

**CITY OF EDINA  
4801 WEST 50<sup>TH</sup> STREET  
EDINA, MN 55424**

# Memorandum

To: Mayor Hovland & Council Members  
From: Pat Arseneault, Chair, Edina 2013 Human Services Task Force  
Date: November 4, 2013  
Re: PROPOSED 2014 HUMAN SERVICES BUDGET

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At the third and final meeting of the Edina 2013 Human Services Task Force on October 30<sup>th</sup>, a proposed 2014 human services budget was prepared for your review. It reflects a two percent increase over the City's current funding of human services. The proposal is outlined below. Additionally, supporting information is attached—the history of the City funding of human services over the past 12 years, a description of the providers of human services, Trends and Projections submitted by providers, and the 2014 Request for Human Services Funding Form.

## PROPOSED 2014 HUMAN SERVICES BUDGET

1.	VEAP	25,000.00
2.	Senior Community Services	18,000.00
3.	Cornerstone	14,700.00
4.	Store To Door	11,700.00
5.	The Bridge	6,500.00
6.	Normandale Center	4,700.00
7.	Conflict Resolution Center	2,000.00
8.	Oasis for Youth	<u>2,000.00</u>
	TOTAL	84,600.00

Members of the Edina 2013 Human Services Task Force are:

- Patrice Arseneault, Human Rights & Relations Commission
- Dana Lappin, Arts & Culture Commission
- Connie McDermott, Heritage Preservation Board
- Louise Segreto, Park Board

HUMAN SERVICES FUNDING HISTORY

Provider	Proposals													
	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	
Senior Comm.Services	18,000	24,500	23,056	23,605	24,120	28,500	27,400	27,800	26,635	26,250	26,250	25,500	20,000	
Cornerstone	14,700	14,500	13,650	14,750	15,098	15,635	15,100	15,100	15,000	15,100	15,100	15,100	15,100	
VEAP	25,000	25,000	24,005	21,645	21,204	20,360	18,800	17,500	17,075	16,000	15,000	15,000	15,000	
The Bridge	6,500	5,300	4,932	4,921	4,824	5,000	4,200	4,000	2,240	4,000	4,000	2,500	2,500	
Conflict Resolution Ctr.	2,000	2,500		2,947	2,322		4,100	5,000	5,000	5,000	5,000	3,595		
Store To Door	11,700	4,700	4,000	4,921	6,732	6,160	3,800	3,600	3,150	2,660				
Normandale Center	4,700	4,200	3,400		3,366	6,720	6,500	5,000	5,475	5,180	4,775			
Oasis for Youth	2,000	2,200	2,000											
School Readiness			6,235	5,908	1,458									
Tubman				987	1,908	4,225	4,000	3,600						
Women in Transition						5,000	5,000	4,750	4,660	5,200	5,200	5,035	5,000	
Neigh. P'ships									4,650					
Ready for Success										2,850	3,000			
Commun.of Nations												3,000	5,000	
Sr.N'hood Assess.												5,000	5,000	
Family/Child.Serv.												3,595		
The Storefront Grp.													18,575	
<b>TOTALS</b>	<b>84,600</b>	<b>82,900</b>	<b>81,278</b>	<b>79,684</b>	<b>81,032</b>	<b>91,600</b>	<b>88,900</b>	<b>86,350</b>	<b>83,885</b>	<b>82,240</b>	<b>78,325</b>	<b>78,325</b>	<b>86,175</b>	

## PROVIDERS OF HUMAN SERVICES

### Senior Community Services – Proposing \$29,500. Task Force is recommending \$18,000.

For the past 27 years, Senior Community Services has continued to identify, develop, coordinate and provide services that help meet the needs of people 55 and older in Edina. The Senior Outreach Program assists vulnerable adults to remain independent in the community and assists them and their families in securing and monitoring needed services, including counseling for issues such as financial concerns, housing changes, medical insurance, grief and depression. Family members and friends receive coaching and counseling so that they can be effective in their role as caregivers. A Senior Outreach staff member maintains a scheduled weekly presence at the Edina Senior Center and also writes a monthly article for their newsletter. In 2012, 374 Edina residents—frail elders and their family members—received Senior Outreach services. Funds from the City of Edina are necessary to meet the needs of the frailest portion of its 13,000 older residents to remain living independently. The average Edina resident receiving ongoing services was a woman in her 80's with a low income and serious health problems.

### Cornerstone – Proposing \$15,000. Task Force is recommending \$14,700.

Cornerstone provides advocacy for victims of domestic abuse. Victims and their children are helped to overcome the barriers they encounter in their struggle to live violence-free lives. Through short-term safe housing, Cornerstone provides shelters and meals for two to three days for persons in imminent danger of domestic assault. Their 24-hour Help Line provides immediate access to emergency services. The program's continuing goals are to provide comprehensive services to victims of domestic violence, increase the resiliency of youth, provide domestic violence education, provide volunteer service opportunities, increase the safety of victims and provide affordable housing with a continuum of supportive services.

Cornerstone's Intervention Program works within the Criminal Court arena to make sure that people who assault their partners are held accountable by entering a guilty plea to the domestic assault. The Program supports the victim throughout the entire process to help her/him with safety issues, "hear" what type of treatment program would work best in each specific case, and work towards a satisfactory disposition to each case. Cornerstone's Criminal Justice System utilizes a 24-hour crisis line and is available 24 hours a day, 365 days a year for Police referrals and victim support services. In 2012, Cornerstone provided direct service to 281 Edina residents, which included orders for protection, criminal court intervention, affordable housing advocacy, senior women support group, youth counseling and therapy. 915 middle school students attended 28 classroom presentations.

