RAMSEY COUNTY COMMUNITY HUMAN SERVICES
2013 ANNUAL REPORT
to the Board of Commissioners

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Introduction

On any particular day in 2013 CHS was serving an estimated 134,000 individuals.

Ramsey County Community Human Services (CHS) continues to live by its mission of "Helping people survive and thrive" by surviving in the face of ever expanding demand for services and thriving by being responsive to the changing needs of the people of Ramsey County.

The people who turn to CHS for assistance include people who have been impacted by local, national, and world-wide change. Although the great recession was waning by 2013, some of the impacts were still being felt in areas such as low and semi-skilled employment, the cost of child care, and the reduction in employee benefits. Families and individuals often turn to CHS for help in meeting the basic needs for their survival.

On an average day in 2013 CHS was serving an estimated 134,000 individuals, which is a 2.3% increase over the number of people served on a given day in 2012. To give scale to the magnitude of the number of people served by CHS, 134,000 is approximately 26% of the entire population of Ramsey County.

The intensity of services provided by CHS varies from processing a request for financial or food support to providing a physically safe environment when those we serve are too incapacitated by drugs or alcohol to protect themselves, to providing case management services for an entire lifetime.

CHS is one of several Ramsey County departments that provide services directly to the people of Ramsey County. CHS has been working with other County departments to provide more effective and efficient services to the clients we share. CHS works with other Ramsey County departments such as Community Corrections, St. Paul Ramsey County Public Health, and Workforce Solutions to strengthen our ties.

Community Human Services

CHS has over 40 distinct service program areas to meet the needs of the Ramsey County community. CHS has four divisions: Administration; Financial Assistance Services; Children & Family Services; and Adult Services. The service needs of the community often cross the division lines.

CHS provides basic services to several groups in the community: children who need protection; adults and children with physical, or intellectual disabilities; the elderly; low income men, women, and children; and adults and children with mental health or chemical health problems.

Change

CHS has the largest number of staff of any Ramsey County department with over 1,000 full-time equivalents.

The Ramsey County community becomes more diverse each year.

CHS knows that we must evolve to meet the needs of the people who look to Ramsey County for help. Part of those needs reflect changes in the communities that make-up Ramsey County. The demographics of Ramsey County indicate a wealth of diversity that is unique within Minnesota. People with a wide range of ethnic and cultural heritage are joining the Ramsey County community each year. That means that CHS needs to ensure that the format of our services and how they are provided is consistent with the communities' diverse values and practices.

One of the most significant factors impacting the demand for CHS services continues to be the economy. The slow climb out of the great recession has left many families and individuals without the personal or family safety net of support that they could access in the past. The continuing increase in the number of people qualifying for medical assistance and food support is a dramatic indication that times are still hard for those with little to start.

The strategies of the service areas in CHS describe an agency that is devoted to improving itself and its services so that the community is getting the most appropriate and effective services possible. A few examples of the strategies for improvement include: ensuring that children are safe and have permanency in ways that minimize the emotional trauma they experience; the expectation that most persons with intellectual or development disabilities are able to achieve independent employment and live in their own home; and allowing persons seeking mental health services to access the appropriate services regardless of where they initially make contact for services. Work on coordinated assessment has begun in the network of services and shelters for the homeless. The healthcare delivery system for the elderly has also been shifting to a managed care model and CHS is adapting its role to support elderly residents access managed care health plans.

Contributing to the Ramsey County Goals

For 2013 the Ramsey County Board of Commissioners established 7 goals for the county government to achieve. We measure ourselves against 5 critical success indicators.

1. Vulnerable children and adults are safe.
2. Disparities in access to and outcomes of County services for diverse populations are eliminated.
3. The basic needs of residents are met, including food, shelter, health and jobs.
4. County services adapt to the meet the needs of an aging population.
5. Proactively deliver services that improve the quality of life for residents with special needs.

These are the outcomes by which we measure the effectiveness of our services. The results are provided in each chapter of this report.

Equity

CHS staff and leadership continued their work in eradicating institutional and personal racism from the workplace and the services that we provide to the community. The responsibility for the work is located throughout CHS. The Anti-Racism Leadership Team consists of a cross-section of staff and management in CHS that is the hub to the wheel of anti-racism efforts. Program area service teams have taken the initiative to assemble and analyze data on who is, or is not accessing our services. They are also looking to see if the quality and appropriateness of the services provided is consistent across all racial and ethnic communities in Ramsey County. Some service teams have taken steps to eliminate inequities in CHS's service delivery system. Descriptions of our efforts to target and eliminate racism in CHS are provided in more detail in the following chapters.

Children's Services

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Highlights of 2013

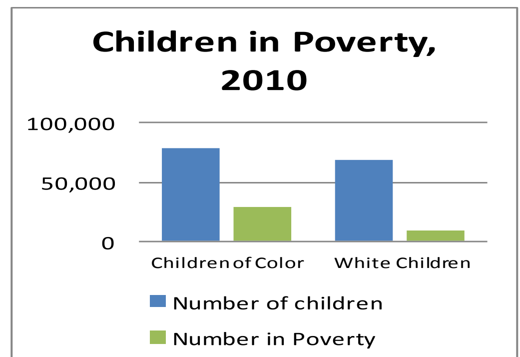
The US Census reported in 2010 that there were 147,393 children under age 18 in Ramsey County. The proportion of those children who were white declined from 62% in 2000 to 51% in 2010. The percentage of children of color (including white Hispanic children) has increased from 38% to 54%.

The biggest increase in population occurred among African American (+5%) and Asian children (+3%).

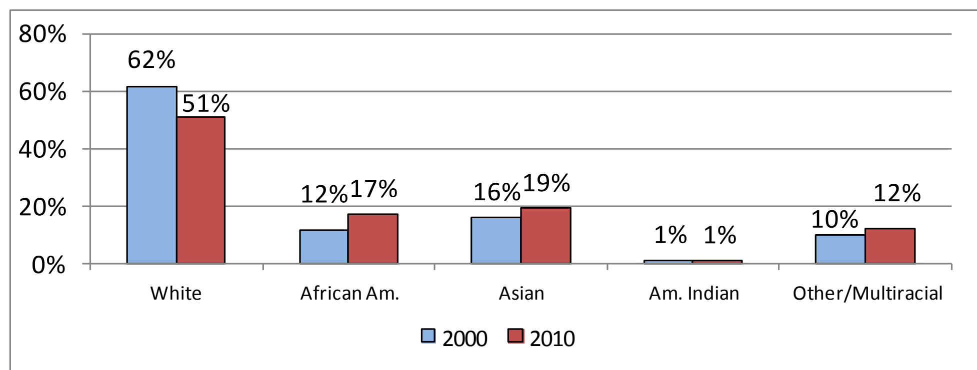
In 2010, the Federal Poverty guideline for a family of three was $18,310. In 2010, 26% of Ramsey County children were living in poverty. That is almost 67% higher than the Minnesota statewide rate of 15%.

Children of color are only 54% of the County population but they account for three quarters of children living in poverty in the County (75%). Put another way, 36% of children of color are poor compared to only 14% of white children. So children of color are more than twice as likely to be poor.

The number of children in child protection case management remained steady in 2013 after declining for three years. Racial disparities in child protection reports remain high for African American and American Indian children. The number of adoptions rose significantly. The rate of timely adoptions rose from 34% to 35% from 2012 to 2013.



Changes in Child Population in Ramsey County, 2000– 2010 by Race



Children in Need of Protection

Children who receive protective services have experienced physical abuse, neglect or sexual abuse. Most children are referred to Child Protection services by schools, medical personnel, law enforcement or other mandated reporters.

Child Protection services start with a comprehensive assessment of the family and their children's safety. Most families referred to Child Protection (70%) receive Family Assessments aimed at improving the family's functioning and providing support services. More serious cases receive an assessment including a formal investigation of child maltreatment.

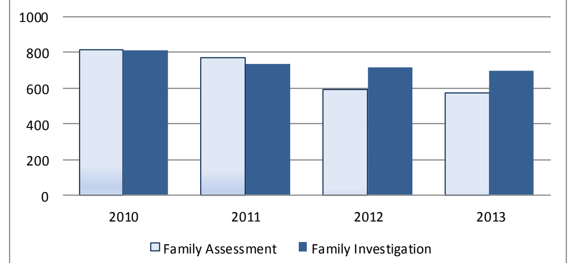
Protective services help families develop skills to keep their children safe. In extreme cases children may be removed from their home for their safety.

The number of African American children in families receiving maltreatment assessments increased slightly from 2012 to 2013

Families Receiving Child Protection Case Management

Most assessment cases close within 3 months. Some families need additional supports to ensure child safety and they receive case management services.

In 2013 there were 575 children in families receiving case management after family assessments and 695 receiving case management after investigations. Both of these figures were slightly lower than 2012 and the total was 30% lower than the high point in 2008.

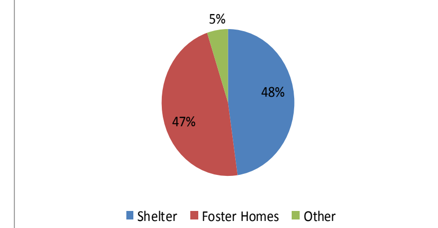


Out of Home Placement for Child Protection

Children who cannot be safe living at home may be temporarily placed in a foster family or another location until they can be reunited with their families.

In 2013, children were placed outside their home 1,042 times (some children were placed in more than one location while out of the home).

Nearly half the placements were in an emergency shelter. Most of the remaining times children were in foster homes. Over 29% of these children were reunited with their families within a week or less.



Child Care Provider Licensing

Community Human Services (CHS) staff also license families wishing to provide child care in Ramsey County. Licensing ensures that homes are safe for children and that providers have basic knowledge of child development. Potential providers also need to pass a background check.

In 2013 nearly three quarters of licensed providers were adults age 40 or older and 46% were over age 50. This is in proportion to the adult population of Ramsey County as a whole, but may indicate a future decline in providers as many may decide to retire.

One half of newly licensed providers in 2013 were under age 40 and only 15% were over age 50. This indicates that the provider pool is gradually getting younger. Only 42 new providers were licensed in 2013, however, so the pace of replacement is slow.

Nearly 700 Child Care providers were licensed in Ramsey County in 2013.

In 2013 over 150 applications for licensing were assigned to Child Foster Care staff. Most of these families (129) were relatives or kin granted emergency licenses so they could care for a specific child.

Child Foster Care Licensing

CHS licenses Ramsey County families that wish to provide foster care to children who need to be placed out of their parents' homes. Ramsey County families wishing to provide foster care for children from other counties are referred to the other county to finish the process.

In 2013 CHS staff began to work with the Minnesota Department of Human Services to identify obstacles that delayed prompt licensing and develop solutions to that problem.

In 2013 the foster family licensing program begin redesigning its process to better serve relatives and other families interested in providing foster care. In 2014 changes to streamline the process will be introduced.

Children with Mental Illness and Their Families

CHS provides immediate response and long term case management services to children with mental illnesses and their families. These are voluntary services provided to families that qualify. Through the Ramsey County Children's Mental Health Collaborative, CHS works with other agencies to develop a system of care for children and their families.

In 2013 the Collaborative developed a model of how its services can make a difference for children and their families. This model also identified specific outcomes and measures to track to help determine the effectiveness of services.

Children's Crisis services help families when there is an immediate need for Intervention.

Children Whose Families Cannot Raise Them

The number of youth who were wards of the state increased considerably as a large number of new clients entered guardianship in 2013. Ramsey County adoptions were up from 48 in 2012 to 88 in 2013. The number of clients leaving guardianship due to reaching the age of majority or other causes decreased from 24 to 7, possibly because there were fewer older clients in 2013. The percent of wards adopted was 35% in 2013, up from 28% in 2012.

Concurrent Permanency Planning begins the process of identifying potential adoptive families as early as possible when children have to be placed out of their homes. In 2013 Permanent Connections and Child Protection staff worked together to identify barriers to timely adoption and to increase their coordination in cases involving children under age 8. In 2014 this effort will be expanded to include all children entering care regardless of age.

Under the Fostering Connections program, federal funds help support youth in foster care after they reach age 18. These voluntary clients get ongoing financial and program support to help them get education and successfully live independently. In 2013 CHS had 100 Fostering Connections clients.

Children in the Criminal Justice System

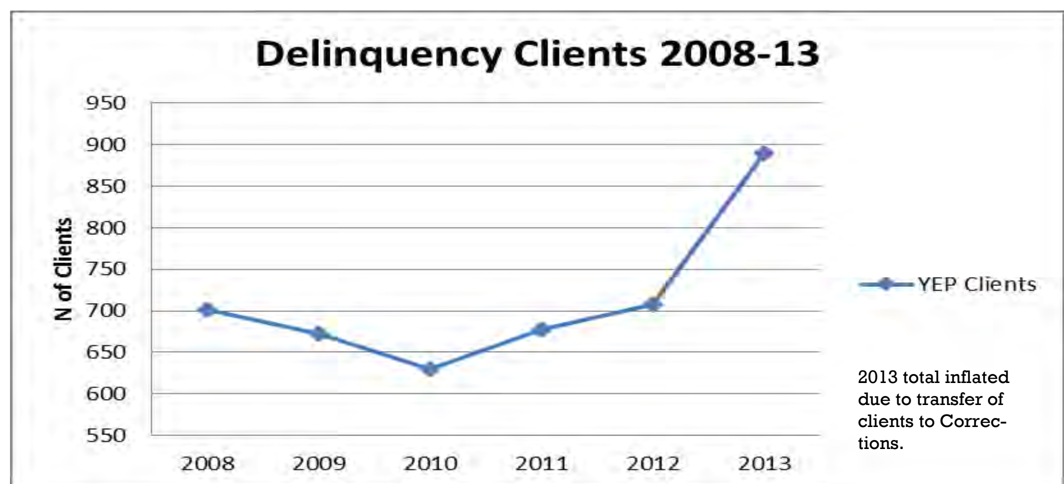
In 2013 CHS and Ramsey County Corrections changed their roles in serving court-involved youth. CHS' Youth Engagement Program (YEP) now only serves youth who are status offenders (runaways or truants) while RC Corrections took responsibility for all youth charged with gross misdemeanors or felonies.

Workers will now try to engage with clients and families to identify and address the causes of truancy and running away.

This change in responsibilities led to the exchange of over 100 clients between CHS and RC Community Corrections.

The number of unique clients in 2013 was 890, but this was artificially high because clients transferred to Corrections were counted along with those who transferred into YEP.

The ACE (All Children Excel) program continues serving children too young for criminal charges who need assistance. In 2013 ACE served 74 clients.



Addressing Disparities

Child Protection

Racial disparities for CHS clients reflect both conditions in the larger society and consequences of our internal policies and practices. In Children's Services, the most notable disparities are in the area of Child Protection.

Over the past 6 years, African American and American Indian children remain much more likely than white children to be reported as alleged victims of maltreatment.

The graph below shows that American Indian children are nearly 8 times more likely than white children to be reported and African American children are 4 times more likely to be reported than white children.

