



# **2019 Annual Report**

**Southwest Health &  
Human Services  
Approved: January 20, 2021**

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## Message from the Director



I am happy to present this annual report and share the work of Southwest Health and Human Services (SWHHS). This report features the organization's finance and performance highlights during the fiscal year ending December 31, 2019.

The annual report provides our community partners and families with the framework and review of the programs, services and resources offered and delivered to residents served by the six counties representing SWHHS during 2019.

More information about the organization and its programs and services can be found on the SWHHS website, and we often post updates and information on our Facebook page.

Thank you for allowing me to highlight the great work of SWHHS staff and community partners; together we strive to ensure adherence to our mission of strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.

Sincerely,

A handwritten signature in purple ink, appearing to read "Beth M. Wilms". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Beth M. Wilms

Director

# Mission and Guiding Principles

## Mission

*Southwest Health and Human Services (SWHHS) is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring, and cost-effective manner.*

## Guiding Principles

### Respect

We treat people with dignity and consideration, and we listen openly to integrate a variety of perspectives and create environments that foster trust.

### Honesty

We are truthful and responsible in our interactions with the public and each other. We demonstrate compassion, acceptance, and will safeguard dignity and confidentiality.

### Trust

We are people of character and integrity who keep our word and honor our commitments, resulting in a safe environment for staff and clients.

### Communication

We engage in timely, responsive, effective, and open information sharing to improve our work and maintain our reputation as a trusted source for program and service delivery.

### Teamwork

We are committed to common goals based on open and honest communication while showing concern and support for each other.

### Flexibility

We are an organization willing to learn, create innovative ideas, and adapt to the ever-changing environment while striving for a healthy work-life balance.

# Structure and Governance

Southwest Health and Human Services is a joint-powers human services and public health agency covering Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties in southwest Minnesota. The agency has six offices and employs 239 staff. The offices are located in Ivanhoe, Marshall, Slayton, Pipestone, Redwood Falls, and Luverne.

## **SWHHS-Lincoln County**

**319 N Rebecca St.**

**PO Box 44**

**Ivanhoe, MN 56142**

**1-800-657-3781**

## **SWHHS-Lyon County**

**607 West Main St**

**Marshall, MN 56258**

**1-800-657-3760**

## **SWHHS-Murray County**

**3001 Maple Road Suite 100**

**Slayton, MN 56172**

**1-800-657-3811**

## **SWHHS-Pipestone County**

**1091 N Hiawatha Avenue**

**Pipestone, MN 56164**

**1-888-632-4325**

## **SWHHS-Redwood County**

**266 E Bridge St**

**Redwood Falls, MN 56283**

**1-888-234-1292**

## **SWHHS-Rock County**

**2 Roundwind Rd**

**Luverne, MN 56156**

**1-855-877-3762**

SWHHS provides essential services designed to protect and enhance the health and well-being of our six-county residents, especially our most vulnerable populations. The agency is made up of three key departments: Business Services, Social Services, and Public Health. Each of these departments play an important role in providing effective health and human services.

The Governing Board consists of two appointed County Commissioners from each of the member counties and by Minnesota statute, has responsibility for the development of an affordable system of care for all residents, especially, uninsured or underinsured children, families, and adults. The Human Services Governing Board has one layperson from each county who serves on the board.



# Demographics

73,828

**Population**

42.6

**Median Age**

## Income

- 11.0% - Residents living below 100% of the Federal Poverty Level (\$12,490 for 1<sup>st</sup> person + \$4,420 for each additional person)
- \$55,126 - Median Household Income
- 30.2% - Population below 200% of Federal Poverty Level (\$24,980 for 1<sup>st</sup> person + \$8,840 for each additional person) (1), (2)

## Education among Residents

### Ages 25+

- 9.1% - No high school diploma
- 35.4% - High school diploma (include GED)
- 33.7% - Some college or Associate's degree
- 16.3% - Bachelor's degree
- 5.4% - Advanced degree (2)

## Language

- 6.7 % - Language other than English spoken at home (2)

## Race

- 1.3% - Non-Hispanic American Indian and Alaska Native Alone
- 2.4% - Non-Hispanic Asian Alone
- 1.7% - Non-Hispanic Black or African American Alone
- 1.0% - Non-Hispanic Two or More Races
- 88.7%- Non-Hispanic White Alone (2)

## Ethnicity

- 4.8% - Hispanic Origin of any Race (2)

## National Origin

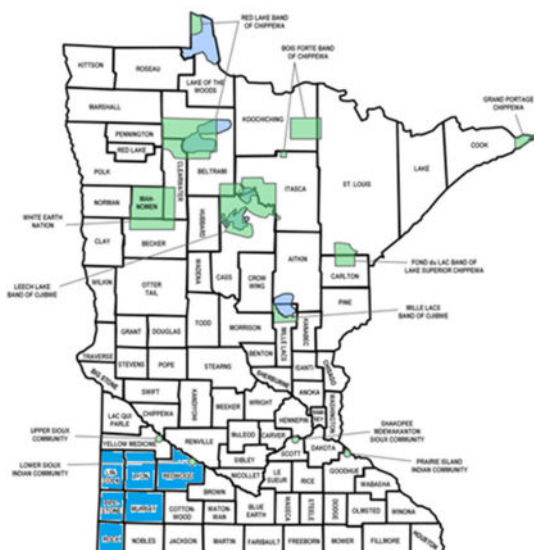
- 4.4% - Foreign Born (2)

## Gender

- 49.6% - Male
- 50.4% - Female (2)

\*Other genders not available in US Census Data

Minnesota counties and tribal nations





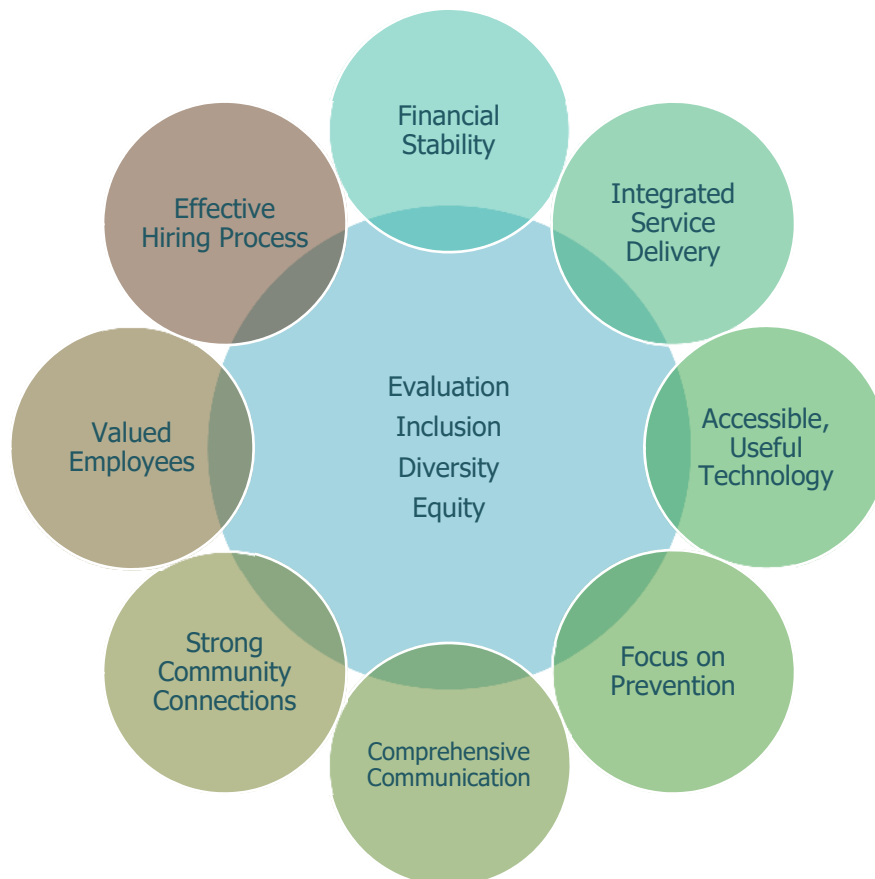
## 2019 Actual Annual Budget (Audited)