### VEAP – Proposing \$30,000. Task Force is recommending \$25,000.

VEAP helps individuals who cannot financially, physically or emotionally provide for their own well-being in the following ways: back-to-school supplies, emergency financial assistance, food shelves, vouchers, holiday meals and transportation. VEAP serves residents who are low-income, disabled or elderly, with a focus on the ongoing effects of poverty, the problems of hunger and isolation. With 950 volunteers participating in the programs, VEAP helps families and individuals meet their immediate needs and reach the long-term goal of stability. Funds from the City of Edina will be used to support VEAP's Integrated Basic Needs Program for transportation, food, social services and children & youth. The highest percentages of Edina clients are found in the food and transportation programs. Because of the growth in all VEAP's program areas, a move was made to a larger facility in Bloomington to provide enhancement of needs assessment, nutrition education, outcomes measurement and expanded volunteer opportunities. In 2012, VEAP provided services to 1,066 residents of Edina.

The Bridge for Youth – Proposing \$7,000. Task Force is recommending \$6,500.

Founded in 1970, The Bridge's overall goals are to provide an immediate, safe place for youth in crisis and to engage youth and their families in counseling and supportive services to prevent or resolve youth homelessness. Serving youth from ages 10 to 17, The Bridge is one of the first programs in the community to address child abuse, teen prostitution, drug abuse and domestic violence. The agency has also served as a model for runaway programs across the country. The Bridge is open 24/7, and the services are free. Through major new funding from large corporations, The Bridge has been able to implement a web-based application to allow for improved intake and referral procedures, and this will allow youth to access crisis services by text. The value of the Bridge's services has been recognized by many in the community, and it was selected by IKEA for a \$10,000 shelter makeover. The Bridge served 63 Edina youth and their family members in 2012 with a full continuum of care including crisis intervention, outreach, emergency shelter, transitional living, counseling, family reunification, health assessments and support groups. The agency uses a strengths-based counseling approach that helps young people identify their assets and amplify resiliency.

Conflict Resolution Center – Proposing \$5,000. Task Force is recommending \$2,000.

Conflict Resolution Center strives to promote the use of mediation, conciliation and training throughout the metropolitan area, with services free of charge or for a nominal administrative fee. Edinans have primarily utilized the mediation services for issues such as business, relationship/family, neighborhood and landlord/tenant-with volunteer mediators trained in these areas. The program is focused on providing dispute resolution services and training to all people but is focused especially on those whom traditional methods don't serve well or for whom the methods would be detrimental or costly. Using neutral volunteers, the Program helps people resolve their differences outside of court, preventing the need for intervention and eliminating expensive services. The decision-making authority rests with the participants themselves. In 2012, the program served 25 Edinans. Potential clients are referred to CRC by the Edina Resource Center and Edina Police Department, and the Edina Public Library donates space to CRC for Edina mediations.

Store To Door – Proposing \$22,807. Task Force is recommending \$11,700.

Store To Door is a 29 year-old nonprofit grocery shopping and prescription delivery service for frail elders and disabled residents. Anyone who is physically unable to shop qualifies for service, and the average client is 81 years old, female and living alone. With volunteers shopping at a Cub Foods store, Store To Door is able to support a homebound person's independence by providing low-cost groceries delivered right to the kitchen. With a dietician's assistance, clients' nutritional needs are met through a single bi-weekly delivery. All clients pay for groceries and prescriptions, and there is a sliding fee scale used to determine a delivery contribution. Clients all have two things in common: they experience a variety of health issues and are trying to remain independent. Store To Door ensures up to three meals per day plus snacks, focuses on the special needs of the elderly, proactively calls clients to check on their well-being, and also delivers paper goods, personal care items and pet supplies in addition to groceries and prescriptions. With the support of direct service volunteers, 54 Edina residents were served in 2012.

Normandale Center for Healing and Wholeness – Proposing \$7,000. Task Force is recommending \$4,700.

For the last 13 years, the Center has been seeking to establish and/or maintain elders' sense of connection with the community and alleviate isolation by organizing and supporting community volunteers in Care Teams that support elders and their caregivers. Care Teams—with a network of volunteer support—provide social support, transportation, grocery shopping, errands and other basic services that allow elders to remain in their homes. The services are designed to supplement rather than duplicate existing community services or family support. The Center considers its work to be unique in that it is relationship-based, it builds on the capacity and strengths of the elder and family, and it makes use of volunteer and paid staff to maximize positive impact while minimizing costs. Two new programs have been launched—“Wednesday Walkers” which meets early at Southdale to walk laps, and “Caregiver Book Club” which meets monthly on a Saturday morning. In 2012, the Center provided care to 239 Edina residents, with 13 care teams utilizing approximately 52 trained volunteers.

Oasis for Youth – Proposing \$2,500. Task Force is recommending \$2,000.

Founded in 2010, the mission of Oasis for Youth is to provide a pathway to stability and self-sufficiency for homeless youth ages 16 to 21 so that they can become contributing members of the community. Services provided are housing referrals, transportation, referrals to legal aid, referrals for counseling, job search assistance, clothing and hygiene products, school supplies, help with housing applications and healthy snacks. Each young person comes to Oasis with a unique set of circumstances and may require only a single visit to the clothes closet for interview clothes. Others may require months of in-depth case management and will need to use many resources. When possible, Oasis works to reunite youth with parents, identifies other family members with whom the youth can live, and helps youth identify people in their community who may be able to house them. In 2012, five Edina youth were served. Three of the ten members of the Board are Edina residents.

