

HEALTH DEPARTMENT

Mission Statement:

To improve the physical, mental, and social health of Minneapolis residents through partnerships with residents, schools, community agencies, other units of government, the philanthropic community and the private sector.

Primary Businesses:

- Policy and Advocacy
- Research and Evaluation
- Direct Services
- Community Initiatives
- Supporting the Community Safety Net
- Protecting the Public – Emergency Preparedness

Key Trends and Challenges Impacting the Department:

Public health services are most effective and valuable when they prevent problems and the need for costly interventions later on. For example, vaccinations can prevent a host of debilitating and even fatal diseases. Early child development programs contribute to increased school retention, academic success, and future employment. Programs that reduce births to teenage mothers contribute significantly to reductions in the overall child poverty rate. These efforts also have far-reaching and long-term implications because children of teenage parents face poorer infant health, lower academic achievement, greater risk of social and emotional problems, and a greater probability of becoming teen parents themselves. Home nursing and chore services help seniors to stay in their homes, reducing costs associated with nursing home placements and improving overall quality of life.

The data to support public health investments are persuasive. Research conducted by economists at the Minneapolis Federal Reserve Bank documents that money put toward early childhood programs may be the best form of economic development available. These programs yield a 12 percent annual return, after inflation. Art Rolnick, who specializes in examining public investments, argues investing in human development is economic development, and the earlier the investment, the better the return.

An issue brief released by the U.S. House of Representatives Committee on Ways and Means (April 23, 2004) states that the steep decline in the teen birth rate is a significant factor in reducing child poverty and single-parent families. Nationally, the teen birth rate peaked in 1991 and then declined 30 percent. At the same time, the overall child poverty rate declined by 23 percent. An examination of many contributing factors concluded that more than one-fourth of the reduction in child poverty is attributable to the decline in teen births. A study conducted by the Centers for Disease Control and Prevention has shown that the delayed initiation of sexual intercourse and improved contraceptive practices contributed equally to declines in teen pregnancy. A study that examined an eight-year multi-state panel database found that public health expenditures and public health activities significantly decreased births to teenage mothers. This same study also found the public health expenditures significantly decreased the number of infants whose mothers receive late or no prenatal care.

Other evidence of the cost benefits of investments in public health abounds. The challenge for the Minneapolis Department of Health and Family Support, like other public health agencies, is to garner sufficient resources to ensure that adequate investments are made in human capital while also

attending to immediate and pressing needs such as access to health services and preparing for public health emergencies.

Awareness of the unique public health needs of urban areas is increasing, especially the need to deal simultaneously with a variety of social and environmental determinants of health, such as housing, educational and employment opportunities, childcare, and access to healthful foods and recreational areas. However, resources have diminished in recent years, largely due to federal and state budget cuts which affect funds available locally. Eligibility for the state's public health care programs has been restricted, increasing the number of low-income local residents who lack health insurance. Day care subsidies have been cut severely.

Categorical funding and the time-limited nature of certain grants limit the department's flexibility in resource allocation and ability to plan long-term. For example, federal funds are now available for emergency preparedness planning, but whether a sustainable infrastructure can be maintained indefinitely is an open question. The formula for distribution of the state's public health monies next year is still uncertain and will remain subject to change in the future, as urban, suburban, and rural constituencies contend for a greater share of limited funds. The loss of programs such as the Youth Risk Behavior grants when the state's tobacco endowment was redirected in the last legislative session was another blow to public health efforts. Funding reductions that threaten successful programs and services are likely to stem or even reverse public health successes in Minneapolis, most notably the declines in teen births and infant mortality.

Future gains in local public health are most likely to result from collaborative efforts across the public and private sectors. City departments will need to work together with one another, with other government-level agencies and with community partners to efficiently address housing, health services, and other needs, and to foster environments that promote healthy lifestyles. This type of cross-disciplinary cooperation and community engagement takes a great deal of time and effort. Such endeavors become more difficult when individual departments and staff are struggling to meet day-to-day needs. Successful planning and implementation of changes that will yield long-term results will continue to be one of the key challenges facing the Department of Health and Family Support.

