

Health and Family Support 2013 Budget Hearing

Department found on pages E125 – E134 in budget book

Presentation to Ways and Means/Budget Committee
October 17, 2012

Health Department Programs- A City that Works

Public Health Core Infrastructure

An adequate infrastructure for a local public health agency includes assessment of community health needs, setting health priorities, engaging the community to address health-related issues, advocating for policy changes, and fostering healthy environments.

Benefit to the City: Provides the administrative platform for the provision, oversight and assessment of public health services in the city. Includes the contract management and grant writing necessary to maintaining progress toward City and Department goals. Promoting policy development resulted in the Urban Agriculture Policy and smoke-free multi-unit housing policies.

- General Funds: \$755,310 Other funds: \$827,711
- 13.0 FTEs

Health Department Programs- A Safe Place to Call Home

Emergency Preparedness and Infectious Disease

Local public health departments are required by statute - and the Commissioner of Health by Minneapolis charter - to prevent the spread of infectious disease. Health departments are also required by statute to prepare for and respond to disasters and assist the community in recovery.

Benefit to the City: Prepares the City for a quick, effective response to emergency situations that involve health and the recovery needs of Minneapolis residents, and ensures a proactive, coordinated effort that supports stability, enhances safety, and builds community resilience.

- General Funds: \$94,505 Other Funds: \$488,682
- 2.85 FTE

Health Department Programs- Many People, One Minneapolis

Health Care Safety Net

Local health departments are required by statute to ensure access to health services for residents. Services are provided through contracts with community clinics for primary medical and dental care, prenatal care, family planning with both male and female reproductive health services, disease prevention and management, mental health, adolescent care, and well child care.

Benefit to the City: Safety net funding helps reduce gaps in care and health outcomes between racial and ethnic groups, socioeconomic groups, and increases access to primary and preventive care. Services are provided to Minneapolis residents who are the hardest to reach - families living at or below 200% of poverty and are underserved and uninsured.

- General Funds: \$0 Other Funds: \$370,902
- 0 FTE

Health Department Programs- Livable Communities, Healthy Lives

Healthy Living Minneapolis

The 2012-13 Healthy Living Minneapolis initiative is 14 strategies aimed at decreasing obesity and tobacco use and the chronic diseases caused by them. The Department and its partners primarily use policy, systems and environmental approaches with a population focus. Because rates of obesity, tobacco use and related chronic diseases are associated with poverty, efforts are concentrated in 11 Minneapolis communities with the highest proportions of people in poverty.

Benefit to the City: More than half of Minneapolis adult residents are overweight or obese and about 15% smoke. Both smoking and obesity are leading causes of preventable chronic disease costing billions of dollars in excess medical expenditures. Preventing chronic disease by reducing its root causes improves resident health (particularly for those in poor neighborhoods) and decreases health care costs and lost productivity.

- General Funds: \$69,856 GF Other funds: \$761,026
- 4.55 FTE

Health Department Programs- Many People, One Minneapolis

Perinatal, Early Childhood, and Family Health

This program promotes maternal, paternal, child and infant and health through a range of coordinated and complementary services. A major marker for broader societal well being is the rate of infant mortality.

Benefit to the City: Investments in healthy pregnancies, healthy births, and early child development activities are key to promoting desirable long-term outcomes such as academic success, gainful employment, and healthy families.

- General Funds: \$518,481 Other Funds: \$2,094,698
- 2.25 FTE

Health Department Programs- Eco-focused

Lead Poisoning Prevention

This initiative is aimed at eliminating elevated lead levels in Minneapolis children under age six, and reducing indoor environmental hazards that contribute to asthma, lung cancer and other chronic conditions. Goals are accomplished through community contracts for outreach services, education, in-home visiting, and referrals to lead remediation and other healthy homes services.

Benefit to the City: Focusing on a broad range of healthy homes issues (lead, asthma, radon, etc.) can prevent death and disability for Minneapolis residents, with children being most susceptible to environmental exposures. Elevated blood lead levels in children have been associated with violence, and can also result in significant and irreversible impacts, including learning disabilities, decreased IQ, decreased growth, hyperactivity, hearing impairment, brain damage and, at very high levels, death. Childhood asthma is a leading cause of school absenteeism and can lead to death if not managed properly.

- General Fund: \$20,308 Other funds: \$273,913
- 1.0 FTE

Health Department Programs- Many People, One Minneapolis

School Based Clinics

School Based Clinics are located in six Minneapolis public high schools and the Broadway Teen Parent Program alternative school at Longfellow. The adolescent focused health services are provided by medical and behavioral health professionals and include acute illness care, well teen exams, reproductive care, nutrition education, immunizations, and mental health screenings, diagnostic assessments and therapy.

