

COMMUNITY SERVICES DEPARTMENT

*Individuals and families
will be safe, independent,
and able to meet their
basic needs.*

2010 Proposed Budget

Headline Issues

- Impact of the Recession
- Impact of Budget Cuts
- Unallotments

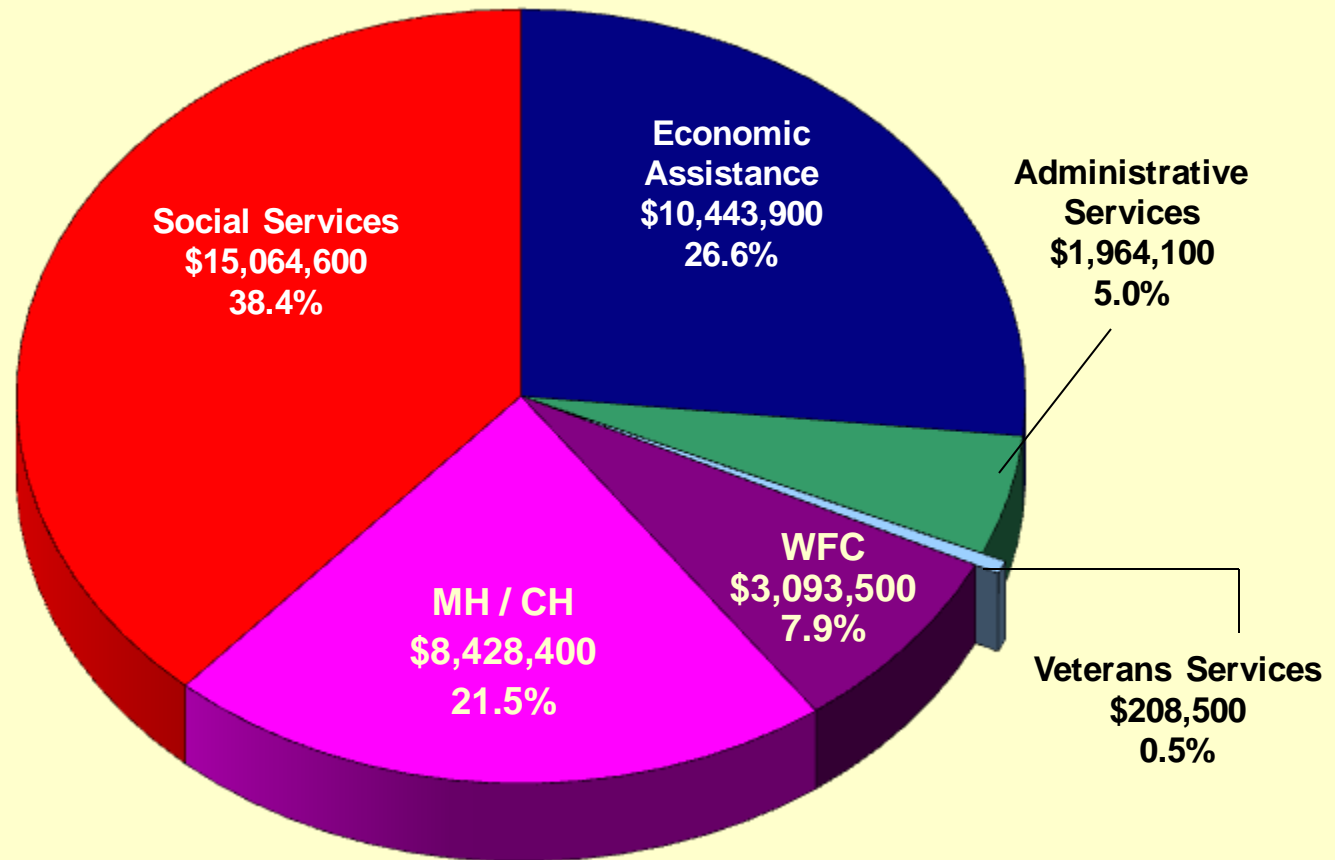
Core Responsibilities

- Child and Adult Protection
- Well-Being of Vulnerable and Disabled
 - Mental Health
 - Developmental Disabilities
 - Frail Elderly
 - Chemical Health
- Eligibility for Public Programs
 - Health Care
 - Public Assistance
 - Food

Core Responsibilities – *continued*

- Veterans
- Workforce Center
- Licensing
 - Child Day Care
 - Child Foster Care
 - Adult Foster Care

