

PUBLIC HEALTH AND HUMAN SERVICES  
BUSINESS PLAN  
2008-2010

## **EXECUTIVE SUMMARY**

The primary issues facing the Department of Public Health and Human Services revolve around the role of counties in the delivery of services (public health, social services, financial assistance, health care, and child support) in Minnesota. This is a time of unprecedented uncertainty for Public Health and Human Services both in declining resources, changing responsibilities, and a population that is changing and has increasing needs and expectations. Additionally, there is tremendous work force turnover and loss of institutional knowledge.

To effectively plan for the future and efficiently use its resources:

- The Department must focus on services that are best provided by a government entity.
- The Department must focus on services that are best provided at the local level of government.
- The Department must focus on services that must be provided by Public Health and Human Services.
- The Department must provide integrated, coordinated services in an efficient and effective manner.
- The Department must assure local service needs are met by overseeing the coordination of care and integration of services for vulnerable populations.
- The Department must use its authority to initiate locally determined partnerships to improve service delivery.

All hazards preparedness planning and pandemic flu planning, in particular, requires that the Department have business continuation plans that support staff being deployed away from the regular offices. In order to protect the public and to assure that they receive needed resources during a pandemic, Public Health and Human Services staff needs to have an infrastructure in place to continue to authorize services, process payments to clients and service providers, and facilitate the care of vulnerable populations in the event that isolation and quarantine are necessary.

## **Vision and Mission**

Public Health and Human Services has a vision of a community where all people are safe and healthy.

Our mission is to protect, promote, and improve the health and quality of life in St. Louis County. To accomplish this mission we provide services that protect vulnerable populations; insure availability of food, shelter, and medical care; assist disabled/disadvantaged populations achieve self-sufficiency and independence; and protect and promote the public's health.

## **GOALS**

Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.

Parents will be emotionally and financially able to provide for their children.

Adults will live in the least restrictive living arrangement that meets their health and safety needs.

Adults will be self-sufficient, providing for their own welfare and that of their children.

Our community will make healthy life choices, have safe food, water and air.

Our community will be prepared for emergencies and hazards and will be at low risk of epidemics and the spread of disease.

## **PROGRAM STRUCTURE**

### Public Health Division

Public Health Services include statistical and related data about the health of the community/County. Professionals are available to partner with community organizations to assist them in improving and promoting community health through such programs as:

- Immunization information and clinics
- Prenatal and postpartum education and support
- Communicable disease prevention, control and surveillance
- Parent and child health services
- Health education services
- Monitoring establishments to assure safe drinking water and clean indoor air
- Enforcement of rules governing restaurants, lodging facilities, swimming pools, beaches and individual sewage treatment systems

## Financial Assistance and Child Support

Financial Workers determine eligibility and conduct periodic eligibility reviews for Health Care Programs, Cash Programs, Food Support (FS), Minnesota Family Investment Program (MFIP), emergency programs, county burials, long-term care and facilities, and other public assistance programs. Workers also coordinate services provided by employment and training and other community providers.

Child Support Officers, working with county attorneys and the courts, represent children by locating parents, establishing paternity, establishing and modifying court orders, enforcing support obligations, and collecting current and past-due support, serving both custodial and non-custodial parents.

Eligibility Investigators determine the validity of applicant information for use in identifying potential fraud in public assistance programs.

## Children and Family Services

A primary responsibility of the department is to respond to reports of child maltreatment. An immediate and thorough assessment is conducted to determine the level of risk to the child. Protective measures are taken including, when necessary, juvenile court action to remove the child from the abusive environment. Service plans are developed based on safety and permanency needs of the child and family. Services are coordinated with law enforcement, medical personnel, schools, and other providers to assure that a comprehensive assessment and protection plan is implemented. After the initial assessment and protection plan is in place, social workers provide service, monitor the progress of the family, arrange for other necessary services, and insure that appropriate laws, rules, and procedures are followed.

Intervention and Prevention Services are provided to prevent more serious family problems and to enable families to resolve their own problems. Services include intensive family-based services, day treatment, and an array of activity designed to support children with severe emotional disturbances. In many instances, intervention and prevention services are provided in collaboration with community partners.

