



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.



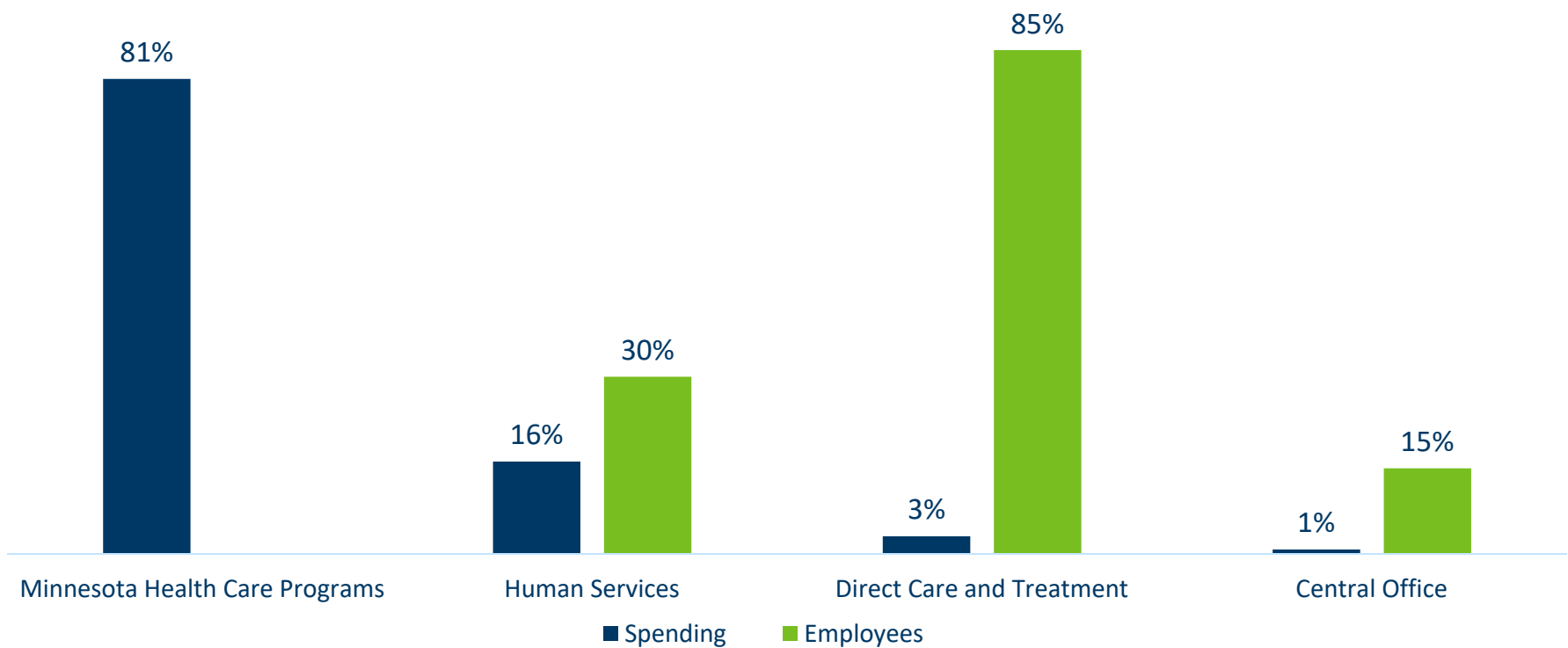
Who we are

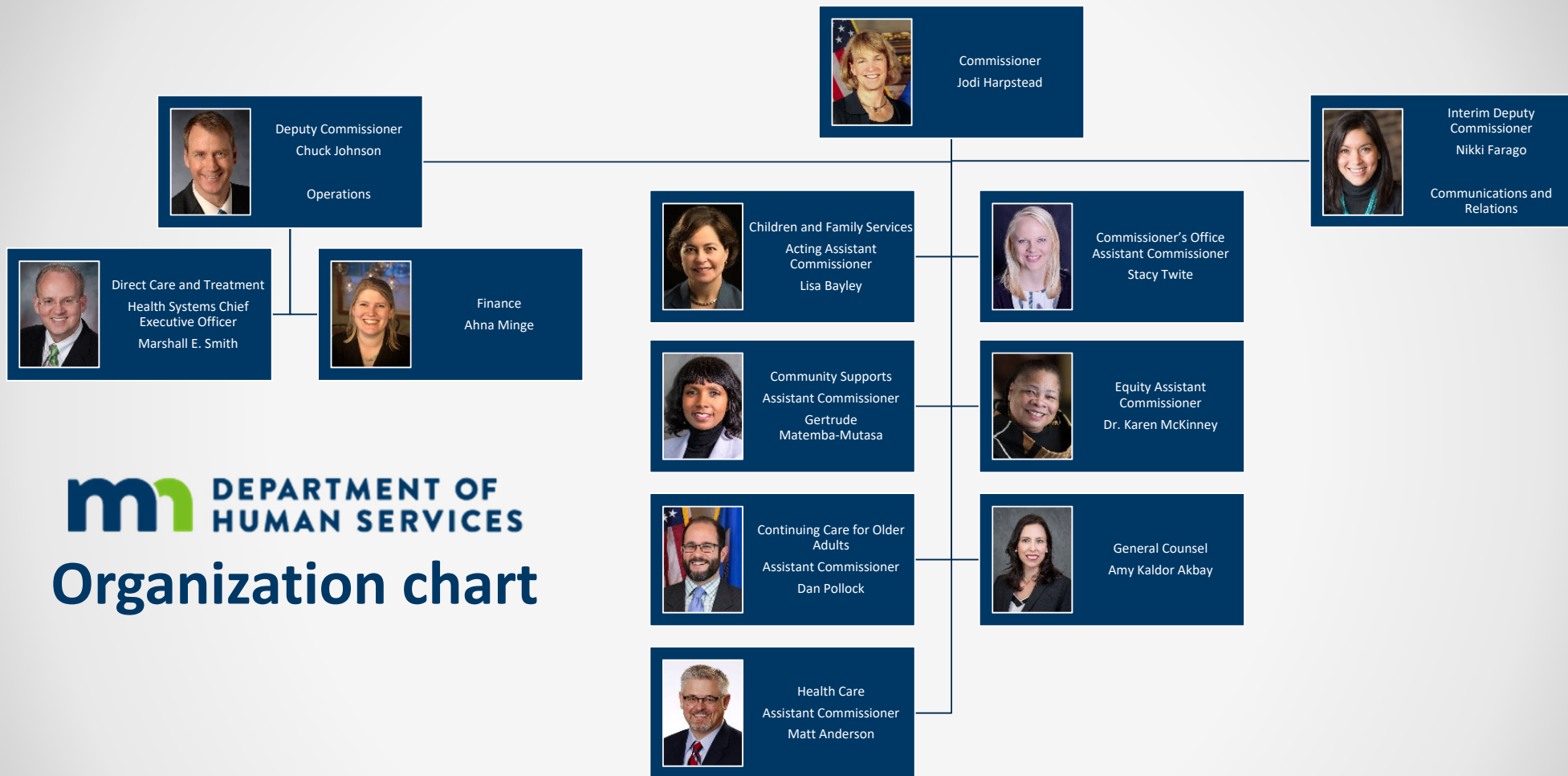


- Largest state agency
- Approximately 7,121 employees at 200-plus sites
- Administrations
 - Health Care – 716 FTEs
 - Continuing Care for Older Adults – 131 FTEs
 - Community Supports – 359 FTEs
 - Direct Care and Treatment – 4,797 FTEs
 - Children and Family Services – 365 FTEs
 - Operations – 763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

