RAMSEY COUNTY
Community Human Services

RAMSEY COUNTY COMMUNITY HUMAN SERVICES

2014 ANNUAL REPORT

To the Board of Commissioners

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Office of Research and Evaluation
Ramsey County Government Center East
160 East Kellogg Blvd., Saint Paul, Minnesota

Report Prepared By:

Office of Research and Evaluation
Cameron Counters, Manager
Dana DeMaster
Kathy Gilmore
Mark Herzfeld
Zachary Hylton
Susan Keskinen
Allan Malkis
Jan Pitlick
Wolde Selameab
Larry Timmerman

Don Habisch (Accounting Department)

Annual Report 2014

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Introduction

On any particular day in 2014 CHS had an estimated 156,000 individuals who were receiving CHS services

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. These families and individuals turn to CHS for help in meeting the basic needs for their survival.

On an average day in 2014 CHS had an estimated 156,000 individuals who were receiving CHS services, which is a 16% increase over the number of people served on a given day in 2013. To give scale to the magnitude of the number of people served by CHS, 156,000 is approximately 29% 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. These other County departments include Community Corrections, St. Paul Ramsey County Public Health, and Workforce Solutions.

Community Human Services

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

In early 2015 the Ramsey County Board of Commissioners and other County leaders reviewed and reformed the County vision, mission, and strategic goals.

Vision: A vibrant community where all are valued and thrive.

Mission: A county of excellence working with you to enhance our quality of life.

Goals:

* Strengthen individual, family and community health, safety and well-being.

* Cultivate economic prosperity and invest in neighborhoods with concentrated financial poverty.

* Enhance access to opportunity and mobility for all residents and businesses.

* Model fiscal accountability, transparency and strategic investments.

The new goals provide CHS with guidelines by which we measure the effectiveness of our services.

Equity

CHS staff and leadership continued their work in eradicating institutional and individual 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 determining 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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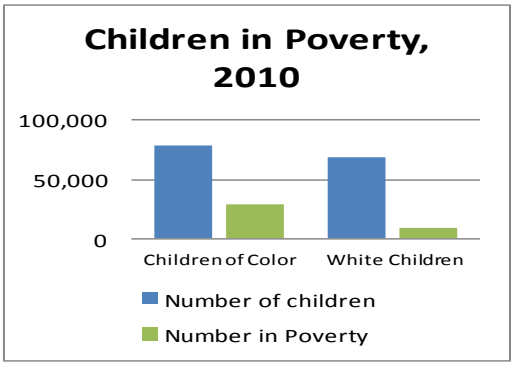
The US Census estimated that in 2014 there were 124,557 children under age 18 in Ramsey County. The estimated proportion of those children who were White (including Hispanics) increased from 51% in 2010 to 57% in 2014. The estimated percentage of children of color (excluding White Hispanic children) decreased from 59% to 53%.

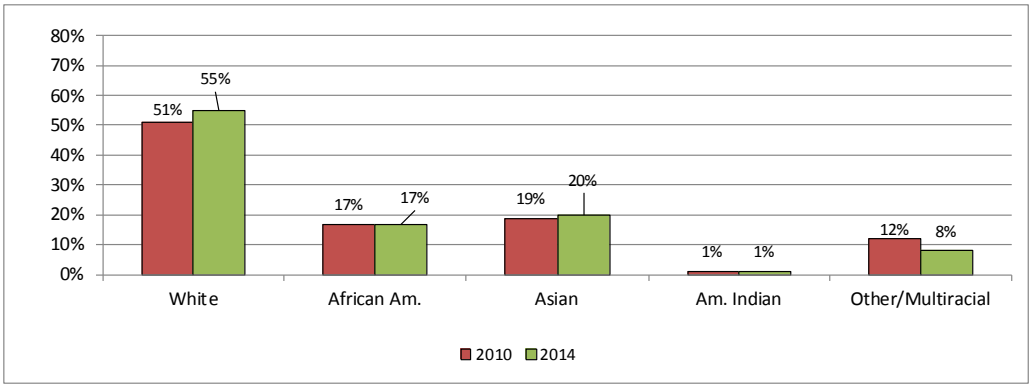
In 2010, 26% of Ramsey County children were living in poverty. That is almost 67% higher than the Minnesota statewide rate of 15%.

Children of color were 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 were poor compared to only 14% of White children. So children of color were more than twice as likely to be poor.

The number of children in child protection case management increased 35% from 2013 to 2014 after declining for three years. Racial disparities in child protection reports remained high and increased for African American and American Indian children. They were 5 and 9 times more likely than White children to be reported, respectively. The number of adoptions fell slightly but the rate of timely adoptions rose from 35% in 2013 to 45% in 2014, exceeding the federal standard of 36%.



Changes in Child Population in Ramsey County by Race (2010 & 2014)



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.

In 2014 the Governor convened a Task Force to review and propose changes in child protection work as a result of some child deaths. Ramsey County CHS began implementing proposed changes in screening cases and other practices during Fall of 2014 even before legislation was passed.

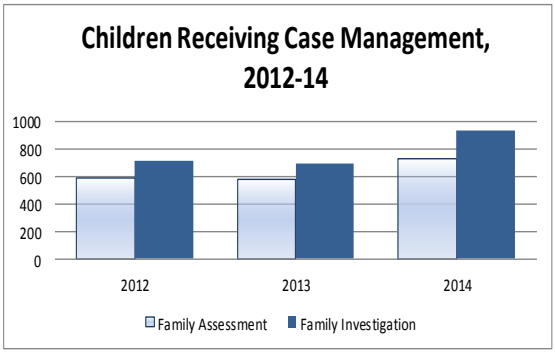
One result was an increase in the number of child protection cases that were opened even as the number of reports remained relatively constant..

Child Protection Case Management

The number of families receiving maltreatment assessments increased from 1,446 in 2013 to 1,713 in 2014.

Most child protection assessment cases close within 45 days. Some families need additional supports to ensure child safety and they receive case management services.

In 2014 there were 729 children receiving case management after family assessments and 935 receiving case management after investigations. Both of these figures were well above the 2013 figures and the total (1,654) was the highest since 1,688 in 2009.



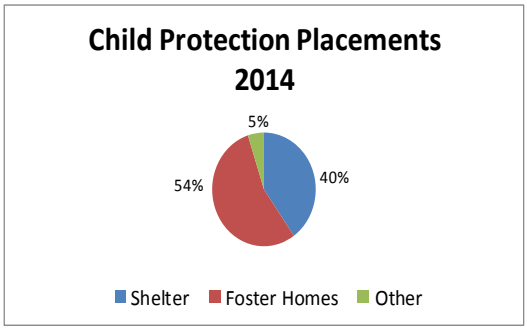
Out of Home Placement for Child Protection

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 2014, children were placed outside their home 967 times, less than in 2013. Some children had more than one placement location while out of home.

Less than half the placements were in an emergency shelter. Most of the remaining times children were in foster homes. About 28% of these children were reunited with their families within a week.

New screening processes are keeping about 15% of children out of shelters.



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 and 2014 the foster family licensing program begin redesigning its process to better serve relatives and other families interested in providing foster care.

In 2014 there were 159 applications for licensing.

As part of successful efforts to place more children with relatives, the proportion of license applications for relatives referred by Child Protection staff has continued to grow over the past several years.

In 2014 Child Foster Care (CFC) staff helped foster families prepare for new DHS foster care rules and policies which will take effect in 2015.

Most (129) of the 159 families applying for licenses in 2014 were relatives or kin granted emergency licenses so they could care for a specific child.

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 2014 62% of licensed child care providers were over age 45, up from 58% in 2013. There were 220 licenses granted in 2014 (many to already existing providers) . Over half were for people age 50 or greater and only 42 (23%) went to people under age 40.

This indicates a need to attract younger people as child care providers, as many current providers will be aging out of the profession.

In 2014 there were over 400 licensed Child Care providers in Ramsey County.

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.

At the end of 2014, 442 clients (70%) remained open for case management services. The remaining 191 clients (30%) had their cases close. Over half of client cases that closed did so before services were completed (106 of 191) due to non-cooperation or refusal of services. Almost one-third of clients (57) had cases close due to completion of services and many of those were referred for services elsewhere.

Children Needing Permanency

Ramsey County adoptions were down 17% from 88 in 2013 to 73 in 2014. The percent of wards adopted in a timely fashion (within 24 months) was 45% in 2014, above the Federal standard of 34% for the first time in several years.

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 2014 Permanent Connections and Child Protection staff worked together to identify barriers to timely adoption and to increase their coordination in cases involving all children entering care regardless of age.

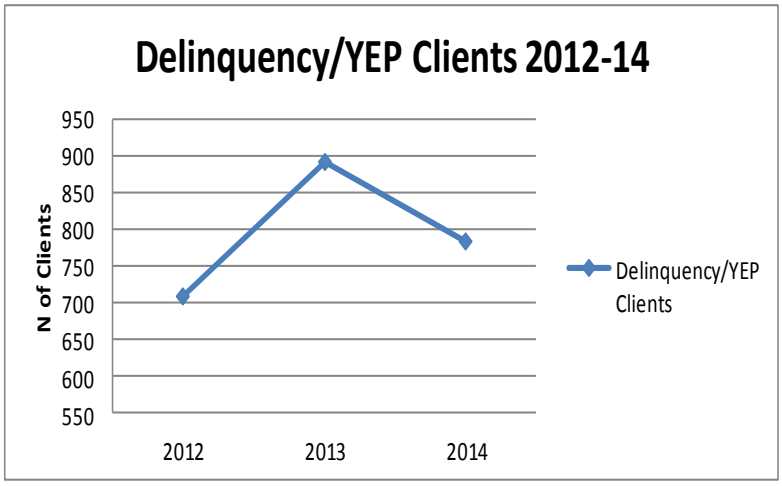
Under the Fostering Connections program, federal funds help support youth in foster care after they reach age 18. These voluntary clients get ongoing financial and program support to help them continue their education and successfully live independently. In 2014 CHS had 81 Fostering Connections clients.

Children in the Court 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). Workers try to engage with clients and families to identify and address the causes of truancy and running away.

The number of unique YEP clients in 2014 was 782. The number of out of home placements for YEP clients in 2014 was 286, compared to 424 in 2013, a decline of 33%. This reflects the new emphasis on working to keep clients at home, as well as the change in types of clients served.

The ACE (All Children Excel) program continues serving children too young for criminal charges who need assistance. In 2014 ACE served 62 clients, compared to 74 in 2013.



2013 total inflated due to transfer of clients to Corrections.

Looking Ahead

Child Protection is making changes to provide better services to families and children. New contracts will be signed with agencies that can provide more culturally specific services to families receiving child protection case management.

CHS continues to strengthen ties with American Indian community agencies and is looking to work with other agencies to improve engagement with fathers of children in child protection.

In addition, state funding will allow the hiring of more child protection workers to handle the increased number of cases being opened as a result of recent legislative changes.

Child Foster Care Licensing (CFCL) is focusing on recruiting more diverse families to serve our diverse clients. They are also providing increased support and training to foster families and assisting relatives in overcoming potential barriers to licensing. In addition, CFCL is improving connections with other CHS units to improve the quality of services to foster families.

Children's Mental Health Case Management is testing a new method for tracking the progress of clients receiving services.

Children's Mental Health Crisis staff are assisting with new practices for screening children at risk of placement in shelters. In the first 8 months of 2015 about 15% of children considered for shelter placement were diverted and remained in their community with family or friends.

Children and Adults with Disabilities

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In 2014 about 6,200 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 freedom to choose where they want to live and with whom they want to live; and to work in jobs with the same wages, standards, responsibilities, expectations and opportunities available to any working-age citizen.

Strategic initiatives undertaken in 2014 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, aimed at working 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 2014, about 18% of people receiving employment services were in individual employment. While up 3% since 2011, this year the figure declined by 1%. Their average hourly wage was $9.05.

