

# Otter Tail County Human Services 2008

## An Introduction to Who We Are and Why We Provide Services

Like most Minnesota counties, Otter Tail County's human service department plays a major role in providing a variety of social service and economic assistance programs to county residents. This agency is one of 18 county departments available to serve the 58,437 residents of the county<sup>1</sup>. The focus of human service programs, however, is primarily to help fellow citizens that are most in need – often due to a disability, health and living difficulties related to the aging process, poverty and unemployment, or other problems that make it hard for a person to meet their basic daily living needs.

Many people in need of services often are children or the elderly. In Otter Tail County, our “citizenship” is comprised of 14,238 children under 18, and more than 10,858 individuals who are 65 years or older. It is estimated that 11.1% of county residents live at or below the poverty level. According to the 2009 Federal Poverty Guidelines, a family of four whose annual household income is less than \$22,050 is considered to be below the poverty guidelines. In Otter Tail County, this includes approximately 1,735 children<sup>2</sup> under 18 and an estimated 1,205 residents who are 65 or older.<sup>3</sup>

People often ask how many families are receiving “welfare” benefits in Otter Tail County. The number of families receiving help depends on the program. Consider this - in 2008:

- 8,705 county residents received publicly funded health care benefits: 6,569 received Medicaid, 101 received Transition MinnesotaCare benefits<sup>4</sup>, and 2,035 received MinnesotaCare coverage.
- 2,413 recipients received food support (what used to be called food stamps)
- 185 families (253 children) received financial assistance to help pay for child care costs
- 780 adults and adolescents completed chemical dependency assessments, and over 900 people received social services to help them with problems associated with mental health, developmental disabilities or aging.
- 690 child protection reports were received, and 279 vulnerable adult reports were received
- 189 families received what used to be called AFDC – and is now called the Minnesota Financial Investment Program (MFIP), and 39 families participated in the Diversionary Work Program. Most recipients of social services and economic assistance are children, vulnerable adults and persons with disabilities.

Through Otter Tail County Human Services, our county “societally organizes” the publicly funded activities “aimed at maintaining or improving human well-being” on behalf of the residents of Otter Tail County. Although the agency employs 110 staff to deliver 27 different programs, many of the services are provided by area agencies that have contracted with the County to deliver a range of services - mental health, employment, residential, chemical dependency, child care, home health care, family and adoption assistance to name just a few. More than 66% of the agency's social services budget is spent on local agencies to provide the range of services listed above.

Hubert H. Humphrey, former Vice President of the United States and Minnesota's former U. S. Senator, is attributed with a quote that has served as the cornerstone of why our society provides social service programs: “The moral test of government is how that government treats those who are in the dawn of life, our children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.” It is the intent of all local human service agencies to live up to the mission expressed by this standard.

For more information on the human service programs provided by the county and area agencies, please feel free to contact offices in either Fergus Falls (218-998-8150) or New York Mills (218-385-3945). The agency's website - <http://www.co.otter-tail.mn.us/humanservices/default.php> - also contains extensive information on programs and services available to eligible citizens.

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<sup>1</sup> Source document: <http://www.lmic.state.mn.us/datanetweb/php/census2000/2000Glance.php>

<sup>2</sup> Source document: Kids Count Data Book 2008, p. 32 @ [http://www.cdf-mn.org/PDF/KidsCount\\_08/MNKC\\_08\\_FINALrev.pdf](http://www.cdf-mn.org/PDF/KidsCount_08/MNKC_08_FINALrev.pdf)

<sup>3</sup> Source documents include: Minnesota's Land Management Information Center at <http://www.lmic.state.mn.us/datanetweb/php/census2000/2000Glance.php> and the U.S. Census Bureau's State and County Quick Facts @ <http://quickfacts.census.gov/qfd/states/27/27111.html>

<sup>4</sup> Includes Medical Assistance (Medicaid), General Assistance Medical Care (GAMC), Prepaid Medical Assistance (PMAP) & MinnesotaCare.

