

# Health and Wellness Service Team

---

September 12, 2022

## Service Team Description

- *The Health and Wellness Service Team houses departments that provide for the health, safety, and basic needs of residents. The Social Services, Financial Assistance, Public Health, Community Corrections, Veterans Services, and Health and Wellness Administrative Departments work together to deliver programs and assistance that ensure residents can meet their basic needs. Through child protection, mental health services, COVID-19 vaccination, food and financial supports, probation, and more the Health and Wellness Service Team help people across the life spectrum to thrive.*

## PMAT Members

- PMAT Lead: Dana DeMaster
- Community Corrections: Leah Bower
- Social Services: Lois Cheeseboro, Chris Chandler, Andrew Greenlee, Brianna Carey
- Financial Assistance Services: Kelly Knippenberg, Altreisha Benthofoster
- Health and Wellness Administrative: Alex Gayl, Sandra Holmes-Stella
- Public Health: Cheryl Armstrong, Kim Klose
- Veterans Services: Maria Wetherall, Christina Rost, Angie Guenther
- Controller: Francis Odhiambo

## Service Team Metrics

### **Strategic Priority #1: Advancing a holistic approach to strengthen families**

*Centering family need: Percent of pregnant people and children under age 5 on Medical Assistance who also receive Women, Infants and Children*

*Early childhood support: Percent of children younger than age 5 who are in foster care who are enrolled in Head Start*

*Food Security: Percent of people potentially eligible for the Supplemental Nutrition Assistance Program (SNAP) who receive SNAP*

### **Strategic Priority #2: Putting well-being and community at the center of Justice System Transformation**

*Preventing system involvement: Disparity ratios between African American and American Indian children and White children in screened in reports of child neglect and maltreatment*

## **Strategic Priority #1: Advancing a holistic approach to strengthen families**

### **Why does this matter to Ramsey County residents?**

Historically, when a family needs services from the county they need to make multiple contacts across multiple departments, as well as know what kind of services and programs exist. Our programs have been siloed by department and funding source. Families should not be required to understand our structure and services to get help – to get their needs met families should only have to know their need.

These measures are proxy indicators of our work to center family need, rather than bureaucratic ease for us. They show measures changes within our control that have concrete benefits for families.

## Strategic Priority #1: Advancing a holistic approach to strengthen families

<i>Performance Measure</i>	<i>2019 Actual</i>	<i>2020 Actual</i>	<i>2021 Actual</i>	<i>2025 Goal</i>	<i>2030 Goal</i>
<b>% of children ages 5 and younger in foster care who receive Head Start</b>	7%	11%	10%	15%	30%
<b>% of pregnant people and children under age 5 who receive Medical Assistance that also receive Women, Infants, and Children</b>	63.1%	57.5%	59.4%	67%	85%

## Strategic Priority #1: Advancing a holistic approach to strengthen families

<i>Performance Measure</i>	<i>2019 Actual</i>	<i>2020 Actual</i>	<i>2021 Actual</i>	<i>2025 Goal</i>	<i>2030 Goal</i>
- <b>Percent of people potentially eligible for SNAP who receive SNAP</b>	48.2%	49.3%	50.6%	55%	70%
<b>White</b>	28.3%	28.7%	29.7%	35%	45%
<b>Black</b>	82.5%	84.6%	84.7%	90%	90%
<b>Asian</b>	64.0%	65.2%	68.1%	75%	85%
<b>American Indian</b>	59.0%	61.1%	60.4%	65%	80%
<b>Multiple</b>	21.3%	21.8%	23.7%	26%	40%
<b>Hispanic</b>	25.2%	25.8%	27.0%	35%	45%

## What is your methodology for data collection?

Data for Medical Assistance; Women, Infants, and Children; foster care; and SNAP all come from administrative data bases that we have access to. We have legal authority to receive Head Start enrollment data for children in foster care and Head Start is an engaged partner who supports this work. Data on the number of people living below 200% of Federal Poverty Guideline (FPG) come from publicly available Census data. Data are collected and calculated by the HWAD Evaluation, Research, and Reporting Unit, as well as Public Health's WIC Unit.