## Services to Persons with Disabilities

Social workers conduct functional assessments and develop individual service plans with clients and family members, coordinate with other professionals, manage service plans, arrange for services including housing, authorize payments, monitor service delivery, and coordinate treatment follow-up services as required. Social workers also prepare and file petitions for commitment to involuntary treatment when individuals pose a danger to themselves or others.

### Services to Adults/Elderly

County staff conducts long-term care consultation, pre-admission screenings, and re-screening for persons considering the need for nursing home placements. Staff assists elderly adults and their families in assessing the potential for alternative services and in arranging for services to be provided for persons in their own homes. Staff also operates the Community Foods program and Assisted Living programs at King and Midtowne Manor.

### Administration

Administrative Support staff provides the infrastructure that supports and facilitates the work of program area staff. Responsibilities include customer service; community assessment, trends and gaps analysis; program reporting, monitoring of program and provider effectiveness and continuous improvement programs; finance and budgeting; staff training, development, retention and succession planning; technology management; legislative tracking and analysis; coordination of Public Health Preparedness planning, contract management and office support. Responsibility for the coordination of the implementation of Heading Home St. Louis County: A Ten-Year Plan to End Homelessness was added in 2007.

	<i>Budget</i>	<i>Levy</i>
<b>Income Maintenance</b>		
Support Program Eligibility Determination	12.89%	13.41%
Child Support	5.89%	2.36%
MN Health Care Eligibility Determination	6.63%	10.02%
County Share of State Costs	0.41%	1.08%
<b>Social Services</b>		
Children Services	28.80%	37.47%
Child Care Services	7.36%	6.12%
Chemical Health Services	4.17%	6.29%
Mental Health Services	11.14%	10.60%
Developmental Disabilities	5.31%	3.20%
Adult Services	6.31%	1.65%
<b>Public Health</b>		
Healthy Communities	2.98%	2.17%
Infectious Diseases	0.18%	0.28%
Environmental Health	3.27%	5.31%
Disaster Response	0.90%	0.03%
Quality and Accessibility of Services	3.75%	0.0%