Key Initiatives or Other Models of Providing Service to be implemented in 2005

Insure and Improve Access to Healthcare

- Minneapolis will work with other organizations to advocate for passage of a bill to implement a universal health coverage system for children based on City Council action in 2004.
- The Department will prioritize support for Minneapolis community clinics, school based clinics and public health nursing in funding decisions.
- The Department will continue outreach efforts such as those at the New Families Center that help connect individuals and families with health coverage and health care services.

Rebuild the Public Health Infrastructure

- Implement a training plan for Department staff which ensures that 95% of the staff are trained and 50% have participated in an exercise/drill for roles they would be expected to fill in an emergency.
- Ensure that 95% of the department's management staff are trained in the City, regional, county, and department plans and have had hands on experience through exercises in leadership positions.
- Work closely with Regulatory Services, Communications, and other City department staff to ensure maximum participation in training and public health emergency exercises.

Institutionalize the City's Capacity to Address the Needs of Residents with Limited English Proficiency

- In 2005, Minneapolis Multicultural Services will continue to provide services to city residents including interpretation, translation, advocacy, outreach, and technical assistance to ensure that

- basic customer service is provided to limited English speaking persons (immigrants and refugees).
- Key activities in 2005 include implementation of the federally-required Limited English Proficiency plan at the enterprise-wide and departmental levels, spearheading outreach activities such as La Feria, a family fair for Hispanic families in Minneapolis community organizations and the Hmong New Arrivals working group, and delivering on-site services with Somali community organizations.

Address the Social Determinants of Health

- Initiate at least one effort to incorporate health related measures into an enterprise planning initiative.

Work with Hennepin County to Align Priorities and Investments and Expand Partnerships to Address Urban Health Issues

- Before the end of 2004, staff will report back to the City Council and Hennepin County Board with a document summarizing key roles and responsibilities, making recommendations for an ongoing collaborative mechanism for working with residents, community leaders and the Local Public Health Advisory Committees; and proposing a process for elected officials to approve and oversee an urban health agenda. In 2005, those measures will be enacted as approved by the Mayor/City Council.
- In 2005, the Department's staff, in concert with staff from St. Paul/Ramsey and Hennepin County, will institutionalize a formal and ongoing structure and identify at least four policy initiatives or projects that can be jointly addressed on behalf of urban residents.

Prevent Childhood Lead Poisoning

- Controlling all lead hazards in housing by the year 2010 is the ultimate goal of all lead initiatives.
 1. Outreach and education for at-risk families, landlords and property owners will be provided, including 400 community events, 625 community-based blood lead tests, and 480 in-home visual assessments.
 2. 400 low-income housing units will be enrolled in lead hazard treatment programs.

Reduce Exposure to Second Hand Smoke

- The Department will assist City leaders with implementation of the ordinance to limit workplace tobacco use when approved, and will actively work in concert with Intergovernmental Relations to support the City's legislative agenda items that pertain to tobacco use. If awarded a Steps to a Healthier USA grant in response to a proposal submitted in June 2004, the Department will reinvigorate its Step Out to Smoke campaign and expand it to the South Side.

Primary Business: Policy and Advocacy

Description of Primary Business: Based on needs identified by the community and public health and human services research, the Department advocates for policy change and develops community initiatives that will positively impact families and children. The goal of policy activities is to reduce barriers to health and social services for Minneapolis residents. These efforts advance the City goal of promoting public, community and private partnerships to address disparities and to support strong, healthy families and communities.

The Department works with the City's IGR staff and policy makers to develop and advocate for health and family support-oriented legislative priorities. Key issues include: access to safety-net health care services, protecting access to confidential health care services for adolescents, lead poisoning prevention, and elimination of health disparities. Legislative priorities are developed in coordination with community and advocacy partners such as the Children's Defense Fund, the Local Public Health Association, and other health and human services groups. Examples of policy

initiatives include advocating for a fair distribution of public health subsidy funds so that complex urban health issues can be addressed. In 2003, the Department helped to shape a statewide public health distribution formula that protected core public health services for Minneapolis in the face of significant budget cuts. Other efforts include the protection of the Minor Consent law which enables adolescents to receive critical and confidential chemical health, mental health, and reproductive health services.

