

# Health and Family Support 2012 Budget Hearing



Department found on pages 365-375 in budget book

Presentation to Ways and Means/Budget Committee  
October 19, 2011

# Health and Family Support Return on Investment

---

In 2011, a General fund investment of \$3,300,280 leveraged \$8,961,570 directed at improving citizen health and wellbeing. Every GF dollar leveraged \$2.72 of additional funding for the City.

In 2012, the Mayor's recommended budget decreases the General Fund available to Health and Family Support for resident well-being by \$761,359 (23%) from the 2011 base.

In the face of continuing needs, this gives added urgency to securing outside (leveraged) funds – and also makes it more difficult to do so in an increasingly competitive environment.

# Investing in Prevention Helps Control Future Costs

---

Youth violence prevention – lowers law enforcement costs, positively influences property values, livability and employability

Improving access to healthy food and physical activity in low resourced communities – positively influences property values and livability, increases community cohesion and safety

Lead poisoning prevention – contributes to housing stock maintenance, improves school success and lowers community violence

Teen pregnancy prevention – increases employability, contributes to school success and has a positive long-term impact on violence

# Health and Family Support

## “The Little Engine that Could”

For nearly two decades, Health and Family Support has been a small department with a large responsibility.

- **We do this by:**
  - **Building on a base of State Local Public Health Funding and less than 1% of the General Fund as a match**
  - **Leveraging this base to bring in an average of \$7.9M additional dollars per year over the past five years**
  - **Prioritizing efforts based on city goals and community needs**
  - **Partnering with community organizations to plan collectively and implement complementary, not duplicative, efforts**

# Mayor's Recommended Reductions

The Mayor's budget represents a 23% reduction in the general fund support for Health and Family Support.

## Cuts to external contracts (\$319,000)

- **\$200,000 cut in Health Care Safety Net – reduce subsidy to community clinics for uninsured by 42%, resulting in 2,020 fewer visits for uninsured or under-insured residents**
- **\$44,000 cut to youth programming (through YCB) - 9% reduction to after-school programming**
- **\$75,000 cut to Domestic Abuse Project - 50% reduction in advocacy services for victims of domestic violence**

# Mayor's Recommended Reductions - continued

---

## Cuts to internal infrastructure (\$310,000)

- Elimination of general fund support for public health emergency preparedness (\$138,444)
- Community Engagement and Assessment (\$8,000)
- Current administrative costs that were imbedded in new proposals and not funded (\$87,556)
- Position eliminated in 2011 (\$76,654)

# Mayor's Recommended Reductions - continued

---

Proposed but not funded (\$132,000)

- Home Grown Minneapolis
- Green and Healthy Homes

# Internal Infrastructure Cuts

---

Eliminate 1 vacant director position and reclassify manager positions to grade 9 as grant funding and staff decrease

Eliminate 3 professional positions

Eliminated 2 temporary grant funded positions in 2011

Transfer Senior Ombudsman position to Neighborhood and Community Relations

Reclassify 1 support position to a lower grade

# Department Programs by Goal

Primary Goal   
 Secondary Goal 

	A Safe Place to Call Home	Eco-Focused	Many People, One Minneapolis	Livable Communities, Healthy Lives	A City that Works	Jobs and Economic Vitality
Youth Development	Secondary		Primary	Secondary		Secondary
Youth Violence Prevention	Primary		Secondary			
Senior Services			Secondary	Primary		
Senior Initiative	Secondary		Secondary	Primary	Secondary	
Obesity Prevention	Secondary		Secondary	Primary	Secondary	
Healthy Homes	Secondary	Primary		Secondary		
Community Assessment/Policy	Secondary	Secondary	Secondary	Secondary	Primary	Secondary
Infection Disease	Primary		Secondary	Secondary		
Emergency Preparedness	Primary		Secondary			Secondary
Infant/Early Childhood			Primary			
School Based Clinics			Primary	Secondary		Secondary
Perinatal Initiatives			Primary	Secondary		
Teen Pregnancy Prevention			Primary	Secondary		
Health Care Safety Net			Primary			Secondary

# Impact of Recommended Budget on Key Results

---

While budget decreases will have adverse consequences on community well-being, quantifying the impact on specific measures is difficult due to the combined effects of a variety of city and community programs.

