

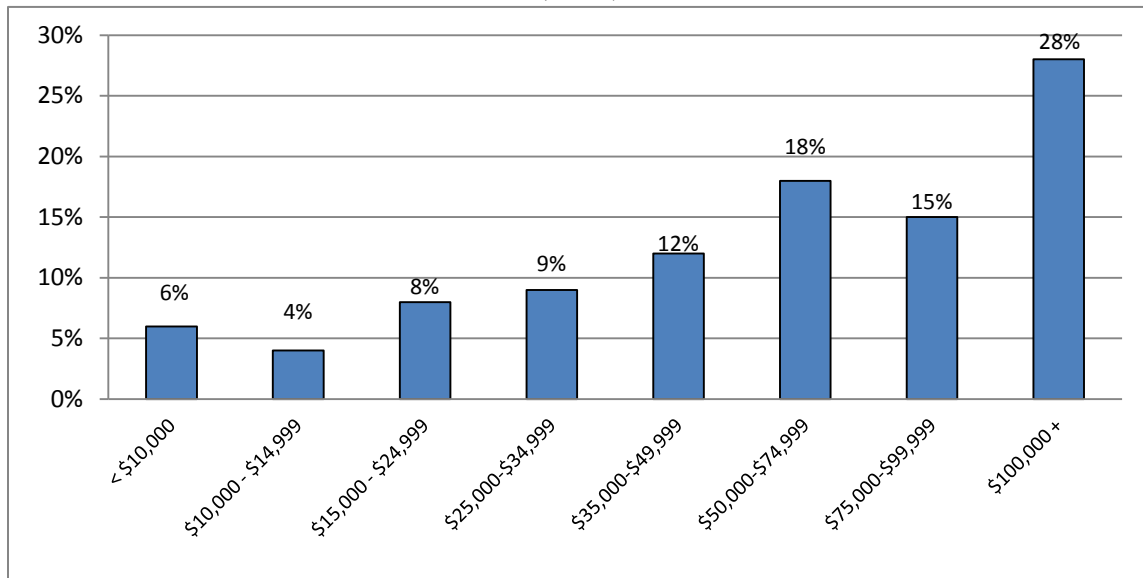
LOW INCOME MEN, WOMEN AND CHILDREN

A. Low income people in Ramsey County

The rate of poverty among Minnesota children was a surprisingly high, 15.2%, in 2010. Child poverty has gotten worse since of 2001, when it was 10.1%. Overall, nearly 1 in 9 Minnesotans, or 12%, lived in poverty in 2010. The population of Ramsey County was 508,640 in 2010. Illustration 1 displays the income distribution of families in Ramsey County. In 2010, 12.2% of Ramsey County families were living below the Federal Poverty line; that's 50% higher than the Minnesota state-wide rate of 8%. In 2010, the Federal Poverty guideline for a family of three was \$18,310.

Income

**Illustration 1:
Income Distribution of Families in Ramsey County¹
(2010)**



¹ 2010 American Community Survey, U.S. Census Bureau, <http://factfinder.census.gov>.

Families living in poverty are the ones that CHS is most likely to serve. In Ramsey County children and adults of color are more likely to be living in poverty than Whites.

Medical care

The portion of the population in Minnesota without health insurance increased between 2007 and 2009. In 2007, 7% of the population was uninsured, compared to 9% in 2009². Of the 478,000 uninsured in Minnesota, approximately 83,000, or 17%, were children 17 years of age or younger. Nearly all of the increase in the number of uninsured between 2007 and 2009 occurred among adults. The percentage of Minnesotans enrolled in public health insurance programs also increased during this time period, going from 25% of the population in 2007 to 28% in 2009. In 2009, 57% of Minnesotans had health insurance coverage through an employer. This is a significant decline from 2007, when 62% of Minnesotans were estimated to have employer coverage. While a number of factors likely contributed to the decline in group coverage between 2007 and 2009, national research on previous, less severe recessions indicates that economic conditions are an important factor. For example, one national research study showed that a one percentage point increase in the unemployment rate is associated with an increase of about 0.6 percentage points in the rate of uninsurance for non-elderly adults.

