

HOW EFFECTIVE ARE WE?

Ramsey County Community Human Services Mission Statement is:

Making a Difference: Helping People Survive and Thrive

1. **Outcome:** Vulnerable children and adults are safe.
2. **Outcome:** Disparities in access and outcomes for diverse populations are reduced.
3. **Outcome:** The basic needs (food, shelter, healthcare) of residents are met.
4. **Outcome:** County services adapt to meet the needs of the aging population.
5. **Outcome:** Residents with special needs are healthy and safe in the community.

1. Outcome: Vulnerable children and adults are safe.

Population: Vulnerable Children

CHS's mission with vulnerable children is to prevent them from being harmed and, when children have been hurt, to make sure they are safe in the future. CHS does this through programs that provide early intervention and support to families, and that intervene with families when necessary.

Strategies

CHS strives to provide programs such as the Family and Community Partnership (FCP) that prevent children from being abused and that improve situations that might otherwise lead to the maltreatment of children. In 2010, 980 families at risk for child abuse were served by FCP. New referrals to FCP in 2010 included 403 families. The program has experienced a 20% decrease in referrals since 2008 after several years of steady increases. The decline in referrals to FCP reflects a change in referral policy due to staff reductions of 67% in that unit. Before 2008, all mailed and FAXed reports to the Intake unit were automatically sent to FCP. Since 2008 only screened out phone reports were forwarded to FCP staff.

99% of children served by the Family and Community Partnership program in 2009 were not reported to Child Protection Intake within one year of participating in the program¹.

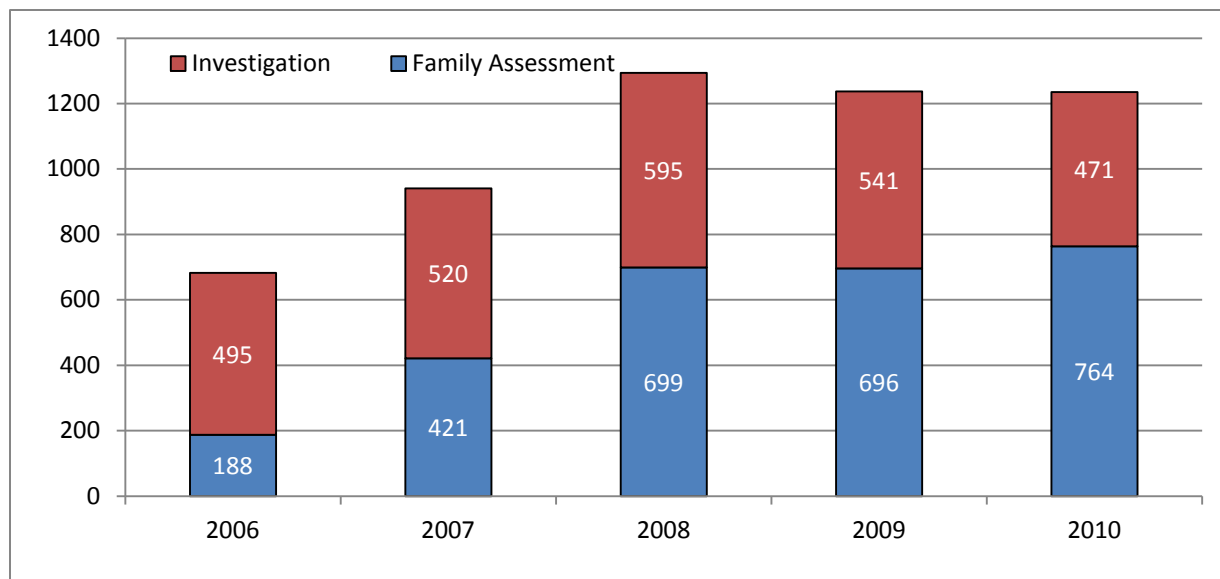
As indicated in Illustration 1, the number of maltreatment assessments (which include both Family Assessment and traditional child protection investigations) peaked in 2006 and has declined since then. Two thousand and seven was a watershed year for maltreatment assessments because it was the first year when a majority of the maltreatment assessments were Family Assessments rather than child protection investigations.

There are prescribed maximum response times for case workers to have, or attempt to have, face-to-face contact with children who are the subject of a maltreatment report. The maximum time varies by the severity of the allegation. Allegations of substantial child endangerment are required to have contact within 24 hours. Allegations without substantial child endangerment and Family Assessment cases must have contact within 5 days.

In 2010, 80% of assessments or investigations met the federal standards. This measure is a combination of cases from all categories of severity with timely initiations.

¹ Analysis prepared by Office of Research and Evaluation 2010 based on time since case opening.

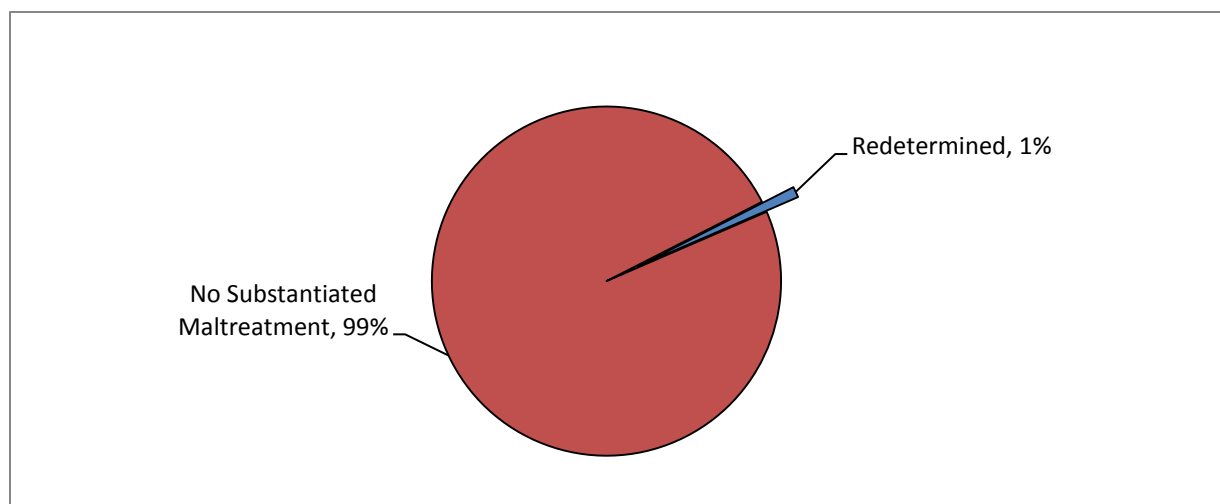
**Illustration 1:
Number of Maltreatment Assessments, 2006-2010**



The Federal Government expects that effective child protection programs will have no more than 6.1% of children re-abused within 6 months of a determination that they were abused.

For Ramsey County child protection investigations in 2010 where the occurrence of abuse was determined, 1% of children were re-abused within 6 months². This is substantially lower than the maximum standard of 6.1% set by the Federal Government for a 6 month period.

**Illustration 2:
Percent of Children Re-abused within 6 Months
(2010) N= 440**



² For the periods of January - June, 2009 and July - December, 2009 combined.

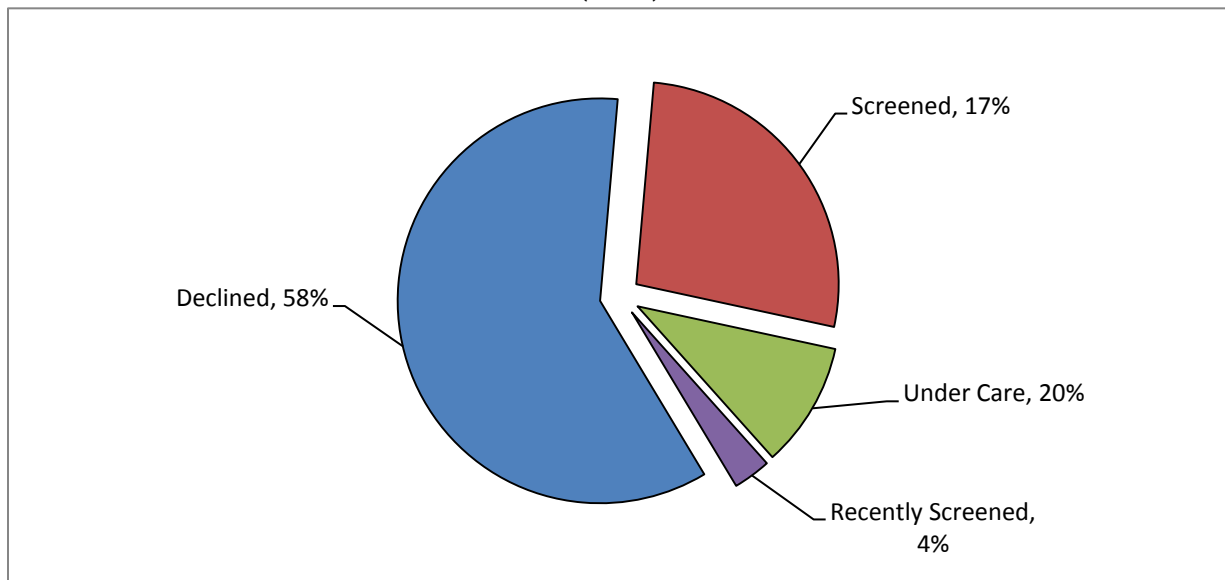
Population: Children Experiencing Mental Health Problems

CHS offers mental health screening to children receiving Child Protection or Delinquency services. According to research, the rate of mental health disorders among children who are involved in either area is very high. The screening is voluntary and parents can decline to have their child screened.

In 2010, 2,239 children were offered a screening for mental health³. Of the 797 children who were screened, 61% (488) were identified as needing additional mental health assessments.

It is critical that a child experiencing a mental health crisis is seen quickly. Ninety two percent of the children whose families who contacted children's mental health crisis services were seen within 24 hours.

**Illustration 3:
Results of Mental Health Screening Offered by
Project Assist to Children Receiving Childrens Services⁴
(2010)**



The rate of families who accept a mental health screen continues to be lower than anticipated (58% of families declined a screening, see Illustration 3). Staff are working to identify issues related to the unwillingness of families to participate in a mental health screening.

³ Includes 512 Juvenile Justice clients and 1,727 Children's Services clients

⁴ This does not include 512 youth screened in Juvenile Justice whose screenings were mandated by the court

Sixty one percent (61%) of the children screened were identified as needing additional mental health assessment and were referred to health care providers. An assessment determines whether or not the child has a diagnosable mental illness. According to the Federal Government,⁵ at any given point in time about 10% of children in the general population are in need of mental health services. Children who have a severe mental health disorder are eligible for case management services from CHS.

Strategies

In 2007 Child Foster Care and Children's Mental Health implemented a specialized respite care program for parents who have children with severe mental issues. The purpose of this program is to provide respite care for children living at home with severe emotional disturbances when their needs cannot be met in traditional respite care. In 2010, 6 providers served 11 children and their families for 281 days of respite care. CHS also sent 67 youth on respite trips to weekend camps in 2010.

Population: Children Involved in the Juvenile Justice System

In 2010, CHS provided services to children who were involved in the juvenile justice system and had previously received services from CHS or were status offenders (e.g. truants and runaways). The Ramsey County Community Corrections Department provided supervision to other children in the juvenile justice system in Ramsey County.