Decreased funding for Community Clinics will negatively impact several indicators: number who delayed or did not get outpatient care (BP), the percent of obese or overweight adults who receive health care counseling (BP), percent of children screened for lead poisoning (BP, S, R), STDs (BP, S, R), HIV (BP, S, R), and teen pregnancy rates (BP, S, R).

BP = Blueprint to prevent youth violence; S = Sustainability indicator; R = Results Minneapolis measure

# Impact of Recommended Budget on Key Results

Decreased funding for youth programming will adversely impact youth violence and teen pregnancy(BP,S,R) as well as student participation in after-school activities(R) and the percent of students who feel safe at home(R). Decreased funding for domestic abuse response may also impact youth violence (BP,S,R).

Reduced staffing in Public Health Emergency Preparedness will affect the level of response capacity within the Department, especially for non-public health emergencies.

# Impact of Recommended Budget on Key Results

---

A reduction in staff and managerial positions will threaten progress achieved to date on City and Department goals and severely restrict availability of staff to produce competitive proposals to secure government and foundation funding (R) for critical efforts such as the youth violence Blueprint (BP).

# Recent or Planned Efficiencies

---

Third-party payments for School Based Clinic services have increased steadily in recent years. In 2012, the amount of third party revenue budgeted for will increase by \$100,000 compared with 2011.

Continue to prioritize efforts and initiatives based on city and department goals.

# Major Contracts by Program

Infant/Child Health	Hennepin County and Minneapolis Public Schools, Preschool Screening	100,000	GF
Senior Services	MN Visiting Nurse Agency, home health care for uninsured seniors	70,000	GF
Health Care Safe Net	MN Visiting Nurse Agency, Home Visiting for at risk families	361,000	GF
Infant/Child Health	Way to Grow School Readiness	270,000	GF
Youth Development	Youth Coordinating Board for after school activities	306,000	GF
Emergency Preparedness	Hennepin County - Planning for mass dispensing, Health Alert Network	130,000	Federal
Hlthy Homes/Env	Lead education contracts with community agencies	200,000	Federal
Teen Pregnancy Prevention	MN Visiting Nurse Agency, Home Visiting for pregnant and parenting teens	880,000	Federal
Infectious Disease	Neighborhood Health Source for STD reduction for at risk youth	100,000	Federal
Obesity Prevention	Redeemer Center, Bike Walk Center	100,000	Federal
Infant/Child Health	Hennepin County and Minneapolis Children's' Hospital, WIC Services	329,000	State
	Hennepin County, Infectious Disease Surveillance and immunization registry	155,000	State
Health Care Safe Net	MN Visiting Nurse Agency, Home Visiting for at risk families	316,000	State
	Minneapolis Public Schools, Family Connection Center for immunizations	50,000	State
Youth Violence Prevention	The Link for operation of the Juvenile Supervision Center	180,000	Other Rev

# Major Contracts in Department

---

While the majority of department contracts are with community based not-for-profits and governmental units, the department is interested in increasing use of Women or Minority Business Enterprise (W/MBE) contractors for small contracts such as food vendors. Assistance from Civil Rights will be needed in identifying these vendors.

# New Initiatives

---

No new initiatives for 2012.