2009  
**Otter Tail County Human Services**  
**Expenditures and Revenue Source by Program**

Human Service Program Area	TOTAL Expense	State Revenue	Federal Revenue	3rd Party Reimb	Misc Revenue	Fund Balance	Net Levy
<b>Childrens Services</b>							
Agency Provided	1,621,669	248,943	304,139	0	6,460	7,824	1,054,303
Purchased	2,069,725	331,307	279,528	90,000	155,878	8,936	1,204,076
<b>Child Care/MFIP</b>							
Agency Provided	2,500	429	230	0	11	13	1,817
Purchased	475,000	224,952	222,653	6,136	129	156	20,974
<b>Chemical Dependency</b>							
Agency Provided	504,147	92,480	143,471	0	1,621	1,964	264,611
Purchased	794,000	121,650	65,168	60,000	28,157	3,823	515,202
<b>Mental Health</b>							
Agency Provided	656,410	89,978	180,201	0	2,335	2,828	381,068
Purchased	4,068,030	2,417,865	222,227	0	182,575	9,174	1,236,189
<b>Developmental Disabilities</b>							
Agency Provided	651,318	152,554	208,789	0	1,753	2,123	286,099
Purchased	799,421	282,643	57,227	0	3,772	3,358	452,421
<b>Adult Services</b>							
Agency Provided	902,209	199,842	141,344	390,000	1,034	1,252	168,737
Purchased	245,400	29,838	35,484	0	52,774	938	126,366
<b>TOTAL SOCIAL SERVICES</b>	<b>12,789,829</b>	<b>4,192,481</b>	<b>1,860,461</b>	<b>546,136</b>	<b>436,499</b>	<b>42,389</b>	<b>5,711,863</b>

<b>Economic Assistance programs</b>							
Agency Provided	2,484,460	280,303	951,495		30,000	39,223	1,363,439
Purchase	766,000	281,162	265,000		27,000	6,320	186,518
<b>Child Support</b>							
Agency Provided	1,337,800	122,140	977,352			8,658	49,650
Purchase	106,000		66,000		40,000		0
<b>TOTAL INCOME MAINTENANCE</b>	<b>4,694,260</b>	<b>683,605</b>	<b>2,259,847</b>		<b>97,000</b>	<b>54,201</b>	<b>1,599,607</b>

<b>TOTAL HUMAN SERVICES</b>	<b>17,484,089</b>	<b>4,876,086</b>	<b>4,120,308</b>	<b>546,136</b>	<b>533,499</b>	<b>96,590</b>	<b>7,311,470</b>
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**MINNESOTA COUNTY HUMAN SERVICE COST REPORT<sup>1</sup>**  
**Otter Tail County Comparison by Year**  
**2001 Through 2008**

