

# Olmsted County Community Services *Adult & Family Services 2015 Annual Report*



## **MISSION, VISION & VALUES**

*Mission: Partnering to Provide Education, Access, Choice and Support*

**Vision: A Safe, Thriving and Inclusive Community**

Values: Respect, Innovation, Partnerships and Accountability

# ADULT & FAMILY SERVICES 2015 ANNUAL REPORT

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## Mission Message

Under the Mission of “**Partnering to provide Education, Access, Choice and Support**” the Adult and Family Services division has the responsibility to provide advocacy, case management and care coordination for people that need services. This Mission drives the day-to-day work of the staff and manifests itself in their practice by focusing on the individual’s unique personal perspective of their hopes and dreams for their future. Like most people, each person is concerned about their Health, a Home in the community of their choice, a contributing Purpose in their lives and their Connections within their family and community. By providing education about and access to needed services, individual choices and customized supports increase the potential for people to live full, typical and productive lives.

### **Partnering**

Collaboration with individuals receiving services and their advocacy organizations, in addition to more than 70 contracted and other related service vendors, along with internal county departments. The scope extends across Olmsted County and the SE MN region. Our partnerships are defined by mutual goals resulting in trusting relationships that coordinate service needs assessments and identify priorities for resource utilization.

### **Education**

Individual practice that helps each person we serve navigate chosen support systems and options. At the community level, education combats stigma, raises awareness and advocates for tolerance and acceptance of the diversity of each persons’ potential contribution to the community.

### **Access**

Creating service options for individuals that are tied to a comprehensive needs assessment at the community level designed to define gaps and inadequate service levels. These innovative options draw on information available from centers of excellence, best practices and evidence based practices that identify the most sustainable, long term impact of resource utilization.

### **Choice**

Valuing the right as an adult to make choices on issues related to a unique vision for their own personal future. As case managers and care coordinators, we also value the development of respectful relationships that are built on earned trust, leading to a more complete understanding of what people want/choose. This understanding allows us to more successfully advocate for these uniquely personal choices.

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## Support

Advocating for each person from a comprehensive perspective of what is important to the person and the barriers that may be experienced by the individual in achieving their goals while keeping in perspective what is important for the person to understand and be aware of.

Unit	Number of Clients	AFS Staff Type	Number of Staff by FTE
Adult Behavioral Health	1004	Social Workers	90.2
Adult Behavioral Health – Contracted	340	Support	9
Aging & Care Coordination	1471	Leadership	8.9
Disability Services	1535		
<b>Grand Total</b>	<b>4350</b>		<b>108.1</b>

On 12/31/2015, Olmsted County Adult and Family Services served 4,350 clients in all programming. This work is accomplished with 108.1 FTEs and 72 contracted partner agencies.

## 2015 Accomplishments

Continued implementation of Individualized Housing Options with the opening of The Lodge in collaboration with REM. This housing option offers housing supports for individuals with complex needs. (Collaborative/Integrative)

Medical Director hired for Zumbro Valley Health Center as a result of a concerted recruitment partnership between ZVHC and Community Services. (Regulative/Collaborative)

Behavioral Health Mobile Crisis Team was expanded to include children and adolescents in crisis, along with increased coverage to 24/7 across the SE MN Region. (Collaborative/Integrative)

Coordinated Entry into available housing is being piloted within the community in collaboration with all the agencies represented in the local Homeless Coalition. (Integrative)

Fidelity certification was earned by the Lead Mental Health Professional in Community Services' Assertive Community Treatment Team. ACT is an evidence-based practice. (Regulative)

An Integrated SE MN regional budget was implemented for adult mental health services. (Regulative)

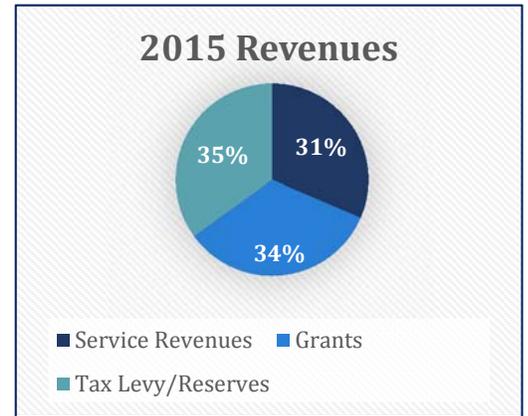
PHDoc was deployed across all staff in the Aging and Care Coordination unit. PHDoc is an alternative records management system that promises greater efficiency, ease-of-use and a full paperless option. (Collaborative/Integrative)

The Goal Evaluation and Measurement System database was completed and is currently being implemented across parts of the Disability Services Unit. GEMS is a validated tool that aggregates individual goal attainment across larger groups. (Regulative)

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## Adult & Family Services Financial Summary (2015)

