

# Kandiyohi County Health and Human Services Annual Report 2022

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

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## From the Director

As I present this year's 2022 Health and Human Services Department Annual Report, I am incredibly proud of the work that we have done to support our community. At the heart of everything we do is our goal to connect people with resources and solutions during times of need so we can all live, learn, work, and take part in strong, healthy communities. It has been another challenging year as we've all continued to deal with the impacts of the pandemic while growing our department to meet the increasing needs and demands of our County. We have accomplished so much in 2022 and this year has reaffirmed the power and resilience of the Health and Human Services Department.

This Annual Report showcases how we contributed to the health, safety, and quality of life of our Kandiyohi County community, beyond our pandemic response. In a time of change and ambiguity, the department responded with innovative programming alternatives that allowed us to meet the ever-increasing needs of our changing environment. This report provides an overview of the meaningful work and services the Department provides to Kandiyohi County, as well as data for the year 2022. The Health and Human Services Department serves many County residents annually, providing the community with essential services like financial and medical assistance, child and family services, adult protective services, mental health services, public health services, and adult and disability services many of which are state and federally mandated.

It takes a staff of nearly 160 to provide these vital services to our residents. We strive to provide exceptional service to Kandiyohi County while being good stewards of taxpayer dollars. We understand that we need to be resourceful in our work to serve Kandiyohi County residents as we look at the economic costs and results of value-added delivery of services. We continually look for ways to improve services, help residents find and maintain self-sufficiency by measuring our outcomes as defined by performance metrics.

We understand that we cannot achieve our mission alone, which is why we have dedicated ourselves to fostering strong relationships with community-based organizations and partnerships. These organizations provide invaluable perspective that is critical to ensuring services are responsive to the needs and desire of our community.

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 do. If you are interested in additional information about Kandiyohi County Health and Human Services, please visit our website or give us a call. I am proud of the work our staff has done this past year and as we look to the future, we are excited to build on our successes and continue to serve our community.

Thank you for your ongoing support and partnership.

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

Jennie Lippert

## Child PROTECTION Activities

Of 356 cases, 145 were Family Assessments and 211 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.

## Child Protection Assessment/Investigation

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 and Family Investigations:** 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. 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.

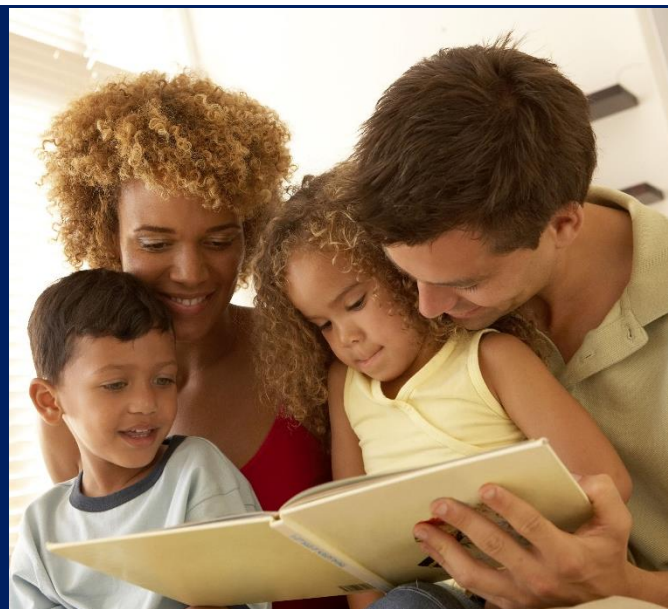
**Child Protection Trends:** In 2022 Kandiyohi County completed 356 child protection family assessments and investigations. This is an increase from 2021. Out of these cases 94 went on for ongoing child protection case management and 24 went on for family assessment case management. There were a total of 239 children in placement this is a comparable number to 2021 when 232 children were in placement. This year, the County Attorney's Office and KCHHS filed 88 CHIPS Petitions and 62 permanency petitions in court. This is a decrease since 2021. KCHHS has been working to implement more immediate safety plans with parents and their supports who are willing to participate in services therefore lessening the cases that are filed in court.

In July 2022 KCHHS changed the structure of the two child protection units in the agency to mirror each other with assessment and case management workers in both units. When a report is screened in for a child protection investigation, and it is determined that services are necessary, the case is then transitioned to a case manager within the same unit. The reason for this change is to ensure consistency and continuity amongst cases from beginning to end. KCHHS added another child protection position to respond to only assessments involving drug use. The purpose of this position is to create a more specialized response to drug related reports based on evidence based practices in working with parents in active addiction.

**Case Management:** In case management, the social services agency works to develop a case plan with services for the family. The purpose of the case plan is to reduce the safety risk to the children in the home or reunify the children with the parents if they are in out of home placement. 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. 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 2022, we served **15** 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.

**24 CHILD WELFARE** cases were opened in 2022

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 **11.4%** of cases **result** in **court intervention**. In 2022, 307 truancy referrals were received,

Out of these referrals, KCHHS filed **only 35** Truancy CHIPS Petitions.



# Adoption

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

26 more are waiting to be adopted and  
No children are in permanent foster care.

## Minor Parent Services

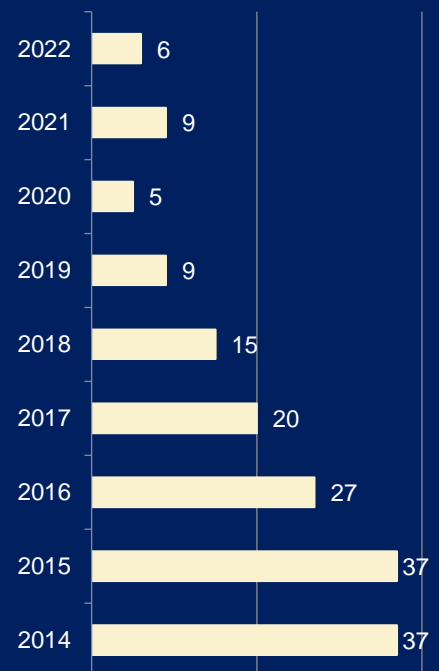
Minor Parent Services are provided to the minor parent and family which will assist the pregnant and/or parenting minor (under the age of 18) to establish a plan for herself and child to ensure their safety and well-being. This program helps connect the minors to appropriate resources such as: The Pregnancy 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 **6** 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

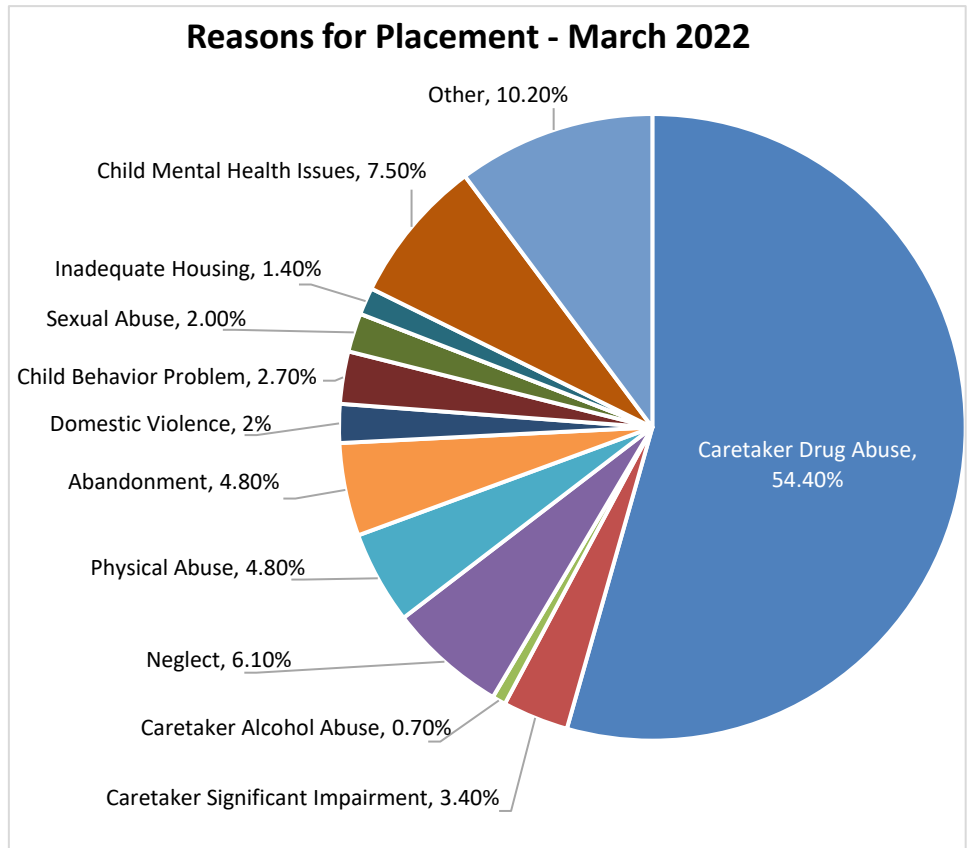
At the county level, KCHHS is responsible for licensing Family Child Care, Family Child and Adult Foster Care. KCHHS shares responsibilities with the state for the licensing process of Corporate Child and Adult Foster Care settings.

### 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. 208 Children entered foster care in 2022.

**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 2022 and those gained were followed by some retirements. MN DHS is making changes to simplify and streamline their system and grant money is being put towards supporting new applicants.

**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 licenser 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

39 licensed child foster homes (traditional and relative)

125 licensed corporate foster homes

3 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.

From July 1, 2022 to December 31, 2022, staff completed 34 Behavioral Health Fund requests.

## 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?

In 2022 our agency moved completely away from the Rule 25 role to only the role of approval for Behavior Health Fund eligibility. The State of Minnesota moved to the Direct Access process for Substance Use treatment. The Direct Access allows for the consumer to go directly to a substance use provider to seek Substance Use assessment and treatment. The Direct Access moved the County's role in Substance use to be only approval for the Behavioral Health Fund. The Behavioral Health Fund is funding for assessment and treatment for people who do not have any funding source for substance use treatment. The funding is based on a person income and household size.

# Trends

The changes for Direct Access have become fully enacted and our only role at this time is for approval of the Behavioral Health Fund. Medical Assistance can now be billed for Substance Use Assessment thus not a cost to the County.

We have begun to track the number of requests for the Behavioral Health Fund. Since July of 2022 to December of 2022, we have completed 34 requests for funding to support Substance Use Assessments and Treatment. Detoxification services continue to be a cost to the County. There are some decreases in the number of admissions from last year, but as you can see this number fluctuates from year to year.

	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Detoxification admissions	282	147	119	102

**33** CHILDREN and **12** ADOLESCENTS attended Day Treatment Programs

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

**93** children received Case Management services



Staff served an estimated **48** CLIENTS each month

## Trends

In **2022**, we continued to see a high number of children receiving case management services.

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. The primary reason for placement being a child's mental health needs rose from less than 1% in 2021 to 7% of our total foster care placements in 2022.

Families First presents new process that the Counties have to use prior to placement, unless it is an emergency placement. 2022 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 workforce shortages continues to place an increased need and stress on our case managers as they attempt to find resources that assist our consumers. Placement challenges continue for the hard to place consumers. Our civil commitment numbers continue at a high level. Rule 20 continues to present challenges with next steps. Some of the people who are civilly committed can linger in our hospital ED and/or jails as they wait for appropriate placements. Rule 20 cases continue to be a focus of some of our commitment work. 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. Legislative changes are coming in 2024 that will hopefully address some of those challenges and fill some of the gaps.



## 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 and case plan 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

**79** requests for **ADULT MENTAL HEALTH SERVICES**

**21** NEW CASES ASSIGNED to staff

**0** pending

**3** were REFERRED elsewhere  
At Intake

### Adult Mental Health SERVICES

**204** people received **SERVICES**  
**59** Pre-Petition Screening Reports (**COMMITMENTS**) for mental illness or chemical dependency

**66** people received **COMMUNITY SUPPORT SERVICES**

**37** attended **ASSERTIVE COMMUNITY TREATMENT**

**39** attended **DAY TREATMENT**

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

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

# Adult Protection Services

Adults with disabilities or the elderly are particularly vulnerable to being in positions of being taken advantage due to their limitations. In these circumstances, it is the role of government to assess their vulnerability and develop a plan for their protection.