In 2011, we set a goal to double the percentage of individuals with disabilities in individual employment receiving employment services by 2015. We are not on track to meet that goal. Increasing the number and percent of individuals in individual employment requires a reexamination of current efforts, training on employment practices and tools, and more targeted strategies. Employment must be perceived as an outcome rather than a service.

Housing. In 2014, 32% 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 2014 were living in their own homes with family, friends or supports. About 39% of individuals receiving I/DD services live in corporate foster care or other foster care settings, and an additional 11% live in intermediate care facilities.

As we reflect on 2014, we see that employment will encourage conversation around housing because employment is a 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.*

The 150 people starting I/DD Case Management in 2014 were more racially diverse than all people receiving the service: 26% African American, 15% Asian, 3% American Indian, and 7% multiracial.

Intellectual/Developmental Disability (I/DD) Case Management

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=3,403) has increased by 2% since 2012.

People Receiving I/DD Case Management

2012	2013	2014
3,344	3,389	3,403

About 69% 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. 41% were female and 25% were 50 and older.

150 people were new to case management in 2014.

Waiver services result 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**

Intellectual/Developmental Disability (I/DD) Waiver

People Receiving I/DD Waiver

2012	2013	2014
1,858	1,912	1,890

In 2014, about half of the 3,403 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, 56% of those receiving a waiver live in corporate foster care or other types of foster care, 10% live in their own homes, and 31% 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	ALL I/DD
Family & Extended	30.8%	34.2%	31.9%
Foster Care/ SLS	55.7%	6.8%	39.0%
Own home with help	10.0%	16.4%	12.3%
Intermediate Care Facility -MR	0.0%	30.2%	10.3%
Other	3.3%	12.4%	6.4%

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 2014, 3,037 people received the CCB waiver. This represents a 2% increase in the number of people receiving the waiver compared to 2013.

People Receiving CCB Waiver

2012	2013	2014
2,930	2,984	3,037

In 2014, 493 people were opened or re opened to CCB services, and 328 people closed CCB services.

Of those receiving one of the CCB waivers, 58% were White, 25% Black/African American,11% Asian, 1% American Indian, 3% multiracial, and 2% unknown race. 3% were of Hispanic ethnicity. In addition, 52% were female and 57% were 50 and older.

	IDD	CCB
Own home and/ or with family, friends, supports	44%	77%
Corporate Foster Care or other foster care	39%	16%
ICF-DD	10%	-
Other	6%	8%

Seventy seven percent (77%) of those 18 years or older receiving the CCB waiver live in their own home, with family, friends and supports.

In contrast, 43% of those receiving I/DD case management live in their own home, or with family, friends and supports.

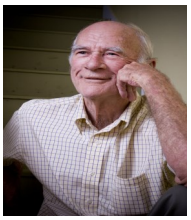
Adult Protection Intake and Services

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 2014, AP Intake handled 1,414 Structured Decision Making (SDM) assessments. Of those assessments, 26% (361) led to a vulnerable adult investigation.

CHS provides ongoing Adult Protection Services either directly or through community agencies. In 2014, 342 people received AP case management services, a 5% decrease from 2013.

Of those receiving Adult Protection Case Management services in 2014, 65% were White, 17% Black/African American, 4% Asian, 2% Hispanic/Latino, 1% multiracial, and 14% unknown. In addition, 56% were female and 40% were age 65 and older.



	2012	2013	2014
SDM Assessment	1,383	1,423	1,414
AP Assessment	455	902	396
AP Case Management	289	361	342
Vulnerable Adult Investigation	436	460	361

Looking Ahead

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.

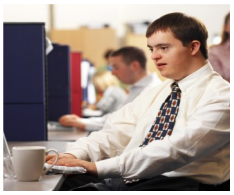
Trends and Preferences Drive Change

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 of 1999 the Supreme Court ruled that Title II of the Americans with Disabilities Act (ADA) prohibits the unnecessary segregation of persons with disabilities. Minnesota is in the process of developing and implementing an Olmstead Plan, a comprehensive plan identifying steps to ensure all Minnesotans have the opportunity to live close to family and friends, to live more independently to engage in productive employment, and to participate in community life.
- The Ramsey County Board has set goals to strength individual, family, and community health, safety and well-being and cultivate economic prosperity.
- The state moratorium in 2009 continues the no expansion of corporate foster care in Minnesota.
- 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." For example, the Medicaid Home and Community-Based Services (HCBS) Settings Rule requirements have been revised to maximize the opportunity for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting - to provide alternatives to services.
- 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.
- Residents with disabilities are more diverse and want choice in their living and work 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.

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.



Disability Services will partner with DHS and two counties to develop common employment practices and tools, utilize county funds to leverage innovation, develop incentives for competitive integrated employment.

Looking Ahead - continued

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 informed choice, person-centered planning, and ongoing health and safety. While workgroups will continue meeting regularly to review/identify housing options, address issues to make housing continuum options operational and available, Disability Services will continue it's partnership with DHS and other counties to build capacity for a system with alternatives to corporate foster care. 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 (underutilized 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

Active collaboration and partnership between Disability Services and Long-term and Managed Care will continue to identify service gaps, share resources and identify service options to better meet the needs of older adults.

Monitoring and Addressing Institutional Racism and/or Cultural Bias

Disability Services continues, as part of CHS' anti-racism initiative, an intensive study of its two major programs within Disability Services - 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 those two major programs and for which Disability Services staff has substantial responsibility or influence. These events or decision points will be monitored for disproportionality by race on an ongoing basis.

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. 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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A variety of mental health services or programs are offered by the Mental Health Center (MHC). In 2014, a total of 28,817 visits were made to the Center by individuals seeking mental health services. The unduplicated count of the service-seekers for the year was 3,959.

In terms of specific services offered at the Center, a total of 734 unduplicated individuals were given psychiatric diagnostic assessments by Urgent Care, and another group of 1,328 individuals received Urgent Care crisis assessments. Urgent Care also provided stabilization services to a total of 507 individuals.

A total of 1,028 referrals were made by both internal and external referral entities to the Crisis Stabilization unit in 2014. Of those referred, 529 were opened in assessment. In addition, 272 stabilization clients were able to meet with Peer Recovery Specialists.

A separate group of 3,749 individuals were served in Adult Mental Health Targeted Case Management (AMH-TCM) in 2014. The services were offered by both Ramsey County as well as contracting providers that included Guild, Mental Health Resources, South Metro Human Services, Wilder South East Asian and Tasks Unlimited.

These providers assisted clients to obtain mental health services best suited for them to achieve recovery. They also helped clients access other needed services such as housing, financial benefits, vocational opportunities, etc.

In 2014, at total of 6,373 admissions were made to the Ramsey County Detoxification services. The unduplicated count was 3,472 individuals.

Seventy-four percent of those treated at the Detox center in the year originated in Ramsey County and 19% in Dakota County. Service recipients from Anoka County were about 5%.

The majority of the admissions to Detox, 74%, remained at the facility for only a single day. Another 20% of the admits lasted for 2-5 days. Nearly 3% were for 6-10 days and the remainder, over 2%, lasted for 11-31 days.

A little over 54% of those treated in Detox were White and 18% were Black/African American. American Indians were about 7%, while Asians were only 2%. Over 14% of those served in 2014 were not able to disclose their racial backgrounds and a little over 5% were classified as “others.”

To determine the need for longer term treatment for chemically dependent individuals, a total of 5,063 new or updated substance use assessments were made in 2014. Of this number, a total of 4,516 cases were referred for either treatment, education, recovery supports and/or self-help groups. A year-end report by Drug and Alcohol Abuse Normative Evaluation System (DAANES) showed that a total of 2,183 individuals had received CD treatments under the Consolidated Chemical Dependency Treatment Funding (CCDTF) program.

Chemical Health Services

A little over 74% of those admitted to Detox in 2014 were residents of Ramsey County. In 2013, it was over 76%.

Admits from Dakota County were 19% and Anoka residents accounted for 5% of the admits in 2014.

Detoxification Services

In 2014, a total of 6,373 admissions were made to Detox. The unduplicated number of individuals admitted during the year was 3,472. This annual intake has shown a 2% decrease from the previous year. Seventy-four percent of the admissions in the year remained at Detox for only one day .

Of the total number served in the year, 584 individuals were repeatedly admitted to Detox. These individuals accounted for a total of 2,432 admissions. For example, a single White individual was admitted to Detox 88 times in 2014.

Whites were 54% of those admitted to Detox in 2014. Black/African Americans were 18%, American Indians were 7%, Asians were 2%. "Others" were 5% and "Unknown" were 14%.

Chemical Dependency Case Management

In 2014, a total of 168 individuals recovering from substance use/abuse were case managed by Ramsey County, South Metro, Juel Fairbanks and St Joseph's . Recovering individuals were given services including resources that will enhance their recovery efforts such as housing and training programs.

Chemical Use Assessment and Treatment

In 2014, a total of 4,508 people were assessed to determine whether they met substance abuse criteria for referral to chemical dependency (CD) treatment facilities. Another 555 cases that were assessed earlier were also reviewed and updated. Overall, a total of 5,063 duplicate cases were referred for treatment in the year. This was slightly higher, 1%, than the number referred for treatment in 2013.

Among those sent to treatment, only 2,183 participated in the program under the Consolidated Chemical Dependency Treatment Funding (CCDTF) source. In 2013, the number admitted for treatment under the same funding source was 2,039. Accordingly, the number that received CD treatment in 2014 was 7% higher than the number that received similar services in 2013.

Mothers First CD Intervention

Mothers First Program serves CD addicted women. In 2014, a total of 130 women were admitted into the program. Among these women, 87 of them were pregnant at the time of their admissions into the program. Additionally, 42 women were parenting children.

Individuals Served in Various Chemical Health Programs by Year

Chemical Health Program	2012	2013	2014
Detox Admissions	6,105	6,495	6,373
CD Assessments and Updates	5,163	4,992	5,063
CD Treatment Admission/Placement (CCDTF)	2,251	2,039	2,183
Board and Lodge Facilities (# of Admissions)	660	688	1,227
Case Management (# of People)	289	111	168
Mothers First CD Intervention Services for Pregnant Women	164	155	130

Chemical Health Services - continued

Group Residential Housing

Under contract with Ramsey County, Group Residential Housing (GRH) facilities provide housing, and in some cases food, to individuals recovering from chemical dependency habits. There were 11 GRHs in operation in 2014 and they served a total of 1,227 individuals in the year.

The GRHs operating in 2014 included: Armstrong House, Arrigoni House, Emma Norton, Transitions, Green House, Hart House, St. Anthony Residence, St. Paul Residence, Mary Hall Men's Shelter, Juel Fairbanks and Dorothy Day.

Adult Mental Health Services

Ramsey County Mental Health Center (MHC)

The MHC serves individuals with severe mental illness (SMI) and severe and persistent mental illness (SPMI). The most common diagnoses are depressive disorders, schizophrenia, schizoaffective disorders, and bipolar disorders. Many individuals also have co-occurring diagnoses or problems.

A total of 28,817 visits were made to the Ramsey County Mental Health Center (MHC) in 2014. These visits were made by 3,959 unduplicated individuals seeking various services related to mental health issues. Individuals participating in Partial Hospitalization Program (PHP) and Therapy showed the highest admissions rates to MHC since such patients participate in group therapy daily for some time.

The racial mix of the individuals served in 2014 included 55% Whites, 27% Blacks/African Americans and 5% Asians. Another 3% were American Indians and 3% were others. Hispanics were 3% and the racial composition of another 4% of those served was unknown.

The Welcome Center

The Welcome Center was launched in 2011 to provide easily accessible mental health services to people with urgent needs and with few service options. It also facilitates access to County and community resources or services. Welcome Center services include short-term case management, psychiatric services, therapy and peer support. In 2014, a total of 1,797 admissions were made to the Welcome Center.

Community Recovery Team (CRT)

In 2014, the total number of cases opened and served by the Community Recovery Team, (CRT) was 257. This resulted in 181 unduplicated persons served during the year.

The 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).