	<b>Support Program</b>	<b>Health Program</b>	<b>Social Service Program</b>	<b>Human Service Totals</b>	<b>Federal Share</b>	<b>State Share</b>	<b>County Share</b>	<b>Misc. Funds<sup>2</sup></b>
<b>2001</b>	5,173,534	37,826,162	22,086,290	\$65,085,986	29,399,493	29,188,895	5,301,797	1,195,801
<b>2002</b>	5,940,283	42,357,832	26,392,844	\$74,690,959	33,269,260	34,457,604	5,481,687	1,482,408
<b>2003</b>	6,106,746	48,516,109	27,437,837	\$82,060,691	37,939,868	37,427,586	5,138,091	1,555,146
<b>2004</b>	6,203,816	50,231,514	27,137,217	\$83,572,547	37,578,207	38,850,222	5,959,045	1,185,074
<b>2005</b>	6,089,186	53,069,467	29,379,614	\$88,538,267	39,982,719	40,836,327	6,230,097	1,489,125
<b>2006</b>	6,700,757	52,651,999	29,106,956	\$88,459,713	39,239,828	40,616,122	6,610,808	1,992,954
<b>2007</b>	7,063,766	56,171,821	29,656,097	\$92,891,685	41,756,673	42,127,292	6,852,442	2,155,278
<b>2008</b>	7,525,292	56,947,779	31,382,208	\$95,855,279 <sup>3</sup>	42,873,022	44,120,809	7,250,745	1,610,704
<b>% Change<sup>4</sup></b>	<b>6.5%</b>	<b>1.4%</b>	<b>5.8%</b>	<b>3.2%</b>	<b>2.7%</b>	<b>4.7%</b>	<b>5.8%</b>	<b>(25.3%)</b>
<b>MINNESOTA'S STATEWIDE 7-YEAR COMPARISON</b>								
<b>2001</b>	669,627,550	3,030,038,176	2,059,317,825	\$5,788,983,551	2,613,822,568	2,468,715,649	588,657,243	117,788,091
<b>2002</b>	769,210,476	3,674,975,430	2,059,317,825	\$6,826,456,461	3,142,927,709	3,016,166,399	548,642,760	118,719,592
<b>2003</b>	799,021,330	3,904,769,384	2,480,765,415	\$7,184,556,129	3,403,709,189	3,165,537,868	500,357,632	114,951,440
<b>2004</b>	801,960,965	4,151,885,129	2,523,670,882	\$7,477,516,977	3,404,726,074	3,381,706,126	576,470,764	114,579,653
<b>2005</b>	783,985,374	4,455,467,509	2,663,949,145	\$7,903,402,028	3,661,017,376	3,513,208,328	614,586,894	114,589,430
<b>2006</b>	827,198,847	4,400,220,229	2,784,521,550	\$8,011,940,626	3,670,086,508	3,573,915,016	636,809,519	131,129,583
<b>2007</b>	859,418,255	4,795,794,337	2,931,902,224	\$8,587,114,817	3,948,269,489	3,831,530,355	675,651,148	131,663,825
<b>2008</b>	937,069,198	5,055,654,386	3,050,990,227	\$9,043,713,860	4,129,922,660	4,135,798,400	652,668,067	125,324,734
<b>% Change<sup>5</sup></b>	<b>9.0%</b>	<b>5.4%</b>	<b>4.1%</b>	<b>5.3%</b>	<b>4.6%</b>	<b>7.9%</b>	<b>(3.4%)</b>	<b>(4.8%)</b>

**Support Programs:**

**Health Programs:**

**Social Service Programs:**

**Minnesota Supplemental Aid (MSA), Statewide Minnesota Family Investment Program (MFIP), General Assistance (GA), Food Stamps, Child Support Enforcement Medical Assistance (MA), General Assistance Medical Care (GAMC) Children's Services Programs, Child Care Program, Chemical Dependency Programs, Mental Health Programs, Developmental Disabilities Program, Adult Services Programs**

<sup>1</sup> Source data: Minnesota County Human Service Cost Report 2008 @ <http://edocs.dhs.state.mn.us/lfsrver/Legacy/DHS-4179F-ENG>

<sup>2</sup> Miscellaneous funds may include estate settlements, insurance, client fees, private grants or donations or other sources not included in federal, state or county shares

<sup>3</sup> Statewide, the per capita cost for providing all human service programs is \$1,719.00. In Otter Tail County, our per capita cost (population: 56,875) is \$1,685.00. We rank 36<sup>th</sup> of 87 counties in terms of comparative cost (i.e., per capita costs in 51 counties exceed our costs). Otter Tail County's fund portion of this per capita cost is \$127.00, or 7.5% of the total overall cost. In other words, for every \$100.00 spent on health and human service programs, the county expends \$7.50 of county funds and county residents receive an additional \$92.50 of state & federal funds.

