Saint Louis County

MINNESOTA

Big Three Departments
Budget Trends Presentations

Public Health and Human Services Department
Tuesday, May 21, 2013

Agenda

- Explain the purpose of Public Health and Human Services
- Internal Trends Impacting Business
- External Trends Impacting Business
- Budget Trends & Considerations
  - Short-Medium-Long Term
- Staffing Trends
- Strategic Considerations/Options/Initiatives
- Performance analysis (Behn's "performance deficits") – what (if anything) is currently hindering your ability to achieve your purpose
- Strategy for improving? Performance targets? How do you measure progress?

Purpose and Overview

Public Health & Human Services Mission Statement

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

Purpose and Overview

Public Health & Human Services Vision Statement

A community where all people are safe and healthy

Purpose and Overview

Guiding Principles of our Department:

As employees of the Public Health and Human Service Department, we support and represent our vision through our actions - we

- commit to respectful, courteous, and timely customer service
- act with integrity and demonstrate ethical behavior
- demonstrate respect for each other and the people we serve
- listen to understand
- affirm diversity and demonstrate cultural competence
- act professionally
- partner with the people we serve, with each other, and with the community
- provide quality service
- demonstrate a positive attitude and a respectful sense of humor
- are efficient and provide cost effective service
- are accountable
- see change as an opportunity for growth

Purpose and Overview

- PHHS budget of $79 million represents 25.5% of the total County budget
- We are service industry; $41million (52%) of budget is for personnel
- We purchase $30 million in client services from partner organizations
- An additional $113 million is managed by Department in the form of waiver services that are paid directly by the State to local community providers

Purpose and Overview

PHHS primary lines of business are:

- Children and Family Services – Initial intervention, child protection, services to families, adoption assistance, foster care, child care licensing (family) and child care assistance
- Adult Services – Services to the elderly (over age 65) and to those with developmental disabilities (birth to 65), chemical dependency, and mental illness, vulnerable adult protection, corporate adult foster care home licensing
- Financial Assistance and Child Support – Eligibility determination for State and federal assistance programs; establishing and enforcing child support orders
- Public Health – Maternal child health, disease prevention and control, health promotion, public health preparedness, and assessments for the elderly and physically ill
- Administration – Supports all of the above program areas, through clerical support, systems support, finance and budget, legislative analysis, and homelessness coordination

Internal Trends Impacting Business

- Streamlining of organizational structure has created greater span of control – more workers per supervisor, more supervisors per senior manager
- Supervisors stretched; day to day oversight as well as staying on top of program changes coming from external trends
- Staff stretched due to increased cases per worker, increased severity of cases, and program changes
- Historical precedent of no overtime while caseloads continue to rise; union contract and Fair Labor Standards Act concerns
- Many retirements of experienced staff; new workers don't have training and experience, have difference culture and expectations
- Use of technology is changing (improving?) the way we do our work – electronic document management system, mobile workers, younger employees expect to use technology
- Want to do more quality assurance, internal tests for accuracy, use of best practice, etc., but cannot due to work overload and supervisor span of control

External Trends Impacting Business

- Technology – total re-vamp of all State computer systems, i.e., MAXIS, PRISM, MEC2, SSIS, etc.
- Expansion of Medical Assistance (MA) under ACA and creation of health care exchange, MNsure
- More individuals eligible for MA = eligibility for case management services increasing workload on social workers and public health nurses
- Continued exploration of regionalization of services; EDMS project, Child Support pilot
- Requirement for all medical providers to have electronic medical record by 2015; this includes public health
- New MNChoices comprehensive assessment system, start date of November 2013
- No host county contract opens potential for providers to be driving-trends, including interference in client choice and needed transitions to lesser levels of service
- Increased synthetic, illegal and prescription drug abuse
- Medical transportation system changes continue to be more complex and work intensive
- Continued shifting of costs or mandates to county level, i.e., county share of mentally ill at State facilities,
- With declining resources for many services, we become the resource of last resort and/or the Agency to fill in the gaps; for example School IEPs, specialty court programs, human service nonprofits
- Social determinants of health – Public Health is shifting from a focus on behaviors to impacts of chronic stress from poverty, lack of education, etc.
- DHS' "Reform 2020 Initiative" is meant to lower nursing home admissions but will increase PCA services and other intermittent care needs before nursing home. In addition, aging baby boomers will increase the elderly population who need services.
- Increase in obesity and related health issues – this generation may be the first to have a shorter life expectancy
- Rising percentage of low birth rates Nationally, State and County-wide; life time implications result
- Increase in appeals, both service and licensing related, requiring redacting hours, due process activities, court time, hearing time, increased documentation – falls largely on the supervisors