The Welcome Center served a total of 622 unduplicated individuals in 2014. The services were provided in psychiatric services as well as in therapy.

Adult Mental Health Services - continued

Urgent Care

In 2014, a total of 21,335 phone calls were received by the Urgent Care (UC) Center. In addition, a total of 1,488 assessments were made. The unduplicated number that received such assessments was 1,328.

A total of 734 individuals received Crisis Psychiatric Diagnostic Assessments. In addition, 507 unduplicated individuals received stabilization services from Urgent Care in 2014.

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.

A total of 1,028 referrals were made by both internal and external referral entities to the Crisis Stabilization unit in 2014. Nearly 206 of the referrals opened came from the Urgent Care Center, within Ramsey County Community Human Services, and 323 from outside referral sources. A total of 529 referrals were, therefore, opened for assessment. In addition 272 stabilization clients met with Peer Recovery Specialists to receive services.

Services Provided by the Mental Health Center in 2014

Services	Unduplicated Number Served
Urgent Care Crisis Assessment	1,328
Crisis Psychiatric Diagnostic Assessment	734
Urgent Care Stabilization Services	507
Community Recovery Team (CRT)	181
Welcome Center	622

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 2014, a total of 3,749 unduplicated individuals received case management services from Ramsey County Human Services and its subcontractors including South Metro, Mental Health Resources, Tasks Unlimited, Wilder, and Guild. Another 575 individuals were in civil commitment.

The population served include: 62% White, 28% Black/African American, 5% Asian, 2% American Indian, and another 2% unknown.

AMH-TCM Services	2012	2013	2014
All Civil Commitments (Including Stayed Orders)	531	561	575
Adult Mental Health Case Management	3,718	3,768	3,749

Assertive Community Treatment

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. In 2014, Amherst H. Wilder, did not serve ACT clients. The remaining four organizations, however, served a total of 483 clients. Overall, the number of individuals served in 2014 was slightly lower than what it was in 2013.

	2012	2013	2014
ACT-Ramsey	83	93	97
ACT-Contractors	428	461	386
Total	511	554	483

Looking Ahead

Improving Access to Mental Health Services

The multi-door entry approach for accessing mental health services that begun a few years ago will be expanded and strengthened. Individuals seeking mental health services may enter the system through MHC, AMH-TCM, Urgent Care/Crisis Stabilization and the Welcome Center. Once the entry process is completed and the preliminary assessments inform a mental health case, then the individual will be smoothly directed to the service arm most capable of providing the services.

Improving Access to Detox and CD Treatments

Efforts will be made to lower the number of times individuals come into detox services. One way would be to increase the number of individuals that go into CD treatment and making efforts for such individuals to complete treatment programs.

Elderly Services

Highlights of 2014

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According to the U.S. Census Bureau, Ramsey County's estimated population reached 532,655 in 2014. The Census also determined that senior citizens (those 65 years and over) made up 12.7% of the County population in 2014. By 2015, the proportion of seniors in the 65 and older age bracket is projected to reach 14%.

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 or other vital services; and anyone living in the County seeking information for long-term care planning.

In 2014, a combined total of 2,477 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 (67%) and White (56%). CHS also provided Long-Term Care screening and consultations to 786 elderly citizens ages 65 and older during the year.

In 2014, 1,303 men and women received meals through the Meals on Wheels program in Ramsey County. Forty-three percent (43%) of those served had incomes below the poverty threshold.

Adult Services staff actively participated in outreach efforts with several cultural communities in 2014.

Seniors in Poverty

The estimate of poverty (U.S. Census Bureau, 2009-2013 American Community Survey) among Ramsey County residents ages 65 and older, indicates that 8.6% 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) in various racial/ethnic groups in Ramsey County are estimated to be 23% of Black/African Americans, 27% of Asians, 17% of Hispanics, and 7% of Whites.

In-Home and Supportive Services

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

CHS provides care for individuals who are on Medical Assistance (MA) 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. Most of the individuals assessed for services by CHS staff are not eligible for MA or have just become eligible. Managed Care Organizations (MCO) are responsible for assessing most of the people currently receiving MA.

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. In 2014 Ramsey County provided case management services for 315 people receiving Elderly Waiver (and not assigned to a MCO) or Alternative Care. Ramsey County also provided care coordination on behalf of two of the four MCOs operating within the county.

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 2014, a combined total of 2,477 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, 67% of clients were female; 42% were ages 65 to 74 and 57% were ages 75 and older. In addition, 56% were White, 22% Asian, 13% 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	2012	2013	2014
Alternative Care (AC)	454	441	432
Elderly Waiver (EW)	341	399	404
MSHO-EW-Medica	164	177	187
MSHO-Cwell-Medica	143	164	163
MSHO-EW-Blue Cross	276	268	252
MSHO-Cwell-Blue Cross	116	109	109
Community Well-MSC+ Medica	195	189	193
Elderly Waiver-MSC+ Medica	310	311	299
Elderly Waiver- MSC+ Blue Cross	226	225	209
Community Well- MSC+ Blue Cross	192	197	229
TOTAL	2,417	2,480	2,477

Meals on Wheels

Meals on Wheels provides regular nutritious meals to the elderly in their own homes and a well-being check. The program is able to provide regular, low salt, diabetic, kosher, Halal and Asian cultural meals.

Senior Services Consortium of Ramsey County is currently implementing a new shared services business model for the nine Meals on Wheels programs throughout Ramsey County. A variety of functions that are replicated at each site are now being centralized to improve financial efficiency and to provide better customer service.

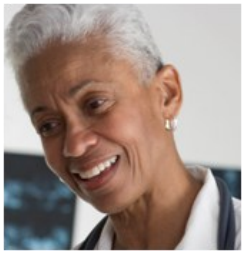
In 2014, 53% of the people who received meals were over 80 years of age and 13% were over 90 years of age; 63% of the people lived alone; 43% were below the poverty line and 69% were below 200% of poverty.

In 2014, 1,303 people benefited from the Ramsey County Meals on Wheels program. They received more than 175,000 meals. This is a decrease of 8% from 2013 when 1,409 people were served in the county. The decrease is due to competition from other programs, such as Mom's Meals, and due to some private pay clients being unable to afford the service because of a sliding fee scale being implemented in 2014.

Ramsey County provided 13% of the funding for the Meals on Wheels program in 2014. An additional 30% was funded through charitable giving.

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 program 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 786 elderly citizens ages 65 years and older in 2014.

Looking Ahead

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

Long-Term and Managed Care (LT&MC) staff continues to accommodate any request to share information about programs and services. During 2014, this was done at South Metro Legal Services Senior Legal Fair, West Seventh Community Center Senior Info Day, individual support and caregiver groups, other service and program providers, and residential provider sites. Continued outreach efforts is one of many contributing factors in the continued growth in the number of people we serve; indicating we are progressing in assuring information is more acessible 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 American 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 this partnership, refine it to be more appropriate for the community, 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.

Adult Services staff has been participating in the Somali Disability Resource Network. The Network includes Somali community members, The ARC greater Twin Cities, Dakota County, Hennepin County Innovative Special Education Services, MDH, DHS, Institute for Community Integration (ICI), and St. Paul Public Schools. The mission of the Network is to create resources and provide training to community groups and leaders to increase inclusion and access to services for people with disabilities in the Somali Community.

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.

Long Term & Managed Care (LT&MC) has begun an internal initiative to better serve older adults with mental health challenges. The Ramsey County Citizen's Advisory Council is now pursuing this as an initiative and LT&MC will partner with them in this endeavor.

We continue to have barriers to the effective delivery of services for our elders. MnChoices, a comprehensive web-based assessment tool, is improving services for clients. However, there are technical issues that have continued throughout 2014. The new assessment process within MNChoices is being closely monitored. As technology continues to improve it is hoped that these barriers will be reduced. LT&MC staff have begun to do County as lead agency reassessments. Reassessments on behalf of managed care organizations are scheduled to begin in 2016.

Homelessness Prevention and Shelters

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Highlights of 2014

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. Heading Home Ramsey (HHR and formerly our Continuum of Care) is the county-wide coordination of housing and services for people experiencing or at-risk of homelessness and it is staffed by Ramsey County, primarily in CHS, and guided by a community based board.

In 2014 and 2015 HHR has overseen several major fundamental and structural changes to the county's homeless response system while managing the wide variety of ongoing funding streams and policies. The biggest developments occurred with Coordinated Entry and access to the official homeless data system, both of which represent redesigns in service delivery and evaluative capacity. These major redesigns continue to develop while HHR coordinates county, state, and federal funding streams, including prevention programs.

Coordinated Entry

Coordinated entry represents a significant redesign of our homeless response system in Ramsey County. Instead of requiring homeless families to search all over our community for assistance, coordinated entry designates fewer and more visible points of access for all homeless services in the county. Clients are given standardized assessments that determine the most appropriate level of assistance required to resolve homelessness, ensuring clients receive the support they need and resources are allocated effectively. Furthermore, coordinated entry allows us to centralize data collection through prioritized waiting lists for housing opportunities. With this data, the homeless experience in Ramsey County is better understood, and data can be used to inform improvements at the client, program, and systems levels.

Since its initiation for families through Coordinated Access to Housing and Shelter (CAHS) in 2014, coordinated entry in Ramsey County has experienced significant developments for families, singles, and youth populations.

Families (CAHS)

Coordinated entry has played a crucial role in connecting families with shelter and housing opportunities. From its establishment in January 2014 to June 2015, CAHS has filled 389 (85%) of the 457 supportive housing openings in Ramsey County. Now, we are working to improve this system by using data to measure progress towards community identified outcomes, reducing barriers for families seeking housing, and merging independent data systems with the Homeless Management Information system, the statewide database for homelessness services. These improvements will lead to a more streamlined CAHS process, from both client and administrative perspectives, and reinforce measures of accountability and transparency moving forward.

Coordinated Entry—continued

CAHS Waitlist and Referrals

January 2014-June 2015	Housing Type	Supportive Housing	Filled with CAHS Re-	
	All Supportive Housing	457	389	
	Rapid Rehousing	104	100	
	Transitional Housing	199	188	
	Permanent Supportive Housing	154	101	

January 2014-June 2015	Housing Type	Households Placed on Waitlist	Average Days on Waitlist	Average Days Homeless
	Rapid Rehousing	116	21.95	65.29
	Transitional Housing	127	52.23	104.04
	Permanent Supportive Housing	133	51.72	148.22

Coordinated Access to Housing and Shelter has filled 389 (85%) of the 457 supportive housing openings in Ramsey County.

Singles

Due to the complexity of the singles process and limited funding, coordinated entry for singles is at a nascent stage in its development. Nonetheless, Ramsey County's Homelessness Planner and Coordinator, in partnership with South Metro Human Services, Catholic Charities, and the Union Gospel Mission, have secured funding from a diversity of sources to design a functional system for the singles homeless population. With collaborative planning and the cooperation of numerous involved stakeholders, blueprints suggest the singles process will be in full implementation by spring of 2016.

Youth

Youth providers across the seven metro counties have harmonized their intake processes to design a metro-wide coordinated entry process for youth. Different from Ramsey County's family and singles coordinated entry systems, the youth system will be able to connect all youth living in the metro area, with appropriate supportive housing solutions, regardless of their county affiliation. Youth coordinated entry is expected to begin its implementation early 2016, with an initial street outreach program and unified youth shelter contact line starting Fall 2015.

Homeless Management Information System

The Homeless Management Information System (HMIS) is the official database our community uses to collect client and program level information for our continuum. It holds crucial data on our county, state, and nation's performance and progress toward ending homelessness. In July of 2015, Ramsey County was granted initial Local System Administrator (LSA) access to HMIS, allowing us to independently conduct reports and analyses directly from the database for providers who participate in HMIS in Ramsey County. LSAs also serve as administrators for our county, supporting everyday users, and helping improve the quality of the data inputted. With this new ability, Heading Home Ramsey (HHR) can use its data to more clearly illustrate the current context, effectively inform program improvement, and productively structure our strategic response to homelessness in our county.