	Human Services	Public Health	TOTAL
Intergovernmental Revenues	\$ 23,814,507	\$ 3,009,551	\$ 26,824,058
Charges for Services	\$ 2,154,827	\$ 609,401	\$ 2,764,228
Investment Earnings	\$ 68,004	\$ 12,953	\$ 80,957
Other Revenue	\$493,662	\$ 7,764	\$ 501,426
Total Revenue	\$26,531,000	\$ 3,639,669	\$30,170,669
Expenditures	\$ 26,246,696	\$ 3,423,783	\$ 29,670,479
Tax Levy	\$ 10,736,449	\$ 966,705	\$ 11,703,154

## 2019 Major Projects/Highlights

### Strategic Plan

SWHHS staff and invited community partners participated in SWHHS strategic planning process for 2020-2024. Staff and community partners took part in Strengths, Opportunities, Aspirations and Results (SOAR) analysis with gathered data to be used during the visioning process by the strategic planning team.



The diagram on the previous page represents the areas that came out of the SOAR process. The Strategic Plan Team took this information and used it to develop the four strategic priorities:

1. Develop Consistent and Intentional Internal and External Communication
2. Maximize Agency Revenue
3. Enhance Staff Satisfaction and Retention and Streamline Hiring Process
4. Improve Efficacy of Programs and Services

All of these priorities will have diversity, equity, and inclusion along with evaluation as its underpinning. Each strategic priority has between two and four objectives.

The 2020-2024 SWHHS Strategic Plan is available on [SWHHS's website](#) for review.

## **Diversity, Equity, and Inclusion Initiative**

Diversity, Equity and Inclusion (DEI) has been an area that SWHHS has been working informally towards over the last few years. In the 2020-2024 Strategic Planning process SWHHS staff expressed a need to formalized this effort in order to make the effort a priority. This was done by making DEI an underpinning of SWHHS work and by adding a Diversity, Equity, and Inclusion Team as an objective in the SWHHS Strategic Plan. The planning team started to meet to organize and develop next steps for the DEI Team to begin meeting January 2020.

## **Equity Works Leadership Institute**

The Minnesota Association of County Social Service Administrators (MACSSA) and the Future Services Institute of The Humphrey School of Public Affairs launched the Equity Works Leadership Institute in early 2019. Throughout 2019, Nancy Walker and Cindy Nelson participated in this program with over 20 human services professionals representing various counties. The goals of the cohort included building upon personal leadership identity, becoming aware of systemic inequities built within our government systems, and developing practical change strategies through action learning.

This leadership program was developed around the belief that the process of making change within counties and systems must take into account the unique attributes of the leaders, the complexity of the system, and the culture of organizations and communities.

Topics addressed throughout the cohort included individual identity, power, privilege, inequity, organizational culture, navigating systems and systems change. Nancy and Cindy then brought back to SWHHS the skills and knowledge to apply to our existing policies that will promote inclusive and equitable practice as well as examining systemic and historical discrimination and institutional policies that uphold racial inequities across programs. The learning focused on



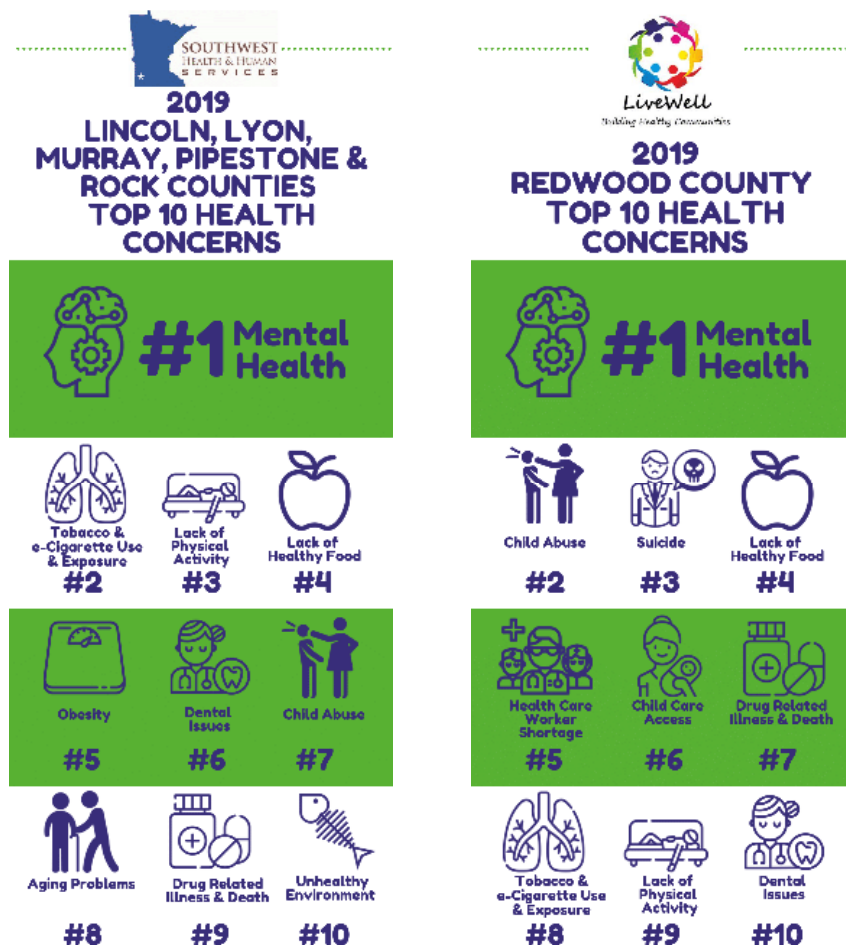
cultivating inclusive work environments for consumers and staff. The executive team then started to discuss implementation of a plan to address policies and practices that inhibit equitable outcomes within our organization.

## Youth In Prevention (YIP) Grant

SWHHS was awarded \$60,518.00 for the Youth In Prevention grant to be used from 01/01/2020 to 12/31/2021. The funding will help the Circle Program have additional circles, mappings, and family group decision making. Another aspect of this grant will allow the Agency workers to be able to utilize numerous trainings for youth and prevention.

## Community Health Assessment and Improvement Plan

In 2019, public health was working through the last phase of the community health assessment process. From December 2018 to January 2019 a quality of life survey was conducted in partnership with Avera Marshall to determine what people thought were the most urgent health needs. The finding from this and one other quality of life survey conducted in Redwood County were reviewed by community member in 3 different meetings to determine the top ten community health needs. Mental wellbeing was ranked number one across all six counties. From there the community health improvement plan was developed during the rest of the year. If you would like to review the Community Health Assessment and the Community Health Improvement Plan documents they can be found on the [SWHHS website](#).



