

Results of Access to Winona County Health & Human Services Survey
Administered Jan-March 2022
Presented to HHS Workgroup July 5, 2022

INTRODUCTION: In March of 2021, over 60 members of the Winona community participated in a Sequential Intercept Mapping (SIM) Workshop. The objective of the workshop was to discover resources, gaps in services, and opportunities for adults with mental health and substance abuse disorders. The final report from the SIM Workshop identified areas in which enhancement would assist consumers in obtaining resources and services.

The Advisory Committee of the HHS Department and the Criminal Justice Coordinating Council formed a joint workgroup, called the Access to Health and Human Services Workgroup, to assist in identifying strategies for improvement. The Access to HHS Survey is one of the tools being used by the workgroup to gather more information.

SURVEY DESCRIPTION: Between January and early March of 2022, the Access to Health and Human Services Survey was taken by 21 individuals who identified themselves as being “navigators” which is loosely defined as a person who helps someone else access resources. The same three questions were asked in each of seven different service areas: income, food, healthcare, disability, housing, protective services and other services:

1. *Have you or your client experienced difficulties in the above area of support? (i.e. knowing about the area of support, accessing the area of support or maintaining eligibility in that area of support).*
2. *Describe the difficulty including pertinent information (i.e. knowledge of, access to or maintaining services, naming the specific service(s), and if the difficulty seems related to cultural, ethnic, age or other demographic issues).*
3. *What changes would you make to fix the problem?*

Each question was prefaced by examples of the programs that are administered under that area, as follows:

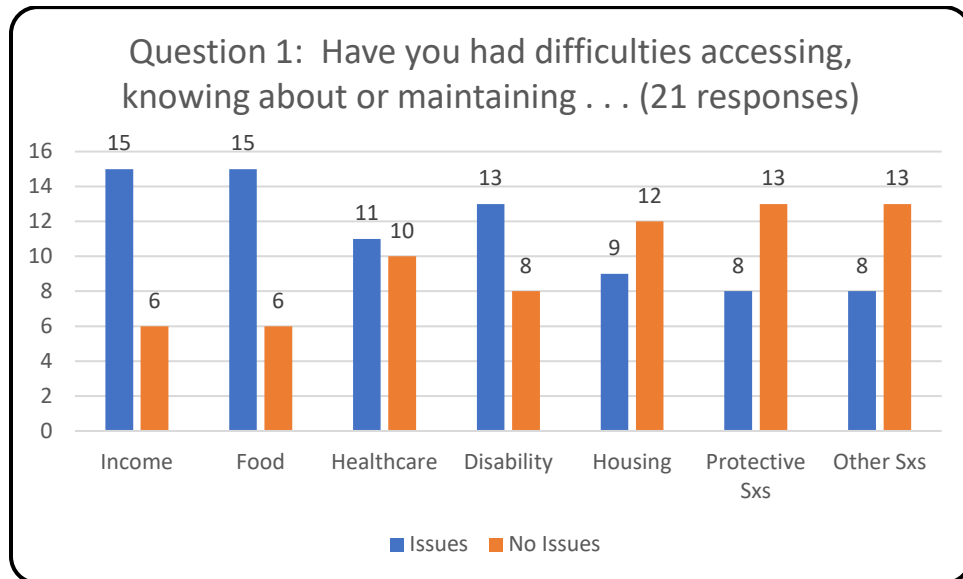
- **Income:** Emergency General Assistance (EGA); General Assistance (GA); Minnesota Family Investment Program (MFIP); Minnesota Supplemental Aid (MSA); Refugee Cash Assistance; Diversionary Work Program (DWP); Child Support
- **Food:** Minnesota Family Investment Program (MFIP); SNAP - Food Support; Women, Infants and Children (WIC)
- **Health Care:** Emergency Medical Assistance (EMA); MA for Employed Persons with Disabilities (MA-EPD); Medical Assistance - TEFRA Option for Children with Disabilities; Medicare Savings Programs - SLMB, QMB, QI and QWD; Refugee Medical Assistance (RMA); Minnesota Care/Medical Assistance (MA)--including PMAP, straight MA, UCARE, BluePlus, MSHO; Long-Term Care; Waivered Services; Public Health

