



Department of Human Services Overview

Jodi Harpstead | Commissioner

Our 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.



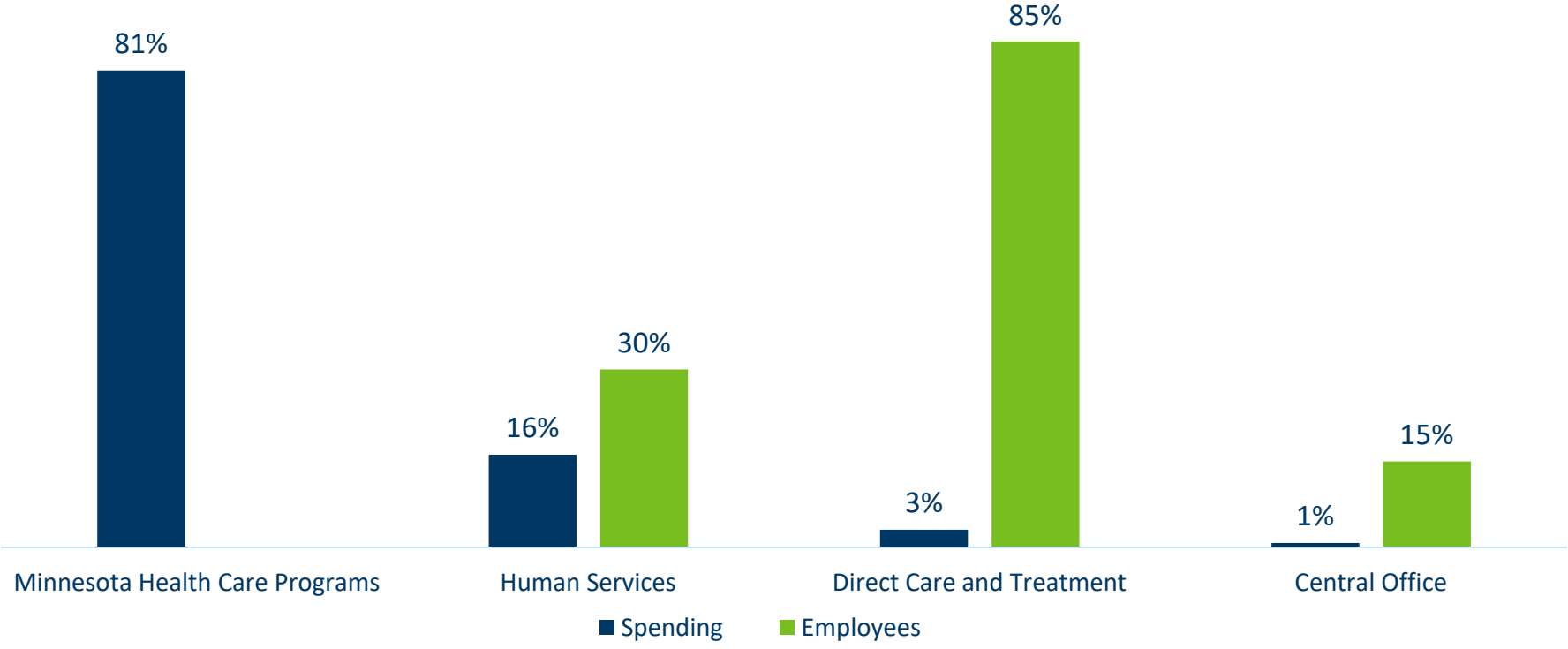
Who we are



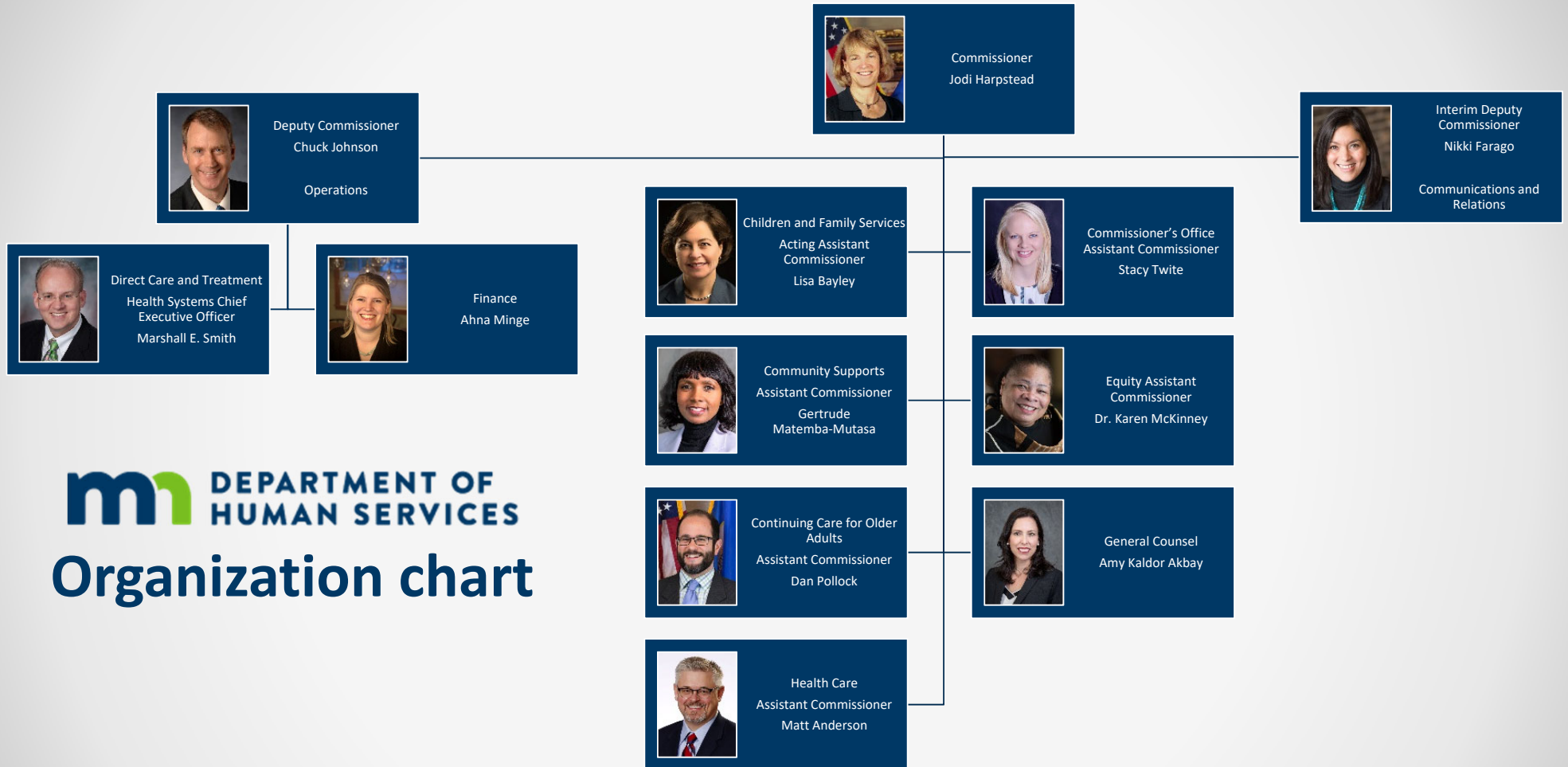
- Largest state agency
- Approximately 7,121 employees at 200-plus sites
- Administrations
 - Health Care – 716 FTEs
 - Continuing Care for Older Adults – 131 FTEs
 - Community Supports – 359 FTEs
 - Direct Care and Treatment – 4,797 FTEs
 - Children and Family Services – 365 FTEs
 - Operations – 763 FTEs