**291 COMMUNITY REPORTS** were received in 2022.

**Of those 291 COMMUNITY REPORTS, 116** were assigned for investigation

2022 Allegations	Substantiated	Inconclusive	False	Not Vulnerable Adult	Investigation Not possible	Pending	Total
Abuse emotional or mental	2	4	5	5	0	0	16
Abuse physical	2	4	5	3	0	0	14
Abuse sexual	0	0	5	1	0	2	8
Financial exploitation fiduciary relationship	1	0	5	0	0	2	8
Financial exploitation not fiduciary relationship	6	4	10	16	0	1	37
Neglect Caregiver	1	0	14	0	0	0	15
Neglect Self	6	2	18	13	7	3	49
<b>Totals:</b>	<b>18</b>	<b>14</b>	<b>62</b>	<b>38</b>	<b>7</b>	<b>8</b>	<b>147</b>

## Trends

In August of 2022, there were a number of Statute changes regarding type of allegation as well as final determinations. We can now make a determination on self-neglect with no determination. This has been a positive change as it relates to determinations. We have added some staff time to Adult Protection in 2022 which has allowed us to address further the protection measures for Vulnerable Adults.

We have completed 56 Emergency Protection reports in 2022.

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	2019	2020	2021	2022
Abuse emotional or mental	16	17	24	16
Abuse Physical	17	14	19	14
Abuse Sexual	14	8	6	8
Financial Exploitation Fiduciary Relationship	6	13	13	8
Financial Exploitation Not Fiduciary Relationship	36	22	31	37
Neglect Caregiver	13	12	14	15
Neglect Self	51	42	37	49
<b>Assigned for Investigation</b>	<b>153</b>	<b>128</b>	<b>144</b>	<b>147</b>

## Community Reports - Kandiyohi County

	Total Reports	Assigned	Screened Out	Emergency Protection Services (EPS)
<b>2022</b>	291	163	116	56
<b>2021</b>	303	212	171	70
<b>2020</b>	267	106	156	56
<b>2019</b>	273	137	135	



# 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.

## 1,001 MnCHOICES

**ASSESSMENTS** were completed in 2022. In 2022 the volume of assessments remained stable. An initial assessment takes an average of 14 hours to complete and a reassessment around 12 hours slight increase as we return to in person MnCHOICES assessments.

## Trends

The number of counties, Kandiyohi County completes assessments on behalf of decreased in 2022, likely due to the closure of community residential service sites because of staffing issues.

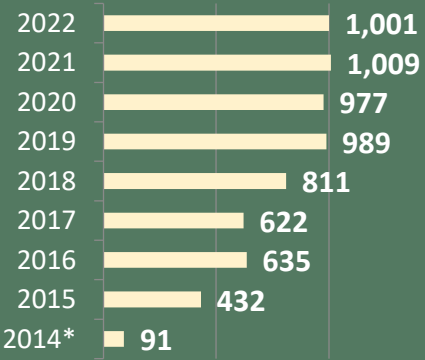
The number of total assessment has stayed the same due to increase number of Kandiyohi residents requesting services in 2021.

Kandiyohi County completed MnCHOICES Assessments for **60 counties** with recipients living in Kandiyohi County. This is a decrease from 69 in 2021. Kandiyohi County completes assessments for **69%** of the counties in Minnesota.

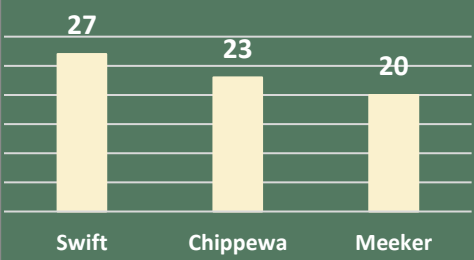
## CHALLENGES:

In 2022, 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

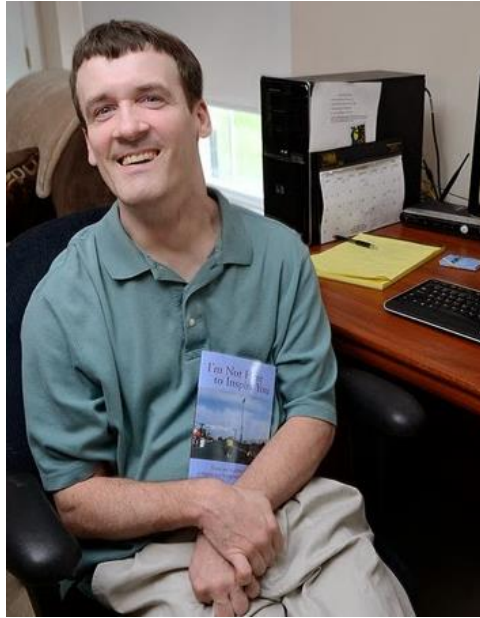


2022 Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties



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 2022, there were 96 waiver cases referred for County Case Management. This is an increase from 2021 of about ten cases. Thirteen of these were waiver transfers (managed by other counties, having 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: 2022, a year of transition.** Our Home and Community based staff during the COVID experience, learned skills in being able to be very productive while working away from the office as their primary worksite. Many choose to continue to work remote a few days a week. This has offered some flexibility to staff, while maintaining the high level of production that is required. It further allowed staff the ability when there were COVID outbreaks or other health challenges for their clients, to utilize the various forms of communication through interactive video systems or through conference calls. In 2023 the Public Health Emergency is set to end which will create some future challenges as people navigate Waiver and Medical Assistance eligibility requirements again. Workforce shortages did not level off in 2022 and our service providers have had to make some tough decisions in closing some homes or denying service to individuals for which they cannot serve, due solely to lack of qualified staff.

**Considerations and Challenge for 2023 include:** Kandiyohi County contracting with Prime West Health as a Managed Care Organization/County Partner, a New Mn Choice platform as documentation system in providing services, and the scheduled implementation of Community First Services and Supports which replaces our current Personal Care Assistance program.



# 2022 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%

2022 Year End Data	Minnesota	Kandi. Co.
Total Cases	1,736,893	15,008
Total Deaths	13,933	146
Total Tests Completed	18,352,111	159,687
Cumulative % Positive Tests	8.46%	9.26%



**25** COVID-19  
vaccination clinics

**271**  
vaccinations  
administered



COVID-19 Vaccinations  
administered by type:

1<sup>st</sup> dose: **22**

2<sup>nd</sup> dose: **11**

Booster: **172**

Bivalent Booster: **66**

**4,759**

masks  
distributed  
and

**573**

at-home  
COVID-19  
test kits  
distributed

**STAY SAFE MN**

### Total Population COVID-19 vaccination Rates

	1+ dose	Complete series	Up to Date
Minnesota	72.1%	68%	23.8%
Kandiyohi	59%	55.8%	19.5%

**1,767** staff hours for COVID-19 pandemic response

**5** Essential Service Requests

**2** Press Releases

**37** Newsletters and **3** Coronavirus Corners shared  
with community partners

**16** Web-Ex calls with MN Department of Health

**Coronavirus Corner**  
February 2, 2022

**Are you sick? CALL FIRST**

Carris Health-Willmar Nurse Line  
320-441-5361 8am-1pm M-F 9a-1p Sun

Feel like harming yourself or others  
Call 911

Mobile Crisis  
1-800-432-8781  
24/7

Carris Health-Redwood Nurse  
507-637-1730 8am-1pm M-F

Woodland Centers  
320-235-4613  
1-800-992-1716

CentreCare Connect Nurse  
320-200-3200 24/7

Kandi. Co. Human Services  
320-231-7800  
8-4:30pm M-F

**GET VACCINATED AND BOOSTED**

The vaccines are proven safe and effective in reducing COVID-19 illness, keeping people out of the hospital, and preventing death.

**Kandi. Co. Update**  
60.7%

**Carris Health**  
# 320-231-6358  
**Public Health**  
# 320-231-7800  
[MN VaccineLocator](#)

**Minnesota Update**  
73.6%

**BOOSTERS:** Johnson/Johnson (18+) 2 months after single dose  
Pfizer (12+) and Moderna (18+): 3 months after 2<sup>nd</sup> dose

**WEAR A MASK**

Wear a well-fitting mask over your nose and mouth if you are in public indoor settings or in communities experiencing substantial or high levels of COVID-19 transmission- which includes ALL of Minnesota.

**KIDS Free Mask Distribution Drive-Through Event**  
Thursday, February 3, 2022  
3:00pm to 6:00pm  
Masks available while supplies last - Adult size only  
Kandiyohi County Rescue Squad Building  
Enter the Event at 240 SE 17th Street, Willmar  
No sign-up necessary - Limit 3 masks per person  
20 per household

**GET TESTED**

Carris Health is currently offering curbside testing for:

- Individuals with symptoms consistent with COVID-19
- Testing before a procedure or coordinated by health care

Visit [community testing sites](#) to find testing options.  
Utilize an at-home test, found at some local pharmacies OR visit <https://www.covidtests.gov/> to request a test.

**STAY HOME IF YOU ARE SICK**

If you have symptoms or test positive, stay home and away from others.

**Kandiyohi County Case Data**

Total Cases	ACTIVE		Total Deaths:		Hospitalized:	
	Cases	Out of Isolation:	Deaths-Long Term Care:	Deaths:	Ever in ICU:	
12,541	336	12,076	59	129	67	436

**COVID-19 HOSPITALIZATIONS**  
January 31, 2022

83 SYSTEMWIDE COVID-19 INPATIENTS

43 unvaccinated 40 vaccinated

**Daily number of NEW cases:** No data reported on weekends  
At home test data is not generally reported

# 2022 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. Gonorrhea
3. Campylobacter
4. Salmonella
5. Cryptosporidium
6. Strep Group B
7. Giardia
8. Escherichia Coli
9. S. Pneumonia
10. Cyclospora



#### Registered Sanitarians licensed

**274** Food, Pools and Lodging establishments

**340** inspections were completed with

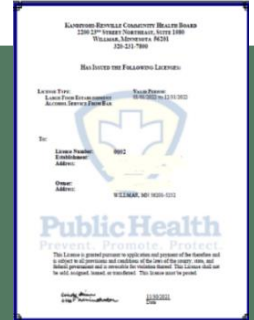
**911** Food violations noted

**317** Priority 1 violations: directly associated with foodborne illness

**200** Priority 2 violations: equipment, utensils and facilities

**394** Priority 3 violations: Good retail practices

**390** special events were licensed



#### Staff administered

**581** vaccinations to

**205** individuals  
and

**431** influenza vaccinations



#### Childhood Immunization Rates

FULL series  
vaccination rate by  
the age of two went  
from

**62.2%** in 2021

to

**62.9%** in 2022.

**7** new **Primary**

**Refugees** arrivals  
from Kenya,  
Ethiopia, Yemen,  
and Indonesia  
and

**0** new

**Immigrant**  
arrivals received  
services.

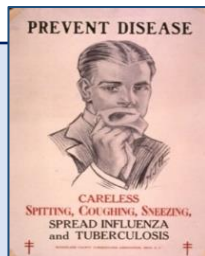
**3** new **Active TB** cases requiring

**56** nurse visits

and

**10** new **Latent TB** individuals requiring

**40** nurse visits.



#### Contracted nursing services

provided to teens and young  
adults at Prairie Lake Youth  
Programs including

**405** nurse visits  
to

**144** residents.



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

#### Child and Teen Checkups

**16,073** total outreach activities - calls,  
letters, home visit contacts, WIC contacts.

**5,579** Letters were mailed and

**4,197** Calls were made to families by **Child  
and Teen Checkups** Staff to discuss the  
importance of well child visits.



# 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:

- Expectant parenting classes in conjunction with Jefferson Learning Center
- Nurse Family Partnership Program (through Supporting Hands Nurse Family partnership)
- Prenatal, Postpartum, and Ongoing Family 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 both mother and child

**626** 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

## 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

Pregnant women and new parents received education and parenting support through **1179 visits.**

## Expectant Parenting Classes:

**10** expectant parents received education and support preparing them for their new baby through 12 classes. Topics include preparing for delivery, birth, breastfeeding and much more.