- 539 children who were involved in the juvenile justice system (CHS and Corrections) were eligible for screening for mental health problems in 2010.
- Of the 512 children who received screening, 197 (38%) children were identified as needing additional assessment for mental health problems. The reported rate of mental health problems with children in the juvenile justice system is between 60% – 90%.

CHS also responds to the needs of the children who are under our supervision and works to keep these children from committing additional offenses. Table 1 shows that the majority of children who are supervised by CHS (68%) do not have a new supervision case opened within 12 months of being served.

The 32% re-offense rate in 2010 is close to the 2008 -2009 rates, suggesting that the effectiveness of CHS delinquency work is being maintained.

⁵ Substance Abuse and Mental Health Services Administration, OAS.SAMSHA.GOV

**Table 1:
Number and Percent of Children with a Second Delinquency Case within 12 Months⁶**

	2008	2009	2010
Children Under CHS Delinquency Supervision ⁷	232	247	241
Children with a second case within 12 months ⁸	67	79	78
Pct. with a Second Case	29%	32%	32%

Strategies

The Children and Family Services Division is working with high-risk families to prevent them from needing child protection services. The Family and Community Partnership is a program that supports this strategy. It is emotionally damaging to children when they are removed from their home, either temporarily or permanently. The Partnership provides early intervention for families who are struggling and helps these families remain intact.

In addition, Children and Family Services staff are focusing on more effective alternative approaches to responding to families. The Family Assessment program which provides a family centered response rather than criminalizing the family is part of this approach.

Unfortunately, as funding sources are reduced the options for early intervention and alternative programming are also reduced. Most services that prevent children and families from becoming seriously impaired and needing more expensive services have been eliminated.

Population: Children not Living with their Parents

CHS places children in out-of-home placements for many reasons. Children are placed to ensure their safety, to provide treatment for emotional and behavioral problems, and as a consequence of their behavior. Overall, placements and the total number of children placed have declined as CHS has worked to ensure that children receive services in the most normal setting possible.

⁶ Data in this table were recalculated after the 2009 CHS Annual Report so values for 2005-2009 have changed from the 2009 CHS Annual Report. See notes 7 and 8 for details.

⁷ Counts children under age 17 whose case closed within the year, regardless of year opened

⁸ Counts children under age 18 with a second case within 12 months even if in a subsequent year

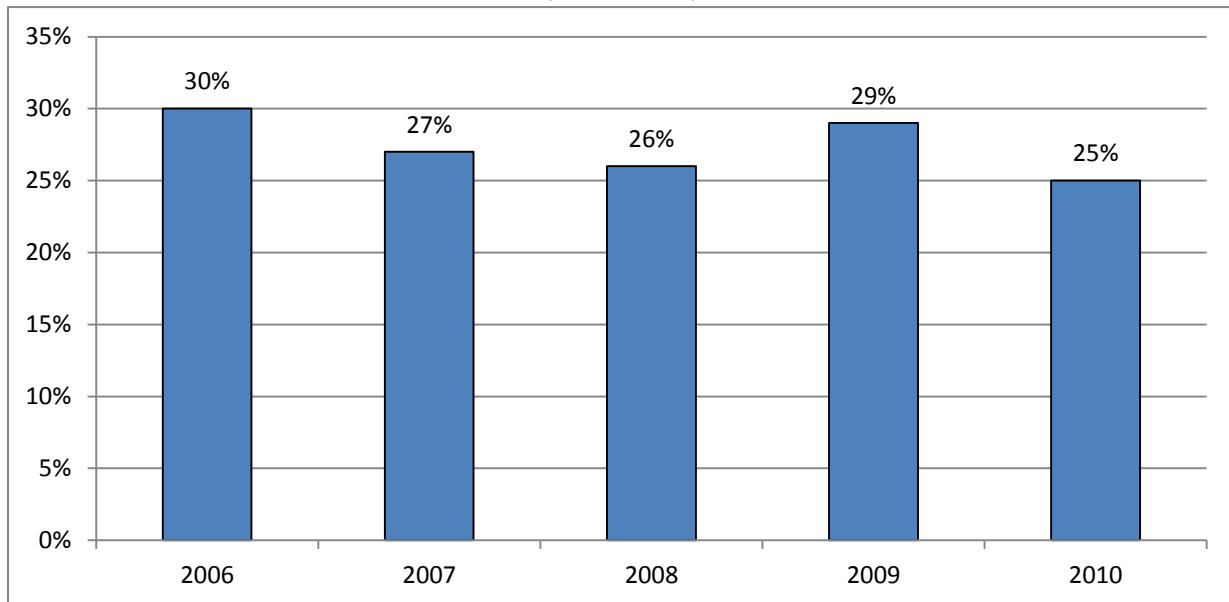
**Table 2:
Placements and Children
(2005-2010)**

	2005	2006	2007	2008	2009	2010
Total Placements	2,830	3,094	2,956	2,639	2,451	2,053
Total Children Placed	1,737	1,803	1,800	1,594	1,438	1,230

Strategies

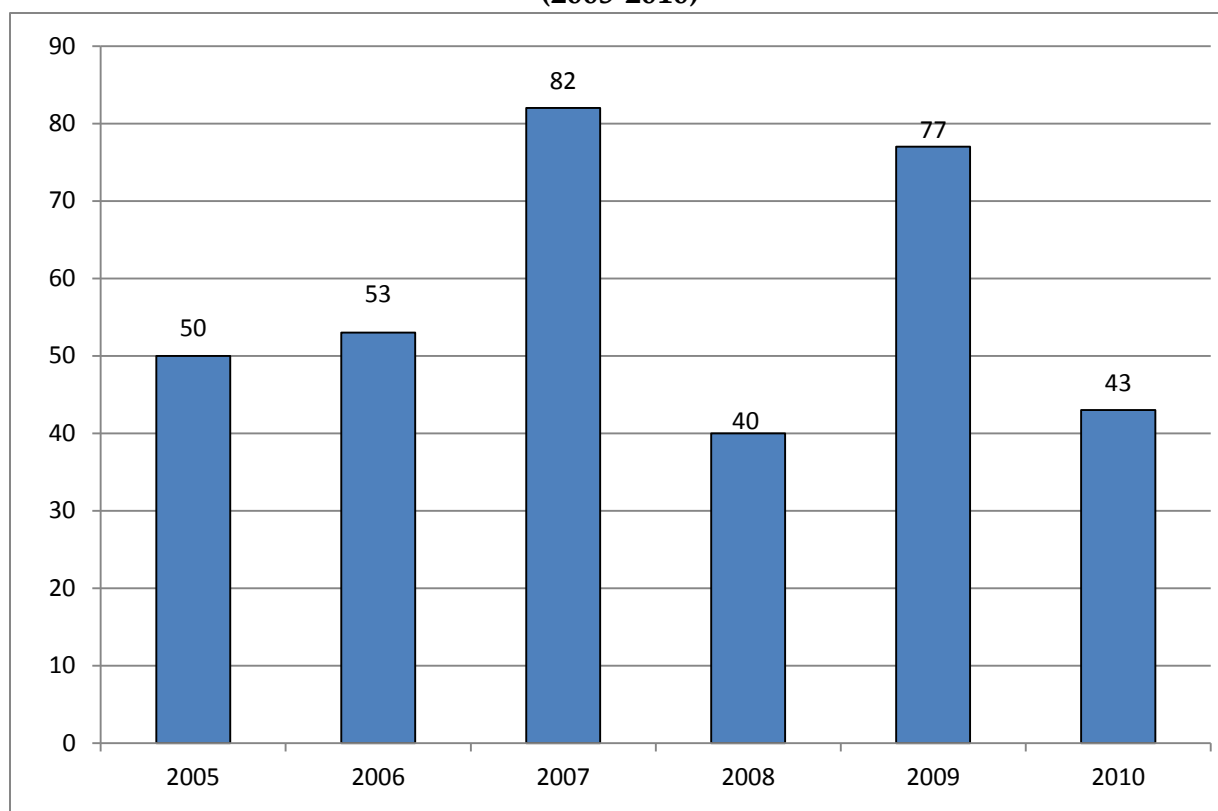
For children who have to be removed from their home, placement with close relatives allows them to experience the least disruption in their lives. CHS tries to place children within their extended families whenever possible. Illustration 4 demonstrates that over the past five years an average of 26.6% of all children in family foster care were placed with relatives.

**Illustration 4:
Percentage of Children Placed with Relatives⁹
(2006-2010)**



⁹ Percentage of all CHS placements with foster families which are with relatives, not counting non-custodial parents or reunification visits. Children placed multiple times are counted more than once.

**Illustration 5:
Number of Children Who Became Wards¹⁰
(2005-2010)**



The Permanency Review Team (PRT) was initiated in 2006. The PRT reviews caseworker recommendations for moving forward with termination of parental rights (TPR) proceedings. The Team considers the viability of alternatives to terminating parental rights. The annual number of children who became wards in Ramsey County for the years 2005-2010 indicates that even with the oversight of the PRT, there are some family situations where the termination of parental rights is the most appropriate response and the child becomes a ward of the state.

CHS has also focused on increasing the number of wards and other children in foster care who find a permanent home through being adopted or having a relative take legal custody of the child¹¹. In 2005, 111 children were adopted, a new high. This increase in adoptions, accompanied by the reduction in the number of children whose parental

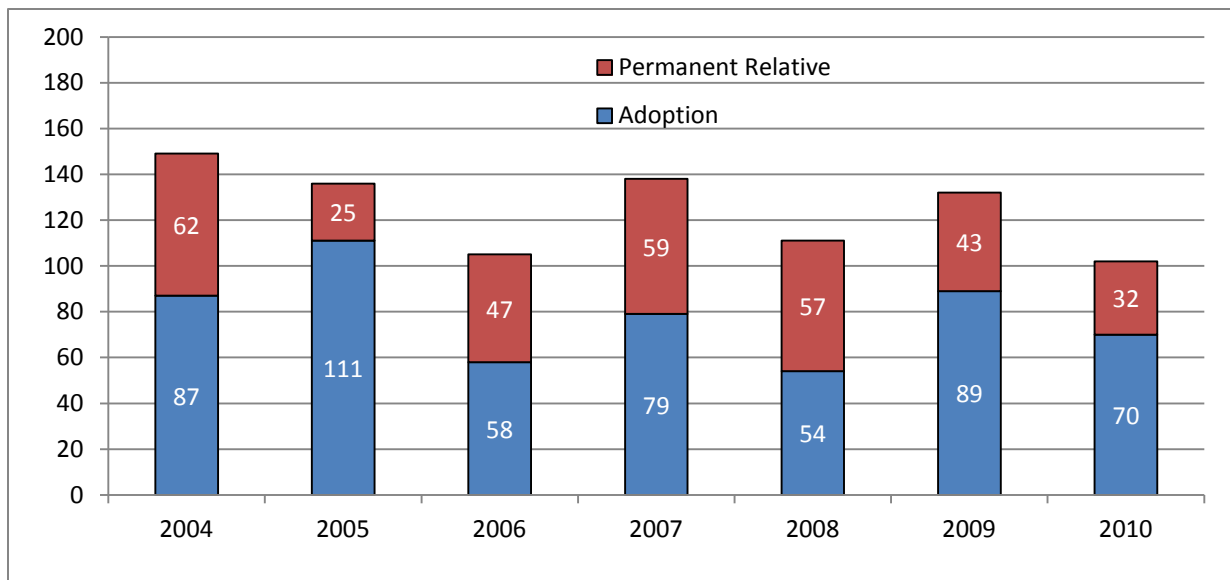
¹⁰ Recalculated for all years in 2010

¹¹ Wards (children who have had parental rights terminated) are eligible for adoption. Other children in foster care may be transferred to the physical and legal custody of a relative without termination of parental rights. While these children are not wards, they are also in need of permanent homes and unlikely to be reunified with their parents.

rights are being terminated, contributed to a substantial decline in the number of children who are wards of the State and living without a permanent family. Children who are wards receive services from the Permanent Connections Unit.

