



Kandiyohi County Health and Human Services Annual Report 2021

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

	Page
Letter from Jennie Lippert, Director	1
Child Protection	2
Child Welfare	4
Adoption	5
Licensing Child Foster Care Family Foster Care	6
Substance Use Disorder	7
Children’s Mental Health	8
Adult Mental Health	9
Adult Protection Services	10
Home and Community Based Services Assessment Ongoing Services	11
Emergency Preparedness	13
Community Health Infectious Disease Child and Teen Checkups Environmental Health Correctional Health	14
Healthy Families Family Home Visiting Growing Great Kids/Families WIC Baby Talk Talking is Teaching	15
Healthy Communities SHIP Follow Along Program Child Passenger Safety Seats	16
Child Support Services	18
Economic Assistance	19
Fiscal Services	20
Data	21



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”

I am pleased to present the 2021 Kandiyohi County Health and Human Services Annual Performance Report to the community to show how our agency uses measured outcomes to support decision-making and drive improvement.

There’s no doubt 2021 was a year of hard work, accomplishments and progress at Kandiyohi County Health and Human Services (KCHHS). Our Agency is committed to 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. Our mission, along with our guiding principles, make the work of KCHHS a vital part of our County, today and tomorrow, and guides our work to track, report, and measure our effectiveness in providing core and essential services.

The demands we are facing cannot be overcome by acting alone. As I reflect over this past year and the accomplishments of our agency, we faced many challenges. However, we set our sights on delivering a brighter tomorrow for future generations by working together across our agency, with community partners, providers and with our clients.

While adhering to quality improvement practices, our agency was able to position itself to maintain regular services in 2021, while adding to its work with the continued response to the COVID 19 global pandemic. This report examines how KCHHS was able to make continued progress on meeting its goals, while also directing resources – both human and financial – to respond to the pandemic. This past year required rapid adjustments in how county services are delivered, and assurances that services were delivered in a manner that kept both county staff and residents safe. Remarkably, some of the adaptations in service have proved to be both beneficial and efficient and will be incorporated into our work moving forward.

Our Agency continues to see increasing demands for the services we provide. Our services continue to grow and expand along with our workforce. Our staff is one of the biggest assets we have here at Kandiyohi County and we strive to ensure needs are met for our community. Collaboration is what we pride ourselves on and this year, we have seen an increase in the demand for needed services, along with a decrease in the demand for adequate resources.

As you read through this report, I encourage you to look at the increasing trends and services we provide. This annual report is just a snapshot of the work our Agency and staff does. If you are interested in additional information about KCHHS, please visit our website or give us a call. I am proud of the work our staff has done this past year and am excited to see what we will do in the next year.

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

Jennie Lippert

Child PROTECTION Activities

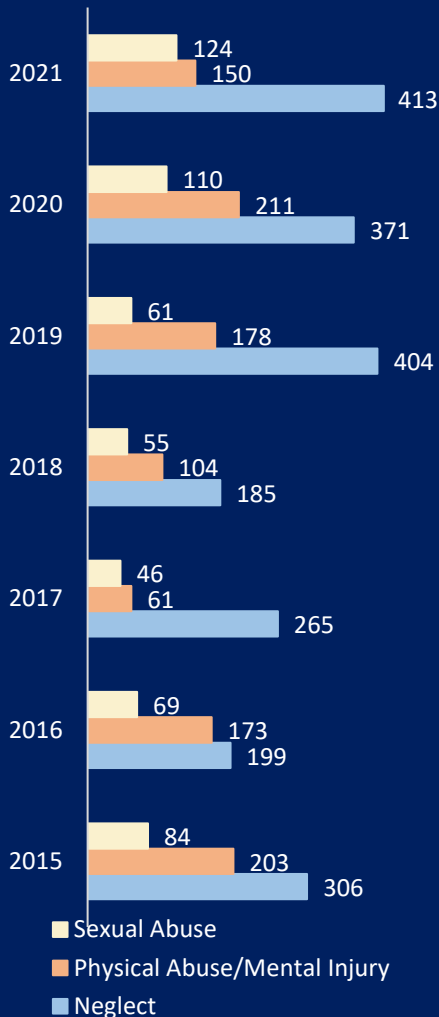
Of **313** cases,
116 were Family
 Assessments and
197 were Family
 Investigations.

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



Child Protection Assessment & Investigation

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.

Family Assessment Response

Family Assessments are completed when a report is screened in but is not regarding sexual abuse, substantial child endangerment, or a serious threat to child safety. Social services staff meet with the family to assess their strengths and needs and to see if the family would benefit from further services. The Agency does not prove or disprove if the incident occurred. If services are determined necessary, a case management case is opened with the same social worker.

Family Investigations

A family investigation must be completed when a report alleges sexual abuse, serious child endangerment or there is a serious/imminent threat to child safety. An investigation may also be completed at the discretion of the social services agency based facts related to the family's history. During the investigation information is gathered to determine if maltreatment occurred and if protective services are needed for the family.

Child Protection Trends

In 2021, we have seen an increase in our out of home placements. In 2016 we had 122 children in out of home placement, however, in 2021 that number has almost doubled. In 2021, 232 children were placed out of their parent's care.

Along with the number of placements increasing, we have seen our number of court filings increase significantly. This year the County Attorney's Office and KCHHS filed 120 CHIPS Petitions in court versus 42 in 2020. The number of permanency cases filed also increased from 24 in 2020 to 79 in 2021. The case numbers have increased as there has continued to be an increase in drug cases (primarily methamphetamine related, but we are also beginning to see increased use of fentanyl).

In 2021, we also saw an increase of sexual abuse cases and emotional harm/mental injury cases. On the other hand, we had 47 less physical abuse cases this year than in 2020.

Ongoing Child Protection Case Management

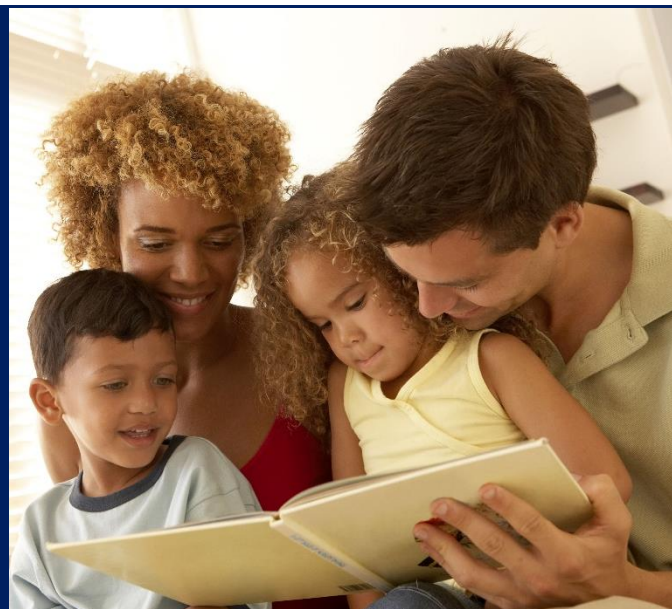
In case management the social services agency works to develop a case plan. Services for families may include family counseling, parenting education, safety planning, chemical dependency treatment, or helping a family access other services. In addition, ongoing workers utilize the family's support system 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 collaborating with other agency partners.

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. If children are removed and 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.





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 2021, we served **18** 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.

50 CHILD WELFARE cases were opened in 2021

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 **7.7%** of cases **result** in **court intervention**. In 2021, 334 truancy referrals were received,

Out of these referrals, KCHHS filed **only 26** Truancy CHIPS Petitions.



Adoption

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

20 more are waiting to be adopted and
No children 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 **13** pregnant or parenting young mothers.

Minor Parents Receiving Services



FOSTER PARENTS ARE NEEDED!

In Kandiyohi County

It takes a village to raise a child....



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.

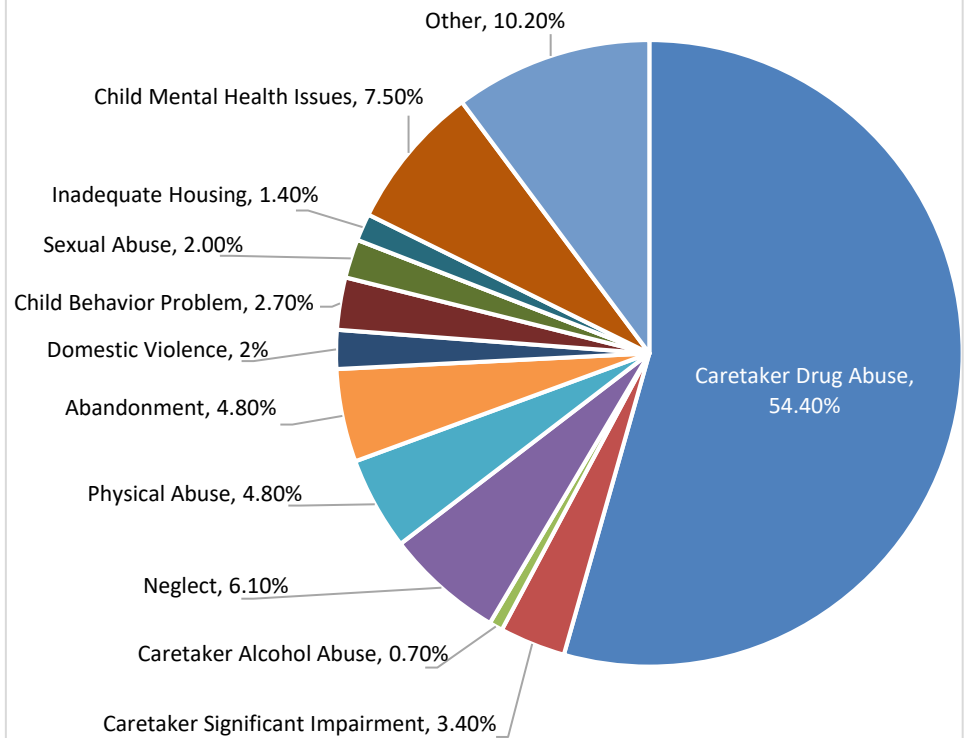
CHILD FOSTER CARE

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. 119 Children entered foster care in 2021.

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. Family Child Care openings continue to be a concern for Kandiyohi County. We have not gained many new homes in 2021 and those gained were followed by some retirements. We are meeting with stakeholders to discuss the ongoing issues.

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.

Reasons for Placement - March 2022



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

84 licensed child care homes

47 licensed child foster homes (traditional and relative)

125 licensed corporate foster homes

5 licensed traditional adult foster care homes

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.

STAFF HELPED **66 CLIENTS**
ACCESS NEEDED ASSESSMENTS THROUGH
CONTRACTED SERVICES

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?

Our substance Use Program took steps throughout 2021 to move toward the changes in the County's role in Substance Use assessment and treatment. Rule 25 is the process in which people needing funding would access Substance Use Assessments (SUA). This would involve the person needing to contact the county and the County would set up a SUA with one of our contracted providers. The county would then approve payment for the assessment and treatment options available to the consumer and be the placing authority for placement in treatment programs. The County would follow the placements and continue to assess with the consumer and providers need for continued treatment and funding. This process has been in place since the early 1980's. In 2020 this process has begun to change to what is called a Direct Access process. Under Direct Access the consumer does not have to come to the County in order to access assessments and treatment. They can go directly to the provider who is able to set them up for assessment and treatment as needed. The only role the County is required to have is to determine eligibility for access to the Behavioral Health Fund if someone needs assistance in paying for assessment and treatment. The eligibility to access the Behavioral Health Fund is based on income.

This change has been a major change for the County and Providers and a number of meetings and processes have occurred throughout 2021 to prepare for change to Direct Access. Thus far the changes are working well and the providers have been able to adjust well.

Trends

Due to the changes in Rule 25 and moving to Direct Access, one can see the change in our numbers for 2021. As 2022 continues, we will see these numbers change to the County not providing for any assessments and only having role of determining eligibility for the funding.

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Rule 25 Assessments completed	343	403	366	346	303	246	195	66
Individuals referred to non-residential treatment	121	138	138	119	108	86	38	9
Referred to residential treatment	151	131	113	100	99	96	74	36
Detoxification admissions	179	103	132	155	116	282	147	119

33 CHILDREN and **10** ADOLESCENTS attended Day Treatment Programs

6 children participated in the Family Community Support Services Program

102 children received Case Management services



Staff served an estimated **71** CLIENTS each month

Trends

In **2021**, we continued to see a high number of children receiving case management services. We continue to see the struggles and effects that COVID times has placed on our Children's Mental Health population and their families.

We are finding more and more of our CMH children having increased aggressive behaviors which are leading to more difficult situations at home and school. Some of these children are in need of placement and the aggressive behaviors are making it difficult to find appropriate placements for them.

Families First presents new process that the Counties have to use prior to placement, unless it is an emergency placement. 2021 brought about many hours of training and understanding of these new processes and it continues to be a work in progress at every level.

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.