- **Disability:** State Medical Review Team (SMRT); MN Choices; Consumer Directed Community Supports (CDCS); The Family Support Grant (FSG); Waivered Services
- **Housing:** Emergency Assistance; Housing Assistance; Minnesota Housing Support (formerly known as Group Residential Housing - GRH)
- **Protective Services:** Child Protective Services; Adult Protective Services
- **Other Services:** Mental health case management, civil commitment screening, Parent Support Outreach Program (PSOP); Child Care Assistance or other services administered by WCHHS

RESPONDENTS: Respondents included representatives from corrections, local healthcare and mental health agencies, law enforcement, healthcare access agencies, specialty criminal justice programs, independent living skills agencies and community resource and housing agencies. The majority of respondents described themselves as being case managers, coordinators or connectors.

RESPONSES: The response to Question 1 is being provided in chart format only, as the question was a yes or no question.

Question 1: *Have you or your client experienced difficulties in the above area of support? (i.e. knowing about the area of support, accessing the area of support or maintaining eligibility in that area of support).*



Questions 2 & 3: Responses to questions 2 and 3 have been combined, as the suggestions for improvement frequently mirrored the issues that were identified. However, since different suggestions were provided for different categories, the suggestions for improvement are listed separately for each category.

INCOME

Emergency General Assistance (EGA); General Assistance (GA); Minnesota Family Investment Program (MFIP); Minnesota Supplemental Aid (MSA); Refugee Cash Assistance; Diversionary Work Program (DWP); Child Support

Suggestions for Improvement

- **Knowledge of:**
 - Get more information out to the community and clients through multiple channels (trainings, website, paper)(x5)
 - More representation of HHS at meetings to help clarify questions when they arise (x1)
- **Access to:**
 - Assign one dedicated worker to a client to assist and guide them through the process to access and maintain benefits (x3)
 - More training for staff/navigators to help them assist clients on what they need (x2)
 - Provide clear explanations on benefit denials (such as EGA)(x1)
 - Make applications more accessible to people (easier to read, easier to find and available in more locations, such as hospitals and other places where people can assist with applications (x3)
- **Maintaining:**
 - See above re: having one worker assigned to a client to assist with all benefits.

Select comments:

- *It would be amazing if someone could go to the county and be assigned a caseworker to help them navigate through all of their options, help them access programs and community resources that they need and qualify for and continue to follow up with them regarding maintaining their benefits and addressing new needs that come up.*

FOOD

Minnesota Family Investment Program (MFIP); SNAP - Food Support; Women, Infants and Children (WIC)

Suggestions for Improvement

- **Knowledge of:**
 - More information to the community and clients about programs and program requirements (x3) including at service provider's tables at fairs
- **Access to:**
 - E-mail option or online database lookup to determine benefit status as opposed to written letters.
 - Access to a direct resource/person with superb knowledge in the area where clients can be sent and have assurance that they will be assisted (x4)
 - Offer a face-to-face visit for people to complete the application

- More clear, concise and non-contradictory paper communication overall (x2) and regarding denials (x2)
- Adding items to WIC that are needed for dietary restrictions
- **Maintaining:**
 - See above comments under access

Select comments:

- *Most of my clients struggle with filling out the application and are often confused by the timeline of how long they will receive MFIP.*
- *Letters from Winona County are wordy and can be difficult to read. Some families may be better served via an online database where they can look up their status and when forms are due. It may also be beneficial to have an email option for notices from Winona County.*

HEALTH CARE

Emergency Medical Assistance (EMA); MA for Employed Persons with Disabilities (MA-EPD); Medical Assistance - TEFRA Option for Children with Disabilities; Medicare Savings Programs - SLMB, QMB, QI and QWD; Refugee Medical Assistance (RMA); Minnesota Care/Medical Assistance (MA)--including PMAP, straight MA, UCARE, BluePlus, MSHO; Long-Term Care; Waivered Services; Public Health

Suggestions for Improvement

- **Knowledge of:**
 - Offer a training for professionals on the programs, differences between them and requirements (x2)
 - Provide in depth information on programs, eligibility requirements and verifications needed
- **Access to:**
 - Invest in more MNSURE navigators and embed them in community organizations all over town.
 - Make the application process easier and more accessible, including in all languages (x2)
 - Provide face to face (x1) or other help to complete applications (x1)
 - Allow people in custody to apply and get approved for insurance
 - Changes at state or federal level (x2) including making income guidelines for Medicare supplement MA and MSPs the same and removing asset test, liens and estate claims.
 - Have ways to contact applicants using multiple contact mediums
- **Maintaining:**
 - None.