<sup>4</sup> This figure is the percentage change between CY 2007 and CY 2008. Figures in parenthesis (if any) indicate a negative change, or decrease in costs or funds.

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## **Section II: Children and Community Services Act**

### A. Statement of Needs

#### Child Safety:

The need that Otter Tail County has is to reduce the recurrence of maltreatment.

Our goals for 2010/2011 CCSA plan are to develop the signs of safety approach in working with families in child protection. Otter Tail County Human Services is working with our regional supervisors developing strategies to integrate the signs of safety practice approach with our staff. We will be planning regional meetings for staff and educational opportunities for the providers so they will all be on board.

We will also look at continuing to increase the percentage of cases that use the family assessment approach with reports of maltreatment. In 2008 our percentage was 66% and through August, 2009, it was 69%.

#### Child Permanency:

Our need is develop is to develop networks for families to be able to ensure the permanency of their children.

Our goals for the 2010/2011 CCSA plan are to identify fathers sooner, offer them services and use them as an option if they are appropriate. We have developed a procedure to identify fathers as a result of our County CFSR and it is attached. We will continue to use our 20 day staffings, family group decision making and pre-placement review teams to identify individuals who may be options to support the parents in the reunification, or if that is not possible, be available to care for the children.

#### Child Well-Being:

This is a challenging area to improve upon considering the reduction of financial support from the State through unallotments and reductions in grants. Counties are continuing to have to meet the needs using local funds and resources.

Our goal for 2010/2011 CCSA plan is to complete children's mental health screenings on all children eligible to identify concerns early. We will then determine if there are resources available to address any needs identified. We will also continue to use our family dependency treatment court that is funded by the Office of Justice Programs for families who are involved in the child welfare system that struggle with chemicals and if affects their ability to meet the needs of their children.

## B. Strengths and Resources to Address CCSA Needs

1. Given the funding concerns presented by unallotments and reductions, it will be a challenge to adequately address the needs and goals addressed above. Our staff is committed to the clients and providing good services to meet their needs. Our County is currently using a hard hiring freeze to address the funding concerns and so there are positions that could go unfilled and current staff will have to pick up those extra duties. This could be a significant barrier to addressing the needs above.
2. What strategies will your county use to maximize resources to address the needs discussed in Part A in the 2010-11 biennium?
  - Otter Tail County work with other Counties to develop the signs of safety approach in our work with families. The Directors and Supervisors will have discussions on ways our Counties can integrate services through the State-County Results Initiative to promote greater accountability, productivity and results in our region's human services system. We will also continue to participate the Otter Tail County Family Services Collaborative. This will provide a forum to identify needs within the County and identify if any partners are able to address them.
3. Counties not Meeting the federal or state standards.
  - No repeat maltreatment within six months – Steps to improve performance:

Otter Tail County Human Services will work to integrate the signs of safety approach in our casework with families. Olmstead and Carver have used this approach and have seen a decrease in families coming back in for services. We will also increase our use of the family assessment approach with reports screened in for assessment or investigation.
  - Re-entered foster care within 12 months - Steps to improve performance:

Otter Tail County Human Services will remove corrections placements from SSIS. In reviewing the data from 2008, of 14 children who re-entered care, 10 of them were corrections placement. They account for less than half our placements, but yet are 71% of our re-entries. In reviewing 2009 data up to August 31, 2009, 10 of 11 re-entries to date are corrections placements.
  - No repeat maltreatment within 12 months – Steps to improve performance:

Otter Tail County Human Services will work to integrate the signs of safety approach in our casework with families. Olmstead and Carver have used this approach and have seen a decrease in families coming back in for services. We will also increase our use of the family assessment approach with reports screened in for assessment or investigation.

