

HEALTH AND FAMILY SUPPORT

MISSION

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

BUSINESS LINES

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

A major responsibility of a local public health agency is health promotion. In Minneapolis, the department believes that community engagement and partnerships are critical to success in this area. The department seeks out representatives of diverse communities to elicit their unique perspectives and build on their strengths to improve community health. Families, youth, and seniors are involved in decisions that affect their well-being. Special projects target key phases across the lifespan.

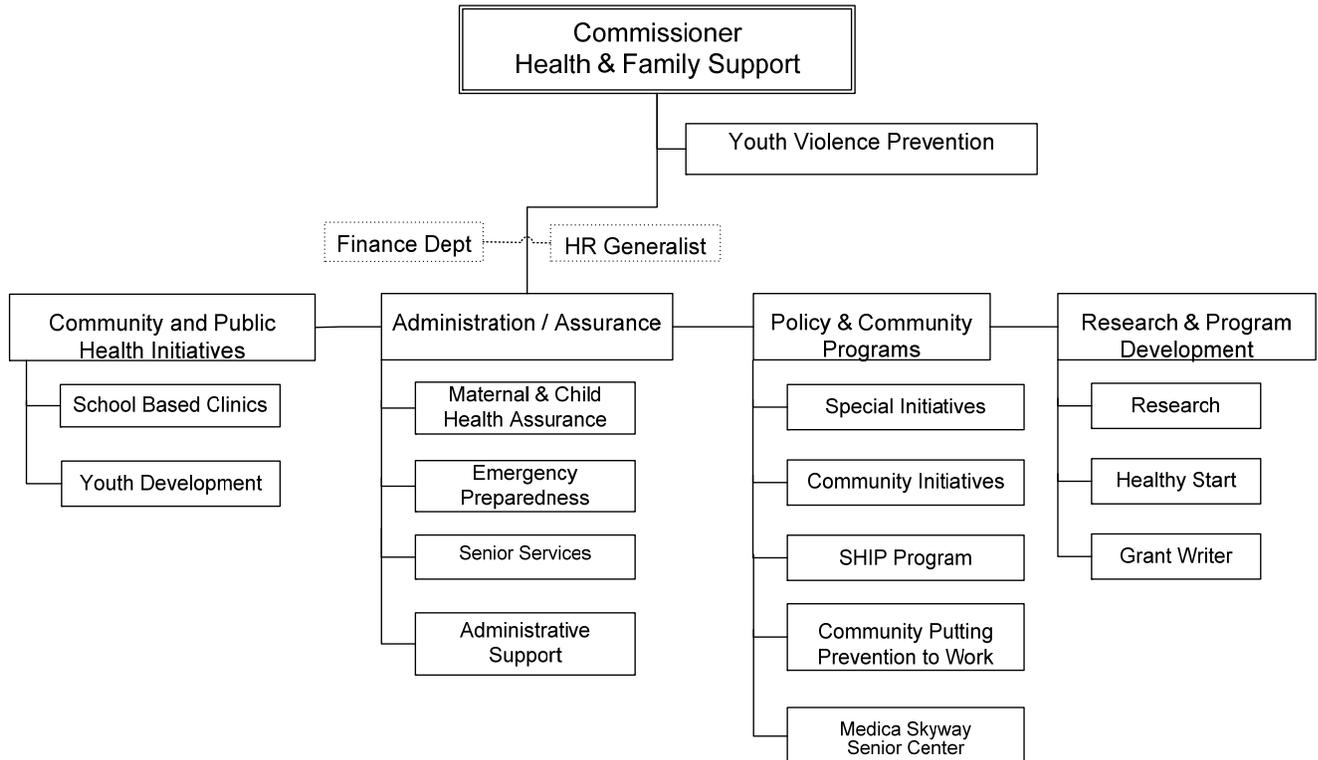
B. Address factors affecting health: social conditions and physical environment

Individual health is highly dependent on the environments in which individuals live and work, and this is most apparent in urban environments, where population density and mobility are higher, and poverty is more concentrated. The health department works with community agencies to promote lead- and smoke-free homes and ensure physical safety for infants and toddlers in their homes and child care centers. To promote healthy weight through easier access to physical activity options and more nutritious foods, the department works with City departments, schools, child care centers, and worksites to create healthier environments through policy changes. The department also supports place-based interventions, such as the Allina Backyard Initiative and the Northside Achievement Zone which aim to create broad collaborations to institute change at multiple levels to address a variety of goals simultaneously.