<i>EXPENSES</i>	
<i>Program Expenses</i>	
Salaries/Benefits	\$9,796,688
Indirect Costs	\$596,120
Direct Client Costs	\$4,368,683
Contracted Services	\$3,772,222
<b>Total Program Expenses</b>	<b>\$18,533,713</b>
Administrative Expenses	\$3,150,803
<b>Total Program and Administrative Expenses</b>	<b>\$21,684,516</b>
<b>REVENUES</b>	
Service Revenues	\$6,817,922
Grants	\$7,284,785
<b>Total Revenues</b>	<b>\$14,102,777</b>
Tax Levy/Reserves	\$7,581,739
<b>Total Revenues and Tax Levy/Reserves</b>	<b>\$21,684,513</b>



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## Human Services Value Curve

The Human Services Value Curve, developed by Harvard University's Technology and Entrepreneurship Center's Leadership for a Networked World, offers a framework for improving human services through movement toward greater integration and alignment of services. The framework identifies four levels to characterize the capacity of human services organizations to achieve valuable outcomes in an effective and efficient manner. The first level is the Regulative Model, wherein the



focus is on providing services to eligible individuals in compliance with relevant policies and regulations. The second level, the Collaborative Model, focuses on providing the best combination of services to eligible individuals by working across agencies and programs. The third level, the Integrative Model, aims to offer coordinated and integrated services to address root causes of individual or family challenges. The fourth level, the Generative Model, focuses on the development of healthy communities through cross-organization co-creation of solutions. Our aim in AFS is to develop a sustainable Regulative foundation that supports an evolving strategy of systemic service enhancements focused on creating access, choice and support for the people we serve.

## Core Programs Descriptions and Highlights

### Accomplishments

Culture shift to recovery focused and person centered  
 Enhanced Mobile Crisis services  
 CHIP MH Workgroup  
 Added capacity to DBT  
 Drug Court  
 Establish dashboards for data tracking

### Challenges

Community Psychiatry  
 Commitment Diversion  
 PhDoc  
 Drug Court

### Adult Behavioral Health

The Adult Behavioral Health Unit provides a wide array of service options for those diagnosed with a serious and persistent mental illness and/or substance use disorder. The variety of options available allow for the tailoring of services and/or treatment to an individual’s specific goals and assessed needs. Those services are:

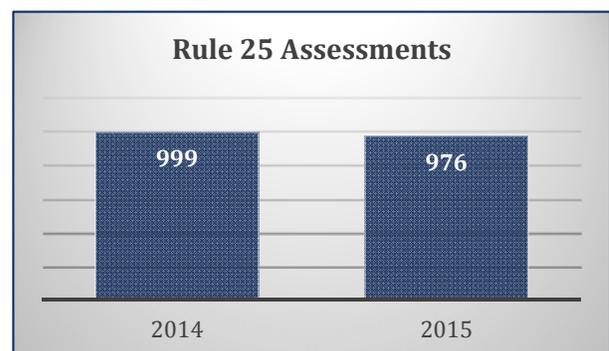
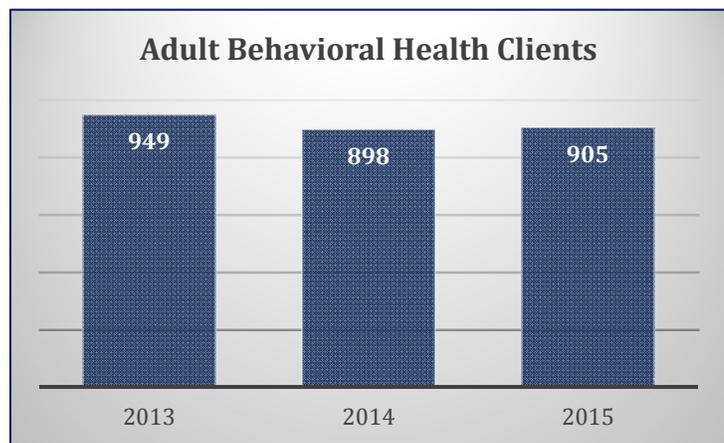
#### Targeted Case Management

(TCM) – Olmsted County provides monitoring and coordination, assessment, referral and

linkage and planning services to adults who are diagnosed with a serious and persistent mental illness (SPMI). Adults with SPMI who are experiencing significant functional impairment as a result of the illness

qualify for TCM services. Individuals may also receive TCM services as a result of a court ordered civil commitment.

**Chemical Health Services** – clients can access funding for chemical dependency treatment through the Consolidated Chemical Dependency Treatment Fund. The eligibility process is called a Rule 25 Assessment. After determining financial eligibility for funding assistance, an assessment is then completed with the individual to determine the level of treatment needed for their particular situation. Individuals may also receive case management services as a result of a court intervention such as civil commitment. We have five intake workers who manage this workload.