Trends

The lack of services brought about from the workforce shortages has placed an increase need and stress on our case managers in attempting to find resources and support that assists our consumers. Placement challenges continue for the hard to place consumers.

Our civil commitment numbers continue to increase. Many of these increases come from the Rule 20 process. Rule 20 is the process in which when a person in a criminal case is determined to be incompetent to stand trial, a referral for a petition civil commitment is initiated. Some of the people who are civilly committed can linger in our hospital ED and/or jails. We continue to have strong partnerships with our community hospitals and mental health providers as well as with Law Enforcement, jail and county attorney's office.



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 INTAKE CALLS resulted in

70 requests for **ADULT MENTAL HEALTH SERVICES**

30 **NEW CASES ASSIGNED** to staff

21 pending

7 were **REFERRED** elsewhere
At Intake

Adult Mental Health SERVICES

209 people received **SERVICES**

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

62 people received **COMMUNITY SUPPORT SERVICES**

35 attended **ASSERTIVE COMMUNITY TREATMENT**

34 attended **DAY TREATMENT**

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

87 people are currently receiving case management services

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.

303 COMMUNITY REPORTS were received, up from **267** in 2020.

Of those 303 COMMUNITY REPORTS, 121 were assigned for investigation

2021 Allegations	Substantiated	Inconclusive	False	Not Vulnerable Adult	Investigation Not possible	Pending	Total
Abuse emotional or mental	5	8	8	1	0	2	24
Abuse physical	1	5	8	2	0	3	19
Abuse sexual	1	3	1	1	0	0	6
Financial exploitation fiduciary relationship	3	1	6	1	0	2	13
Financial exploitation not fiduciary relationship	3	7	9	10	0	2	31
Neglect Caregiver	0	0	10	2	0	2	14
Neglect Self	14	1	16	3	1	2	37
Totals:	27	25	58	20	1	13	144

Trends

As can be seen from the charts the need for Adult Protection investigations continue to increase. We have again seen a substantial increase in the number Emergency Protective Services reports. This increase was from 56 reports to 70 reports. These reports require a screening within 24 hours and if it is a report that is screened in our response needs to occur within 24 hours as well. Our number of Community Reports have increased as well as the number of investigations we have completed.

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.

Adult Maltreatment Allegation Summary

	2015	2016	2017	2018	2019	2020	2021
Abuse emotional or mental	3	20	14	12	16	17	24
Abuse Physical	4	12	13	14	17	14	19
Abuse Sexual	2	1	6	5	14	8	6
Financial Exploitation Fiduciary Relationship	3	16	15	8	6	13	13
Financial Exploitation Not Fiduciary Relationship	9	41	49	26	36	22	31
Neglect Caregiver	9	16	18	9	13	12	14
Neglect Self	31	45	41	36	51	42	37
Assigned for Investigation	61	151	156	110	153	128	144

Community Reports - Kandiyohi County

	Total Reports	Assigned	Screened Out	Emergency Protection Services (EPS)
2021	303	212	171	70
2020	267	106	156	56
2019	273	137	135	
2018	225	110	110	
2017	273	99	117	
2016	254	136	98	
2015	172	63	90	
2014	182	61	35	



Home and Community Based Services

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.

1,009 MnCHOICES

ASSESSMENTS were completed in 2021. In 2021 the volume of assessment returned to slightly above pre COVID levels. An initial assessment takes an average of 14 hours to complete and a reassessment around 11 hours slight decrease as we return to in person MnCHOICES assessments.

Trends

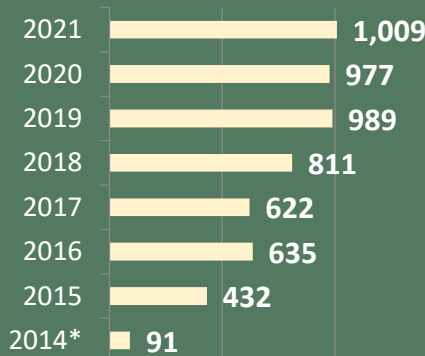
Staff averaged **19 NEW ASSESSMENTS** per month in 2021, an increase of 27% over 2020.

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.

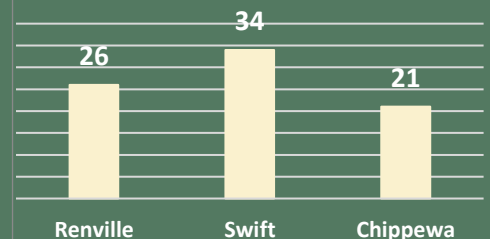
CHALLENGES:

In 2021, 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

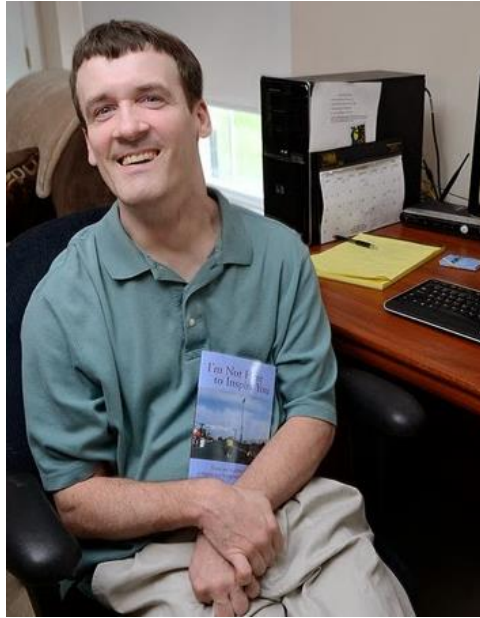


2021 Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties



2014*: October through December

Home and Community Based Services



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 those with disabilities. 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 these individuals in a person-centered approach to be as independent as possible in the community. The participation of our aging and individuals with disabilities 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.

In 2021, there were 76 waiver cases referred for County Case Management. Nine of these were waiver transfers (managed by other counties, but changed to Kandiyohi responsibility due to a move or program change). There continues to be concern with the number of transfer cases referred from other counties, due to Kandiyohi County being a resource hub, yet not necessarily having the total population to provide for those who have increasing needs. Provider staff shortages and transportation gaps continue for this county. With current waiver service funding being primarily state and federal dollars, it is very important that no shifts to local property taxes occur. As one of out- state Minnesota's resource hubs significant burden could be placed on local property tax payers if shifts occur. The MN Department of Human Services continues in its goal of redesigning case management having impact on our future work in hopes to increase consistency, reduce bureaucracy, improve services, and reform funding while creating services that are efficient and effective for Minnesotans.

HCBS Summary: 2021 was a year of change. Our Home and Community based staff moved back into the office as their primary worksite. They resumed face to face contact with as many individuals as possible and as made sense from a health and safety perspective. Workforce shortages increased and our service providers have become increasingly creative in meeting the needs of those we serve. However we do have those we are unable to serve fully or with the service of preference due to these shortages.

Kandiyohi County made a decision to no longer contract with Blue Cross Blue Shield in providing Managed Care (MSC+ & MSHO) care coordination. The decision was made based on internal workforce needs to manage the programs DHS requires this agency to manage. Further no longer having this contract allows the agency more flexibility as we move forward into Waiver Reimagine, Case Management Redesign and other initiatives for which could alter how KCHHS provides services.

2021 By The Numbers

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

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%

2021 Year End Data	Minnesota	Kandi. Co.
Total Cases	1,022,212	10,530
Active Cases	39,523	114
Total Deaths	10,516	118
Total Tests Completed	16,168,942	132,191
Cumulative % Positive Tests	6.6%	7.9%

92 COVID-19
vaccination clinics
9,150
vaccinations
administered



5,305 staff hours for COVID-19 pandemic response

21 Essential Service Requests

17 Press Releases

39 Newsletters and **18** Coronavirus Corners
shared with community partners

116 Web-Ex calls with MN Department of Health

67 Volunteers
709 hours

COVID-19
Vaccinations
administered by type:
1st dose: 4,709
2nd dose: 3,937
Booster: 504

STAY SAFE MN

Coronavirus Corner
January 14, 2021

Are you sick? CALL FIRST	Carris Health- Willmar Nurse 320-441-5361 7am-5pm M-F 9a-2p Sat/Sun	Carris Health- Redwood Nurse 507-637-1730 8am-4pm M-F	CentraCare Connect Nurse 320-200-3200 24/7
Mental Health- Substance Use	Feel like harming yourself or others Call 911	Mobile Crisis 1-800-432-8781 24/7	Woodland Centers 320-235-4613 1-800-992-1716
Donate PPE	Call 320-214-6780 to arrange an appointment for drop off		
Questions?	Minnesota Helpline 651-297-1304/1-800-657-3504 9am-4:00pm M-F	Childcare Aware Parent Line 888-291-9811	Local Public Health 320-231-7800, Press 4 8-4:30pm M-F

Kandiyohi County Cases by Age

Deaths Range: <1-106 yr Median: 82 yr
All Cases Range: <1-89 yr Median: 40 yr
Active Cases Range: <1-89 yr Median: 40 yr

The state will work over the coming days and weeks to make sure everyone who is eligible for a vaccine knows how, where, and when they can get their shots. Please check <https://mn.gov/covid19/vaccine/> for the latest info.

Percentage of county population receiving at least one dose: **2.8%**
1,207 started vaccine

Data Point	Minnesota	Kandi. Co.
Total Cases	441,935	5,510
Active Cases	21,016	79
Total Deaths	5,817	69
Total Tests Completed	6,043,082	55,754
Cumulative % Positive Tests	7.5%	10.0%
Weekly % Positive Tests	5.9%	4.5%

14 day Case Rates

	12/6-12/19	12/13-12/26	12/20-1/2
Kandiyohi	107.37	66.81	38.91
Meeker	69.76	44.63	34.23
Swift	77.57	43.57	21.25
Stearns	67.79	46.49	36.41
Chippewa	137.39	78.27	42.46
Renville	91.71	63.85	42.80

Kandiyohi Co. New Cases Last 14 Days

State and Local NEW Cases WEEKLY Totals

Minnesota
Kandiyohi County

January 14, 2021
December 15, 2021

Coronavirus Corner
December 15, 2021

Are you sick? CALL FIRST	Carris Health- Willmar Nurse Line 320-441-5361 8am-1pm M-F 9a-1p Sun	Carris Health- Redwood Nurse 507-637-1730 8am-1pm M-F	CentraCare Connect Nurse 320-200-3200 24/7
Mental Health- Substance Use	Feel like harming yourself or others Call 911	Mobile Crisis 1-800-432-8781 24/7	Woodland Centers 320-235-4613 1-800-992-1716
Need to get vaccinated?	Carris Health 320-231-6358	MN Vaccine Locator	Public Health 320-231-7800, Press 4

Coronavirus Disease Testing Basics

Diagnostic tests can show if you have an active Covid-19 infection and need to take steps to quarantine or isolate yourself from others. Molecular and antigen tests are types of diagnostic tests that can detect if you have an active COVID-19 infection.

Antibody tests look for antibodies in your immune system produced in response to SARS-CoV-2, the virus that causes COVID-19. Antibody tests should not be used to diagnose an active COVID-19 infection. Antibodies can take several days or weeks to develop after you have an infection and may stay in your blood for several weeks or more after recovery.

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
Also known as...	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test, viral test, rapid test	Serological test, serology, blood test, serology test
How the sample is taken...	Nasal swabs, either shallow or deep (most tests). Saliva (some tests).	Nasal or nasopharyngeal swab (most tests)	Blood from a finger stick or vein
How long it takes to get results...	Less than an hour (at-home tests & some locations), same day (some locations) or 1-3 days (tests sent out for processing). Some tests may take longer, depending on testing capacity.	Some may be very fast (15-30 minutes), depending on the test.	Same day (some locations) or 1-3 days (tests sent out for processing)
Is another test needed...	Not usually. This test is typically highly accurate and usually does not need to be repeated.	Maybe. Positive results are usually highly accurate, but false positives can happen, especially in areas where few people have the virus. Negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows...	Diagnoses active COVID-19 infection. (Some tests may also diagnose other respiratory viruses).	Diagnoses active COVID-19 infection. (Some tests may also diagnose other respiratory viruses)	Shows if you've been infected by the virus that causes COVID-19 in the past
What it can't do...	It cannot show if you ever had COVID-19 or were infected with the virus that causes COVID-19 in the past.	It may not detect an early COVID-19 infection. Your health care provider may order a molecular test if your antigen test shows a negative result, but you have symptoms of COVID-19. It also cannot show if you had COVID-19 in the past or were exposed.	It cannot diagnose COVID-19 at the time of the test or show that you do not have COVID-19

Daily NEW Cases
No data reported on weekends

Current Local ACTIVE Cases: 243

3,838
7,942
134
12,632
10
2,231

Spread joy, Not COVID. Get Vaccinated. Get Tested. Get Boosted. #CelebrateSafelyMN

2021 By The Numbers

Prevent the Spread of Infectious Disease

C&TC: Child and Teen Checkups

Environmental Health

Correctional Health

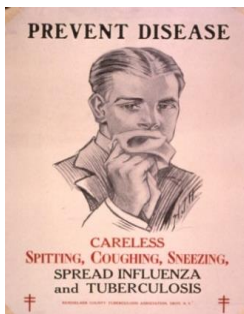
Top 10 Diseases by Counts Kandiyohi County

1. Chlamydia
2. Influenza (hospitalized cases)
3. Gonorrhea
4. Campylobacter
5. Giardia
6. Cryptosporidium
7. Escherichia Coli
8. Mumps
9. S Pneumonia, invasive disease
10. Salmonella



3,573 Letters were mailed and **6,589** Calls were made to families by **Child and Teen Checkups** Staff to discuss the importance of well child visits.