2013  
PROVIDERS OF HUMAN SERVICES

TRENDS AND PROJECTIONS

## SENIOR COMMUNITY SERVICES (SCS) – TRENDS AND PROJECTIONS

Trends – The downturn in the economy has had serious repercussions for the frail older adults served by SCS's Senior Outreach program, since most live on fixed incomes, with the majority of Edina clients living on incomes below 200% of poverty. With many years of experience in providing services to seniors, Senior Outreach staff are actively engaged in connecting these clients, the majority over 80 years old, with a broad range of services, including financial resources to make ends meet e.g. Food Stamps, Medical Assistance, Elderly Waiver, AC, CADI, Energy Assistance, SNAP, Telephone Assistance Program, food shelves, Loaves and Fishes, subsidized housing, Prescription Medication Assistance, etc. Senior Outreach works with over 255 other programs – many at low or no cost – to meet elderly clients' needs. Both the complexity of this service system and its required procedures have continued to increase – for professionals and consumers alike.

Now more than ever, containing health care costs for seniors is a vital component in their overall wellbeing. SCS's Medicare Health Insurance Counseling Program finds that seniors continue to experience problems with health insurance, especially Medicare Part D, owing to the volatile changes in the cost and coverage of these plans from year to year. Also, the number of appeals filed by the program on behalf of older adults has increased. SCS also manages Senior Partners Care, a program to provide much needed health care coverage for low-income seniors who don't qualify for Medical Assistance.

Senior Outreach finds growing numbers of adult children caregivers, including caregivers who are working full time as well as those who are retired, who need help in navigating the complex service system for their increasingly frail older family members. This is only one component in the program's award-winning family coaching/consultation service and caregiver support groups. Both evidence-informed services have been shown to be particularly effective in reducing caregiver stress and depression.

Another growing trend is the rise in incidents of hoarding and "gross and unsanitary" living conditions, a problem for municipalities as well as for affected elders. In most cases, clean-up includes city departments of Inspection, Health, Fire and Police. Senior Outreach often acts as a liaison, locating resources and providing support and encouragement throughout the process.

Projections for the Future – The public awareness of the needs of elders and the vital role played by their family caregivers continues to grow. The older adult population will increase even more, with vast numbers of baby boomers joining its ranks. Suburban Hennepin County will see the largest increase in the number of older adults, with the percentage of those 85+ continuing to be the fastest growing age cohort in the overall population. These greater numbers of seniors will need expert help in accessing the most appropriate and affordable mix of services to help them remain independent. The numbers of elders of diverse race and ethnicity will also continue to increase, but at a much slower rate than that of their younger family members.

Possibly the greatest impact on public policy is the dramatic shift in the ratio of seniors to caregivers. As the average family size has shrunk, so too have the numbers of available caregivers, and many provide care for more than one person. Add to this the high percentage of women working outside the home. Currently in Minnesota, family and friends provide 92% of eldercare, higher than the national average; in Minnesota, every 1% drop in informal caregiving costs an additional \$30 million in public funds.

As family members shoulder an ever greater burden, they require additional support to continue in their role as caregivers. As SCS Board member Walter White demonstrated in a recent op-ed piece in the *Star Tribune*, corporations are becoming more aware of the needs of both seniors and their caregivers. The costs of caregiving to business are significant. US businesses lose an estimated \$33.6 billion annually in lost productivity from full-time working caregivers, who individually cost employers an average \$2,110. One study also showed that health care costs are 8% higher for caregivers in the workplace (AARP Public Policy Institute, 2012). As part of our Strategic Plan, SCS is working with our Eldercare Partners collaborative to provide a menu of services to assist caregivers and their employers.

Because there are fewer caregivers with more limited time – between work and caring for children and grandchildren – technology must be part of the solution to serving more caregivers in a convenient, efficient, and cost-effective way. SCS's innovative CareNextion program is experiencing a steady rise in the numbers of visitors to the free website that provides a "high tech" approach as well as access to our "high touch" services. Along with its resource lists, it offers a convenient online care-team tool to efficiently engage family and friends (and, potentially, volunteers and professionals) in providing help for their loved ones.

## VEAP

### TRENDS & PROJECTIONS

Low-income individuals and families are often the first to be impacted by an economic downturn and the last to be affected by the upswing. Suburban communities have seen a dramatic increase the number of individuals and families living in poverty in the past decade. VEAP's service area represents the largest population of working poor in the state of Minnesota. The number one employer of VEAP clients is the hospitality industry with health care following a close second. These jobs are often part-time, without benefits and seasonal putting many families in the position where an unexpected illness or car repair can translate to financial crisis.

Edina is no exception to this trend. According to the 2009 – 2011 American Community Survey (ACS) 3 year estimates, 5,900 residents of Edina are living at or below 200% of federal poverty guidelines. Edina schools are also seeing this trend in the number of students enrolled in the free and reduced lunch program. Over the last five years the percent of students using this program has grown from 6.7% (2006 – 2007) to 8.98% (2011 – 2012).

Low-income individuals and families living in Edina are turning to VEAP for help. The number of VEAP services Edina residents are using has increased. In 2012, VEAP has seen 2% to 4% increases in the Children and Youth, Transportation, and Food Programs. We are seeing this trend continue into 2013. During the first half of 2013, Edina residents used VEAP's services 7% more than in the first six months of 2012. The biggest increase comes from the Children and Youth programs, which has seen a 35% increase in children using these programs.