**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 SHIP supports community-driven solutions to expand opportunities for active living, healthy eating, commercial tobacco-free living, and well-being helping all people in Minnesota prevent chronic diseases including cancer, heart disease, stroke and type 2 diabetes. Kandiyohi-Renville SHIP's partners create change by helping Minnesotans' live healthier lives and building the capacity of communities to create health. In 2021-2022, Kandiyohi-Renville SHIP had **17** Partner Sites allocating a total of **\$40,000** to local community projects. Programs will continue to be grounded in both evidence-based (proven-effective and promising practice strategies) and community-driven, theory-based strategies.



- SHIP is implementing 11 statewide activities:
- MN Eats:** SuperShelf™, Food Rx, Breastfeeding Friendly Workplaces
  - MN Moves:** Improving Safety and Access for Active Transportation and Mobility, Safe Routes to Schools, Park Planning
  - MN Breathes:** Commercial Tobacco-Free Schools, Commercial Tobacco Point of Sale, Quit Partner Referral
  - MN Well-being:** Social Connection, Trauma-informed Principles



Check out the new SHIP Story Map to see what projects are being done in Kandiyohi & Renville Counties, but also around the state! [Statewide Health Improvement Partnership \(SHIP\) \(arcgis.com\)](https://arcgis.com)

## FOLLOW ALONG PROGRAM



**183** 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

**95 car seats**

were distributed with EDUCATION provided to **102 parents**. Another **99 foster and childcare providers and social workers** 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

**\$1,290,140** in WIC benefits were redeemed in Kandiyohi County and surrounding counties in 2022.

Average monthly participation was 1,578. June was the busiest month for WIC with 1,655 women, infants and children served in 2022.

### Adjusting To



### Your New Life With Baby? **Baby Talk Tuesday**

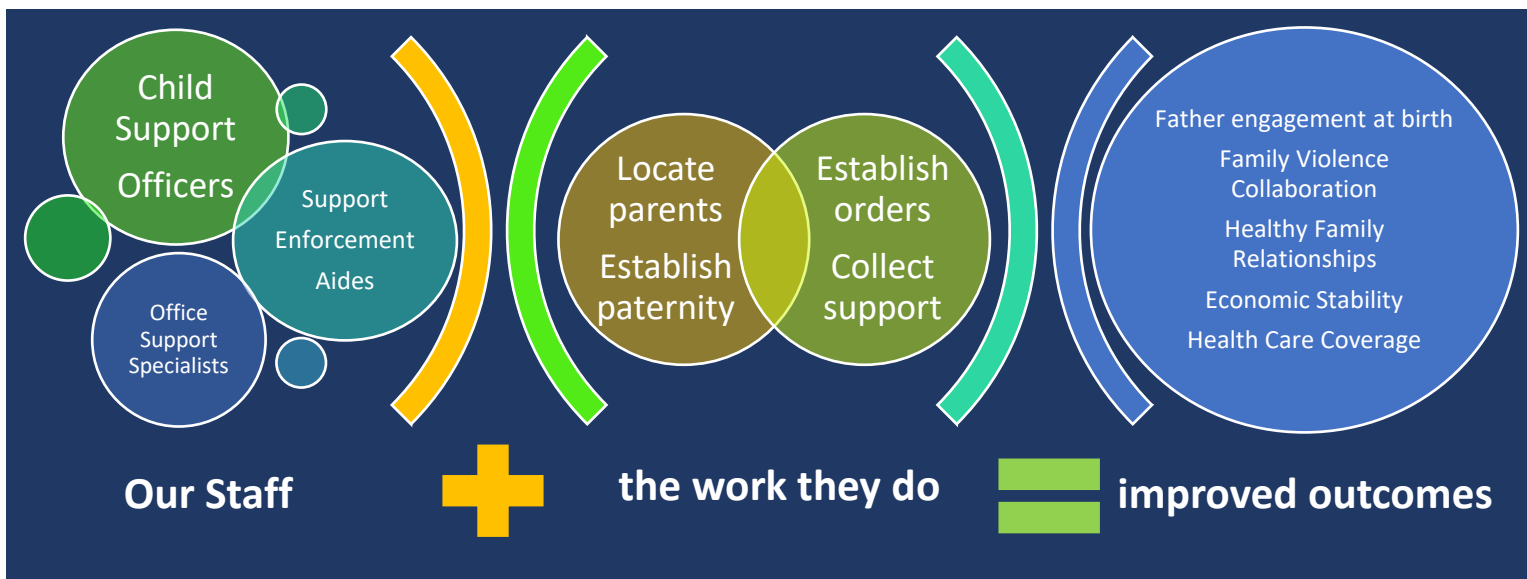
Every Tuesday, 10:30am-12pm  
Jefferson Learning Center  
320-231-8490

**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 are displayed throughout our community in stores, libraries and parks. In 2022 **256** toolkits were distributed to families with newborns through weekly hospital visits and postpartum home visits done by the family home visiting nurses. [www.talkingisteaching.org](http://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 2022 - \$5,459,488.03**

*“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, event though it may not always be easy.”*

**1,801 Cases Served**

961 Medical Support only

7 Child Care Support only

669 Non-Public Assistance

2 Spousal Maintenance only

20 Foster Care (Title IV-E)

142 Minnesota Family Investment Plan



## FRAUD PREVENTION

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

In 2022, **379** cases were referred for fraud investigations. Over \$9,460 in overpayments were cited and repayment was initiated on these cases.

Another **\$194,384** 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 state and federal 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)

**31%** 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

### **Diversionary 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. When families first apply for cash assistance for families, most caregivers will participate in the DWP program.

### **Minnesota Family Investment Program (MFIP)**

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

**219 MFIP cases and 47 DWP cases** were enrolled with Employment Services at the end of the year 2022. Of those cases, 4% have a disability, 39.5% have less than a high school education and 37% are employed full or part time.

**34 families** went off of MFIP and into unsubsidized employment at an **average wage of \$15.23 per hour in 2022**.

**17 families** went off of DWP and into unsubsidized employment at an **average wage of \$18.30 per hour in 2022**.

## **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 public health emergency. Many households who received SNAP benefits received extra allotments due to these waivers that were set in place starting in 2021.

**10% of Kandiyohi County's population** are participating in the SNAP program. Almost half of these participants are children.

## **CHILD CARE**

**88 families in Kandiyohi County** are participating in the Child Care Assistance Program (CCAP) with 168 children eligible for this program. This program subsidizes child care costs for eligible families.

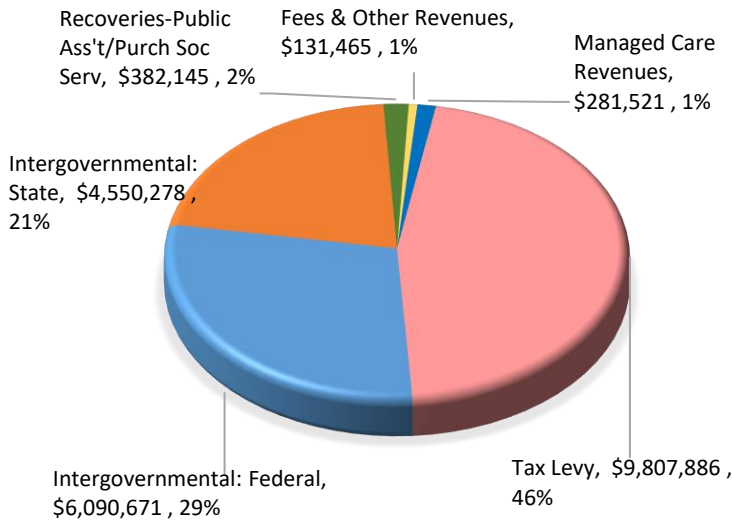
There is a real **need for additional child care providers in Kandiyohi county**.

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

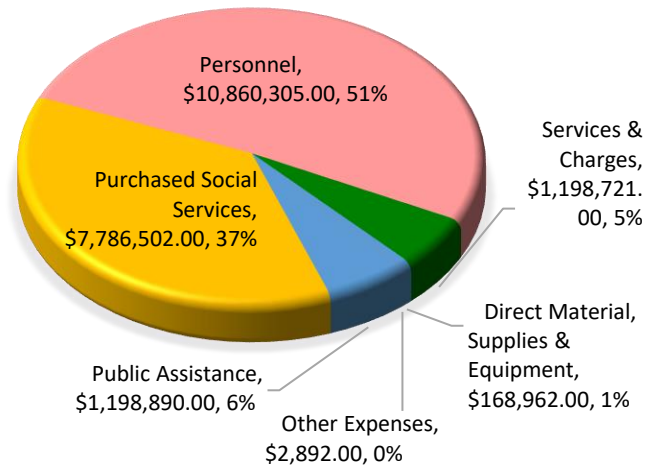


**Finances** - The number of children in out-of-home placements continues to rise and so do our costs. The costs for family foster care, group homes, correctional placements, respite care, etc., first went over \$1 million dollars in 2018. In 2022, our out-of-home placement costs were \$2,081,091. Most out-of-home placements are involuntary, which involves action by the courts. Family members involved in these proceedings are often provided a court appointed attorney. Our agency paid \$458,008 for court appointed attorneys in CHIPS cases (Child in Need of Protection or Services) in 2022. Families involved in CHIPS cases must be served legal documents. The cost of this paper service was passed from the court system to Human Services in 2019. In 2020, paper service for CHIPS cases was \$5,069. In 2022, this cost was \$16,669.

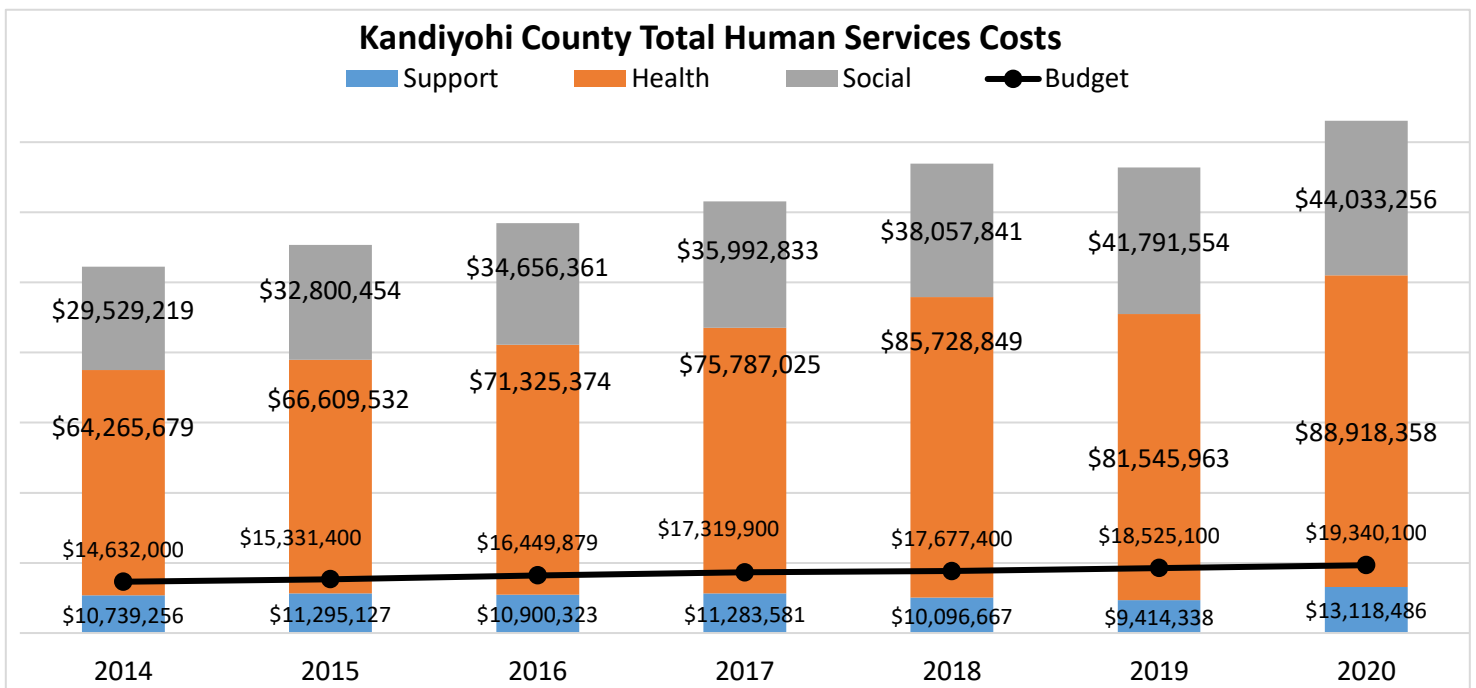
**2022 Human Services Total Revenues**  
\$21,243,967