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

Preventing and controlling infectious diseases is vital to community health. Pandemic influenza is an example of a situation that requires combined expertise in infectious disease control and emergency preparedness. Responsibilities are addressed through partnerships with Hennepin County, community clinics, and other community agencies. As an urban public health agency, the department focuses on populations that require messages and intervention tailored to their particular needs, whether due to language differences, cultural norms, social isolation, or history of traumatic experiences.

ORGANIZATION CHART



RESULTS MINNEAPOLIS CHARTS

No measurable changes in Results Minneapolis indicators are expected as a result of the 2011 budget.

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

- The recession has put additional strain on safety-net services and community infrastructure

Cuts from the City in 2011 would be deeply felt by community based organizations. The recession has increased the demand for social support and services as well as health care for uninsured people. At the same time state and county funding has decreased for providers of these services. In 2010, Minneapolis avoided most cuts to community partners. Federal Recovery Act funding has supported some capital projects for community clinics but has not alleviated the strain on financial operations. Federal Health Care Reform legislation may provide some ongoing support for some community health organizations but details are needed.

- There has been a significant influx of State and Federal funding to the City for policy and system change for obesity prevention and exposure to tobacco

Approximately \$5.3 million has been allocated between July 2009 and March of 2012 to impact policy and system changes that support healthier eating, more physical activity, and reduced

exposure to second hand smoke. This substantial but short-term infusion of funding is correctly aimed at creating changes that will have a longer term impact. Staffing up for this level of activity with the possibility that the funding and activities will be short lived has been one challenge associated with this funding. The community's health will be significantly influenced by policy and system change, but other strategies will also be needed to reverse the obesity epidemic. There is a potential for longer term lower level funding from both the State Health Improvement Program and from a new Wellness Fund established as part of the Federal Health Care Reform Act. Without one or both of these sources of funding it will be difficult to build on current efforts and maintain momentum in this area of ongoing public health need.

- Long term efforts need sustainable funding (Youth violence prevention, obesity reduction, emergency preparedness)

Sustained investments are also needed in key areas in addition to obesity reduction, most notably, youth development/violence prevention and public health emergency preparedness. Long-term planning is challenging given the financial environment of the foreseeable future. Funding for efforts to address obesity are somewhat promising, both from the state and federal government because of the potential to save health care dollars if chronic conditions are reduced. The Blueprint to Prevent Youth Violence has helped to align City resources to maximize their impact. Nevertheless, there has been an overall drop in the investment in youth development that impacts the wellbeing of youth in Minneapolis. Likewise, a close working relationship between Health and Family Support and the Office of Emergency Preparedness in Regulatory Services helped the City respond well to the outbreak of H1N1. To date there have been sufficient funds from the federal government for the public health emergency preparedness infrastructure but the level of future funding is uncertain; without this support the department's ability to effectively respond is unsustainable.

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

Health and Family Support believes that community partnerships are critical to effectively addressing public health issues. As part of the 2010-2014 Business Plan several principles called "The Way We Work" were articulated. Several of the principles describe how the department connects with the community:

- The department builds on our urban community's cultural diversity, wisdom, strengths, and resilience.
- The department supports individual health within the context of families and communities across the lifespan.
- To achieve health equity, the department invests in the social and physical environments of our residents.
- The department brings people and resources together to achieve common health goals.

Recently, the City has begun exploring ways that it might align investments of resources with two place-based health and well-being improvement efforts in Minneapolis (Northside Achievement Zone and Allina Backyard). These two efforts are located in clearly defined areas that experience a disproportionate number of challenges, including crime and safety, educational success, unemployment and health disparities. Coordination and alignment of those resources across City departments and in consultation with community members may be able to amplify the impact of existing investments directed to these communities.

