



**Community Social Services and  
Mental Health Departments**

**2008**

**Annual Report**

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## **Executive Summary**

Anoka County continues to grow at a steady rate and, with a population of over 330,000, maintains its standing as the fourth most populous county in Minnesota. Its population is aging, with an increasing percent of residents over 65 and over 85 years of age, while the percent of those 18 and under is declining. This is expected to bring new challenges to the Anoka County Social Services and Mental Health Departments in the years ahead.

There are approximately 235 staff in the Departments with an operating budget of about \$51 million. Beginning in 2003, fiscal constraints arising primarily from budget crises at the state level have presented significant challenges to the Departments' abilities to meet increasing needs for services. The challenges have been met by implementing creative service delivery approaches, such as reducing the use of expensive out of home residential care.

Many changes have occurred in the mental health area over the last five years, with the development of a variety of community-based services that can be funded by Medical Assistance. These include Adult Rehabilitative Mental Health Services, Children's Therapeutic Services and Supports, Intensive Residential Treatment Services, and Assertive Community Treatment, as well as community-based crisis services. In addition, more individuals have been able to receive services through Medical Assistance home and community-based waivers, which give states the flexibility to develop creative alternatives to institutional placement of individuals with disabilities or chronic illness.

The current state of uncertainty in the economy, with job losses, foreclosures and the increased stresses these bring to individuals and families, is expected to contribute to increasing demand for services, at the same time that the state budget faces even more significant challenges, affecting all levels of government. Some of the anticipated cuts in revenue from the state are likely to be offset by federal stimulus funds. The Social Services and Mental Health Departments will continue their efforts to find efficient, cost-effective ways to deliver services to the various populations in need. Efforts are underway to develop short-term, front-end services to try to prevent the need for long-term, more intensive services. In addition to being more cost-effective, these approaches can be more respectful of individuals' desires to maintain independence and self sufficiency.

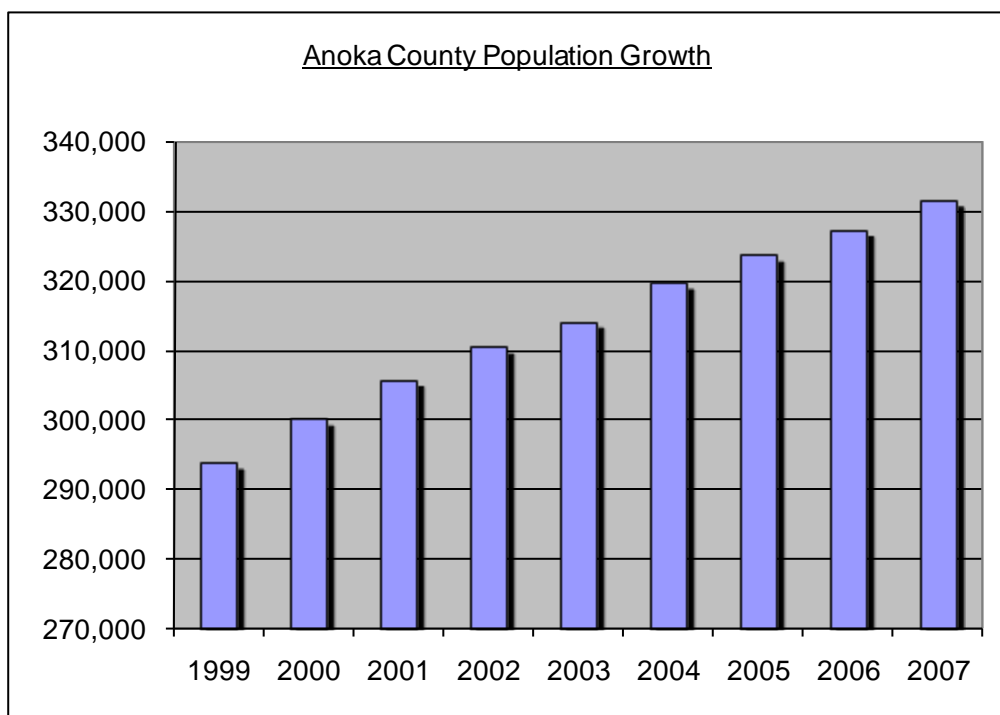
There is good news to be found in the enclosed charts. For example, the number of people involved in manufacturing methamphetamine is down. And, therefore, case numbers are down for things such as maltreatment of children. A customer survey in November 2008 indicated a high level of satisfaction with the way people were treated, the quality of help they received and the timeliness of the service received.

## ANOKA COUNTY

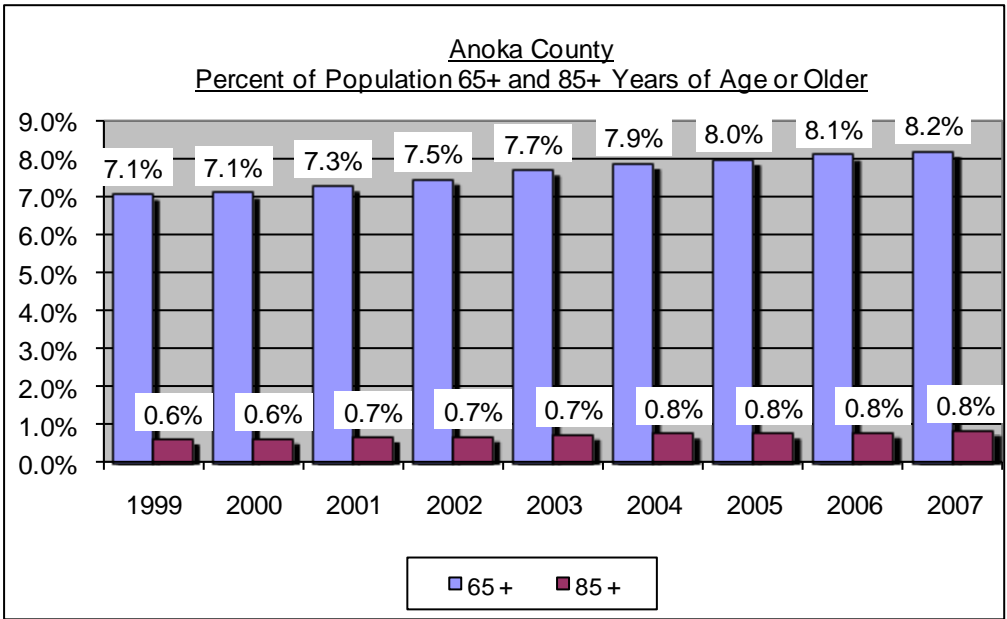
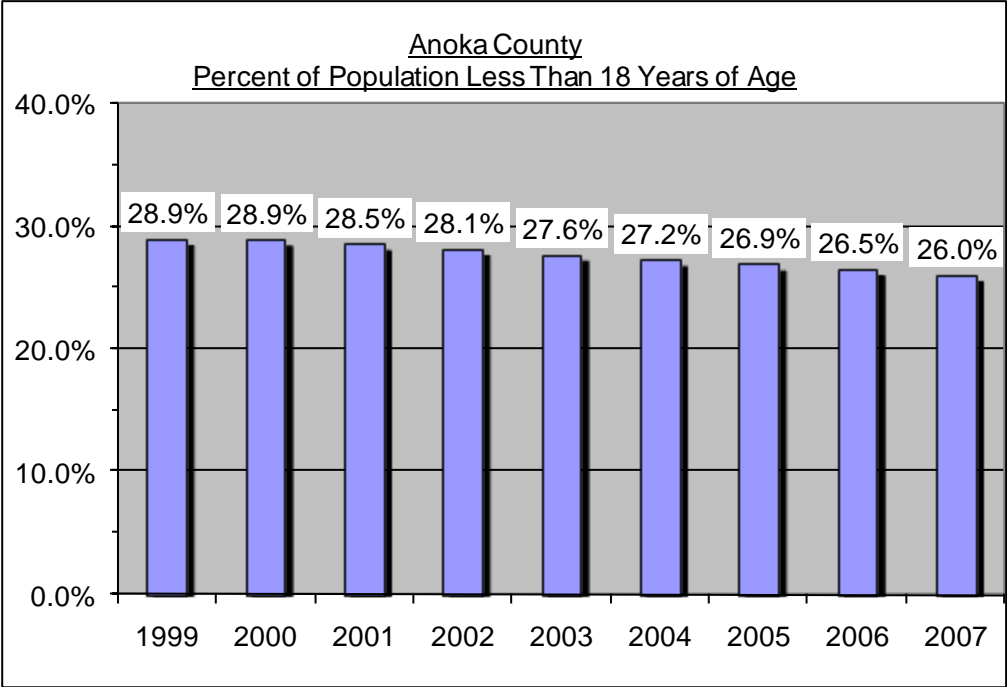
Anoka County was established May 23, 1857, and is located in the northwestern portion of the Minneapolis/Saint Paul seven-county metropolitan area. The County encompasses an area of 440 square miles, of which approximately 272,960 acres are useable.

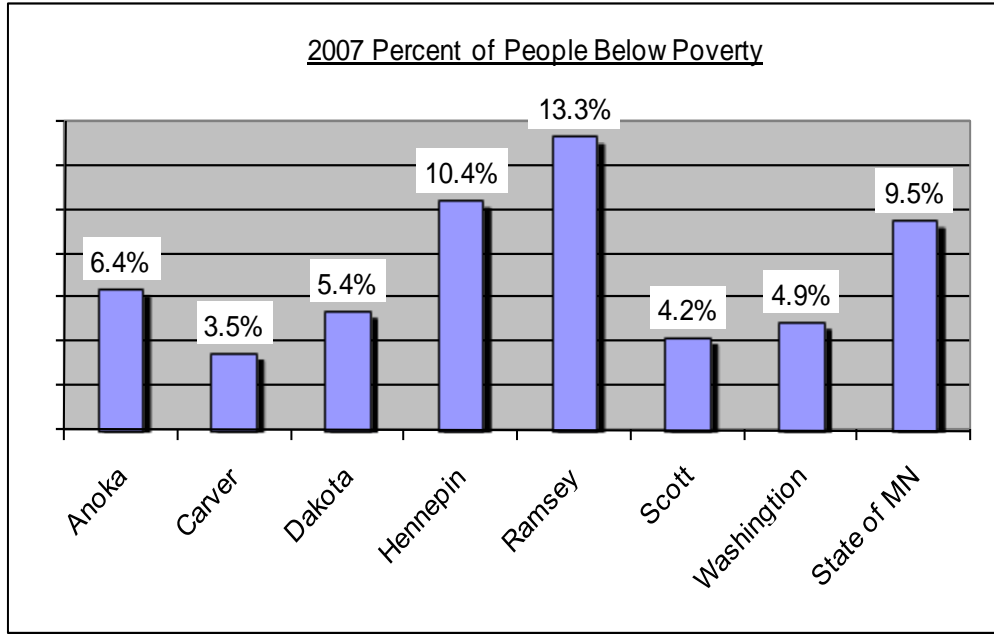
Anoka County is home to all or portions of 20 cities and 1 township. The County goes from heavy residential and commercial development in the southern portion to a more sparse rural population in the north. It is Minnesota's fourth most populous county.