1/12/2021



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 residential
mental health treatment

Residential services for
people with disabilities

Substance use disorder
residential treatment

Specialty dental care

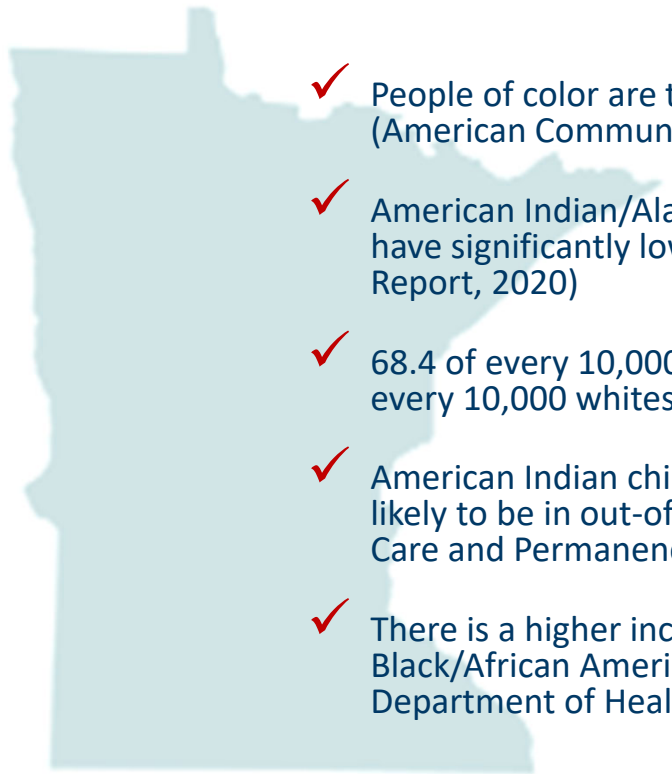
Sex offender treatment

Minnesota highly ranked 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)

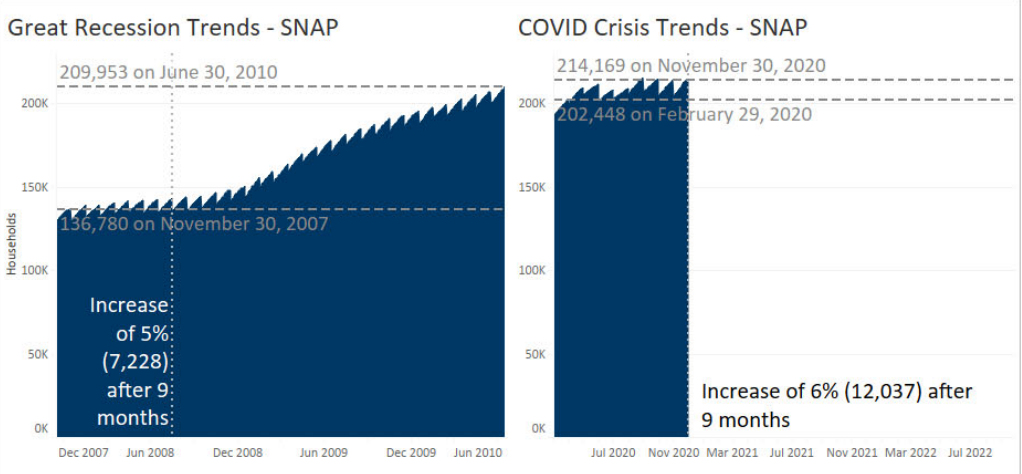
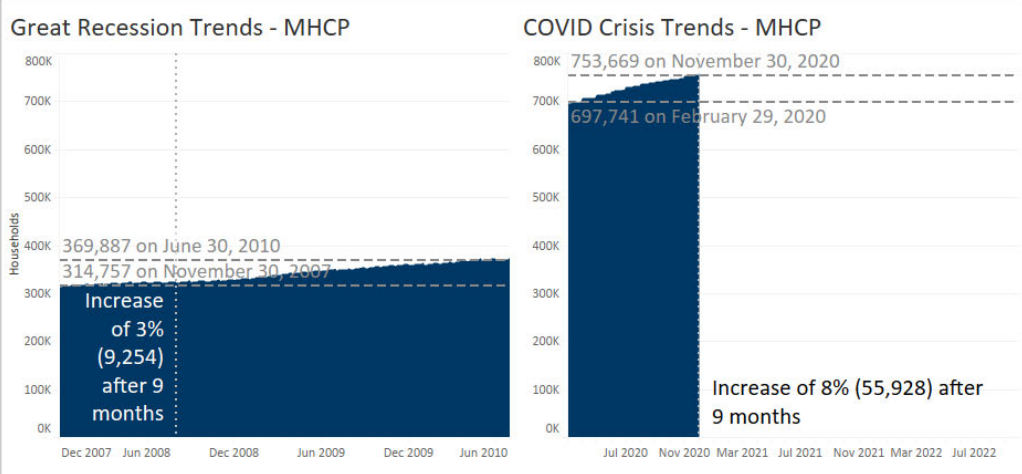
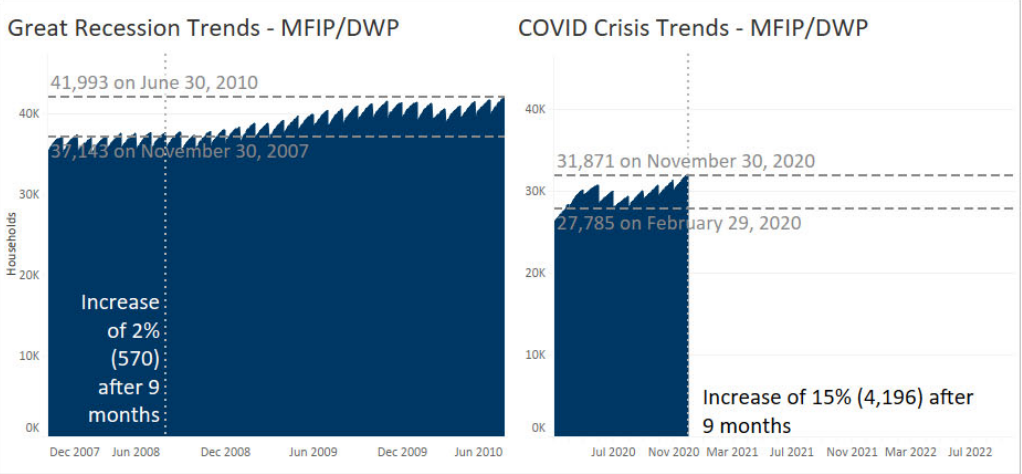
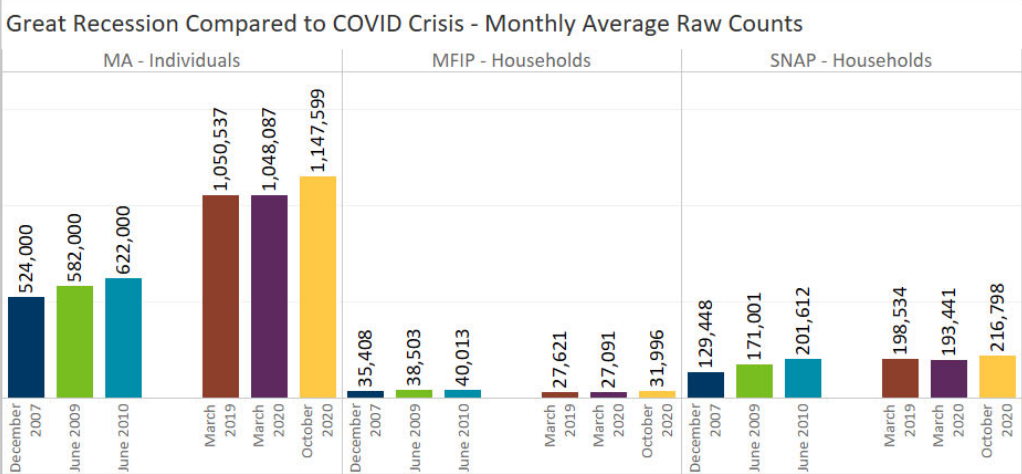
Minnesota's disparity in outcomes