Policy staff are also engaged in obtaining external funding for public health programs such as lead prevention outreach, home visiting for undocumented Hispanic teens, and early literacy efforts. The grant writer position, housed in this division, is responsible for identifying grant opportunities that align with the Department priorities as well as forwarding information about grant opportunities to community partners.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
Health Care Access Resources to reduce Health Disparities	na	Eliminating Health Disparities Initiative funding remains intact. Safety net programs remain intact.	Slight budget cut to the Eliminating Health Disparities Initiative. Safety net programs cut dramatically. An estimated 4,000 Mnpls residents will lose health care coverage by 2007.	Department is working on developing an urban health policy agenda.	Advocate against State budget cuts to safety net programs. Implement elements of the urban health policy agenda.

Explanation of Key Performance Measures: During the 2004 legislative session, the Department worked to protect the state's Eliminating Health Disparities Initiative and the Minor Consent Law, and to prevent further erosion of safety net programs such as General Assistance Medical Care, Minnesota Care, newborn eligibility for health services and the prevention of child lead poisoning. With continued budget deficit scenarios at the state level, the focus will be on protecting safety net programs and policy approaches that support the health of Minneapolis residents. Another key activity will be to sustain adequate funding for urban health departments as the state formula for Local Public Health funds is revamped. Policy staff will continue to work with other local and state public health departments and community groups to define and make progress on developing an urban health policy agenda.

Primary Business: Research and Evaluation

Description of Primary Business: The Research and Evaluation Division conducts a wide range of surveillance, needs assessment, research, and evaluation activities that address three major objectives: 1) Targeting social and environmental determinants of health; 2) Reducing risk behaviors and, promoting health-enhancing behaviors; 3) Improving access to and quality of health services.

These activities align with the City goals to foster partnerships to reduce health disparities and support healthy communities. Key customers include elected officials, other City Departments, community agencies, and residents.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
Epidemiological studies	SHAPE survey development	6,560 adult residents interviewed	SHAPE reports on community-level data	SHAPE reports on special populations & health topics. MN Student Survey conducted in Mpls Public Schools	Additional SHAPE reports and student survey reports.
Project evaluation, special research reports	Reports on health disparities, teen parents	Reports on health disparities, teen parents	Reports on benefits of youth activities, perinatal periods of risk	Youth suicide prevention project evaluation. First annual report on male reproductive health project.	Comprehensive evaluation of Twin Cities Healthy Start birth outcomes. Second annual report on male reproductive health project.

Primary Business: Direct Services

Description of Primary Business: The Department of Health and Family Support operates under the principle that the City should not do what the community can do for itself. While direct service delivery most often falls within the purview of the private sector, including not-for-profit organizations, or Hennepin County Human Services, there are exceptions. These are:

- Instances in which the service builds capacity, supports other City departments, or creates citywide efficiency. Examples of these are the Public Health Laboratory, Minneapolis Multicultural Services, the Senior Ombudsman, and the Housing Advocates.
- Instances where the service fills a unique niche or gap in the community delivery system, and where other resources can be secured. These include the School Based Clinics, New Families Center and the Skyway Senior Center. These represent little or no direct financial investment from the City tax base.

There are times when the service activity meets both these criteria. Examples are the Public Health Laboratory and the Senior Ombudsman’s Office.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
Number of lab tests performed	103,300	75,500	89,770	120,000	110,000
Lab revenue generated	\$673,161	\$593,258	\$675,409	\$605,000	\$630,000
Multicultural clients encountered	Work with most City dpts to develop MMS	All City departments	All City departments	All City departments	All City departments
Senior Ombudsman contacts with seniors	na	12,013	12,500	13,500	13,500
Number served in the Senior Tax Program	na	7,453	12,500	10,500	10,500
Annual visits to the Skyway Senior Center	na	13,500	15,061	15,600	15,000
Number of class participants to the Senior Skyway Center	na	4,000	4,730	4,560	4,500
Senior Skyway volunteer hours	na	2,500	2,354	2,294	2,300
School Based Clinic student encounters	10,016	9,131	8,253	8,500	8,500
School Based Clinic revenue generated through billing	\$19,000	\$40,000	\$78,943	\$99,000	\$110,000
New Families Center - number of individual enrolled in public health insurance programs	400 families (881 children)	2,214 individuals	2,878 individuals	4,000 individuals	4,500 individuals
Number of immunizations administer in the New Families Center	2,137	3,414	3,500	3,500	3,500
Number served by Housing Advocates	na	10,139	9,235	9,192	9,500
Housing Advocates - Legal Aid number served	na	495	365	400	420

Explanation of Key Performance Measures: These performance measures are of three primary types: Specific numbers of individuals served (Senior Ombudsman, Housing Advocates, Skyway Senior Center, School Based Clinics, New Family Center and Multicultural Services); Activities that build capacity and serve the enterprise such as the Public Health Laboratory, Minneapolis Multicultural Services, Housing Advocates and the Senior Ombudsman; or have specific revenue targets such as the laboratory.

