

## HEALTH AND FAMILY SUPPORT

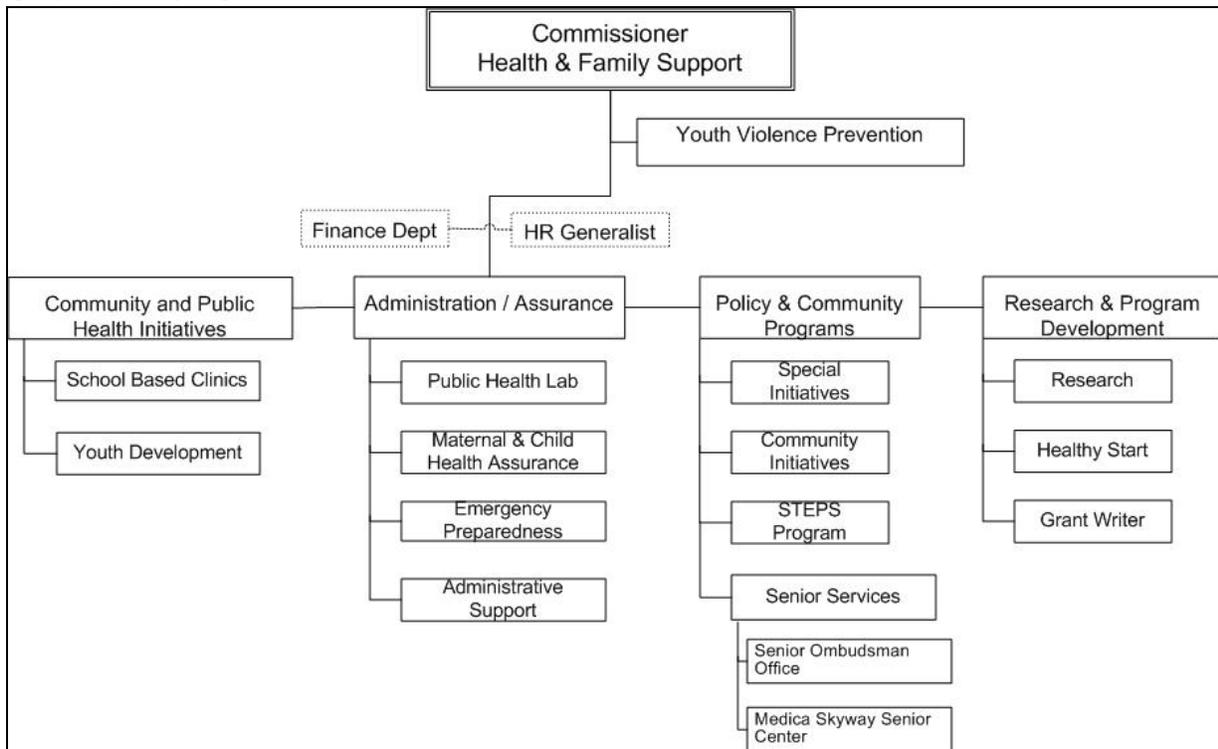
### MISSION

To promote health equity in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships.

### BUSINESS LINES

- Promote health: healthy residents, communities, and environments.
- Address factors affecting health: social conditions and physical environment.
- Protect the public's health: disease prevention and control and emergency preparedness.

### ORGANIZATION CHART



***What two or three key trends and challenges does the department face and how will each be addressed?***

**The economic downturn has affected both community partners and potential funders**  
 Community organizations, a key component of the social infrastructure of the City, are impacted by government cuts, fewer philanthropic dollars and an increased need for the services they provide. Organizations like United Way have restructured their giving, leaving long standing beneficiaries without support. State and County governments are cutting support for health and human service programs. The Governor's veto of General Assistance Medical Care is one example that will affect poor adults in Minneapolis and the organizations that offer them health care like Hennepin County Medical Center and the community clinics. County services are also

being cut and realigned including senior services and preventive /child development and parenting services.

The 2009 budget adjustments for Health and Family Support were accomplished without reducing contracts with community agencies. In 2010, it is not possible to avoid cutting contracts with community safety net providers and achieve budget cut expectations.

**A significant proportion of the high priority work of the department is completely grant funded**

Efforts to address obesity have been funded by a Federal grant which ends this year. Public health emergency preparedness efforts are funded by Federal grants which are flat or decreasing. This creates the real possibility that work will be interrupted due to gaps in funding.