- ✓ 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

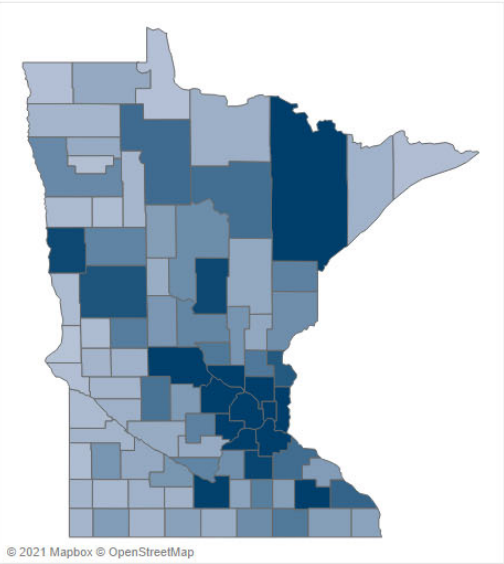
Great Recession Enrollment (11/30/2007 - 6/30/2010) Compared to COVID Crisis Enrollment (2/29/2020 - 11/30/2020)



DHS Key Services Enrollment: Geographic Distribution of Enrollees

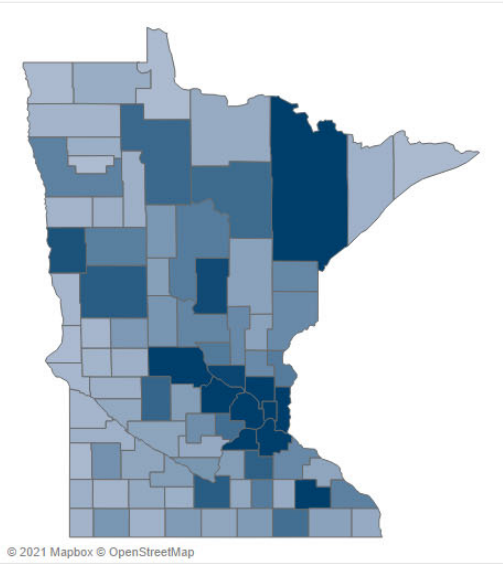
County enrollment - November 30, 2020
 (Darker means more people enrolled; white indicates no people enrolled)

Minnesota - 2019



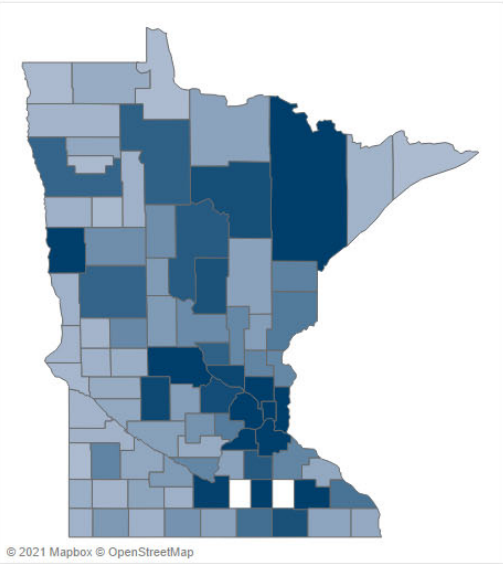
Twin Cities 7-County Metro	Greater Minnesota
55%	45%
(3,152,564)	(2,527,773)

MHCP



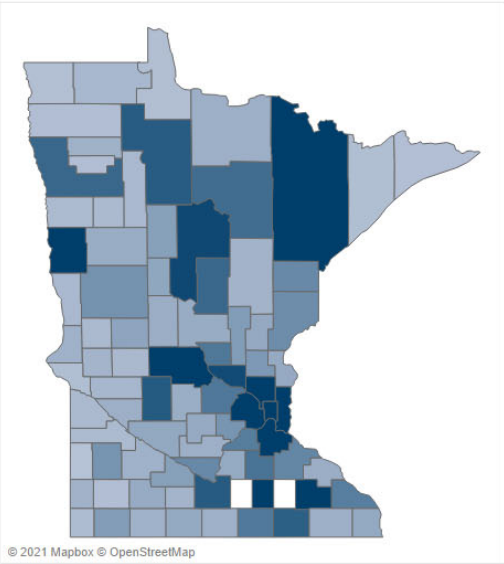
Twin Cities 7-County Metro	Greater Minnesota
55%	45%
(664,681)	(552,241)