Minnesota's seasonally adjusted unemployment rate increased almost three percentage points between November 2007 (4.6 %) and November 2009 (7.4%). Accordingly, the size of the increase in the uninsurance rate between 2007 and 2009 is similar to what might be expected based on this research.

Previous research has shown the importance of residents having health insurance. Without health insurance many people do not get essential medical care. In 2003, 47% of uninsured individuals reported that they postponed seeking medical care and 37% did not fill a prescription because of the costs. Researchers estimate that a reduction in mortality of 5 – 15% could be achieved if uninsured individuals were to gain continuous health coverage³.

Although Minnesota has traditionally had a lower rate of uninsured individuals than the national rate, in 2009, 16.9% of individuals in Minnesota making less than the Federal Poverty Guideline had no insurance.

² MN Dept. of Health, Center for Health Statistics, "Health Insurance coverage in Minnesota, Updated Results from 2009" January, 2011

³ Kaiser Family Foundation, Kaiser 2003 Health Insurance Survey, www.kff.org

B. Who are the people we serve?

Community Human Services (CHS) serves children and adults who are:

- Low income people unable to meet their basic needs such as food, medical coverage or who need small amounts of cash assistance for emergencies or temporary income
- Homeless or at risk of homelessness, or
- Working but earning low incomes and needing help to pay for child care.

Financial assistance programs

Financial assistance and medical programs are provided to individuals and families who qualify. These programs provide time-limited income support, medical coverage, food support, and one time grants for financial emergencies, such as rent or utilities, that could make people homeless.

Children and adults who are homeless or at risk of becoming homeless

Individuals and families receive assistance in finding permanent or temporary housing, and emergency money to cover the costs of damage deposits and utility bills.

Child care programs

Child care funding is provided to low income families who are working or in school. Families must meet specific income requirements. Children are eligible for child care funding until they are 13 years old.

Child care can occur in three different settings:

- Child care centers – which create classrooms based on children’s ages
- Licensed family child care homes – in which the child care provider takes care of children of different ages in her or his home, or
- Legal unlicensed child care – often done by relatives or friends of the family in the child’s home or the home of the adult providing the care.

C. What programs do we offer?

Types of Service	What's included in this?	What we intend to accomplish
Public Assistance Programs (See Section 1, Page 78)	<ul style="list-style-type: none"> • Assistance to low income individuals and families 	<ul style="list-style-type: none"> • Help adults and families to meet their basic needs
Emergency Homeless and Homeless Prevention Services (See Section 2, Page 84)	<ul style="list-style-type: none"> • Emergency housing and supportive services • Emergency money for obtaining or keeping housing 	<ul style="list-style-type: none"> • Shelter homeless families • Respond to immediate safety and shelter needs • Keep families and individuals from becoming homeless
Child Care Programs (See Section 3, Page 88)	<ul style="list-style-type: none"> • Subsidies 	<ul style="list-style-type: none"> • Help families with low paying jobs cover the costs of child care while they are working, or looking for work

D. Specific Programs

Section 1: Public Assistance Programs

Types of Service	What's included in this?	What we intend to accomplish
Food Assistance	<ul style="list-style-type: none"> • Food Support 	<ul style="list-style-type: none"> • Help people pay for food
Medical Coverage	<ul style="list-style-type: none"> • Medical Assistance • General Assistance Medical Coverage • Transitional Minnesota Care 	<ul style="list-style-type: none"> • Provide health care coverage for people based on their income levels, age and any special medical conditions
Income Support	<ul style="list-style-type: none"> • General Assistance • Minnesota Supplemental Assistance • Group Residential Housing • Minnesota Family Investment Program • Emergency Assistance 	<ul style="list-style-type: none"> • Provide unemployable adults without children with small monthly amounts of cash to meet their basic needs • Provide disabled adults with small monthly amounts of cash to meet their basic needs • Provide room and board for elderly and disabled individuals unable to live in their own home • Provide families with children with up to 5 years of monthly cash assistance if they meet work activity requirements • Provide support for emergencies that jeopardize an individual's housing or health

Numbers served

The following table and illustrations provides a picture of some of the programs that CHS administers and the characteristics of the individuals and families who receive assistance.