The department has advocated for State funding. This was successful in the areas of obesity prevention with the creation of the State Health Improvement Program (SHIP) as part of health reform in 2008. We have been informed that we have received a new grant and are awaiting official notification of the award amount. We have also recently received notification that we will be funded by the federal government for another five years to address infant mortality among American Indians and African Americans.

**Community Engagement is vital and time consuming**

Community engagement is critical to the successful development of new programs and to the improvement of the health of those communities experiencing the greatest health disparities. Newly emerging research on health equity calls for community engagement to address social and political structures that contribute to health disparities. The Department is committed to ongoing engagement with communities, however ongoing and growing budget and resource pressures, it is increasingly difficult to allocate sufficient time to build meaningful community relationships. Partnerships with the newly created department of Neighborhood and Community Engagement may be of some assistance.

**Youth Violence Prevention continues to require additional investments of time and resources**

There is growing interest in the approach to youth violence prevention outlined in the *Minneapolis Blueprint for Action to Prevention Youth Violence*. Because of Minneapolis' successful community engagement and planning activities, some additional grant resources have been secured to address youth violence. Interest in the Blueprint, as a foundational model, is evident at the local, state and national level.

One-time funding request: In order to assure that this interest develops into sustained commitment and resources for local efforts, at least one more year of City support for youth violence prevention coordination efforts is needed. One time Community Development Block Grant (CDBG) funding of \$120,000 is requested to extend the financial support for the Youth Violence Prevention Coordinator for an additional year starting June 2010. Coordination of the efforts of public and private organizations is required to keep making progress on the array of indicators that the City has identified related to youth violence. Without a staff person dedicated to coordination of efforts, activities will become more disjointed and the synergy created because of the Blueprint will be lost.

Preventing youth violence has several financial payoffs: reduced effort needed by the Minneapolis Police Department if fewer crimes are committed by youth; decreased incarceration

and prosecution costs; increased housing values in communities experiencing less street crime; and lower health care costs due to fewer injuries and hospitalizations.

***In what internal/external partnerships is the department currently engaged and/or exploring for the future?***

Partnerships are so fundamental to the way that the Department goes about its work that they are highlighted in the department’s mission: “To promote health equity in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships”. Some of our current partnerships include:

- Homegrown Minneapolis – CPED, Minneapolis Parks, City Coordinator’ office, Regulatory Services
- Health Impact Assessment: CPED, neighborhood organizations
- Youth Violence Prevention: CPED, Police, Minneapolis Public Schools, Minneapolis Parks, community organizations and foundations
- Emergency Preparedness/H1N1 Influenza – Emergency Manager, Communications, Minneapolis Public Schools, Hennepin County, Metropolitan Local Public Health Association, Minnesota Department of Health
- Safe Routes to School – Public Works, Minneapolis Public Schools, Police

***How is the department evaluating programs or services for cost effectiveness?***

Two recent examples are in response to Council staff directives related to the 2009 revised budget: administrative support for the Senior Ombudsman’s Office and closure of the Public Health Laboratory.

**Public Health Laboratory**

To evaluate the cost effectiveness of closing the Public Health Lab, the Department evaluated its own lines of business, like the School Based Clinics that rely on laboratory services, and consulted with Regulatory Services and the Police Department who are also regular users of the lab. Several scenarios were developed with five-year budgetary projections:

	2010	2011	2012	2013	2014
GF cost* to retain Public Health Lab as is	226,947	345,698	406,897	426,553	446,678
Scenario 2 GF cost: MPD does forensics	414,079	445,183	478,254	513,327	549,593
Scenario 3 GF cost: H&FS does lead & forensics	103,513	235,117	320,790	346,436	383,337
Scenario 4 GF cost: Pay to add BCA staff	500,960	366,524	395,394	426,057	457,693

\* Cost = total expenses less revenue

**Senior Ombudsman’s Office**

Following elimination of the Office Support Specialist II for the Senior Ombudsman in the revised 2009 budget, an advisory committee was formed to develop a plan to assure that priority functions of the office received adequate administrative support within the available resources. Planning efforts included participants from the newly forming Neighborhood and Community Relations Department in the City Coordinator’s office as well as representatives from the Senior Citizens Advisory Committee and the Advisory Committee for Persons with Disabilities. The process involved prioritization of the Ombudsman’s functions. After examining several options for changes in location of the office and configuration of services, the advisory

group proposed that the Ombudsman’s Office continue to operate in City Hall for the next year using existing senior aides and volunteers to support the office. Administrative support will be provided by the Department for the two advisory committees. During that time participants in the tax services and recipients of Ombudsman support will be asked to complete a survey to assess the viability of options for offering the tax service or the other services at alternate locations. The Department will meet with the Department of Neighborhood and Community Relations to evaluate opportunities for coordination and consolidation.