Who we are

Percent of DHS All Fund Spending vs. Employees by Program Area



mn DEPARTMENT OF HUMAN SERVICES
Organization chart



Who we serve



Children and families
People with disabilities
Older Minnesotans

1/11/2021



Minnesota Department of Human Services | mn.gov/dhs

Services we fund and regulate

Health care coverage

Economic assistance

Food support

Child protection

Child welfare and child support enforcement

Care for older adults

Services for people with disabilities, mental illness and substance use disorders

Services to support people experiencing homelessness

Licensing

Direct service for people who are deaf or hard of hearing

Services we provide

Forensic Security
Hospital, St. Peter

Intensive mental health
treatment

Residential services for
people with disabilities

Substance use disorder
residential treatment

Specialty dental care

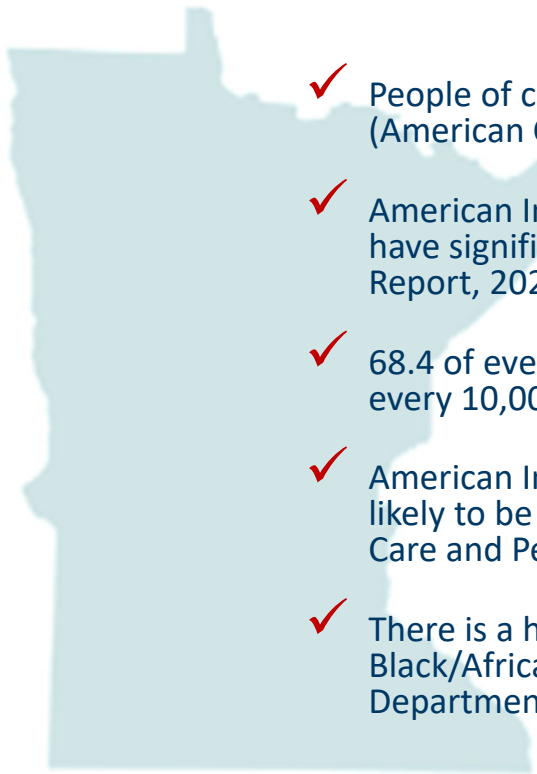
Sex offender treatment

Minnesota excels in human services



- ★ First nationally in delivering services for older adults and people with disabilities (AARP, The Commonwealth Fund and the SCAN Foundation, 2020)
- ★ Third nationally in child well-being (Annie E. Casey Foundation, 2020)
- ★ Third nationally in health care access, quality and outcomes (The Commonwealth Fund, 2019)
- ★ Seventh nationally for overall health (America's Health Rankings, 2019)