Primary Business: Community Initiatives

Description of Primary Business: Community initiatives align with the City goals to promote public, community, and private partnerships to address disparities and to support strong, healthy families and communities. These are most often funded by public health formula funds, competitive grants, or Department in-kind support. Formation of these initiatives is guided by data-driven public health priorities; city, department and community readiness; capacity; and opportunity.

Community initiatives include activities in which Department staff engage in work that enhances the community service delivery system and includes the participation of residents, community organizations, other units of government, City departments and the private sector. Every division of the Department participates in these initiatives. Current initiatives include, Improving Birth Outcomes, Improving Adolescent and Young Adult Health, Early Childhood and School Readiness, Health Education and Promotion, Tobacco Reduction Initiatives, Fostering American Indian Community Engagement and Public Health, Reducing Health Disparities in the Community - EDHI Grantees, and Improving Community Safety. Improving Community Safety includes, Lead Poisoning Prevention, Weed and Seed, Minneapolis Curfew Truancy Center, and Family Violence Intervention.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
Number of Families enrolled in Healthy Start	270	390	262	262	262
Repeat teen births	182 (23.4% of teen births)	155 (20.6% of teen births)	Further decrease	Further decrease	Further decrease
Births to teens	780 (11.8% of births)	752 (11.3% of births)	Further decrease	Further decrease	Further decrease
Conduct second hand smoke campaign	na	Campaign launched in Near North and Camden in Feb 2002	Campaign continued in Near North and Camden	Applied for STEPS funding to re-implement campaign on the North side, and also bring it to South Mpls.	If STEPS funding received, begin campaigns in North and South Mpls.
Develop health disparities policy agenda	na	na	Worked with grantees to advocate for continued funding	Work with EHD1 grantees, St. Paul Ramsey and Hennepin County Health Departments and the Minnesota Department of Health to shape a joint health disparities policy agenda.	Implement Health Disparities Policy agenda
Minneapolis children and pregnant women tested for lead at community-based settings	na	0	125	385	335
In-home visual lead assessments provided	na	0	18	160	320
Average crime reduction within Weed & Seed zones	-8.9%	-8.51%	-9%	10% decrease proposed, Summer Safety Strategy	-8.5%
Northside Weed & Seed Safe Havens: North Commons & YMCA	na	na	1292	1485	1707
Phillips Weed & Seed Safe Havens: Little Earth, Pillsbury Waite House & Minneapolis American Indian Center	na	na	2115	1904	2094
Curfew Truancy Center Utilization - Curfew	1,376	1,275	964	500	1,000
Curfew Truancy Center Utilization -Truancy	1,612	1,585	762	456	1,286

Explanation of Key Performance Measures: These community agencies are a key part of the delivery system for reducing health disparities and addressing the underlying social determinants of health in Minneapolis. Relationships with these groups need to be established or maintained so that the Department can bring to bear resources to support the efforts of these groups. Many of the competitive grant opportunities are in these areas..

Primary Business: Supporting the Community Safety Net

Description of Primary Business: Excluding the direct services noted earlier, these are contracted-service activities. Funding is a blend of the City General Fund, Community Development Block Grant, State and Federal Public Health Grants, and other grants. Some of these functions were formerly direct services staffed and managed by the City's Health Department. The investments support core areas of the infrastructure in the community delivery system. Services included are: Neighborhood Healthcare Network, Child Care, Home Visiting, Children's Dental Services, Services for Seniors - Chore Services and Block Nursing.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
Medical visits to the Neighborhood Healthcare Network	6,332	6,217	6,489	6,390	5,924
Dental visits to the Neighborhood Healthcare Network	834	848	306	400	270
Number of families served by the Greater Minneapolis Day Care Association	124	128	78	75	31
MVNA - PHN home visits	5,049	4,976	3,896	4,500	4,500
MVNA - PHN home visits for seniors	320	429	657	500	500
Child care site training/consultations	465	465	399	306	0
Children's Dental visits	839	834	836	789	783
Residences served by Chore Services	76	300	288	257	102
Senior/Block nursing visits	809	691	581	587	205

Explanation of Key Performance Measures: Areas above with projected lower outcomes for '04 reflect expected reductions in CDBG funds beginning June 1, 2005. The CDBG allocation process is presently under review.

