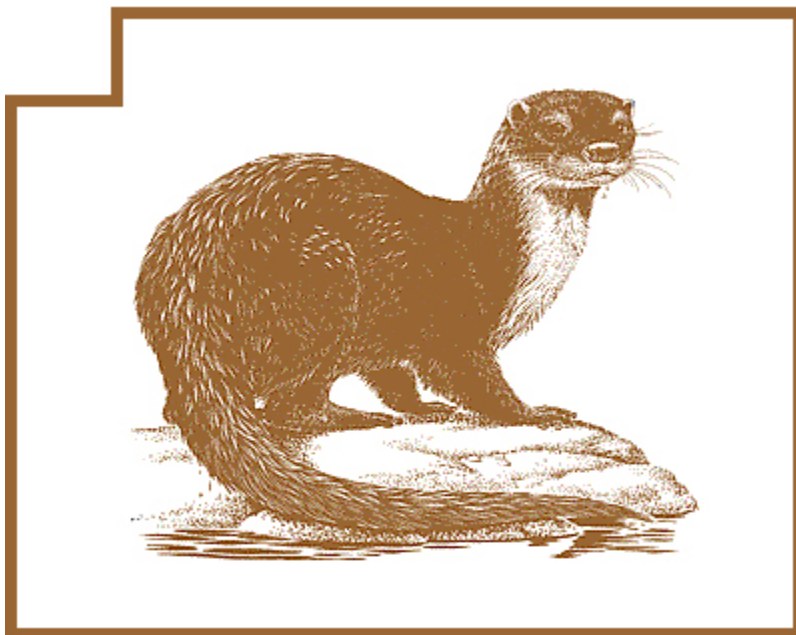


Otter Tail County Human Service Department

John W. Dinsmore, Director



2010 Annual Report

Otter Tail County Human Services Government Service Center

*Services for vulnerable adults and children * Safety net of benefits to help people meet their basic needs of food, shelter and medical care * Assist disabled and disadvantaged people to achieve self-sufficiency and independence*

Otter Tail County Board:

First District	Douglas A. Huebsch
Second District	Wayne D. Johnson
Third District	John Lindquist
Fourth District	Roger Froemming
Fifth District	Leland R. Rogness

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Phone Adult Unit:218-998-8229 Family Unit 218-998-8281 FAX 218-998-8270	Phone 218-385-5450 FAX 218-385-3987	Phone 218-998-8150 FAX 218-998-8213	Phone 218-998-8640 FAX 218-998-8652





Otter Tail County Human Service 2010 Annual Report

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Otter Tail County Human Services 2010

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 serving the 57,303 residents of the county¹. 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 11,679 children under 18, and more than 11,940 individuals who are 65 years or older. It is estimated that 12.5% of county residents live at or below the poverty level. According to the 2010-2011 Federal Poverty Guidelines, a family of four whose annual household income is less than \$22,350 is considered to be below the poverty guidelines.² In Otter Tail County, this includes approximately 1,822 children³ under 18 and an estimated 1,528 residents who are 65 or older.⁴

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 2010:

- 9,528 county residents received publicly funded health care benefits: 6,952 received Medicaid benefits⁵ and 2,576 received Minnesota Care coverage.
- 3,556 recipients received food support (what used to be called food stamps)
- 186 families (239 children) received financial assistance to help pay for child care costs (55 families were on a waiting list at the end of the year)
- 379 adults and adolescents completed chemical dependency assessments, and 846 people received social services to help them with problems associated with mental health, developmental disabilities and/or aging.
- 565 child protection reports were received, and 321 vulnerable adult reports were received
- 193 families received what used to be called AFDC – and is now called the Minnesota Family Investment Program (MFIP), and 33 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. Budget reductions have required us to reduce our staff from 110 to 96 in the past two years; however, we continue 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.

¹ Source document: based on 2010 U.S. Census - see <http://www.mnplan.state.mn.us/resource.html?Id=31973>

² Federal Poverty Guidelines published at : <http://aspe.hhs.gov/poverty/11poverty.shtml>

³ Source document: Kids Count Data Book 2010 @ http://www.cdf-mn.org/sites/default/files/county/2010/Otter_Tail.pdf which estimates children living in poverty at 11.4% statewide and 15.6% in Otter Tail County

⁴ Source document: U.S. Census Bureau's State and County Interactive Tables @ <http://www.census.gov/did/www/saipe/county.html> which estimates 12.8% poverty. Also, see State and County Quick Facts @ <http://quickfacts.census.gov/qfd/states/27/27111.html>

⁵ Includes Medical Assistance (MA or Medicaid) and Prepaid Medical Assistance (PMAP)

**OTTER TAIL COUNTY HUMAN SERVICES
VISION AND MISSION STATEMENT
2010**

Vision Statement:

A vision statement tells us what we want the world to look like as a result of our work. It tells us how we want to be. A vision should inspire and focus energy. A vision is the result we want to create.

“We are committed to creating healthy and secure communities by providing and developing services that promote interdependence, acknowledge the importance of natural support systems, are person-centered, and are mindful of stakeholder and community needs

Mission Statement:

A mission statement tells us what we see as our role, who the client or customer is and what the benefit of our work will be.

"To provide an array of financial and social services that will maintain or enhance the quality of life for all persons served. These services will be provided in a manner that is respectful and responsive to individual needs using the resources available and accessible by the agency and partner organizations."

Core beliefs:

Our beliefs are what we cherish or hold to be true.

- Clients are the focus of everything we do
- Inter-dependence is valued and natural support systems are essential to full, healthy functioning of all individuals
- The helping process focuses on a consumer’ strengths, interests, abilities, and competencies as a means of addressing one’s deficits, problems and areas of need.
- Human beings have the capacity to learn, grow and change.
- The consumer and staff relationship is one of collaboration, mutuality and partnership.
- Multicultural sensitivity, understanding and respect is critical to the helping process.
- Quality is important – continuous improvement and professional development is essential to success
- Staff involvement in decision making and program service delivery is a way of life.
- Society benefits when all members are able to fully participate in their communities.
- Promotion of a healthy, staff focused balance of work and family is necessary for high quality service delivery
- Modeling leadership and collaboration with other organizations is essential
- An informed citizenry is necessary for good government

Values:

Our values tell us what is important as a result of what we believe

- Values that relate to one’s self: courage, self-discipline, integrity, creativity, humor, efficiency
- Values that relate to others: loyalty, generosity, empathy, honesty, adaptability, respect, empowerment, cooperation, communication
- Values that relate to the community: idealism, compassion, responsibility, balance, fairness, cultural awareness, service, collaboration, family focused

How the State of Minnesota and Counties Work Together

The Minnesota Department of Human Services (DHS), in cooperation with its county partners, helps people meet their basic needs so they can live with dignity and achieve their highest potential. Consumers include: seniors who need help paying for hospital and nursing home bills or who need home-delivered meals, families with children who need help during a financial crisis, parents who need child support enforcement or child care assistance, and people with physical or developmental disabilities who need assistance to live as independently as possible.