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**Dialectical Behavioral Therapy (DBT)** - an evidenced based practice shown to be the most effective form of treatment available for reducing suicide and self-injury, and improving the quality of life for persons with Borderline Personality Disorder and/or other mental health diagnoses. The yearlong program includes skills training groups, 24 hour/day access to skills coaching via phone, and individual therapy. There are currently five Mental Health Professionals on the team (two employees and three contracted) and they provide the individual therapy and group facilitation. There is also a Senior Rehabilitation Worker on the team who co-facilitates groups and manages referrals. The team has the capacity to serve 32 individuals at any given time which is an increase from 24 as a result of adding contracted therapist time. The waiting list for the program has stayed between 10-20 individuals over the past year. The program has an ongoing relationship with other DBT providers in the area which includes consultation.

## **Dialectical Behavioral Therapy**

The Olmsted County Dialectical Behavioral Therapy (DBT) Program is a certified Intensive Outpatient Program (IOP) by the State of MN

### **Admission criteria includes:**

18 years of age or older  
Have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community-based services.

### **Meet one of the following criteria:**

Have a diagnosis of Borderline Personality Disorder; or  
Have multiple mental health diagnoses and exhibit behaviors characterized by impulsivity, intentional self-harm behavior, and be at significant risk of death, morbidity, disability, or severe dysfunction across multiple life areas.

Understand and be cognitively capable of participating in DBT as an intensive therapy program and be able and willing to follow program policies and rules assuring the safety of self and others; and be at significant risk of one or more of the following if DBT is not provided:  
Mental health crisis  
Requiring a more restrictive setting such as hospitalization  
Decompensation  
Engaging in intentional self-harm behavior.

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## Assertive Community Treatment (ACT) –

### Assertive Community Treatment

The Olmsted County Assertive Community Treatment (ACT) Program is an evidenced based, highly integrative service provided through a team approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation and support.

#### People served by ACT:

Have significant functional impairments as a result of mental illness and have not been successful in achieving their recovery goals through traditional mental health services.

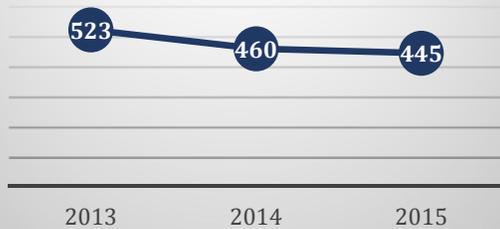
Those served by ACT often have co-existing problems such as homelessness, substance use or involvement with the legal system.

#### The Olmsted County ACT Team:

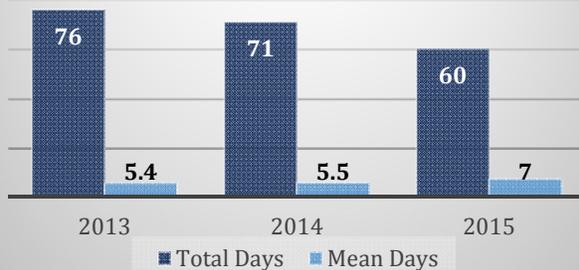
Includes a psychiatrist, two nurses, a social worker, a substance abuse specialist, a mental health professional and two employment specialists.

The ACT Team serves up to 63 individuals and refers based on individual needs.

### ACT Hospital Days



### Jail Diversion Days



**Jail Diversion** –serves adults who are diagnosed with a mental illness and/or co-occurring disorder and have contact with the legal system. Diversion occurs at either pre-booking or post-booking times. An assessment is completed to determine if the person is experiencing acute symptoms of a mental illness and could be more appropriately served outside of jail. If it is determined that jail diversion is appropriate, the person is linked to community-based treatment and support services. One forensic social worker integrates closely with law enforcement, corrections, and the judicial system with the goal of diversion from incarceration.

**Re-Entry Olmsted County (ROC)** – is a voluntary program that serves county residents who are diagnosed with a serious mental illness and/or a co-occurring disorder and are detained in the

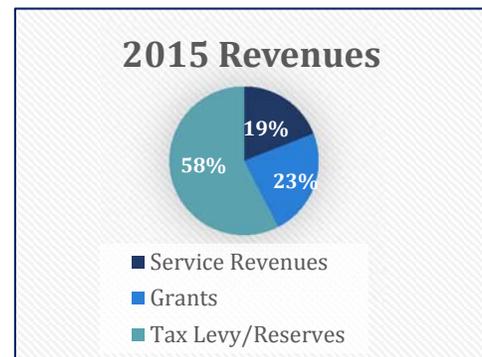
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Adult Detention Center. The social worker engages with the individual while still in custody to complete a thorough assessment to determine the services needed and to support the individual in creating a plan of care for reentry back into the community.

**Whatever It Takes** – is a Minnesota State funded initiative to provide specialized support to individuals hospitalized at the Anoka Metro Regional Treatment Center, as well as the Minnesota Security Hospital, and the Competency Restoration Program at the St. Peter Regional Treatment Center. The WIT team supports the CREST Region providing services through person-centered planning so individuals can drive their own recovery journey. Services provided by a liaison case manager are paired with rehabilitation services and community supports to assist individuals from the hospital admissions through community transition.