2010 Expenditures by Division



2010 Proposed Budget: \$39,203,000
2009 Adopted Budget: \$40,665,200

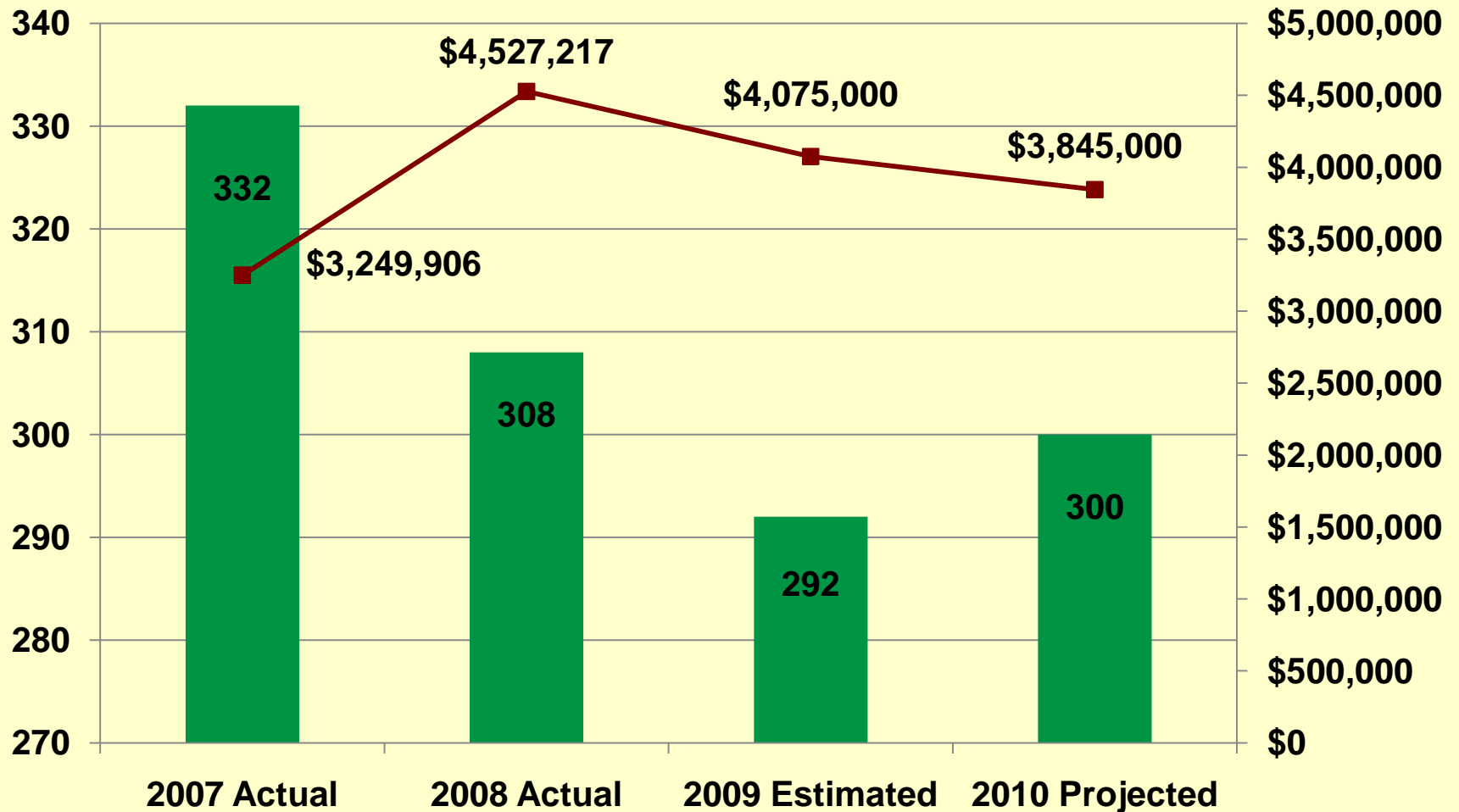
Major Changes in Expenditures

- Increase in Wages and Benefits - \$229,700
- Business process changes
 - Chemical Health redesign (\$250,000)
 - Transportation (\$125,600)
- Grant changes
 - Workforce Center - (\$416,900)
 - HUD programs – \$254,500
- Pass through grant changes
 - Consumer Support Grant (\$770,000)

High Risk Payment Responsibilities

- Child Placement Costs - \$3,623,000
- Day Training and Habilitation - \$1,870,000
- Consolidated Chemical Dependency Treatment Fund (CCDTF) - \$747,100
- Detoxification - \$368,700
- Hospital Holds - \$205,000

Children's Out of Home Placement



■ Number of Children

■ Annual Cost

Legislative Reductions and DHS Cost Shifts

- Non-Emergency Medical Transportation (\$60,000)
- Child Support IRS Fees (\$5,000)
- MFIP administration cut (\$50,400)
- Mental Health grant funding shift for GAMC and MN Care to health plans (\$175,490)

