

## **Introduction**

VISION: A community where all people are safe and healthy

MISSION: To protect, promote, and improve the health and quality of life in St. Louis County.

### **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.

The Department has already begun to align its Business Plan with the county's five budget strategies: Business & Organizational Efficiencies, Location & Service Delivery, Revenue Maximization, Deferral or One-Time Monies, and Smaller Government – Core Services & Service Levels. These strategies are interspersed among the Business Plan that follows.

## **Primary Lines of Business (Programs)**

### Financial Assistance and Child Support

#### *Summary of Services:*

Financial Workers determine eligibility and provide on-going case management and review for Cash Programs - Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), General Assistance(GA); health care programs; food support; 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 parentage, establishing and modifying court orders for child support, medical support and child care support, enforcing support obligations, and collecting current and past-due support, serving both custodial and non-custodial parents.

Fraud Prevention Investigators (FPI) provide investigative services for the Financial Assistance and Child Care programs by assuring program integrity, identifying and addressing potential fraud.

*List of Services:*

- Medical Assistance
- Emergency Funds (shelter/utilities)
- MFIP (families with children)
- General Assistance (single adults or married w/o children)
- Minnesota Supplemental Aid (aged, blind, disabled)
- Food Support
- Group Residential Housing
- Long Term Care Housing or Assistance
- Representative Payee

Child support is a financial obligation of a parent not in the home to pay money for the support of his/her child(ren).

- Locating parents
- Establishing paternity
- Establishing or modifying orders for cash support, medical support, & child care
- Enforcing support obligations
- Collecting current and past-due support

Services to Adults (Ages 18+)

*Summary of Services:*

General services include managed care case management for eligible elderly, coordinated managed care and DD case management for those over 65 and DD, non-managed care case management, screening and consultation for persons under 65 with disabilities, case management for eligible persons under 65 with disabilities, and information and referral for a wide array of pertinent community services.

County staff conduct long-term care consultations regardless of income, pre-admission screenings, and re-screening for persons considering the need for nursing home placements. Workers assist 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. For clients 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. Other adult services include the preparing and filing of petitions for commitment to involuntary treatment when individuals pose a danger to themselves or others, vulnerable adult assessments, representative payee services, and guardianship.

*List of Services:*

Mental health services for the general public:

- Education and Prevention Services
- Emergency or Crisis Services

For persons with a serious and persistent mental illness:

- Case Management  
Assessment

- Development of comprehensive care plan
- Referral and coordination
- Monitoring and evaluation
- Community Support Program
  - Assistance with government benefits
- Client Outreach
  - Crisis assistance
  - Day treatment
  - Employability and supported work
  - Medication monitoring
  - Independent living arrangements
  - Independent living skills
  - Psycho-social rehabilitation
  - Adult foster care

Developmental Disabilities: Services for persons with mental retardation or a related condition that impairs general intellectual functioning or adaptive behavior.

- Screening
- Case management
- Semi-independent living skills
- Supported living services
- ICF/MR
- Home and community based services
- Family support
- Day training and habilitation
- Extended employment

Chemical Dependency: Services for persons seeking treatment for chemical dependency or chemical abuse who meet income guidelines.

- Detoxification
- Chemical use assessment
- Outpatient treatment
- Primary residential treatment
- Extended care
- Halfway house

### Coordinated Public Health & Human Services

#### *Summary of Services:*

A continuum of assistance for elderly, children and families, and disabled customers. This includes Social and Public Health services for people living in their own homes, community settings and institutional care.

#### *List of Services:*

- Long-term care consultation regardless of income
- Case management for eligible elderly and disabled adults
- Home and community-based services
- Volunteer assistance with transportation

- In-home assistance provided by homemakers

## Public Health

### *Summary of Services:*

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
- Promote healthy communities and healthy behaviors
- Prepare for and respond to disasters and assist communities in recovery.
- Protect against environmental health hazards.

### *List of Services:*

#### Communicable Disease Prevention and Control:

Education, investigation and follow-up of reportable communicable diseases. Investigate potential rabies incidents.

#### Immunizations:

Provided for infants, children and adults who are uninsured or whose insurance does not cover vaccine cost.

#### Tuberculosis (TB) Screening and Management:

Skin testing (mantoux) for assessment of exposure to TB.