## Adult Behavioral Health Financial Summary (2015)

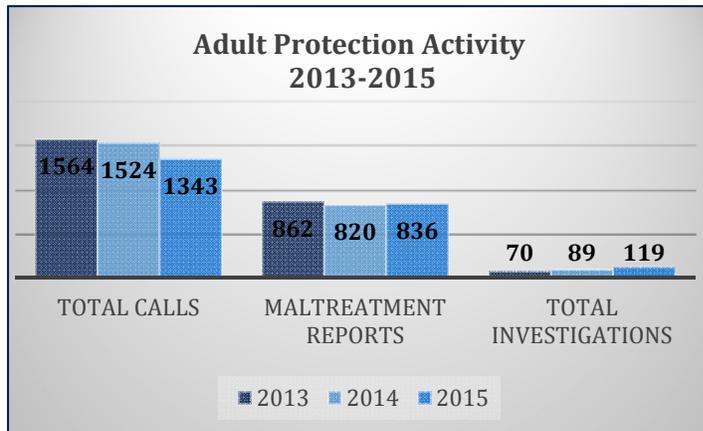
EXPENSES	
Program Expenses	
Salaries/Benefits	\$3,004,743
Indirect Costs	\$272,404
Direct Client Costs	\$1,811,595
Contracted Services	\$3,230,141
Total Program Expenses	\$8,318,883
Administrative Expenses	\$1,318,349
Total Program and Administrative Expenses	\$9,637,232
REVENUES	
Service Revenues	\$1,833,099
Grants	\$2,252,778
Total Revenues	\$4,085,877
Tax Levy/Reserves	\$5,551,355
Total Revenues and Tax Levy/Reserves	\$9,637,232



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## Adult Protective Services (APS)

**Type of Work:** APS staff investigate reports of maltreatment, provide for immediate protection of Vulnerable Adults, educate the community, and provide resource and referral information. Due to a systems change, the work

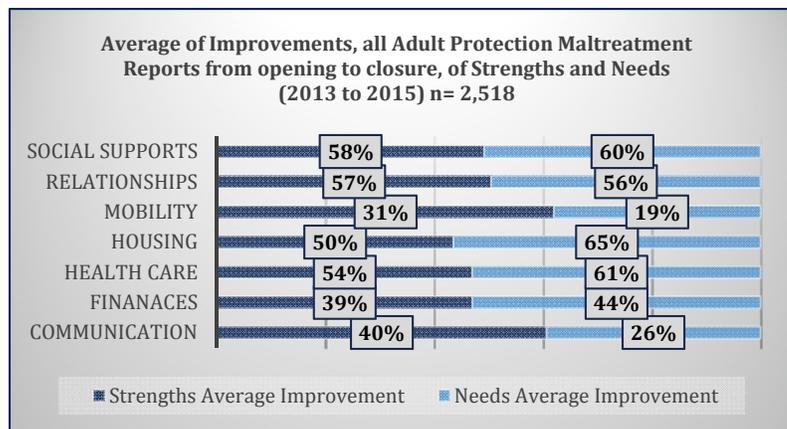


*Note: These are selected measures from the Structured Decision Making (SDM) tool. As the clients stabilize Strengths improve and Needs also decrease, reflected as a percentage increase in improved score.*

of APS changed in July 2015. Rather than all reports of maltreatment entering the system through the county the maltreatment occurs in, all reports go to a centralized State call center, the MN Adult Abuse Reporting Center (MAARC). MAARC in turn directs maltreatment reports to the county identified as Lead Investigative Agency.

**Workload:** The APS team includes five Social Workers with a total of 4.5 FTE and a Financial Exploitation Investigator for 14 hours per week. The Social Workers and Investigator work closely together on reports of financial exploitation which has led to numerous criminal charges over the past year. APS collaborates with the Olmsted

County Sheriff's office who employs the Investigator, paid for by Community Services, specifically to investigate reports of Financial Exploitation. Through 2015 the Investigator, Detective Dave Rikhus, brought **22 cases totaling more than \$1,700,000 to trial**. APS has worked closely with the Vital Aging



## Accomplishments

Transitioned to centralized state reporting center for vulnerable adult

Prosecution and awareness of financial exploitation

Participated in MN Elder Justice Center

Participated on the Vital Aging

## Challenges

Increase capacity for Financial Exploitation investigation

Advanced training opportunities for APS

Service options for un-befriended elders

Transportation to court hearings

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Commission on a presentation they are offering to the community on preventing financial exploitation. APS leads the Community Adult Protection Meeting and includes Rochester Police Department, Olmsted County Sheriff's Office, Mayo Clinic, Elder Network, Victim Services, Public Health Department, other units in Adult Services, and others. In 2015, APS intake received 1,343 calls, of which 836 were reports of maltreatment.

