

Kandiyohi County Health and Human Services

# Annual Report 2020





## Letter from **Jennie Lippert, Director**

Board Members, Community Partners, Agency Staff  
and Members of our Community

### **“Building a Healthy, Safe and Strong Community – One Person at a Time”**

This year, unlike all other years, emphasized the importance of Kandiyohi County Health and Human Services’ ability to protect and serve the people in our county. While the 2020 COVID-19 pandemic strained our capacity, we have emerged stronger, more flexible, and more integrated than ever. I am so proud of the work KCHHS does every day, and I am especially proud of the exceptional work that our agency accomplished in response to the coronavirus pandemic.

Our team has been a source of encouragement and inspiration in the face of great difficulty. Nearly our entire agency had to shift the way we provide services as we converted many in person requirements to a virtual platform through telehealth. Our staff continued to provide essential support to our community in a variety of ways, from our public health team working the frontlines of the COVID-19 response to the eligibility staff assuring that everyone who needed assistance received it and was done in a way that was easy to access with the COVID-19 barriers.

The details in this 2020 annual report showcase the Kandiyohi County Health and Human Services’ continued commitment to the residents of Kandiyohi County, and I am pleased to present this information to the public and to our commissioners, providers and partners. The successes of our KCHHS agency FY 2020 demonstrate our capacity for adaptability, compassion and dedication. We have accomplished so much in a year that presented many obstacles, I know there is a great future ahead for the work and services we provide.

Partnerships with City departments, healthcare providers, nonprofits and businesses strengthened our pandemic response and are crucial supports for our residents. Our community came together to adopt safety measures and to care for our most vulnerable residents. I want to thank each of you for your contributions. I would like to thank the County Board of Commissioners and our entire staff for their service and support this past year. I have been amazed by their skills to manage what we faced. I have great appreciation for the resilience and sacrifice of the Kandiyohi County community as we continue to work together to keep one another safe and healthy.

Although it has been an incredibly challenging year, our focus has remained on ensuring we fulfill our responsibility to keep residents safe, healthy and provide services in a fiscally responsible manner. This annual report provides a snapshot of the significant efforts of the staff working for the residents of Kandiyohi County in 2020.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jennie Lippert".

Jennie Lippert, MHA, LNHA  
Director

Please contact me if you have any questions at 320-231-7800 ext. 2580 or [Jennie.Lippert@kcmn.us](mailto:Jennie.Lippert@kcmn.us).



# SERVING THE CITIZENS OF KANDIYOHI COUNTY!

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# MISSION of Kandiyohi County Health and Human Services

*Working in partnership with our community to promote the health and safety of the residents of Kandiyohi County in a caring, professional, and fiscally responsible manner.*



## Mission of Kandiyohi County

*To provide services to its citizens, which enhances the quality of life in an efficient and responsible manner contingent on the availability of human, natural, and economic resources.*



## Your County does it for you

You don't really think about it because you don't have to.

After a snowstorm the roads are cleared so you can get your kids to school safely, if there is an accident you call 911 to summons help quickly, you don't think about it because it's your county, Kandiyohi County, doing it for you.

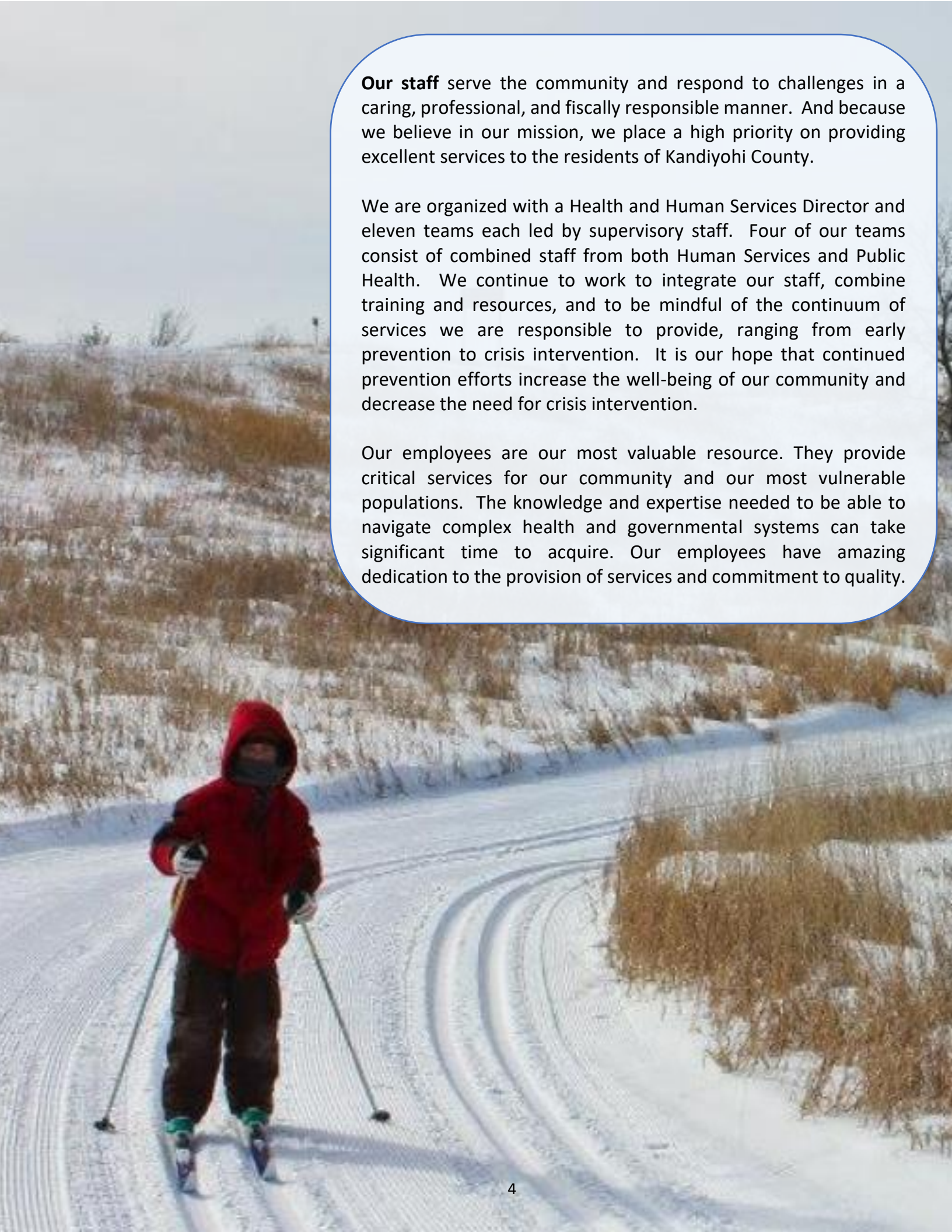
Every day in our community, county government is hard at work providing the quality of life services that makes our county an outstanding place to live and raise a family.

Whether operating services or programs that keep communities safe or providing emergency services during a disaster or protecting children at risk of abuse, counties are at the foundation of what makes our state great.

Take a closer look at your county and you'll find that 24/7 they are there working for you.

## Your Quality of Life, Your County!





**Our staff** serve the community and respond to challenges in a caring, professional, and fiscally responsible manner. And because we believe in our mission, we place a high priority on providing excellent services to the residents of Kandiyohi County.

We are organized with a Health and Human Services Director and eleven teams each led by supervisory staff. Four of our teams consist of combined staff from both Human Services and Public Health. We continue to work to integrate our staff, combine training and resources, and to be mindful of the continuum of services we are responsible to provide, ranging from early prevention to crisis intervention. It is our hope that continued prevention efforts increase the well-being of our community and decrease the need for crisis intervention.

Our employees are our most valuable resource. They provide critical services for our community and our most vulnerable populations. The knowledge and expertise needed to be able to navigate complex health and governmental systems can take significant time to acquire. Our employees have amazing dedication to the provision of services and commitment to quality.



**Kandiyohi County Health and Human Services is comprised of 11 units that provide a full range of services to the community. Individuals of all ages and walks of life are provided information, referral to providers, and services as needed.**

**Health and Human Services has a history of providing excellent and responsible public service while operating under sound fiscal principles. To learn more, please visit**

**[www.kcmn.us](http://www.kcmn.us)**





The total number of **REPORTS** taken by intake staff include:

- **ADULT MALTREATMENT** in which KCHHS is the lead agency or that need an immediate response
- **CHILD** maltreatment
- Requests to transfer Child Protection case management
- **INFORMATION** and **REFERRAL**
- Calls related to child care and foster care **LICENSING**

Requests for **VOLUNTARY SERVICES** such as Adult or Children’s Mental Health Services or Child Welfare

# Intake

Our intake staff are prepared to help people find resources for themselves or family members. Intake social workers answer phone calls and meet with people who are seeking help or information. They also take reports from people concerned about children who they believe are being abused, neglected or at risk of harm. There is one primary intake and one back-up intake worker scheduled for this service during business hours to ensure that when someone calls or comes in, they will always be able to be connected with someone that can help them.

## Why is this important?

For those who are requesting help, the intake worker and the individual discuss available community resources that might be helpful to them and when appropriate, assist the individual in making a connection to those resources. Having someone available to talk with leads to positive customer service. The public policy of this state is to protect children and vulnerable adults whose health or welfare may be jeopardized through physical abuse, neglect, sexual abuse or financial exploitation. Concerned individuals calling in reports of possible abuse or neglect allow our agency to intervene, assess risk, and work towards greater safety.

## What is the county's role?

Kandiyohi County Health and Human Services is committed to customer service when it comes to intake. When a reporter calls to make a report it is our intention that the caller will not be directed to a voicemail. We make every effort to have them speak directly to an intake worker as we know that sometimes it is the only window in the day that reporter has to make the call. To accomplish this we have one full time intake worker and we always have two back up phones ready to take the call when the intake worker is not available. We feel this gets the information to the agency as soon as possible and, when it comes to child protection, allows us to screen and intervene as soon as possible for children that are alleged to be abused or neglected. All child protection reports are cross reported to law enforcement. When there is a crime to investigate that coincides with the child protection concern, every effort is made to immediately begin coordinating a joint investigation. This typically starts at the time of screening.

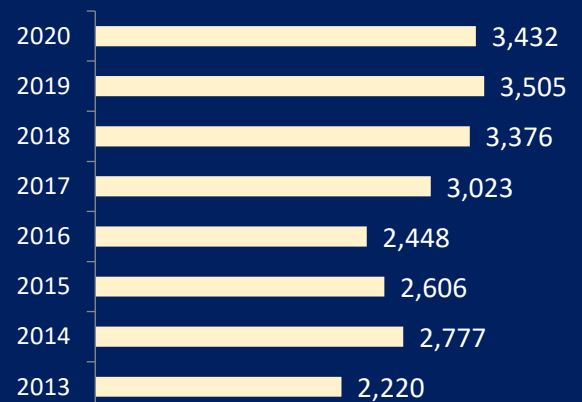
Child protection is often needed when parents are involved in substance use in the forms of alcohol or illegal drugs.

Many of the child protection reports made to the county had concerns of one form of abuse or a combination. Alcohol, marijuana and methamphetamines are the most common drugs we encounter in child protection cases. Abuse of prescription drugs, synthetic marijuana, heroin, opiates and cocaine are other drugs that are reported.

It is important that the children are safe while parents seek out help to receive appropriate treatment and build supports to lead a drug free life.

## INTAKE REPORTS

All Areas of Intake Reports





## Child PROTECTION Activities

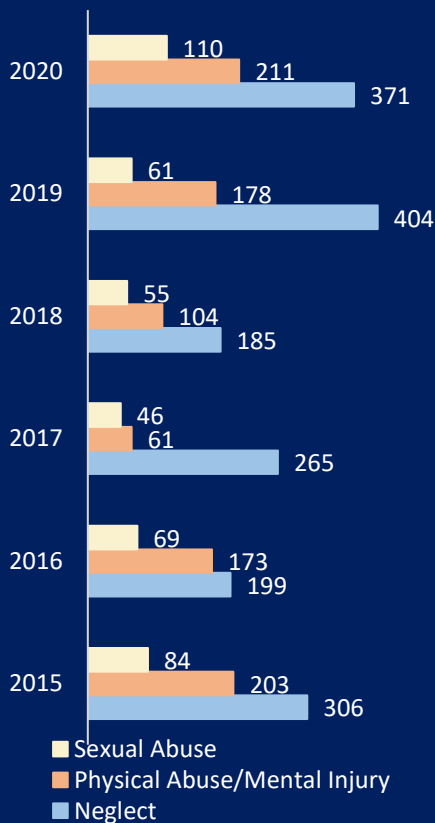
Of **284 cases**, 41% were Family Assessments and 59% were Family Investigations.

# Child Protection Reports

All reports of possible maltreatment of children are cross-reported to KCHHS and the appropriate law enforcement agency. Child protection social workers provide training to mandated reporters throughout the year regarding their role and responsibility.

Anyone can voluntarily report child protection concerns to the agency or to law enforcement. After business hours, reports can be made to the on-call social worker by contacting the local law enforcement dispatch center. All child protection reports are screened with 24 hours of receipt and if there is an immediate safety issue, the report is screened immediately.

### Allegations assessed and/or investigated



## Trends

### RELATIVE PLACEMENT

2020-58.6% of Children  
 2019 – 48.0% of Children  
 2018 – 45.2% of Children  
 2017 – 58.8% of Children  
 2016 – 75.9% of Children  
 2015 – 62.1% of Children  
**were placed with relatives**

## Child Protection

Child protection is the process of protecting children identified as experiencing some form of abuse or neglect. It is a process where child safety is the first priority and staff work with families to build upon their strengths and to address their struggles to reduce future risk to the children.

### Why is this important?

All children have a right to protection against abuse, neglect, exploitation and violence and there is a statutory duty to safeguard and promote the welfare of children. Child protection staff, along with other agencies, collaborate to achieve safety and greater well-being for children in our community.



### What is the county's role?

All reports of maltreatment are received and screened according to statutory guidelines. If the report is not screened in for assessment and/or investigation, it may be because it is not in the agency's jurisdiction or it does not meet the statutory definition of abuse or neglect. Accepted reports are either assigned to child protection family assessment or family investigation. The assessment/investigation social worker assesses immediate safety first and makes a plan for safety if needed. In many cases, law enforcement is also involved when there is high risk, current injuries or possible sexual abuse. During the assessment, facts are gathered from parents, children, extended family and other collaterals to determine what has occurred, what is the risk of future harm and if ongoing case management is needed.



# Child Protection Trends

In Kandiyohi County Child Protection many of the cases we are involved in are due to methamphetamine use by parents. We have seen a huge impact to the children whose parents are using methamphetamine. Children are the victims of their parent's drug-focused lifestyle, which often includes neglect, physical abuse, sexual abuse, domestic violence and other criminal activities. In 2020 the CEE-VI Drug Task Force removed 57.7 pounds of methamphetamine, and typically they remove about 10-12 pounds of methamphetamine per year. This aligns with the increased number of out of home placements we have had this year, and the extensive drug use we are seeing with families. In addition, we have had many prenatal cases wherein the pregnant mother is using methamphetamine and when the baby is born the baby is positive for methamphetamine, as well. When this occurs often times child protection removes the baby from the mother at the hospital.

## Ongoing Child Protection Case Management

In a Family Assessment case, the same worker that completed the assessment continues to work with the family and they work together to develop a case plan. Services for families may include family counseling, parenting education, safety planning, chemical dependency treatment, or helping a family access other services. Each family is unique, so child protection workers assess what services the family needs and make every effort to identify the services that will best help that individual family and, in turn, assure child safety.

In addition, ongoing workers utilize the family's support system to help ensure long-term safety and support for a family. This may include utilizing practices from Signs of Safety (family safety networks/safety objects, etc.), utilizing Family Group Decision Making or Wraparound through PACT for Families Collaborative, or utilizing a navigator through the Crossover Youth Program.

When families do not cooperate with ongoing services and risk to the child still exists, a CHIPS (Children in Need of Protection or Services) Petition may be filed through the court system, which results in families court-ordered to cooperate with services to ensure child safety. Kandiyohi County often utilizes court conferences wherein a neutral facilitator meets with all parties to try to reach a settlement agreement.

If children cannot be reunified with their parents, Kandiyohi County will seek a permanent placement order from the court. Permanency is reviewed in court at six months. If the family is making progress on their case plan, another permanency progress review hearing is held at 12 months. If the family is not making progress, Kandiyohi County may file a permanency petition. A permanency petition could be a termination of parental rights petition or a request to transfer custody to a foster parent (who may or may not be a relative). If a termination of parental rights petition is granted, the child becomes a state ward and the adoption worker proceeds with paperwork to finalize the adoption.

## 8<sup>th</sup> Judicial District CHIPS Specialized Pilot Project

This project began in 2018 as a joint collaboration between the 8<sup>th</sup> Judicial District and the Children's Justice Initiative. The goals of the project include:

- Improving the time to permanency for children
- Ensuring compliance with the state and federal requirements
- Implementing best practices for the system to improve efficiencies and outcomes for children and families

The pilot project includes all CHIPS, truancy, runaway, TPR, permanency, and adoption cases.

In 2020, we entered phase 2 of the pilot project. During the planning phase it was determined that Judge Fischer was going to be stepping down as the Judge involved in this project and Judge Hanson will be taking over in 2021.



## Family SUPPORT And Preservation



**PSOP** The Parent Support Outreach Program is an early intervention program to address potential risk factors and prevent child maltreatment. The service is offered to families where there has been a screened out child maltreatment report and there is at least one child age 10 or younger.

County social service agencies in Minnesota work with the Department of Human Services to help families that may be having an especially difficult time get the extra support they need. Through a grant from DHS, Kandiyohi County partners with United Community Action Partnership. Parenting can sometimes be a demanding job, especially for parents with young children.

As part of this effort, short-term help may be available for housing, transportation, parent education, child development activities, child care, parenting and other services.

Participation is voluntary. Getting some help, even for a short period of time, can make a big difference. In 2019, we served **7** families through the PSOP program.

## Child Welfare

The majority of child welfare services involve minor parents, truant youth and families who need parenting support. Children who become parents before age eighteen and children who develop patterns of truancy from school are at high risk of failing to complete their high school careers. These children need additional support services to encourage them to gain the skills necessary for future self-support.

### Why is this important?

Individuals who do not complete high school have a dramatically reduced future earning capacity and may not be able to be fully self-supporting. A significant percentage of high school dropouts become involved in criminal behavior. Children of minor parents who do not complete high school are at higher risk of abuse, neglect, and school failure. Providing the support necessary to finish their education can allow these youth to participate more fully in a successful transition to adulthood.

### What is the county's role?

Both the minor parent and truancy programs are designed to assist adolescents to remain successful in a school setting. The goal of both programs is successful completion of school. In addition, KCHHS provides services to families who request help to improve their family functioning.

## Child Welfare Services

Child Welfare services are offered to families who need assistance in parenting their child. Some of the issues include: parenting concerns, delinquency, runaway, or chemical abuse behaviors.

**43 CHILD WELFARE** cases were opened in 2020

When a parent applies for child welfare services, a social worker is assigned and they develop a case plan based on the needs identified by the parents and children. These services can include: in-home parenting education, mental health services, organizational and/or budgeting help, or chemical dependency services.



KCHHS receives a **TRUANCY REFERRAL** from the schools when a child has missed three or more days of school. The truancy worker meets with the family and child to assess barriers and develop solutions and a plan that ensure the child goes to and stays in school.

This service is **EFFECTIVE** as only about **5.56%** of cases **result** in **court intervention**. In 2020, 288 truancy referrals were received,

Out of these referrals, KCHHS filed **only 16** Truancy CHIPS Petitions.



# Adoption

**16 children** (state wards) were **adopted**.

14 more are waiting to be adopted and 1 child are in permanent foster care.

## Minor Parent Services

Minor Parent Services are provided to the minor parent and family which will assist the pregnant and/or parenting minor (under the age of 18) to establish a plan for herself and child to ensure their safety and well-being. This program helps connect the minors to appropriate resources such as: The Pregnancy Education for Teens Program (prenatal program, Medical Assistance), Community Teen Moms (support and educational group for parenting teens), Alternative Learning Centers or General Education Diploma programs, daycare assistance programs, etc. This year, staff worked with 9 pregnant/parenting minor parents. Over the past few years, KCHHS has seen a significant decrease in the number of minor parents.

### COMMUNITY TEEN MOM/COMMUNITY TEEN DADS

Lutheran Social Service (LSS) facilitates these two groups to help youth develop parenting skills; gain and keep employment; identify community programs and resources; basic living skills; and work on self-esteem issues. LSS assists with transportation to and from their program. In addition, this program serves as a way for teen parents to meet other parents who can support each other.

**MINOR PARENT** services were provided to **5** pregnant or parenting young mothers.

Minor Parents Receiving Services







MARKWARDT FAMILY

CLAIRE & ANNA D.

WOODASH FAMILY

DOWDEY FAMILY

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WOODASH FAMILY

WILLMAR BUS SERVICE

THERESA ANN HILLIS

TED AND BETH HILLIS

DR. DOUGLAS ALLEN

KA-LEE HOFFMAN

DREY HOFFMAN

ASHER HOFFMAN

LUZLY HOFFMAN

LIAM CLARK BEER

KEER HUNSON & FAMILY

J. & K. DALE BEANHLY



# Family Child Care Trends

The lack of available and affordable child care in Kandiyohi County continues to be of great need, as well as retaining the existing providers. There are some current providers who are looking to retire soon which will challenge the number of open slots for child care.

**Family Child Care:** 2020 presented a challenging year for our licensed Family Child Care Providers. They continued to provide essential child care services to children which allowed for parents to continue to work. Some closed for periods of time due to COVID-19 within their family or exposure from children within their child care homes.

**Child Foster Care:** Kandiyohi County does well with the State standard of placing children with relatives whenever possible. Once placed with relatives and the County has custody, the relative is required to proceed through the licensing process. We have a need for non-relative care as well for children of all ages as well as respite care.

**Adult Foster Care:** 2020 presented a challenging year for our licensed Adult Foster Care providers as well. COVID-19 created changes in how they were able to provide care as well as staffing shortages.

## Licensing

At the county level, KCHHS is responsible for licensing Family Child Care, Family Child and Adult Foster Care. KCHHS shares responsibilities with the state for the licensing process of Corporate Child and Adult Foster Care settings.

### Why is this important?

**FAMILY CHILD CARE:** Safe and quality child care is important to families when parents are employed, seeking employment, or furthering their education. Licensing homes provides basic assurances that safety and quality are required, maintained, and monitored.