### ANOKA COUNTY DEMOGRAPHICS

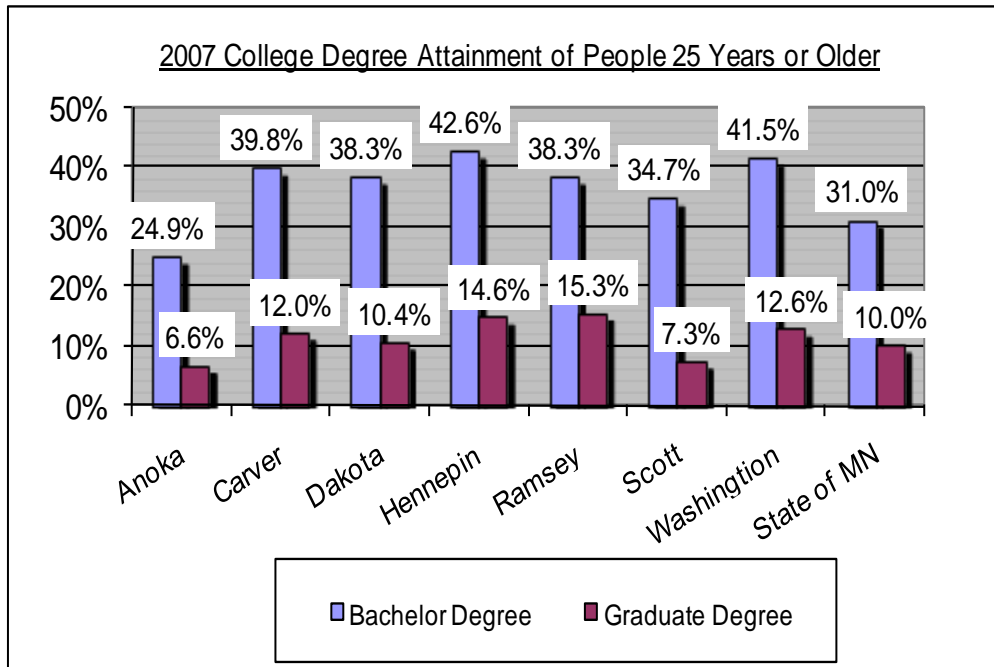


Anoka County continues to be among the faster growing counties in Minnesota. The county population grew by over 37,000 people in the past eight years. The percent of the population less than 18 years of age has declined as the percent of the population over 65 years of age has increased.





Among the metro counties, Anoka County continues to experience one of the highest rates of poverty for the suburban counties. This may correlate with the lower rates of college graduates residing in Anoka County.



## **DESCRIPTION OF DEPARTMENTS**

The Community Social Services and Community Mental Health Departments operate as a single department within the Human Services Division. There are about 235 staff in the Departments, with an operating budget of about \$51 million.

### **COMMUNITY SOCIAL SERVICES DEPARTMENT**

The Community Social Services Department is responsible for meeting the needs of some of the County's most vulnerable citizens. It is commissioned with meeting many county obligations under various state and federal laws including Title XX of the Social Security Act, the Minnesota Children and Community Services Act, the Family Preservation Act and many others.

It is responsible for both children and adults in need of protective services; screening, assessing and serving persons with chemical dependency or developmental disabilities; families in need of child care, and seniors who need assistance. The duties of licensing family child care homes and foster homes, delegated to Anoka County by the State Department of Human Services, are also handled by this Department. Staff provide guardianship services for both children and adults under state guardianship.

The Department serves as a host agency for several interagency activities directed towards early intervention and prevention, and has many collaborative partners. About 66 percent of the department's budget is spent on purchased services to meet client needs such as residential treatment, counseling or mental health services.

### **COMMUNITY MENTAL HEALTH DEPARTMENT**

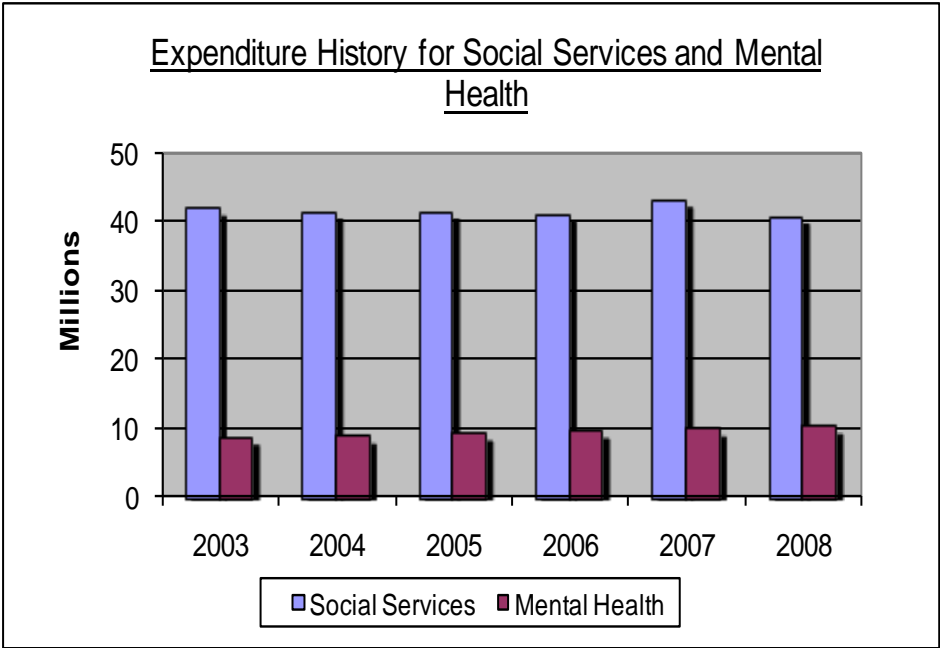
The Community Mental Health Department is responsible for meeting the County's obligations under the Comprehensive Mental Health Act for Adults and the Comprehensive Children's Mental Health Act. These mandates include the provision of case management, information and referral, screening, outpatient mental health services, community support programs (adults), family community support services (children), and residential services. The Department also has responsibility for pre-petition screening as part of the civil commitment process.

Additional services offered by the Department include medication management, crisis mental health services, supported employment, respite care, and day treatment for children. The Department spends about 58 percent of its budget on purchased community-based services.

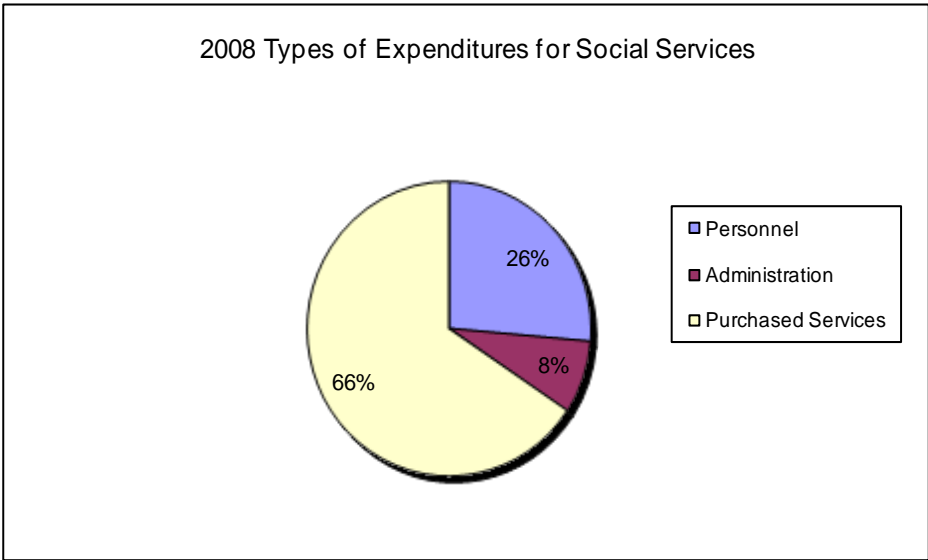
In addition, Anoka County has partnered with the MN Department of Human Services and Anoka Metro Regional Treatment Center to decrease psychiatric hospitalizations and utilization of the Regional Treatment Center through enhanced community services.

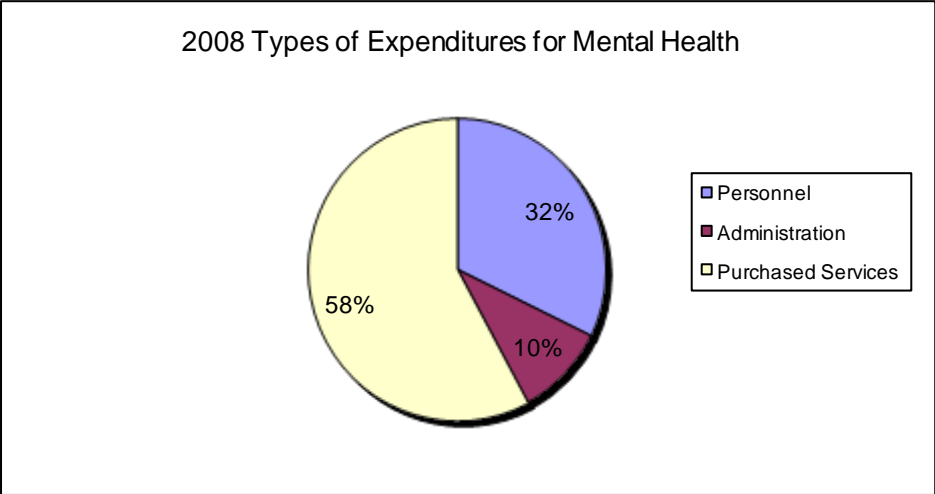
Public policy change has directed the county department to develop a recovery model of mental health. This combines adult and children's mental health services and strengthens consumer-directed services under a single management structure.

**SOCIAL SERVICES AND MENTAL HEALTH FISCAL DATA**

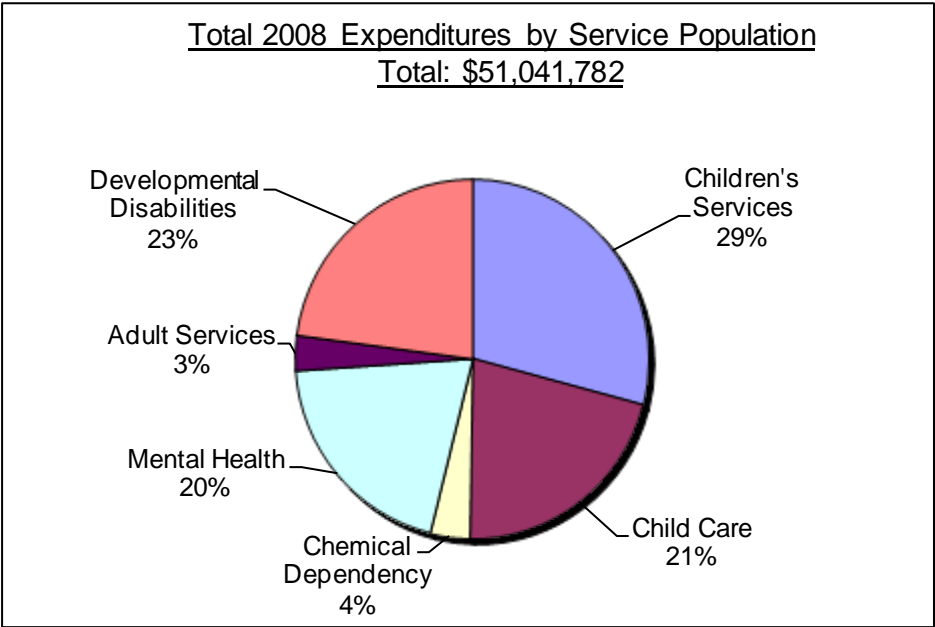


The Community Social Services and Mental Health Departments are responsible to provide a wide variety of services for citizens. Most of these services are purchased from providers in our community and coordinated by county staff.