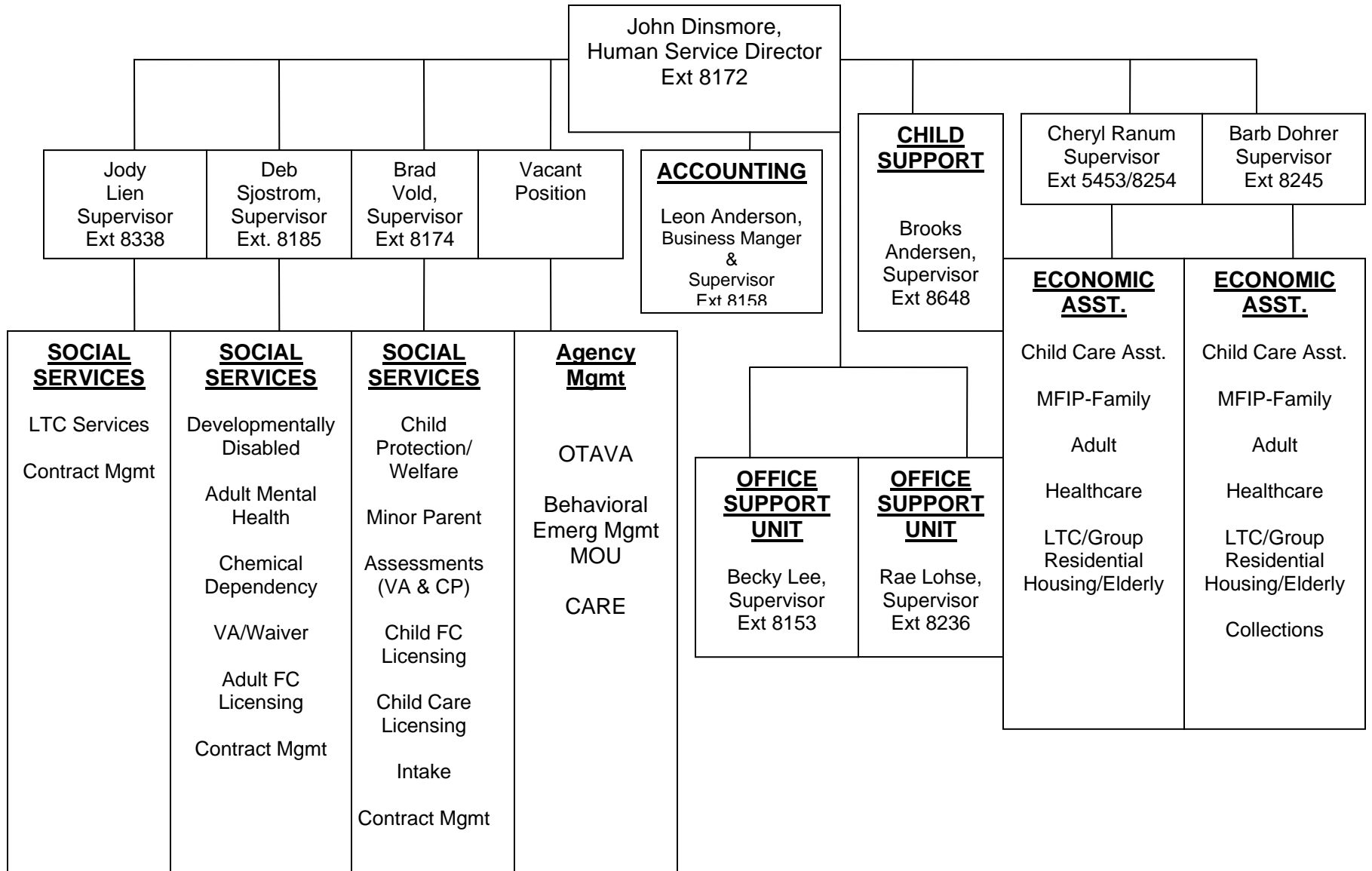
DHS programs include Medical Assistance (MA), Minnesota Care, Minnesota Family Investment Program (Minnesota's version of the federal Temporary Assistance for Needy Families program), Diversionary Work Program (DWP), General Assistance (GA), the Senior Drug Program, Child Protection, Child Support Enforcement, Child Welfare Services, and services for people who are mentally ill, chemically dependent or have physical or developmental disabilities.

DHS also provides direct service through its regional service centers for the deaf and hard of hearing and through its State Operated Services (the collective term for the residential, chemical dependency, mental health and special needs programs operated by the State). These include: Community Behavioral Health Hospitals (CBHH's) located in eight communities; Community Addiction Recovery Enterprise (CARE) chemical dependency treatment programs, and a range of community based, state-operated services for persons with developmental disabilities and traumatic brain injuries. DHS employees work closely with employees from Minnesota's 87 counties in the provision and delivery of direct services to Minnesotans in need.

Human services spending alone accounts for a large percentage of the state's budget. Of that spending, most is directed to health care and long-term care programs and related services, including Minnesota Care, Medical Assistance, mental health services, alternative care services, chemical dependency services and other State Operated Services.

DHS devotes funding to other department services, including: Temporary Assistance for Needy Families (known as TANF which is the state's largest public assistance program), General Assistance (GA), subsidized child care, child support enforcement, Minnesota Supplemental Assistance (MSA), Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), Food Support, and other social services and administration.

OTTER TAIL COUNTY HUMAN SERVICES 2010



Otter Tail County Human Services 2010 Annual Report

□ Minnesota Family Investment Program (MFIP)

Activity Description

Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP) Grants pays for cash grants for families participating in the MFIP and the DWP and for food assistance for MFIP families. MFIP is Minnesota's program for the federal Temporary Assistance to Needy Families (TANF) block grant. DWP is a short-term, work-focused program to help families avoid longer-term assistance.

Population Served

To be eligible for MFIP, a family must include a minor child or a pregnant woman and meet citizenship, income, and asset requirements. MFIP is aimed at moving parents quickly into jobs and out of poverty. Most parents are required to work; through MFIP they receive help with health care, child care, and employment services. Most parents with minor children are eligible to receive cash assistance for a total of 60 months in their lifetime. Families reaching the 60-month time limit are eligible for extensions if they meet certain categorical requirements. Most families reaching the 60-month limit are those with multiple and serious barriers to employment. Families of color are also disproportionately represented in this group. DWP, which began 7-1-2004, now includes many of the families who would have in the past applied for MFIP. DWP is a four-month, work-focused program. Families applying for DWP must develop and sign an employment plan before they can receive any assistance. After families have an employment plan, they can receive financial assistance to meet their basic needs and other supports, such as food, child care, and health care assistance. Shelter and utilities costs are paid directly to landlords, mortgage companies, or utility companies. Participation in the program does not count against the 60-month life-time limit on cash assistance. Some families are excluded from DWP, including adults and children with disabilities, adults over 60, teen parents finishing high school, child-only cases, and families who have received TANF or MFIP in the past 12 months or for 60 months.

Services Provided

This activity funds the cash assistance grants of the MFIP and DWP programs and food assistance for MFIP. Supports outside the welfare system, such as health care, child care, child support, housing, and tax credits, are important components to Minnesota's welfare approach. Working families on MFIP receive earning supplements, leaving assistance when their income is approximately 15% above the federal poverty level. Parents on MFIP who fail to work or follow through with activities to support their families will have their assistance cut by 10% or more depending upon how long they have been out of compliance. Parents on DWP who do not cooperate with their employment plan will have their cases closed and are not eligible for cash assistance until their four months of DWP ends.

Key Measures

- MFIP Self-Support Index (percent of adults working 30+ hours or off MFIP cash assistance three years later)
- MFIP Work Participation Rate (percent of adults participating in work activities for specified hours per week)
- The MFIP Three-year Self-supporting Index is a performance measure that tracks whether adults in the Minnesota Family Investment Program are either (1) working an average of 30 or more hours per week or (2) no longer receiving MFIP cash payments three years after a baseline measurement quarter. Participants who leave MFIP due to the 60-month time limit are not counted as meeting the criteria for success on this measure unless they are working 30 or more hours per week before they reach the time

Activity Funding

MFIP/DWP services are funded primarily with appropriations from state funds, county levy appropriations and from the federal TANF block grant, which replaced AFDC in 1996.

Otter Tail County Human Services 2010 Annual Report

□ Minnesota Health Care Programs

Activity Description

- ◆ Approximately 776,000 Minnesotans receive health care through two programs:
 - Medical Assistance (MA) is Minnesota's Medicaid program for 609,000 low-income families with children, seniors and people with disabilities. 7.2 billion was expended in FY2010 and 72% funded healthcare for persons who are elderly or have a disability.
 - MinnesotaCare is a subsidized health insurance program for 132,000 Minnesota residents who do not have access to affordable health care coverage. FY2010 statewide expenditure: \$666 million
- ◆ General Assistance Medical Care (GAMC) did provide health care coverage for low-income adults, ages 21-64, who had no dependent children and who did not qualify for medical assistance. **(As of this report's publication, Minnesota ended this program on 02/28/11. The MA Program was expanded to include adults without children with incomes at or below 75% of FPG)**

Population Served

Minnesota provides health care programs to meet the health care needs of:

- ◆ Families with children under 21 (MA, MNCare, GAMC, TEFRA, HCBC, MA-EPD)
- ◆ Pregnant women and newborns (MA, MNCare)
- ◆ Adults without children (MNCare, GAMC)
- ◆ Adults with disabilities (MA, MA-EPD, MnDHO, Medicare, MNCare, GAMC, SNBC, MSC+)
- ◆ People age 65 and older (MA, MSHO, Medicare, MNCare)
- ◆ People living in a nursing home (MA, MSHO, MnDHO)

Services Provided

DHS purchases most services for this population through capitated rate contracts with health plans. In most areas of the state, MA parents and children have multiple health plans from which to choose (in Otter Tail, three health plans, or Prepaid Medical Assistance Programs (PMAP) are available. MA basic health care typically includes coverage for services such as:

- ◆ Physician services - \$3 co-pay on non-preventive services;
- ◆ Ambulance and emergency room services - \$6 co-pay on non-emergency ER visits;
- ◆ Lab and X-ray;
- ◆ Rural health clinics;
- ◆ Chiropractic services - \$3 co-pay;
- ◆ Early periodic screening, diagnosis, and treatment;
- ◆ Mental health, alcohol, and drug treatment;
- ◆ Inpatient and outpatient hospital care;
- ◆ Eyeglasses and eye care - \$3 co-pay on eyeglasses;
- ◆ Immunizations;
- ◆ Medical transportation, supplies and equipment;
- ◆ Prescription medications - \$3 co-pay on brand names, \$1 co-pay on generic - \$20 per month maximum; dental care - \$500 annual dental cap for non-pregnant adults;
- ◆ Hospice;
- ◆ Rehabilitative therapies.