Mental Health

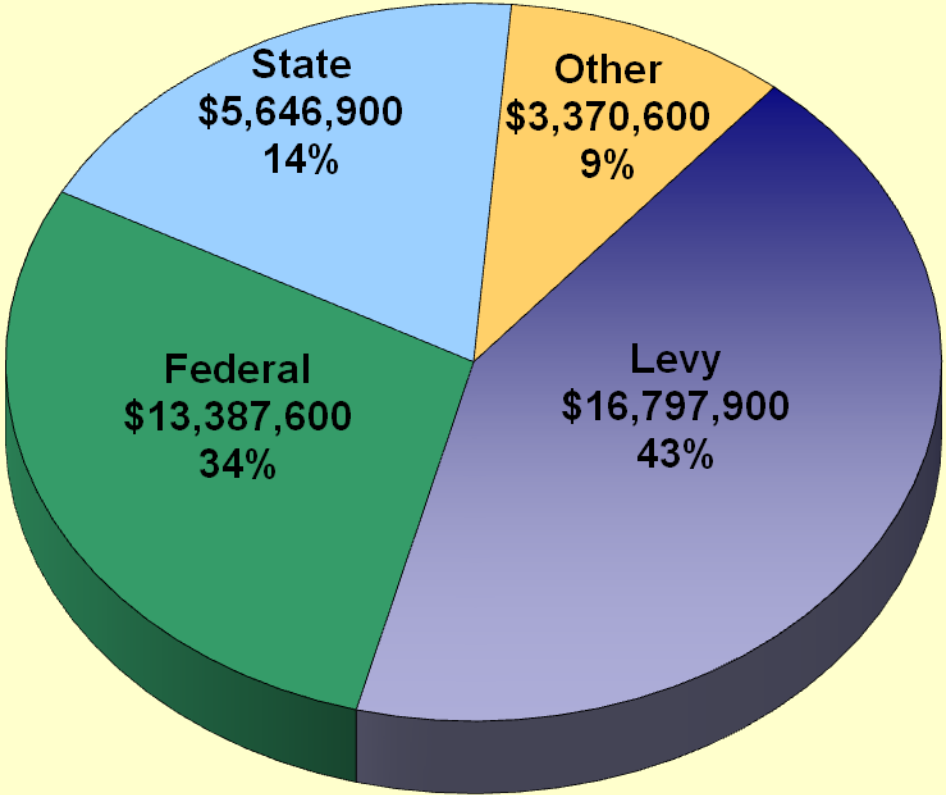
Maintenance of Effort (MOE)

- Baseline MOE established by average of 2004 and 2005 expenditures (\$6,207,422)
- DHS monitors changes in all revenue streams
 - Levy
 - Medical Assistance Revenue
 - Grants (Child and Adult)
- MOE is adjusted for changes in non-levy revenue

Mental Health MOE (continued)

- 2009 and 2010 MOE (\$6,902,394) based on 2008 actual revenue
- MOE Increases (2006 to 2008) include:
 - \$540,000 grant increase for transfer of state employees (2007/2008)
 - Grant Cost of Living Adjustments
 - Respite Care Grants
 - Children’s Mental Health Crisis Grants

2010 Revenue Sources



Levy decrease:
\$802,300 (4.56%)

2010 Proposed Budget: \$39,203,000
(decrease \$1,462,100)



Governor's Unallotments

- Children and Community Services Grant
(2009 and 2010) \$1,010,507
- Mental Health (2010) \$ 90,646
- EGA/EMSA (SFY 2010 & 2011) \$ 346,882
- Child Support (SFY 2010 & 2011) \$ 300,000