Homelessness and Prevention—FHPAP

Since 1993, Ramsey County has implemented the state-funded Family Homeless Prevention and Assistance Program (FHPAP), which enables HHR 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.

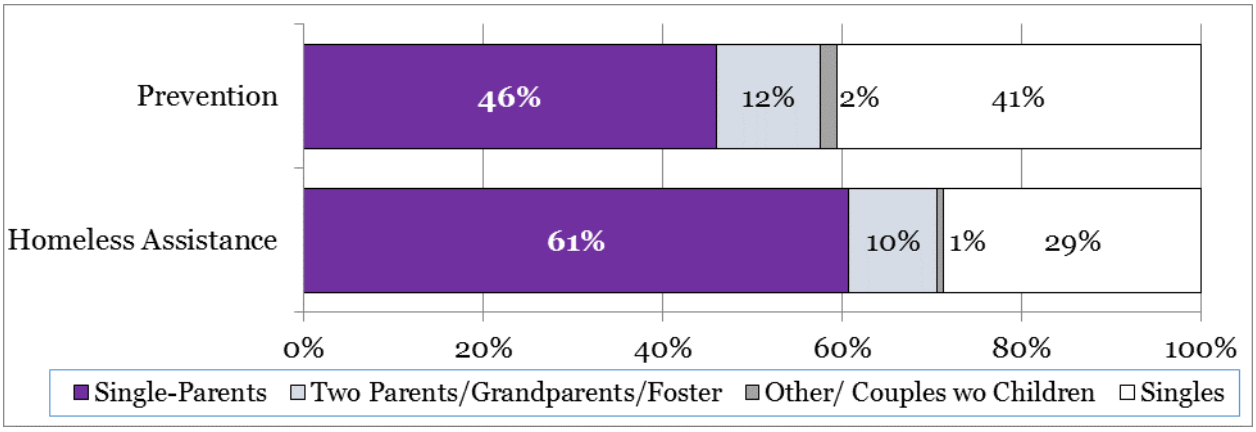
In 2014, FHPAP contracted with community-based agencies to serve over 5,800 individuals of all ages, with approximately $1.7 million from the state. Fifteen programs managed by 12 different organizations provided an array of prevention services, homeless assistance services, and coordinated entry. FHPAP provides assistance for families with dependent children, single adults and childless couples, and unaccompanied and parenting youth.

HHR 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.

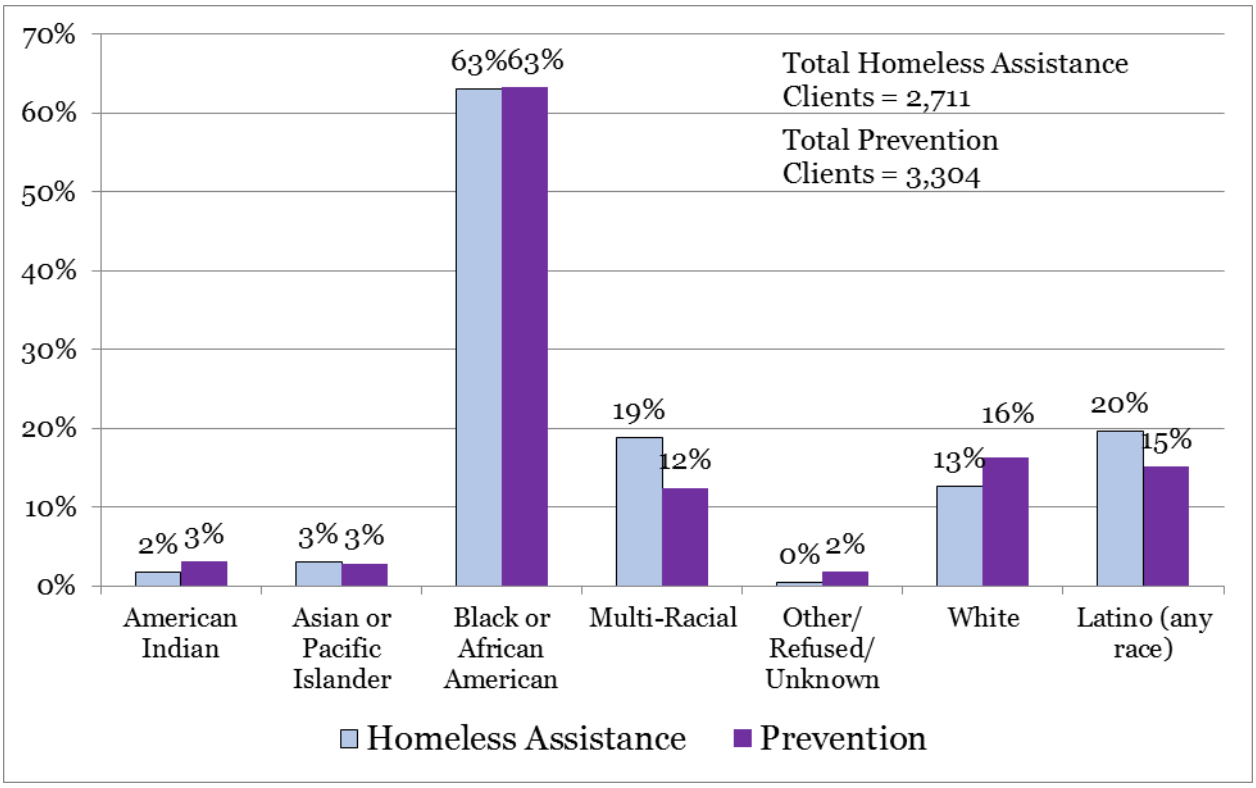
Homeless prevention programs are targeted to people in imminent danger of losing their housing. Services include direct financial assistance for past and current rent and utilities, legal assistance, landlord-tenant mediation, emergency shelter diversion, housing search and placement for people who cannot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

Approximately 2,500 households, counting singles, participated in FHPAP programs at some point in 2014. Singles with no children comprised 29% of the homeless assistance households but 41% of the prevention households. In contrast single parents with children were 61% of the homeless assistance and 46% of prevention households.

Percent of FHPAP Households by Type, Served in 2014



Percent of FHPAP Households by Race, Served in 2014



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).

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	106
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

Looking Ahead

The homeless response system is expanding several organizational and technical changes in the coming year.

- Coordinated Entry for families will fully utilize HMIS, allowing better evaluation and informed service delivery.
- The FHPAP youth street outreach collaborative is starting in Fall 2015 for 16-17 years olds as the initial step into a comprehensive and metro-wide coordinated entry system for all homeless youth age 24 and under.
- In Spring 2016 we expect a coordinated entry system for single adults, including broader participation in HMIS from singles shelters.
- HHR will expand its staffing for singles coordinated entry, where homeless adults will have a significantly streamlined process towards finding stable housing.
- HHR is investing heavily in evaluation, and will be conducting participatory system and program evaluations to improve service provision and more strategically work toward the goal of ending homelessness.
- HHR will be working towards the establishment of a Chronic Homelessness Registry, a proven, individualized, coordinated case management approach, in order to end chronic homelessness Ramsey County by 2017.
- Ramsey County is also contributing resources to create a Homeless Services Supervisor position within the Financial Assistance Services Division to coordinate our work on coordinated entry and county emergency services .

Financial Assistance Services for Low Income People

Highlights of 2014

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The 2011-2013 American Community Survey indicated that 16.9% of Ramsey County people are living in poverty. In comparison, the Minnesota state-wide rate for the same period was 11.6%. Blacks/African Americans (37%), American Indians (36%), Asians (30%), and Hispanic/Latinos (28%) in Ramsey County are more likely to be living in poverty than whites (10%). Children under 18 years of age in Ramsey County are also more likely to be living in poverty (25%).

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 43% of individuals receiving Medical Assistance (MA) funding through CHS.
- 1,897 families in Ramsey County received Basic Sliding Fee or MFIP child care subsidies in 2014.
- Of the 36,439 MFIP/DWP individuals served in 2014, 62% were children.

Families and individuals continue to need assistance:

- The General Assistance program had an increase in cases from 2013 to 2014.
- About 30% of Ramsey County residents were receiving Medical Assistance in 2014.
- In 2014 two-thirds of the recipients of Emergency Assistance or Emergency General Assistance received assistance to address housing issues.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) helps low income people pay for food. SNAP cases increased by 6% from 2012 to 2013 and decreased 8% from 2013 to 2014.

Avg. Number of SNAP Cases Open Each Month		
2012	2013	2014
33,939	35,989	33,177

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. Although children comprise 43% 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 30% of Ramsey County residents were receiving Medical Assistance in 2014.

Of the 157,967 individuals receiving MA in Ramsey County in 2014, 34% were White, 28% were Black/African American, 25% were Asian, 2% American Indian, 3% multiracial, and 9% unknown. In addition 43% were under age 18, 52% were 18 to 64, and 5% were over age 64; and 53% were female and 47% male.

Avg. Number of MA Cases Open Each Month		
2012	**2013**	**2014**
57,687	**59,891**	**55,565**

Diversionary Work Program (DWP)

Of the 1,747 DWP cases in 2014, 645 (37%) transitioned to MFIP in 2014.

In 2014 the Diversionary Work Program (DWP) provided time limited (4 months) income support for 1,747 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 14% from 2012 to 2014.

Of the 5,422 individuals served by DWP in 2014, 26% were children ages 5 and under and 33% were children ages 6 to 17. The race/ethnicity of individuals were 39% Black/African American, 26% Asian, 19% White, 9% Hispanic, 1% American Indian, and 6% other.

Avg. Number of DWP Cases Open Each Month		
2012	**2013**	**2014**
463	**399**	**396**

Minnesota Family Investment Program (MFIP)

Minnesota Family Investment Program (MFIP) provided time limited (60 months) income support for 10,169 families in 2014. In addition to receiving employment services, medical coverage, and food support as part of the program, many families also received child care assistance.

Similar to DWP cases, MFIP average monthly cases decreased 7% from 2012 to 2014.

Of the 33,355 individuals served by MFIP in 2014, 62% were children under the age of 18 and 38% were adults. Children who were 5 years or younger made up 27% of the individuals on MFIP.

Of the individuals served on Ramsey County MFIP in 2014, 62% were children.

Avg. Number of MFIP Cases Open Each Month		
2012	2013	2014
7,517	7,121	6,613

General Assistance (GA)

General Assistance is a state program that helps people without children and unable to work to pay for basic needs like rent and clothing. 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.

Average monthly GA cases increased 3% from 2012 to 2014.

In 2014, GA participants were primarily male (62%); 41% were White, 36% were Black/African American, 13% Asian, 4% Hispanic, 3% American Indian, and 2% other; and their average age was 43 years.

Avg. Number of GA Cases Open Each Month		
2012	2013	2014
3,289	3,328	3,393

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 the 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 2014 Ramsey County served 5,585 EA and EGA recipients - 48% of the number served in 2013. In 2014 two-thirds of the recipients received assistance to address housing issues.

Emergency Assistance Program Recipients		
2012	**2013**	**2014**
11,078	**11,634**	**5,585**

Child Care Programs

The budget for BSF child care increased 12% from 2013 to 2014, to $13,268,221 in 2014.

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 24% from 2012 to 2014 (1,311 to 993) as the number of families on MFIP decreased.

Families receiving Basic Sliding Fee (BSF) childcare increased slightly from 896 in 2012 to 904 in 2014.

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.

Child Care Services	2012	2013	2014
Families receiving Basic Sliding Fee subsidies	**896**	**858**	**904**
Families receiving MFIP child care subsidies	**1,311**	**1,213**	**993**
Households on the waiting list for Basic Sliding Fee child care	**1,195**	**1,336**	**642**

Looking Ahead

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

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 help staff the Application Center and assist individuals with completing the online or paper 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.

In most areas of FAS Blue Zone Scripts are being used to increase program efficiency and accuracy and to address error-prone case actions. 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. The utilization of Blue Zone Scripts has resulted in time reductions 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.