NHCN clinics provide a disproportionate share of services to families at greatest risk of disparities due to poverty. Increased need with diminishing resources for uncompensated care on a federal, state, and local level is significantly taxing the capacity of the clinics to provide services. Further reductions in Minnesota Care, General Assistance Medical Care, and other funding sources, could lead either to clinic closures or to their inability to accept additional uninsured clients.

Day care services have faced large budget cuts from several levels in the past year. Continued support for families in need, is jeopardized. For many low and moderate wage workers this is a particular threat to family economic stability. From the City of Minneapolis, GMDCA presently receives \$311,000 in CDBG (Year 30) funds to subsidize day.

Increasing needs and diminishing resources threaten the capacity of Children's Dental Services and other community dental providers to serve low-income and uninsured children.

Key challenges for all of these projects are to sustain financial support during these challenging times. These are services that are essential to helping seniors live independently, supporting the diversity of populations within neighborhoods, and maintaining the City's housing stock. Both projects presently receive support from the City's CDBG funds.

Primary Business: Protecting the Public - Emergency Preparedness

Description of Primary Business: To meet the City goal of building communities where people feel safe, the Department and partners (City Emergency Management, public safety, and Hennepin County, and metro local public health agencies) are developing all-hazards emergency preparedness plans. The plans includes rapid communications, disease surveillance, implementation of mass dispensing sites, and other response activities as needed, with special attention to vulnerable and multicultural populations.

Key Performance Measures that are impacted by 2005 resources:

	2001 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Projected
100% of the Department staff will be trained for roles they would be expected to fill in a Public Health emergency and will participate in exercises to build their proficiency.		Key administrative staff trained in Incident Command	-98% of Department staff trained in emergency preparedness basics.	Leadership: All department leaders participate in training on plans, including Risk Communication and Incident Command.	-Continue the training plan. -At least one exercise will be conducted with all department staff in conjunction with Hennepin County and other City departments

Explanation of Key Performance Measures: Critical to the planning efforts is the need for public health staff to quickly become trained and credentialed in the field of emergency management so that planning, response and recovery by the Department can best serve the people of Minneapolis in the event of an emergency. A specific area of concern is ensuring preparedness for vulnerable and multicultural populations. These populations represent a growing percentage of the resident base, and their preparedness needs have yet to be addressed in existing emergency plans. Much of the challenge for the Department will be coordinating with state, regional, and county government and community partners to develop an emergency preparedness plan that is comprehensive, efficient, and effective.

A key challenge will be to build a sustainable capacity in emergency preparedness while federal resources are available.

Financial Analysis:

EXPENDITURE

In 2004, the Minneapolis Department of Health and Family Services' total budget was \$13.3 million, including \$1.0 million of Community Development Block Grant grants to non-profits. For 2005, MDHFS' total budget is \$12.9 million, a 3.0% decrease over the 2004 Adopted Budget. Based on the State requirements, the City needs to maintain a minimum of \$2.4 million as local match to qualify for the available Local Public Health grants. There is a shift of \$350,000 for the Youth in Minneapolis After School Program (YMAP) into this department's budget, a change in previous accounting practice.

The budget for this department also includes \$633,000 in BIS charges calculated on a city-wide rate model and \$12,500 for benefits administration. Both charges were centrally budgeted in the past. Backing out these charges, the 2005 MDHFS budget is \$12.3 million, a 7.8% decrease over the 2004 Adopted Budget.

REVENUE

In 2005, Federal grant fund availability is at approximately the same level as in 2004 (\$3.3 million). State grants are projected to decline by 16.2% or \$581,000, with local funds increasing by \$40,000.

FUND ALLOCATION

MDHFS' \$12.9 million budget for the year 2005 is derived from the General Fund (28.2%), CDBG (16.4%), Federal funds (25.5%), and State and other local funds (29.9%).