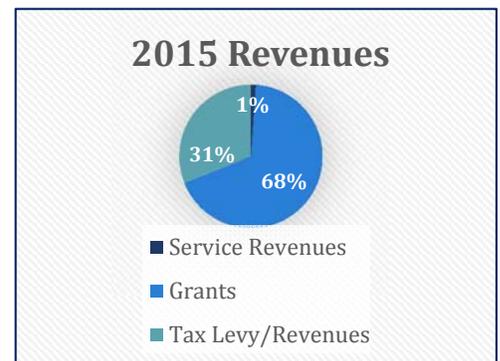
*"Most of them (my clients) don't understand what's going on," Rikhus said of the victims he has helped. "Most of my victims are in the 80- to 90-year range. They worked hard all their lives, lived pretty economically, invested well for retirement. They haven't lived a lavish lifestyle, then ..."*

Dave Rikhus - in the Post Bulletin 12-29-2015

**Eligibility:** APS provides service to vulnerable adults who are residing in Olmsted County or currently located in Olmsted County at the time of the protection need or report of maltreatment. A vulnerable adult is defined as: *Resident or inpatient of a facility, recipient of services from a licensed agency, Individual who, regardless of residence of type of services received, has an inability to report or protect themselves from maltreatment due to an impairment of mental or physical function.*

## Adult Protection Unit Financial Summary (2015)

EXPENSES	
Program Expenses	
Salaries/Benefits	\$500,784
Indirect Costs	\$35,138
Direct Client Costs	\$699
Contracted Services	\$0
Total Program Expenses	\$536,621
Administrative Expenses	\$112,360
Total Program and Administrative Expenses	\$648,981
REVENUES	
Service Revenues	\$6,681
Grants	\$440,696
Total Revenues	\$447,557
Tax Levy/Reserves	\$201,423
Total Revenues and Tax Levy/Reserves	\$648,981



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## Aging and Care Coordination (ACC) Unit

The Aging and Care Coordination Unit is comprised of Social Workers and Public Health Nurses working in partnership to support older adults who are health plan enrollees in their efforts to live as independently as possible in a home of their choice and to help each person gain access to healthcare.

**Accomplishments**

- Developed Assessment Team
- Transitioned to PHDoc records management
- Finalized Blue Plus Quality Measures Contract
- Successful DHS Home and Community Based Services Audit
- Implemented new Residential Services rate setting tool
- Implemented Nursing Home Level of Care Changes

**Challenges**

- Growing Elderly Population
- Continuing PHDoc transition
- Homecare provider workforce availability
- Growing need for culturally responsive service providers
- Delay implementing MnCHOICES for Health Plan

**Type of Work**

In addition to providing Intake for ACC services, information and referrals are provided, along with long-term care assessment and consultation, case management for individuals on the Elderly Medical Assistance Waiver and MN State-funded Alternative Care. Care Coordination is also provided for the Health Plans contracting with Olmsted County.

**Workload**

For the services described above, caseload sizes range from 50 to 130 individuals, depending on the type of service needed. Staffing includes a total of 11.5 FTE Public Health Nurses, 15 FTE Social Workers, 4.5 FTE support staff (shared with another unit) and 3 FTE managers.

**Client Eligibility**

- Intake/Assessment- available to anyone over age 65 regardless of financial status
- Health Plan Care Coordination- On Medical Assistance (MA) and enrolled in Managed Care Organization
- Elderly Waiver- on MA and meet Nursing Home Level of Care Criteria
- Alternative Care- no MA but meet AC income/asset limits and meet Nursing Home Level of Care
- Essential Community Supports- No MA and do not meet Nursing Home Level of Care but have need for long term care service (restricted menu)

Waiver Care Vs. Nursing Home Cost				
Waiver Program	Total Expense Paid Through MMIS	Average Monthly Cost per Client	Statewide Average Monthly Payment Rate for Skilled Nursing Facility (SAPSNF)	Home Care Savings as Percentage of Nursing Home Cost
AC	\$463,849	\$603	\$6141	90%
EW	\$1,784,663	\$941	\$6141	85%

### Waiver Care Saves Money

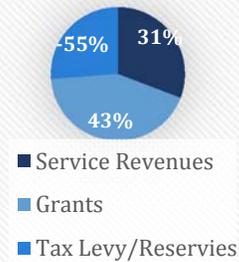
- Home Care, when provided for AC clients *saves on average, 95% per client. 85% savings* are realized when EW clients receive Home Care.
- *When clients remain at home, they achieve more independence and an increased quality of life.*

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## Aging and Care Coordination Unit Financial Summary (2015)

EXPENSES	
Program Expenses	
Salaries/Benefits	\$2,128,233
Indirect Costs	\$110,411
Direct Client Costs	\$521,831
Contracted Services	\$56,349
<b>Total Program Expenses</b>	<b>\$2,816,824</b>
Administrative Expenses	\$523,602
<b>Total Program and Administrative Expenses</b>	<b>\$3,340,426</b>
REVENUES	
Service Revenues	\$2,166,034
Grants	\$3,018,214
<b>Total Revenues</b>	<b>\$5,184,248</b>
Tax Levy/Reserves	(\$1,843,822)
<b>Total Revenues and Tax Levy/Reserves</b>	<b>\$3,340,426</b>

### 2015 Revenues



Non-levy revenues are re-integrated into Community Services programming

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## Adult Foster Care

This unit is responsible for licensing of Family Foster Homes and Community Residential Support homes. Their primary focus is to ensure quality assurance in homes, problem solving with providers as issues arise, providing training opportunities to family providers and working with providers and case managers to match people appropriately in homes.