The Emergency Assistance/Emergency General Assistance (EA/EGA) process was changed 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.

Lastly, in order to reduce client's wait time in our lobby, our Intake changed its workflow processes from financial workers self-selecting clients to be interviewed to a direct interview assignment system (aka round robin scheduling). Under this system, clients waiting for interviews will be randomly assigned to workers. The implementation of the "round robin" is going very well and expected benefits include enhanced customer service, enhanced Financial Worker ownership of work, ease of administration, and fair and equal distribution of work.

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.

Addressing Disparities

Summary

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As part of CHS' anti-racism initiative, disparity analysis is conducted to monitor and address institutional racism and/or cultural/ethnic bias within service areas.

The disparity analysis approach identifies a set of events that regularly occur within a service delivery system and for which the staff has substantial responsibility/influence. When these events occur, the potential for institutional racism and/or cultural bias exists. These events are sometimes referred to as "decision points." These "decision points" are then monitored for disproportionality by race on an ongoing basis.

The decision point analysis enables the various Service Teams 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 enables the Service Teams 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.

Children's Services

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.

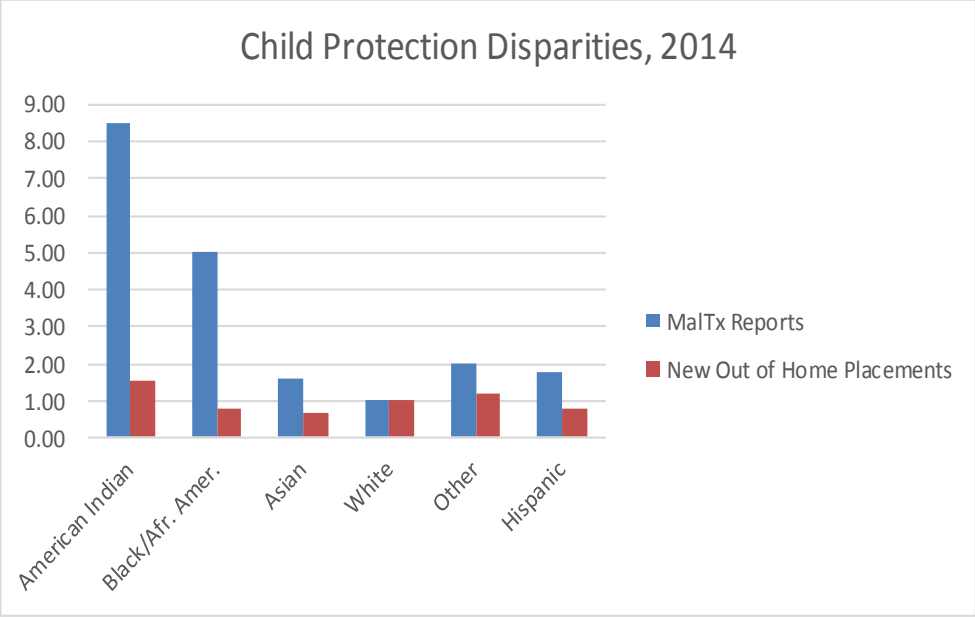
The chart below shows that American Indian children are nearly 9 times more likely than White children to be reported and Black/African American children are 5 times more likely to be reported than White children (blue bars).

The red bars in the chart show the relative likelihood of being placed outside the home when a maltreatment report is being assessed. While the disparities are much smaller after reporting, American Indian and Black/African American clients are twice as likely as White clients to be placed out of their home during the assessment of a report.

Who enters the Child Protection System?

American Indian and Black/African American children are much more likely than White children to be the subject of a child protection report.

Disparities in Child Maltreatment Reports and Placements, 2014 by Race/Ethnicity (White Rate = 1)



Out of Home Placements

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

Children's Services

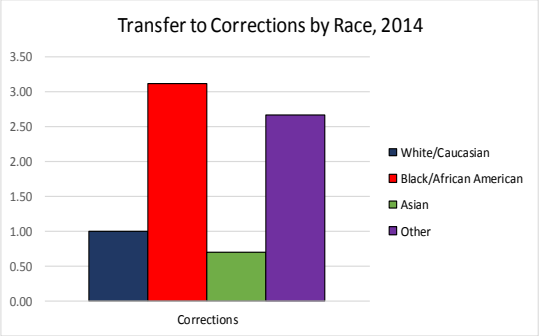
Racial Disparities In Youth Engagement & Children's Mental Health

Just identifying a racial disparity does not explain why it occurs or if it is a result of institutional racism. More study is needed to determine the meanings.

The Youth Engagement Program works with teens who are truant or run away from home. Sometimes these clients are placed out of the home. A recent racial disparity analysis asked if the reasons for closing truancy cases differed by the race of the client.

Chart 1 (right) shows that Black/African American clients and clients of Other Races were 2.5 to 3 times more likely than White clients to have a case close because of new incidents that required a transfer to Corrections.

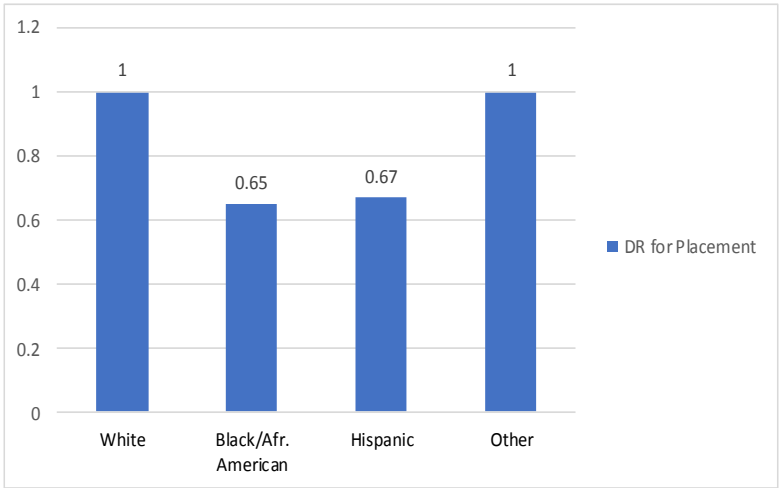
Chart 1. Racial Disparities in Youth Engagement Program Closings (Whites = 1)



Children's Mental Health Case Management provides assistance to families of children dealing with mental health issues. A recent racial disparity analysis asked if the likelihood of out of home placement was greater for clients of color or white clients.

Chart 2 (below) shows that the likelihood of placement was equal for White clients and clients of Other Races and lower for Black/African American and Hispanic clients. More research is necessary to understand why these differences

Chart 2. Racial Disparities in Children's Mental Health Placements 2014



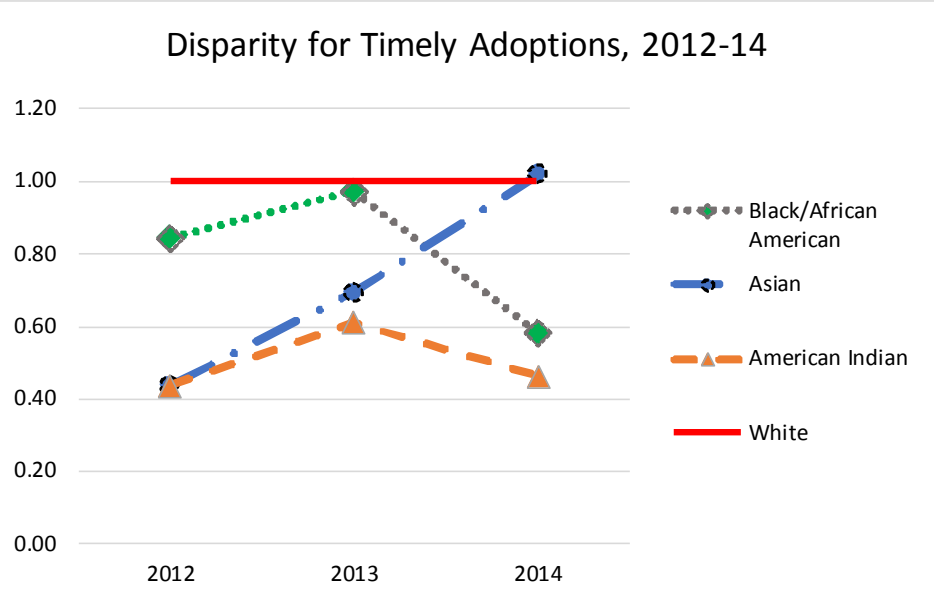
Racial Disparities in Adoptions

Finding permanency for a child awaiting adoption should occur within 24 months. Federal standards expect that 36% of children adopted in a given year will reach permanency within that time period. In 2014 Ramsey County had 45% of children adopted within 24 months. Children who were African American or American Indian were less likely than White or Asian children to be adopted within that period. As the chart below shows, Black/African American children were only 58% as likely as Whites to be adopted quickly, and American Indian children were only 27% as likely as White children to meet the standard.

In 2012 and 2013, fewer adoptions met the standard of timeliness (within 24 months). The pattern of racial disparities shows that Asian children in the previous years were less likely than White children to be adopted within 24 months and that Black/African American children were just as likely as White children to have a timely adoption in 2013, but not in 2012. American Indian children were much less likely than White children to have timely adoptions in any of the three years.

The chart shows that disparities change quickly from year to year, partly due to small numbers of adoptions in some years.

In some voluntary services like Children's Mental Health, Asian and American Indian clients are consistently under-represented. This may reflect distrust of County services and/or a lack of culturally appropriate services.



Disability Services

CHS is committed to addressing disparities in service access to and outcomes for the individuals who need our 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 2014, Black/African American and American Indian people were over-represented in services. Asian, multiracial and Hispanic/Latino individuals were underrepresented in services.

Individuals new to I/DD services in 2014 are more diverse when compared to all people receiving I/DD services.

CAC, CADI, BI (CCB Waivers)

Similar to IDD, Black/African American and American Indian people are over-represented in service when compared to the Ramsey County 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 2014 I/DD and CCB Cases

		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	16.0	26.0	23.5	25.2	34.0	28.4
Asian	11.7	10.1	14.7	12.3	11.1	5.8	7.6
American Indian	0.8	1.2	3.3	1.7	1.2	1.2	1.5
White	70.1	70.0	33.3	57.0	57.6	53.1	59.5
Multiracial	3.5	2.0	7.3	4.3	3.2	2.9	1.8
Some other race	2.9	-	-	-	-	-	-
Unknown	0	2.3	15.3	1.2	1.7	3.2	1.2
Total	100%	100	100%	100%	100%	100%	100%
Hispanic/ Latino	7.2	4.9	8.7	4.9	3.3	3.0	3.7

Disability Services

Employment Disparity

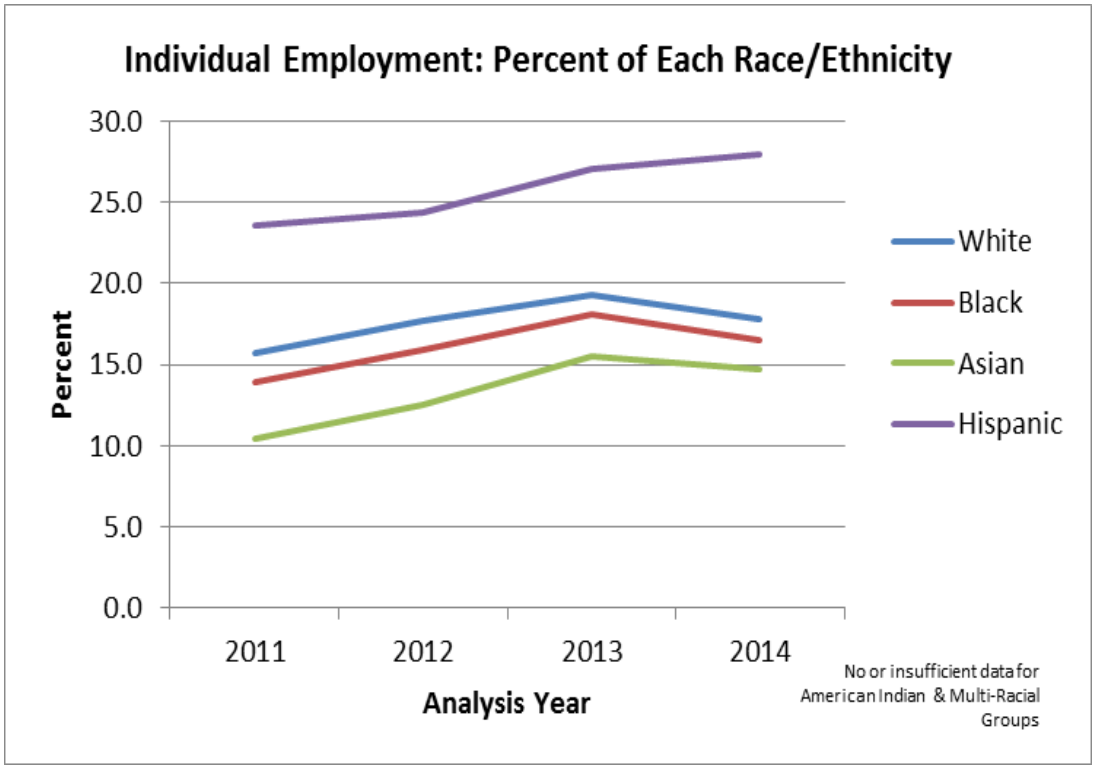
Racial disparities for CHS clients reflect both conditions in the larger society and consequences of our internal policies and practices.