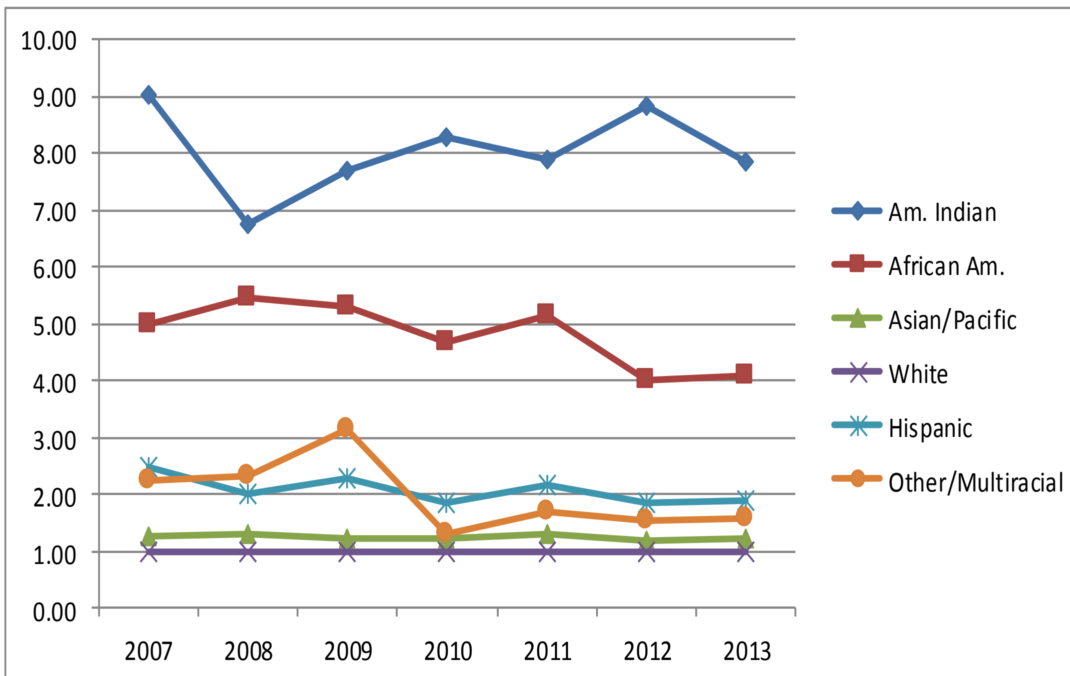
The good news is that disparities for African American children have gradually declined since 2008 and that reporting rates for other children of color are now less than twice the rate for white children.

Reporting of child maltreatment is mainly the responsibility of schools, law enforcement, medical personnel and others outside of CHS. CHS staff who screen reports can also influence which families enter the system.

Decisions made after children enter CHS Child Protection such as whether to place a child outside of the home, terminate parental rights or determine that child maltreatment has occurred show much lower disparities (see next page).

American Indian and African American children are much more likely than white children to be the subject of a child protection report

Disparities in Child Maltreatment Reports, 2007-2013 by Race (White Rate = 1)



Addressing Disparities

Racial Disparities Beyond Maltreatment Reports

For decisions made within the Child Protection system, racial disparities in outcomes are slight, except for children of American Indian or multiracial heritages.

The chart below shows the size of racial disparities for children of different races at several key decision points in the child protection system.

The blue bars (maltreatment reporting rates) show the large disparities described above, Decisions wholly within CHS control such as determining that child maltreatment has occurred, placing a child outside of the home, or terminating parental rights show much lower disparities .

New out of home placements during the assessment of child protection reports (red bars) are nearly identical across all racial groups except for American Indian children.

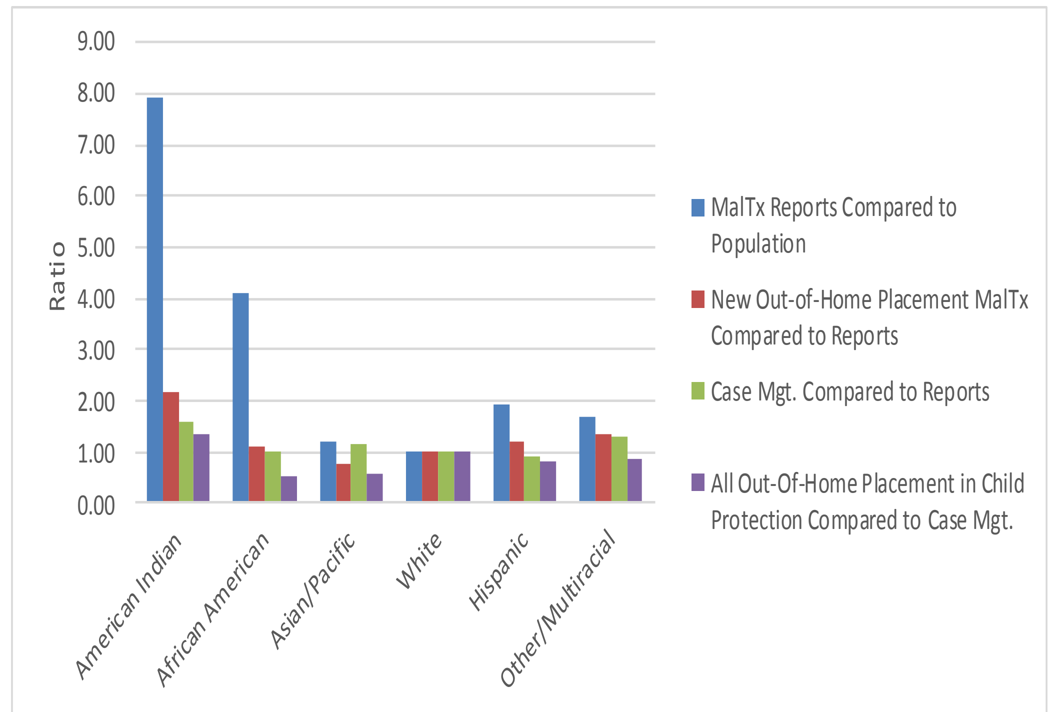
The proportion of children in families with ongoing child protection case management (green bars) are slightly higher for American Indian and multiracial children but very close to the white rate for all other races

The final measure looks at all out of home placements during the child protection process (purple bar). Here the chart shows that overall placement rates are actually HIGHER for white children than all others, except American Indian children.

Reducing disparities throughout the Child Protection process requires a focus on the decisions that result in a child protection report being opened. CHS also needs to look at treatment of American Indian children within the process.

American Indian children and white children are more likely than other children to be placed out of their homes while involved in child protection.

Racial Disparities at Decision points in Child Protection, 2013 (Whites = 1)



Addressing Disparities

Racial Disparities in Other Children's Services

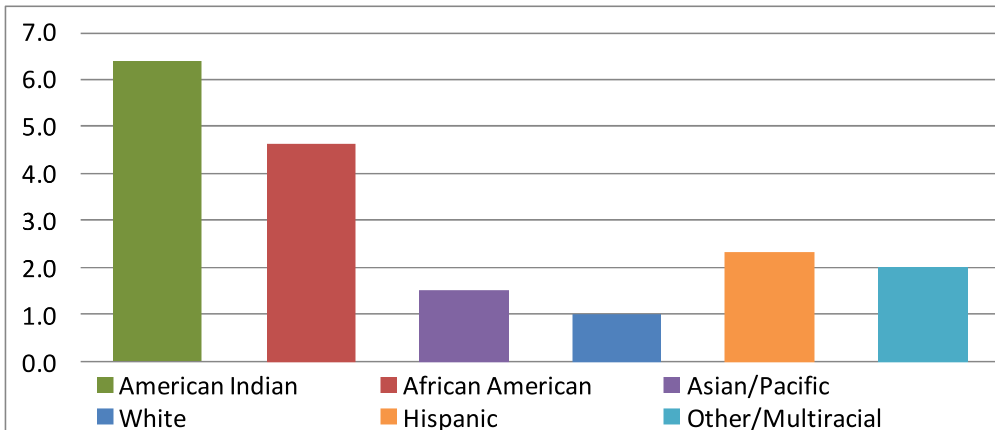
Children of color are over-represented in CHS services when services are involuntary. This includes Youth Engagement, Permanent Connections, and Child Protection.

Clients of the Youth Engagement Program are primarily black (41%) and white (27%) along with many Asian youth (15%). As the chart below shows, African Americans and American Indians are 4 and 6 times more likely to be Delinquency clients than whites, compared to their presence in the County population.

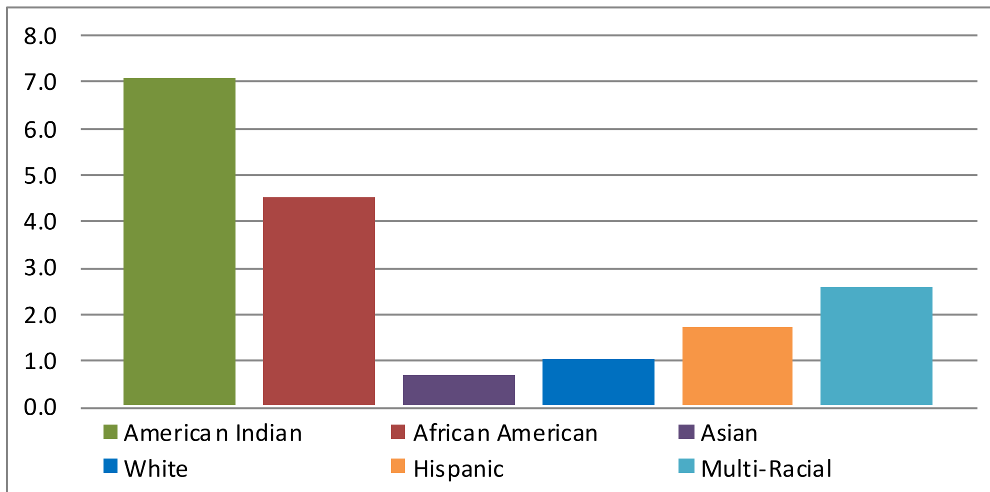
Similar patterns hold for clients in Permanent Connections whose parents' rights have been terminated. These wards are 42% African American, 4% American Indian and only 29% white. American Indian children are 7 times more likely than whites to be wards and African American children are 4 times more likely than whites. This probably reflects how often those children are brought into the child protection system in the first place.

In voluntary services like Children's Mental Health, Asian and American Indian clients are under-represented.

Disparity Ratios for Youth Engagement Clients by Race, 2013 (Whites = 1)



Disparity Ratios for Wards by Race, 2013 (Whites = 1)



Ramsey County CHS will integrate anti-racism objectives into all of it's activities and plans.

How Effective Are We?

Target Outcome: Vulnerable children are safe.

Meeting State and Federal Standards

Ramsey County CHS performs better than the statewide average on several measures of effectiveness and is improving on others.

Ramsey County CHS strives to meet federal, state and internal county standards for keeping vulnerable children safe. CHS is maintaining levels of performance in areas where we exceed Federal expectations and improving in most areas where we currently need to catch up.

In Child Protection, Ramsey County has a very low rate of children who experience repeated maltreatment within 12 months. **The Federal standard says no more than 9% of children should experience a determination of maltreatment again within 6 months. Ramsey County had a rate of 3.9% in 2013.**

Maltreatment reports need to be assessed within a short time frame to ensure that children are safe. Minnesota's statewide compliance rate is 75%. **Ramsey County has maintained its rate above 90% for 2013.**

The US Department of Health & Human Services expects that 36% of wards will be adopted within 24 months of last leaving their homes. **In 2013 Ramsey County achieved a rate of 35%, up slightly from 2012.**

Ramsey County (along with others) fails to meet standards for re-entry of children into foster care. CHS is collaborating with DHS and the courts to address this issue. In 2012 Ramsey County's re-entry rate was nearly 40%, well above the Federal standard of 9.9%.

Internal County Measures

CHS and the Youth Engagement Program strive to reduce the number of clients who return within 12 months. **In 2013 19% of clients under age 17 whose cases closed in that year had a second case opened within 12 months**, down from 31% in 2012.

When children are removed from their homes, the best practice is to place them with relatives. **CHS has maintained the percentage of children placed with relatives around 40% after a low of 28% in 2010.**

CHS strives to meet our target of keeping vulnerable children safe by meeting most federal, state and county measures and working to improve in the rest.

Strategies

Ramsey County is pursuing a variety of strategies to improve services and address the disparities and issues identified above.

- A new focus on reducing the time until permanency for children will involve more staff and family members in initial consultation whenever children are being placed out of their homes.
- A new system for serving child foster care applicants will increase the timeliness of licensure for all applicants, especially relatives and kin who are already caring for children.
- Ramsey County is working with the Minnesota Department of Human Services to reduce the number of children who re-enter placement after they have been reunified with their families.
- CHS will be contracting with Karen and Somali vendors in 2014 to provide culturally specific services to families in Child Protection.
- CHS is participating in the development of a Ramsey County protocol for identifying, assessing and serving youth who have been sexually exploited and/or trafficked.
- A new model of assessment and intervention is being implemented in 2014 to reduce the need for emergency shelter usage and the number of times children are moved if they have to leave their homes.
- A new tracking system was implemented and CHS contracted with new foster home providers to increase the number of children placed in family settings.
- In 2014 the Youth Engagement Program (YEP) and Hmong American Partnership (HAP) are collaborating to provide culturally specific services to YEP Southeast Asian clients. HAP staff will facilitate connection between these clients and community or county services (particularly mental health providers) that are often under-utilized

Beginning in 2015 Minnesota will provide adoptive families with financial support equal to that received by foster families, addressing one barrier to adoption. In 2014 Ramsey County helped test the new MAPCY system for calculating financial support

Children and Adults with Disabilities

Highlights of 2013

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In 2013, over 6,100 people were supported through Disability Services. Over the past three decades, supports for people with disabilities have moved away from institutional care to services and support in the community. Despite these gains, more progress is needed for all people with disabilities to experience full inclusion in the community.

Over the year, CHS worked with many stakeholders to create new strategies, policies and practices supporting individuals to have the fre1edom to choose where they want to live and who they want to live with; and to work in jobs with the same wages, standards, responsibilities, expectations and opportunities available to any working-age citizen.

Strategic initiatives undertaken in 2013 are paving the way for increases in individualized employment, and increases in housing options that are self and family directed. The housing options offer more choice and control including arrangements that are customized and flexible to suit the diverse population we serve. These initiatives directly connect to the goals of Minnesota's Olmstead Plan which was recently adopted to work toward full inclusion of people with disabilities in our state.

The data below gives us a picture of where we've been and where we need to go.

Employment—In 2013, about 19% of people receiving employment services were in individual employment, up 4.5% since 2010. Their average hourly wage was $8.69.

By 2015, we have set a goal that 30% of individuals receiving employment services will be in individual employment.

Housing—In 2013, 43% of people 21 years of age or older, receiving I/DD services lived in their own homes, with family, friends or supports. In contrast, 77% of people receiving CCB waiver in 2013 were living in their own homes with family, friends or supports. About 37% of individuals receiving I/DD services live in corporate foster care settings, and an additional 11% live in intermediate care facilities.

As we reflect on 2013, we see that employment will encourage conversation around housing because employment is the vehicle for full community inclusion and economic freedom for our friends,

neighbors, co-workers, business owners, and taxpayers with disabilities.