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

The Department is involved in a number of initiatives to enhance cost effectiveness of its services:

- **Senior Ombudsman's Office/Tax Service**

In late 2009, prior to the beginning of the 2010 tax preparation season, a number of legal and risk management issues were raised related to the City sponsorship of the AARP tax preparation program. The service was never initiated in 2010 because insufficient progress was made in addressing the concerns which were raised. Other services, including one in the Hennepin County Government Center, were able to serve residents who would have come to the Minneapolis site. In the face of continuing cost reduction pressures in the General Fund, the Department is recommending that the City no longer sponsor the AARP tax program. This will allow for a reduction of computers and relocating the Ombudsman's Office to the Public Service Center where clerical support can be shared with other Health and Family Support functions.

- **Decreased use of printers**

In 2010 the Department worked with BIS to reduce its printer, copier and fax use by 72% for a 42% saving over the next 36 months.

- **School based clinic services**

There have been several business practice improvements to increase cost effectiveness for school-based clinic services. The closure of the Public Health Laboratory prompted the development of new business relationships. Working with Public Works, a new courier service shared by the departments has maintained services and cuts costs by more than half compared to projections. A new contract for laboratory services for the school based clinics has also resulted in 50% lower costs than originally budgeted. Finally, a new medical director and a model for reduced use of on-site physician services promise to save additional dollars in 2011.

- **Making the case for insurance payment for social support services for pregnant women**

The Department's Healthy Start program to decrease infant mortality among African American and American Indian families is funded through a federal grant. The grant supports case management for women living in poverty and in need of mental health services and social support and services. The Department is in the 4th and final year of a federally funded study that is assessing the validity of a psychosocial screening interview, the value of repeat screenings during pregnancy, and determining whether paraprofessional community health workers can conduct the screening process as effectively as professional nurses. A positive finding would provide a cost-saving option for community clinics and other health providers. Program staff is also examining birth outcomes relative to identified risk factors and subsequent services; if there is empirical evidence that these services can reduce health care costs the Department will use the information to influence health care reimbursement policies so that these types of services would be covered by health plans.

What actions will the department take to meet the current service level reductions?

Current Service Level reduction of \$63,000 (No *Results Minneapolis* indicators will be impacted by these cuts.)

\$43,000 will be saved by discontinuing the AARP tax service and moving the Senior Ombudsman's office from City Hall to the Public Service Center. Savings include 11 computers, printers and phones as well as associated space and operations costs.

\$20,000 can be reduced from the 2010 base by eliminating the Public Health Laboratory contingency expense line. The closure of the Public Health Laboratory in 2010 after more than 100 years of operation was done as a cost saving measure. Nonetheless, in 2010 there were some expenses associated with disposal of supplies and equipment, space transition and other costs associated with closing down an operation, which is not needed in 2011.

New staffing needed to respond to grant opportunities and implement youth violence prevention programming

The Department has applied for a number of federal funding opportunities related to preventing youth violence. The grants, if received, will support activities ranging from school based youth development activities with at-risk middle school students to violence interrupters using the Cease Fire model. In the course of writing the grant applications it has become clear that the Department's ability to continue to apply for and manage grants related to youth violence prevention has exceeded the capacity of current staff.

If the Cease Fire Grant is awarded to Minneapolis, the Department would like to reallocate \$50,000 of General Funds from supporting the salaries of the Directors to supporting an additional 0.6 FTE Family Support Specialist II. This, combined with the Cease Fire grant, will finance the addition of a new staff person to manage community contracts and work on youth development issues in areas such as the Somali community and among the growing population of homeless youth.

FINANCIAL ANALYSIS

EXPENDITURE

In 2011, the department's total budget is approximately \$13.4 million, a 9.5% increase from 2010. During 2010, the department added 1.7 FTE with grant funding. The General Fund budget is \$3.3 million. The City needs to maintain a minimum of \$2.2 million as local match to qualify for available local public health grants.

REVENUE

There is an overall 13.7% revenue increase. In 2011, the largest revenue source is the federal grant fund. It will increase by \$1.22 million or 36% from the 2010 level, due to increases in new federal grants. The state and local funds revenue decreased by \$148,000 or 3% due to the major State grant ending in mid 2011. There is no revenue associated with the General Fund or the CDBG fund.