# Human Services Division

In partnership with local service providers, regional, state, and federal partners, SWHHS provides a wide range of programs and services, which fall under the Human Services Division. These include providing safety and protection to the most vulnerable children and adults, providing care for addictions and mental health, enabling people in southwest Minnesota to live independently and have self-sufficiency. The Minnesota Legislature and Minnesota Department of Human Services (DHS) set state policy and oversee the human services system while Minnesota Statute Chapter 393.01 through 393.13 defines duties of local social services agencies. Ongoing federal and state program changes and funding cuts, in addition to the increasing complexity of clients' situations make service delivery more challenging in rural Minnesota.

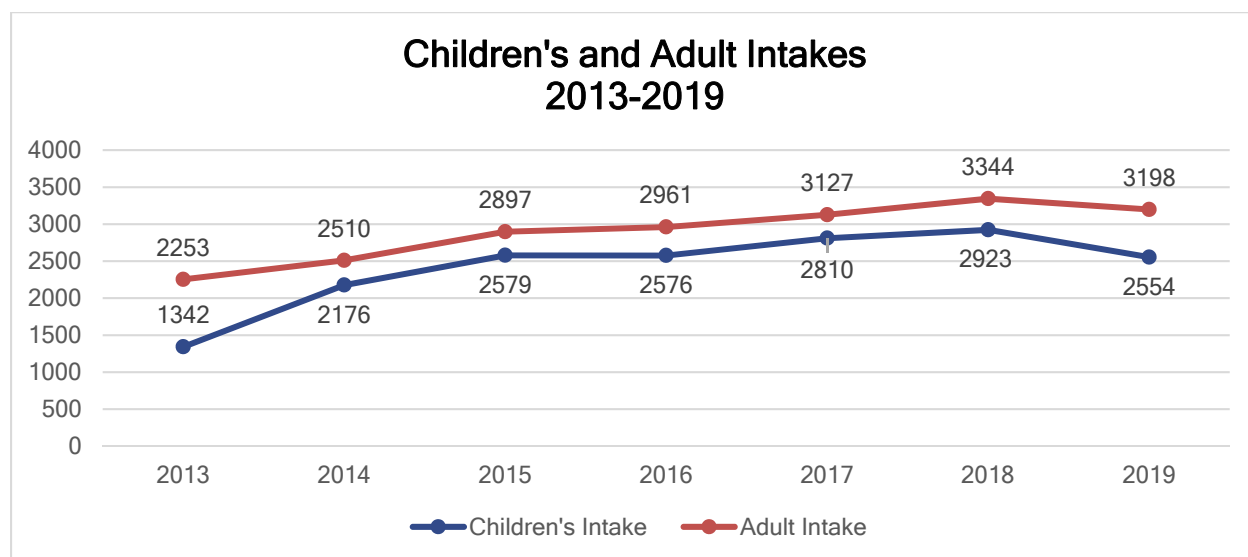
## Social Services Intake

Intake social workers answer phone calls and meet with people who come to the agency seeking help for themselves, family members, or community members, whom they believe are being abused, neglected or are at risk.

Child and adult services both have one primary intake worker. Back-up workers are scheduled during business hours to ensure community members will always be served in a short time.

Intake social workers work with individuals to sort out what kind of help they are looking for, identify strengths of the client, and the best resource for them. Staff will, when appropriate; assist the individual to connect to those resources. This position provides early access, which promotes better outcomes for the client and community as a whole.

The public policy of Minnesota is to protect children and vulnerable adults whose health or welfare may be jeopardized through physical abuse, emotional abuse, neglect, or sexual abuse. Concerned individuals calling in reports of possible abuse or neglect allow SWHHS to intervene, assess risk, and work towards greater safety.

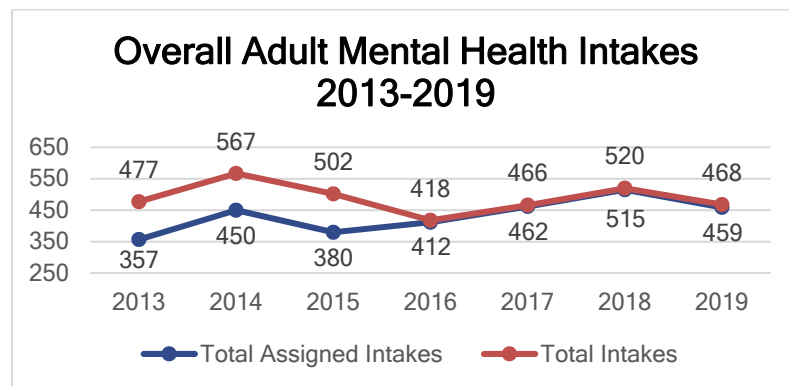


# Adult Services

## Adult Mental Health

Individuals diagnosed with severe and persistent mental illness are at a greater risk of being unemployed and becoming homeless. These added challenges increase the stress level and often contribute to a cycle of increased symptoms and decreased coping skills. Adults with mental disease may need assistance finding appropriate medical treatment and support services to help manage their illness.

Early intervention to assist adults with mental illness will allow them to maintain or regain self-sufficiency with the appropriate levels 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 is devastating.



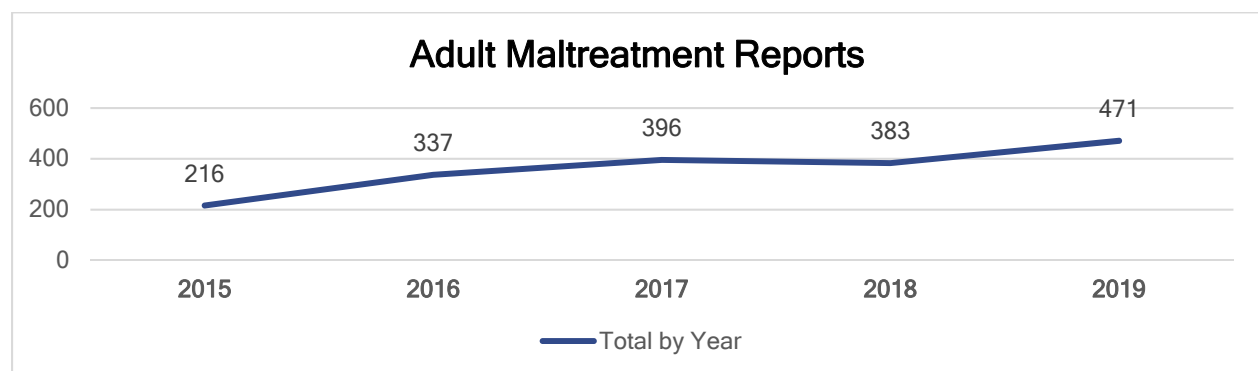
## Adult Mental Health Intakes by County

	2019
Lincoln	27
Lyon	223
Murray	23
Pipestone	40
Redwood	97
Rock	30

## Vulnerable adult/Adult Protection

A vulnerable adult is any person who lacks the absolute most basic (as distinct from mid-level or typical level) human life skills. An adult with disabilities or elderly are unable, rather than unwilling, to properly learn or properly maintain these skills. To be classed as vulnerable, the adult's circumstances must be unable to be altered or improved by the adult's own individual actions without direct assistance from a more typical adult. The vulnerable adult must also be shown to be, on some significant level, a risk to him or herself if assistance is not provided.