Our collective work started over 30 years ago. Today we will go further towards full inclusion with our partners and stakeholders - from a focus on *programs in community* to a focus on *supporting individuals and families in their community*.

Intellectual/Developmental Disability (I/DD) Case Management

People starting I/DD case management in 2013 were more racially diverse than all people receiving the service: 26% African American, 17% Asian, 2% American Indian, and 5% multiracial.

I/DD Case Management helps individuals and families access services and obtain necessary resources. It supports individuals to live in their communities and maintain stability. The number of people receiving case management (N=3,389) has increased by 1% since 2010.

People Receiving I/DD Case Management

2011	2012	2013
3,307	3,344	3,389

About 70% of those receiving I/DD case management are white,16% black/African American, 10% Asian, 1% American Indian, 2% multiracial and 2% unknown. 5% of the population is Hispanic/Latino.

166 people were new to case management in 2013.

Intellectual/Developmental Disability (I/DD) Waiver

Waiver services re-sults in more access to:

- **Respite care**
- **Crisis intervention**
- **Supported living**
- **Community support services**
- **Homemaker services**
- **Modifications to home and equipment**
- **Training & education for caregivers**
- **Specialist services**

People Receiving I/DD Waiver

2011	2012	2013
1,763	1,754	1,760

In 2013, about half of the 3,389 children and adults who received I/DD case management services received an I/DD waiver. The waiver is a way states can use Medicaid dollars for services for people with disabilities. It lets the state pay for services which are provided in the community instead of in an institution.

Individuals who received the waiver tended to be older (over 21), less racially diverse and more likely to live in corporate foster care than those not receiving the waiver.

Of individuals age 21 and older, 55.9% of those receiving a waiver live in corporate foster care, 9.8% live in their own homes, and 30.4% live with family. Individuals without a waiver live in their own home with help, or in other living options.

Living Situations	With I/DD Waiver	Without I/DD Waiver
Family & Extended	30.4%	31.8%
Foster Care/ SLS	55.9%	6.5%
Own home with help	9.8%	16.1%
Intermediate Care Facility -MR	0%	28.7%
Other	3.9%	16.9%

CCB Waivers: Community Alternatives for Disabled Individuals (CADI), Community Alternative Care (CAC), Brain Injury (BI)

Individuals with a diagnosis of developmental or intellectual disabilities, mental illness, physical disabilities, brain injury, or significant medical needs may be eligible for services provided by the CCB waivers. In 2013, 2,984 people received the CCB waiver. This represents a 2% increase in the number of people receiving the waiver compared to 2012.

In 2013, 493 people were opened to CCB services, and 378 people closed services.

People Receiving CCB Waiver

2011	2012	2013
2,973	2,930	2,984

Of those receiving one of the CCB waivers, 58% were white, 24% black/African American,11% Asian, 1% American Indian, 4% multiracial, and 1% unknown race. Close to 4% were of Hispanic ethnicity. 53% were female and 54% were 50 and older.

In 2013, CHS was not able to offer services to all eligible individuals due to state and federal budget constraints, and in fact are maintaining a waiting list of nearly 800 people.

Frequent diagnoses among individuals on the CCB Waiver include:

- **Mental illness**
- **Nervous system disorders**
- **Musculoskeletal system disorders**
- **Circulatory system problems**
- **Diabetes**
- **Intracranial brain injury**
- **Intellectual disability**

Adult Protection Intake and Services

Adult Protection Intake (API) responds to situations where frail elderly and vulnerable men and women are in danger because of a condition that makes them unable to adequately care for themselves or protect themselves from harm.

In 2013, AP Intake handled 2,463 cases. Of those intakes, 19% (460) led to a vulnerable adult investigation.

CHS provides ongoing Adult Protection Services either directly or through community agencies. In 2013, 331 people received AP case management services, a 29% increase from 2012.

Of those receiving Adult Protection Case Management, 63% were white, 15% black/African American, 4% Hispanic/Latino, 3% multiracial, 3% Asian, 1% American Indian, and 12% unknown. 55% were female and 37% were age 65 and older.

	2011	2012	2013
AP Intake	1,090	1,210	2,463
AP Assessment	404	600	897
AP Case Management	134	257	331
Vulnerable Adult Investigation	216	481	422

Addressing Disparities

CHS is committed to addressing disparities in service access to and outcomes for the individuals who need our services.

Disability Services

In 2013, as part of CHS's anti-racism initiative, Disability Services examined decision points in service delivery where they have substantial responsibility and influence.

The tables below looks at the decision point: Racial/Ethnic Composition of Individuals Receiving Disability Services.

Comparing the service population to the Ramsey County population gives an indication if populations are over or under-represented in services. Individuals opening in a service is an indicator of change in diversity among those receiving services. Individuals who are closed to services is an indicator if diversity is being retained.

Intellectual/Developmental Disabilities

When comparing the Ramsey County population with those receiving Intellectual/Developmental Disability (I/DD) services in 2013, black/African American (AA) people were over-represented in care, with Asian, multiracial and Hispanic/Latino people underrepresented.

People new to services in I/DD in the year are more diverse when compared to all people receiving I/DD services.

CAC, CADI, BI (CCB Waivers)

Similar to IDD, black/African American people are over-represented in service when compared to the RC population. Asian, multiracial and Hispanic/Latino people are under-represented in CCB.

Disability Services will continue to look at a set of decision points that align with our primary responsibilities and initiatives.

2010 Ramsey County Residents and 2013 I/DD and CCB

		I/DD			CCB		
	2010 Census (%)	ALL in IDD (%)	Opened to IDD (%)	Closed to IDD (%)	ALL in CCB (%)	Opened to CCB (%)	Closed to CCB (%)
Black/African American	11.0	15.6	25.9	20.9	24.2	30.0	30.0
Asian	11.7	9.6	16.9	4.6	10.9	8.3	5.6
American Indian	0.8	1.0	1.8	2.3	1.0	0.8	1.1
White	70.1	69.8	39.8	62.0	58.5	53.5	58.7
Multiracial	3.5	2.2	5.4	7.7	3.4	3.9	4.5
Some other race	2.9	-	-	-	-	-	-
Unknown	0	1.8	10.2	2.3	1.3	3.4	1.9
Total	100%	100%	100%	100%	100%	100%	100%
Hispanic/ Latino	7.2	4.8	6.0	5.4	3.5	4.1	4.8

Addressing Disparities

Adult Protection

In 2013 the Adult Protection (AP) reports in Ramsey County by racial group were in close alignment with Ramsey County's adult population of that racial group, with the exception of Asians who were under-represented in AP reports.

Analysis of AP investigations in 2013 revealed disproportionately smaller number of whites who had AP investigations (62%) than reports (72%); and a disproportionately larger number of multiracial/other race individuals who had AP investigations (18%) than reports (11%).

In 2013 there were small disproportionalities in substantiated cases for whites and blacks/African Americans. Whites were 62% of investigations and 56% of substantiated cases; and blacks/African Americans were 16% of investigations and 19% of substantiated cases. The number of substantiated cases for other races was too small to make accurate comparisons.

AP staff is looking at policies and procedures that may be preventing Asians from reporting adult neglect or abuse and contributing to disparities in investigations.

Each year Adult Protection data regarding reports, investigations, and substantiation are analyzed for disparities.

2010 Ramsey County Residents Ages 18 and Over and 2013 AP Reports and AP Investigations

	2010 Census	2013 AP Reports	2013 AP Investigations
White	76%	72%	62%
Black/African American	9%	13%	16%
American Indian/Alaska Native	1%	1%	1%
Asian	10%	3%	3%
Native Hawaiian/Pacific Islander	<1%	0%	0%
Some other race/Two or more races/Unknown	4%	11%	18%
Total Persons	**390,147**	**2,972**	**412**
Hispanic	6%	2%	3%

Target Outcome: Residents with special needs are healthy and safe in the community.

Strategic initiatives undertaken in 2013 are paving the way for increases in individualized employment, and increases in housing options that are self-directed, and offer more choice and control including housing arrangements that are customized and flexible to suit the diverse population we serve. The Disability Services Team is committed to setting goals and monitoring progress.

More progress is needed for all people with disabilities to experience full inclusion in the community. Disability Services sees that employment will change the conversation around housing because employment is the vehicle for economic freedom for our friends, neighbors, co-workers, business owners, and taxpayers with disabilities.

Individual employment is: on employer payroll, being paid minimum or prevailing wages and benefits, and in work that offers opportunities for integration and interactions with co-workers without disabilities, customers and/or the general public.

Employment Initiative

In 2013, over 1,500 people received employment services from 20 agency partners. These agencies provide, day training and habilitation (DTH), prevocational and supported employment services. Each agency reports the following types of employment data for each person receiving services: type of employment, average hourly wage, average hours worked, and whether the employer or provider is the payroll agent. The employment goal set by Disability Services is to have 30% of those receiving employment services to be in individual employment. **In 2013, 18.9% of those people receiving employment services were in individual employment (IE), up from 14.7% in 2010.**

Individual Employment 2010-2013	
2013	18.9%
2012	17.1%
2011	15.6%
2010	14.7%

Compared to the 22 and older IDD service population, black and Asian groups are under-represented in IE, while Hispanic and white are over-represented in IE. When we look at individual employment (IE) for each race/ethnic group, the rate of IE increased across three years for each of the following race/ethnic groups: Asian, black, Hispanic, and white. There was no or insufficient data for American Indian and multiracial groups.

Individual Employment Percent of Each Race/Ethnicity 2011-2013

	2011	2012	2013
White	15.7	17.7	19.3
Black	13.9	15.9	18.1
Asian	10.4	12.5	15.5
American Indian		40.0	
Multi-racial		22.2	16.7
Hispanic	23.5	24.4	27.1

For those receiving the CCB waivers, data is collected on employment status for working age (18+) people. Between July 2013 and June 2014, 6% were employed without supports or with supports through Supported Employment Services or Vocational Rehabilitation Services. American Indian, Asian and black individuals were under-represented in employment compared to CCB clients, white and multiracial clients over-represented, and Hispanic persons represented in employment.

The Housing Initiative involves a paradigm shift from a "program in the community" to "an individual living in the community."

How Effective Are We? - continued

Housing Initiative

Proactive steps have been taken to improve the quality of life of residents with special needs. Ramsey County has launched a housing initiative so more individuals with disabilities have the opportunity to live in their own homes, on their own, with relatives or friends. Of the 62 individuals who requested allocation of dollars for individual housing arrangements, 48 individuals (77%) moved to living in their own homes, on their own, or with relatives and friends. Also, a comparison of where individuals with I/DD lived with those receiving CCB waiver showed substantially different living arrangements.

Seventy seven percent (77%) of individuals receiving CCB lived in their own home with family friends and supports. In contrast, 43% of I/DD lived in their own home, while 37% lived in corporate foster care.

Seventeen percent (17%) of people receiving CCB lived in foster care. About 11% of I/DD live in Intermediate Care Facilities for people with developmental disabilities (ICF-DD).

	IDD	CCB
Own home with family, friends, supports	43%	77%
Corporate FosterCare	37%	17%
ICF-DD or other institution	11%	3%
Other	9%	2%

Target Outcome: County services adapt to meet the needs of the aging population.

Disability Services is adapting to meet the needs of the aging population. To continue meeting the needs of the aging disability population a caseload of individuals over 50 years of age was created. This has allowed the case manager to become an expert on the characteristics and needs of this population as well as community services and resources. By having the aging population work and live more inclusively in communities of their choice, we hope to see people stay in their jobs and homes.

Target Outcome: Vulnerable adults are safe.

Vulnerable Adult—Adult Protection Intake

CHS's mission with vulnerable adults is to prevent them from being harmed and to ensure that they are safe in the future.

Adult Protection Intake responds to over 10,000 calls for information and assistance each year and investigates many allegations of maltreatment. Staff triage calls for assistance and make sure that they are referred to the appropriate service. In addition, Adult Protection Intake functions as the common entry point accepting and referring complaints about facilities to the appropriate state agency. A large proportion of Adult Protection reports involve people who are frail elderly. As the residents of our county age, we expect an increase in the number of Adult Protection reports and assessments. In 2013 there were 2,972 AP assessments and investigations (including referrals to the State and Department of Health); this was 7% higher than the number in 2012 (2,780).

In 2013 there were 422 vulnerable adult investigations. Of those investigations, 4% were substantiated, 16% were inconclusive, and 22% were false. No determination was made on 58% of them. In 897 cases where there was no allegation of maltreatment but there were concerns for self neglect, assessments were done to determine the assistance needs of the individuals to live in the community.

CHS provided case management support to 331 vulnerable adults in 2013. This increase was due to specific training staff received on how and when to use case management.

Strategies

In response to trends, preferences and policies, Disability Services will continue to move forward focusing on strategic priorities in employment, housing, older adult services and monitoring and addressing institutional racism.

Trends and Preferences Drive Change

New strategies, policies and practices supporting individuals are being driven by economic and environmental trends as well as by the preferences of individuals and families. For example:

- In July, 1999, the Supreme Court ruled that Title II of the Americans with Disabilities Act prohibits the unnecessary segregation of persons with disabilities. Minnesota is in the process of developing and implementing an Olmstead Plan, which is a comprehensive plan to provide services to individuals with disabilities in the most integrated settings possible.
- The state moratorium in 2009 continued the no expansion of corporate foster care.
- Also, the legislatively mandated reform of Medical Assistance program has a goal: "to increase efficiency and assure long-term program sustainability, while still achieving high quality outcomes, by better aligning services with individual needs."
- The increase in number of people on the waiver puts pressure on available resources.
- The complex needs of the aging population and the changing demographics of our community drive system change.
- We are more diverse and people want arrangements that are customized and flexible to suit a variety of circumstances. This is true for younger individuals and their families, married couples, people with children, and the increasingly culturally and ethnically diverse population of Ramsey County.

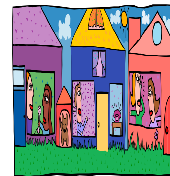
In response to trends, preferences and policies, Disability Services will continue to move forward focusing on strategic priorities in employment, housing, older adult services, and monitoring/addressing institutional racism.

Employment Initiative

Disability Services Initiative will continue to operationalize its Employment Initiative in collaboration with local and statewide partners to establish and encourage employment for individuals through Training and Technical Assistance, to communicate plans and benchmarks with stakeholders, and to focus on statewide policy development.

Internally, an assessment of employment goals will be completed in 2014 to identify strategies to improve employment outcomes.

Housing Initiative



The Disability Services Team will continue to operationalize the initiative and match individuals and housing that brings services into a less restrictive or intensive environment and ensures ongoing health and safety. Workgroups are meeting regularly to review/ identify housing options, address issues to make housing continuum options operational and available. For I/DD, this may necessitate creating options so that those living in corporate foster care are able to live in other settings with support.

For CCB, this may mean insuring those living in their own homes have the "right mix" of services allowing individuals to remain in their homes. Disability Services workgroups will continue to explore a range of topics (under-utilized service

options, funding methodology, review process for all corporate foster care referrals) that could support persons living on their own or in an alternative to corporate foster care settings.