Table 1:
Average Number of Cases Open Each Month
(Cases usually have more than 1 person)

Services	2005	2006	2007	2008	2009	2010
Food Support	13,914	14,585	15,657	16,722	20,565	25,346
General Assistance	1,715	1,887	2,062	2,375	2,539	2,835
Medical Assistance	35,156	35,656	36,313	37,125	39,597	42,355
MFIP (# of families) (Includes DWP)	8,598	8,492	7,844	7,582	7,850	8,327
Amount of Emergency Assist. for families	\$4.9 million	\$5.0 million	\$4.9 million	\$3.6 million	\$5.3 million	\$6.8 million

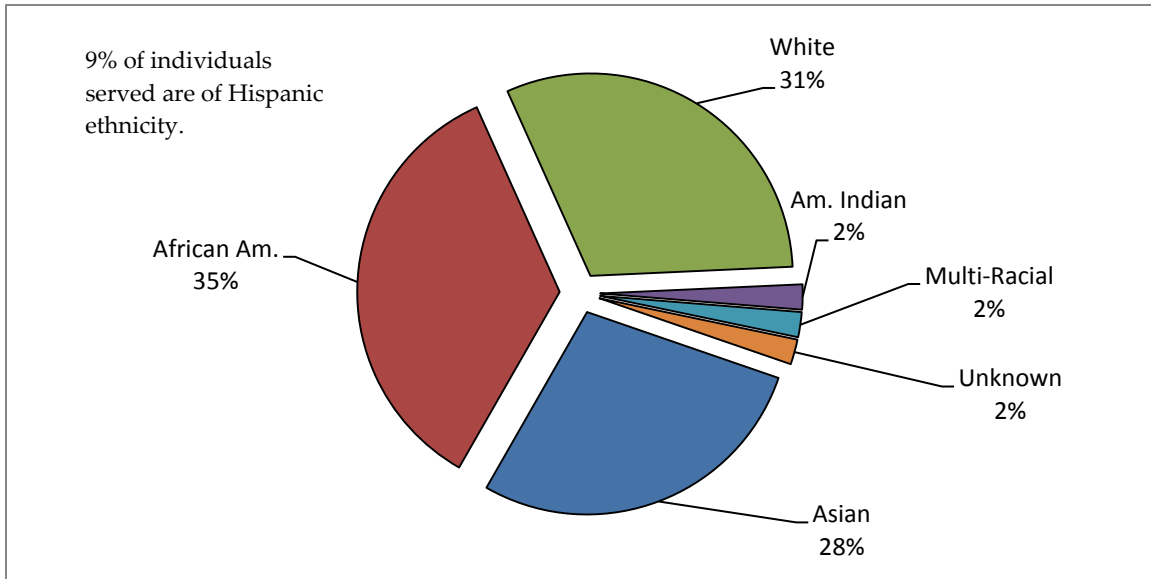
Characteristics of individuals served

Medical Assistance serves the largest number of people of all the programs. Medical expenditures also make up the largest share of government expenditures in CHS. While children make up the largest proportion (over 50%) of individuals receiving medical care funding through CHS, expenditures for the elderly and disabled are greater.