Education and medication monitoring of persons requiring treatment.

#### Maternal Child Health

#### WIC (Women Infants Children):

Nutrition education program; WIC provides free supplemental foods that promote good health for pregnant, breastfeeding and postpartum women, and infants and children up to age five.

#### Home Visiting:

Visits to pregnant women, infants and children for assessment, education, support and referral for community resources.

#### Breastfeeding Support:

Breastfeeding education and support.

#### Child and Teen Checkups (C&TC) Outreach:

Child and Teen Checkups outreach and follow-up for children 0–21 years who are eligible for Medical Assistance or MinnesotaCare.

#### Health Promotion

#### Health Education:

Presentations available on a variety of health related topics. Consultations about public health issues.

**Community Partnerships:**

Provide information and work with community leaders on community assessment and policy development related to health issues.

**Public Health Preparedness:**

Planning with community partners for coordinated emergency response to natural and man-made disasters.

Children and Family Services

*Summary of 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.

Family Support Services are provided to stabilize and support families to prevent more serious family problems and enable families to resolve their own problems. Services include intensive family based services, day treatment, children mental health case management, and an array of activity designed to support children and families. In many instances, these services are provided in collaboration with community partners.

*List of Services:*

Child protection services are mandated by law and may be court ordered.

**Initial Intervention Services:**

- Intake and assessment of referrals
- Child abuse and neglect investigation
- Coordinate with local law enforcement and courts to assure immediate safety of children through CHIPS court

**Indian Child Welfare Services:**

- Provide child protection services following the mandate of the Indian Child Welfare Act (ICWA).
- Staffed by American Indian workers & others interested in Indian Child Welfare
- Coordinate County and Tribal services and Tribal Court directives.

**Child Protection Services:**

- Work within mandated CHIPS court process and time lines to assure child safety.
- Assist parents with providing safe and nurturing homes for children

- Arrange for temporary or permanent out-of-home child placements
- Reunite and bring families together
- Coordinate with community services

#### Child Care Services:

Assistance in locating affordable, accessible and quality child care.

- Child care licensing, recertification and licensing violation investigations.
- Child care financial assistance

#### Children's Mental Health:

Case management services for children with severe emotional disturbances and their families.

- Team with parents and help them access mental health services
- School and community services planning and support
- Residential and community treatment planning and management

#### Family Outreach:

Short-term services available to help families get through tough times.

- Focus on what families want
- Bring support and encouragement
- Connect to community resources

#### Extended Family Services:

On-going services for families that need support due to:

- Disability
- Parent-child conflict
- Child placement out-of-home

#### Intensive Family-Based Services:

Priority is for services to families to prevent an out of home placement or to successfully reunify a child and family post placement.

- In-home services for up to 6 months
- Counseling and parenting education
- Increase skills and resources

#### Minor Parent Program:

- Assist minor and young parents
- Community information on teen pregnancy

#### Foster Care:

- Information and licensing for persons interested in becoming foster parents
- Coordination and support of child placements within the county foster care system
- Expanded financial and service responsibility for child foster care now extends to 21 years of age

#### Adoptions:

- Adoptions, home studies and searches are available

## Administration and Administrative Support

Administrative Support 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. Administrative Support also now directs all Transportation services and has assumed management of Adult Foster Care Licensing. The Waiver Coordinator and the SSIS Coordinator also fall under this division.

## **Allocation of Funds by Program**

	<u>Budget</u>	<u>Levy</u>
<b>Financial Assistance</b>		
Cash & Food Support Program	10.78%	13.20%
Eligibility Determination		
Child Support	6.23%	1.85%
MN Health Care Eligibility Determination	5.79%	10.37%
County Share of State Costs	0.60%	1.02%
<b>Social Services</b>		
Children Services	28.26%	37.65%
Child Care Services	7.92%	5.10%
Chemical Health Services	4.20%	6.31%
Mental Health Services	14.32%	11.10%
Developmental Disabilities	5.40%	3.20%
Adult Services	6.24%	2.41%
<b>Public Health</b>		
Healthy Communities	2.72%	3.97%
Infectious Diseases	0.17%	0.27%
Community Health	2.04%	0.05%
Disaster Response	1.85%	0.04%
Quality and Accessibility of Services	3.48%	3.46%