Key Measures

- ◆ Cost increases in Minnesota health care programs.
- ◆ Inpatient hospital average monthly cost per enrollee.
- ◆ Pharmacy average monthly cost per enrollee.
- ◆ Special transportation average monthly cost per enrollee.

Activity Funding

Health care funding sources include county, state and federal tax revenues + Health Care Access Fund

Otter Tail County Human Services 2010 Annual Report

□ Child Care Assistance Programs

Activity Description

Minnesota counties provide child care assistance services for about 31,426 children in an average month. The Child Care Assistance Program (CCAP) provides financial subsidies to help low-income families pay for child care, so that parents may pursue employment or education leading to employment, and that children are well cared for and prepared to enter school ready to learn. This program is supervised by the Department of Human Services and administered by county social services agencies.

Population Served

Families who currently participate, or recently participated, in Minnesota Family Investment Program (MFIP) activities are served through the MFIP and Transition Year child care programs.

Basic Sliding Fee (BSF) child care helps families who are not connected to the MFIP program pay child care costs. Subsidies are available to families on a sliding fee basis.

Services Provided

BSF Child Care Assistance Grants help families pay child care costs on a sliding fee basis. As family income increases, so does the amount of child care expenses paid by the family. Regarding eligibility and parent copayments:

- Families earning 47 percent of the state median income (\$32,944 for a family of three) or less are eligible to enter the Basic Sliding Fee program. Families leave CCAP when their earnings are 67 percent of state median income (\$46,963 for a family of three) or when their copayment exceeds their cost of care.
- A family of three earning 55 percent of the state median income (\$38,551) would have a total bi-weekly child care copayment of \$125 for all children in child care.
- A family of three exiting MFIP/DWP and earning 115 percent of the federal poverty level (\$21,057, or approximately 30 percent of state median income) would have a total bi-weekly child care copayment of \$21 for all children in child care.

Care must be provided by a legal child care provider over the age of 18; providers include registered (nonlicensed) providers, licensed family child care and licensed child care centers. As directed by the legislature, the commissioner establishes maximum payment rates for Child Care Assistance Grants by county, type of provider, age of child and unit of time covered.

Key Measures:

- For SFY 2009, a monthly average of 15,494 children from 8,612 families received MFIP/DWP child care assistance.
- For SFY 2009, a monthly average of 15,932 children from 9,082 families received BSF child care assistance.
- As of April 2010, 3,878 families were on the waiting list for BSF child care.

Activity Funding

BSF Child Care Assistance Grants is funded by appropriations from the General Fund and from the federal Child Care and Development Fund (CCDF), which includes Temporary Assistance to Needy Families (TANF) transfer funds and county contributions.

In Minnesota, Child Care Assistance Program funding (MFIP/DWP and BSF child care assistance) for the 2010-11 biennium is projected to be \$436.2. This includes:

- The MFIP/DWP child care assistance totals approximately \$232.4 million, including federal and state funding.
- BSF child care assistance funding will total approximately \$203.8 million, including federal, state and county funding.

Otter Tail County Human Services 2010 Annual Report

Child Support Enforcement Program

Activity Description

Child Support Enforcement help families receive child support, an important component in helping many families become self-sufficient and reduce or eliminate their need for public assistance. More than 396,000 parents and their 256,000 children received services..

Population Served

Child Support Enforcement serves both families who receive public assistance and those who are non-public assistance clients. All families who receive public assistance are required to cooperate with the child support office to establish and enforce their child support orders. The mission of the child support program is to promote the well-being of children and self-sufficiencies of families by delivering quality child support services. An important goal is to help families work toward becoming and remaining self-sufficient.

In SFY 2010, County and State child support offices administered approximately 243,000 cases. Of these, public assistance cases totaled 33,000 (14%) and 210,000 (86%) were nonpublic assistance cases.

Services Provided

Services provided by the state and counties to help families in Minnesota receive child support include:

- Establishing paternity
- Establishing and modifying orders for child support, medical support, and child care support;
- Collecting and disbursing support;
- Enforcing support orders, including:
 - intercepting income tax refunds and lottery winnings when child support is not paid and investigating income sources of non-paying parents, and
 - locating non-paying parents;
- Using various tools to collect support, including suspension of driver's licenses and various state occupational licenses for non-payment, new hire reporting by employers, and working with financial institutions to move money directly from bank accounts.

Statewide, the child program collected and disbursed \$606 million in child support in SFY 2010. The average collection per open case with a court order was \$2,916

Key Measures

- Child support collection rates
- Enforcement of Current Orders
- Disbursement of Collections
- Securing and Enforcing Medical Support
- Review and Adjustment
- Interstate Services
- Expedited Process
- Case Initiation
- Arrears Enforcement

Activity Funding

Child Support Enforcement Grants is funded with appropriations from county levy funds (40%) and from federal funds (60%)

Otter Tail County Human Services

2010 Annual Report

□ Children' Services and Child Protection

Activity Description

The CCSA Children's Services Grants fund statewide child welfare and community-based children's mental health services.

Population Served

Children's Services Grants fund services for children who are at risk of abuse or neglect, have been abused or neglected, are in out-of-home placements, are in need of adoption, are under state guardianship, or have an emotional disturbance and need mental health services. Children's Services Grants affect the lives of:

- Children who are abused or neglected and need child protection services;
- Children who are in out-of-home placements because they cannot live safely with their parents or need care which cannot be provided within their homes;
- Children who need mental health services;
- Children who are waiting for immediate adoption; and
- Families through the children's trust fund.

Services Provided

Children's Services Grants funds adoption, child protection, homeless youth services, and children's mental health services through counties, tribes, local service collaboratives, schools, nonprofits, and foundations.

Children's Services Grants funds the following:

- Family Assessment Response and other services to families referred to child protection;
- Services to prevent child abuse and neglect;
- Services for women to prevent fetal alcohol syndrome;
- Services to prevent homelessness for older youth leaving long-term foster care;
- Recruitment of foster and adoptive families and specialized services to support the adoption of children under state guardianship;
- Adoption Assistance for children with special needs who were under state guardianship and have been adopted;
- Relative Custody Assistance for children with special needs whose custody is transferred to relatives;
- Indian child welfare services; and
- Children's community-based mental health services.

Key Measures

The underlying factor common to the four measures listed below is that more children will live in safe and permanent homes.

- Percent of Children who were adopted in fewer than 24 months from the time of the latest removal from their home.
- Percent of children reunified in less than 12 months from the time of the latest removal from their home.
- Percent of children who do not experience repeated abuse or neglect within 12 months of a prior report.
- Percent of children who entered foster care who did not have a prior out-of-home placement in the previous 12 months.

Activity Funding

Children's Services Grants is funded primarily with appropriations from local levy (county) funds, the State's General Fund and from federal funds.

Otter Tail County Human Services 2010 Annual Report

□ Adult Mental Health Services

Activity Description

Mental Health programs serve residents with mental illness and pay for mental health services for people when they cannot afford to pay. This activity supports the overall objective of promoting assistance for people to live independently, when possible, and when not, to live in treatment settings that are clean, safe, caring, and effective. Program funds/grants are used in conjunction with other funding, particularly Medical Assistance (MA) and Group Residential Housing. Statewide,

- ◆ 19,000 adults receive mental health case management
- ◆ Reduces use of hospital care for participants in Adult Mental Health Initiatives: 33% for community hospitals and 67% for state operated hospitals
- ◆ Provides community support services to 12,000 people
- ◆ Provides residential treatment to 3,000 people
- ◆ Provides crisis housing to 400 people
- ◆ Provides services to 8,300 homeless people

Population Served

Approximately 94,000 Minnesota adults have experienced serious and persistent mental illness (SPMI). Of this group, 71,000 adults with SPMI are estimated to need publicly-subsidized mental health services. This compares to about 26,000 people who actually received these services based on county reports to the Community Mental Health Reporting System. These grants serve primarily adults with SPMI. (This definition does not include people with developmental disabilities or chemical dependency unless these conditions co-exist with mental illness.)

