUTCOME
Child Trust Fund Challenge	Community-Based Child Abuse Prevention Grants support community-based efforts to develop, operate, expand, and enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. Funds provide grants to community based agencies (such as non-profits, school districts, and human service agencies) to provide services to families to reduce the risk of child maltreatment and enhance family capacities.	\$1,376	\$1,421	\$1,375	\$1,382	Yes	Yes	SAFETY OUTCOME
Adoption Incentive Payments	Adoption Incentive Payments provide incentives to States to increase annually the number of foster child adoptions, special needs adoptions, and older child adoptions. These funds are used for grants to providers for adoption-related services, including post adoption.	\$680	\$602	\$265	\$265	No	Unknown	SAFETY OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Title XX Block Grant	The Social Service Block Grant (Title XX) provides social services best suited to meet the needs of individuals that must be directed to one or more of five broad goals: Achieve or maintain economic support to prevent, reduce or eliminate dependency, achieve or maintain self-sufficiency, including reduction or prevention of dependency, preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest or preserving, rehabilitating or reuniting families, preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care, securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions. Funds provide grants to counties to purchase or provide services for vulnerable children and adults who experience dependency, abuse, neglect, poverty, disability, or chronic health conditions. This grant contributes to costs for services to more than 300,000 people annually. Grants also provide child care in a number of counties for children whose parents, guardian or current caretakers have changed residence recently to obtain employment in a temporary or seasonal agricultural activity (approx. 860 children per year) and grants provide legal advocacy, training and technical assistance in cases regarding custody, Children's Medicaid, permanency, adoption, tribal court proceedings, long-term foster care and others services to the Indian Child Welfare Law Center.	\$33,687	\$34,006	\$34,006	\$34,006	No	Yes	SAFETY OUTCOME
Housing & Urban Development (HUD)	The Emergency Solutions Grant Program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families and individuals from becoming homeless. This grant provides funding to shelters and transitional housing programs for operating costs, essential services, and homelessness prevention and costs to administer the federal grant.	\$1,913	\$2,242	\$1,232	\$1,232	Yes	Y	COMMUNITIES OUTCOME
SNAP-Capped Funds	Under Federal Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) regulations, states have the option to include nutrition education activities in the State Plan filed with the Food and Nutrition Service (FNS) of the United States Department of Agriculture. This option allows states to include the costs of nutrition education activities as administrative costs of SNAP. These costs are reimbursed by FNS at a rate of 50%. Minnesota adopted this option in the early 1990's. The Minnesota Department of Human Services (DHS) contracts with the University of Minnesota Extension (U of M) and Minnesota Chippewa Tribe (MCT) to provide nutrition education services.	\$9,985	\$10,058	\$10,069	\$10,069	Yes	No	HEALTH OUTCOME
SNAP - Group Residential Housing (GRH)	SNAP reimbursement is received for some Group Residential Housing (GRH) recipients who live in certain facilities where they receive all their meals.	\$14,378	\$14,679	\$14,679	\$14,679	No	No	GOVERNMENT OUTCOME
ARRA- HUD	Stimulus funding under the Emergency Shelter Grant Program, these are one-time funds for homelessness prevention and rapid rehousing activities.	\$963	\$0	\$0	\$0	No	No	COMMUNITIES OUTCOME
Surplus Commodities	The Emergency Food Assistance Program provides funding to States to enable processing storage and distribution costs incurred in providing food assistance to needy persons. Funds are used to Distribute U.S. Department of Agriculture (USDA) donated food commodities to individuals and families who use on-site meal programs, food shelves and shelters. This program design ensures an equitable distribution of commodities to all 87 counties.	\$1,256	\$819	\$813	\$813	Yes	No	HEALTH OUTCOME
Supplemental Nutrition Assistance (SNAP) Administration	Federal funds for State and County administrative costs for the Supplemental Nutrition Assistance Program (SNAP).	\$43,087	\$46,169	\$46,169	\$46,169	Yes	No	HEALTH OUTCOME
Rural & Homeless Youth (RHY) Federal Demo Grant	The Transitional Living for Homeless Youth Program purpose is to establish and operate transitional living projects for homeless youth, including pregnant and parenting youth. This program is structured to help older homeless youth achieve self-sufficiency and avoid long-term dependency on social services. This state and local collaborative provides transitional living program and independent living skills to runaway youth and homeless youth in a seven county / three reservation region of Cass, Crow Wing, Mille Lacs, Morrison, Todd, Wadena in addition to the Leech Lake and Mille Lacs Reservations.	\$288	\$206	\$196	\$196	Yes	Unknown	COMMUNITIES OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Community Services Block Grant (CSBG)	The Community Services Block Grant (CSBG) provides assistance to States, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, revitalization of low-income communities and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act) and (1) To provide services and activities having a measurable and potential major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem; (2) to provide activities designed to assist low-income participants, including the elderly poor, to: (a) secure and retain meaningful employment; (b) attain an adequate education; (c) make better use of available income; (d) obtain and maintain adequate housing and a suitable living environment; (e) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including health services, nutritious food, housing, and employment-related assistance; (f) remove obstacles and solve problems which block the achievement of self-sufficiency; (g) achieve greater participation in the affairs of the community; and (h) make more effective use of other related programs; (3) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs, and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor; and (4) to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals. These funds provide grants for emergencies and special projects.	\$12,401	\$8,016	\$7,825	\$7,825	No	Yes	COMMUNITIES OUTCOME
ARRA Food Stamps MAXIS	Stimulus funding under the Supplemental Nutrition Assistance Program (SNAP), these are time-limited funds for SNAP benefits.	\$2,596	\$3,000	\$3,000	\$3,000	No	No	GOVERNMENT OUTCOME
SNAP- (formerly Food Stamp Employment & Training)	Federal funds for state and county costs related to employment and training for Supplemental Nutrition Assistance Program (SNAP) recipients.	\$542	\$640	\$640	\$640	No	No	HEALTH OUTCOME
Food Stamp - MAXIS Issuance	Supplemental Nutrition Assistance Program (SNAP) benefits cash out provided to SSI and elderly recipients.	\$15,419	\$10,600	\$10,600	\$10,600	No	No	HEALTH OUTCOME
ARRA Food Stamps GRH	Time limited stimulus fund for cost recovery through the Supplemental Nutrition Assistance Program (SNAP) for GRH recipients living in certain facilities.	\$2,476	\$2,476	\$2,476	\$2,476	No	No	HEALTH OUTCOME
Food Support Capped Outreach	Grants to Community Action Partnerships to help assist people in determining if they are eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.	\$1,675	\$242	\$110	\$110	Yes	No	HEALTH OUTCOME
IDEA -Child Disabilities	The Individuals With Disabilities Education Act (IDEA) Part B grant from U.S. Department of Education is awarded to the Minnesota Department of Education (MDE). MDE in turn, completes an interagency agreement with DHS to develop coordinated benefits and policy for youth with disabilities.	\$29	\$8	\$60	\$0	NO	Yes	HEALTH OUTCOME
Refugee Discretionary Grants	The objectives of the discretionary grant programs include: (1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and lower costs of living; (3) providing supplemental services to areas with high numbers of arrivals; (4) promoting older refugees' access to aging services; (5) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (6) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (7) providing services to refugees in rural areas; (8) providing preventive health services; and (9) providing school impact assistance. Grants to non-profit agencies available for certain geographic areas with refugee populations. (approx. served -165 per year)	\$116	\$0	\$0	\$0	No	Unknown	HEALTH OUTCOME