## **Technology Initiatives**

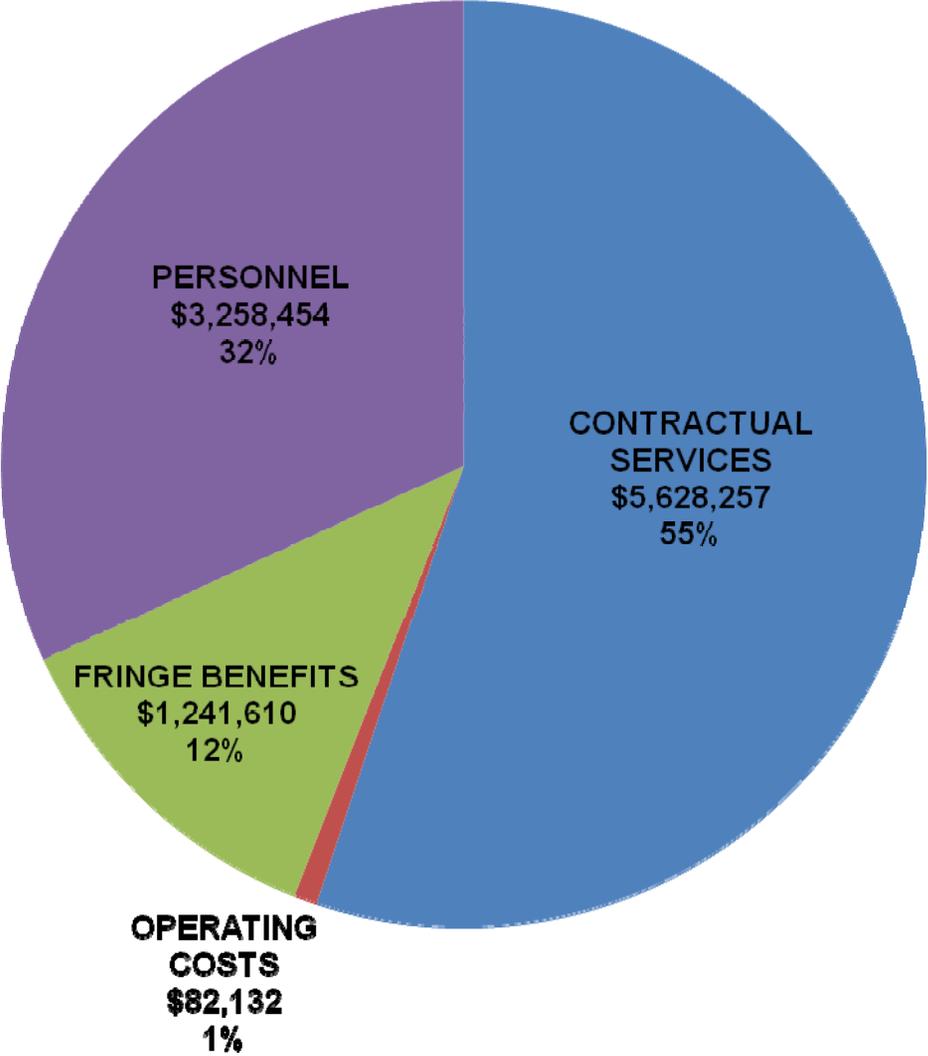
The need to streamline and automate health care delivery and billing in the School Based Clinic Program, along with Federal requirements and incentives, has been the impetus for implementing an electronic health record (EHR) system. The goal is to implement software practice management (scheduling, registration, and billing) in early 2012 followed by implementation of the EHR within the next 2 or 3 months. We anticipate the ability to participate in the Medicaid Electronic Health Record Incentive program to obtain provider payments as we demonstrate adoption and implementation of EHR, which will cover the cost of the EHR.

## **Wireless Technology**

We have explored ways to use the City's wireless technology but most of our external work is at the School Based Clinics which are located in buildings where wireless cannot be utilized. We will continue to explore ideas as technology and business needs change.