Services Provided

- ◆ Outpatient mental health services, including medication management
- ◆ Adult Mental Health Initiative Services that we fund and provide jointly with Becker, Clay and Wilkin counties
- ◆ Community Support Services for SPMI – to provide client outreach, medication monitoring, independent living skills and employment skills development, day treatment, psychosocial rehabilitation and case management
- ◆ Adult Residential Grants

Key Measures

- ◆ Percent of persons with serious and persistent mental illness served in institutional settings.
- ◆ Average days in an institutional setting per recipient with mental illness.
- ◆ Percent of persons with serious and persistent mental illness readmitted to a hospital setting within 30 days of discharge.

Activity Funding

- ◆ Mental Health services are funded with appropriations from a variety of local, state and federal sources of revenue.

Otter Tail County Human Services 2010 Annual Report

□ Community & Long Term Care Services

Activity Description

Medical Assistance (MA) long-term care (LTC) waivers and home care grants pay for a range of medical and health care-related support services. These services enable low-income Minnesotans, who are elderly or who have disabilities, to live as independently as possible in their communities. LTC waivers refer to home and community-based services available under a federal Medicaid waiver as an alternative to institutional care.

Population Served

Home Care and LTC Waivers serve MA-enrolled people of all ages, including infants and frail older adults. To receive LTC waivers, a person must be at risk of requiring institutional care. Waiver eligibility is linked to a person's need for a 24-hour plan of care that places them at risk of placement in an institutional setting.

The five major long-term care Medicaid waivers include:

- ◆ Community Alternative Care (CAC)
- ◆ Community Alternative for Disabled Individuals (CADI)
- ◆ Elderly Waiver (EW)
- ◆ Mental Retardation/Related Conditions (MR/RC)
- ◆ Traumatic Brain Injury (TBI)

Services Provided

LTC Waivers, which are also known as home and community-based waiver programs, provide a variety of support services that assist people to live in the community instead of going into or staying in an institutional setting. Available support services include:

- ◆ Caregiver training and education;
- ◆ Case management;
- ◆ Consumer-directed community supports;
- ◆ Behavioral interventions;
- ◆ Day activity, day habilitation, and vocational supports;
- ◆ Home-delivered meals;
- ◆ Home and environmental modifications;
- ◆ Homemaking and chore services;
- ◆ Independent living skills training;
- ◆ Supplies and equipment;
- ◆ Transportation;
- ◆ Respite care;
- ◆ Supportive services in foster care, assisted living, and residential settings; and
- ◆ Extended MA home care services, including therapies

Key Measures

- ◆ Number of elders served in institutional vs. community settings.
- ◆ Proportion of public-funded long-term care funds expended in institutional vs. community settings.
- ◆ Proportion of recipients with higher needs.
- ◆ Number of waiver recipients receiving consumer-directed supports.

Activity Funding

Program services are funded by the MA Long-Term Care Waivers mentioned above which includes appropriations from the State's General Fund and from federal Medicaid funds. County funds are also used to supplement and enhance program services.

Otter Tail County Human Services 2010 Annual Report

□ Chemical Dependency Program Services

Activity Description

The purpose of Chemical Dependency Program Services is to provide treatment to eligible people who have been assessed as in need of treatment for chemical abuse or dependency. This activity is administered through the Consolidated Chemical Dependency Treatment Fund (CCDTF).

Population Served

Chemical dependency (CD) treatment services are provided to anyone who is found by an assessment to be in need of care and is financially eligible, unless the needed services are to be provided by a managed care organization in which the person is enrolled. Eligible individuals are people who are enrolled in Medical Assistance (MA) or General Assistance Medical Care (GAMC), receive Minnesota Supplemental Assistance (MSA), or meet the MA, GAMC, or MSA income limits (100% of federal poverty guidelines).

CCDTF provides coverage of CD treatment services to approximately 25,000 statewide residents on an annual basis. Highlights of these costs and services include:

- ◆ Average cost per admission is \$3,361
- ◆ 310 treatment programs participate in the CCDTF
- ◆ Approximately 50% of all treatment admissions in the state are paid for by the CCDTF
- ◆ The number of treatment admissions has increased by an average of 7% per year over the last three years

Services Provided

Historically, the CCDTF has paid for four types of chemical dependency treatment:

- ◆ inpatient chemical dependency treatment;
- ◆ outpatient chemical dependency treatment;
- ◆ halfway house services;
- ◆ and extended care treatment.

Approximately 50% of all state treatment admissions for Minnesota residents are paid for through the CCDTF. The local county social service agency or American Indian tribal entity assesses a person's need for chemical dependency treatment. A treatment authorization is made based on uniform statewide assessment and placement criteria outlined in the Department of Human Services (DHS) Rule 25. Most treatment providers in the state accept CCDTF clients.

In 2008, a new treatment licensing rule will be implemented in Minnesota. Services will no longer be licensed on the basis of the levels of care described above. A new assessment standard is also being developed that will assess individuals more on the basis of individual need for service, rather than placing an individual into one of the four levels of care.

Key Measures

- ◆ Percent of adults and minors who complete chemical dependency treatment.
- ◆ Other measures under development

Activity Funding

The Consolidate Chemical Dependency Treatment Fund is supported with appropriations from the State's General Fund, federal funds and local levy (county) funding.

**Otter Tail County Human Services
Child Protection and Child Welfare Services**

Child Protection Assessment Activity - 2010	Client Totals
○ Reports Received Alleging Child Maltreatment	565
✓ Maltreatment Determined	31
▪ Neglect	256
▪ Physical Abuse	123
▪ Sexual Abuse	55
▪ Medical Neglect	8
▪ Mental Injury & Emotional Neglect	4
Total Neglect/Abuse Allegations	446
Traditional Investigation	Client Totals
○ Maltreatment Occurred	16
○ No Maltreatment Occurred	36
○ CP Services Needed	27
○ No CP Services needed	25
○ Disposition pending	13
Total Number of Investigations	68
Family Assessments	Client Totals
○ CP Services Needed	36
○ CP Services Not Provided	58
○ Pending	10
○ Unable to Complete	3
Total Number of Family Assessments	107
Facility Investigation	Client Totals
○ Maltreatment Occurred	1
○ No Maltreatment Occurred	7
○ Pending	1
Total Number of Facility Investigation	10
Case Management Services by Families	Client Totals
Total Number of CP/CW Cases Opened	320
Out of Home Placements - Children by Setting	Client Totals
○ Family Foster Home - non-relative	53
○ Family Foster Home - relative	11
○ Non - Custodial Parents Home	0
○ Group Home	5
○ Pre-Adoptive Home - non-relative	4
○ Pre-Adoptive Home - relative	8
○ Residential Treatment Facility	1
○ Juvenile Correction Facilities	27
○ Total Children in Placement - 2010 Unduplicated	95
○ Placed by Corrections	29
○ Placed by Human Services	69

**Otter Tail County Human Services
Elderly, Mental Health & Developmental Disability Services
FY 2010**

Alternative Care - Elderly Waiver Community Alternative For Disabled Pre-Admission Screening - Homes Plus Assisted Living	Clients Served
<input type="checkbox"/> Alternative Care	13
<input type="checkbox"/> Elderly Waiver	318
Total Clients Served	331
Vulnerable Adult Reporting	Clients Served
<input type="checkbox"/> Intakes Received	321
<input type="checkbox"/> Number of Reports Investigated	105
<input type="checkbox"/> Substantiated Reports	24
<input type="checkbox"/> Inconclusive	31
<input type="checkbox"/> False	24
<input type="checkbox"/> Pending	8
<input type="checkbox"/> Other	7
Mental Health Services to Adults	Clients Served
<input type="checkbox"/> General Case Management Services	30
<input type="checkbox"/> Rule 79 Mental Health Case Management Services	42
<input type="checkbox"/> Civil Commitment Hearings	38
<input type="checkbox"/> Pre-Petition Screenings	24
Persons with MR/RC Receiving Case Management	Clients Served
<input type="checkbox"/> Age 0 - 6	15
<input type="checkbox"/> Age 7 - 13	27
<input type="checkbox"/> Age 14 - 21	50
<input type="checkbox"/> Age 22 - 40	124
<input type="checkbox"/> Age 41 - 60	119
<input type="checkbox"/> Age 61 +	49
<input type="checkbox"/> Day Treatment & Habilitation Services	115
<input type="checkbox"/> Sheltered & Supported Employment (County Purchase of Service)	53
<input type="checkbox"/> Semi-independent Living Skills (SILS)	40
Total	384
Disability Waivers (Number of Unduplicated Individuals served in 2010)	
<input type="checkbox"/> Developmental Disability (DD)	150
<input type="checkbox"/> Community Alternatives for Disabled Individuals (CADI)/ Community Alternative Care (CAC)/ Traumatic Brain Injury (TBI)	274 3 16
Total	443