Total 2009 Property Taxes = \$27,872,762

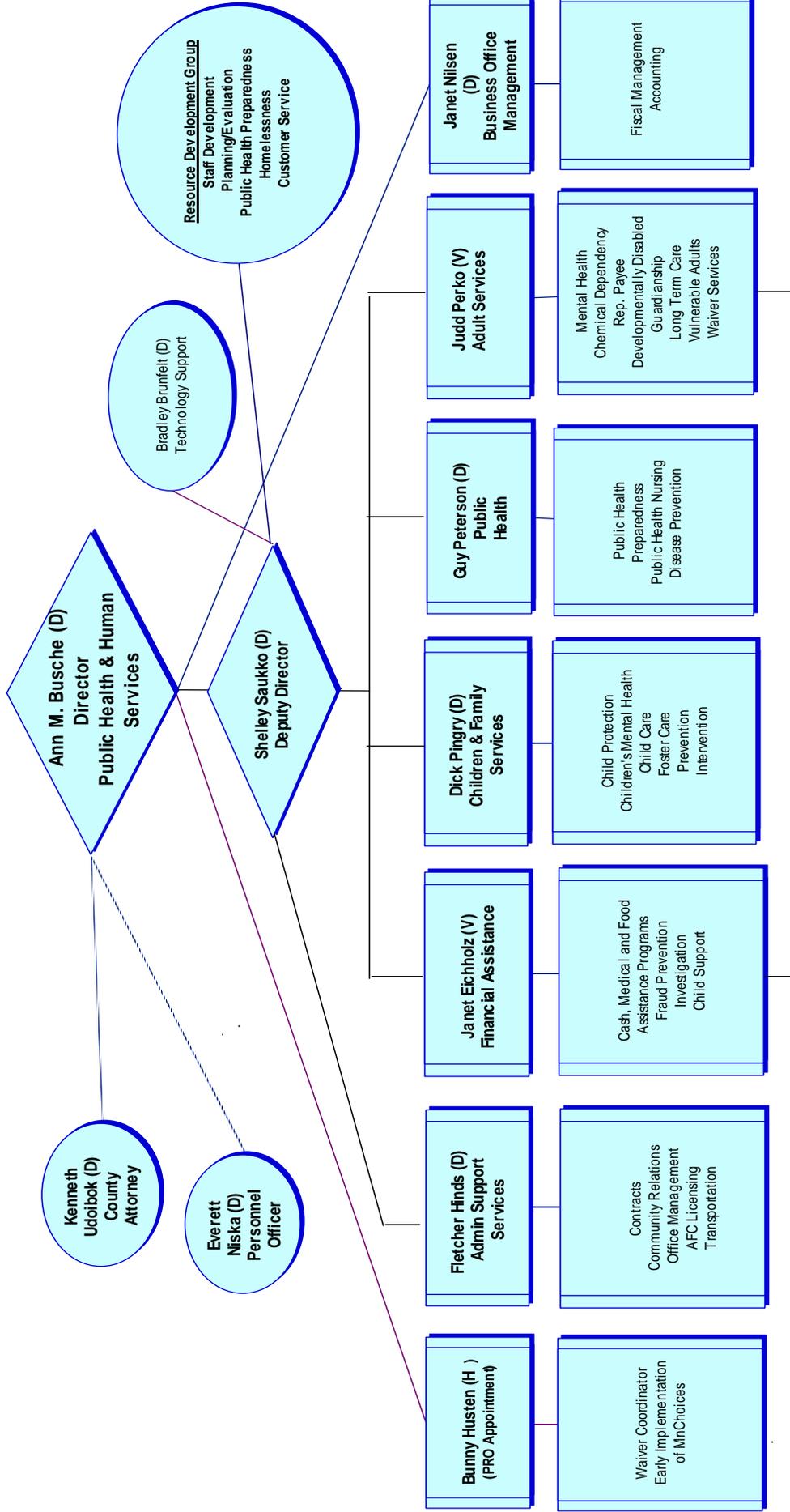
Total 2009 Expense = \$76,766,397

## **Organizational Chart:**

# St. Louis County Public Health and Human Services Department

1/09

(D) = Duluth  
(V) = Virginia  
(H) = Hibbing



## Significant Trends and Changes

### *External Trends Impacting the Department:*

- 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.
- Desire by consumers to have more control over the services they receive.
- Growing poverty rate; greater numbers of people moving from the middle class into economic crisis due to a recession.
- Push for greater regionalization and restructuring on the local level.
- Restructuring on the state level that affects the County.
- Political decisions increasingly impacting service delivery; changes in the political climate on the national, state, and local level.
- A more diverse local population.

