

CITY OF MINNEAPOLIS
HEALTH & FAMILY SUPPORT
2007- 2011 BUSINESS PLAN

SEPTEMBER 2006

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WHO ARE WE?

MISSION

To provide leadership in meeting the unique needs of our urban population and eliminating disparities by engaging partners in promoting individual and community health.

VALUES

- Our activities are investments in the health, social and economic well-being of the residents of Minneapolis.
- Our work is accomplished through collaborations and partnerships. We acknowledge the complexity and challenge of this approach and are committed to creating and nurturing these efforts.
- We work actively to build community capacity.
- We recognize, and work to integrate, the increasing diversity of the City in our work.

BUSINESS LINES

A. Promote health: healthy residents, communities, and environments.

a) Definition

All activities which are designed primarily to create and support healthy community norms and environments, to ensure access for all residents to health care and health-related services and activities, and to promote healthy individual decision-making and behavior.

b) Service Activities

Policy-making and planning efforts, direct and contracted service provision, and research and program development to test and expand innovative health promotion approaches.

B. Address factors affecting health: social conditions and physical environment.

a) Definition

All the activities designed primarily to reduce disparities by improving the social and environmental conditions which contribute to racial, ethnic, and socioeconomic disparities.

b) Service Activities

Planning, policy, research and program development activities that target social and environmental conditions, including joint efforts with Hennepin County and St. Paul/Ramsey County public health departments and community-based agencies.

C. Protect the Public's health: disease prevention and control and emergency preparedness.

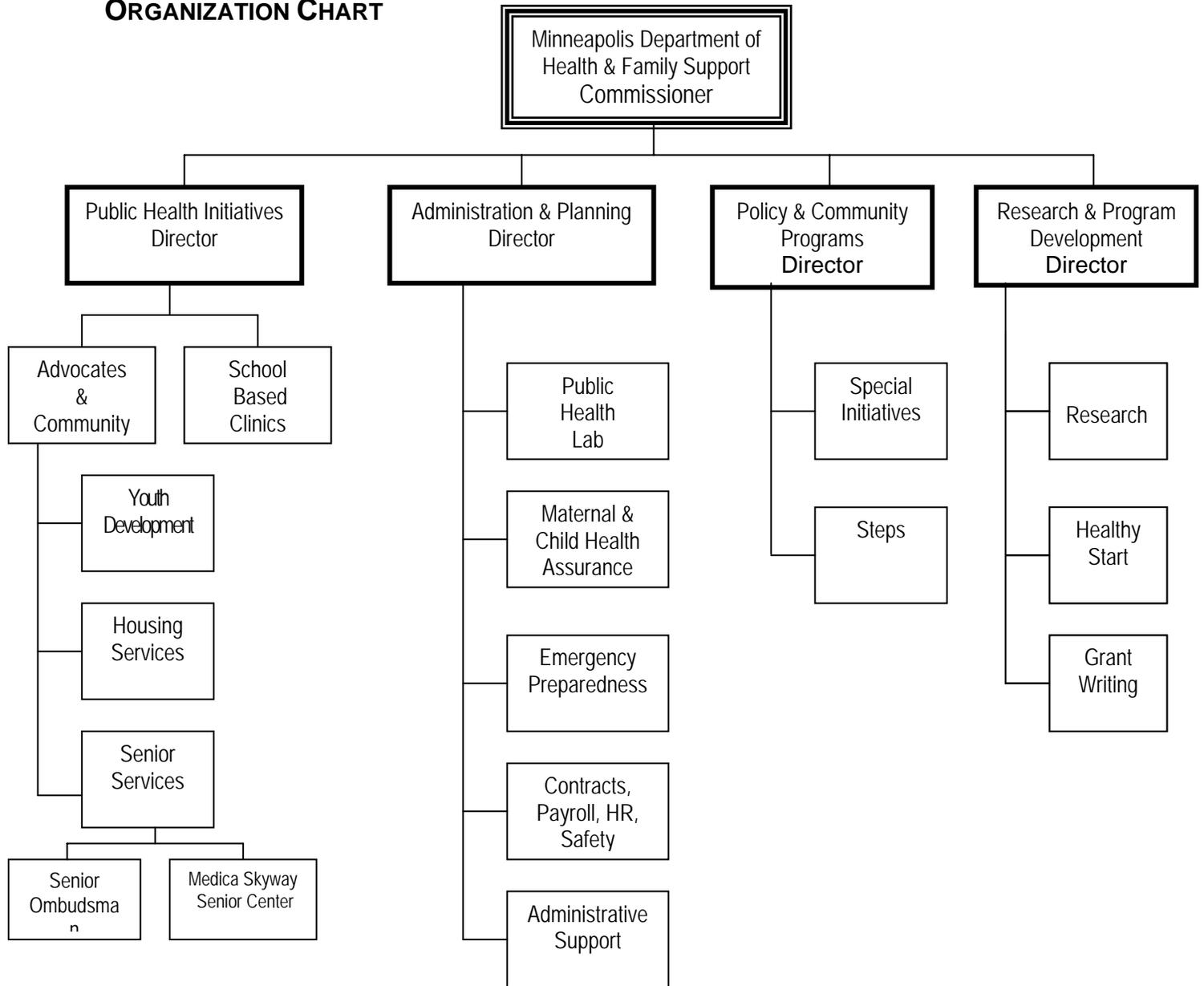
a) Definition

Maintaining the infrastructure essential to public health functions including public health emergency preparedness and the prevention and control of infectious diseases.

b) Service Activities

Locally-based efforts as well as those coordinated with regional and state agencies in preparation for public health emergencies and all types of disasters. Planning is comprehensive in order to address prevention, mitigation, response, and recovery and focus especially on preparation for vulnerable populations.

ORGANIZATION CHART



WHAT DO WE WANT TO ACHIEVE?

VISION

Healthy residents, communities, and environments

FIVE –YEAR DEPARTMENTAL GOALS, OBJECTIVES, AND PERFORMANCE MEASURES (ALIGNED WITH CITY GOALS AND STRATEGIC DIRECTIONS)

The goals described below are the areas of focus for the next five years based on an assessment of the greatest needs and the potential for greatest overall impact on population health in Minneapolis within this timeframe and resources. The objectives and measures do not reflect the entire context of the Department’s work including: the essential focus on the social conditions that impact health; and the maintenance of an adequate public health infrastructure. Additionally there are department efforts which further City Goals and Strategies but which are not highlighted within the Department Goals below.

City Goal (1-6)	City Strategic Direction (A-Z)	Department Goal	Objective	Measure
2 – One Minneapolis 3 – Lifelong learning second to none	a. Close race & class gaps: housing, educational attainment, health a. All kids ready-to-read by kindergarten	Improve infant & child health	A. Improved care coordination for pregnant women and young families to decrease infant mortality B. Increased proportion of children between the ages of 3 and 5 who have received preschool screening by age 3 C. Decreased exposure of children to lead.	Infant mortality by race # of 3-year-olds screened % of children 9-36 months old tested for lead poisoning and # of children under age 6 who test positive
1 - A safe place to call home	e. Youth: valued, challenged & engaged	Youth development and violence prevention	A. Community agreement on priority investment in youth violence prevention B. Engagement of disaffiliated youth in productive activities C. Increased state and national funding for youth development	Youth and young adult homicides Hospital- based reports of assault-related injury
2 – One Minneapolis	a. Close race & class gaps: housing, educational attainment, health	Improve teen & young adult sexual health	A. Decreased rate of sexually-transmitted infections (STIs) among adolescents and young adults B. Increased access to health services and contraception for adolescents C. Increased healthy parenting	Teen pregnancy rate by race STI rate by race

City Goal (1-6)	City Strategic Direction (A-Z)	Department Goal	Objective	Measure
1 - A safe place to call home 4 – Connected communities	d. "Get fit" and make healthy choices b. Walkable, bikable, swimmable!	Increase exercise & healthy nutrition	A. Implementation and maintenance of community strategies to improve access to healthy foods and increase exercise B. Increased community awareness and institutionalization of healthy diets and behaviors	Percent of population at healthy weight
2 – One Minneapolis	a. Close race & class gaps: housing, educational attainment, health	Assure maintenance of healthcare safety net for underserved populations	A. Maintenance of community clinics and public health nursing to provide services for the uninsured B. Increased support for service providers who address unmet needs of underserved and/or new populations	Potential measures are being evaluated for validity and availability
1 - A safe place to call home 2 – One Minneapolis	a. Close race & class gaps: housing, educational attainment, health c. Equitable City Services & geographically placed amenities	Assure preparedness for public health emergencies – today and into the future	A. Formalized relationships with community partners to address vulnerable population needs B. Formalized regional relationships to streamline coordination and planning C. An updated plan. D. A strong network of community agencies with developed and developed plans	# formalized relationships with community-based agencies # of community agencies with continuity of operations plans for emergencies

MEASURES, DATA AND TARGETS TABLE

Measure Name	2003 Data	2004 Data	2005 Data	2006 Data	2007 Target	2011 Target
Teen pregnancy rate defined as number of teen pregnancies per 1000 population aged 15-17 years.	53.2	49.9	NA ¹	NA.	47.9	46.0 by 2010 (Source: Healthy People 2010)
STI rate defined as Gonorrhea rate per 100,000 people	360	264	NA	NA	213	161 by 2010 (Source: Minneapolis Sustainability Indicators)
Percentage of population at healthy weight as defined by Body Mass Index among adults age 18 years and older	52.1% (1998 data)	46.8% (2002 data)	NA	NA	49.4%	52.1% by 2010 (City of Minneapolis Sustainability Indicators)
Infant mortality defined as number of deaths in the first year of life per 1000 live births ²	6.4 (1999-2001)	6.2 (2002-2004)	NA	NA	5.3 (2005-2007)	4.5 (Source: Healthy People 2010)
For whites (non-Hispanic)	3.8	3.4	NA	NA	3.4	3.4
For Blacks (non-Hispanic)	11.4	9.8	NA	NA	7.6	5.4
For American Indians	7.0	9.2	NA	NA	7.3	5.4
For Asian/Pacific Islanders	7.9	2.9	NA	NA	5.4	5.4
For Hispanics	4.8	7.5	NA	NA	6.5	5.4
Number of 3-year-olds screened by Minneapolis Public Schools	195	601	647	740	850	1,000
Percentage of children 9-36 months old screened for lead poisoning	59%	66%	NA	NA	84%	100% by 2010 (Source: MDH Guidelines & City of Minneapolis Sustainability Indicators)
Number of children 0-5 screening positive	294	222	NA	NA	150	70%
Number of homicide deaths among individuals aged 15-24 years	25	21	NA	NA	20	10
Number of formalized relationships with community-based agencies to address the needs of vulnerable populations in emergencies	NA	NA	NA	10	15	20
Assault-related ER and hospital admissions	4069	3817	4126			
Number of community agencies with emergency continuity of operations plans.	NA	NA	NA	2	21	65

¹ NA = Not Available.