Abuse, neglect, or financial exploitation of the elderly or disabled, who do not have the resources to protect themselves, is not acceptable. SWHHS strives to ensure safe environments, protect the health, welfare, and resources of vulnerable citizens, allowing them to continue living in the community at the highest level of independence and self-sufficiency.



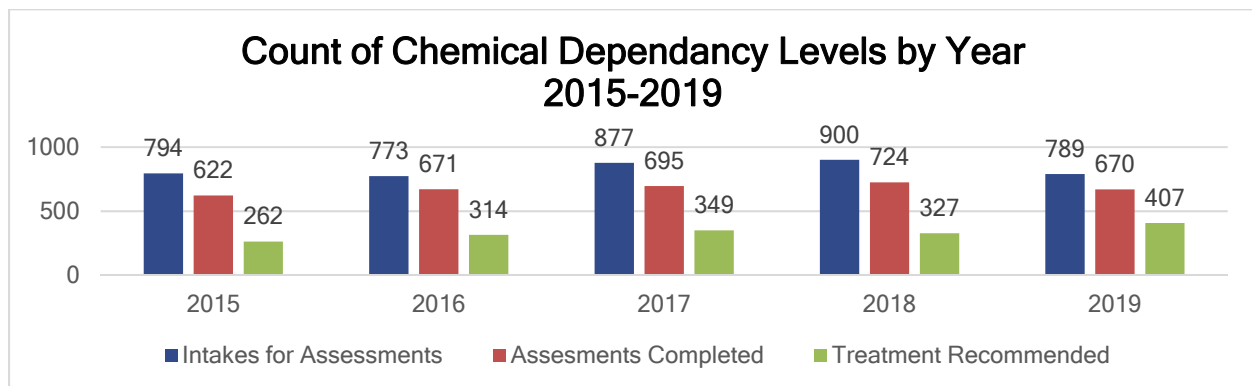
## 2019 Adult Protection Allegations by Type

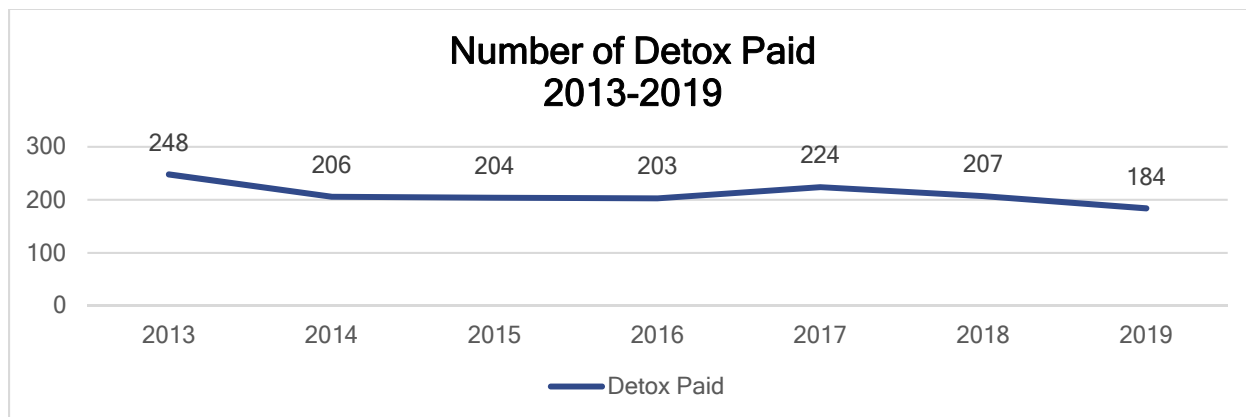
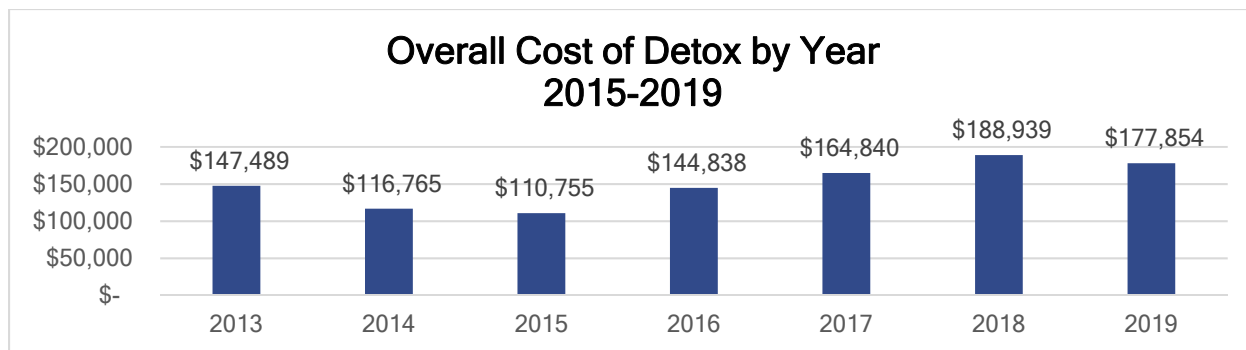
	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Emotional Abuse	31	29	<6	<6	31	<6
Physical Abuse	<6	24	<6	7	15	<6
Sexual Abuse	<6	<6	<6	<6	7	<6
Financial Abuse: Fiduciary	<6	18	<6	7	16	<6
Financial Abuse: Non-Fiduciary	<6	44	<6	13	20	15
Caregiver Neglect	<6	39	<6	14	19	9
Self-Neglect	18	91	19	27	58	32

## Chemical Dependency

Chemical dependency is a primary disease, which happens when a person becomes addicted to alcohol or drugs. There are multiple factors, which influence how a person progresses in the disease path such as genetics, psychosocial, environment, and community. People with chemical dependency continue to use drug or alcohol, even knowing that continued use causes damages to their bodies, families, finances, and all other aspects of life. This is not because they want to destroy their lives; most chemically dependent people want to stop using, but simply cannot.

Individuals with untreated chemical dependency 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 or even death.





## MnCHOICES

MnCHOICES is an integrated assessment and support planning tool for Minnesotans who need long term services and supports. The tool replaces assessment and screening tools for developmental disability screening, long-term care consultation, personal care assistance, and in the near future, home care nursing. Currently, this assessment is provided to those that are on medical assistance.

SWHHS has taken a unique approach to providing this assessment by bringing together public health nurses and social workers to administer this assessment and support planning tool. The MnCHOICES Unit was created in 2017 to improve the process of service delivery. In 2019, staff did a little over 600 initial assessments.

## Long Term Supports and Services

### Managed Care Coordination Services

Managed care is a system for providing health care benefits through the health plans for some clients enrolled in Medical Assistance (MA). SWHHS has entered into contracts with Blue Cross and Blue Shield (BCBS), UCARE, and PrimeWest Health to provide care coordination services for clients in some of their managed care programs. SWHHS provides care coordination for clients in the Minnesota Seniors Health Options (MSHO) and Minnesota Seniors Care Plan (MSC+) products, in addition to the Special Needs Basic Care (SNBC) services for the under 65 population under PrimeWest Health. Care coordination services are key to supporting the client's needs across the continuum of care.