**2022 Human Services Total Expenditures**  
\$21,216,272

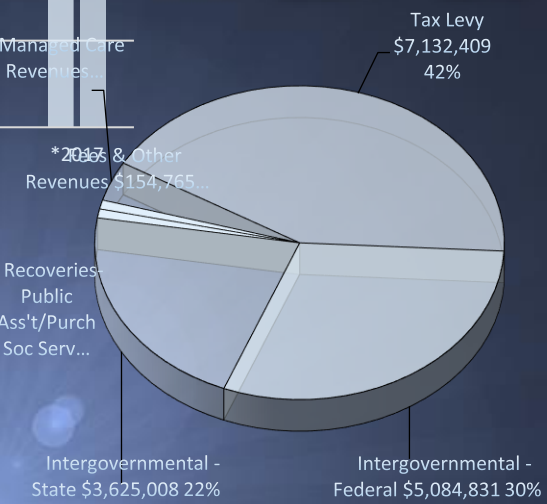
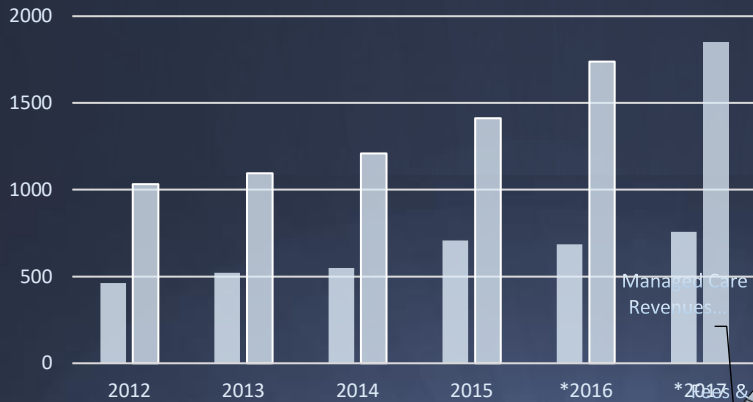


While there are many factors that help determine the minimum fund balance needed to maintain financial health, the Office of the State Auditor recommends that at year-end, local governments maintain unreserved fund balances in their General Fund and Special Revenue Funds of approximately 35 to 50 percent 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

<b>Traditional Child Protection Investigations</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Maltreatment Occurred/CPS Needed	45	40	32	26	58	77	77	73
Maltreatment Occurred/No CPS Needed	7	4	11	23	16	17	21	26
No Maltreatment Occurred/CPS Needed	15	10	11	10	7	19	18	21
No Maltreatment Occurred/No CPS Needed	33	30	27	48	20	33	39	60
Pending	4	5	13	3	7	10	23	27
Unable to Complete	8	1	7	8	8	11	19	4
Total Reports Assessed	112	90	101	118	122	167	197	211

<b>Law Enforcement Involvement</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Willmar Police Department	31	18	19	22	25	26	25	32
Kandiyohi County Sheriff's Office	18	10	13	11	37	29	43	54
Other Law Enforcement Agencies	16	17	20	7	5	3	4	3
Total	65	45	52	40	67	58	72	89

<b>Child Protection Family Assessments</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Services Needed	17	36	13	21	29	31	22	24
No Services Needed	61	73	70	71	85	72	83	113
Pending	2	8	22	1	7	4	0	1
Unable to Complete	6	12	14	9	10	10	11	7
Total Reports Assessed	86	129	119	102	131	117	116	145

<b>Child Protection Investigations/ Assessment by Allegation</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Neglect	2	1	0	2	0	0	0	0
Mental Injury & Emotional Harm	16	20	3	3	22	14	24	13
Neglect (General)	304	198	265	183	404	371	413	462
Physical Abuse	187	153	58	101	156	197	150	174
Sexual Abuse	84	69	46	55	61	110	124	132

<b>Prenatal Assessment Referrals</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Prenatal Assessment Referrals Received	8	15	10	17	15	5	30	

<b>Truancy</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Truancy Referrals received	195	202	265	369	343	288	334	307
Percentage of Court Intervention in Cases (Effectiveness of Truancy Intervention)	NA	7%	2.69%	4%	5.83%	5.56%	7.7%	11.4%

<b>Minor Parents Case Management</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Minor parents who received case management services	37	27	20	15	19	5	13	6

**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>2022 Expenditures</b>	<b>Actual</b>
Foster Care-Family and Group Homes	\$1,627,721
Foster Care-Residential Treatment / Therapeutic Support	\$895,070
Foster Care-Facilities Licensed by Dept. of Corrections	\$340,854
Respite Care	\$3,091
<b>2022 Revenues</b>	<b>Actual</b>
Parental Fees Collected	\$31,481
Federal IV-E Revenue	\$243,590
Federal MA Rule 5 Reimbursement	\$27,407
State Northstar Fiscal Reconciliation	\$383,720
State Respite Care Grant	\$24,822
Recoveries Child Welfare Foster Care	\$62,975
ICWA Out of Home Placement (new)	\$11,650

**Actual Cost of Placement = \$2,081,091 (\$2,866,736-785,645)**

### Contracted Service Interventions

#### Lutheran Social Service Youth Programs:

Program	Kandiyohi Youth	Total Youth	
Street Outreach (Homeless Youth 16-24)	36	58	
Basic Center (Homeless Youth Under 18)	4	5	
Independent Living Skills	29	64	
Pregnant and Parenting Youth	15	23	
Housing Programs	12	20	* and their 29 children ages 0-10
Safe Harbor Case Management	11	15	
Safe Harbor Brief Contacts	N/A	57	*only total number recorded
Total Youth	107	242	

#### Family Based Services:

■ Family Based Services	80 Families	\$ 187,926
■ Intensive Family Based:	29 Families	\$ 88,237

<b>Children in Placement by Setting</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Trial Home Visit	18	29	25	18	33	48	34	61
Correctional facility (locked)	16	25	10	1	2	3	3	2
Foster home: non-relative	50	66	58	69	99	80	80	59
Foster home: relative	33	55	52	41	60	68	93	77
Foster home: corporate/shift staff	2	4	3	7	8	5	3	2
Group Home	27	35	8	12	48	20	31	21
Juvenile Correctional Facility (non-secure, 12 or fewer children)	12	11	8	4	1	7	5	4
Juvenile Correctional Facility (non-secure, 13 or more children)	6	12	8	8	14	9	8	11
Pre-adoptive home: non-relative	10	5	11	8	16	8	15	17
Pre-adoptive: relative	15	19	13	10	28	21	18	24
Residential	19	18	11	13	10	9	9	8
Supervised Independent Living	5	5	5	7	7	6	11	12



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

Relative Placement	2016	2017	2018	2019	2020	2021	2022
Percent of children placed with relatives	75.9%	58.8%	45.2%	48.0%	58.6%	61.0%	63.4%
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.							
Total Number of Children in Out of Home Placement		112	123	152	197	232	239

Type	2015	2016	2017	2018	2019	2020	2021	2022
General CHIPS	29	31	24	32	32	42	120	88
Permanency Petitions	12	23	32	22	36	24	79	62
Long Term Foster Care	3	5	2	2	1	0	0	0
Truancy CHIPS	15	14	7	15	20	16	26	35
Children adopted	15	18	13	12	18	22	9	25
Children waiting to be adopted	13	5	9	8	14	10	20	26

Child Welfare and Protection	2015	2016	2017	2018	2019	2020	2021	2022
Children in permanent foster care	3	5	2	2	1	1	0	0
Children in out-of-home placement during the year	124	122	112	123	152	197	232	239
Child Welfare and Protection cases open	100	102	113	NA	123	197	291	152

Foster Care and Day Care	2015	2016	2017	2018	2019	2020	2021	2022
Licensed Family Child Care Providers	113	98	93	91	87	89	84	84
Child foster homes	24	30	32	35	34	41	47	39
Corporate foster homes	118	114	123	123	124	125	125	125
Traditional Adult Foster Care	9	7	7	6	6	5	5	3

Substance Use	2015	2016	2017	2018	2019	2020	2021	2022
Rule 25 assessments completed by team	403	366	346	303	246	195	66	-
Individuals referred to non-residential treatment	138	138	119	108	86	38	9	-
Individuals referred to residential treatment	131	113	100	99	96	74	36	-
Detoxification admissions	103	132	155	116	282	147	119	102

Mental Health Services - Children	2015	2016	2017	2018	2019	2020	2021	2022
Children who received Case Management	81	96	68	103	105	103	102	93
Children's Day Treatment Program	40	42	30	27	37	35	33	33
Adolescent Day Treatment Program	--	10	17	15	15	7	10	12
Family Community Support Services Program	10	11	9	13	12	6	6	5
Case Closed	34	25	23	30	34	35	44	41
Current Caseload	63	71	56	79	78	70	71	48

<b>Adult Mental Health Intake</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2021</b>
Request for Adult Mental Health Services	69	96	72	73	80	72	70	79
New cases assigned	18	46	23	34	43	27	30	21
No Response to Intake letter	32	18	14	12	12	12	8	20
Refused at point of intake	3	5	1	3	0	1	4	7
Pending	4	2	1	20	14	17	21	0
Referred elsewhere at intake	1	9	9	13	9	5	7	3

<b>Adult Mental Health Services</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
All Clients who received case management services	251	204	234	204	200	179	209	204
Current Caseload	126	107	91	109	81	103	87	73
Pre-petition Screening Reports (Commitments) for mental illness or chemical dependency	51	38	42	40	40	49	62	59
Community Support Services	101	91	82	85	83	64	62	66
Assertive Community Treatment	41	40	42	45	40	35	35	37
Day Treatment	35	33	24	35	38	31	34	34
ARMHS	136	143	117	114	119	105	115	123

<b>Community Reports - Vulnerable Adult</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Total Community Reports	172	254	273	225	273	267	303	291
Screened Out Reports	90	98	117	110	135	156	171	163
Assigned for Investigation	63	136	127	110	137	106	121	116
Emergency Protective Services						56	70	56

<b>Adult Protection Allegations for 2022</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	2	4	5	5	0	0	<b>16</b>
Abuse physical	2	4	5	3	0	0	<b>14</b>
Abuse sexual	0	0	5	1	0	2	<b>8</b>
Financial exploitation Fiduciary relationship	1	0	5	0	0	2	<b>8</b>
Financial exploitation Not Fiduciary Relationship	6	4	10	16	0	1	<b>37</b>
Neglect Caregiver	1	0	14	0	0	0	<b>15</b>
Neglect Self	6	2	18	13	7	3	<b>49</b>
<b>Totals:</b>	<b>18</b>	<b>14</b>	<b>62</b>	<b>38</b>	<b>7</b>	<b>8</b>	<b>147</b>

<b>Home and Community Based Assessment and Aging</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
MnCHOICES	241	579	622	811	989	977	1,009	1001
Alternative Care cases	16	15	14	7	10	4	3	<b>2</b>
Elderly Waiver cases (County Only)	34	42	35	16	41	33	27	<b>47</b>
Managed Care Cases (community only)	291	296	343	388	323	316	185	<b>NA</b>
Managed Care Cases (nursing home)					270	216	170	<b>0</b>