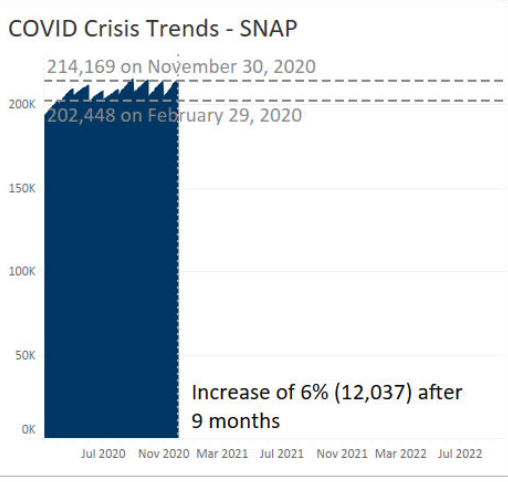
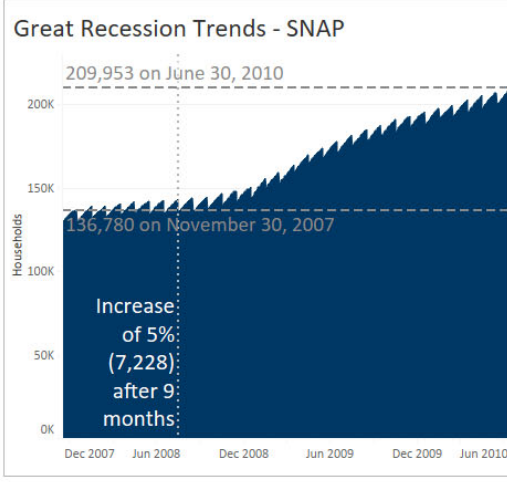
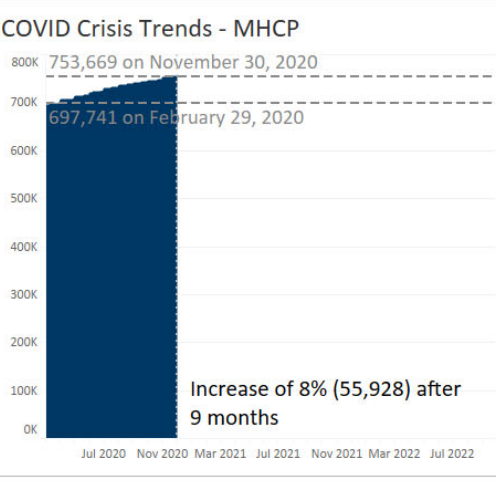
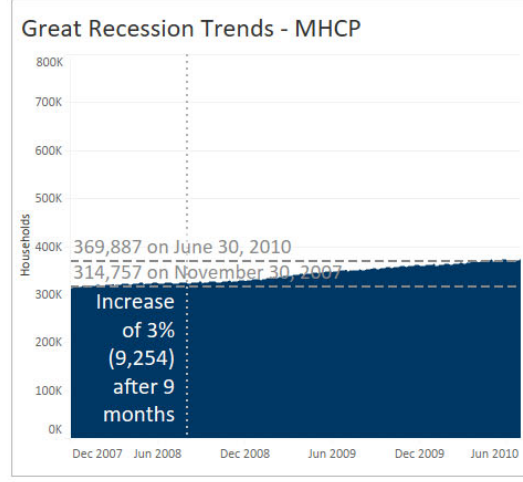
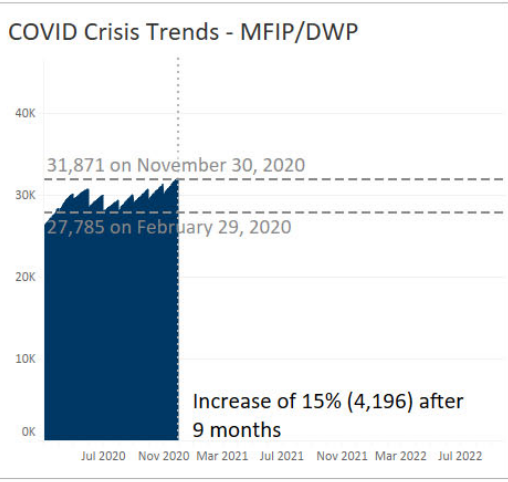
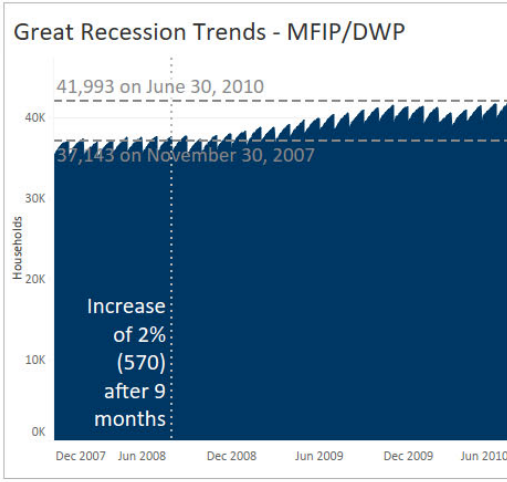
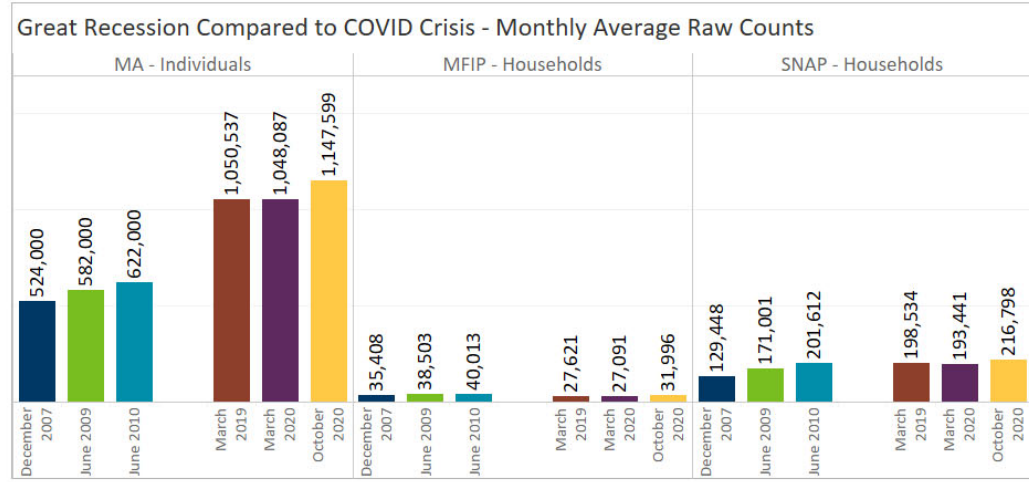
Minnesota's disparity in outcomes



- ✓ People of color are three times as likely to live in poverty as compared to whites (American Community Survey, 2018)
- ✓ American Indian/Alaskan Native, Black/African American, and Hispanic/Latino patients have significantly lower rates of optimal care (Minnesota Health Care Disparities Report, 2020)
- ✓ 68.4 of every 10,000 people of color experience homelessness compared with 6.2 of every 10,000 whites (Minnesota Compass Disparities Overview)
- ✓ American Indian children and children of color in Minnesota are significantly more likely to be in out-of-home placement than white children (Minnesota's Out-of-home Care and Permanency Report, 2019)
- ✓ There is a higher incidence of low birth weight babies for mothers who are Black/African American, Asian/Pacific Islander, or American Indian (Minnesota Department of Health)

DHS Key Services Enrollment: Comparing the Great Recession to the COVID Crisis

Great Recession Enrollment (11/30/2007 - 6/30/2010) Compared to COVID Crisis Enrollment (2/29/2020 - 11/30/2020)