Another factor facing the city of Edina is the aging population. The economic downturn makes it harder for seniors living on fixed incomes to make ends meet; as their incomes are unable to cover the increased costs of living. Of the 1,885 Edina residents living below federal poverty levels, 31% were 55 years and older\*. In 2012, VEAP provided 1,751 rides to seniors in Edina, a 3% increase over 2011. In the first half of 2013, we have already seen a 4% increase in the number of rides.

\* 2009 – 2011 American Community Survey (ACS) 3 year estimates

## CORNERSTONE

### **Trends and Projections Update**

As the economy slowly improves we see fewer clients facing eviction or foreclosure. However, for clients that have lost their jobs in the downturn continue to struggle and express concern and fear regarding how they can financially survive without their partner. That partner is often their sole childcare resource.

Our MN Housing Agency grant to provide rental subsidies ended at the end of 2012. This was a one-time grant that was authorized by the Pawlenty's administration and funded in part by the Pohlada Family Foundation to prevent long-term homelessness. This grant allowed Cornerstone to provide 20 rental subsidies. Over the course of this 3 year grant 55 families received housing assistance for two years. In general funding for rental assistance has declined

In 2013, domestic homicides have dominated the news. These horrific crimes raised the collective conscience of the public, Family and friends were in shock; how could this have happened? The truth is that domestic violence happens behind closed doors. These tragic events showcased the importance of the role of law enforcement and increased public awareness. Cornerstone has responded to both.

Our public awareness campaign ASK TO HELP raises awareness and provides ways in which everyone can help. As a result of the success of our Blueprint for Safety, Cornerstone was granted a second Violence Against Women grant. This funding renewal allowed Cornerstone to expand the project to include the County Attorney's Office, Hennepin county Sheriff's Department, Adult Probation and five additional suburban cities. This allowed Cornerstone to provide training for police officers and sheriff's deputies regarding lethality assessments and enhanced enforcement protocols. An example of the success of the Blueprint Project is the recent and unprecedented issuing of over 300 outstanding warrants for domestic assault by the Sheriff's department.

## PROVIDERS' TRENDS AND PROJECTIONS

Store To Door  
Updated August 2013

New client recruitment has been ongoing since the beginning of the 2012-13 fiscal year which began on October 1, 2012. New client outreach activities have included regular on-site presentations in senior housing facilities and public awareness spots run on WCCO radio and Twin Cities Public Television resulting in 731 new client inquiries year-to-date (through July 2013) and 459 new client registrations year-to-date.

Overall, Store To Door is serving an all-time high in total number of clients. As of the end of July 2013, Store To Door served a total of 1,630 clients in 1,375 households year-to-date. That's 128 more people served in the first 10 months of the current fiscal year than during the entire previous year. Total number of deliveries as of the end of July 2013 was 16,214 for the current fiscal year to-date.

As of the end of July 2013, 410 clients (29 percent) were at or below federal poverty guidelines; an additional 45% reported as low income below 200 percent of federal poverty guidelines.

54 Edina residents were served and we are on track to serve 55 Edina residents this calendar year. The demographics of Edina clients are:

- 18% male, 82% female
- 93% White, 5% African American and 3 % Other
- 100% of our clients are over the age of 60. Average age is 81
- 24% of Edina clients report total household incomes at or below the federal poverty level of \$11,496 (\$15, 516 for a household of two)
- 59% of Edina clients are low income (between 100 and 200 percent of the federal poverty level)

With shrinking state budgets, Store To Door is seeing a continued trend of reductions in state funding for reimbursements which subsidize grocery delivery services for homebound elderly adults.

Given the often isolated living situations of elderly adults, outreach to prospective clients is very resource-intensive and continues to be a challenge because they are difficult to reach by conventional mass media channels. Also, as the client base grows and Store To Door's typical client continues to be much older in average age, the level of service required by clients is increasing. Hearing and cognitive impairments of clients put greater demands on volunteer order takers and client service staff in helping place orders by telephone. Confusion or forgetfulness of clients generates large volumes of calls to the Store To Door office by elderly clients to confirm order or delivery times. The growing number of clients using SNAP benefits to pay for groceries is extending the amount of time required for deliveries because these payments must be completed using a manual voucher system and phone confirmation by delivery staff for each order. Grocery inventory data and data interface technology is becoming outdated and inefficient which effects both volunteer order takers who complete this process online and volunteer shoppers who require current and accurate product data to shop the orders in the stores. The increased number of deliveries has also created increased scheduling and routing demands which are taxing the existing manual routing process.

Demographic projections indicate that the elderly population will grow at increasing rates for the next 25 to 30 years. Every day between now and 2031, about 10,000 baby boomers across the country will

turn 65. Store To Door will continue to approach other local foundations and corporations to support its capacity-building needs to respond to this population shift. A Business Model Task Force of the Store To Door Board of Directors has been established to examine components of the Store To Door's "service arc," evaluate constraints that inhibit growth and expansion, and determine how the service can be delivered more economically, so more clients can be served with fewer resources. The service arc includes marketing, volunteers, client programs, online ordering, shopping, routing and the customers. Particular attention will be given to clarify third party dependencies in an effort to make the service less dependent, more sustainable and more easily replicable. Phase one of the Business Model Project is completed and is serving as a roadmap or "plan for a plan" for future phases of the business model project.