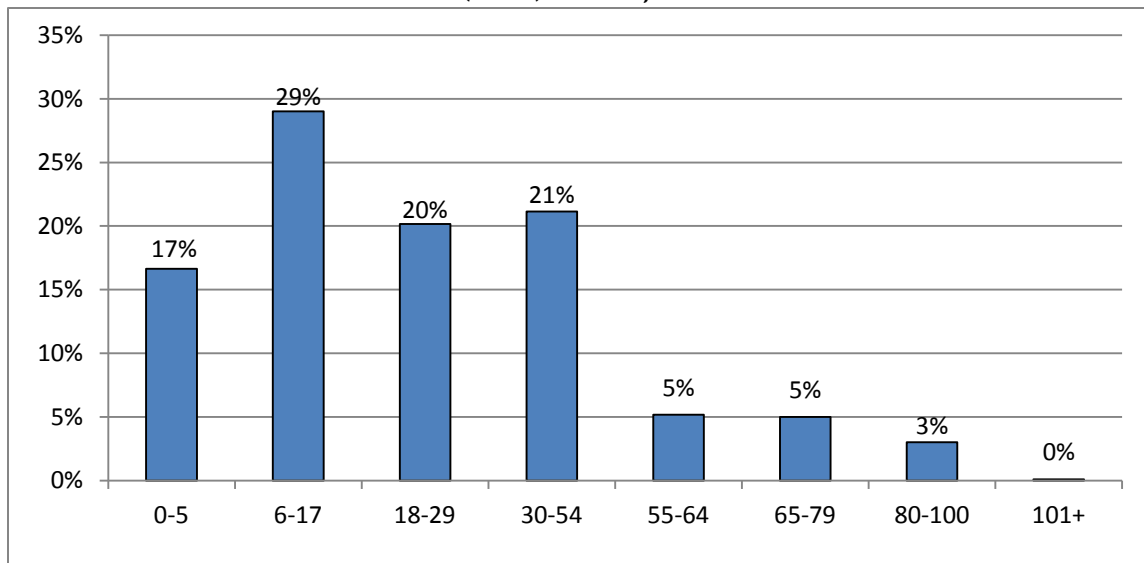
Medical Coverage

Medical Assistance is funded by both the state and federal government. It provides assistance to low income and disabled persons.

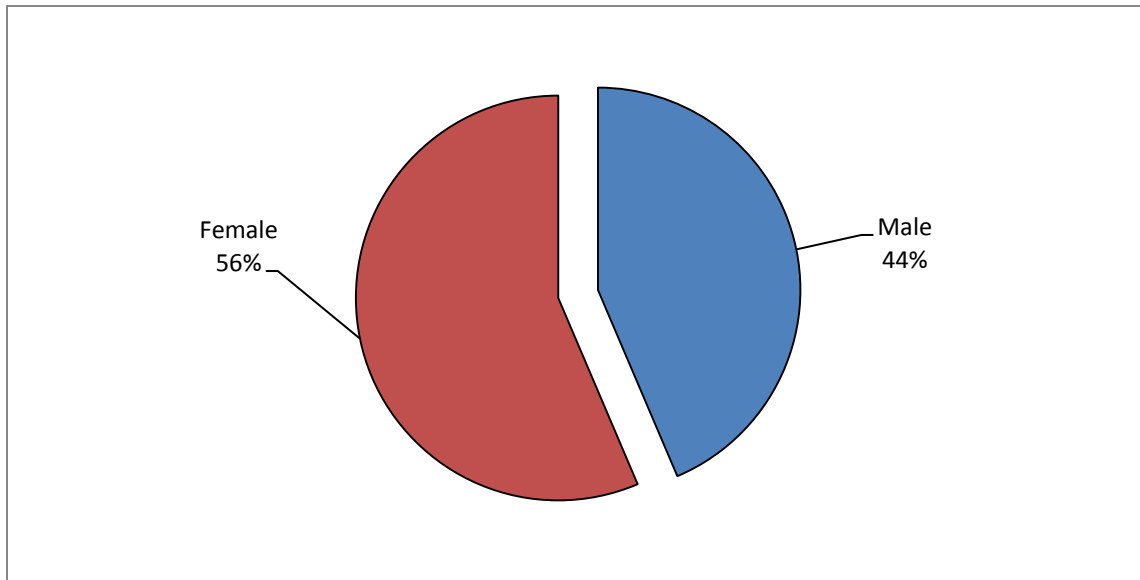
**Illustration 2:
Race of Individuals Receiving
Medical Assistance from Ramsey County
(2010) N=102,953**