DHS Key Services Enrollment: Geographic Distribution of Enrollees

County enrollment - November 30, 2020

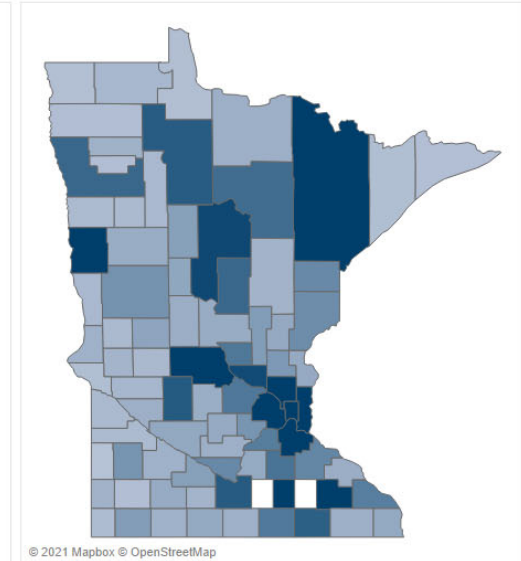
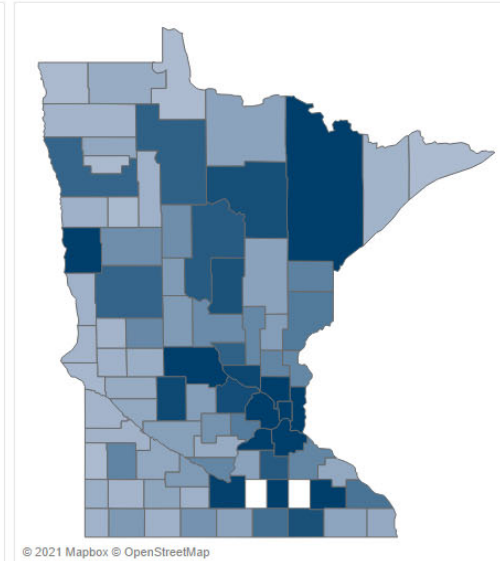
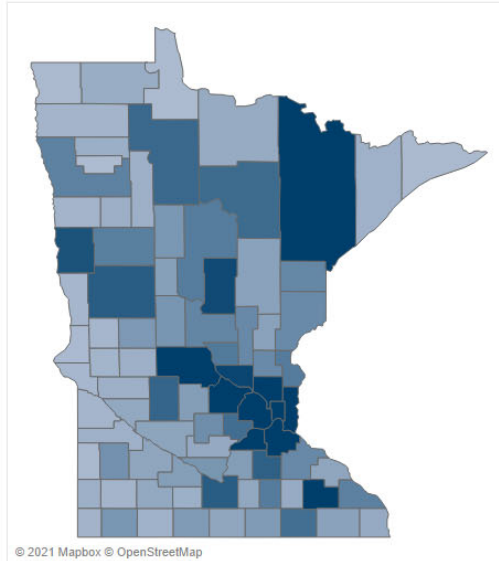
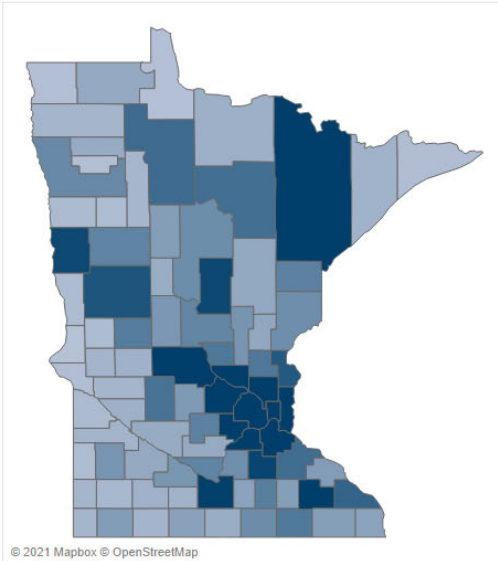
(Darker means more people enrolled; white indicates no people enrolled)

Minnesota - 2019

MHCP

SNAP

MFIP/DWP



Twin Cities 7-County Metro	Greater Minnesota
55%	45%
(3,152,564)	(2,527,773)

Twin Cities 7-County Metro	Greater Minnesota
55%	45%
(664,681)	(552,241)

Twin Cities 7-County Metro	Greater Minnesota
57%	43%
(245,167)	(182,901)

Twin Cities 7-County Metro	Greater Minnesota
59%	41%
(51,677)	(35,696)

21% of individuals in Twin Cities 7-County Metro
22% of individuals in Greater Minnesota

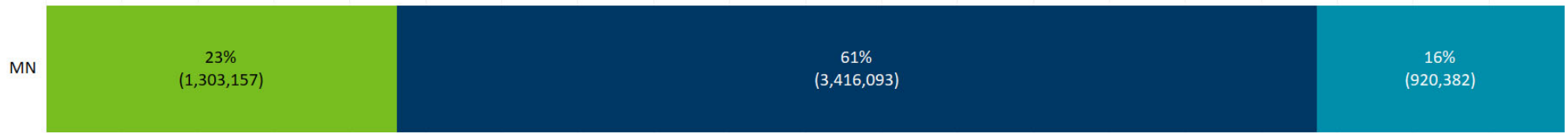
8% of individuals in Twin Cities 7-County Metro
7% of individuals in Greater Minnesota

2% of individuals in Twin Cities 7-County Metro
1% of individuals in Greater Minnesota

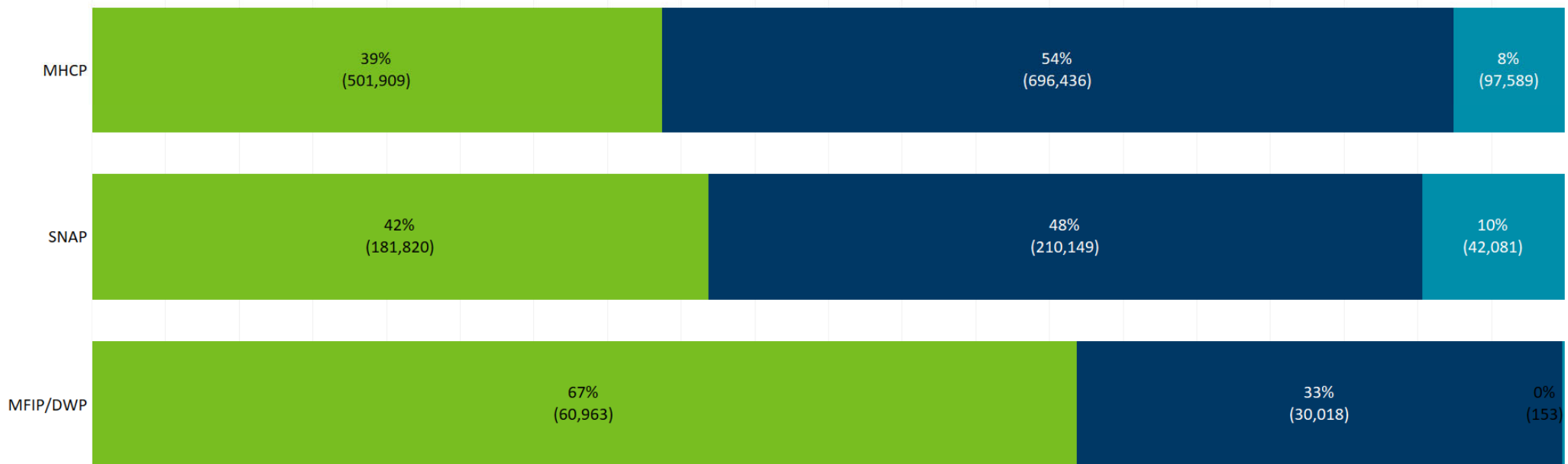
DHS Key Services Enrollment: Age of All Enrollees

Children (0 - 17) | Adults (18 - 64) | Older Adults (65 +)