Staff administered **543** vaccinations to **171** individuals and **553** influenza vaccinations



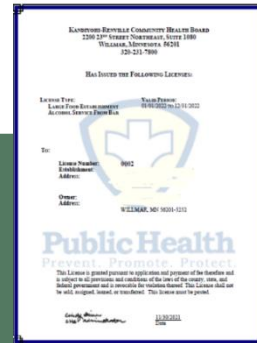
Registered Sanitarians licensed

267 Food, Pools and Lodging establishments and made

359 inspections noting an average of

2.26 violations per inspection.

390 special events were licensed



0 new **Active TB** cases and **2** new **Latent TB** individuals received services



Contracted nursing services provided to teens and young adults at Prairie Lake Youth Programs included

310 nurse visits to **108** residents.



Monthly Medication

Audits completed at the Boys and Girls Group Homes and PLYP secure and non-secure facilities.

Childhood Immunization Rates

FULL series vaccination rate by the age of two went from

60.3% in 2020

to

62.2% in 2021.

2 new **Primary Refugees** arrivals and **2** new **Immigrant** arrivals received services



Healthy Families

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.

Family Home Visiting services provided to young families include:

- Pregnancy to Parenting Prenatal Classes in conjunction with Carris Health was placed on hold due to the COVID-19 pandemic
- 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

592 referrals were received for **Family Home Visiting.**

Reasons include pregnancy and birth, parenting, infant hearing, birth defects, lead blood levels, perinatal Hepatitis B, breastfeeding, child growth and development and mental health concerns

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

Pregnant women and new parents received education and parenting support through **743 visits**

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 |

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 focusing on Shaping Your Child’s Future, family values, strengths, reducing stress, communicating effectively, problem solving, and discipline.

Healthy Communities

Statewide Health Improvement Partnership

Making Real Differences in Lives and Dollars

Kandiyohi - Renville County

SHIP

MINNESOTA STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP



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 2020-2021 Kandiyohi-Renville SHIP had **23** Partner Sites allocating a total **\$61,583** to local community projects, and received **\$60,511** in match dollars.



Cardinal Place planted raised garden beds to teach students about growing their own food and the importance of pollinators.

Project Highlights

- **Olivia Farmer's Market:** Revitalization/expansion of the market, introduction to the PoP (Power of Produce) program, provided marketing support to all 4 Renville County markets
- **Willmar Bikes:** Trail signage for multiple bike routes throughout Willmar
- **ACGC and NL-S Schools:** Created breastfeeding rooms and updated breastfeeding policies
- **Hope for Our City:** Helped meet refrigeration needs for Willmar & Olivia locations to allow for more storage & distribution of produce and other healthy foods
- **Kandiyohi County Public Works:** Supported the purchase of a trail sweeper to help keep our trails clean and safe for our active pedestrians

FOLLOW ALONG PROGRAM



187 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.

Child Passenger Safety Seat Program

112 car seats

were distributed with EDUCATION provided to **116** parents.

Another **70** foster and childcare providers received child passenger seat EDUCATION





WIC (Women, Infants and Children) 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.

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

\$1,138,766 in WIC benefits were redeemed in Kandiyohi County and surrounding counties in 2021.

Average monthly participation was 1,488. October was the busiest month for WIC with 1,563 women, infants and children served in 2021.

Adjusting To



Your New Life With Baby?

Baby Talk Tuesday

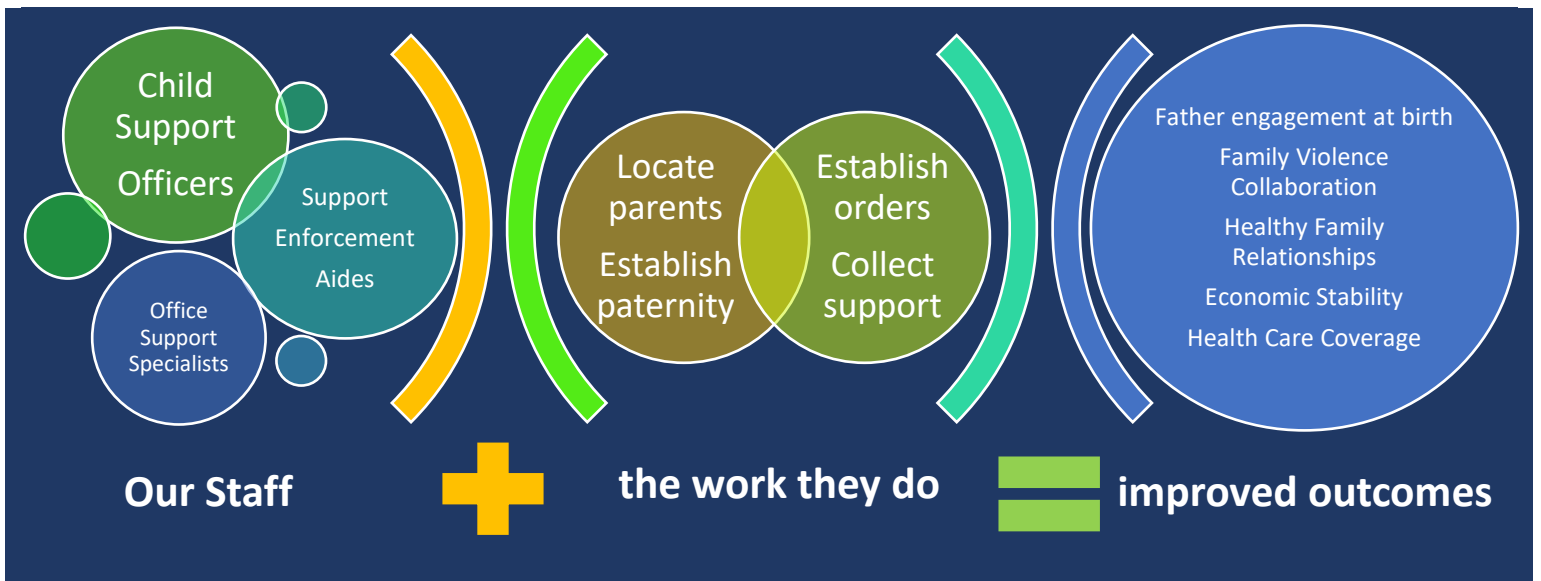
Every Tuesday, 10:30am-12pm
Jefferson Learning Center
320-231-8490

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.

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 2021 Nurses distributed 87 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





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
- Collecting and processing payments

Collections in 2021 - \$5,461,699.53

“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.”

2021 Minnesota Performance Measures

	<u>Kandiyohi</u>	<u>Minnesota</u>	<u>Perf. Goal</u>
Paternity Establishment (two year comparison)	104.07%	98.83%	.80%
Child Support Order Establishment	88.40%	86.50%	80%
Collections on Current Support	75.87%	75.75%	80%
Collections on Arrears	70.12%	72.30%	80%
Cost Effectiveness (amount collected for each dollar spent)	\$4.78	\$3.09	≥\$5.00

1961 Cases served:

- 907 Medical Support only
- 6 Child Case Support only
- 819 Non-Public Assistance
- 3 Spousal Maintenance only
- 36 Foster Care (Title IV-E)
- 190 Minnesota Family Investment Plan

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. 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.

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 and 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) 30% of the people in Kandiyohi County are covered by a subsidized healthcare program

Cash Programs

Minnesota Supplemental Aid (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) 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.

Diversionary Work Program (DWP) 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 due to the pandemic. All DWP families were moved to the MFIP program as required by law during the healthcare emergency. The waivers for this program were lifted in late 2021 and applicants were being moved back to DWP beginning in October 2021.

Minnesota Family Investment Program (MFIP) is a work incentive cash program for families with minor children with a 60 month lifetime limit unless the family meets an extension category. 464 MFIP and 14 DWP cases are currently enrolled with Employment Services. Of those cases, 7.14% have a disability, 57.14% have less than a high school education and 41% are employed full or part time. 71 families went off of MFIP and into unsubsidized employment at an average wage of \$15.55 per hour in 2021. This is over \$2 higher per hour wage than in 2020.

Supplemental Nutrition Assistance Program (SNAP) 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 public health emergency. Many households who received SNAP benefits received extra allotments due to these waivers set in place in 2021. 10.5% of Kandiyohi County's population are participating in the SNAP program. Almost half of these participants are children.

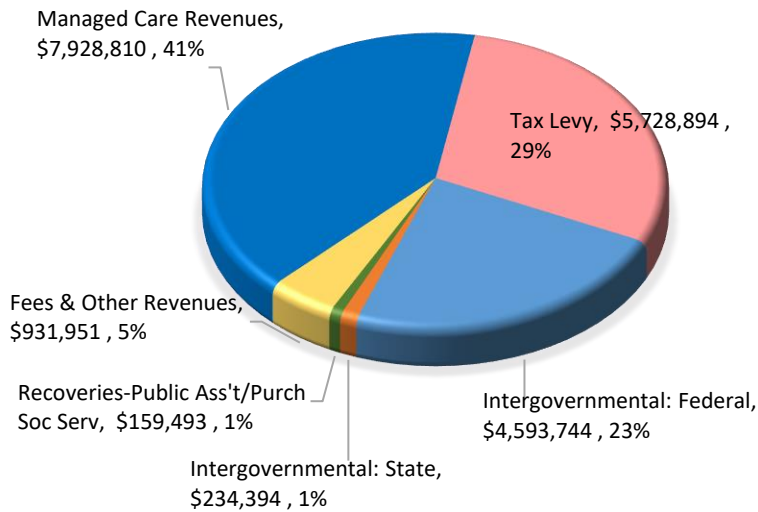
CHILD CARE: 90 families in Kandiyohi County are participating in the Child Care Assistance Program (CCAP) with 171 children eligible for this program. This program subsidizes child care costs for eligible families. There is a real need for additional child care providers in Kandiyohi County. The lack of affordable, quality childcare can create employment barriers for families.

Fraud Prevention

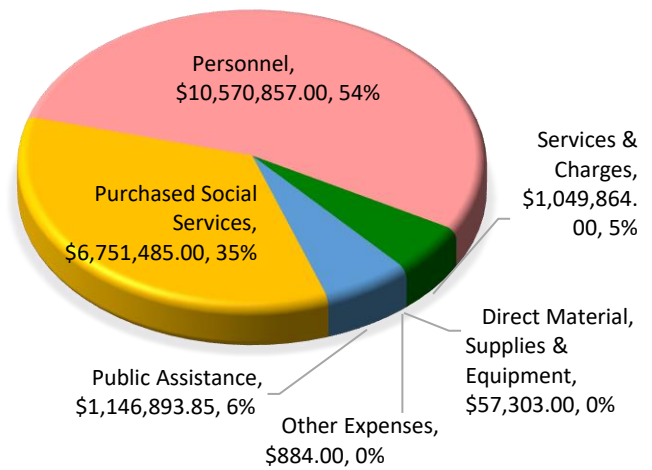
Kandiyohi County has a fraud prevention specialist on staff that investigates reports of public assistance fraud. In 2021, 309 cases were referred for fraud investigations. Over \$4,085 in overpayments were cited and repayment initiated on these cases. Another \$76,947 was saved by identifying potential 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>

Finances – The number of children in out-of-home placements continues to rise and so do our costs. The costs for family foster care, group homes, correctional placements, respite care, etc., first went over \$1 million dollars in 2018. In 2021, our out-of-home placement costs were \$1,745,384. Most out-of-home placements are involuntary, which involves action by the courts. Family members involved in these proceedings must be served legal documents. The cost of this paper service was passed from the court system onto Human Services in 2019. In 2020, paper service for CHIPS cases was \$5,069. In 2021, this cost was \$18,594. To combat the high turnover in child protection staff, the county authorized an \$.85/hour increase for these staff. This resulted in an increase of \$46,940 in 2021. The county also authorized adding two lead workers in the child protection/child welfare unit to provide additional training and mentoring for new staff.