### *Internal Trends Impacting the Department:*

- Loss of experienced workforce with 24-35% of staff eligible to retire in next year; 40% of the workforce is over the age of 55.
- 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 to manage new challenges.
- Greater need for and reliance on technology to create efficiencies, such as electronic documents and mobile technology.
- A changing workforce that includes 4 generations of worker types.

### *Major Issues and Recommended Solutions*

#### *Issues:*

The primary issues facing the Department of Public Health and Human Services have evolved and expanded in the last few years. One issue revolves around the role of counties in the delivery of services in Minnesota; this is exemplified in the Redesign movement, growth of managed care in the human services, and MN Choices project. In a time of unprecedented uncertainty for Public Health and Human Services, resources are declining, responsibilities are changing, performance outcomes are being used as leverage, the population is becoming more diverse, needs and expectations are increasing, poverty is on a steady rise, and workloads are forcing counties to seek greater efficiencies in order to balance lack of resources. Technology is playing a much larger role in creating those efficiencies and technological advances are accelerating to the point that business processes have the potential of changing dramatically in a short time. Additionally, there is tremendous work force turnover and loss of institutional knowledge.

Hazards preparedness planning and pandemic flu planning, in particular, require 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 need 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.

*Solutions:*

1. 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. Demands by citizens for non-core services divert our focus away from our primary 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. PHHS must maintain and invest 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.
2. The Public Health and Human Services Department plans to restructure, based upon the people served; broadly this is children, adults (ages 18+), public health, and administrative support. Restructure will be a 3 – 5 year process and include succession planning and service realignment. Efficiencies through technology will play an important role. Overlaying this process will be study of the benefits of larger regionalization efforts, which are taking place state wide as well as in Region 3.
3. 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.
4. 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.
5. The Department 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. As gatekeepers for publicly funded services, our 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.

6. 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.

7. In Minnesota, county human services agencies' mission rests on supporting individuals who experience dependency, abuse, neglect, poverty and disability. PHHS must insure oversight of private sector providers to maintain high quality services, keep consumers safe, and make efficient use of public funds. 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 purchased services. 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.

8. 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 collaborations 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. PHHS is currently taking the lead in the Region

3 Redesign. Additionally 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.

9. Technology is taking the forefront in easing some critical issues. The use of telecommuting is easing some of the space stressors facing management.

*Extent to which the Department is currently planning to partner with other departments to deliver services*

Work with other Departments currently includes:

- Work with Property Management on development of the Central Client Area at the GSC, use of the new MIS programmed Project Management System, and movement of staff within the building to accommodate building remodel.
- Work with the Sheriff in child maltreatment investigations.
- Regular utilization of the motor pool (largest user).
- Work with Environmental Services to clean up houses/nuisance houses.
- Work with 911 Emergency Response, Sheriff/Civil Defense, Administration, MIS, and Planning in preparedness initiatives.
- Extensive work with the County Attorney office in most program areas: Child Support, Child Protective Services, Guardianships, Income Maintenance appeals, Drug Court, Specialty Courts, Family Drug Court, Fraud Prevention & Investigation, Truancy, Juvenile Detention Alternative Initiatives (JDAI).
- Work with Veteran's Office on mutual clients, including mental health.
- Closely working with MIS technology (regular and growing partnership) that includes the Computer Services Committee, Central Client Area, EDMS, Project Management, and numerous other initiatives.
- Work with Planning on GIS mapping, special reports, HEARTH Act, and Homeless Programs.
- Recent projects with the Auditor include electronic signatures and shared staff.
- Work with Property Management, MIS, and the Court to create work kiosks for PHHS delayed at court.
- Public Health partners with the following departments:
  - Environmental Services and Planning & Zoning in dealing with protection of the environment and public health nuisances.
  - Sheriff's department in rabies prevention and methamphetamine lab clean-up.
  - Planning & Zoning in the use of GPS mapping.

