CITIZENS LEAGUE REPORT

No. 74

County System of Relief Administration

(First Report)

March 1957

approved by
Bd of Directors
3/6/57

74

Citizens League
601 Syndicate Building
Minneapolis 2, Minnesota

March 6, 1957

TO: Board of Directors

FROM: Health, Hospitals and Welfare Committee

SUBJECT: First Report on County System of Relief Administration for Hennepin County

Background

At the present time in the State of Minnesota, the counties may choose whether they wish to have a county or township system for administering poor relief. 20 counties operate under the township system, 67 under the county system. By federal statute, all counties, through their welfare boards and under the supervision of the state agency, administer the programs of old age assistance, aid to dependent children, aid to the disabled, and aid to the blind. Federal funds may not be administered by any unit smaller than a county.

In Hennepin County, the county welfare board, consisting of the five county commissioners, administers the federal program and other programs under the supervision and standards of the State Department of Public Welfare. Some of the coordinated county-wide programs include:

1. Protection of dependent and neglected children. 2. Mentally deficient and epileptic children and adults. 3. Licensing and supervision of boarding and foster care homes. 4. Services to unmarried mothers. 5. Investigations for the Juvenile Court and Court Commissioners. 6. Services to illegitimate children. 7. Placement for adoption. 8. Supervision of children under guardianship of the state. 9. Mental Health services.

Administration of direct relief to the needy is not administered by the Hennepin County Board of Welfare. It is the divided responsibility of 49 cities, villages and townships. Hennepin County could switch to the county relief system by a favorable vote of the people at a referendum.

For many years, attempts have been made at the State Legislature to abolish the township relief system throughout the state. A general bill to accomplish this has been introduced at the current session (SF 60 HF 72).

Committee's Aims

The aims of this committee have been: (1) to determine whether or not the recipient of poor relief has suffered from the divided responsibility of administering Federal and State aid programs through the Hennepin County Welfare Board and administering direct aid through the townships, cities and villages, and (2) to determine whether or not a unified county system of administration of all aid programs would be more efficient.

The question of equitable sharing of tax support of poor relief, which is an important consideration in determining the relief system best applicable to Hennepin County, is not included within the scope of this committee's study.

Scope of Study

To establish the necessary facts, the following fields of investigation have been undertaken:

1. Review of the findings of the Legislative Interim Commission on Public Welfare, and review of a hearing of this commission held January 12, 1956 at the State Capitol building.

2. Interviews with social workers in private welfare agencies.

3. Interviews with authorities in the field of social service and a review of available literature, including a study of the Division of Public Relief, City of Minneapolis, made by the League of Women Voters of Minneapolis in 1956.

4. Interviews with township and Hennepin County Welfare Board officials.

5. Extracted pertinent data from our sub committee under the chairmanship of Mrs. Lawrence Steefel, which made a two year study of the unmet hospital needs of the medically indigent in rural Hennepin County.

6. Review of two bills to be presented to the 1957 Legislature which would abolish the township system and attended a hearing before the Hennepin County delegation during which Rep. Sally Luther and Senator Elmer S. Anderson presented a tentative bill for the abolition of the township system.

Authorities' conclusions

There is no doubt that authorities in the field of social service feel the township system is outmoded; that the recipient suffers hardship because of the divided administration of relief and because many townships do not have qualified social workers to investigate need, establish standards of eligibility, and make recommendations to local welfare boards; and that an integrated county system would benefit the recipients. These same conclusions were reached by the Legislative Interim Commission on Public Welfare. Excerpts from the report of the interim commission are hereby submitted, (appendix A).

We next submit data from the study of unmet hospital needs for the medical indigents in suburban and rural Hennepin County, germane to the effectiveness of the township system of relief in suburban and rural Hennepin County.

Summary of results of study of hospital care for the medical indigents of suburban and rural Hennepin County germane to the question of township vs. county system of poor relief administration.