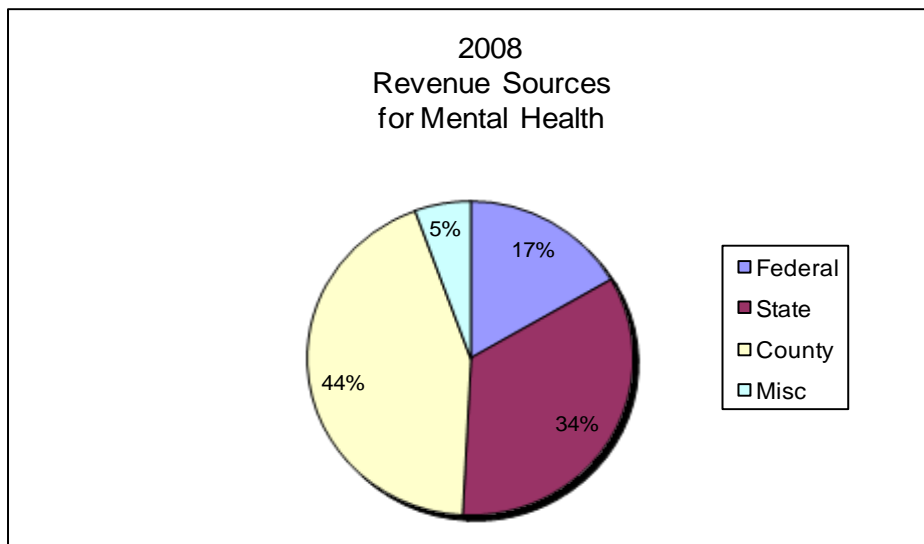
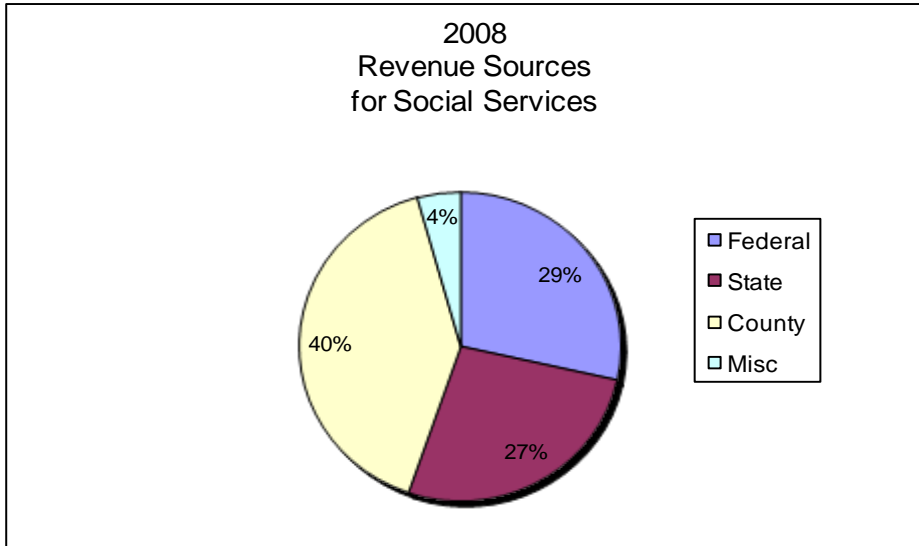




The largest shares of costs for the Anoka County Social Services and Mental Health Departments are for services for persons with disabilities, children at risk of maltreatment, and child care assistance for low-income families.

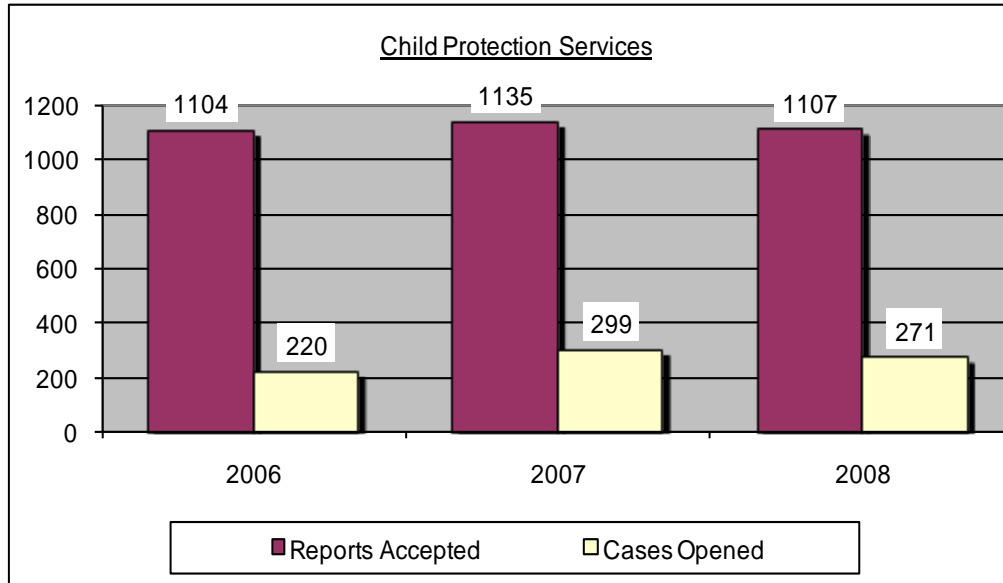


The services provided by the departments are primarily funded by a combination of federal, state and county dollars. Grant funds, user fees, and donations account for five percent or less of the revenues.



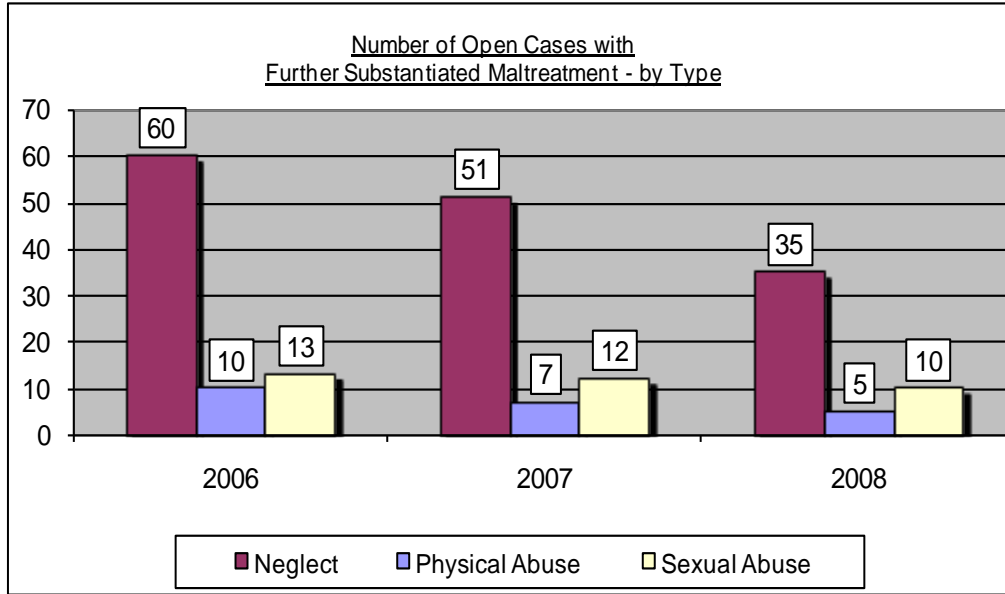
# SOCIAL SERVICES DEPARTMENT

## SERVICES TO CHILDREN AND FAMILIES

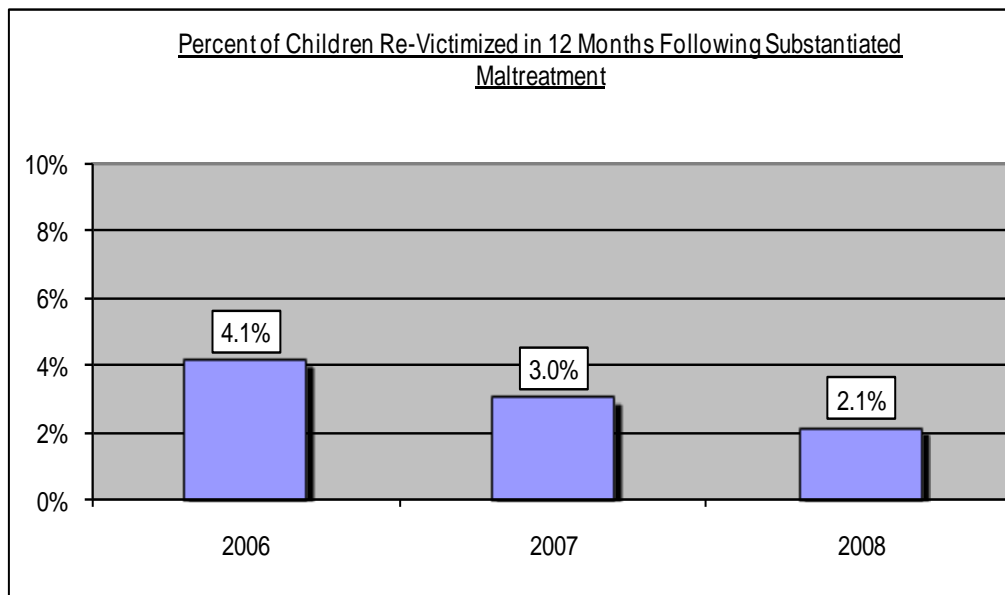


Anoka County screens child maltreatment reports and conducts investigations to protect children from abuse and neglect. In 2008, 6,986 reports of maltreatment were screened, and 1,107 cases were assigned for a traditional investigation, child welfare assessment, or family assessment. If a report does not meet the threshold of serious harm that requires a traditional investigation, the family is offered an assessment, which does not include a determination as to whether child maltreatment occurred, and is offered services to reduce the risk of future maltreatment. In 2008, 271 families were opened to child protection for ongoing case management services.

The following graph is a representation of the number of children, in families already receiving services during the year, who had a new report of maltreatment that was substantiated. Neglect continues to be the largest type of maltreatment.