FUND ALLOCATION

The department's expense budget for the year 2011 is derived from the general fund (25%), federal grants (34%), CDBG (8%), and state and other local grants (32%).

MAYOR'S RECOMMENDED BUDGET

The Mayor recommended a reduction to growth of \$102,000. A portion of this reduction to growth will be offset by health care savings for the department.

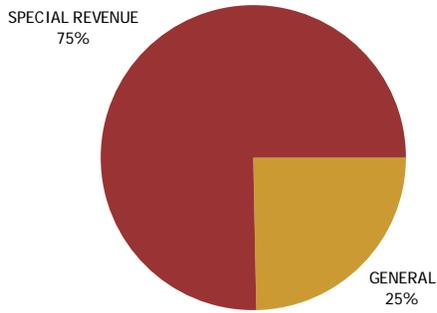
COUNCIL ADOPTED BUDGET

Council approved the Mayor's recommendation and added \$75,000 in CDBG funding for the Domestic Abuse Project.

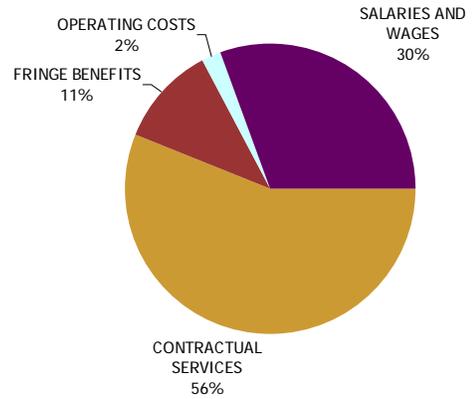
HEALTH AND FAMILY SUPPORT EXPENSE AND REVENUE INFORMATION

EXPENSE	2008 Actual	2009 Actual	2010 Revised Budget	2011 Council Adopted	Percent Change	Change
AGENCY						
OPERATING COSTS		934			0.0%	0
TOTAL AGENCY		934				0
GENERAL						
SALARIES AND WAGES	918,558	1,240,835	494,938	633,128	27.9%	138,190
FRINGE BENEFITS	319,358	447,363	185,399	225,382	21.6%	39,983
CONTRACTUAL SERVICES	2,541,253	2,503,017	2,447,015	2,238,958	-8.5%	(208,057)
OPERATING COSTS	303,827	272,120	193,020	226,466	17.3%	33,446
TOTAL GENERAL	4,082,996	4,463,334	3,320,372	3,323,934	0.1%	3,562
SPECIAL REVENUE						
SALARIES AND WAGES	2,825,436	2,674,696	3,440,305	3,439,537	-0.0%	(768)
FRINGE BENEFITS	831,930	914,812	1,270,291	1,253,060	-1.4%	(17,231)
CONTRACTUAL SERVICES	5,277,835	5,676,211	4,107,496	5,273,690	28.4%	1,166,194
OPERATING COSTS	215,408	216,557	76,754	81,760	6.5%	5,006
CAPITAL	75,843	7,001			0.0%	0
TOTAL SPECIAL REVENUE	9,226,452	9,489,277	8,894,847	10,048,047	13.0%	1,153,201
TOTAL EXPENSE	13,309,448	13,953,545	12,215,218	13,371,981	9.5%	1,156,763
REVENUE						
GENERAL						
CHARGES FOR SERVICES	502,550	451,741			0.0%	0
OTHER MISC REVENUES	21,494	40			0.0%	0
TOTAL GENERAL	524,045	451,781			0.0%	0
SPECIAL REVENUE						
SALES AND OTHER TAXES	10,694	61,220	20,000	8,000	-60.0%	(12,000)
FEDERAL GOVERNMENT	4,320,675	4,536,887	3,359,795	4,579,821	36.3%	1,220,026
STATE GOVERNMENT	2,744,357	2,954,407	3,950,948	3,810,549	-3.6%	(140,399)
LOCAL GOVERNMENT	192,559	236,222	147,000	163,200	11.0%	16,200
CHARGES FOR SERVICES	124,911	433,033	233,000	310,000	33.0%	77,000
INTEREST	2,620	1,591			0.0%	0
RENTS	11,614				0.0%	0
CONTRIBUTIONS	234,993	206,777	162,000	85,000	-47.5%	(77,000)
OTHER MISC REVENUES	52,686	23,847	8,000	5,000	-37.5%	(3,000)
TOTAL SPECIAL REVENUE	7,695,109	8,453,983	7,880,743	8,961,570	13.7%	1,080,827
TOTAL REVENUE	8,219,153	8,905,764	7,880,743	8,961,570	13.7%	1,080,827