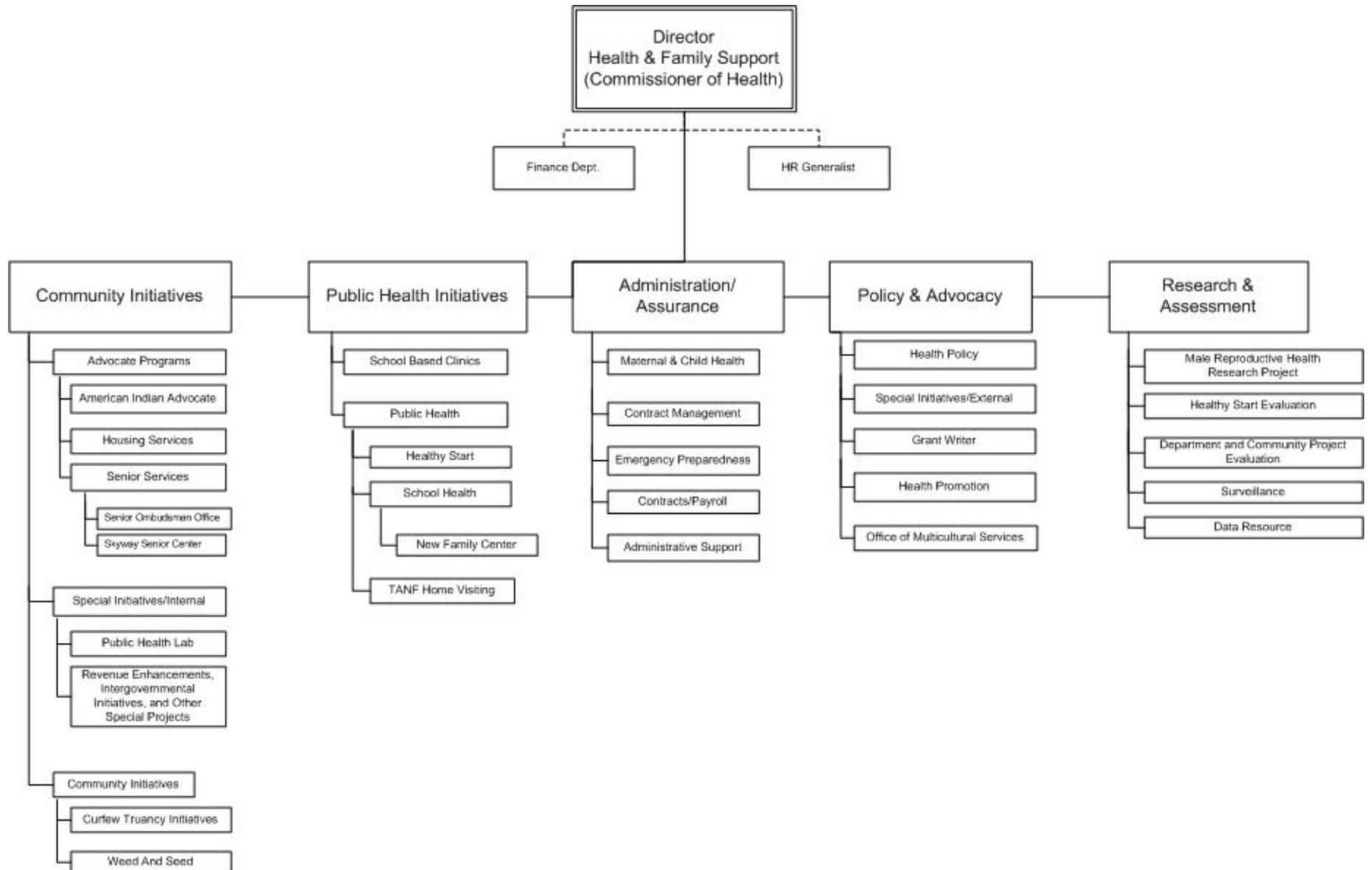
MAYOR'S RECOMMENDED BUDGET & ADOPTED BUDGET

The Mayor's Recommended and Council Adopted Budget for 2005 General Fund budget eliminated \$724,000 out of the General Fund and the following services to the community: Minnesota Visiting Consultation (\$230,000), Clinic Enhancement Services (\$92,000), Health Education/Health Promotion (\$58,000), Youthlink/Project Offstreets (\$25,000), North Point-School Based Clinic (\$25,000), DHFS-School Based Clinic (\$31,500), Domestic Abuse Project (\$28,000), Way to Grow shift to Other Grants (\$96,000), Shift 311 Call Center Costs to Bioterrorism Grant (\$15,000), grant funded director position elimination, School Based Clinics' staff shift to grants (\$50,000), anticipated Way to Grow Base Change (\$60,000), and additional Administrative Strategies (\$13,500).