The number of children in the Permanent Connections Unit has declined by 55% from a high of 631 in 2002 to around 290 in 2010.

**Illustration 6:
Child Permanency (adoptions and permanent relative custody)¹²
(2004–2010)**



Since 2004, there has been an average of 125 children adopted or transferred to the permanent custody of a relative each year (Illustration 6). Over 873 children have found new permanent homes during these seven years. This also has substantially decreased expenditures for out of home placement since wards are often in placement for the entire year.

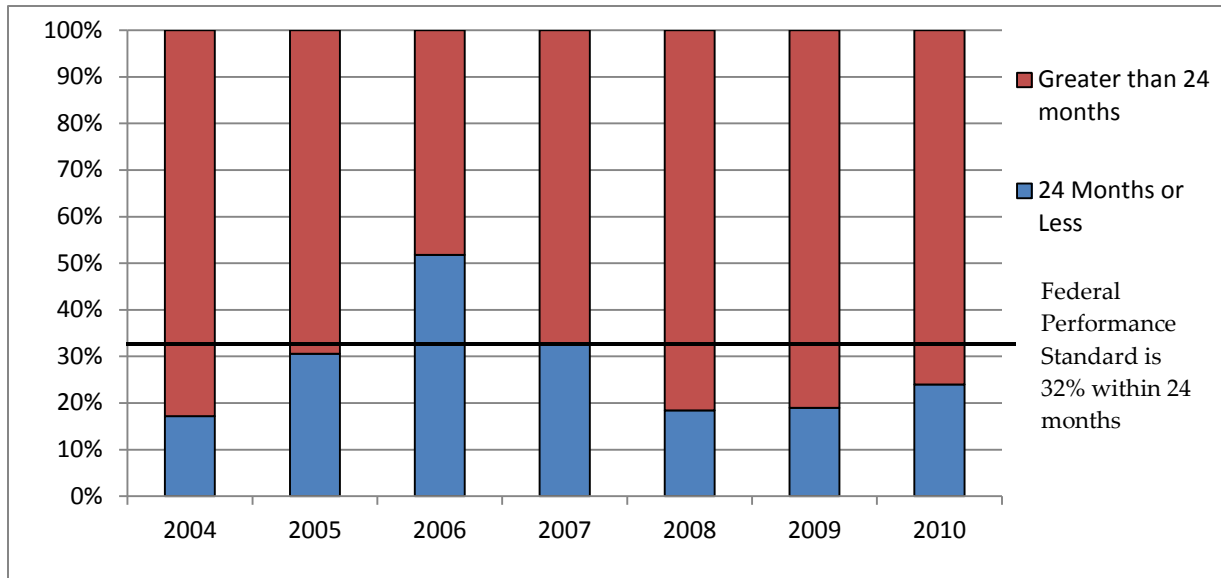
CHS wants children who are wards to be adopted as quickly as possible.

The Federal Performance standard is that 32% of adoptees should be adopted within 24 months. In 2010, 24% of all Ramsey County adoptees were adopted within 24 months (See Illustration 7).

In Minnesota, 48% of all adoptees were adopted within 24 months in 2010.

¹² Includes all children transferred to legal custody of relative regardless of placement reason. Most of these children are not Permanent Connections clients.

**Illustration 7:
Percentage of Adoptions Finalized within 24 Months
(2004-2010)**



Focusing on reducing the number of families where CHS requests the court to terminate parental rights, as well as increasing the number of children who are adopted, has resulted in fewer children needing to be served by the Permanent Connections Unit.

CHS will continue to pursue policies that, whenever possible, sustain children in their families. For children where this isn't possible, placing children with extended family and shortening the time it takes for a child to be adopted are priorities. Recognizing that some children whose parental rights are not terminated still require a more permanent home has led to many long term foster children being served by the Permanent Connections Unit. The experienced staff in that unit use their knowledge to help those children find permanent homes through the transfer of physical and legal custody to a relative.

Children are often adopted by their foster families. The more families there are to provide foster care, the more likely that children will be adopted. In the fall of 2008 CHS applied for, and was awarded, a five year federal Adoption Opportunities Grant to develop and implement a diligent recruitment program to recruit foster families in Ramsey County. The project focuses on expanding the pool of foster homes for African American, Latino, and older youth by implementing a multi-tier strategy. During the five year period, the grant will allow CHS to implement community-based partnerships with African American and Latino communities, including faith-based organizations and family friendly businesses; implement a public awareness recruitment campaign and

targeted, as well as child specific recruitment strategies. The program will develop and provide customized training for foster and adoptive parents and staff; and develop a concurrent planning model and training component.

In some cases, the courts have determined that youth should be prepared to live independently. In 2009 CHS partnered with Freeport West on the DREAM pilot project, matching youth in long-term foster care and others with adult mentors to help them develop life skills and plan for their futures. This program ended in 2011 when Freeport West experienced management changes. The preliminary evaluation suggested that youth who attended for more than 3 months were developing close ties to their mentors.

Population: Vulnerable Adults

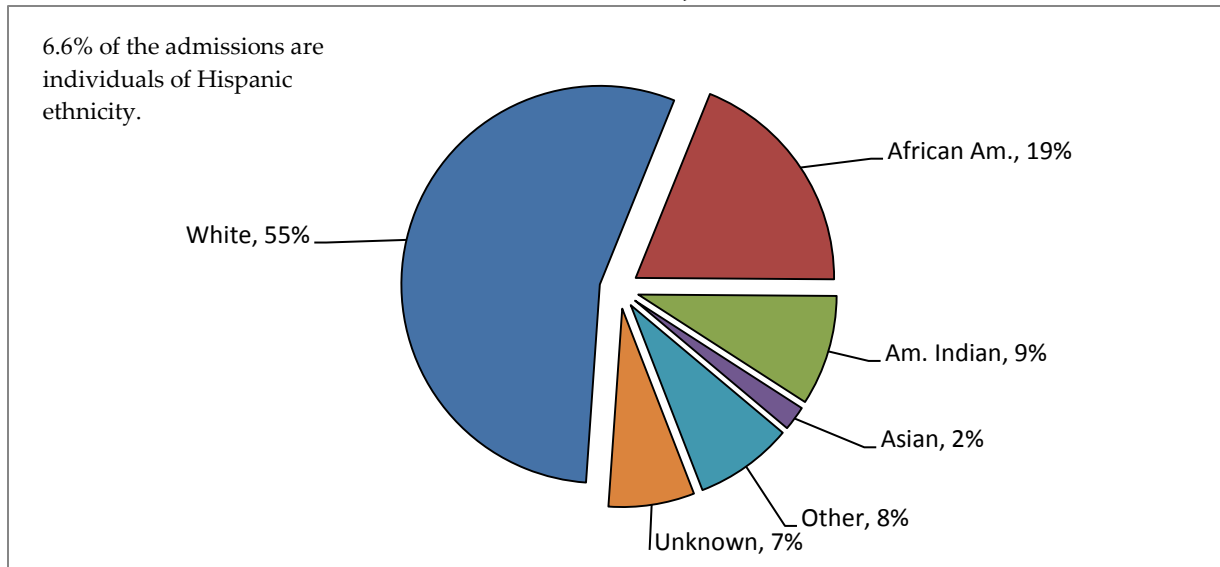
CHS's mission with vulnerable adults is to prevent them from being harmed and to ensure that they are safe in the future. CHS does this through programs that respond to reports of abuse and neglect of vulnerable adults and by creating programs that support them living as independently and safely as possible. The following is a summary of what was accomplished in 2010:

- The Pre-Admission Screening Program determines 1) if persons 65 years of age and younger can remain safely in the community or 2) if persons over 65 years of age should be admitted to nursing facilities. This program screened 454 persons 65 years of age and younger and 1,730 persons over 65 years of age. The numbers reported represents the number of individuals who received a screening. It is possible that an individual can be screened more than once in a given year. A total of 2,038 Pre-Admission Screenings were done. In addition, CHS does Pre-Admission Screenings for Washington and Dakota Counties.
- 348 vulnerable adult complaints were investigated by Adult Protection Intake. Of those complaints, 6% were substantiated, 23% were inconclusive, 20% were false, and no determination was made on 51% of the complaints.
- 556 cases where there was no allegation of maltreatment but concerns for self neglect were assessed to determine the assistance needs of the individuals to live in the community.
- CHS provided case management support to 96 vulnerable adults.

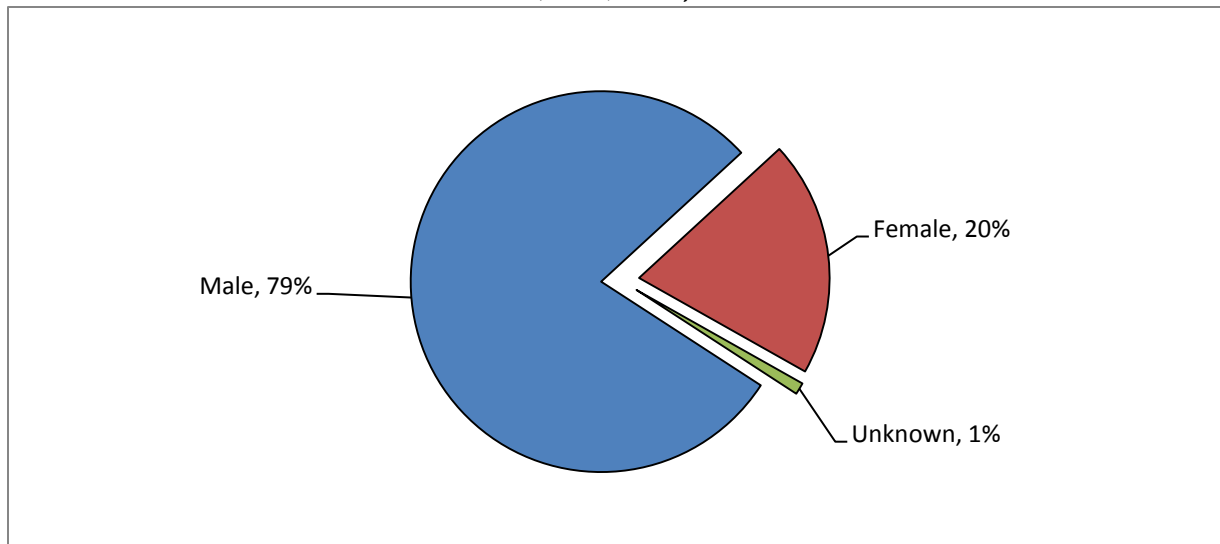
Population: Individuals in Need of Detoxification

CHS administers a Detoxification Center (Detox) for adults who need a safe place to become sober. Detox provides an immediate response to the physical needs of individuals and connects them to community resources to address issues related to their alcohol or drug abuse. Illustrations 8 and 9 depict the number of admissions made in 2010 to Ramsey’s Detox Facility by race and gender respectively.