Refugee Cash and Medical Assistance (CMA)	The Refugee Cash and Medical Assistance program reimburses states for the cost of cash and medical assistance provided to refugees, certain Amerasians from Viet Nam, Cuban and Haitian entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants during the first eight months after their arrival in this country or grant of asylum. Reimbursement is also provided for care of unaccompanied refugee minors and grantee administrative costs. Approximately 200 people per month served.	\$2,961	\$4,507	\$4,594	\$4,594	No	Yes	COMMUNITIES OUTCOME
Refugee Target Assistance Grant (TAG)	The Targeted Assistance Grant program provides funding for employment-related and other social services for refugees, certain Amerasians from Vietnam, Cuban and Haitian Entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants in areas with large refugee populations. An arrival must be within five years of arriving in this country or grant of asylum to be eligible for services under these grants. Approximately 290 people per month served.	\$1,524	\$1,153	\$986	\$678	No	Yes	HEALTH OUTCOME
Services to Older Refugees	The Services to Older Refugees grants are intended to expand the capacity of organizations to serve older refugees. Specifically, activities include case management, information and referral, interpretation and socialization. Approximately 250 older refugees are served in a year. This program will partner with the Minnesota Area Agency on Aging.	\$213	\$200	\$100	\$25	No	Unknown	HEALTH OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Refugee Social Services	Refugee Social Services grants provide funding for employment-related and other social services for refugees, certain Amerasians from Vietnam, Cuban and Haitian Entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants. An arrival must be within five years of arriving in this country or grant of asylum to be eligible for services under these grants. Approximately 290 people per month served.	\$2,943	\$2,585	\$2,393	\$2,393	No	Yes	HEALTH OUTCOME
Refugee School Impact	The Refugee School Impact grants provide funding to key school districts in the Twin Cities, Rochester and Worthington to provide activities leading to refugee children's optimal progress in academic, physical, social, emotional, and behavioral development. 619 students will be served in a year.	\$793	\$600	\$500	\$125	No	Unknown	HEALTH OUTCOME
Local Access to Health Care Program	As part of the broader Local Access to Care program activities, this grant funded the development and implementation of the Minnesota Health Care Programs (MHCP) - Medical Assistance and MinnesotaCare - electronic application and verification systems. Remaining funds target Local Access to Care programs which provide primary care and chronic disease management to uninsured persons above 350% FPL who are ineligible for MHCP.	\$2,749	\$917	\$917	\$917	No	Unknown	HEALTH OUTCOME
ARRA Health Insurance Tech. (HIT)	The Medicaid Electronic Health Record (EHR) incentive program provides eligible providers and hospitals 100% federally funded incentives to adopt meaningful electronic health record technology. DHS administration and implementation costs are funded at a 90% federal match. This funding is authorized under the American Recovery and Reinvestment Act (ARRA) through the Health Information technology for Clinical and Economic Health (HITECH) act. Funding for this project commenced in October 2012.	\$184	\$68,819	\$47,210	\$6,304	NO	NO	HEALTH OUTCOME
Adult Medicaid Quality Grants (New grant)	New Grant: This two year federal grant will support the development of at least two Medicaid quality improvement projects in Minnesota using <u>new</u> measures developed from claim and encounter data. Data collected through this grant will be publically reported and incorporated into quality improvement efforts.	\$0	\$996	\$909	\$0	No	NO	HEALTH OUTCOME
Diabetes Prevention	These funds go to partner agencies included in the \$10 million grant from the Centers for Medicare and Medicaid Services to cover costs for the study, administration, and implementation of the Diabetes Prevention Program (DPP) incentives and evaluation. The DPP provides funds to eligible clinics in the Minneapolis/St. Paul MSA to administer the DPP, targeting Medicaid participants with prediabetes or who have a history of prediabetes.	\$289	\$0	\$0	\$0	No	Unknown	HEALTH OUTCOME
Strong Start for Mothers and Babies (New Grant)	New Grant: This grant supports two models of enhanced prenatal care for Medicaid recipients residing in selected geographical areas of Minnesota with high preterm birth rates. The grant expects to provide enhanced care to 10,000 Medicaid recipients over the next 3 years, resulting in reduced rates of preterm birth and improvements in maternal care.	\$0	\$808	\$1,604	\$1,611	No	NO	HEALTH OUTCOME
MN Medical Care Demo Project	Grants to Area Agencies on Aging (AAA's) and service providers to help seniors obtain health insurance benefits and report fraud, waste and abuse within the health care system.	\$364	\$399	\$344	\$344	No	No	HEALTH OUTCOME
Alzheimer's Research	The Older Americans Act (OAA) grant impacts the ability of the family caregiver to withstand the difficulties of caregiving and eliminate or defer the need for institutionalization of the care receiver. OAA grants to providers and Area Agencies on Aging (AAA's) to implement evidence-based programs (Mary Mittleman model) throughout Minnesota. This funding also includes administrative funds to implement the grant. Grant ended September 2012	\$506	\$443	\$81	\$81	No	No	HEALTH OUTCOME
ARRA Chronic Disease Mgmt.	OAA grants to support implementation of the evidence-based Chronic Disease Self-Management Program. This grant also includes administrative funds to implement the grant. Grant ended September 30, 2012	\$347	\$8	\$0	\$0	Yes	No	HEALTH OUTCOME
Nursing Home Diversion	OAA grant to develop flexible service options for older adults and family caregivers who are eligible for MA and other public programs as well as those who are fully private pay. Grant includes administrative costs to implement the grant. The grant has now ended.	\$185	\$11	\$0	\$0	No	No	COMMUNITIES OUTCOME
Health Insurance Counseling	Grants to AAAs and service providers to provide health insurance counseling, education and assistance services to seniors to help obtain health insurance benefits. (Also coordinated with Information and Assistance grants- general fund). The grant also includes administrative funds that are used to implement and administer the grant.	\$814	\$779	\$779	\$779	No	Unknown	HEALTH OUTCOME
Aging - Social Services	OAA grants to AAAs and local providers to provide a variety of community-based social services. (Approximately 122,000 served in FY 2011). OAA grants to AAAs for administrative purposes, program development and coordination activities. The grant includes administrative funding to administer and implement the grant.	\$7,125	\$7,845	\$7,845	\$7,845	Yes	Yes	COMMUNITIES OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Alzheimer's Outreach Program	OAA grants to AAAs and service providers to provide early identification of Alzheimer's disease and support to families with seniors suffering with the disease. (Approximately 5,000 served in FY 2011.) OAA grants to providers and AAAs to implement evidence-based programs throughout Minnesota. The grant includes administrative funding to administer and implement the grant. Match is at the local level not the state level.	\$151	\$568	\$0	\$0	No	No	HEALTH OUTCOME
AOA Resource Center	OAA grants to establish aging and disability resource centers that will create linkages with various systems including institutional care, pre-admission screening, hospital discharge planning and community agencies and organizations that serve targeted populations. The grant includes administrative funding to administer and implement the grant.	\$361	\$59	\$59	\$59	Yes	Unknown	COMMUNITIES OUTCOME
Home Delivery Meals	OAA grants to AAAs and service providers to provide home delivered meal services targeted to seniors in the greatest economic and social need. (Funding coordinated with the general fund Senior Nutrition grant)	\$2,378	\$2,625	\$2,625	\$2,625	Yes	Yes	COMMUNITIES OUTCOME
Elder Abuse Prevention	OAA grants to service providers to provide activities related to elder abuse prevention. The grant includes administrative funding to administer and implement the grant.	\$17	\$83	\$83	\$83	No	Y	SAFETY OUTCOME
Evidence Based Health Initiatives	Older Americans Act (OAA) grants to implement a physical activities program in the Metro area for seniors, a chronic disease self-management program in central MN and a falls prevention program with the MN Chippewa Tribes. The grant includes administrative funding to administer and implement the grant. This grant ended in SFY 2012.	\$20	\$2	\$0	\$0	Yes	No	HEALTH OUTCOME