Minnesota whole population age breakdown - 2019



Enrolled population age breakdown - November 30, 2020



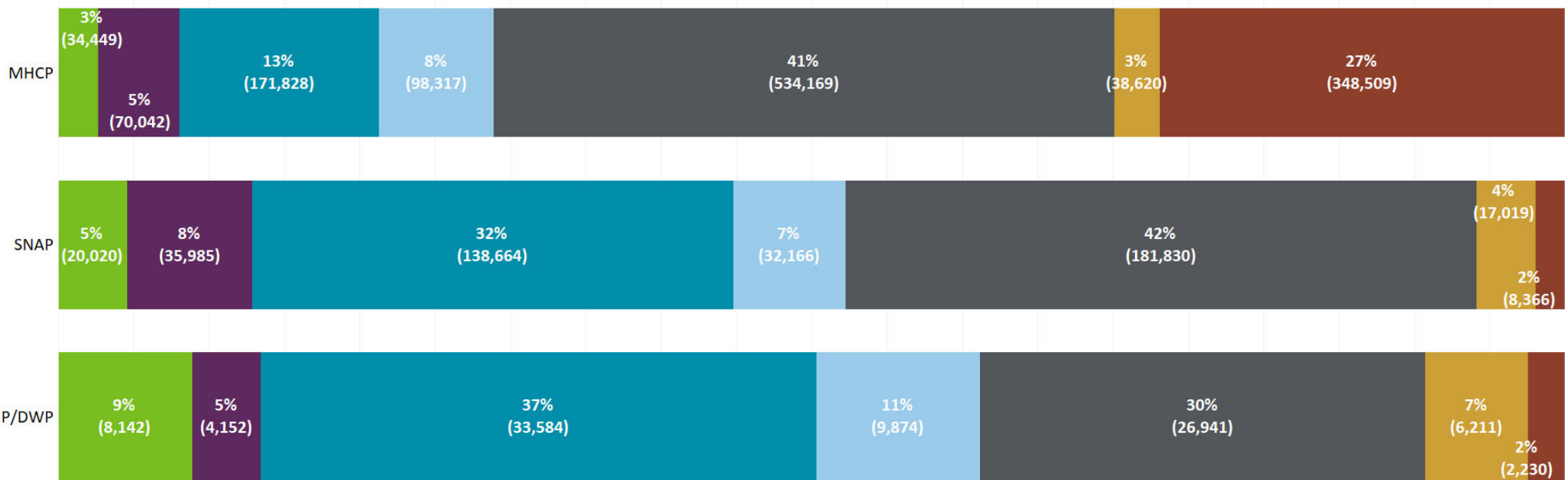
DHS Key Services Enrollment: Racial Disaggregation of All Enrollees

American Indian | Asian | Black | Hispanic or Latino | White | Two or more races | Unknown

Minnesota whole population racial breakdown - 2019



Enrolled population racial breakdown - November 30, 2020



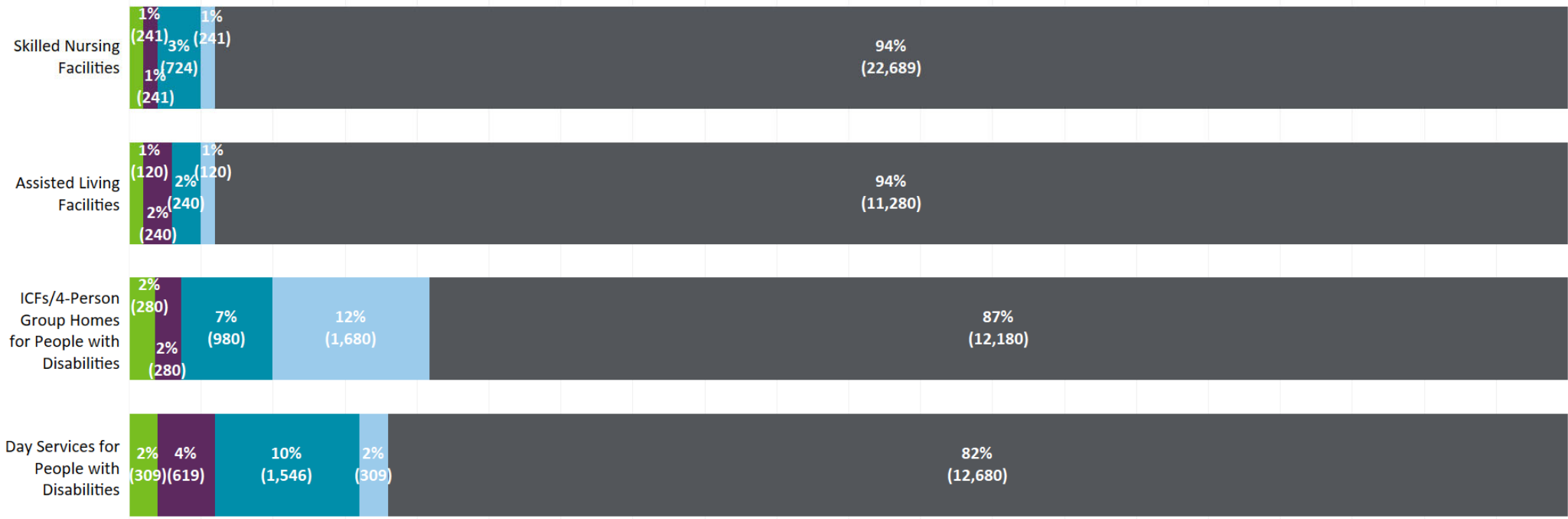
DHS Key Services Enrollment: Racial Disaggregation of At-Risk Populations

American Indian | Asian | Black | Hispanic or Latino | White | Two or more races

Minnesota whole population racial breakdown - 2019



At-risk populations racial breakdown



Our Stand

- Better health, fuller life, and lower cost for Minnesotans working to achieve their highest potential.

Culture of Equity

- Commitment to a culture of equity that advances equitable outcomes for communities across MN.

Operational Excellence

- National ranking as a well-run state agency.

Strategic plan highlights

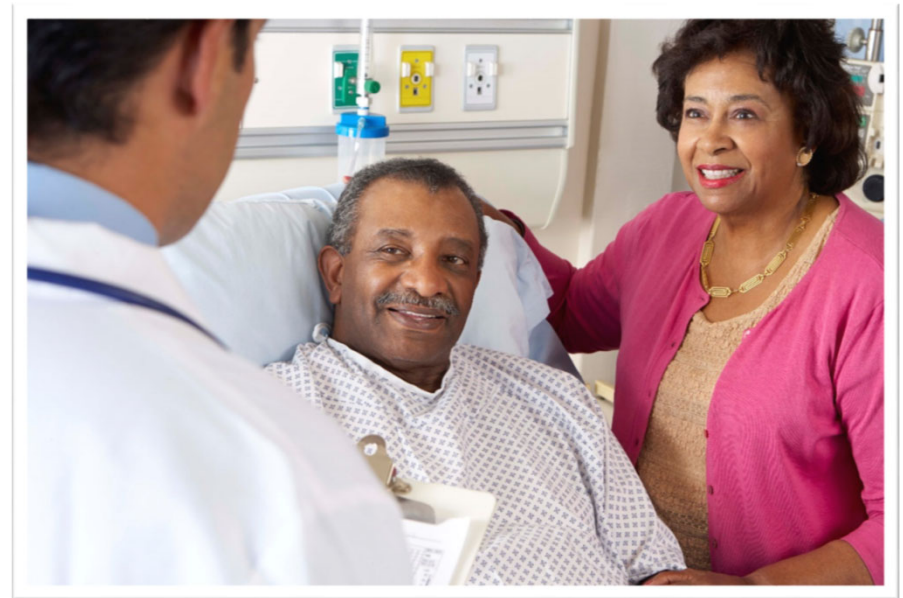
- Reward **measurable health and life outcomes** while managing cost through our managed care contracts
- Promote the next iteration of **Integrated Health Partnerships**
- Make Minnesota an **age-friendly** state
- Ensure people with disabilities and older adults live and work in **integrated settings**
- **Integrate services** for substance use disorder, mental health and housing
- **Support family preservation** and **reduce disparities** in out-of-home placement of children
- **Increase access** to affordable, quality child care