² Infant mortality is reported as 3-year average rates because of low incidence

Comparison of measures will be available for Minneapolis, St Paul, & suburban Hennepin County when data exists.

KEY ENTERPRISE INITIATIVES

COMMUNITY ENGAGEMENT

Community Engagement is an integral part of the work of the Department and is guided by the articulated Department values. Community engagement is essential in order to design and implement programs and initiatives that are truly responsive to community needs and build on community assets. (See attached Inventory of 2006 Activities)

DEPARTMENT CE REPRESENTATIVE: GRETCHEN MUSICANT

AREA	2007	2008	2009
Application of CE Process Model	<p>Request CE consultation as needed</p> <p>Apply the CE Process Model to completion of development of Urban Health Agenda</p> <p>Implement Healthy Start community engagement plan</p> <p>Develop formalized ongoing mechanism such as Memorandum of Agreement related to emergency preparedness with agencies serving cultural communities within the city.</p> <p>Complete baseline Health Impact Assessments in north Minneapolis.</p>	<p>Apply the CE Process Model to development of Local Public Health Plan to be submitted to Minnesota Department of Health in 2009</p> <p>Request CE consultation as needed</p> <p>Begin post-intervention assessments – report results to community</p>	<p>Request CE consultation as needed</p> <p>Continue post-intervention assessments – report results to community</p>
Training	<p>Send an additional 1 or 2 staff to training</p>		
Business Plan			

AREA	2007	2008	2009
Evaluation	<p>Evaluate process measure of number of community members who represent minority or hard to reach groups that participate in CE activities with the department</p> <p>Participate in the Annual CE best practices showcase event.</p> <p>Number of staff involved in CE activity</p>	<p>Evaluate process measure of number of community members who represent minority or hard to reach groups that participate in CE activities with the department</p> <p>Participate in the Annual CE best practices showcase event.</p> <p>Number of staff involved in CE activity</p>	<p>Evaluate process measure of number of community members who represent minority or hard to reach groups that participate in CE activities with the department</p> <p>Participate in the Annual CE best practices showcase event.</p> <p>Number of staff involved in CE activity</p>
CE Web System Internal communication and public participation tool (under consideration)	Participate on the development of the Web System as needed	Send staff to training session on the use of the Web System.	Explore use of the web system in CE projects.

SUSTAINABILITY PLAN

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Affordable Housing Units	Complete health impact Assessments in conjunction with Northside Home Fund development in multi-block clusters.	Pre-intervention assessments of intervention and control clusters completed by early 2007. Post-intervention assessments dependent on timeline for completion of interventions.	
AIDS and gonorrhea rates	<p>Continue existing activities that are contributing to a decrease in disparities: health education and off-site sexually transmitted infection (STI) testing for young men through Seen on da' Streets</p> <p>Provide education, testing, treatment and condoms through school-based and neighborhood clinics.</p> <p>Explore pursuing competitive grants to address HIV among drug using Gay, Lesbian, Bi-sexual, Transgender (GLBT) population.</p>	<p>Ongoing through 2008</p> <p>Ongoing</p> <p>As opportunity arises</p>	<p>Risk assessments conducted and STI tests provided.</p> <p>Reproductive health visits provided.</p>
Air Quality			
Airport Noise and Impacts			
Asthma Morbidity	Implement campaigns to decrease exposure to second-hand smoke for children in the African American and American Indian communities. Continue to distribute and use video on asthma in six languages.	Ongoing	Videos disseminated.
Bicycle Lanes and Paths (miles)	Explore applying for a Blue Cross/Blue Shield grant with Public Works and/or CPED to support further planning for pedestrian and bike use in City	Late 2006/ early 2007	
Block Clubs			
Brownfield Sites			
Carbon Dioxide Emissions			
Combined Sewer Overflow			

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Downtown Transportation Mode Split			
Graduation Rate at Minneapolis Public School	<p>Promote healthy youth development activities through grants to community agencies and technical assistance to youth-serving organizations.</p> <p>Seek additional state and federal funding for youth development and quality after school activities.</p> <p>Continue successful collaboration with partners to support teen mothers and keep them connected to school.</p> <p>Explore Youth Coordinating Board (YCB) sponsorship of Teen Parent Connection to assure sustainability</p>	<p>2007 Legislative Session</p> <p>Ongoing</p>	<p>State funds appropriated.</p> <p>YCB incorporates Teen Parent Connection into ongoing sponsored efforts.</p>

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Healthy Weight	<p>Continue Healthy Start program which promotes improved birth outcomes among American Indian, African American and other at-risk families.</p> <p>Continue funding of Hennepin County WIC program for City residents.</p> <p>Work with Human Resources to increase physical activity among City employees.</p> <p>Establish City Wellness Committee</p> <p>Work with City Wellness Committee to develop and implement food policy for City</p> <p>Conduct Behavioral Risk Surveillance Survey annually</p> <p>Work with community organizations to increase access to healthy foods</p> <p>Work with community organizations to increase physical activity</p> <p>Continue to work with Minneapolis Public Schools to address nutrition and exercise for school-age children.</p> <p>Apply to participate in the Healthy Weight Action Learning Collaborative that is a co-sponsored project by CityMatch and Association of Maternal and Child Health Programs (AMCHP) for technical assistance.</p> <p>Continue to offer classes and social support for downtown seniors to improve fitness and healthy weight</p>	<p>Through 2009</p> <p>Ongoing</p> <p>Ongoing</p> <p>2007</p> <p>2007</p> <p>Ongoing through 2009</p> <p>Ongoing through 2009</p> <p>Ongoing through 2009</p> <p>Ongoing through 2009</p> <p>2007-2009 if selected</p> <p>Ongoing</p>	<p>Wellness Committee established</p> <p>City Food policy adopted</p> <p>Annual data report</p> <p>Classes offered and participants enrolled</p>

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Homeless in Minneapolis / Number of People Using Housing Shelters	<p>Participate in implementation of City/County plan to end homelessness, with specific emphasis on youth.</p> <p>Continue to work with tenants and landlords to resolve disputes, creating more stable housing for residents.</p> <p>Continue to support health programming for homeless families</p>	<p>Ongoing</p> <p>Ongoing</p>	10,000 client contact/year
Homicides	<p>Fund youth violence prevention grants with community agencies</p> <p>Expand youth grants to include youth identified by juvenile unit of Minneapolis Police Department.</p> <p>Implement recommendations of community dialogue on youth violence prevention</p>	<p>Through June '08</p> <p>2007</p> <p>Spring '07 - ongoing</p>	Contracts with community agencies
Infant Mortality Rate	<p>Screen prenatal patients at Minneapolis and St. Paul community health centers for psychosocial risk factors and enroll African American and American Indian women in the Twin Cities Healthy Start program to receive case management and other supportive services.</p> <p>Provide forums for health plans, community based organizations, and public health professionals to improve services for racially and culturally diverse low income pregnant women.</p> <p>Subsidize clinic visits for uninsured prenatal and well-child visits at community clinics</p> <p>Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant women and new mothers who are socially at risk.</p> <p>Engage in health education efforts target to high-risk communities to educate them about disparities in infant mortality and steps to take to prevent it.</p>	<p>Ongoing through 2009</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing through 2009</p>	Screen 900 women annually and provide case management or 500.

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Lead Testing of Children 9 to 36 months	<p>Provided lead outreach, education and blood lead testing at community sites (community events, day care centers, community centers, home visits, and churches) to increase blood lead testing among Minneapolis children under age 6.</p> <p>Provided Lead Safe Work Practices trainings and remediation resources to landlords and property owners.</p> <p>Integrate lead testing, education, property assessment and remediation into ongoing settings and systems (clinical providers, Minneapolis Public Schools, Housing Inspections, Section 8).</p> <p>Reapply for HUD grant to address lead issues</p> <p>Perform blood lead testing in the public health laboratory for those clinics that wish to submit samples.</p>	<p>2007</p> <p>2007</p> <p>2007</p> <p>2007</p> <p>Ongoing</p>	<p>Number of children screened</p> <p>Families enrolled in lead remediation programs</p> <p>Grant received</p>
Permeable Surface			
Renewable Energy Use			
Students in the Arts	Fund grant to Plymouth Youth Center related to engaging alternative school students in the arts.	Through June '08	

INDICATOR	NEW OR IMPROVED ACTIVITIES/RESOURCE IMPLICATIONS	IMPLEMENTATION TIMELINE	MEASUREMENT
Teen Pregnancy Rate	<p>Provision of Minneapolis Public School's classroom information on STI's, family planning, and other adolescent health issues to teens, teen parents and adult parents.</p> <p>Subsidize clinic visits for adolescents through community clinics for family planning including risk reduction education concerning STI's, HIV and pregnancy prevention.</p> <p>Provision of comprehensive medical, reproductive health/counseling, mental health, nutrition and social services at six Minneapolis high school locations.</p> <p>Parenting students at Broadway High School for pregnant and parenting teens will participate in the Not Ready Now program which encourages teens to postpone repeat pregnancies.</p> <p>Provide leadership for Teen Parent Connection, a coalition helping teen parents and their young children with an emphasis on preventing second pregnancies for teens.</p> <p>Partnership with and financial support of Plain Talk, a community-based intervention which is planning new efforts to promote parent/youth engagement related to sexuality health based on the needs expressed by the community.</p> <p>Participate in collaboratives promoting policies assuring adolescent access to health services, family planning and comprehensive sexuality education.</p> <p>Produce an annual Teen Parent Report Card to track community-wide progress.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Reproductive health visits at school based clinics and contraceptives provided.</p> <p>Report Card produces and disseminated to community.</p>
Urban Tree Canopy			
Water Quality of Lakes, Streams and the Mississippi River	City lab testing of water quality		Number of tests conducted
Workers Earning a Livable Wage			

LIMITED ENGLISH PROFICIENCY (LEP)

The department's LEP plan has been completed and implemented. Signage for the department is in place, including the School Based Clinic (SBC) program. Systems are in place to meet the needs of clients directly served by the department, including those related to services provided by the School Based Clinics and housing advocates. The department has been actively involved in emergency preparedness planning around the needs of vulnerable populations, including limited English speaking families. The department, in coordination with key city staff, developed and is implementing the Special Populations Alert and Response Coordination (SPARC) Plan, and is an active participant in the Emergency Communication and Health Outreach (ECHO) program that provides emergency and key public health information in the languages spoken by the six most populous linguistic minority groups in the metro area.