SWHHS begins the process of care coordination by receiving a monthly enrollment report from the Managed Care Organizations (MCOs). A care coordinator is assigned to each client to assist with his or her health care needs. Contacts are made with the client or responsible party to offer a Health Risk Assessment. This is accomplished by completing the face-to-face Long-term Care Consultation (LTCC). This consultation assists the client and care coordinator to determine if the client is in need of any service to help them remain in the community. Care coordination services involve clients that may be on the Elderly Waiver (EW) Program, a community-well client living independently in their own home, or a client living in a skilled nursing facility (SNF). At SWHHS, social workers are care coordinators mostly for those clients receiving EW services or living in the community independently. Public health nurses primarily provide care coordination services for clients in the skilled nursing facility (SNF) with the exception of Rock County where one social worker manages SNF clients.



Pipestone County public health nurses and social workers work in collaboration to provide services to the SNBC clients who are under 65 living in the community or skilled nursing facility.

The MCOs provide SWHHS with models of care, specific guidelines, and programs to follow. SWHHS is also expected to follow state policies for Home and Community Based services when the client receives EW services.

## **Aging services for People Over the Age of 65**

The State of Minnesota offers several programs for the over 65 population: Elderly Waiver and Alternative Care. These programs provide services such as Companion Services, Adult Day Services, case management, chore services, home health care, homemaker, Lifeline, Meals on Wheels, and some equipment needs. The purpose of these programs is to promote community living and independence with supplemented services, which address the individual's needs and choices.

### **Elderly Waiver (EW)**

Elderly Waiver (EW) Program is a State of Minnesota administered Home and Community Based Services Program under Federal 1915(c) waiver. EW assists with funding to provide home and community-based services for people who need the level of care provided in a nursing home, but choose to live in the community. Community members must be eligible for Medical Assistance to qualify for the EW program.



### **Alternative Care Program (AC)**

Alternative Care (AC), much like EW, assists with providing services for people who need the level of care provided in a nursing home, but choose to live in the community. Alternative Care is a grant program within the State of Minnesota for people with lower income and assets but are

not eligible for Medical Assistance yet. They would be eligible for Medical Assistance within 135 days of entering the nursing home.

### **Consumer Directed Community Supports (CDCS) for EW and AC**

Consumer Directed Community Supports (CDCS) is a unique service option available to individuals on Home and Community Based Services (HCBS) including EW and AC. It gives the person flexibility in service planning and responsibility for self-directing their own care and services. This self-direction includes hiring and managing their support workers. The individual is first assessed and enrolled in one of the HCBS programs. The client must be able to write his or her own service plan or hire a support planner to assist. The client can have flexibility in the services by deciding how to spend the budget allowance as well as hire their own staff such as family members or neighbors.

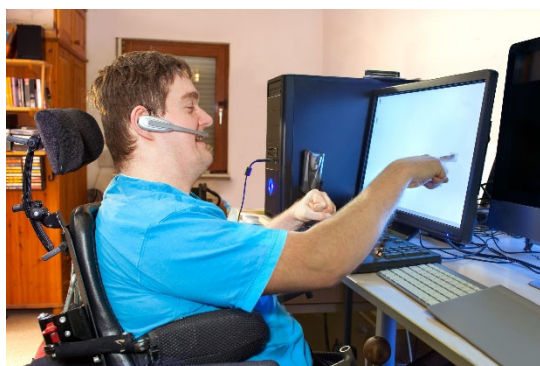
### **Average Number of Cases for Elderly Waiver and Alternative Care 2015-2019**

	2015	2016	2017	2018	2019
Alternative Care (AC)	23	18	16	16	15
Elderly Waiver (EW)	352	362	343	324	333

## **Developmental Disabilities and Disabled Under 65 Years of Age**

Minnesota has several programs designed to assist people with chronic illnesses and/or disabilities. Home and Community Based Services (HCBS) are designed to be person-centered and assist people in achieving what is important to them and for them while maintaining independence and preventing institutional placement.

HCBS assist the disabled and elderly, to assure they have the same rights and responsibilities as non-disabled and those under 65 years of age, have control over their lives, make their own choices, and contribute to the community.



### **Rule 185 Case Management**

Provides ongoing planning services to people with developmental disabilities or related conditions in all living situations.

### **Developmental Disabilities Wavier (DD)**

Persons who, without this support, would require the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

### **Semi-Independent Living Services**

Services needed by an adult with a developmental disability or related condition(s) to live successfully in the community.

### **Family Support Grant**

This program provides cash grants to eligible families with children who have been certified disabled.

### Consumer Support Grant

This program is a state-funded alternative to Medicaid home care services.

### Community Access to Disability Inclusion (CADI)

This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a nursing facility.

### Brain Injury Wavier (BI)

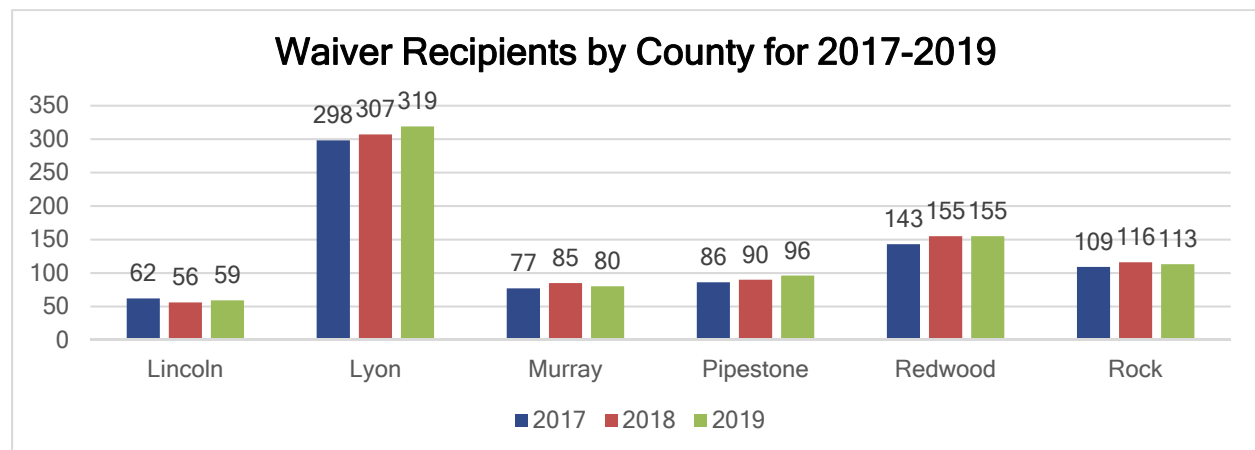
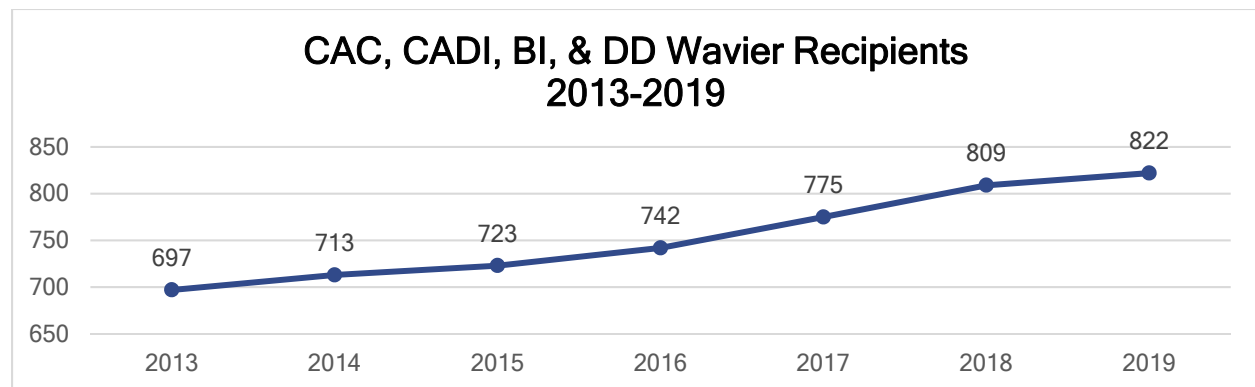
This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a specialized nursing facility or neurobehavioral hospital.