**Illustration 3:
Ages of Individuals Receiving
Medical Assistance from Ramsey County
(2010) N=102,953**



**Illustration 4:
Gender of Individuals Receiving
Medical Assistance from Ramsey County
(2010) N=102,953**



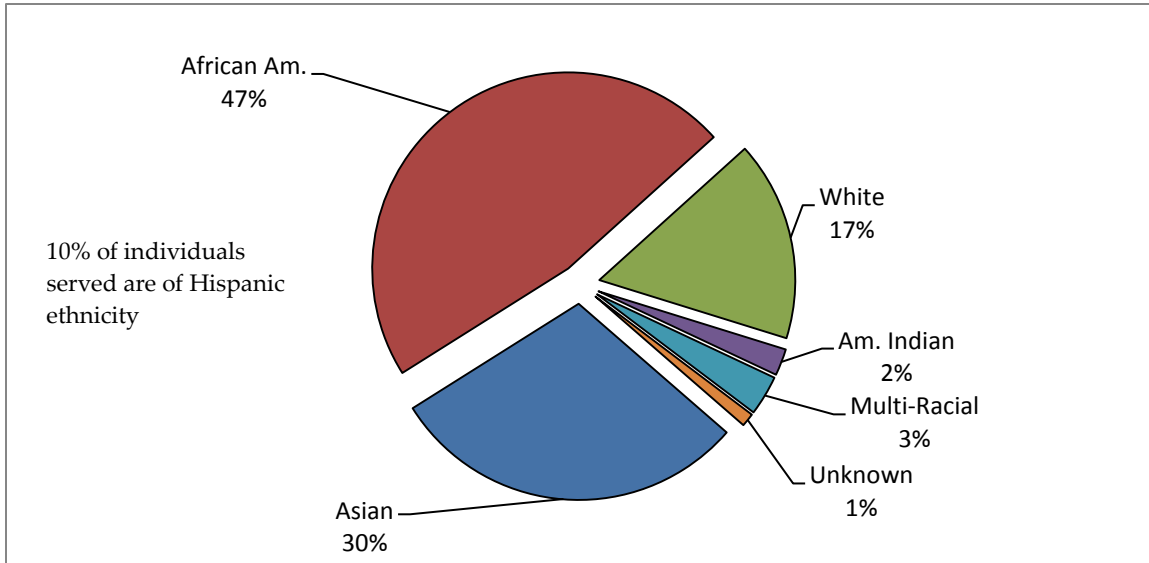
General Assistance (GA)

General Assistance was a state program that provided a monthly income of \$203 for individuals who were unable to work. Many of the individuals receiving General Assistance are in the process of applying for Social Security Disability Income. At the end of 2010, approximately 3,579 individuals were receiving General Assistance from Ramsey County. This program ended in February 2011 and enrollees were automatically enrolled in the state's Medical Assistance program.

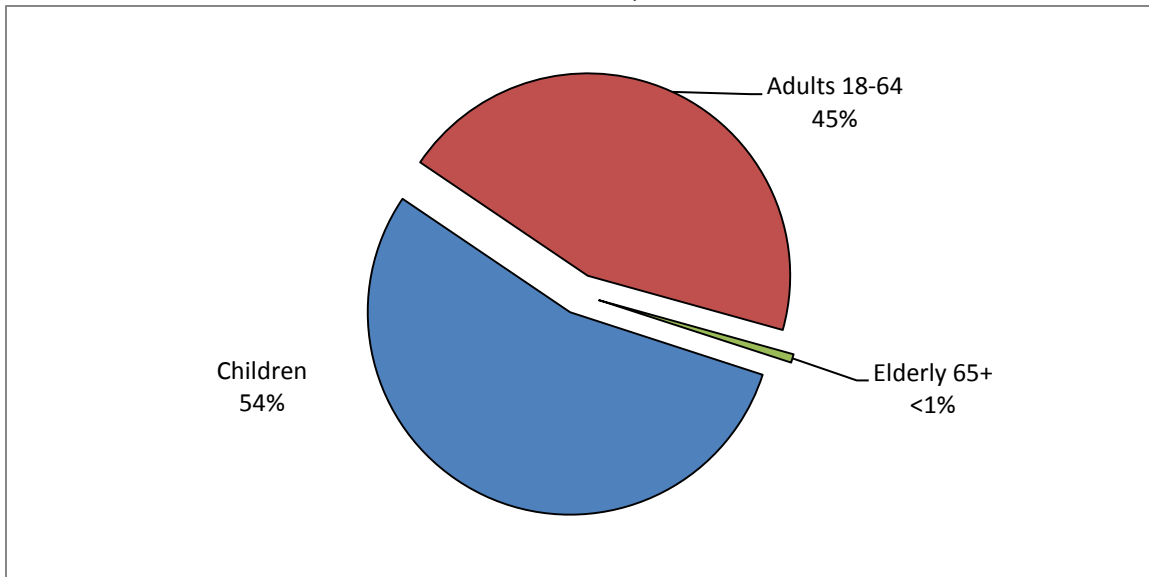
Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP)

Minnesota Family Investment Program and Diversionary Work Program provide time limited income support for families. In addition to receiving medical coverage and food support as part of the program, many families also receive financial assistance. Of the 42,756 individuals served in 2010, 23,289 were children and 19,467 were adults. Eleven percent (11%) of the total people on MFIP were children who were 5 years or younger.