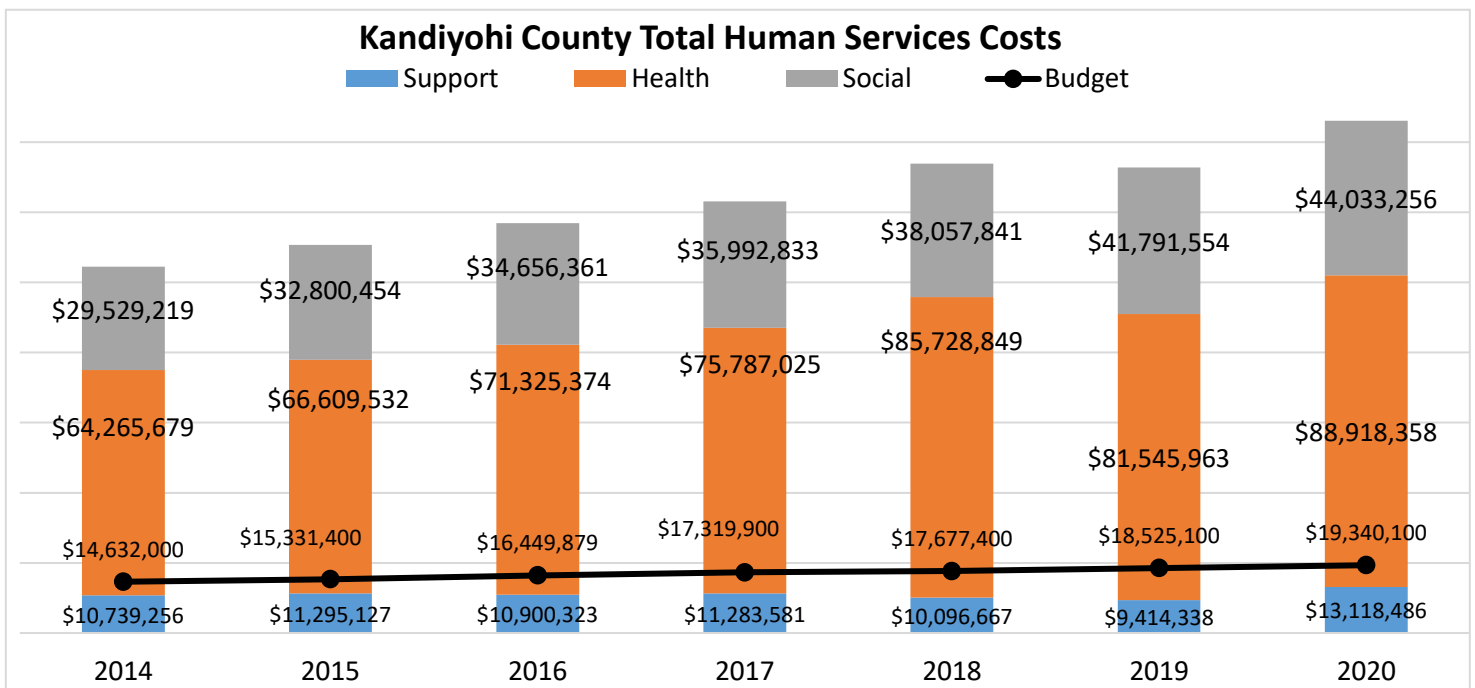
2021 Human Services Total Revenues
\$19,577,287



2021 Human Services Total Expenditures
\$19,577,287

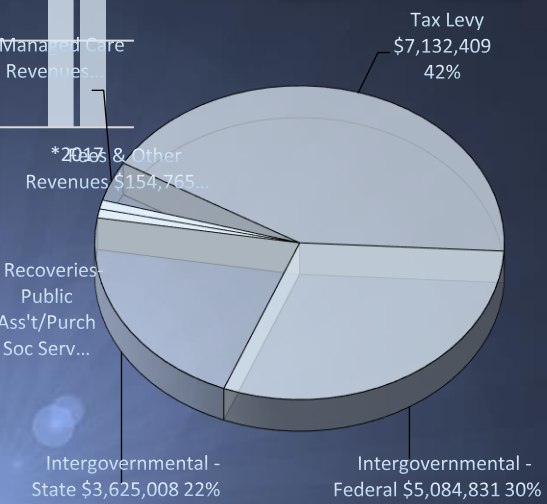
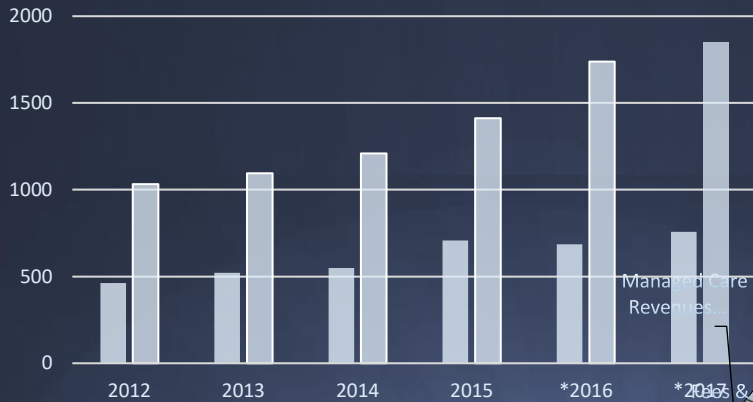


While there are many factors that help determine the minimum fund balance needed to maintain financial health, the Office of the State Auditor recommends that at year-end, local governments maintain unreserved fund balances in their General Fund and Special Revenue Funds of approximately 35 to 50 percent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



Human Service benefits for Kandiyohi County residents in calendar year 2021 were \$146,070,100. The COST SHARES for this funding was 49% federal, 45% state, 5% county and 1% miscellaneous.

Data



Dental Health Screenings and Referrals

Medication Administration Training for staff

Mental Health Screenings and Referrals

Medical Screenings and Referrals

Medication Audits

Traditional Child Protection Investigations	2014	2015	2016	2017	2018	2019	2020	2021
Maltreatment Occurred/CPS Needed	27	45	40	32	26	58	77	77
Maltreatment Occurred/No CPS Needed	4	7	4	11	23	16	17	21
No Maltreatment Occurred/CPS Needed	2	15	10	11	10	7	19	18
No Maltreatment Occurred/No CPS Needed	23	33	30	27	48	20	33	39
Pending	8	4	5	13	3	7	10	23
Unable to Complete	7	8	1	7	8	8	11	19
Total Reports Assessed	71	112	90	101	118	122	167	197

Law Enforcement Involvement	2014	2015	2016	2017	2018	2019	2020	2021
Willmar Police Department	18	31	18	19	22	25	26	25
Kandiyohi County Sheriff's Office	14	18	10	13	11	37	29	43
Other Law Enforcement Agencies	20	16	17	20	7	5	3	4
Total	52	65	45	52	40	67	58	72

Child Protection Family Assessments	2014	2015	2016	2017	2018	2019	2020	2021
Services Needed	23	17	36	13	21	29	31	22
No Services Needed	94	61	73	70	71	85	72	83
Pending	4	2	8	22	1	7	4	0
Unable to Complete	6	6	12	14	9	10	10	11
Total Reports Assessed	127	86	129	119	102	131	117	116

Child Protection Investigations/ Assessment by Allegation	2014	2015	2016	2017	2018	2019	2020	2021
Medical Neglect	5	2	1	0	2	0	0	0
Mental Injury & Emotional Harm	20	16	20	3	3	22	14	24
Neglect (General)	245	304	198	265	183	404	371	413
Physical Abuse	128	187	153	58	101	156	197	150
Sexual Abuse	36	84	69	46	55	61	110	124

Prenatal Assessment Referrals	2015	2016	2017	2018	2019	2020	2021
Prenatal Assessment Referrals Received	8	15	10	17	15	5	30

Truancy	2014	2015	2016	2017	2018	2019	2020	2021
Truancy Referrals received	188	195	202	265	369	343	288	334
Percentage of Court Intervention in Cases (Effectiveness of Truancy Intervention)	NA	NA	7%	2.69%	4%	5.83%	5.56%	7.7%

Minor Parents Case Management	2015	2016	2017	2018	2019	2020	2021
Minor parents who received case management services	37	27	20	15	19	5	13

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).

2021 Expenditures	Actual
Foster Care-Family and Group Homes	1,244,897
Foster Care-Residential Treatment / Therapeutic Support	681,508
Foster Care-Facilities Licensed by Dept. of Corrections	428,652
Respite Care	18,465
2021 Revenues	Actual
Parental Fees Collected	51,639
Federal IV-E Revenue	261,028
Federal MA Rule 5 Reimbursement	83,201
State Northstar Fiscal Reconciliation	137,056
State Respite Care Grant	3,137
Recoveries Child Welfare Foster Care	85,144
ICWA Out of Home Placement (new)	6,993

**Actual Cost of Placement = \$1,745,384 (\$2,373,522-628,138)
Contracted Service Interventions**

Lutheran Social Service Youth Programs:

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

Family Based Services:

- Family Based Services 80 Families \$ 187,926
- Intensive Family Based: 29 Families \$ 88,237
- Family Group Decision Making Conferences 146 Conferences held utilizing the grant
- Intensive Family Based: 29 Families \$ 20,893

Children in Placement by Setting	2014	2015	2016	2017	2018	2019	2020	2021
Trial Home Visit	17	18	29	25	18	33	48	34
Correctional facility (locked)	14	16	25	10	1	2	3	3
Foster home: non-relative	88	50	66	58	69	99	80	80
Foster home: relative	49	33	55	52	41	60	68	93
Foster home: corporate/shift staff	6	2	4	3	7	8	5	3
Group Home	53	27	35	8	12	48	20	31
Juvenile Correctional Facility (non-secure, 12 or fewer children)	9	12	11	8	4	1	7	5
Juvenile Correctional Facility (non-secure, 13 or more children)	8	6	12	8	8	14	9	8
Pre-adoptive home: non-relative	17	10	5	11	8	16	8	15
Pre-adoptive: relative	5	15	19	13	10	28	21	18
Residential	25	19	18	11	13	10	9	9
Supervised Independent Living	2	5	5	5	7	7	6	11

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

Relative Placement	2015	2016	2017	2018	2019	2020	2021	
Percent of children placed with relatives	62.1%	75.9%	58.8%	45.2%	48.0%	58.6%	61.0%	
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.			2016	2017	2018	2019	2020	2021
Total Number of Children in Out of Home Placement			122	112	123	152	197	232

Type	2014	2015	2016	2017	2018	2019	2020	2021
General CHIPS	22	29	31	24	32	32	42	120
Permanency Petitions	8	12	23	32	22	36	24	79
Long Term Foster Care	0	3	5	2	2	1	0	0
Truancy CHIPS	16	15	14	7	15	20	16	26
Children adopted	13	15	18	13	12	18	22	9
Children waiting to be adopted	9	13	5	9	8	14	10	20

Child Welfare and Protection	2014	2015	2016	2017	2018	2019	2020	2021
Children in permanent foster care	2	3	5	2	2	1	1	0
Children in out-of-home placement during the year	121	124	122	112	123	152	197	232
Child Welfare and Protection cases open	90	100	102	113	NA	123	197	291

Foster Care and Day Care	2014	2015	2016	2017	2018	2019	2020	2021
Licensed Family Child Care Providers	108	113	98	93	91	87	89	84
Child foster homes	24	24	30	32	35	34	41	47
Corporate foster homes	114	118	114	123	123	124	125	125
Traditional Adult Foster Care	9	9	7	7	6	6	5	5

Substance Use	2014	2015	2016	2017	2018	2019	2020	2021
Rule 25 assessments completed by team	343	403	366	346	303	246	195	66
Individuals referred to non-residential treatment	121	138	138	119	108	86	38	9
Individuals referred to residential treatment	151	131	113	100	99	96	74	36
Detoxification admissions	179	103	132	155	116	282	147	119

Mental Health Services - Children	2014	2015	2016	2017	2018	2019	2020	2021
Children who received Case Management	66	81	96	68	103	105	103	102
Children's Day Treatment Program	45	40	42	30	27	37	35	33
Adolescent Day Treatment Program	--	--	10	17	15	15	7	10
Family Community Support Services Program	16	10	11	9	13	12	6	6
Case Closed	21	11	25	23	30	14	12	44
Current Caseload	51	63	71	56	79	78	70	71

Adult Mental Health Intake	2014	2015	2016	2017	2018	2019	2020	2021
Request for Adult Mental Health Services	69	69	96	72	73	80	72	70
New cases assigned	29	18	46	23	34	43	27	30
No Response to Intake letter	19	32	18	14	12	12	12	8
Refused at point of intake	7	3	5	1	3	0	1	4
Pending	0	4	2	1	20	14	17	21
Referred elsewhere at intake	3	1	9	9	13	9	5	7

Adult Mental Health Services	2014	2015	2016	2017	2018	2019	2020	2021
All Clients who received case management services	256	251	204	234	204	200	179	209
Current Caseload	138	126	107	91	109	81	103	87
Pre-petition Screening Reports (Commitments) for mental illness or chemical dependency	48	51	38	42	40	40	49	62
Community Support Services	102	101	91	82	85	83	64	62
Assertive Community Treatment	43	41	40	42	45	40	35	35
Day Treatment	42	35	33	24	35	38	31	34
ARMHS	115	136	143	117	114	119	105	115

Community Reports - Vulnerable Adult	2014	2015	2016	2017	2018	2019	2020	2021
Total Community Reports	182	172	254	273	225	273	267	303
Screened Out Reports	85	90	98	117	110	135	156	171
Assigned for Investigation	62	63	136	127	110	137	106	121
Emergency Protective Services							56	70

Adult Protection Allegations for 2021	Substantiated	Inconclusive	False	Not Vulnerable Adult	Investigation Not possible	Pending	Total
Abuse emotional or mental	5	8	8	1	0	2	24
Abuse physical	1	5	8	2	0	3	19
Abuse sexual	1	3	1	1	0	0	6
Financial exploitation Fiduciary relationship	3	1	6	1	0	2	13
Financial exploitation Not fiduciary relationship	3	7	9	10	0	2	31
Neglect Caregiver	0	0	10	2	0	2	14
Neglect Self	14	1	16	3	1	2	37
Totals:	27	25	58	20	1	13	144

Home and Community Based Assessment and Aging	2014	2015	2016	2017	2018	2019	2020	2021
MnCHOICES	22	241	579	622	811	989	977	1,009
Alternative Care cases	16	16	15	14	7	10	4	3
Elderly Waiver cases (County Only)	33	34	42	35	16	41	33	27
Managed Care Cases (community only)	316	291	296	343	388	323	316	185
Managed Care Cases (nursing home)						270	216	170

Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties	2021
Swift	34
Renville	26
Chippewa	21
Hennepin, LacQuiParle, Meeker and Yellow Medicine	19 each

In 2021, Kandiyohi County staff completed annual MnCHOICES assessments from 68 counties out of 87.