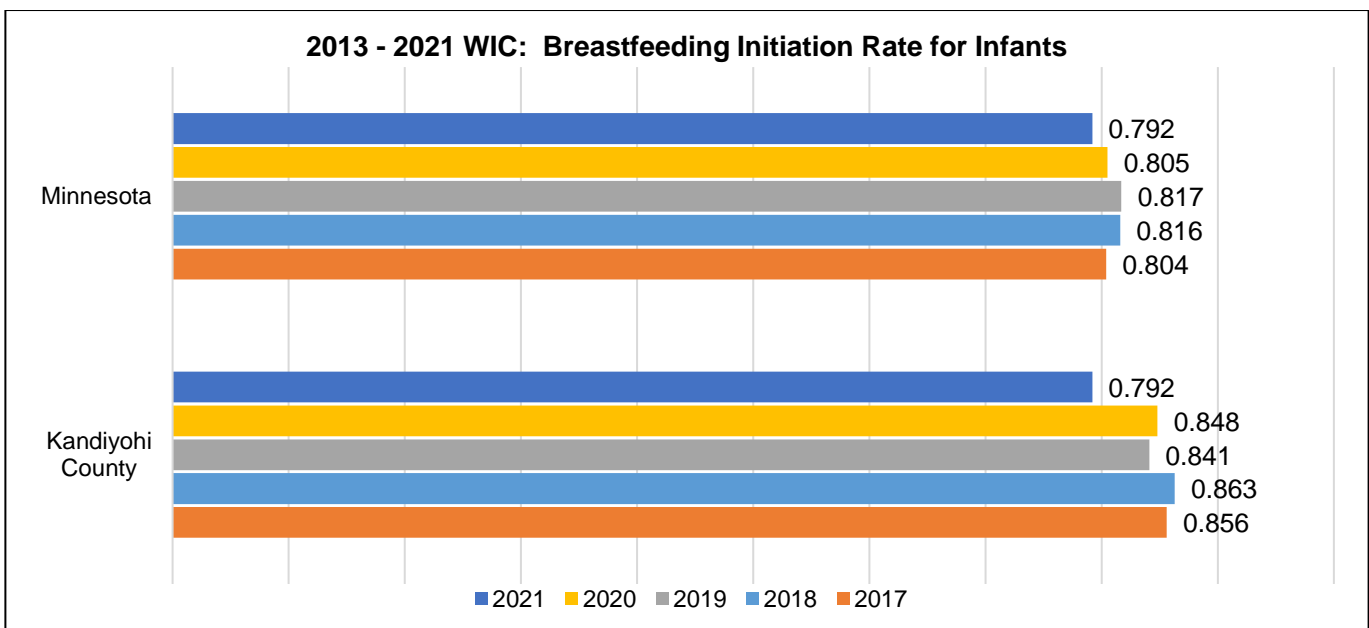
Annual MnCHOICES Assessments Completed for Residents From Another County. Top 5 Counties	2022
Swift	27
Chippewa	23
Meeker	20
Renville	20

Referrals into Public Health	2015	2016	2017 <sup>+</sup>	2018	2019	2020	2021	2022
Prenatal Referrals (Universal Prenatal + WIC Referrals)	372	316	255	189	174	210	322	294
Postpartum Referrals (Universal)	447	407	245	228	208	165	159	169
High Blood Lead Level Referrals	22	22	30	11	11	14	7	15
Hospital Discharge Referrals								10
Family Home Visiting Referrals	33	20	29	59	34	27	41	77
Perinatal Hepatitis B Referrals	4	8	9	8	12	3	3	4
Mental Health Referrals	15	15	9	15	7	8	6	15
Breastfeeding Referrals	15	16	19	17	13	14	36	30
Birth Defects Information Systems <sup>1</sup>	14	10	14	8	11	6	3	21
Early Hearing <sup>1</sup>	11	7	4	2	7	4	0	0

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

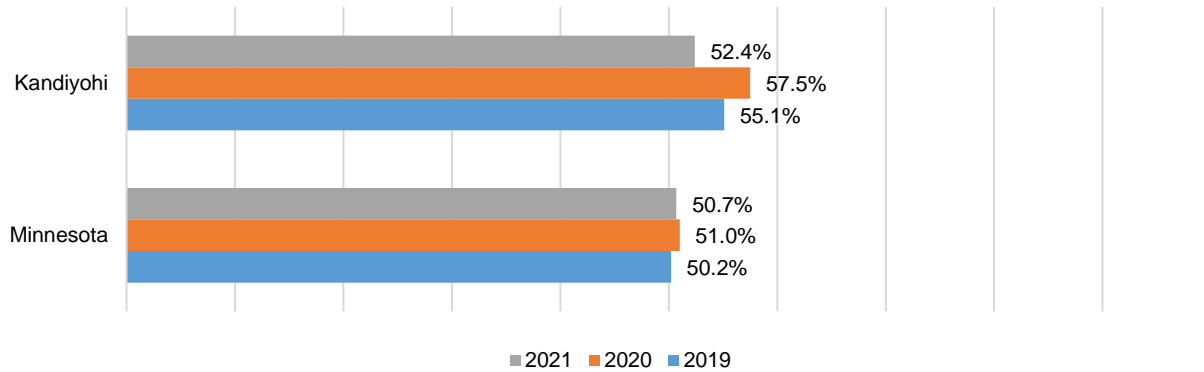
Prenatal Activity	2015	2016	2017	2018	2019	2020	2021	2022
Prenatal Referrals	372	316	255	189	174	210	322	294
Prenatal Clients	67	45	54	29	24	19	26	49
Prenatal Visits	153	139	127	68	60	48	87	129

Postpartum Activity	2015	2016	2017	2018	2019	2020	2021	2022
Postpartum Referrals (High Risk)	447	408	245	228	208	165	159	169
Postpartum Clients	173	130	139	138	118	60	86	123
Postpartum Visits	298	206	216	188	184	111	151	233

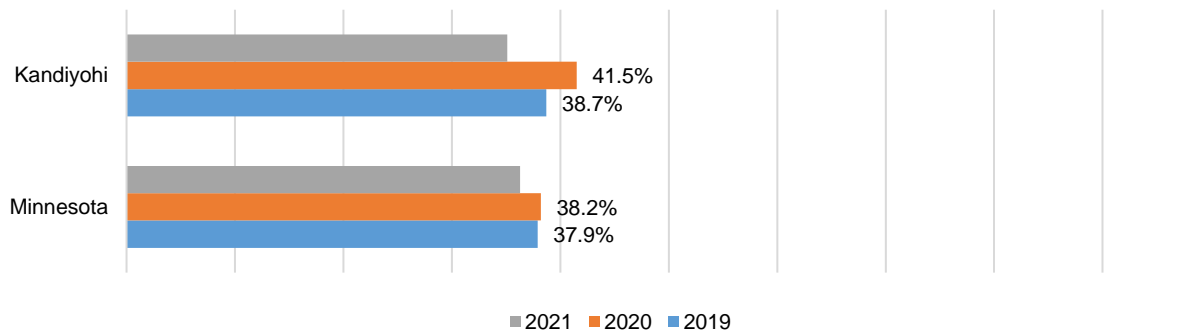


No data is available for 2022

### Breastfeeding Rates at 3 months



### Breastfeeding Rates at 6 months



No data is available for 2022

<b>Women, Infant and Children: WIC</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Average Number of Participants per Month Served	1617	1656	1665	1,641	1,616	1,520	1,488	1,578
WIC Participant Highest Month of Activity	<b>July</b>	<b>Sept</b>	<b>Aug</b>	<b>Jan</b>	<b>Aug</b>	<b>Oct</b>	<b>Oct</b>	<b>June</b>
Participants	1669	1690	1724	1,697	1,678	1,656	1,563	1,655
WIC Participant Second Highest Month of Activity	<b>Sept</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>July</b>	<b>Nov</b>	<b>Nov</b>	<b>Aug</b>
Participants	1656	1685	1708	1,694	1,674	1,620	1,558	1,649

<b>WIC Benefits Redeemed</b>							
<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
\$1,147,512	\$1,178,893	\$1,169,888	\$1,173,349	\$1,183,616	\$1,176,537	\$1,138,766	\$1,290,140



<b>Family Home Visiting Activity</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Family Home Visiting Referrals	33	20	29	59	34	27	41	77
Family Home Visiting Clients	75	80	79	94	96	81	85	113
Family Home Visits	416	481	566	656	844	551	499	783
Children Served	--	--	112	81	111	100	105	124

<b>Expectant Parent Classes</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Participants	33	20	29	59	34	27	41	10

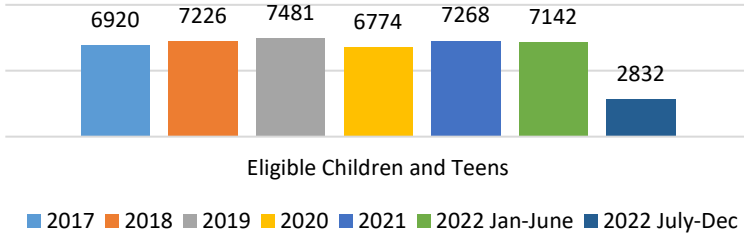
<b>Child Passenger Safety Seats Distributed via Public Health</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
UCare	94	62	65	52
Blue Plus Car Seat Program	79	59	47	42
State of MN Grant	0	0	0	1
C.A.R.S. Classes (Foster /Daycare Providers)	5 Classes (93 participants)	48	70	99

<b>Follow Along Activities</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Active Children	256	277	293	312	298	216	187	183

<b>Prairie Lakes Youth Programs Correctional Activity</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Residents Seen by Nurse	212	201	186	199	183	102	108	144
Visits to Nurse	680	786	804	627	556	303	310	405
Total Nursing Hours	399	403	552	445	601	396	487	714
Direct Care Hours	239	311	355	250	364	258	263	411
Indirect Hours	159	92	197	195	237	138	224	303
Group Homes Total hours	60.5	60	61	60.25	59.75	13.5	39.50	59.75
Boys Group Home	30.25	29.75	30.5	30.25	29.75	6.75	20.25	29.75
Girls Group Home	30.25	30.25	30.5	30	30	6.75	19.25	30

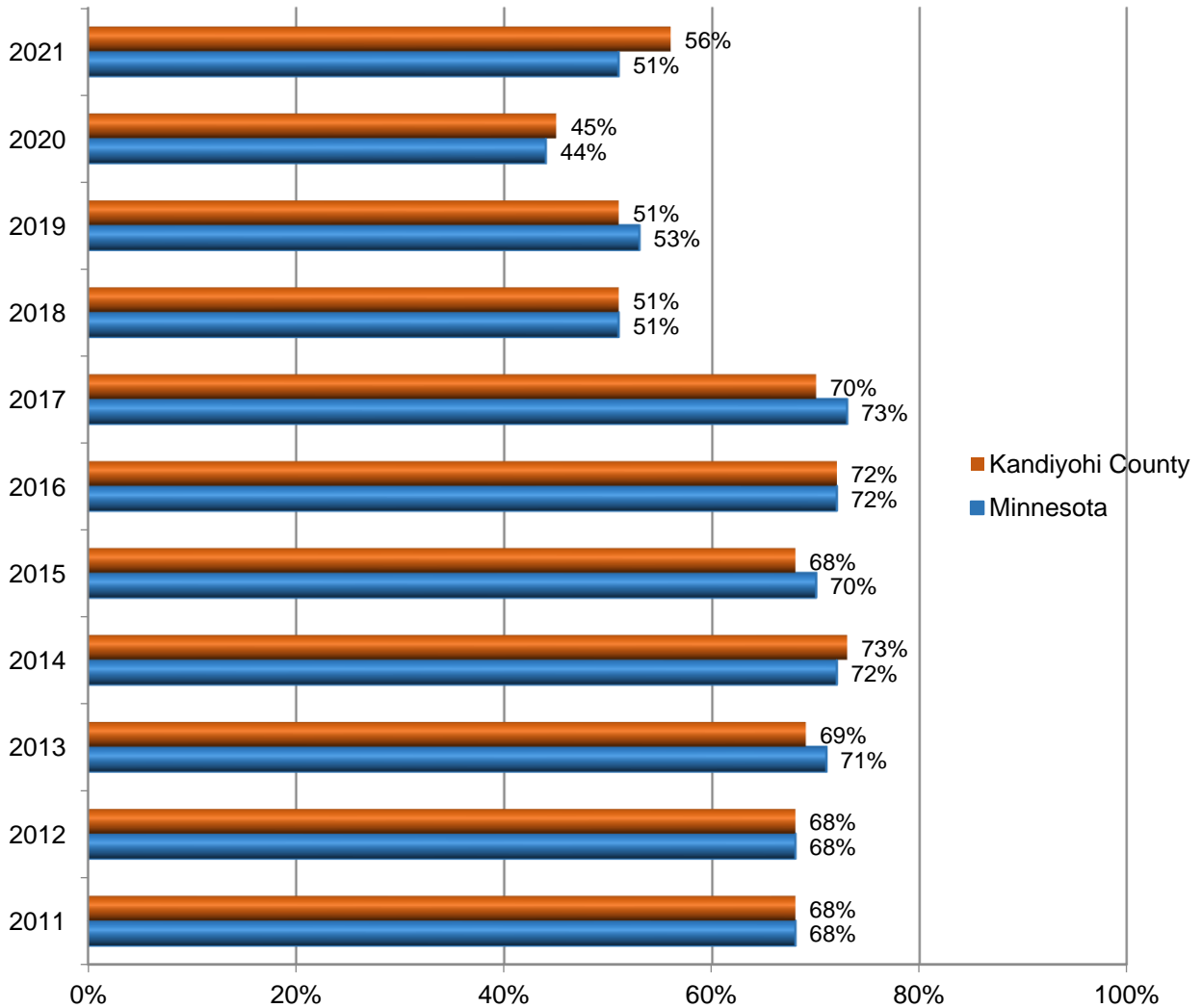
<b>Prairie Lakes Youth Programs Group Homes</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Total Hours	60.5	60	61	60.25	59.75	13.5	39.50	75.50
Boys Group Home	30.25	29.75	30.5	30.25	29.75	6.75	20.25	35.25
Girls Group Home	30.25	30.25	30.5	30	30	6.75	19.25	40.25

Kandiyohi County:  
C&TC Eligible Children and Teens



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 1<sup>st</sup>, 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.