Total \$1,748,035

New Revenue

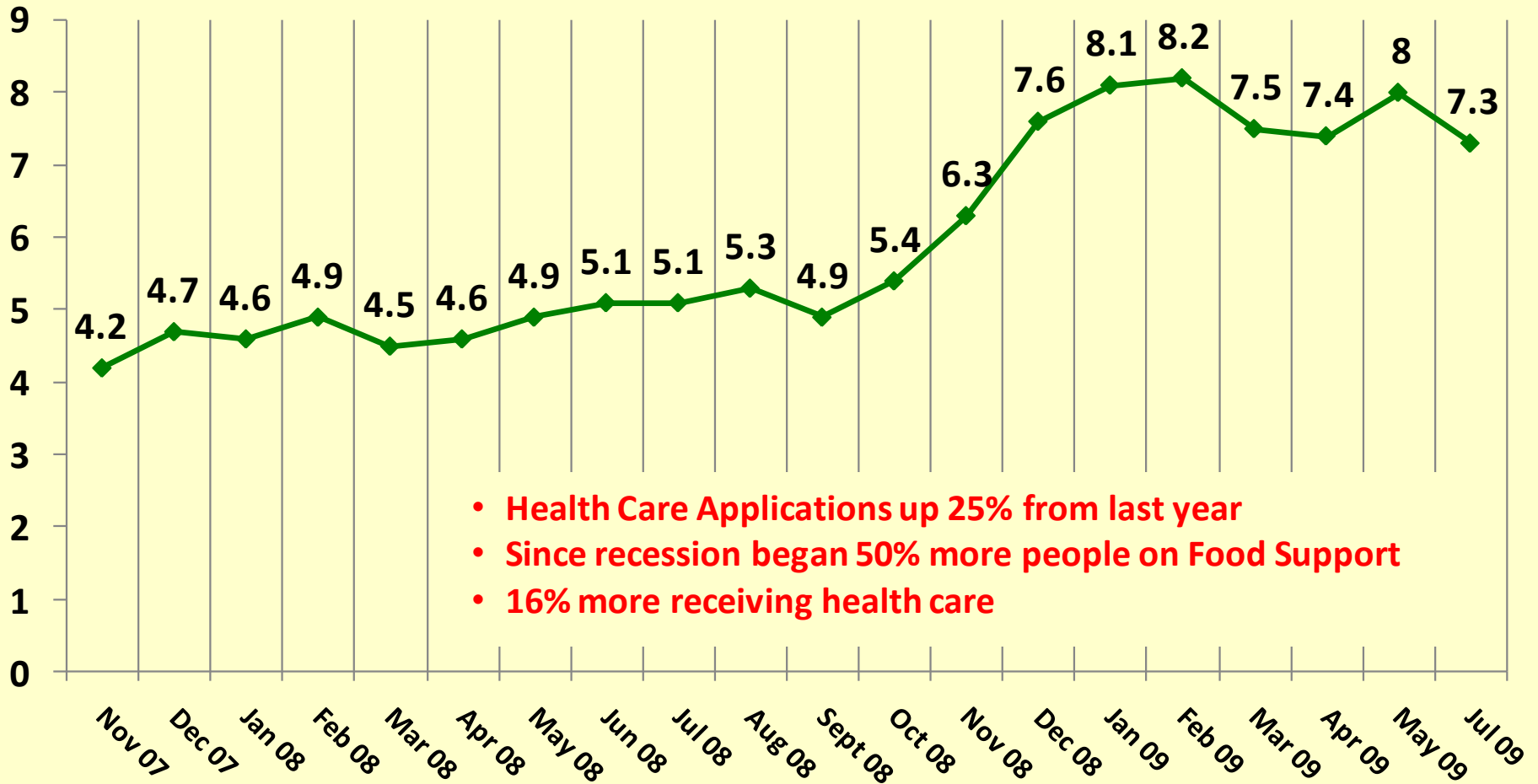
- American Recovery and Reinvestment Act of 2009 (ARRA) funds
 - Enhanced Federal Financial Participation on claims (estimated by State to be \$297,000 in 2010)
 - Child Support temporary restoration of Federal Funding - \$300,000 (estimated for 2010)
 - TANF emergency funds \$100,000 (estimated for 2010)
- Child Welfare Targeted Case Management (estimated \$643,300 for 2010)

Health Plan Revenue

- MN Senior Health Options (MSHO)
 - Contract with two health plans
 - Revenue covering expenses
 - 2010 budgeted revenue - \$96,600
- Mental Health Case Management
 - Contract with two health plans
 - Pending contracts with two health plans
 - Anticipate revenue will cover expenses
 - 2010 budgeted revenue - \$165,900