3E Care Giver Grants	OAA grants to AAAs and service providers to provide information, respite, education, training and support groups to family caregivers. (Approximately 23,800 served in FY 2011). The grant also includes 3E Grandparents Raising Grandchildren Grants and 3E Statewide Activities Grant. In addition, the grant is to a service provider to provide caregiver support services to grandparents raising their grandchildren. The grant also provides statewide training, education and caregiver support activities.	\$1,840	\$2,200	\$2,200	\$2,200	Yes	Yes	COMMUNITIES OUTCOME
Nsip Reimbursement USDA	OAA grants to AAAs and local nutrition providers as a separate allocation based on the number of meals served in the previous project year. (This grant is coordinated with general fund Senior Nutrition funding)	\$1,564	\$2,210	\$2,210	\$2,210	Yes	Yes	COMMUNITIES OUTCOME
Congregate Meals	OAA grants to AAAs and service providers to provide congregate meal services targeted to seniors in the greatest economic and social need. The grant is coordinated with the state funded Senior Nutrition grant. This grant includes administrative funding to administer and implement the grant.	\$4,674	\$5,617	\$5,617	\$5,617	Yes	Yes	COMMUNITIES OUTCOME
Ombudsman Supplement	This OAA grant supplements funding for the Ombudsman for Long Term Care office. The principal role of the Ombudsman Program is to investigate and resolve complaints made by or on behalf of residents of nursing homes or other long-term care facilities. This grant also promote policies and practices needed to improve the quality of care and life in long-term care facilities and educate both consumers and providers about residents' rights and good care practices.	\$254	\$249	\$249	\$249	No	Yes	HEALTH OUTCOME
Assess Long -Term Care System	CMS grant funding for research, demonstrations and evaluations which focused on expanding agency efforts on improving access to the long term care system. This grant ended September 30, 2012	\$184	\$25	\$0	\$0	No	No	HEALTH OUTCOME
Aging Preventive Health	OAA grants to AAAs and service providers to provide preventive health information and services to seniors (Approximately 8,400 served in FY 2011).	\$304	\$350	\$350	\$350	Yes	Yes	HEALTH OUTCOME
Medicare Improvement - MIPPA CMS	CMS funding to expand, extend or enhance the outreach efforts to beneficiaries on Medicare Part D. This grant ended in SFY 2012.	\$5	\$0	\$0	\$0	Yes	No	HEALTH OUTCOME
Aging Lifespan	OAA grant to MN Board on Aging to improve access to and availability of lifespan respite services for Minnesota's family caregivers. This funding also includes administrative funds to administer and implement the grant.	\$51	\$72	\$34	\$34	Yes	Unknown	COMMUNITIES OUTCOME
Medicare Improvement - MIPPA CMS3	CMS grants to AAAs to increase capacity to provide information and assistance regarding Medicare. The grant funding also includes administrative funds to administer and implement the grant. This grant ended in SFY 2012.	\$25	\$18	\$0	\$0	Yes	No	HEALTH OUTCOME
Medicare Improvement - MIPPA MAAA	CMS grants to AAAs to increase capacity to provide information and assistance regarding Medicare. The grant funding also includes administrative funds to administer and implement the grant. This grant ended in SFY 2012.	\$192	\$6	\$0	\$0	Yes	No	HEALTH OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
Medicare Improvement - MIPPA MADR	Grants to MN Board on Aging to expand, extend or enhance the outreach efforts to beneficiaries on Medicare Part D and for those with limited incomes. This grant ended in SFY 2012.	\$254	\$120	\$0	\$0	Yes	No	HEALTH OUTCOME
AOA Evidenced Based	Grant from OAA to 1) integrate a statewide set of services and supports through a fully coordinated single entry point system, with a particular focus on care transitions; and (2) ensure access to a consistent set of essential services, evidence-based risk management and self-directed in-home supports to high risk individuals, including those with dementia, family caregivers and veterans. This grant includes administrative funding to administer and implement the grant.	\$38	\$869	\$863	\$863	Yes	No	HEALTH OUTCOME
AOA IS Dementia	Grant from OAA that will: (1) integrate a statewide set of services/supports through a fully coordinated dementia capable single entry point with a particular focus on care transitions in cooperation with health care homes; and (2) ensure seamless regional access to a consistent set of high quality, sustainable, dementia capable evidence-based/informed supports for persons with dementia and their caregivers.	\$0	\$427	\$427	\$116	Yes	No	HEALTH OUTCOME
Ticket To Work Program	Grants to state agencies and stakeholder organizations to build infrastructure that facilitates the employment of people with disabilities. Grant's focus is on improving the infrastructure of the support and employment systems in Minnesota to enable people to work. Currently in no-cost extension period. Grant ends 12/31/2012. Grant includes administrative funding to administer and implement the grant.	\$2,417	\$828	\$0	\$0	No	Unknown	COMMUNITIES OUTCOME
Part B - DHS	Dedicated federal funding that helps individuals with HIV / AIDS obtain access to necessary medical care, nutritional supplements, dental services, mental health services, support services and outreach to high risk, underserved populations. Federal funding dedicated to maintain private insurance coverage for people living with HIV and/or purchase HIV related drugs. Funds used in conjunction with state and special revenue funds. (Approximately 1,500 people served.) Federal funding to provide outreach and education services to minority populations by identifying individuals with HIV/AIDS and make them aware of and enroll them in treatment service programs. (Approximately 100 people served). Grant includes administrative funding for administering and implementing the grant.	\$7,721	\$8,078	\$7,018	\$7,023	No	Yes	HEALTH OUTCOME
Ryan White Part B Supplemental (New Grant)	New Grant: This grant which supplements the Ryan White grant is a competitive grant that is awarded to states with demonstrated need. The funding helps low income persons living with HIV/AIDS get access to HIV/AIDS medications. The Supplemental grant also covers outreach to underserved high risk populations.	\$33	\$126	\$0	\$0	No	No	HEALTH OUTCOME
Money Follows The Person	Grant from CMS that supports the transition of Medicaid participants of all ages from institutions to the community and rebalances MN long term care system to achieve sustainability. Initial anticipated enrollment for SFY 2013 is 74. Enrollment will continue to go up in future years. The grant includes administrative funding throughout DHS to administer and implement the grant.	\$722	\$4,533	\$3,784	\$3,563	Yes	Unknown	COMMUNITIES OUTCOME
Traumatic Brain Injury (TBI) Implementation Grants	Grant from the Health Resources and Services Administration (HRSA) which funds an interagency agreements with the Department of Corrections to support efforts to improve their services for persons with a traumatic brain injury (TBI). Grant includes administrative funds to administer and implement the grant.	\$218	\$430	\$195	\$0	Yes	Unknown	HEALTH OUTCOME
COSIG - MI-CD	Co-occurring state incentive grants (COSIG) to promote evidence-based integrated dual-diagnosis services for Mental Illness (MI) and Chemical Dependency (CD).	\$249	\$133	\$0	\$0	No	Unknown	HEALTH OUTCOME
MH Homelessness (McKinney Grant)	Grants to counties and non-profit agencies for outreach and mental health services to homeless people. About \$500,000 per year of Adult MH Integrated state funds (see above) are used as match for these federal funds. (9,200 people served per year)	\$820	\$818	\$818	\$818	Yes	Yes	SAFETY OUTCOME
Federal Mental Health Block Grant	Grants to counties and non-profit agencies for innovative projects based on best practices. Projects include children's mental health collaborative, crisis services for children and adults, adult mental health initiatives and self-help projects for consumers. As required by state law, 25% of the Federal MH Block Grant is used for grants to American Indian Tribes and non-profit agencies to provide mental health services, particularly community-support services, to American Indians.	\$9,181	\$10,753	\$10,753	\$10,753	No	Yes	HEALTH OUTCOME
MH Data Infrastructure Grant (DIG)	The State Mental Health DIG program is one of SAMHSA's Infrastructure Grant programs. SAMHSA's Infrastructure Grants provide funds to increase the capacity of mental health and/or substance abuse systems to support programs and services. SAMHSA's State Mental Health DIG program is intended to fund State Mental Health authorities to develop or enhance their data infrastructure to improve management of mental health service delivery. The Data Infrastructure Grants are also a link in CMHS's ongoing efforts to implement the President's New Freedom Commission in building community systems of care.	\$118	\$133	\$133	\$0	Yes	Unknown	HEALTH OUTCOME
SPE Grant	Reimburses providers through the Consolidated Fund for the provision of chemical dependency treatment services to persons whose income is below 100% of Federal Poverty.	\$95	\$44	\$0	\$0	No	Unknown	HEALTH OUTCOME