SNAP



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

MFIP/DWP



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

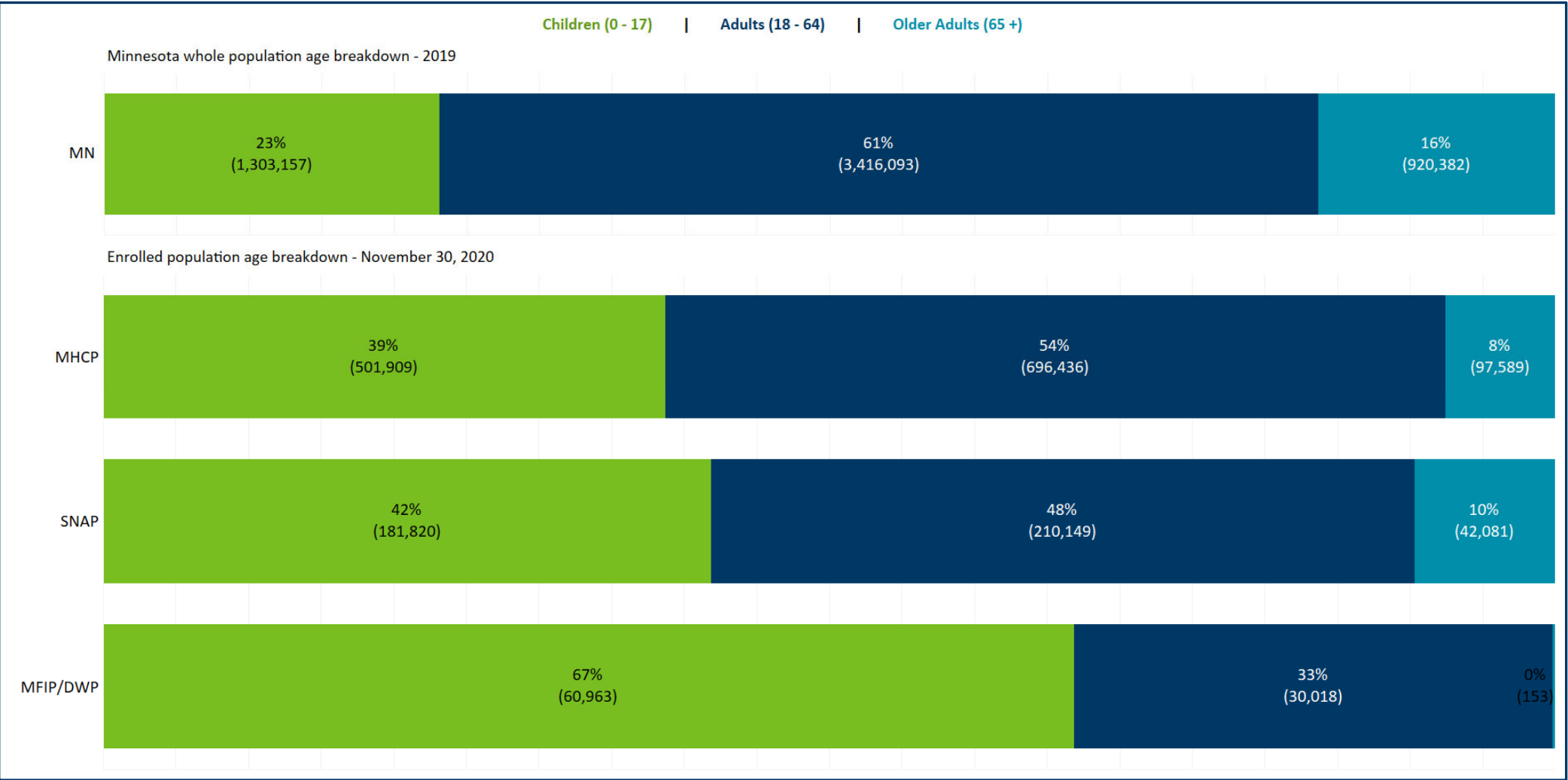
1/12/2021

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

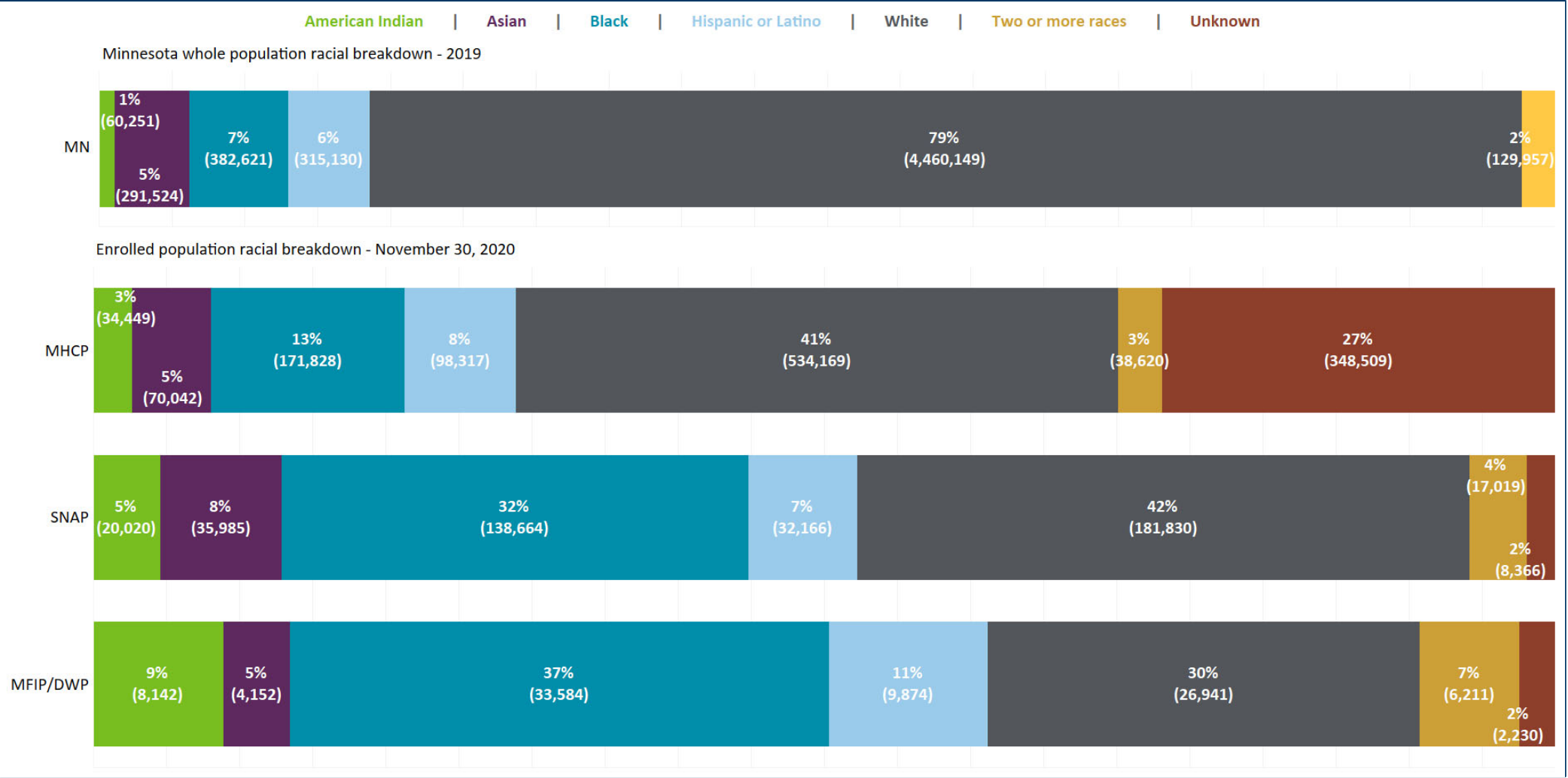
8% of individuals in Twin Cities 7-County Metro
 7% of individuals in Greater Minnesota