Otter Tail County Human Services
Chemical Dependency Referrals & History¹
CY 2010

Type of Program	Adult Referrals	Juvenile Referral	Total Referrals
○ Outpatient Treatment Programs ²	120	15	135
○ Inpatient Treatment Programs ³	137	10	147
○ Halfway Houses ⁴	92	5	97
○ Grand Total - All Programs	349	30	379

Five Year Comparison

Type of Program	2010	2009	2008	2007	2006
○ Outpatient Treatment Programs	135	182	190	169	160
○ Inpatient Treatment Programs	147	145	98	108	95
○ Extended Care Programs	----	----	20	53	82
○ Halfway Houses	97	89	120	115	131
○ Grand Total - All Programs	379	416	428	454	468

¹ Chemical Dependency Health Unit completed over 588 Alcohol Problem Assessments

² A total of 17 outpatient agencies were utilized

³ A total of 20 agencies providing inpatient treatment services were utilized

⁴ A total of 15 Halfway House agencies were utilized

Otter Tail County Human Services
Intake and Social Service Specialty Programs
FY 2010

Children's Mental Health CM Services	Client Totals
▪ Number of Children with CM Services - OTC Staff	66
Child Care Licensing	Client Totals
▪ Number of Homes Currently Licensed	129
▪ Number of Newly Licensed Homes	12
Child Foster Care Licensing	Client Totals
▪ Number of Homes Currently Licensed	15
▪ Number of Newly Licensed Homes	3
▪ Emergency Relative Placements	5
Adult Foster Care Licensing	Client Totals
▪ Number of Family Homes Currently Licensed	48
▪ Number of Newly Licensed Family Homes	5
▪ Number of Corporate Homes Currently Licensed	51
▪ Number of Newly Licensed Corporate Homes	1
Adoption/Custody Services	Client Totals
▪ Adoption Cases - Placements	3
▪ Adoption Cases without Placements	1
▪ Open Post-Adoption Cases	0
▪ Adoption Assistance Agreements Completed	11
Minor Parent Services	Client Totals
▪ Case Management Services	22
Volunteer Transportation Services	Volunteer Hours
▪ Over 60 Program	4,846
▪ Social Services Program	2,660
▪ Medical Assistance	5,500
▪ Pre-Paid Medical Assistance Program	3,138

**Otter Tail County Human Services
Income Maintenance Programs**

2010: January through December	Totals¹
MFIP Program Services	
▪ MFIP (Cash and Food Stamps) Active Cases	193
▪ MFIP - Number of persons served (adults/children)	170/333
DWP Program Services	
• DWP - Active Cases	33
• DWP - Number of persons served (adults/children)	42/53
RCA - Refugee Cash Assistance	
• RCA - Active Cases	7
• RCA - Number of persons served	7
Childcare Services (2 Workers)	
▪ Number of Families Receiving Childcare - 12/2010	186
▪ Number of Children Receiving Childcare - 12/2010	239
▪ ² Number of Families on Waiting List (As of 12/10)	55
Medical Program Services (includes FFS & PMAP)	
▪ MA Active Cases	4,167
▪ MA - Number of Persons Served (adults/children)	3,666/3,286
▪ MN Care served by Otter Tail County	133
Food Stamp Program Services	
▪ Food Stamps - Active Cases	1,645
▪ Food Stamps - Number of Persons Served	3,556
Cash Benefit Programs	
▪ General Assistance - Active/Number of Persons Served	131
▪ Group Residential Housing	249
▪ Minnesota Supplemental Assistance - Active/# Served	321
Emergency Assistance Programs²	
▪ Emergency Assistance approved for 2010	11
▪ ³ Emergency Minnesota Supplemental Aid 2010	3
▪ ³ Emergency General Assistance 2010	7
Caseload Sizes by Program Per Month	
▪ Long Term Care Caseload per staff (2 FTE)	294
▪ Adult Food Stamp/Medical Assist Caseload per staff (7 FTE)	224
▪ Family Caseload per staff (7 FTE) /MFIP Cases	162
▪ ⁴ HC Only Caseload (4 FTE)	240
▪ Specialized Caseload (2 FTE) (GRH-Waiver)	197
▪ Financial Assistance Specialist for 2010	205

1

¹The column figures are a "client duplicated" count, Some may also receive more than one service, e.g. MFIP and medical assistance, etc. This is estimated average number of clients/cases served each month and is determined by dividing the total number of individuals served by 12 months.

²BSF waiting list started May 2010

³Emergency General Assistance and Emergency Minnesota Supplemental Aide - unallotted October 2009 through June 2010 (Six Months Total)

⁴Transitional-GAMC ended 09-30-10. Many cases moved to MN Care

Minnesota Department of Human Services
 Child Support Enforcement Division
 Net County Administrative Costs & Reinvestment Summary
 For 12 Months Ended December 31, 2010

County Name: **Otter Tail**

County Direct Expenditures	Quarter End	Quarter End	Quarter End	Quarter End	Total
Expenditure Description	3/31/2010	6/30/2010	9/30/2010	12/31/2010	
Personnel Services	\$193,036	\$191,592	\$191,299	\$179,678	\$755,605
Legal Cooperative Agreement	5,873	4,050	6,500	6,150	22,573
Sheriff Cooperative Agreement	3,367	3,595	4,436	4,226	15,624
Clerk Court Cooperative Agreement	0	0	0	0	0
Paternity Expenditures (before paternity fees)	1,076	1,015	840	0	2,931
Other Expenditures	3,435	5,712	2,481	1,525	13,153
Materials Supplies	548	1,015	538	815	2,916
Capital Outlay	481	0	0	0	481
Other Expenses	27,118	18,218	20,433	24,231	90,000
Depreciation	0	0	0	0	0
Fees (other)	0	0	0	0	0
Revenue (other)	(1,380)	(2,750)	(1,050)	(638)	(5,818)
Fees (paternity)	0	0	(358)	(216)	(574)
Total Direct Expenditures	\$233,554	\$222,447	\$225,119	\$215,771	\$896,891
Federal Incentive Payment	(31,200)	(36,686)	(31,200)	(31,200)	(130,286)
Direct expenditures net of incentive payment	\$202,354	\$185,761	\$193,919	\$184,571	\$766,605
Less: FFP on direct exp net of incentive pmt	(133,554)	(122,602)	(127,987)	(121,816)	(505,959)
Less: FFP on Federal Incentives	(41,976)	(20,592)	(24,213)	(20,592)	(107,373)
Net Direct Expenditures	\$58,024	\$79,253	\$72,919	\$73,363	\$283,560
County Indirect Expenditures					
Human Services Allocated Admin.	\$100,229	\$89,637	\$89,970	\$94,307	\$374,143
Human Services Countywide Admin.	59,765	59,765	59,765	59,765	239,060
Total Indirect Expenditures	\$159,994	\$149,402	\$149,735	\$154,072	\$613,203
Less: FFP on Indirect Expenditures	(105,596)	(98,605)	(98,825)	(101,688)	(404,714)
Net Indirect Expenditures	\$54,398	\$50,797	\$50,910	\$52,384	\$208,489
Total County Expenditures	\$393,548	\$371,849	\$374,854	\$369,843	\$1,510,094
Net Expenditure Before Incentives	\$112,422	\$130,050	\$123,829	\$125,747	\$492,048
Child Support Enforcement Incentive Revenue					
Federal Incentive	\$36,686	\$31,200	\$31,200	\$33,764	\$132,850
State Public Assistance Incentive	0	0	603	603	1,206
State Establishment Incentive	0	0	2,800	3,600	6,400
State Modification Incentive	2,400	1,900	1,800	2,200	8,300
State Paternity Incentive	400	400	900	200	1,900
State Medical Incentive	0	0	0	0	0
Total Child Support Enforcement Incentive Revenue	\$39,486	\$33,500	\$37,303	\$40,367	\$150,656
Net County Expenditure	\$72,936	\$96,550	\$86,526	\$85,380	\$341,393
Current Period Expenditures	\$393,548	\$371,849	\$374,854	\$369,843	\$1,510,094
Actual Federal Year 2010 Reinvestment Amount					\$596,278
Actual Federal Year 2010 Reinvestment Shortfall Amount					\$0