***What actions will the department take to meet the current financial projections (5% reduction in all funding sources)?***

**General Fund**

One major variable in planning for the 2010 budget is the status of the Public Health Laboratory. Therefore two sets of recommendations have been created: one reflects adoption of a scenario that reduces the lab to forensic testing for police and lead testing; the other assumes that the lab continues to operate as it does today.

	5% GF Cut	214,227.00
	Lab downsize (3A)	Lab Open
Lab	123,000.00	
SHIP/LPH	15,000.00	15,000.00
Homegrown Minneapolis	10,000.00	28,000.00
SBC more income	25,000.00	25,000.00
SBC operation	1,000.00	24,000.00
BIS to grants	30,000.00	50,000.00
Dept. Newsletter		2,000.00
Plain Talk		10,000.00
MVNA		50,000.00
YMAP (buses)		
Way to Grow		
Admin savings & shifts	10,000.00	10,000.00
	<b>214,000.00</b>	<b>214,000.00</b>

### Increased Revenue

The Department is projecting that the School Based Clinics will continue to increase their revenue from third party reimbursement by \$25,000 in 2010. Efforts to assure that accurate information on the insurance status of patients and ongoing modifications of the practice model to maximize reimbursement opportunities will enable the department to meet this goal.

### Expense reductions

- Public Health Laboratory –If the Public Health Lab reduces the scope of its work to the forensic testing of drugs and alcohol and lead testing the reduced subsidy needed from the General Fund will result in a \$123,000 savings (see budget analysis in cost benefit section). This would mean eliminating all Public Health Laboratory clinical testing for Hennepin County and other customers and the school based clinic lab services would be purchased from an outside lab.
- The department has recently been informed that it will receive a grant through the State Health Improvement Program (SHIP) to address obesity and exposure to tobacco. Because of a three-month overlap of SHIP and Steps a greater proportion of staff time can be allocated to grant funds ultimately freeing up general funds.
- Homegrown Minneapolis promotes the use of locally grown foods. The Department is committed to the implementation of the Homegrown Minneapolis Final Report and Recommendations. Because of the new SHIP funding, the department will be able to use grant funds rather than general funds to support implementation of the plan and staff support for the advisory committee. The grant proposed that: \$100,000 is spent in 2010 to support CPED's efforts to develop a topical plan for urban agriculture; \$20,000 be spent to assure that Electronic Benefits Transfers are available at farmers markets; and \$5,000 to support a food distribution project. Staff support for the coordination of Homegrown implementation efforts will also be provided through the Department utilizing the Center for Disease Control's Prevention Specialist in our Department.
- Changes in the School Based Clinic business model could account for up to \$24,000 in reduced expenditures. A reduction of supervision and case consultation for the mental health providers accounts for \$8,000. A reduction in nutrition services is based on an assumption that there may be grant funds available to address obesity that we could compete for.
- BIS costs for employees whose work is funded by grants will be assigned to those grants to the extent possible.
- Administrative savings and department newsletter savings will be achieved by shifting funding and reducing expenses.
- Cuts in community contracts. In 2009 the department was able to avoid cutting community contracts. This was in recognition that other funders were likely to make cuts to these same organizations. The communities served by these organizations are experiencing financial stress and their residents may seek more services as a result. While the Department has tried to minimize the recommended cuts in 2010, they could not be avoided entirely and still meet the budget directive expectations.
  - Plain Talk is a research-based community effort to engage parents and youth in healthy sexuality conversations in south Minneapolis. A \$10,000 cut will eliminate City support for the program.
  - Minnesota Visiting Nurses Agency (MVNA): a cut to the general fund portion of their contract would decrease the number of postpartum visits to parents of

newborns referred from Hennepin County Medical Center and visits for children with elevated blood lead levels or failure to thrive.

- YMAP: \$76,000 of the current YMAP contract is used for the Youth Are Here Buses. The Youth Coordinating Board is in the process of transitioning the Youth Are Here Buses to an outside organization for oversight and private funding.
- Administrative savings and shifts: Throughout the year, opportunities arise due to delayed filling of vacancies, new grants that can absorb some administrative costs, and other unforeseen opportunities to cut general fund expenses.