The SNAP outreach measure for 2019-2021 uses the number of people living at or below 165% of the FPG, which was the income limit. Moving forward, the measure will use 200% of the FPG which is the new income limit starting September 1, 2022.

Currently, 60% of people receiving MA in Ramsey County lack race data. This is due to a combination of people deciding not to report their race, automatic recertification during the pandemic, and the way that different Department of Human Services databases communicate. Data on foster care youth receiving Head Start are available by race, but the numbers are too small to report.



## **What is the “story behind the baseline”: Why is the trend what it is? Is the data different by race?**

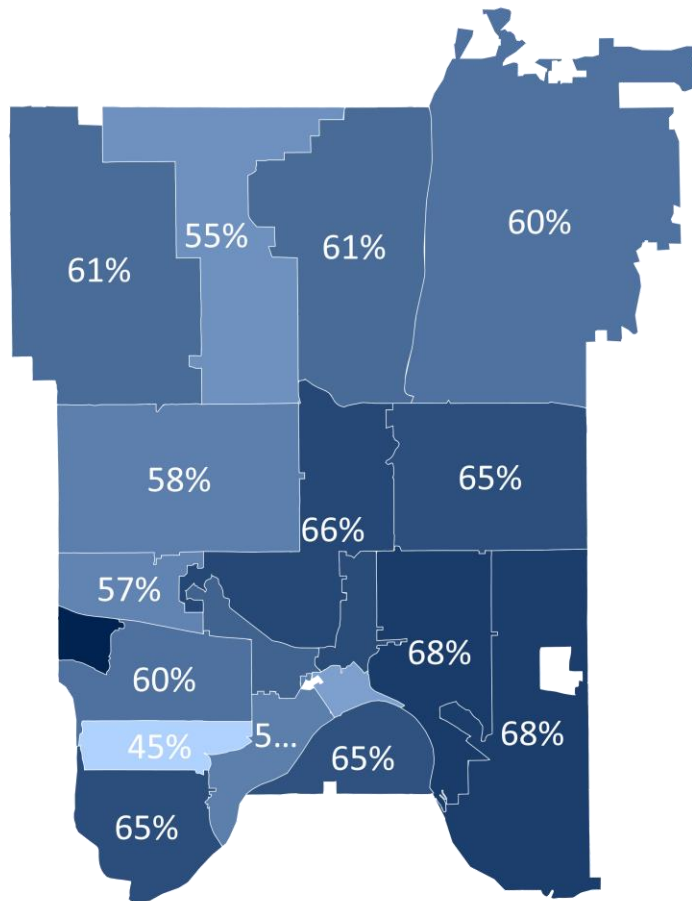
Pregnant and post-partum people and children under age five who receive Medical Assistance are presumptively eligible for WIC, but the burden is placed on them to apply.

Children in foster care are priority groups for Head Start and Early Learning Scholarships. Although they are eligible and a priority group, they still need to know they are and to complete an application. Historically, this burden has been placed on families.

On September 1, 2022, SNAP eligibility is being increased nationwide to 200% of the Federal Poverty Guideline (FPG). This is an opportunity to connect families, the elderly, and people with disabilities to food benefits they were not previously eligible for. About 28,000 additional people are now potentially eligible who were not previously.

Through the Early Childhood initiative, coordinated by Health and Wellness Administration, we are working to provide a seamless process where families can easily access all the services they are eligible for.