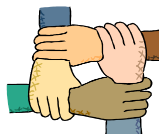
Older Adults

Work with the older adult caseload has created an awareness of under-utilized services that their same age peers in the broader community use. Such services include hospice, personal supports, and alternative retirement activities. There is a growing awareness that although the current funding streams, service options and policy directives do ensure the health and safety of persons as they age, they do not necessarily reflect their psychological, emotional and social preferences.

To improve the health outcomes for individuals with I/DD, Disability Services continues to focus efforts to support healthy lifestyles. In 2009, training was offered for I/DD case managers in selected residential and vocational support agencies to be certified in the Oregon Health and Sciences University curriculum – Healthy Lifestyles for People with Disabilities. In 2011, seven of the ten agencies that participated in the training incorporated the curriculum into services. These agencies have about 400 Ramsey County residents with disabilities. Disability Services participates on a University of Minnesota advisory committee working to build upon and improve the Healthy Lifestyles curriculum. The resulting curriculum was field tested in 2013.

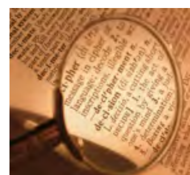
Monitoring and Addressing Institutional Racism and/or Cultural Bias within Disability Service Delivery System

In 2013, Disability Services continues, as part of CHS' anti-racism initiative, an intensive study of its two major programs within Disability Services are services for individuals with I/DD and individuals receiving a CAC, CADI, BI (CCB) waiver.



This comprehensive approach identifies a set of events that regularly occur with its service delivery system and for which Disability Services staff has substantial responsibility/influence. When these events occur, the potential for institutional racism and/or cultural bias exists. These events are referred to as "decision points." Decision points will be monitored for disproportionality by race on an ongoing basis and reflect the major initiatives for Disability Services.

The decision point analysis enables the Disability Service Team to identify more precisely where in the service delivery system institutional racism and/or cultural bias is suspected. It results in focused efforts to understand what policies and practices are in place that allow institutional racism and/or cultural bias. Resources can then be targeted more strategically to support activities/interventions designed to eliminate the sources of institutional racism and/or cultural bias. In addition, this systems approach will enable the Disability Service Team to "see" and document the possible "ripple effects" of the specific interventions/activities not only for the targeted decision points but also across all decision points.



Behavioral Health Services

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Highlights of 2013

The Mental Health Center (MHC) provides treatment with support and rehabilitation services to individuals facing mental health issues. Evidence-based practices and Recovery-Oriented Mental Health Services are part of the focus of the MHC. MHC also provides chemical dependency treatment programs since it was certified as a Rule 31 program in 2013 by the Minnesota Department of Human Services.

A variety of mental health-related services/programs are offered at MHC and a total of 6,569 unduplicated individuals were served in 2013. It is often the case that individuals access services more than one time in a year. In 2013, for instance, a total of 28,125 services were provided.

As individuals treated for mental health issues are stabilized, some of them are placed with Adult Mental Health Targeted Case Management (AMH-TCM) for follow-up and support. In 2013, 3,768 individuals received case management services from Ramsey County and contracting providers included Guild, Mental Health Resources, South Metro Human Services, Wilder South East Asian and Tasks Unlimited. AMH-TCM providers assist clients to obtain mental health services best suited for them to achieve recovery. They also help clients access other needed services such as housing, financial benefits, vocational opportunities, etc.

Urgent Care for Adult Mental Health has expanded its programs and is now providing crisis stabilization services to residents of Ramsey, Dakota and Washington counties.

In 2013, the Urgent Care Unit served 1,348 individuals in crisis and another 561 in crisis psychiatry. In addition, 534 individuals received short-term crisis stabilization services. During the same year, 15,783 mental health crisis calls were received for help. Assessments were also made of those in crisis through walk-ins and outreach.

The Ramsey County Detoxification Center continues to advance current science-based models of care. In 2013, a total of 6,495 admissions were made to Detox. Almost 76% of those admitted were from Ramsey County,17% came from Dakota County, and about 5% of the admissions came from Anoka County. Nearly 78% of the admissions were single admissions and the balance, which is 22% were multiple admissions. Nearly, 58% of those admitted to Detox stayed at the facility for one day or less. Another 37% stayed for 2-3 days. The balance, which was about 5%, stayed at the Center for a range of 4-21 days.

In 2013, 4,992 new or updated substance use assessments were provided to ascertain whether or not the client should receive chemical dependency (CD) treatment or an alternative referral. A total of 4,256 duplicated cases were referred for either treatment, education, recovery supports and/or self-help groups. Among the latter, 2,020 attended CD treatment programs under Consolidated Chemical Dependency Treatment Funding (CCDTF).

Many of those treated in 2013 were admitted to treatment more than one time in the year.

Chemical Health Services

Over 76% of the Detox admissions were residents of Ramsey County. Other admissions were from Dakota County (17%), and Anoka County (5%).

Detoxification Services

The Ramsey County Detoxification Center provides medically-monitored care in a therapeutic healthcare setting. The Center advances current research and practice in the field of withdrawal management and treatment of co-occurring disorders.

A total of 6,495 admissions were made to Detox in 2013. This was 6% higher than 2012. The unduplicated number of individuals admitted during the year was 3,752. Of the total number admitted, 573 County residents were repeatedly readmitted to Detox in 2013. In fact, they were readmitted 2,338 times.

The staff at the Detox Center also facilitated approximately 260 interactive sessions for 1,654 individuals during the year.

In 2013, 57% of those admitted to Detox were whites/Caucasians followed by blacks/African Americans at 19%, American Indians at 7%, Asians at 2%, and others were 6%. For 10% of the service population, their racial/ethnic backgrounds were unknown.

Chemical Use Assessment and Treatment

Among individuals with habits of drug consumption, 4,338 were assessed in 2013 to ascertain whether or not they met substance abuse criteria for referral to chemical dependency (CD) treatments. Another 654 cases that were assessed earlier were also reviewed and updated. Of the total of 4,992 duplicate cases in the year, 4,256 were referred for treatment. This was 5% lower than the number referred in 2012 which was 4,473.

Of those referred for treatment in 2013, only 2,020 entered treatment programs under Consolidated Chemical Dependency Treatment Funding (CCDTF). In 2012, the number admitted for treatment under the same funding source was 2,251. The number admitted in 2013 was about 11% lower than those admitted in 2012.

Individuals Served in Various Chemical Health Programs by Year

Chemical Health Program	2010	2011	2012	2013
Detox Admissions	5,821	5,797	6,105	6,495
CD Assessments and Updates	4,798	5,734	5,163	4,992
CD Treatment Admission/Placement (CCDTF)	2,803	2,508	2,251	2,020
Board and Lodge Facilities (# of Admissions)	781	729	660	688
Case Management (# of People)	204	276	289	111
Mothers First CD Intervention Services for Pregnant Women	136	112	164	155

Chemical Health Services - continued

Chemical Dependency Case Management

In 2013, a total of 111 individuals were served in CD case management. Case Management assists individuals recovering from substance use/abuse by giving them the social services they need to continue with their improvements. These include resources and services that will enhance their recovery efforts such as housing and training programs.

Group Residential Housing

Under contract with Ramsey County, ten CD Group Residential Housing (GRH) facilities provide housing, and in some cases food, to individuals recovering from chemical dependency. The ten GRHs have the capacity to accommodate 283 individuals at a time. Seven of the ten GRHs served a total of 688 individuals in 2013.

Mothers First CD Intervention

Program participants of Mothers First are pregnant women or women with children in CD treatment. In 2013, 155 women with 306 children were in the program and received services. Of these women, 105 of them were pregnant and 50 women were parenting.
The racial mix of the participants included 41% white/Caucasians, 33% black/African American and 5% Asians. Over 14% were multiracial and slightly over 4% failed to identify themselves.

Adult Mental Health Services

Ramsey County Mental Health Center (MHC)

The Ramsey County Mental Health Center (MHC) is a Rule 29 clinic. The Center serves individuals with severe mental illness (SMI) and severe and persistent mental illness (SPMI). The most common diagnoses treated at MHC are depressive disorders, schizophrenia, and schizoaffective disorders, bipolar disorders. Many individuals also have co-occurring diagnoses, and/or problems with chemical abuse or dependency.

In 2013, a total of 6,568 individuals were served in all the programs offered by the MHC. Out of these, 1,901 individuals were new admission to the programs.

The Welcome Center

In 2011, MHC launched the Welcome Center. This program is designed to provide easily accessible mental health services to people with urgent needs and few service options. It also facilitates access to County and community resources or services.

The racial mix of the individuals served during the year include 56% whites/Caucasians, 18% blacks/African Americans, 5% Asians, and 2% American Indians. Another 1% were Hispanics, 3% were others, and 14% were unknown.

Welcome Center services include short-term case management, psychiatric services, therapy and peer support.

In 2013, 1,051 admissions were made to the Welcome Center for treatment in therapy and psychiatry.

Community Recovery Team (CRT)

The Community Recovery Team (CRT) works with individuals who are petitioned for commitment and not currently open in case management. CRT provides short-term comprehensive mental health services to stabilize individuals with mental health problems. Once stabilized, the individuals can continue to receive services by enrolling in other programs such as Adult Mental Health Targeted Case Management (AMH-TCM).

In 2013, the total number of cases opened and served by CRT was 171. Out of this number, 96% (N=165) of the individuals served were stabilized.

In 2013, the Welcome Center served 636 unduplicated individuals in psychiatric services and therapy.

Adult Mental Health Services - continued

Crisis Stabilization

The Ramsey County Crisis Stabilization team provides stabilization services and rapid access to psychiatry is available with an average wait time of 3-4 days from the initial referral.

In 2013 a total of 1,348 assessments were done by the Crisis Response team. Some of these individuals were admitted more than one time. In addition, 15,783 individuals were screened by the Crisis Unit in 2013.

Furthermore, 561 individuals were treated for crisis psychiatry, 534 individuals were stabilized, and 276 individuals were stabilized from psychiatric ailments.

Clients Served by Ramsey County MHC in 2013

Services	2013
Court Psychological Evaluation (Courtpsycholev)	13
Crisis (assessment)	1,348
Crisis Psychiatry	561
Community Recovery Team (CRT)	171
DC	35
Evaluation	47
Integrated Dual Disorder Treatment, Chemical Health (Iddtch31)	8
Integrated Dual Disorder Treatment Mental Health, 29 Personal Recovery Services (Iddtmh29prs)	4
Mental Health Clustering Tool (MHCT)	1
Partial Hospitalization & Young Adult Program	262
Personalized Recovery Services (PRSGroup)	234
Psychiatry	1,979
Stabilization	534
Stabilization Psychiatry	276
Therapy	459
Welcome Center Intake	13
Welcome Psychiatry	224
Welcome Therapy	399
Total (unduplicated)	**6,568**

Adult Mental Health Services - continued

Adult Mental Health Targeted Case Management (AMH-TCM)

AMH-TCM program participants are individuals who are recovering from mental illnesses. The program assigns a case manager to each recovering adult.

Case managers coordinate the services the recovering individuals receive and also monitor the effectiveness of the service delivery. The services may include: therapy or rehabilitation services, affordable housing, financial benefits, vocational training, etc.

In 2013, 3,768 individuals received case management services by Ramsey County and its subcontractors. Another 695 individuals were in civil commitment.

In 2013, 59% of the service recipients were whites/Caucasians. blacks/African Americans were the second largest with 25%. Asians were 12% of the service recipients followed by American Indians at 2% and 2% where the service recipients were others/unknown.

AMH-TCM Services	2010	2011	2012	2013
All Civil Commitments (Including Stayed Orders)	496	552	531	695
Adult Mental Health Case Management	3,753	3,916	3,718	3,768

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) services are intended primarily for individuals who are 18 or older with psychiatric illnesses that are severe and persistent including schizophrenia, schizoaffective disorder, or bipolar disorder.

There are five ACT providers in Ramsey County, including: Ramsey County Community Human Services, Amherst H. Wilder Foundation, Mental Health Resources, Guild Incorporated, and South Metro Human Services. These five agencies provided services to approximately 554 individuals in 2013. The number of individuals served in 2013 was higher than the number served in each of the previous three years.

In 2013, the five ACT providers served 554 individuals, an increase of 27% from 2010. The number of ACT clients served has gradually increased from year to year.

	2010	2011	2012	2013
ACT-Ramsey	69	78	83	93
ACT-Contractors	368	396	428	461
Total	437	474	511	554

Target Outcome: Disparities in access and outcomes for diverse populations are reduced

Adult Mental Health Services and CD/Detox

Overall, American Indians and Hispanics continue to stay the longest and continue to have the most repeat admissions to Detox.

In 2013, 22% of the individuals treated in Adult Mental Health were persons of color. This was a substantial decrease from 2011 when it was 36%. The rates, however, show that services in Adult Mental Health remains fairly accessible to African Americans.

The reasons for the decrease have not yet been fully explained. According to the 2010 Census, 27% of all adult residents in Ramsey County are persons of color.

American Indians continue to enter Detox at a greater proportion than the proportion of American Indians in Ramsey County and stay the longest even though the rate has been slightly declining. For instance, in 2013, they stayed for an average of 2.12 days. In 2012, their average length of stay was 1.97 days and in 2011 it was 2.18 days while in 2010, it was 2.81 days.

Though Hispanics stay at Detox the second longest after American Indians, their rates have also been declining. In 2013, they stayed for an average of 1.73 days and in 2012, they stayed for 1.52 days. In 2011, Hispanics stayed for 2.06 days and in 2010 for 2.50 days.

Target Outcome: Residents with special needs are healthy and safe in the community.

Adult Mental Health and Chemical Health Services

Ramsey County Mental Health Center developed a partial hospitalization program (PHP) and Young Adult Program (YAP) to provide intensive mental health services to clients in a non-hospital setting with the goal of diverting clients from the hospital emergency room to less intensive mental health services. One indicator of success of the PHP is that clients who leave the program are able to live in a community setting rather than a hospital.

The total number of clients that participated in PHP and YAP in 2013 was 262. Of these, 64% (N=168) were discharged to the community since they were found to be capable of functioning independently in the community.

One of the objectives of the CRT is to reduce the need to place mental health clients in a State of Minnesota Regional Treatment Center (RTC), resulting in better services for individuals while also producing a net saving of state and county dollars.

In 2013, 96% (N=165) of the 171 individuals served by the CRT were stabilized enough to enable them to stay at home. The balance were hospitalized at the RTC.

Meeting Adult Mental Health Needs

To better meet the mental health needs of clients, service delivery at MHC has been reorganized over the last two years. This has enabled those seeking such services to access them from many locations.

Individuals seeking mental health services may start with MHC at 1919 University Avenue. They may also approach either the Urgent Care Center or Detox at 402 University Avenue. Another possibility is Adult Mental Health at 160 E. Kellogg Blvd. At any one of these places, the individuals would receive screening services and then be directed to the appropriate branch for treatment.

Mental health providers within Ramsey County coordinate their work with each other. For instance, MHC works closely with targeted case management (AMH—TCM), Creando Puentes (outreach and case management for the Latino community), the Assertive Community Treatment (ACT) Team, Urgent Care for Adult Mental Health (crisis), crisis stabilization, pre-petition screening, the Community Recovery Team (CRT), Detox services and contracted vendors.

