



**RAMSEY COUNTY
COMMUNITY HUMAN SERVICES**

**2010 ANNUAL REPORT
to the Board of Commissioners**

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Annual Report 2010

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INTRODUCTION

A. Community Human Services Mission

Making a Difference: Helping people survive and thrive

Ramsey County Community Human Services contributes to the vitality of the community by providing services that support individuals and families. In a surviving community people can:

- Meet their basic needs for food, clothing, shelter and medical care
- Be safe
- Live independently and lead stable lives
- Heal and recover through effective treatment and interventions, and
- Have access to effective services regardless of their racial or cultural background.

These are the outcomes by which we measure the effectiveness of our services.

The people who turn to Ramsey County for help in our community are:

- Children
- Adults and Children with Disabilities
- Elderly
- Low Income Men, Women, and Children
- Men and Women with Mental Health or Chemical Health Problems

A point-in-time estimate of 114,242 CHS clients was developed using June 1, 2010 as the specific date for counting the number of active clients. With a 2010 population for Ramsey County of 508,640, that means that every day roughly one out of five Ramsey County residents is a consumer of the services provided by the Community Human Services Department.

B. Overview of the Community Human Services environment

In Minnesota, counties are responsible for administering human service programs that address the social and economic needs of the community. State and federal laws mandate most of these services. The County Board of Commissioners establishes local policy in some service areas and directs the Community Human Services Department in the administration of all services. The Department delivers services in collaboration with other County departments and community agencies.

This section discusses recent changes or trends that affect our community and, in turn, the human services that our community needs. Significant changes include:

- There is increasing need for Medical Assistance and food support services.
- Publicly-funded health care coverage is replacing private insurance.
- The number of individuals who are homeless continues to increase.
- Health care programs continue to change.
- Funding for General Assistance Medical Care was severely reduced.
- Funding pressure reduces our capacity to provide preventive services.
- Ramsey County residents are becoming more racially and culturally diverse.
- The economic context of 2010 affects the human services system.

There is increasing need for Medical Assistance and food support.

The economic downturn that began in 2008 has had a direct impact on the demand for Medical Assistance and food support services provided by CHS. In the 12 month period from July 2010 through June 2011, the number of Medical Assistance cases in Ramsey County increased by 20%. The number of food support cases increased 20% during the same time period. The number of Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) cases in Ramsey County only increased approximately 1%. The relatively small increase in MFIP/DWP cases may be due to the extended unemployment benefits currently available to the workforce. The longer the unemployment rate remains high the more that CHS will see an increase in residents requesting MFIP/DWP services.

Publicly-funded health care coverage is replacing private insurance.

The portion of the population in Minnesota without health insurance had been increasing prior to the most recent economic downturn. In 2001, 5.7% of the population was uninsured. The latest data available to CHS shows that by 2004 that percentage had increased to 7.4%.¹ State-wide the number of people who were enrolled in publicly-funded health care insurance programs increased from 21.2% of the state population in 2001 to 25.1% in 2004. Ramsey County has experienced a similar increase in residents looking to the County for access to health care coverage. According to the Minnesota Department of Health this is primarily because of a decrease in workers being covered by employer provided health plans. The impact of the increase in the uninsured residents is that more of the uninsured seek publicly-funded healthcare because they are unable to afford to purchase coverage on their own.

The number of individuals who are homeless continues to increase.

A study published in 2010 estimates that on any given night, approximately 1,685 people are homeless in Ramsey County.² These are people who are staying in emergency shelters, domestic violence shelters, and transitional housing programs or are living on the street, in cars, or in abandoned buildings. While percentages will vary on any given night, in general, of the homeless in Ramsey County:

- 1 in 2 are adults
- 1 in 3 are children with one or both parents, and
- 1 in 7 are unaccompanied youth under the age of 21.

The information that is currently available indicates that the situation has worsened since the night of October 26, 2000, when the statewide homeless survey identified 1,067 men, women, and children homeless in Ramsey County. On October 22, 2009 the statewide survey found 1,685 homeless people in Ramsey County. Although significant increases in both adult men and women helped account for this surge in homelessness, youth under the age of 21 saw a considerable increase, from just 5% of the homeless population in the 2006 survey to 14% in 2009. Furthermore, these results are likely to be a significant undercount, as they do not include large numbers of people who are believed to be unsheltered; living in camps, vehicles, or in other places not fit for human habitation.

¹ MN Dept. of Health, Center for Health Statistics, "Health Insurance Coverage in Minnesota: Trends from 2001 to 2004" February 2006.