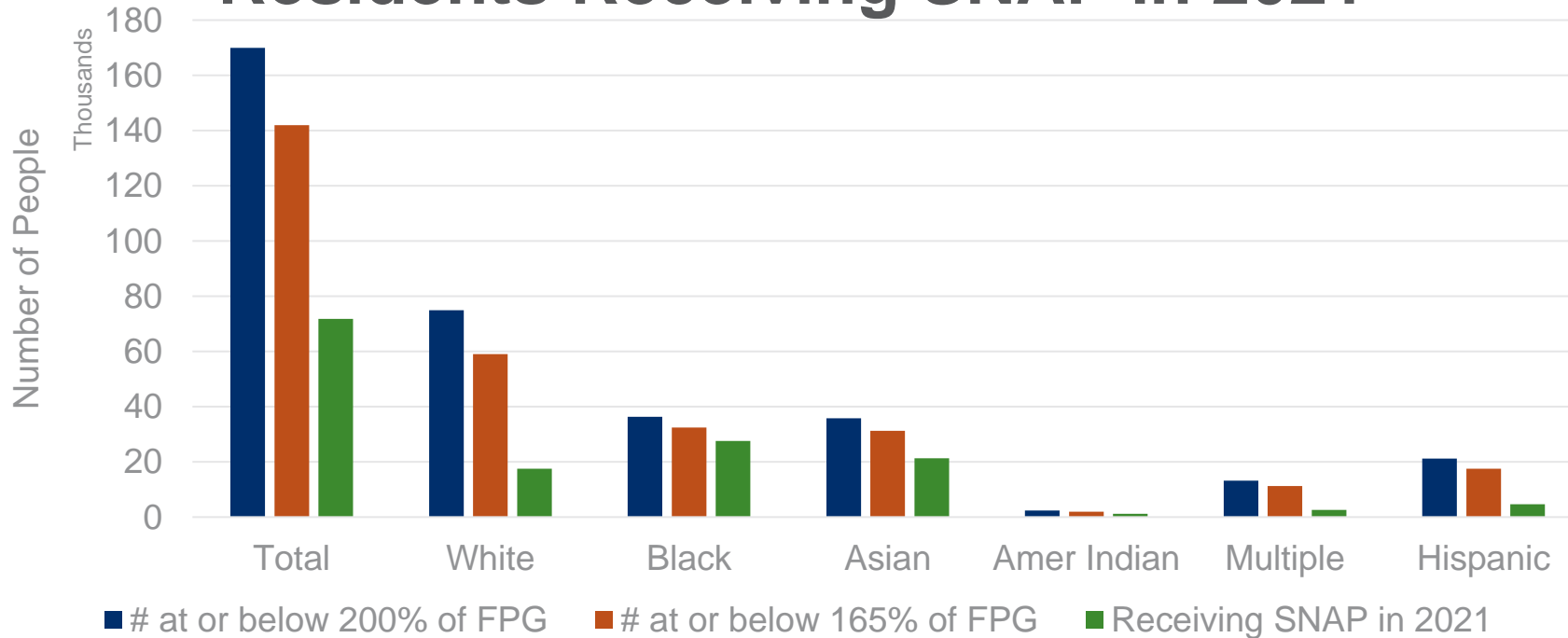
## Percent of MA/WIC Co-Enrollment by Zip Code (2021)



Powered by Bing  
© TomTom

- The highest levels of co-enrollment are in zip codes with higher levels of poverty.
- Outreach needs to be targeted to the suburbs and Saint Paul neighborhoods with lower poverty overall.
- Automate enrollment in multiple programs.

## Potentially SNAP-eligible Residents Compared to Residents Receiving SNAP in 2021



About 28,000 people are newly eligible for SNAP. Barriers to SNAP participation include stigma and complicated enrollment processes. In the past, refugees were more likely to use benefits than others.

## Collaboration & Transformation Across the Service Team

### Community Engagement (Equity Action Circle)

Family at center, importance of early childhood, navigating systems

### Early Childhood Initiative (Health and Wellness Administration)

Access to high quality childcare and education, early childhood workforce, cross-county coordination, presumptive eligibility

### Coordinating Systems & Departments (Financial Assistance, Social Services, and Public Health)

These departments are often the front door to services. Importance of removing barriers, recognizing strengths of each department while working together seamlessly.