### **Children's Mental Health Accomplishments for 2008-2009:**

1. Early identification of children with mental health needs through collaborative efforts in the use of screening tools:
  - Worked in collaboration with public health to implement the utilization of the ASQ-SE for infants and toddlers in Otter Tail County.
2. Early intervention services for children with mental health needs through the implementation of DC: 0-3 as well as School Based Mental Health Services.
  - Worked in collaboration with mental health center to support the specializing of the Birth to 3 Diagnostic Assessment and treatment strategies.
  - Expansion of School Based Mental Health Services that included the sharing of resources between the schools, county and mental health agencies to deliver an array of school based mental health services including diagnostic assessments, individual therapy, skills training, case management services and outreach activities.
3. County-wide implementation of a standardized functional assessment tool (CASII) that will aide in the development of appropriate services, service intensity and service location for children with mental health needs.
  - The CASII and SDQ are now standard assessment tools used in Otter Tail County by mental health agencies as well as the County.
  - 63.9% of children served in 2008 showed improved mental health in which the Standard is 60%, State wide performance was 40.7%.
4. Increased coordination of services for children with co-occurring disorders.
  - The county has experienced increased referrals during the 2008-2009 CCSA planning years of children dually diagnosed with a mental health diagnosis as well as a cognitive impairment. Children's Mental Health Case Managers have worked in coordination with the developmental disabilities programs and case managers to provide an array of services that addresses the child's mental health and behavioral issues in a manner that is also cognizant of their developmental delays.
  - School-based mental health services are provided to children with mental health and chemical health needs. Such services include early intervention as well as coordination of mental health services with chemical dependency treatment.
5. Increased coordination of services for children in or at risk of being in the correctional system.
  - The county has experienced an increased number of children served by both the Children's Mental Health Case Manager as well as probation. Case managers work in coordination with probation agents to develop an appropriate treatment plan for the child including increased focus in the development of independent living skills to support the child in their transition to adulthood. Such focus has included the utilization of CADI funds to place the child in a community based setting which allow for increased focus in the development of independent living skills rather traditional correctional facilities.

**Statement of Needs (2010-2011):****Children's Mental Health:**

1. In 2009, a minimum of 60% of children served will demonstrate improvement in functioning as measured by the CASII.
2. In 2010, a minimum of 65% of children served will demonstrate improvement in functioning as measured by the CASII.
3. In 2011, a minimum of 70% of children served will demonstrate improvement in functioning as measured by the CASII.
4. Implementation of a mobile crisis team to provide services to children and families in crisis with the desired outcome of maintaining safety of the child and family as well as reduced out-of-home placements and inpatient psychiatric hospitalizations.
5. The delivery of school-based mental health services to provide mental health services in school settings with the focus of the reduction of stigma, increased accessibility of mental health services, increased coordination of mental health services with the schools and the provision of the opportunity to provide mental health support and skills training to children in the most "natural environment".

**Strengths and Resources to Address CCSA Needs:**

1. Based on the strengths and resources available to your county in the 2010-11 biennium, discuss its position to adequately address the needs narrated in Part A?
  - o Increased referrals for children's mental health case management services will create challenges in providing case management services in an intensive manner needed for children with high levels of care as demonstrated by the CASII. Otter Tail County will work in collaboration with mental health agencies to serve children and families including directing some referrals to school-based mental health case managers, if agreed upon by the family.
  - o Otter Tail, Clay and Wilkin counties received Children's Mental Health Crisis grant funds to develop a mobile crisis team to support children and families in the three counties. This project will work in collaboration with the Becker, Clay, Otter Tail and Wilkin county adult mental health initiative to share resources to develop a mobile crisis program that provides crisis assessment, intervention and stabilization services for children and adults.
2. What strategies will your county use to maximize resources to address the needs discussed in Part A in the 2010-11 biennium?
  - o Otter Tail County will continue to maintain partnerships with schools in the provision of school-based mental health services. These partnerships have facilitated increased collaboration that has included co-location of mental health services including psychiatric.
  - o Collaboration with Becker, Clay and Wilkin counties in the development of a mobile crisis program serving both children and adults.