Benefit to the City: Health surveillance and preventive services help identify health problems early and teach adolescents the importance of accessing preventive health services. By co-locating health services within the schools, students with both acute and chronic illnesses, such as asthma, are able to return to classroom faster minimizing lost class time and improve school success. The efforts of the SBC has contributed to the decline in teen pregnancy rates for girls ages 15-17 years. Mental health services focus on improving students' emotional well-being and decreasing high-risk, health-compromising behaviors such as self-harm, drug and alcohol use.

- General Funds: \$442,731 Other Funds: \$2,474,875
- 22.5 FTE

Youth Development and Teen Pregnancy Prevention

This program has three primary components: ensuring that policy and programs for youth are aligned with positive youth development theory and are evidence-based; creating and maintaining collaborative partnerships addressing disparities in youth development; and, teen pregnancy prevention through program development.

Benefit to the City: Improve school attendance, prevent school drop out, and reduce teen pregnancies which ultimately have an impact on high school graduation rates. The partnerships with community based agencies, jurisdictional partners and schools allow us to work more efficiently in developing evidence based services for youth with multiple challenges/barriers and to help them improve their soft skills and become college or job ready.

- General Funds: \$417,665 Other Funds: \$1,008,420
- 1.35 FTE

Health Department Programs- A Safe Place to Call Home

Youth Violence Prevention

Provide citywide leadership and coordination to implement the Youth Violence Prevention Blueprint for Action in partnership with government and community partners. Adopted by the Mayor and City Council in 2008, the Blueprint outlines four major goals: connecting youth to trusted adults, intervening at the first sign of risk, restoring youth that have gone down the wrong path, and unlearning the culture of violence. The Blueprint uses the public health approach and positive youth development theory as its framework for developing policy and program initiatives.

Benefit to the City: This collective framework impacts the juvenile crime rate in Minneapolis by keeping youth out of the juvenile justice system, connecting them to school, addressing the impact of repetitive violence on communities and developing youth as leaders focused on unlearning the culture of violence and in increasing community pride. Investments in programs that support youth and families before youth get caught up in gangs or criminal behavior is less expensive than incarceration.

- General Funds: \$47,716 Other Funds: \$447,488
- 1.90 FTE

Health Department Programs- Many People, One Minneapolis

Senior Services

Department senior services include two areas of activities - the UCare Skyway Senior Center and home health care visits provided by the Minnesota Visiting Nurse Agency.

Benefit to the City: For ten years the Senior Center has provided drop-in services to seniors that focus on wellness, social connection, and linking to community resources, with 18,333 visits to the Center and over 400 structured programs and activities offered in 2011. Helping seniors avoid isolation, stay healthy and in their homes saves on health care and nursing home costs. Also, as the population changes, the Center contributes to the vibrancy of downtown.

Over 500 home health visits are provided annually to low income, at-risk, and under/ uninsured Minneapolis seniors who are not yet Medicare eligible to help maintain them safely in their own homes.

- General Funds: \$86,247 Other Funds: \$174,368
- 1.0 FTE

Impact of Recommended Budget on Key Results

- The Mayor's recommended funding level is the same as 2012 (with adjustments for health insurance). There is no change in the department's ability to achieve its Results measures.
- Stable funding in 2013 gives us the base upon which to continue to seek additional outside competitive funding. The proposed General Fund allocation to the department is 31% of the budget. There is concern about federal funding facing a fiscal cliff at the end of 2012 and the significant cuts in the Department's federal funding that may occur.

2013 Budget Planning

- A 5% increase would allow a resumption in funding to the community in the areas of Youth Violence Prevention grants for family education and support, male reproductive health and fathering projects, youth development, and health care safety net (funding was suspended due to previous cuts).
- A 5% decrease would result in:
 - \$58,000 reduction to Way to Grow school readiness services that would have an impact on the Results indicator of percentage of children entering kindergarten proficient in areas critical to school success.
 - A ripple effect of the General Fund Target 2 proposal, on top of a significant reduction in GF for 2012, would be a \$200,000 reduction in public health nursing services through the Minnesota Visiting Nurse Agency. The impact of that reduction would be a decrease of more than 2,200 home visits for at risk women and children not eligible for other home visiting services. These services are generally not reimbursable through health plans, and there are few/no options for referral for care.