Select comments:

- *A client with low intellectual functioning was sent a 54-page application for Medical Assistance which she could not complete. The same client had tried to get her children on MA for months prior.*

- *I would greatly appreciate a training starting from the very basics. We “should” know this information but it has not been presented to us (there is a stigma that we should already know it).*

DISABILITY

State Medical Review Team (SMRT); MN Choices; Consumer Directed Community Supports (CDCS); The Family Support Grant (FSG); Waivered Services

Suggestions for Improvement

- **Knowledge of:**
 - Training on programs, qualifications and processes (x2)
 - Flowchart or video or other explanation of SMRT/MNChoices/Waiver process.
- **Access to:**
 - Encourage workers to return phone calls or have enough office/administrative time build into their schedule
 - Offer face to face meetings to review client needs and programs and offer assistance with applications
- **Maintaining:**
 - None

Select Comments:

- *This is a complicated system and we need to break down any barriers with clear, open communication, transparency and well-trained staff on both sides of this wall to support children, families and adults in need.*
- *I do not understand the SMRT/MNChoices/Waiver process and cannot help answer client’s questions about it since I do not understand it myself.*

HOUSING

Emergency Assistance; Housing Assistance; Minnesota Housing Support (formerly known as Group Residential Housing - GRH)

Suggestions for Improvement

- **Knowledge of:**
 - Training/education (x3)
- **Access to:**
 - Remove these programs from the combined application form and have a separate form with a more concise explanation
 - Always have a professional employed through HRA who can assist client/families with the appeal process and serve as an advocate
 - Have a list of the necessary documents/information in paper format so clients have time to acquire that information
 - Additional rental assistance programs to help people secure housing, especially help with security deposits

- Streamline the EA process by pulling in the financial and demographic information that is already on file for that person
- Promote the use of housing support for people who qualify
- **Maintaining:**
 - None.

Select Comments:

- *The process of applying for emergency assistance is daunting and access to the service seems unattainable to people in crisis or facing a crisis. The amount of documentation that is required to apply for EA seems excessive and is overwhelming. Over the years, I witnessed many individuals give up in the middle of the application process as they were overwhelmed by the demands to gather documentation; it was a real barrier to accessing the service.*
- *Housing assistance in Winona County has a long wait list and I haven't had any success with housing any clients through Winona HRA due to the wait time.*

PROTECTIVE SERVICES

Child Protective Services; Adult Protective Services

Suggestions for Improvement

- **Knowledge of:**
 - Training/education
- **Access to:**
 - Ensure workers have admin/office time to return calls
 - Utilize other methods of communication (besides phone calls) such as texts, a secure message portal or a phone app
 - Have a staff person available who clients can reach out to if they are struggling to reach their specific worker
 - Invest/support preventative services (like PSOP), more on-call crisis workers and other community-based prevention services, including services to address ACES
- **Maintaining:**
 - None

Select Comments:

- *Determine who is responsible for sharing information on each of these programs. A training and presentation should be put together. It should be mandatory for Winona County employees who serve clients to attend these trainings. Case examples at trainings are most helpful.*

OTHER SERVICES

Mental health case management, civil commitment screening, Parent Support Outreach Program (PSOP); Child Care Assistance or other services administered by WCHHS

Suggestions for Improvement

- **Knowledge of:**
 - Training/education

- **Access to:**
 - Assigning a mental health case manager to persons who have been screened for civil commitment but do not meet criteria
 - Provide funding to transport persons to a facility for same day pre-petition screening
 - Expand office hours for staff and/or offer clients a way to communicate with staff via e-mail or text messaging.

- **Maintaining:**
 - None.

Select Comments:

- *Knowledge of these programs is a barrier. One of my clients told me about PSOP two years ago. It was the first time I had heard about it. I still do not know what they do after trying to learn more on my own.*
- *I still do not fully understand what the mental health case managers for the county do.*