**Illustration 8:
Frequency of Admission to Detox by Race
(2010) N=5,821**



**Illustration 9:
Frequency of Admission to Detox by Gender
(2010) N=5,821**



Strategies

In response to recent budget reductions CHS has contracted with Dakota County for use of 15 of the 50 beds in the Ramsey County Detox center. This has allowed the center to maintain staffing but may occasionally result in the length of stay being shortened for some Ramsey County residents on the weekends. When Detox is full, individuals are taken to hospital emergency rooms.

A new approach has emerged that aims at, among other things, significantly reducing emergency hospital admissions among chemical health and mental health dual diagnoses individuals. By co-locating Detox, adult mental health crisis and a commitment court under one roof, it is planned to give vulnerable individuals immediate and intensive treatment resulting in reduced emergency room admissions. The construction of a building for housing the three services/programs began in 2010. The project named the East Metro Behavioral Health Crisis Center was completed in September, 2011.

Population: Adults Experiencing a Mental Health Crisis

The goal of the Adult Mental Health Crisis Unit is to assess persons for 'imminent danger to self or others' and to prevent hospitalizations. Crisis assessment is available 24/7 by telephone, through walk-in, or by referrals from the community or police.

The Adult Mental Health Crisis Unit handled nearly 13,521 calls in 2010, a decrease of 6% from 2009. Not all the calls received required face-to-face contacts. Of those that received in-person assessments in 2010, approximately 20% were assessed as being in 'imminent danger to self or others'. Most of those individuals were immediately transported to the hospital by ambulance. Those who were assessed as not dangerous to self or others were often referred to receive services or resources. Persons who are referred for follow-up services are often experiencing problems such as inadequate housing, poverty, or domestic violence.

Strategies

The Adult Mental Health Crisis Unit provides information and outreach to increase public awareness of mental health issues. This outreach has had a noticeable decrease in mental health crisis calls to police.

To prevent hospitalizations the Adult Mental Health Service Team has worked to expand crisis response options for those needing immediate help. The following crisis response service options are available: Mental Health Clinic's Urgent Appointment, Partial Hospitalization Program, Crisis Short-Term Case Management, Mental Health Crisis Alliance (formerly known as East Metro Adult Crisis Services (EMACS)), and the Diane Ahrens House.

CHS also provides a range of other mental health services. These include medication supervision, housing support, therapy, and day treatment. Without these supports, individuals living with mental illness are much more likely to experience frequent crises.

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

CHS is committed to addressing disparities in access and outcomes for the individuals it serves. These indicators reflect what we are able to measure at this point. This section will change as CHS improves its ability to measure progress along this dimension.

CHS has engaged in three strategies for which we are developing measurement approaches:

- Strategies to improve and track access to CHS services for racial and cultural groups
- Strategies for identifying and developing service adaptations to meet the needs of racial and cultural groups, and
- Strategies that monitor staff decision making to ensure that all individuals are treated appropriately.

Improving and Tracking Access for Racial and Cultural Groups

CHS is working to improve access to services for communities of color. Tracking intake data allows CHS to look at whether or not policies are improving access for all racial and cultural groups.

**Table 3:
Intake Data for Children’s Mental Health Clients**

	2006	2007	2008	2009	2010
% of new Children’s Mental Health case management clients who are Asian	4%	5%	5%	4%	6%
% of new Children’s Mental Health case management clients who are African American	23%	29%	32%	25%	29%

In Children’s Mental Health, there are disproportionate numbers of children of color entering the system. The percentages of African American and Asian¹³ children in Ramsey County in 2010 were similar at 16% each. African American children, however, were five times as likely to be new Children’s Mental Health clients (29%) as Asian children (6%) in 2010, a ratio that has not changed much since 2006. (see Table 3). CHS and Wilder Research worked jointly with Southeast Asian communities in 2009 to identify reasons why families have not taken advantage of services offered by Children’s Mental Health. The results reported in 2010 suggested a number of strategies which were pursued in 2010 and 2011. Data for 2011 year-to-date suggest that there may have been an increase in Asian clients.

**Table 4:
Intake Data for Adult Mental Health Clients**

	2006	2007	2008	2009	2010
% of new Adult Mental Health clients who are from communities of color	37%	37%	37%	34%	36%

Adult Mental Health services are looking at strategies to improve the cultural and racial responsiveness of services. Tracking intake information allows the agency to identify the backgrounds of the individuals who are accessing services.

¹³ In Ramsey County, the majority of Asian children are Southeast Asian.

CHS has worked to increase the percentage of staff who are people of color. CHS has pursued recruitment strategies that improve our ability to hire qualified staff from diverse backgrounds in order to improve the cultural competence of the workforce. Table 5 demonstrates the success of CHS in increasing the diversity of staff.

**Table 5:
Proportion of Full-Time CHS Staff of Color**

	2006	2007	2008	2009	2010
% of CHS full-time staff who are from communities of color (as of Jan. 1)	27%	27%	29%	31%	31%

Identifying and Developing Service Adaptations (Children’s Services)

As part of the Children and Family Services Team’s effort to address the over-representation of families of color in the County child welfare and protection systems, CHS has begun to address the disproportionate reporting of families of color by the mandated reporters located in the school system. In the spring of 2006, a Ramsey County child welfare worker was located in the Bruce E. Vento Elementary School. The school is in the culturally diverse Eastside neighborhood of St. Paul. Working with the staff of Eastside Family Center, which has a service site in the school, the CHS child welfare worker helps families that are in need of supportive services. Families are referred to service providers with the hope that the supportive services will help strengthen families and reduce the number of families being reported to the CHS maltreatment intake.

An unintended benefit of the project is that the CHS child welfare worker has become part of the community-based resources for families with children attending the Bruce Vento School. The CHS child welfare worker has also raised the profile of cultural awareness training among the staff at the school.

In 2009, a CHS child welfare worker began working out of the American Indian Family Center in St. Paul as part of the Nokomis Circle. The Nokomis Circle is a collaboration between CHS, the American Indian Family Center and Ain Dah Yung intended to reduce child maltreatment among American Indian families, reduce disparities in outcomes for these families and build closer relationships between staff of CHS and American Indian community agencies.

Initial results suggest that families receiving case management services through Nokomis Circle were less likely than other American Indian families to have a subsequent child maltreatment case opened.

In 2010, efforts were made to cross train County and community program staff so that they have a better understanding of the services offered by each. In 2010 the Nokomis Circle worker resigned to take another position and the partnership reconsidered its strategy and developed a new job description. The position was vacant for several months in 2010 and a newly defined Nokomis Circle staff position was filled in 2011.

Monitoring staff decision-making

Children and Family Services monitors staff decision-making by looking at key decision points in the child protection process.

Unlike many other services provided by CHS, most services provided by Children and Family Services (C&FS) are in direct response to reports of family dysfunction. Given the level of resources available to CHS, family strengthening and child protection services are primarily available to those families who come to the attention of a mandated reporter. The C&FS Service Team is concerned about whether the way cases are referred to CHS and the services provided by CHS through this service delivery model reflects institutional racism or cultural bias. To identify areas where these factors might result in disparities in outcomes for families of different races and ethnicities, C&FS tracks the differences in outcomes at various decision points (see Table 6 below).

**Table 6:
Racial Disproportionality at Decision Points in Children’s Services (2010)**

Race/ Ethnicity	Estimated population ¹⁴ of children in Ramsey County		Children in Maltreatment Assessments	New Out of Home Placement from Maltreatment Assessment Units	Children in Child Protection Case Management	Total Out of Home Placements from Child Protection Units
	N	%	Ratio Compared to Percent of Child Population	Ratio Compared to Percent of Reported Children	Ratio Compared to Percent of Reported Children	Ratio Compared to Percent of Case Mgt. Children
American Indian	1,177	1	4.7	1.2	0.9	1.5
Asian	22,164	18.7	0.7	0.7	1.3	0.7
Black	19,720	16.7	2.7	1.2	0.8	1.0
White	60,468	51	0.6	0.8	1.2	0.9
Other ¹⁵	14,964	12.6	0.8	0.9	1.1	1.4
Hispanic	14,036	11.9	1.0	0.8	1.4	0.7

¹⁴ Source: Census 2010 Public Law Data

¹⁵ County figures include Multi-racial and Unknown Race not reported by the U.S. Census

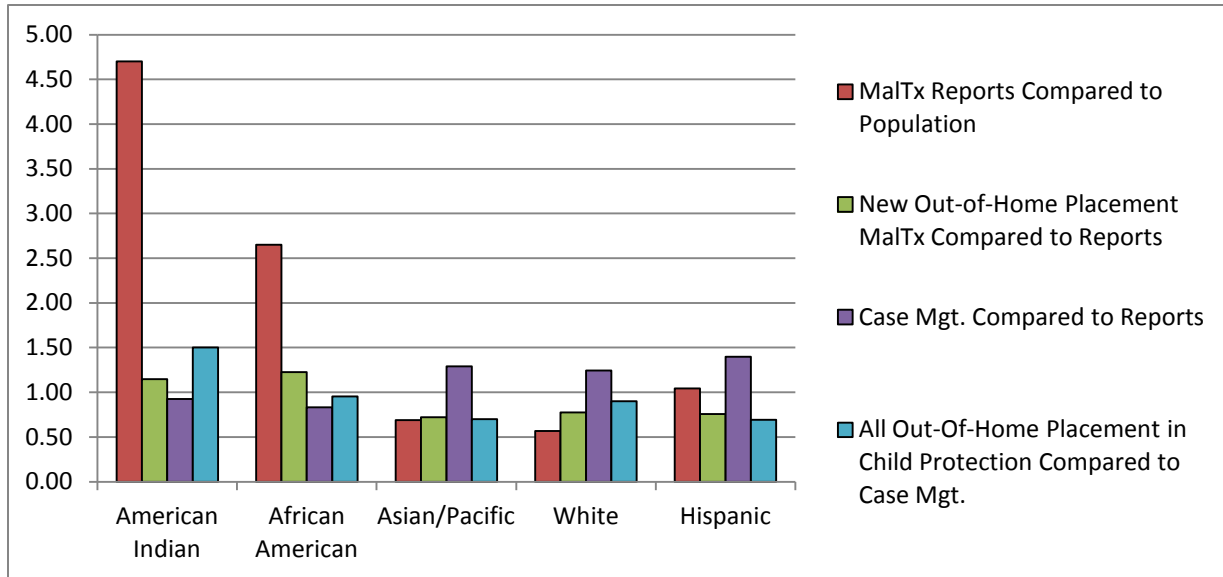
Table 6 and Illustration 10 show that American Indian children are reported as victims of maltreatment at a rate five times as high as their proportion in the population of Ramsey County and Blacks are over-reported by a factor of three. Thus, the child protection system receives reports of alleged maltreatment that includes a disproportionate number of African American and American Indian children (and therefore families). Asian, Other race and White children are under-reported compared to their proportion in the general population, while Hispanic children are slightly over-reported.