### Accomplishments

Provider trainings offered bi-monthly  
Family providers serving medically fragile people.

### Challenges

Locating Accessible homes

Developing foster homes that serve individuals with complex needs: behavioral, medical, etc.

Ongoing implementation of changes

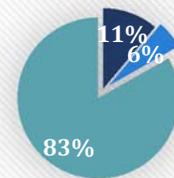
### Type of Work and Workload

The two Social Workers responsible for this work use an annual site visit process to provide routine oversight, to develop supportive relationships with the providers and to gather their input regarding ideas, training and other suggestions for improvements. At the end of 2015, Community Services was providing oversight to over 100 Community Residential Support licenses and over 100 Family Foster Homes serving Adults..

## Adult Foster Care Unit Financial Summary (2015)

EXPENSES	
Program Expenses	
Salaries/Benefits	\$186,769
Indirect Costs	\$9,991
Direct Client Costs	\$42,096
Contracted Services	\$0
<b>Total Program Expenses</b>	<b>\$238,856</b>
Administrative Expenses	\$44,687
<b>Total Program and Administrative Expenses</b>	<b>\$283,543</b>
REVENUES	
Service Revenues	\$31,500
Grants	\$16,029
<b>Total Revenues</b>	<b>\$47,529</b>
<b>Tax Levy/Reserves</b>	<b>\$236,014</b>
<b>Total Revenues and Tax Lev/Reserves</b>	<b>\$283,543</b>

### 2015 Revenues



■ Service Revenues  
■ Grants  
■ Tax Levy/Reserves

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## Disability Services Unit

The Developmental Disabilities section of this unit served around 900 people with a developmental disability in 2015. The Disability Waiver section provides 450 people on

### Accomplishments

Increased Individualized Housing Options without waiver funding

Customized employment successes

More individuals earning minimum wage

Increased number served on Disability Waivers

Created Assessment Team

### Challenges

Housing Options

Community Providers' workforce availability

Disability Waiver Rate Management system implementation

Local options for Wing House

Customized

Community Alternative Care (CAC)/ Community Access for Disability Inclusion (CADI) / Brain Injury (BI) Waivers. Of those meeting DD eligibility, in addition to case management services, about 450 have a DD Waiver and 150 are on Consumer Support Grants. There are other state and county grant funded programs that these individuals may be eligible for as well.

Findings from 2015 GEMS data collection:

Starting 2015 case managers entered client goals into a new database, allowing better goal tracking for mid-course correction

Clients with DD using GEMS demonstrated progress on Goals much more often than not. This likely demonstrates case managers are using goal information to correct problem areas and/or that case managers are correctly using goal information to adjust goals to be more attainable or challenging

### GOAL EVALUATION MEASUREMENT SYSTEM – GEMS

DD Services has used the Goal Attainment Scaling, or GAS instrument to track programmatic success for six years. GAS allows DD case managers to better monitor case plans and to quantify the delivery of accessible services and of the client's choice. In 2015 the GAS system evolved to a new data system, called GEMS. GEMS refers to the data system, GAS is the methodology employed to measure goal completion. GAS is not a fixed instrument, but a measurement with a good deal of flexibility to meet the unique requirements of each case.

It is a single-case evaluation procedure that consists of a set of procedures for measuring success in achieving pre-determined expectations (conditions) in a service delivery plan. Those single-case evaluations are scaled to provide aggregate measurement of similar goals across the service.

### Type of Work:

Case Management/Service Coordination services require a minimum of two face-to-face visits per year, but contacts can be as frequent as weekly if the individual needs that level of support. Most people served also have many other service providers in place. Some have none and depend heavily on their Case Manager for assistance. Coordinating the services among the various providers such as home, school and work, is the primary responsibility of case management, as well as providing needed

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assessments and facilitating planning and service plan development discussions within the individual's support system.

**Workload:** 37 Case Managers have a case-load size in the DSU averaging 45 for ongoing DD case management and 53 for CADI case management

Intake is provided for the unit by 3 Social Workers, partially shared with the Aging and Care Coordination Unit. 3 support staff provide various duties mostly related to service arrangements with providers, billing for services provided and data input.