*Key Initiatives and Prioritization of Service Areas/Programs*

- 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.

PHHS has prioritized delivery of services, and has used this prioritization system, for a number of years in determining utilization of resources. This system was also utilized in prioritization of Public Service Contracts.

*Highest Level: Critical Services.* The Public Health and Human Services Department has identified mission critical services that represent government obligations to the community as set by the County Board and federal or state laws or regulations, which must be fulfilled even during a time of seriously limited financial and/or human resources. These services must be reflected in the human service and public health programs administered by the department.

Given these parameters, the following programs/services are considered mission critical and must be staffed at levels which maintain the integrity of the services:

- Child Protection, Initial Intervention
- Child Protection Services
- Vulnerable Adult Intake and Assessment
- Adult Public Guardianship
- Financial Assistance Eligibility Determination
- Administrative Support
- Disease Prevention and Control

*Second Level: Services mandated by statute but not critical.* The department provides a number of services that we are either mandated to provide, either through direct service or through contracting for services.

Programs and services include:

- Child Support Establishment and Enforcement
- Adoption/Post-Adoption Services
- Child Care Assistance Program
- Child Care Licensing
- Child Foster Care Services
- Children's Mental Health
- Home and Community-Based Waivered Service
- Developmental Disabilities
- Minor Parent Program
- Chemical Health Services
- Adult Mental Health Services
- Public Health Preparedness
- Promote Healthy Communities and Healthy Behaviors

*Third Level: Voluntary (Non-Mission Critical, Non-Mandated).* The department also provides services that are not considered mission critical or mandated. The challenge is that many times these non mission critical, non mandatory services are preventive in nature and save county dollars down stream. In some cases, the department would prioritize these services above those of other services.

- Family Outreach Services
- Intensive Family Based Services
- Extended Family Services
- Representative Payee
- Volunteer Driver Program
- Housing/Homelessness

This third level also would include grants and/or contracts:

- Fraud Prevention and Investigation
- Elderly Waiver Care Coordination
- Family Group Decision Making

**Department Resources:**

**1. Finance Plan**

<b>St. Louis County Program Matrix</b>	<b>Effective Efficient Gvt.</b>	<b>Healthy, Viable Eco-System</b>	<b>Strong County Infrastructure</b>	<b>Healthy Local Economy</b>	<b>Health &amp; Well-Being of County Citizens</b>
<b>Statutory Responsibility of County (Mandated and Critical)</b>			Disease Prevention & Control	Financial Assistance Eligibility Determination	Child Protection, Initial Intervention Child Protection Services Vulnerable Adult Intake and Assessment Adult Public Guardianship Financial Assistance Eligibility Determination Administrative Support Disease Prevention & Control
<b>County Strategic Initiative</b>					

<b>Department/ Division Priority (2<sup>nd</sup> Level- Mandated but not Critical)</b>			Child Support Establishment and Enforcement	Child Support Establishment and Enforcement
			Adoption/Post-Adoption Services	Adoption/Post-Adoption Services
			Child Care Assistance Program	Child Care Assistance Program
		Child Care Licensing	Child Care Licensing	Child Care Licensing
		Child Foster Care Services	Child Foster Care Services	Child Foster Care Services
				Children's Mental Health
		Home and Community-Based Waivered Service	Home and Community-Based Waivered Service	Home and Community-Based Waivered Service
			Developmental Disabilities	Developmental Disabilities
				Minor Parent Program
			Chemical Health Services	Chemical Health Services
		Adult Mental Health Services	Adult Mental Health Services	
	Public Health Preparedness		Public Health Preparedness	
	Promote Healthy Communities and Healthy Behaviors		Promote Healthy Communities and Healthy Behaviors	
<b>Department/ Division Priority (3<sup>rd</sup> Level- Voluntary, Contracted or Grant funded)</b>				Family Outreach Services
				Intensive Family Based Services
				Extended Family Services
				Representative Payee
				Volunteer Driver Program
		Housing/Homelessness	Housing/Homelessness	Housing/Homelessness
				Fraud Prevention and Investigation
		Elderly Waiver Care Coordination	Elderly Waiver Care Coordination	
			Family Group Decision Making	

## **2. 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.
4. Continue to expand the use of emerging technologies to create efficiencies and productivity.