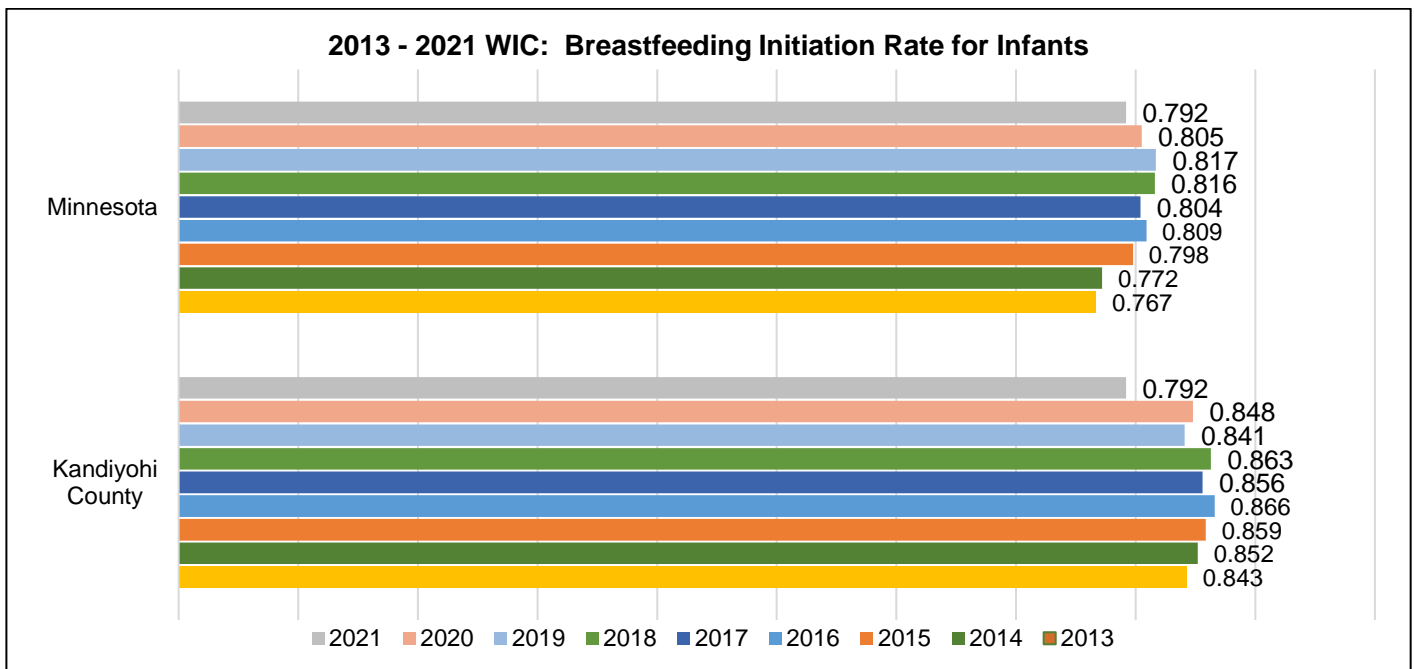
Referrals into Public Health	2014	2015	2016	2017 ⁺	2018	2019	2020	2021
Prenatal Referrals (Universal Prenatal + WIC Referrals)	351	372	316	255	189	174	210	322
Postpartum Referrals (Universal)	516	447	407	245	228	208	165	159
High Blood Lead Level Referrals	30	22	22	30	11	11	14	7
Family Home Visiting Referrals	26	33	20	29	59	34	27	41
Perinatal Hepatitis B Referrals	3	4	8	9	8	12	3	3
Mental Health Referrals	21	15	15	9	15	7	8	6
Breastfeeding Referrals	20	15	16	19	17	13	14	36
Birth Defects Information Systems ¹	--	14	10	14	8	11	6	3
Early Hearing ¹	--	11	7	4	2	7	4	0

¹2017 data updated in March 2018

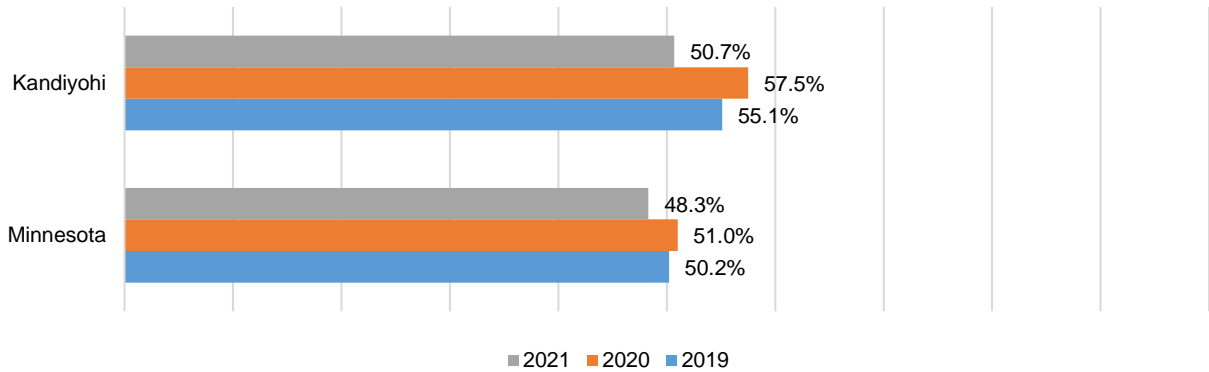
Prenatal Activity	2014	2015	2016	2017	2018	2019	2020	2021
Prenatal Referrals	351	372	316	255	189	174	210	322
Prenatal Clients	96	67	45	54	29	24	19	26
Prenatal Visits	169	153	139	127	68	60	48	87

Postpartum Activity	2014	2015	2016	2017	2018	2019	2020	2021
Postpartum Referrals (High Risk)	516	447	408	245	228	208	165	159
Postpartum Clients	159	173	130	139	138	118	60	86
Postpartum Visits	207	298	206	216	188	184	111	151

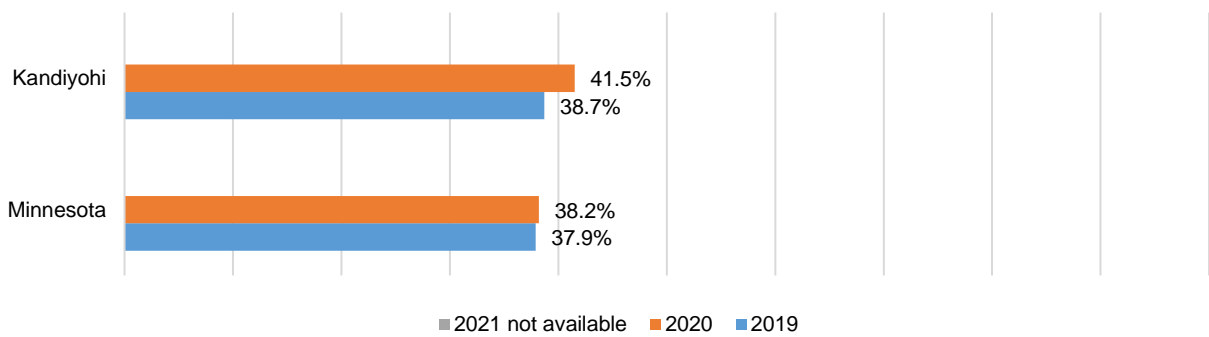
Minnesota Expectant and Parenting Student Program (MEPSP)	2017	2018	2019	2020	2021
Clients	31	34	42	45	NA



Breastfeeding Rates at 3 months



Breastfeeding Rates at 6 months



Women, Infant and Children: WIC	2014	2015	2016	2017	2018	2019	2020	2021
Average Number of Participants per Month Served	1613	1617	1656	1665	1,641	1,616	1,520	1,488
WIC Participant Highest Month of Activity	July	July	Sept	Aug	Jan	Aug	Oct	Oct
Participants	1661	1669	1690	1724	1,697	1,678	1,656	1,563
WIC Participant Second Highest Month of Activity	Aug	Sept	Aug	Sept	Oct	July	Nov	Nov
Participants	1649	1656	1685	1708	1,694	1,674	1,620	1,558

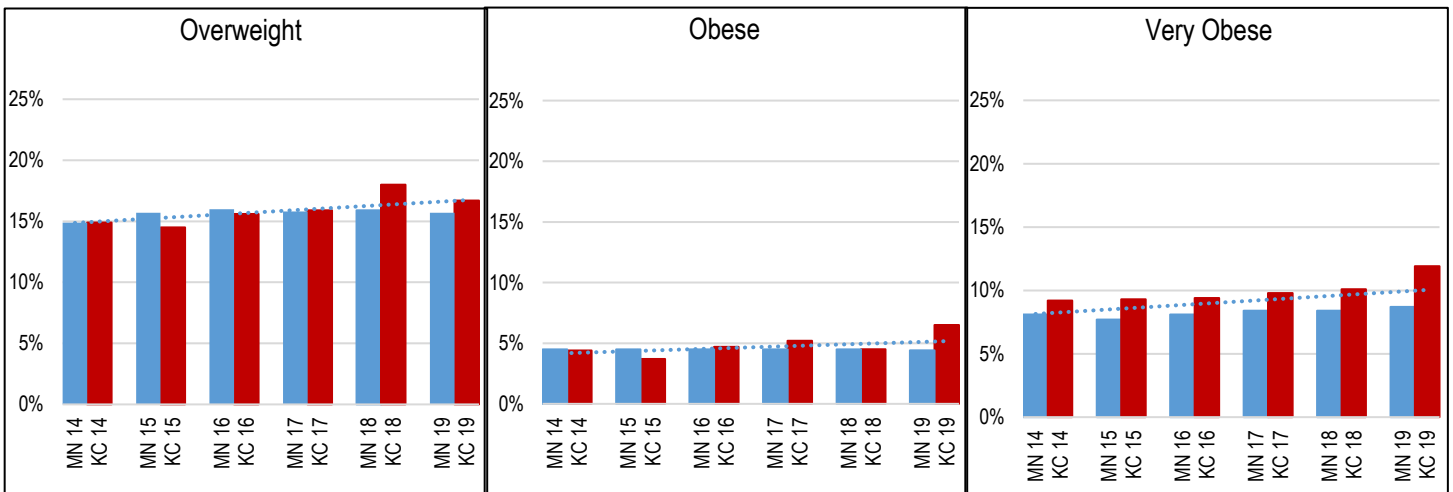
2014	2015	2016	2017	2018	2019	2020	2021
\$1,166,691	\$1,147,512	\$1,178,893	\$1,169,888	\$1,173,349	\$1,183,616	\$1,176,537	\$1,138,766

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	56971	3.7%	67.5%	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	52955	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