Compared to their proportion among those children who are reported to child protection, American Indian, and African American children are also slightly more likely to be removed from their homes during the maltreatment assessment process. The percentage of American Indian and African American children removed from their home is 1.2 times as high as the percentages initially reported for alleged maltreatment. (See “New Out of Home Placement from Maltreatment Assessments Units” in Table 6). It should be said that many of these removals from the home are 72 hour holds initiated by law enforcement and begin even before the child protection assessment is opened.

Compared to the percentage of children who were reported for maltreatment in 2010, Hispanic children (ratio 1.4) Asian children (ratio 1.3) and White children (1.2) are over-represented among those children whose families are open for case management in child protection. Some of the over-representation in 2010 case management may reflect continued over-representation in reporting from previous years (see Illustration 10).

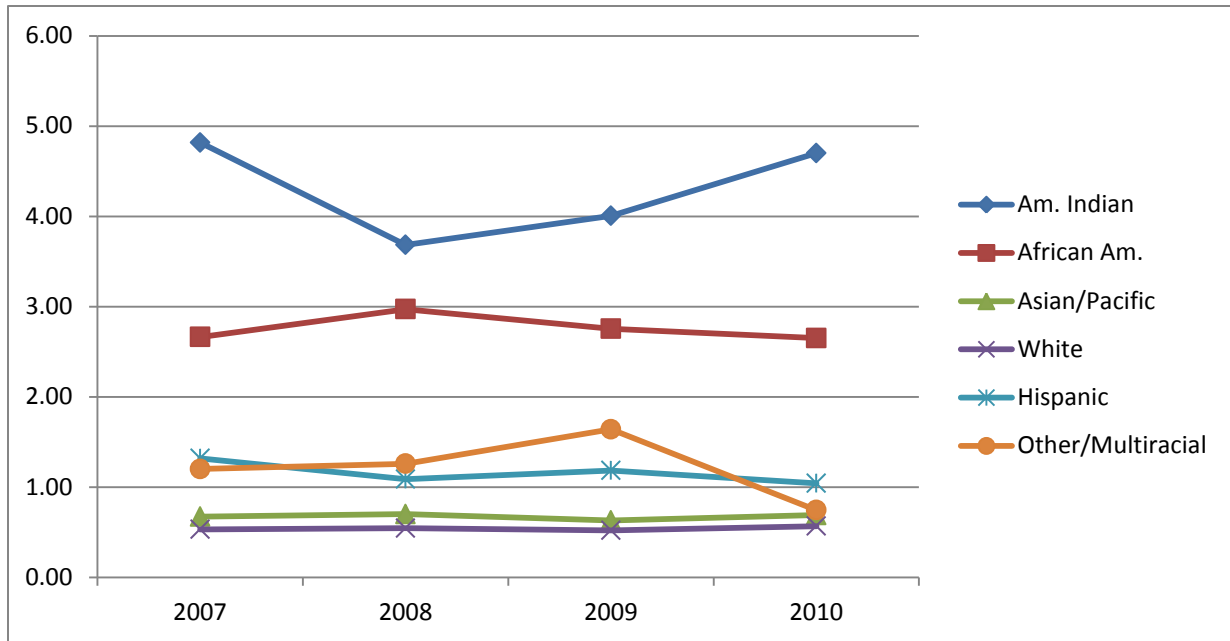
During 2010, American Indian children in case management were in placements out of the home at a rate 2 times greater than their presence among children in case management. Children of Other race were also over-represented among case management placements (1.2 ratio). White, African American, Asian and Hispanic children were less likely to be placed during case management than expected.

**Illustration 10:
Disproportionality at Decision Points in the
Child Protection Process
(2010)**



Data from 2007 to 2010 show that some of these disparities persist over time while others vary. Illustration 11 shows that American Indian and African American children have been consistently over-represented among maltreatment reports while Asian and White children have been under-represented. The disproportionality for American Indians declined from 2007 to 2009 and then increased in 2010. However, the disproportionality for African Americans increased slightly from 2007 to 2008 before declining again.

**Illustration 11:
Disproportionality in Maltreatment Reporting Rates
(2007-2010)**



Strategies

Children and Family Services Division is working to provide a range of culturally appropriate services to children and families. The Division wants to be sure that bias does not influence decision-making and that service choices for families are helpful and meaningful.

In 2007 CHS joined the St. Paul Children’s Collaborative’s Tri-Project partnership. Other members of the partnership include St. Paul - Ramsey County Public Health, St. Paul Public Schools, and Head Start. The Collaborative distributes Federal Local Collaborative Time Study (LCTS) funds to community-based organizations serving children. The partnership is charged with avoiding duplication of services and creating an integrated system of service delivery that is focused on eliminating the school achievement gap and increasing the safety experienced by African American boys in kindergarten through 8th grade.

Since 2005, CHS has been a partner of the Alliance for Racial Equity in Child Welfare. CHS has developed an annual reporting system for tracking disparities at different decision points in the child welfare system and monitors changes in disparities through time. Initiatives such as the Nokomis Circle and Tri-Project partnership are examples of efforts to reduce disparities (see above). Other strategies include increased use of Family

Group Decision Making and development of the Permanency Review Team in Child Protection. The Comprehensive Family Assessment project, funded by the federal Children's Bureau, addresses racial disparities by emphasizing the need for understanding a family's cultural context and providing culturally appropriate services.

In the fall of 2008, CHS received a federal Adoption Opportunities Grant aimed at increasing foster and adoptive homes for African American, Latino and older youth. The current pool of licensed child foster families does not reflect the race and ethnicity of the pool of children waiting for a permanent home. This grant will allow CHS to implement a multi-pronged diligent recruitment effort aimed at increasing the pool of racial/ethnic homes which reflect the race and ethnicity of our waiting children.

As part of the Adoption Opportunities Grant, a Customer Feedback Survey process was implemented in 2010. Telephone calls were made to all who inquired about becoming a foster or adoptive parent between April, 2010 and December, 2010. The survey achieved an 46% response rate. The goal of the survey was to assess satisfaction at different stages in the application process and to examine differences in satisfaction among African American and White applicants. Illustration 12 highlights a sample of key results.

There were no statistically significant differences between African American respondents and White respondents.

In terms of overall contact, respondents were positive. Respondents reported being treated with respect (95%); felt respect was shown for their racial/cultural background (91%); and were satisfied with how they were treated by staff in the licensure process (83%). Respondents noted areas of improvement: calling back within 24 hours (64% agreement); felt encouraged to become a foster and/or adoptive parent (71%).

In terms of the training stage, respondents reported the steps to becoming licensed were clearly explained (96%); and felt satisfied with trainings attended (92%). Respondents noted areas for improvement in training such as: training was at a convenient time (78%).

In terms of the home study stage, all respondents felt the home study was conducted in a respectful manner. Respondents noted areas for improvement in the home study process including: some questions asked were too personal (37%); told about out of pocket expenses (71%).

Annual Customer Satisfaction Results are used to improve the delivery of child foster care services, and ultimately contribute to building and retaining a pool of child foster care and adoptive homes.

Illustration 12:
Satisfaction with Stages in the Application Process¹⁶

Stage/Survey Item	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
First Contact				
Was very respectful (n=81)	52	43	4	1
Answered my questions (n=80)	32	45	16	2
Called me back 24 hours (n=70)	29	36	23	13
Left me feeling discouraged (n=82)	4	28	52	16
Background Check				
I understood what happens in a background check (n=37)	43	52	5	0
The background check was completed in a timely manner (n=34)	29	62	9	0
I was aware of what would happen if I did not pass the background check (n=37)	38	51	11	0
Training				
The steps to becoming licensed were clearly explained in training (n=50)	48	48	4	0
Training was available at a convenient time (n=50)	32	46	18	4
Overall I was satisfied with the trainings I attended (n=50)	44	48	8	0
Home Study				
I feel some of the questions asked were too personal (n=19)	16	21	63	0
The homestudy was conducted in a respectful manner (n=19)	47	53	0	0
I was told about the out of pocket costs associated with the homestudy (n=14)	14	57	29	0
General Contact				
Encouraged me to become a foster/adoptive parent (n=81)	20	51	23	6
Showed respect for my racial/cultural background (n=45)	0	91	7	2
Helped me get through the process (n=59)	22	49	17	12
Overall, I was satisfied with how I was treated by staff during the licensure process (n=80).	38	45	11	6

¹⁶ Ramsey County Diligent Recruitment Project, Customer Feedback Survey Results Spring 2010, Rainbow Research, June, 2010.

Disability Services Case Management Utilization

The Disability Services Section racial disparity scorecard project focused on the utilization of case management. An analysis of services used in 2008 found that case management was under - utilized among individuals who are Asian and were receiving a Community Alternatives for Disabled Individuals (CADI), Community Alternative Care (CAC) or Brain Injury (BI) waiver. These waivers – CADI, CAC and BI – are referred to as CCB.

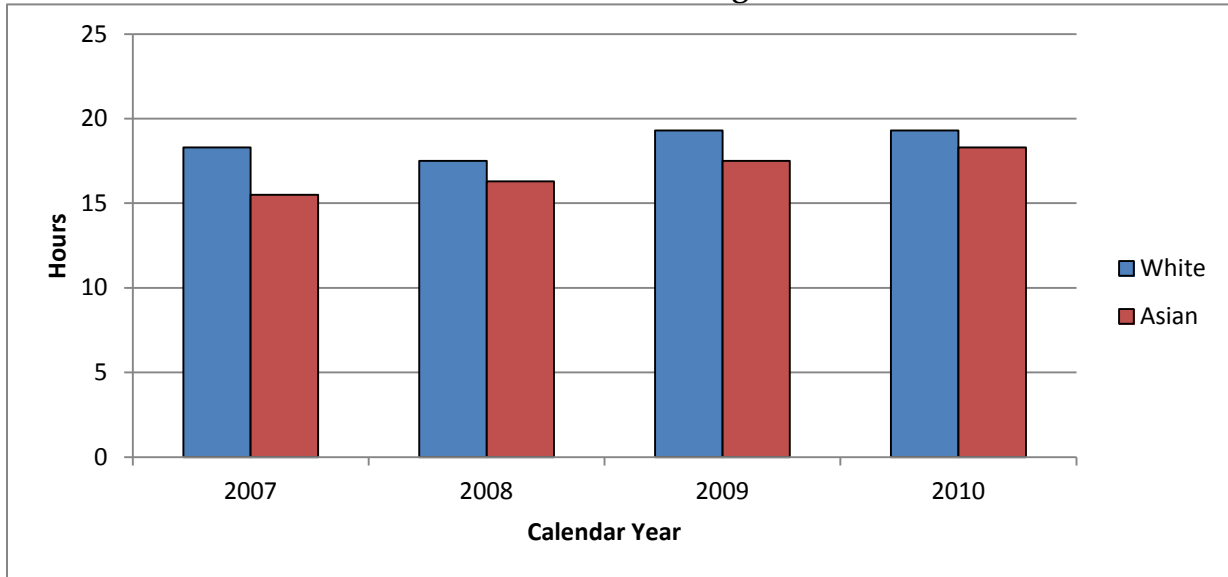
Strategies

To address this apparent disparity, it was hypothesized that CCB recipients, in particular Asian CCB recipients, would increase the number of case management hours used if they had a case manager who is culturally and linguistically similar. Throughout 2010 there was a concerted effort to hire culturally and linguistically specific case managers and assign them to culturally and linguistically similar CCB recipients.