### **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.

## **3. 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.

## **4. Space Plans**

### *Departmental Background and Space Analysis:*

There are currently 573 employees within Public Health and Human Services who are spread between 4 offices. It is anticipated this number will remain stable, for even though there is an identified need for more human resources, the budget situation on the state and local level does not allow for any increases.

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 use of computers increased and now requires more space than previously. 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 programs will be moved to the first and second floors; elevator access to upper floors will be restricted with this change.

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 an employee 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. Storage for the Department is inadequate. One alleviating development has been the implementation of electronic document management in the public assistance program area – expansion of paperless systems could increase space savings. Likewise, the expansion of off-site workers and teleworkers has eased the space burden as well; it is suggested that this initiative be continued and expanded.

#### *Facility Initiatives:*

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. This includes moving all PHHS staff under one roof without extra leased space. Planning has been underway for almost a year to create a Common Client Area, staffed by Customer Service Representatives and professional staff from most program areas. When finished, clients will be largely concentrated on the first and possibly second floor with access to floors 3-7 restricted.

The Department may be able to assist with the space crunch if the telework pilot is expanded; some expansion has successfully been used to create swing space during the GSC construction.

Emerging technologies are showing promise in lessening space problems. Telecommuting opens up space by moving bodies out of the office buildings. Use of mobile worker technology is allowing staff to work from off-site locations, which is moving the work from offices to client homes and other venues; workers keep in touch with other workers and managers quickly and easily with remote communication devices without being tied to their desks. Conversion to an electronic document system has opened up over 2000 square feet of floor space just in the elimination of steel file cabinets.

## **5. Technology Plan**

## Key Initiatives

### *Mission, Vision, and goals:*

The Technology Unit provides reliable, up-to-date, integrated technology to enable the PHHS staff to perform its core responsibilities on behalf of the county. It has and will continue to be a leader in utilizing emerging technologies and methodologies in order to meet and exceed the expectations of the citizenry and its clients, developing policies and procedures that provide the structure for adopting emerging technologies as appropriate. The development of technological advances will exist in an integrated environment that fosters openness and collaboration within the department, the County, and in Region 3.

The Technology Unit is committed to the values of

- good service to the staff we support
- reliability
- professionalism and integrity
- efficiency and effectiveness
- innovation
- excellence
- collaboration and teamwork.

Goals include:

1. Supply a reliable state-of-the art information technology infrastructure and communication platform.
2. Maintain and expand technologies as needed to insure quality of services.
3. Utilize emerging strategies to insure staff are informed of and trained in the latest technologies as appropriate.
4. Seek efficiencies for program delivery through use of technology devices and support.
5. Research and support technology that will enhance and service rural areas.
6. Work to improve interface of existing and emerging technologies.

### *Business Need:*

General Statement - PHHS staff are increasingly dependent upon the use of computers and other emerging technologies, for more and more of the Department's work requires access to the internet, state systems, and internal communications. Workers are becoming more mobile, creating work spaces outside the office in order to produce efficiencies. New hires are largely young workers who have been raised with technology, and we serve clients who are increasingly tech savvy and experienced in multiple forms of communication.

Website and Portal – The goal of the PHHS portion of the county website is to focus on public information. This includes client-centered services, provider information, on-line services, and assisting the general public in finding information on, and accessing, our programs.

The PHHS Portal serves to provide a streamlined communication method to assist staff in their daily work through one central location.

### *Major Initiatives\*:*

1. Building out secure communication – exploit state and our own capabilities to

- communicate with stakeholders.
2. Build out the electronic FAX system.
  3. Build out Electronic Document Management System (EDMS).
  4. Build out public and internal websites.
  5. Build out a unifying word processing and document exchange system, creating a consolidated platform for use both internally and externally.
  6. Standardize processes to streamline and expedite business processes.  
Create a hub and central repository for questions and resources related to technology.

\*see Matrix

*Minor initiatives:*

The Department replaces computers on a four year schedule. It is anticipated that the replacement schedule will remain the same.

**Major Department Business Tools (day to day)**

*Business needs:*

- Build out current tools in order to improve services.
- Remain current on emerging technologies in order to position the Department for future IT improvements.