Prepared By: DHS, Child Support Enforcement Division

UTILIZATION OF COMMUNITY MENTAL HEALTH SERVICES Lakeland Mental Health Center, Inc. CY 2010

Primary MH Program Services Used by Otter Tail County Residents	Medical Assistance (MA) and Non-MA Clients Served in 2010					
	MA Clients ¹	Non-MA Clients	MA Hours ²	Non-MA Hours	Total Clients	Total Hours
○ Outpatient MH Services	747	991	5,235	4,460	1,738	9,695
○ Psychiatric Services	634	841	1,315	1,121	1,475	2,436
○ Outpatient CD Serv.	38	51	852	726	89	1,578
○ CM/CSP/ARMHS ³	86	115	4,261	3,630	201	7,891
○ CTSS Services-Child ⁴	52	68	4,075	3,472	120	7,547
○ School Based - Child ⁵	78	103	2,322	1,978	181	4,300
○ Day Tx ⁶ – Adult	16	21	971	828	37	1,799
○ FF Day Tx - Child ⁷	9	11	3,060	2,606	20	5,666
○ Perham Day Tx-Child	5	6	1,108	943	11	2,051
○ TOTAL	1,665 ⁸	2,207 ⁹	23,199	19,764	3,872	42,963

¹ Across all programs, forty-three percent (43%) of Otter Tail County residents receiving mental health services were funded by Medical Assistance (a.k.a., Medicaid or MA)

² Across all programs, fifty-four percent (54%) of all mental health service reimbursable treatment hours were funded by Medical Assistance (a.k.a., Medicaid or MA)

³ These adult mental health services are comprised of Case Management (CM), Community Support Program (CSP) and Adult Rehabilitation Mental Health Services (ARMHS)

⁴ CTSS is an acronym for Children’s Therapeutic Support Services

⁵ Mental health services provided “on-site” in the Fergus Falls School District. Similar “school based” mental health services are provided in five of the eight school districts administratively located in Otter Tail County.

⁶ The acronym “Tx” is an abbreviation for “treatment”

⁷ The FF Day Treatment – Child statistics includes the children and families who also received Mental Health Case Management Services provided by LMHC practitioners.

⁸ This figure may be a duplicated count, i.e., some clients may have received more than one service

⁹ This figure may be a duplicated count, i.e., some clients may have received more than one service

MINNESOTA COUNTY HUMAN SERVICE COST REPORT¹
Otter Tail County Comparison by Year
2001 Through 2009

	Support Program	Health Program	Social Service Program	Human Service Totals	Federal Share	State Share	County Share	Misc. Funds²
2001	5,173,534	37,826,162	22,086,290	\$65,085,986	29,399,493	29,188,895	5,301,797	1,195,801
2002	5,940,283	42,357,832	26,392,844	\$74,690,959	33,269,260	34,457,604	5,481,687	1,482,408
2003	6,106,746	48,516,109	27,437,837	\$82,060,691	37,939,868	37,427,586	5,138,091	1,555,146
2004	6,203,816	50,231,514	27,137,217	\$83,572,547	37,578,207	38,850,222	5,959,045	1,185,074
2005	6,089,186	53,069,467	29,379,614	\$88,538,267	39,982,719	40,836,327	6,230,097	1,489,125
2006	6,700,757	52,651,999	29,106,956	\$88,459,713	39,239,828	40,616,122	6,610,808	1,992,954
2007	7,063,766	56,171,821	29,656,097	\$92,891,685	41,756,673	42,127,292	6,852,442	2,155,278
2008	7,525,292	56,947,779	31,382,208	\$95,855,279 ³	42,873,022	44,120,809	7,250,745	1,610,704
2009	9,275,507	60,889,648	32,334,985	\$102,500,340	49,447,671	44,861,231	6,676,104	1,515,334
% Change⁴	23.2%	6.9%	3.0%	6.9%	15.3%	1.7%	(7.9%)	(5.9%)
MINNESOTA'S STATEWIDE 7-YEAR COMPARISON								
2001	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
2002	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
2003	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
2004	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
2005	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
2006	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
2007	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
2008	937,069,198	5,055,654,386	3,050,990,277	\$9,043,713,860	4,129,922,660	4,135,798,400	652,668,067	125,324,734
2009	1,152,676,009	5,674,188,710	3,086,691,450	\$9,913,556,169	4,874,398,278	4,270,345,881	638,986,668	129,825,343
% Change⁵	23.0%	12.2%	1.2%	9.6%	18.0%	3.3%	(2.1%)	3.6%

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

¹ Source data: Minnesota County Human Service Cost Report 2009 @ <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-4179F-ENG>

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

³ Statewide, the 2009 per capita cost for providing all human service programs is \$1,870.00. In Otter Tail County, our per capita cost (population: 56,556) is \$1,812.00. We rank 34th of 87 counties in terms of comparative cost (i.e., per capita costs in 53 counties exceed our costs). Otter Tail County's fund portion of this per capita cost is \$118.00, or 6.5% of the total overall cost. In other words, for every \$100.00 spent on health and human service programs, the county expends \$6.50 of county funds and county residents receive an additional \$93.50 of state & federal funds.

⁴ This figure is the percentage change between CY 2008 and CY 2009. Figures in parenthesis (if any) indicate a negative change, or decrease in costs or funds.

⁵ This figure is the percentage change between CY 2008 and CY 2009. Figures in parenthesis (if any) indicate a negative change, or decrease in costs or funds.

**Otter Tail County Human Services
Purchase of Service Agreement Contracts
2010 - 2011**

Customized Living Program Services	
Golden Manor Asst. Living	January 1 st
Pelican Valley Health Center - Riverfront Manor Asst. Living	January 1 st
McCornell Ct Asst. Living(St. Wm Annex)	January 1 st
Vergas Asst. Living	January 1 st
Lutheran Social Services – Assisted Living	January 1 st
The Thomas House	January 1 st
Home Sweet Home	January 1 st
Alcott Manor	January 1 st
Willow Creek Senior Living	January 1 st
Lakeland Hospice & Homecare	January 1 st
Prairie View Asst Living – Kari Honer	July 1 st
Pioneer Senior Cottages	July 1 st
Some Place Special – Luan Peterson	July 1 st
Our Home Your Home	July 1 st
Autumn Manor	July 1 st
Mill Street Residence	July 1 st
Tamarac Place, LLC	July 1 st
Parks Garden	July 1 st
Lakeview Senior Living Apartments	July 1 st
Developmental Disabilities Residential Services (Rule 34)	
Kessel Group Home	January 1 st
Prairie Community Services – Waivered – ICF/MR	January 1 st
Developmental Disabilities Waivered Services (Rule 42)	
MN State Operated Community Services	January 1 st
Fergus Falls RTC – Extended Treatment Option Program (Waivered Services)	
REM (Waivered Services & Independent Living Skills)	January 1 st
REM (Semi-Independent Living Skills)	January 1 st
Blue Sky, Inc. (Semi-Independent Living Skills)	January 1 st
Lakes Homes & Program Development (Waivered)	January 1 st
New Horizons	January 1 st
Lutheran Social Services (Waivered)	January 1 st
Midwest Community Residential Resources	January 1 st
Rich's E.O.T. Homes, Inc.	January 1 st
Systelien Community Services	January 1 st
MN Dept of Human Services/State Operated Community Support Services (MSOCS-Waivered) (<i>Assistive Technology</i>)	January 1 st
West Central Community Services	January 1 st

**Developmental Disabilities
Sheltered Employment Day Training
and
Habilitation Services**

Productive Alternative Inc. – Crisis Responder Services	January 1 st
Productive Alternative Inc. – Willow Program/Waivered Services	January 1 st
Productive Alternative Inc. – Sheltered Employment Services	January 1 st
Productive Alternative inc. – Transportation Program	January 1 st