STRATEGIES	OBJECTIVES	DEPARTMENT SPECIFIC ACTIVITIES AND/OR STATUS REPORTS (2006-2007)
Integrate practices of language access into operations of every City department	Build awareness about legal mandates of language access services in each department	<ul style="list-style-type: none"> ▪ The liaison has been designated, the plan completed and implemented. There is on-going review of needs/gaps within the department.
Define protocols and service activities for language access compliance in each department	Provide notice to limited English speakers of their right to free service	<ul style="list-style-type: none"> ▪ Signage completed for the building, and at the front desk. Access has been established where needed for the language line.
	Identify the LEP groups living in Minneapolis and the City services they use	<ul style="list-style-type: none"> ▪ Assessed LEP needs specific to emergency preparedness. ▪ Tracking in place for housing advocates and SBC.
	Offer free, timely spoken language interpretation services for LEP individuals	<ul style="list-style-type: none"> ▪ Procedures in place for use of interpreters, including the language line and a contract with Minnesota Visiting Nurse Agency for interpreter services.
	Provide free written language translations of vital documents	<ul style="list-style-type: none"> ▪ Translations completed on current documents. Updating done as needed ▪ SPARC – prepare more emergency messages in multiple languages for rapid use in the event of an emergency.
	Hiring to meet multilingual needs	<ul style="list-style-type: none"> ▪ Any language requirements, or desirability, already included in job announcements as relevant.
	Train to ensure that City staff is familiar with legal mandates and best practices for serving LEP individuals	<ul style="list-style-type: none"> ▪ Training has been provided to staff based on job assignments, and is included in the department orientation of new employees.

ENTERPRISE INFORMATION MANAGEMENT (EIM)

ACTION AREA	2006	2007	2008-2011
GOVERNANCE, STRUCTURE AND STAFFING	<ul style="list-style-type: none"> • Hattie Wiysel designated as EIM Representative, Pat Harrison for Data Practices, and Becky McIntosh for COOP. 		
Project Planning	<ul style="list-style-type: none"> • Completed department retention schedule and began using state-approved schedule to archive documents, destroy documents, and for future file planning. • Completed initial electronic file plan which follows the department retention schedule and eliminates wasted space on the City's server. • Destroyed 666 boxes of archived documents crowding the clock tower. 	<ul style="list-style-type: none"> • Develop and implement a plan for recovery of records in the event of a disaster. • Refine file management, both hard copies and electronically, to allow easy retrieval of information. 	<ul style="list-style-type: none"> • Refine file management, both hard copies and electronically, to allow easy retrieval of information. • Work with BIS and Human Resources on long-term issues related to telecommuting.
Data Privacy	<p>The Department created an electronic Data Practices folder on the common drive. This folder contains three essential documents related to federal and state data privacy and some additional information:</p> <ul style="list-style-type: none"> • HIPAA Final Privacy Rule • HIPAA Final Security Rule • Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13 • "MDHFS Data Practices Overview" (condenses these regulations and highlights portions most applicable to Department activities) • "Health Data Collection Without Individual Consent," an information brief prepared by the Minnesota House of Representatives Research Division, July 2004 	Monitor for changes and updates as needed.	

ACTION AREA	2006	2007	2008-2011
Training	<ul style="list-style-type: none"> • Initial record management training for department staff was completed. • Staff was all provided introductory training to data practices requirements, particularly the Data Privacy Notice, at an all-staff meeting. • Training in data practices and information management for new staff is completed by department record coordinators and the Research Director. 	<ul style="list-style-type: none"> • Training in data practices and information management for new staff is completed by department record coordinators and the Research Director. 	
COMPLIANCE (ASSESSMENT, INTEGRATION, EVALUATION)	<ul style="list-style-type: none"> • Department is current with City's EIM plan. • Assign staff to assist in workgroups and enterprise projects as needed and relevant to the department. 	<ul style="list-style-type: none"> • Continue to organize records and maintain file plans to ensure ease of complying with the City's EIM future plans. • Two days per year are designated for staff to clear their calendars and work on document management. • Continue to integrate training regarding data practices, including security provisions, into department procedures. 	

WHAT RESOURCES ARE WE GOING TO USE?

FINANCE PLAN

The department is funded through four major sources in 2007: General Fund (27%); CDBG (11%); competitive grants (16%); and, formula/other grants (46%). General Funds and state formula Local Public Health funds are used to support the public health infrastructure in Minneapolis, with the rest of the department's activities primarily funded through competitive grants. Portions of all funding sources go into the three business lines, with General Funds providing anchor support for the planning, administrative, and other activities within each line.

With the decline in General Funds over the past years, the percentage of the budget from competitive, formula, and other grants has increased. With formula funding sources flat or declining, the department has focused on seeking large, multi-year grants to address key gaps in services or activities that affect health disparities in Minneapolis.

A major financial and management challenge is managing enterprise costs. Rising costs and flat or shrinking revenue sources result in either staffing cuts or reductions in funding to community programs.

STRATEGY TABLE

FINANCIAL STRATEGIES	WHICH PERFORMANCE MEASURES WILL CHANGE AND HOW?	SHORT-TERM ACTIONS (ONE YEAR)	LONG-TERM ACTIONS (TWO TO FIVE YEARS)
Financial strategies coming from lessons learned from historical financial data and prior financial plans			
Ensure all grant applications fall within business lines and department goals.	Reduce staff time in applying for small or short-term grants that require more time than value to the city.	Ongoing assessment of all grant opportunities.	Ongoing assessment of all grant opportunities. Apply department grant check list to assess appropriateness/ value of grant opportunity.
Develop budget and accounting strings for each new grant received for routine monitoring.	Reduce time for contract manager and accounting to set up and monitor grant funds.	Monitor all grant budgets at least quarterly to ensure resources are being expended according to budget and fund requirements.	Monitor for duration of grant to ensure appropriate usage and reporting of funds.
Ensure grant funded activities and positions are developed specific to the funding source, and are eliminated when funding ends.	Reduce financial liability through careful planning and monitoring of grants.	Ensure at award of grant funds that systems are in place to hire any FTEs as "grant funded," and create timelines for termination of services upon end of funding.	Provide ongoing monitoring of grant programs to reduce financial liability.

FINANCIAL STRATEGIES	WHICH PERFORMANCE MEASURES WILL CHANGE AND HOW?	SHORT-TERM ACTIONS (ONE YEAR)	LONG-TERM ACTIONS (TWO TO FIVE YEARS)
Public Health laboratory equipment replacement fund.	Reduce impact of replacement costs for lab equipment through the creation of a GF replacement fund.	Council approval to create fund within existing GF budget.	Maintain fund to cover replacement costs.
Financial strategies produced from creative reallocation exercise			
Ensure department can meet state statutory requirement for a 75% match for Local Public Health funds.		Tracking annually.	Track annually.
Ensure department completion and testing of Continuity of Operations plan for loss of facility and pandemic influenza.		Complete and test plans, including working with finance and HR to ensure their capacity to provide services critical to department needs.	Continue to work with emergency management to ensure that the City's plan are upgraded and tested on a routine basis.
Financial strategies to meet the financial direction			
Dept live within annual cost of living increases			Advocate for the reassessment of formula based enterprise costs to counter rising costs of BIS, loss prevention, 311, etc.
Work with finance to implement a city-wide federal indirect rate.	Reduce the impact of internal service charges through use of an indirect rate for grants.	Advocate that finance quickly develop an indirect rate for federal approval.	Utilize indirect rate wherever feasible for grants (particularly federal).
Provide one year of GF support for Housing Advocates while addressing long term financial strategies resulting from reductions in CDBG funding.	Determine city need for tenant landlord housing services, and long term funding options if maintained.	Maintain services through 2007 by shifting a portion of GF for safety net services (Neighborhood Health Care Network) to Local Public Health.	By 2008 have a city financial strategy to maintain services, or eliminate service and positions by 12/07.
Reallocate GF resources to provide \$75,000 for the Domestic Abuse Project by reallocating \$75K in GF for safety net services (Minnesota Visiting Nurse Agency) to Local Public Health.		Continue contract for services in 2007 that will also integrate with the one time funding.	Monitor impact of Domestic Abuse Project services to determine need for on-going funding.

FINANCIAL STRATEGIES	WHICH PERFORMANCE MEASURES WILL CHANGE AND HOW?	SHORT-TERM ACTIONS (ONE YEAR)	LONG-TERM ACTIONS (TWO TO FIVE YEARS)
Financial strategies related to loss prevention			
Prevention of repetitive motion and other injuries to department employees.	Reduce the number and long term effects of injuries, and reduce department liability.	Continue routine ergonomic assessment for new employees, and adjustments completed as needed. Review injury reports for any corrective actions needed for all injuries.	Continue ergonomic assessments and monitoring of employee injuries.
Prevention of blood borne pathogen exposures in lab and school based clinics.	Reduce exposures and liability to department.	Annual blood borne pathogen training, and assessment of conditions needing changes for any exposures.	Documented annual trainings as required by CLIA and OSHA.
Complete and test Continuity of Operations Plans	Reduce negative impact on critical City services to residents in the event of an emergency.	Test plans by 2007, and revise as needed.	Update and test along with City's Emergency Operations Plan.
Develop department policies on staff use of City equipment for theft prevention and other damage.	Prevent financial impact of loss or damage to City property by employees.	Complete department policies based on relevant City policies.	Include policies in department new employee orientation, and track and follow-up on any damage or losses of equipment.