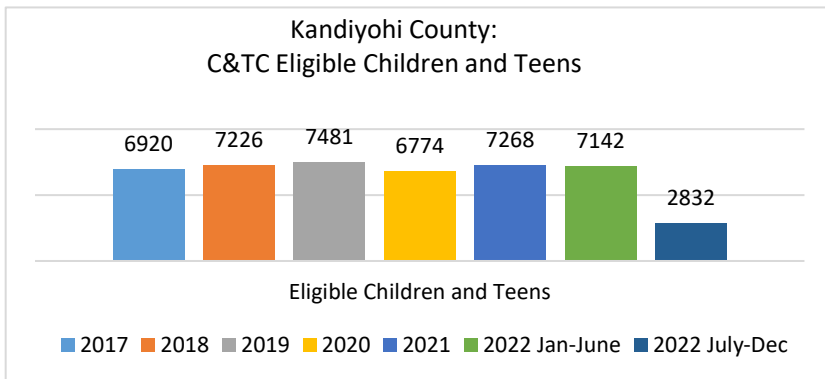


Family Home Visiting Activity	2014	2015	2016	2017	2018	2019	2020	2021
Family Home Visiting Referrals	26	33	20	29	59	34	27	41
Family Home Visiting Clients	59	75	80	79	94	96	81	85
Family Home Visits	241	416	481	566	656	844	551	499
Children Served	--	--	--	112	81	111	100	105

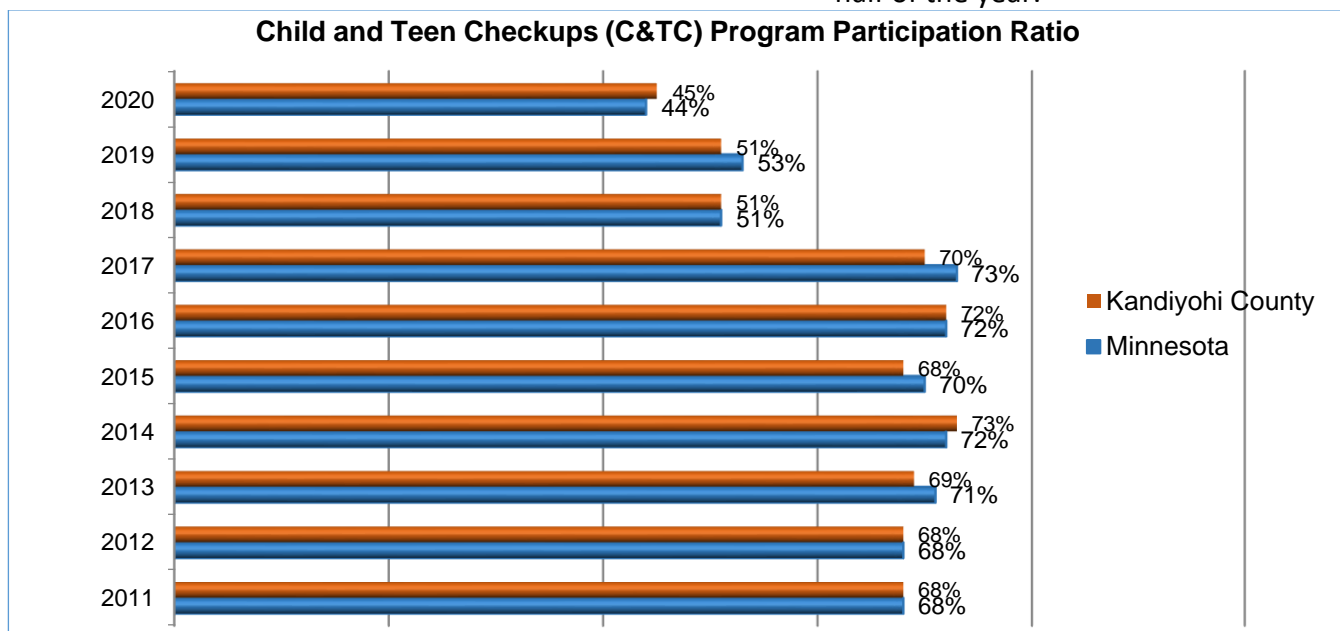
Expectant Parent Classes	2014	2015	2016	2017	2018	2019	2020	2021
Participants	33	123	87	101	93	13	20	0

Child Passenger Safety Seats Distributed via Public Health	2018	2019	2020	2021
UCare	58	94	62	65
Blue Plus Car Seat Program	79	79	59	47
State of MN Grant	2	0	0	0
C.A.R.S. Classes (Foster /Daycare Providers)	6 Classes 82 participants	5 Classes (93 participants)	48	70
Clinics: Spring and Fall of 2015	33	25	3	4

Follow Along Activities	2014	2015	2016	2017	2018	2019	2020	2021
Active Children	260	256	277	293	312	298	216	187



Approximately 7,142 Kandiyohi County children and teens up to age 21 were eligible for Child and Teen Checkups services in 2022. For the first half of the year, our county was awarded outreach activity for all of these children. Beginning July 1st, outreach activities were offered to Contracted Integrated Health Partnerships, resulting in our number to lower to 2,832 for the second half of the year.



Prairie Lakes Youth Programs Correctional Activity	2014	2015	2016	2017	2018	2019	2020	2021
Residents Seen by Nurse	193	212	201	186	199	183	102	108
Visits to Nurse	639	680	786	804	627	556	303	310
Total Nursing Hours	458	399	403	552	445	601	396	487
Direct Care Hours	328	239	311	355	250	364	258	263
Indirect Hours	130	159	92	197	195	237	138	224
Group Homes Total hours	60	60.5	60	61	60.25	59.75	13.5	39.50
Boys Group Home	30	30.25	29.75	30.5	30.25	29.75	6.75	20.25
Girls Group Home	30	30.25	30.25	30.5	30	30	6.75	19.25

Immunizations	2014	2015	2016	2017	2018	2019	2020	2021
Clinic Clients	549	708	685*	758*	375*	367	142	171
Vaccine Doses	1209	1412	1738	1852	862	838	276	543

* Added clinic day

Immunizations: Influenza	2014	2015	2016	2017	2018	2019	2020	2021
Flu Doses Given	1,149	1,086	1,059	1106	992	811	784	553
Contracted Worksite	875	877	803	898	913	722	712	514
School Clinic	0	0	0	0	0	X	X	X
Scheduled Bi-monthly Clinics	274	209	256	208	79	89	72	39
Primary Refugee Arrivals*	2014	2015	2016	2017	2018	2019	2020	2021
Kandiyohi	37	54	74	57	5	10	9	2

Minnesota	2,505	2,244	3,186	1,103	818	1,104	NA	NA
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Kenya		16	2	8				2
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"

*Information not available at time of publishing. For additional information visit: www.health.state.mn.us/refugee/stats/#primary

Secondary Refugee Arrivals	2014	2015	2016	2017	2018	2019	2020	2021
Secondary Kandiyohi	141	158	135	74	4	0	0	0
Secondary Minnesota	841	1,011	977	552	72	10	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.

*Information not available at time of publishing. For additional information visit:

www.health.state.mn.us/refugee/stats/#primary

Tuberculosis	2014	2015	2016	2017	2018	2019	2020	2021
New Active Cases	3	3	3	6	2	2	0	0
New Latent Cases	120	182	150	132	57	41	4	1

Kandiyohi - Renville Community Health Board Environmental Health Program

Reporting is for Kandiyohi - Renville Counties combined

Licensing: Food, Pools and Lodging	2021
Total # of Licensed FPL Establishments	267
Kandiyohi County	193
Renville County	74

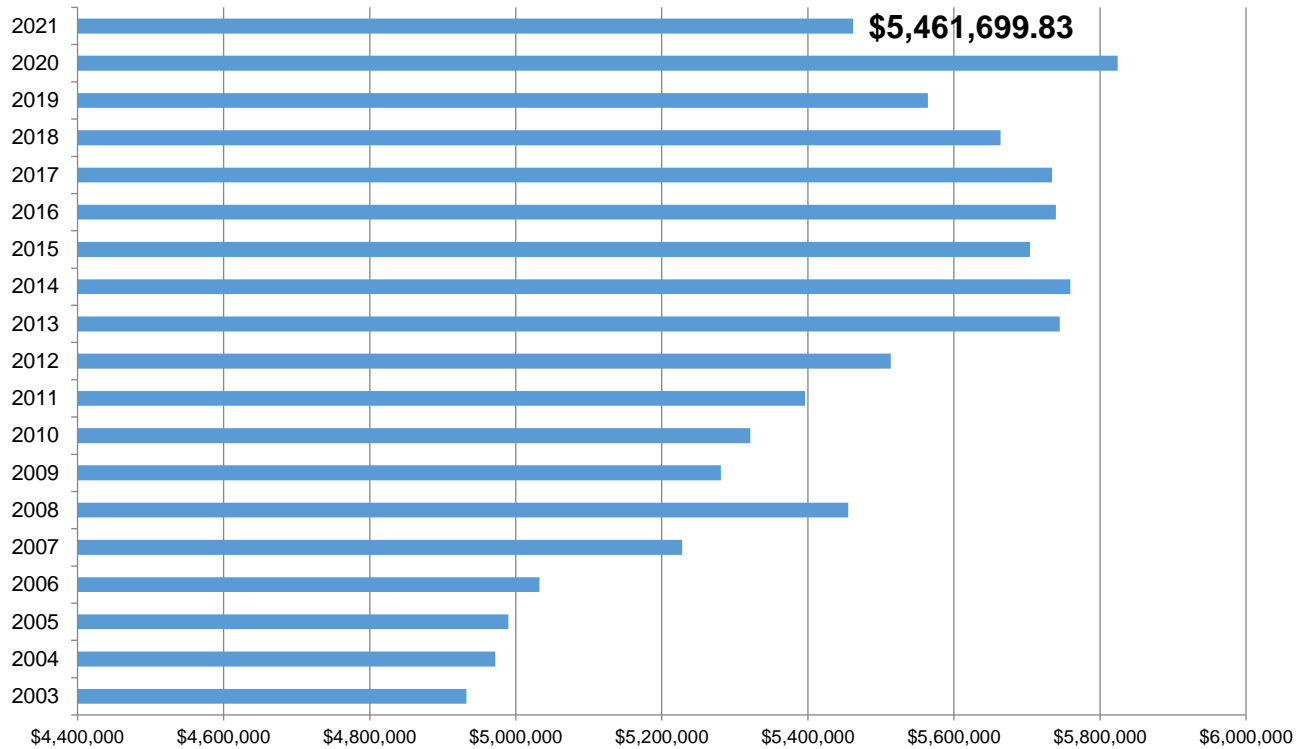
Licensing by category	2017	2018	2019	2020	2021
Limited Food	40	42	42	45	42
Small Establishment	97	99	96	100	76
Medium Establishment	65	65	61	62	64
Large Establishment	18	18	18	19	18
Alcohol Service	50	50	49	48	48
Lodging	60	38	36	38	37
Mobile Food Unit	0	1	0	2	2
Seasonal Permanent Food Stand	4	4	3	3	3
Public Pool	31	20	20	20	19
Manufactured Home Park/Recreational Camping	39	39	38	39	37
School	18	19	19	19	19
School Satellite	3	3	3	3	3
Private Well	35	37	36	39	39
Special Event	411	389	425	111	390
Vending Machines (Kandi Co Only)	207	218	175	147	155
Tobacco Retailers (Kandi Co Only)	30	32	32	34	35
Compliance Checks	33	30	29	0	34
Compliance Check Failures	1	2	3	0	3

Inspections	2017	2018	2019	2020	2021
Total Food, Pool and Lodging inspections	385	398	378	332	359
Total Violations	881	1013	1042	780	811
Average # of Violations per inspection	2.28	2.58	2.76	3.26	2.26

Complaints	2017	2018	2019	2020	2021
Food, Pool and Lodging	11	7	13	*24	4
Required enforcement action	2	3	6	0	0
Public Health Nuisance	3	5	3	2	2
Required enforcement action	1	1	0	1	1

*Most FPL complaints R/T pandemic executive orders

Child Support Collections

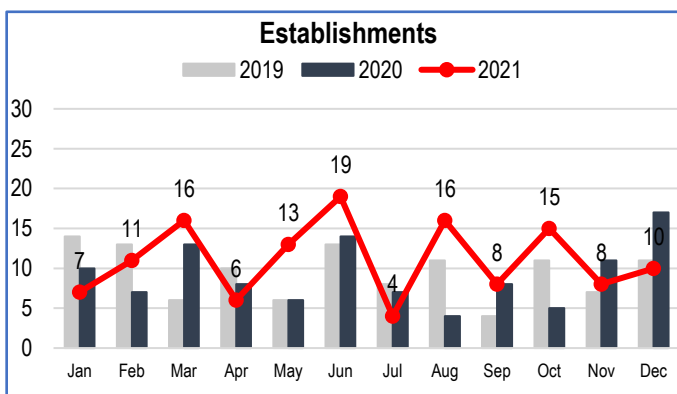
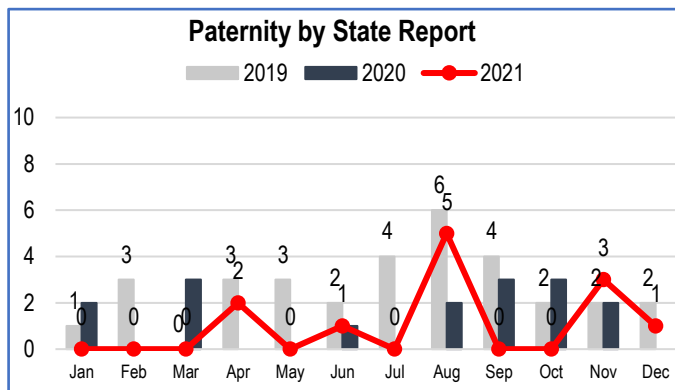
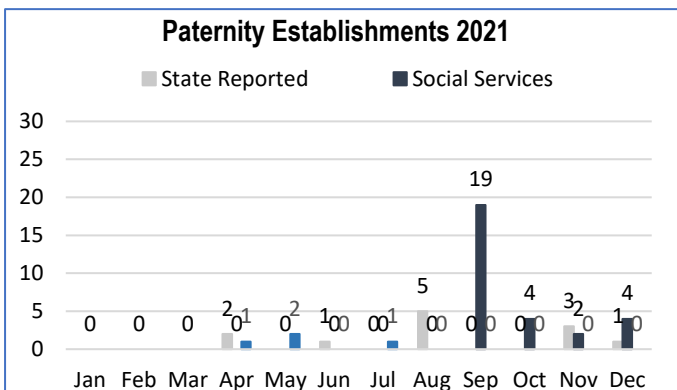