## Client Eligibility:

For DD CM: eligible for Rule 185 Case Management, having an intellectual disability or a related condition, individuals may or may not be on/eligible for medical assistance

## Waiver Care Saves Money

- Home Care, when provided for CADI clients *saves on average, 39%* per client.

Waiver Care Vs. Nursing Home or Hospital Cost					
Waiver Program	Total Expense Paid Through MMIS	Average Monthly Cost per Client	Statewide Average Monthly Payment Rate for Skilled Nursing Facility (SAPSNF)	Home Care Savings as Percentage of Nursing Home Cost	†Hospital Costs derived from 2012 Kaiser Hospital Facts data and a conservative Price Waterhouse Cooper +7.5% annual inpatient cost increase estimate
CADI	\$22,884,603	\$3,776	\$6141	39%	
BI-NF	\$340,948	\$5,682	\$6141	7%	
			Average Cost of Overnight Hospital Stay in MN†	Home Care Savings as % of Hospital Cost	
TBI-NF	\$880,285	\$10,479	\$1,887	80%	
CAC	\$1,735,588	\$8,507	\$1,887	86%	

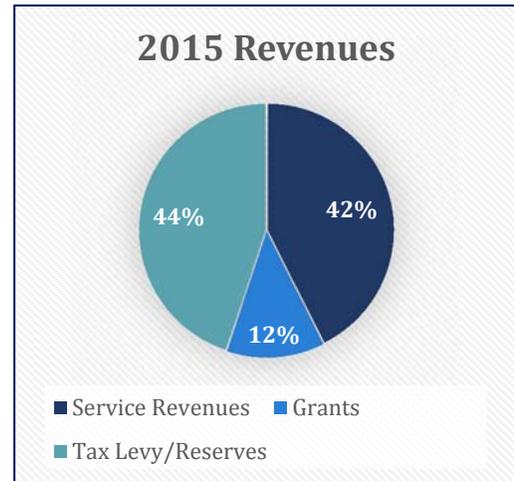
- Costs savings for Home Care vs. Hospital Care are even more dramatic: When clients are cared for at home, clients average a *savings of 83%*.
- *When clients remain at home, they achieve more independence and an increased quality of life.*



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## Disability Services Unit Financial Summary (2015)

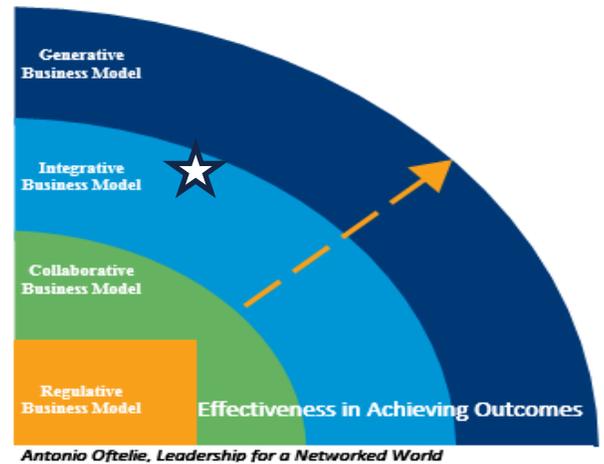
EXPENSES	
Program Expenses	
Salaries/Benefits	\$3,642,875
Indirect Costs	\$103,618
Direct Client Costs	\$1,712,776
Contracted Services	\$0
<b>Total Program Expenses</b>	<b>\$5,459,269</b>
Administrative Expenses	\$985,356
<b>Total Program and Administrative Expenses</b>	<b>\$6,444,625</b>
REVENUES	
Service Revenues	\$2,780,498
Grants	\$797,997
<b>Total Revenues</b>	<b>\$3,578,495</b>
Tax Levy/Reserves	\$2,866,131
<b>Total Revenues and Tax Levy/Reserves</b>	<b>\$6,444,625</b>



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## Housing and Homelessness Unit

Through integration efforts, the Housing and Homeless plan for Olmsted County has aligned its strategic planning with the Federal and State plans to end homeless by 2025. This roadmap is only the beginning of how we, as a community, need to continue to make changes that will have a positive impact on the lives of those who are living in poverty and are homeless.



The services below assist area clients experiencing housing disruption:

### Accomplishments

Coordinated Entry Pilot

GRH reform program with ZV

Funding for Gage East

### Challenges

Affordable housing Options  
Emergency Housing  
Emergency shelter beds

### Zumbro Valley Health Center and Olmsted County Community

Services (singles and families)

Permanent Supportive Housing (formerly Shelter plus Care)

- Provides housing subsidy and support services
- Grant Amount : \$142,568
- HUD funded thru the Continuum of Care SE MN
- No time limit on program
- Not levy funded, as service spending covers required match
- Goal: Permanent, stable housing
- Clients served 33 adults and 16 children
- 52% of participants

in program for 2+ years

### The Southern Regional Project to End Long-

Term Homelessness (singles and families)