FINANCE PLAN TABLE

City of Minneapolis Health and Family Support Financial Plan (in thousands of dollars)										
	2004 Actual	2005 Actual	2006 Budget	2006 Projected	2007 Budget	% Chg from 2006 Budget	2008 Forecast	2009 Forecast	2010 Forecast	2011 Forecast
Revenues:										
Lab revenues	584	689	650	650	650		650	650	650	650
Grant Revenues *	7,608	8,034	7,238	7,238	7,903	9.2%	7,903	7,903	7,903	7,903
Revenues to meet the financial forecast:			-		-		-	-	-	-
Total	8,192	8,723	7,888	7,238	8,553	8.4%	8,553	8,553	8,553	8,553
General Fund Expenditures:										
Salaries/Wages	864	892	921	921	960	4.2%	979	999	1,019	1,039
Benefits	219	251	289	289	318	10.0%	347	378	412	449
Contractual Services	2,131	2,333	2,378	2,378	2,639	11.0%	2,466	2,556	2,659	2,775
Operating Costs	202	172	110	110	155	40.9%	161	168	174	181
Equipment	30	1	2	2	2		3	3	3	3
Total General Fund	3,446	3,649	3,700	3,700	4,074	10.1%	3,954	4,101	4,265	4,446
							3.3%	3.7%	4.0%	4.2%
Expenditure changes to meet the financial forecast:							3,954	4,101	4,265	4,446
Grant Funds										
Salaries/Wages	2,604	2,486	2,861	2,861	2,941	2.8%	2,941	2,941	2,941	2,941
Benefits	680	670	895	895	934	4.4%	934	934	934	934
Contractual Services	6,217	6,181	5,331	5,331	5,691	6.8%	5,691	5,691	5,691	5,691
Operating Costs	219	266	82	82	85	n/a	85	85	85	85
Equipment	49	6	-	-	-		-	-	-	-
Total Grant Funds	9,769	9,609	9,169	9,169	9,651	5.3%	9,651	9,651	9,651	9,651
Expenditure changes to meet the financial forecast:										
Total	13,215	13,258	12,869	12,869	13,725	6.7%	13,605	13,752	13,916	14,097
Difference **	(5,023)	(4,535)	(4,981)	(5,631)	(5,172)		(5,052)	(5,199)	(5,363)	(5,544)

*Grant Revenues: Reflects only part of the grant revenues received by the department. Selected grand funds, including but not limited to CDBG, are reflected in the receiving agency's revenues and are not shown as revenue for Health & Family Support. The \$9,651M in the grant expenditures line, however, reflects all know grants for 2007.

**Difference: (\$5,172M) does not reflect general fund, CDBG, or selected small grants received by other departments.

WHAT HAVE YOU LEARNED ABOUT YOUR BUSINESS AS A RESULT OF PRIOR FINANCE PLANS?

In the past 4-5 years the department, in response to the previously adopted five year plan, has done extensive planning to address the significant anticipated reductions in General Funds. All services have been assessed and reassessed annually, and prioritized based on impact to the City and the community. Changes in 2006 to the five-year financial forecast allowed the financial base of the department to stabilize.

The projection of a stable funding from the General Fund, along with state Local Public Health (LPH) funds, provides the anchor for ensuring the public health infrastructure in Minneapolis. The changes in 2006 not only ensured that the department can meet the state required match for LPH funds, but also maintain the platform upon which the department can continue its highly successful efforts to obtain grant funds to meet its mission and vision.

With a budget that is projected to be more than 70% grant-funded in 2007, the department must ensure that adequate systems are in place to manage all grant funds both to minimize City liability and to maximize resources to strengthen the community health infrastructure and health safety net.

CONTINGENCY PLANS

<p>Scenario A – 25% reduction in revenue</p>	<p>As a grant-funded department this question is addressed annually as grants come and go. Decisions are made based on the source of the funding and positions or community contracts directly affected by the reduction. A balance is needed between maintaining essential department infrastructure and capacity, and the need for community funding. One key area to be addressed in the future related to reductions in funding is the ability of the department to maintain its response capacity to a public health emergency once federal funding is reduced/eliminated. With a loss of funding specific grant activities would be eliminated, and department priorities would determine which emergency preparedness activities must be continued and under what funding source.</p>
<p>Scenario C – CDBG Elimination</p>	<p>A projected 10% reduction annually in funding for Year 33 and beyond has impact in three areas: 1-the City is committed under a Joint Powers Agreement to fund 1/3 of the operating expenses of the Curfew Truancy Center through 2016; 2-affects the ability to maintain the City's housing advocates program without a reallocation of funding; and, 3-will significantly reduce important resources to the community.</p>
<p>Scenario D - Enterprise fund reductions</p>	<p>N/A</p>
<p>Scenario E – Your own worst nightmare! What isn't even on the table and should be!</p>	<p>Pandemic influenza - which is on the table already to address the many levels of concern it raises. The major concern is the capacity of both the City and community organizations to provide critical services due to significant reductions in staff for extended periods. The priority for department staff may be to support critical community agencies, as well as City services.</p>
<p>Scenario F – Internal service fund choices</p>	<p>Two key areas to address are the reconsideration of the allocations to the department to reflect only our true proportion of the costs, and the development and implementation of an indirect rate for grants.</p>

ADDRESSING FINANCIAL CHALLENGES

A. Competitive Grants

The Department will continue to compete for large multi-year grants in the areas identified in the Department's Five Year Goals. Several of the current competitive grants that the Department now has will end in two or three years. The Department's objective is to maintain or increase current levels of funding obtained from competitive grants.

The New Families Center is one effort that was primarily funded by a multi-year grant. That funding ends in 2006. The Department has worked with the Youth Coordinating Board, Minneapolis Public Schools, Hennepin County and community agencies to create a revised model that will continue to provide health assessment services, immunizations, and assistance with enrollment in health care programs for families registering their children for Minneapolis Public Schools. A transition model will be implemented for the 2006-2007 school year. Further planning is needed to sustain some level of services beyond 2007. An advisory committee has been established to guide the long-term planning.

B. General Fund

In 2006 the Department was directed by the City Council to develop a strategy for permanent ongoing funding for the Domestic Abuse Project (DAP) following a one time appropriation in 2006. Ongoing funding will be accomplished by allotting \$75,000 of the Department's General Fund revenue in 2007 to DAP. To compensate for this new ongoing General Fund obligation, \$75,000 of the current Minnesota Visiting Nurses Agency General Fund support will be shifted to the Local Public Health Grant funds.

Because of continuing reductions in CDBG Funds, salary support for the Housing Advocates will be \$45,000 less than needed to maintain the current 2.0 FTEs. In 2007, this gap will be filled with General Funds. During 2007, MDHFS will explore ongoing options including possible cost sharing with other City departments for this service, as well as complete elimination of this program. Housing Advocates for the City of Minneapolis handle approximately 10,000 inquiries annually from City constituents seeking information regarding landlord and tenant rights. Their work assists the City in identifying potential problem properties within the City. To compensate for this new General Fund obligation in 2007, \$45,000 of the current Neighborhood Health Care Network General Fund support will be shifted to the Local Public Health Grant funds.

C. CDBG

15% Reduction

The Department is proposing that the anticipated 15% federal cut in CDBG be spread across all recipients of the funds except for the Curfew Truancy Center (CTC), which should be kept at its current allocation of \$98,000 in order to honor the Joint Powers Agreement with the County and Minneapolis Public Schools.

The Department will work with the Public Health Advisory Committee to issue a request for proposals to community organizations for a portion of the Public Service CDBG funds (\$833,464 in 2006). The projected 15% reduction would reduce this amount for 2007 to approximately \$700,000.

50% Reductions

If Congressional action leads to a 50% cut in CDBG from \$1,844,052 to \$922,026, the Department would take the actions delineated in the following table:

Activity	Current Funding	50% Reduction
Housing Advocates	\$94,390	\$0 ¹
GMDCA/capital	\$275,619	\$137,810 ²
Curfew Truancy Center	\$98,000	\$98,000 ³
Department administration	\$173,726	\$86,863 ⁴
Community services	\$1,202,317	\$599,353 ⁵
TOTAL	\$1,844,052	\$922,026

¹ Eliminate Housing Advocate program, 2.0 FTE's
² Reduce Greater Minneapolis Day Care Association (GMDCA) loan renovation program by 50%
³ Maintain the Curfew Truancy Center fund under the Joint Powers Agreement
⁴ Reduce department administration by moving CDBG contract management support and a 0.8 FTE support position to the Local Public Health Grant
⁵ Reduce community services affecting Way to Grow and the competitive public service funds. Eliminate Legal Aid contract related to housing services.

Impacts of a 50% reduction:

- Eliminating the Housing Advocates would result in a loss of information and advocacy services on behalf of nearly 10,000 renters and landlords in Minneapolis each year. The services adversely affected would be efforts to prevent homelessness and promote affordable housing options for Minneapolis residents; and referrals from 311, City Council members, the Mayor's office and the community at large.
- Cuts of 50% to GMDCA loan renovation would severely reduce capacity to fund activities that provide safe and healthy environments for children in child care.
- Curfew Truancy Center funding will be maintained. However, because the funding formula requires the City to provide one-third of the CTC operating costs, changes in funding will need to be addressed annually and/or changes to services provided to address cost of living increases.
- Shifting support costs to the Local Public Health Grant would result in additional program cuts that are now supported by those funds.
- Cuts of 50% to Way to Grow, GMDCA, and the competitive grantees would most likely significantly reduce their ability to accomplish even portions of the original objectives of their contracts with the City. Eliminating the Legal Aid contract to housing services would impede the ability of low-income residents to resolve housing disputes.

D. Local Public Health Fund

Local Public Health Grant funds received from the State of Minnesota are designated by statute for maintenance of the public health infrastructure, and to address public health problems. Not all programs administered by the Department of Health and Family Support meet the criteria set by the State of Minnesota as a public health service. Local Public Health Grant funds revenue includes three funding sources: State General Fund, Federal Maternal Child Health, and Federal Temporary Assistance for Needy Families

(TANF) Home Visiting funds. Of the two core-funding sources, state General Funds are essentially flat and the federal Maternal Child Health Funds have been gradually shrinking for the last few years. (At least 95% of TANF funds go to community contracts that are adjusted annually based on funding). At the same time programs and services supported by these funds have experienced inflationary costs, which create an ongoing challenge to maintain current essential activities.

An example of mechanisms used to sustain activities despite flat funding and inflationary costs is the School Based Clinic (SBC) Program. SBC's are supported primarily by Local Public Health Grant funds. Over the last five years, third-party reimbursement was initiated and has grown to approximately \$100,000 per year. The Department is exploring new staffing configurations, supporting staff in their efforts to acquire new credentialing that will allow them to be reimbursed for services, and will attempt to establish relationships with additional third party payers over the next couple of years. These efforts should result in further growth in revenue to offset the gap between costs and flat funding.

The Department had \$1.48 million in unexpended funds from 2005 which has accumulated in large part because of successful competition for grant funding, as well as past judicious spending in the face of uncertain City funding. Without the competitive grant awards, the department would need these funds to support ongoing operations. Because it is impossible to predict the size and frequency of competitive grants, it is prudent to maintain a portion of the excess to support continued operations between grants. The Department is proposing setting aside \$450,000 on an ongoing basis for this purpose.