**FOSTER CARE:** Foster parents provide a temporary home for children who cannot remain in their own homes. Children enter foster care because of neglect, abuse, a family crisis, or the child's behaviors/special needs. Foster parents might be traditional foster care families or a relative willing to be licensed to care for a family member.

**TRADITIONAL ADULT FOSTER CARE and CORPORATE FOSTER CARE FOR ADULTS AND CHILDREN:** Adult foster care is a licensed, sheltered living arrangement for adults who have special needs or impairments that make it impossible for them to live alone.

### What is the county's role?

The agency licensor assures all background checks are completed and cleared by the state, assure that the home being licensed complies with safety measures that are laid out in statute and rule, assure that required training is completed as well as complete home studies (for family foster care providers).

### Kandiyohi County has

89 licensed child care homes

41 licensed child foster homes (traditional and relative)

125 licensed corporate foster homes

5 licensed traditional adult foster care homes

## Foster Care Trends

Family foster care providers are essential to children who need to be placed out of the home due to child protection concerns.

Whenever possible, social workers try to find a relative or person with a close relationship to the family to take the children. When this can happen the children are going to a home where they are familiar and it reduces the trauma of being separated from their parents.

When the child is placed through a court action, these relatives need to go through the licensing process.

There are times when there are no relatives available and we greatly appreciate families who choose to be licensed and welcome any child into their home.

Kandiyohi County has a blend of both types of foster homes and we are always looking for more people willing to take on the role of a traditional foster home.





# Substance Use

Adults and children who are unable to manage their use of substances, lose control of their lives. Substance use is an addiction that impacts an individual's ability to be successful in all aspects of his or her life. Families can be devastated by the substance use of a member.

## Why is this important?

Individuals with untreated substance use may lose their employment, deplete their financial resources, and even engage in criminal behavior to support their habit. Without assistance, many families are not able to intervene in the cycle of self-destruction caused by uncontrolled chemical use. Timely and appropriate intervention can prevent loss of jobs, housing, family support and possible incarceration.

## What is the county's role?

The substance use program manages the consolidated fund to provide treatment for income eligible individuals. Staff provide substance use assessments, referrals to the appropriate treatment resources, and follow-up community integration services.

The goal of the program is for individuals to successfully manage their substance use so that it does not interfere with community living. Minnesota Statute 254B and Rule 24/Rule 25 govern the county's role in completing Substance Use Assessments and Substance Use Treatment for persons who meet income guidelines.

The request for a Substance Use Assessment and treatment may involve a court action in which the assessment and treatment is court ordered or may involve a person voluntarily seeking Substance Use Assessment and treatment funding, if eligible.



**STAFF HELPED 195**

**CLIENTS** ACCESS NEEDED

ASSESSMENTS THROUGH  
**CONTRACTED SERVICES**

Project Turnabout

Divine Hope Counseling, LLC

Woodland Centers



## Substance Use Assessments/Referrals

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Rule 25 Assessments completed	343	403	366	346	303	246	195
Individuals referred to non-residential treatment	121	138	138	119	108	86	38
Referred to residential treatment	151	131	113	100	99	96	74
Detoxification admissions	179	103	132	155	116	282	147

# Trends

As expected the number of **Rule 25 Substance use disorder (SUD) assessments** completed for Kandiyohi County Community Corrections and Health and Human Services continue to decrease. This trend is due to Substance Use Disorder Reform that is occurring in Minnesota.

Direct Access started taking effect in 2020 which is the driver of the decrease as well as the way of the next steps of reform. We will continue to see these decreases for the Rule 25 SUD as we move through process changes.

The Focus of the Substance Use Disorder (SUD) reform is to move the SUD away from an acute episodic model to a chronic and longitudinal model. Some of the new services are

- comprehensive assessment,
- peer support services,
- withdrawal management and
- treatment coordination.

As we move forward toward further reform, Kandiyohi County will need to determine what our role in Substance Use Disorder services will be.

COVID-19 presented challenges to the SUD services and case management processes. Providers had to set a variety of safety measures in place that created for some limitations in bed capacity as well as different access and staffing abilities.

KCHHS continues to contract with Project Turnabout, Divine Hope Counseling and Woodland Centers for substance use assessments. We have had our staff complete some assessments for some child protection cases.



**35** CHILDREN and **7** ADOLESCENTS attended Day Treatment Programs

**6** children participated in the Family Community Support Services Program

**103** children received Case Management services



Staff served an estimated **70** CLIENTS each month

## Trends

In 2020, we continued to see a high number of children receiving case management services.

The limitations with COVID and face to face interactions with children and families presented new challenges and different ways to support our families.

As the year continued we found children and families becoming “tired” of the virtual world of support services and this created need for our staff and other providers to think outside the box on how to help meet the needs of children and families.

COVID placed limitations on our placement providers and we found it more difficult to move placements along as well as getting children into appropriate level of care placements.

The available openings that provides of in home services was also limiting for our families.

## Children's Mental Health

When children suffer with severe emotional disturbance, their needs often overwhelm their parents. In these circumstances, families need assistance finding resources and developing support systems so that the children can grow and develop to their full capacity in their own homes.

### Why is this important?

Children whose mental health needs are not met in a timely manner are more likely to experience social isolation, school failure, and delinquent behavior. Families who do not have adequate resources may not be able to provide parental and emotional support to their children. Timely and appropriate intervention can prevent the need for more intrusive and costly options at a later date.

### What is the county's role?

As the local mental health authority, the county is responsible for developing a network of services for children. The Children’s Mental Health program provides supports and services to children with severe emotional disturbances and their families. The goal of the program is to assist children with severe mental health issues to thrive in their home communities.

Children qualify for Children’s Mental Health services according to the Minnesota Children’s Mental Health Act. A child must have a diagnosis that meets the definition of Severe Emotional Disturbance in order to be eligible. This diagnosis must be determined by a mental health professional.





## Adult Mental Health INTAKE CALLS resulted in

**72** requests for **ADULT MENTAL HEALTH SERVICES**

**52** **NEW CASES ASSIGNED** to staff

**17** pending

**5** were **REFERRED** elsewhere at Intake

# Adult Mental Health

Individuals with severe and persistent mental illness are at high risk of unemployment and homelessness. These added challenges increase the stress level and often contribute to a cycle of increased symptoms and decreased coping behaviors. Adults with mental illness may need assistance in finding appropriate medical treatment and support services to help manage their condition.

## Why is this important?

Early intervention to assist adults with mental illness will allow them to maintain or regain employment and stable housing with the appropriate level of support. The financial cost of unemployment, homelessness and medical care far exceeds the cost of preventative support services. The emotional cost to individuals and their families can be devastating.

## What is the county's role?

As the local mental health authority, the county is responsible for developing a network of services for adults. The Adult Mental Health program provides services to support Kandiyohi County adults who suffer from serious mental illness. The goal of the program is to assist adults with mental illness to manage their disease and live successfully in the community.

Minnesota Statute 245.462 identifies the eligibility requirements for Rule 79 Case Management Services. The person must be diagnosed by a mental health professional with serious and persistent mental illness. Case managers are required to complete a functional assessment with the consumer so as to identify mental health needs and assist the consumer in developing goals to move toward recovery and maintain positive mental health.

## Adult Mental Health SERVICES

**179** people received **SERVICES**

**49** Pre-Petition Screening Reports (**COMMITMENTS**) for mental illness or chemical dependency

**64** people received **COMMUNITY SUPPORT SERVICES**

**35** attended **ASSERTIVE COMMUNITY TREATMENT**

**31** attended **DAY TREATMENT**

**105** people were in Adult Rehabilitative Mental Health Services (**ARMHS**)

**103** people are currently receiving case management services

# Trends

As in all areas COVID presented a challenging 2020 year for our Adult Mental Health Clients. Bed Availability continued to present ongoing challenges for consumers and staff.

Workforce has been an issue with our community providers which has direct effect on consumers.

# Adult Protection Services

Adults with disabilities or the elderly are particularly vulnerable when caretakers or family members take advantage of their limitations. In these circumstances, it is the role of government to assess their vulnerability and develop a plan for their protection.



2020 Allegations	Substantiated	Inconclusive	False	Not Vulnerable Adult	Investigation Not possible	Pending	Total
Abuse emotional or mental	0	2	5	3	1	4	17
Abuse physical	0	2	6	6	0	0	14
Abuse sexual	0	3	3	0	1	1	8
Financial exploitation fiduciary relationship	0	0	5	2	4	2	13
Financial exploitation not fiduciary relationship	6	5	5	3	2	1	22
Neglect Caregiver	1	1	4	2	0	4	12
Neglect Self	8	2	17	6	0	9	42
<b>Totals:</b>	<b>15</b>	<b>17</b>	<b>45</b>	<b>22</b>	<b>8</b>	<b>21</b>	<b>128</b>

## Trends

As the charts show, there were decreases in both allegations as well as our total number of Community reports in 2020. COVID added a layer of difficulty in our responses to Adult Protection matters.

We continue to see an increase in the number of our Emergency Protected Services (EPS) reports. We had a total of 56 in 2020.

The **ADULT PROTECTION** Program investigates allegations of abuse, neglect and exploitation of elderly or disabled individuals and provides protective services when needed. In addition, the program assesses care needs for the elderly and disabled in the community and coordinates services. The goal of the program is to **ASSURE THAT VULNERABLE ADULTS LIVE IN SAFE ENVIRONMENTS.**

**ADULT PROTECTION SERVICES** identify and prevent maltreatment of vulnerable adults. Maltreatment can include a variety of types of abuse (physical, emotional and sexual), care giver or self-neglect, and financial exploitation.



**267** COMMUNITY REPORTS  
were received, down from **273**  
in 2019.

Of those **267**  
COMMUNITY REPORTS, **106**  
were assigned for investigation

<i>Adult Maltreatment Allegation Summary</i>	2015	2016	2017	2018	2019	2020
<i>Abuse emotional or mental</i>	3	20	14	12	16	17
<i>Abuse Physical</i>	4	12	13	14	17	14
<i>Abuse Sexual</i>	2	1	6	5	14	8
<i>Financial Exploitation Fiduciary Relationship</i>	3	16	15	8	6	13
<i>Financial Exploitation Not Fiduciary Relationship</i>	9	41	49	26	36	22
<i>Neglect Caregiver</i>	9	16	18	9	13	12
<i>Neglect Self</i>	31	45	41	36	51	42
<i>Assigned for Investigation</i>	<b>61</b>	<b>151</b>	<b>156</b>	<b>110</b>	<b>153</b>	<b>128</b>

### Total Community Reports - Kandiyohi County

	Total Community Reports	Community Assigned	Community Screened Out	Emergency Protection Services (EPS)
<b>2020</b>	267	106	156	56
<b>2019</b>	273	137	135	
<b>2018</b>	225	110	110	
<b>2017</b>	273	99	117	
<b>2016</b>	254	136	98	
<b>2015</b>	172	63	90	
<b>2014</b>	182	61	35	



# Home and Community Based Services

## Assessment

### Assessment

To promote person centered Home and Community Based Services that assist seniors and people with disabilities to continue to live in their home and independently in the community as long as possible.

#### Why is this important?

Home and Community Based Services (HCBS) are designed to assist the disabled and elderly with person centered principles and practices that assure that they have the same rights and responsibilities, have control over their lives, make their own choices, and contribute to the community.

#### What is the county's role?

To access Home and Community Based Services, a person must have a MnCHOICES assessment completed by a certified Assessor. KCHHS also completes Long Term Care Supports and Assessments for over 65 BluePlus, a Managed Care Organization, members on Minnesota Senior Health Options and Minnesota Senior Care Plus.

### 977 MnCHOICES ASSESSMENTS

were completed in 2020. A decrease of 1% in the number of Assessments from 2019, due to COVID policy changes. Now, an initial assessment takes an average of 15 hours to complete and a reassessment around 12 hours. The increase in time is due to mailing of forms and documents for signatures due to phone assessments during COVID.

## Trends

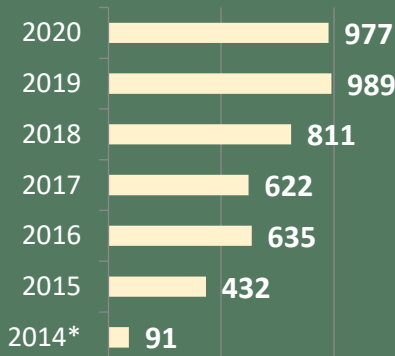
Staff averaged **15 NEW ASSESSMENTS** per month in 2020, a decrease of 21% over 2019. Initial assessments were most impacted by COVID policy changes.

Kandiyohi County completed MnCHOICES Assessments for **69 counties** with recipients living in Kandiyohi County. Kandiyohi County completes assessments for **79%** of the counties in Minnesota.

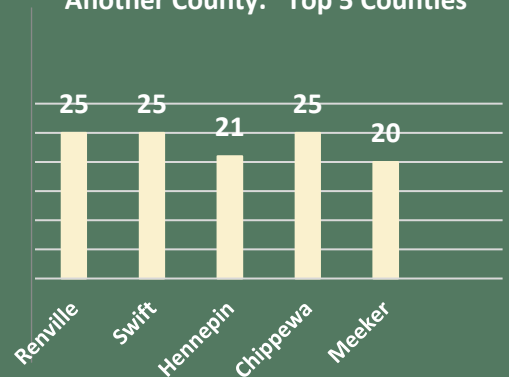
## CHALLENGES:

In 2020, Kandiyohi County staff was responsible for MnCHOICES assessments for all Prepaid Medical Assistance Program (PMAP) Personal Care Assistant (PCA) recipients residing in our county.

Kandiyohi County Assessments Completed



2020 Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties



2014\*: October through December





# Ongoing

To promote voluntary Home and Community Based Services (HCBS) that prevent or shorten institutional stays or improve the quality of life in community based living settings for those over 65 years of age and disabled people. Minnesota Department of Human Services Disability Services has prioritized the CHOICE domains of a meaningful life:

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| Community membership                  | Health, wellness and safety       |
| Own place to live                     | Important long-term relationships |
| Employment earnings and stable income | Control over supports             |

## Why is this important?

Elderly and disabled people in our community want to be full participants in our society. HCBS are designed to assist the disabled and elderly in a person-centered approach to be as independent as possible in the community. The participation of the elderly and disabled in our community adds diversity, resourcefulness, and creative energy to our society which contributes to the quality of life for everyone.

## What is the county's role?

The HCBS ongoing unit provides case management services for HCBS eligible individuals including Rule 185 case management, waiver case management, and care coordination for our over 65 population as contracted by BCBS. In 2020, there were 57 waiver cases referred for County Case Management. Eleven of these were waiver transfers (cases that no longer met the requirements to be managed by the County the person formerly resided). There continues to be concern with the number of transfer cases referred from other counties, as local resources are being stretched and staff shortages and transportation continues to be an issue (see DHS Gaps analysis 2019 report). Currently funding for waived services comes from Federal and State waiver allocations. There continues to be concerns that there may be shifts that would rely on County dollars to support case management requirements in the future. As one of out- state Minnesota's resource hubs this could have significant impact locally if shifts occur.

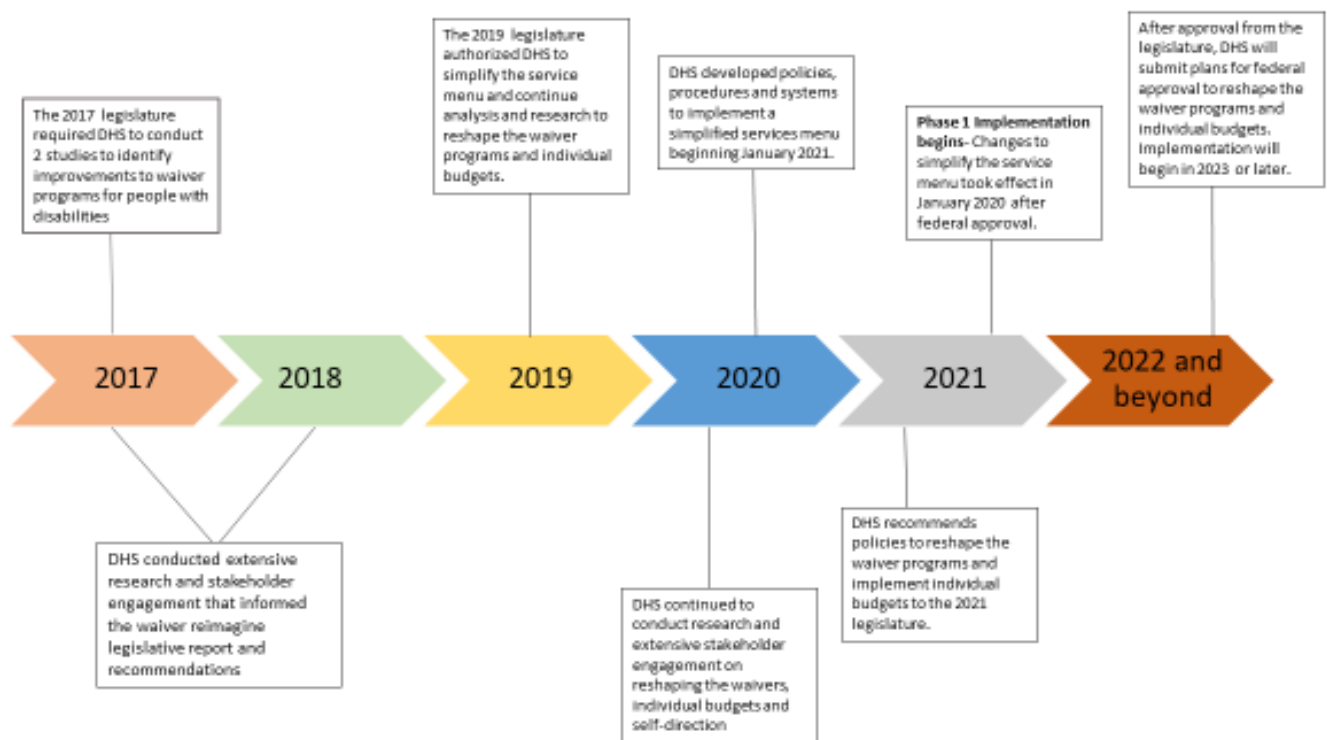
**Summary:** 2020 was a year of uncertainty. In March, executive orders were issued by Governor Walz and approved by CMS to allow staff to use telehealth to provide services to individuals as made sense for the person and the situation. Case managers were allowed to call or use web tools for meetings with clients and providers. Even though travel time decreased, time required for case management did not. Services needed to be adjusted. Creatively in meeting the needs was required. Maintaining client safety as many chose to stay home to limit exposure – while finding necessary services was a challenge. Many services were temporarily suspended or closed.

Locating provider staff willing to go into a home or finding equipment to meet a need differently became the way of doing business. Below are some of the modifications or supports DHS put in place to assist.

1. Temporary increases for PCA services and CDCS/CSG budgets during COVID-19
2. Adult day services modifications
3. Support for family caregivers and distance learning
4. Temporary staffing help available for residential service providers during COVID-19
5. Changes to COVID-19 rate add-on policy for customized living providers

Kandiworks Day Treatment and Habilitation Services closed due to financial struggles. Some who participated in that program have found other service providers, while many continue to stay home and not be served for safety reasons. Kandiyohi County HHS continues is working with local providers in an attempt to maintain a level of service necessary to meet the needs of our current population with disabilities.

The 2019 Minnesota Legislature authorized DHS to make system-level improvements to Minnesota’s disability waiver programs in a two-phase process to implement Waiver Reimagine changes. The following graphic shows DHS’ timeline to implement phase 1 and phase 2 Waiver Reimagine system changes:



### Phase 1 ( completed)

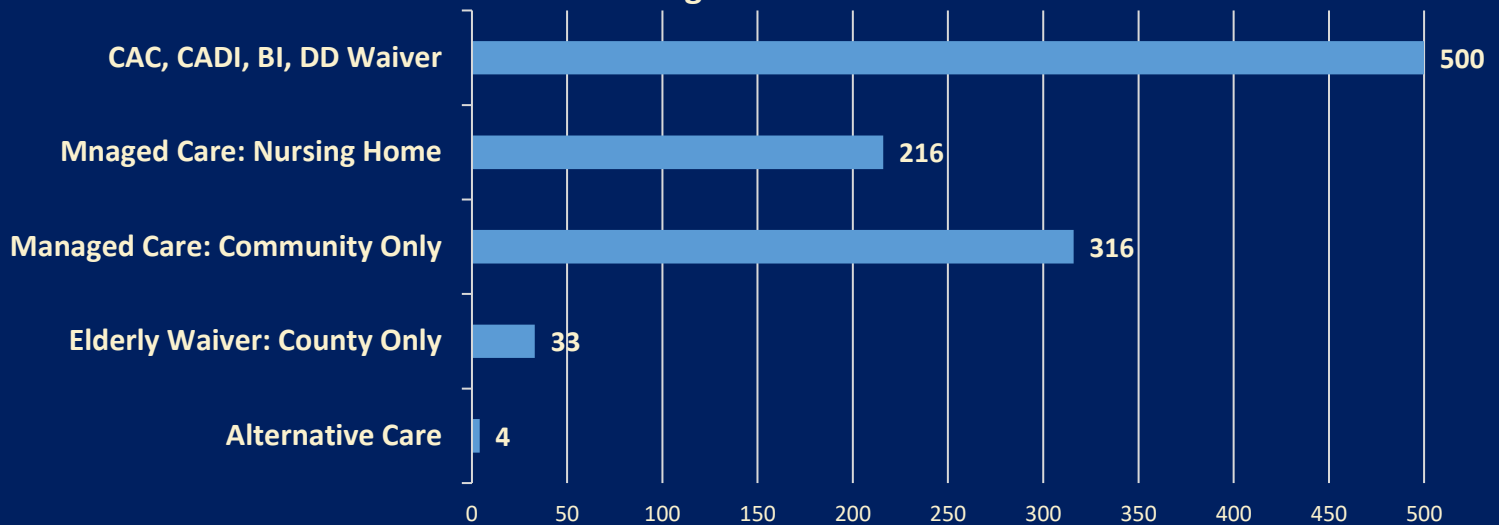
The simplified menu became available in January 2021. It combines 12 previous services into six new options. People will receive these new services on a rolling basis, either as part of their annual reassessment or during a service change. With the completion of the first phase, the system is now prepared for the second phase

### Phase 2 (funding)

The second phase will implement individual budgets and reshape the four disability waiver programs into two. The 2019 Minnesota Legislature asked DHS to conduct further research, analysis and stakeholder engagement for implementing the second phase of Waiver Reimagine. DHS will include these findings in the 2021 Waiver Reimagine legislative report. Stakeholder meetings will take place in 2021 for those interested in providing feedback and learning more.