**Home Health Care/
Nutrition Related Services**

Land of the Dancing Sky AAA (Transportation Services – WCAAA)	January 1 st
Land of the Dancing Sky AAA (LTCC)	October 1 st
Lutheran Social Services – Senior Companion	January 1 st
Lutheran Social Services – Respite Care	January 1 st
Lutheran Social Services (Guardianship & Conservatorship Services	January 1 st
Northern Safety & Security	January 1 st
Arvig Enterprise, Inc.	January 1 st
Nutrition Services, Inc.	January 1 st
Lifeline Systems, Inc.	January 1 st
Grand View Estates	January 1 st
Harmony Home Health Care	January 1 st
Ghost Runner Errand Service	July 1 st
Providacare	July 1 st
Lake Country Home Care (Homemaking Services)	July 1 st
Helping Hands	July 1 st
Care 2000 Home Health Care Services	July 1 st
Country Pines Home Health	July 1 st
Pelican Valley Adult Day Care Services	July 1 st
Tender Hearts Home Care	July 1 ^{sr}
CK Home Care	July 1 st
All Tidy – Dawn Restad	July 1 st
Sanford Home Health Care	July 1 st
Meals By Wheels	July 1 st
Perham Memorial Home Care	July 1 st
Lakewood Health System Home Care/Hospice	July 1 st
Valkommen-Hem, Inc.	July 1 st
New Dimensions Home Health Care	July 1 st

**Mental Health
Initiative Programs**

Lakeland Mental Health Center – <i>(LMHC Chemical Dependency & MH Contracts have been combined into one contract.)</i>	Crisis Responder Program Permanent Supported Housing SOS/Aftercare/ARMHS Adult Mental Health Case Mgmt. Children Mental Health Case Mgmt. CSP Outpatient MH Services Children's Therapeutic Support Services Collaborative School Based Mental Health Chemical Dependency	January 1 st
Lakeland Mental Health Center (Supported Housing Apartments)		January 1 st

Lakeland Mental Health Center (Jail Project)	January 1 st
Moorhead Public Housing – Bridges	January 1 st
A Place For Friends	January 1 st
A Place To Belong	January 1 st
The Social Connexion	January 1 st
Tran\$Em Support Employment Services	January 1 st
Transitional Apartments (Curt Biloki)	January 1 st
Gull Harbour (Hecla, Inc)	January 1 st
Mark Herbert - LOU WRAP Training	January 1 st
Betty Klicker – WRAP Training	January 1 st

**Mental Health
Initiative Programs, continued**

Prairie Community Services (Nursing Services)	January 1 st
My Father’s House/Matthew’s House	

**MH Services and
Community Based Services for Adults**

SOS – MH Services	January 1 st
St Williams Annex	January 1 st
CSP (Rule 14/78)	
Prairie Community Services – Ironwood ,Otterwood, & Trailwood	July 1 st
St. Williams Annex – (Assumption House/Karel’s House/Joseph’s House)	July 1 st
Productive Alternative Residential Crisis Services	January 1 st
Becker County - AFC Licensing	January 1 st

**MH Services and
Community Based Services for Children**

Catholic Charities (Host County Contract) Intensive Treatment Unit	January 1 st
Generations, Inc.	January 1 st
Village Family Service Center (CTSS/SBMH)	January 1 st
LSS – CTSS/SBMH & Family Based Services	January 1 st
LMHC & FF Area Spec. Ed Coop. #935 Children’s MH Day Treatment Program	July 1 st
LMHC & Perham School Dist. #549 Children’s MH Day Treatment Program	July 1 st
The Village – (Collaborative School Based Mental Health)	July 1 st

Children and Family Services

Otter Tail County Court Administration (Parents Attorney for CHIPS Petitions)	January 1 st
Someplace Safe/Safe Exchange	January 1 st
Permanent Family Resource Center – Concurrent Foster Care	January 1 st
Parent’s Support Outreach	January 1 st

Chemical Dependency Services

FF- SOS Community Addictions Recovery Services (CARE) (Inpatient & Outpatient Services)	January 1 ^s
Rewind, Inc.	January 1 st
Lake Region Half-Way House – CD Residential	January 1 st
Sharehouse/Stepping Stones	January 1 st

Productive Alternatives, Inc – Detox & Hold	January 1 st
DWI Court (State of MN Seventh Judicial District)	October 1 st
Family Dependency (State of MN Seventh Judicial District)	January 1 st
Economic Assistance/Child Support Services Contracts	
Rural MN CEP – MFIP and DWP Contract	January 1 st – Prepared by CEP
Rural MN CEP – Food Stamp Employment & Training (FSET)	October 1 st - Prepared by CEP
Rural MN CEP – Supported Work	July 1 st – Prepared by CEP
OTC Fraud Investigation Services (OTC County Attorney's Office)	January 1 st Prepared by Co. Attorney's Office
Title IV-D	January 1 st Prepared by Co Attorney's Office
DHS – Electronic Verification of Vital Events (EVVE)	September 2014 – DHS Initiates
Father's Resource	October 1 st
MSHO Contracts	
Blue Plus & OTC Care Coordination Services – MSHO	January 1 st
Blue Plus – (Blue Ride)	July 1 st
Transportation Services	
Blue Plus – (CD & MH-TCM)	July 1 st
Medica (MSHO Program)	January 1 st
Medica Transportation Services	January 1 st
Medica – TCM	November 2010
Medica - MN Senior Care Plus Program	January 1 st
U-Care – MH-TCM	January 1 st
Miscellaneous Contracts	
TRIMIN Systems, Inc (CMHS Services)	Agreement 2011 - 2015
Thomas Jensen – MN Merit System Test Monitor	January 1 st
Foster Care Contracts	
42 Adult Foster Care Contracts	July 1 st
Host County Contracts	
27 Host County Contract requested from various counties	Annually

John Dinsmore, Director
Otter Tail County Human Services
 (95.7 Human Service FTE Positions)¹

Brad Vold, Social Service Supervisor

Child Protection Services, Child Welfare Services, Children’s Mental Health Services
Social Service Intake, Child Protection & Vulnerable Adult Assessments
Adoption Services, Truancy Program Services & Children’s Justice Initiative Program
Child Foster Care Licensing, Child Care Licensing, Minor Parent Services
16.8 FTE

Dave Johnson	Child Protection Social Worker	Tammy Friedrichs	Children’s MH Social Worker
Kelsey Shirkey	Child Protection Social Worker	Mari Stanislawski	Minor Parent Social Worker
Krista Fix	Child Protection Social Worker	Angela Lien	Intake Social Worker
Patti Boen	Child Protection Social Worker	Theresa Melmer	VA/CP Assessment Social Worker
Sheri Finstad	Child Protection Social Worker		VA/CP Assessment Social Worker
Stephanie Olson	Child Protection Social Worker	Heather Pollard	VA/CP Assessment Social Worker
Tamra Jokela	Child Protection Social Worker		Child Foster Care Licensing
Marlys Lemke	Child Protection – Case Aide	Carla Johnson-Rownd	Case Aide – CC Licensing
Craig Eder	Children’s MH Social Worker	Linda Hanstad	
Kim Kambel-Seufert	Children’s MH Social Worker		

Margaret Williams, Social Service Supervisor

Adult Mental Health Program Services, Adult Mental Health Initiative, Developmental Disabilities Services,
Adult Foster Care Licensing, Adult and Adolescent Chemical Dependency Services
14.4 FTE

Karmy Thompson	Chemical Dependency Social Worker	Laurie Sanders	Developmental Disability Services Social Worker
Dana McClaflin	Chemical Dependency Social Worker	Lisa Spangler	Developmentally Disability Services Social Worker
Gary Holen	Chemical Dependency Counselor	Marcia Newborg	Developmentally Disability Services Social Worker
Kathy Armstrong	Chemical Dependency Counselor		PT Temp. CADI Social Worker
Julie Stein	Chemical Dependency – Case Aide	Lori Sturgeon	Adult Foster Care Licensing
Barb Madole	Developmental Disability Services Social Worker	Jody Dahlen	Adult MH Social Worker
Caroll Brause	Developmental Disability Services Social Worker	Elizabeth Bakken	Adult MH Social Worker
		Carrie Unruh	Adult MH Social Worker
		Brad Erickson	Adult MH Social Worker