Department of Human Services Federal Funds Summary

Federal Grant	Grant Description, Purpose, People Served	Federal Grant Dollars in Thousands (000's)				Required State Match or MOE Y/N	Subject to Potential Sequestration Y/N/Unknown	Statewide Outcome
		SFY 12	SFY 13	SFY 14	SFY 15			
MN SPF Strategic Prevention State Incentive Grant (SIG)	The Strategic Prevention Framework State Incentive Grant (SPF-SIG) is an existing model and process promoted by the Substance Abuse and Mental Health Services Administration (SAMSHA). Nationally, the goals prevent onset and reduce the progression of substance abuse and the reduction of abuse-related problems in communities.	\$1,004	\$2,504	\$3,704	\$3,088	No	Unknown	HEALTH OUTCOME
Nationwide Program for National & State Background Checks	DHS conducts background studies for health and human services programs licensed by DHS, MDH, and some at the Department of Corrections (DOC). This new grant will provide increased fingerprint identification resources and will include a "rap back" feature to identify staff who may need to be disqualified after the initial routine background check.	\$0	\$861	\$936	\$1,203	Yes	Unknown	SAFETY OUTCOME
Total Federal Funds		\$6,129,981	\$6,237,786	\$7,064,204	\$7,887,836			

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Program 20: Forecasted Grants (current law) as of 2012 End of Session: General Fund						
Minnesota Family Investment Program (MFIP) / Diversionary Work Program (DWP)	Minnesota Family Investment Program (MFIP)/ Diversionary Work Program (DWP) grants provide temporary financial support to help meet basic needs of low-income families with children and low-income pregnant women. In FY 2011, an average of 116,428 people per month received help through these programs, 70 percent of whom were children. State funding is listed here. See also Federal Funds Summary for TANF Block Grant.	\$86,398	\$82,345	\$96,646	\$95,872	COMMUNITIES OUTCOME
MFIP Child Care Assistance Grants	The Minnesota Family Investment Program (MFIP) Child Care Assistance grants provide financial subsidies to help low-income families pay for child care so that parents may pursue employment or education leading to employment, and so children are well-cared for and prepared to enter school ready to learn. This grant serves families who currently participate in the MFIP or DWP programs, or who have recently done so. In FY 2011, an average of 9,798 families with 17,498 children per month were served. State funding is listed here; see also Federal Funds Summary for Child Care.	\$56,843	\$33,636	\$46,749	\$46,133	COMMUNITIES OUTCOME
General Assistance Grants	General Assistance (GA) grants provide state-funded, monthly cash grants for people without children who have very limited income and are unable to fully support themselves. The most common eligibility reason for people at enrollment is illness or incapacity. In 2011, an average of 20,963 people per month received these grants.	\$49,553	\$50,129	\$50,225	\$50,066	HEALTH OUTCOME
MN Supplemental Assistance (MSA) Grants	Minnesota Supplemental Aid (MSA) grants provide a state-funded monthly cash supplement to help people who are aged, blind or disabled, and who receive federal Supplemental Security Income (SSI) benefits to meet their basic needs that are not met by SSI alone. In 2011, an average of 30,000 people per month received these grants.	\$35,767	\$38,522	\$39,046	\$39,945	HEALTH OUTCOME
Group Residential Housing (GRH) Grants	Group Residential Housing (GRH) is a state-funded income supplement program that pays for room and board costs for low-income adults who have been placed in a licensed or registered setting. These grants assist individuals who have illnesses or disabilities, including developmental disabilities, mental illnesses, chemical dependency, physical disabilities, advanced age, or brain injuries, to prevent or reduce institutionalization or homelessness. In FY 2011, an average of 18,200 people received GRH payments each month.	\$120,338	\$135,285	\$142,472	\$151,052	HEALTH OUTCOME
GRH Grants- People Inc.	Group Residential Housing (GRH) provides a legislatively authorized grant to People Incorporated to operate two residential mental health facilities for individuals who have been homeless for at least one year, one in Ramsey County and one in Hennepin County. Services include community support, 24-hour supervision, and on-site mental health services. In FY 2012, 124 individuals were served in these settings.	\$460	\$460	\$460	\$460	HEALTH OUTCOME
GAMC Grants	GAMC was a state entitlement program that paid for health services for very low income single adults ineligible for Medical Assistance or other state or federal programs. Health care coverage provided under GAMC ended on June 1, 2010.	\$1,996	\$0	\$0	\$0	HEALTH OUTCOME
Medical Assistance (MA) Grants	These funds are the required state share of spending for Minnesota's Medicaid programs that provide health and long term care coverage to an average of 600,000 uninsured or underinsured Minnesotans who meet income eligibility requirements. This program is managed by the state under guidance from the federal government. See also Federal Funds Summary for Medicaid Services.	\$4,162,966	\$4,221,365	\$4,633,890	\$4,528,712	HEALTH OUTCOME
Alternative Care (AC) Grants	The Alternative Care (AC) Program is a state-funded, cost-sharing program that supports certain home- and community-based services for eligible Minnesotans age 65 and over. The program provides services to prevent and delay transitions to Medical Assistance-funded services, such as Elderly Waiver and nursing home care. The AC program served a monthly average of 3,086 older Minnesotans in FY2011, at an average monthly cost of \$769.	\$25,230	\$46,035	\$46,349	\$44,311	HEALTH OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
MinnesotaCare Health Care Grants: Health Care Access Fund (HCAF)						
MinnesotaCare Grants	MinnesotaCare Grants pay for health care services for about 130,000 Minnesotans who lack access to affordable health insurance.	\$263,973	\$305,376	\$361,856	\$335,837	HEALTH OUTCOME
Chemical Dependency Entitlement Grants: Special Revenue Fund						
Consolidated Chemical Dependency Treatment Fund (CCDTF) Grants	The Consolidated Chemical Dependency Treatment Fund (CCDTF) provides funding for residential and non-residential addiction treatment services for eligible low-income Minnesotans who have been assessed as needing treatment for chemical abuse or dependency. Approximately 50 percent of all CD treatment admissions for Minnesota residents are paid for through the CCDTF. Almost all treatment providers in the state are enrolled as CCDTF providers. NOTE: The CCDTF is funded by a combination of state, federal, and local sources. The amounts listed here are the combined total from all funding sources.	\$134,842	\$128,348	\$137,711	\$146,929	HEALTH OUTCOME
Program 40: DHS Grants (non-entitlement)						
BACT#41 Support Services Grants: General Fund						
MFIP Consolidated Support Services Grants	Consolidated funding allocated to counties and tribes to provide support services for MFIP/DWP participants including job search/skills, adult basic education, GED coaching, short-term training, English proficiency training, county programs to help with emergency needs and help accessing other services such as child care, medical and CD/Mental health services. (approx. served FY11 - 35,000 persons a month). See also Federal Funds Summary for TANF Block grant.	\$8,679	\$8,679	\$8,679	\$8,679	COMMUNITIES OUTCOME
Food Stamp Employment and Training (FSET) Service Grants	Grants to counties to provide employment services to Food Stamp participants to prepare for and accept employment. (approx. served FY12 – a monthly average of 296 persons). The grant is now called Supplemental Nutrition Assistance Program Employment & Training (SNAP E & T).	\$20	\$26	\$26	\$26	COMMUNITIES OUTCOME
CFS Injury Protection Program	Payments to medical providers for the treatment of injuries suffered by persons while participating in a county or tribal community work experience program.	\$0	\$10	\$10	\$10	COMMUNITIES OUTCOME
BACT #42 Basic Sliding Fee Child Care Grants: General Fund						
Basic Sliding Fee (BSF) Child Care Assistance Grants (40-42)	BSF child care assistance grants provide financial subsidies to help low-income families pay for child care so that parents may pursue employment or education leading to employment. In FY 2011, an average of 10,090 families with 17,978 children per month were served. As of September 2012, 6,162 families were on the waiting list for BSF child care.	\$37,144	\$38,678	\$37,688	\$37,699	COMMUNITIES OUTCOME
BACT # 43 Child Care Development Grants: General Fund						
Child Care Service Development Grants	Grants to child care resource and referral agencies to build and improve the capacity of the child care system for centers and family child care providers.	\$0	\$0	\$250	\$250	COMMUNITIES OUTCOME