Biggest possibilities

- CSA would incorporate Culturally and Linguistically Appropriate Services Standards (CLASS) into policies and processes to improve quality and access to services among BIPOC communities.
- The ICHRP model would be the standard of care for all African American and American Indian women served by MHCPs.
- We would drive down disproportionality for African American and Native American children and families in our child protection system.
- DHS employees feel valued for raising compliance and ethics concerns and work collaboratively to make systemic changes that support DHS' integrity.

Health Care overview

- 716 employees (FTEs)
- All funds – \$125 million (excludes MA, MinnesotaCare)
- Major programs
 - Medical Assistance
 - MinnesotaCare

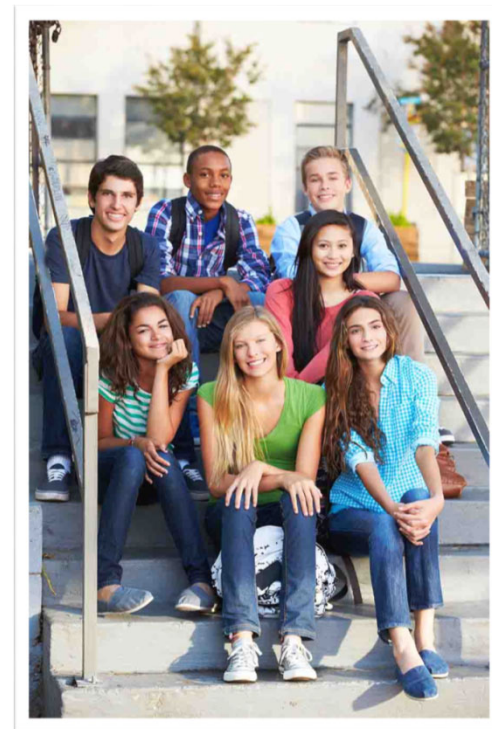


Health Care opportunities and challenges

- Supporting State's COVID-19 response efforts
- Addressing persistent disparities in health outcomes and leveraging social drivers of health
- Integrated Health Partnership
- Telemedicine
- Threat of Supreme Court decision regarding Affordable Care Act

Operations overview

- 753 employees (FTEs)
- All funds – \$350 million
- Major programs
 - Office of Inspector General (Licensing, Financial Fraud Investigations, Background Studies)
 - Compliance Office (Appeals, Internal Audits, Legal Management)
 - Office of DHS Financial Officer (Reports and Forecasts)
 - Human Resources