## HCBS Program Enrollment 2020



In 2019 Legislation passed to license Assisted Living Centers. The bill will license the states approximate 1200 Assisted Living programs in 2021. Under the law, which has been under discussion for more than two years, the state would establish minimum standards of care for assisted living facilities, increase the frequency of surveys, and add dementia care standards and licensure for assisted living facility directors. The hope is to increase quality, safety and consistency across licensed facilities.

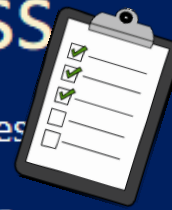
## Minnesota Department of Human Services Initiatives

- [Aging 2030](#)  
Baby boomers are turning 65 at the rate of 10,000 per day across the nation. Are we ready for the age wave? The goals of [Aging 2030](#) are to transform our systems and services so that we are ready for the demographic changes that have now begun.
- [Assisted Living Report Card](#)  
The DHS Aging and Adult Services Division (AASD) is developing an [Assisted Living Report Card](#) to measure and report on the quality of individual assisted living settings across Minnesota, for housing and services paid for privately and through public programs. Once the report card is fully implemented, results will be shared with the public through a website, and will be updated over-time as new data on quality are available. Questions about this initiative can be directed to: [dhs.aasd.hcbs@state.mn.us](mailto:dhs.aasd.hcbs@state.mn.us).
- [Direct Care/Support Workforce Initiative](#)  
The Minnesota Department of Human Services (DHS) [Direct Care/Support Workforce Initiative](#) seeks to connect people and organizations who want to work together on similar efforts to address the direct care/support workforce shortage.
- [HCBS Partners Panel](#)  
The [Home and Community-Based Services Partners Panel](#) is a group of stakeholders in long-term support services from the perspectives of aging, disability and mental health. Members represent county government, service providers and advocates with participation of state agency leaders. The panel will support continuous improvement in the HCBS system by providing a communication link among the system's stakeholders and supporting specific initiatives, as described in the [charter \(PDF\)](#).  
If you have questions or would like more information, please call 651-431-2400.
- [Personal Health Records for Long-term Services and Supports demo](#)  
Minnesota's [Personal Health Record for Long Term Services and Supports Demonstration](#) is a four-year TEFT planning and demonstration grant awarded to DHS.
- [Transition plan for home and community-based settings](#)

A federal HCBS rule requires assurances that people have information and experiences with which to make informed decisions. Find out more about Minnesota's [transition plan for home and community-based settings](#)

# Emergency Preparedness

- **PREPARE** for and **RESPOND** to public health emergencies
  - **ASSIST** our communities in recovery
  - **DEVELOP, EXERCISE** and **REVIEW** response **PLANS**
  - **DEVELOP** and **MAINTAIN** a system of workforce **READINESS** and **RESPONSE**
- A key role we have is **PLANNING**



**Communication**  
Communication is the conveying information through speech, visuals, signals, exchange of information. Communication requires communication to communicate the

## 2020 was the year we put our **PLANNING** into **ACTION**

**January 21:** First case of Coronavirus in United States.

**January 30:** President declared a nationwide state of emergency.

**January 30:** Local Public Health was notified that MDH (Minnesota Department of Health) entered into their Incident Command Structure (ICS) for Coronavirus Disease.

**February 6:** First call with our local Health and Medical Group. Currently 11 cases in the US. California (6); Washington (1); Arizona (1); Massachusetts (1); Illinois (2).

**February 13:** World Health Organization (WHO) announced the official name for the 2019-nCoV will be COVID-19.

**February 28:** Message sent from Public Health to all county employees with basic information about COVID-19.

**March 6:** First presumptive case of COVID-19 in Minnesota. Ramsey County. Recent cruise travel.

**March 12:** Carris Health implemented temporary visitor restrictions in all of their health facilities.

**March 13:** First Coronavirus Corner sent out to all county employees. Continued to send one every week for 2 months followed by every two weeks to all county employees, local Health and Medical Group, and community partners.

**March 16:** Carris Health began to offer curbside COVID-19 testing.

**March 16:** Public Health opened Incident Command Structure (ICS), opened Department Operations Center (DOC), set up Isolation and Quarantine Incident Command Structure, and assigned roles needed. Meetings planned for every 2 weeks via Zoom.

**March 19:** County Buildings closed.

**March 20:** Public Health added Community Liaison staff to ICS structure.

**March 21:** First death due to COVID-19 in Minnesota.

**March 25:** Stay At Home Executive Order issued by Governor Walz, effective 3-27 to 4-10.

**March 26:** First Coronavirus case in Kandiyohi County. Male in his 60's.

**March 30:** Public Health began illness screening for all county employees.

**March 30:** Staff that were able to, began to work remotely.

**April 8:** MN Stay at Home Order extended to May 4<sup>th</sup>.

**April 9:** Launched Public Health Facebook page.

**April 9:** Stay At Home Local Resources form developed and distributed to community contacts.

**April 20:** COVID-19 information and local resources distributed to multi-family housing/apartments in our county.

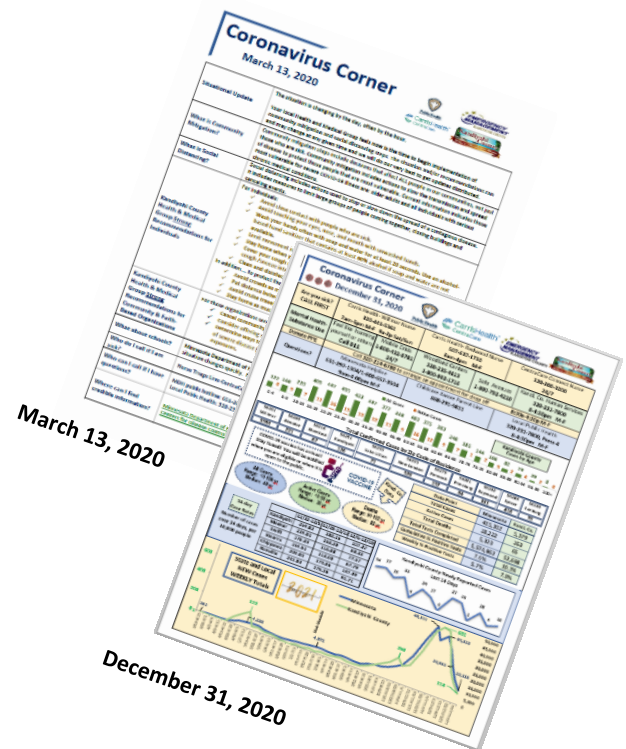
**April 23:** First Essential Service Request received in Public Health. Request was for a thermometer.

**April 24:** Public Information Office (PIO) Press Release: Message to public about following stay-at-home order and what to do if you are sick.

**April 26:** Public Health began daily calls to all newly confirmed COVID cases in our county to provide education and resources.

**April 27:** Essential Service Resource List developed for use and distribution.

**April 28:** First death reported in Kandiyohi County.



**STAY SAFE MN**

2020 cumulative Public Health staff hours spent responding to the COVID-19 pandemic and planning for mass vaccinations:  
**7,921 hours**



**May 1:** PIO Press Release: Steep increase in positive cases related to local increase in testing. **Total cases = 135**

**May 7:** PIO Press Release: Reminded citizens to stay home, practice social distancing and good hand washing due to recent increase in local positive cases. **Total county cases = 238**

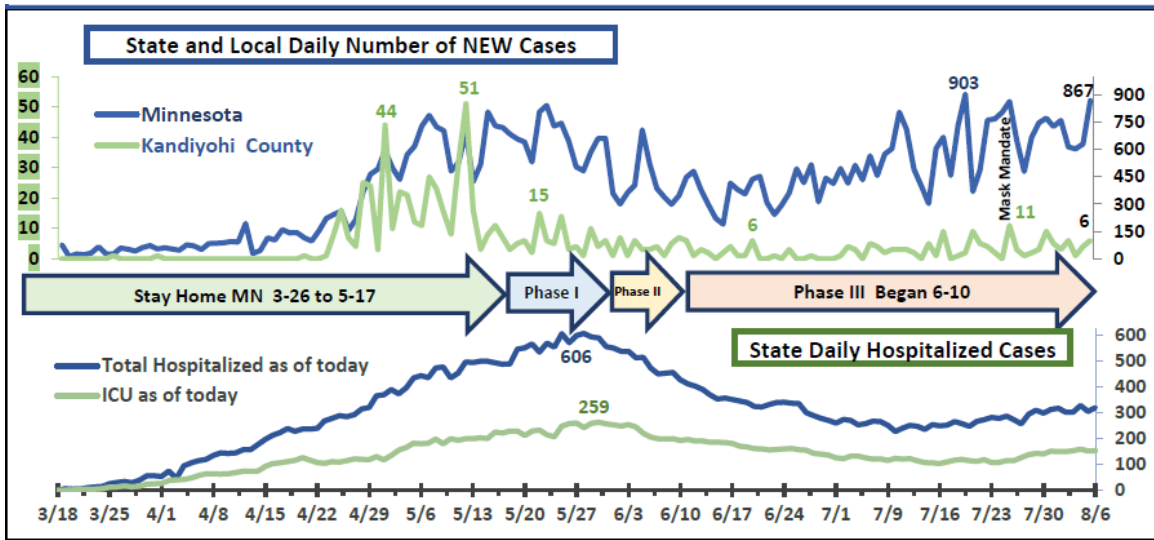
**May 18:** Ongoing Health and Medical calls held every 2 weeks. Public Health added Long Term Care Liaison staff to ICS structure.

**June 3:** Public Health Emergency Preparedness Coordinator began meeting with Kandiyohi County Emergency Management to initiate planning for drive thru COVID-19 vaccination clinics.

**June 9:** Local Mental Health resource list developed and shared with community partners.

**July 1:** Mental Health resource list sent to all county staff, community partners, and local providers. Resource list added to home visiting materials and Essential Service supplies.

**July 23:** Mask mandate began in Minnesota **Total county cases = 631**



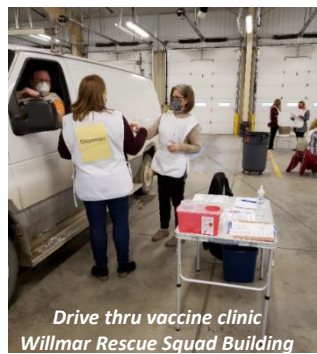
**August 12:** Public Health added School Liaison staff to ICS structure.

**August 17:** Public Health added Correctional Liaison staff to ICS structure.

**August 25:** Public Health added Institute of Higher Learning Liaison staff to ICS structure.

**September 22:** Total county cases = 936 Total county deaths = 2

**October 1:** 46 total Essential Service requests received.



**October 22:** Public Health added Business Liaison staff to ICS structure.

**November 1:** 42 Essential Service requests in October alone.

**November 13:** PIO Press Release: Encouraged the limit of unnecessary activities in community.

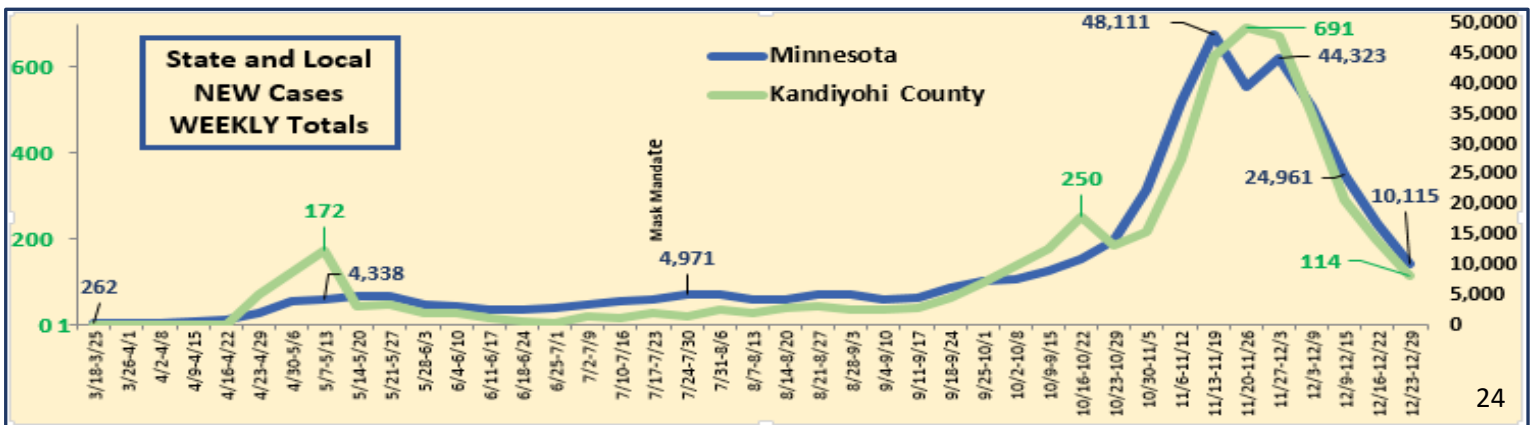
**November 25:** Public Health added Incident Command Structure for Mass Dispensing to the open DOC, activated all sections and assigned roles.

**December 11:** PIO Press Release: Vaccine planning update.

**December 23:** Public Health received first doses of Moderna COVID-19 vaccine.

**December 28:** **FIRST COVID-19 vaccination event held via drive-through at the Willmar Rescue Squad Building.**

2020 Year End Data	Minnesota	Kandi. Co.
Total Cases	415,302	5,379
Active Cases	18,222	163
Total Deaths	5,323	65
Total Tests Completed	5,574,962	52,698
Cumulative % Positive Tests	7.6%	10.3%
Weekly % Positive Tests	5.7%	7.9%



# Prevent the Spread of Infectious Disease



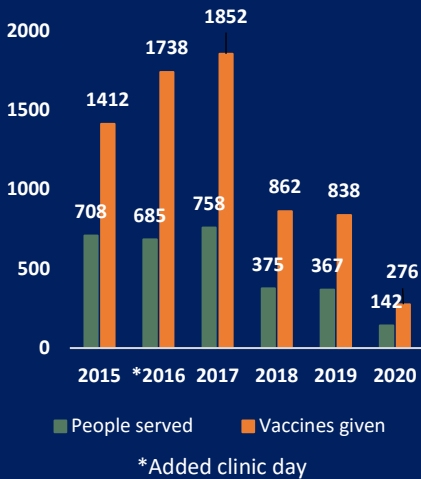
Infectious diseases, from influenza to pertussis to measles, affect all of us at one time or another. Public Health monitors the occurrences of these infectious diseases, develops strategies for preventing and controlling these diseases and works to put strategies into action.

## What is the county's role?

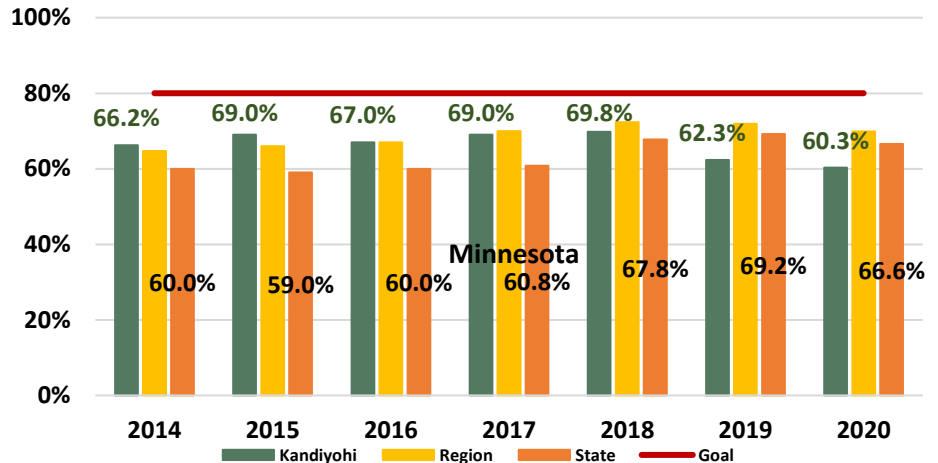
- Assess immunization levels
- Assess infectious disease risks
- Respond to infectious disease problems
- Assist and conduct infectious disease investigations
- Plan and implement local disease control programs, such as mass immunization programs

STAFF administered **276 VACCINATIONS** to **142 INDIVIDUALS** during in-office clinics and administered **784 INFLUENZA VACCINATIONS** in-house and at area worksites

### Immunization Clinic Data



### Childhood Immunizations Rates - Full Series



### Top 10 Diseases by Counts Kandiyohi County

1. Chlamydia
2. Gonorrhea
3. Campylobacter
4. Cryptosporidium
5. Giardia
6. Influenza (hospitalized cases)
7. Salmonella
8. Escherichia Coli
9. Lyme Disease
10. Tuberculosis





# Activity Through the Year

Many, if not all, of our “normal” Disease Prevention and Control activities were affected and/or interrupted in 2020 with the response activities surrounding the Coronavirus Pandemic. DPC staff took on leadership roles in our Incident Command Structure for our response to the pandemic.

The pandemic began in early March. Our in office immunization clinics were not held between April and July. Beginning in August, we started to provide immunizations by appointment only, using the “No Wait Inside” system and all appropriate safety recommendations for in person services.

On December 28<sup>th</sup>, we held our first COVID-19 vaccination clinic administering the Moderna vaccine. We chose a community drive-thru option and held our clinic at the Rescue Squad Building in Willmar.

We held in office and work site fall influenza clinics using COVID-19 health and safety protocols.

There were no active TB cases and only 4 new latent TB cases in 2020.

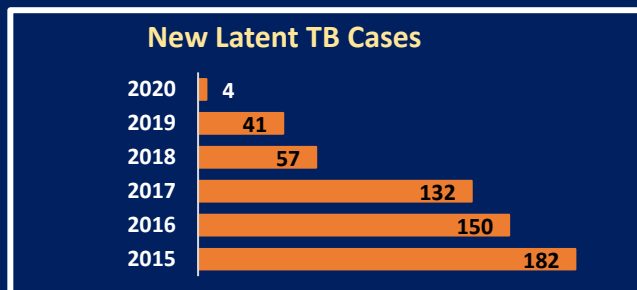
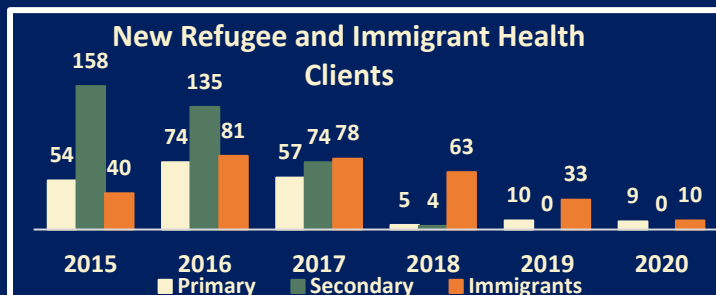
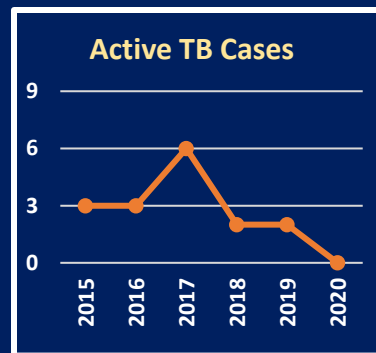
Public Health staff spent 7,921 hours responding to the Coronavirus Pandemic. Please refer to the Emergency Preparedness annual report for specific activities.

Coronavirus Corner March 11, 2020	
<b>What is Coronavirus?</b>	Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.
<b>Symptoms</b>	• fever • cough • shortness of breath
<b>How does the disease spread?</b>	The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. Current knowledge is largely based on what is known about similar coronaviruses. <ul style="list-style-type: none"> <li>• Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other.</li> <li>• Person-to-person spread is thought to occur mainly through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.</li> <li>• How easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.</li> <li>• It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.</li> <li>• Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (sickest).</li> </ul>
<b>What is the Treatment?</b>	There is no specific antiviral treatment for COVID-19 at this time. Medical care can help to relieve symptoms. There is active work on antiviral medication and vaccine development.
<b>What is my risk?</b>	We continue to believe the immediate risk of COVID-19 exposure to the general public is <b>low</b> , however, CDC, MDH, Public Health, and your local providers are undertaking measures to help keep that risk low. We have plans in place and are updating these in real time as information becomes available.
<b>What is MDH doing?</b>	MDH has a strong disease surveillance system in place that includes partnerships with hospital and clinic systems. Finding cases quickly and responding to them effectively is key. <ul style="list-style-type: none"> <li>• Sending information to health care providers with recommendations for screening and testing</li> <li>• Updating providers and local public health with new information</li> <li>• Monitoring travelers for symptoms</li> <li>• Outreach to area schools</li> </ul>
<b>What is Public Health doing?</b>	Public Health emergency preparedness plans are in place for situations such as this where people in our county may need self-isolation and/or quarantine measures. We have recently reviewed our plans and feel prepared to provide monitoring, if needed. <ul style="list-style-type: none"> <li>• Weekly calls with MDH for updates and recommendations</li> <li>• Meetings/calls to collaborate with the county Health and Medical Group (includes county medical partners, emergency managers and law enforcement)</li> <li>• Providing updates to area providers, as needed</li> <li>• Updating internal staff</li> <li>• Following and distributing recommendations from MDH and CDC</li> </ul>
<b>What about masks?</b>	CDC does <b>not</b> recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).
<b>What can I do?</b>	Basic general public health recommendations are very important in the setting of an outbreak of a new communicable disease. Measures that can be used to <b>decrease and slow</b> the spread of any virus: <ul style="list-style-type: none"> <li>✓ Avoid close contact with people who are sick.</li> <li>✓ Avoid touching your eyes, nose, and mouth with unwashed hands.</li> <li>✓ Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.</li> <li>✓ Stay home when you are sick.</li> <li>✓ Cover your cough or sneeze with a tissue, then throw the tissue in the trash.</li> <li>✓ Clean and disinfect frequently touched objects and surfaces. There are no current recommendations for use of specific cleaners.</li> </ul>
<b>Where can I find credible information?</b>	Minnesota Department of Health; Centers for Disease Control and Prevention

## DataTrends

DECREASE in the number of

- primary refugees seen at our agency
- primary refugees seen at our agency
- vaccinations provided and people seen at our in-office immunization clinics
- new Latent Tuberculosis cases
- secondary refugees seen at our agency
- children up-to-date with full series of recommended vaccinations by two years of age
- active Tuberculosis cases



"Hats off to your crew last night at the Willmar Rescue Squad Building! Five of my drivers were able to get in. Was great not to have to travel to St Cloud or Marshall. All went fast and smooth. Thanks again for lining up much better times for us."