Jody Lien, Human Service Supervisor

Inter-disciplinary Long Term Care Service Programs
13 FTE

Julie Clouse	DD/LTC – Case Aide	Paula Martenson	Public Health Nurse
Cheryl Wiskow	Long Term Care Social Worker (NYM Office)	Jennifer Doll	Public Health Nurse
		Debra Field	Public Health Nurse
Shelley Bartels	Long Term Care Social Worker	Marilee Wohlenhaus	Public Health Nurse
Cindy Eull	Long Term Care Social Worker	Amie Welch	P.H. Account Technician
Lori Jaros	Long Term Care Social Worker	Lane Magnuson	Public Health Nurse
Michelle Ehlert	Long Term Care Social Worker		
Peggy Ellingson	Long Term Care Social Worker		

Leon Anderson, Director of Business Management

Accounting
4 FTE

Diane Aschnewitz	Accounting - Social Welfare & Payroll
Barbara Erickson	Accounting - Child Care & Transportation Claims
Bonnie Floden	Accounting - Administrative Claims
Jane Meyer	Accounting - Foster Care & Waiver Claims

**Becky Lee/Rae Lohse,
Office Service Supervisors**

**Office Support
9 FTE**

Marge Anderson	Office Support Specialist
Traci Finseth	Office Support Specialist
Debra Strange	Office Support Specialist
Karan Johnson	Office Support Specialist
Renee Jorud	Office Support Specialist
Brenda Brown	Office Support Specialist
Shawn Schneeberger	Office Support Specialist
Nicole Wensauer	Office Support Specialist
Cheryl Hanstad	Office Support Specialist

Barb Dohrer, Financial Worker Supervisor

**Economic Assistance Programs – Fergus Falls
16.5 FTE**

Carrol Massey	Adult Financial Worker	Jessica Heringer	FAS – Family Services
LuAnne Truax	Adult Financial Worker	Stephanie Pausch	Financial Worker
Tracy Bokkers	Case Aide – Adult Programs	Mary Beth Ehrenberg	FAS – LTC/Comm Waivers
Stephanie Swenson	Family Financial Worker	Pat Vanderlinden	GRH Adult HC Financial Worker
Bonnie Eide	Adult Financial Worker	Carol Bertram	GRH Adult HC Financial Worker
Bonnie Novacek	HC Financial Worker		Worker
Shantel Thorson	Family Financial Worker		Family Financial Worker
Stacy Shebeck	FAS – Adult Services	Candace Oseien	Family Financial Worker
Mary Ann Anderson	Family Financial Worker	LeeAnn Sudbeck	Collections
Linda Bailey	Family Financial Worker (PT)		

Cheryl Ranum, Financial Worker Supervisor

**Economic Assistance Programs – New York Mills
8 FTE**

Sandi Gundberg	LTC/GRH HC Financial Worker (NYM Office)
Lisa Honer	Family Financial Worker (NYM Office)
Pam Sondag	Family Financial Worker (NYM Office)
(Vacancy)	Family Financial Worker (NYM Office)
Deb Linderkamp	Adult Financial Worker (NYM Office)
Cindy Dilly	Adult Financial Worker (NYM Office)
Rebekah Zahrbock-Haag	Child Care Asst/Adult HC Worker (NYM Office)
Jan Cordes	Office Support Specialist (NYM Office)

Brooks Andersen, Child Support Supervisor

**Child Support
10.0 FTE**

(Vacancy)	Support Enforcement Aide
Jody Hutchins	Support Enforcement Aide
Kim Heintzelman	Support Enforcement Aide
Connie Nordlund	Support Enforcement Aide
(Vacancy)	Child Support Officer
Mary Jimmerson	Child Support Officer
Barbara Jongeling	Child Support Officer
Susan Schlotfeld	Child Support Officer
Darla Wedll	Child Support Officer
Dawn Birch	Child Support Officer

¹ This total does not include the six (6) FTE Public Health positions assigned to the Interdisciplinary Long Term Care Unit

Otter Tail County Human Services Annual Report Budget Sheet	2006	2007	2008	2009	2010
Children Protection & Child Welfare					
In Home Services	574,552	586,356	578,000	552,000	466800
Foster Homes	695,500	700,147	540,000	440,000	680000
Rule 8 Group Homes	92,000	92,000	37,000	37,000	
Correctional Facilities	568,000	568,000	850,000	950,000	766834
Other Out-of-Home Placements	106,000	106,000	83,500	83,500	59900
Social Work/Program Staff	1,026,538	1,058,299	1,222,596	1,264,503	1270549
SELF Services	12,000	7,353	7,225	7,225	7892
TOTAL:	3,074,590	3,118,155	3,318,321	3,334,228	3,251,975
Child Care & Employment Services					
Basic Sliding Fee Child Care	630,000	630,000	630,000	40,000	64620
MFIP Child Care Assistance	150,000	150,000	150,000	-	
Other Child Care Assistance	35,000	35,000	35,000	35,000	14562
Employment & Training Services	300,000	300,000	300,000	400,000	430000
Program Staff/Adm charges	2,500	2,500	2,500	2,500	2588
TOTAL:	1,117,500	1,117,500	1,117,500	477,500	511,770
Chemical Dependency Programs					
Treatment Program Payments	334,000	334,000	434,000	534,000	535,200
CD Hold Orders	10,000	10,000	10,000	10,000	0
Detoxification Services	250,000	250,000	250,000	250,000	280,000
CD Program Staff	250,603	259,649	360,503	402,099	405,341
TOTAL:	844,603	853,649	1,054,503	1,196,099	1,220,541
Mental Health Services					
Outpatient Mental Health Services	572,342	568,948	586,030	586,030	603300
Community Support Program	228,906	235,773	242,100	242,100	246900
Housing Support Program	46,963	48,372	49,000	50,500	51900
Rule 36 Services					
MH Case Management - Adult Contract	140,280	141,848	143,100	143,100	137,900
MH Case Management – Agency	423,767	432,706	488,621	497,339	497,288
RTC Treatment & Hold Orders	617,495	637,439	540,000	595,000	490,000
Local Advisory Council	6,000	6,000	6,000	6,000	6,000
Family Community Support Services	340,854	402,055	405,900	418,000	416,100
Respite Care	3,000	3,000	3,000	3,000	32,000
Family Based Counseling					
MH Case Management – Child Contract	35,000	60,000	55,300	55,300	59,435
Rule 5 MH Treatment Services	199,237	199,237	175,000	175,000	129,758
TOTAL:	2,613,844	2,735,378	2,694,051	2,771,369	2,670,581
Adult Mental Health Initiative Overall Program Funds	788,323	788,323	1,500,000	1,800,000	2,000,000

Otter Tail County Human Services
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	2006	2007	2008	2009	2010
Services for the Developmentally Disabled					
Day Activity Center Services	270,000	270,000	270,000	270,000	242,000
Semi-Independent Living Services	223,100	221,209	231,627	228,500	211,930
Other Purchased DD Services	295,505	295,505	300,921	300,921	296,921
Case Management Services – Agency	430,754	422,780	479,136	498,247	494,650
TOTAL:	1,219,359	1,209,494	1,281,684	1,297,668	1,245,501
Services for Adults and Elderly					
Transportation Services	88,000	88,000	88,000	110,000	117636
Guardianship Services	40,000	40,000	58,400	67,900	70000
Waiver/Non Waiver Services	767,500	867,500	877,500	67,500	109480
Foster Care Training	1,000	1,000	1,000	1,000	1000
Case Management Services – Agency	419,868	687,754	675,684	722,626	728715
TOTAL:	1,316,368	1,684,254	1,700,584	969,026	1,026,831
Income Maintenance & Child Support Services					
Adm/Program & Support Staff	2,864,390	3,012,766	3,253,543	3,350,260	3,132,961
Facilities, supplies, program	318,540	318,540	342,292	342,000	343,000
Fraud & Collections	72,935	72,935	72,935	130,000	130,100
Fathers Resource Program	106,000	106,000	106,000	106,000	106,000
Local Intervention Program	60,000	60,000	60,000	30,000	30,000
Funeral Allowance Fund	69,000	69,000	78,000	128,000	131,000
State taken over expenses	300,000	300,000	508,000	508,000	608,000
Under 65 MA Nursing Home	100,000	100,000	100,000	100,000	100,000
TOTAL	3,890,865	4,039,241	4,520,770	4,694,260	4,581,061
Administrative Services					
Salary & Benefits	738,070	772,267	625,407	668,544	679,608
Agency Administrative Overhead	286,237	286,237	290,337	275,396	304,594
TOTAL:	1,024,307	1,058,504	915,744	943,940	984,202
OVERALL AGENCY BUDGET:	15,889,759	16,604,498	18,103,157	17,484,090	17,492,462