This integrative project among 20 counties, community partners, government and service agencies is managed by Hearth Connection. HUD supplies a grant in the amount of \$121,235

**99%** of clients across all  
Community Services housing programs  
were in stable housing in 2015

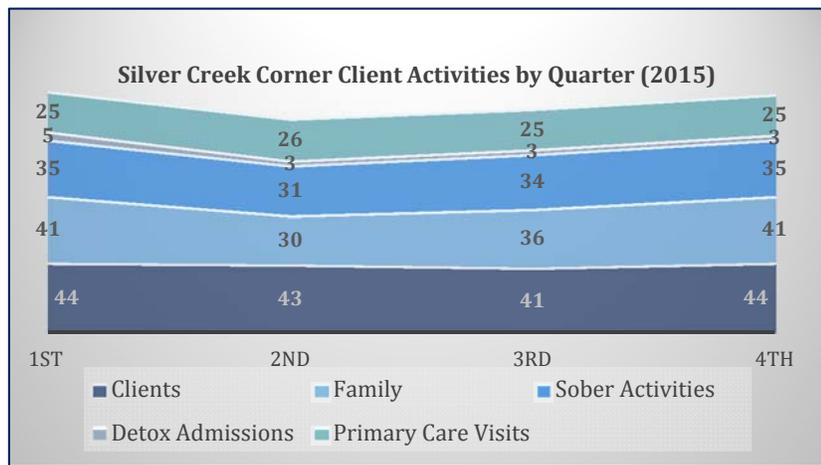
# ADULT & FAMILY SERVICES 2015 ANNUAL REPORT

through Continuum of Care of SE MN and The Long Term Homeless Support Services Fund.  
Participant details:

- 6.7 years is average length of homelessness per participant
- Served 49 single adults, children and youth receiving services
- 74% of households were in the program for at least a year with no involuntary moves
- 38% of households have had 4+ years of housing stability

## Silver Creek Corner (singles)

Opened in December of 2011 as a Partnership among Center City Housing, the Olmsted County HRA, Community Services and Zumbro Valley Health Center, this integrative project receives an annual HUD Grant of \$110,105.



- Serves 40 people with chronic alcohol addiction who meet the definition of long term or at risk of homeless
- 80% of residents have achieved housing stability of 6 months or more with 50% of residents having 1+ years of housing stability
- Provides access to healthcare, education, employment and independent living skills training

All **17** clients at the Francis remained in stable housing, away from the risk of homelessness in 2015.

## Francis (singles)

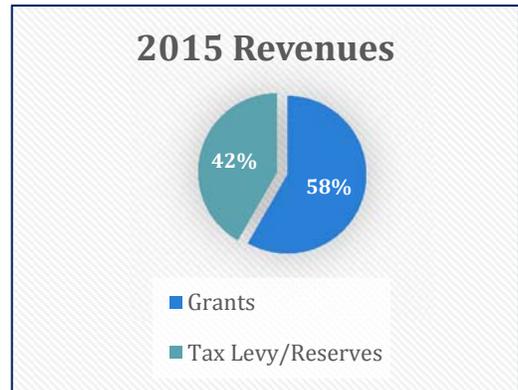
This collaboration with Center City Housing manages a property 17 units for single adults who are chronic, long term or at risk of homeless.

- Community Services provides a full time social worker who has an office in the facility
- Supportive housing services are provided for individuals who have a mental illness or disability

# ADULT & FAMILY SERVICES 2015 ANNUAL REPORT

## Housing & Homelessness Unit Financial Summary (2015)

EXPENSES	
Program Expenses	
Salaries/Benefits	\$332,408
Indirect Costs	\$8,307
Direct Client Costs	\$279,686
Contracted Services	\$260,133
<b>Total Program Expenses</b>	<b>\$880,534</b>
Administrative Expenses	\$132,351
<b>Total Program and Administrative Expenses</b>	<b>\$1,012,885</b>
REVENUES	
Service Revenues	\$0
Grants	\$590,494
<b>Total Revenues</b>	<b>\$590,494</b>
Tax Levy/Reserves	\$422,391
<b>Total Revenues and Tax Levy/Reserves</b>	<b>\$1,012,885</b>



## Moving Forward

### 2016 Challenges

Supported Housing Options

Increase available Community Psychiatry/fill open vacancies in the community, including Assertive Community Treatment and the Rapid Access Clinic

Expand the “lived experience” voice/develop more options in the community for Certified Peer Specialists and Recovery Coaches

Partner with providers to develop strategies to recruit, train and retain competent direct contact workers

Complete the implementation of the regional Mobile Crisis Team (collaborative/integrative)

Develop Performance and Quality Improvement teams (regulative)

Implement the Olmstead Plan’s Person Centered protocols (regulative)

Continue to enhance Evidence Based/Best Practices

Assertive Community Treatment  
Diversion Social Worker

Dialectical Behavioral Therapy  
Individualized Housing Options

Expand the use of PHDoc within Adult and Family Services