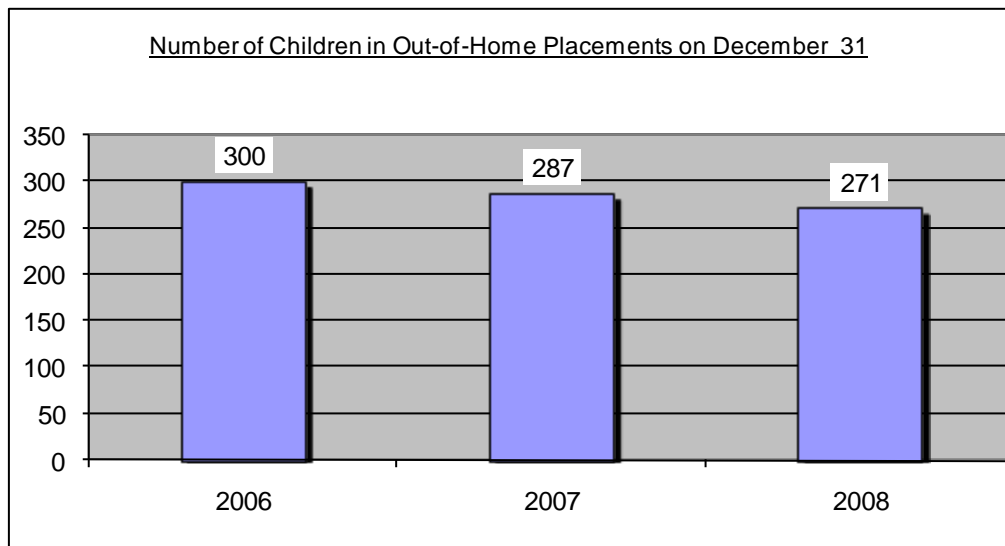
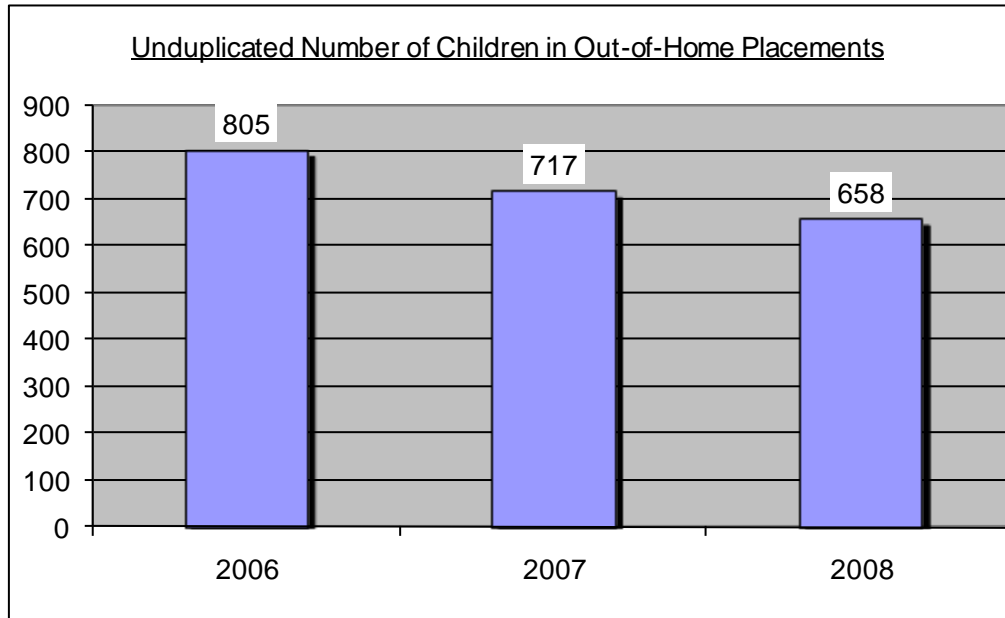
Out of over 900 open cases each year, only a small percent of children experience further substantiated maltreatment.

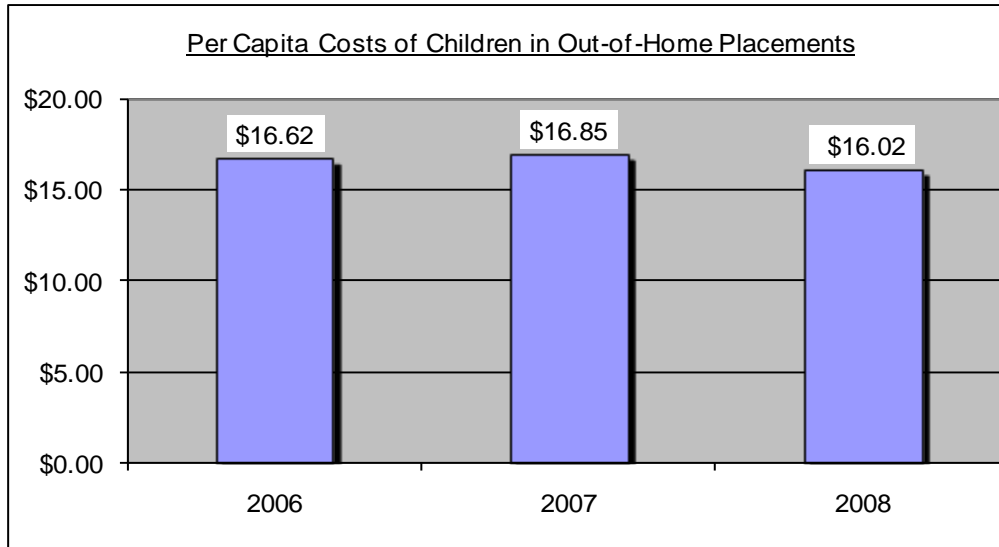


This is an important measure of outcomes of child protection services, indicating degree of success in preventing further abuse or neglect of children.

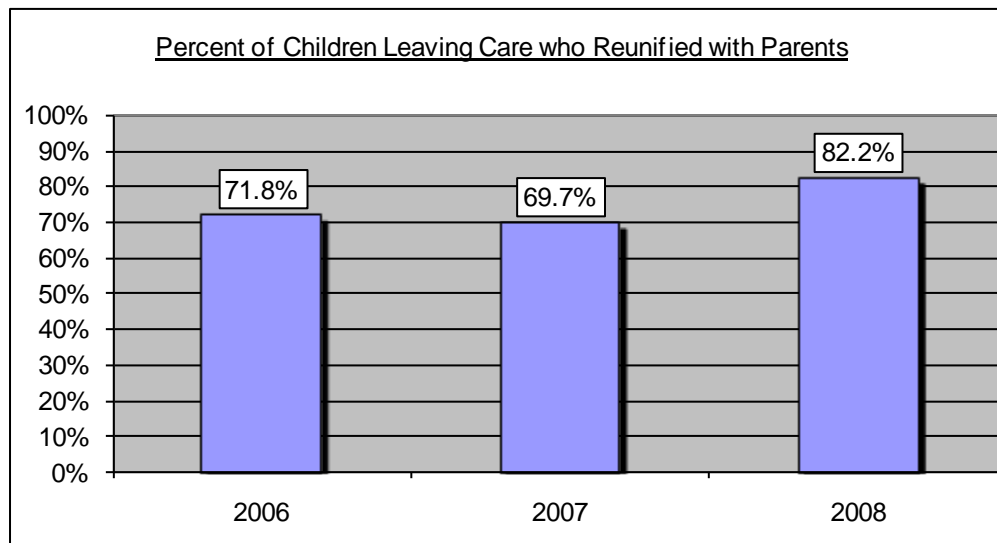
The downward trend of the above two graphs is likely related to the decrease in the number of cases of parental use/manufacture of methamphetamine, which has been a major contributor to incidents of neglect.

The following three graphs illustrate the number of children in out-of-home placement and the cost associated with those placements. Children in out-of-home care receive case management services from social workers in the child protection, children's mental health, or developmental disabilities units.



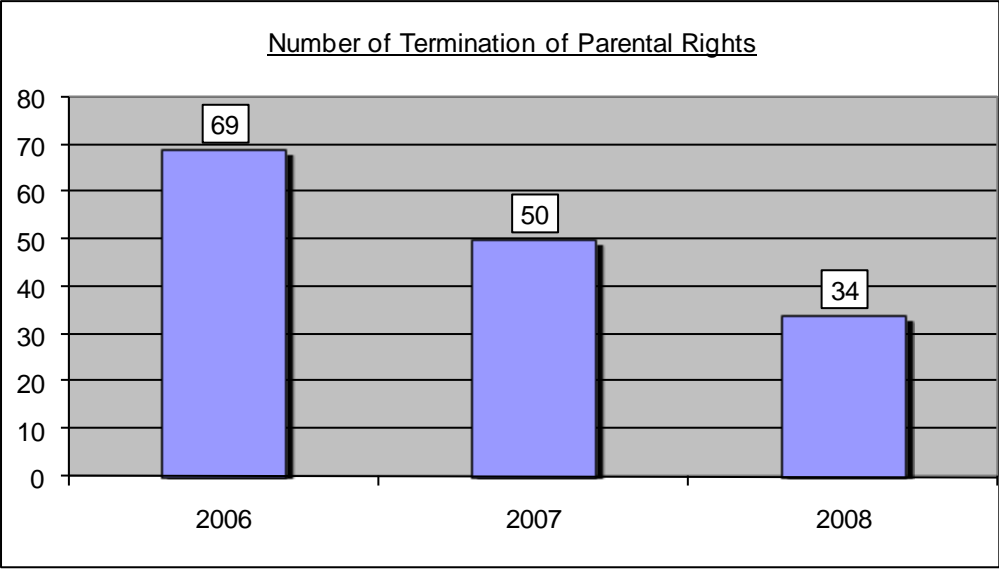


The primary goal of services is to enable children to reunify safely in their parents' home. In 2008, 82 percent of the children in out-of-home placement were successfully reunified with their parents. When children cannot be returned home safely, parental rights may need to be terminated. In 2008, there were 21 cases in which legal custody was transferred to another guardian. Usually, the transfer of custody is to a relative.



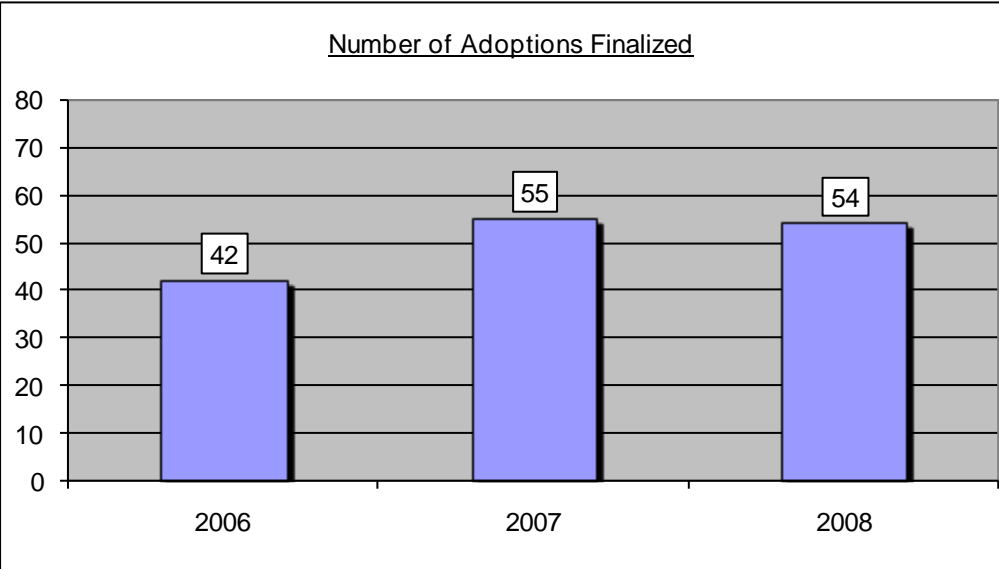
**Meet Bonnie, drug dealer and mom.**

Bonnie was arrested and jailed for dealing drugs, while her children were placed in the care of her parents. Bonnie twice left substance abuse treatment without completing it. With support of the Enhanced Treatment Program, an intensive grant-funded program for mothers using methamphetamine and who are involved with the criminal justice and/or child protection systems, she completed treatment, finished her GED and obtained employment. She moved into her own apartment and regained custody of her children. She became active in the local Alcoholics Anonymous community and does public speaking in the community to encourage others to seek help in recovery.