The sub committee's study has involved an examination of (1) the towns' and municipalities' administration of poor relief, since responsibility for poor relief encompasses hospital and medical services for the poor as well as general welfare services, (2) the system of providing hospital care through the University Hospitals after certification by the County Board of Commissioners, since under law University Hospitals is available to provide hospital care for both the indigent and medically indigent of suburban and rural Hennepin County.

The report of this study is now in process of completion, but a number of the findings and conclusions are so germane to an evaluation of the township relief system in suburban and rural Hennepin County that we feel it important to anticipate the report's completion by referring to them here.

1. Unevenness of standards of eligibility. The 48 cities, villages and towns of suburban and rural Hennepin administer their poor relief either through two central offices (Hennepin County Suburban Relief Board, representing 22 units, or the Robbinsdale Relief Office, representing 12 units), or by their own town board or municipal council. One of the two central offices and at least one of the independent units uses the eligibility standards of the county welfare board. The other central agency appears to use varying standards, depending upon the agreement with the governing body of the constituent unit. In this case, moreover, the central agency does not provide uniform services for all its member units. For some, for example, the agency personnel merely find facts, for others they make recommendations, too.

In the remaining towns and municipalities, which administer their own relief, no definite standards of eligibility appear to exist.

2. Multiplicity of agencies. The lack of a unified system of relief administration and the unevenness of standards produce in Hennepin county a condition which was cited in the report of the Interim Welfare Commission and the cases from the Hennepin County Welfare Board, namely, the multiplicity of agencies with which the state, county and Veterans Administration welfare agencies must deal.

3. Lack of professional personnel. Many of the units dispensing relief do not have the services of trained professional personnel in investigating cases, recommending or determining eligibility, and working with the clients to assist them in becoming self-sufficient. Certainly the independent units (with one exception we know of where an ex-social worker was serving in a voluntary capacity) are deficient in this respect, and there is some doubt as to the professional standards of the personnel in one of the central agencies.

4. Unmet needs. Lack of eligibility standards and professional social workers provides, in the mind of the sub committee, a presumption of unmet need among the indigent of rural and suburban Hennepin, as such need is measured by the maintenance relief standards of the State and County Welfare departments and the Community Welfare Council. This presumption is fortified by the sub committee's findings on the direct field of its study -- hospital care.

Because of the availability of University Hospitals for the indigent and medical indigents of Hennepin County, it is sometimes assumed that the county in effect has a county hospital. The sub committee's findings indicate that this is not so and that there are deficiencies in meeting the hospital needs of the indigent in suburban and rural Hennepin County.

(a) The sub committee analyzed patient load data for public pay cases at Minneapolis General and University Hospitals during the years 1951-52 and derived these estimates of population per in-patient day of care:

Minneapolis	1,811
Suburban Hennepin	6,920
Rural Hennepin	8,893

In other words, there was an average of one public pay case in these hospitals each day for 1,611 people in Minneapolis, for 6,920 people in suburban Hennepin and for 8,893 people in rural Hennepin.

The sub committee found relatively few cases going to voluntary hospitals. Voluntary hospitals report a difficulty in collecting costs from some township and village relief boards in cases where indigent patients are admitted to voluntary hospital beds.

Even though Minneapolis families may have a lower average income than those of suburban and rural Hennepin, it does not seem that the average is so low as to explain the 1 to 4 ratio of Minneapolis to suburban Hennepin and the 1 to 5 ratio of Minneapolis to rural Hennepin.

(b) The sub committee tried to find out from doctors of medicine in suburban and rural Hennepin County about their experiences with the hospital needs of indigent patients. These estimates were reported by the 22 responding physicians for the year 1954:

	Range
Total number reported by these physicians as needing hospitalization	252 - 330
Number sent to University Hospitals	180 - 190
Number sent to private hospitals or rest homes	18 - 72
Number deprived of hospital care because of lack of funds and/or hospital facilities	54 - 68

The doctors were asked: "Do you feel that in the main there are adequate hospitals for the acutely ill, medically indigent of suburban and rural Hennepin County?" Their replies:

Yes	9
Yes, with reservations	5
No	7
No response	1

Reservations and reasons for No answers include these points: (1) difficulty and costs for indigents of transportation to University Hospitals, (2) the difficulty in arranging for admissions to University Hospitals after office hours even in emergencies, (3) lack of available beds for ordinary cases, due to the fact that University Hospitals is primarily a teaching institution, (4) lack of medical relief budgets to meet township and municipal relief costs.