Child Care Resource and Referral Grants	Grants to child care resource and referral agencies to support the child care infrastructure through information for parents, supports and training resources for providers, coordination of local services and data collection to inform community planning. Provide 22,427 referrals annually. Over 33,000 participants in training classes.	\$457	\$457	\$757	\$757	COMMUNITIES OUTCOME
Migrant Child Care Grants	Provides grant funds to community based program for comprehensive child care services for migrant children throughout the state. Approximately 850 migrant children under 14 years of age served annually.	\$170	\$170	\$170	\$170	COMMUNITIES OUTCOME
Child Care Facility Grants	Grants and forgivable loans to child care providers and centers in communities to improve child care or early education sites or to plan, design and construct or expand sites to increase availability of child care and early education.	\$0	\$0	\$163	\$163	COMMUNITIES OUTCOME
Child Care Integrity Grants	Grants to counties to support fraud prevention activities.	\$114	\$147	\$147	\$147	COMMUNITIES OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
BACT #43 Child Care Development Grants: Special Revenue Fund						
Race to the Top (RTT) - Early Learning Challenge (ELC) QRIS Grants	These funds support a Quality Rating and Improvement System (QRIS). Grants to child care resource and referral agencies provide recruitment and supports to child care programs that participate in the QRIS and support a website that provides ratings to parents and information for participating child care programs, as well as a grant for evaluation of the initiative.	\$0	\$75	\$620	\$1,772	COMMUNITIES OUTCOME
RTT -ELC GW Support Grants	These funds provide grants to child care resource and referral agencies and other community-based organizations to provide training, coaching, career guidance, and higher education scholarships to child care providers and other early childhood educators to improve child care quality.	\$0	\$1,071	\$1,358	\$1,357	COMMUNITIES OUTCOME
ARRA Early Childhood	Provides a grant for the adaptation of professional development materials and professional development outreach strategies for child care providers in Hmong, Somali, and Spanish-speaking communities.	\$6	\$0	\$0	\$0	COMMUNITIES OUTCOME
Getting Ready Parent Aware	Private funding from the Greater Twin Cities United Way to provide supports to child care providers to prepare for the Parent Aware Quality Rating System in the Twin Cities metropolitan area. 40 child care providers served in 2011.	\$127	\$0	\$0	\$0	COMMUNITIES OUTCOME
BACT #44 Child Support Enforcement Grants: Special Revenue Fund						
Child Support Enforcement (CSE) Payment Center Recoupment Account	Grants to individuals that temporarily cover non-sufficient funds (NSF) checks and other child support payment adjustments, which allow child support funds to be distributed within the 48 hour federal requirement.	\$62	\$70	\$70	\$70	COMMUNITIES OUTCOME
CSE County Grants	This funding is from the non-federal share of the child support 2% processing fee authorized in the 2011 session and the federal \$25 annual collections fee mandated in 2006. Counties earn incentives based on their program performance.	\$1,405	\$1,425	\$1,425	\$1,425	COMMUNITIES OUTCOME
IV-D Co-Parent	Grant to Hennepin County for a pilot co-parent court program that works with custodial and non-custodial parents. The new program worked with 300 parents in FFY 2011.	\$463	\$73	\$0	\$0	COMMUNITIES OUTCOME
BACT #45 Children's Services Grants: General Fund						
American Indian Child Welfare Program	Grants to tribes to provide core child welfare services to American Indian children living on participating tribe's reservations. There are 2 grantees: White Earth and Leech Lake reservations. More than 3,000 children and families were served through this grant.	\$4,751	\$4,751	\$4,751	\$4,751	SAFETY OUTCOME
Non-recurring Adoption Assistance Grants	One time grants of up to \$2,000 to adoptive families for expenses related to the adoption of a foster child with special needs. 154 children served in SFY 2011.	\$122	\$189	\$189	\$189	SAFETY OUTCOME
Foster Care and Adoption Recruitment Grants	Grants to county and American Indian Child Welfare Initiatives social service agencies for the recruitment of relative adoptive and foster families through access of Web-based search technology. The grant is regionally distributed, with 170 licenses for these agencies to access Web-based search technology for the purpose of relative search and notification.	\$0	\$161	\$161	\$161	SAFETY OUTCOME
Privatized Adoption Grants (Public Privatized Adoption Initiative)	Grants to 8 providers for recruitment of adoptive families; fund child placement agencies' efforts to place children committed to the guardianship of the commissioner in adoptive homes. These grants supported services for 335 children and 213 families in 2011.	\$2,150	\$2,620	\$2,620	\$2,620	SAFETY OUTCOME
Child Welfare Reform - Prevention / Early Intervention Grants	Grants to counties for child protection services designed to support families to keep children safely at home. Services include training and counseling support for parents and children, stable housing and safe living conditions. Grants support services for 12,000 families per year.	\$786	\$786	\$786	\$786	SAFETY OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
FC Trans Plan Demo Project (Healthy Transitions and Homeless Prevention)	Grants to providers for transitional planning and housing assistance services to youth preparing to leave long-term foster care or who have recently left foster care. These grants served 1,162 youth in SFY 2011.	\$1,038	\$1,065	\$1,065	\$1,065	SAFETY OUTCOME
Subsidized Adoption Grants	Payments to adoptive families to offset cost of assuming custody of and caring for special needs children. Critical to securing permanency for special needs wards of the state and consistent with the federal requirements and the Performance Improvement Plan (PIP) for the state's Child welfare system. (7,510 children in 2011).	\$28,806	\$31,051	\$27,475	\$27,475	SAFETY OUTCOME
Private Adoptions Child Specific CF	Child Specific Agreements that were established through the Public Private Adoption Initiative grant take up to three years to complete. This funding is based on legislation that allows carry-forward for the child specific agreements.	\$0	\$414	\$0	\$0	SAFETY OUTCOME
Relative Custody Assistance Grants	Payments to relatives to offset cost of assuming permanent and legal custody of and caring for special needs children. Critical to securing permanency for children with special needs and consistent with the federal requirements and the Performance Improvement Plan (PIP) for the state's Child welfare system. Approximately 1,960 children served.	\$7,253	\$9,978	\$9,978	\$9,978	SAFETY OUTCOME
BACT #45 Children's Services Grants: Special Revenue Fund						
Privatized Adoption Grants	The source of the funding for this item is federal reimbursement (Title IV-E match) associated with General Fund appropriations for Privatized Adoption Recruitment Grants which serve 335 children and 213 families, respectively in 2011.	\$0	\$650	\$650	\$650	SAFETY OUTCOME
Foster Care Recruitment	Federal financial participation for foster care recruitment.	\$0	\$76	\$76	\$76	SAFETY OUTCOME
Adoption IV-B Grants	Federal reimbursement of Title IV-B activities eligible for Title IV-E reimbursement of adoption services to adoptive families.	\$850	\$850	\$850	\$850	SAFETY OUTCOME
Casey Parent Support Outreach Grant	The foundation grant as partial funding support for the early intervention program, the Parent Support Outreach Program, serving families at risk of child maltreatment. Approx. 900 families served in 2011.	\$120	\$94	\$0	\$0	COMMUNITIES OUTCOME
Casey Safety Focused Family	The foundation grant is used to support the Safety Focused Family Partnership training initiative for the 87 counties and 2 tribal agencies responsible for responding to child maltreatment reports.	\$55	\$56	\$0	\$0	COMMUNITIES OUTCOME
Indian Child Welfare Grants (ICWA)	Grants to tribes and urban American Indian social service agencies to provide services to preserve and strengthen American Indian families and reunify children placed in out-of-home placement with their families. (see also General Fund T051)	\$1,571	\$1,482	\$1,482	\$1,482	SAFETY OUTCOME
Children's Trust Fund Grants	Grants to counties and community-based agencies for child abuse and neglect prevention and services to families to reduce the risk of child maltreatment and enhance family capacities.	\$334	\$325	\$300	\$300	SAFETY OUTCOME
Parent Support Outreach Grant	Grants to counties to prevent child maltreatment and improve family functioning for families reported to child protection services. (Approx. 900 families served per year in 38 counties.)	\$44	\$432	\$75	\$50	SAFETY OUTCOME
BACT #45 Children's Services Grants: Gift Fund						