In Disability Services, there is an employment disparity. When comparing 2014 individual employment results for each race/ethnic group to the White group, employment rates are lower for Asian and Black/African American individuals, and higher for individuals of Hispanic ethnicity.

In 2010, Disability Services set a goal that 30% of individuals receiving employment services would be in individual employment (IE). Since 2010 there has been a modest overall increase in IE through 2013, yet a drop in the 2014 employment rate of 17.8% from 18.9% in 2013.

This same pattern held true when IE rates were examined for each racial/ethnic group, with one exception. The rate of IE for Hispanic consumers has continued to go up since 2010. The individual employment rate for Hispanic individuals has been consistently higher than all other groups.

Overall, reducing disparities in employment and increasing overall employment results requires a reexamination of strategies aimed at increasing employment. Consideration should be given to a more targeted approach, staff training and education on employment planning and resources and partnering with stakeholders to address system and policy issues affecting outcomes.



Adult Protection Services

Adult Protection

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

In 2014 Ramsey County Adult Protection (AP) reports by race were in close alignment with Ramsey County's adult population of that racial group. One exception was Asians who were underrepresented in AP reports.

Analysis of AP investigations in 2014 revealed disproportionately smaller number of Whites who had AP investigations (60%) than reports (74%); and a disproportionately larger number of Black/African American individuals who had AP investigations (21%) than reports (13%).

In 2014 there were 341 cases that had investigations and only 20 cases were substantiated. The small number of substantiated cases is too small to make accurate comparisons about disparities in substantiated cases.

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.

2010 Ramsey County Residents Ages 18 and Over and 2014 AP Reports and AP Investigations

	2010 Census	2014 AP Reports	2014 AP Investigations
White	76%	74%	60%
Black/African American	9%	13%	21%
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%	9%	15%
Total Persons	**390,147**	**2,924**	**341**
Hispanic	6%	3%	2%

Behavioral Health Services

Services at the Mental Health Center and CD/Detox

Almost 35% (n=1,375) of all the individuals treated at the Mental Health Center (MHC) in 2014 were persons of color. The data shows that access to the Center remains fairly good for Black/African Americans in Ramsey County, with a rate of entry of 27%. Access by Asians was a distant second constituting a little over 5% of the entrants to MHC in the year.

In 2014, a total of 6,373 admissions were made to Ramsey County's Detox Center. The unduplicated number of individuals served was 3,472.

American Indians continue to enter Detox at a greater proportion than their number in the County would suggest. In 2014, 8.5% of the admissions to Detox were made by American Indians. In that same year, American Indians in the County population was only 1.2%.

In terms of repeat admissions, American Indians have the highest number. In 2014, for instance, they entered Detox an average of 5.3 times per person while Whites were entering Detox at the rate 4.5 admissions per person.

American Indians also stay longer at Detox than any other race. In 2014 they stayed for an average of 1.90 days which is slightly lower than what it was in 2013 (2.12 days).

Hispanics stayed the third longest in Detox; they stayed for an average of 1.66 days per admission. This rate has slightly declined from the previous year, which was 1.73.

Overall, American Indians continue to enter Detox at a greater proportion and stay the longest. They also continue to have the most repeat admissions to Detox.

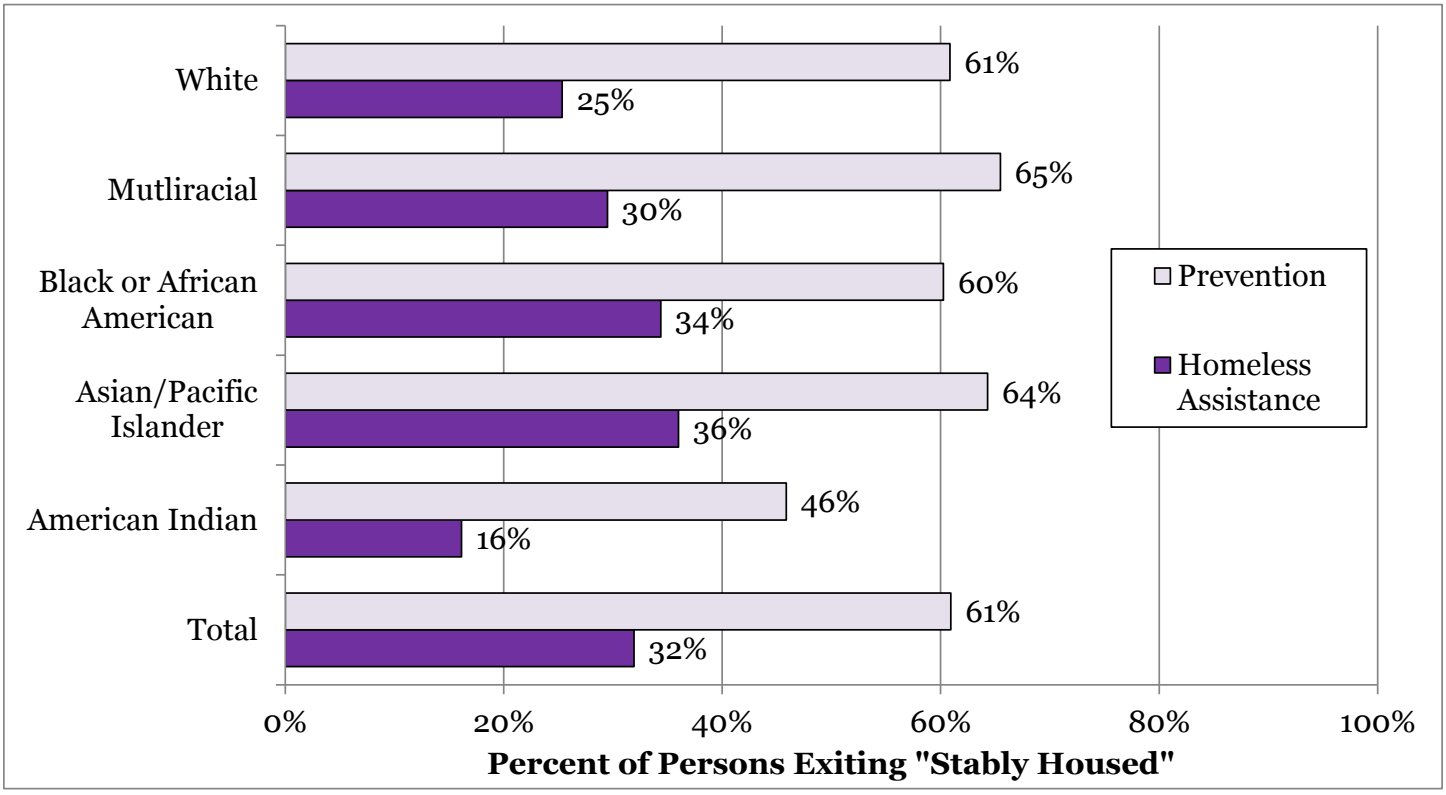
Homelessness Prevention Services

Exiting with Stable Housing

The racial composition of Ramsey County's total FHPAP population is overwhelmingly Black or African American (63%). 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).

Among FHPAP clients exiting in 2014 from in prevention services (at-risk but not homeless), Multiracial persons had the highest rate of exiting with stable housing (at 65%). Multiracial persons were the highest at 65%, just one point higher than Asians/Pacific Islanders exiting. Among homeless assistance clients, Asians/Pacific Islanders exited at the highest rate stably housed at 36%, where American Indians had the lowest rate at 16%.

Percent of Ramsey County FHPAP Clients Percent Stably Housed at Exit in 2014, By Race and Service Type



Emergency Assistance Services

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. Emergency Assistance (EA) is for families who have children under age 21 in the home and Emergency General Assistance (EGA) is for families and individuals who are not current recipients of MFIP or DWP and are ineligible for EA.

Families and individuals in poverty are most likely to qualify for and use the EA and EGA programs in Ramsey County. The applications in 2012 through 2014 show disproportionately larger percentages of Blacks/African Americans submitting EA and EGA applications and more multiracial families submitting EA applications than were in poverty in Ramsey County. During the same time period there were fewer Asians submitting EA and EGA applications and fewer 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 2012 to 2014 show some disparities. Two groups, Asians and Whites, were more likely to have applications denied. Blacks/African Americans were more likely to have their applications approved

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.

The higher approval rate of applications of Blacks/African Americans may indicate the greater need of Blacks/African Americans for emergency assistance.

In 2014 the main reasons for denials were 'Not considered an emergency' (35%), 'lack of verification of data on form' (25%), 'Not cost-effective use of funds' (19%), and 'Copayment needed' (19%). Among all ethnic/racial groups but Asians, the reasons for denial were very similar. Asians were the only group with a notable difference in denial reasons. Compared to the other groups, Asians were more likely to be denied because it wasn't considered an emergency (48% compared to 30%-37%). This difference among Asians indicates a need to familiarize them with descriptions of emergency situations that qualify for assistance.

Anyone who applies for EA/EGA and is denied is told the reason for denial and is given a list of other agencies that might be able to assist them with their need.

Emergency Assistance applications in 2012 to 2014 did not reflect the racial/ethnic make-up of those in poverty in Ramsey County.

DWP and MFIP

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

In 2012 through 2014 Black/African Americans comprised the largest proportion of MFIP participants (38%-40%) in Ramsey County.

Overall, the number of DWP and MFIP participants has decreased 14% from 2012 to 2014. The trend from 2012 to 2014 was for the number of Whites on DWP and MFIP to steadily decrease, while Black/African Americans increased. Other racial groups that showed decreases in MFIP participation over the three years were Hmong, Asian Americans and Hispanics. The proportions of Somali and Other Asian MFIP participants slightly increased from 2012 to 2014.

Ramsey County DWP and MFIP participation data for 2012 to 2014 show some disproportionality by race. Compared to poverty data in Ramsey County, Whites are underrepresented in DWP and MFIP, Black/African Americans are overrepresented in DWP and MFIP, and Asians are overrepresented in MFIP.

Ramsey County MFIP data show some differences by race that might be indications of disparities in program services or service delivery. In 2012 to 2014 Black/African American, Asian American, and Hispanic participants were sanctioned at higher rates, than would be expected based on their MFIP participation rates. Other Asian immigrants were sanctioned at lower rates than would be expected based on their MFIP participation.