The multi-point entry for accessing mental health services as well as the cooperative and supportive roles the various mental health providers offer has improved service delivery to those seeking such services. As may also be seen elsewhere in this report, the number of individuals served for mental health issues has significantly increased in the last two years.

The MHC works collaboratively with other units within the Adult Services Division, often providing intra-agency transfers, in order to make sure individuals are receiving the services they need.

Elderly Services

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Highlights of 2013

According to the U.S. Census Bureau, Ramsey County's estimated population reached 526,714 in 2013. The Census also determined that senior citizens (those 65 years and over) made up 12.7% of the County population in 2013. By 2015, the proportion of seniors in the 65 and older age bracket is projected to reach 14%. Compared to all seniors, Ramsey County seniors of color are overrepresented in poverty.

The growing number of seniors in Ramsey County will continue to exert pressure on County resources. Community Human Services (CHS) and managed care organizations provide a variety of services to seniors such as Medical Assistance (MA) and Elderly Waiver (EW) and Alternative Care (AC) programs. EW/AC is intended to support income eligible seniors to live independently in the community as long as possible, rather than in institutions such as nursing facilities.

Men and women who are eligible for services from CHS include: those 65 years of age or older who are low income and need nursing home-level care but want to continue living in the community; elderly adults in their homes needing help getting regular nutritious meals; and anyone living in the County seeking information for long-term care planning.

In 2013, a combined total of 2,480 clients were served by the various in-home and supportive service programs available for the elderly. The unique number of clients served is probably less, since an individual may have been receiving services in more than one program during the year. The most frequently used programs were Alternative Care and Elderly Waiver. The majority of those served by the programs were female (68%) and white (58%).

In 2013, 1,409 men and women received meals through the Meals on Wheels program in Ramsey County. About half of those served had incomes below the poverty line.

CHS provided Long-Term Care screening and consultations to 1,058 elderly citizens ages 65 and older during the year.

Seniors in Poverty

The estimate of poverty (U.S. Census Bureau, 2008-2012 American Community Survey) among Ramsey County residents ages 65 and older, indicates that 9.0% were below the poverty level.

Compared to all seniors, Ramsey County seniors of color are overrepresented in poverty.

The poverty rates for the elderly (65 and older) by racial/ethnic groups in Ramsey County are: 26% of blacks/ African Americans, 16% of Asians, 14% of Hispanics, 10% of multiracial people, and 5% of whites.

In-home supportive services include:

Home delivered meals

Skilled nurse visits

Homemaker aides

Home health aides

Adult day care

Transportation

Chore services

Home modifications or adaptations

Respite care

Companion services

In-Home and Supportive Services

CHS provides care for individuals who are on Medical Assistance as well as for those individuals who cannot enroll in a managed care plan due to certain exclusions. CHS also provides care coordination services to Blue Cross/Blue Shield and some Medica clients through contract arrangements.

The service package offered by CHS includes case management and brokering of a wide range of services to assist with daily living activities and with the person's personal care, enabling the person to remain in their home.

Until 2006, Alternative Care (AC) and Elderly Waiver (EW) programs were the primary programs for providing in-home care to seniors. In 2006, Minnesota Senior Health Option-Elderly Waiver and Minnesota Senior Health Option-Community Well were added. Minnesota Senior Health Option (MSHO) programs offer the client the advantage of receiving social services as well as health care from the same provider. MSC+ was added for seniors in 2009. MSC+ is a mandatory, managed care delivery of Medical Assistance for seniors and the service includes up to 180 days of nursing home and/or elderly waiver services.

In 2013, a combined total of 2,480 clients were served by the various programs available for the elderly. The unique number of clients served is probably less, since an individual may have been receiving services in more than one program during the year. The most frequently used programs were Alternative Care and Elderly Waiver.

Across the programs, 68% of client were female; 41% were ages 65 to 74 and 57% were ages 75 and older; and 58% were white, 21% Asian, 12% black/ African American, 3% Hispanic/Latino, 1% American Indian, and 1% multiracial. Many of the program consumers experience multiple health problems.

Clients in Fees-for-Service and Care Coordination Programs

Services	2011	2012	2013
Alternative Care (AC)	509	452	439
Elderly Waiver (EW)	370	343	402
MSHO-EW-Medica	153	151	155
MSHO-Cwell-Medica	127	143	168
MSHO-EW-Blue Cross	279	275	263
MSHO-Cwell-Blue Cross	126	117	116
Community Well-MSC+ Medica	218	200	201
Elderly Waiver-MSC+ Medica	337	317	314
Elderly Waiver- MSC+ Blue Cross	218	223	217
Community Well- MSC+ Blue Cross	171	195	205
TOTAL	**2,508**	**2,416**	**2,480**

Meals on Wheels

Meals on Wheels provides regular nutritious meals to the elderly in their own homes. The program is able to provide regular, low salt, diabetic, kosher, or Hmong meals to requestors.

Beginning in 2011, Ramsey County contracted with other organizations to deliver meals. Accordingly, the number of seniors that got meals from the County directly has been declining even though the number of seniors receiving delivered meals may have remained unchanged or even increased.

In 2013, 52% of the people who received meals were over 80 years of age and 13% were over 90 years of age; 65% of the people lived alone; 49% were below the poverty line and 76% were below 200% of poverty.

In 2013, 1,409 people received Meals on Wheels in Ramsey County. This is a decrease of 5% from 2012 when 1,485 people were served

Ramsey County provided 18% of the funding for the Meals on Wheels program in 2013.

Information on Long Term Care Planning

Each year information packets are mailed out and phone inquiries are handled related to long-term care planning. Long-term care planning includes availability of programs services, eligibility criteria, etc. which enable seniors and family members to properly plan long-term care for themselves or their loved ones.

CHS provided Long-Term Care screening and consultations to 1,058 elderly citizens ages 65 years and older in 2013.

Target Outcome: County services adapt to meet the needs of the aging population.

Programs for the Elderly

2,915 volunteers provided 62,316 hours of service to Meals on Wheels in 2013. The majority of volunteers live or work in Ramsey County.

CHS's mission with the elderly is to ensure that they are safe. CHS does this by creating programs that support them to live as independently and safely as possible.

MnCHOICES was launched in November 2013 in Ramsey County. It is a web-based application that integrates assessment and support planning for people who need long-term services and supports in Minnesota. MnCHOICES uses a person-centered approach to ensure that services meet each person's strengths, goals, preferences, and assessed needs. It is for people of all ages who have any type of disability or need long-term services and supports.

Starting in 2013, the number of intake phone calls handled by MnCHOICES staff and the number of intake phone calls accepted for referral (thought to be in need of long term services) were tracked. During the last two months of 2013 there were 524 MnCHOICES intake calls and 297 were accepted for referral. Many of the intake calls are questions about long-term care and not referrals for services.

The Pre-Admission Screening (PAS) is for anyone at risk of entering a nursing facility. From January through October of 2013, there were 2,783 PAS screenings done for persons over 65 years of age in Ramsey County. It is possible that an individual was screened more than once in the year.

In 2013, 1,409 men and women received Meals on Wheels. An average of 730 meals were delivered every day or a total of 182,506 meals were delivered to vulnerable and elderly adults in Ramsey County in 2013.

There is a significant funding change for Meals on Wheels in 2014 due to the temporary subsidy of $1.75/meal provided by Ramsey County ending on December 31, 2013. This reduces Ramsey County's support for the home delivered meals program to 10% of the total 2014 budget, compared to 18% in 2013.

While a 5% increase in waivered meal reimbursement began July 1, 2014, the reimbursement rate does not fully cover the cost of this service. As a result, home delivered meal programs must raise charitable dollars to fill the gap.

Finally, Senior Services Consortium of Ramsey County is testing a new operating model for Meals on Wheels throughout Ramsey County which focuses on cost efficiencies, improved customer service and enhanced product offerings. Ongoing funding needs, and potential sources, will be assessed during this process.

Adult Services Programs

Several strategies are in place to assure that services are available and easily accessible to those ages 65 years and older.

MnChoices is a comprehensive web-based assessment tool which allows the assessment process to incorporate multi-disciplinary input. In order to have more visibility in the community, Adult Services Intake staff met with several community groups in 2013 to talk about the accessibility of the programs and to get input and feedback on MnChoices.

Long-Term and Managed Care (LT&MC) staff continues to accommodate any request to share information about programs and services. During 2013, this was done at South Metro Legal Services Senior Legal Fair, West 7th Community Center senior info day, individual support and caregiver groups, and other service and program providers. We believe that our continued outreach efforts is one of many contributing factors in the continued growth in the numbers of people we serve; indicating we are progressing in assuring information is more assessable to all communities in Ramsey County. This, of course, also benefits Ramsey County communities of color and non-English speaking families to learn how to utilize and gain better access to services.

In 2014 Hmong Community Partnership (HAP) and Ramsey County developed a partnership to help address the void of information in this particular community and to provide visibility to the communities HAP serves. We will continue to monitor the progress of this partnership and learn if this is something that can be reproduced on a larger scale.

Ramsey County staff has met with Department of Human Services in stakeholder workgroups and smaller listening sessions to work to make transitions in and out of managed care as seamless as possible for people receiving services. Staff has offered suggestions and has learned how to address some of these transitions to assure best outcome for people receiving services.

Ramsey County has had the unique opportunity to provide case management and coordination of services for persons on Emergency Medical Assistance. This was allowed by legislation during 2013, and direction for implementation began during 2014. Adults of any age, on Emergency Medical Assistance and at nursing home level of care, may now access services from the Elderly Waiver menu (regardless of age) within the Elderly Waiver case mix cap process.

Another unique opportunity has been the involvement of Moving Home Minnesota, another Department of Human Services initiative, supporting persons who choose to move from institutions such as nursing homes, back to the community. If a person makes this choice, and is not eligible for other county programs, our Adult Protection Case Management workers will be available to provide “demonstration” case management for up to a year, and coordinate services from a menu of options.

We continue to have barriers to the effective delivery of services for our Elders. There are technical issues with the new assessment process within MNChoices that are being closely monitored for when LT&MC staff begins to do reassessments and on behalf of managed care organizations. As technology continues to improve it is hoped that these barriers will be reduced.

The continued roll out of MnChoices is improving services for clients.

Homelessness Prevention and Shelters

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Highlights of 2013

The major reasons that low-income individuals and families in Ramsey County are unable to find housing are the lack of affordable housing and insufficient funding for federal housing support programs. Continuum of Care (CoC) is the county-wide coordination of housing and services for people experiencing or at-risk of homelessness and it is staffed by Ramsey County and guided by a community based board.

Since 1993, Ramsey County has implemented the state-funded Family Homeless Prevention and Assistance Program (FHPAP), which enables the County to address homelessness and the risk of homelessness. FHPAP has three broad program goals:

1. Preventing homelessness.
2. Reducing the length of time people spend homeless.
3. Eliminating repeated episodes of homelessness.

In 2013, the County Family Homeless Prevention and Assistance Program (FHPAP) contracted with community-based agencies to serve over 4,500 individuals of all ages with approximately $1.6 million from the state. Fifteen programs managed by 12 different organizations provided an array of prevention and homeless assistance services. FHPAP provides assistance for families with dependent children, single adults and childless couples, and unaccompanied and parenting youth.

Coordinated Access

Starting in early 2014 Ramsey County initiated a coordinated access pilot for all families seeking homeless assistance. Under coordinated access, clients will only have to complete one comprehensive assessment rather than a separate assessment at each agency and program they attempt to access. Even more importantly, the purpose of the assessment is identifying the most appropriate services in our community for each household.

With funding from FHPAP, Ramsey County Community Human Services (CHS) has created a partnership with Catholic Charities, the YWCA of St. Paul, and Woodland Hills Church in Maplewood to develop Coordinated Access to Housing and Shelter (CAHS), our coordinated assessment program for homeless families in Ramsey County.

Coordinated assessment represents a significant redesign of our homeless response system in Ramsey County. It transforms our approach to working with homeless families in the following ways:

Program-centric to client centric. Before January 2014, every program conducted its own assessment, for the limited purpose of determining the family's eligibility and fit for that specific program. In 2014, CAHS conducts the assessment on all homeless families with the goal of determining the best fit for each family among all the programs in the county. Instead of requiring homeless families to search all over our community for assis-

Coordinated Access—cont'd

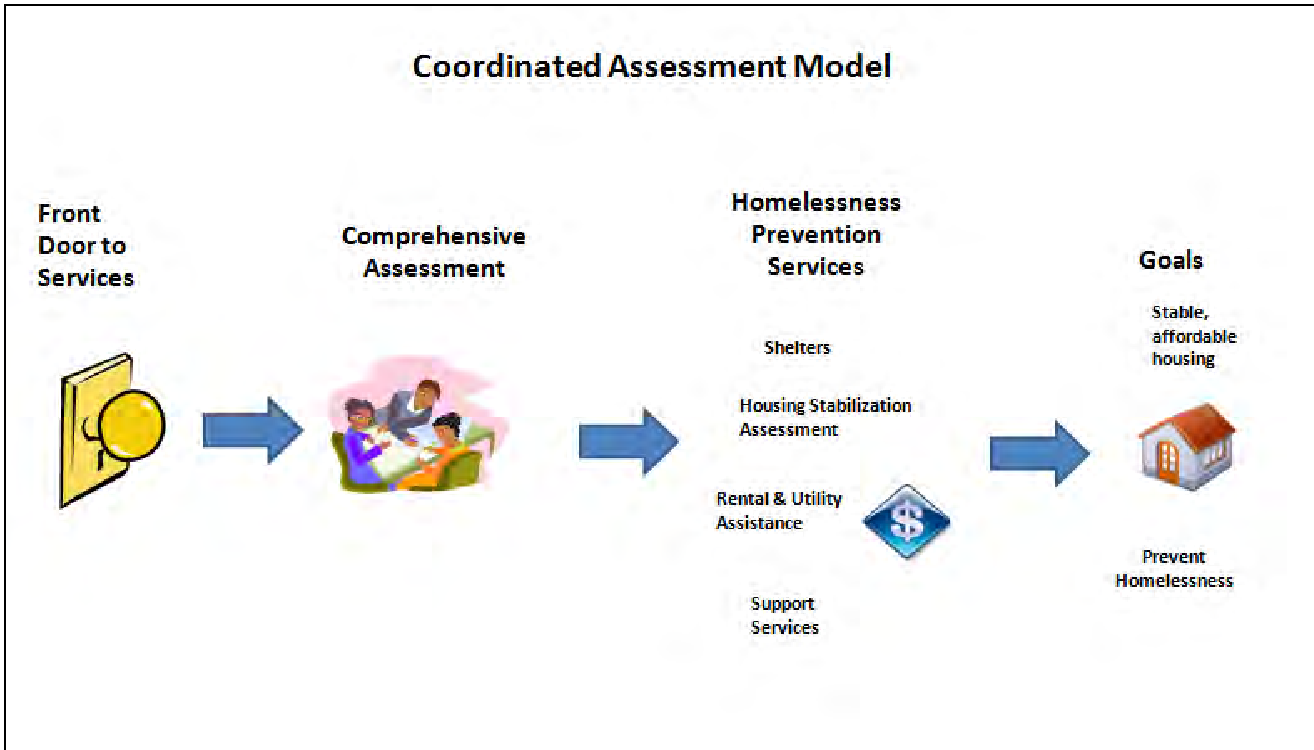
Ramsey County FHPAP has designated an additional $500,000 from its state funding for this new assessment system.

tance, CAHS is a single point of access to all homeless services in the county.