Forgotten Children's Fund	Private donations received from the American Legion and other private donors and administered by DHS to fund special services or activities to children in foster care. Funds approximately 70 requests per year.	\$15	\$29	\$0	\$0	SAFETY OUTCOME
BACT #46 Children & Community Services Grants: General Fund						

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Red Lake Band Grants	Grants to Clearwater and Beltrami Counties for costs of social services provided to members of the Red Lake Band residing on the Red Lake Reservation.	\$487	\$487	\$487	\$487	SAFETY OUTCOME
Children & Community Services Grants	Grants to all Minnesota counties to purchase or provide services for children, adolescents and other individuals who experience dependency, abuse, neglect, poverty, disability, or chronic health conditions. This grant contributes to costs for services to approx. 300,000 people annually.	\$52,814	\$52,814	\$52,814	\$52,814	SAFETY OUTCOME
BACT #47 Children & Economic Assistance Grants: General Fund						
MN Community Action Grants	Grants to Community Action Agencies to focus local, state, private and federal resources to support low-income families and individuals to attain the skills, knowledge and motivation to become more self-reliant. (Serves 280,000 households annually). Funds used at local level for match.	\$3,741	\$3,928	\$3,928	\$3,928	GOVERNMENT OUTCOME
Food Shelf Grants	Grants for purchase and distribution of food to food shelves throughout the state, including some administrative costs.	\$1,318	\$1,318	\$1,318	\$1,318	COMMUNITIES OUTCOME
Transitional Housing Grants	Provides supportive housing and supportive services to homeless individuals and families so that they can secure permanent, stable housing. (Serves 4,000 individuals annually)	\$2,934	\$2,934	\$2,934	\$2,934	COMMUNITIES OUTCOME
Emergency Services Grants	Funds the operating costs of shelters and essential services to homeless families and individuals. (Serves 3,000 individuals annually)	\$344	\$344	\$344	\$344	COMMUNITIES OUTCOME
Long Term Homeless Services Grants	Grants to county / provider partnerships to provide supportive housing services to long-term homeless individuals and families. Funds may be used at local level for HUD housing match.	\$4,910	\$4,910	\$4,910	\$4,910	COMMUNITIES OUTCOME
Runaway and Homeless Youth	Grants to non-profit agencies for the provision of street outreach, drop-in centers, transitional living programs and supportive housing to runaway and homeless youth.	\$119	\$119	\$119	\$119	COMMUNITIES OUTCOME
Aid to Counties- Fraud Prevention Grants (FPG)	Grants to counties for the Fraud Prevention Investigation Program, enabling early fraud detection and collection efforts.	\$1,506	\$1,768	\$1,768	\$1,768	COMMUNITIES OUTCOME
Multilingual Referral Line	Grants to non-profit agencies for the provision of language services and the translation of vital documents for non-English speaking recipients of human services.	\$42	\$43	\$86	\$87	COMMUNITIES OUTCOME
Minnesota Food Assistance Program	State funded food benefits for legal non-citizens who do not qualify for federal Supplemental Nutrition Assistance Program benefits. In SFY 2012, 374 average monthly persons received these food benefits.	\$697	\$859	\$816	\$816	COMMUNITIES OUTCOME
Children & Economic Assistance Grants: Special Revenue Fund						
FEMA Emergency Food & Shelter	Funds set-aside for committee that is responsible for establishing a formula for distributing funds to local organizations.	\$2	\$3	\$3	\$3	COMMUNITIES OUTCOME
Homeless Youth Bremer Grant	Grants to facilitate and coordinate ten focus groups across the state of Minnesota in rural areas including Reservations. To learn the needs, trends, best practices, rural services models and capacity in rural communities in the area of youth homelessness.	\$0	\$2	\$0	\$0	COMMUNITIES OUTCOME
McKnight Financial Literacy Grant	Grants to build the capacity of nonprofit agencies across the state to help low-income people move out of poverty through financial education and asset building opportunities, and free tax preparation.	\$95	\$0	\$0	\$0	COMMUNITIES OUTCOME
BACT #51 Health Care Grants: General Fund						
Outreach Grants General Fund	Funds grants for outreach activities such as providing information, applications, and assistance in obtaining coverage through Minnesota health care programs.	\$0	\$66	\$90	\$90	HEALTH OUTCOME
Health Care Grants: Health Care Access Fund						

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Neighborhood Care Network Grant	This allotment funds a required statewide toll free telephone number to provide information on public & private health coverage options and source of free and low cost health care.	\$0	\$150	\$150	\$150	HEALTH OUTCOME
Outreach Grant - HCAF	Funds grants for outreach activities such as providing information, applications, and assistance in obtaining coverage through Minnesota health care programs.	\$0	\$40	\$40	\$40	HEALTH OUTCOME
BACT #53 Aging & Adult Services Grants: General Fund						
Caregiver Support Grants	Grants to counties and nonprofit organizations to provide caregiver and respite services, support groups and training in care giving.	\$490	\$449	\$453	\$453	COMMUNITIES OUTCOME
SAIL/EDP and LAH/BN Grants	SAIL/EDP: Grants to certain counties and Area Agencies on Aging (AAAs) to integrate, coordinate and enhance informal, quasi-formal and formal services for seniors. (Impacts 87 counties that serve 350,000 older individuals) Block Nurse grants: These grants are to 33 service providers for in-home services.	\$1,472	\$1,352	\$1,363	\$1,364	COMMUNITIES OUTCOME
Epilepsy Demonstration Project Grant	Grant to a non profit organization for independent living skills training to adults with intractable epilepsy. (Approximately 16-20 served per year) Starting in FY 14, this grant was moved to Disability Grants (BACT 55).	\$279	\$256	\$0	\$0	COMMUNITIES OUTCOME
Aging Prescription Drug Assistance Grant	Grants to AAAs and service providers to provide statewide outreach and education assistance to low income seniors regarding Medicare and supplemental insurance, including Medicare Part D.	\$947	\$869	\$876	\$876	COMMUNITIES OUTCOME
Essential Community Service Grants -Original Funding	Essential community support grants for people who were receiving long-term care services and lost eligibility for MA due to implementation of nursing facility level of care. (Original Grant). As part of budget reductions, this grant was initially suspended in FY 12 and FY 13 and then restored in FY 14.	\$0	\$1	\$6,367	\$7,231	HEALTH OUTCOME
Essential Community Support Grants -Rider	Essential community support grants for people who were receiving long-term care services and lost eligibility for MA due to implementation of nursing facility level of care. This is a one time restoration of funding if Nursing Facility Level of Care is implemented in FY 13. The base funding for the program is in the preceding Community Service Grants-Aging line.	\$0	\$999	\$0	\$0	HEALTH OUTCOME
Senior Nutrition Program Grants	Nutritional services including congregate meals to 56,000 people, home-delivered meals to 13,000 people, and grocery delivery to 660 people annually.	\$2,754	\$2,529	\$2,550	\$2,551	HEALTH OUTCOME
Community Service Development (SD) Grants	Grants for capital improvements, remodeling, and programs to for-profit and nonprofit organizations, and units of government to rebalance the long-term care service system. Has supported 320 new projects expanding service options for approximately 250,000 individuals through 50,000+ volunteers and has helped to build or renovate over 1,400 units of housing. The Community Services grants and the Community Service Development grants together are administered jointly under the CS/SD Grant Program. See Community Services grants below. The funding for CS/SD grants was reduced due to budget reductions by \$3,600,000 in FY 12 and FY 13. All funding will be restored in FY 14.	\$0	\$1,025	\$2,821	\$2,821	COMMUNITIES OUTCOME
Community Services (CS) Grants	Grants for program expansion to nonprofit entities and units of government to rebalance the long-term care service system. (See description for Community Service Development Grants above.	\$2,242	\$1,165	\$2,962	\$2,962	COMMUNITIES OUTCOME
Information and Assistance Grants	Grants to non-profit and community organizations and area agencies on aging provide information and assistance regarding home-based and community-based services. (Approximately 108,000 served in FY 2009). (Total persons served also includes those from the Aging Prescription Drug Assistance program (EBFD 31376), and the following federal grants: CMS Basic Health Insurance Counseling grants, CMS Medicare Improvement for Patients and Providers Act (MIPPA) grants and the MN Senior Medicare Patrol Project).	\$925	\$848	\$1,665	\$1,665	COMMUNITIES OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Nursing Facility Return to Community	Return to Community is an intensive long-term care options counseling service provided by the Senior Linkage Line®, that helps people successfully remain in their homes after discharge from a nursing home. Since 2010, over 2,800 consumers have been contacted for discharge support. Of those, direct assistance was provided to 500 adults. 700 adults are receiving 5 years of telephonic follow-up at home.	\$1,012	\$1,095	\$1,104	\$1,104	COMMUNITIES OUTCOME