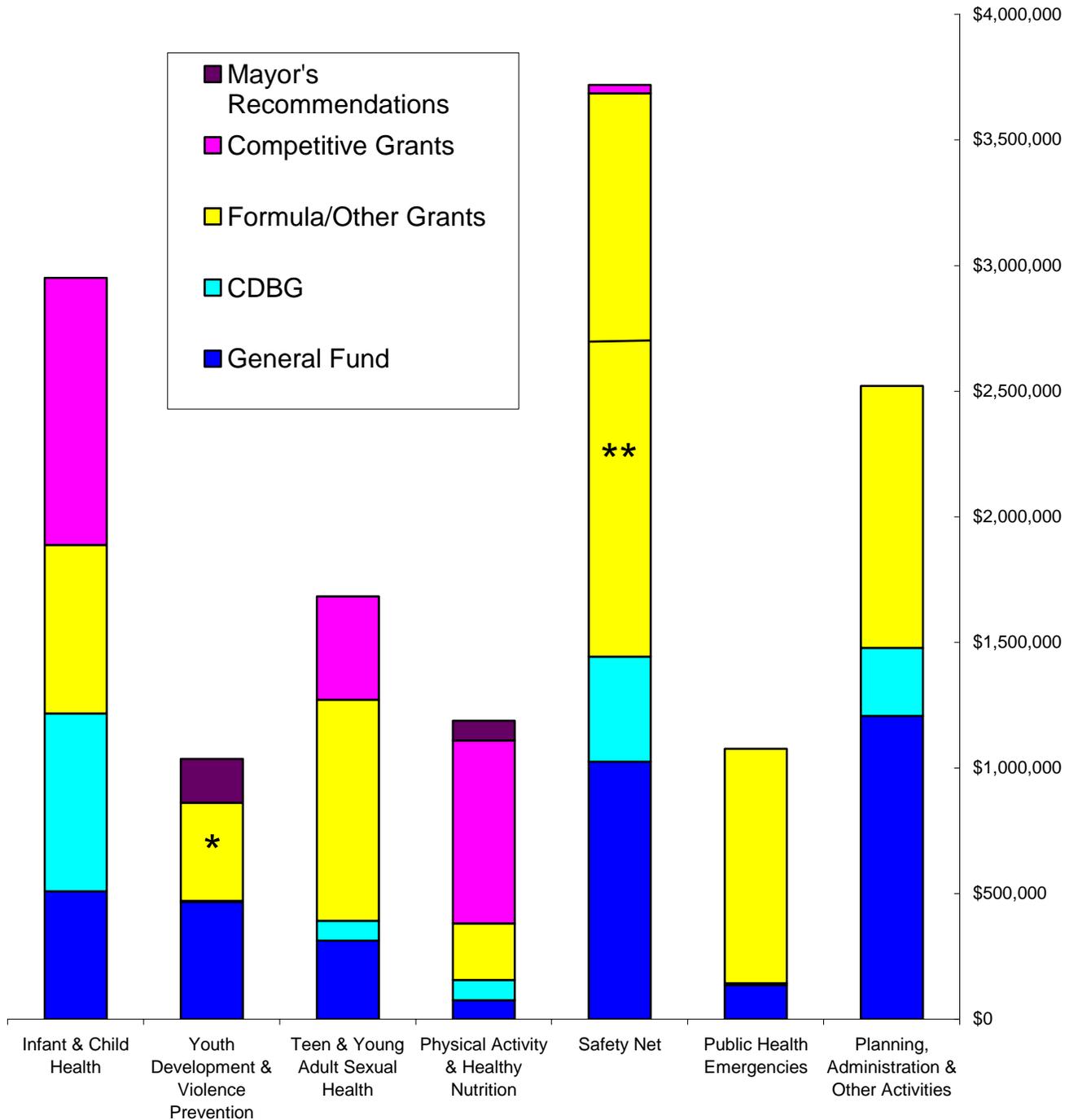
Another appropriate use is to direct the funds to address unmet needs consistent with the City and Department goals around the urban health agenda. The Department is currently planning a community engagement process to identify priorities and strategies to address those goals. The results of the community engagement process will inform budget planning for 2008. The Department plans to set aside a minimum of \$313,000 in unexpended funds to allocate based on the community engagement process.

Another appropriate use of the balance of the unexpended funds (\$717,000) is to provide short-term support for programs which are either experiencing increased demand for services prior to being able to recoup additional ongoing funding, or for programs in transition because of a significant drop in funding. A current example of the first use in 2007 is the School Based Clinics which are changing the care delivery model in an attempt to increase third-party reimbursement. The shift in funding to accommodate General Fund Support of a portion of the Housing Advocates Costs is an example of the second use. Short-term uses in 2007 include:

- \$250,000 in Youth Violence Prevention grants
- \$ 45,000 in adjusted costs for the Housing Advocates
- \$ 75,000 in adjusted costs for the Domestic Abuse Project
- \$100,000 to offset severe reductions in CDBG funding for the health care safety net of the Neighborhood Health Care Network
- \$160,000 in support for the New Families Center
- \$ 87,000 in inflationary costs and enterprise service charges

The following graph identifies 2007 resource allocations by category of funding, and by the six department goals and the other department activities that are outside of the goals.

2007 Resource Allocation by Department Goal



* Local public health carryover funds allocated for the two year youth violence prevention grants.

** Local public health carryover funds allocated for one year of support for the safety net (Neighborhood Health Care Network) and to cover shifts in costs for the housing advocates and the Domestic Abuse Project.

Key to Graph

In developing the graph, all the projected 2007 department resources were categorized by one of the six department goals. Because the goals do not encompass all of the department's activities, most administrative, planning, policy, and research activities are included under Other Activities, Planning and Administration. Personnel was allocated based on function, and not limited to time reimbursed by specific grants. Department contracts were also allocated to one of the seven areas based on the services to be provided. General administrative costs for the department were allocated across each category based on the time allocations of the Commissioner. All other division costs were spread across the seven categories based on the time allocations of the staff in the division.

General Fund support provides an anchor for each of the goals and activity areas.

Competitive grants provide important additional resources to three of the goal areas: Infant and Child Health, Teen and Young Adult Sexual Health, and Physical Activity and Healthy Nutrition. Youth Development and Violence Prevention may be an area for future competitive grants.

The Safety Net is a major area of investment for the department. Assuring access and quality in health services is one of the six essential local public health activities that have been defined by the Minnesota Department of Health. In an environment of state and federal cutbacks in health programs and eligibility, a growing immigrant population, and state and federal restrictions on adolescent reproductive health options, the need for consistent local support of the health care safety net is essential.

The goals of Physical Activity and Healthy Nutrition and Youth Development and Violence Prevention are both relatively new areas of focus for the Department. Both areas were identified as priorities in the community assessment completed in 2004. The Department has begun to increase activity in these goal areas and will continue to do so in 2007.

Description of funding categories in graph

General Fund: Reflects the 2007 allocation from the Five Year Plan.

CDBG: Reflects a 15% reduction in Year 33 funding from HUD.

Formula Grants/Other: Includes state and federal grants received based on Minnesota Department of Health formulas – Local Public Health, Maternal/Child Health, TANF, Emergency Preparedness. "Other" revenues include patient revenue from the School Based Clinics and New Families Center, Minneapolis Family Fund/Charitable Gambling, Skyway Senior Center grants, and payments from Hennepin County and Minneapolis Public Schools to the City as fiscal agent for the Curfew Truancy Center joint powers agreement.

Competitive Grants: Includes federal funding for Healthy Start, Male Reproductive Health Research, Lead Education/Outreach, and Steps to a Healthier Minneapolis.

Resources Supporting Department Goals

Infant & Child Health (21% of department budget): Includes contracts for services (e.g. preschool screening, Way to Grow, child care services), portions of two federal grants (Healthy Start and Lead Education/Outreach), and allocations of associated planning and administrative costs.

Youth Development and Violence Prevention (6% of department budget): Includes funding for a youth development planner, Youth in Minneapolis After-school Program activities, \$250,000 in funds for youth violence prevention grants, and allocations of associated administrative costs.

Teen & Young Adult Sexual Health (12% of department budget): Includes portion of the School Based Clinic program, portions of the lab, portions of federal grants (Healthy Start, Male Reproductive Health), contracts for related services, and allocations of associated planning and administrative costs.

Physical Activity & Healthy Nutrition (8% of department budget): Includes the federally funded Steps to a Healthier Minneapolis grant and portions of Healthy Start, portions of the School Based Clinic program, contracts for services, and allocations of associated planning and administrative costs.

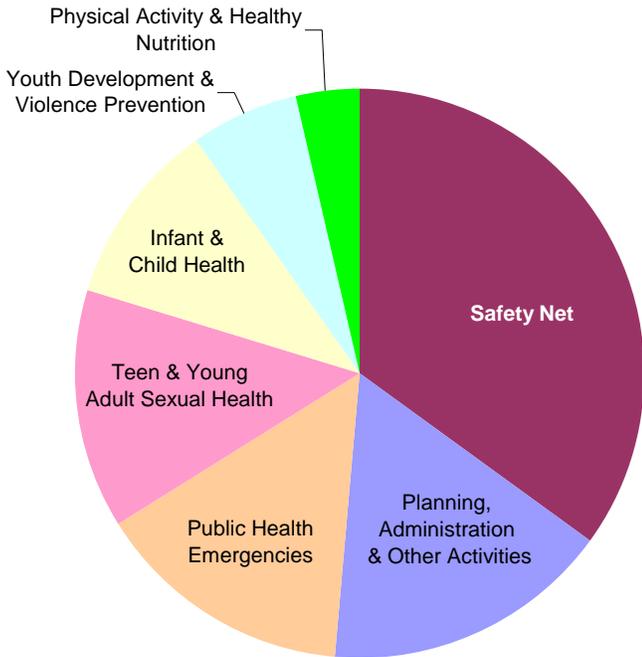
Safety Net (27% of department budget): Includes contracts for community based services, portions of the School Based Clinic program, portions of the lab, portion of Healthy Start, and allocations of associated planning and administrative costs.

Public Health Emergencies (8% of department budget): Primarily includes federal grants for public health emergency preparedness planning in the areas of pandemic influenza and all other hazards, with a particular focus on vulnerable populations, and allocations of other associated planning and administrative costs.

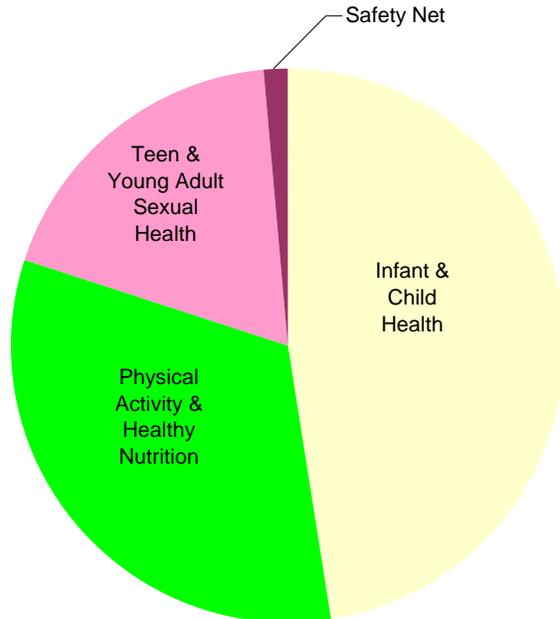
Planning and Administration & Other Activities (18% of department budget): This includes all other department activities that are not specifically tied to one of the six goals. Portions of this category are public health related activities, and portions are "Family Support" programs that do not meet state criteria as public health. The "Family Support" services provided by the department include the Senior Ombudsman's office, Skyway Senior Center, Housing Advocates, and management of human services contracts. Public health services include significant amounts of research, policy, planning, contract management, and general operations.