² Wilder Research Center, Homelessness in Minnesota 2009: Results of the Wilder statewide survey. (October, 2010)

Since 2006, nearly 12,000 homes in Ramsey County have gone into mortgage foreclosure, the yearly number increasing 74% between 2006 and 2010. This dramatic scenario has placed many more households in danger of becoming homeless. In 2010, Ramsey County had the 11th highest county foreclosure rate in Minnesota (1.7% of all residential parcels).³

As the numbers of homeless people increase, other troubling trends are emerging. From 2005 to 2009, the percentage of homeless people who were employed fell from 28% to 20%, and those working full-time fell from 12% to 6%. At the same time, those reporting serious mental illness rose from 52% to 55%. Three-fourths (74%) of homeless adults experiencing homelessness in 2009 reported at least one of three major health issues: mental illness, substance abuse, or other chronic physical health condition.

Housing affordability is a major factor in homelessness. Fifty one percent (51%) of the homeless respondents to a 2009 statewide survey said a lack of a job or income (43%) or lack of affordable housing (24%) is currently preventing them from obtaining housing.

The primary federal government response to the need for affordable low-income housing is the Housing Choice Voucher Program, frequently referred to by its original name, the Section 8 Program. Unfortunately, the Housing Choice Voucher Program is funded far below the actual level of need. Waiting lists for the program have become so long, and the turnover of vouchers is so low, that every waiting list in the Twin Cities Metropolitan Area is closed. St. Paul Public Housing Agency reports 8,849 people on the public housing waiting list and 3,981 on the Section 8 waiting list, which has been open only 3 days since 2002. In 2009, Ramsey County and the St. Paul Public Housing Agency were awarded 100 Family Unification vouchers from the U.S. Department of Housing and Urban Development. Seventy five of these vouchers are being used for families active in Child Protection for whom the lack of stable housing was keeping them from reuniting. The remaining 25 are for youth aging out of foster care and in need of stable housing.

Project HOME is a collaborative program between Ramsey County and the St. Paul Area Council of Churches to provide 40 emergency shelter beds for families with dependent children. Normally, Project HOME utilizes two churches with 20 beds each for overnight shelter. Each month, the program rotates to two other churches. In 2010 Ramsey County was able to add a third church with 20 beds for families to our Project HOME church shelter program for the last 5 months of 2010. This temporary expansion, along with the 55 beds provided for families at the County-owned Family Services Center in Maplewood, raised the total beds available for families with

³ 2011 Semi-Annual Foreclosures in Minnesota: A Report Based on County Sheriff's Sale Data. February 9, 2011. Housing Link, Minneapolis, MN

dependent children to 115 per night. However, even with the increased capacity, most nights the beds have remained full and we had to turn away families in need of shelter.

Clearly, the mortgage crisis and the economic downturn have resulted in more people losing their homes. The impact of job loss and economic instability has disproportionately impacted very low income households. In the 2000 statewide homeless survey, 42% of all homeless adults were employed and 26% were employed full time. In 2009, those numbers had dropped to 20% employed and only 6% employed full time, the lowest rate since the triannual survey began in 1991.

Health care programs continue to change.

For over 15 years, the State of Minnesota has focused on moving Medical Assistance (MA) from a fee-for-service model to a managed care model. In 1991, the first group of Medical Assistance clients who moved from fee-for-service to managed care was the families and children population. At that time the State began contracting with four health care plans to provide these services in Ramsey County. Families receive all their Medical Assistance benefits through a managed care organization.

Over the past few years most of the elderly and some of the disabled population have also been moved from fee-for-service to managed care. This means that health plans are now responsible for managing all these services (basic care and all Home and Community-Based Services) for elderly clients. The services covered for the disabled population are not as comprehensive and are all voluntary enrollment. The services do not include personal care attendants (PCA) or Home and Community Based Services (HCBS) waivers.

The move from the traditional fee-for-service model to managed care has resulted in major changes in CHS's role in the health care system. Specifically, before these changes, CHS provided and arranged for case management and support services through the Medical Assistance waiver dollars for the elderly population. In 2010 in Ramsey County two of the four health plans contract and pay CHS to provide case management for elderly clients. Case management services are even being provided to those community members not accessing HCBS Waivers, to whom we would not have traditionally offered services. For the disabled population, a majority of those receiving services would not be served by the County without this care coordination arrangement with the health plan.

The CHS case manager assigned to work with a particular client is responsible for arranging all needed services and integrating the regular health care and supportive type services. Conversely, the clients served by the other health plans are no longer

served by CHS. This has changed the role of CHS from “coordinating and managing the system” to being a “vendor” for at least two health plans available to Ramsey County residents. So far, CHS continues to contract with organizations to provide the various types of support services that are needed by clients. However, this change raises questions about the role of CHS in the future.

Funding for General Assistance Medical Care (GAMC) was severely reduced.