(c) The sub committee heard from other sources the complaint about transportation problems from remote parts of the county to University Hospitals and the clinics (the clinics are the only avenue into hospital beds for many patients). A check of bus schedules indicated infrequent trips from many of the

communities, one-way traveling time to the downtown terminal of as much as 55 minutes, and one-way fares of up to 75¢. The sub committee concluded that the difficulties of public transportation, particularly the infrequency of scheduled trips, substantially reduce the availability of University Hospitals. In the case of children, the problem involves both transportation difficulties and the lack of social work assistance to accompany children to clinics when a parent cannot accompany them.

A further complication in time and transportation is the frequent necessity for repeated visits to various diagnostic clinics and laboratories in preparation for admission. This is inherent in the clinic system of operation.

(d) On the overall question of whether University Hospitals does in fact meet the requirements of the entire load of patients, indigent and medically indigent, for rural and suburban Hennepin County, the sub committee concluded that the hospital does not, for the several reasons just stated: (1) the overall statistics of patient load to population, (2) the statements by the doctors of medicine, (3) the analysis of the public transportation problem, (4) the lack of available social workers to act in place of the parent in getting children to and from the hospital.

This conclusion does not necessarily reflect upon University Hospitals. The hospital is established first of all as a teaching institution, secondarily as a facility for providing care for the indigent.

The position of University Hospitals has a bearing upon the township relief system in rural and suburban Hennepin County. Under the township system the respective towns and municipalities have the primary responsibility for providing hospital care for their indigent as a part of their general responsibility for relief. University Hospitals' responsibility for hospital care of the poor is only a residual responsibility, and as noted is a secondary responsibility. Its prime responsibility is to furnish a teaching service. If therefore the indigent of rural and suburban Hennepin are not receiving needed hospital care, the responsibility should be placed first of all upon the townships and municipalities, not upon the University Hospitals.

The existence of unmet hospital needs for the medically indigent of suburban and rural Hennepin County therefore clearly indicates to the sub committee a failure of the present system of poor relief in suburban and rural Hennepin.

Indigent need for hospital care in rural and suburban Hennepin is widespread. At various times the sub committee encountered a belief among towns and municipalities of suburban and rural Hennepin that their communities had no hospital relief cases. The sub committee analyzed the distribution by township and village of public pay patients from rural and suburban Hennepin County who were certified to University Hospitals through the office of the Hennepin County Board. It found that for the two year period 1952-1953 only four villages were without such patients. The load of patients from the other communities was as follows:

Number of patients	Number of communities	Number of patients	Number of communities
1 - 10	16	61 - 70	1
11 - 20	8	71 - 80	1
21 - 30	3	81 - 90	1
31 - 40	3	91 - 100	1
41 - 50	2	101 - 110	2
51 - 60	2	111 - 120	1

Problems in applying county relief system to Hennepin County

If the county relief system is to be adopted successfully in Hennepin County a number of problems will need to be solved equitably and wisely. Some of the main ones are indicated by the following questions:

(a). What will be the effect on the distribution of the tax burden in the metropolitan area if the county system is adopted? The first impression is that taxpayers in Minneapolis will unload some of their taxes on to the rest of the county. However, this does not take into account the financing of hospital care through University Hospitals, of indigent patients from both rural Hennepin County and Minneapolis. Nor does it take into account the increased costs that will arise from meeting unmet needs that exist in rural and suburban Hennepin County. After taking into account all these factors, will it not still be true that placing relief on a county basis is a good argument for placing other services on a county basis, services such as education which presently are bearing relatively more heavily tax-wise on suburban Hennepin County than on Minneapolis?