The pie charts on the next two pages illustrate how each funding source is allocated across major department activities.

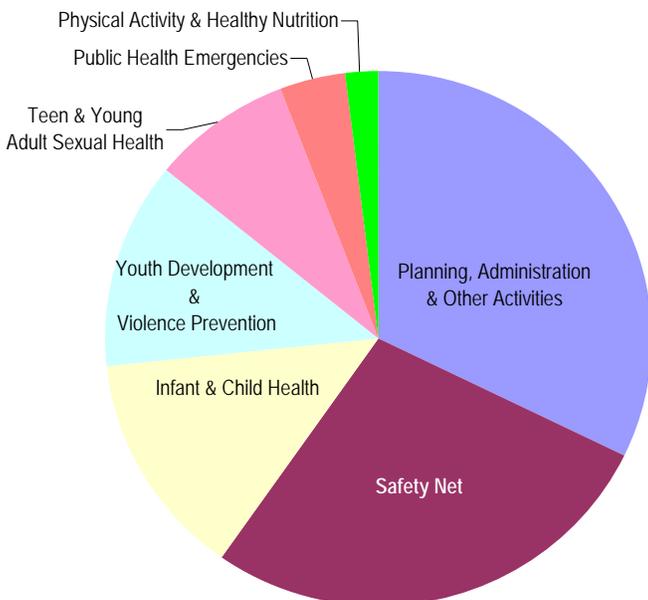
Formula/Other Grants
\$6,384,890, 46% of Department Budget



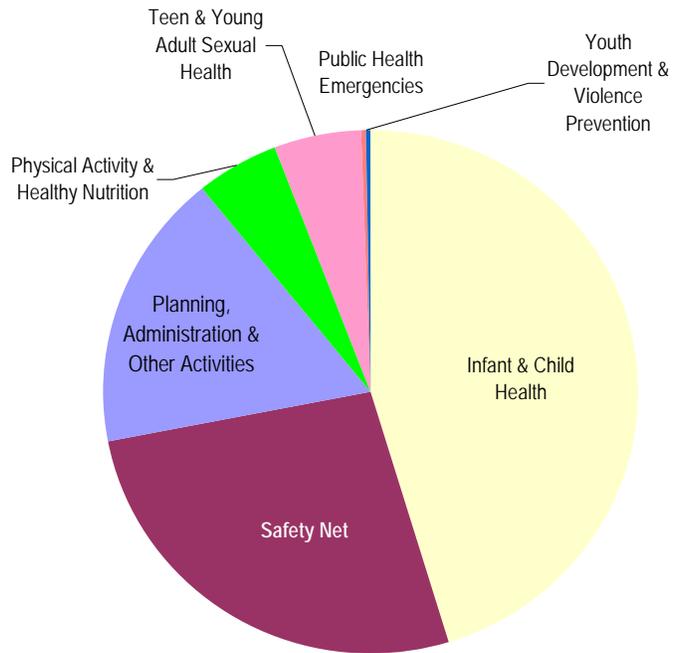
Competitive Grants
\$2,234,858, 16% of Department Budget



General Fund
\$3,734,244, 27% of Department Budget



CDBG
\$1,567,444, 11% of Department Budget



Managing Allocated Enterprise Costs

Most funding sources for the Department are flat or shrinking. Rising costs assessed to the Department to pay for enterprise services such as BIS, phone service, Human Resources, Finance, 311, and space present a challenge from a financial and management perspective. Financially, the rising costs with flat and shrinking revenue sources result in either staffing cuts, or reductions in funding to community programs. If there were methods for departments to manage the costs from these enterprise services, it would offer more options for departments to balance revenue and expenses.

As a department that generates significant funding through competitive grants, it is essential that a Citywide Indirect Rate be developed to apply to grants. One example of a major federal grant, to which an indirect rate could be applied, is the Healthy Start program. This grant generates \$925,000 annually, and at even a 15% indirect rate, would provide almost \$140,000 in additional revenue annually to address these enterprise expenses. This would help to maximize grant awards and offset enterprise expenses being charged to the Department.

WORKFORCE PLAN

1. Projected gaps in work, workforce, and work environment:
 - a. A significant and persistent gap is in the lack of technologically skilled support staff. The City has no mechanism to ensure that the Office Support Specialists (OSS) have the skills required to use office software to its fullest potential. There are no tests or basic competencies for each level of OSS, and there is a need to have these competencies developed for each level related to hiring and promotion. In addition, training opportunities are limited and need to be expanded. The net cost to the department is that professional staff must use their more valuable time for technical/clerical tasks. The city needs a process for better screening of candidates, and a stronger focus on more in-depth training.
 - b. The other significant issue is in the area of response to a public health emergency, while at the same time maintaining critical city services. Many of the issues identified through the Continuity of Operations Planning/Pandemic Influenza Task Force involve Human Resources issues that will need to be resolved over the next year. In addition, as federal funding for public health emergency preparedness continues to decline, the department and the city must address the challenges of maintaining a public health emergency response capacity.
2. Strategies to address work, workforce, and work environment gaps:
 - a. Work with HR to address the skills gap for Office Support Specialists through better hiring practices and training opportunities.
 - b. The City's Pandemic Influenza plan must be finalized and tested by mid-2007. Plans for staff training, reassignments, and personal protective equipment must be completed before then. Maintenance of public health emergency response capacity is being addressed through training of all department staff and involvement in some level of planning and exercising.
3. Diversity strategy to attract, develop and retain employees who have the talent and competencies needed to meet the department's future goals:

The department has strategies in place to continue to recruit and retain a versatile and highly trained workforce that also reflects the diversity of the City. Continuing education and career development programs are available for all staff, and the department maintains a tuition reimbursement program for staff working on a degree.

4. Key workforce strategies based on the challenges identified in the most recent employee survey:

The department received overall high ratings in employee satisfaction. Strategies to address issues identified include improved communication through posting of minutes from senior management and all staff meetings; more broadly including staff in department activities that utilize their skills through the development of affinity groups organized around populations/health issues; and, supporting and recognizing employee accomplishments through 100% completion annually of employee performance reviews.

An on-going challenge for the department is the lack of advancement opportunities for staff. The department structure is relatively flat, which limits advancement, and given market forces in the metro area almost all staff are hired at a minimum of step 3.

WORKFORCE ACTION TABLE

Key Workforce Objective:	Measurement:	Short-Term Actions:	Status: To be completed, June 07, 08, 09. 10, 11	Long-Term Actions:
Performance Management, including professional development plans	<ol style="list-style-type: none"> 1. Complete 100% of employee performance evaluations annually, including professional development plans. 2. Assess positions annually to determine if any changes might warrant a reclassification request. 	<p>Ensure supervisors are trained in performance management, and new supervisors complete new supervisors training.</p> <p>Track completion of performance reviews and development plans.</p>	100% to be completed annually.	<ol style="list-style-type: none"> 1. Continuously review professional development needs to maintain a versatile and highly trained workforce. 2. Monitor market forces that affect ability to hire key staff such as RNs.
Employee Survey Response	<ol style="list-style-type: none"> 1. Maintain open communications with monthly division meetings, and quarterly all staff meetings. 2. Maintain the employee development and tuition reimbursement program (ED&TRP). 	<ol style="list-style-type: none"> 1. Post minutes from meetings on department shared files. 2. Send semi-annual ED&TRP reminders to staff. 	<ol style="list-style-type: none"> 1. Reassess employee satisfaction with next survey. 2. Report number of participants in ED&TRP. 	<ol style="list-style-type: none"> 1. Monitor turnover through exit interviews and other indicators of dissatisfaction. 2. Identify job enrichment opportunities.

Key Workforce Objective:	Measurement:	Short-Term Actions:	Status: To be completed, June 07, 08, 09. 10, 11	Long-Term Actions:
Diversity Strategy	Maintain a workforce that includes at least 25% of staff that represent the city's racial/ethnic/cultural minority groups with a goal of 30%.	Ensure that all positions are posted widely in the community, as well as network with key community partners to recruit and train a diverse workforce.	Monitor affirmative action reports annually.	Maintain a presence in the community through community engagement, and maintain internship and other training opportunities within the department. Work with University and other colleges to increase the number of students of color prepared in public health.
Support Staff Skill Levels	Increase the number of support staff hired who are proficient in using the City's office software.	Work with HR on competencies for the three levels of Office Support Specialist, and testing for candidates.	In 2007 and beyond, test all applicants for proficiency.	Work with HR to increase training options, and develop competencies.
Management of Grant Funded Positions		Continue practices that identify grant funded positions, ensure documentation of grant funded status, and full disclosure for all candidates.	Monitor grant funded positions and work with HR on any positions being eliminated.	Maintain management as new positions are created with new funding sources.
Public Health Emergency Preparedness	Ensure training of and integration into emergency preparedness for all department staff.	Ensure planning and training systems are in place while federal funding remains. Build sustainability into the model of practice for the department.	Minimum of annual training for all department staff.	Continue integrating EP roles/responsibilities into all department positions, training for all staff at least yearly.

TECHNOLOGY PLAN

The standard technology provided by the City, with some supplemental software, has been adequate to meet department needs. The primary challenge is financial, and the department supports efforts to manage BIS costs and more equitably apportion costs to departments.

1. Department business applications updates:
The department upgrades its supplemental software as needed, with costs managed within existing funding sources.
2. Improvements/changes to enterprise business applications needed:
None.
3. Employee access to information needs:
Alternatives to remote access need to be determined for management of emergencies. In a wide spread emergency, remote access and the ability of employees to telecommute will likely be severely limited. These issues are starting to be discussed as part of the Continuity of Operations Planning, but will need significant work over the next few years for the City to remain functional in an emergency.
4. Enterprise and/or business application training needs:
Current and new hire support staff are in need of a greater level of technological skills. Improvements are needed in hiring, testing, and training for proficiency in use of city's office software.
5. Key data and reporting improvement needs:
Need improved systems for applying for and managing grants on line, including reporting and data entry.
6. Major technology equipment:
The department does not anticipate the need for new technology based on current grant funding. Future grant funding may require, allow, or necessitate the purchase of major technology.