Recent or Planned Efficiencies

The department has engaged in three significant areas of efficiencies in 2012, two new and one ongoing:

- **New:** The department worked with Hennepin County, Bloomington, Richfield and Edina public health departments on a joint five year Community Health Improvement Plan to maximize efficiency in use of resources.
- **New:** The Electronic Health Records system for the School Based Clinics will create significant savings in staff time in processing records and developing reports, and simplifying record storage and security. Savings in staff time are redirected to improving Clinical Quality Improvement activities.
- **On-going:** Increasing patient revenue through process improvements being implemented, and billing for mental health services, to help offset flat or declining budgets for School Based Clinics. Electronic Health Records is expected to improve revenue through more timely billing for services. Patient revenue projections for 2012 are 12% higher than 2011, and receipts are on track to meet or exceed projections.

Preventing High-Risk Youth from Becoming Victims of Violence

This program proposes to develop a predictive analysis process which will identify youth most likely to fall victim to serious violent injury. The City will serve as the primary repository of prospective data collected from multiple data sources. A 1.0 FTE program coordinator will be hired to work with an interdepartmental team, .1 FTE epidemiologist and multi jurisdictional partners to manage the system developed. The goal will be to develop and implement recommendations with community partners for activities and services which will prevent victimization and to connect youth with those services.

Benefit to the City:

By identifying and focusing on reducing the likelihood that the highest risk youth will be injured or killed by violence, this program will significantly improve the safety of those youth, their families, acquaintances, and the community as a whole. Long term goals include a decrease in youth violence and improved educational and employment outcomes for Minneapolis youth.

- General Funds: \$275,437, \$165,000 in one time funds and \$110,000 in ongoing support
- 1.10 FTE

Health Department New Initiatives – Eco-focused **Safe and Healthy Homes Investment Partnership (SHHIP)**

The goal of this program is to better align city and community resources so that residents receive improved, efficient, and coordinated assistance with addressing indoor health issues such as lead poisoning, asthma triggers, radon, trips and falls for seniors, more efficient weatherization and energy assistance. The long term goal is to systematically address healthy homes issues in a coordinated fashion between City Departments and community partners.

Benefit to the City: This new effort involves obtaining the Safe and Healthy Housing Investment Partnership (SHHIP) certification from the U.S. Department of Housing and Urban Development (HUD). Obtaining the SHHIP certification will make Minneapolis more competitive in future HUD grant proposals. Working in a more coordinated way can generate cost savings and efficiencies and address in-home hazards using existing budgets. The savings realized will ultimately lead to more rehabilitated homes and a reduction in energy use.

- General Funds: \$50,000 one time funds
- 0 FTE

Technology Initiatives

- The major technology initiative in the department for 2012 is the implementation of Electronic Health Records (EHR) for the School Based Clinics (SBC), in consultation with IT. Set up costs for EHR have been covered through existing SBC patient revenue resources. On-going expenses will be managed within existing patient revenue resources and with anticipated federal funding incentives.
- Wireless will be used by the department once available at PSC. Wireless may also be an emergency preparedness resource in the event of a response in the city.

Workforce Planning

The department's workforce plan focuses on three areas:

- **Management of grant funded positions** to ensure funding to support them in meeting department goals, and adjusting positions as funding permits. Primary resources utilized are finance for financial monitoring and Human Resources for hiring and terminations.
- **Employee Survey Response.** The Department ranked well in employee satisfaction in the recent survey, with four areas identified by staff as areas to be addressed: training and development, promotion and advancement, alternative work options, and sufficient staffing to get the work done. Staff have voted to implement a department Labor Management Committee to address these and other department issues. Primary resource needed is Human Resources, with concerns about limited resources available from HR such as in area of training.
- **Diversification of workforce.** Ensuring an engaged, skilled and more diverse workforce that is reflective of city residents. Focus is on identifying a more diverse pool of applicants, and the longer term strategy of working with high school students on public health as a career path. Resources provided within the department.

Major Contracts in Departments

Over 90% of department contracts are with community based not-for-profits, governmental units, and independent contractors. The department has met with Civil Rights on opportunities to increase the use of Women or Minority Business Enterprise (W/MBE) contractors. Because most of our contractors are not owned businesses, our primary focus has been on identifying other opportunities to use W/MBE vendors for services such as catering.

Partnerships

The department has partnerships across the spectrum of the community. Some examples:

- Partnering with Neighborhood HealthSource, Southside Community clinic, and local businesses to improve male health and fathers involvement with their children to improve the health of the child.
- Partnering on the Community Health Improvement Plan with Hennepin County, Bloomington, Richfield, Edina, and multiple health plans and community based organizations on the five year plan.
- Center for Population Health 2.0 partnership with hospitals, public health, and health plans in the seven county metro area.