## THE BRIDGE FOR YOUTH

### Trends

The Bridge is seeing a number of trends that are cause for concern. Initial results from the Wilder Research Homelessness in Minnesota 2012 Study found that young people are most at risk for homelessness. While they make up only 30% of the population, nearly half (46%) of homeless individuals in Minnesota are children. The study made a single night count of 1,151 youth (under 21) homeless on their own, including 146 youth age 17 and younger. Based on studies that allow a direct estimation of one-night homelessness among unaccompanied youth, Wilder Foundation has estimated that there are more than 2,000 youth minors (17 and under) who are homeless on any given night. According to the Homeless Youth Services Coordinator at Minnesota's Department of Human Services, there are only 57 emergency shelter beds in the entire state designated for children under 18. The Bridge is the only organization in Hennepin County providing shelter and support services for youth ages 10 through 17 and their families, and the only provider with a 24-hour live-staffed crisis hotline for this population. Our program is currently turning away an estimated average of 20 youth each quarter due to a lack of space.

The economic, educational, and social conditions of youth and families in The Bridge's service area present multiple challenges and continue to support the need for our program. Poverty, affordable housing, unemployment, educational barriers, violence, drug and alcohol abuse, teen pregnancy, obesity and related health problems, racial and ethnic disparities are among the many factors negatively affecting youth and families. All of these conditions present extra obstacles to a young person's successful transition into adulthood. Among homeless and runaway youth, histories of childhood trauma and long-term health issues are prevalent. A high percentage report adverse childhood experiences, including physical abuse (44%), sexual abuse (27%), neglect (31%), out-of-home placements (58%) with 77% reporting at least one of these four; 60% have a parent who has been incarcerated; 69% reported at least one of the following long-term health issues: chronic physical health condition (36%), significant mental illness (52%), substance abuse disorder (16%), and traumatic brain injury (23%).

Over the past year, The Bridge completed an in-depth strategic planning process, conducting an environmental scan to gather information from key research institutions and local and national best practices. We held focus groups and conversations and conducted surveys with over 150 individuals including youth, staff, parents, neighbors, peer service providers, funders, donors, and volunteers. This work revealed a number of important trends:

- Children and youth are coming to The Bridge with **more complex social, physical and mental health issues**: 36% of our youth are referred by a juvenile justice partner and 10% are referred by a mental health setting.
- High unemployment in the general population and educational barriers our youth face has changed the idea that youth can achieve "independence" by the age of

**18. The notion that a 16-17 year old is going to become self-sufficient in our current economic and educational climate is false.**

- Family Reunification has **re-emerged as a best practice** at the national level.
- Family interventions improve a number of outcomes for youth aside from housing, including improvements in mental health and decreases in risky behaviors and suicidal thoughts. **Family connections that provide a natural support system for youth should be a priority for all programs** working with youth independent of a youth's final housing destination.
- Minnesota policy changes related to the legal treatment of sexually exploited youth have significantly changed the landscape pointing toward a need **for more training and work** to serve this population.
- Mobile and online technology is the primary way that children and youth communicate. **Over 75% of homeless youth spend an hour per day using social media.** Texting is the number one method of communicating among youth, with teens texting an average of 4,000 times per month.
- **Funding for basic needs has declined over 16% since 2009.** Corporate and community foundations are focusing on fewer priorities, with many focusing on early childhood education or projects that align with their core business, putting basic youth services at risk.

Within our program, The Bridge is seeing these trends reflected in increasing numbers of youth who are facing more complex problems, increased mental health issues, sexual exploitation, LGBT discrimination, etc., and are in need of specialized services. We also have been seeing a trend toward youth who need more time in a therapeutic shelter environment to address the difficulties they face than our Emergency Services Program can provide, yet who aren't good candidates for a traditional transitional living program. Through our strategic planning process, we learned that while The Bridge's family reunification model works well for most youth, it can also be a deterrent, often for those youth who are most in need of help. Youth not interested in pursuing family reunification, often due to abuse, neglect, or rejection at home, were concluding that The Bridge was not the place for them. In fact, The Bridge is available for any youth in crisis – an agreement to pursue family reunification is not a requirement for services. Our goal is to secure the best living situation for a young person, regardless of where that might be.

The Bridge has laid out a number of program changes to respond to the evolving needs of youth and families. The Bridge's program model – to build on the strengths and resiliency factors in youth and families, reunify youth and parents whenever possible, and reconnect youth with family and community even when they cannot reunify – has emerged as a nationally-recognized best practice to address the issue of homelessness among youth and remains the core on which all our efforts will be based moving forward.

## Projections

In response to the trends and challenges facing both the agency and youth in need in our community, The Bridge is planning significant programming changes to move in the direction of more integrated and aligned services within the homeless youth serving community. In response to direct feedback from stakeholders, an analysis of our current program operations, and clarity regarding the needs of the population we serve, The Bridge's new Strategic Plan includes the following priorities and changes:

- Re-focus mission and services on youth in crisis ages 10-17;
- Expand our emergency shelter to address both short-term and intermediate-term shelter needs for youth who may not see family reunification as an option;
- Transform our transitional living program into a new pilot called "Transitions" offering extended-stay shelter and transitional services for youth ages 16-17;
- Relocate our Emergency Services Program from the shelter house to our main building, consolidating all program operations into one facility;
- Renew outreach to LGBT students and other school-age youth;
- Increase expertise and service provision for sexually exploited youth;
- Develop technology initiatives to improve service delivery to young people;
- Realize greater efficiencies by moving from paper to electronic records;
- Use technology to create a more efficient crisis call center and increase access by adding text-for-help capability.