In 2012 to 2014 larger proportions of Black/African Americans reached the 60-month MFIP limit than would be expected based on their MFIP participation rate. 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. In 2012 to 2014 mental illness was the most frequent reason for extension. American Indians and Hmong had the highest rates of being extended for mental illness. While Hmong and Somalis were more likely than other racial groups to be extended because of parental employment.

Child Care Assistance Services

Child Care Assistance Programs

The Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP) help families work toward economic stability. The state fully funds child care assistance for families who participate in either program through MFIP Child Care Assistance. The Basic Sliding Fee (BSF) Child Care subprogram, a capped allocation, assists families with low-incomes who are not participating in either program with child care costs.

MFIP children in child care decreased by 13% from 2013 to 2014, as did the number of MFIP children 12 years and younger. These decreases reflect a similar decrease in MFIP adult cases during that same time period.

The number of families receiving Basic Sliding Fee (BSF) childcare is determined by the budget allocated by the Minnesota State Legislature each year. In 2013, there was a $408,003 increase from 2012 which bumped the total BSF budget up to $11,811,853. The BSF allocation for 2014 was $13,268,221 or an increase of $1,456,368 or about a 12% increase from 2013.

Patterns of child care use vary by race/ethnicity. For instance, some new immigrant groups might prefer child care providers who share their language, foods, and/or religious practices.

The MFIP child care usage rate for a cultural or ethnic group is the number of children from that group active in or eligible for MFIP child care as a proportion of children ages 12 and under in families on MFIP for that calendar year. In 2013 and 2014 Black/African American and multiracial children had higher MFIP usage rates, while Asian, Native American, Hispanic, and White children had lower usage rates. The greater number of two-parent Asian families on MFIP may contribute to their lower usage rate of child care.

When compared to the poverty rates by race/ethnicity in Ramsey County, Black/African Americans used BSF child care in 2013 and 2014 at rates much greater than their poverty rate (47% and 51%, compared to 25%). Whites and Asians used BSF child care at rates much lower than their poverty rates and Hispanics used BSF child care at a rate slightly lower than their poverty rate.

Many factors affect the use of child care—the availability of parents or other family members to care for children, access to affordable child care, and the location of child care providers.

Goals and Measures

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Goal: Enhance access to opportunity and mobility for all residents	53

Summary

In early 2015 the Ramsey County Board of Commissioners and other County leaders created new strategic goals. The Board's updated vision, mission and goals set a strong strategic foundation to ensure that Ramsey County is a thriving, inclusive community for all residents and businesses for years to come.

There are four highly-focused goals that will enable us to better serve our residents and employees in their work. The goals are:

* Strengthen individual, family and community health, safety and well-being.

* Cultivate economic prosperity and invest in neighborhoods with concentrated financial poverty.

* Enhance access to opportunity and mobility for all residents and businesses.

* Model fiscal accountability, transparency and strategic investments.

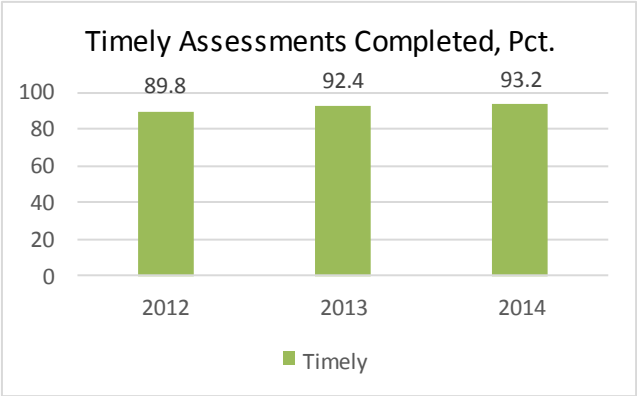
In response to the Board's Vision, Mission, and Goals, CHS has developed nine department strategies that ensure that CHS's work contributes to the achievement of the Board's goals.

CHS is also developing performance measures to assess how well we are implementing our strategies to achieve the Board's goals. The specific strategies and the associated performance measures are provided in this section for those measures where 2014 data is available.

CHS Strategy: Implement best or promising practices to provide assistance, resources, and supports to individuals and families to reduce the need for more intensive services

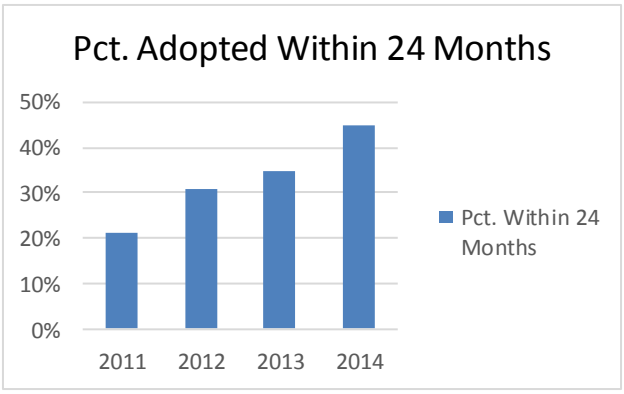
Measure: Timely Initiation of Child Protection Assessments or Investigations

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 2014.** This is the third consecutive year that the rate has been close to 90% or above.



Measure: Adoption of Children Within 24 Months

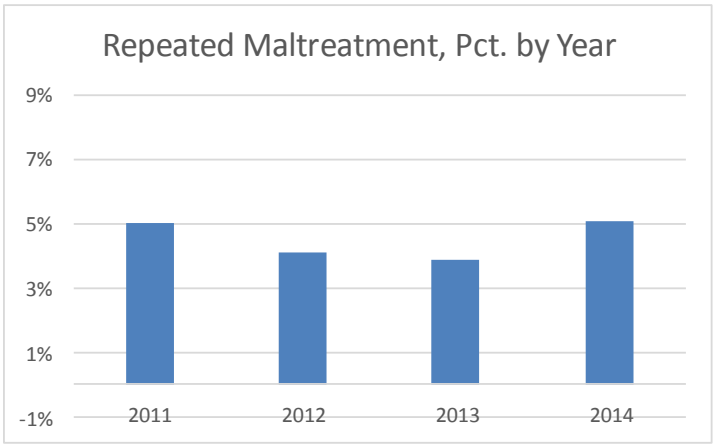
The US Department of Health & Human Services expects that 36% of wards will be adopted within 24 months of last leaving their homes. **In 2014 Ramsey County achieved a rate of 44%, up significantly from 2013.** This marks the first time in several years that Ramsey County has surpassed the Federal standard. Improved coordination of effort between child protection and permanent connections staff has helped increase timeliness of adoptions.



CHS Strategy: Implement best or promising practices to provide assistance, resources, and supports to individuals and families to reduce the need for more intensive services

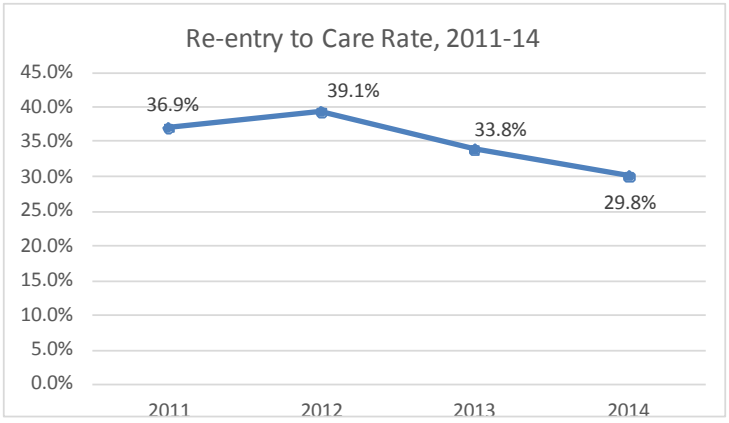
Measure: Repeated Maltreatment of Children

In Child Protection, Ramsey County has a very low rate of children who experience repeated maltreatment within 6 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 5.1% in 2014. This was the 7th year in a row that Ramsey County surpassed the Federal standard.**



Measure: Reunited Children who Re-enter Foster Care

Ramsey County fails to meet standards for re-entry of children into foster care. **In 2014 Ramsey County's re-entry rate was nearly 30%, well above the Federal standard of 9.9%.** CHS staff are working with the State of Minnesota, Ramsey County Corrections and the Courts to identify ways to improve stability of family reunifications and reduce re-entry.



CHS Strategy: Provide assistance to individuals and families of all ages to meet their basic needs for safety, food, health and shelter in a respectful, equitable and timely manner

Measure: Initial Action of 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 2012 to 2014, CHS has been able to process a large percentage of cash and food stamp applications within 30 days. **In 2012 and 2013 the percentage of Cash and SNAP applications being processed within 30 days was stable at 74%. In 2014 it increased to 75%.**

In 2014 Ramsey County made process improvements to reduce the amount of time needed to complete SNAP applications and to improve their accuracy. Changes were made in expedited food support applications received by mail, fax, and on-line. A phone team of six FTE staff was created; and they have used Directed Interview Assignment System (aka Round Robin) to process applications since November 2014. That has reduced customer wait time in the lobby. A quality control/audit position was also added to monitor quality of SNAP administration.

Cash & Food Stamp Applications with Initial Action within 30 days		
2012	2013	2014
74%	74%	75%

Measure: Initial Action of Health Care Applications

Counties are required to process Medical Assistance (MA) or health care applications within a 45-day timeframe.

From 2012 to 2013 CHS has remained consistent (70%) in the ability to take initial action on health care applications in a timely manner. However, in 2014 there was a dramatic reduction in timeliness—52% had initial action within 45 days. This is largely due to a high number of staff vacancies and the longer timeline to process certain types of applications. For instance, often the MA processing time for disabled people takes 60 days because of the added complexity.

Health Care applications with initial action within 45 days		
2012	2013	2014
70%	70%	52%

CHS Strategy: Implement best or promising practices to provide assistance, resources, and supports to individuals and families to reduce the need for more intensive services

Measure: Vulnerable Adult Case Management Cases

Adult Protection (AP) Intake 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 2014 AP staff completed 1,414 Structured Decision Making (SDM) assessments. Of those assessments, 26% (361) led to a vulnerable adult investigation.

CHS provides ongoing Adult Protection Services either directly or through community agencies. In 2014, 342 people received AP case management services, a 5% decrease from 2013. This decrease was due to case managers no longer serving Community Alternatives for Disabled Individuals (CADI) consumers. However, the number of AP case management cases is expected to increase in 2015 because of case managers taking on Moving Home Minnesota Demonstration clients.

Of those receiving Adult Protection Case Management services in 2014, 65% were White, 17% Black/African American, 4% Asian, 2% Hispanic/Latino, 1% multiracial, and 14% unknown. In addition, 56% were female and 40% were age 65 and older.

	2012	2013	2014
SDM Assessments	1,383	1,423	1,414
AP Assessment	455	902	396
AP Case Management	289	361	342
Vulnerable Adult Investigation	436	460	361

Measure: Adult Mental Health Discharges with Improved Functioning

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 2014 was 174. All of them were discharged to the community since they were found to be capable of functioning independently in the community.

CHS Strategy: Implement best or promising practices to provide assistance, resources, and supports to individuals and families to reduce the need for more intensive services

Measure: Adult Mental Health Consumers Not Hospitalized

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

In 2014, 98% (N= 178) of the 181 individuals served by the CRT were stabilized enough to enable them to stay at home. The balance, three individuals, were hospitalized at the Anoka Regional Treatment Center (RTC).

Measure: Individuals Receiving Disability Services and Employed

Ramsey County set a five year goal to increase individual employment to 30% by 2015.

Individual Employment * 2010-2015	
2014	17.8%
2013	18.9%
2012	17.1%
2011	15.6%
2010	14.7%

* Individual employment definition—Ramsey County uses the Minnesota Employment First Coalition's definition of Individual Employment whereby an individual is on an employer's 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.