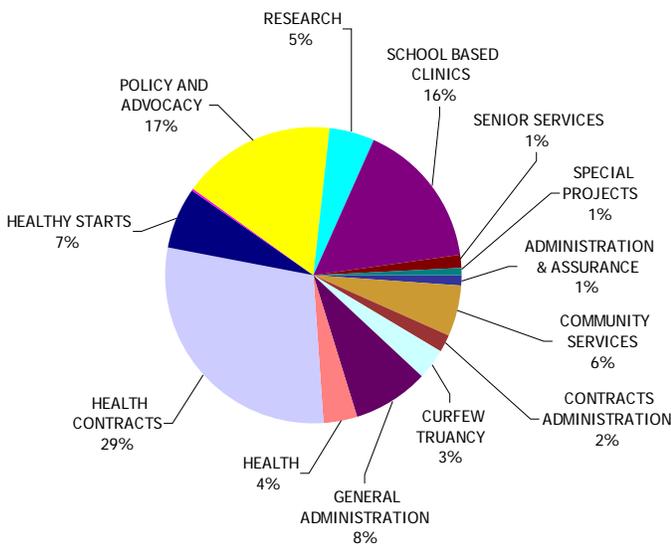
Expense by Fund



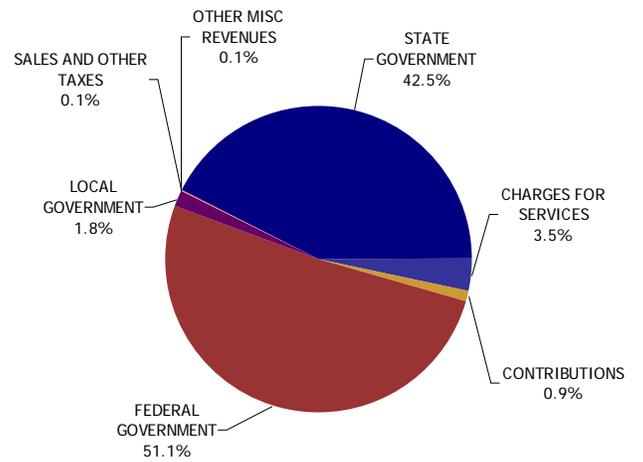
Expense by Category



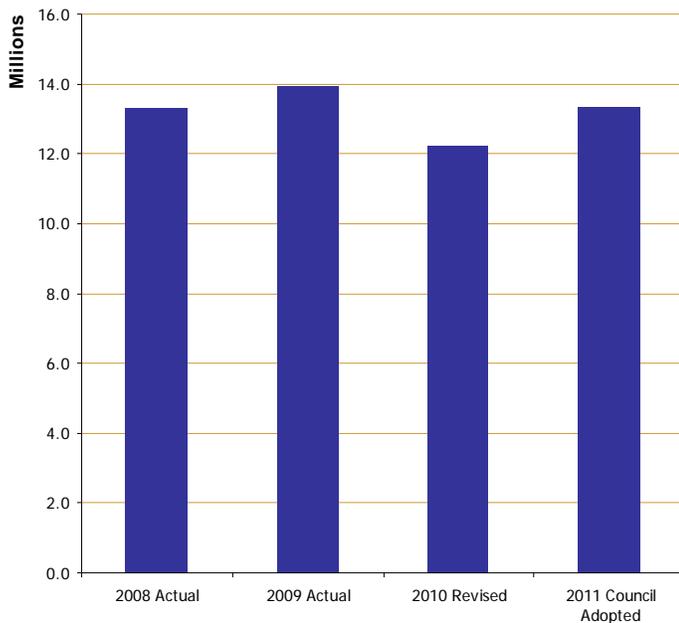
Expense by Division



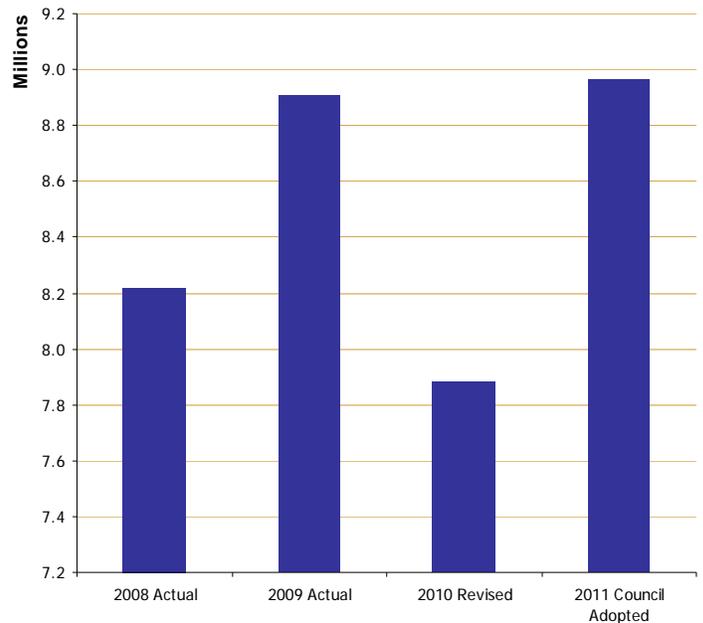
Direct Revenue by Type



Expense 2008 - 2011



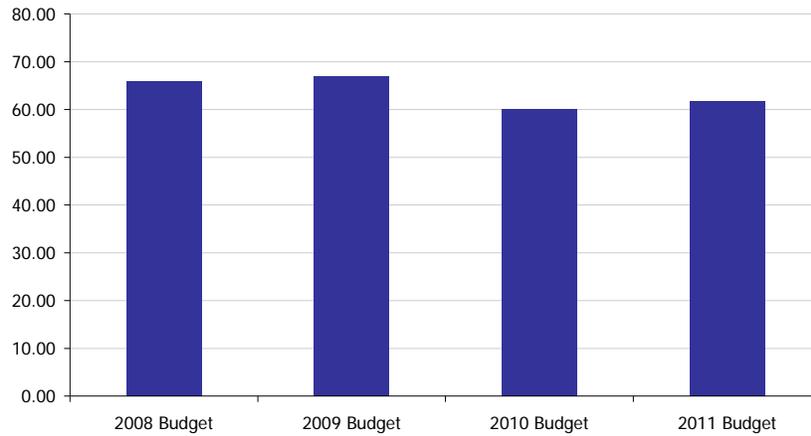
Revenue 2008 - 2011



Staffing Information

Expense	2008 Budget	2009 Budget	2010 Budget	2011 Budget	% Change	Change
RESEARCH		7.00	8.00	6.80	-15.0%	(1.20)
LABORATORY		9.25				
SCHOOL BASED CLINICS		20.75	21.50	20.00	-7.0%	(1.50)
HEALTHY STARTS		4.00	4.00	3.50	-12.5%	(0.50)
CONTRACTS ADMINISTRATION		2.50	2.50	2.50	0.0%	
ADMINISTRATION & ASSURANCE		2.50	1.00	2.40	140.0%	1.40
HEALTH CONTRACTS						
CURFEW TRUANCY			2.80	1.65	-41.1%	(1.15)
HEALTH AND FAMILY SUPPORT						
COMMUNITY SERVICES	66.00	5.35	2.70	3.80	40.7%	1.10
SPECIAL PROJECTS		1.50	1.50	0.50	-66.7%	(1.00)
POLICY AND ADVOCACY		5.15	9.00	12.45	38.3%	3.45
HEALTH		4.00	3.00	4.10	36.7%	1.10
GENERAL ADMINISTRATION		2.00	2.00	2.00	0.0%	
SENIOR SERVICES		3.00	2.00	2.00	0.0%	
TOTAL	66.00	67.00	60.00	61.70	2.8%	1.70

Positions 2008-2011



Positions by Division