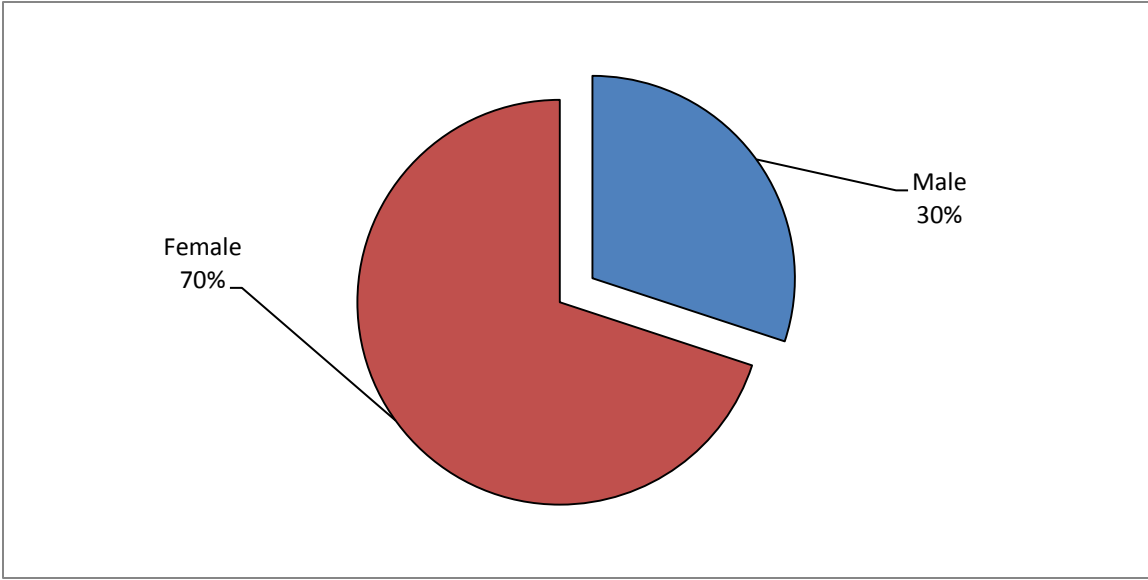
**Illustration 5:
Race of MFIP/DWP Participants
(2010) N=42,756**



**Illustration 6:
Age of MFIP/DWP Participants
(2010) N=42,756**



**Illustration 7:
Gender of Adult MFIP/DWP Participants
(2010) N=19,467**



Section 2: Emergency Homeless and Homeless Prevention Services

Types of Service	What's included in this?	What we intend to accomplish
Emergency Shelter	<ul style="list-style-type: none"> • Shelter for men, women and families • Housing search and placement 	<ul style="list-style-type: none"> • Safe, supervised and accessible shelter when no other solutions are available • Rapid reentry into safe and affordable stable housing
Homeless Prevention Services	<ul style="list-style-type: none"> • Case management • Emergency cash and/or household goods 	<ul style="list-style-type: none"> • Elimination of repeated episodes of homelessness • Identification, stabilization or elimination of housing barriers
Housing Stabilization	<ul style="list-style-type: none"> • Transitional housing • Landlord recruitment • Tenant education and advocacy • Case management/ placement in specialized services 	<ul style="list-style-type: none"> • Family reunification • School and housing stability • Improvement in household income
Permanent Supportive Housing	<ul style="list-style-type: none"> • Placement in specialized services 	<ul style="list-style-type: none"> • More effective and healthier decision-making • Permanent stability for individuals and families
Emergency Programs	<ul style="list-style-type: none"> • Financial support for individuals and families in crisis • Once a year financial help to low income people with unpaid housing and utility bills that could lead to evictions or foreclosures 	<ul style="list-style-type: none"> • Prevent homelessness