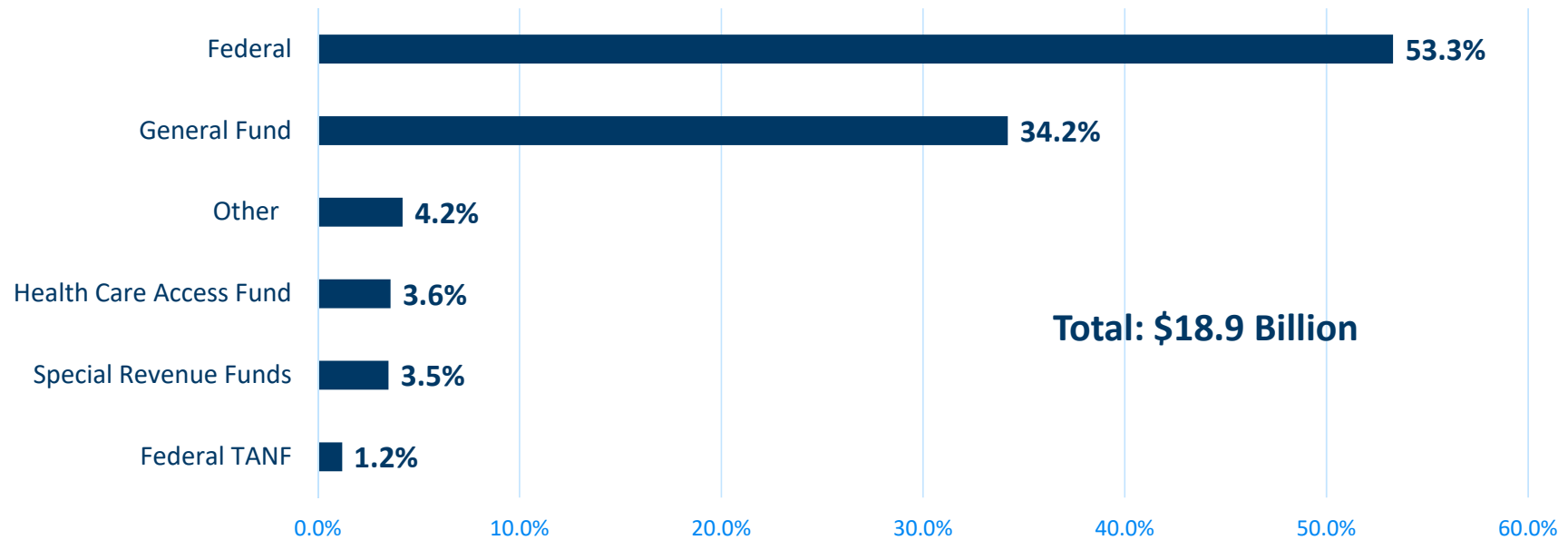


Operations opportunities and challenges

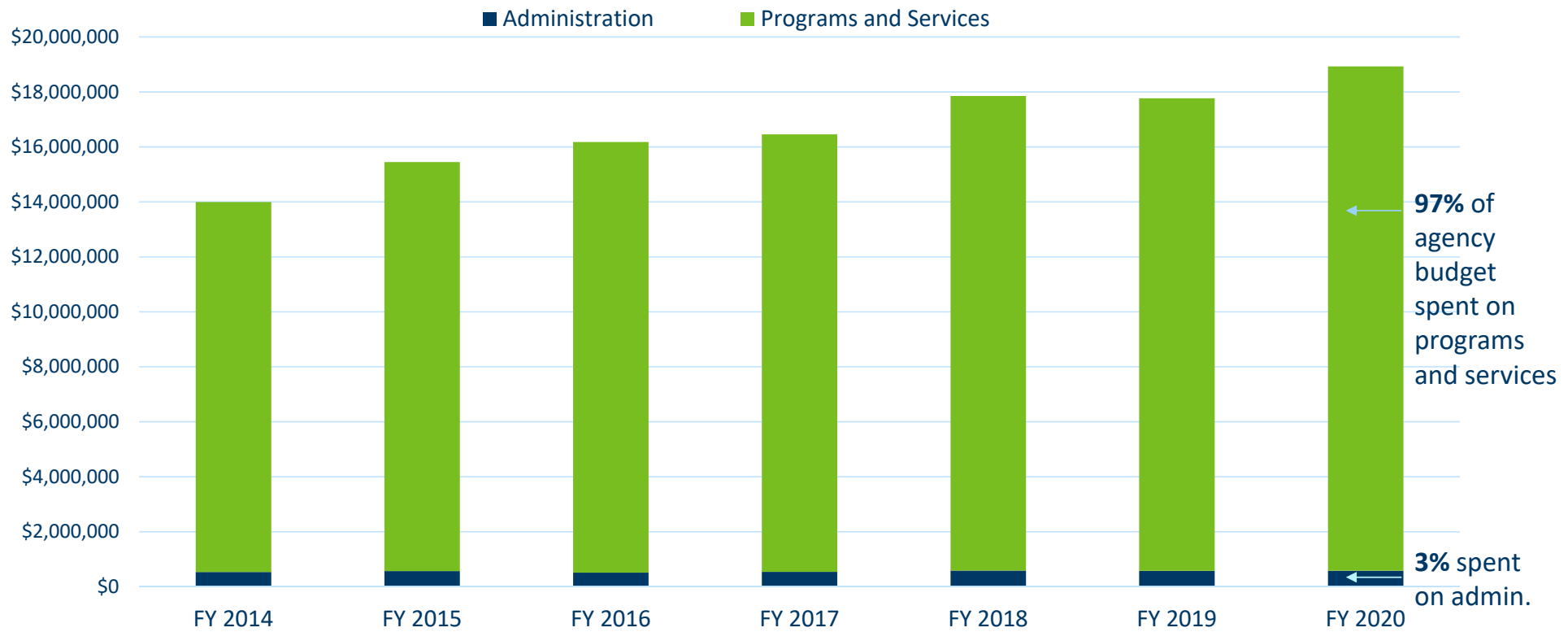
- Operation Swiss Watch
- COVID modifications
- Background studies authority to access FBI records and operational deficit
- Program integrity efforts
- Family child care task force recommendations