"Good afternoon, I overheard two coworkers today as they described their vaccination experience to a third. Phrases that prompted my sending this email were "well thought out", "organized", and "efficient". It's always good to know when people are talking about you behind your back. Have a great day!"



"Just wanted to let you know that my daughter got her first vaccination at the Rescue Squad building last week. She had nothing but god things to say about the process. She said it was "seamless" from making the appointment online to the entire process of the shot itself. Everyone was extremely pleasant and courteous. She said she has had friends say the same thing. Good Job everyone!"



"Good afternoon, I received my vaccination this am. I wanted to let you know that I was so very impressed with how the entire process was handled. From the first people I came across who directed me into the parking lot and then to the recycling building, to the person who administered the vaccine, to the person who directed me out and into the aquatic center parking lot and then checked to see that I was doing okay and gave me the thumbs up to leave...the entire experience was handled so professionally, safely and in a caring manner. It was obvious that time and effort had been given to the logistics of the steps that were established. Well done to all of those involved. Thank you and to whomever else was involved in this process and what you all are doing for our community. It is a reminder of how blessed we are to live amidst people such as you all and how grateful we are for our community as a whole. May you and all of those involved be blessed as you continue in your work and helping those in our community."



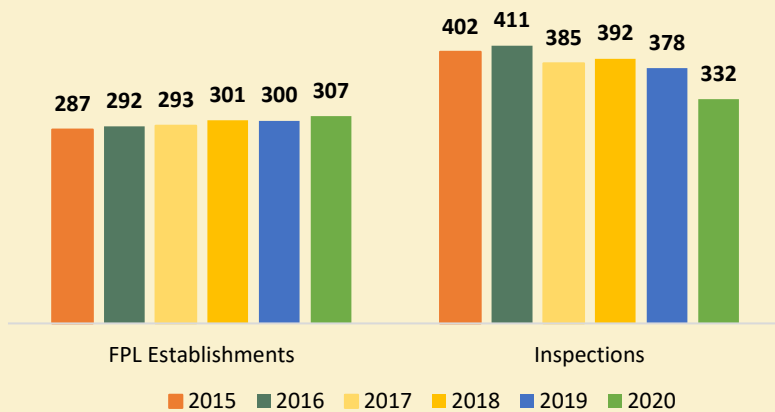
# Protect Against Environmental Health Hazards

What is the county's role?

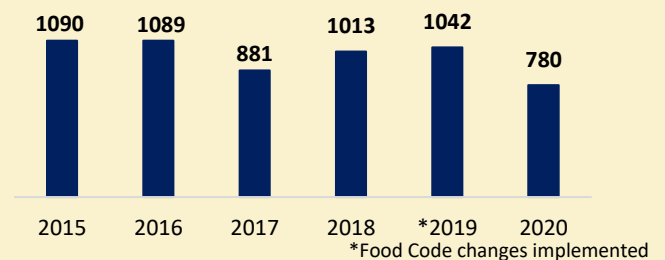
- Monitor for significant and emerging environmental health threats
- Develop and assure enforcement of public health nuisance requirements
- Assure compliance with public health standards at area establishments and events through inspections
- License Food/Beverage Establishments, Lodging Establishments, Pools, Mobile Home Parks/Recreational Camping Areas, Vending Machines, Tobacco Retailers and Special Event Food Stands
- Provide information on health risks, health status and environmental health needs in the community
- Consultation and Education on indoor air quality, mold, and radon.

## Kandiyohi - Renville CHB Data

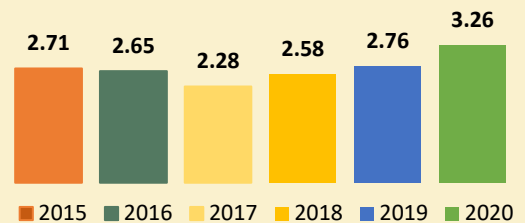
Licensed Establishments and Inspections



Violations Issued



Average Number of Violations per Inspection



Our program licensed **Only 111 special events** in 2020, due to the **Coronavirus pandemic**

Our sanitarians focus on education during inspections; however, the data that we track has been around violations. The revision of the Minnesota Food Code, Chapter 4626, was completed and implemented on January 1<sup>st</sup>, 2019. With this revision, "critical" and "non-critical" violation categories were replaced with "priority 1", "priority 2", and "priority 3". Moving forward, as data is available, we will track violations by priority.

The Coronavirus Pandemic brought significant changes and challenges to our Environmental Health work in 2020. Both sanitarians, in addition to conducting all of the normal inspections, spent significant time educating establishment managers about Executive Orders related to restaurant/bar closures and subsequent changes to those orders throughout the year, responding to complaints of non-compliance to the Executive Orders, additional water sampling time caused by a shortage of UPS trucks and the inability to physically reach the MDH lab due to rioting activity around the area.



**100%** of Family Home Visiting and Post-partum participants felt their nurse was knowledgeable, caring and encouraging. They felt respected, valued and comfortable with asking questions. They received helpful information on how to care for their child, understand their development and available community resources.

(Kandiyohi County Customer Satisfaction Survey)



**455 referrals** were received for

**Family Home Visiting** for a variety of reasons, including pregnancy and birth, parenting, infant hearing, birth defects, lead blood levels, perinatal Hepatitis B, breastfeeding, child growth and development and mental health concerns

“It was such a relief to have extra support and encouragement from my nurse. It was really great to have someone come here and not have to go into the clinic.”

“My nurse helped me to be a better parent with the information she gave me. She also helped me to schedule doctor appointments”

## Trends

**205** pregnant women and young parents received education and parenting support through **714 visits**

**72** Supporting Hands Nurse Family Partnership first time mothers received **728** visits

**FIVE Nurses** completed an infant mental health class through the University of Minnesota CEED Center for early education and development

## Healthy Communities

### Why is this important?

Young children’s early childhood environments and social experiences have a decisive, long-lasting impact on their well-being, ability to learn, and future health.

High risk factors families may experience include:

- |                          |  |
|--------------------------|--|
| Low-income/Unemployment  | Unstable housing                           |
| Education under 12 years | Isolation/limited support/Single parenting |
| Substance abuse          | Family stress/Domestic abuse               |
| Language barriers        | Mental health concerns/Depression/Anxiety  |

### What is the county’s role?

Services provided to young families include:

- Pregnancy to Parenting Prenatal Classes in conjunction with Carris Health
- Nurse Family Partnership Program (through Supporting Hands Nurse Family partnership)
- Prenatal, Postpartum, and Long Term Home Visiting for young families via Growing Great Kids and Growing Great Families curriculum
- Breastfeeding education and Support
- Baby talk Tuesday weekly support group for families adjusting to life with new baby in conjunction with Jefferson Learning Center
- Blood lead level education and referral
- Infant Hearing resource and referral
- Mental health resources and referral for concerns of both mother and child

### HOME VISITING WITH A NURSE

**Helps expectant parents** get the support and information they need as they prepare for their new baby

**Helps young parents** learn to care for, parent and plan for their child’s future  
**HOME VISITING** by a well-trained empathetic nurse results in **BETTER OUTCOMES** for both the child and the parent

# MEPSP

## Minnesota Expectant and Parenting Student Program



**MEPSP** provides support and mentoring for expectant and parenting teens and young adults in Kandiyohi and Renville counties.

### Goals:

- Help expectant and parenting youth complete high school or other educational programs by addressing barriers to their educational or vocational goals.
- Improve the well-being of expectant and parenting youth and their children, through referrals to and use of services related to health, parenting, self-sufficiency, and more.

### Outcomes:

**90%** of student participants who were surveyed indicated very satisfied/or satisfied with the MEPSP services received and that their knowledge in their children's health and their confidence in accomplishing their educational goals has increased by their participation in the MEPSP program.

Over the span of the three year grant period, a total of **101 participants** were served by the MEPSP program.

### In 2020:

From January through August (the end of the grant period) a **total of 559 visits** were made to expectant and parenting teens and young adult students reaching an average of **45 student parents each month**.

**GROWING GREAT KIDS** is a prenatal to 36 months parenting attachment, child development and family strengthening curriculum. Topics include basic care, social and emotional development, cues and communication, physical and brain development, play and stimulation.

**GROWING GREAT FAMILIES** is a family strengthening, stress management and life skills curriculum. Topics include Shaping Your Child's Future, family values and strengths, reducing stress, communicating effectively, problem solving, and discipline.

**MOTHERS AND BABIES** is an evidence based depression, prevention, and intervention curriculum.



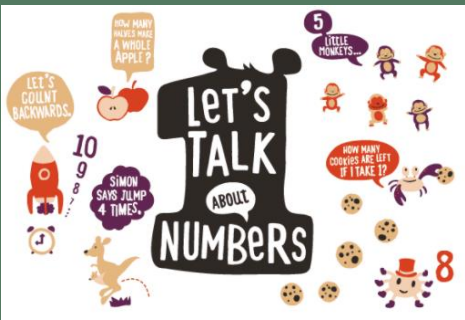


**216** children participated in the **Follow Along Program**, which helps parents track their child's development and lets them know if their child is playing, talking, growing, moving, and behaving like other children the same age.



**121 car seats** were distributed with **EDUCATION** provided to **118 parents**.

Another **48** foster and childcare providers and social workers received child passenger seat **EDUCATION**



## Talking is Teaching

supports language development through talking, reading and singing to infants and children from the moment they are born. From bath time to meal time, parents and family members are encouraged to incorporate talking, reading, and singing into their everyday routine. Talking is Teaching signs in our community (stores, libraries and parks) encouraging talking, reading and singing to young children. In 2020 Nurses distributed 110 toolkits to families with newborns. Due to COVID-19 pandemic, the distribution of talking is teaching toolkits at the hospital was placed on hold, but family home visiting nurses continued to deliver them through postpartum home visits.

[www.talkingisteaching.org](http://www.talkingisteaching.org)

## Baby Talk

Baby Talk is a weekly group that is available at no cost for mothers, giving them a safe place to ask questions and feel supported on this journey of motherhood.

Mothers are able to meet weekly with a Public Health Nurse / Lactation Specialist for baby weights, questions and breastfeeding support.

A Parent Educator leads daily topics, including:

- transitioning from pregnancy to parent
- why babies cry/importance of responding to infants
- social/emotional development
- cognitive and physical development/ milestones and
- appropriate weight gain.

Funds obtained through the MN Breastfeeding Coalition are being used to create a breastfeeding/ lactation room at Jefferson Learning Center, Willmar, MN – where Baby Talk is currently held – and also utilized for additional promotion and sustainability.

## Adjusting To Your New Life With Baby?

## Baby Talk Tuesday

Every Tuesday, 10:30am-12pm  
Jefferson Learning Center  
320-231-8490

Sibling care available!





Our WIC program applied for and received a **\$96,000 grant** from the USDA to remodel the WIC clinic area and offices. This allowed for the expansion and upgrading of three WIC offices, two personal offices and two weight and height rooms to complete a designated WIC area in Public Health. The space is now more efficient and family friendly with larger rooms for our big families, to allow more space for social distancing, rounded countertops for safety, wider hallways, locking drawers and hospital grade flooring. We look forward to seeing our WIC families in this new space!!



## WIC (Women, Infants and Children)

### Why is this important?

WIC provides nutrition education, healthy foods, breastfeeding support and referrals to other health and community programs. Our WIC program serves a diverse population, including Somalian, Hispanic/Latino, Caucasian, and Karen/Burmese, meeting many nutritional, economic and health needs families have. WIC serves infants, children up to age 5, pregnant and breastfeeding women and non-breastfeeding post-partum women up to 6 months.

### What is the County's role?

#### Overall Goals:

- Reduce premature births
- Reduce low birthweight babies
- Reduce fetal and infant deaths
- Reduce the incidence of low-iron anemia
- Increase access to prenatal care earlier in pregnancy
- Increase key nutrients – iron, protein, calcium, vitamin A and C
- Increase immunization rates
- Improve diet quality
- Increase access to regular health care
- Increase breastfeeding rates
- Healthier pregnancies, births, and children!!!

#### Healthy Foods provided include:

- Fruits and Vegetables
- Whole grains – bread, pasta, tortillas, brown rice, oatmeal, and cereal
- Protein – beans, peanut butter and eggs
- Milk, cheese and yogurt
- 100% juice
- Infant cereal, fruits, vegetables and formula



**\$1,176,537** in WIC benefits were redeemed in Kandiyohi County and surrounding counties.

Average monthly participation was 1,560. October was the busiest month for WIC with 1,656 women, infants and children served.

#### A WIC mom whose child's is turning 5 in May shared:

Your smiles, laughter, knowledge and education that you have given me over the years have made it easy to be part of the WIC program. What I have learned from you I will carry with me forever, I truly appreciate the knowledge. God bless all of you.

# Statewide Health Improvement Partnership



CCT added bike racks on two buses to encourage active transportation and to expand the Willmar bike system



## Why is it important?

**Making Real Differences in Lives and Dollars**

## What is the County's role?

Kandiyohi-Renville SHIP is tasked with working to create and expand opportunities for communities to be more physically active, eat healthier foods and live free from commercial tobacco. The key is to reduce chronic disease and the cost associated with chronic disease. The majority of costs related to chronic conditions are preventable. SHIP added an additional mission that focuses on well-being in the fall of 2020. This includes mental, physical, social/emotional health and resiliency. Kandiyohi-Renville SHIP implements evidence-based, approved strategies to create equitable, healthy and positive conditions that promotes health for all.

SHIP was uniquely positioned to adjust work to support communities facing health-related challenges associated with the COVID-19 pandemic. Kandiyohi-Renville SHIP provided Public Health with community partnerships and connections. SHIP projects were adjusted to support community-based planning, preparation and response to COVID-19.

In 2019-2020 Kandiyohi-Renville SHIP had **30** Partner Sites allocating a total **\$55,826** to local community projects, and received **\$68,055** in match dollars.

## Project Highlights

**ACGC Elementary School** - Safe Routes to School Plan, implementation funding for parent and bus drop off

**Woodland Centers** - Virtual support groups – related to COVID-19

**Hope for our City** - Directional drive-through pick up signage – related to COVID-19

**Kandiyohi County Food Shelf** - COVID-19 resource support – multiple language signage

**MnYou Inc.** - Fruit and vegetable farm equipment

**Kandiyohi County Public Works** - Kiosk and trail signage for biking and walking

# Prescription opioids can be **addictive & dangerous.**



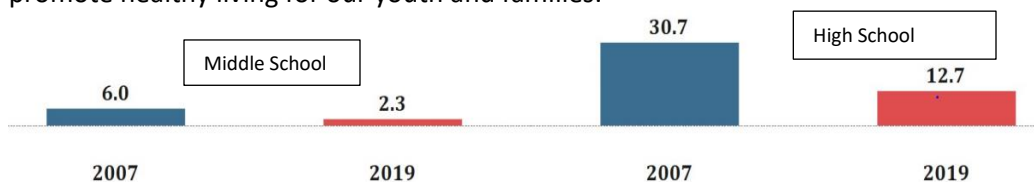
Funded by the DFC and CARA Grants

## Coalition Mission

“Working to empower the community through prevention, education and shared leadership to reduce alcohol, tobacco and illegal drug use among our youth and families.

## Kandiyohi County Drug Free Communities Coalition

has had the privilege to receive 10 years of prevention funding through a DFC federal grant. This grant is capped at ten years and ended December 2020. Looking to the future for continued prevention work, PACT For Families has been awarded a five year “Partnership For Success” grant, working with Kandiyohi, Renville and Yellow Medicine counties. The grant's goals are to reduce the use and abuse of substances such as alcohol, marijuana and vaping products by children and adults. This is a unique opportunity to work on underage substance use locally and regionally. With the recent increase in vaping among school youth and the current Minnesota Tobacco-21 efforts, county partners will follow suit with a number of environmental and direct prevention strategies like a Positive Community Norms campaign, a push for policy changes, distribution of educational materials, and additional community and school outreach. The Kandiyohi County DFC Coalition will serve as leaders to promote healthy living for our youth and families.



The percent of Kandiyohi County **middle school** youth alcohol use **decreased** at a rate of **-61.7%** from 6% in 2007 to 2.3% in 2019. The percent of Kandiyohi County **high school** youth alcohol use **decreased** at a rate of **-58.6%** from 30.7% in 2007 to 12.7% in 2019. (Minnesota Student Survey) Prevention really works! The percentage points are kid’s lives!

In the 3rd year of our federal CARA grant (Community-Based Coalition Enhancement Grant to address local drug crisis), we continue our efforts to reduce prescription, over the counter drugs, methamphetamine, and opioid use in our community.

## Year 10

**In-Kind Match from community**

**\$234,815**

**SWAT** teams (Students Working Against Alcohol, Tobacco and Other Drugs) and coaches in local schools continue to work together to do peer- to-peer substance use/abuse prevention.

## Prescription Drop Box

In 2020 a total of **1,965** pounds of unused/expired medications have been dropped off at the **Prescription Drop Box**, located at the Law Enforcement Center. Since 2011, a total of **17,863** pounds have been collected.



## Tobacco Free Park Policy:

In Partnership with Kandiyohi-Renville Statewide Health Improvement Partnership (SHIP) and the Public Health Law Center. The **City of Spicer** and **City of Willmar** updated and created a new Tobacco Free Park Policy. In addition DFC and SHIP funded **Young Lungs at Play** signage to be placed at all city parks.







# Trends

Kandiyohi County partners with the Minnesota Department of Health to work with parents of babies born with birth defects through the **BDIS (Birth Defects Information System)** and **EHDI (Early Hearing Detection Intervention)**

**10 FAMILIES** were connected to **RESOURCES** through **BDIS** and **EDHI**.

# Public Health: Assure Health Services

## Health Services

Public Health embraces prevention as the key to a healthy community. Public Health focuses on reducing the burden of chronic disease and injury to promote the health of all residents.

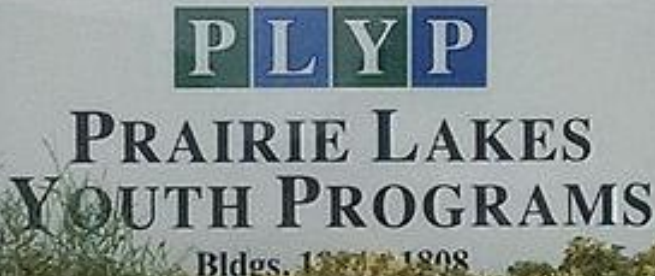
### Why is this important?

It is the responsibility of Public Health to assure health services by engaging in activities such as assessing the availability of health-related services and health care providers in local communities, identifying gaps and barriers in services; convening community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process.

### What is the county's role?

- Identifying gaps in health care quality and accessibility of services
- Informing and educating the public and providers about the quality and accessibility of health care services in the community based on the ongoing community assessment
- Leading efforts to establish and/or increase access to personal health services, including culturally competent preventive and health promotion services as identified in the planning process
- Promoting activities to help people in the community find the health services they need





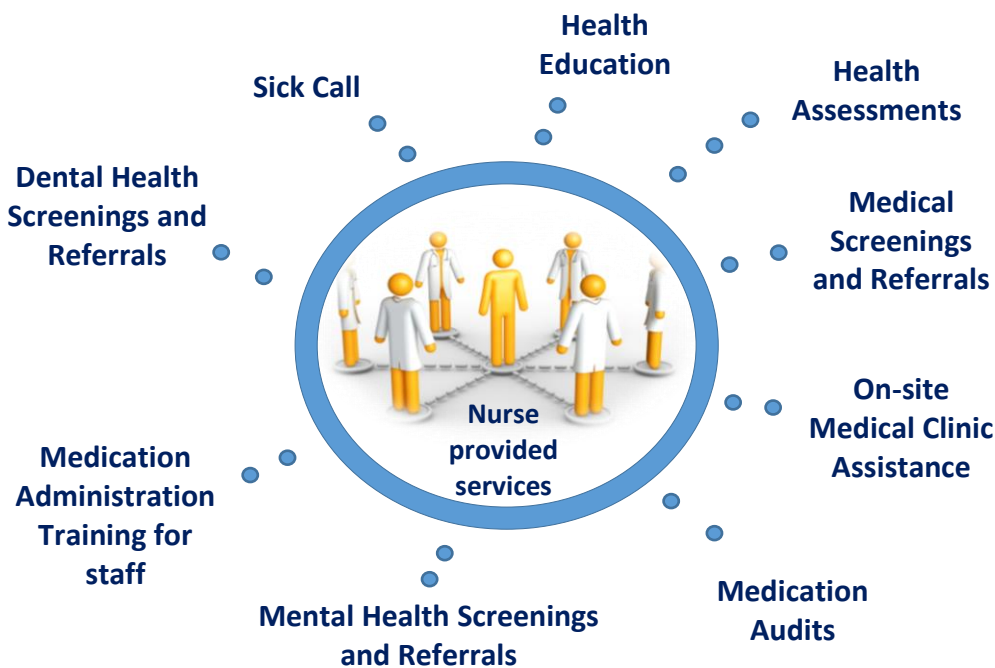
# Trends

Nurse visits decreased from 556 to **303** and the number of residents seen decreased from 183 to **102**. Some of the decrease was related to the Coronavirus Pandemic. There were no on-site nurse visits between November 16<sup>th</sup> and December 31<sup>st</sup>.

## Correctional Health

What is the county's role?

Public Health provides **CONTRACTED NURSING SERVICES** to teens and young adults at the Prairie Lakes Youth Programs facilities, which includes the secure facility, the non-secure facility, the Boys group home and the Girls group home.

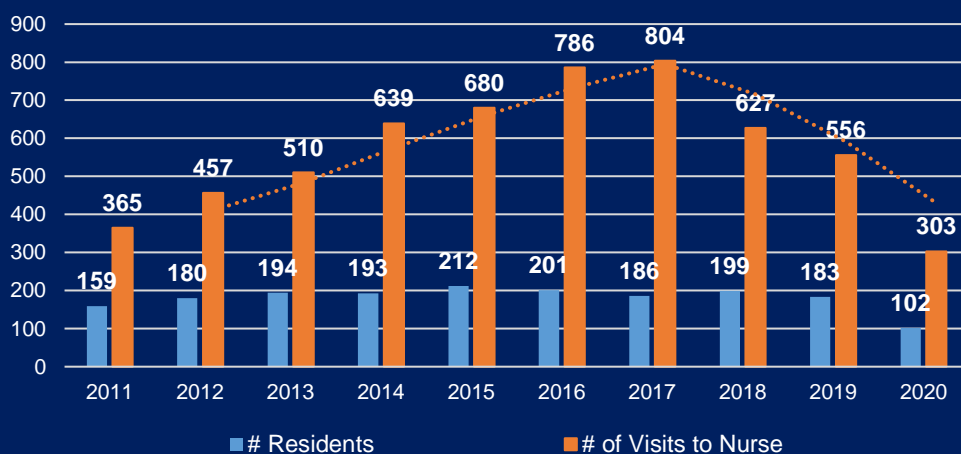


Most **COMMON** reason to see.....