Minnesota Performance Measures			
Paternity Establishment (two year comparison)			
	2019 – Goal 80%	2020 – Goal 80%	2021 – Goal 80%
Kandiyohi	107.94%	109.38%	104.07%
Minnesota	100.98	100.14%	98.83%
Child Support Order Establishment			
Kandiyohi	78.20%	85.26%	88.40%
Minnesota	75.40%	87.47%	86.50%
Collections on Current Support			
Kandiyohi	78.20%	77.92%	75.87%
Minnesota	75.40%	75.41%	75.75%
Collections on Arrears			
Kandiyohi	74.9%	79.72%	70.12%
Minnesota	72.91%	79.65%	72.30%
Cost Effectiveness (amount collected for each dollar spent)			
	2019 – Goal ≥ \$5.00	2020 – Goal ≥ \$5.00	2021 – Goal ≥ \$5.00
Kandiyohi	\$4.64	\$4.80	\$4.78
Minnesota	\$3.14	\$3.26	\$3.09

Child Support Caseload Count by Type	2014	2015	2016	2017	2018	2019	2020	2021
Medical Support Only	855	672	553	274	364	555	835	907
Child Care Only	25	27	46	68	47	31	17	6
Non Public Assistance	1,179	1,348	1363	1,500	1,326	1151	905	819
Spousal Maintenance Only	4	5	6	4	5	5	7	3
Foster Care (Title IV-E)	44	40	45	50	50	42	45	36
MFIP: Minnesota Family Investment Plan	232	249	266	222	186	189	268	190

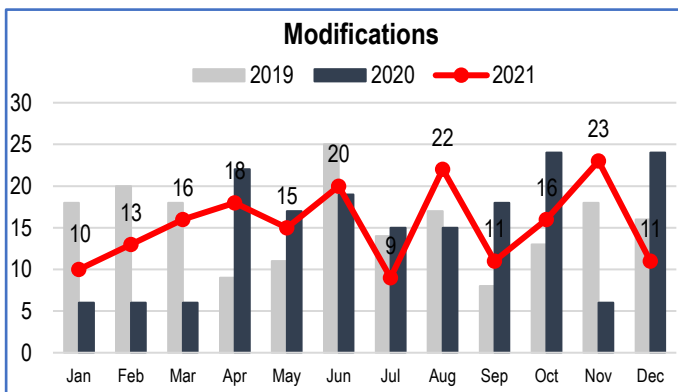
PATERNITY: Establishing parentage

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.



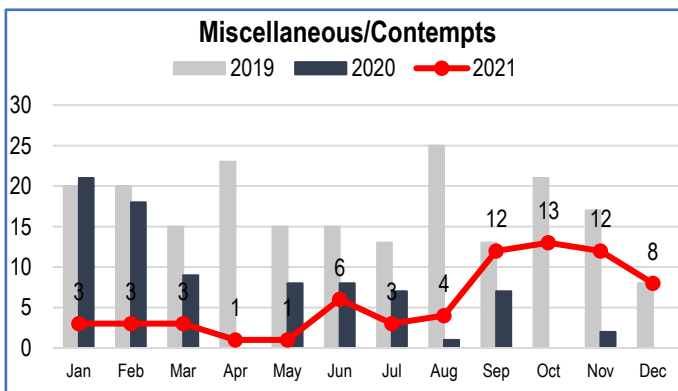
ESTABLISHMENT: Establishing Orders

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 arrearages, when the order is signed.



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.



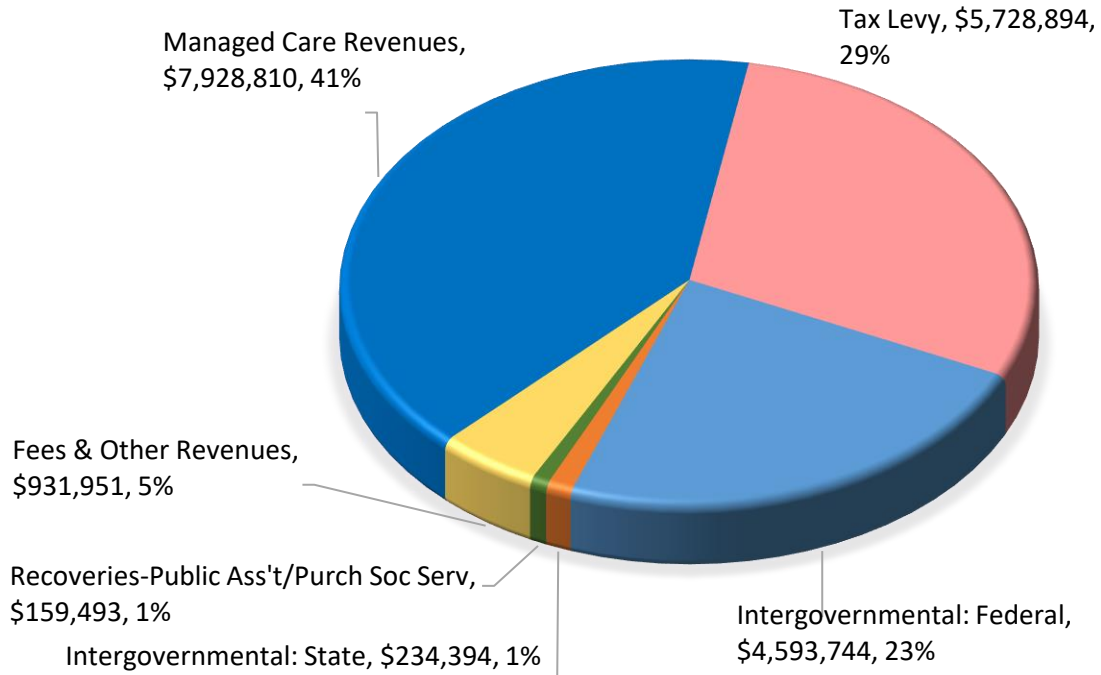
Miscellaneous: Contempt and Miscellaneous actions.

*2013 only, includes MinnesotaCare

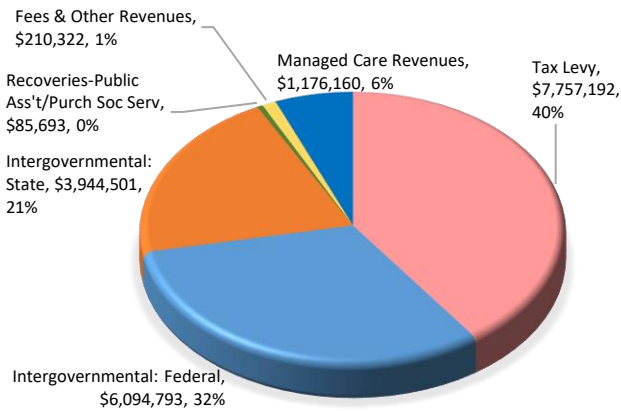
**includes Diversionary Work Program

Trending Program Information	2016	2017	2018	2019	2020	2021
PROGRAMS FOR ALL ADULTS/FAMILIES						
** SNAP (food) program – Active Persons	4801	4542	4039	4006	3264	4619
PROGRAMS FOR ADULTS WITHOUT MINOR CHILDREN						
Emergency General Assistance(EGA) for Adults without minor children	35	44	35	36	6	7
** Refugee Cash Assistance (RCA) active cases	16	1	0	2	0	1
** General Assistance (GA) active cases	143	140	139	124	160	132
** Minnesota Supplemental Aid (MSA) active cases	152	150	157	161	168	155
** Housing Supports Program (formerly GRH – Group Residential Housing)	173	197	172	173	161	155
PROGRAMS FOR FAMILIES WITH MINOR CHILDREN						
Emergency Assistance (EA) Program for Families with minor children approved (number of cases)	171	178	129	108	51	23
** MFIP Active	308	264	208	206	345	247
** DWP active cases in December	25	19	16	19	0	10
MFIP program participants who are employed full or part time	57%	40%	32%	41%	34%	41%
MFIP closed/used 60 months with no extension	4	5	1	1	2	14
MFIP open/used 60 months - extension granted	22	32	26	28	33	36
MFIP program – participants used 48 months or more	9	14	17	16	65	32
DWP – employed participants	19%	37%	41%	40%	0%	21.43%
DWP – disabled participants	17%	4%	9%	9%	0%	7.14%
DWP participants with less than a high school education	40%	39%	44%	47%	0%	57.14%
** Child Care Assistance Program (CCAP) Total number of children on CCAP	181	199	115	208	199	171
HEALTHCARE PROGRAM STATISTICS FOR ALL (ADULTS & FAMILIES)						
**Healthcare – number of active persons on MAXIS healthcare programs (MAGI –Modified Adjusted Gross Income calculation)	4100	2149	2078	2052	2104	2247
** Healthcare – number of active persons on METS system (non-MAGI)	6780	9274	9184	8984	10234	11043
FRAUD STATISTICS						
Number of cases referred for possible fraud	171	252	262	343	625	309
Number of cases completed	159	245	258	342	583	288
Dollar savings by FPI	\$40,820	\$55,965	\$88,287	\$137690	\$192,200	\$76947
Overpayment totals by FPI	\$21,915	\$56,907	\$29,259	\$53,295	31,995	\$4085
Administrative Disqualification Hearing (ADH) waivers	2	9	8	3	2	1
** Data designated with asterisks is from December of the designated year and not an average for the calendar year						

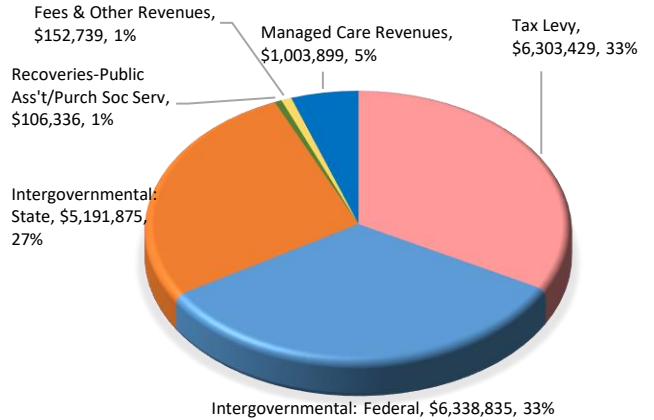
2021 Human Services Total Revenues \$19,577,287