## **Strategic Priority #4: Putting well-being and community at the center of Justice System Transformation**

### **Why does this matter to Ramsey County residents?**

One of the best ways to reduce involvement in deep-end systems and the justice system is to prevent people from entering in the first place.

Through our partnership with Transforming Systems Together, as well as the many preventative health and safety-based services of the HWST, we are working to transform the child protection system to be more responsive to community.

The screening process for child protection maltreatment and neglect reports is often the first place a family or child enters the system. Ensuring appropriate responses is the first step to reducing later systems involvement.

## Strategic Priority #4: Putting well-being and community at the center of Justice System Transformation

<i>Performance Measure</i>	<i>2019 Actual</i>	<i>2020 Actual</i>	<i>2021 Actual</i>	<i>2025 Goal</i>	<i>2030 Goal</i>
<b>Disparity Ratio between African American and White children in screened in child protection reports</b>		1.05	1.08	1.00	1.00
<b>Disparity Ratio between American Indian and White children in screened in child protection reports</b>		1.20	1.18	1.00	1.00

## What is your methodology for data collection?

Data for this measure comes from SSIS, the Social Services case management database. It will be collected and calculated by the HWAD Evaluation, Research, and Reporting Unit.

This measure is based in the number of reports, not the number of children. Children can be the subject of multiple reports over a year and one report can be about multiple children.

A disparity ratio compares the rate of one group to the rate of another group. In this measure, the percent of screened in reports of Black and American Indian children are compared to the percent of screened in reports of White children. For example, if 56% of reports regarding Black children were screened in and 45% of reports regarding White children were screened in, then  $56\% \div 45\%$  is 1.24 meaning that Black children were 1.24 times more likely than White children to be screened in. A ratio of 1 means that groups were equally likely.