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

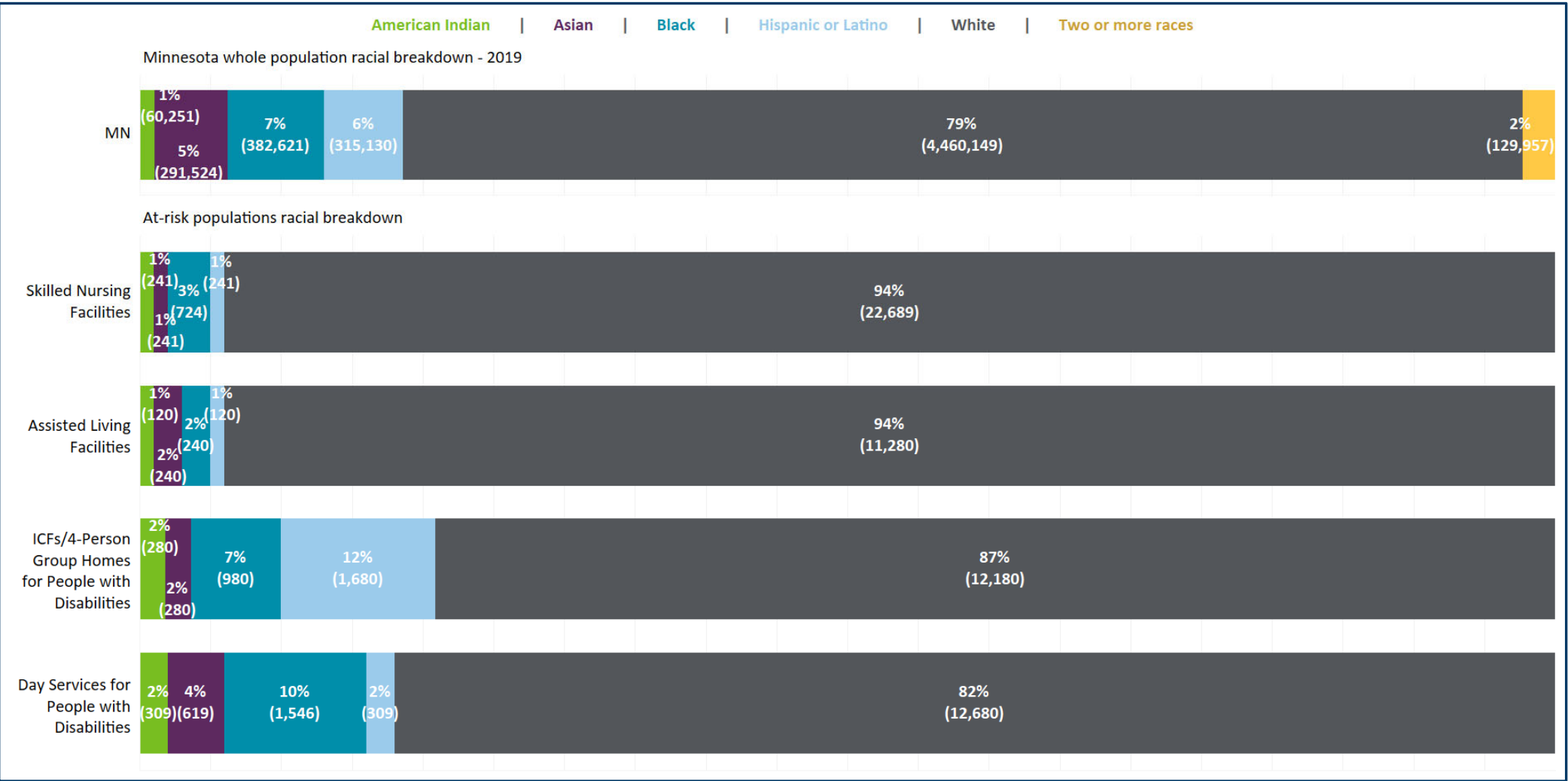
DHS Key Services Enrollment: Age of All Enrollees



DHS Key Services Enrollment: Racial Disaggregation of All Enrollees



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



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

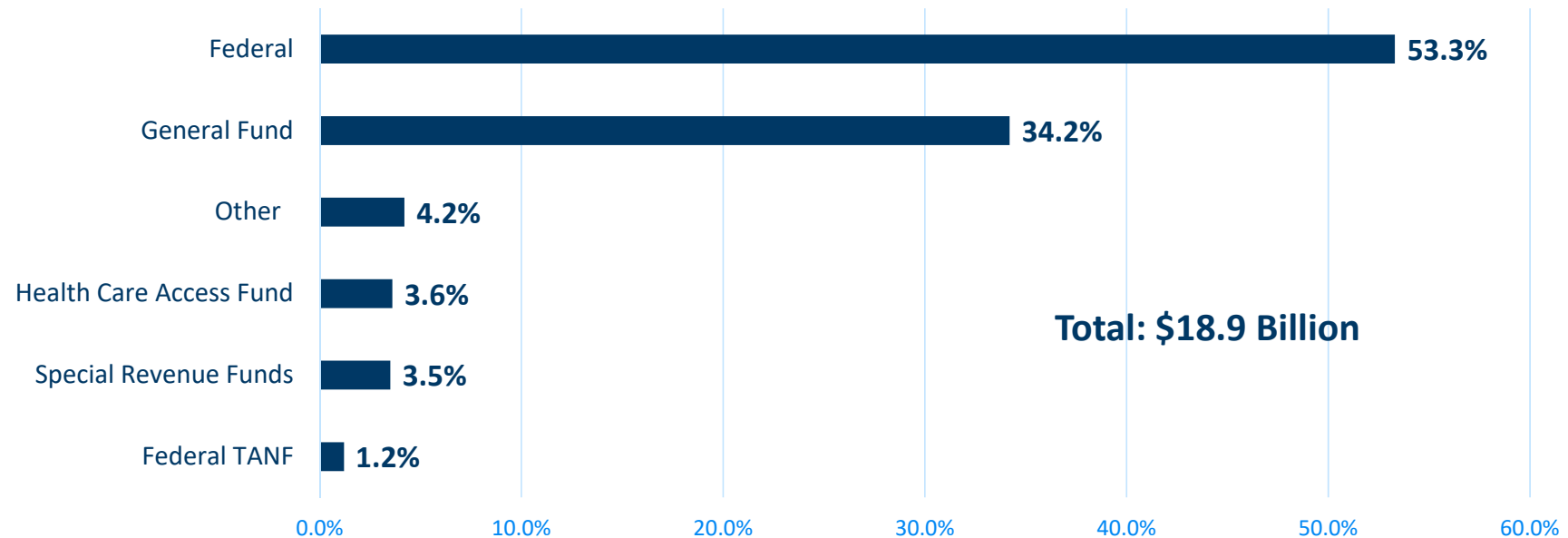
- Reward **measurable health and life outcomes** while managing cost through our managed care contracts
- Promote the next iteration of **Integrated Health Partnerships**
- Make Minnesota an **age-friendly** state
- Ensure people with disabilities and older adults live and work in **integrated settings**
- **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

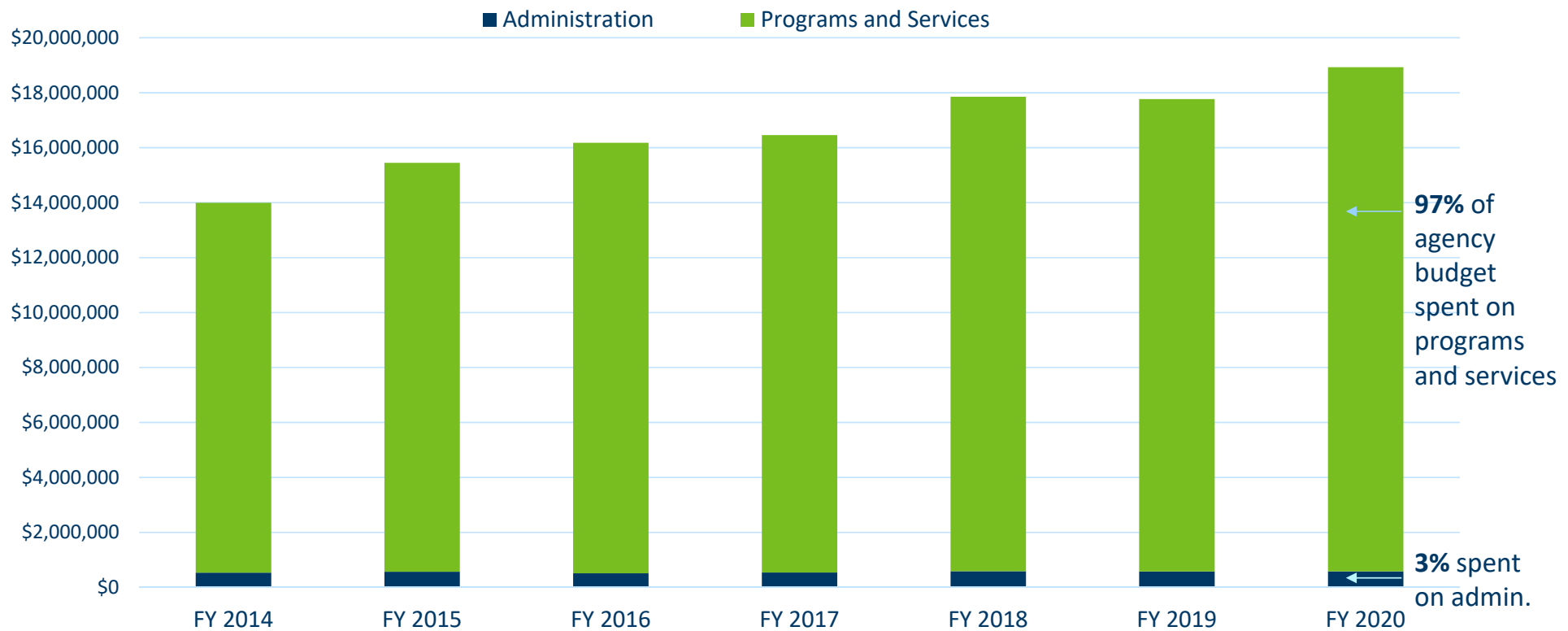
- CSA would incorporate Culturally and Linguistically Appropriate Services Standards (CLASS) into policies and processes to improve quality and access to services among BIPOC communities.
- The ICHRP model would be the standard of care for all African American and American Indian women served by MHCPs.
- 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.