*Current Department Systems:*

SIS, MMIS, Mec2, Prism, Maxis, Infopac, CareFacts, WIC/Hubert, Catch3, Procentive.

*Current Enterprise Systems:*

Groupwise, VOIP, GIS Land Portal, Timekeeping.

*Current Software/programs:*

MS Office, Word Perfect, Adobe, Adobe Forms, Macromedia, Authorware, EDMS software, Dictation Management software.

*Web Based Tools:*

State of MN System Administration & Security, County & PHHS Portals, In/Out Board, Volunteer Drivers, Bus Passes, Common Client Index, Reporting Server, County Phone Book, Project Tracking, Mass Dispensing, Social Welfare Fund.

**Training and Support Required**

The Department employs 1 FTE Training Coordinator whose duties largely include the use of technology and emerging practices related to technical advances. The agency also utilizes the Employee Relations Training Catalog, and various on-line training options, to keep staff current. Two Trainers for Income Maintenance assist staff on MAXIS, EDMS, and MMIS.

*Enterprise Systems:*

- Employee Orientation includes most enterprise systems.
- General ER Training Calendar is utilized extensively.
- DNN/Portal training is included.

*Department Systems:*

Training is provided through:

- State provided training for all major systems.
- In-house training includes 2 FAD Trainers for Income Maintenance
- Mentors (SSIS, MAXIS, PRISM)
- SSIS Coordinator

*Website:*

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. Support is/will be provided for

- DNN.Portal
- HIPAA on-line training
- Data Privacy on-line training
- Webinars
- ITV
- Xerox training provided by vendor
- EDMS training provided by vendor
- ER Quarterly Training Catalog

*General Technology Support:*

MIS Staff Time - The Department will continue to need the same or increased level of MIS support. One supervisor and two support personnel make up the PHHS Technology Unit.

**Resource Management**

*Financial Resources:*

- The technology budget is created by PHHS Administration and is managed by the IT Supervisor.
- MIS support budget is managed by administration.
- Occasional grants, one-time receipts, and specific project money (such as EDMS start-up) are usually tied to a program need and almost never come out of general operations.
- Hardware and software come out of dedicated line items for replacement purchase.
- Limited resources have constrained growth and build-out of key technologies; this has resulted in difficulty in managing current and anticipated technology improvements.
- Printing and leasing of equipment is managed through the IT Unit.

*Project prioritization, alignment, management, and implementation:*

- Senior managers have determined the 5 highest priorities for the IT Supervisor.
- IT Supervisor manages work based on long range and daily prioritization schedule.

*Analysis, development, and support resources:*

- PHHS has a specific IT Unit which is the center for all technology activities, providing for centralized control.
- The Unit works closely with MIS staff and management in most activities; the Computer Services Committee meets regularly and hosts representatives from both departments.

- The Agency is experiencing an explosion of technology advances and a dramatic increase in use these emerging resources.
- A Resource Decision Team recently created a new Mobile Worker Policy, ordering protocol, equipment chart, and supervisor handbook in order to address the dramatic increase in off-site, mobile work situations.
- Support resources fall upon the IT Unit.
- Analysis is limited by staffing constraints.
- Proactive initiatives is likewise limited by budget constraints.
- Staff are able to manage current levels of technology resources but will be challenged moving forward in terms of analysis, development, and support.

<b>Business Technology Need</b>	<b>Desired Outcome, Result or Benefit</b>	<b>When</b>	<b>One-time Costs</b>	<b>On-going Costs</b>	<b>Source of Funding</b>	<b>Barriers (if any)</b>
EDMS Expansion	Unified EDMS system across all business sections	5 yrs.	\$2-4m	20% \$500k	Federal State Grant Levy	Costs Staff time
Unified Document Exchange	MS Office for every employee- Standardize system	3 yrs.	\$120k	20% \$24k	Federal State Grant Levy	Cost
Secure Email	Safe data exchange	2 yrs.	NA	NA	NA	DHS acceptance Internal training & compliance
Electronic FAX	Paperless system	2 yrs.	\$20k	20% \$4k	Federal State Grant Levy	Technology Training & Compliance
Project Management	Unified Project Communication System which crosses Dept. lines	1 yr.	MIS Dev. Project	NA	NA	Inter-department Cooperation