The Nurse and/or Provider

1. Trouble sleeping
2. STD Concerns
3. Mental Health medication requests
4. Pregnancy Concerns
5. Headaches not resolved with Ibuprofen or Tylenol

Nurse Sick Call Data



Nurse referrals:

- 18 for mental health/psychiatric needs
- 7 for dental needs
- 4 for optometry

# C&TC: Child and Teen Checkups



The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is a federal mandate that provides comprehensive and preventive health care services for children under the age of 21 who are enrolled in Medicaid. States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and improve health conditions, based on federal guidelines. In Minnesota, this program is known as the Child and Teen Checkups (C&TC) program. Area medical providers provide the direct screening/diagnostic services. Local public health, under contract with Department of Human Services, provides administrative services that include outreach and follow-up activities to promote participation in the program.

## What is the County's Role?

- promote age-appropriate preventive health services
- support health growth and development of infants, children, adolescents, and young adults
- promote early identification, diagnosis, and treatment of potential health problems or disabilities
- promote development of good health habits, including healthy eating and physical activity

## Why is this Important?

- regular checkups help keep children healthy
- screenings can detect possible concerns early
- tests and follow up are performed, when needed
- healthy children are ready to learn and reach their full potential



Ashley Klein, Luz Gonzalez, Lynda Aguirre

## The Child and Teen Checkups (C&TC) Outreach



STAFF mailed over **6,616 C&TC** reminders and telephoned **2,080** program participants to encourage primary medical and dental care appointments.

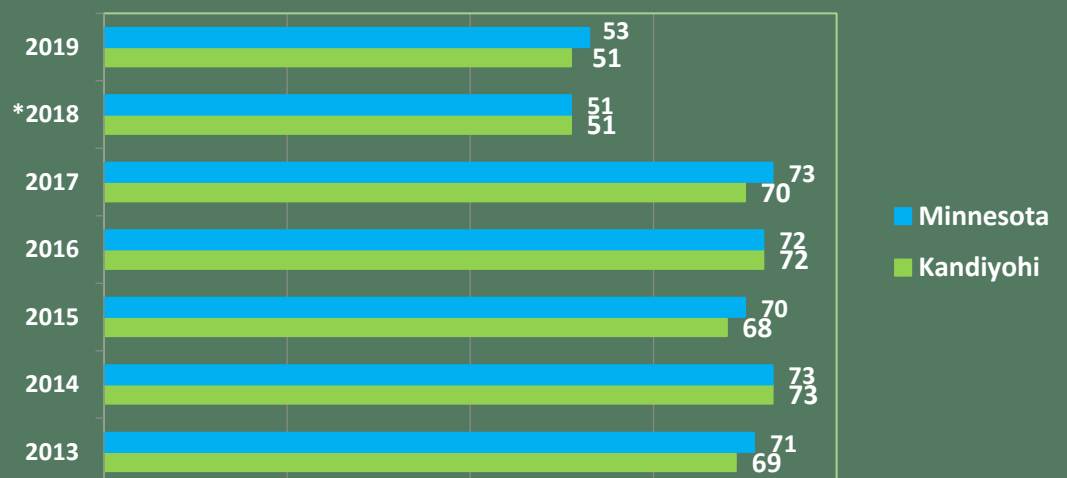
There were limited face-to-face Education Outreach Activities in 2020 due to the pandemic.

We focused on adolescents at PLYP, by providing education and outreach supplies promoting healthy lifestyle management.

Through the **CHILD AND TEEN CHECKUPS (C&TC)** Program, staff provided

- **OUTREACH** to parents of children and teens up to age 21 enrolled in Minnesota Health Care Programs to support them in receiving well child checkups and screenings
- Program support for medical clinics who serve children and teens who are on the Child and Teen Checkups (C&TC) Program.

## Participation Ratio



\*Implemented changes in the periodicity schedule



**Bounce Back Project** is a unique community based project to impact the lives of individuals, communities and organizations by promoting health through happiness.

Kandiyohi County Bounce Back Project Team members

- Carris Health
- Our Public Health staff
- Willmar Community Education
- Woodland Centers
- Willmar Early Childhood Family Education
- Willmar School District
- Project Turnabout

**Purpose:** The sense of contributing to something bigger than ourselves which gives us greater appreciation for those around us and the events we experience.

**Ongoing Opportunities**

- **Gratitude:** Studies show that expressing gratitude to another person can boost your happiness.
- **Self-Care/Mindfulness:** Self-care: care for yourself to continue to care for others. By being mindful, focusing on the present and not worried about the past or future. Video Series provided to staff by Dr. Marin founder of Bounce Back.
- **Random Acts of Kindness:** Doing something nice for someone without notice or reason to show them you care.
- **Social Connectedness:** Being connected to people creates a sense of belonging and can lead to a happy and healthy life.
- **3 Good Things:** An activity that allows you to focus more on the positive versus the negative. Write down 3 good things for two weeks, studies show it makes you happier.

# Infrastructure – Public Health

## Our Community Nurse Liaison

builds trusting relationships between Public Health and the Community to support families, promote health and wellness through education and connection to resources.

## Why is this important?

Providing health education and outreach to diverse families and connecting them to services and resources promotes wellness, self-sufficiency and goal attainment.

## What is the county’s role?

- Collaborating with community stake holders in identifying resource gaps and unmet needs in the community.
- Connecting families to healthcare services, programs and supports to meet the needs.
- Bridging communication barriers through visual aids and interpreting of information in a culturally appropriate way.
- Maintaining thorough knowledge of resources, as well as an understanding of how they impact community health.
- Helping community members navigate the systems.
- Working to develop and maintain a greater sense of cultural competency within organizations.
- Representing Public Health as a trusted resource in the community by fostering relationships.





# Child Support

Child Support is the contribution a parent makes for their children towards care, living expense, and medical support. All of Minnesota’s 87 counties are federally mandated to provide child support services for families regardless of the family’s socioeconomic status.

## Collection Support Services

Kandiyohi County Child Support staff provide a variety of services to assist in the collection of child support. Services include:

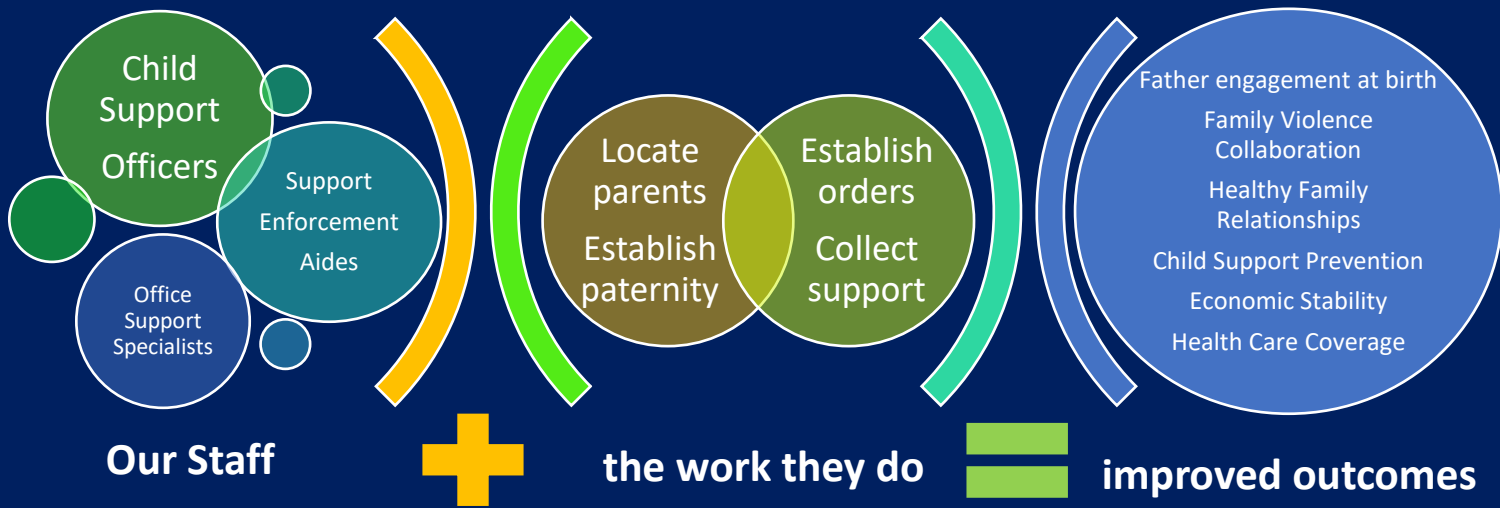
- establishing paternity/legally naming the father of a child born outside of marriage
- establishing a court order for child support
- modifying an existing child support order
- enforcing an existing child support order
- locating parents for child support
- identifying and verifying sources of income for child support
- and collecting and processing payments.

*“We recognize that fathers and mothers are important in the lives of their children and we encourage parents to be involved with their children’s lives, whether they live with them or not. Staying involved is important, even though it may not always be easy.”*

### 2020 Minnesota Performance Measures

	<u>Kandiyohi</u>	<u>Minnesota</u>	<u>Perf. Goal</u>
Paternity Establishment (two year comparison)	109.38%	100.14%	80%
Child Support Order Establishment	85.26%	87.47%	80%
Collections on Current Support	77.92%	75.41%	80%
Collections on Arrears	79.72%	79.65%	80%
Cost Effectiveness (amount collected for each dollar spent)	\$4.80	\$3.26	≥\$5.00





## Kandiyohi County Child Support Collections in 2020

**\$5,824,098**

### 2,077 Cases Served

- 835 Medical Assistance
- 17 Child Care
- 905 Non-Public Assistance
- 7 Spousal Maintenance Only
- 45 Foster Care
- 268 Minnesota Family Investment Program-MFIP



*"You make a difference in your children's lives. Be there for them."*





## FRAUD PREVENTION

Kandiyohi County has a fraud prevention specialist on staff that investigates reports of public assistance fraud.

In 2020, **625** cases were referred for fraud investigations. Over \$31,995 in overpayments were cited and repayment initiated on these cases.

Another **\$192,000** was saved by identifying potential fraud and closing the case before incorrect benefits were issued to the household.

**If you suspect public assistance fraud you can report fraud anonymously call the Fraud Hotline 1-800-627-9977**

**OR**

Report online

<https://fraudhotline.dhs.mn.gov>

# Economic Assistance

Federal, state, and county resources work together to help people meet their basic needs so they can live in dignity and achieve their highest potential. Anyone may seek assistance from Kandiyohi County to apply for financial assistance programs.

## Why is this important?

Financial need may occur for individuals for reasons beyond their control. Some individuals may have recently lost their job, separated from their partner, or may not have the intellectual or emotional capacity to support themselves.

Kandiyohi County and the State of Minnesota work together to assure financial support and health care to all who qualify.

## What is the county's role?

The financial assistance eligibility staff determine applicant and recipient eligibility for all mandated public assistance programs including cash and food programs, health care and child care programs.

The overall goal for Kandiyohi County is to ensure all applicants who request financial assistance or health care are responded to in a timely manner and that their eligibility is determined based on federal, state and county program rules.



# Health Care Programs

Minnesota offers a variety of health care programs. Anyone who meets income & eligibility guidelines may qualify for one of the Minnesota Health Care Programs, which includes:

- Medical Assistance (includes payment of Long Term Care costs for disabled and/or elderly)
- Medicare Savings Programs that assist with paying Medicare premiums
- Minnesota Care (families who don't meet income guidelines for Medical Assistance may qualify for this program and often pay a premium based on income)

**28.3%** of the people in Kandiyohi County are covered by a subsidized healthcare program



## Cash Programs for adults without minor children

### **Minnesota Supplemental Aid (MSA) Program**

The MSA program is an income supplement for people who receive federal Supplemental Security Income (SSI) benefits. A typical MSA monthly benefit is \$81.

### **General Assistance Program (GA)**

The GA program provides cash assistance for single adults without children who have a serious illness, disability or other issue that limits their ability to work. The maximum monthly benefit is \$203.

## Cash Programs for families with minor children

### **Diversionsary Work Program (DWP)**

The DWP program is a four-month program that **helps Minnesota parents find jobs**. The goal is to help parents quickly find work so that they do not need to go on the MFIP program.

The DWP program looked very different in 2020 due to the health emergency crisis due to the pandemic. All DWP families were moved to the MFIP program as required by law during the healthcare emergency.

## **Minnesota Family Investment Program**

The MFIP Program is a work incentive cash program for families with minor children with a 60 month lifetime limit unless the family meets an extension category.

**304 cases** are currently enrolled with Employment Services. 16% have a disability, 43% have less than a high school education and 34% are employed full or part time.

**55 families** went off of MFIP and into unsubsidized employment at an **average wage of \$13.99 per hour in 2020**.

## **SNAP**

The Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps) helps low income households afford the food they need for nutritious and well-balanced meals. The federal government expanded some SNAP benefits due to the health emergency crisis of the pandemic. Many households who received SNAP benefits received extra allotments due to these changes.

**7.5% of Kandiyohi County's population** are participating in the SNAP program. Almost half of these participants are children.

## **CHILD CARE**

**99 families in Kandiyohi County** are participating in the Child Care Assistance Program (CCAP) with 199 children eligible for this program. This program subsidizes child care costs for eligible families.

There is a real **need for additional child care providers in Kandiyohi county**.

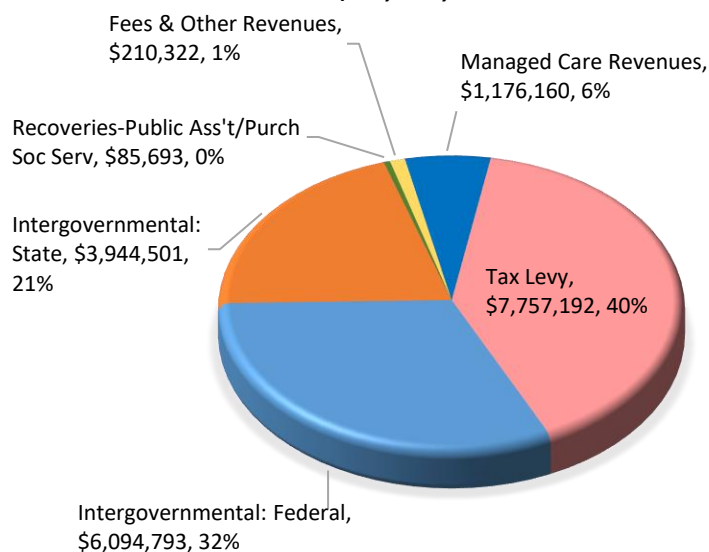
**The lack of affordable, quality childcare** can create employment **barriers** for families.

# Finances

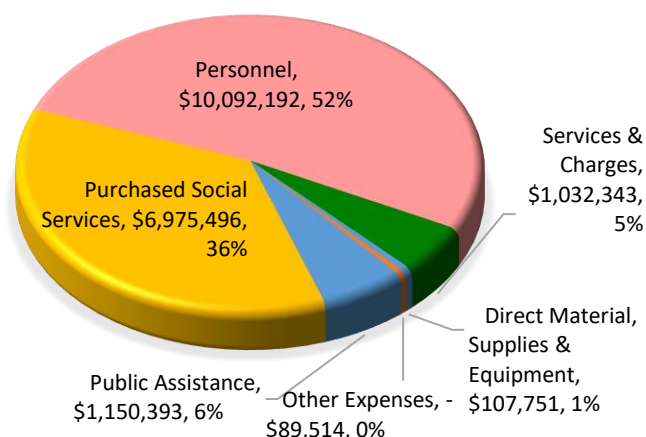
Minnesota has a state-supervised, county administered social service system. There are strict reporting requirements for data collection by the state. KCHHS is required to submit timely revenue and expenditure reports to the Department of Human Services and the Department of Health, who in turn, produce timely outputs for use by the legislature, state agencies, and the counties.

KCHHS has been challenged by reduced funding during times of increased demand for services in the past few years. Despite year-to-year variations, the County can expect to see a continued decrease in funding from the State and an increase in the financial obligations given to the County.

**2020 Human Services Total Revenues**  
**\$19,268,661**



**2020 Human Services Total Expenditures**  
**\$19,268,661**



## Highlights

Executive Order 20-12 allowed the use of telephone or video conferencing (FaceTime, Skype, or other applications) to meet face-to-face contact requirements for case management services. This includes targeted case management and waivers. Under state law, this change remains in effect until June 30, 2021. This change did not have a negative impact on our revenue for client contacts in 2020.

Targeted Case Management and Waiver Case Management are two ways our social service staff earn revenue for the services they provide. Both programs have the same core elements required for billing -eligible providers, eligible recipients, and a case plan specific to the client. Every social service unit generates case management revenue except MnChoices which is paid through the time study.

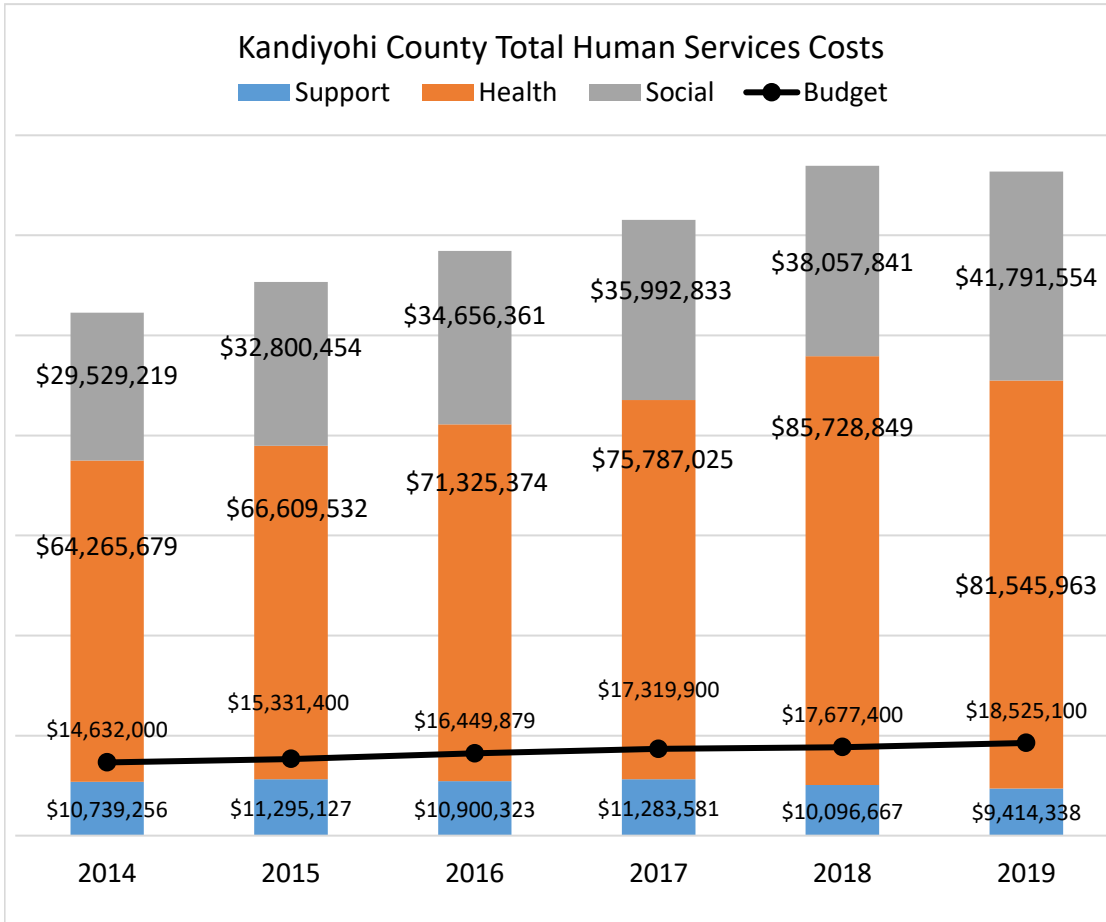
- Adult Mental Health Targeted Case Management (AMH-TCM) - \$186 per client, per month
- Children's Mental Health Targeted Case Management (CMH-TCM) - \$411 per client, per month
- Child Welfare Targeted Case Management (CW-TCM) - \$393 per client, per month
- Developmentally Disabled Targeted Case Management (DD-TCM) - \$186 per client, per month
- Vulnerable Adult Targeted Case Management (VA-TCM) - \$186 per client, per month
- Waiver Case Management
  - o Alternative Care (AC) – \$25.46 per 15-minutes
  - o Brain Injury (BI) – \$24.47 per 15-minutes
  - o Community Access for Disability Inclusion (CADI) – \$24.47 per 15-minutes
  - o Community Alternative Care (CAC) – \$24.47 per 15-minutes
  - o Developmentally Disabled (DD) - \$23.19 per 15-minutes
  - o Elderly Waiver (EW) – \$25.46 per 15-minutes



# Finances

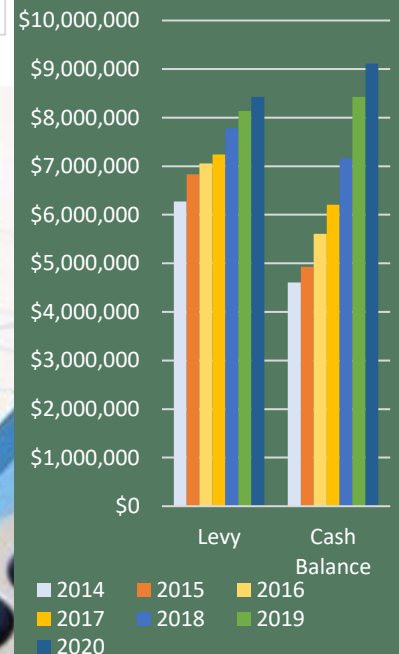
Human Service benefits for Kandiyohi County residents in calendar year 2019 were **\$132,751,855**.

The **COST SHARES** for this funding was 48% federal, 46% state, 5% county and 1% miscellaneous.