## **FINANCIAL ANALYSIS**

### **EXPENDITURE**

For 2010 the department's total budget is approximately \$12.2 million, an 9% decrease from the 2009 Council revised budget. Based on the State requirements, the City needs to maintain a minimum of \$2.2 million as local match to qualify for the available local public health grants.

### **REVENUE**

There is an overall 2% revenue decrease. In 2010, the former largest revenue source, the federal grant fund, will decrease by \$630,000 or 19% from the 2009 level, due to decreases in federal grants. The General Fund revenue source, charges for laboratory services, is eliminated. The state and local funds revenue increased by \$1,000,000 or 25% due to a new State Grant making this fund the largest revenue source. During 2009, the department made the decision to close the lab beginning in 2010, resulting in a \$429,000 reduction in general fund revenue, and a reduction of 7 FTEs, 4 recommended by the Mayor, and 3 additional reductions when the lab closes.

### **FUND ALLOCATION**

The department's expense budget for the year 2010 is derived from the general fund (27%), federal grants (25%), CDBG (11%), and state and other local grants (34%).

### **ORIGINAL BUDGET**

The Mayor recommended a reduction of \$337,000 and 4 FTE from the current service level for this department. The Minnesota Visiting Nursing Agency should continue to be funded from General Fund resources within the department. Council approved the Mayor's recommendation and directed discretionary CDBG funding subject to the Public Health Advisory Committee to be reduced to \$400,000 with a proportional reduction to programs. Health and Family Support's general fund budget was reduced by an additional \$100,000. Council directed Health and Family Support to achieve these cuts without cuts to the contracts with the Domestic Abuse Project, leaving that program intact at the full funding level of \$75,000.

The budget for this department includes a reduction of BIS charges of \$55,200 due to the Council's actions to reduce the BIS budget. This reduction in BIS charges will subsequently reduce the department's appropriation by the same amount. Additionally, the budget for this department includes a \$2,971 decrease in appropriation due to the Council's actions to fund two internal audit positions.

### **MAYOR'S REVISED BUDGET**

The Mayor recommended a reduction of \$69,000. The department will achieve this by increased third party reimbursement for school based clinics and moving salaries out of the general fund.

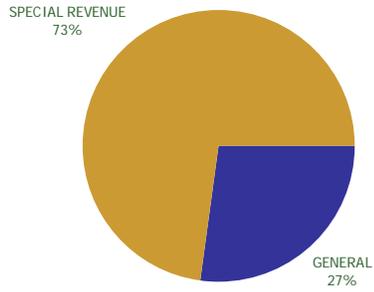
## COUNCIL REVISED BUDGET

Council approved the Mayor's recommendations.