Numbers served

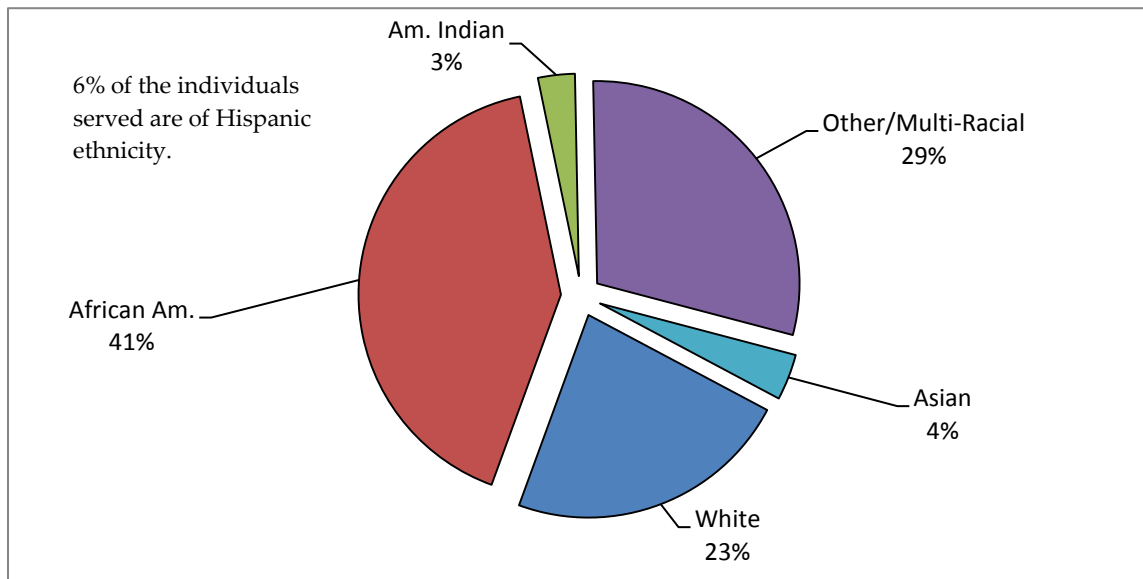
Community Human Services (CHS) provides emergency shelter to single adults and families at Mary Hall, Dorothy Day Extended Hours Program, Family Service Center, and at the St. Paul Area Council of Churches.

**Table 2:
Number of Persons Served in Emergency Shelters**

Providers	2006	2007	2008	2009	2010
Mary Hall	401	371	416	415	414
Dorothy Day	2,867	2,510	2,554	2,760	2,352
The Family Service Center	742	845	650	719	827
St. Paul Area Council of Churches	742	821	834 ⁴	895	661