Analysis of the case management hours used in 2010 shows that the hours of case management used by Asian CCB recipients increased about 5% - from 17.5 hours in 2009 to 18.3 hours in 2010. Case management utilization by White CCB recipients was virtually unchanged -19.3 hours in 2009 and 2010. However, neither the increase in case management utilization for Asian CCB recipients between 2009 and 2010 nor the difference in utilization between White and Asian recipients in 2010 is statistically significant. That is, the observed differences may be attributed to chance. Further analysis that takes into account the CCB recipients having a culturally or linguistically similar case manager found no statistical difference in case management utilization between Asian CCB recipients who had a culturally or linguistically similar case manager and those who did not. See Illustration 13.

Thus, to understand the continuing observed differences in case management utilization, the Disabilities Services Team will continue to monitor the impact of its policies and practices and explore other explanations and strategies.

**Illustration 13:
Median Hours of Case Management Used**



Hispanic/Latino Individuals with Disabilities open to I/DD Case Management

Individuals with I/DD case management who are Hispanic/Latino when compared to the Ramsey County population identified as Hispanic/Latino were found to be more under-represented than any other racial group (population 7.2%; individuals with I/DD case management, 5.1%), although other racial groups were also under-represented. (See Table 7)

Strategies

In March 2008, the assessment process for children with I/DD became the responsibility of the Long Term Care –Intellectual/Developmental Disability (LTC/DD) Screening Team. Children’s Intake staff began gathering very basic demographic information over the phone and processing the intake and assessment versus waiting for the returned application.

The follow up analysis shows a substantial increase in the percentage of individuals 0-19 years of age who are Hispanic/Latino receiving I/DD in 2009 and continued in 2010. For individuals with I/DD, the percentage increased from 7% in 2007 to 8.3% in 2009 and 9.0% in 2010. (See Table 7)

**Table 7:
Percent of Hispanic/Latino Individuals**

Hispanic/Latino	Ramsey County Population ¹⁷	Percent of Service Population by Race		
		I/DD		
	2010	2007 ¹⁸	2009 ¹⁹	2010 ²⁰
Total Population	7.2	4.1	4.4	5.1
Individuals over 19 years of age	5.6	2.9	2.8	3.4
Individuals 19 years of age and under	11.4	7.0	8.3	9.0

¹⁷ U.S. Census Bureau, 2010, Summary File 11, Tables P12A-P12I.

¹⁸ 2007 Data from March 2008 screening documents and Statistical Reporting System.

¹⁹ 2009 data represents individuals with screening documents (regardless of activity type with an activity date between July 1, 2008 and December 2009 in the table -Screening Document - January 2010 in S:\MRRC Shared File\Waiver\DiscDateasof08_08. These individuals were matched for race and ethnicity in the Statistical Reporting System (SRS).

²⁰ 2010 data represents all individuals who received at least one day of case management in 2010 as reported in SSIS.

The change in process/practice was targeted for individuals who are 0-21 years of age. The most dramatic changes in the racial/ethnic composition of the individuals receiving I/DD appear to be for individuals between 0-19 years of age. Although the results of these analyses do NOT prove a causal relationship or effect of the practice change, the results of this initial analysis are consistent with the practice change's intended outcome.

3. Outcome: The basic needs (food, shelter, healthcare) of residents are met.

Population: Families and Children in Need of Support

CHS administers Federal and State programs that provide food, medical care and income support for eligible families and individuals. CHS strives to deliver these services with accuracy and efficiency.

Medical Assistance

Ramsey County Medical Assistance figures reflect a statewide trend of increasing reliance on public health programs and increasing numbers of people without health insurance. According to the Minnesota Department of Health, these changes are primarily because of reductions in the availability of employer based health plans. The increase in enrollment in public health insurance is reflected in the increasing caseload numbers in Ramsey County. From 2003 to 2010 public assistance cases have increased by 38% from 39,247 to 54,181, primarily as a result of increases in Medical Assistance and food support cases. This has created workload pressures on financial workers and supervisors.

**Illustration 14:
Number of Financial and Medical Cases Open at the End of Each Year
(2003–2010)**

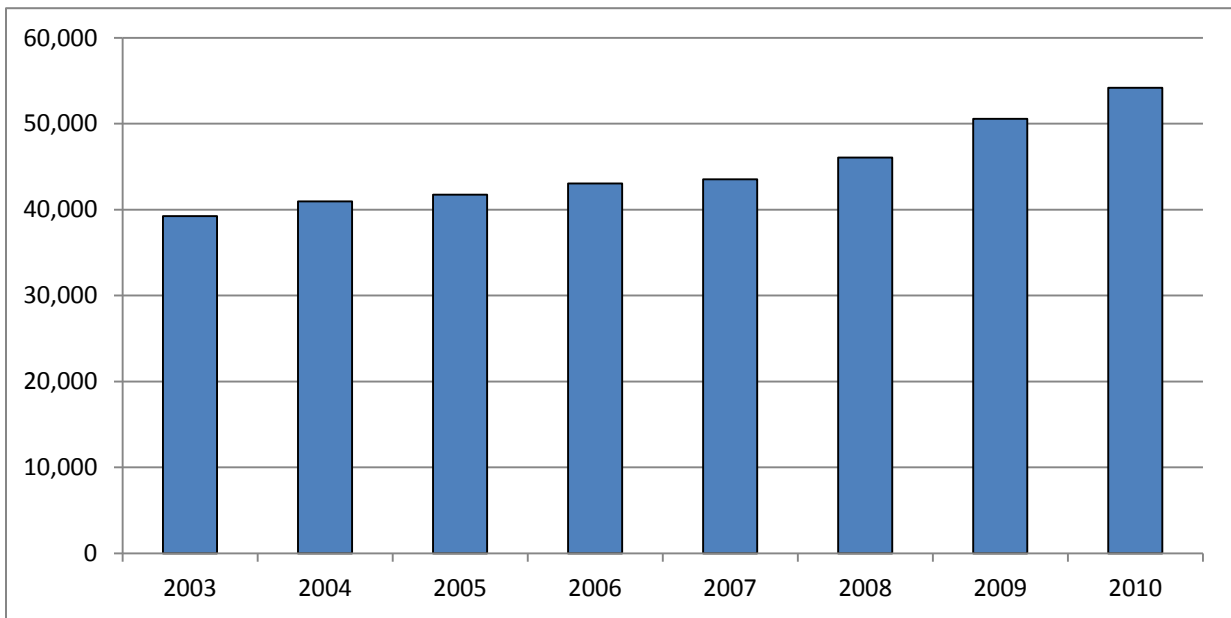
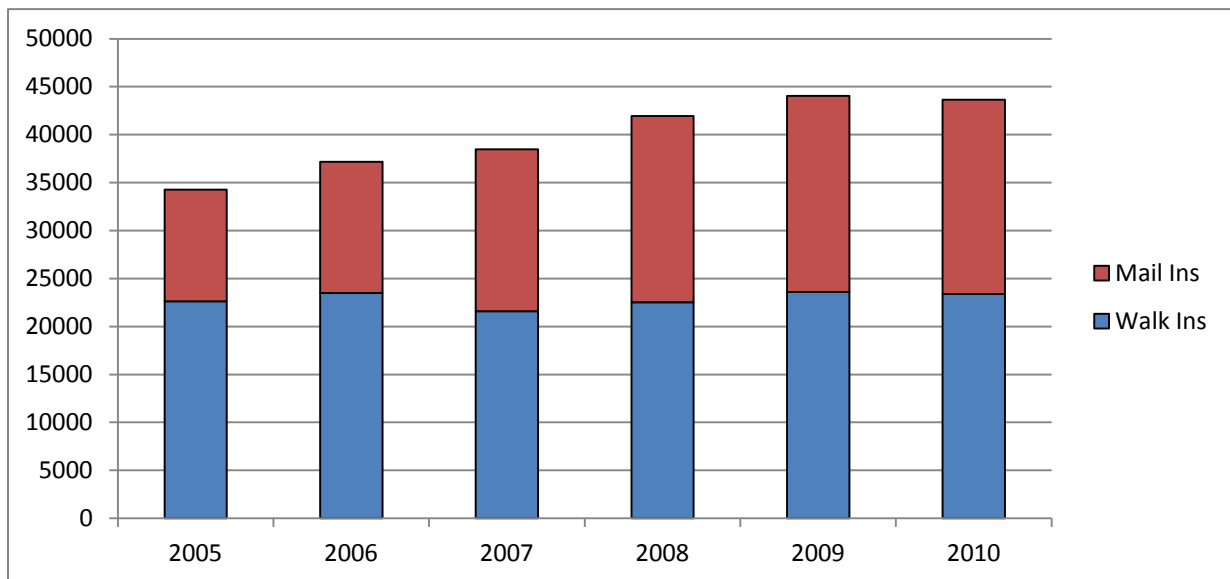


Illustration 14 reflects cases open at the end of the year. Over the course of a year the Financial Assistance Division serves many more cases.

The increasing reliance on public health insurance has also increased intake activity in the Financial Assistance Division. As shown in Illustration 15, the number of individuals applying for assistance has increased approximately 27% between 2005-2010.

**Illustration 15:
Number of Applications for Financial and Medical Assistance
(2005–2010)**



Cash and Food Assistance

In 2010, 97.6% of the cases sampled in a Federal audit of Food Stamp cases in Ramsey County were determined to have been completed accurately.

There were errors in 2.4% of the cases. This rate is lower than the overall Minnesota average of 4.7% errors. The national error rate was 3.81% (FFY 2010).

In 2010, 82.7% of those eligible for food support in Ramsey County received their benefits. That is one of the highest participation rates in the state; compared to 55.5% overall in Minnesota. While Ramsey County does an excellent job overall of ensuring that eligible individuals receive food support, individuals who are 60 and older have a lower rate of participation.

Counties are required to process cash and food support applications within a 30-day timeframe. Cash support programs include Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), Minnesota Supplemental Assistance, Refugee Cash Assistance, Group Residential Housing, General Assistance, and Emergency Assistance. Ramsey County made processing changes that reduced the amount of time needed to complete applications submitted by single adults.

Despite an increase in requests for service from 2009 to 2010, Table 8 shows that CHS has been able to maintain its processing rate in the number of cases receiving an initial action within 30 days, a measure that is computed by DHS.

**Table 8:
Percent of Cash and Food Stamp applications that have an initial action within 30 days**

2006	2007	2008	2009	2010
73%	68%	71%	58%	59%

Counties are also required to process health care applications within a 45-day timeframe. This measure only applies to programs and client eligibility types that have a 45-day processing requirement.

Table 9 shows a slight improvement from 2009 to 2010 in the ability of CHS to process applications in a timely manner. This is largely due to the processing changes described above.

**Table 9:
Percent of Health Care applications that have an initial action within 45 days**

2006	2007	2008	2009	2010
64%	58%	59%	50%	52%

Child Care Assistance

The number of families receiving Basic Sliding Fee (BSF) child care has remained relatively stable over the past three years. The stability is in part due to a statutory change that reduces access to BSF child care by imposing eligibility criteria that are much more restrictive.