Budget Trends & Considerations

- Continued complexity of earning revenue – through random moments, eligible hits per month and in 15 minute increments
- Time recording improvement, and therefore increased revenue, has been realized with continued emphasis
- Expansion of Medical Assistance (MA) under ACA and creation of health care exchange, MNsure will impact the revenue and expenditures associated with eligibility determination
- More individuals eligible for MA = eligibility for case management services increasing workload on social workers and public health nurses
- Remains a challenge to prepare annual budget by June despite incomplete legislative calendar, lawmaking results, and state projections on budget
- Statewide performance measures being implemented will provide more county to county analysis, poor performers may receive financial penalties
- Societal needs for services in general: individuals with significant health issues live longer through improved medical interventions, general population living longer but with decreased physical health, increased chemical dependency and mental health issues, greater family dysfunction leading to child protective services and other services
- Prevention is not the trend – 98% of budget is for the delivery of State or federally mandated programs, limited prevention dollars have been eliminated

Staffing Trends & Considerations

- High number of retirements result in many staff changes (i.e., retirement in child support, filled with financial worker, filled with clerical) so we have many new people in a learning mode
- Younger work-force with high technical skills, but a different work ethic and work culture
- Loss of long-term knowledge
- Gain of new perspectives

Strategic Considerations/Options/Initiatives

- Telecommuting, which can have positive and negative impacts
- Use of technology to create more mobile workers who can work in field; more efficient and client centered
- Overtime: strategy needed to address cultural history of staff working off the clock. Creates liability to County vs. inability to complete work assignments completely, on-time, accurately
- Increase prevention programs to relieve negative outcomes and pressure on existing programs
- Continue to focus on strong public health and human services collaboration; this is the future – holistic, coordinated care
- Maintain and/or build greater relationships who do this same work to ensure non-duplication, efficient delivery of services keeping in mind that private entities must realize a profit to sustain operations

Performance analysis (Behn's "performance deficits") – what (if anything) is currently hindering your ability to achieve your purpose:

- Increasing number of audits; we are spending much time accounting for our work with external agencies (State, managed care organizations) that it hinders ability to do the work.
- Funding sources that are limited – can use to deliver only a specific service, not paid to produce results
- Lack of societal support for many of PHHS programs
- Performance measures that are unrealistic, beyond our ability to control, or difficult to achieve (every child every month)
- Continual change in program requirements; lack of stability in ways we are required to do our work and in a constant learning and reacting mode.

Strategies for Improving?

- Initiate internal audits as much as possible
- Push to make external audits as efficient as possible, i.e., case reviews done using SSIS
- Continue producing quality Program Improvement Plans (PIPs) that are generally well received
- Support the state in strategic planning; for example, AFC homes, substance abuse/methadone
- Involve others in partnerships as strategies for improvement are not just our problem
- Continue community collaboration; for example, working with city and nonprofits on homelessness initiatives, working with law enforcement, attorney, tribes, and health care community of methadone
- Continuously look to deliver services through efficient business processes; for example case banking, EDMS, regionalization
- Try new business practices; for example matrix management, co-supervision, co-location
- Maintain good relationships with others with similar missions
- Improve communications with the general public, dissuading myths and misconceptions

Performance Targets?

Current Internal County KPIs include:

- General Life Expectancy
- Behavioral Risk Factor Surveillance System Rating (BRFSS)
- Work Participation Rate
- Maltreatment
- Child Support Program Cost Effectiveness
- Percentage of Low Birth Weight Children

Performance Targets continued:

Current external targets: at any point in time 25 – 30 Human Service performance reports are available through DHS; some of those are:

- Permanency Composites
- MN Child Welfare Reports
- Quality Control Accuracy Reports
- Minnesota Program Assessment and Integrity Reports
- Minnesota TANF Work Participation Rate Documentation Reviews

How do you measure progress?

- Data provided through private and public foundations and universities
- Reports from DHS and MDH
- Internal PHHS and County reports
- Ongoing external audit results
- Ad hoc internal audits

Thank You