Community advisory committees for department programs:

- Public Health Advisory Committee
- The Healthy Living Community Leadership Team
- Twin Cities Healthy Start Consortium
- Youth Violence Prevention Executive Committee
- Homegrown Minneapolis

Partnerships

Other kinds of partnerships that support training and current and future workforce development include:

- Internship agreements with University of Minnesota, MCTC, Mankato State University, St. Mary's University, University of St. Thomas
- Capstones projects with University of Minnesota students.
- Department or staff membership in professional associations such as the Local Public Health Association, Minnesota Public Health Association, and the American Public Health Association.

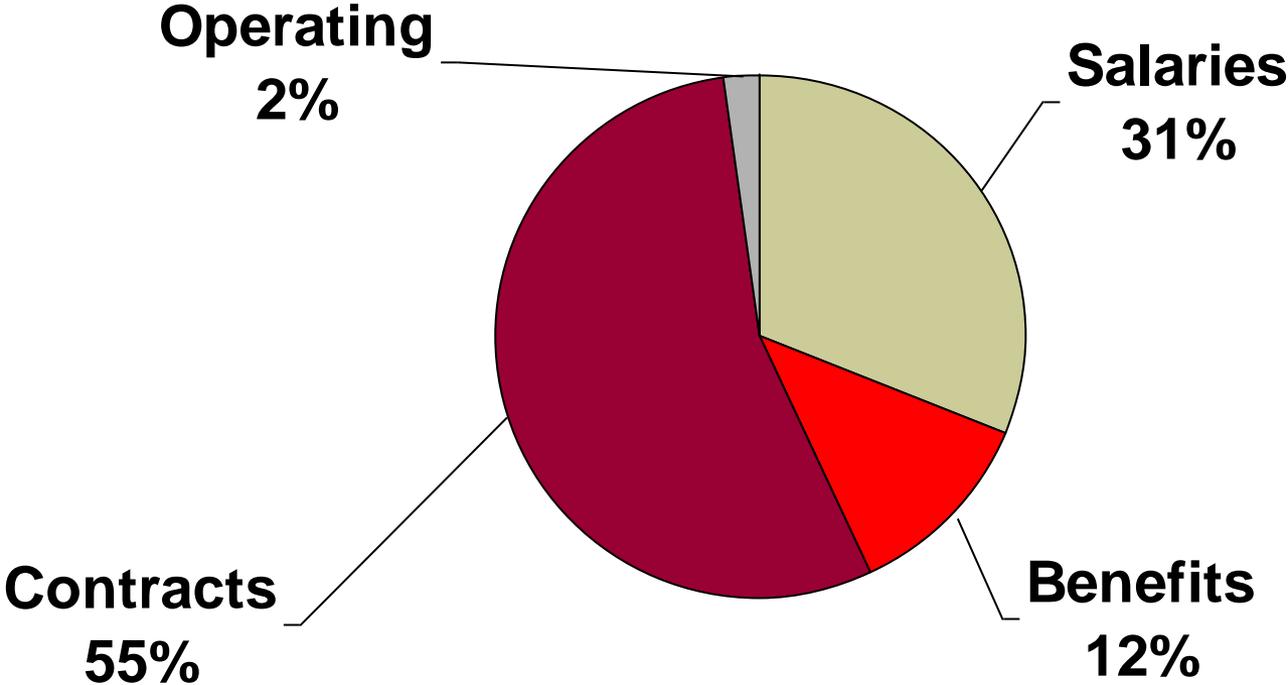
How can the Council assist in the department's partnership efforts?

- Work with the department to ensure that Council appointed committee representatives reflect the diversity of the City.
- Open doors to relationships with other elected officials such as School Board, Park Board, and legislature.

How is the Department Doing

- Healthy Living – The City is a finalist for a Robert Wood Johnson Foundation *Healthy City* award.
- Youth Violence Prevention – Receipt of a Department of Justice grant also includes membership in the National Forum on Youth Violence Prevention (one of only ten members nationwide) to work on youth and gang violence in the U.S and to build comprehensive solutions on the local and national levels.
- Fathers involvement – In partnership with Southside Community Health Services, have developed a psychosocial risk screening tool and referral system for expectant and new fathers to help prepare them to be effectively engaged in supporting their partners and nurturing their new child.
- CDC interns – Unprecedented assignment of two associates and two Public Health Specialists for two years.

Expenditures by Type (\$11.7 million)



Health & Family Support

Revenue by Type (\$8.3 million)