Growing Caseloads and Workloads: Economic Assistance

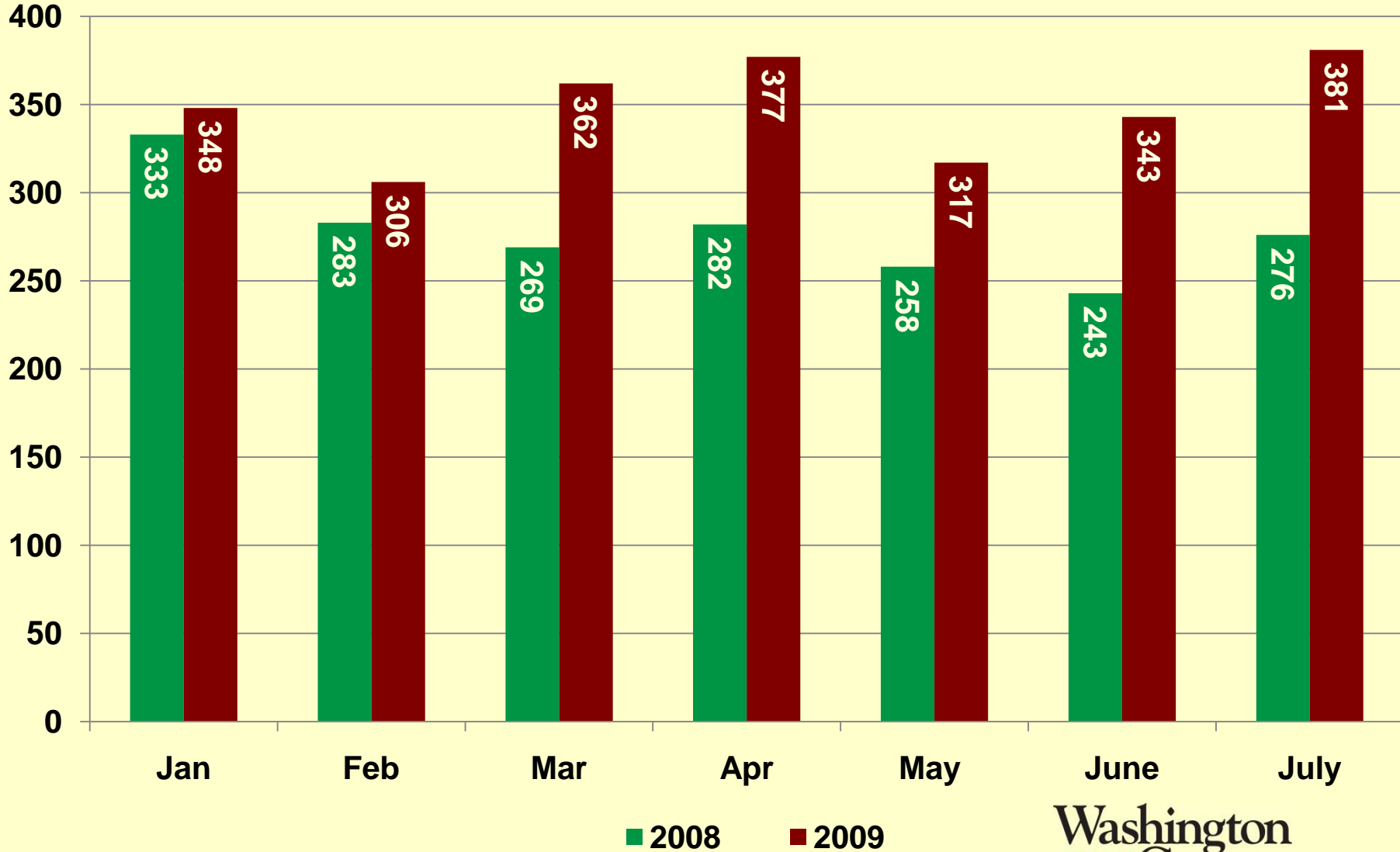
Washington County Unemployment



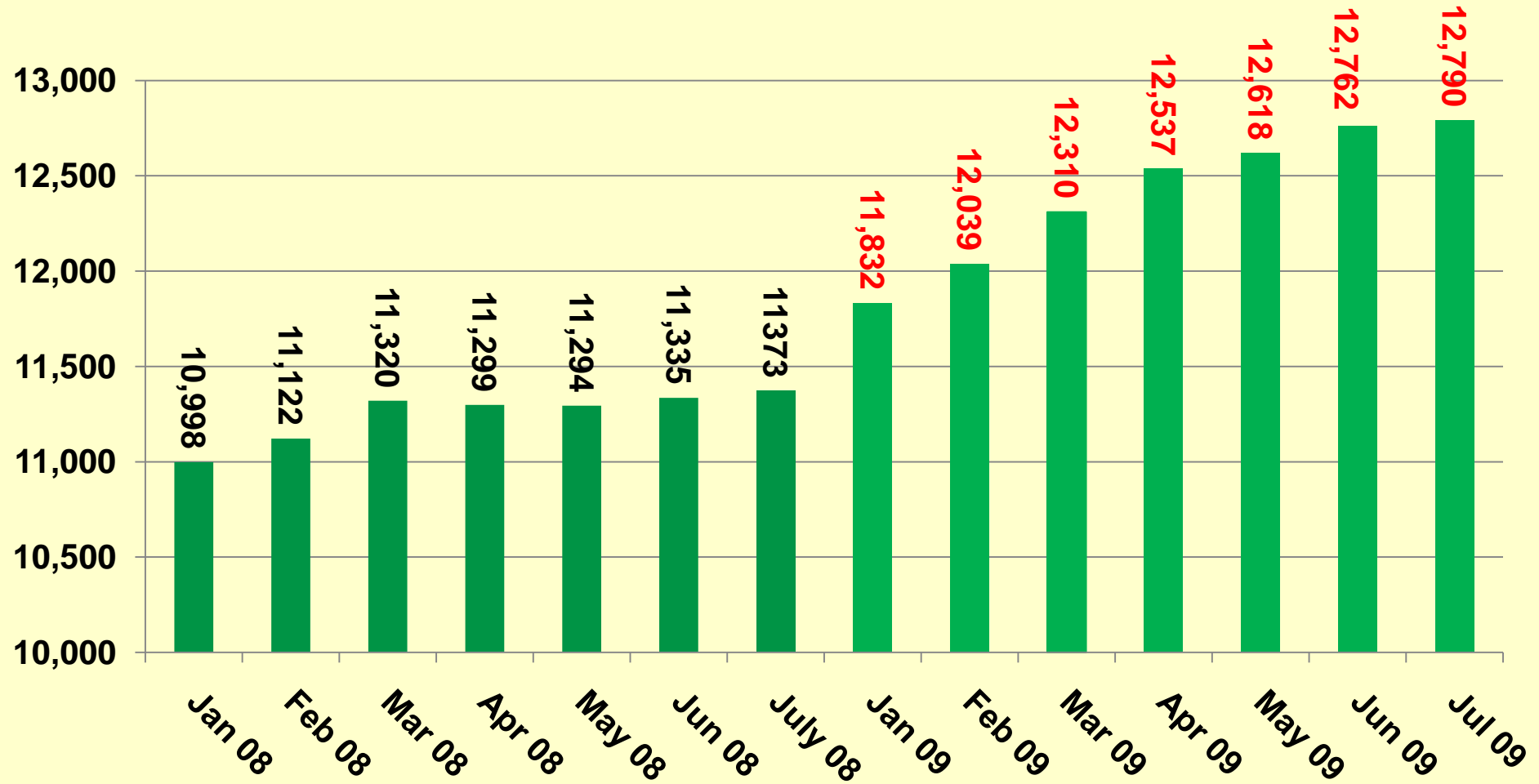
- Health Care Applications up 25% from last year
- Since recession began 50% more people on Food Support
- 16% more receiving health care