Human Services budget – Actual FY2020 spending by fund

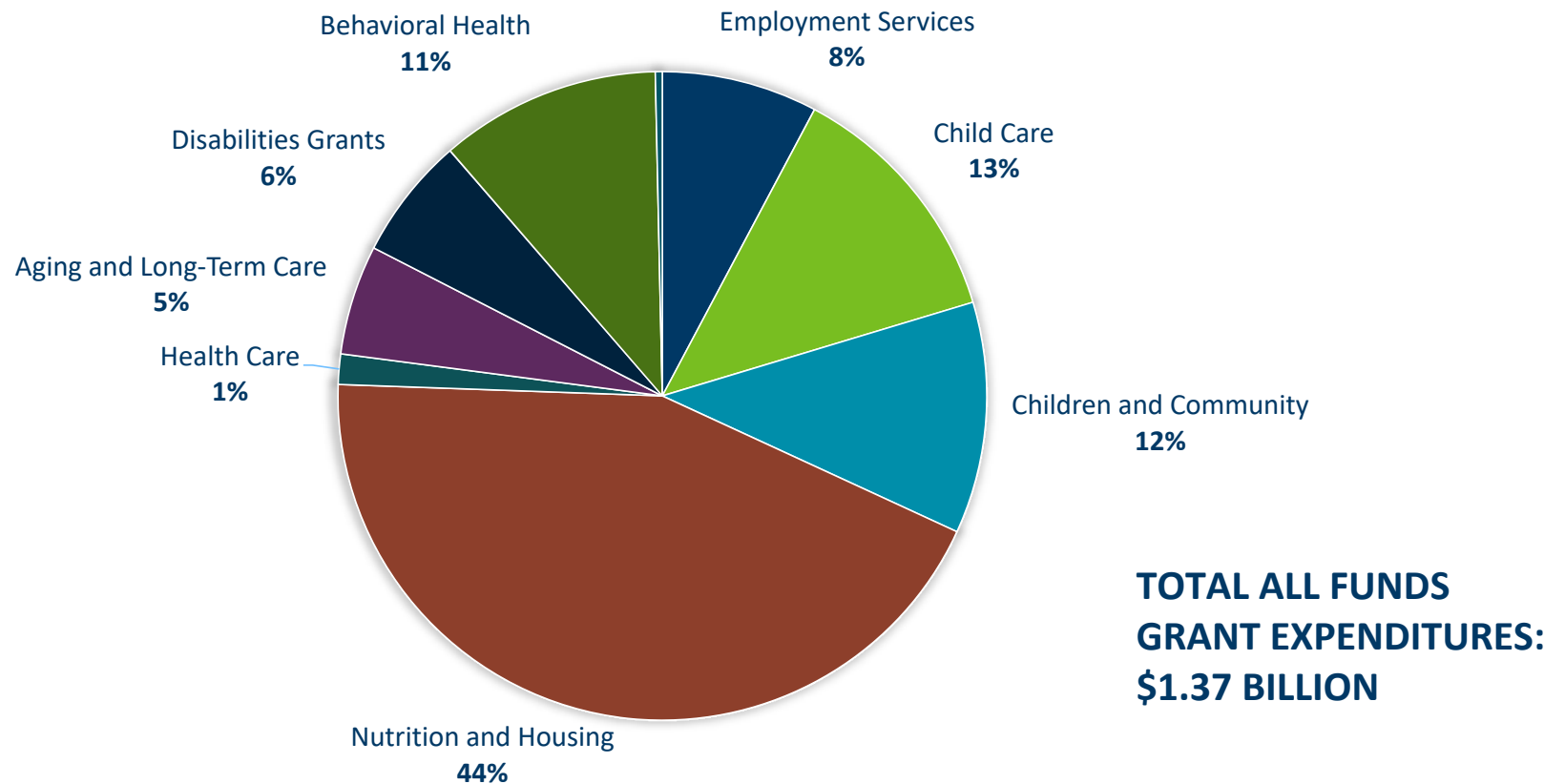
Numbers in thousands



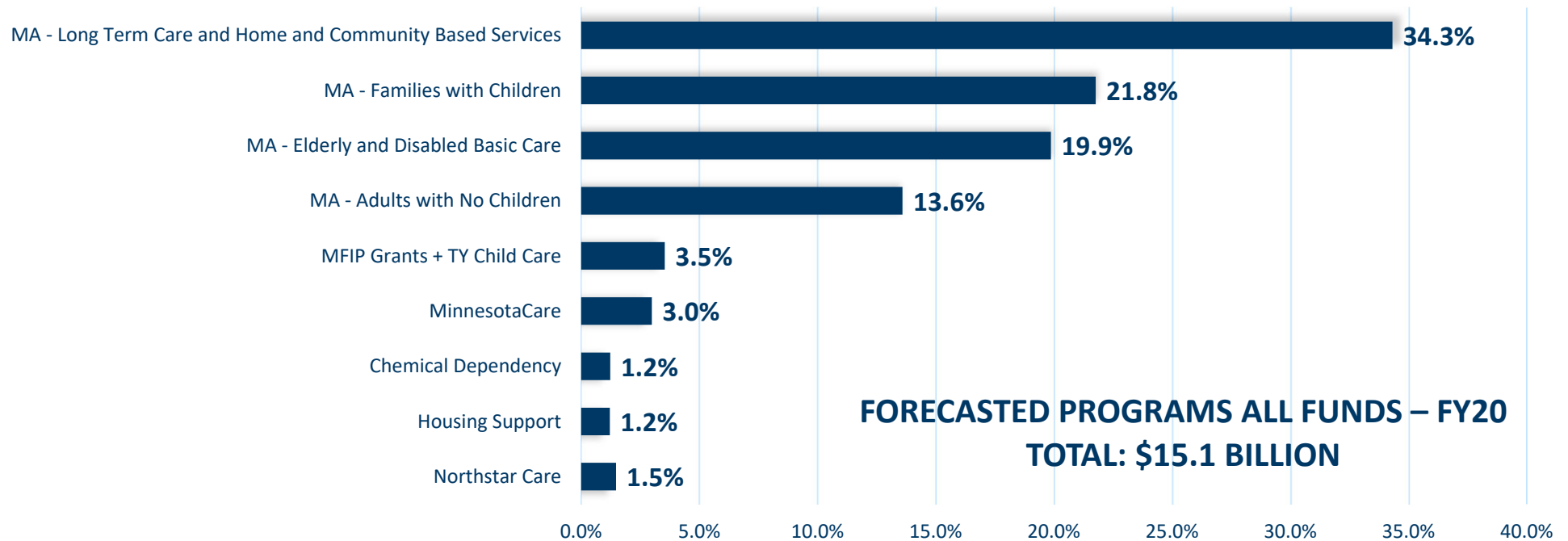
DHS funding overview FY 2014-20



Grant Expenditures All Funds – FY 2020

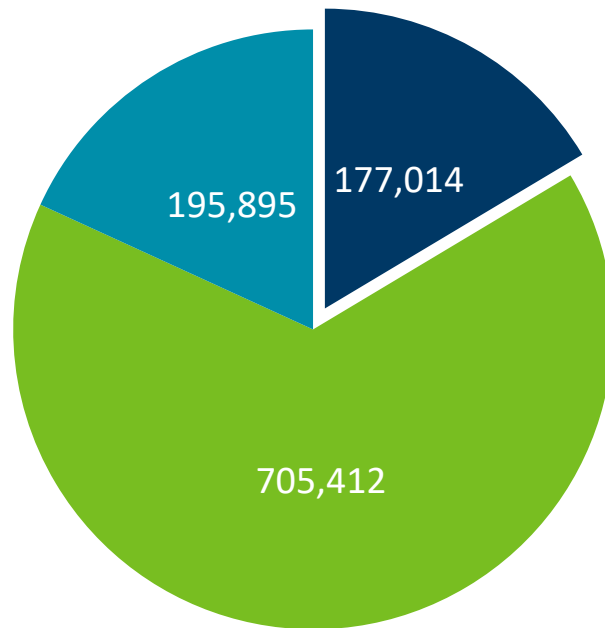


Forecasted programs – November 2020 forecast



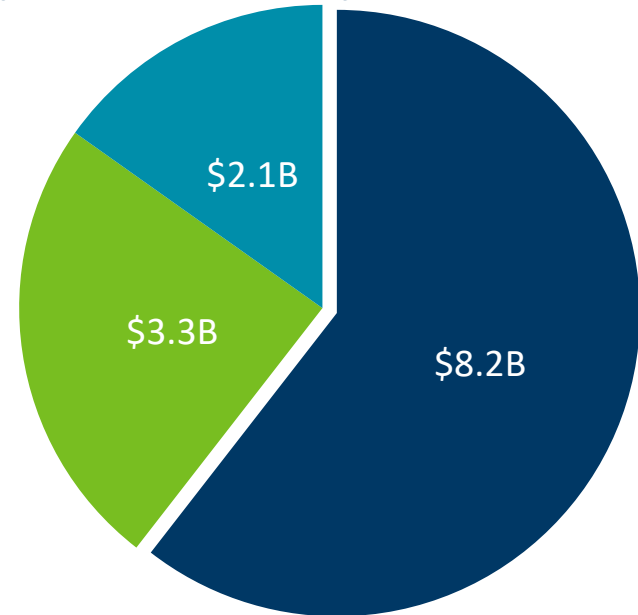
Medical Assistance actual FY2020

Average monthly enrollees



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

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



Children and Families overview

- 365 employees (FTEs)
- All funds – \$1.7 billion
 - Economic Assistance and Employment Supports
 - Minnesota Family Investment Program
 - Supplemental Nutrition Assistance Program
 - Child Safety and Permanency
 - Child Support
 - Child Care Services
 - Business Integration



Children and Families opportunities and challenges

- Economic assistance program simplification
- Family First Prevention Services Act
- Reducing disparities of children in foster care
- Supporting, repairing and modernizing legacy IT systems
- High quality child care supply and supports

Direct Care and Treatment overview

- 4,797 employees (FTE)
- All funds – \$523 million
- Major programs
 - Mental Health and Substance Abuse Treatment Services (MHSATS)
 - Community Based Services (CBS)
 - Forensic Services
 - Minnesota Sex Offender Program (MSOP)



Direct Care and Treatment opportunities and challenges

- New and updated treatment facilities
- Telemedicine, tele-psychiatry and tele-dentistry
- COVID-19 infection prevention and control in facilities
- Stabilizing funding