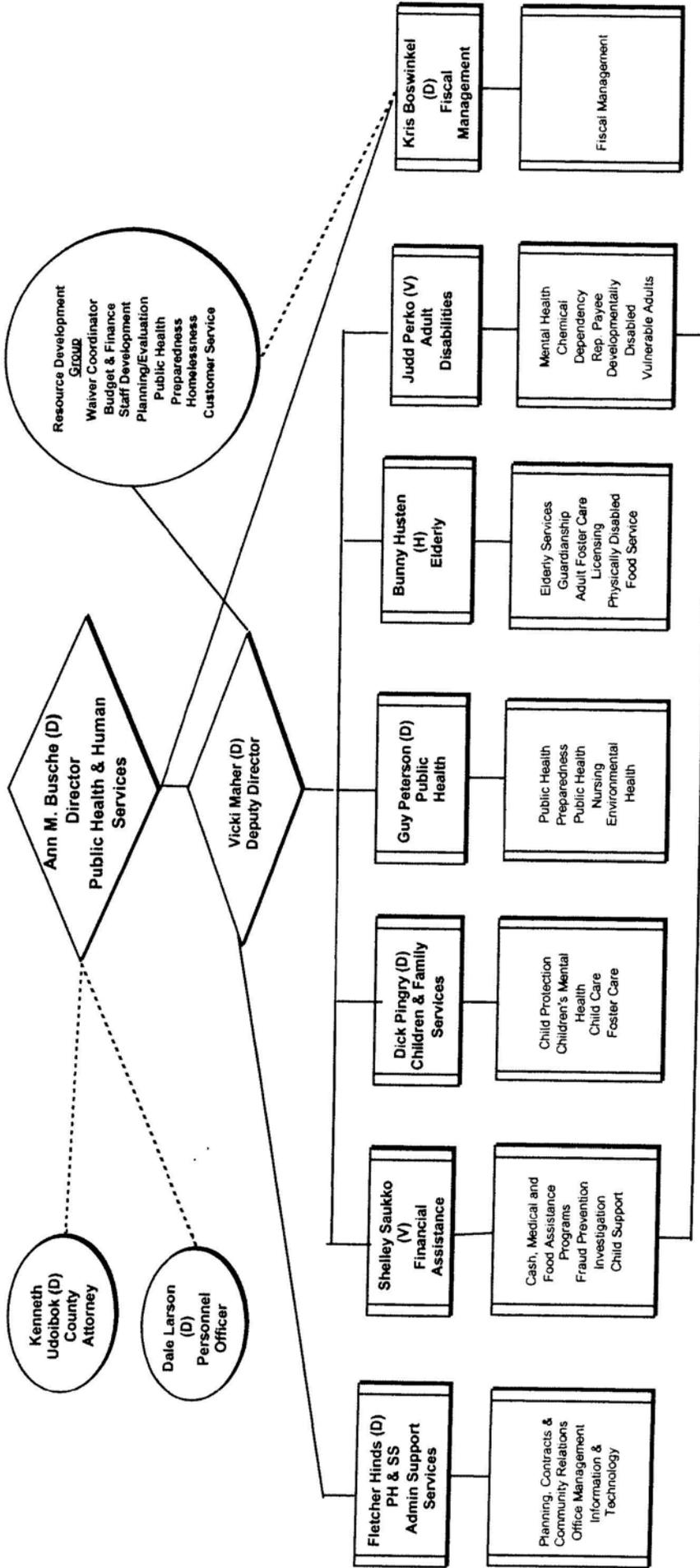
Total 2006 Property Taxes=\$22,429,816

Total 2006 Expenses = \$72,237,718

# St. Louis County Public Health and Human Services Department

11/07

(D) = Deane  
(V) = Virginia  
(H) = Heberg



### External Trends Impacting the Department:

- Change in role of county human services with the transference of responsibility of case management to the health plans.
- Declining federal and state funds and changes in payment philosophies. Revenue claimed specific to individuals with bonuses for specified outcomes. Leaves little funds available for primary prevention activities.
- Population with increasing needs or expectations, particularly true with the aging of the county, or a population that retires from an urban area to rural lakes areas and expects comparable levels of services.

### Internal Trends Impacting the Department:

- Loss of experienced workforce with 70% of staff eligible to retire in next 4-6 years.
- Loss of experienced managers who have broad institutional knowledge.
- Increased need for training and professional development to ensure the new workforce and future leadership has the skills necessary

### Business and Strategic Planning

- The Department must focus on services that are best provided by a government entity.
- The Department must focus on services that are best provided at the local level of government.
- The Department must focus on services that must be provided by Public Health and Human Services.
- The Department must provide integrated, coordinated services in an efficient and effective manner.
- The Department must assure local service needs are met by overseeing the coordination of care and integration of services for vulnerable populations.
- The Department must use it's authority to initiate locally determined partnerships to improve service delivery.

Key initiatives - goals and KPI's that will measure them

Commissioner Priority Area (1-5)	Department Goal(s)	Related Department Objective(s)	Tactics, Initiatives, Action Steps	Measures (KPIs or internal measures)
Health and Well-Being of County Citizens	<p>Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.</p> <p>Parents will be emotionally and financially able to provide for their children.</p> <p>Adults will be self-sufficient, providing for their own welfare and that of their children.</p>	High risk women in their first pregnancy delay subsequent pregnancies.	<p>Prenatal and postpartum education and support.</p> <p>Assist parents in developing plans for economic self-sufficiency.</p> <p>Provide family planning information.</p>	Less than 25% of Nurse-Family Partnership graduates will have a subsequent pregnancy by 24 months after the birth of their first child.
Health and Well-Being of County Citizens	<p>Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.</p> <p>Our community will make healthy life choices, have safe food, water, and air.</p>	Prevent long term disabilities in children: mental retardation, cerebral palsy, impairments in lung function, sight and hearing.	<p>Educate women on the importance of prenatal care, good nutrition, not smoking, not using alcohol or other substances during pregnancy and the impacts on the infant.</p> <p>Promote healthy life choices and prevent disabilities.</p>	Less than 4.5% of children born in St. Louis County will have a low birth weight (less than 5.5 pounds).