General Assistance Medical Care (GAMC) is a state program administered by the counties that pays for medical care for persons with limited income who are not able to access private medical insurance and who do not qualify for Medical Assistance. GAMC provides a safety net and focuses on preventative health care, not just emergency care. Program eligibility is determined by a variety of factors, including net income and assets.

Through a veto in May 2009, the Governor eliminated funding for GAMC effective July 1, 2010. The Governor’s unallotment in June 2009 moved the date for eliminating GAMC to March 1, 2010. Although the state funding was reduced and only the prescription drug benefit remains, counties are responsible for the cost of administering the program. Coordinated Care Delivery Systems (CCDS) were created in 2010 to be the primary means of service for people who are eligible for the GAMC program.

Nine thousand one hundred and ninety four (9,194) people in Ramsey County were covered by GAMC in 2010 (approximately 12% of the state’s GAMC enrollees). In an average month in 2010, Ramsey County had about 4,034 people enrolled in the program.

Funding pressure reduces our capacity to provide preventive services.

Since 2003, CHS has experienced several years of reduced funding and cost shifts from the State and Federal governments. The County has been forced to increase local property taxes in order to continue some services. However, CHS has also been forced to reduce funding for preventive services that improve the quality of life for vulnerable and disabled individuals. Programs, including ones that enable disabled individuals to participate in their community, have been reduced or eliminated as CHS has sought to preserve services that meet safety standards and basic needs of our clients. For some programs for adults with disabilities, caseloads have increased without additional staff. It is likely that further reductions in federal funding for some services will continue to exacerbate this problem.

Ramsey County residents are becoming more racially and culturally diverse.

In 2000, 24.7% of the Ramsey County population were people of color which includes the 5.3% who were of Hispanic ethnicity. The 2010 U.S. Census population for Ramsey County is that 33.1% of the residents of Ramsey County are people of color and among them 7.2% are of Hispanic ethnicity.⁴ The 2010 Census indicates an 8% increase in the racial and cultural diversity of the residents of Ramsey County. Twenty five year population projections for Minnesota and Ramsey County indicate that both will continue to become increasingly racially and ethnically diverse. The residents of Ramsey County are already the second most diverse in the state.⁵

CHS is committed to eliminating racial disparities in service delivery for communities of color. As CHS has examined its delivery of services, there are a number of instances where service utilization and service outcomes are not equivalent across racial or ethnic groups. These disparities raise questions about whether we are providing equitable access to services for all groups, and whether the services are effective in achieving comparable results across cultural and racial groups.

Examples of service disparities include:

- Southeast Asian children are less likely to access children's mental health services than other groups.
- Hmong elderly are much less likely to be aware of services that can help them remain in their homes.
- African American children are more likely than White children to be removed from their home by child protection workers.
- Hispanic /Latino individuals with disabilities are under-represented as consumers of I/DD services

Descriptions of CHS's work on issues related to racial disparities are included in the individual sections and the chapter [How Effective Are We?](#)

Economic context of 2010 affects the human services system.

Many of the trends that have been described in this chapter will be influenced by the duration of the economic downturn that began in late 2008. The recession has had a cascading effect on the entire human services system. The reduction in financial

⁴ U.S. Commerce Department, Bureau of the Census, 2009 American Factfinder.

⁵ Mahnomon County, with a significant Native American Indian population, is the county in Minnesota with the highest proportion of residents who are people of color.

resources available to federal, state, and local government has forced a reduction in the services available to Ramsey County residents. Conversely, the mortgage crisis and the amount of unemployment has increased the need for Ramsey County to provide a safety net for individuals and families who have been negatively impacted by the economy. The anticipated increase in Ramsey County residents looking to the County for help will further challenge CHS's ability in the near future to adequately serve the community.

C. Community Human Services continues to be a place of change and innovation

From program services to staff training to inter-departmental coordination, CHS continues to adapt to changing needs and tries to improve on our previous successes. The following are a few examples of how CHS is finding new ways to continue to help Ramsey County residents survive and thrive.

Community Human Services

- One of CHS's goals is to decrease race/culture-based disparities in services, ensuring that all residents of the County receive effective services. The umbrella organization guiding this work within CHS is the Anti-Racism Leadership Team (ARLT), made up of staff from all divisions and levels in the organization. The mission of ARLT is to recognize racism within our institution and create a transformational strategy for change. It is the vision of ARLT that CHS will become a multi-cultural, anti-racist organization.

Responding to the County Board goal, of "being a leader in addressing the changing demographics of the County", the Anti-Racism Leadership Team has laid a foundation to create effective human services for all Ramsey County residents. The accomplishments below have formed the foundation for eliminating institutional level racism by targeting change in policies, practices and procedures that maintain racial disparities in client and organizational outcomes.