Improving efficiency and maximizing the use of available resources. Under CAHS, every family is given a standardized assessment that determines the most appropriate level of assistance required to resolve homelessness. The goal of the system is that every family receives only the level of assistance required and that expensive, intensive options are strictly reserved only for those people who truly need that level of care.

Creating a centralized source of information on family homelessness in Ramsey County. Prior to CAHS, each agency had information on the subset of people with whom it was in contact but nobody had the full picture. With the ability to create and maintain comprehensive and centralized waiting lists for shelter and housing, we have, for the first time, the capacity to understand the scope and complexity of family homelessness in our county. Along with that is the capacity to identify the most critical unmet needs which provides the partners the ability to strategically prioritize future investments.

2013 was a time of planning, design, fundraising, and, very importantly, provider and community education, all of which led to the CAHS start-up on January 2, 2014. The program operates out of Woodland Hills Church, 1740 Van Dyke St., Maplewood, and can be accessed at (651) 215-2262.



Homelessness and Prevention—FHPAP

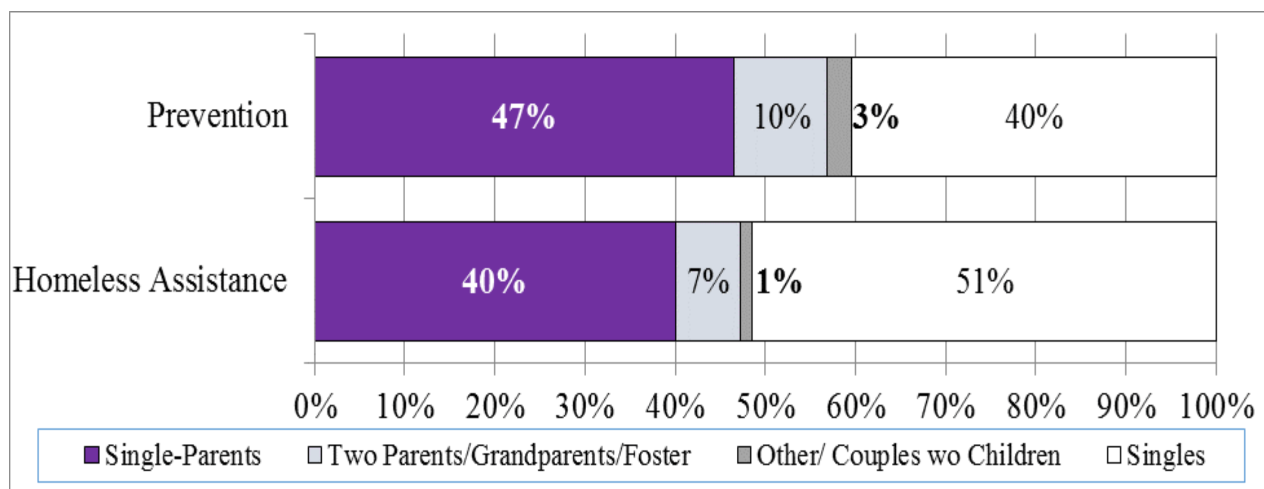
Ramsey County classifies its FHPAP programs into two general types: homeless assistance and homeless prevention. Homeless assistance programs serve those who are "literally" homeless with no permanent, secure housing on their own. Homeless assistance includes our Coordinated Access to Housing and Shelter (CAHS) program for all homeless families, transitional housing and rapid rehousing programs, direct assistance to find and secure private market housing, connection to subsidized housing, case management services, and access to legal services.

Homeless prevention programs are targeted to people in imminent danger of losing their housing. Services include direct financial assistance for past and current rent and utilities, legal assistance, landlord-tenant mediation, emergency shelter diversion, housing search and placement for people who cannot stay in their current home, and case management.

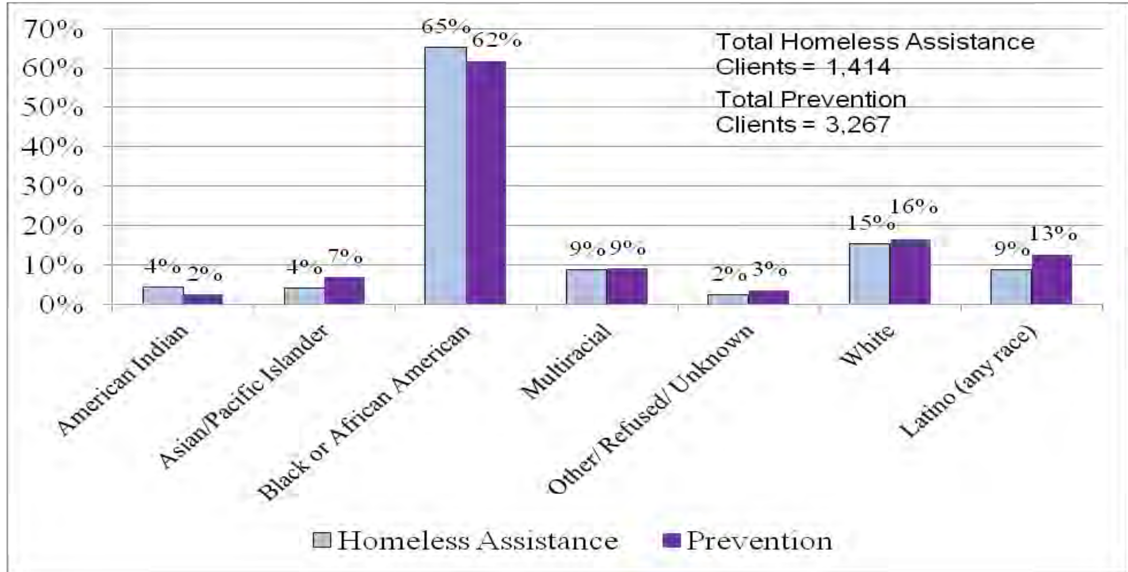
Approximately 2,200 households participated in FHPAP programs at some point in 2013. Singles (who have no children) comprise a little over half of the homeless assistance households whereas single parents with children are the largest group in prevention (46%).

The racial composition of Ramsey County's FHPAP population is overwhelmingly black or African American. This sharply contrasts with the general composition of the Ramsey County population, where whites comprised about 70% and blacks and African Americans about 11% of the 2010 total population (from the decennial U.S. Census).

Percent of FHPAP Households by Type, Served in 2013

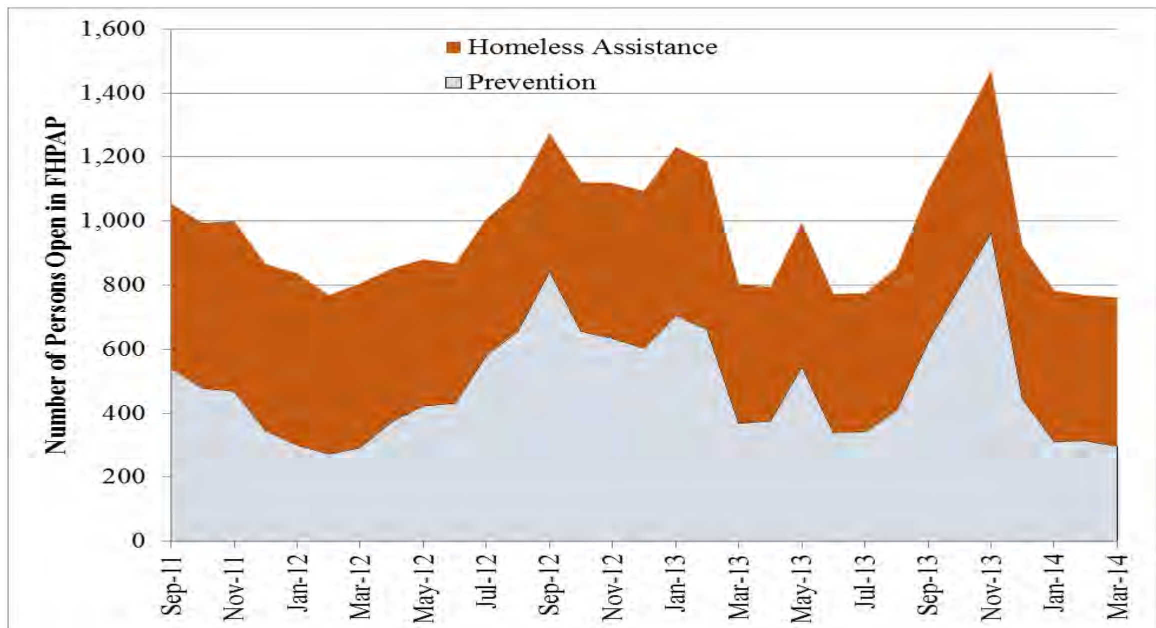


Percent of FHPAP Clients by Race, Served in 2013



The ability to serve FHPAP clients is not steady through a calendar year. At times money runs out during a month or in a particular season of the year. That represents the unsteady nature of funding streams irrespective of the on-going needed for assistance. The chart below shows the point-in-time count of persons open with a FHPAP provider over 18-months, with a huge spike in October-November 2013. The fewer clients served may precede the loss of available funds by agencies. The spikes relate to the loss of emergency assistance funds from government programs that often supplement the same needs for those needing prevention help. With the loss of government emergency assistance, those at risk for homelessness then depend even more on FHPAP agencies, which are funded from different streams.

FHPAP Clients Open End of Month, September 2011 to March 2014



Shelter and Housing Assistance

In Ramsey County a variety of shelters serve particular populations in various stages of homelessness to secure permanent housing. Because nearly every program has fewer beds than the number of persons who need shelter, the total available beds closely represent the number served on a given night in Ramsey County. The programs listed below obtain funding from a variety of private and public sources.

The county-wide shelter system is usually filled to capacity each night, especially emergency shelters where overflows take on the additional persons.

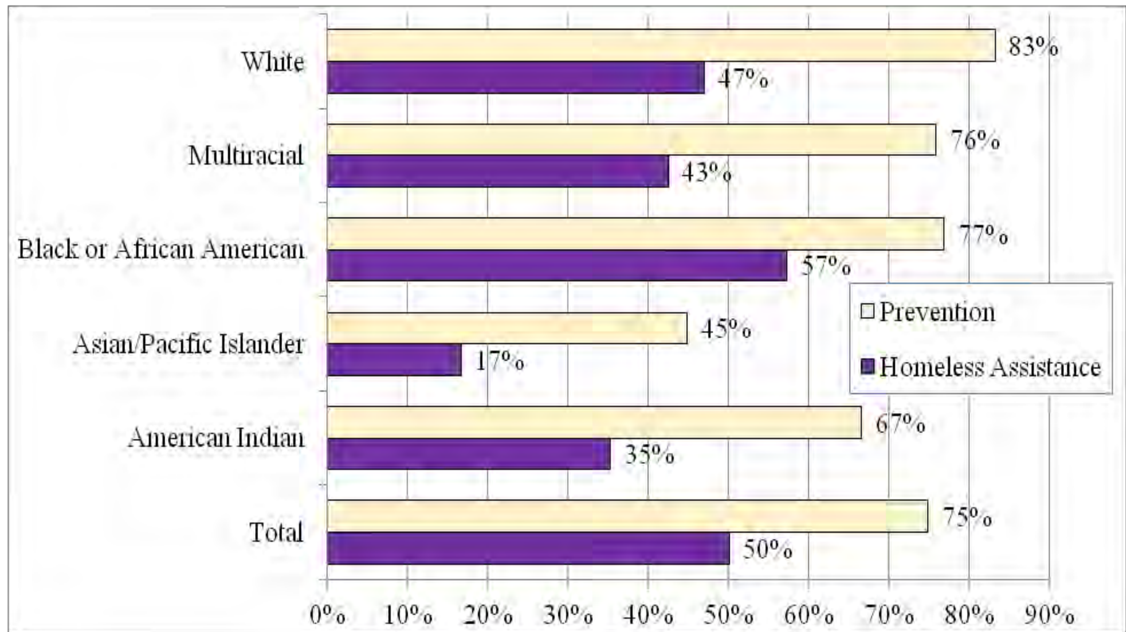
Shelter Types	
Housing Component	**Description**
Emergency Shelter	Generally short term crisis housing (1-120 days). Models vary greatly from a mat on the floor in a large room to private rooms. Some provide 24-hour shelter and others are night-time only. Families and singles are in separate programs.
Transitional Housing	Time limited (up to 24 months) subsidized housing with support services. Can be a single site with multiple apartments or housing units.
Permanent Supportive Housing	Housing with support services that is not time-limited. This option is designed for people with severe housing barriers. This group includes “rapid rehousing” that is shorter term (1-12 months) rental assistance and case management services to move people quickly into subsidized or market-rate housing.

Total Available Beds by Shelter Type in Ramsey County (As of January 2014)	
Emergency Shelter:	
Domestic Violence shelters	203
Families with dependent children	105
Single adults	397
Unaccompanied youth	27
Transitional Housing:	
Families with dependent children	203 units/539 beds
Single adults	204
Unaccompanied youth	83
Permanent Supportive Housing/Rapid Rehousing:	
Families with dependent children	419 units/1,401 beds
Single adults	1,145
Unaccompanied youth	105

Exiting with Stable Housing

Whites had the highest rate of exiting with stable housing (at 83%), while blacks/ African Americans were the highest among homeless prevention at 57%. Asians/Pacific Islanders exited at the low-est rates for stable housing, with only 45% of the exits from prevention programs and 16% from homeless assistance. Both rates are much lower than the other racial groups.

Percent of Ramsey County FHPAP Clients Percent Stably Housed at Exit in 2013, By Race and Service Type



Target Outcome: The basic needs of residents are met, including food, shelter, health and jobs.

The overall goal for FHPAP is leading families to stable housing upon exit. This goal addresses the CHS critical success indicator that "the basic needs of residents are met, including food, shelter, health and jobs." The success of that goal varies by race, and the type of program. During 2013, approximately 4,000 persons exited the Ramsey County FHPAP program. As might be expected, a much higher percentage of those in prevention programs exited FHPAP stably housed than those who receive homeless assistance, three-fourths and one-half, respectively.

Percent of Persons Stably Housed at Exit in 2013 by Extent of Homelessness at Entry		
Extent of Homelessness at Entry into FHPAP	**Percent Stably Housed**	**Persons Exited in 2013**
Homeless Assistance Total	**49%**	**992**
First time homeless and less than a year without a home	49%	523
Long term homeless (at least a year or at least 4 times in past 3 years)	45%	249
Multiple times homeless, but not meeting long-term homeless definition	59%	188
Prevention Total	**74%**	**3,031**
Grand Total	**68%**	**4,023**

Strategies

Coordinated Assessment

Collaborative cross-county planning is underway with the goal of a seamless operation for anyone experiencing homelessness in the seven-county metro region and, ultimately, the entire state.