### Community Alternative Care (CAC)

This program is an alternative to institutionalization for a person who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.

### Relocation Service Coordination

This program is for people wanting to move out of an institutional setting.



# Children's and Family Services

## Child Welfare

Child Welfare services are typically provided to families who are having conflict or issues with youth ages 12 to 18 years old. Some issues typically addressed are truancy, parent/child conflict, chemical dependency, delinquency, and/or child behavior. Workers assist families in developing a plan to strengthen and eliminate barriers for families to be successful. There are situations that occur in which “the best interests of the child(ren)” may indicate the need for court action or out-of-home placement. When



necessary, these are done in a least restrictive manner to help strengthen and preserve the family unit. Child Welfare services assist the family with assessing needs for the entire family, developing goals, and delivering services to maintain and/or reunify the family.

## Annual Count of Child Welfare Cases by County, 2013-2019

	2013	2014	2015	2016	2017	2018	2019
Lincoln	11	11	11	10	13	10	6
Lyon	48	62	52	56	52	52	51
Murray	2	2	3	5	9	11	12
Pipestone	8	11	12	20	22	15	11
Redwood	16	25	32	29	33	40	39
Rock	8	8	9	13	16	19	19

## Truancy services

Child Welfare staff work with schools and youth (ages 12-18) and their families to improve attendance and academic performance. Individuals who do not complete high school have a likelihood of reduced future earnings and may struggle at being 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.

## Support for Emancipation and Living Functionally (SELF)

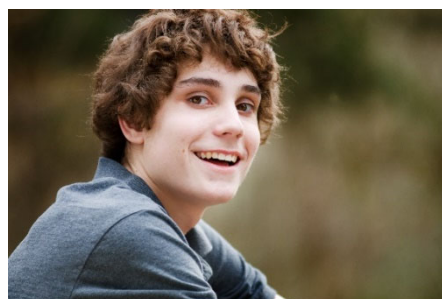
The SELF program opens Federal Title IV-E Independent Living funds to counties and non-profit agencies for youth who have been in out-of-home placement for at least 30 days after their 14<sup>th</sup> birthday. The funds are used for the development, implementation, and continuation of services. SELF was designed to help older adolescents that have been or currently are in placement prepare for the transition to independent living. Creative use of funds is encouraged, and guided by the individual needs of each youth. Funds may be used to cover items such as room and board, damage and utility deposits, or rent on apartments or dormitory rooms.

## **Circle Program**

Restorative Justice (RJ) is a theory of justice, which emphasizes repairing the harm caused by criminal behavior. Practices and programs reflecting restorative purposes respond to crime by: identifying and taking steps to repair harm; involving all stakeholders; and transforming the traditional relationship between communities and their governments in responding to crime.

SWHHS offers a variety of restorative services. The program is voluntary. The dialogue process used is shared openly with all participants and guided by a facilitator.

*Community Justice Circles* reduce or negate recidivism by juvenile offenders and prevent youth from entering the adult criminal justice system. A Circle brings together the three parties of a conflict (those who have acted, those directly impacted, and the wider community) within an intentional systemic context, to dialogue as equals. Youth referred to this Circle are primarily first-time offenders that have committed felony or gross misdemeanor level crimes. The focus of the circle is to create accountability through a more holistic approach, involving the community.



*Family and Community Circle* works to support youth and families who are facing some sort of concern such as out-of-home placement, child protection issues, truancy, behavior, and family relationships.

*School Circles* are offered to youth in a school setting aimed mainly at high-risk children with behavior and attendance issues.

*Oasis Circles* are related to work demands. These are offered to staff to help support self-care, teamwork, and stress management.

## **Extended Foster Care**

Minnesota law allows youth who are in foster care on their 18th birthday to receive extended foster care services and financial support. Six months prior to the youth's 18th birthday, the county or tribe will send a notice to the youth, their parent(s) or legal guardian, guardian ad litem and foster parents explaining options for the youth when they turn 18, which are:

- Continue in foster care up to age 21
- Leave foster care when they turn 18, in which case a personalized transition plan must be developed during the last three months they are in foster care.

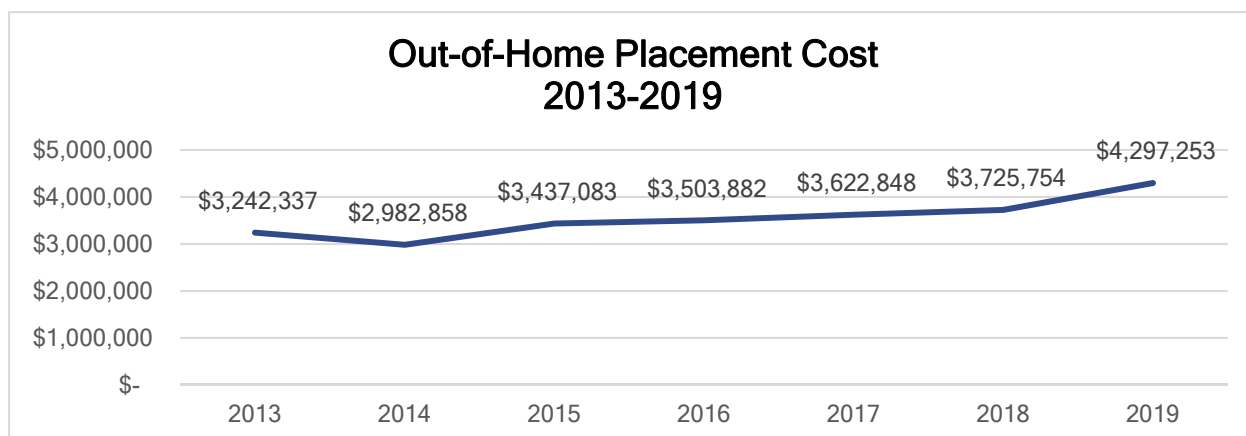
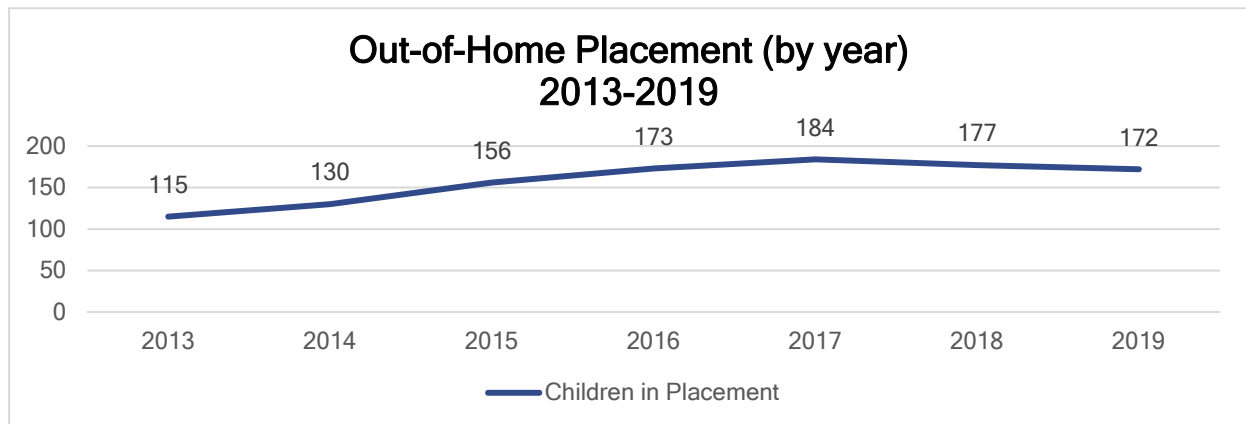
In some situations, youth who left foster care at age 18 may be able to return to care.