TECHNOLOGY ACTION PLAN TABLE

Business Technology Need	Desired outcome/result	When	One-time costs	Ongoing Costs	Source of Funding
Maintain Satellite system	System operational for the expected life span of the equipment, 25 years		Completed in 2006	Minimal	Federal grants
Access to department records in event of emergency	Plan that addresses the various issues in remote access and safe guard of records.	2007	TBD	TBD	TBD
Public Health laboratory equipment replacement plan	Create a General Fund reserve fund for equipment replacement	2007	Within existing GF budget	Within existing GF budget	General Funds

EQUIPMENT AND SPACE PLAN

Planned Changes and Improvements to Existing Spaces 2007 - 2011				
Division	Current Location	Planned Location	Planned Action 2007-2011	Planned Action 2012-2017
Health & Family Support	PSC LL Storage & 5th Floors			Note 1
Sr. Citizen's Ombudsman	City Hall			Note 2
Sr. Citizen's Ombudsman	Senior Drop in Center		Lease expires 2011	Note 3
Public Health Laboratory	523 PSC			Note 4
General Notes:				
1) City's strategic plan potentially has health department relocated to a new Business Center				
2) Life/Safety renovation in City Hall covers this space in 2012				
3) Five year lease agreement with Target Corporation expires 9/30/2011				
4) Replace laboratory space after 2011, in joint space with police lab.				

Allocation and Cost of Current Space 2007		
Location	Allocation	2007 Costs
Public Service Center	21,834 sq ft	\$ 247,227

Exception Plan for Assets (non-fleet, Non-Technology)
1) Need laboratory equipment replacement plan.

Ergonomics/Furniture Changes
1) Ergonomics are addressed on an as-needed basis

ATTACHMENTS

Community Engagement Inventory of 2006 Activities

Activity	Description	Time period	Formal CE process/ tools used	Level of Participation	CE Activity required
Violence Prevention	Community advisory committee to develop a plan to prevent youth violence. May lead to a larger community engagement effort.	June – Fall '06	No	4	No
Urban Health Agenda community engagement	Community advisory committee to design community process to assess priorities and strategies related to health and wellbeing.	June '06 – Spring '07	Yes and consultation provided	4	No
Healthy Start	Consortium and development of a community engagement plan with community contractors	Ongoing	Customized training for staff and community contractors, consultation on development of CE plan	4	Consortium - Yes
Steps to a Healthier Minneapolis	Consortium of community members and organization representatives to guide community based efforts to address nutrition, exercise and exposure to second hand smoke. Conducted focus groups to assess attitudes and needs.	Ongoing - 2009	No	4	Consortium - Yes
Emergency Preparedness in African American and American Indian communities	Community work groups may lead to development of a formalized ongoing mechanism such as Memorandum of Agreement	'06 – '07	Staff trained	4	No
Northside Housing Fund Health Impact Assessment	Neighborhood organization helped design and administer surveys to residents, results reported to community and to CPED Northside Home Fund Board	Initiated in '06 to be completed as housing development projects are completed.	No	4	No
Public Health Advisory Committee	City Council Appointed to advise Council and Department on public health matters for the City. Overseeing CDBG competitive grant process.	Ongoing	Staff trained	4	Created by City Council

Activity	Description	Time period	Formal CE process/ tools used	Level of Participation	CE Activity required
Senior Citizens Advisory Committee	City Council appointed to advise on issues related to needs of senior citizens	Ongoing	No	3	Created by City Council
Minneapolis Advisory Committee on People with Disabilities	City Council appointed to advise on needs of persons with disabilities	Ongoing	No	3	Created by City Council
Urban Health Professionals Advisory Committee	Reports to Public Health Advisory Committee – Seeks insight from organizations providing health and social services to Minneapolis, promotes collaborative problem solving for issues raised.	Formed 8/06 - ongoing	Staff trained	2	No
38 th and Chicago transit corridor Health Impact Assessment	Working in conjunction with community design effort to assess health impact of planned development	Initiated in '06 – uncertain date of completion	No	4	No
Skyway Senior Center Advisory Board	Provide input and oversight of programming for Skyway Senior Center.		No	3	No

SUSTAINABILITY CURRENT AND BEST PRACTICES

Best Practices

The Department's work is grounded in research-based best practices. The Department augments these best practices with community-identified promising practices that are often tailored to specific populations. The Department seeks research funding to evaluate the effectiveness of promising practices.

Indicator	Current Department Activities	Best Practices Activities related to department
Affordable Housing Units	<ul style="list-style-type: none"> Developed and implemented a Health Impact Assessment in conjunction with Northside Home Fund development in multi-block clusters. Preliminary results validated a focus on design for safety. 	<ul style="list-style-type: none"> Assessments conducted in conjunction with neighborhood organizations consistent with principles of community-based participatory research.
AIDS and gonorrhea rate	<ul style="list-style-type: none"> School Based Clinic services at 6 Minneapolis Public Schools include screening, treatment and health education Seen on da Streets project reaches young men with testing, health education and referral Co-sponsored community forum on methamphetamine use in gay community in 2005; working on community-driven forum in 2006 that includes a movie about methamphetamine use and question and answer session. Subsidize clinic visits for uninsured patients at community clinics 	<ul style="list-style-type: none"> Provide confidential services and health information to adolescents and young adults in settings where they gather Support access to health services for teens and young adults who are uninsured Promote increased testing in underserved populations
Air Quality		
Airport Noise and Impacts		
Asthma Morbidity	<ul style="list-style-type: none"> Conducted evaluation of economic impact of City tobacco ordinance Distributed video program on asthma in six languages other than English to clinics and community organizations Initiated a campaign to discourage smoking indoors and in presence of children in African American and American Indian communities Sponsored asthma training of day care providers 	<ul style="list-style-type: none"> Decrease exposure to second hand smoke Increase understanding of prevention and management of asthma symptoms

Indicator	Current Department Activities	Best Practices Activities related to department
	<ul style="list-style-type: none"> Promoted asthma education (Coaches Clipboard Program) to sports league coaches in the City. 	
Bicycle Lanes and Paths (miles)		
Block Clubs		
Brownfield Sites		
Carbon Dioxide Emissions		
Combined Sewer Overflow		
Downtown Transportation Mode Split		
Graduation Rate at Minneapolis Public School	<ul style="list-style-type: none"> Support curriculum development at Broadway School for pregnant and parenting teens. Collaborate with community organizations to identify pregnant and parenting teens, connect them with school, and provide social support. Support increased preschool screening for 3-year-olds. Promote lead screening in children under 6. Manage the City contract for the Curfew Truancy Center. 	<ul style="list-style-type: none"> Social supports and relevant curriculum enhance potential for staying in school for teen parents. Earlier preschool screening allows for referral to services to improve school readiness. Elevated levels of blood lead in young children impede learning.
Healthy Weight	<ul style="list-style-type: none"> Co-sponsored a walking program for 800 city employees. Initiated a program with the Minneapolis Parks to encourage walking and biking on the Grand Rounds. Funded 2 projects (Northside Food Project and International Institute for Agricultural Trade Policy) to improve access to high quality foods in Near North, Northeast, and Phillips Communities. Funded partnerships with community-based organizations to increase physical activity and conduct nutrition education programs for families in 	<ul style="list-style-type: none"> Increased exercise and healthier eating are the key components to improving the number of adults and children who maintain a healthy weight. Changes in the environment and increased availability of healthy foods are key components to changing individual and family behavior. Healthy infant weight is related to maternal health and social well being.

Indicator	Current Department Activities	Best Practices Activities related to department
	<p>Near North, Northeast, and Phillips Communities.</p> <ul style="list-style-type: none"> • Worked with MPS and Public Works promote Safe Routes to Schools for Mpls. children. • Assisted MPS with development of new Wellness policy. • Assisted MPS with school staff walking program. • Partnered with Minneapolis Parks and Recreation Program to enhance Step Up to Health parks and public health partnership including programming and working towards adoption of policies to support healthy eating and physical activity. • Work with clinics in Minneapolis to develop a diabetes and obesity prevention initiative. • Screened prenatal patients at Minneapolis community health centers for psychosocial risk factors and enrolled African American, American Indian, and other at-risk women in the Twin Cities Healthy Start program to receive case management and other supportive services. • Provide forums for health plans, community based organizations, and public health professionals to improve services for racially and culturally diverse low income pregnant women. • Subsidize clinic visits for uninsured prenatal and well child visits at community clinics • Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant women and new mothers who are socially at risk. • Exercise and nutrition classes and walking clubs through the Skyway Senior Center. 	
Homeless in Minneapolis / Number of People Using Housing Shelters	<ul style="list-style-type: none"> • Support programs for homeless pregnant women • Participated in the development of the Plan to End Homelessness in Minneapolis and Hennepin County 	
Homicides	<ul style="list-style-type: none"> • Funded youth violence prevention grants with 8 community agencies • Co-sponsored community dialogue to develop longer term youth violence prevention plan 	<ul style="list-style-type: none"> • Homicides and violence are considered preventable injuries in the public health field. Other Cities have show reductions in youth homicides through community-wide prevention efforts.