- *Development of a common conceptual foundation and language around systemic power and race* - Concepts and definitions were established recognizing individual power over people, power which preserves advantage for White people, and power which socializes White people and people of color to follow racial expectations.
- *Implementation of an organizational structure to address institutional racism* –A leadership team and a set of workgroups were established to begin evaluating and changing CHS's policies and processes in key institutional areas from hiring & retention, contracting, staff training and communication.

- *Implementation of service strategies by Service Teams within CHS Divisions and ARLT/Manager workgroups to change practices in service delivery --*
The results of some of these efforts are reported in the chapter entitled, *How Effective Are We: Disparities in access and outcomes for diverse populations are reduced.*

CHS will continue to identify and address disparities in services. While Divisions within CHS are working directly to implement strategies to reduce racial disparities, the Anti-Racism Leadership Team will continue to break down organizational level barriers that are maintaining the status quo of racial disparities. Its strategic plan aims to create supports across the organization to achieve racial equity in service outcomes by building alliances to strengthen leadership, broadening staff perspectives through training, and by creating mechanism for accountability.

Program Area Innovations

- The Adult Services Division continued planning for the East Metro Behavioral Health Crisis Center. The new building will house several CHS and multi-county services including: an expanded detoxification facility, mental health crisis intervention, commitment court, and chemical dependency assessments. Construction of the new building began in 2010. The East Metro Behavioral Health Crisis Center opened in September 2011.
- The Intellectual /Developmental Disabilities services program is focusing on an employment initiative that encourages competitive employment as the first option for individuals with disabilities, rather than extensive reliance on center-based services.
- Children and Family Services has implemented case planning practices and family support services that have contributed to a dramatic reduction in the number of children who need to be placed in out-of-home settings.
- Financial Assistance Services implemented an expedited application process to handle the recent influx of residents seeking food support.
- Financial Assistance Services changed Emergency Assistance program eligibility requirements and maximum issuance amounts to take advantage of Federal stimulus money to stabilize as many families as possible.
- CHS was the recipient of a Sundance Foundation grant. This led Financial Assistance Services to create a Food Support community outreach position to identify and enroll people eligible for the Food Support program.

- Financial Assistance Services implemented an expedited adult intake triage process designed to provide applicants for services with same-day appointments.
- CHS received Federal stimulus funding to partner with the City of St. Paul to embed two Financial Workers in the Central Point of Contact program to expedite Financial Assistance applications for those seeking assistance under the Rapid Rehousing program.
- Financial Assistance Services expanded the use of Group Residential Housing to provide housing for long term homeless clients resulting in the addition of 31 facility beds and 152 apartment units.
- Financial Assistance Services initiated a project called Focus on the Future. This initiative has resulted in several projects designed to streamline workflow processes and improve customer service.
- Financial Assistance Services established a training group to meet the training demands resulting from higher Financial Worker turnover and to ensure a quality and consistent training process for FAS staff.
- Financial Assistance Services piloted Electronic Document Imaging as a way to improve efficiency.
- Administrative Services has expanded the Mobile Worker pilot project to over 300 staff in 2010. This pilot program tested PC laptop/tablet technology with case workers who conduct home visits. The new technology included encrypted devices and secure telecommunications to safeguard data privacy. Evaluation results showed higher staff productivity and increased time reporting for billings.
- Children and Family Services continued to develop a new quality assurance system for monitoring compliance with Medicaid requirements for billing and ensuring that high quality services are provided consistently to CHS clients. Now called the Service Quality Assurance (SQA) project, this system supports supervisors in monitoring staff caseloads for best practices and documentation related to client assessment and case planning, as well as mandated reporting and billing.
- Our Mental Health Center is working in cooperation with Federally Qualified Health Care Centers to increase integration of physical and behavioral health care for our Mental Health Center clients.

- The Mental Health Center is in the process of implementing an electronic health record.
- The Adoptions Opportunities grant continues to support efforts to increase the number and speed of adoptions for waiting children by increasing the number and diversity of foster homes available to provide a safe and stable home for children.
- Children and Family Services continues an emphasis on locating kin who are willing and able to provide foster care to children who need to be removed from their family home. Kinship foster care tends to be less disruptive for children who experience out-of-home placement.
- Children and Family Services continues implementation of our Parent Partner program and most recently selected a new community vendor to manage this program. The Parent Partner Program allows former Child Protection Parents to partner with current Child Protection Parents to assist and support them in navigating our system. These Parent Partners demonstrate to the current clients that they CAN be successful in our system and their families can be strengthened after receiving services from our division.
- We have restructured our Nokomis Circle Project which is a collaborative effort between Ramsey County, and the American Indian Community. More specifically we have partnered with two American Indian Community agencies to create an American Indian Liaison position to assist American Indian families involved in our Child Protection Program. This position serves as a link between the Children & Family Services division and the American Indian Community to provide culturally sensitive support and connections.