<p>Health and Well-Being of County Citizens</p>	<p>Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.</p> <p>Parents will be emotionally and financially able to provide for their children.</p> <p>Adults will be self-sufficient, providing for their own welfare and that of their children.</p>	<p>Children are raised in a safe, nurturing and loving family.</p> <p>Protect vulnerable children.</p>	<p>Early intervention</p> <p>Temporary out of home placement</p> <p>Permanent relative placement</p> <p>Adoption</p>	<p>90% of children with one incident of substantiated child abuse will not have a re-occurrence within twelve months.</p>
<p>Health and Well-Being of County Citizens</p> <p>Healthy local economy</p>	<p>Parents will be emotionally and financially able to provide for their children.</p> <p>Adults will be self-sufficient, providing for their own welfare and that of their children.</p>	<p>Decrease the number of citizens receiving public assistance.</p> <p>Improve the quality of life for families.</p>	<p>Monitor contracted employment and training providers performance</p> <p>Assist clients to develop plans to go to work</p> <p>Child support collection efforts</p>	<p>50% of single Minnesota Family Investment Program (MFIP) clients will be employed.</p>
<p>Health and Well-Being of County Citizens</p> <p>Efficient and Effective Government</p>	<p>Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.</p> <p>Parents will be emotionally and financially able to provide for their children.</p>	<p>Deliver customer-focused programs and services in a cost effective manner.</p>	<p>Eliminate duplication within the Department.</p> <p>Increase focus on prevention.</p> <p>Explore alternative service delivery utilizing technology and telework.</p>	<p>St. Louis County Human Service Administrative costs as a percent of total per capita will be average or lower in comparison to other Minnesota counties.</p>

	<p>Adults will live in the least restrictive living arrangement that meets their health and safety needs.</p> <p>Adults will be self-sufficient, providing for their own welfare and that of their children.</p> <p>Our community will make healthy life choices, have safe food, water, and air.</p> <p>Our community will be prepared for emergencies and hazards and will be at low risk of epidemics and the spread of disease.</p>			
--	---	--	--	--

**Major Issues and Recommendations**

The primary issues facing the Department of Public Health and Human Services revolve around the role of counties in the delivery of services (public health, social services, financial assistance, health care, and child support) in Minnesota. The Association of Minnesota Counties (AMC) and the Minnesota Association of Social Services Administrators (MACSSA) jointly prepared a white paper which outlines human service functions which counties are uniquely positioned to perform. That analysis forms the framework for identification of issues and recommendations. More detail on recommendations can be found in the specific sections on workforce, technology, and finance.

**The St. Louis County Public Health and Human Services Department must provide the core functions of county human services**—protection of vulnerable populations and fundamental public health responsibilities amid an environment of fundamental change—declining state and federal funding, significant staff turnover, redefinition of the skill set required of employees, the emphasis on the use of technology, a desire by consumers to have more control over the services they receive,

and changes in the roles and responsibilities of the county, state and federal governments challenge all public human services agencies. In St. Louis County, the increasing diversity of our population and our unique geography present additional challenges. Demands by citizens for non-core services divert our focus away from our primarily responsibilities, and decreasing funding has forced a retreat to core responsibilities, to the detriment of cost-effective but non mandatory prevention initiatives. Our private sector partners are not necessarily able to pick up the slack; they face many of the same challenges we do.

Solutions to the challenges include maintaining and investing in our employees and changes to the personnel structure, job descriptions and job expectations that position us to fill our mandated functions, and to compete as the provider of choice for case management/care coordination services.

To be the provider of choice for health plans and consumers for care coordination and case management services, to be an attractive employer for the new generation of employees, and to be a nimble organization able to meet challenges, we must develop more flexible employer-employee relationships. We must take advantage of opportunities presented by technology to provide services in new ways, with more flexible hours and locations to meet consumer needs without investing more in bricks and mortar.

**The St. Louis County Department of Public Health and Human Services, as the only player with the responsibility for the well-being of all members of the community, must continue to assure a comprehensive and integrated local service delivery system.** The state and community expect us to assume this role. However, there is no clear funding resource for these functions; everyone wants to fund services, no one wants to fund the infrastructure to assure that the right services are delivered to the right consumers at the right times. To be able to fill our role in maintaining a robust and viable local service delivery system, we must devote more resources to infrastructure development, both within the Department and in the community, work more closely with our providers to match service need and service capacity, and strengthen our focus on business development, encouraging development of identified service gaps and discouraging duplication.