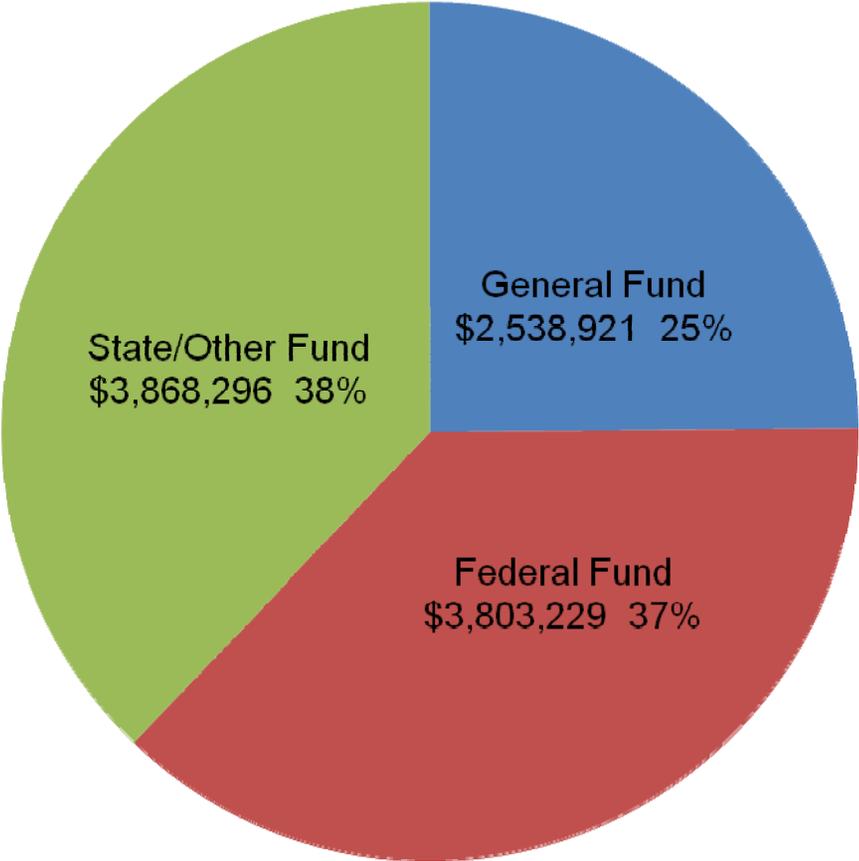
Health and Family Support

# Expenditures by Type (\$10,210,544)



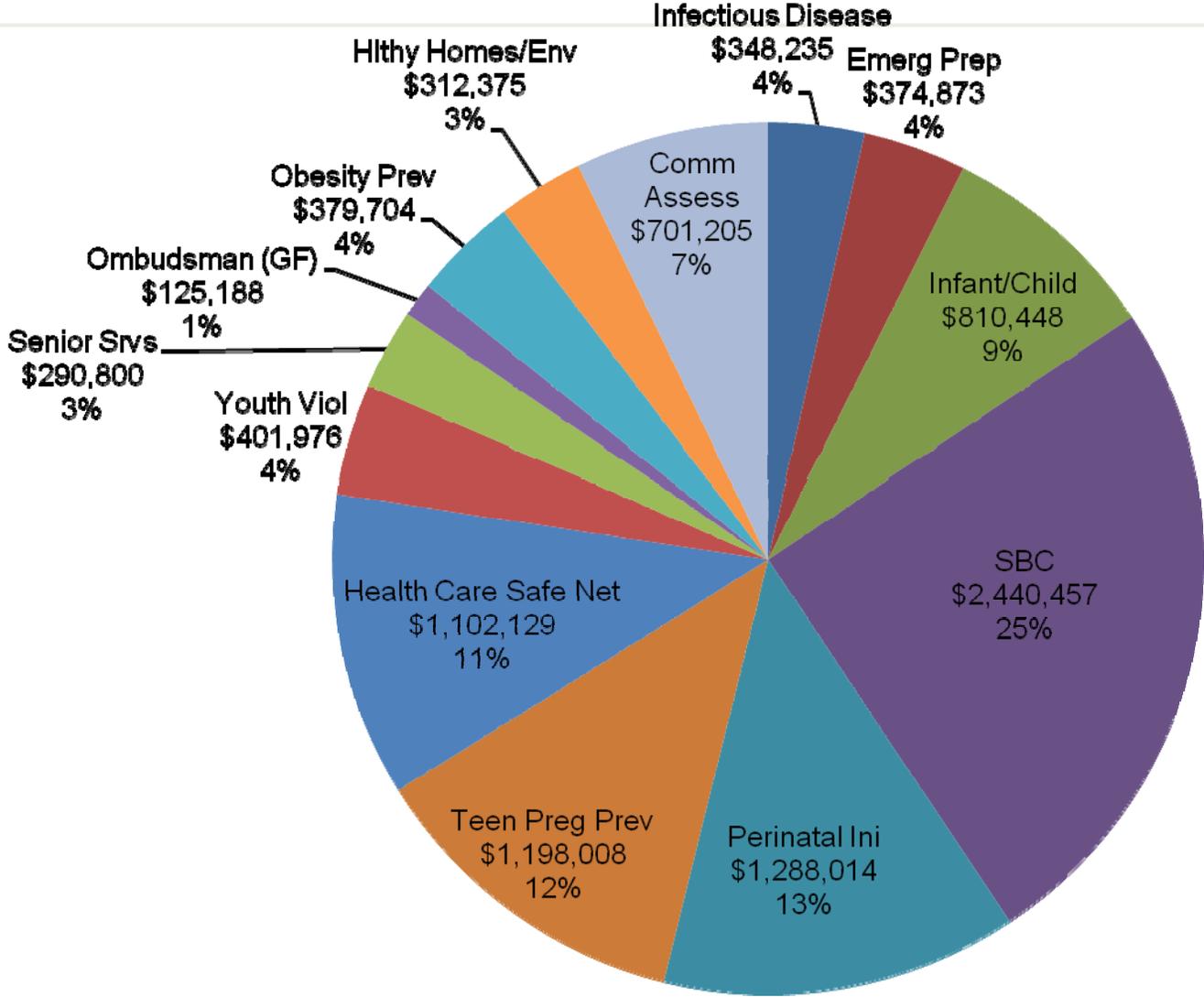
Health and Family Support