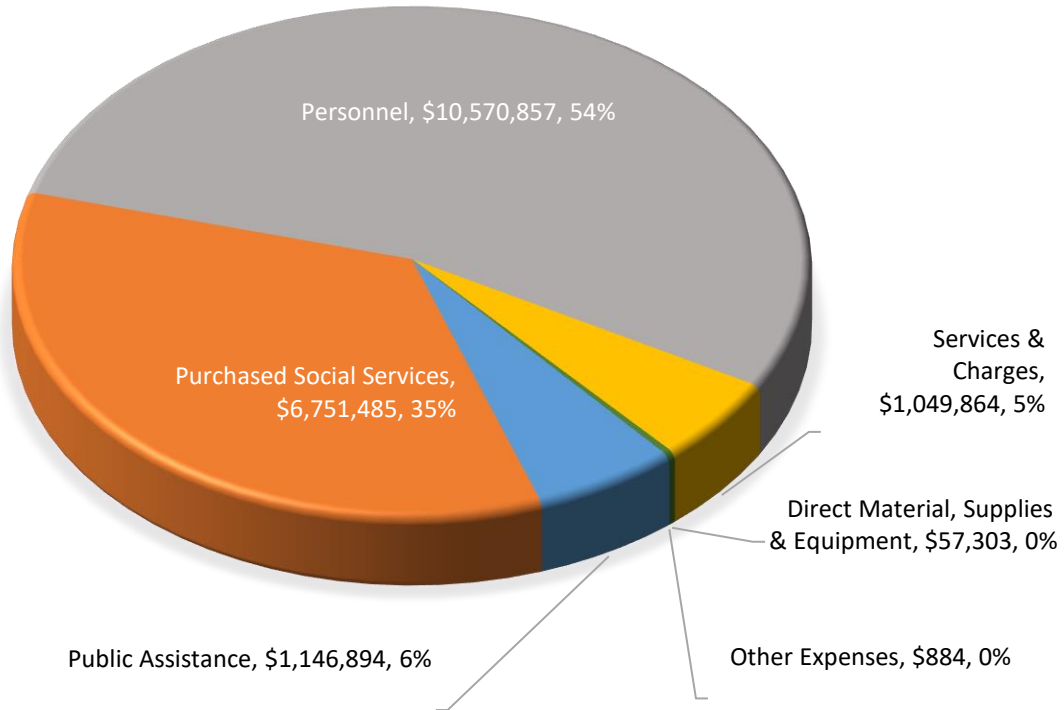
2020 Human Services Total Revenues



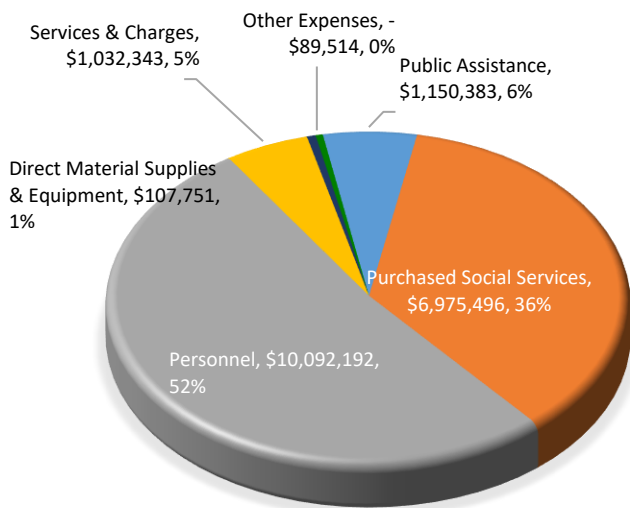
2021 Human Services Total Revenues



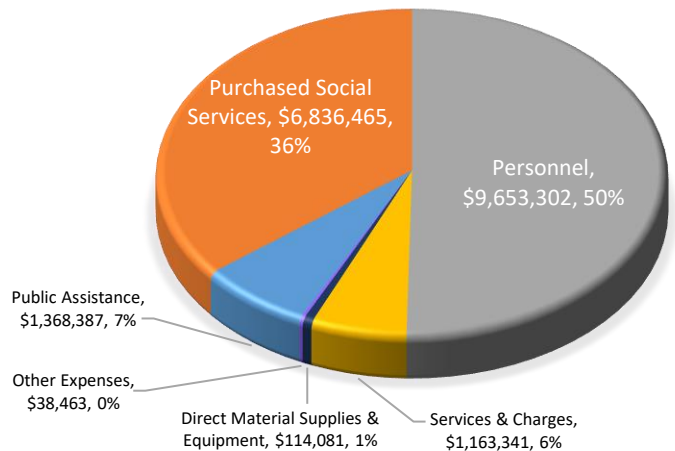
**2021 Human Services Total Expenditures
\$19,577,2871**



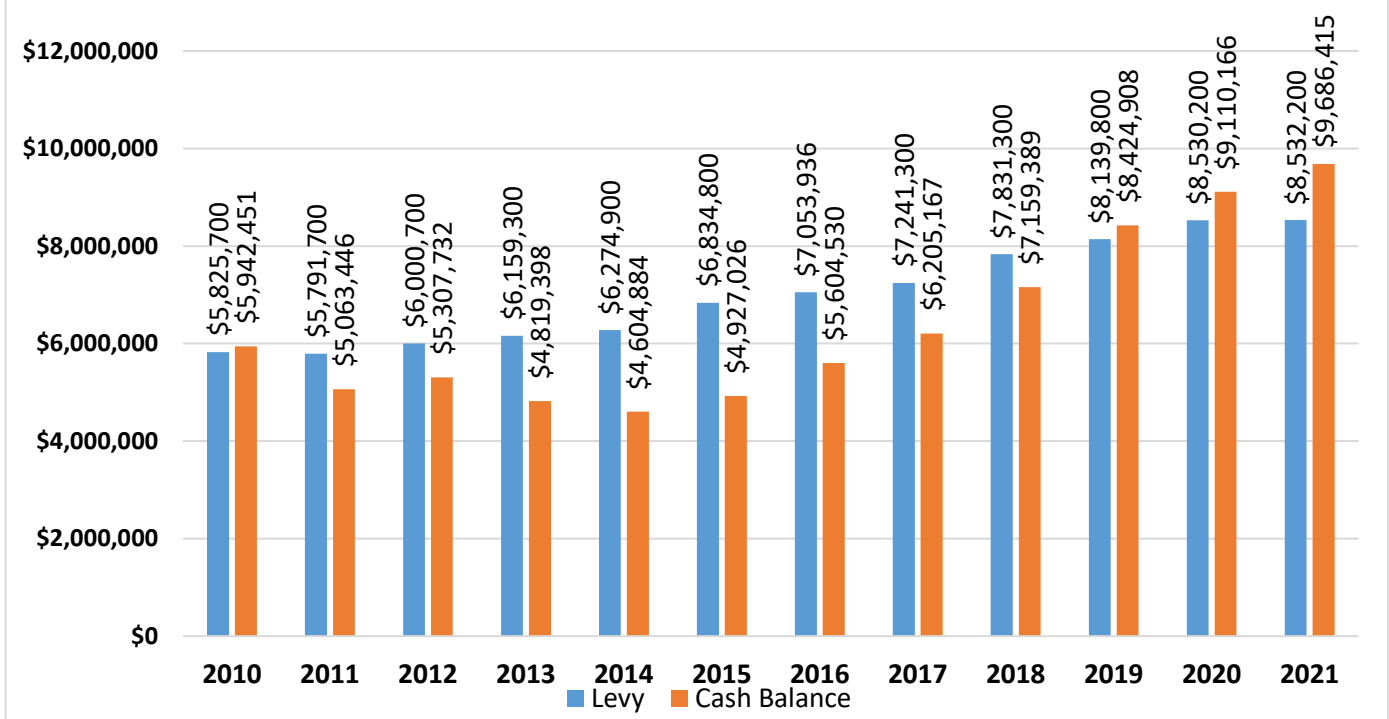
2020 Human Services Total Expenditures



2019 HUMAN SERVICES TOTAL EXPENDITURES

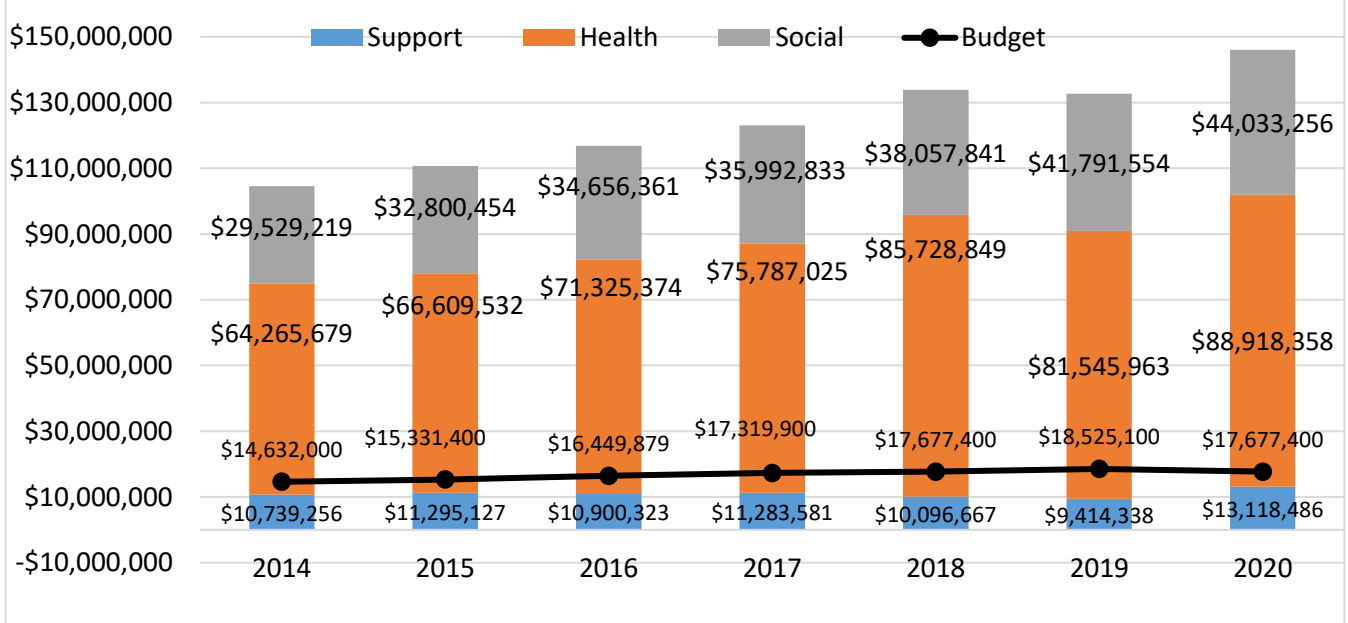


Human Services: Levy and Cash Balance



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.

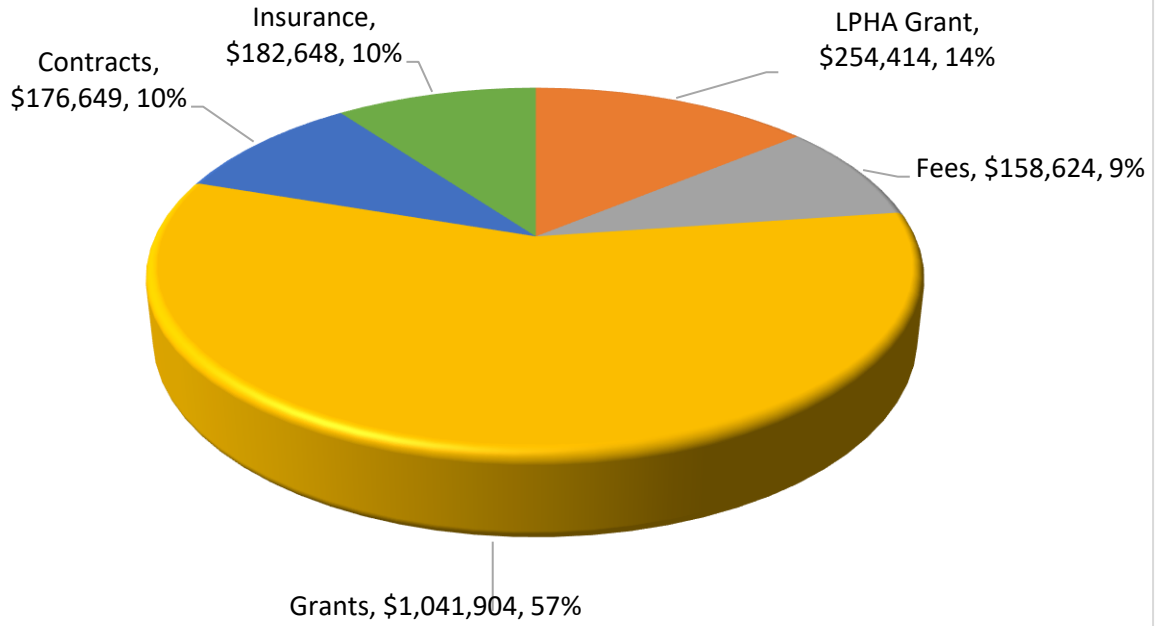
Kandiyohi County Total Human Services Costs



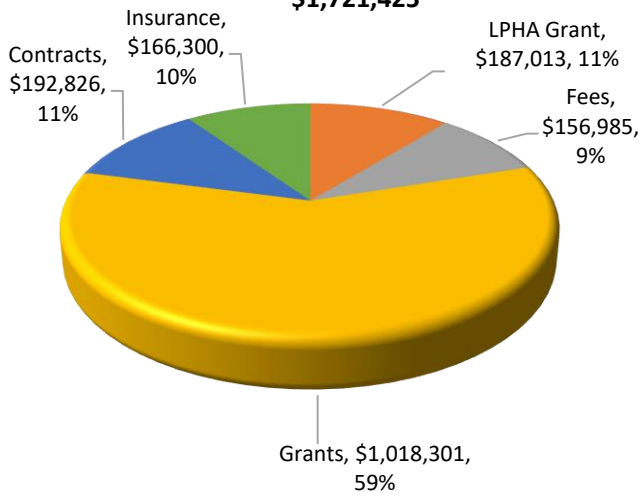
Human Service benefits for Kandiyohi County residents in calendar year 2021 were \$146,070,100.

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

2021 TOTAL PUBLIC HEALTH REVENUES
\$1,721,425



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



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