The implementation of the Coordinated Access to Housing and Shelter (CAHS) is planned to expand and adapt to serve more persons, particularly single adults. As an entirely new form of service, the county and its non-profit partners will attempt to gauge its effectiveness and ability to move people quickly to supportive services and ultimately permanent housing. However, this is a complex relationship for an unprecedented process in Ramsey County. The availability of programs and shelters do not always match some of the multiple barriers families face, resulting in longer waiting periods for programs moving them to more permanent housing. The County and Catholic Charities (the partner in operating CAHS) also face the complexity of designing and implementing new client tracking systems that will help us determine the benefits of this new coordinated access.

The federal department of Housing and Urban Development has developed new performance measures for local Continuum of Care (CoC) areas that require the data tracking tools to measure length of homelessness and exits to permanent housing. In 2014 and 2015, Ramsey County, along with the rest of Minnesota, will address expanding and improving its tracking tools through the Homeless Management Information System (HMIS).

Planning to End and Prevent Homelessness

Opening Doors is supported and overseen by the Secretaries of 10 federal departments, co-chaired by the Secretaries of Health and Human Services and Housing and Urban Development.

Ramsey County is aligning its goals with the federal government and the State of Minnesota through comprehensive plans that clearly articulate the steps and the timeline for accomplishing the end of homelessness. In 2010, "Opening Doors", the federal strategic plan to prevent and end homelessness laid out the following goals:

- Finishing the job of ending chronic homelessness by 2015
- Preventing and ending homelessness among Veterans by 2015
- Preventing and ending homelessness for families, youth, and children by 2020; and
- Setting a path to ending all types of homelessness.

In December 2013, the State of Minnesota published *Heading Home: Minnesota's Plan to Prevent and End Homelessness*, which has echoed the goals of Opening Doors. Commissioners of 11 state agencies and the office of the Governor oversee the implementation of the plan through the MN Interagency Council on Homelessness.

In Ramsey County, a 25-member elected Governing Board, with the active participation of the Community Human Services Department, has been tasked with the implementation of county-wide strategies that will provide local accomplishment of the state and federal goals of ending and preventing homelessness. This will require the careful and strategic use of public and private resources designed to identify people at risk of homelessness, shorten the length of time that anyone has to remain homeless, and keep a focus on durable solutions that keep people from falling back into homelessness.

Financial Assistance Services for Low Income People

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Highlights of 2013

In 2012, 16.8% of Ramsey County families were living in poverty. In comparison, the Minnesota state-wide rate is 11.2%. blacks/African Americans (39%), Asians (29%), and Hispanic/Latinos (32%) in Ramsey County are more likely to be living in poverty than whites (10%). Single-parent families headed by females are also more likely to be living in poverty than married couple families (39% versus 9%).

Families living in poverty are the ones that Community Human Services (CHS) is most likely to serve. Children are the recipients of many services directed at low-income families:

- Children make up 40% of individuals receiving Medical Assistance funding through CHS.
- 2,071 families in Ramsey County received Basic Sliding Fee or Minnesota Family Investment Program (MFIP) child care subsidies in 2013.
- Of the 35,896 MFIP or Diversionary Work Program (DWP) individuals served in 2013, 57% were children.

Needs of families continue to change:

- The increase in Supplemental Nutrition Assistance Program (SNAP) Medical Assistance (MA) and General Assistance (GA) cases are being addressed through application processing improvements and changes.
- The number of DWP and MFIP cases declined noticeably in 2012 and 2013 after reaching high levels in 2010 and 2011, as a result of the economic recession.
- Changes in legislation and funding have decreased the number of child care providers in Ramsey County and the number of children served by Basic Sliding Fee child care.
- The American Community Survey estimated that 10.4% of Ramsey County residents were uninsured in 2013.

There is evidence of racial/ethnic disparities in the use of emergency assistance and in DWP and MFIP participation in Ramsey County. These disparities are resulting in an examination of policies and procedures in those areas.

Ramsey County CHS continues to respond effectively to the increased needs of its residents for food support, health care, and cash assistance.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) helps low income people pay for food. SNAP cases have increased by 17% from 2010 to 2013 - from an average of 30,771 to 35,989 cases open each month.

Avg. Number of SNAP Cases Open Each Month

2011	2012	2013
30,771	33,939	35,989

Medical Assistance (MA)

Medical Assistance (MA) serves the largest number of people of all the CHS programs.

Medical expenditures make up the largest share of government expenditures in CHS. While children comprise 40% of individuals receiving medical care funding through CHS, expenditures for the elderly and disabled are greater.

Medical Assistance (MA) is funded by both the state and federal government. It provides assistance to low income individuals and families and to disabled adults ages 21 to 64 who may qualify if they meet certain income limits and do not have children under the age of 21 in the home. About a quarter of Ramsey County residents were receiving Medical Assistance in 2013.

Of the 130,754 individuals receiving MA in Ramsey County in 2013, 34% were white, 31% were black/African American, 26% were Asian, 2% American Indian, 3% multiracial, and 4% unknown; 40% were under age 18, 54% were 18 to 64, and 7% were over age 64; and 53% were female and 47% male.

Avg. Number of MA Cases Open Each Month

2011	2012	2013
55,940	57,687	59,891

Diversionary Work Program (DWP)

Of the 1,822 DWP cases in 2013, 691 (38%) transitioned to MFIP in 2013.

In 2013 the Diversionary Work Program (DWP) provided time limited (4 months) income support for 1,822 families, as well as medical coverage, food support, child care assistance, and employment assistance. Clients unsuccessful in finding employment while on DWP can move to the MFIP program.

DWP average monthly cases have decreased by 19% from 2011 to 2013. This trend reflected the unemployment rate.

Of the 5,512 individuals served by DWP in 2013, 17% were children ages 5 and under and 37% were children ages 6 to 17. The race/ethnicity of individuals were 41% black/African American, 23% Asian, 20% white, 9% Hispanic, and 1% American Indian.

Avg. Number of DWP Cases Open Each Month

2011	2012	2013
493	463	399

Minnesota Family Investment Program (MFIP)

Minnesota Family Investment Program (MFIP) provided time limited (60 months) income support for 10,862 families in 2013. In addition to receiving employment services, medical coverage, and food support as part of the program, many families also received child care assistance.

Of the 35,896 individuals served by MFIP in 2013, 57% were children under the age of 18 and 43% were adults. 19% were children who were 5 years or younger.

Similar to DWP cases, MFIP average monthly cases decreased 9% from 2011 to 2013.

Of the individuals served on Ramsey County MFIP in 2013, 57% were children.

Avg. Number of MFIP Cases Open Each Month

2011	2012	2013
7,853	7,517	7,121

General Assistance (GA)

General Assistance is a state program that provides a monthly income of $203 for individuals and $260 for couples who are unable to work. Many of the individuals receiving General Assistance are in the process of applying for Social Security Disability Income. The asset limit for GA is $1,000 per person.

In 2013, GA participants were primarily male (63%); 42% were white, 38% were black/African American, 12% Asian, 4% Hispanic, 3% American Indian, and 2% other; and their average age was 43 years.

Average monthly GA cases increased 9% from 2011 to 2013.

Avg. Number of GA Cases Open Each Month

2011	2012	2013
3,056	3,289	3,328

Emergency Assistance (EA) and Emergency General Assistance (EGA)

Emergency programs are intended to resolve a sudden or unexpected situation that requires immediate action, and if not resolved will result in severe hardship or pose a direct, immediate threat to physical health or safety of the individual and/or child.

There are two emergency programs available in Ramsey County: Emergency Assistance (EA) for families and Emergency General Assistance (EGA) for individuals or for families who do not qualify for EA.

In 2013 Ramsey County served 11,634 EA and EGA recipients - 5% more people than served in 2012. In 2013 many people applied for and received emergency assistance because of utility expenditures

Emergency Assistance Program Recipients

2011	2012	2013
7,099	11,078	11,634

Child Care Programs

State and federally funded child care assistance programs provide assistance to families who are employed or are in school, including teen parents attending high school. Families pay for child care on a sliding fee scale based on their income.

MFIP families receiving child care decreased 31% from 2010 to 2013 (1,750 to 1,213) as the number of families on MFIP decreased.

Families receiving Basic Sliding Fee (BSF) childcare decreased 26% from 1,154 families in 2011 to 858 in 2013. In 2010 Ramsey County received additional funding for BSF child care through the American Recovery and Reinvestment Act (ARRA). A $1,000,000 budget cut for BSF child care in 2011 resulted in fewer families being served that year and an increase in the waiting list.

Several legislative changes in recent years have adversely affected the number of child care providers in Ramsey County. Those changes include increased training requirements for legally unlicensed child care providers and reductions in reimbursement rates to licensed and legally unlicensed child care providers.

When at least 90% of the annual BSF allocation is spent each year there is the possibility for the County to receive an additional roll-over amount the following year.

The budget for BSF child care increased 4% from 2012 to 2013, to $11,811,853 in 2013.

Child Care Services	2011	2012	2013
Families receiving Basic Sliding Fee subsidies	1,154	896	858
Families receiving MFIP child care subsidies	1,594	1,311	1,213
Households on the waiting list for Basic Sliding Fee child care	849	1,195	1,336

Addressing Disparities

Emergency Assistance (EA) and Emergency General Assistance (EGA)

Emergency programs provide financial support to families and individuals who are at risk of homelessness because of a crisis such as eviction or are at risk of having their utilities shut off for lack of payment.

Families and individuals in poverty are most likely to qualify for and use the EA and EGA programs in Ramsey County. The EA and EGA applications in 2010 through 2013 show disproportionately larger percentages of blacks/African Americans and multiracial families submitting applications than were in poverty in Ramsey County; and fewer Asians and whites submitting EA applications than would have been expected based on their poverty status.

Examination of approval and denial rates for EA and EGA applications by race/ethnicity in 2010 to 2013 show some disparities. Two groups, Asians and whites, were more likely to have applications denied than approved. Two other groups – blacks/African Americans and American Indians - were more likely to have applications approved than denied.

The trend of higher EA and EGA application approval rates for blacks/African Americans and lower approval rates for Asians increases the disproportionalities when compared with the poverty status of those racial/ethnic groups.

Asians were more likely to have applications denied because the situation was not considered an emergency and blacks/African Americans were more likely to be denied because they had received emergency assistance within the last twelve months or because of the lack of verification of data on the application form.

The higher approval rate of applications of blacks/African Americans indicates the greater need of blacks/African Americans for emergency assistance. The reasons for application denial of blacks/African Americans give more information about their need - specifically that need occurs more than once a year. The higher approval rate of applications of American Indians is also an indication of their greater need for emergency assistance.

Anyone who applies for EA/EGA and is denied is told the reason for denial. The EA/EGA screener will also suggest things that they might do in order to become eligible, such as signing up for a utility payment plan. In addition, the denied applicant is given a list of other agencies that might be able to assist them with their need.

Emergency Assistance applications in 2011 to 2013 did not reflect the racial/ethnic make-up of those in poverty in Ramsey County.

Addressing Disparities - continued

In 2009 through 2013 African Americans comprised the largest proportion of MFIP participants (35%-38%) in Ramsey County.

Minnesota Family Investment Program/Diversionary Work Program (MFIP/DWP)

Ramsey County DWP and MFIP data for 2009 to 2013 show some disproportionality by race. Compared to poverty data in Ramsey County, whites tend to be underrepresented on DWP and MFIP and African Americans tend to be overrepresented. The trend from 2009 to 2013 was for the number of whites on DWP to steadily decrease, while blacks increased. This may be an indication that the improved economy since 2009 has increased low- income whites' ability to find employment, while low-income blacks have not experienced those same employment benefits. Whites and Asian Americans on DWP were slightly less likely to be on MFIP within a year of leaving DWP, while African Americans were slightly more likely to be on MFIP within a year of leaving DWP.

Ramsey County MFIP data show some differences by race that might be indications of disparities in program services or service delivery. African American, Asian American, and Hispanic participants were sanctioned at higher rates, while other Asian immigrants were sanctioned at lower rates than would be expected based on their MFIP participation.

Larger proportions of African Americans reached the 60-month MFIP limit, while other Asian immigrants had smaller proportions reach the 60-month limit than would be expected based on their MFIP participation. MFIP participants who reach 60-months can be extended (allowed to remain on MFIP and receive MFIP benefits) after providing documentation that they qualify for one of the reasons for extension. American Indians were more likely to be extended because of mental illness; and the Hmong and Somalis were more likely to be extended because of parental employment.

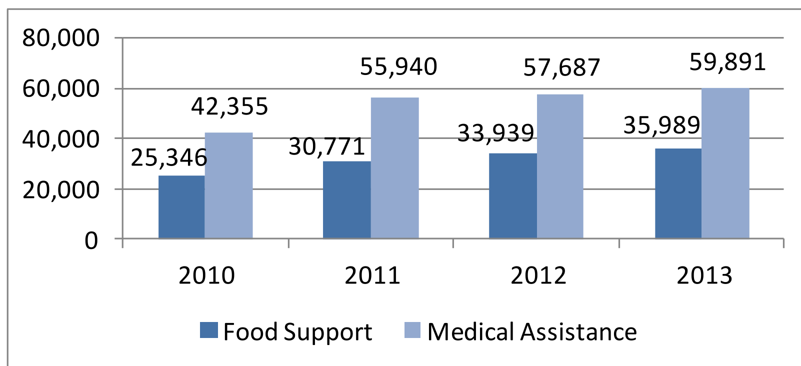
Outcome: The basic needs of residents are met, including food, shelter, health and jobs.

Financial Services Intake

There is a statewide trend of increasing reliance on public health programs and increasing numbers of people without private health insurance. The increasing reliance on public health insurance has also increased intake activity in the Financial Assistance Division. As shown below, the number of food support cases open each month has increased 42% from 2010 to 2013 and the number of Medical Assistance cases open each month has increased 41% from 2010 to 2013.

SNAP Take-up Rate:
In 2013, 83% of those eligible for food support in Ramsey County applied for and received their benefits. This compares to a Minnesota state rate of 70%.

Average Number of Food Support and Medical Assistance Cases Open Each Month in Ramsey County



Health Care Applications

According to the Minnesota Department of Health, the increase in health care applications is primarily because of reductions in the availability of employer-based health plans.

Counties are required to process health care applications within a 45-day timeframe.

From 2011 to 2013 CHS has remained consistent (70%) in the ability to process health care applications in a timely manner. This is largely due to changes in practices that have affected the processing of increased numbers of applications.

Health Care applications with initial action within 45 days

2011	2012	2013
70%	70%	70%

From 2011 to 2013 public assistance cases in Ramsey County have increased by 7% from 60,778 to 64,807, primarily as a result of increases in Medical Assistance and food support cases.

Cash and SNAP Applications

Counties are required to process cash and food support applications within a 30-day timeframe. Despite an increase in requests for service from 2011 to 2013, CHS has been able to process a large percentage of cash and food stamp applications within 30 days. **From 2011 to 2012 there was a 5% reduction (78% to 74%) in the Cash and SNAP applications processed within 30 days; and that rate didn't change in 2013.**

In 2013 Ramsey County made process improvements to reduce the amount of time needed to complete SNAP applications and to improve their accuracy. Changes were also made in expedited food support to improve responsiveness to needs of applicants.