Since 2010, there has been a modest improvement in the rate of individual employment for those receiving I/DD case management. And in the last year, the rate of individual employment decreased from 18.9% in 2013 to 17.8% in 2014. To respond to be employment barriers and improve outcomes, DHS in partnership with Ramsey County and two additional counties, formed the Employment and Community Living Partnership in late 2014. The partnership will develop policy and practice strategies (i.e., leveraging local and county funding, staff training and support around employment planning,) aimed at serving and supporting individuals to seek and maintain individual competitive employment.

Similar to 2013, the individual employment rate in 2014 for those receiving one of the CCB waivers was 6%.

CHS Strategy: Become an anti-racism organization that promotes equity, values and respects the diversity of our community members regardless of race, ethnicity, gender, religion, sexual orientation, age, and/or ability

Measure: CHS Staff from Communities of Color

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.

As of January 1, 2015 38% of CHS full and part-time staff were from communities of color.

Financial Information

How does $1.772 billion get spent?

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In 2014, CHS authorized or expended $1,772,494,125 on behalf of the residents of Ramsey County. The amount of these funds that was formally a part of CHS's budget was about $165.6 million in 2014.

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

$1,333,155,700 Medical and Financial Services
$ 439,338,425 Social Services

$1,772,494,125 Total

Medical Assistance

Looking at the picture of expenditures for individuals and families in Ramsey County, about 64% of the money expended or authorized was for medical expenditures. The $1.1 billion in Medical Assistance in 2014 was a $123 million increase over 2013.

CHS's cost of administering the Financial and Medical Assistance program areas at the county level consumed 2.5%, a small portion of the funds. Ninety-seven point five percent (97.5%) of the funds were provided to individuals in the form of benefits.

Social Services

Social service expenditures totaled over $439 million in 2014. These funds support programs for children and adults. In 2014, the total expenditures for social services was an increase of $1.7 million over what was spent in 2013.

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 2014 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:

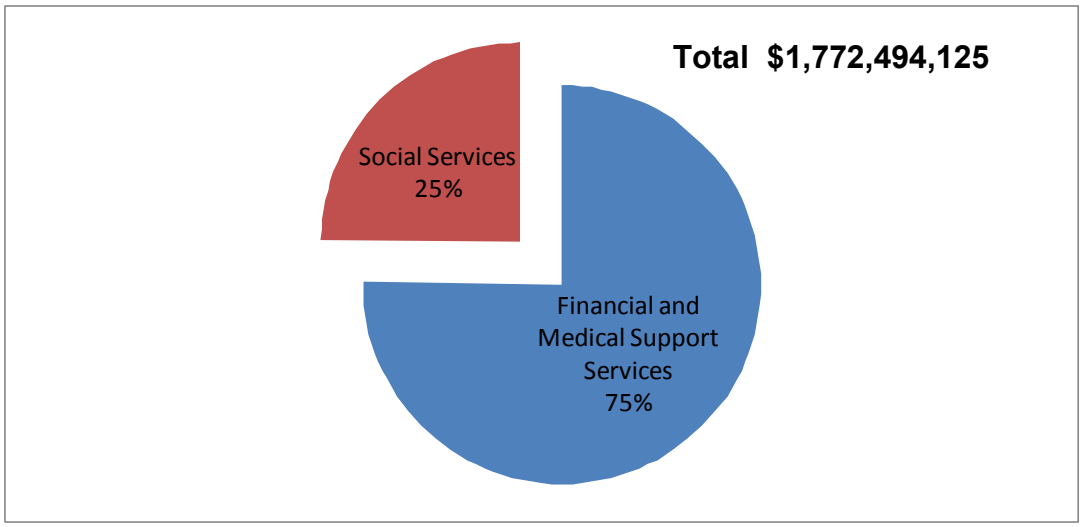
- reduced services and administrative support,
- pursued strategies to reduce spending without reducing services, and
- pursued strategies to increase revenue, in order to avoid reducing services.

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.

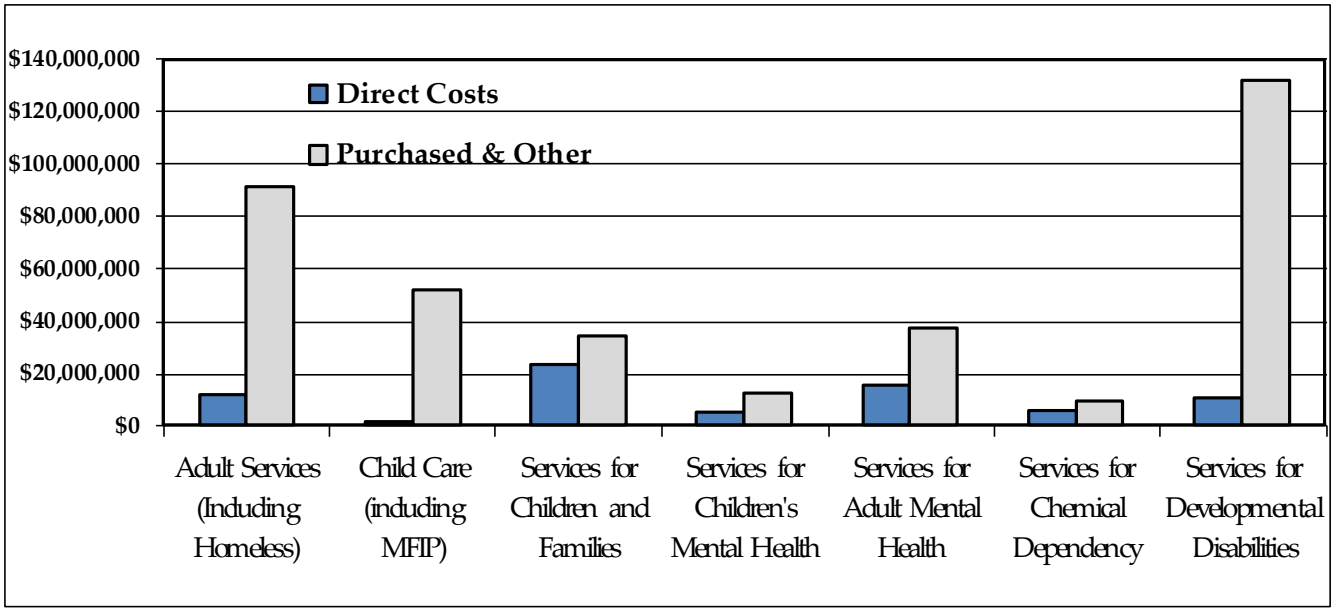
Summary of Total Expenditures in 2014



Social Services Expenditures in 2014

Services	Direct Costs	Purchased & Other	Total	%
Adult Services (Including Homeless)	$11,484,396	$91,250,502	$102,734,898	23%
Child Care (Including MFIP)	$1,309,623	$51,776,153	$53,085,776	12%
Services for Children and Families	$23,140,353	$34,004,460	$57,144,813	13%
Services for Children's Mental Health	$5,091,039	$12,286,539	$17,377,578	4%
Services for Adult Mental Health	$15,273,117	$36,859,615	$52,132,732	12%
Services for Chemical Dependency	$5,280,648	$9,345,093	$14,625,741	3%
Services for Developmental Disabilities	$10,154,564	$132,082,323	$142,236,887	33%
Total	$71,733,740	$367,604,685	$439,338,425	100%
Percentage	16%	84%	100%	

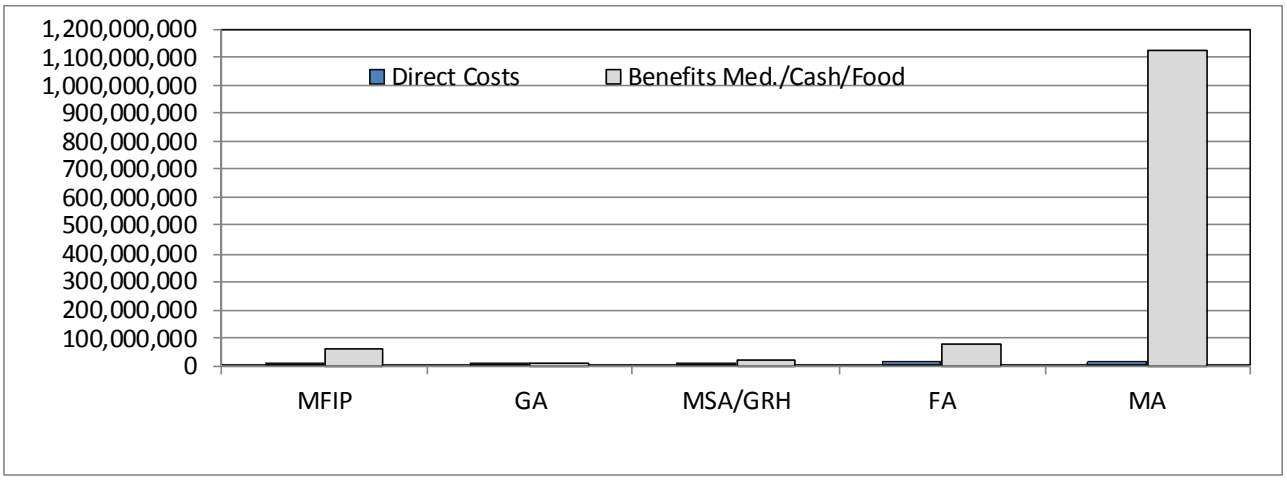
In the chart below, 'Purchased and Other Costs' are the costs of the services purchased from vendors and 'Direct Costs' are the staff-related costs such as payroll and supplies.



Financial and Medical Expenditures in 2014

Program	Direct Costs	Benefits Med./Cash/Food	Total	% of all Expenditures
Minnesota Family Investment Plan (MFIP)	$8,436,607	$64,402,265	$72,838,872	5%
General Assistance (GA)	$1,752,419	$8,648,933	$10,401,352	1%
Minnesota Supplemental Aid (MSA)	$476,938	$6,994,448	$7,471,386	1%
Group Residential Housing (GRH)	$520,436	$14,860,121	$15,380,557	1%
Food Assistance (FA)	$13,971,294	$78,004,514	$91,975,808	7%
Medical Assistance (MA)	$9,288,809	$1,125,798,916	$1,135,087,725	85%
Total	$34,446,503	$1,298,709,197	$1,333,155,700	100%
Percentage	2.5%	97.5%	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 2014

Source	Amount	Percentage
Federal/State/Other	$1,694,210,077	96%
Local*	$78,284,048	4%
Total	$1,772,494,125	100%

*2014 CHS Approved Budget

Social Services Revenue in 2014

	Federal/ State/Other	Local Levy	% Local	Total
Adult Services (Including Homeless)	$94,219,984	$8,514,914	8%	$102,734,898
Child Care (Including MFIP)	$51,641,118	$1,444,658	3%	$53,085,776
Children and Families	$34,359,123	$22,785,690	40%	$57,144,813
Children's Mental Health	$12,315,332	$5,062,246	29%	$17,377,578
Adult Mental Health	$36,945,993	$15,186,739	29%	$52,132,732
Chemical Dependency	$11,604,173	$3,021,568	21%	$14,625,741
Developmental Disabilities	$136,145,106	$6,091,781	4%	$142,236,887
Total	$377,230,829	$62,107,596	14%	$439,338,425
Percentage	86%	14%		100%

Financial and Medical Revenue in 2014

Services	Federal/State/Other	Local Levy	% Local	Total
MFIP	$68,085,669	$4,753,203	7%	$72,838,872
General Assistance	$9,548,933	$852,419	8%	$10,401,352
Minnesota Supplemental Aid	$6,994,448	$476,938	6%	$7,471,386
Group Residential Housing (GRH)	$14,860,121	$520,436	3%	$15,380,557
Food Assistance	$86,563,689	$5,412,119	6%	$91,975,808
Medical Assistance	$1,130,926,388	$4,161,337	.5%	$1,135,087,725
Total	$1,316,979,248	$16,176,452	1%	$1,333,155,700
Percentage	99%	1%		100%

For Additional Information Contact:

Cameron Counters
Office of Research and Evaluation
(651) 266-4319
cameron.counters@co.ramsey.mn.us