Indicator	Current Department Activities	Best Practices Activities related to department
	<ul style="list-style-type: none"> Working with juvenile unit of MPD to address youth development needs of youth identified as at risk of committing serious crimes. 	
Infant Mortality Rate	<ul style="list-style-type: none"> Screened prenatal patients at Minneapolis and St. Paul community health centers for psychosocial risk factors and enrolled African American, American Indian, and other at-risk women in the Twin Cities Healthy Start program to receive case management and other supportive services. Provide forums for health plans, community based organizations, and public health to improve services for racially and culturally diverse low income pregnant women. Subsidize clinic visits for uninsured prenatal and well child visits at community clinics Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant women and new mothers who are socially at risk. Engage in health education efforts target to high risk communities to educate them about disparities in infant mortality and steps to take to prevent it. 	<ul style="list-style-type: none"> Strategies to address infant mortality are similar to those to address healthy birth weight. Infant mortality is related to maternal health and social well-being, access to prenatal and well-child clinical care as well as knowledge about child-rearing and injury prevention.
Lead Testing of Children 9 to 36 months	<ul style="list-style-type: none"> Provided lead outreach, education and blood lead testing at community sites (community events, day care centers, community centers, home visits, and churches) to increase blood lead testing among Minneapolis children under age 6. Provided Lead Safe Work Practices trainings and remediation resources to landlords and property owners and Integrated lead testing, education, property assessment and remediation into ongoing settings and systems (clinical providers, Minneapolis Public Schools, Housing Inspections, Section 8). Perform blood lead testing in the public health laboratory for those clinics that wish to submit samples. 	<ul style="list-style-type: none"> Incorporating lead testing into other activities for young families increases the likelihood that children will be screened Educating property owners about methods to reduce risk of exposure for children helps prevent elevated blood lead levels.
Permeable Surface		
Renewable Energy Us		
Students in the Arts		

Indicator	Current Department Activities	Best Practices Activities related to department
Teen Pregnancy Rate	<ul style="list-style-type: none"> • Provision of MPS classroom information on STIs, family planning, and other adolescent health issues to teens, teen parents and adult parents. • Subsidize clinic visits for adolescents through community clinics for family planning including risk reduction education concerning STIs, HIV and pregnancy prevention. • Provision of comprehensive medical, reproductive health/counseling, mental health, nutrition and social services at six Minneapolis high school locations. • Parenting students at Broadway High School will participate in the Not Ready Now program which encourages teens to postpone repeat pregnancies. • Provide leadership for Teen Parent Connection, a coalition helping teen parents and their young children with an emphasis on preventing second pregnancies for teens. • Partnership with and financial support of Plain Talk, a community-based intervention, which is planning new efforts to promote parent/youth engagement re sexuality health based on the needs expressed by the community. • Participate in collaboratives promoting policies assuring adolescent access to health services, family planning and comprehensive sexuality education. • Produce an annual Teen Parent Report Card to track community-wide progress. • Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant teens. 	<ul style="list-style-type: none"> • Teen pregnancy rates have been shown to be responsive to comprehensive sexuality education and access to contraceptives. • Connection to school has been shown to be related to decreased likelihood of teen pregnancy including second teen births. • Parents of adolescents play a significant role in the health choices made by teens. • Public health nurse home visiting is linked to pregnant teens finishing high school and significantly fewer repeat pregnancies.
Urban Tree Canopy		
Water Quality of Lakes, Streams and the Mississippi River		
Workers Earning a Livable Wage	<ul style="list-style-type: none"> • Recent survey of community organizations contracting with Health and Family Support showed that most agencies were in compliance with livable wage ordinance. 	
Affordable Housing Units	<ul style="list-style-type: none"> • Developed and implemented a Health Impact Assessment in conjunction with Northside Home Fund development in multi-block clusters. 	<ul style="list-style-type: none"> • Assessments conducted in conjunction with neighborhood organizations consistent with principles of community-

Indicator	Current Department Activities	Best Practices Activities related to department
	Preliminary results validated a focus on design for safety.	based participatory research.
AIDS and gonorrhea rate	<ul style="list-style-type: none"> • School Based Clinic services at 6 Minneapolis Public Schools include screening, treatment and health education • Seen on da Streets project reaches young men with testing, health education and referral <ul style="list-style-type: none"> • Co-sponsored community forum on methamphetamine use in gay community in 2005; working on community-driven forum in 2006 that includes a movie about methamphetamine use and question and answer session. • Subsidize clinic visits for uninsured patients at community clinics 	<ul style="list-style-type: none"> • Provide confidential services and health information to adolescents and young adults in settings where they gather • Support access to health services for teens and young adults who are uninsured • Promote increased testing in underserved populations
Air Quality		<ul style="list-style-type: none"> •
Airport Noise and Impacts		<ul style="list-style-type: none"> •
Asthma Morbidity	<ul style="list-style-type: none"> • Conducted evaluation of economic impact of City tobacco ordinance • Distributed video program on asthma in six languages other than English to clinics and community organizations • Initiated a campaign to discourage smoking indoors and in presence of children in African American and American Indian communities • Sponsored asthma training of day care providers • Promoted asthma education (Coaches Clipboard Program) to sports league coaches in the City. 	<ul style="list-style-type: none"> • Decrease exposure to second hand smoke • Increase understanding of prevention and management of asthma symptoms
Bicycle Lanes and Paths (miles)		
Block Clubs		
Brownfield Sites		

Indicator	Current Department Activities	Best Practices Activities related to department
Carbon Dioxide Emissions		
Combined Sewer Overflow		
Downtown Transportation Mode Split		
Graduation Rate at Minneapolis Public School	<ul style="list-style-type: none"> • Support curriculum development at Broadway School for pregnant and parenting teens. • Collaborate with community organizations to identify pregnant and parenting teens, connect them with school, and provide social support. • Support increased preschool screening for 3-year-olds. • Promote lead screening in children under 6. • Manage the City contract for the Curfew Truancy Center. 	<ul style="list-style-type: none"> • Social supports and relevant curriculum enhance potential for staying in school for teen parents. • Earlier preschool screening allows for referral to services to improve school readiness. • Elevated levels of blood lead in young children impede learning.
Healthy Weight	<ul style="list-style-type: none"> • Co-sponsored a walking program for 800 city employees. • Initiated a program with the Minneapolis Parks to encourage walking and biking on the Grand Rounds. • Funded 2 projects (Northside Food Project and International Institute for Agricultural Trade Policy) to improve access to high quality foods in Near North, Northeast, and Phillips Communities. • Funded partnerships with community-based organizations to increase physical activity and conduct nutrition education programs for families in Near North, Northeast, and Phillips Communities. • Worked with MPS and Public Works promote Safe Routes to Schools for Mpls. children. • Assisted MPS with development of new Wellness policy. • Assisted MPS with school staff walking program. • Partnered with Minneapolis Parks and Recreation Program to enhance Step Up to Health parks and public health partnership including programming and working towards adoption of policies to support healthy eating and physical activity. 	<ul style="list-style-type: none"> • Increased exercise and healthier eating are the key components to improving the number of adults and children who maintain a healthy weight. • Changes in the environment and increased availability of healthy foods are key components to changing individual and family behavior. • Healthy infant weight is related to maternal health and social well being.

Indicator	Current Department Activities	Best Practices Activities related to department
	<ul style="list-style-type: none"> • Work with clinics in Minneapolis to develop a diabetes and obesity prevention initiative. • Screened prenatal patients at Minneapolis community health centers for psychosocial risk factors and enrolled African American, American Indian, and other at-risk women in the Twin Cities Healthy Start program to receive case management and other supportive services. • Provide forums for health plans, community based organizations, and public health professionals to improve services for racially and culturally diverse low income pregnant women. • Subsidize clinic visits for uninsured prenatal and well child visits at community clinics • Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant women and new mothers who are socially at risk. • Exercise and nutrition classes and walking clubs through the Skyway Senior Center. 	
Homeless in Minneapolis / Number of People Using Housing Shelters	<ul style="list-style-type: none"> • Support programs for homeless pregnant women • Participated in the development of the Plan to End Homelessness in Minneapolis and Hennepin County 	
Homicides	<ul style="list-style-type: none"> • Funded youth violence prevention grants with 8 community agencies • Co-sponsored community dialogue to develop longer term youth violence prevention plan • Working with juvenile unit of MPD to address youth development needs of youth identified as at risk of committing serious crimes. 	<ul style="list-style-type: none"> • Homicides and violence are considered preventable injuries in the public health field. Other Cities have show reductions in youth homicides through community-wide prevention efforts.
Infant Mortality Rate	<ul style="list-style-type: none"> • Screened prenatal patients at Minneapolis and St. Paul community health centers for psychosocial risk factors and enrolled African American, American Indian, and other at-risk women in the Twin Cities Healthy Start program to receive case management and other supportive services. • Provide forums for health plans, community based organizations, and public health to improve services for racially and culturally diverse low income pregnant women. 	<ul style="list-style-type: none"> • Strategies to address infant mortality are similar to those to address healthy birth weight. • Infant mortality is related to maternal health and social well-being, access to prenatal and well-child clinical care as well as knowledge about child-rearing and injury prevention.

Indicator	Current Department Activities	Best Practices Activities related to department
	<ul style="list-style-type: none"> • Subsidize clinic visits for uninsured prenatal and well child visits at community clinics • Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant women and new mothers who are socially at risk. • Engage in health education efforts target to high risk communities to educate them about disparities in infant mortality and steps to take to prevent it. 	
Lead Testing of Children 9 to 36 months	<ul style="list-style-type: none"> • Provided lead outreach, education and blood lead testing at community sites (community events, day care centers, community centers, home visits, and churches) to increase blood lead testing among Minneapolis children under age 6. • Provided Lead Safe Work Practices trainings and remediation resources to landlords and property owners and • Integrated lead testing, education, property assessment and remediation into ongoing settings and systems (clinical providers, Minneapolis Public Schools, Housing Inspections, Section 8). • Perform blood lead testing in the public health laboratory for those clinics that wish to submit samples. 	<ul style="list-style-type: none"> • Incorporating lead testing into other activities for young families increases the likelihood that children will be screened • Educating property owners about methods to reduce risk of exposure for children helps prevent elevated blood lead levels.
Permeable Surface		
Renewable Energy Us		
Students in the Arts		
Teen Pregnancy Rate	<ul style="list-style-type: none"> • Provision of MPS classroom information on STIs, family planning, and other adolescent health issues to teens, teen parents and adult parents. • Subsidize clinic visits for adolescents through community clinics for family planning including risk reduction education concerning STIs, HIV and pregnancy prevention. • Provision of comprehensive medical, reproductive health/counseling, mental health, nutrition and social services at six Minneapolis high school locations. • Parenting students at Broadway High School will participate in the Not Ready Now program which 	<ul style="list-style-type: none"> • Teen pregnancy rates have been shown to be responsive to comprehensive sexuality education and access to contraceptives. • Connection to school has been shown to be related to decreased likelihood of teen pregnancy including second teen births. • Parents of adolescents play a significant role in the health choices made by teens. • Public health nurse home visiting is linked to pregnant teens finishing high school and significantly fewer repeat pregnancies.

Indicator	Current Department Activities	Best Practices Activities related to department
	<p>encourages teens to postpone repeat pregnancies.</p> <ul style="list-style-type: none"> • Provide leadership for Teen Parent Connection, a coalition helping teen parents and their young children with an emphasis on preventing second pregnancies for teens. • Partnership with and financial support of Plain Talk, a community-based intervention, which is planning new efforts to promote parent/youth engagement re sexuality health based on the needs expressed by the community. • Participate in collaboratives promoting policies assuring adolescent access to health services, family planning and comprehensive sexuality education. • Produce an annual Teen Parent Report Card to track community-wide progress. • Contract with Minnesota Visiting Nurse Agency for home visiting to pregnant teens. 	
Urban Tree Canopy		
Water Quality of Lakes, Streams and the Mississippi River		
Workers Earning a Livable Wage	<ul style="list-style-type: none"> • Recent survey of community organizations contracting with Health and Family Support showed that most agencies were in compliance with livable wage ordinance. 	