Characteristics of individuals served

**Illustration 8:
Race of Children and Adults Served by Adult &/or Family Shelters
(2010) N=3,593⁵**

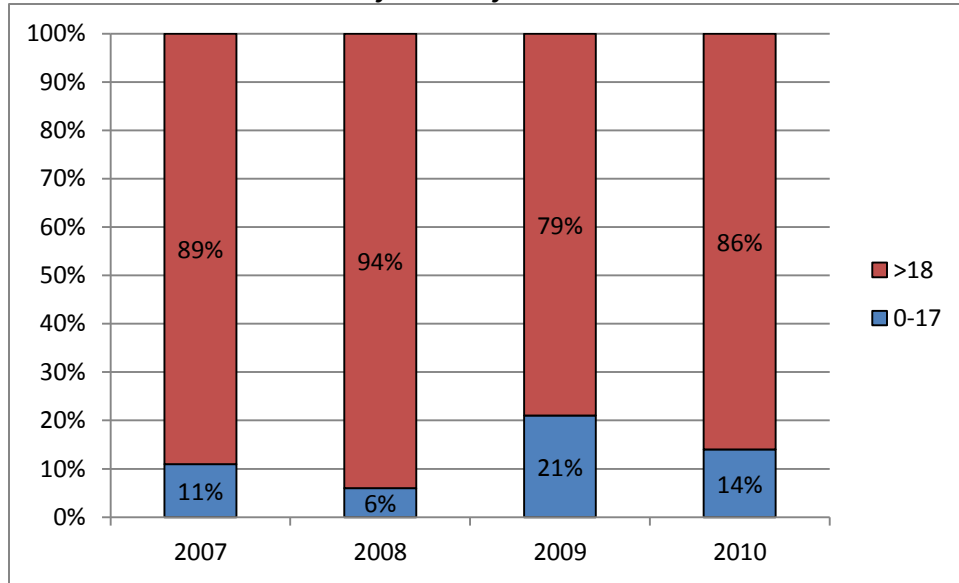


⁴ Number is estimated based on monthly client counts received by Ramsey County.

⁵ Demographic information was not available for those served by the St. Paul Area Council of Churches.

Ramsey County has seen a slight upward trend in the percentage of children age 17 and younger using its shelters. Illustration 9 shows that children made up 11% of the shelter population in 2007, increasing to 14% in 2010, a 27% rise over this time period.

**Illustration 9:
Age of Adults and Children Served by Adult &/or Family Shelters
in Ramsey County (2010) N=3,593⁶**



Emergency programs provide financial support to families and individuals who are at risk of homelessness because of a crisis, eviction or inability to pay a damage deposit. There are three types of emergency programs available to Ramsey County families and individuals: 1) Emergency Assistance (EA), which helps eligible families who have children in the home under age 21; 2) Emergency Minnesota Supplemental Aid (EMSA), which is help for persons over 18 receiving MSA cash benefits and who have an emergency such as eviction, utility shut-off or major household repairs; and 3) Emergency General Assistance (EGA), which helps eligible persons who do not qualify for EA or EMSA but meet the eligibility criteria of the EGA program. Through the Governor’s Unallotment, both EGA and EMSA were eliminated effective November 1, 2009. To compensate for the elimination of state funding, States and Counties received federal stimulus money that could be used for EA and EMSA needs. Ramsey County received its share of this money in October 2009 and, by modifying eligibility criteria and issuance amount rules, used it to serve families it otherwise would not have been able to serve, such as those who participated in the County’s homeless assistance and prevention programs. Consequently, CHS saw a 23% increase in the number of emergency program recipients from 2009 to 2010. This was largely the result of changes

⁶ Demographic information was not available for those served by the St. Paul Area Council of Churches.

in eligibility criteria and issuance amount rules as well as increasing demands due to the fallout from the economic downturn, changes in the housing market and the availability of ARRA funds.

Table 3:
Emergency Program Recipients

2003	2004	2005	2006	2007	2008	2009	2010
8,490	6,701	6,981	6,622	6,324	5,064	6,385	7,880

Section 3: Child Care Programs

Types of Service	What's included in this?	What we intend to accomplish
Child Care Subsidies	<ul style="list-style-type: none"> MFIP Child Care Assistance Basic Sliding Fee Child Care Assistance Transition Year Child Care Assistance 	<ul style="list-style-type: none"> Help families on welfare, just off welfare or with low paying jobs cover the costs of child care while they are working, looking for work or – on welfare – while they are in activities preparing them for work
Child Care Information and Referral	<ul style="list-style-type: none"> Phone referral to child care providers 	<ul style="list-style-type: none"> Assist families in finding appropriate child care

Community Human Services (CHD) administers state and federally funded child care assistance programs. These 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.

Numbers served

Changes in eligibility and funding have resulted in increases and decreases in the utilization of Basic Sliding Fee child care over the years. The changes do not reflect changing needs for child care assistance. Increases in the utilization of MFIP Child Care Assistance are, in part, the result of efforts to improve the coordination between child care staff and employment service counselors.

**Table 4:
Recipients of Child Care Assistance**

Services	2003	2004	2005	2006	2007	2008 ⁷	2009	2010
Families receiving Basic Sliding Fee subsidies	1,335	1,467	1,210	1,513	1,323	1,349 est.	1,521	1,632
Families receiving MFIP child care subsidies	2,565	2,503	2,770	3,020	2,910	2,914 est.	2,689	2,894

⁷ 2008 data are estimates because CHS was not able to obtain 2008 data due to difficulties in capturing and developing reporting capabilities for the State of Minnesota's new MEC² database.