While there are many factors that help determine the minimum fund balance needed to maintain financial health, the Office of the State Auditor recommends that at year-end, local governments maintain unreserved fund balances in their General Fund and Special Revenue Funds of approximately 35 to 50 percent of operating revenues, or no less than five months of operating expenditures.

## LEVY AND CASH BALANCE



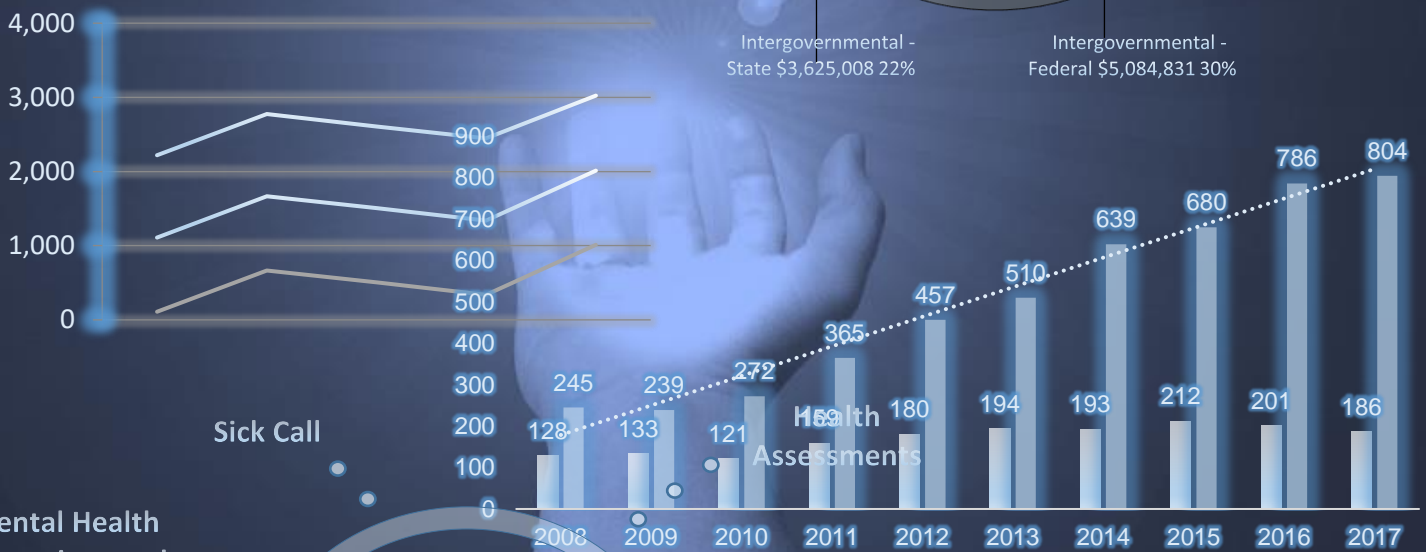
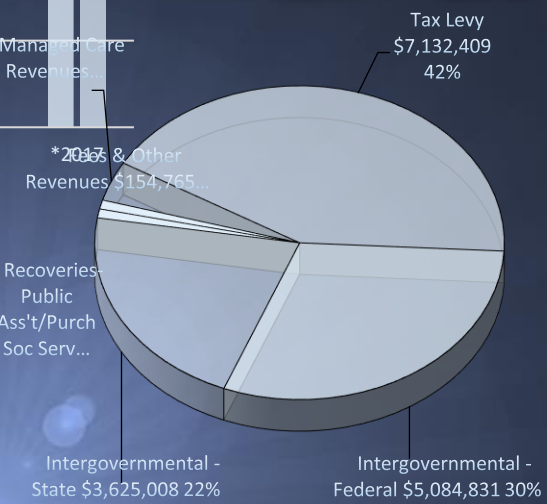
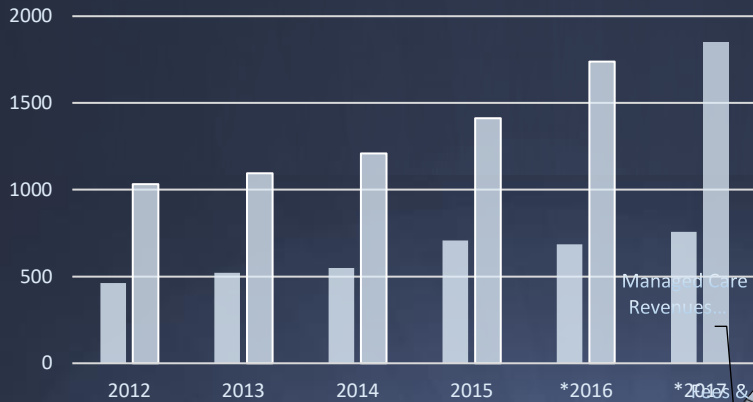
### PUBLIC HEALTH REVENUES

\$1,721,425

Fees	\$156,985
LPHA Grant	\$187,013
Grants	\$1,018,301
Contracts	\$192,826
Insurance	\$166,300
Tax Levy	\$839,253



# Data



Dental Health Screenings and Referrals

Medical Screenings and Referrals

Medication Administration Training for staff

Mental Health Screenings and Referrals

Medication Audits

<b>Traditional Child Protection Investigations</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Maltreatment Occurred/CPS Needed	27	45	40	32	26	58	77
Maltreatment Occurred/No CPS Needed	4	7	4	11	23	16	17
No Maltreatment Occurred/CPS Needed	2	15	10	11	10	7	19
No Maltreatment Occurred/No CPS Needed	23	33	30	27	48	20	33
Pending	8	4	5	13	3	7	10
Unable to Complete	7	8	1	7	8	8	11
Total Reports Assessed	71	112	90	101	118	122	167

<b>Law Enforcement Involvement</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Willmar Police Department	18	31	18	19	22	25	26
Kandiyohi County Sheriff's Department	14	18	10	13	11	37	29
Other Law Enforcement Agencies	20	16	17	20	7	5	3
Total	52	65	45	52	40	67	58

<b>Child Protection Family Assessments</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Services Needed	23	17	36	13	21	29	31
No Services Needed	94	61	73	70	71	85	72
Pending	4	2	8	22	1	7	4
Unable to Complete	6	6	12	14	9	10	10
Total Reports Assessed	127	86	129	119	102	131	117

<b>Child Protection Investigations/ Assessment by Allegation</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Medical Neglect	5	2	1	0	2	0	0
Mental Injury & Emotional Harm	20	16	20	3	3	22	14
Neglect (General)	245	304	198	265	183	404	371
Physical Abuse	128	187	153	58	101	156	197
Sexual Abuse	36	84	69	46	55	61	110

<b>Truancy</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Referrals	188	195	202	265	369	343	288
Percentage of Court Intervention in Cases (Effectiveness of Truancy Intervention)	NA	NA	7%	2.69%	4%	5.83%	5.56%



<b>Minor Parent Social Worker</b> Prenatal Assessment Referrals Received	2015	2016	2017	2018	2019	2020
	8	15	10	17	15	5

<b>Minor Parent Case Management</b>	2014	2015	2016	2017	2018	2019	2020
	37	37	27	20	15	19	5

**Out-of-home placement** refers to the care of children and young people up to 18 years who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short or long-term basis. Out-of-home placement can be arranged either formally or informally. Informal care refers to arrangements made without intervention by statutory authorities or courts, and formal care occurs following a child protection intervention (either by voluntary agreement or a care and protection court order).

<b>2020 Expenditures</b>	<b>Actual</b>
Foster Care-Family and Group Homes	998,071
Foster Care-Residential Treatment / Therapeutic Support	862,065
Foster Care-Facilities Licensed by Dept. of Corrections	384,846
Respite Care	12,030
<b>2020 Revenues</b>	<b>Actual</b>
Parental Fees Collected	70,320
Federal IV-E Revenue	360,561
Federal MA Rule 5 Reimbursement	92,278
State Northstar Fiscal Reconciliation	184,214
State Respite Care Grant	4,839
Recoveries Child Welfare Foster Care	139,369
ICWA Out of Home Placement (new)	750

**Actual Cost of Placement = \$1,404,681 (\$2,257,012 - \$852,331)**

### **Contracted Service Interventions**

#### **Lutheran Social Service Youth Programs:**

- 24 eligible youth were served with independent living skills
- 13 were served with Safe Harbor programming (at risk of or experienced exploitation/trafficking)
- 56 homeless youth were served (16-24 years of age)

#### **Family Based Services:**

- Family Based Services 71 Families \$157,107
- Intensive Family Based: 29 Families \$ 20,893
- Family Group Decision Making Conferences

<b>Children in Placement by Setting</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>202</b>
Trial Home Visit	17	18	29	25	18	33	48
Correctional facility (locked)	14	16	25	10	1	2	3
Foster home: non-relative	88	50	66	58	69	99	80
Foster home: relative	49	33	55	52	41	60	68
Foster home: corporate/shift staff	6	2	4	3	7	8	5
Group Home	53	27	35	8	12	48	20
Juvenile Correctional Facility (non-secure, 12 or fewer children)	9	12	11	8	4	1	7
Juvenile Correctional Facility (non-secure, 13 or more children)	8	6	12	8	8	14	9
Pre-adoptive home: non-relative	17	10	5	11	8	16	8
Pre-adoptive: relative	5	15	19	13	10	28	21
Residential	25	19	18	11	13	10	9
Supervised Independent Living	2	5	5	5	7	7	6

Note: A child could have been in more than one setting during the year so there may be some duplication.

The total number of children in placement includes child protection cases, child welfare cases, children's mental health cases and juvenile delinquency cases if they were placed in a non-secure facility.	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Total Number of Children in Out of Home Placement	122	112	123	152	197

<b>Type</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
General CHIPS	22	29	31	24	32	32	42
Permanency Petitions	8	12	23	32	22	36	24
Long Term Foster Care	0	3	5	2	2	1	0
Truancy CHIPS	16	15	14	7	15	20	16
Children adopted	13	15	18	13	12	18	22
Children waiting to be adopted	9	13	5	9	8	14	10

<b>Child Welfare and Protection</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Truancy referrals	118	195	202	265	369	343	288
Children in permanent foster care	2	3	5	2	2	1	1
Minor parents who received case management services	37	37	27	20	15	19	5
Children in out-of-home placement during the year	121	124	122	112	123	152	197
Child Welfare and Protection cases open	90	100	102	113		123	197

<b>Foster Care and Day Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Licensed Family Child Care Providers	108	113	98	93	91	87	89
Child foster homes	24	24	30	32	35	34	41
Corporate foster homes	114	118	114	123	123	124	125
Traditional Adult Foster Care	9	9	7	7	6	6	5

<b>Substance Use</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Rule 25 assessments completed by team	343	403	366	346	303	246	195
Individuals referred to non-residential treatment	121	138	138	119	108	86	38
Individuals referred to residential treatment	151	131	113	100	99	96	74
Detoxification admissions	179	103	132	155	116	282	147

<b>Mental Health Services - Children</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Children who received Case Management	66	81	96	68	103	105	103
Children's Day Treatment Program	45	40	42	30	27	37	35
Adolescent Day Treatment Program	--	--	10	17	15	15	7
Family Community Support Services Program	16	10	11	9	13	12	6
Case Closed	21	11	25	23	30	14	12
Current Caseload	51	63	71	56	79	78	70

<b>Adult Mental Health Intake</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Request for Adult Mental Health Services	69	69	96	72	73	80	72
New cases assigned	29	18	46	23	34	43	27
No Response to Intake letter	19	32	18	14	12	12	12
Refused at point of intake	7	3	5	1	3	0	1
Pending	0	4	2	1	20	14	17
Referred elsewhere at intake	3	1	9	9	13	9	5

<b>Adult Mental Health Services</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
All Clients who received case management services	256	251	204	234	204	200	179
Current Caseload	138	126	107	91	109	81	103
Pre-petition Screening Reports (Commitments) for mental illness or chemical dependency	48	51	38	42	40	40	49
Community Support Services	102	101	91	82	85	83	64
Assertive Community Treatment	43	41	40	42	45	40	35
Day Treatment	42	35	33	24	35	38	31
ARMHS	115	136	143	117	114	119	105



<b>Community Reports - Vulnerable Adult</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Total Community Reports	182	172	254	273	225	273	267
Screened Out Reports	85	90	98	117	110	135	156
Assigned for Investigation	62	63	136	127	110	137	106
Emergency Protective Services							56

<b>Allegation for 2020</b>	<b>Substantiated</b>	<b>Inconclusive</b>	<b>False</b>	<b>Not Vulnerable Adult</b>	<b>Investigation Not possible</b>	<b>Pending</b>	<b>Total</b>
Abuse emotional or mental	0	2	5	3	1	4	17
Abuse physical	0	2	6	6	0	0	14
Abuse sexual	0	3	3	0	1	1	8
Financial exploitation Fiduciary relationship	0	0	5	2	4	2	13
Financial exploitation Not fiduciary relationship	6	5	5	3	2	1	22
Neglect Caregiver	1	1	4	2	0	4	12
Neglect Self	8	2	17	6	0	9	42
<b>Totals:</b>	<b>15</b>	<b>17</b>	<b>45</b>	<b>22</b>	<b>8</b>	<b>21</b>	<b>128</b>

<b>Home and Community Based Assessment and Aging</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
MnCHOICES	22	241	579	622	811	989	977
Alternative Care cases	16	16	15	14	7	10	4
Elderly Waiver cases (County Only)	33	34	42	35	16	41	33
Managed Care Cases (community only)	316	291	296	343	388	323	316
Managed Care Cases (nursing home)						270	216

<b>Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties</b>	<b>2020</b>
Renville	25
Swift	25
Chippewa	25
Hennepin	21
Meeker	20

In 2020, Kandiyohi County staff completed annual MnCHOICES assessments from 69 counties out of 87.

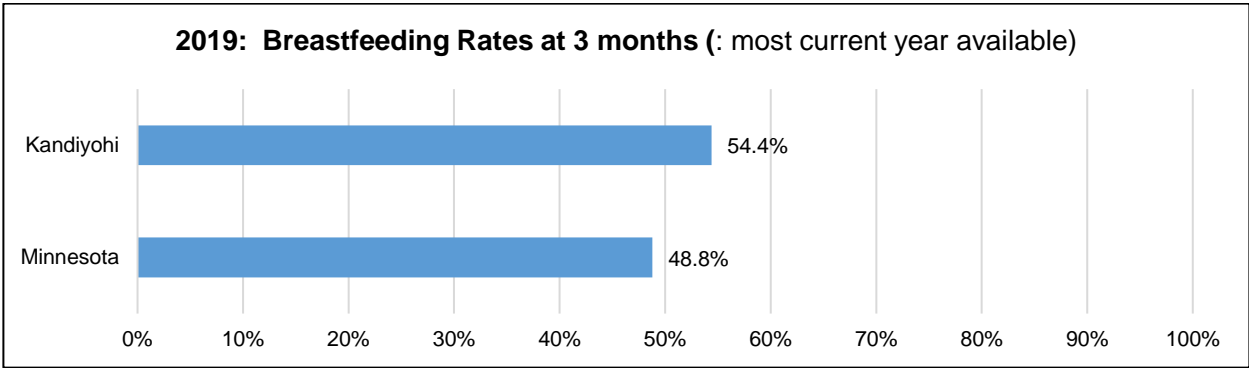
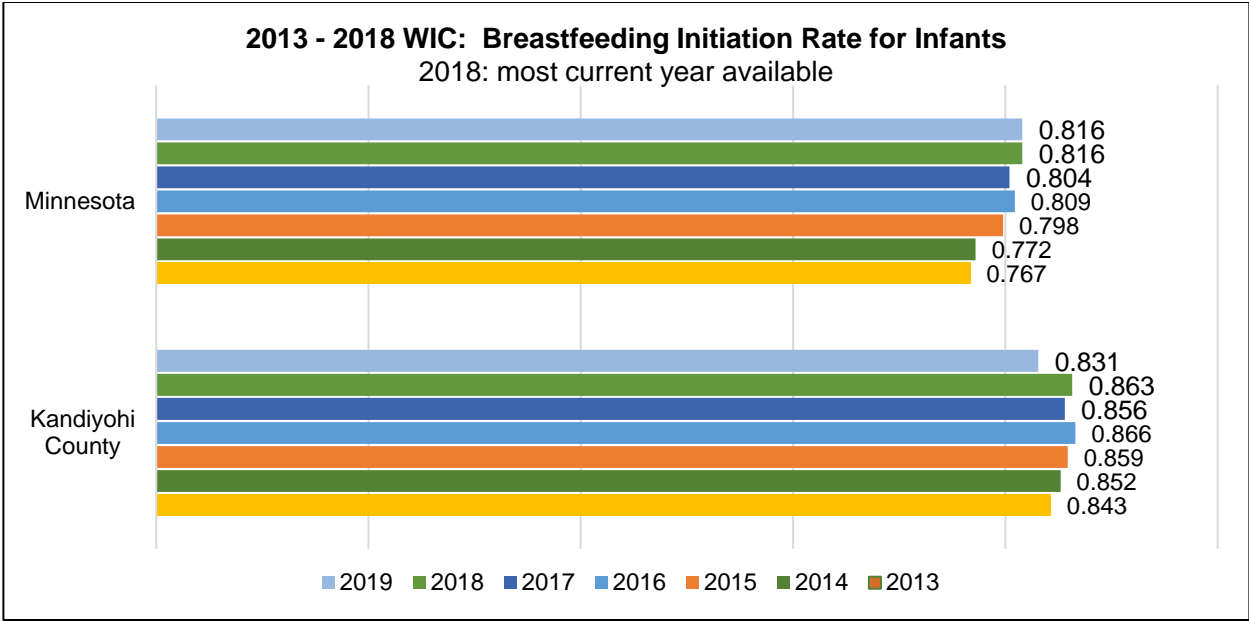
<b>Referrals into Public Health</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Prenatal Referrals (Universal Prenatal + WIC Referrals)	351	372	316	255	189	174	210
Postpartum Referrals (Universal)	516	447	407	245	228	208	165
High Blood Lead Level Referrals	30	22	22	30	11	11	14
Family Home Visiting Referrals	26	33	20	29	59	34	27
Perinatal Hepatitis B Referrals	3	4	8	9	8	12	3
Mental Health Referrals	21	15	15	9	15	7	8
Breastfeeding Referrals	20	15	16	19	17	13	14
Birth Defects Information Systems <sup>1</sup>	--	14	10	14	8	11	6
Early Hearing <sup>1</sup>	--	11	7	4	2	7	4

<sup>1</sup>2017 data updated in March 2018

<b>Prenatal Activity</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Prenatal Referrals	351	372	316	255	189	174	210
Prenatal Clients	96	67	45	54	29	24	19
Prenatal Visits	169	153	139	127	68	60	48

<b>Postpartum Activity</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Postpartum Referrals (High Risk)	516	447	408	245	228	208	165
Postpartum Clients	159	173	130	139	138	118	60
Postpartum Visits	207	298	206	216	188	184	111

<b>Minnesota Expectant and Parenting Student Program (MEPSP)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Clients	31	34	42	45



Data on Breastfeeding rates at 6 months is not available at this time

<b>Women, Infant and Children: WIC</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
WIC Average Number of Participants per Month Served	1613	1617	1656	1665	1,641	1,616	1,520
WIC Participant Highest Month of Activity	<b>July</b>	<b>July</b>	<b>Sept</b>	<b>August</b>	<b>January</b>	<b>August</b>	<b>October</b>
Participants	1661	1669	1690	1724	1,697	1,678	1,656
WIC Participant Second Highest Month of Activity	<b>Aug</b>	<b>Sept</b>	<b>Aug</b>	<b>Sept</b>	<b>October</b>	<b>July</b>	<b>November</b>
Participants	1649	1656	1685	1708	1,694	1,674	1,620

<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
\$1,166,691	\$1,147,512	\$1,178,893	\$1,169,888	\$1,173,349	\$1,183,616	\$1,176,537

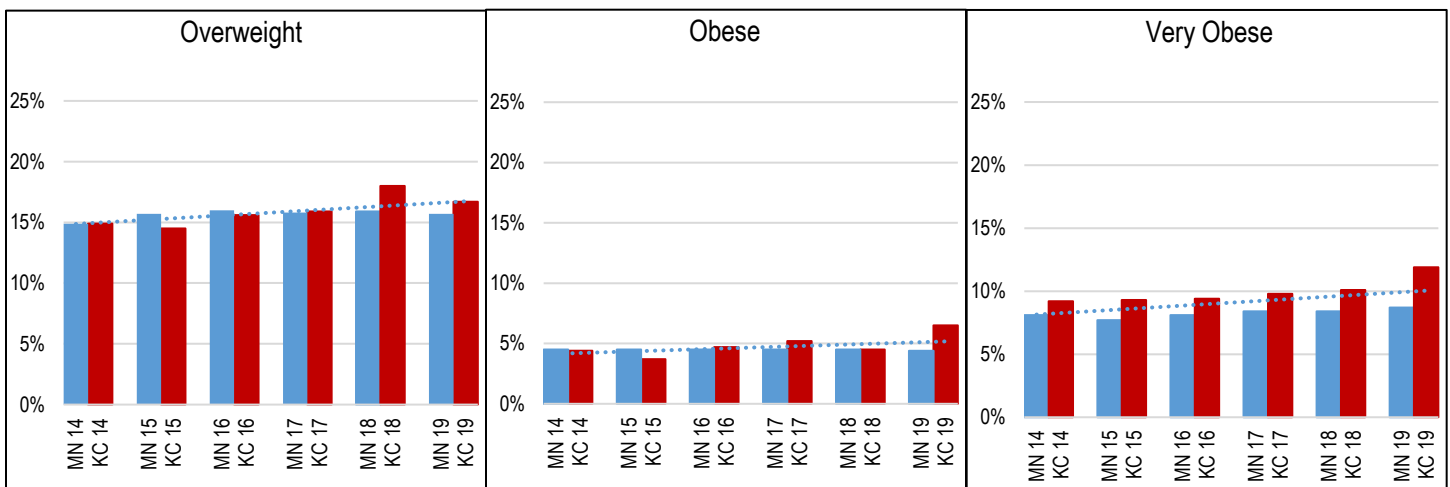


### Weight Status in Children Ages 2 to 5 Participating in Minnesota WIC

	Total Children	Underweight	Normal Weight	Overweight	Obese	Very Obese
Minnesota 2011	71,873	1,940 (2.7%)	49,042 (68.2%)	11,753 (16.4%)	3,807 (5.3%)	5,331 (7.4%)
Kandiyohi Co. 2011	870	28 (3.2%)	570 (65.5%)	145 (16.7%)	57 (6.6%)	70 (8.0%)
Minnesota 2012	70,114	1,959 (2.8%)	48,025 (68.5%)	11,224 (16.0%)	3,328 (4.7%)	5,578 (8.0%)
Kandiyohi Co. 2012	843	21 (2.5%)	570 (67.6%)	149 (17.7%)	32 (3.8%)	71 (8.4%)
Minnesota 2013	65,911	2,241 (3.4%)	44,635 (67.7%)	10,399 (15.8%)	3,183 (4.8%)	5,453 (8.3%)
Kandiyohi Co. 2013	826	31 (3.8%)	547 (66.2%)	135 (16.3%)	45 (5.4%)	68 (8.2%)
Minnesota 2014	62,749	2,471 (3.9%)	43,055 (68.6%)	9,334 (14.9%)	2,807 (4.5%)	5,082 (8.1%)
Kandiyohi Co. 2014	794	43 (5.4%)	525 (66.1%)	118 (14.9%)	35 (4.4%)	73 (9.2%)
Minnesota 2015	64,809	2,434 (3.8%)	44,292 (68.3%)	10,186 (15.7%)	2,891 (4.5%)	5,006 (7.7%)
Kandiyohi Co. 2015	822	34 (4.1%)	545 (66.3%)	128 (15.6%)	33 (4.0%)	82 (10%)
Minnesota 2016	62,644	2,346 (3.7%)	43,382 (67.7%)	10,005 (16.0%)	2,834 (4.5%)	5,077 (8.1%)
Kandiyohi Co. 2016	850	49 (5.8%)	548 (64.5%)	133 (15.6%)	40 (4.7%)	80 (9.4%)
Minnesota 2017	59,847	1,841 (3.1%)	40,762 (68.1%)	9,482 (15.8%)	2,711 (4.5%)	5,051 (8.4%)
Kandiyohi Co. 2017	863	36 (4.2%)	560 (64.9%)	137 (15.9%)	45 (5.2%)	85 (9.8%)
Minnesota 2018	52,955	3.7%	67.6%	15.9%	4.5%	8.4%
Kandiyohi Co. 2018	852	35 (4.1%)	540 (63.4%)	153 (18.0%)	38 (4.5%)	86 (10.1%)
Minnesota 2019	59,971	3.6%	67.5%	15.7%	4.4%	8.7%
Kandiyohi Co. 2019	825	30 (3.6%)	505 (61.2%)	138 (16.7%)	54 (6.5%)	98 (11.9%)