# Expenditures by Fund (\$10,210,554)



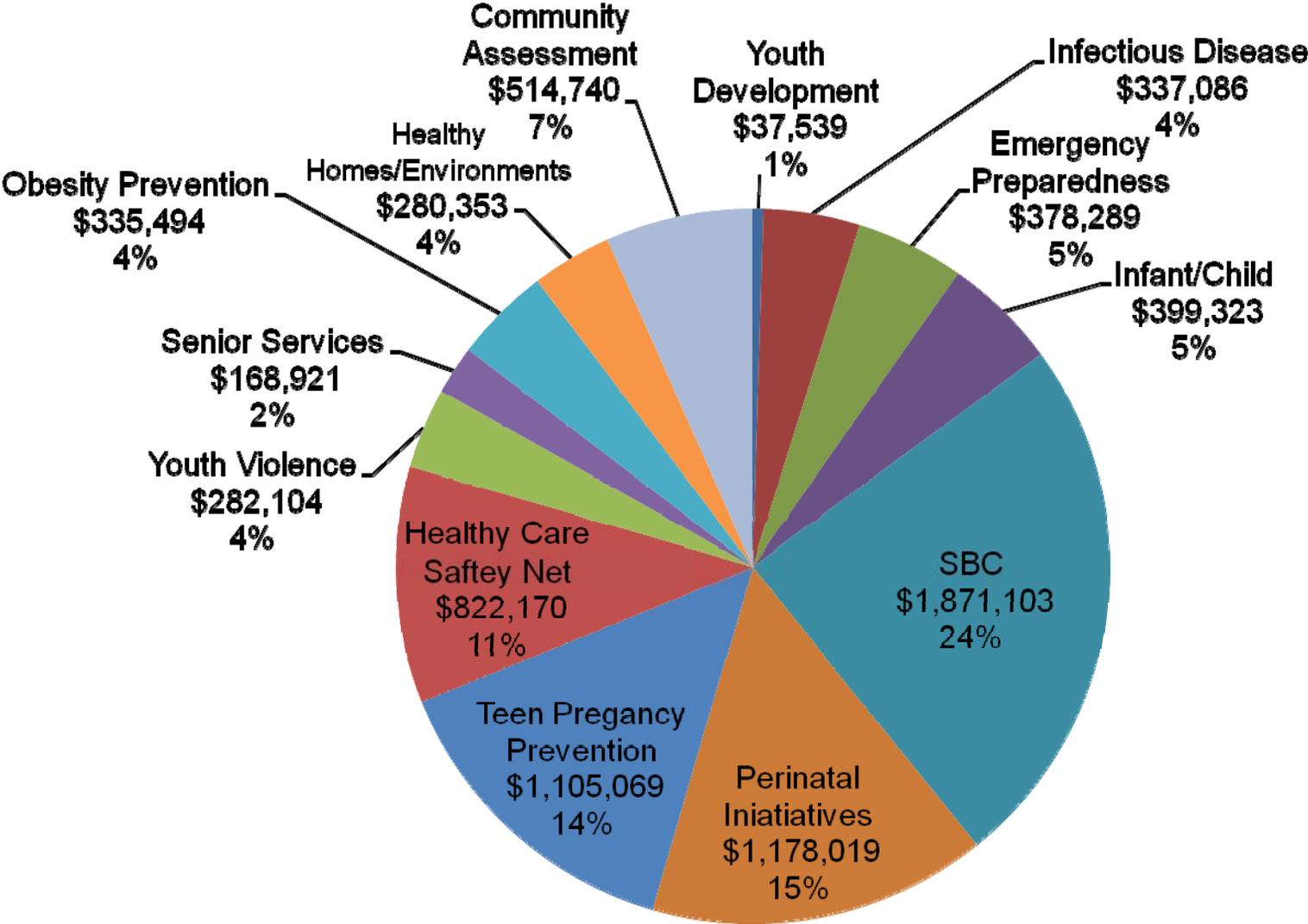
Health and Family Support

# Expenditures by Program (\$10,210,544)



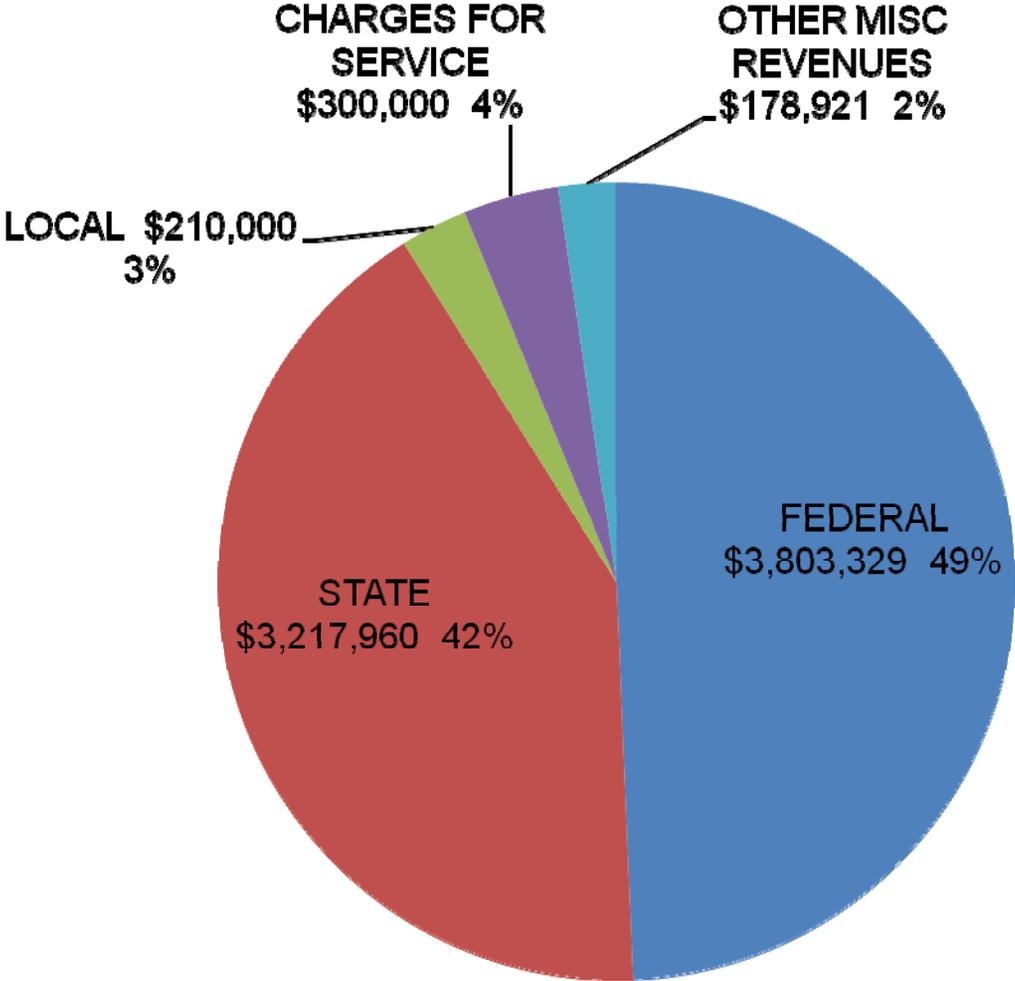
Health and Family Support

# Direct Revenue by Program (\$7,710,210)



Health and Family Support

# Direct Revenue by Type (\$7,710,210)



## Health and Family Support

# Positions by Program (before reductions) (52.25)