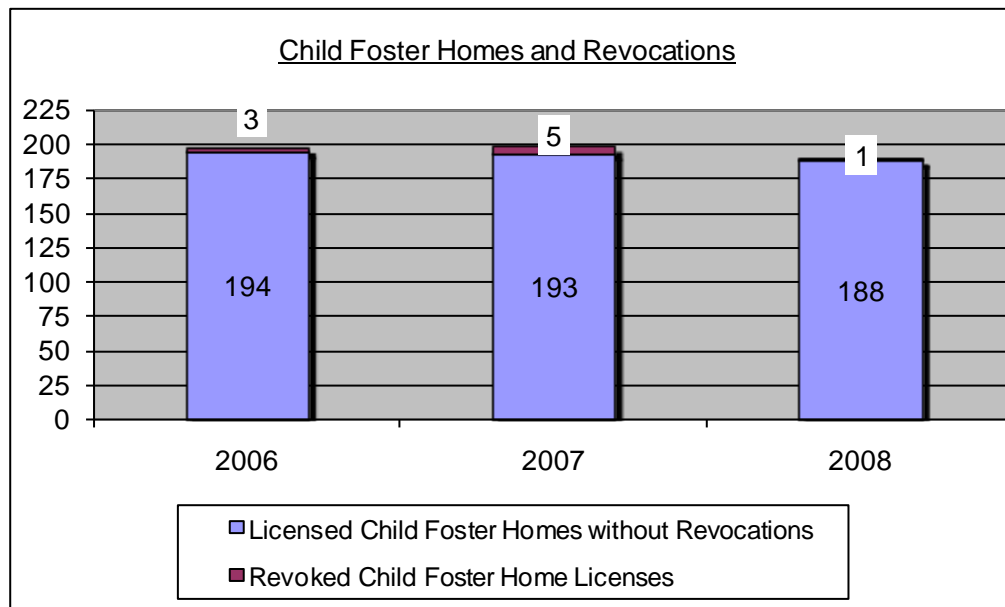
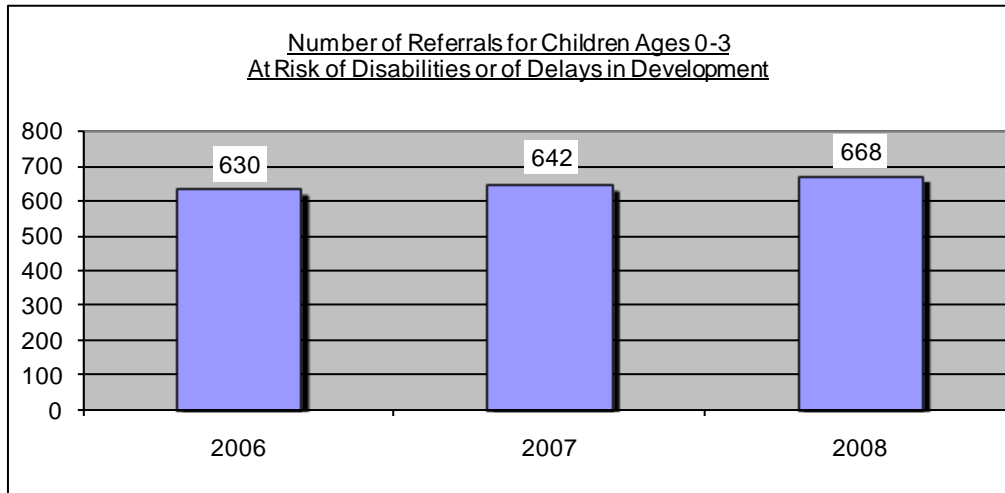


The number of terminations of parental rights in 2006 is likely related to the number of cases of parental involvement in use and/or manufacture of methamphetamine. The number of meth-related cases has been declining since then.

Anoka County provides specialized case management services to children who are state wards in need of an adoptive home and to children in long-term foster care. The following graph illustrates a history of the number of adoptions finalized. The number of adoptions finalized has increased even as number of terminations of parental rights has decreased, as it takes some time for an adoption to be finalized after the termination.



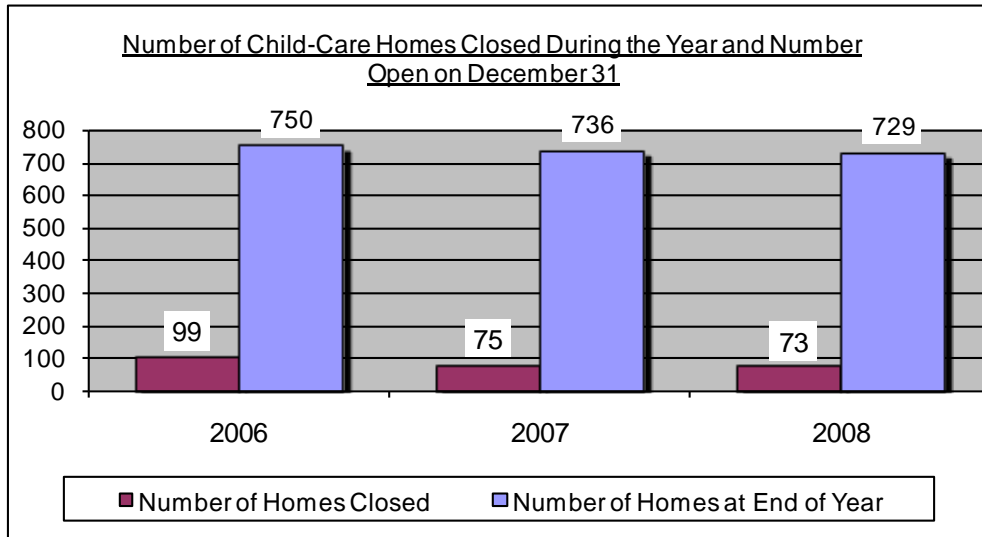
Anoka County serves as the administrative agency for the Interagency Early Intervention Committee, a collaborative of school districts and counties working to meet the needs of young children at risk of developmental delays or disabilities. Since 2003, all children under the age of three who are involved in a case of substantiated maltreatment must be referred for an early childhood developmental screening.



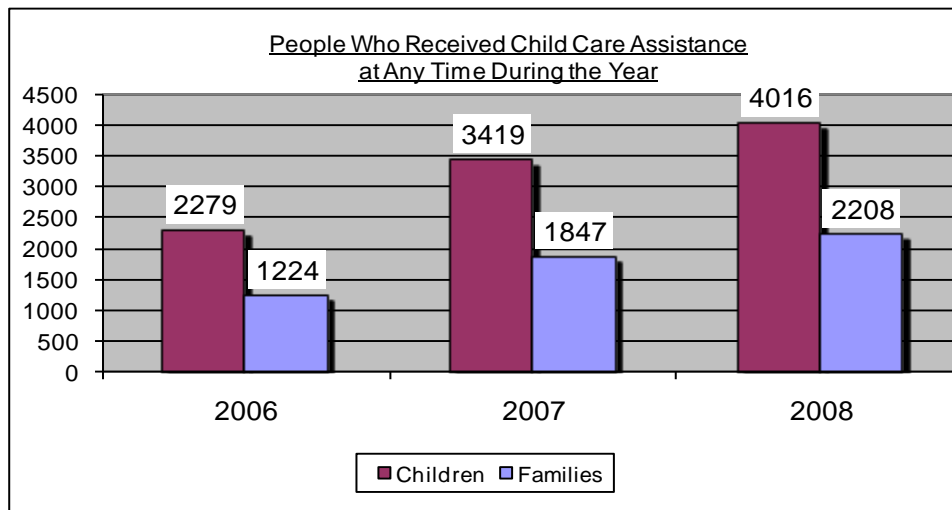
Child foster home license revocations are an indication of lack of safety of children who have been placed for care by county workers. The number of revocations is 2.5 percent or less of all licensed homes.

## SERVICES TO FAMILIES IN NEED OF CHILD CARE

Various factors have combined to reduce the number of licensed family child care homes in Anoka County; the general economy, implementation of licensing fees, and low enrollments are several of them. Some of the low enrollment is due to families changing to care in centers or legally non-licensed homes.

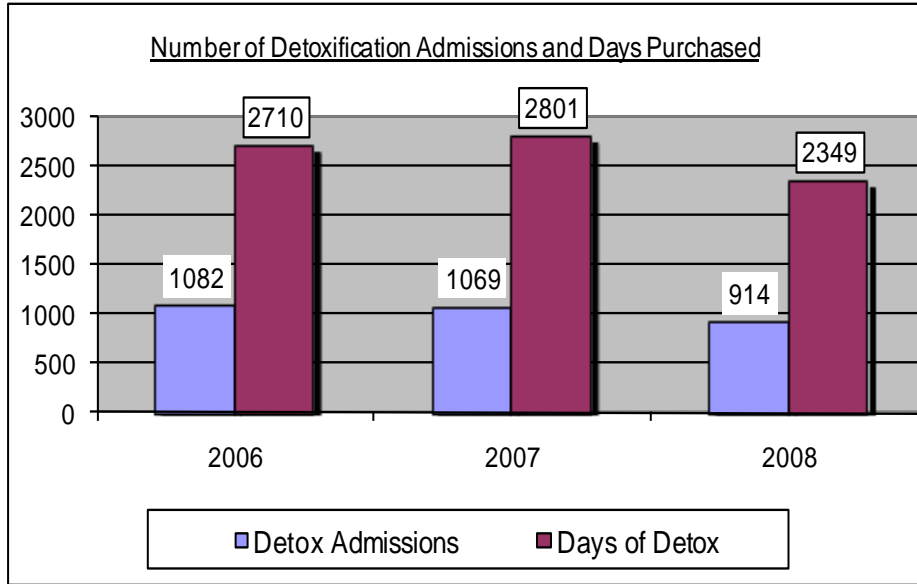


Child Care Assistance helps parents pay for child care in centers licensed by the state, in family homes licensed by Anoka County, and in homes that are not legally required to be licensed.

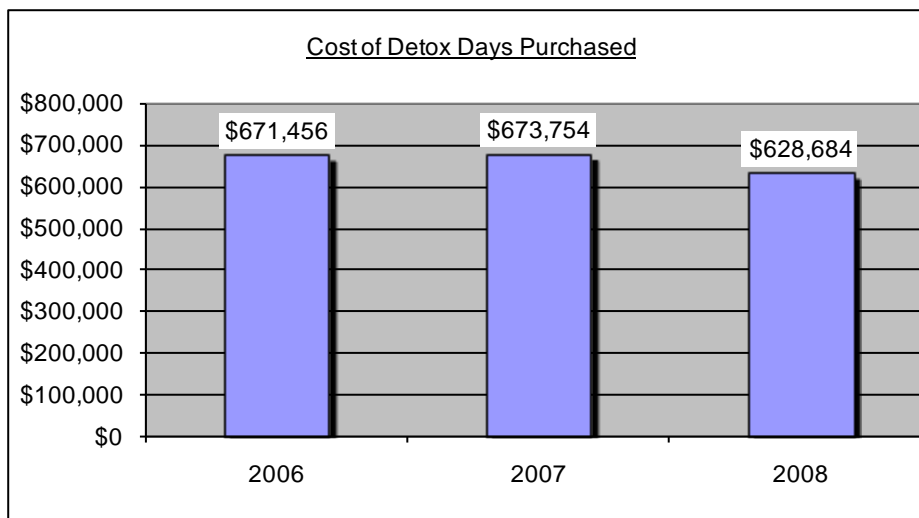


There has been greater turnover in the number of children and families receiving assistance in the last couple years, as families have moved or lost jobs. In addition, as other families pay a higher percent of the cost (on a sliding fee scale), more families can be served with the same amount of money. There is a waiting list of families in need of child care assistance.