A 0.5 position and \$37,500 were provided to the department to share a Youth Development Outreach position with the Youth Coordinating Board. One-time funding of \$65,000 was also allocated to mitigate the reduction to the Way to Grow program. The City Council further added one-time funding of \$75,000 to fund the Minnesota Visiting Nurses Association services with daycare providers. Finally, the Mayor recommended and the Council concurred with a transfer of the New Arrivals Program and the Native American Advocate into the Civil Rights Department, which reflects a transfer of 5 positions and \$235,000.

**HEALTH AND FAMILY SUPPORT
Staffing Information**

	2002	2003	2004	2005	%	%
	Adopted	Adopted	Adopted	Adopted	Change	Change
	Budget	Budget	Budget	Budget		
Total FTE's	69.15	75.40	73.90	69.00	-6.63%	(4.90)



**HEALTH AND FAMILY SUPPORT
Expense Information**

	2002 Actual	2003 Actual	2004 Adopted Budget	2005 Adopted Budget	% Change	Change
Capital Projects						
Contractual Services	0	0	0	0		0
Total for Capital Projects	0	0	0	0		0
General Fund - City						
Capital Outlay	0	0	2,739	2,777	1.4%	38
Contractual Services	2,289,609	2,079,942	2,173,409	2,434,211	12.0%	260,802
Equipment	21,671	2,553	0	0		0
Fringe Benefits	267,960	227,225	261,074	241,830	-7.4%	-19,244
Operating Costs	136,862	184,605	121,324	115,320	-4.9%	-6,004
Salaries and Wages	1,083,294	920,455	906,766	858,590	-5.3%	-48,176
Total for General Fund - City	3,799,395	3,414,780	3,465,312	3,652,728	5.4%	187,416
Special Revenue Funds						
Contractual Services	7,400,340	7,273,739	5,866,024	5,406,172	-7.8%	-459,852
Equipment	-14,222	963	0	0		0
Fringe Benefits	495,325	613,383	824,201	838,011	1.7%	13,810
Operating Costs	155,460	128,573	69,328	41,183	-40.6%	-28,145
Salaries and Wages	2,208,448	2,472,709	3,107,910	2,999,174	-3.5%	-108,736
Transfers	36,466	22,567	0	0		0
Total for Special Revenue Funds	10,281,817	10,511,934	9,867,463	9,284,540	-5.9%	-582,923
Total for HEALTH AND FAMILY SI	14,081,212	13,926,714	13,332,775	12,937,268	-3.0%	-395,507

**HEALTH AND FAMILY SUPPORT
Revenue Information**

	2002 Actual	2003 Actual	2004 Adopted Budget	2005 Adopted Budget	% Change	Change
General Fund - City						
Charges for Service	530,967	589,744	600,000	609,000	1.5%	9,000
Other Misc Revenues	-637	0	0	0	0.0%	0
Total for General Fund - City	530,330	589,744	600,000	609,000	1.5%	9,000
Special Revenue Funds						
Charges for Service	59,910	75,720	25,000	90,000	260.0%	65,000
Contributions	126,842	208,445	141,832	145,000	2.2%	3,168
Federal Government	4,696,933	5,368,870	3,303,822	3,301,349	-0.1%	-2,473
Local Government	297,765	309,041	305,000	345,000	13.1%	40,000
Operating Transfers In	0	60,000	0	0	0.0%	0
Other Misc Revenues	11,222	3,631	55,537	100,000	80.1%	44,463
Sales and Other Taxes	84,097	64,423	60,000	45,000	-25.0%	-15,000
State Government	2,032,395	1,991,113	3,589,609	3,008,592	-16.2%	-581,017
Total for Special Revenue Funds	7,309,165	8,081,243	7,480,800	7,034,941	-6.0%	-445,859
Total for HEALTH AND FAMILY SUPPORT	7,839,495	8,670,987	8,080,800	7,643,941	-5.4%	-436,859