Consolidating our programs into a single campus will bring multiple benefits. We will continue serving over unduplicated 1,000 youth and their families per year by making full use of all the beds in our main facility: 10 beds for the new Transitions program, and up to 14 beds for ESP. The new configuration will foster a more seamless integration between ESP and Transitions, allowing for cross-programming based on what is best for each individual youth, with the focus on client outcomes. Staff will be cross-trained for both programs, which will provide for more flexibility in stays and programming moving forward. Operating a single facility will also allow us to reduce duplicate staff, save operating costs, and explore options to repurpose the vacant shelter.

These changes are essential both for the survival of The Bridge, and the rebirth and future growth of the agency. To pursue this path, The Bridge has enhanced internal leadership with an enhanced skill set, recruiting an experienced Development Director, a Program Director with organization and leadership development skills, and an Operations & Finance Director with an MBA. We added a Corporate & Community Engagement Manager and a Youth & Community Outreach Manager to respond to changes among our client and donor base and strengthen community connections and partnerships. We have also just established a new Associate Program Director for Clinical Services position to continue our history of delivering best practices around individual and family counseling, and respond to the increase in severity of difficulties among our client population (mental health, sexual exploitation, etc.)

## Normandale Center For Healing & Wholeness – Trends & Projections -2013 & 2014

Trends in Minnesota and in Edina include an aging population, transportation difficulties, increase in persons with memory loss or cognitive disease and noticeable strains on family members (working age adults) providing care to elders while also balancing work and family.

### Population is aging and at-risk

The number of people aged 85+ is the fastest growing cohort and also the population most at-risk<sup>1</sup>. Edina is one of the “grayest” cities in Minnesota with about one quarter of its population made up of older adults. The single largest senior household type is seniors living alone, and the vast majority of this group is female. We are seeing an increase in the number of client/family cases coming to us where the elder has memory loss from Alzheimer’s disease or another condition. The prevalence of dementia for people 71 and older is estimated to be about 14%, with the proportion of people affected increasing by age to estimates of almost 50% in the 90+ age cohort.<sup>2</sup> Alzheimer’s disease is the 6<sup>th</sup> leading cause of death. Costs of caring for a person with Alzheimer’s disease and related dementias are three times higher than costs of people of the same age without this condition. Family members (spouses, adult children) are the primary source of help and they are severely strained by the manifestations of this disease.<sup>3</sup> At the Center we see more and more people coming in seeking help who are in this situation. They need all kinds of support for both the person with the disease and their caregivers helping them at home.

### Family members/friends are key support system

According to a national study, about two thirds of older people with functional limitations rely exclusively on informal care from family members or friends.<sup>4</sup> Surveys show that older people would like to “age in place” in communities that are familiar to them. Who will help these older people as they age? National and state surveys say it will be the daughters, sons, and other relatives, including grandchildren. Surveys of families in Minnesota show that relatives and friends provide 91 percent of all assistance needed by the elderly. While this is high, it is down from 97 percent about 15 years ago. Every 1% decline in these efforts costs the public sector \$30 million dollars a year (MAAA Newsletter, November 2008). Prominent gaps in services include transportation, access to respite care, and one-to-one help in finding and coordinating services.

### Gaps in the Community

There are gaps in service availability. We see gaps in transportation, tailored, defined, physical activity programming that matches ability and tracks progress, caregiver support, education and respite, wellness and coaching around specific health goals, and a comprehensive approach to address needs of isolated seniors with functional impairments (or memory loss) living alone. Many older adults living alone are at risk for falls, isolation, malnutrition, and depression. A Minnesota study found that the strongest predictors of repeated Emergency Department use by older adults in the community were “social” risk factors including isolation, living alone, recent bereavement, and depression.<sup>5</sup> We also see an ongoing need around “navigation” of the health, social support, and long-term care systems of care—especially during and following health events/medical crises, as the older person and their family tries to adjust to a “new normal” in terms of disability or illness. There is also a need for coaching around reaching or maintaining health status goals.

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<sup>1</sup> Minnesota Board on Aging (2005) *Survey of Older Minnesotans*.

<sup>2</sup> Plassman, Langa and Wallace (2007). Prevalence of Dementia in the United States: The Aging, Demographics and Memory Study. *Neuroepidemiology*, 29 (1-2):125-132. November.

<sup>3</sup> Alzheimer’s Association. (2013). *Facts and Figures* Fact Sheet.

[http://www.alz.org/documents\\_custom/2013\\_facts\\_figures\\_fact\\_sheet.pdf](http://www.alz.org/documents_custom/2013_facts_figures_fact_sheet.pdf)

<sup>4</sup> Federal Interagency Forum on Aging Related Statistics. (2000). *Older Americans 2000: Key Indicators of Well-Being (Table 31b)*. Washington, DC: Federal Interagency Forum on Aging Related Statistics.

<sup>5</sup> Whitebird, R., et al. (2005) The Relationship of Psychological, Social, and Health Factors and Continuity of Primary Care to Emergency Department Use Among Seniors. Presentation at the Minnesota Health Services Research Conference, March 1.