To remain eligible for this program the youth must be:

- Enrolled in college or completing high school
- Employed at least 80 hours a month
- Working with an agency to reduce employment barriers
- Physically unable to complete any of the other requirements

Youth in the program work with a case manager to gain independent living skills through working on independent living goals, one-on-one training, or completing the tasks for the first

time with social worker guidance. A case manager meets with youth monthly to review independent living plan goals and assess the needs of the youth.

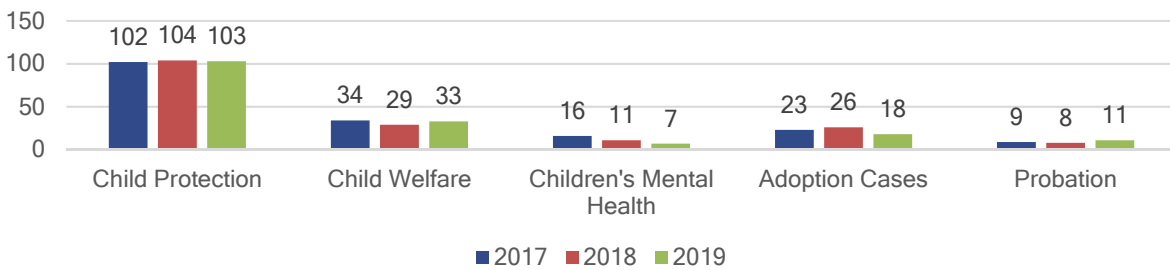


### Average Placements by County 2013-2019

	2013	2014	2015	2016	2017	2018	2019
Lincoln	6	5	8	12	7	9	6
Lyon	35	35	50	44	38	44	44
Murray	8	8	5	6	10	12	10
Pipestone	16	20	22	21	19	16	25
Redwood	36	46	59	77	95	80	68
Rock	15	16	13	12	16	16	20



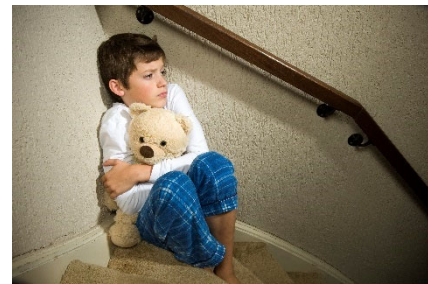
## Count of Out-of-Home Placements by Program Monthly Average



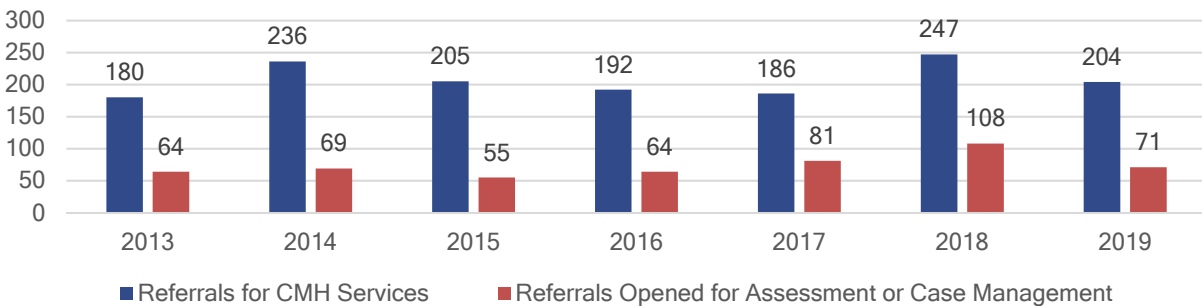
### Children's Mental Health

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

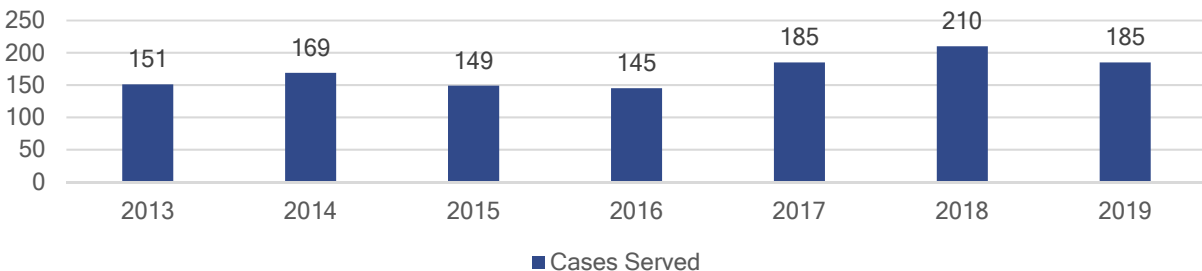
Children whose mental health needs are not met in a timely manner are more likely to experience social isolation, school failure, and delinquent behaviors. Families who do not have adequate resources sometimes struggle to provide the parental and emotional support to their children. Timely and appropriate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



### Children's Mental Health Referrals and New Cases



### Children's Mental Health Overall Cases Served





## Child Protection

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

### Count of Child Protection Investigations and Assessments

	2013	2014	2015	2016	2017	2018	2019
Assessments	329	306	406	443	431	534	492
Investigations	30	41	123	177	217	421	331
TOTAL	359	347	529	620	648	955	823

All children have a right to protection against abuse, neglect, exploitation, and violence. SWHHS has a statutory duty to safeguard and promote the welfare of children. The Child Protection team, along with other agencies, collaborate to achieve safety and greater well-being for children in our communities.

### Child Protection Investigation/Assessments by Allegation\*

	2013	2014	2015	2016	2017	2018	2019
Sexual Abuse	42	64	75	88	117	139	119
Physical Abuse	106	111	189	251	290	192	180
Neglect	208	328	532	598	495	508	419
Mental Injury/ Emotional Harm	3	5	7	24	111	116	105
Prenatal Exposure	0	3	11	21	21	0	0
Total	359	511	814	982	1034	955	823

\*An investigation can have multiple allegations.