## **What is the “story behind the baseline”: Why is the trend what it is? Is the data different by race?**

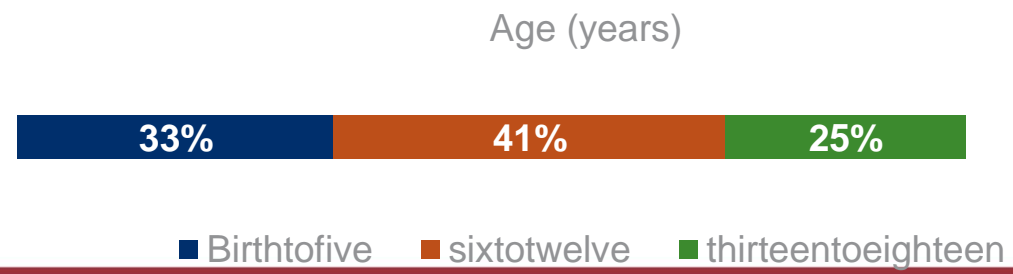
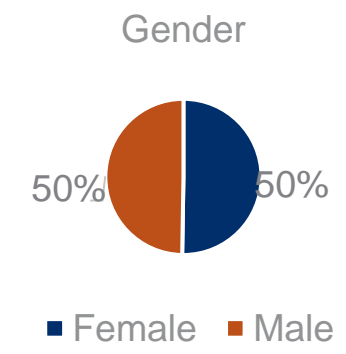
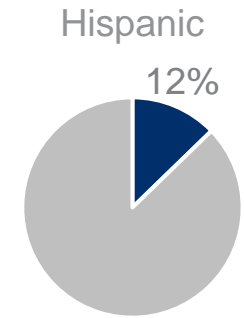
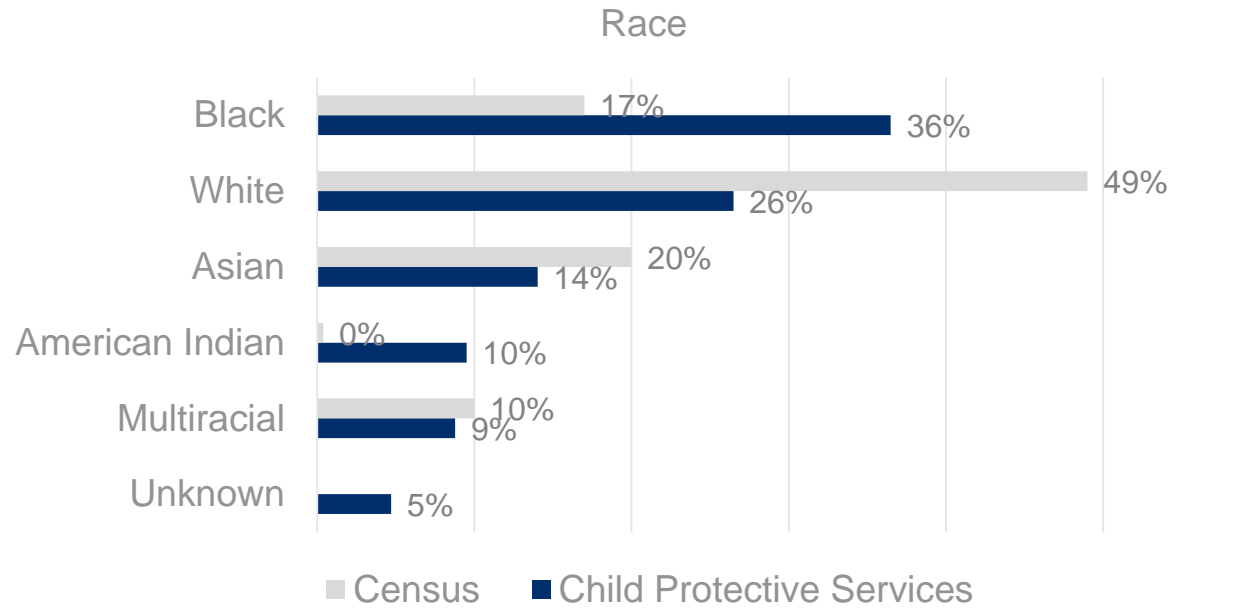
Involvement in Child Protection has been linked to continued and deeper involvement in government systems that can lead to family disruption, out-of-home placement, and eventual involvement in the criminal justice system.

However, not all reports of child neglect or maltreatment are appropriate. What may seem like well-intentioned concern to a person making a report, may not be child maltreatment or neglect, but poverty or parenting practices that vary by community and culture.