Senior Volunteer Programs	Support to more than 16,000 older volunteers per year who provide services through the RSVP, Foster Grandparent, and Senior Companion programs.	\$2,033	\$1,867	\$1,882	\$1,882	COMMUNITIES OUTCOME
BACT #53 Aging & Adult Services Grants: Special Revenue Fund						
Nursing Home Advisory Council	Grant to nursing home resident councils for ongoing education, training and information dissemination. Approximately 680 served per year.	\$135	\$187	\$187	\$187	HEALTH OUTCOME
BACT #54 Deaf & Hard of Hearing Grants: General Fund						
DHHS Grants	Grants for multiple services and equipment to help Minnesotans who are deaf, deafblind, and hard of hearing or have multiple disabilities, including deafness, to remain independent and part of their communities. In FY 11 these grants served 18,800 people	\$1,847	\$1,767	\$1,727	\$1,727	COMMUNITIES OUTCOME
Hearing Loss Mentors	Grant funding pays for deaf mentors to work with families who need to learn sign language and communication strategies to communicate with their children who have learning loss. In FY 11 this grant served 15 families.	\$13	\$0	\$40	\$40	COMMUNITIES OUTCOME
BACT #54 Deaf & Hard of Hearing Grants: Special Revenue Fund						
Minnesota Commission on Deaf & Hard of Hearing (MCDHH) Designated Fund -Web Access	Assist state agencies with translating web content into American Sign Language; no consumers directly served. The fiscal year 2013 budget is a carryforward from FY 11.	\$0	\$2	\$0	\$0	COMMUNITIES OUTCOME
Minnesota Oral / Visual History Project	Inter-agency agreement with Minnesota Historical Society on the history of deaf community in Minnesota.	\$13	\$0	\$0	\$0	COMMUNITIES OUTCOME
Rural Real Time - Grant	Grants to rural television stations in Minnesota to provide real-time captioning of news and news programming where real-time captioning does not exist.	\$272	\$269	\$269	\$269	COMMUNITIES OUTCOME
Hearing Impaired Gifts: North East DHHS Gifts	Gift account- Develop online training for medical personnel on serving people with hearing loss; training to go live in FY13	\$9	\$2	\$0	\$0	COMMUNITIES OUTCOME
BACT #55 Disabilities Grants: General Fund						
State Case Management Grants	Funding to clinics and community based organizations for the provision of case management services to persons living with HIV as well as payments to purchase insurance coverage for eligible individuals. (Approximately 900 clients served per year). During two different legislative sessions (2010, 2011), the appropriation has been delayed one fiscal year and repaid in the next biennium. See also State Insurance Grants in the following row.	\$0	\$2,216	\$3,479	\$2,216	COMMUNITIES OUTCOME
State Insurance Premium Grants	HIV/AIDS programs assist individuals with health insurance premiums and pay premiums for approximately 750 people with HIV/AIDS, who can't get insurance coverage elsewhere. See also State Case Management Grants in the preceding row.	\$0	\$2,042	\$3,204	\$2,042	COMMUNITIES OUTCOME
PASRR for Person with MI and DD	Funding to reimburse counties for costs associated with completing federally required pre-admission screening and resident reviews (PASRR) of nursing home applicants or residents with a probable mental illness or a developmental disability.	\$2	\$20	\$20	\$20	COMMUNITIES OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Housing Access Services Grants	This grant provides assistance to non-profit organizations for people who qualify for waiver or home care services and want to move out of a licensed setting or family home into their own home. Housing Access Services has moved 566 people into homes of their own in 3 years, starting July 1, 2009. This was a one year grant that was appropriated in the 2011 legislative session.	\$151	\$0	\$0	\$0	COMMUNITIES OUTCOME
HCBS Waiver Growth	Grants to assist individuals to move out of licensed settings or family homes into homes of their own. This funding was appropriated during the 2007 session as part of the proposal to Limit growth in the disability waivers and manage costs. 566 people have moved since the Housing Access program started in July 2009	\$459	\$445	\$463	\$459	COMMUNITIES OUTCOME
Consumer Support Grants (CSG)	Consumer Support Grants (CSG) are available for people who are eligible for Medical Assistance (MA) as an alternative to home care. CSG helps individuals purchase items and supports needed for the person to live in their own home. CSG served 2,022 people in FY 2012.	\$15,551	\$18,823	\$20,702	\$23,623	COMMUNITIES OUTCOME
Semi-Independent Living Skills (SILS) Program	SILS serves people who are at least 18 years old, have a developmental disability and require supports to function in the community, but are not at risk of institutionalization. SILS served 1,552 people in SFY 2012.	\$6,964	\$7,675	\$7,919	\$7,845	COMMUNITIES OUTCOME
DD Family Support Grants (FSG)	Family Support Grants (FSG) provide cash to families to offset the higher-than-average cost of raising a child with a disability. The goal of FSG is to prevent or delay the out-of-home placement of children and promote family health and social well-being by facilitating access to family-centered services and supports. The program served 1,628 children in 2009 at an average cost of \$2,585 per child.	\$3,735	\$3,946	\$4,071	\$4,033	COMMUNITIES OUTCOME
Technology Grants; Corporate Foster Care Alternatives	Alternatives to corporate foster care grants are available to provide options to support individuals with disabilities in their own homes through the use of technology.	\$0	\$331	\$585	\$585	COMMUNITIES OUTCOME
Disability Linkage Line	Disability Linkage Line (DLL) serves people with disabilities and chronic illnesses and their families, caregivers, or service providers to help people learn about options and connect with services and supports. DLL served 21,873 people through 44,385 contacts in FY 2012.	\$736	\$831	\$864	\$856	COMMUNITIES OUTCOME
Disabilities Grants- Needs assessment	This grant is seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term care services reports and statewide data and information.	\$0	\$250	\$0	\$0	COMMUNITIES OUTCOME
Advocating Change Together (ACT)	Advocating Change Together (ACT) receives a grant to establish a statewide self-advocacy network for individuals with disabilities. ACT informs and educates individuals with disabilities about their legal rights and provides training to people to self-advocate.	\$114	\$112	\$117	\$116	COMMUNITIES OUTCOME
Region 10 Rider	Grant to Region 10 for the administration of the State Quality Improvement and Licensing System under MS 256B.0961.	\$100	\$100	\$100	\$100	HEALTH OUTCOME
Local Planning Grants	Grants to assist lead agencies and provider organizations in developing alternatives to congregate living within the available level of resources for the HCBS waivers for people with disabilities. Local planning grants are used to create alternatives to congregate living for people with lower needs are available to counties, tribes, and provider organizations. During FY2013, this funding will be used to support counties and tribes in gathering information to inform the statewide gaps analysis and needs determination processes.	\$0	\$400	\$250	\$250	HEALTH OUTCOME
Intractable Epilepsy	People, Inc. receives a grant to support a living skills training program for people with intractable epilepsy who need assistance in the transition to independent living.	\$0	\$65	\$323	\$323	HEALTH OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Self-Advocacy Network	Grant to Advocating Change Together to establish and maintain a statewide self-advocacy network for people with intellectual and developmental disabilities. This was a one year grant appropriated during the 2012 legislative session.	\$0	\$50	\$0	\$0	HEALTH OUTCOME
Disabilities Grants: Special Revenue Fund						
ADAP Drug Rebates-Title II Grants	Dedicated funding resulting from ADAP drug rebates that supplements state- and federal allocations to maintain private insurance coverage and/or purchase HIV related drugs. This funding is also used to supplement other services needed for clients. These 3 funding streams serve approximately 1,500 persons.	\$5,266	\$6,446	\$6,277	\$6,277	COMMUNITIES OUTCOME
Hennepin County Title 1 Case Management	DHS provides dental healthcare services for at least 216 clients living with HIV/AIDS in the 13 county metro area. The services shall be provided by MA fee-for-service qualified providers with reimbursement for services administered through MMIS.	\$186	\$120	\$120	\$120	HEALTH OUTCOME
BACt #57 Adult Mental Health Grants: General Fund						