Human Services budget – Actual FY2020 spending by fund

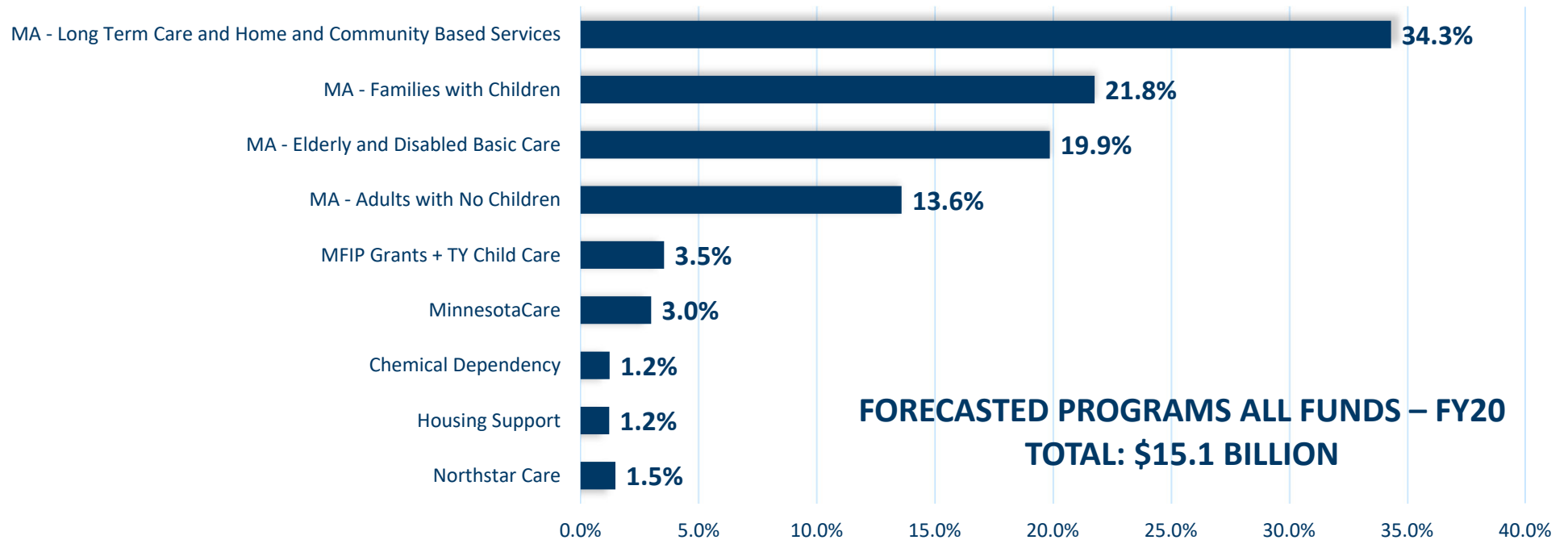
Numbers in thousands



DHS funding overview FY 2014-20

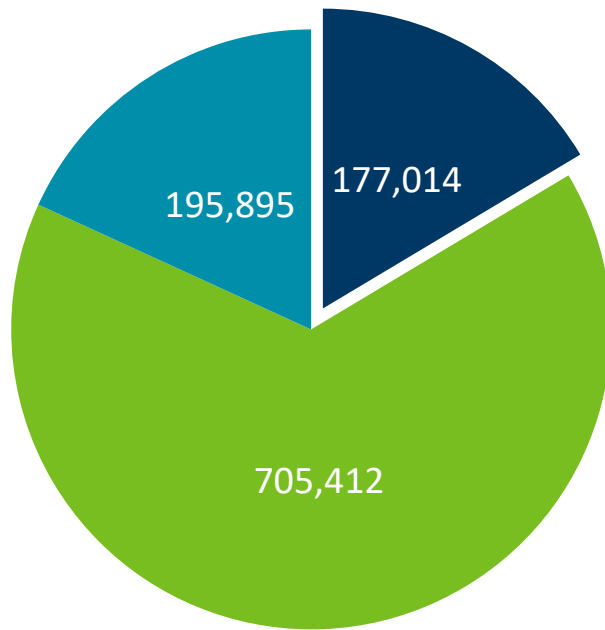


Forecasted programs – November 2020 forecast



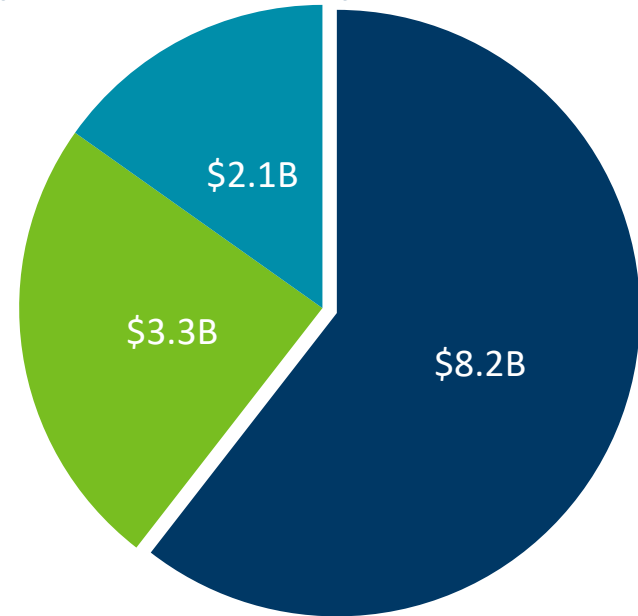
Medical Assistance actual FY2020

Average monthly enrollees

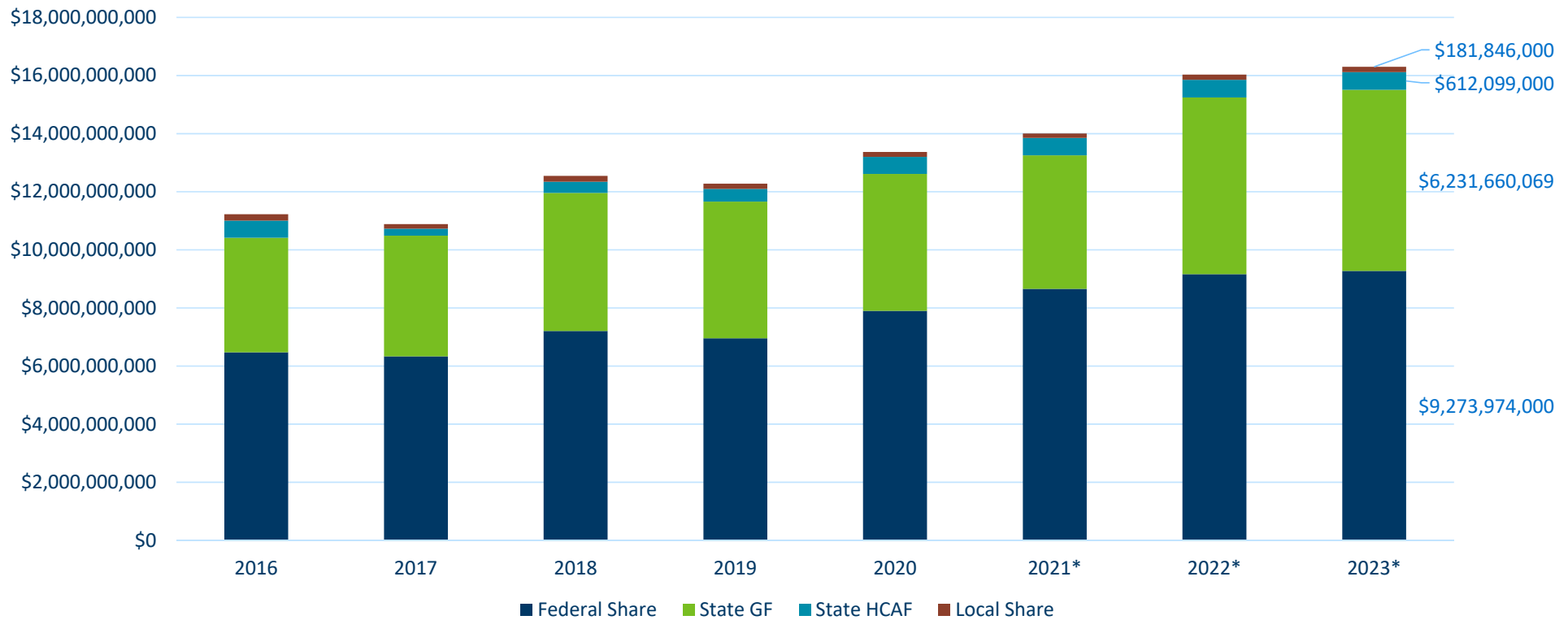


Total expenditures (state and federal) = \$13.4 billion

- Elderly & disabled (inc. LTC)
- Children & families
- Adults w/o children



Total Medical Assistance expenditures by fund



*forecasted

1/11/2021

Health Care Reform: Better Health, Fuller Lives, Lower Cost

Health Care Administration working collaboratively to design our go-forward procurement processes.

Those conversations on top of COVID also allowed us to lay out and announce a new procurement schedule for the next two years that we intend to use to press for the incorporation of social determinants of health and health equity into our procurement and other processes.

We were pleased to support our colleagues in the Department of Health by chairing the rest of the meetings of the Blue Ribbon Commission which issued its report October 1 with cost-saving strategies, in time for the 2021 Legislative Session.

Responding to COVID

- Implementation of DHS process control improvements continued uninterrupted by the pandemic.
- On the other hand, COVID gave us an unprecedented opportunity to run every COVID waiver through a Policy Review Committee of Commissioner's direct reports.
- Every Assistant Commissioner and team who wanted to waive rules and regulations saw us modeling firsthand our process of crossing all the t's and dotting all the i's before approving waivers, especially checking for accurate legal, financial and CMS implications every time.

My Greatest Learning – First Year

My greatest learning from my first year at DHS is the discovery of who gets heard in state government.

I have been keenly present to the fact that if I do not proactively reach out to BIPOC or LGBTQIA+ communities, the people I will hear from are the organizations who can afford the advocates, lobbyists, professional associations and public relations campaigns – that is, the larger, more well-resourced organizations.

I need to take this learning into the deepest levels of DHS to be sure we are equitably distributing the \$17 billion of state and federal resources we have responsibility to make available to support ALL Minnesotans.



Questions?