## 6. Website Utilization, Maintenance, and Content Management Plan

There is potential for optimizing use of the Departmental portal as well as the County website – both are currently under utilized by the community but could greatly enhance service delivery to its citizens. In order to improve these systems a number of steps have already been taken:

- Administration is at present seeking input from work units regarding the most commonly asked questions received by our department in order to insure answers can be found easily on line.
- We are bringing additional staff resources into the portal development project, including training and work assignments.
- Use of electronic forms has expanded greatly, and staff can now link to local as well as state forms quickly.
- Calendars are becoming more common on the portal, such as for Supervisor of the Day or Public Health scheduling, which allows quick access to locating staff and resources.

### *Future Planning:*

- Use of blended pages on the portal will help serve customers more broadly, utilizing multiple program options to meet specific needs. Clients will seek information according to needed services rather than by department or program name. For example, the Children & Family page will link to different departments and outside programs, providers, and agencies.
- On line application forms will be available.
- On line screening tools will help to prevent unnecessary applications and inquiries.
- A permanent standing Web Content Committee will be formed within PHHS, to be comprised of content managers, program managers, and administration.
- PHHS hopes to organize the portal in such a way that workers and other users can find information in a logical and easy way.
- New developments will be generated by staff and department needs, then researched for the most efficient means – the Portal Committee will serve this purpose.
- PHHS plans to make better use of available technology that is now used commonly by community members. As examples: a You-Tube video would easily serve as the medium for describing public assistance programs, emergency support, emergency preparedness information; a Central Client Area virtual tour could make clients feel more at ease and better equipped to enter our offices for the first time; social networks might serve as a source of announcements.
- As emerging technologies become available, the Department plans to be aware of, and knowledgeable about, these potential efficiencies.

## 7. KPI Updates

Relevant Dept. Goal	Com. Priority Area	Relevant Budget/ Mngmt. Strategy	Measure, Why?	Target	Current Perform.	If not mtg. target why?
Children will be born healthy, live a life free from abuse and neglect, and will have a permanent living arrangement.	Health & Well-being of County Citizens	Smaller Government – Core Services & Service Levels	1.) <b>Low Birth Weight Babies</b> to focus on preventing long term disabilities in children, such as mental retardation, cerebral palsy, impairments in lung function, sight and hearing.	Less than 4.5% of children born in St. Louis County will have a low birth weight, under 5.5 lbs.	3.8%	
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 be self-sufficient, providing for their own welfare and that of their children.	Health & Well-being of County Citizens	Smaller Government – Core Services & Service Levels	2.) <b>High risk women in their first pregnancy delay subsequent pregnancies</b> allowing parents to develop plans for economic self-sufficiency through realistic goals for education and work.	Nurse-Family Partnership graduates that do not have a subsequent pregnancy by 24 months after the birth of their first child will be at or under the State’s current performance of 30%	25.5%	

Relevant Dept. Goal	Com. Priority Area	Relevant Budget/ Mngmt. Strategy	Measure, Why?	Target	Current Perform.	If not mtg. target why?
<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>	Health & Well-being of County Citizens	Smaller Government – Core Services & Service Levels	3.) <b>Protection of vulnerable children</b> in order to enhance their safety, permanency and well-being.	90% of children with one incident of substantiated child abuse will not have a re-occurrence within twelve months	92.1%	
<p>Parents will be emotionally and financially able to provide for their children.</p>	<p>-Health &amp; Well-being of County Citizens</p> <p>-Healthy Local Economy</p>	Smaller Government – Core Services & Service Levels	4.) <b>Child Support Collections Dispersions</b> is a measure of the cash in hand for parents to provide for their children. Minnesota is 3 <sup>rd</sup> in the nation on this measure.	Child Support Collections Dispersions will be at or above the current State average of \$3.67.	\$3.71	
<p>Adults will be self-sufficient, providing for their own welfare and that of their children.</p>	<p>-Health &amp; Well-being of County Citizens</p> <p>-Healthy Local Economy</p>	Smaller Government – Core Services & Service Levels	5.) <b>Work Participation Rate</b> measures how effectively people are able to enter the workforce and gain economic self-sufficiency.	MFIP and DW participants will meet or exceed the State’s expectation of a work participation rate of 38.9%	41.3%	