South Central Crisis Program	This grant funds Crisis Residential Stabilization Services (CY2011 549 adults served), Mobile Crisis Services (CY 2011 10 adults served - represents only two months of operation) and rapid access to psychiatry or other prescribers (CY 2011 612 adults); 24 hour Crisis Line (CY 2011 3,795 adults served). Base funding was appropriated to BACT 61 (State Operated Services) and transferred to Adult Mental Health Grants each year (FY2012-15) for administration.	\$283	\$600	\$600	\$600	HEALTH OUTCOME
Adult Mental Health Integrated Fund	Grants to counties for Adult MH Initiatives including crisis response and case management services. For most counties, this includes integrated administration of Adult MH Community Support Grants and Residential Treatment Grants. (FY2011, 24,500 adults served)	\$62,985	\$62,828	\$62,828	\$62,828	HEALTH OUTCOME
Rule 78 Adult Mental Health Grant	Grants to counties for community support services to adults with serious and persistent mental illness. (CY 2011, 11,100 adults served)	\$5,239	\$5,687	\$5,687	\$5,687	HEALTH OUTCOME
Mental Illness (MI)- Crisis Housing	Grant to nonprofit agency (sole source contract) for the provision of financial assistance to hospitalized clients needing help to pay for their housing. These funds are used only when other funds, such as SSI, are not available. (CY2011 - 291 adults served, 208 new clients)	\$610	\$610	\$610	\$610	HEALTH OUTCOME
MH Hospital Alternatives to ML Grant	Grants to community hospitals to provide alternatives to RTC mental health programs. These grants are awarded based on a competitive RFP that is re-issued every 5 years. These funds pay for extended inpatient treatment when other funding, such as Medicare, is inadequate to cover these stays. (CY 2011 - provided 5,632 bed days of care)	\$2,355	\$2,453	\$2,653	\$2,653	HEALTH OUTCOME
AMH Evidenced Based Practices	One-time adult mental health evidence-based and best practices funding.	\$134	\$0	\$0	\$0	HEALTH OUTCOME
AMH- Culturally Specific Services	Funding to support increased availability of mental health services for persons from cultural and ethnic minorities. Prior to release of RFP, FY09 was unallotted due to budget deficit (CY 2011 748 adults served)	\$300	\$300	\$300	\$300	HEALTH OUTCOME
Gambling Receipts Grants	Grant to a state affiliate recognized by the National Council on Problem Gambling to increase public awareness of problem gambling, education and training for individuals and organizations providing effective treatment services to problem gamblers and their families, and research related to problem gambling	\$0	\$720	\$872	\$881	HEALTH OUTCOME
BACT #57 Adult Mental Health Grants: Health Care Access Fund						
Adult Mental Health Crisis Grants	Adult mental health crisis grants to metro counties to build capacity for mobile crisis teams—particularly to cover costs for uninsured. Administered along state general fund crisis grant funds that are part of the Adult MH Initiative grants listed above.	\$750	\$750	\$750	\$750	HEALTH OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
BACT #57 Adult Mental Health Grants: Lottery Cash Flow Fund						
Gambling Grants Lottery Transfer	Funds transferred from the Minnesota State Lottery to DHS for compulsive gambling prevention and treatment. Approx. 1,100 people receive treatment per year.	\$1,272	\$1,508	\$1,508	\$1,508	HEALTH OUTCOME
BACT #57 Adult Mental Health Grants: Special Revenue Fund						
State Operated Services (SOS) Mental Health Housing	Partnership with the Housing Finance Agency to provide housing and other supports for persons with mental illness and other complex conditions (CY 2012 77 households targeted to be served)	\$500	\$1,000	\$0	\$0	SAFETY OUTCOME
BACT #58 Children's Mental Health Grants: General Fund						
Children's Mental Health (CMH) Screening Grant	Grants to county child welfare and juvenile justice agencies to pay for mental health screenings and follow-up diagnostic assessment and treatment; covers children already deeply involved in child-serving systems. (CY 2011 10,667 child welfare clients and juvenile justice clients served.)	\$4,304	\$4,534	\$4,534	\$4,534	HEALTH OUTCOME
Children's Mental Health (CMH) Targeted Case Management (TCM) Grants	Grants to counties to offset their cost of providing MA-reimbursed mental health case management services for children. (Approx. 3,500 per year served by counties since transfer to managed care.)	\$1,745	\$2,146	\$2,146	\$2,146	HEALTH OUTCOME
Children's Mental Health (CMH) - Capacity School Based Services	Grants to provider agencies to integrate mental health service capacity into the non-stigmatized natural setting of children's schools and to cover direct clinical and ancillary services for uninsured and under-insured children. (Number served--School year 2011-12: 6,395 children. Serves Pre-K to age 21. 58% of students receiving services for the first time)	\$4,777	\$4,777	\$5,002	\$5,002	HEALTH OUTCOME
Children's Mental Health (CMH) - Capacity Respite Grants	Grants to counties to build service capacity for planned and emergency respite to relieve family stress that can result in out-of-home placement, violence, and ER visits. (CY 2011 1,422 Children served)	\$1,744	\$1,024	\$1,024	\$1,024	HEALTH OUTCOME
CMH - Capacity Early Intervention Grants	Grants to provider agencies to build evidenced-based MH intervention capacity for children birth to age 5 whose social, emotional, and behavioral health is at risk due to biologically-based difficulty in establishing loving, stable relationships with adults; having cognitive or sensory impairments; or living in chaotic or unpredictable environments. (FY 2011 - 1,583 children served)	\$1,024	\$1,024	\$1,024	\$1,024	HEALTH OUTCOME
CMH - Crisis Services Grants	Grants to counties in regional partnerships to build psychiatric crisis response capacity, including mobile crisis intervention and follow-up stabilization services. (CY 2011--2,604 crisis episodes: 74% had no history of hospitalization; 81% had no history of residential treatment; and 61% were initial contacts).	\$2,329	\$2,924	\$2,924	\$2,924	HEALTH OUTCOME
CMH - Evidence Based Practices	Grants to individual mental health clinicians to train them in the use of scientific evidence to support clinical decision-making and to implement evidence-based interventions across the state. (Trained: 115 clinicians from 30 agencies; 17 clinicians from 4 residential treatment ctrs.) (67 clinicians currently being trained in Trauma-Focused Cognitive Behavioral Therapy) (29 clinicians trained in Parent-Child Interaction Therapy)	\$644	\$750	\$750	\$750	HEALTH OUTCOME
CMH - Cultural Competence Provider Capacity Grants	Grants to provider agencies to support cultural minority individuals to become qualified mental health professionals or clinical supervisors; to increase access of mental health services to children from cultural minority families; and to enhance the capacity of providers to serve these populations. (CY2011 paid 1,921 hours of clinical supervision and in CY2012 paid 1,480 hours of clinical supervision to support 61 interns completing requirements for licensure and other credentialing. 354 minority children received direct MH services from Jan 2011 to Sep 2012)	\$300	\$300	\$300	\$300	HEALTH OUTCOME

Department of Human Services State Grant Detail

State Grant	Grant Description, Purpose, People Served	State Grant Dollars is Thousands (000's)				Statewide Outcome
		FY 2012 Actual	FY 2013 Budget	FY 2014 Base	FY 2015 Base	
Chemical Dependency (CD) Non-Entitlement Grants: General Fund						
CD Treatment Grants	Legislatively designated for two grantees, Anoka County and the Faribault & Martin Human Services Board to treat methamphetamine abuse and the abuse of other substances. The focus audience is women with dependent children identified as substance abusers, especially those whose primary drug of choice is methamphetamine. (FY 2011 - 137 women served)	\$72	\$300	\$300	\$300	HEALTH OUTCOME
CD Native American Program	Provides funds to American Indian tribes, organizations, and communities to provide culturally appropriate alcohol and drug abuse primary prevention and treatment support services. Federal funds also partially support this activity. Served 15,590 people in FY 2011, and 9,966 people in FY 2012	\$1,016	\$1,036	\$1,036	\$1,036	HEALTH OUTCOME
BACT #59 CD Non-Entitlement Grants: Special Revenue Fund						
CCDTF Other Services	Reimburses providers through the Consolidated Fund for the provision of chemical dependency treatment services to persons whose income is over 100% of Federal Poverty.	\$607	\$900	\$900	\$900	HEALTH OUTCOME
BACT #61 SOS Mental Health: General Fund						
State Operated Services (SOS) Mental Health Housing	Partnership with the Housing Finance Agency to provide housing and other supports for persons with mental illness and other complex conditions. The 2011 Legislature specified that beginning in FY2014 base funding for this moves to the general fund under Budget Activity #61 - SOS Mental Health. (The first two years appropriations are Special Revenue Fund appropriations under BACT 57.)	\$0	\$0	\$1,000	\$1,000	SAFETY OUTCOME