## Mediation Trends and Projections

The **US News and World Report** named mediation one of the best careers for 2009, commenting that success may be more likely in a slow economy as people and businesses seek lower-cost alternatives to solve their disputes. The Conflict Resolution Center has seen this trend in action, through a large increase in demand for mediation in many areas. For example, restorative mediation for first-time juvenile offenders and for behavioral issues in schools is on the rise. Neighbors and businesses, under stress and lacking conflict resolution tools, are turning to police, who in turn, are turning to Conflict Resolution Center to resolve disputes. With regard to mediation and homelessness, in a 2005 Housing and Urban Development report on strategies for preventing homelessness, [www.huduser.org](http://www.huduser.org), mediation in Housing Courts was determined to be one of the most effective activities in preserving tenancies, even after the landlord has filed for eviction. Sixty-nine percent of cases filed against families in the Hennepin County Housing Court were settled without eviction and the family retained housing. Mediation is also being seen across the country as an essential service in preventing home foreclosures.

Conflict Resolution Center projects an increase in demand for services in many areas. Schools, with severe budget cuts and overworked teachers and staff, will turn to our 180 trained volunteer mediators for help with truancy, behavioral issues and other barriers to school success. Police Departments will continue to divert first-time juvenile offender to restorative mediation, rather than induct a juvenile into the harsh criminal justice system. Landlords and tenants, unable to afford the massive court filing fees will turn to mediation as a way to cost-effectively resolve tenancy issues. Older adults will turn to mediation to help with family disputes around long-term care, health issues and end-of-life decisions. Businesses, needing both customer satisfaction and collection issues resolved, will continue to utilize CRC services instead of costly and time-consuming litigation. Recently, CRC developed a new child protection mediation program, new conflict consulting program and is working on developing an adult restorative mediation program. CRC knows that with increased visibility and effectiveness, come increased demand. We hope that increased funding from Edina Human Services and other long-term supporters will place CRC in an even stronger position to respond to the increased demand for services.

**Oasis for Youth**  
**Trends and Predictions**  
**August 2013**

According to the Brookings Institution, the Twin Cities rank in the top 10 nationally for the rate at which suburban poverty is increasing. Data from Bloomington, Richfield, and Edina are consistent with that finding. A significant number of students in Richfield (65%) and Bloomington (39%) receive free or reduced-price lunch. The trend for all three suburbs is upward. While Richfield and Bloomington have higher rates, the rate of growth for Edina is the highest by far, at 11%.

We know that poverty is correlated with homelessness and housing instability. The young people who come to Oasis for Youth are living in poverty. Most of them are unemployed and most have no education beyond high school. Without additional support and guidance, the prospects for these young people are bleak.

Oasis for Youth remains the only organization specifically designed to serve the needs of homeless youth in the south Hennepin suburbs. Oasis is committed to continuing to provide suburban youth with the support they need to stabilize their housing, continue their education, find employment and become independent. To that end we are expanding our staff and bringing in additional community partners.

The currently available resources for homeless youth in the Twin Cities are essentially unchanged from a year ago. A significant \$4 million increase in funding for the Homeless Youth Act by the 2013 Minnesota legislature, however, means that the outlook for the future is much improved. Proposals for two-year funding have been submitted from agencies throughout the State of Minnesota and decisions are expected by mid-October. The funding is quite flexible and can be used for existing programs, to create new programs, for capital projects, etc. While not all requests can be funded, we are hopeful that the landscape of opportunities for homeless youth will improve as a result of this increased funding.

# City of Edina

## Human Services Task Force

### REQUEST FOR HUMAN SERVICES FUNDING

For January 1, through December 31, 2014

The Edina City Council has authorized the Human Services Task Force to solicit and consider requests for the funding of human services authorized by State Statute. The Task Force will come before the City Council with formal recommendations, having studied the funding requests from legitimate human services providers who address human rights and relations and serve the population of Edina.

### How to Apply for Funds

All applicants must complete the Request for Human Services Funding. These funding applications are available at Edina City Hall and can also be downloaded from our website at [www.cityofedina.com](http://www.cityofedina.com). *Mail or hand-deliver ten copies of your completed funding request by 4:30 PM, Friday, August 30<sup>th</sup>, to:*

Susan Howl  
City of Edina  
4801 West 50th Street  
Edina MN 55424

### Hearing

You will be invited to a hearing on Monday, October 14<sup>th</sup>, to make a short presentation supporting your funding request. At this hearing, you will introduce your organization and briefly share how you serve the Edina population, how the requested funds will be spent and what other sources of funding you would expect.

## I. Cover Page

The following information must appear on your cover page:

- 1) organization name and address; 2) website; 3) contact name; 4) phone number; 5) e-mail address;
- 6) amount requested; and 7) application date

## II. Your Organization and How It Serves The Edina Population

The Edina Human Services Task Force is looking at the delivery of human services in our community. This proposal will give us information about your organization and how you intend to meet the needs of the Edina population.

### A. *Edina Community Need and Support*

1. Your organization's primary purpose and mission. When were you founded? Why do you exist? What is your compelling or unique work?
2. Your organization's current programs and activities. Please write with the assumption that the Task Force is not familiar with your organization and its work.
3. Describe and quantify your services (clients, providers, and partners). Include general geographic, racial/ethnic, cultural, economic, age, gender make-up as well as any special client needs.
4. Describe the communities from which your clients are generally drawn.
5. Describe and quantify services used by the Edina population (unduplicated) for the most recently completed year. For each unique service, what percent of your total clients are from Edina? Calculate the 2014 funding request on a per-Edina client funding basis (amount requested divided by number of Edina clients).
6. Explain how Edina clients and the Edina community benefit from your programs and services.
7. In what ways have Edina clients shown their support for your group and its activities? Feedback? Financial contributions? Volunteer time? Donation of goods and services or space?