Medical Assistance

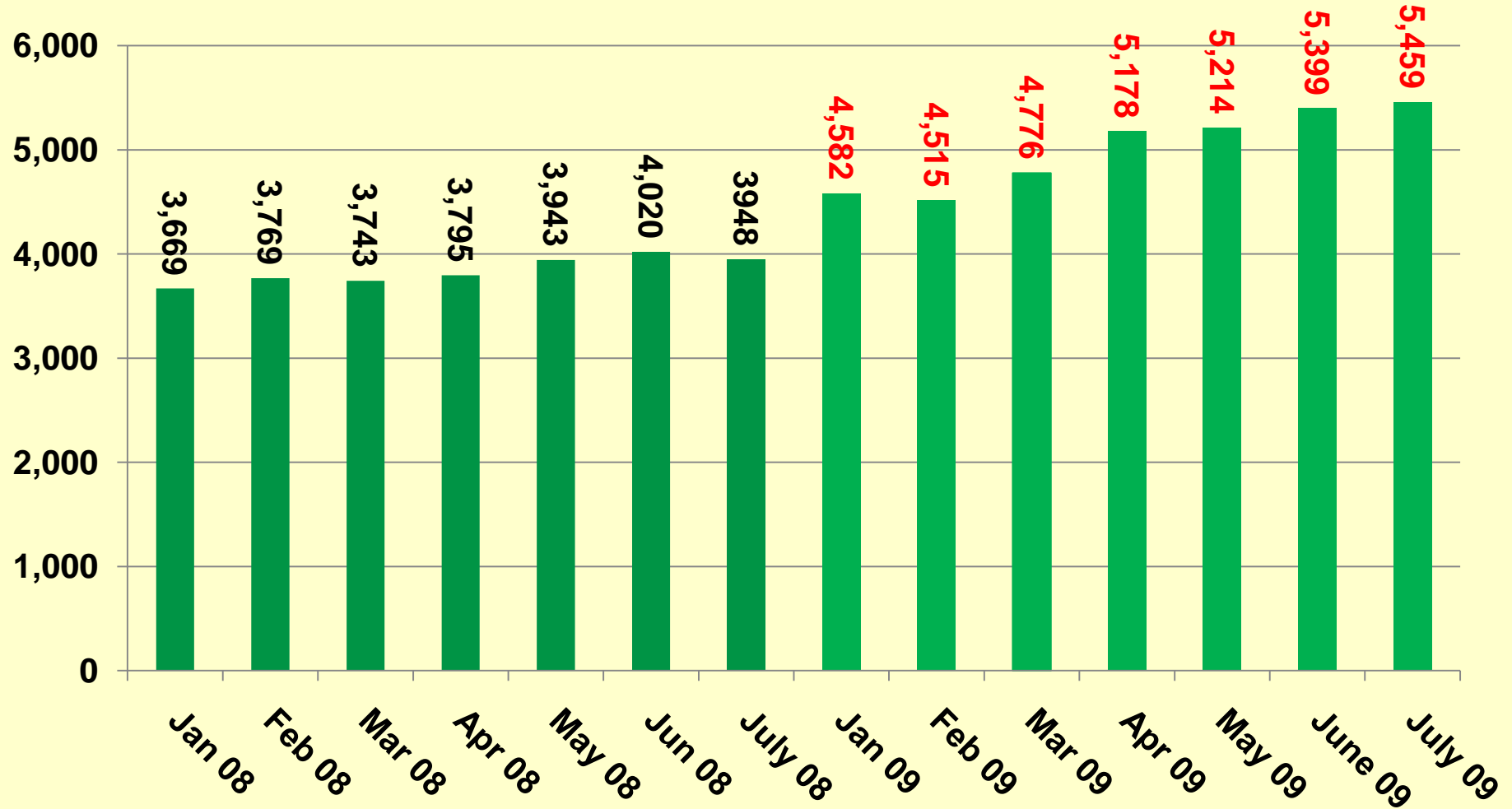
Health Care Applications – Intake Unit



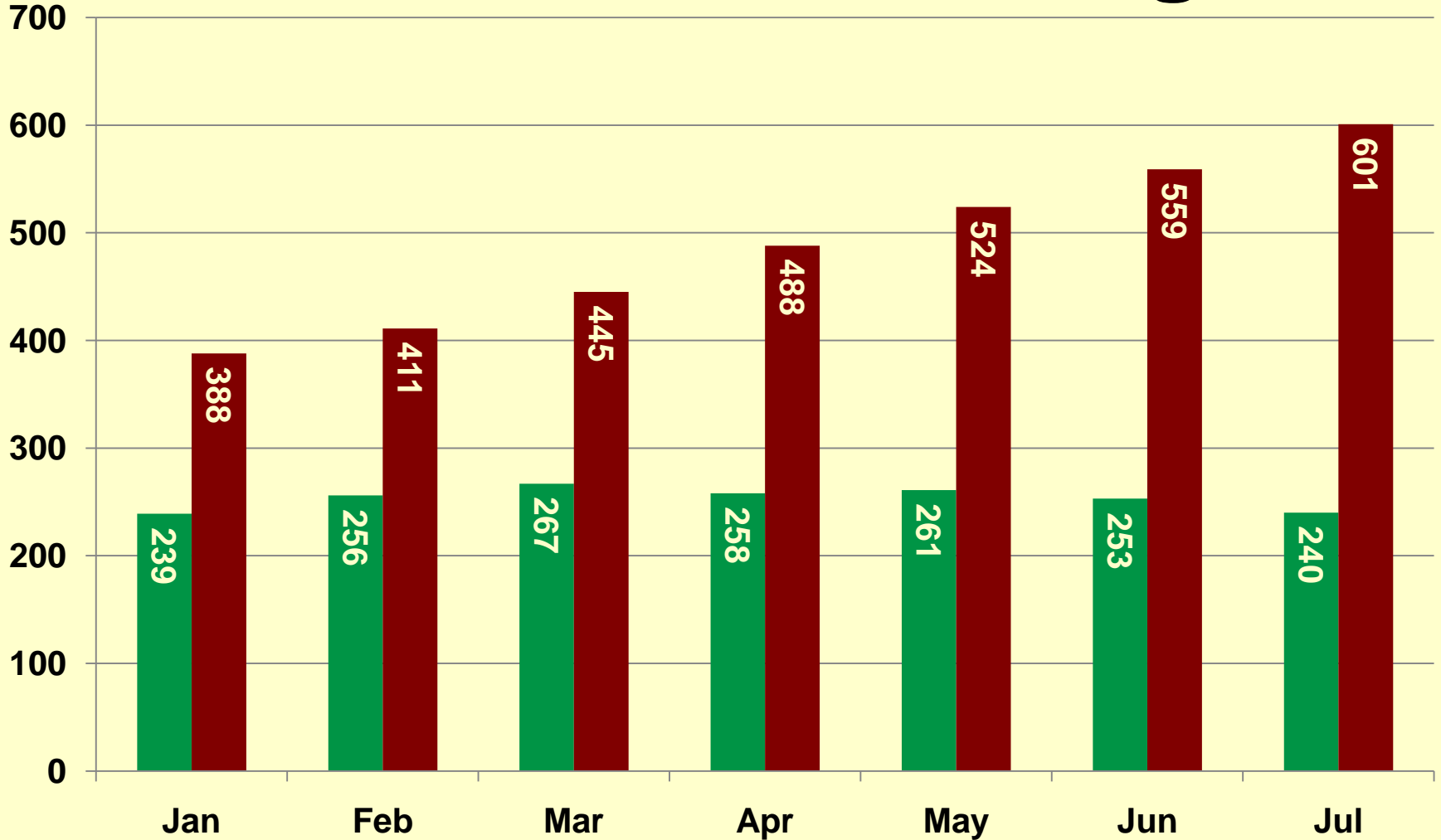
Persons On Health Care



Food Support

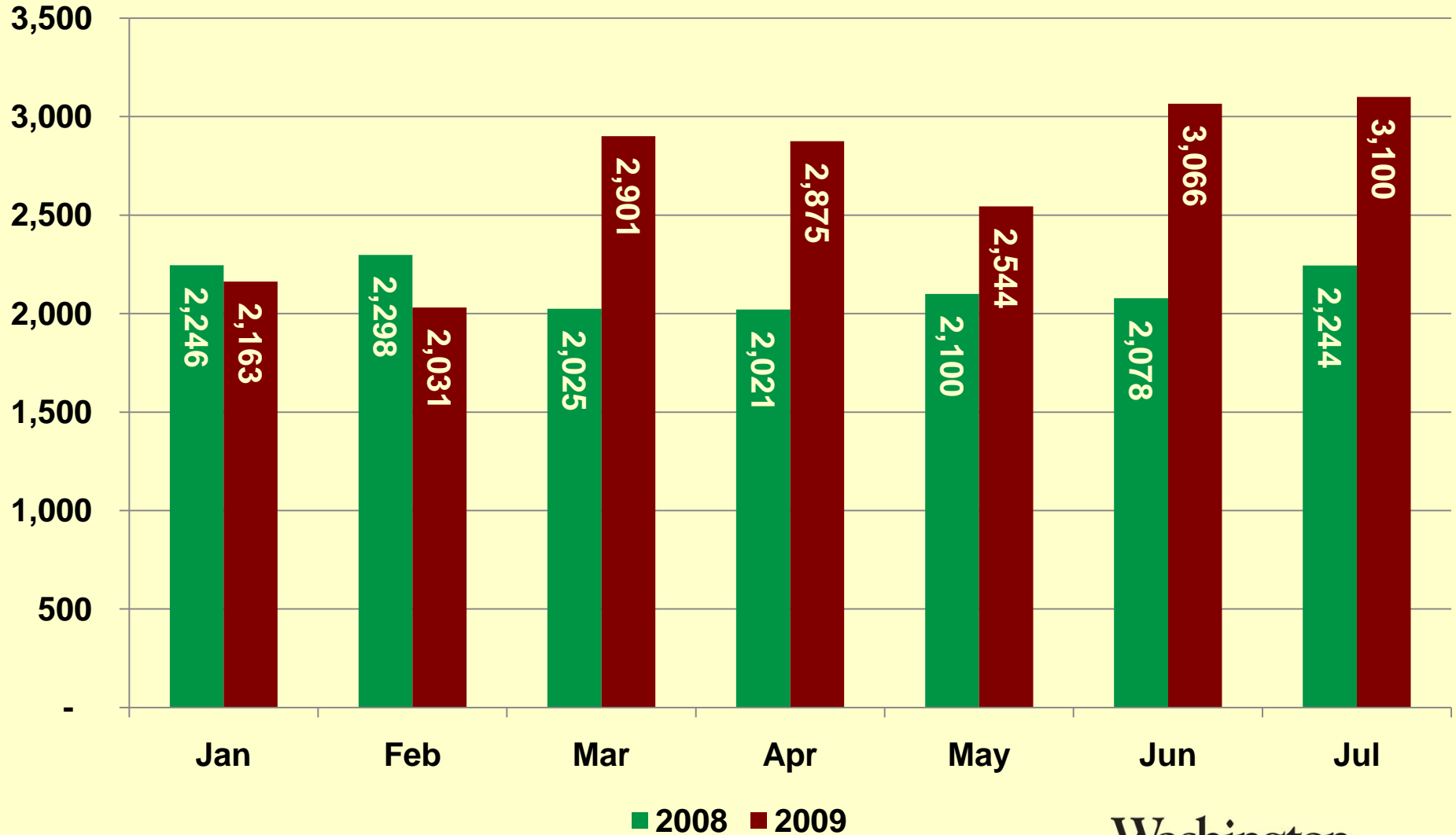


Workforce Dislocated Worker Programs



■ 2008 ■ 2009

Workforce Resource Room Visits



GAMC/EGA Elimination

- **GAMC: March 1, 2010**
 - Impacts 900-1000 individuals/year
 - Nearly \$3,000,000 in healthcare payments
 - Some will qualify for Minnesota Care
- **EGA/EMSA: November 1, 2009**
 - Impacts 230-250 households/year
 - About \$345,000 rent/utilities over 20 months
 - Greatest impact will be on adults without child
 - There are more resources available for families with children.