In short, can the question of equity in financing involved in the shift to a county relief system be resolved without reference to the question of the equitable distribution of all metropolitan services and taxes?

(b). Will the composition of the welfare board change? Hennepin County is the only county in the state in which the county board of commissioners serves as the county welfare board. With few exceptions, welfare boards of other counties consist of three or five county commissioners plus two other members, one of whom must be a woman. The two non-commissioners members are selected by the state welfare director from a panel of five men and five women nominated by the county board of commissioners. The two non-commissioners serve for two year staggered terms.

The role of the county board of commissioners is perhaps critical in Hennepin County because of the under-representation of the area outside Minneapolis.

(c). What, if any, tax levy limits and budgetary controls will be placed upon the Hennepin County Welfare Board if a county system is adopted?

(d). Will General Hospital be included in the county sytem, or be retained by the City of Minneapolis? The City of Minneapolis feels itself to be under contract to maintain the status quo for at least four or five years with the internes, residents and nurses now in training.

(e). Will employee rights and benefits be protected? This applies chiefly to the Minneapolis Division of Public Relief (85 people), General Hospital (700 people) and Division of Public Health (115 people).

(f). Will all services and programs of the Division of Public Relief, such as those for alcoholics and rehabilitative services and vocational guidance services, be absorbed by the County Welfare Board and extended to the entire county?

Appendix A

Excerpts from Report of the Legislative Interim Commission on Public Welfare Study, submitted to the Minnesota Legislature of 1957

* * *

The commission held a hearing on a proposal to abolish the township system and notified all county boards and known organizations and individuals who would either favor or oppose the proposal. The following arguments were advanced in favor of abolishing the township system:

1. In recent years there has been a growing recognition that relief for the indigent is a responsibility of more than local government.

2. All counties of the state have a county welfare board, under supervision of the state agency, which administers the programs of Old Age Assistance, Aid to Dependent Children, Aid to the Disabled and Aid to the Blind within each county. They are well equipped and properly staffed to handle the administration of direct relief.

3. Many townships are not financially in a position to provide adequate medical care or other assistance. In many instances rehabilitiative services can hardly be furnished on a community basis.

4. Many problems with respect to settlement, responsibility, and so forth would be much easier to solve under a county system. Our present statutes and regulations dealing with township counties are extremely technical and frequently cause unnecessary disagreements between townships.

5. The administrative costs could be reduced under the county system as the county boards are set up to handle the administration of all types of relief.

6. Federal funds for any relief purpose must be administered by the state or county as the federal government will not deal with a political subdivision smaller than a county unit in the administration of grants-in-aid. This is the reason that all county welfare boards now handle OAA, ADS, AD, and AB even though direct relief in some counties is on a township basis.

7. A more uniform and equitable administration would result. Planning at the state level would be based on county reports which could be relied upon. At present reports from township counties are not complete and do not always reflect a true picture.

8. Some needy people hesitate to ask a township board for welfare assistance because board members may be neighbors or friends.

9. Township board members might be inclined to hold down aid unjustifiably because it affects their taxes.

10. Township board members frequently do not have the time, information or objectivity to carry out their task.

11. Township board members are not trained as are professional workers to keep information confidential.

12. Under the one mill levy for relief purposes a township which spends the money can be reimbursed from the county for any deficiency. Under this plan some counties are required to contribute more than the township but have no control over expenditures.

The following arguments of persons appearing in opposition to the proposal may be summarized as follows:

1. Township board officers are closer to the people and can better determine their needs.

2. Present laws provide the means for any county which wishes to abolish the township system within its county.

3. Funds for the categorical aid programs are approximately 75 per cent state and federal, so these programs should be state supervised; however, most funds for direct relief are raised at the local level and should be administered at the local level.

* * *