- Demand for access to treatment beds
- Technology upgrades

Community Supports overview

- 359 employees (FTEs)
- All funds – \$761 million
- Major programs
 - Behavioral Health Services
 - Disabilities Services
 - Deaf & Hard of Hearing Services
 - Housing Support Services

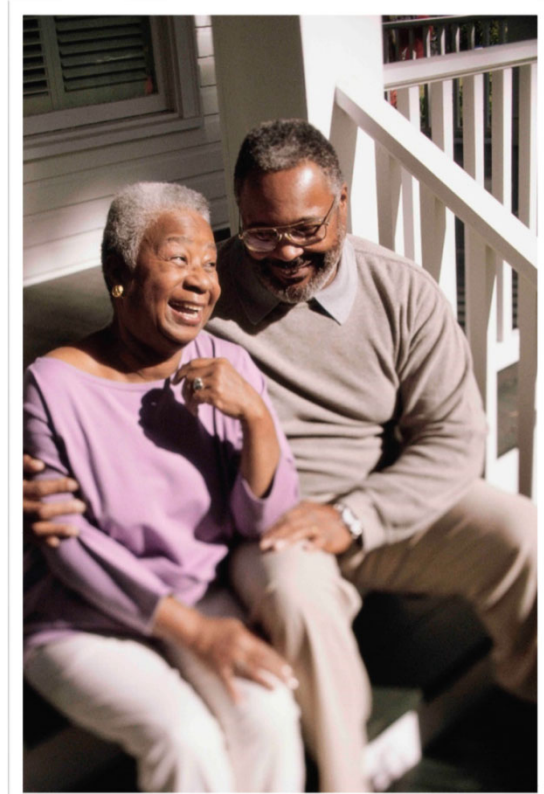


Community Supports opportunities and challenges

- Behavioral health crisis services
- Opioid crisis
- Workforce shortage for direct support professionals and behavioral health professionals
- Affordable housing availability
- Competitive, integrated employment
- Expand school-linked mental health services

Continuing Care for Older Adults overview

- 131 employees (FTEs)
- All funds – \$131 million
- Divisions
 - Aging & Adult services
 - Nursing Facility Rates & Policy
 - Planning and Aging 2030
 - Fiscal Analysis and Performance Measurement
 - Operations and Central Functions



Continuing Care for Older Adults opportunities and challenges

CCOA played an important role on a number of COVID-19 response efforts:

- Continued response to pandemic needs at care facilities: emergency staffing, vaccination procedures and protocols, rule waivers as necessary
- Providing expedited payments to nursing facilities for COVID-19 related costs.
- Facilitating delivery of remote and alternative home and community-based services to older adults

While continuing efforts on other aging initiatives:

- Progress and development of tools for an Age Friendly Minnesota

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
- Program integrity efforts
- Family child care task force recommendations