**The St. Louis County Department of Public Health and Human Services must continue to be the primary provider of case management, eligibility and assessment services for publicly funded programs, especially in more sparsely populated areas of the county where market failure is common**

We believe that public employees must be the gatekeepers for publicly funded services. As gatekeepers, the Department's employees will need to assess individuals' eligibility and need for services. At the same time, we must make clear that determining that an individual might benefit from a service does not obligate the county to provide that service with county dollars when a public or private health plan is responsible for those services.

The need to clearly separate our gatekeeper role for our direct service delivery role requires a number of changes in our business process. Both public health nurses and social workers provide assessment and case management services to individuals. Historically, we have seen accessing and providing services as part of a single process; the same worker often would assess the need for services and then provide case management to the individual. In the new world, we may still assess the need but either our Department or another entity may provide actual case management or care coordination services. We need to determine whether our old business process model is still valid in the new environment, and to more explicitly determine **how** services will be funded at the front end, not in the accounting department after services have begun.

To become the provider of choice for care coordination and continue as the best provider of publicly funded case management, traditional boundaries between program areas within the Department must be eliminated. The needs of any one person may cross any number of different programs; our service system must be person-centered, not program-centered.

**The St. Louis County Department of Public Health and Human Services provide oversight to private sector providers to maintain high quality services, keep consumers safe, and make efficient use of public funds.**

In Minnesota, county human services agencies' mission rests on supporting individuals who experience dependency, abuse, neglect, poverty and disability. Minnesota county public health agencies' mission rests on maintaining a healthy community. The public relies upon us to maintain a private sector infrastructure that provides high quality services, keeps individuals and the community safe, and makes efficient use of public funds. Minnesota statute requires that we perform these activities, but they are not directly funded.

Examples of the oversight and quality assurance functions required of the counties are: child care licensing, adult and foster care licensing, consumer advocacy with health plans and other providers, and negotiating, executing and monitoring provider contracts for home and community based waiver providers. It is essential that oversight of the activities of private providers who are funded by public money is performed by public sector entities. It is equally essential that adequate funding be provided to assure that these oversight and quality assurance activities are done well. To do these functions well, we need to have sufficient numbers of appropriately trained staff available, and must work to educate legislators and decision makers about the cost consequences to property taxpayers when this work devolves upon counties. Oversight means not only legal compliance, but also evaluation of service effectiveness. This requires further expansion of efforts like the Resource Development Unit to build capacity for program evaluation.

**The St. Louis County Department of Public Health and Human Services should explore partnerships with other counties within Region 3 and other community providers to develop cost-effective partnerships in service delivery that will help provide statewide confidence in the capacity of counties to continue to administer human services.**

This means nurturing relationships with health plans that maintain our position as the provider of choice for care coordination when appropriate, without assuming costs or responsibilities that belong to the health plan. It also means acting in a leadership role in the Region 3 MACSSA association and with the Community Health Board, neither dictating the actions of other partners nor assuming an onerous portion of the workload. A good example of the effectiveness of this method is the Region 3 Mental Health Initiative. We need to continue to build on our relationships with the Fond du Lac and Bois Forte bands to deliver culturally appropriate services to American Indian families and children. The urban/rural mix, differences in community values and expectations, and geographic size of St. Louis County means that we already act as a regional organization in many ways and have valuable experience to apply if a regional approach is dictated by the state.

Implications:

#### **Workforce Plan**

- Different skill sets for staff; different job classifications, need swifter action
- More flexibility in hours, working locations to adjust to requirements of health plan contracts
- More staff devoted to infrastructure (program evaluation, Q/A, contracts, billing)
- With increased staff turnover due to retirements, the Department needs to compete for available staff.
- All hazards planning and pandemic flu planning, in particular, requires that the Department have business continuation plans that support staff being deployed away from the regular offices.

Staff Retention and Recruitment Strategy:

1. Expand the use of flexible employment options – job sharing, telework, flex time.
2. Continue to support and encourage student field placements as a way to introduce the future work force to public employment.
3. Continue to provide paid summer work experiences for intern/trainees of diverse backgrounds.

Business Continuation Strategy:

Expand the use of telework to 10-20% of the work force. Having the infrastructure in place to continue to authorize services to the public, process payments to clients and service providers, and facilitate the care of vulnerable

populations in the event of a pandemic requiring isolation and quarantine is required to protect the public.