2019 is the most current data available

### Weight Status in Children Ages 2 to 5 Participating in Minnesota WIC

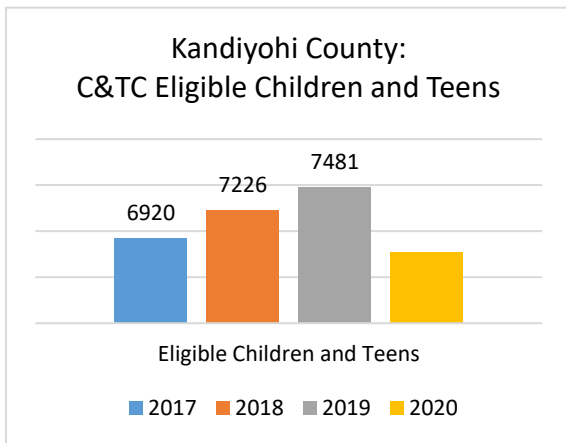


<b>Family Home Visiting Activity</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Family Home Visiting Referrals	26	33	20	29	59	34	27
Family Home Visiting Clients	59	75	80	79	94	96	81
Family Home Visits	241	416	481	566	656	844	551
Children Served	--	--	--	112	81	111	100

<b>Expectant Parent Classes</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Participants	33	123	87	101	93	13	20

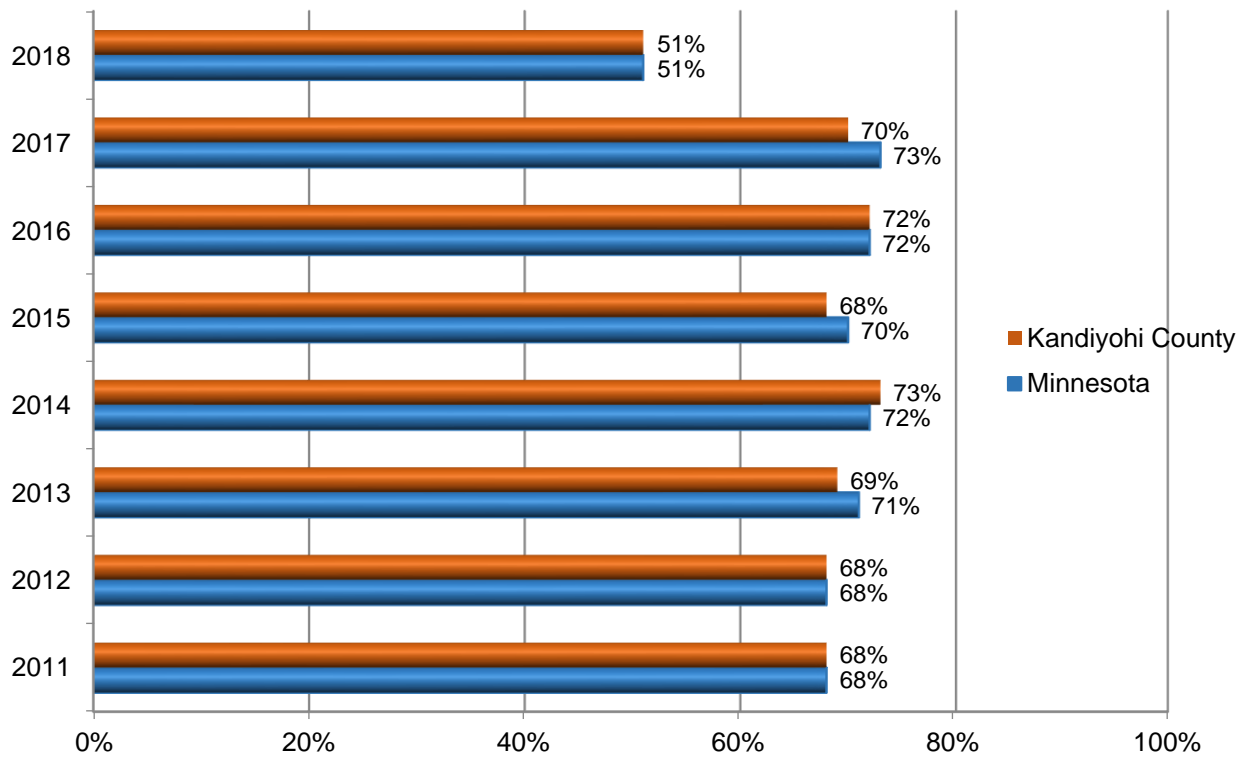
<b>Child Passenger Safety Seats Distributed through Public Health</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
UCare	NA	23	58	94	62
Blue Plus Car Seat Program	76	109	79	79	59
State of MN Grant	NA	3	2	0	0
C.A.R.S. Classes (Foster and Daycare Providers)	6 Classes (58 participants total)	6 Classes (109 participants total)	6 Classes (82 participants total)	5 Classes (93 participants total)	48 participants total
Car Seat Clinic - Spring and Fall of 2015	35 car seats checked	30 car seats checked	33	25	3

<b>Follow Along Activities</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Active Children	260	256	277	293	312	298	216



Approximately 6,774 Kandiyohi County children and teens up to age 21 were eligible for Child and Teen Checkups services in 2020.

### Child and Teen Checkups (C&TC) Program Participation Ratio



<b>Prairie Lakes Youth Programs Correctional Activity</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Residents Seen by Nurse	193	212	201	186	199	183	102
Visits to Nurse	639	680	786	804	627	556	303
Total Nursing Hours	458	399	403	552	445	601	396
Direct Care Hours	328	239	311	355	250	364	258
Indirect Hours	130	159	92	197	195	237	138

<b>Prairie Lakes Youth Programs Group Homes</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Total Hours	60	60.5	60	61	60.25	59.75	13.5
Boys Group Home	30	30.25	29.75	30.5	30.25	29.75	6.75
Girls Group Home	30	30.25	30.25	30.5	30	30	6.75



<b>Immunizations</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Clinic Clients	549	708	685*	758*	375*	367	142
Vaccine Doses	1209	1412	1738	1852	862	838	276

\* Added clinic day

<b>Immunizations: Influenza</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Flu Doses Given	1,149	1,086	1,059	1106	992	811	784
Contracted Worksite	875	877	803	898	913	722	712
School Clinic	0	0	0	0	0	X	X
Scheduled Bi-monthly Clinics	274	209	256	208	79	89	72
<b>Primary Refugee Arrivals*</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	
Kandiyohi	37	54	74	57	5	10	9

Minnesota	2,505	2,244	3,186	NA <sup>+</sup>	NA*	NA	NA
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Kenya		16	2	8			
Honduras (Labor Trafficking)				1			
Ethiopia		13	15	11	4		
Somalia	30	24	37	30		4	1
South Africa			5	3			
Eritrea			4				
Uganda			3				
Yemen			5				
Asian	7	1					
Myanmar				2		1	
Thailand				2	1	5	5
Burma							3

\*Primary Refugee Includes "Primary Refugee", "Asylee", "Parolee", "Amerasian" and "Victim of Trafficking"

<sup>+</sup>Information not available at time of publishing. For additional information visit:

[www.health.state.mn.us/refugee/stats/#primary](http://www.health.state.mn.us/refugee/stats/#primary)

<b>Secondary Refugee Arrivals</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Secondary Kandiyohi	141	158	135	74	4	0	0
Secondary Minnesota	841	1,011	977	NA <sup>+</sup>	NA*	NA	NA

\*Secondary refugees are refugees who originally resettled to another state in the US before moving to Minnesota.

Data limitation: Only includes secondary refugee arrivals reported to the MDH Refugee Health Program.

<sup>+</sup>Information not available at time of publishing. For additional information visit:

[www.health.state.mn.us/refugee/stats/#primary](http://www.health.state.mn.us/refugee/stats/#primary)

<b>Tuberculosis</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
New Active Cases	3	3	3	6	2	2	0
New Latent Cases	120	182	150	132	57	41	4

## Kandiyohi - Renville Community Health Board Environmental Health Program

Reporting is for Kandiyohi - Renville Counties combined

<b>Licensing: Food, Pools and Lodging</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Total Number of Licensed Food, Pool and Lodging Establishments	291	287	292	293	301	300	307
Kandiyohi County	208	203	204	204	211	218	223
Renville County	83	84	88	89	90	82	84

<b>Licensing</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Total Number of FPL Establishments	291	287	292	293	301	300	300
Lodging	59	55	58	36	38	36	38
Establishments with pools	16	16	17	18	20	20	20
Manufactured Home Park/Recreational Camping	39	41	39	39	39	39	39
Special Events	278	301	352	411	389	425	111
Vending Machines (Kandiyohi County Only)	241	225	183	207	218	175	147
Tobacco Retailers (Kandiyohi County Only)	33	35	31	30	32	32	34
Compliance Checks				33	30	29	0
Compliance Check Failures	8	1	2	1	2	3	0

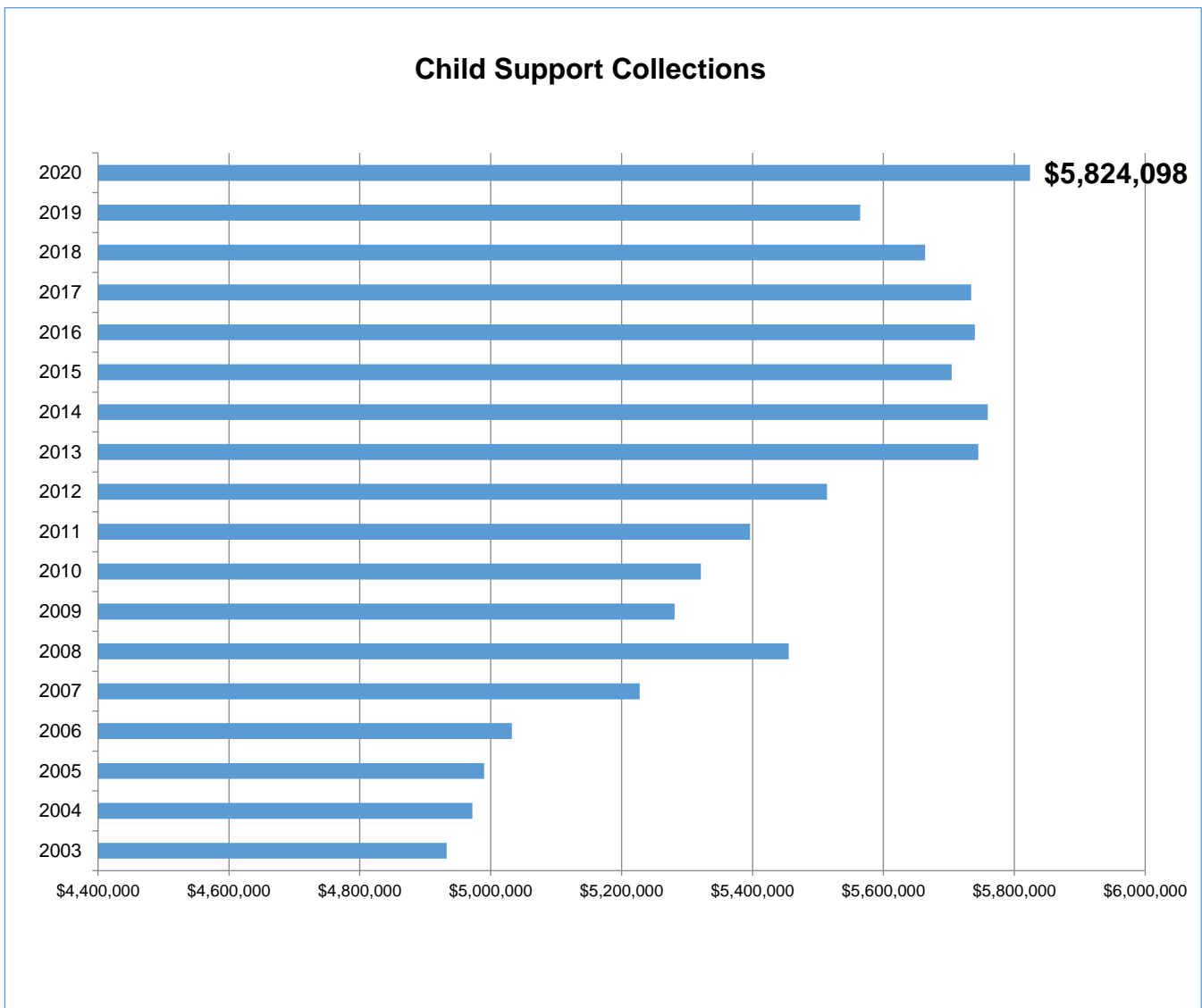
<b>Inspections</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Food, Pool and Lodging	402	411	385	392	378	332
Violations	1090	1089	881	1013	1042	780
Average Number of Violations per Inspection	2.71	2.65	2.28	2.58	2.76	3.26
Critical Violations	420	406	359	379	N/A	X
Average Number of Critical Violations per Inspection	1.04	.99	.93	.92	N/A	X

<b>Complaints</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Food, Pool and Lodging	12	4	11	7	13	1 Suite Liv'n Many complaints related to executive orders
Required enforcement action	6	3	2	3	6	0
Public Health Nuisance	9	6	3	5	3	2
Required enforcement action	2	1	1	1	0	1

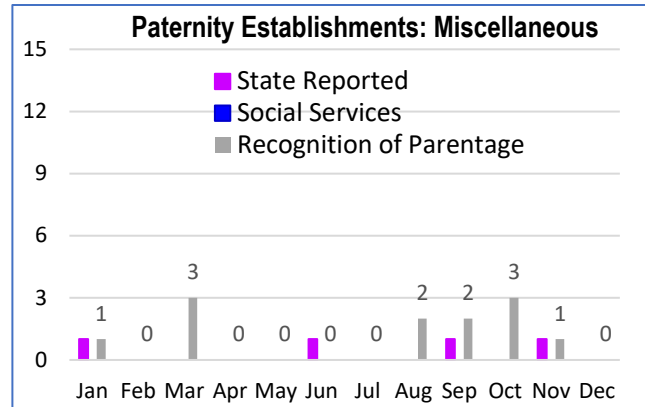
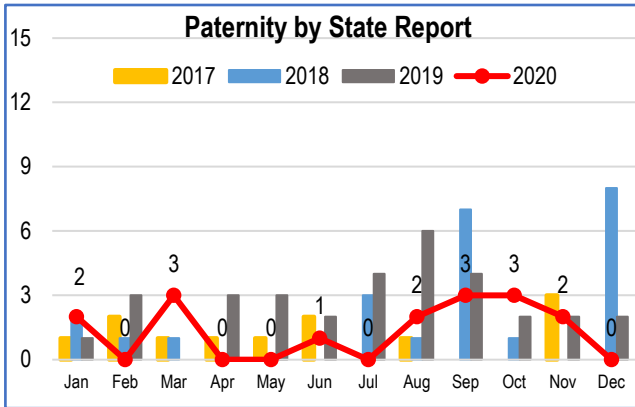
<b>Child Support Caseload Count by Type</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Medical	855	672	553	274	364	555	835
Child Care Assistance	25	27	46	68	47	31	17
Non Public**	1,179	1,348	1363	1,500	1,326	1151	905
Spousal Maintenance	4	5	6	4	5	5	7
Foster Care	44	40	45	50	50	42	45
MFIP: Minnesota Family Investment Plan	232	249	266	222	186	189	268

\*2013 only, includes MinnesotaCare

\*\*includes Diversionary Work Program

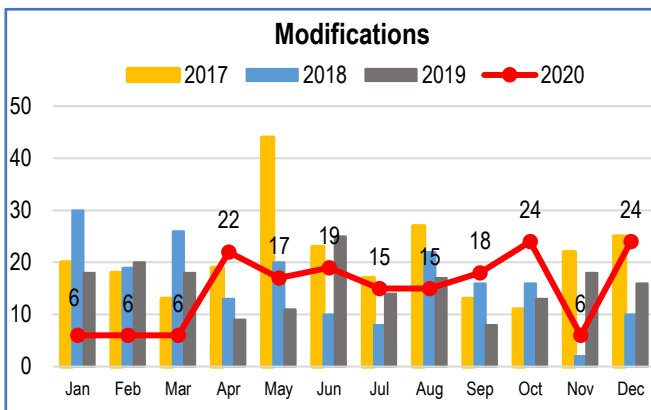




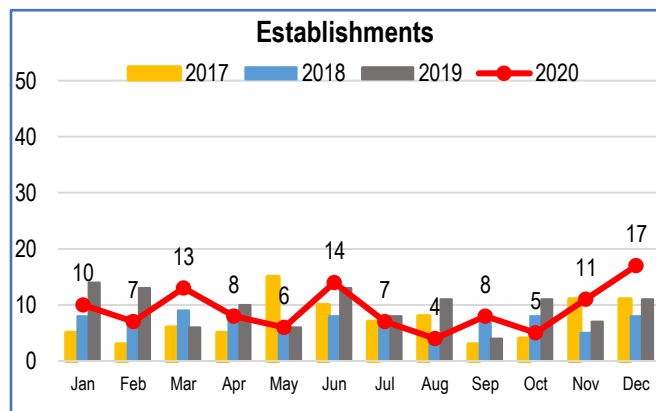


**PATERNITY: Establishing parentage**

Establishing parentage creates a legal relationship between a child and the child's parent when no legal relationship previously existed. Actions to establish a legal relationship between a child and the child's father are informally referred to as paternity actions. Parentage must be established before a parent's name can be placed on a child's birth certificate.

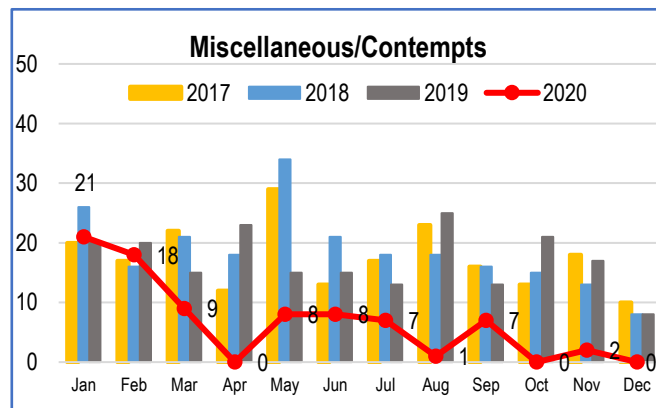


**MODIFICATIONS: Changing a child support order.** The court sets child support obligations based on family circumstances and information from both parents. Child support orders can be changed or modified only by a court order or by cost-of-living adjustments. Family circumstances change and income may increase or decrease. Some parents experience difficult times that make them unable to pay their obligation, such as unemployment, underemployment, health changes or incarceration. Charging continues regardless of ability to pay, unemployment insurance benefits or other circumstances.