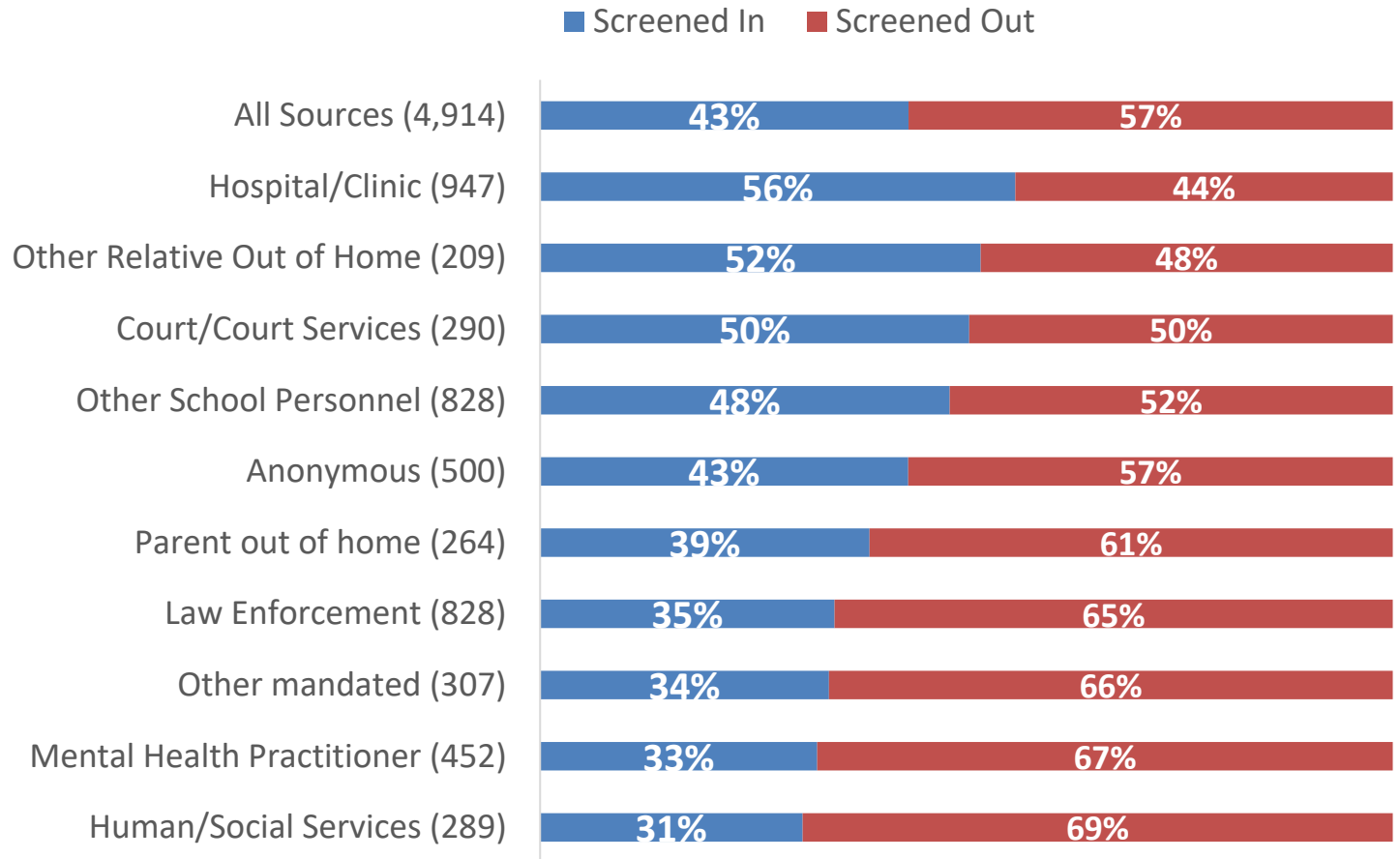
African American and American Indian children are more likely to be the subject of reports and are more often screened in for services due to biases along the way. Only providing child protection services to those who actually need them is an important way to divert children from getting enmeshed in unnecessary government systems and family disruption.



# 9,206 children were reported to Child Protection Services in 2021



## Over half of reports made to Child Protection Services were screened out in 2021 (n=4,914)



## **Changing the Narrative: Collaboration Across the Service Team**

### **Social Services**

Transforming Systems Together – co-leading workgroups to transform Child Protection; partnering with community through the American Indian Family Partnership, Black Commission, Cultural Wellness Center, and Signs of Safety Practice

### **Public Health**

Providing upstream supports and reducing harm to promote healthy families, such as Child and Teen Check-ups, Women, Infants, and Children, and Family Home Visiting

### **Community Corrections**

Repairing historical harms by focusing on families as a unit , engaging community, and preventing systems involvement .

---

## Board Workshops

- Health and Wellness Administrative Department – Residents First Systems Modernization
- Food Security – Holistic Approach to Families October 25
- Community Corrections – Changing the Narrative on Juvenile Justice November 8
- Financial Assistance Services – Talent Attraction, Retention, and Promotion Elder Mentorship
- Public Health Career Pathways
- Public Health – Residents First 555 Cedar Relocation