### B. *Diversity and Outreach*

This information will tell us how the Edina population became aware of your organization and its service. Base your answers on your most recently completed year.

1. What efforts has your organization made to increase your visibility in the Edina community?
2. How have these efforts affected your Edina client base? Increased? Decreased? Stayed the same?
3. If applicable, describe how this increase has affected the work you do. If applicable, describe how it has affected the decision-making process in your organization.
4. Describe the connection between your organization and the Edina Resource Center.

### C. *Accessibility and Affordability*

This information tells us how accessible your services are to the Edina population who are disabled or are unable to pay for your services.

1. How does your organization provide accessibility for persons with disabilities? How does your organization plan to improve ADA-related accessibility? How is this accessibility communicated to the disabled population?
2. How do you ensure that your activities and programs are affordable to all Edina clients? For example, do you offer no cost or low-cost services? How does your group communicate your affordability?

### III. Edina Statistics – Executive Summary – “Stand-Alone” Page

Because the primary responsibility of our Task Force is proposing a budget for human services to the Edina City Council, it is paramount that our efforts highlight your plans to identify and tackle the unmet needs of the Edina population. Therefore, this section—*Edina Statistics*—is intended to stand-alone as an Executive Summary to provide concise, pull-out information. To accommodate, please answer the following questions on one page, beginning with your name and the amount requested.

#### A. *Services Used by The Edina Population*

1. What services did the residents of Edina use in the most recent calendar year?
2. How many unduplicated Edina clients were served in your most recent calendar year? Include any pertinent demographics. Of your total unduplicated client base, what percentage did the Edina population represent?
3. Projecting out to the end of the current calendar year, how many unduplicated Edina residents will you serve?
4. Quantify unduplicated Edina statistics for the year 2014 (amount of funding divided by the projected number of Edina clients).

#### B. *Unmet Needs in Edina*

How do you determine the extent of unmet needs in Edina? How do you assess those needs and how do you propose to meet them?

#### C. *Unreimbursed Costs*

What is your analysis of Edina client costs not reimbursed to you by the client or the client’s insurance? Include percentage of Edina clients for whom you receive some reimbursement; percentage of Edina clients for whom you receive no reimbursement; percentage of Edina clients who pay for services; average reimbursement for all clients.

#### **IV. Mission/Vision**

Please include your mission and/or vision of your organization. How are you organized to achieve your mission? How are your mission and/or vision evaluated?

#### **V. Goals**

What are your organization's goals for the current fiscal year? Were your goals for the most recently completed year achieved? How will you measure your success in the current year?

#### **VI. Financial Information**

1. Provide the financial statements for 2012, showing revenues, expenses and the balance sheet.
2. Provide a year-to-date balance sheet, showing the revenues and expenses within the framework of the 2013 budget.
3. For the year 2014, list projected income sources by category (municipality, county, foundations/grants, United Way, donations from faith communities, private donations, etc.). Within these categories, please share the amount anticipated from each entity; i.e. each municipality. It is not necessary to break down anticipated amounts within the private/individual donation category.
4. Provide the anticipated expenses for your 2014 budget and include a breakdown of paid personnel and consultants. How valuable are volunteers to your overall operation? What percentage of your workforce do they represent? Are your volunteers typically tenable, or is there an expected turnover each year?
5. Make a justifiable case for your funding request. Describe how the funds will be used and provide a breakdown. Why is this amount of money needed?

#### **VII. Board of Directors**

Attach a one-page list of your board members. Include their professions, organizational affiliations and areas of expertise.

#### **VIII. Additional Inclusions**

1. Wrap up the proposal with a short success story about your work. Give us a vivid picture of how your Agency has been able to make a positive impact in our community.
2. Provide a copy of your IRS Tax Exempt Status Determination Letter, or furnish a letter of agreement with your fiscal agent AND a copy of your fiscal agent's IRS Tax Exempt Status Determination Letter.
3. Provide an updated Trends & Projections report. Last year's is attached.

## Data Collection Form

To the Applicant:

Please take a moment to fill out the collection form. This information presents a statistical picture of applicants and the Edina population served. The Task Force does not use this information to evaluate applications.

### *Overall Characteristics*

\_\_\_\_\_ % of your clients is senior citizens (age 60+)  
\_\_\_\_\_ % of your clients is adults (ages 18 - 59)  
\_\_\_\_\_ % of your clients is children (ages 0-17)

### Special Characteristics: Check all that represent your Edina clients.

Hispanic / Latino  Asian  
 Native Hawaiian / Pacific Islander  Black / African American / African  
 White  Other (please specify)

### Additional Characteristics: Check all that characterize your Edina clients.

Mentally/Psychologically Disabled  Senior Citizen (60+)  
 Deaf/Hard of Hearing  Veteran  
 Blind/Low Vision  Physically Disabled  
 Other Disability (describe)  Low Income

### Status: Check the one that best describes your legal status.

Organization/Non-profit  Government - Municipal  
 Organization/Profit  Government - Regional  
 None of the above

### Institution: Check all that apply to your organization and its services.

Health Care  Community Education  
 Social Service Organization  Transition Assistance  
 Humanities Council/Agency  Religious Organization  
 Crisis Prevention  Consultant  
 Counseling: Senior  Safe Shelter  
 Counseling: Family  Food Shelf  
 Counseling: Youth  Assist for Homebound Persons  
 Child/Adult Protection  Housing  
 Cultural Competency  Other (please specify)