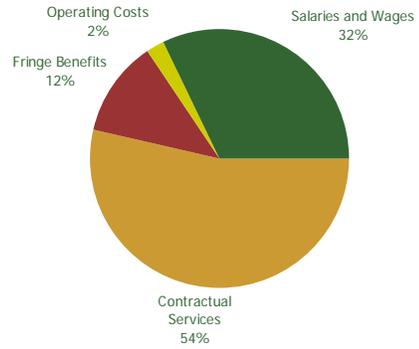
### HEALTH AND FAMILY SUPPORT EXPENSE AND REVENUE INFORMATION

EXPENSE	2007 Actual	2008 Actual	2009 Revised Budget	2010 Revised Budget	Percent Change	Change
<b>GENERAL</b>						
Salaries and Wages	978,703	918,558	870,097	494,938	-43.1%	(375,159)
Fringe Benefits	308,655	319,358	361,865	185,399	-48.8%	(176,466)
Contractual Services	2,543,567	2,541,253	2,967,955	2,447,015	-17.6%	(520,940)
Operating Costs	242,768	303,827	275,624	193,020	-30.0%	(82,605)
<b>TOTAL GENERAL</b>	<b>4,073,693</b>	<b>4,082,996</b>	<b>4,475,542</b>	<b>3,320,372</b>	<b>-25.8%</b>	<b>(1,155,170)</b>
<b>SPECIAL REVENUE</b>						
Salaries and Wages	2,665,580	2,825,436	2,999,387	3,440,305	14.7%	440,918
Fringe Benefits	789,240	831,930	1,092,551	1,270,291	16.3%	177,740
Contractual Services	6,334,014	5,277,835	4,785,438	4,107,496	-14.2%	(677,942)
Operating Costs	356,690	215,408	64,422	76,754	19.1%	12,333
Capital	0	75,843			0.0%	0
<b>TOTAL SPECIAL REVENUE</b>	<b>10,145,524</b>	<b>9,226,452</b>	<b>8,941,798</b>	<b>8,894,847</b>	<b>-0.5%</b>	<b>(46,952)</b>
<b>TOTAL EXPENSE</b>	<b>14,219,217</b>	<b>13,309,448</b>	<b>13,417,340</b>	<b>12,215,218</b>	<b>-9.0%</b>	<b>(1,202,122)</b>
<b>REVENUE</b>						
<b>GENERAL</b>						
Charges for Service	658,790	502,550	555,300		-100.0%	(555,300)
Contributions	700				0.0%	0
Other Misc Revenues	0	21,494			0.0%	0
<b>TOTAL GENERAL</b>	<b>659,490</b>	<b>524,045</b>	<b>555,300</b>		<b>-100.0%</b>	<b>(555,300)</b>
<b>SPECIAL REVENUE</b>						
Sales and Other Taxes	46,916	10,694	26,000	20,000	-23.1%	(6,000)
Federal Government	4,214,030	4,320,675	3,993,759	3,359,795	-15.9%	(633,964)
State Government	3,584,895	2,744,357	2,912,344	3,950,948	35.7%	1,038,604
Local Government	389,651	192,559	147,000	147,000	0.0%	0
Charges for Service	264,179	124,911	245,000	233,000	-4.9%	(12,000)
Interest	0	2,620			0.0%	0
Rents	0	11,614			0.0%	0
Contributions	232,999	234,993	160,000	162,000	1.3%	2,000
Other Misc Revenues	203,575	52,686	5,000	8,000	60.0%	3,000
<b>TOTAL SPECIAL REVENUE</b>	<b>8,936,244</b>	<b>7,695,109</b>	<b>7,489,103</b>	<b>7,880,743</b>	<b>5.2%</b>	<b>391,640</b>
<b>TOTAL REVENUE</b>	<b>9,595,735</b>	<b>8,219,153</b>	<b>8,044,403</b>	<b>7,880,743</b>	<b>-2.0%</b>	<b>(163,660)</b>