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



<b>Immunizations</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Clinic Clients	708	685*	758*	375*	367	142	171	205
Vaccine Doses	1412	1738	1852	862	838	276	543	581

\* Added clinic day

<b>Immunizations: Influenza</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Flu Doses Given	1,086	1,059	1106	992	811	784	553	431
Contracted Worksite	877	803	898	913	722	712	514	397
School Clinic	0	0	0	0	X	X	X	X
Scheduled Bi-monthly Clinics	209	256	208	79	89	72	39	34
<b>Primary Refugee Arrivals*</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Kandiyohi	54	74	57	5	10	9	2	7

Minnesota	2,244	3,186	1,103	818	1,104	NA	NA	NA
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Kenya	16	2	8				2	3
Honduras (Labor Trafficking)			1					
Ethiopia	13	15	11	4				1
Somalia	24	37	30		4	1		
South Africa		5	3					
Eritrea		4						
Uganda		3						
Yemen		5						2
Asian	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](http://www.health.state.mn.us/refugee/stats/#primary)

<b>Secondary Refugee Arrivals</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Secondary Kandiyohi	158	135	74	4	0	0	0	0
Secondary Minnesota	1,011	977	552	72	10	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.

\*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>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
New Active Cases	3	3	6	2	2	0	0	3
New Latent Cases	182	150	132	57	41	4	1	10

## Kandiyohi - Renville Community Health Board Environmental Health Program

Reporting is for Kandiyohi - Renville Counties combined

Licensing: Food, Pools and Lodging	2022
Total # of Licensed FPL Establishments	274
Kandiyohi County	196
Renville County	78

Licensing by category	2017	2018	2019	2020	2021	2022
Limited Food	40	42	42	45	42	41
Small Establishment	97	99	96	100	76	75
Medium Establishment	65	65	61	62	64	63
Large Establishment	18	18	18	19	18	17
Alcohol Service	50	50	49	48	48	49
Lodging	60	38	36	38	37	38
Mobile Food Unit	0	1	0	2	2	5
Seasonal Permanent Food Stand	4	4	3	3	3	6
Public Pool	31	20	20	20	19	20
Manufactured Home Park/Recreational Camping	39	39	38	39	37	39
School	18	19	19	19	19	16
School Satellite	3	3	3	3	3	3
Private Well	35	37	36	39	39	33
Special Event	411	389	425	111	390	322
Vending Machines (Kandi Co Only)	207	218	175	147	155	146
Tobacco Retailers (Kandi Co Only)	30	32	32	34	35	35
Compliance Checks	33	30	29	0	34	
Compliance Check Failures	1	2	3	0	3	

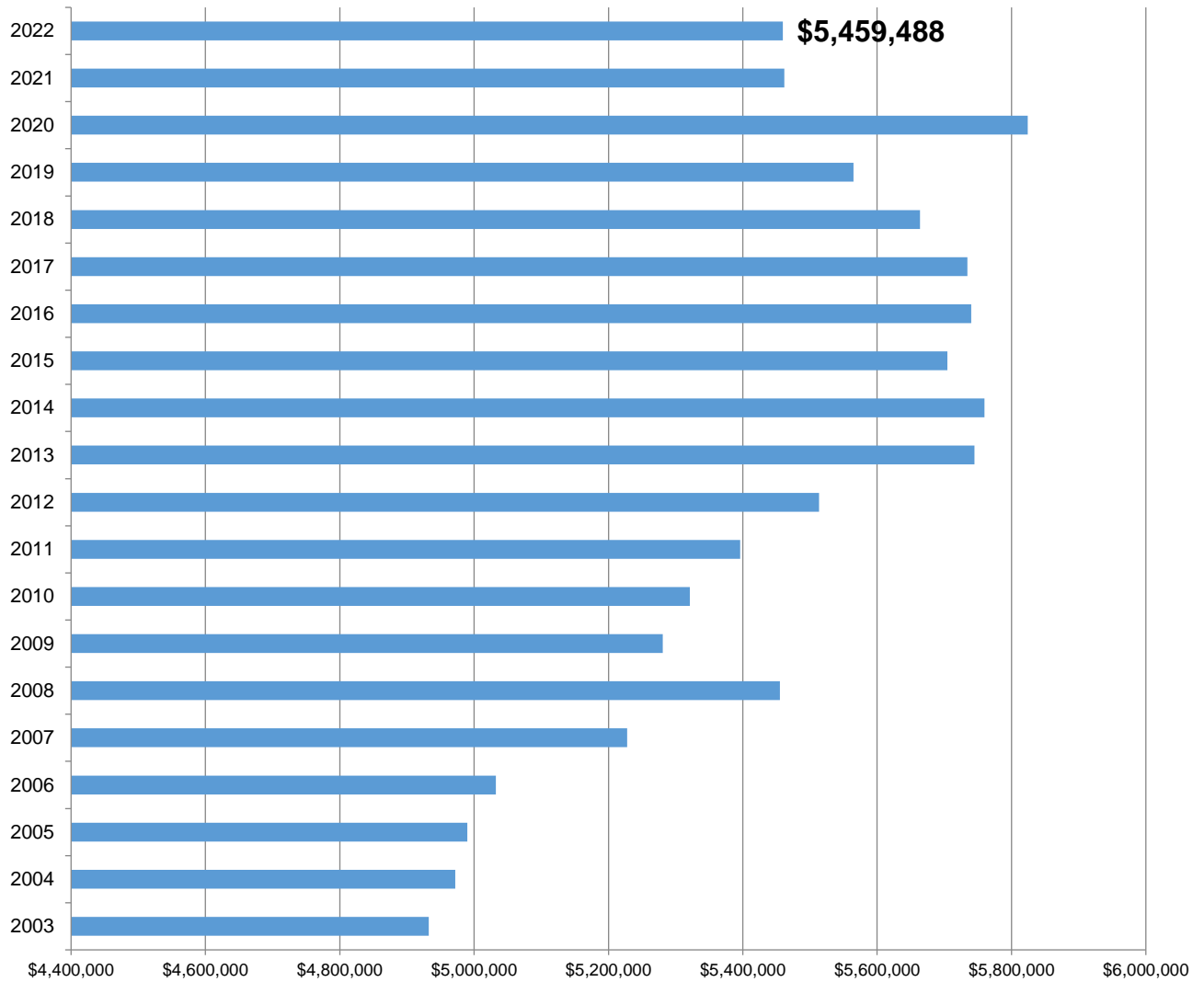
Inspections	2019	2020	2021	2022
Total Food, Pool and Lodging inspections	378	332	359	340
<b>Priority 1 violations:</b> items directly impact hazards associated with foodborne illness or injury (such as food temps and date marking)	1042	780	811	317
<b>Priority 2 violations:</b> items support Priority 1 items (such as equipment, utensils, and facilities)				200
<b>Priority 3 violations:</b> items focus on sanitation and good retail practice (such as cleaning frequency and maintenance)				394
Unknown				0
<b>TOTAL Food Violations</b>				<b>911</b>

Complaints	2017	2018	2019	2020	2021	2022
Food, Pool and Lodging	11	7	13	*24	4	7
Required enforcement action	2	3	6	0	0	2
Public Health Nuisance	3	5	3	2	2	0
Required enforcement action	1	1	0	1	1	0

\*Most FPL complaints R/T pandemic executive orders



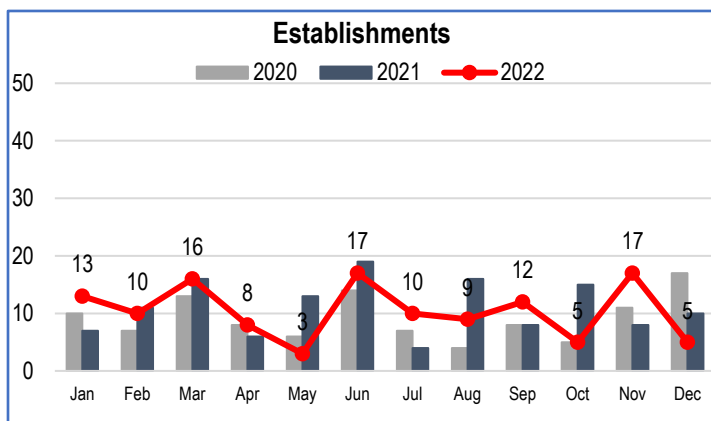
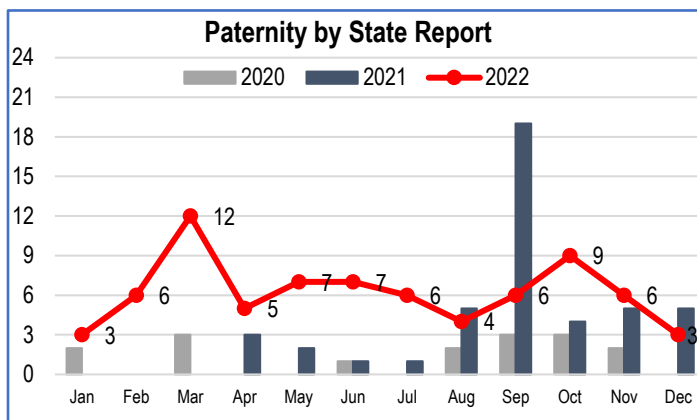
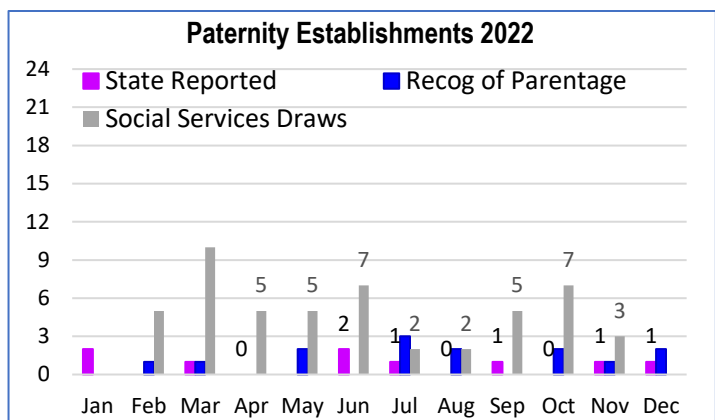
## Child Support Collections



<b>Child Support Caseload Count by Type</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Support Only	672	553	274	364	555	835	907	961
Child Care Only	27	46	68	47	31	17	6	7
Non Public Assistance	1,348	1363	1,500	1,326	1151	905	819	669
Spousal Maintenance Only	5	6	4	5	5	7	3	2
Foster Care (Title IV-E)	40	45	50	50	42	45	36	20
MFIP: Minnesota Family Investment Plan	249	266	222	186	189	268	190	142

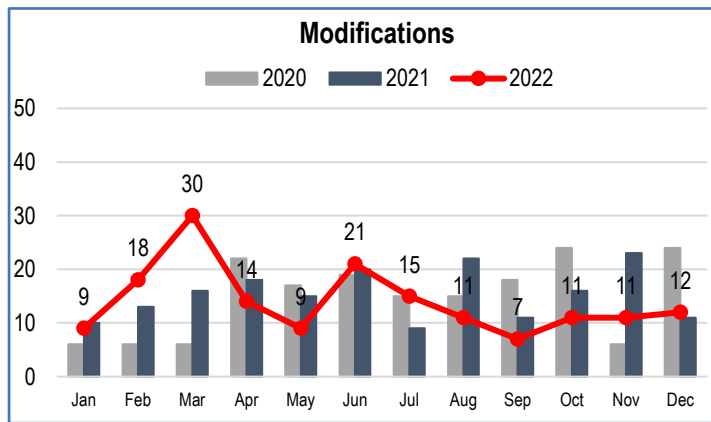
### PATERNITY: Establishing parentage

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.