Cash & Food Stamp Applications with Initial Action within 30 days

2011	2012	2013
78%	74%	74%

Child Care Assistance

The Minnesota State Legislature cut the budget for Basic Sliding Fee (BSF) child care in 2011 resulting in a large increase from 2010 to 2013 in the number households on the waiting list for BSF child care and a large decrease in families receiving BSF subsidies.

In addition, legislation became effective in November 2011 requiring legally non-licensed (LNL) child care providers to have First Aid and CPR training. The cost associated with these trainings resulted in many LNL providers closing and an overall reduction in the number of child care providers.

MFIP child care cases decreased by 31% from 2010 to 2013, reflecting a similar decrease in MFIP cases during that same time period. BSF child care cases decreased by 47% from 2010 to 2013 reflecting the decreased funding during that time.

Strategies for Meeting the Basic Needs of Residents

The workload in Financial Assistance Services (FAS) has continued to increase. To address the increased workload three strategies have been implemented with the primary goal of ensuring benefits are approved and issued accurately and in a timely manner.

First, a Self Service Application Center was created in the outer lobby of our Human Services Building to allow individuals without access to a computer to apply online and enroll in a health care program. The Division is partnering with Portico, a nonprofit that helps uninsured Minnesotans access affordable health coverage and care, who staff the Application Center and assist individuals with completing the online health care insurance application, MNsure. The Division has also partnered with Social Security Administration, SSA, and a quick service URL has been installed on the kiosks that allow individuals easy access to get a social security statement, change their address, estimate retirement benefits or request a replacement Medicare card.

Second, "Blue Zone scripts" are being piloted to address the many financial worker tasks that are repetitive and time consuming. These scripts have been developed to automatically "fill in" specific information on various screens within our MAXIS computer system which is used to determine eligibility for public assistance programs. This pilot is going very well and time reductions have been realized in processing tasks such as monthly household report forms and annual recertification's. This, in turn, improves our customer service as cash, food support, and health insurance benefits get issued to clients more quickly and with fewer errors.

Lastly, we changed the Emergency Assistance/Emergency General Assistance (EA/EGA) process to reduce application wait times for clients and improve workflow efficiencies. Applicants are now screened in the lobby the same day they apply for EA/EGA and are notified at that time whether they meet the eligibility requirement and what, if any, verification information is needed. The time from application to approval previously took 24 days, but with the new process it is reduced to 10 days. With a shorter turnaround, clients can seek out other community resources if they are not eligible for EA or EGA.

FAS staff continually looks for ways to improve work processes. In addition, they strive to ensure the basic needs of Ramsey County residents are met and quality services are provided to all clients.

Financial Information

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How does $1.651 billion get spent?

In 2013, CHS authorized or expended $1,651,764,833 on behalf of the residents of Ramsey County. The amount of these funds that was formally a part of CHS's budget was about $164 million in 2013.

The following pages provide a picture of revenue and expenditures for the Community Human Services Department (CHS).

$1,225,361,526 Medical and Financial Services
$ 426,403,307 Social Services

$1,651,764,833 Total

Medical Assistance

Looking at the picture of expenditures for individuals and families in Ramsey County, about 61% of the money expended or authorized was for medical expenditures. The $1 billion in Medical Assistance in 2013 was a $89 million increase over 2012.

CHS's cost of administering this program at the county level consumed 3%, a small portion of the funds. Ninety-seven percent (97%) of the funds were provided to individuals in the form of benefits.

Social Services

Social service expenditures totaled over $426 million in 2013. These funds support programs for children and adults. In 2013, the total expenditures for social services was an increase of $1.7 million over what was spent in 2012.

Community Human Services Budget

Past experience suggests that despite year-to-year variations, the County can expect reduced funding from the state and increased financial obligations given to the County by the state.

Federal and state budget changes continue to affect CHS negatively. The 2013 budget continued to reflect the impact of the state budget reductions that began in 2003. In 2003, the state reduced payments and shifted substantial costs to the County. CHS has responded in three ways:

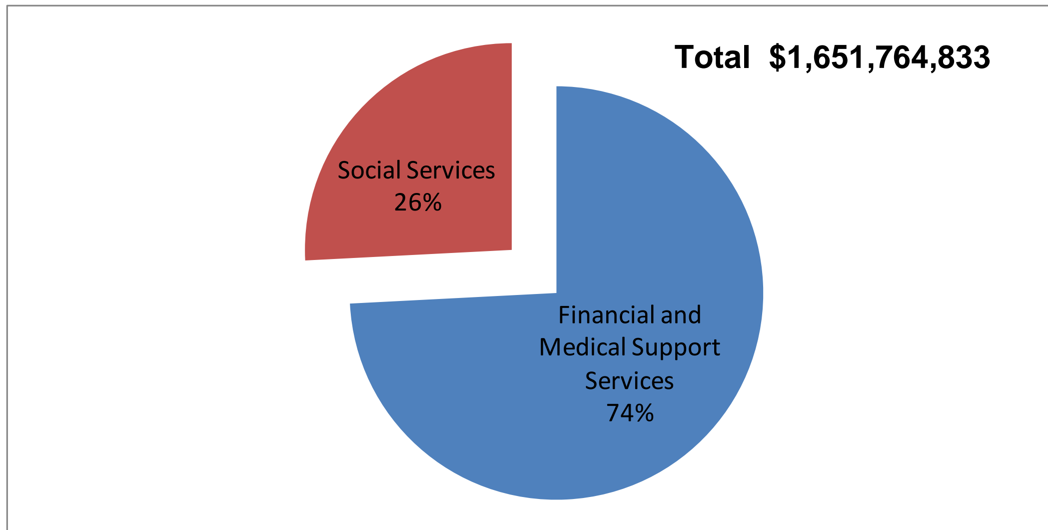
- reduced services and administrative support,
- pursued strategies to reduce spending without reducing services, and
- pursued strategies to increase revenue, in order to avoid reducing services.

Multi-year reductions in client funds, staff training, supplies, management support and equipment have created a budget with very limited ability to purchase needed services and supplies for clients and staff and to provide critical agency support services.

Our Financial Future

Looking longer term this will be a period of tough financial times for the indefinite future. This is because of the skyrocketing cost of health care (much of it paid by government and a major cause of increasing state and federal spending), an aging population, and an increasing rate of poverty. These trends will continue to make the financing of human services difficult.

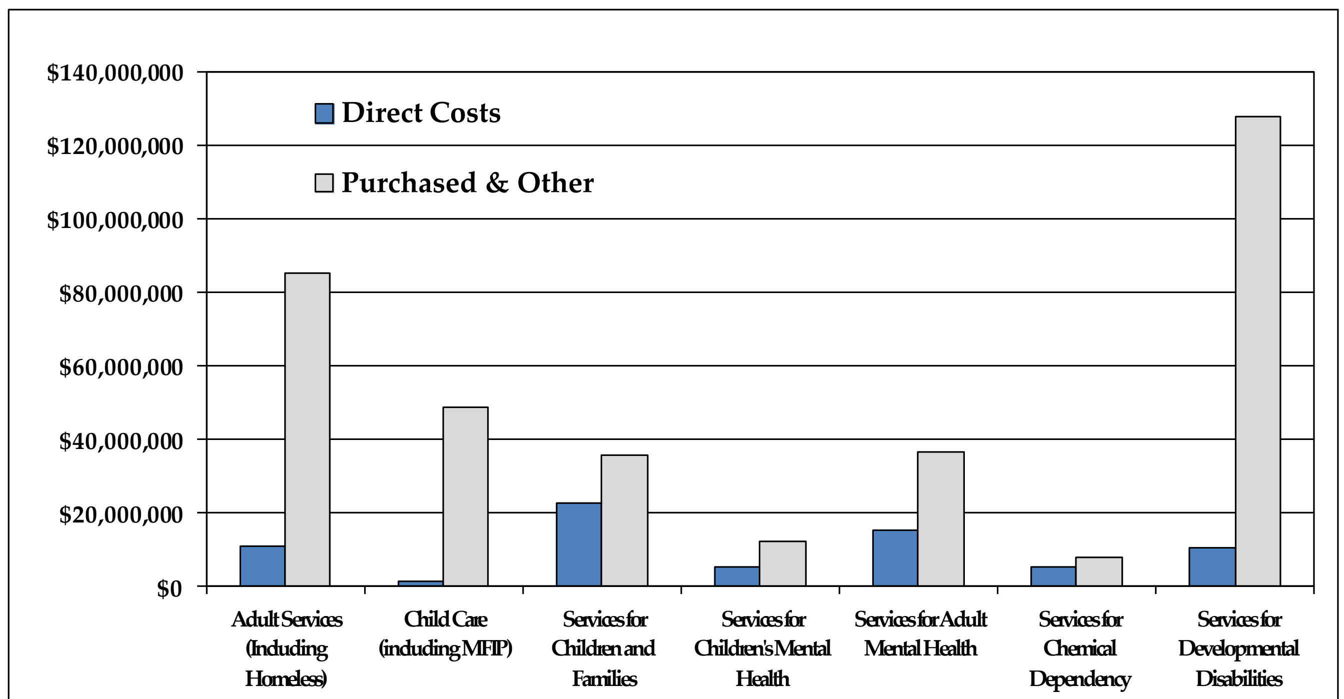
Summary of Total Expenditures in 2013



Social Services Expenditures in 2013

Services	Direct Costs	Purchased & Other	Total	%
Adult Services (Including Homeless)	$10,791,010	$85,467,696	$96,258,706	23%
Child Care (Including MFIP)	$1,525,155	$48,615,498	$50,140,653	12%
Services for Children and Families	$22,885,123	$35,756,364	$58,641,487	14%
Services for Children's Mental Health	$5,130,692	$12,267,234	$17,397,926	4%
Services for Adult Mental Health	$15,392,078	$36,801,701	$52,193,779	12%
Services for Chemical Dependency	$5,359,956	$8,067,411	$13,427,367	3%
Services for Developmental Disabilities	$10,438,699	$127,904,690	$138,343,389	32%
Total	$71,522,713	$354,880,594	$426,403,307	100%
Percentage	17%	83%	100%	

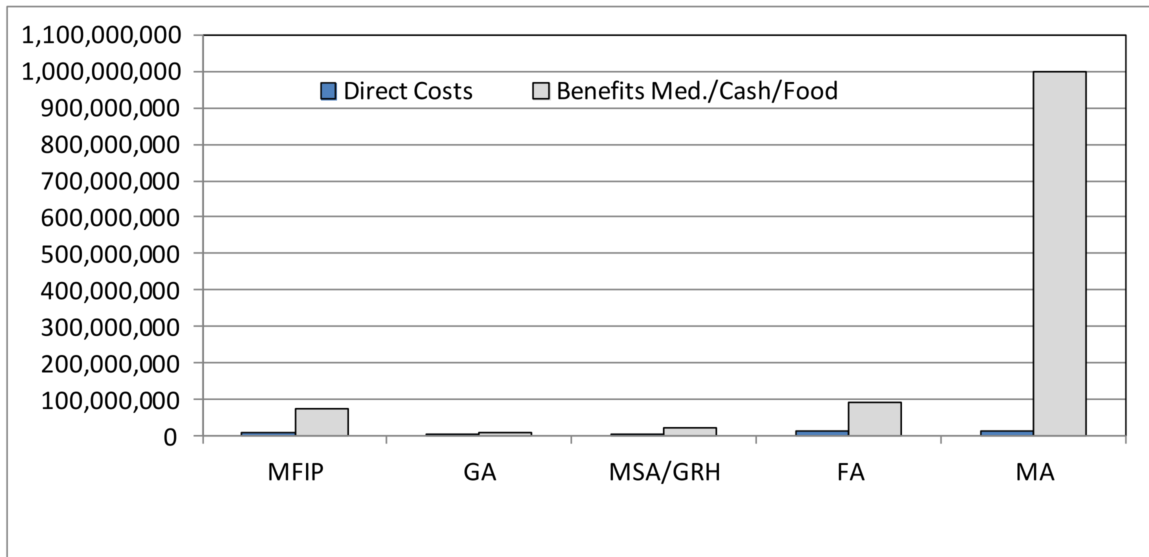
In the chart below, 'Purchased and Other Costs' are the costs of the services purchased from vendors and 'Direct Costs' are the staff-related costs such as payroll and supplies.



Financial and Medical Expenditures in 2013

Program	Direct Costs	Benefits Med./Cash/Food	Total	% of all Expenditures
Minnesota Family Investment Plan (MFIP)	$8,531,142	$71,758,770	$80,289,912	7%
General Assistance (GA)	$1,267,786	$8,432,064	$9,699,850	1%
Minnesota Supplemental Aid (MSA)	$355,853	$6,901,602	$7,257,455	1%
Group Residential Housing (GRH)	$604,201	$14,478,474	$15,082,675	1%
Food Assistance (FA)	$10,679,549	$90,579,092	$101,258,641	8%
Medical Assistance (MA)	$12,894,938	$998,878,055	$1,011,772,993	82%
General Assistance Medical Care (GAMC)	$0	$0	$0	0%
Total	$34,333,469	$1,191,028,057	$1,225,361,526	100%
Percentage	3%	97%	100%	

In the chart below, 'Benefits Med./Cash/Food' are the costs of the benefits paid directly to clients who need assistance and 'Direct Costs' are the staff-related costs such as payroll and supplies.



Summary of Total Source of Funds in 2013

Source	Amount	Percentage
Federal/State/Other	$1,571,683,041	95%
Local*	$80,081,792	5%
Total	$1,651,764,833	100%

*2013 CHS Approved Budget

Social Services Revenue in 2013

	Federal/ State/Other	Local Levy	% Local	Total
Adult Services (Including Homeless)	$89,410,534	$6,848,172	7%	$96,258,706
Child Care (Including MFIP)	$48,960,098	$1,180,555	2%	$50,140,653
Children and Families	$36,357,090	$22,284,397	38%	$58,641,487
Children's Mental Health	$12,402,101	$4,995,825	29%	$17,397,926
Adult Mental Health	$37,206,306	$14,987,473	29%	$52,193,779
Chemical Dependency	$10,128,863	$3,298,504	25%	$13,427,367
Developmental Disabilities	$131,757,239	$6,586,150	5%	$138,343,389
Total	$366,222,231	$60,181,076	14%	$426,403,307
Percentage	86%	14%		100%

Financial and Medical Revenue in 2013

Services	Federal/State/Other	Local Levy	% Local	Total
MFIP	$74,708,456	$5,581,457	7%	$80,289,913
General Assistance	$8,432,064	$1,267,786	13%	$9,699,850
Minnesota Supplemental Aid	$6,901,602	$355,853	5%	$7,257,455
GRH	$14,478,474	$604,201	4%	$15,082,675
Food Assistance	$95,692,695	$5,565,946	5%	$101,258,641
Medical Assistance	$1,005,247,519	$6,525,473	1%	$1,011,772,992
General Assistance Medical Care	$0	$0	0%	$0
Total	$1,205,460,810	$19,900,716	2%	$1,225,361,526
Percentage	98%	2%		100%

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