### **Technology Plan**

- Single case management solution for public health nurses and social workers who work with health plans
- Capacity to bill health plans
- To encourage workers to do the time reporting we want, interface case management system time to payroll
- Electronic document management

MIS Equipment – PHHS staff are dependent upon the use of computers. More and more of the Department's work requires access to the internet. The Department replaces computers on a four year schedule and utilizes the MIS 5 year plan. It is anticipated that the replacement schedule will remain the same.

Document Management will require a county wide solution that may need new equipment to implement. The Department is currently exploring options and will be undertaking a needs assessment.

MIS Staff Time - The Department will continue to need the same or increased level of MIS support. PHHS plans to move to more internet applications for the public. The applications may range from information only to on-line permit applications and electronic submission of payments.

### **Purchasing Plan**

PHHS will need to replace most work stations and all reception room furnishings in the Government Services Center and the Northland Office Building when the master plans are implemented. Most of the furniture is at least 25 years old and some of it is significantly older than that.

Computers are purchased on a 4 year replacement schedule. Depending upon the document management solution chosen by the County, the Department may need to purchase additional scanners, servers, etc.

### **Finance Contingency Planning**

25% reduction in revenue;

The Department currently has inadequate resources to meet all of its mandates. A 25% reduction in revenue would require drastic measures such as the elimination of all non-mandatory prevention programs and the lay off of staff. There are few options since most of the Department's revenue is categorical and cannot be used for other services.

10% more revenue:

If there was a 10% increase in revenue, the Department would focus those resources on prevention initiatives. The investment in prevention will bring long term dividends in a healthier and safer community for all citizens.

## Space Plans

1. Context: There are currently 638.05 employees within Public Health and Human Services including Assisted Living and Community Foods which are enterprise funds. If Assisted Living (16 FTE) and Community Foods (15 FTE) are transferred to Chris Jensen, as is currently under discussion, there would be a corresponding reduction in the number of employees. There would be no impact on space planning, however.

If the Department continues to provide care coordination under contract for the health plans, it is likely that the number of staff will increase. This is because the contracts specify the caseload standard for each staff. Partnering with health plans also requires more staff support for billing, reporting, quality assurance, and provider contract monitoring.

2. Space Analysis:

The Department has inadequate space to meet client and staff needs. Since the GSC was built, there have been significant changes in space requirements. Staff all now use computers and therefore, require more space than they previously needed. Reception /waiting areas in the GSC need to be reconfigured for efficiency and to control client/public traffic in the building for security and to avoid pressure on the elevators. High client contact areas need to be moved to the first and second floors and perhaps will also require space on the third floor due to the volume of people.

There is no longer a break room for staff in the GSC. This is a significant need and has been negatively impacting morale. The master plan shows a staff break room on the 6<sup>th</sup> floor in space currently occupied by the Land Department.

The Northland Office Building also needs to be reconfigured so that all public contact can occur on the first floor, with possible overflow to the second floor. The Department is separated in 4 separate areas of the NOB 2F, 3F, 1R and 2R. The public has a difficult time locating the appropriate office.

Both the GSC and the NOB present potential problems in meeting the space needs of the Department. It is unlikely that there will be enough room in either building if all Departments are located in those buildings as originally envisioned in the master plans. The Department may be able to assist with the space crunch if the telework pilot was expanded.

When the County has complete control over the space in the Government Services Center in Duluth and the Northland Office Building in Virginia, the Department wants to

implement the master space plans. That plan would move most walk-in public contact to the first and second floors. Reception/waiting space will need to be designed that is larger and allows for interview areas. This will involve significant restructuring of the space and will require revising the master plans that are now out of date (2003 for GSC and 2004 for NOB). Data used to develop the space plans is no longer applicable to the Department. When the GSC plan was done there were estimated to be 305 visitors per day when Public Health and Social Service counts are combined. Today, there is an average of 470+ visitors to the Department in the GSC per day.

Storage for the Department is inadequate. The GSC master plan shows approximately 4,000 square feet of storage for PHHS. The Department currently has significantly less storage so it has required stacking boxes of client files in office space which is neither efficient nor safe. Record retention schedules are getting longer. Contracts with Health Plans require that we keep all related records for 10 years, for example. A document management solution implemented county wide would significantly alleviate the storage problems.