Keeping It Together

- Restructured DD Services
- Restructured Intake
- Restructured Truancy
- Integrated Accounting
- Restructuring Chemical Dependency Delivery System

Chemical Health Restructure Proposal

Goals:

- 1.Promote Competition and Client Choice
- 2.Better Manage Costly Client Services
- 3.Improve Efficiency and Reduce Confusion
- 4.Centralize Fiscal Accountability
- 5.Save County Money

Chemical Health Restructure

(continued)

1. Revise HSI Contract
2. Use Savings to Hire County Staff to do Assessments and Care Management
3. Measure Results
4. Complement DHS/Washington County Chemical Health Pilot Project

Positions

- Three New Positions Requested (CD restructuring)
- Convert Four Existing Positions (Currently Vacant) to:
 - Chemical Health Assessments – 2 FTE
 - Mental Health Case Management – 1 FTE
 - Elderly Case Management – 1 FTE
- Reduced Child Support vacancy - .80 FTE

How Are We Doing?

- Are Residents Safer
- Are Basic Needs Met
- Are People Living as Independently as Possible

How Are We Doing? *(continued)*

- Child and Family Reviews
 - Safety and Permanency – 100% Achieved
 - Child and Parent Visits – 63% Achieved
- Child Support Return on Investment = \$7.98
- Low Per Capita Expenditures
- Delays in Processing Applications
- Error Rates Increase
- Desperate Public

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