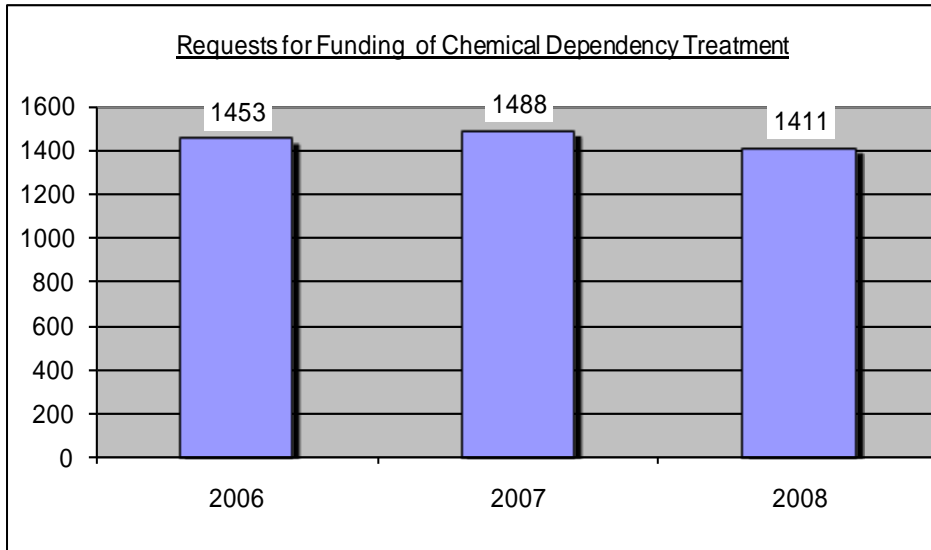
## SERVICES TO PERSONS WITH CHEMICAL DEPENDENCY



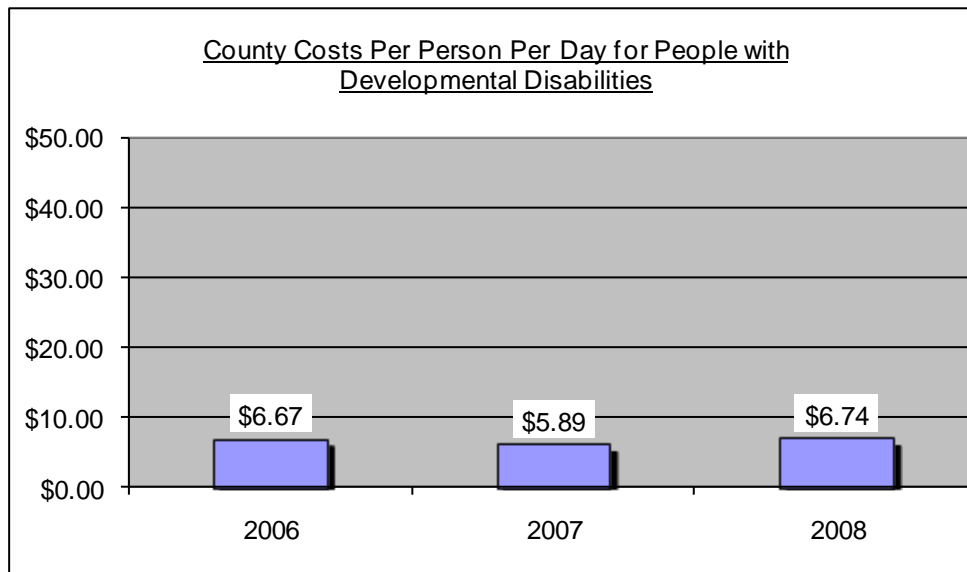
State law requires counties to provide detoxification services for anyone present in the county and in need of the service. Most people enter detox programs through local law enforcement or from hospital emergency departments. The average length of stay in detox in 2008 was 2.6 days.



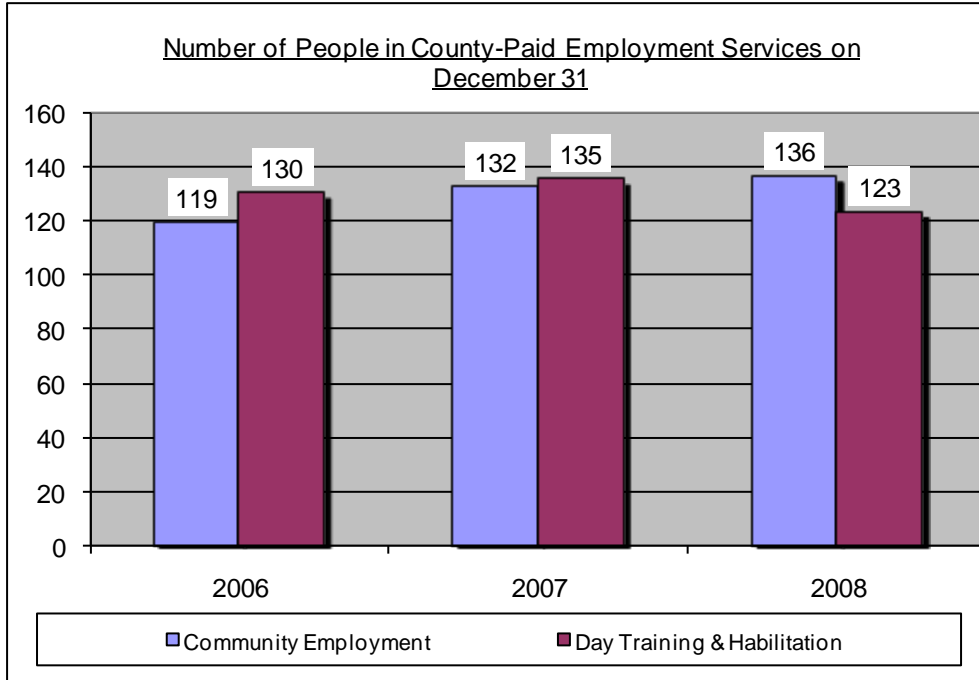
Anoka County authorizes funding for chemical dependency treatment for people on state health care programs or whose income is at or below poverty level and who have no health care coverage for treatment. In general, 85 percent of the cost is paid from state and federal funds, with 15 percent paid by the county.



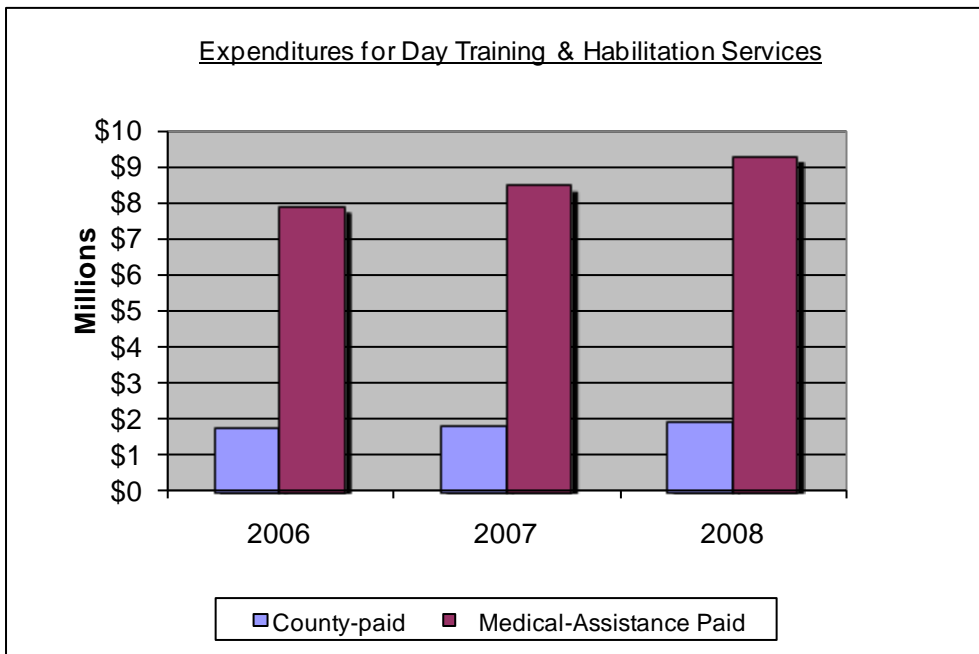
## SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES



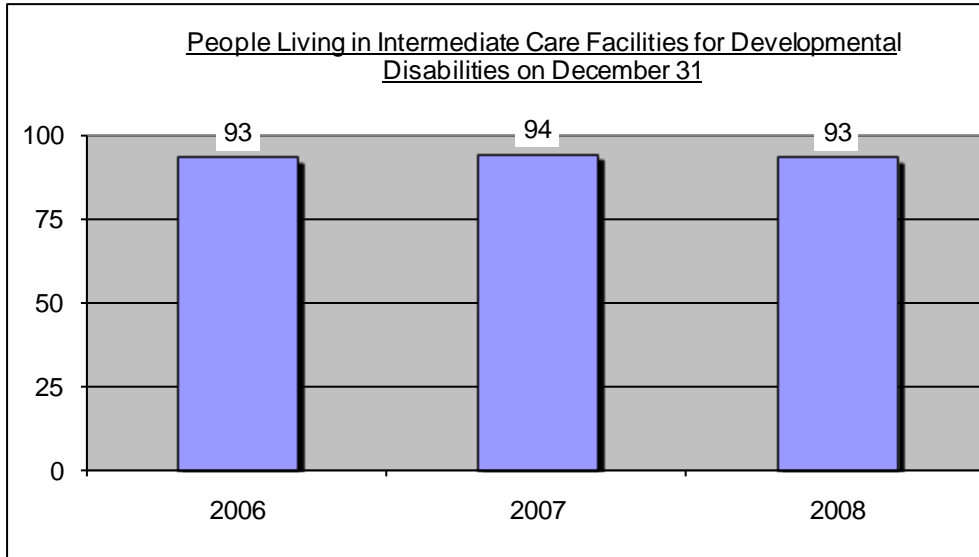
Anoka County offers assistance to persons with developmental disabilities to help them live independently to the extent they are capable. Employment-related services play an important role in reaching this goal.