**ESTABLISHMENT: Establishing Orders**

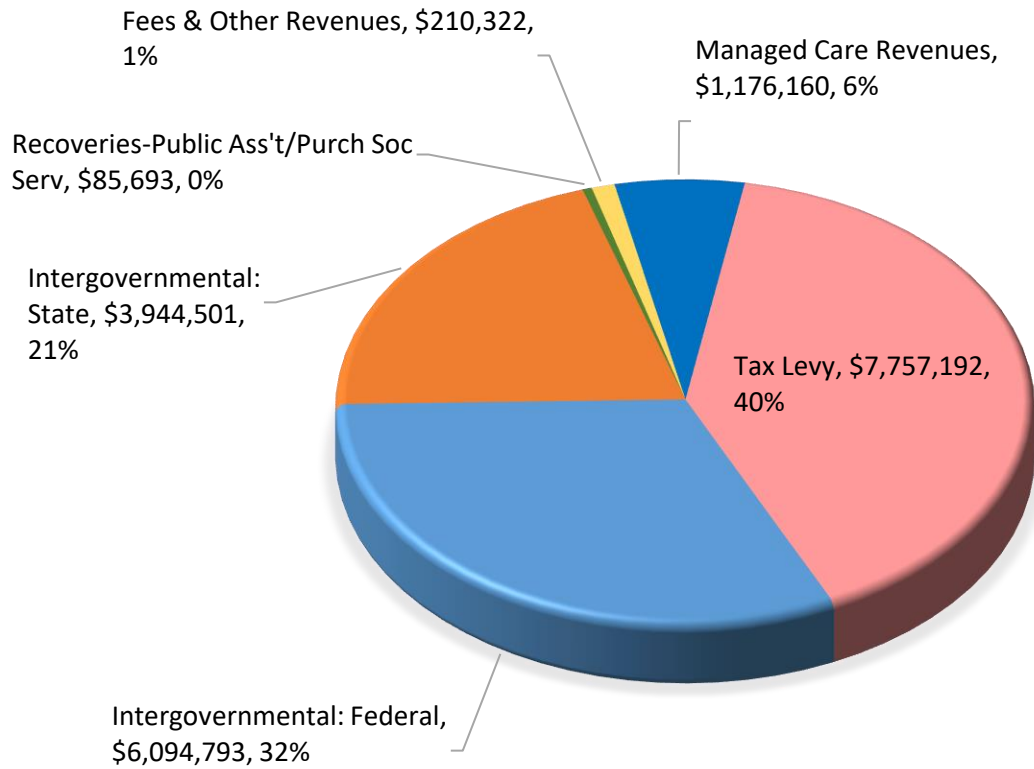
The child support office or a parent may ask the court to issue a support order. The support order may be an interim, temporary, permanent or modified court order. It may be part of a divorce, paternity, child custody, or separate child support action, legal separation or order for protection. The court reviews both parents' abilities to provide financial support for their children when ordering a child support obligation. Child support includes basic support, medical support and child care support. Support orders may also address birth-related expenses and past child support for up to two years. In these situations, a parent may owe past due support, called arrears, when the order is signed.



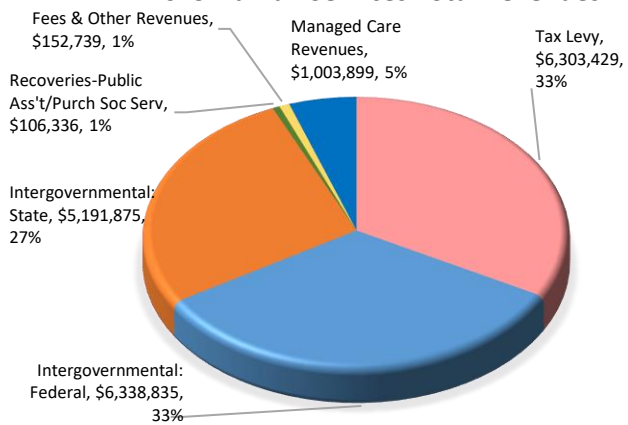
**Miscellaneous:** Hearings (contempt and review)

Trending Program Information	2016	2017	2018	2019	2020
<b>PROGRAMS FOR ALL ADULTS/FAMILIES</b>					
** SNAP (food) program – Active Persons	4801	4542	4039	4006	3264
<b>PROGRAMS FOR ADULTS WITHOUT MINOR CHILDREN</b>					
Emergency General Assistance(EGA) for Adults without minor children	35	44	35	36	6
** Refugee Cash Assistance (RCA) active cases	16	1	0	2	0
** General Assistance (GA) active cases	143	140	139	124	160
** Minnesota Supplemental Aid (MSA) active cases	152	150	157	161	168
** Housing Supports Program (formerly GRH – Group Residential Housing)	173	197	172	173	161
<b>PROGRAMS FOR FAMILIES WITH MINOR CHILDREN</b>					
Emergency Assistance (EA) Program for Families with minor children approved (number of cases)	171	178	129	108	51
** MFIP Active	308	264	208	206	345
** DWP active cases in December	25	19	16	19	0
MFIP program participants who are employed full or part time	57%	40%	32%	41%	34%
MFIP closed/used 60 months with no extension	4	5	1	1	2
MFIP open/used 60 months - extension granted	22	32	26	28	33
MFIP program – participants used 48 months or more	9	14	17	16	65
DWP – employed participants	19%	37%	41%	40%	0%
DWP – disabled participants	17%	4%	9%	9%	0%
DWP participants with less than a high school education	40%	39%	44%	47%	0%
** Child Care Assistance Program (CCAP) Total number of children on CCAP	181	199	115	208	199
<b>HEALTHCARE PROGRAM STATISTICS FOR ALL (ADULTS &amp; FAMILIES)</b>					
**Healthcare – number of active persons on MAXIS healthcare programs (MAGI –Modified Adjusted Gross Income calculation)	4100	2149	2078	2052	2104
** Healthcare – number of active persons on METS system (non-MAGI)	6780	9274	9184	8984	10234
<b>FRAUD STATISTICS</b>					
Number of cases referred for possible fraud	171	252	262	343	625
Number of cases completed	159	245	258	342	583
Dollar savings by FPI	\$40,820	\$55,965	\$88,287	\$137,690	\$192,200
Overpayment totals by FPI	\$21,915	\$56,907	\$29,259	\$53,295	31,995
Administrative Disqualification Hearing (ADH) waivers	2	9	8	3	2
** Data designated with asterisks is from December of the designated year and not an average for the calendar year					

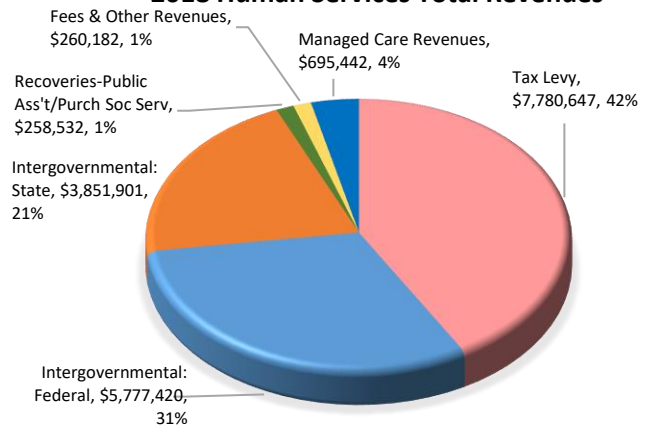
## 2020 Human Services Total Revenues \$19,268,661



### 2019 Human Services Total Revenues

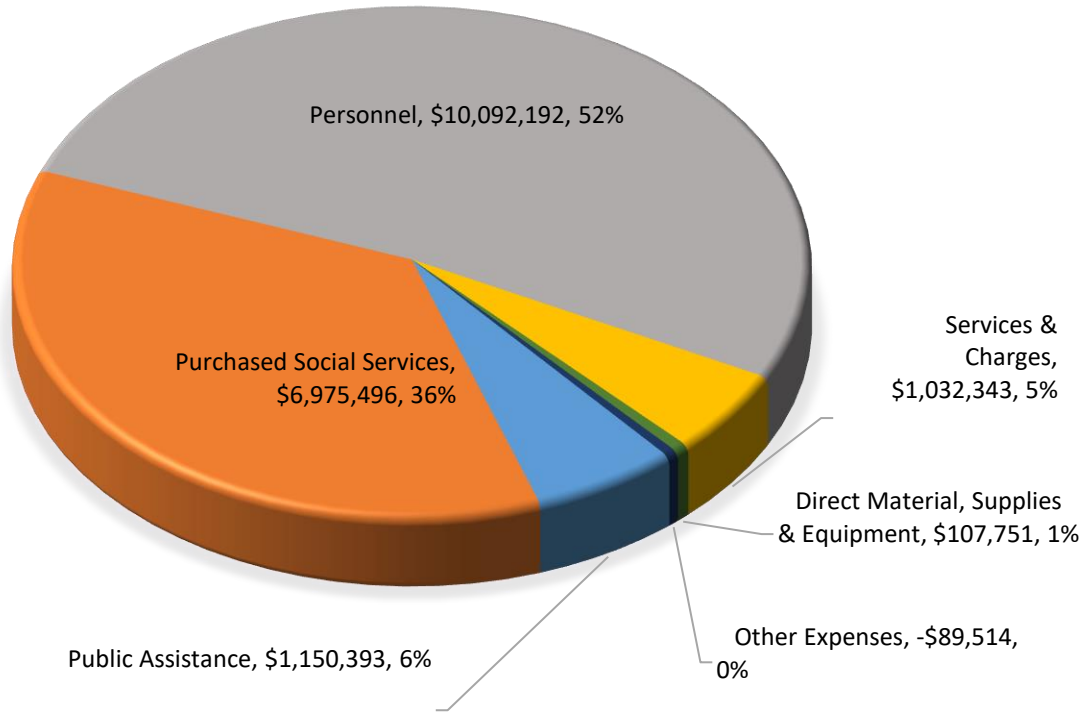


### 2018 Human Services Total Revenues

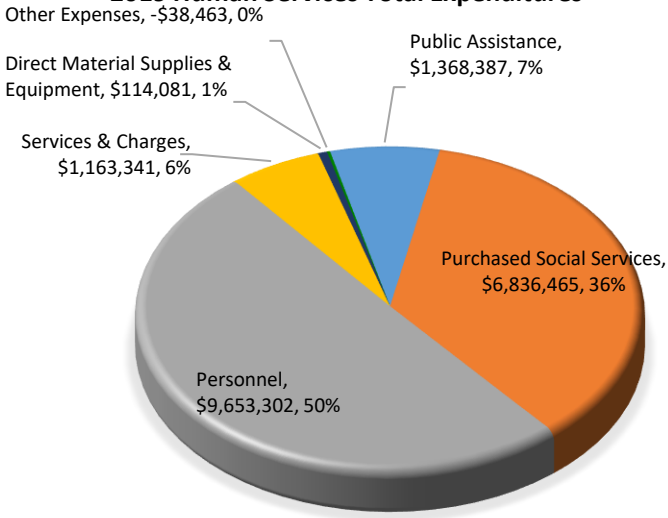




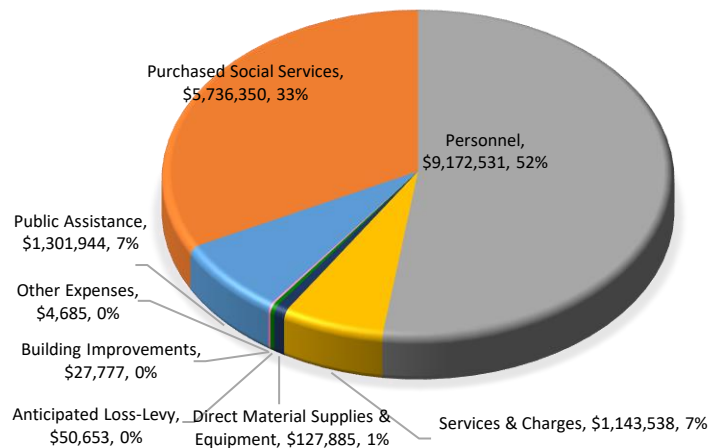
**2020 Human Services Total Expenditures**  
**\$19,268,661**



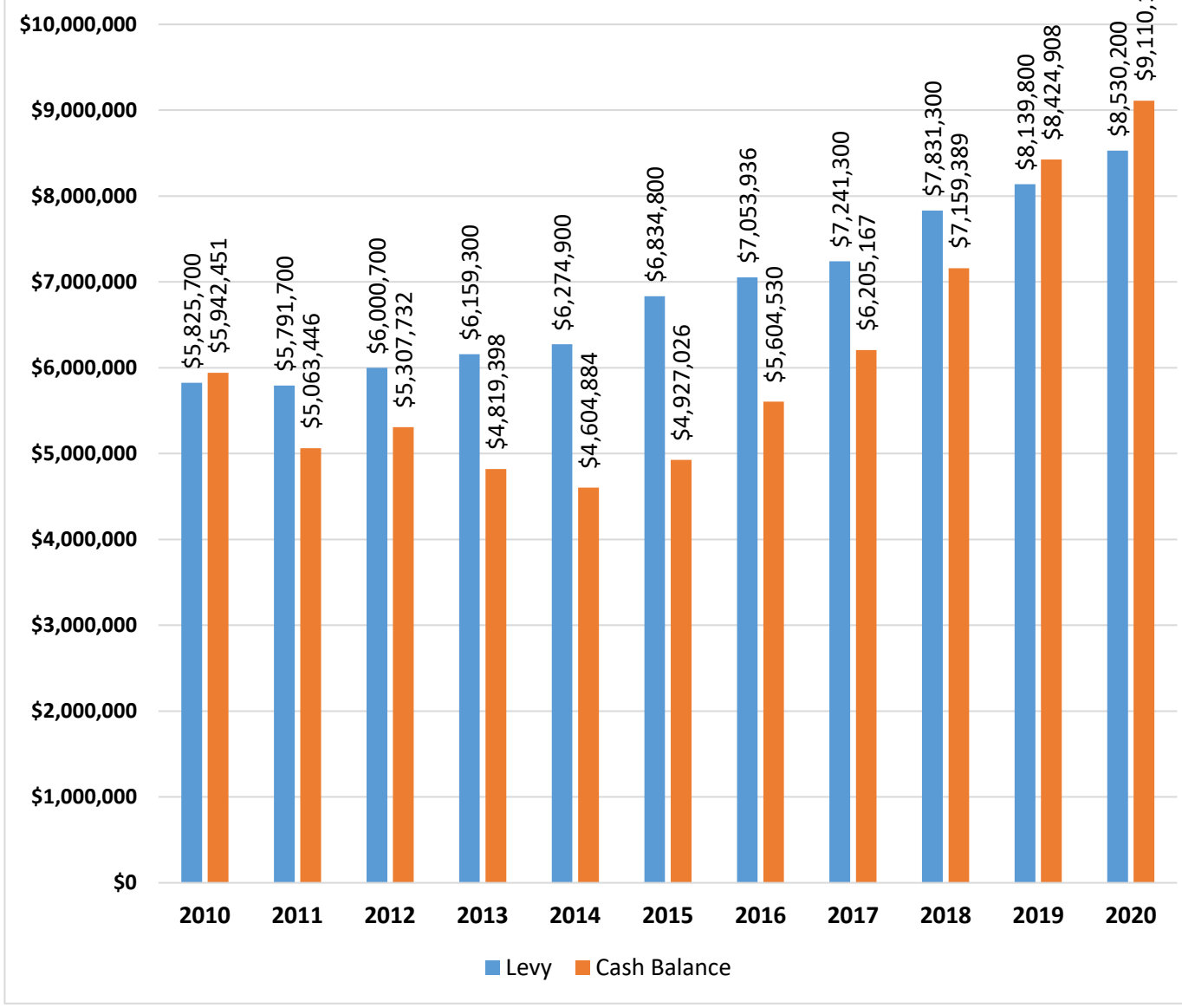
**2019 Human Services Total Expenditures**



**2018 HUMAN SERVICES TOTAL EXPENDITURES**



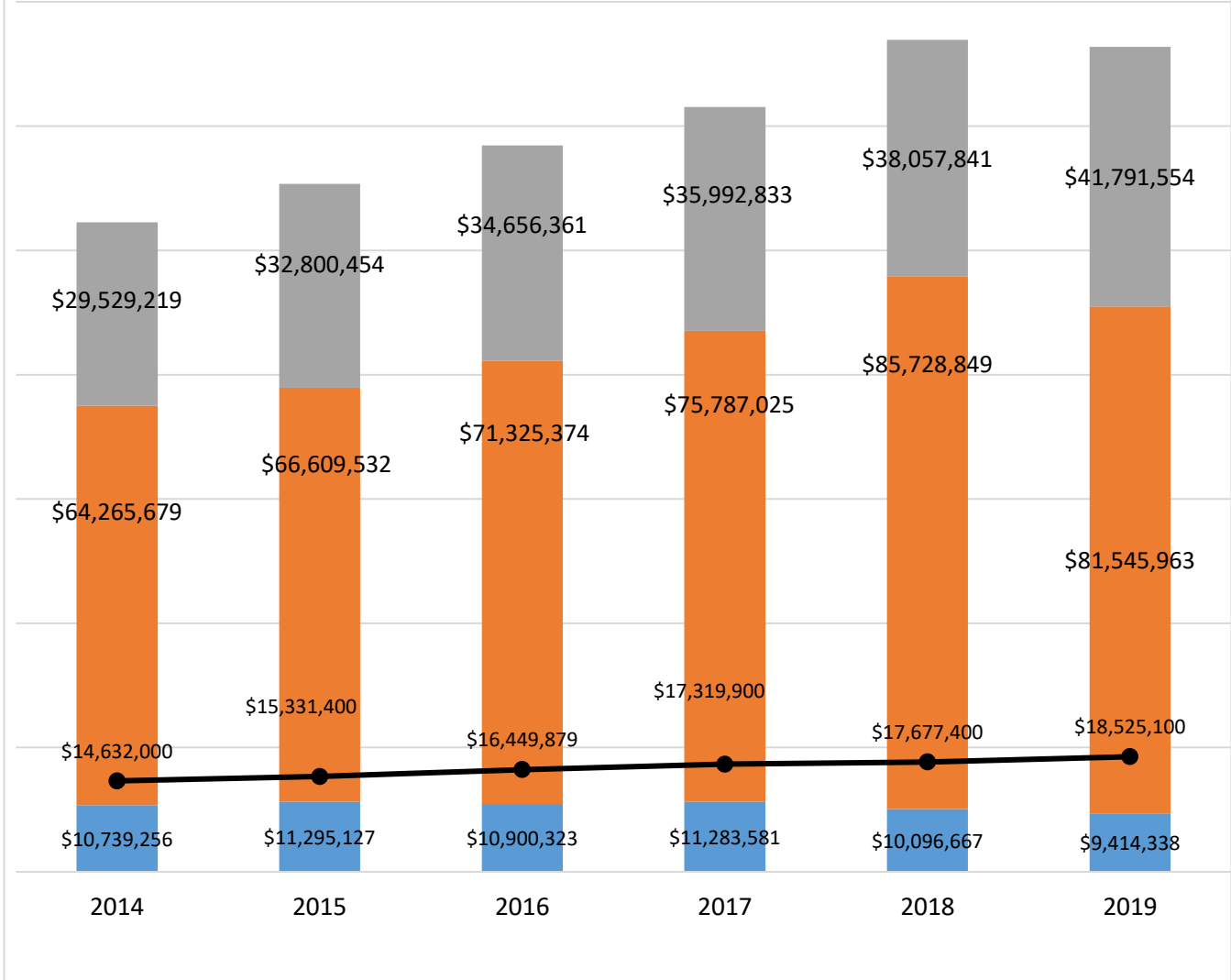
### Human Services: Levy and Cash Balance



While there are many factors that help determine the minimum fund balance needed to maintain financial health, the Office of the State Auditor recommends that at year-end, local governments maintain unreserved fund balances in their General Fund and Special Revenue Funds of approximately 35 to 50 percent of operating revenues, or no less than five months of operating expenditures.

### Kandiyohi County Total Human Services Costs

Support    Health    Social    Budget

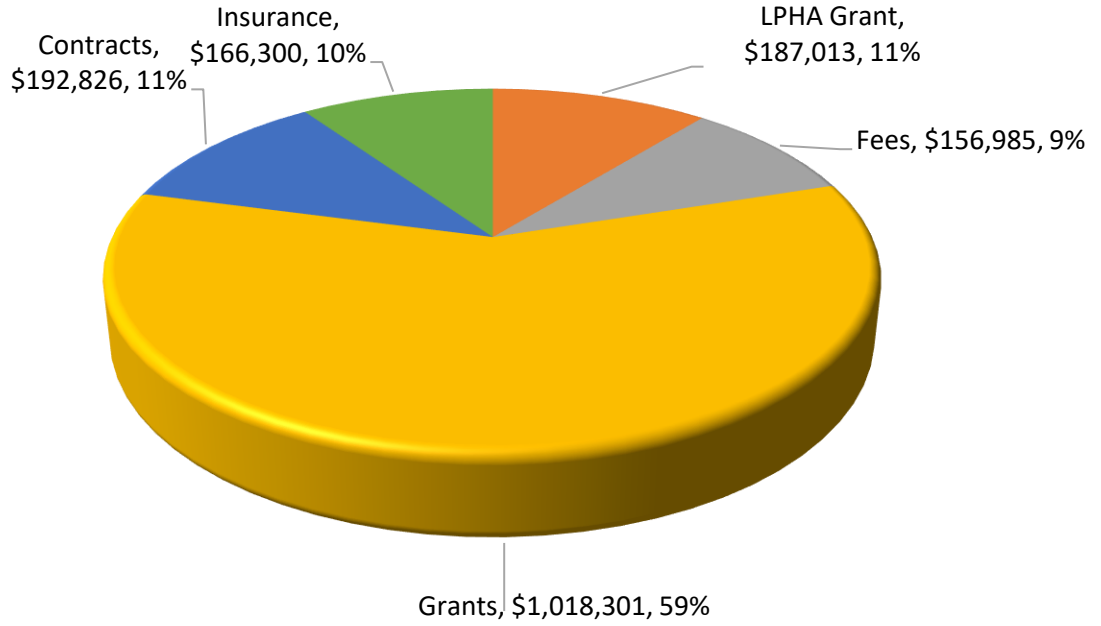


Human Service benefits for Kandiyohi County residents in calendar year 2017 were \$123,063,439.

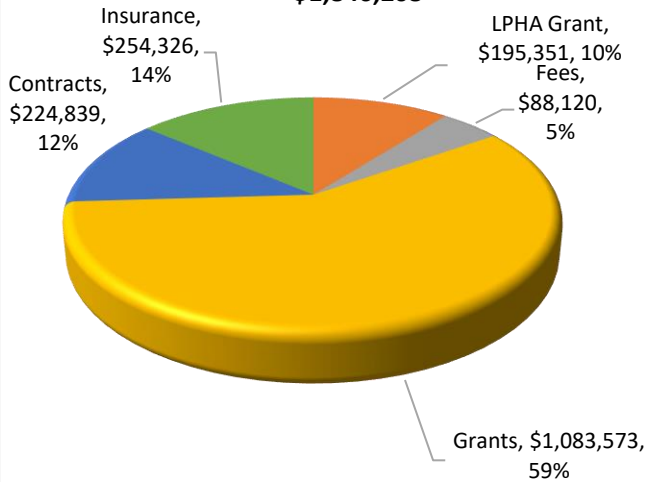
The cost shares for this funding were 49% federal, 45% state, 5% county and 1% miscellaneous.



**2020 TOTAL PUBLIC HEALTH REVENUES**  
**\$1,721,425**



**2019 TOTAL PUBLIC HEALTH REVENUES**  
**\$1,846,208**



**2018 TOTAL PUBLIC HEALTH REVENUES**  
**\$1,679,192**