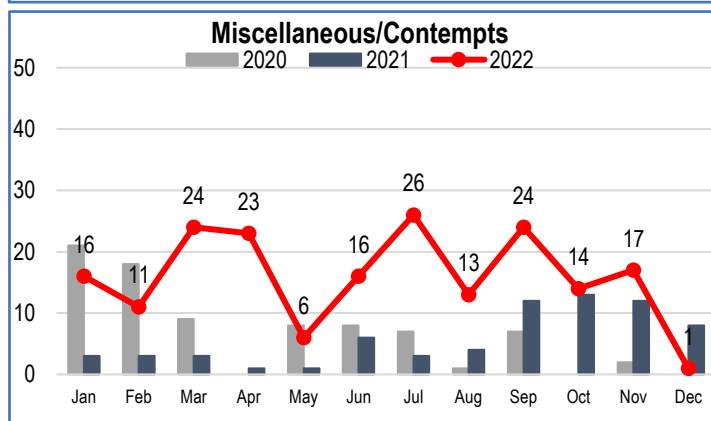
### ESTABLISHMENT: Establishing Orders

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 arrears, when the order is signed.



### MODIFICATIONS: Changing a child support order.

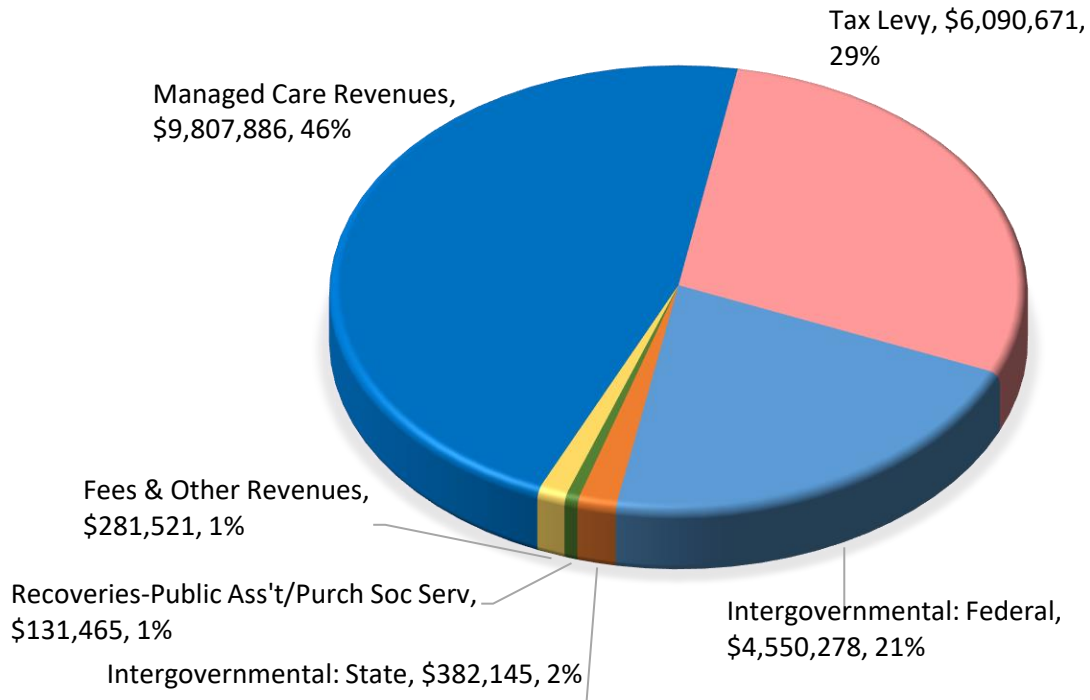
The court sets child support obligations based on family circumstances and information from both parents. Child support orders can be changed or modified only by a court order or by cost-of-living adjustments. Family circumstances change and income may increase or decrease. Some parents experience difficult 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.



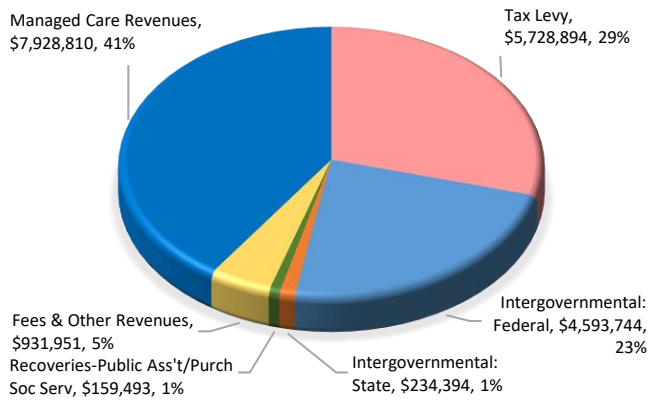
**Miscellaneous:** Contempt and Miscellaneous actions.

<b>Financial Assistance Program Information</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>PROGRAMS FOR ALL ADULTS/FAMILIES</b>							
** SNAP (food) program – Active Persons	4801	4542	4039	4006	3264	4619	4584
<b>PROGRAMS FOR ADULTS WITHOUT MINOR CHILDREN</b>							
Emergency General Assistance(EGA) for Adults without minor children	35	44	35	36	6	7	22
** Refugee Cash Assistance (RCA) active cases	16	1	0	2	0	1	9
** General Assistance (GA) active cases	143	140	139	124	160	132	99
** Minnesota Supplemental Aid (MSA) active cases	152	150	157	161	168	155	160
** Housing Supports Program (formerly GRH – Group Residential Housing)	173	197	172	173	161	155	286
<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	23	54
** MFIP Active in December	308	264	208	206	345	247	178
** DWP active cases in December	25	19	16	19	0	10	5
MFIP program participants who are employed full or part time	57%	40%	32%	41%	34%	41%	37%
MFIP closed/used 60 months with no extension	4	5	1	1	2	14	8
MFIP open/used 60 months - extension granted	22	32	26	28	33	36	26
MFIP program – participants used 48 months or more	9	14	17	16	65	32	35
DWP – employed participants	19%	37%	41%	40%	0%	21.43%	36%
DWP – disabled participants	17%	4%	9%	9%	0%	7.14%	4%
DWP participants with less than a high school education	40%	39%	44%	47%	0%	57.14%	39.5%
** Child Care Assistance Program (CCAP) Total number of children on CCAP	181	199	115	208	199	171	88
<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	2247	2190
** Healthcare – number of active persons on METS system (non-MAGI)	6780	9274	9184	8984	10234	11043	11566
<b>FRAUD STATISTICS</b>							
Number of cases referred for possible fraud	171	252	262	343	625	309	379
Number of cases completed	159	245	258	342	583	288	167
Dollar savings by FPI	\$40,820	\$55,965	\$88,287	\$137690	\$192,200	\$76947	\$194,384
Overpayment totals by FPI	\$21,915	\$56,907	\$29,259	\$53,295	31,995	\$4085	\$9460
Administrative Disqualification Hearing (ADH) waivers	2	9	8	3	2	1	2
** Data designated with asterisks is from December of the designated year and not an average for the calendar year							

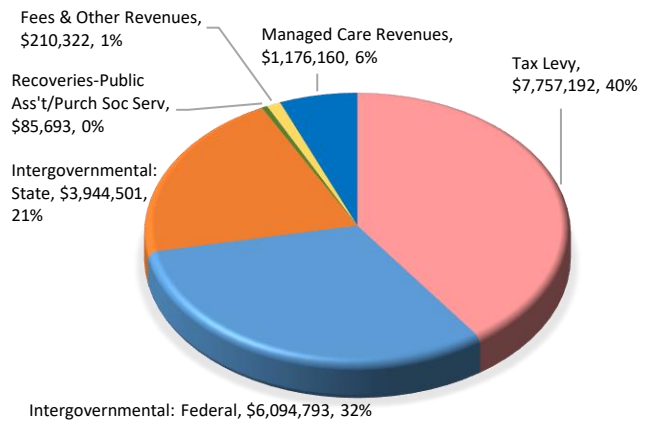
## 2022 Human Services Total Revenues \$21,243,966