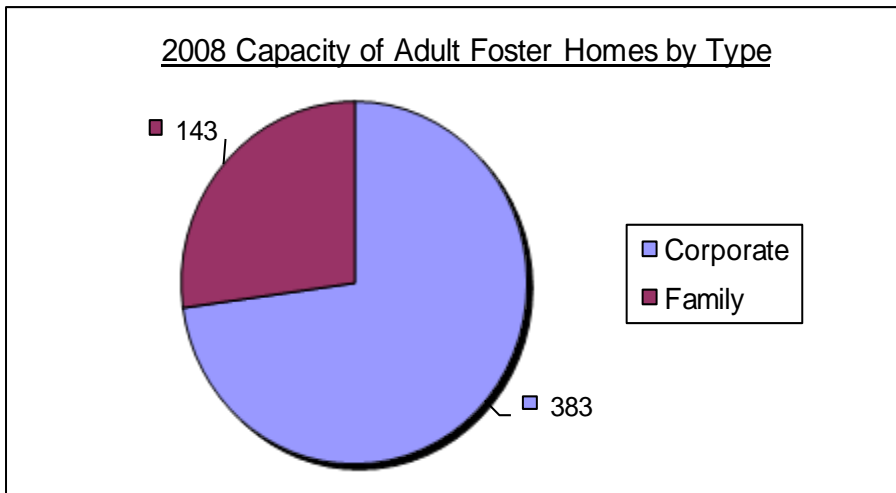
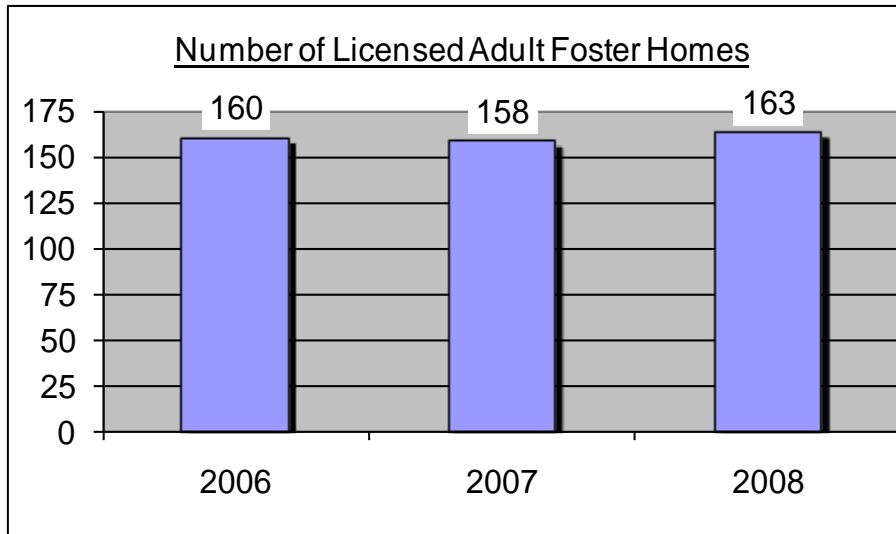
Over the last three years, use of day training and habilitation programs has been decreased somewhat, with a shift to use of community-based employment with supports.

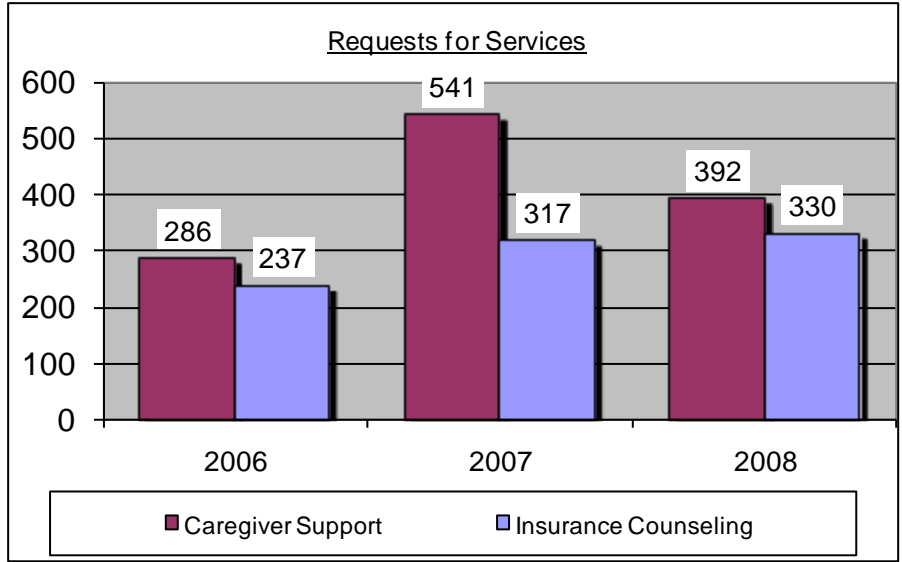


Some persons with developmental disabilities require extensive assistance and supervision. These individuals may need to live in facilities licensed as Intermediate Care Facilities or require day training and habilitation services.

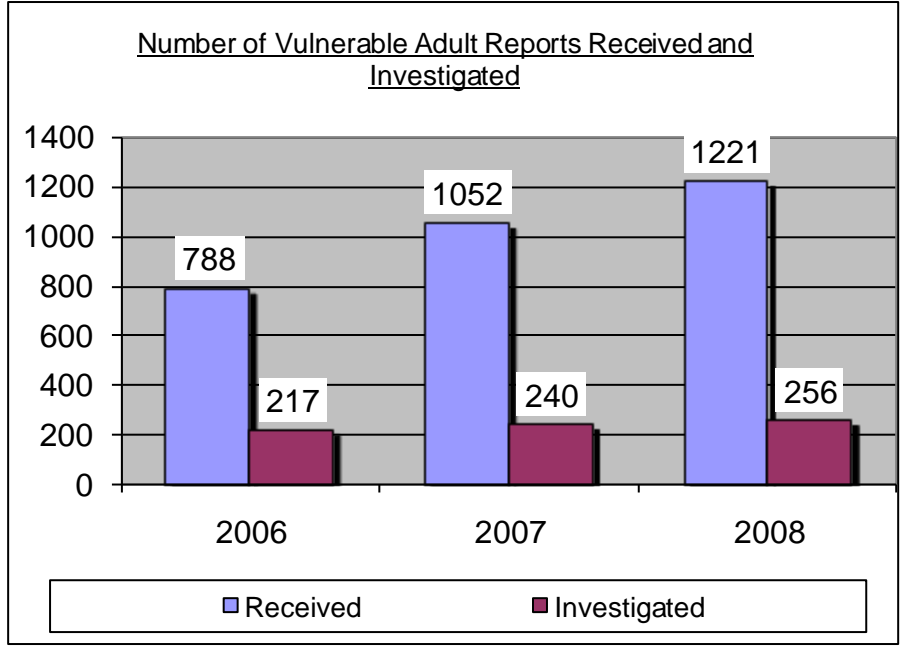


## SERVICES TO VULNERABLE ADULTS AND SENIORS





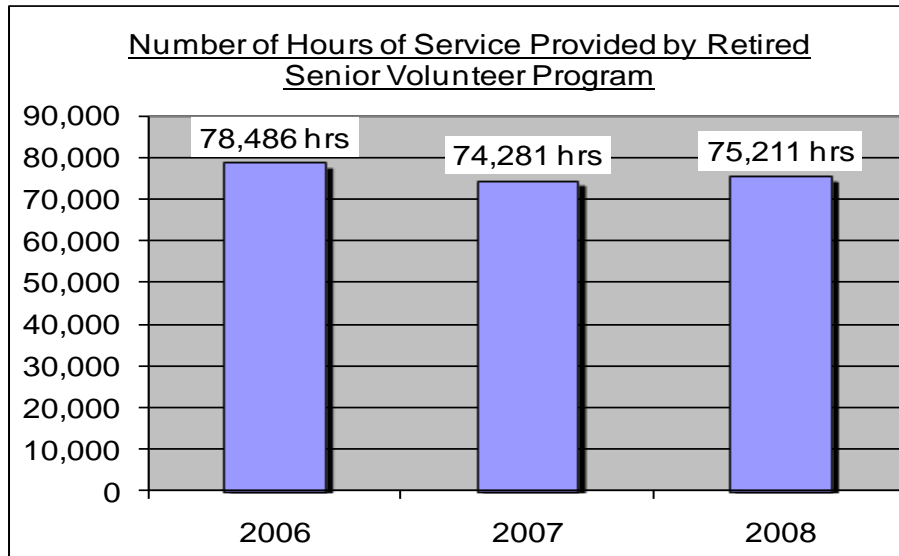
Anoka County Senior Services supports families caring for their elderly relatives in need of supervision and provides assistance to senior citizens in understanding and choosing a Medicare Part D prescription drug plan.



Adults who are disabled or elderly may be unable to report maltreatment by their caretakers. Therefore, licensed professionals and staff at care facilities are mandated to report suspected abuse or neglect to Adult Protection Services. Reports can also be made by neighbors and relatives. The County must then investigate and assure their safety. In 2008, Anoka County completed 256 investigations.

**Meet Ted, newspaper delivery man, no longer homeless.**

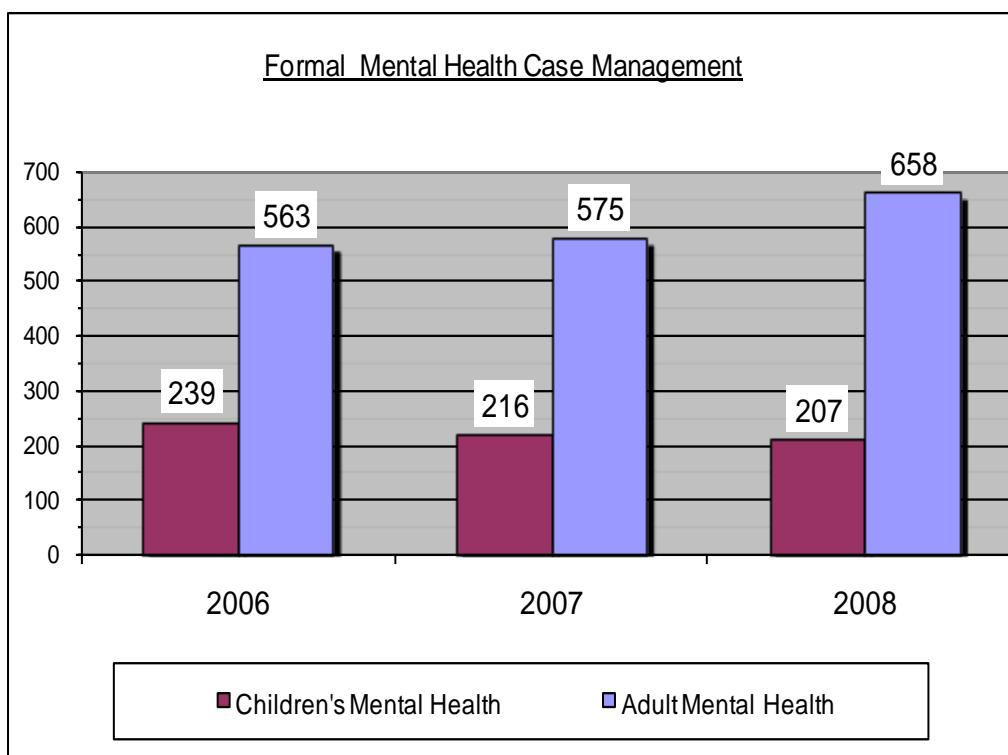
Ted was a 66-year-old divorced man with obvious problems with his back, vision and breathing. He was spending nights sleeping on a relative's floor or, mostly, sleeping in his car in parks. He would rent out part of his car as sleeping space to strangers, when he could. He requested help with locating housing. He was found to have very high debts, little income, minimal family support, and a felony conviction that severely limited his access to subsidized housing. Ted was able to obtain two different rooms to rent, independently and with staff assistance. Both proved to be unsafe. Ted deteriorated both physically and mentally, requiring hospitalization and subsequent nursing home placement. Through extensive efforts by the Social Services and Community Health Departments, Ted was able to move into an assisted living apartment in Anoka County, with many household items donated by a local church and Granny's Closet. He now lives in a safe setting, being monitored for his medical conditions and prescriptions, and receiving meals, housekeeping, socialization and weekly adult day care. He enjoys his daily job of delivering newspapers in his electric scooter.



The Retired Senior Volunteer Program connects volunteers, 55 years of age and over, with non-profit and social services programs in the County. Volunteers can choose from over 60 community sites offering a wide variety of opportunities, including food shelves, hospitals, literacy programs, senior centers and transportation.