**Table 10:
Recipients of Child Care Assistance**

Services	2006	2007	2008²¹	2009	2010
Families receiving Basic Sliding Fee subsidies	1,513	1,323	1,349 est.	1,521	1,632
Parents on the waiting list for Transition and Basic Sliding Fee child care	98	857	1,472	1,205	79
Families receiving MFIP child care subsidies	3,020	2,910	2,914 est.	2,689	2,894

Strategies

The Financial Assistance Division has increased the workload of staff and explored strategies for increasing worker productivity, including:

- Implementing an expedited adult intake triage process designed to see clients seeking same-day appointments,
- Concluding a project called Focus on the Future. This initiative has resulted in several projects designed to streamline workflow processes and improve customer service,
- Initiating an Electronic Document and Management System (EDMS) designed to streamline workflow processes by reducing the amount of paper handled by financial workers and conducting work electronically,
- Establishing a Food Support outreach grant position that processed over 500 new food support applications,
- Piloting and implementing the use of instant messaging, and
- Piloting an expanded Call Center whereby clients can receive information on public assistance programs and have questions answered about their case.

By changing its procedures and organizational structure, and by adapting new technologies, CHS is having success in meeting the increasing needs of Ramsey County residents for help getting the food, medical and financial supports that are necessary to survive.

Population: Adults and Families who are Homeless or at Risk of Homelessness

The economic recession and the collapse of the housing bubble have resulted in unemployment rates far higher than normal. Like much of the rest of the U.S., Ramsey County is experiencing an unprecedented wave of mortgage foreclosures, over 40% of

²¹ 2008 figures are estimates because Ramsey County 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.

which have been, on average, on non-owner occupied homes, thereby creating a housing crisis for renter households. This has resulted in a sharply higher demand for emergency shelter. A brief look at the recent history of mortgage foreclosures in Ramsey County paints a stark picture of need.

**Table 11:
Ramsey County Mortgage Foreclosure Counts²²**

Year	2006	2007	2008	2009	2010
# of Sheriff sales	1,498	2,346	3,023	2,519	2608
% change from previous year	137%	57%	29%	-17%	4%

Emergency shelter space for homeless individuals and families meets some but not all of the need for temporary, crisis housing in Ramsey County. The need frequently exceeds the supply.

Sometimes there is no place for families to go for shelter except the Dorothy Day Center or Mary Hall (single women’s shelter). This happens when families need shelter and the Family Service Center and Project Home are full. Currently, due to budget constraints the County is unable to meet the total need for emergency shelter.

The shortage of bed space is particularly acute for families with children and unaccompanied minors. Ramsey County funds, or partially funds:

- 65 beds at the Family Services Center in Maplewood.
- 40 beds through a unique partnership with the St. Paul Area Council of Churches for a shelter program called project HOME. This program utilizes volunteers and space provided by two religious congregations, rotating monthly, each providing 20 beds of shelter space for families each night.
- In 2010, with some additional county funding, Project HOME was able to expand to a third church, synagogue or mosque each month to provide an additional 20 shelter beds per night from August to December. Even with this extra space, however, the County remained at capacity on most nights and had to turn away families in need of shelter.
- 16 emergency shelter beds for unaccompanied youth through Lutheran Social Services and Ain Dah Yung.

An additional 141 beds are provided for women and children fleeing violence or the threat of violence in the home through a network of domestic violence shelters.

²² HousingLink:2010 Foreclosures in Minnesota: A Report Based on County Sherriff’s Sale Data, February 2011

Strategies

The lack of affordable housing in Ramsey County for persons with very low incomes, combined with high unemployment and insufficient funding for federal housing support programs like Section 8, are the major reasons that individuals and families are unable to find housing. Ramsey County has adopted the following strategies aimed at preventing homelessness and moving homeless households quickly back into stable housing:

Since 1993, Ramsey County has participated in the state-funded Family Homeless Prevention and Assistance Program (FHPAP) which, despite its name, enabled the County to address homelessness and the risk of homelessness for single adults and homeless youth in addition to families with children. Through this program, Ramsey County has sought to continually improve its efforts around three broad program goals:

- 1) Preventing homelessness through the early identification of at-risk households and the provision of assistance to either keep them in their existing housing or timely placement to more stable and affordable housing.
- 2) Reducing the length of time people spend homeless.
- 3) Eliminating repeated episodes of homelessness.

Ramsey County partnered with the City of St. Paul, combining FHPAP funding from the State with more than \$3 million from the American Recovery and Reinvestment Act to create the Housing Crisis Response program. This program, begun in November 2009, provides a centralized point of contact for people needing emergency housing assistance. Though overwhelmed by the volume of calls to the program, which far exceeded the resources available to assist, the program has given a picture of the actual need in our community. In the first 18 months of the program, Housing Crisis Response:

- Received nearly 8,500 calls from families and over 10,000 calls from single adults seeking assistance because of homelessness or a serious risk of homelessness. These calls and face-to-face contacts are being screened for risk and eligibility and either provided with direct assistance or referred to other community resources for additional help.
- Provided short-term rental assistance and case management services to more than 500 households to enable them to move from emergency shelter into housing in the community.

Most of the federal funding for Housing Crisis Response will be expended by the end of 2011 but the program will continue to provide a centralized front door access point to services and assistance for people in need through increased investment from the Family Homeless Prevention and Assistance Program (FHPAP).

In addition to Housing Crisis Response, the Ramsey County FHPAP seeks to meet the needs of people who are homeless or at-risk through a variety of strategies proven successful in building housing stability, including:

- Outreach and/or drop in services
- Short term financial assistance to preserve existing housing or rapidly rehouse people already homeless
- Case management and other support services to:
 - Assess the need and develop a plan for success
 - Help build (or rebuild) a social support network – family, friends, service providers
 - Improve health and reduce the use of emergency services
 - Connect with needed community services and resources
 - Ensure school attendance and achievement for school-age children
- Short term housing assistance with support services
- Landlord recruitment, housing search and placement
- Landlord-tenant dispute mediation

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

In 2007 case coordination for clients receiving services paid for through the Elderly Waiver began to include both medical and social service care coordination. The care coordination across multiple programs has a great potential to improve the lives of our Ramsey County residents who participate in the program. Unified care coordination is being provided by the managed care organizations (MCO). The success of this effort relies on a close working relationship between CHS, St. Paul Ramsey County Public Health Department, and the managed care organizations (Blue Cross-Blue Shield and Medica).

The CHS administers programs that provide in-home support to adults who require assistance to stay in their home. These services are intended to prevent individuals from entering institutions.

In 2010, 2,168 men and women received Meals on Wheels. Ramsey County provides 10% of the funding for the Meals on Wheels program.

49% of the individuals who receive meals are over 80 years of age and 12% are over 90 years of age.

An average of 1,072 meals are delivered every day. In 2010, a total of 268,161 meals were delivered to vulnerable and elderly adults in Ramsey County. This represents a decline of almost 13% from 2009.

Population: Individuals with disabilities

Census data projects an aging population, including individuals with intellectual or developmental disabilities (I/DD). Research indicates that persons with disabilities have worse health outcomes (high rates of obesity and low fitness levels) than the general population. In 2006 CHS conducted an assessment of individuals over 50 years of age with I/DD that identified the need for a broader range of services to create a better match of service with individual need.

Strategies

Disability Services has created a caseload comprised only of individuals over 50 with I/DD. The intent of such a caseload configuration is that the case manager could become an expert about the characteristics and needs of this population as well the community services and resources available. This more focused approach hopefully

would make the case manager more efficient and effective in identifying and securing services and resources for individuals.

Work with this group has created an awareness that older individuals with I/DD are unaware of and/or under-utilize services that their age peers in the broader community use, such as hospice, personal supports and alternative retirement activities. A resource guide of agencies providing such services was drafted in 2010.

To improve the health outcomes for individuals with I/DD, Disability Services continues to focus on efforts to support healthy lifestyles. In 2010, Ramsey County collaborated with the Hmong Health Resource Group (HHRG) on a wellness project. The result of which was that HHRG established partnerships with other organizations that serve Hmong families to implement long-term strategies promoting healthy eating and physical activity. There is an ongoing effort to identify and collaborate with community partners to promote healthy living.

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

Population: Adults with Mental Illness

Partial Hospitalization Program (PHP)

The community was experiencing increases in the number of people waiting for mental health care in emergency rooms due to a lack of available beds in the hospital mental health units.

Strategies

In response, the Ramsey County Mental Health Center developed a Partial Hospitalization Program (PHP) to provide intensive mental health services to clients in a non-hospital setting. The Partial Hospitalization Program (PHP) is a two-week non-residential program designed as an alternative to in-patient hospitalization. The typical PHP client is an individual at risk of a hospitalization due to symptoms related to such things as depression, mania, anxiety, or psychosis.

Due to the nature of admission to PHP, it is expected that patients will be referred to other mental health services following participation in PHP. To determine if PHP participants utilized Mental Health Center (MHC) services after initial participation, records were matched against service utilization data within 100 days of initial contact.

48% of PHP participants utilized one or more MHC services within 90 days of contact.

Another strategy to reduce hospitalization is the Community Recovery Team, developed in 2005 through a partnership with the Minnesota Department of Human Services. The team is designed to provide quick wraparound services to individuals who are hospitalized and being petitioned for commitment in order to reduce placements in Regional Treatment Centers. This approach results in better services for individuals while also producing net savings of state and county dollars.

The program has met with success; only 2% of participants had a Regional Treatment Center hospitalization in 2010.

Population: Individuals with disabilities

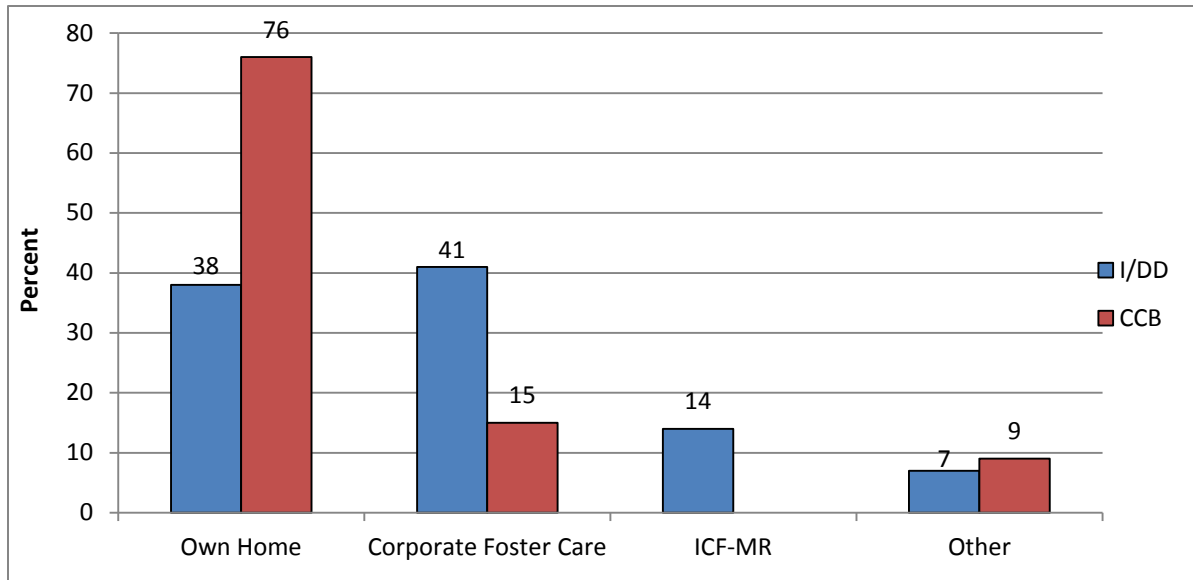
Residential Options

The need for alternative models to the “four-person group home” licensed as a corporate foster home and a continuum of housing options continues to evolve. The factors providing impetus to this effort include:

- Increased demand for service with a shrinking pool of resources, in particular limited financial support;
- Requests from younger individuals for more self-directed housing arrangements;
- Recognition that individuals who are married or have children should have more flexible, individualized living arrangements;
- System changes like the statewide moratorium placed on the development of additional foster care homes by the Minnesota Department of Human Services (DHS) in 2009.