### 2021 Human Services Total Revenues

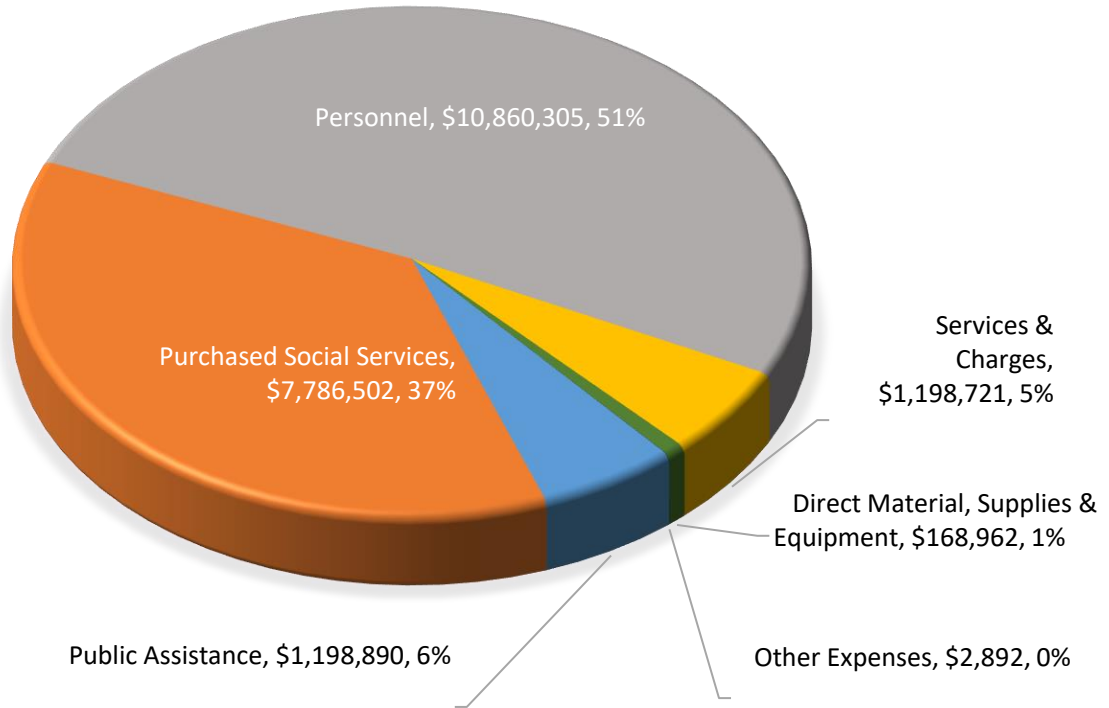


### 2020 Human Services Total Revenues

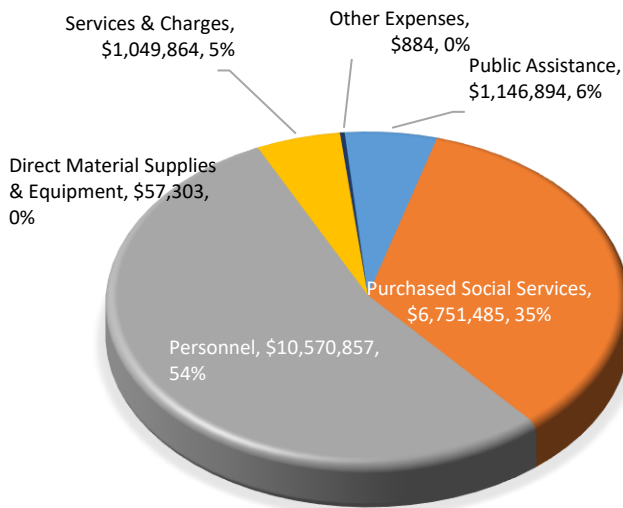




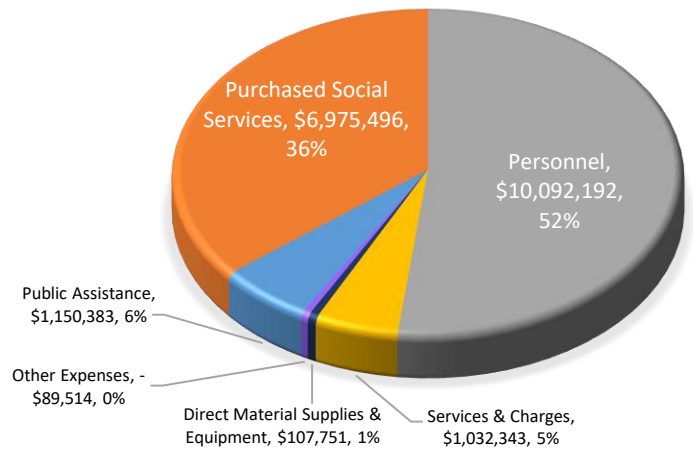
## 2022 Human Services Total Expenditures \$21,261,272



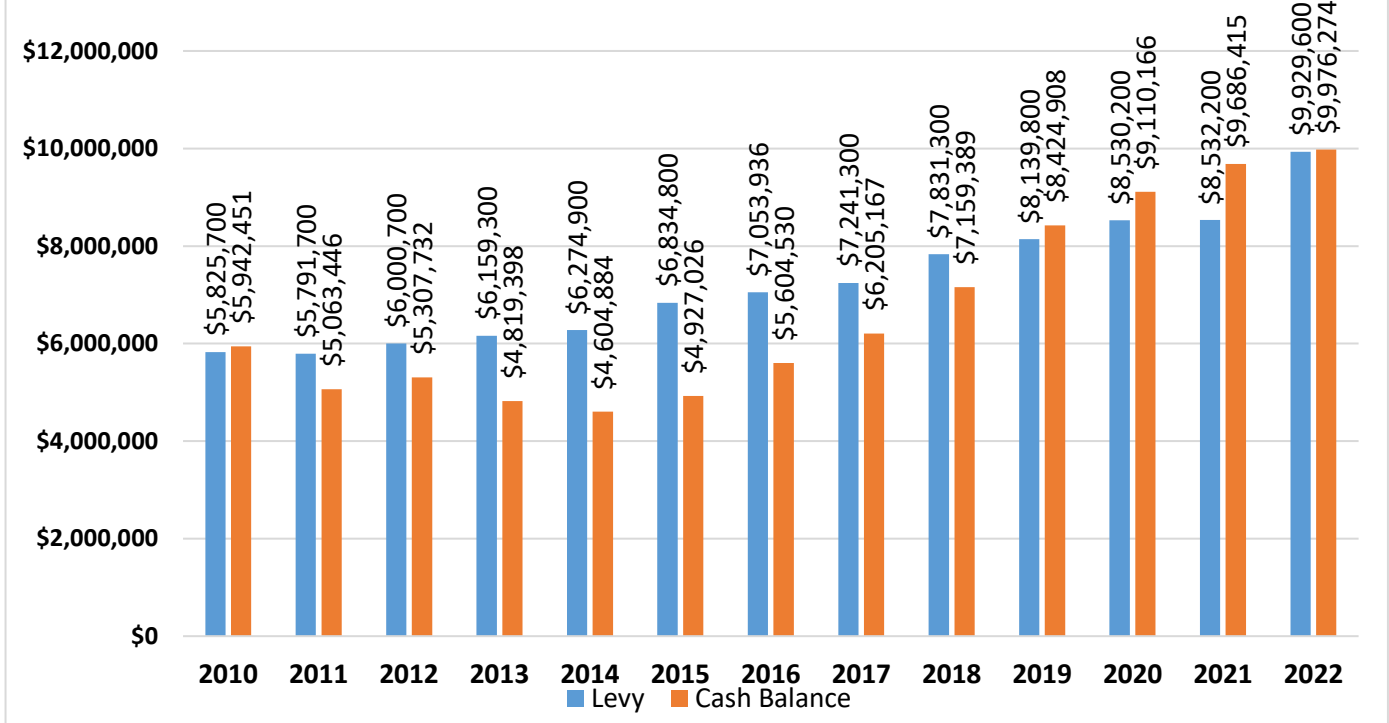
### 2021 Human Services Total Expenditures



### 2020 HUMAN SERVICES TOTAL EXPENDITURES

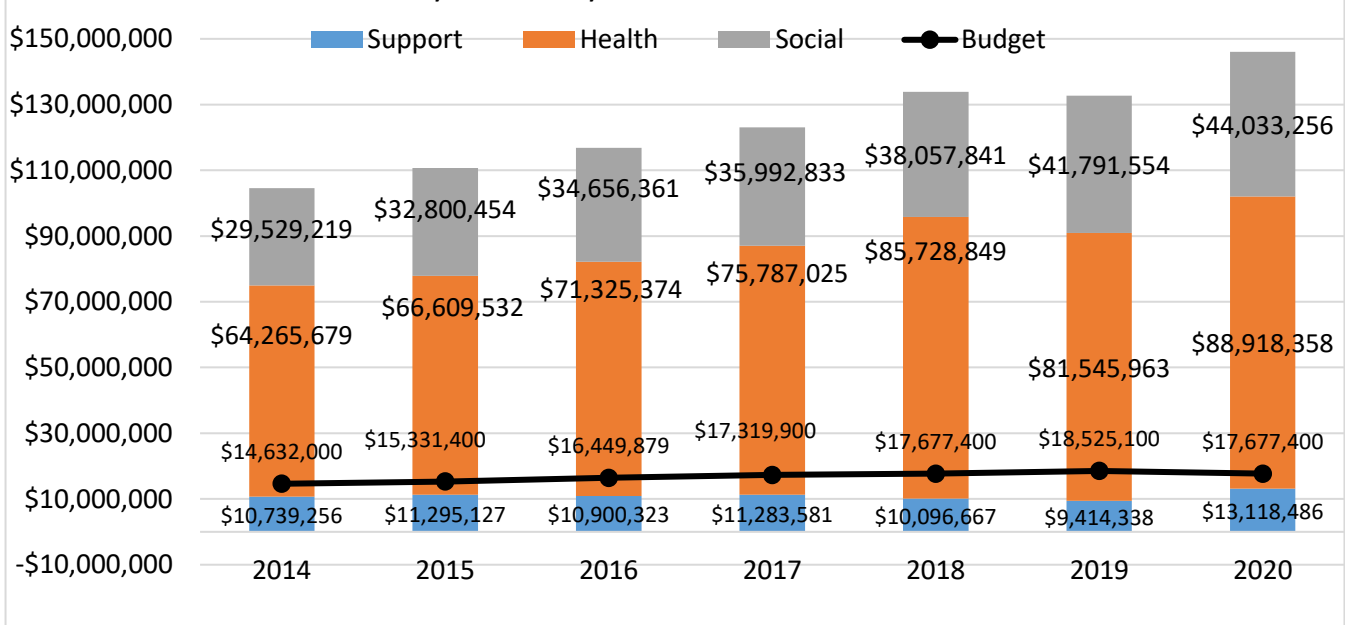


### Human Services: Levy and Cash Balance



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.

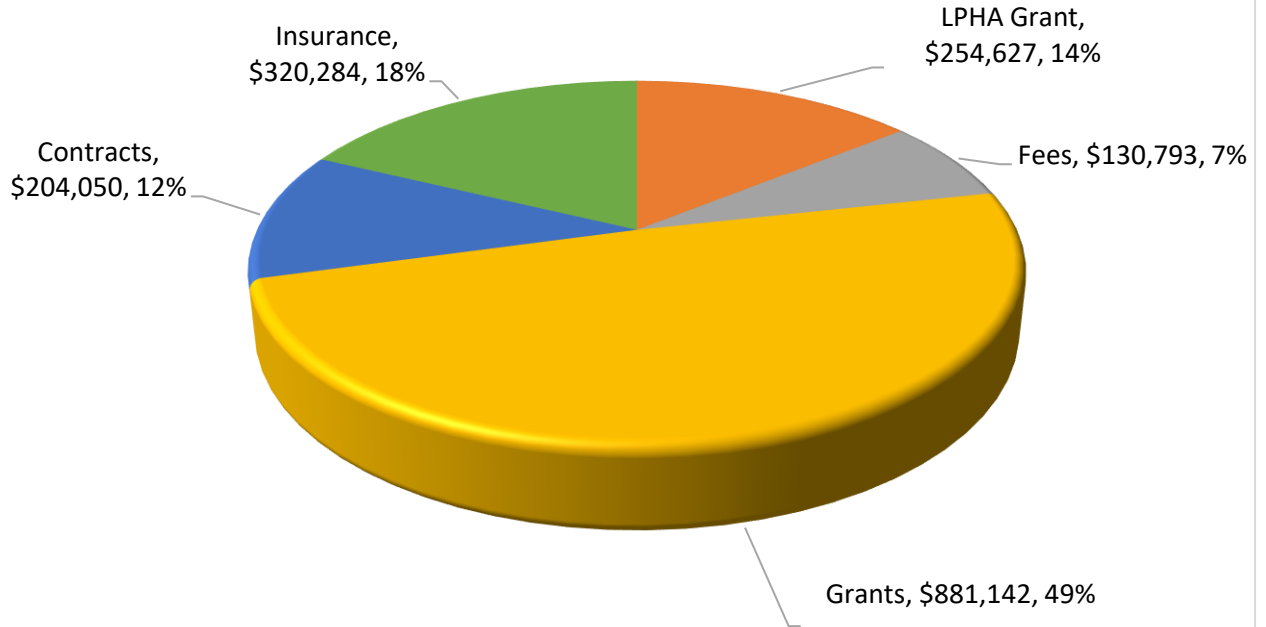
### Kandiyohi County Total Human Services Costs



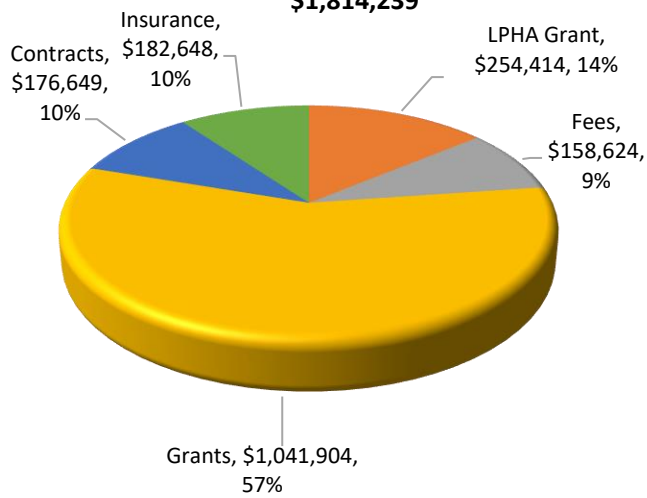
Human Service benefits for Kandiyohi County residents in calendar year 2021 were \$146,070,100.

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

**2022 TOTAL PUBLIC HEALTH REVENUES**  
**\$1,790,896**



**2021 TOTAL PUBLIC HEALTH REVENUES**  
**\$1,814,239**



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