# MENTAL HEALTH DEPARTMENT

## SERVICES TO CHILDREN WITH EMOTIONAL DISTURBANCE AND ADULTS WITH MENTAL ILLNESS

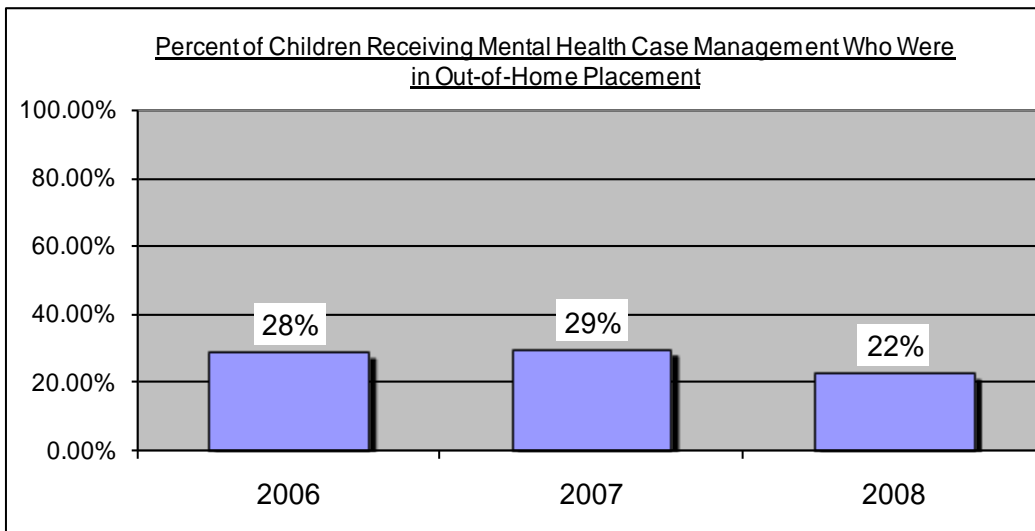


### **Meet Jane and Joe, mother and son newly reunited.**

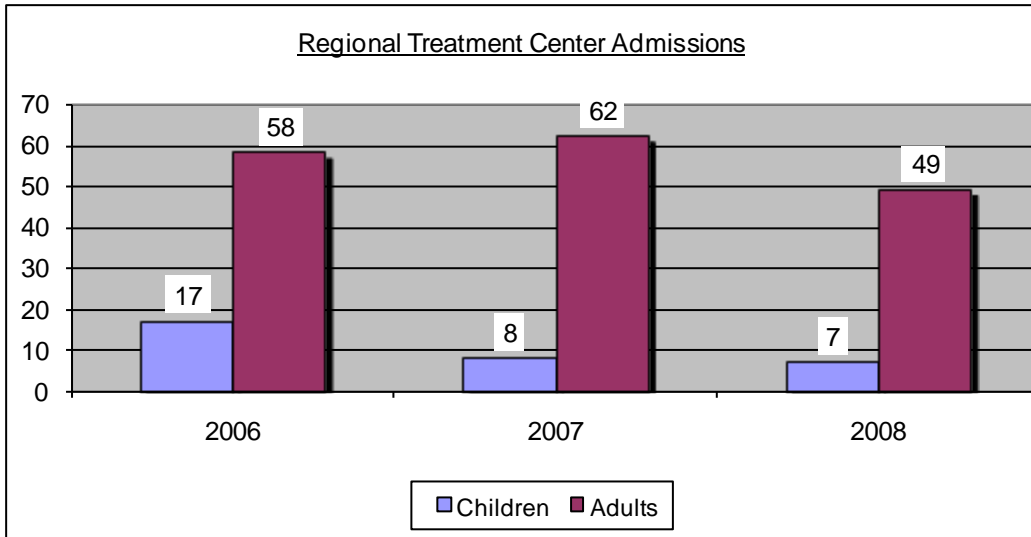
A local middle school requested help for Jane, whose sons had recently been returned to her care after approximately two years, following difficult court proceedings with their father. The sons, Joe and Jim, were displaying anger and depression. Joe was missing a lot of school. Anoka County staff helped arrange for psychiatric consultation and medication, as well as in-home skills training to help Joe develop coping skills and to identify and manage feelings. His severe depression is now managed by medication. His school attendance is much improved, and he is doing very well. His brother is now willing to accept help as well for coping with his traumatic experiences.

**Meet Tom, suicidal teen living in recovery.**

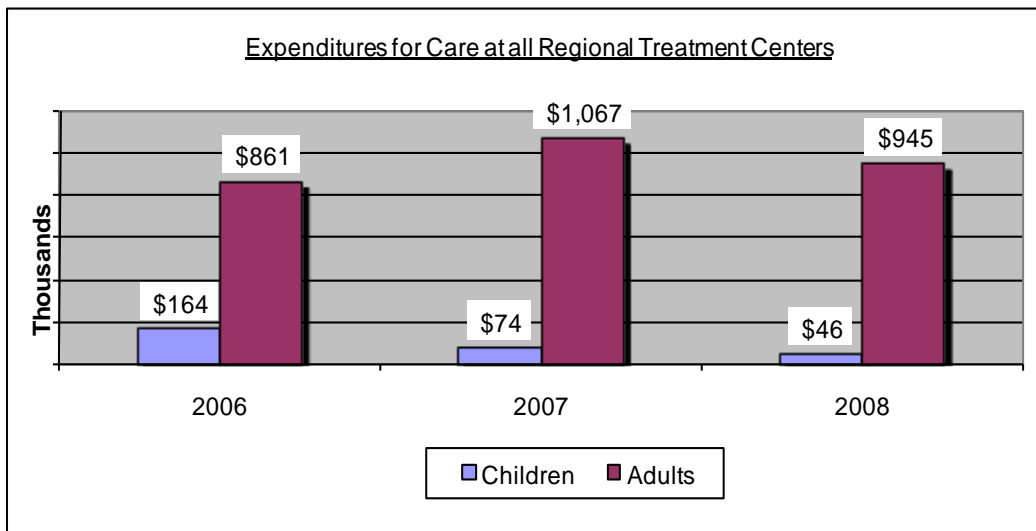
Tom had a significant history of behavioral problems and a variety of psychiatric diagnoses when he came to the Children’s Mental Health unit at age 16, following a serious suicide attempt. New testing revealed that he had a major depressive disorder and a type of learning disorder that interfered with his ability to understand what he was being asked to do, and to determine how to do it. What appeared to be defiant behavior was actually an inability to process the requests. Services provided to Tom and his family included in-home supports, medication management, and educational advocacy. Following years of failure in every class, in spite of being incredibly bright, he received help in developing the skills he lacked. He then passed more than half of his classes, regaining his self-esteem and enjoying school. He is now 19, living with his mother, and working at a full-time job that he obtained independently. Off medication and functioning well, he is aware he could have a recurrence of mental health problems in the future, and has plans in place with his extended family for early recognition and intervention.



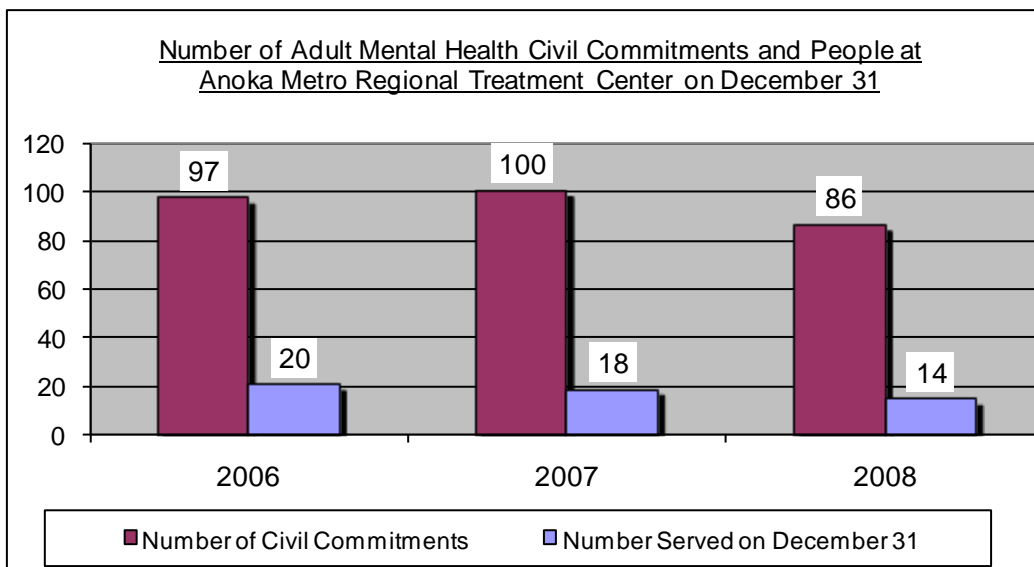
The Children’s Mental Health Unit utilizes a placement review team to evaluate children who may need an out-of-home placement. This team has been effective in assisting case managers in identifying and accessing community services that help keep children in their homes.



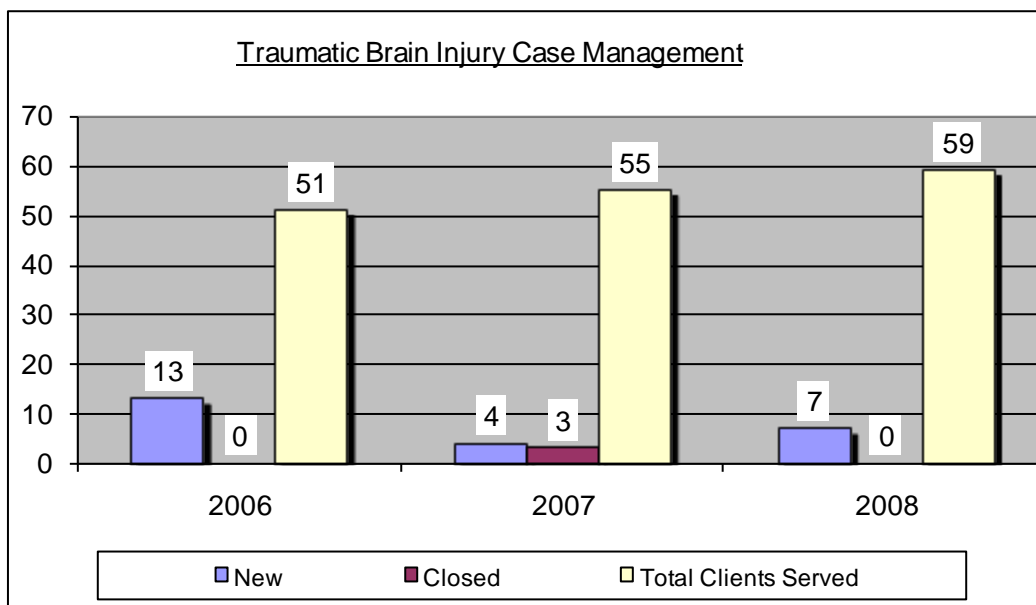
Occasionally, individuals with mental illness are unable to get their needs met in the community and require help at state regional treatment centers. Case managers attempt to assist people in finding alternatives and preventing the need for these services.



While the number of petitions for civil commitment continues to increase annually, the number of actual commitments has remained fairly constant, as a result of the efforts to find alternative, less restrictive services.



The Mental Health Department coordinates the Traumatic Brain Injury Waiver Program. These services assist individuals with brain injuries, who are in need of an alternative to hospital level of care, to get their daily living and health care needs met. The number of participants continued to increase in 2008.



## CUSTOMER SATISFACTION SURVEY

In November of 2008, the Departments mailed satisfaction surveys to approximately 20 percent of the current customers of the Department, a total group of approximately 4,600 people. The results showed a high rate of satisfaction with the services provided.