A comparison of where individuals with I/DD lived with individuals receiving a CCB waiver in 2010 showed the percentage of individuals living in the various arrangements differed substantially. Approximately 76% of individuals receiving a CCB waiver were found to live in their own homes with family, friends or with supports and only 38% of I/DD individuals were found to live in this setting. In contrast, 41% of individuals with I/DD were found to live in a corporate foster care setting and 15% of individuals receiving a CCB waiver were doing so. Approximately 14% of individuals with I/DD were found to live in the institutional setting referred to as intermediate care facility for individuals with mental retardation (ICF-MR). Such an institutional setting is not an option for individuals receiving a CCB waiver. See Illustration 16.

**Illustration 16:
Living Arrangements**



Strategies

In 2010 a housing options workgroup was established to 1) review and identify housing options available; 2) identify and address issues to make the continuum of housing options operational; and 3) develop strategies to promote access and use of the available options. The goal is to match individuals and housing that brings services into a less restrictive or intensive environment and yet insures their ongoing health and safety. For individuals with I/DD, this may necessitate creating options so that individuals living in corporate foster care setting are able to live in other settings with support. For individuals receiving a CCB waiver, this may mean insuring that individuals living in their own homes have the “right mix” of services that allows these individuals to remain in their own homes.

Given the statewide moratorium placed on the development of additional corporate foster care, the workgroup implemented a process for reviewing referrals to corporate foster care.

Independent Employment

Ramsey County has been a leader in efforts to support individuals with disabilities to live in the community. A basic element of living in the community is having

independent employment. The Disability Services Team has undertaken an Employment Initiative that will result in a system in which individuals with disabilities have opportunities for meaningful work with competitive wages that is integrated within the community.

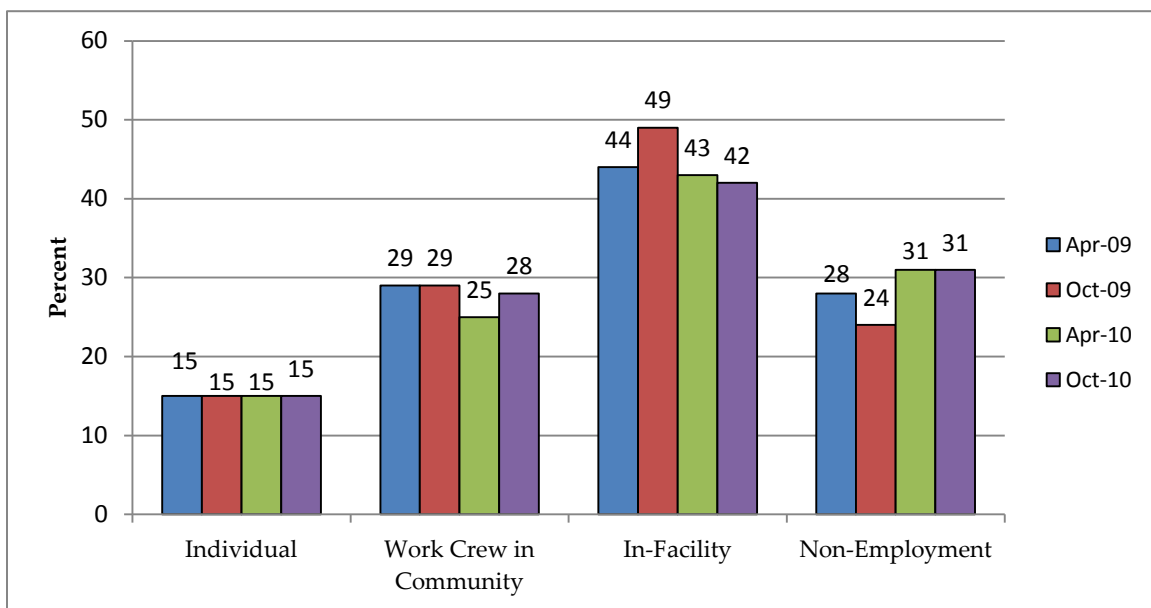
A component of the Employment Initiative is collection and reporting data about the employment for individuals with disabilities in order to establish appropriate employment-related benchmarks. Since 2008 the Disability Services Team has been collecting information about individuals with disabilities participating in employment services provided by agencies with contracts with Ramsey County beginning in 2008. These agencies provide day training and habilitation (DT&H), prevocational and supported employment (SE) services. Each agency reports the type of employment, average hourly wage, average hours worked, and payroll agent for each individual for whom the agency has provided services in a specified timeframe.

In 2010, 20 agencies provided employment services to approximately 1,400 individuals with disabilities.

For the October 2010 reporting period, 15% of individuals receiving employment services were in independent employment²³. Twenty eight percent (28%) of individuals were a member of a work crew²⁴. Forty two percent (42%) of individuals were participating in in-facility employment²⁵.

Thirty one percent (31%) of individuals were engaged in non-employment related activities. See Illustration 17. The percentage of individuals participating in each employment type appears somewhat consistent over time.

**Illustration 17:
Percent Individuals by Employment Type**



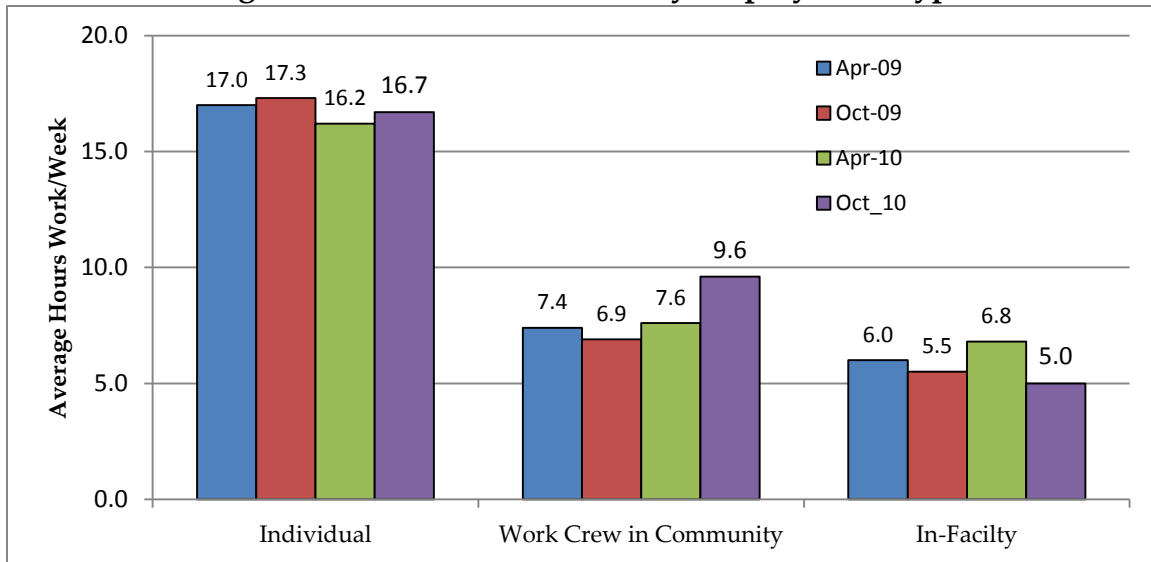
²³ Individual employment is when a person works in a regular or customized individuals job in the workforce which offers ordinary opportunities for integration and interaction (with co-workers without disabilities, customers and/or the general public) or is self-employed. It does NOT include work crew or in-facility employment.

²⁴ Work crew in community is when two or more persons work together in a community setting that does not meet the definition of individual employment. See Footnote 1 above.

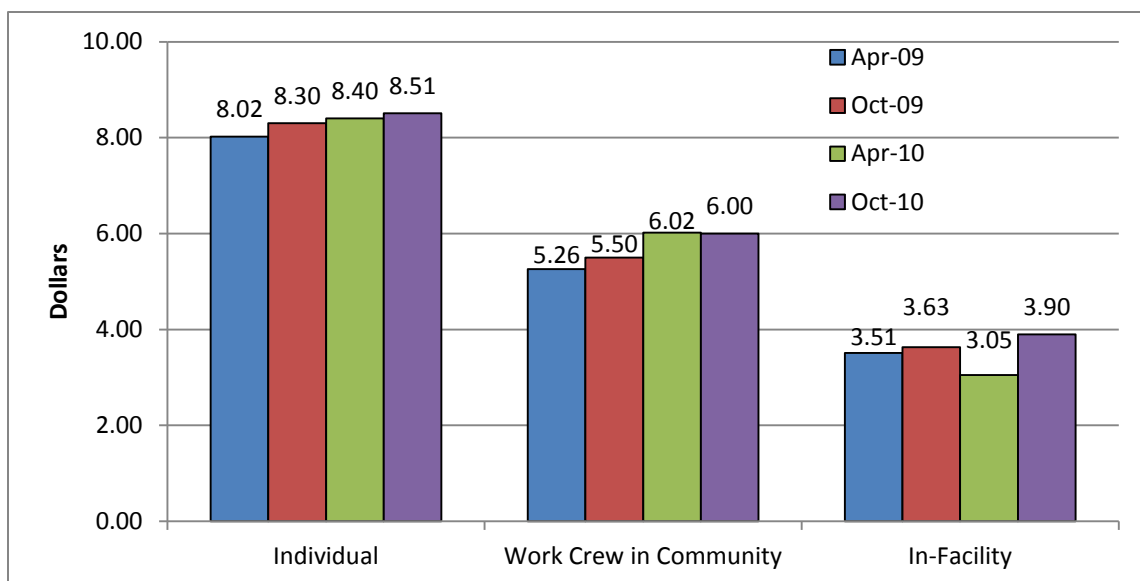
²⁵ In-facility employment is when a person works on the premises of the provider. It does NOT include non-work hours spent at the Center or in the community for daily living activities, leisure/recreation or retirement/senior activities.

The October 2010 data show that the smallest percentage of individuals receiving employment services are involved in individual employment. Yet these individuals work substantially more hours per week (16.7 hours) at a higher average hourly wage (\$8.51) than either those involved in work crews or in-facility employment. (See Illustrations 18 and 19). This pattern is also consistent over time.

**Illustration 18:
Average Hours Worked Per Week by Employment Type**



**Illustration 19:
Average Hourly Wage by Employment Type**



Strategies

This data show that individual employment offers the potential for increased self-sufficiency. Given the limited resources available to facilitate increased opportunities for individual employment, the Disability Services Team is cognizant that change needs to occur one person and one agency at a time.

The Disability Services Team continues its efforts to operationalize its Employment Initiative by working collaboratively with local and statewide stakeholders to establish an infrastructure, policy and practice standards that promote, support and encourage employment for individuals with disabilities.