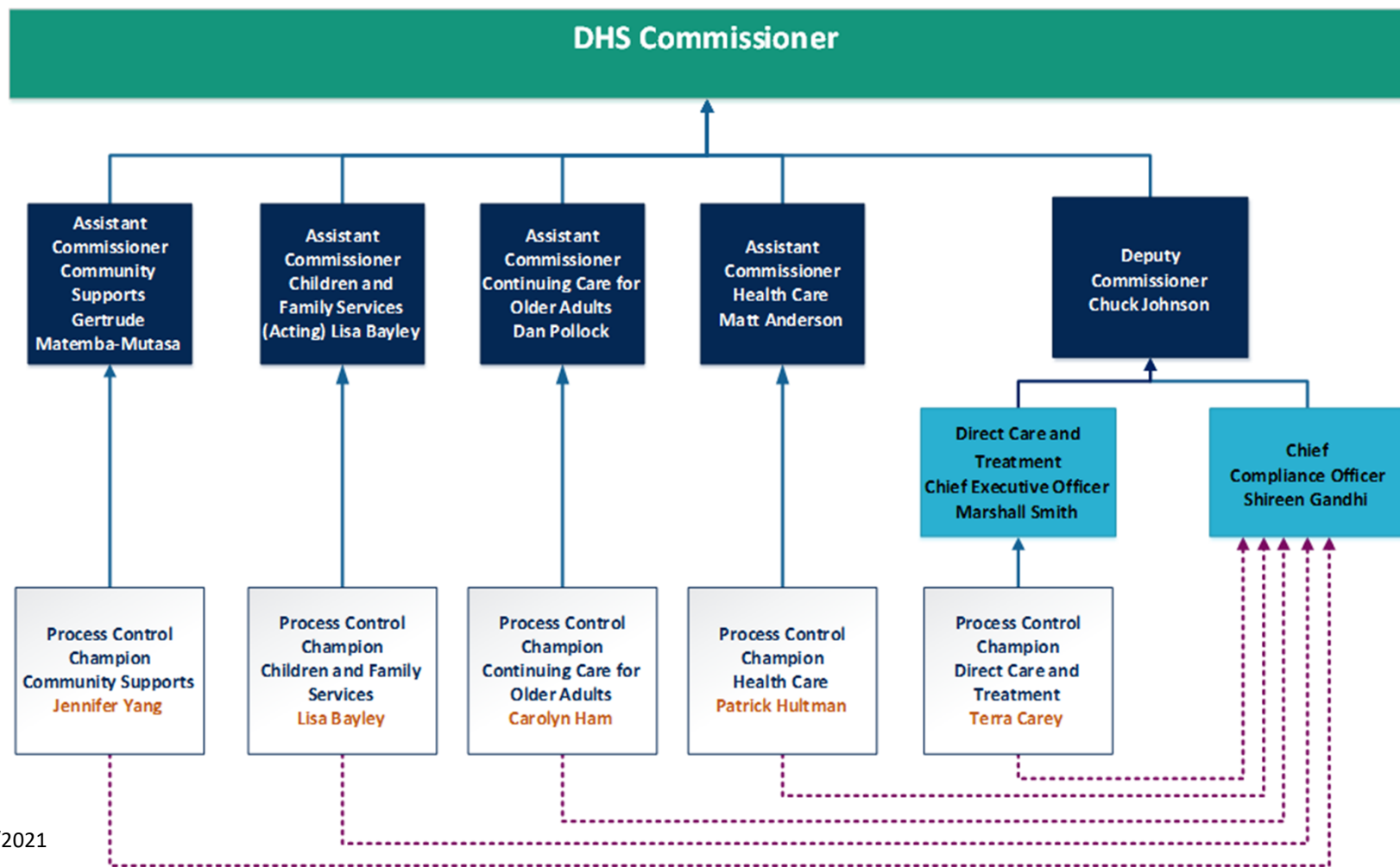
Process Controls

- My December 2019 90-Day Report added up every error we could find in 2019 and pointed out that they added up to .1% of our payments over 6 years and that the Department was not in “total chaos.”
- AND in order to go after that .1%, we initiated Operations Stop Gap and Swiss Watch, brought in an outside national consultant to review our process control steps, and appointed “Process Control Champions.”
- We also further centralized financial and compliance functions across DHS.

Does the federal govt ever pay us back?

Recent errors for which DHS has to re-pay the federal government	\$ 103.3 Million
Recent items for which the federal government has had to re-pay DHS	\$ 94 Million
2020 - Working with CMS, drug rebates that DHS recovered from pharma for State Gen. Fund	\$ 74 Million
2020 errors for which DHS has to re-pay the federal government	\$ 0

Compliance Oversight and Reporting Structure



CSA Contracts System Integration Project 2020-2021

1 - CONTRACT PROCESS

- a. **By Dec. 31, 2020:** complete current state process map.
- b. **By Jan. 31 2021:** assess the distribution of grant portfolios and overall team structure; develop future state process map.
- c. **By Feb. 28, 2021:** develop a plan to implement the improved process/resources/structure.
- d. **March 1, 2021:** pilot test starts.
- e. **By April 1, 2021:** new process starts for BHD, using a staggered approach.
- f. **By Oct. 31, 2021:** internal controls will be developed and rolled up into one control plan across CSA.

2 - CONTRACT SYSTEM

- a. **By February 1, 2021:** first preliminary draft of Agile Apps application.
- b. **By March 1, 2021:** final draft of Agile Apps application.
- c. **By April 1, 2021:** BHD pilot test starts with 25 contracts.
- d. **By May 31, 2021:** BHD pilot test concludes; improvements are made.
- e. **By June 15, 2021:** Across CSA new system is rolled out using a staggered approach.
- f. **By Oct. 31, 2021:** internal controls will be developed and rolled up into one control plan across CSA.

3 - CONTRACT POLICY & TRAINING

- a. **By January 1, 2021:** Preliminary assessment is completed and inventory is developed.
- b. **By March 31, 2021:** all policies and trainings are sorted and refined; organized in an intuitive manner; and centralized in one location with owners identified.
- c. **Starting April 1, 2021:** the new policies/trainings location, schedule, and maintenance plan are implemented in BHD.
- d. **By Oct. 31, 2021:** internal controls will be developed and rolled up into one control plan across CSA.

Behavioral Health Grant Continuous Improvement

- Gertrude Matemba Mutasa, Assistant Commissioner for Community Supports, came to us after a successfully leading the Phyllis Wheatley Center.
- Paul Fleissner has come to lead the Behavioral Health Division via an Intergovernmental Agreement with Olmsted County where he was well-respected as Deputy County Administrator.
- Jennifer Yang joined the Community Supports Administration from her role as one of the strongest leaders in our Compliance Department.
- They are implementing a solid plan to improve the Division's approach to Grants and Contracts that you will read about in an upcoming OLA audit.



Old View of Safety to a New View of Safety

Old View of Safety	New View of Safety
People are the cause of failure	Failure is a consequence of deeper problems within the system
Learning ends with human error	Learning begins with human error
Oversimplify how incidents occur	Understand underlying systemic barriers and influences into incidents
Quick fixes and adding more to the system	Systemic change and preparation for unintended consequences



Human Services

“Human Services is one of the most complex systems that exist”

- Jim Nyce, Ph.D.

Continuum on Becoming an Anti-Racist Multicultural Organization



Racial and cultural differences seen as deficits ⇒ Tolerant of racial and cultural differences ⇒ Racial and cultural differences seen as assets

Monocultural ⇒ Multicultural ⇒ Anti-racist ⇒ Anti-racist multicultural

Anti-Racism Progress

- Formed a Strategic Anti-Racism Team to guide the work.
- Filling remaining Equity Director positions.
- Implemented Intercultural Development Inventory (IDI) and Orientation to Anti-Racism Training through top 40 leaders – 40 directors next.
- Co-created new Hiring and Retention Plan for BIPOC, Veteran, LGBTQIA+ employees and employees with disabilities.
- Added Anti-Racism efforts to 360-feedback performance reviews.

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?