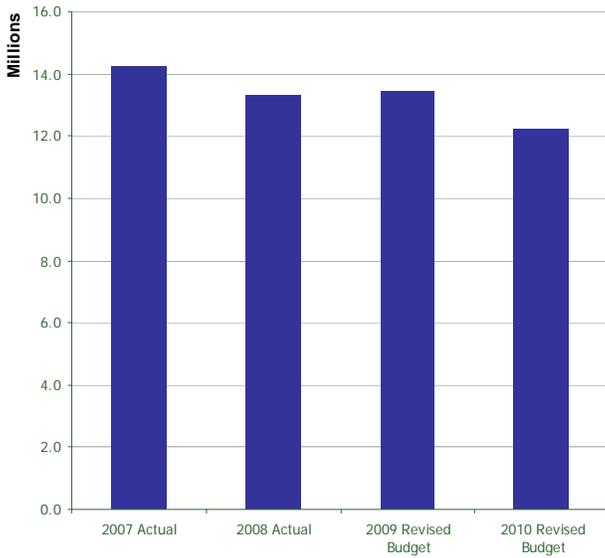
**Expense by Fund**



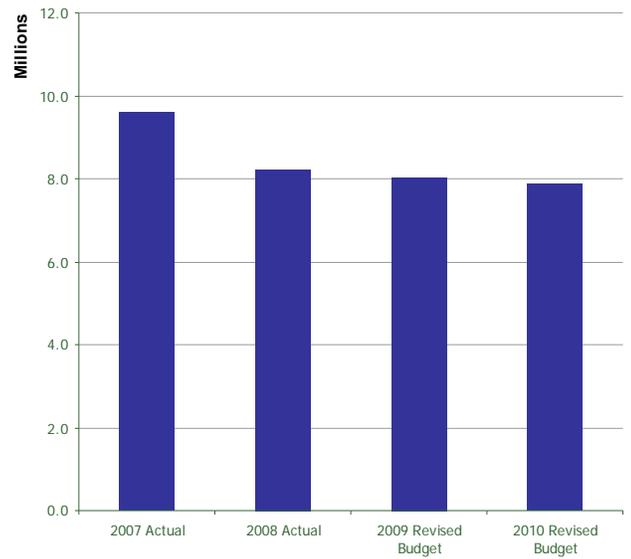
**Expense by Category**



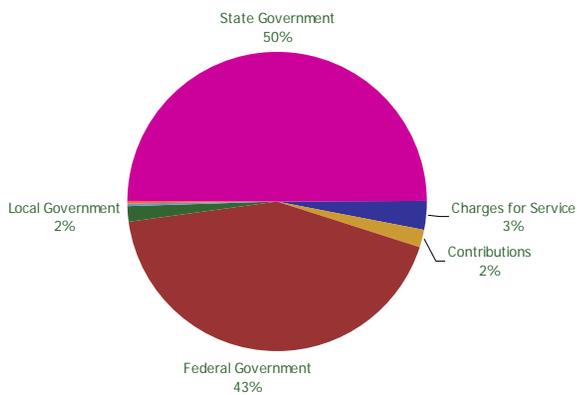
**Expense 2007 - 2010**



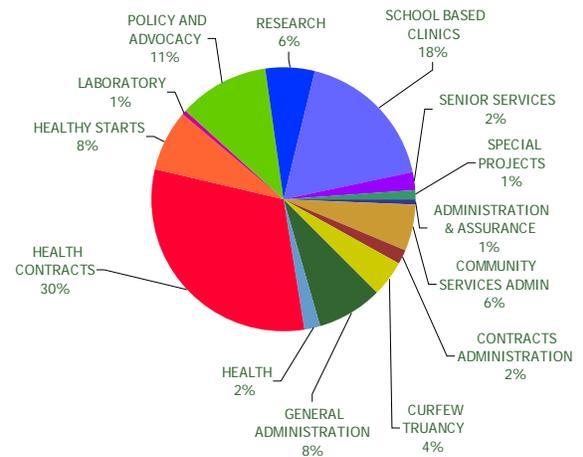
**Revenue 2007 - 2010**



**Direct Revenue by Type**



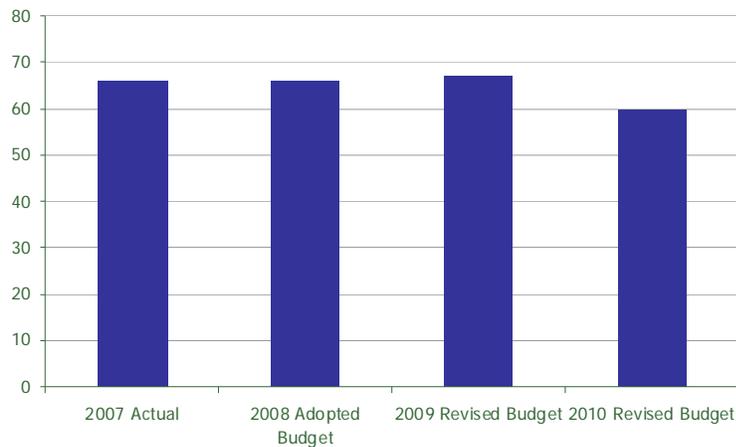
**Expense by Division**



## HEALTH AND FAMILY SUPPORT Staffing Information

	2007 Actual	2008 Adopted Budget	2009 Revised Budget	2010 Revised Budget	% Change	Change
ADMINISTRATION & ASSURANCE			2.50	1.00	-60.0%	(2)
COMMUNITY SERVICES ADMIN	66.00	66.00	5.35	2.70	-49.5%	(3)
CONTRACTS ADMINISTRATION			2.50	2.50	0.0%	
CURFEW TRUANCY				2.80		3
GENERAL ADMINISTRATION			2.00	2.00	0.0%	
HEALTH			4.00	3.00	-25.0%	(1)
HEALTHY STARTS			4.00	4.00	0.0%	
LABORATORY			9.25		-100.0%	(9)
POLICY AND ADVOCACY			5.15	9.00	74.8%	4
RESEARCH			7.00	8.00	14.3%	1
SCHOOL BASED CLINICS			20.75	21.50	3.6%	1
SENIOR SERVICES			3.00	2.00	-33.3%	(1)
SPECIAL PROJECTS			1.50	1.50	0.0%	
<b>TOTAL</b>	<b>66.00</b>	<b>66.00</b>	<b>67.00</b>	<b>60.00</b>	<b>-10.4%</b>	<b>(7)</b>

**Positions 2007-2010**



**Positions by Division**