\*Changes in documentation per 2015-2016 Governor's Task Force influenced increases in some categories.

## Minor Parent Services

Services are provided to assist the pregnant and/or parenting minor (under age 18) to create a plan for the parent and the child to ensure their safety and well-being. This helps connect the minor parent to appropriate resources. These services may include counseling, financial and Medical Assistance, housing and childcare options, paternity or Child Support services, and/or resource referrals to appropriate agencies to assist with decision-making.

To be eligible, teens must be under the age of 18 and in their third trimester of pregnancy; teens under the age of 18 and already parenting; or teen mothers who have been identified on the 72-hour birth report per Minnesota Statute Chapter 257.33.

## Adoption

Adoption services are provided by SWHHS for state ward children in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties. A state ward child is a foster child in the custody of the Minnesota Commissioner of Human Services as determined by the court. For SWHHS, 100 percent of the children waiting for adoption are from the Foster Care System. In 2019, 16 children were adopted from the foster care system.

### 2019 Average Count of Children in Out of Home Placement

	Average Count
SWHHS	172
Lincoln	6
Lyon	44
Murray	10
Pipestone	25
Redwood	68
Rock	20

### 2019 SWHHS Placement by Category

	2019
Foster home	48.6%
Juvenile correctional facility (non-secure)	10.4%
Group home	7.1%
Child's reunification home	6.5%
Non-custodial parent's home	6.2%
Residential treatment center	5.8%
Supervised independent living	5.7%
Other pre-kinship home	4.0%
Pre-adoptive home	3.2%
Foster home: corporate	2.1%
Probation placement	0.4%

## Licensing

At the county level, SWHHS is responsible for licensing Family Childcare, Family Child Foster Care, and Family Adult Foster Care. SWHHS shares responsibilities with the State for the licensing process of Corporate Child and Adult Foster Care Settings.

### Family Childcare Licensing

Safe, quality childcare is important for families when parents are employed, seeking employment, or furthering their education. Licensing childcare homes provides basic assurances that safety and quality are regulated and monitored.

### 2019 Number of Licensed Family Childcare

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	20	2	2	20
Lyon	96	4	13	87
Murray	21	1	0	22
Pipestone	32	10	6	36
Redwood	49	5	5	49
Rock	40	1	4	37

### Family Child Foster Care Licensing

Foster parents provide a temporary home for children who cannot remain in their own homes.

Children enter foster care because of neglect, abuse, domestic violence, a parent's chemical addiction, a parent's incarceration, or a family crisis. A child may also enter care due to his/her behaviors or special needs. While the child is out of the home, a case manager works with a variety of resources to provide services to the child and the family.



Foster parents receive a stipend to care for the needs of the children. Foster parents are asked to provide stability, safety, and unconditional love to the children in their care, as well as advocate for the children's needs. Often foster parents become mentors and support to the birth parents. Foster care is provided until a child's parent(s) can resume the parental role or until an alternative permanent plan is made with relatives or adoptive parents. Sometimes foster families are asked to provide a permanent home for children in their care.

## 2019 Number of Non-Relative Foster Care

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	1	1	0	2
Lyon	22	4	4	22
Murray	5	1	2	4
Pipestone	7	1	0	8
Redwood	11	1	1	11
Rock	3	1	0	4

## 2019 Number of Relative Foster Care

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	1	1	1	1
Lyon	5	1	1	5
Murray	2	3	1	4
Pipestone	3	2	2	3
Redwood	3	1	2	2
Rock	1	2	0	3

## Traditional Adult Foster Care/Corporate Foster Care for Adults & Children

Adult foster care (AFC) is a licensed, sheltered living arrangement for adults who have special needs or impairments that make it impossible for them to live alone. This might include people who have physical, emotional, or developmental impairments. Adult foster care homes provide five basic services: room, board, supervision, protection, and assistance with money management and personal care.

Corporate adult foster care and corporate child foster care refer to settings in which the license holder does not reside in the home. The primary care givers are shift-staff, rather than clients of the household, as in the traditional model.

## 2019 Number of Adult Foster Care/CRS

	2018	2019
Lincoln	3	3
Lyon	38	42
Murray	7	6
Pipestone	8	8
Redwood	25*	25*

Rock	9	9
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\*(of that, 1 hospice, 1 family)

## Child Support

Children deserve the financial and emotional support of both parents, whether or not the parents live together as a family. This financial support can be the difference between a life of poverty with the associated disadvantages or thriving in a household with sufficient income to meet their basic needs.

Children who grow up in homes without adequate income to meet their basic needs have a number of additional obstacles to overcome as they move to adulthood. Poverty is associated with a higher rate of drug usage, criminal behavior and school failure. Absent parents who do not pay child support are also less likely to be involved in their children's lives, depriving them of the emotional support of one parent.

Minnesota's child support program participates and is measured with other states in the federal incentive funding system. SWHHS can maximize federal incentives by reaching performance thresholds in five measures. Each state and county who meets the performance standards receive a portion of the federal incentive dollars. Therefore, as one state and/or county substantially improves upon their performance and receives a larger portion of the funds, the other states and counties share in the declined federal incentive dollars. The five child support measures and the performance measures are as follows:



	MN Performance Measures	2019 SWHHS
<b>Paternity Establishment</b>	90%	103%
<b>Order Establishment</b>	80%	90.01%
<b>Collections on Current Support</b>	80%	77.10%
<b>Collections on Arrears (past due support)</b>	80%	75.93%

Cost Effectiveness	\$3.30	\$6.10
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## SWHHS Child Support Compared to Minnesota Performance Measure

# Financial Assistance or Income Maintenance

Counties, through federal, state and county resources, have assumed responsibility for assuring that all people have access to sufficient financial resources to survive. Any person may seek help at Southwest Health and Human Services to meet their basic needs.

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. Southwest Health and Human Services and the State of Minnesota work to assure minimal financial support and health care to all those who qualify.

## Cash Assistance

### Diversion Work Program (DWP)

The Diversionary Work Program helps families that are in need of cash assistance for the first time. The participants sign a contract with Employment Services in the four-month program. The goal is a fast and direct path to employment.

#### Diversionary Work Program Snapshot for 2019

- 140 enrolled
- 9% have a disability
- 25% have high school diploma or less
- 4% homeless
- 15% limited English
- 14% offender
- 51% were employed

#### DWP Exit Summary for 2019

- 15% exited to unsubsidized employment at an average wage of **\$13.02 per hour**
- 21% were disqualified from DWP
- 49% were referred to Minnesota Family Investment Program (MFIP)

### General Assistance (GA)

The General Assistance (GA) program helps people without children pay for basic needs. It provides money to people who cannot work enough to support themselves, and whose income and resources are very low. People who get GA are also eligible for help with medical and food costs through Medical Assistance (MA) and the Supplemental Nutrition Assistance Program (SNAP).

### Housing Support (HS)

A state-funded program which provides, at a minimum, room and board for unrelated people who live in certain licensed or registered group living arrangements and who receive Supplemental Security Income (SSI) or would be eligible for SSI except for excess income and are blind, age 65 or older, or disabled and age 18 or older. In 2019, SWHHS monthly average of HS was 307 cases.

### IV-E Foster Care

IV-E Foster Care is for 24-hour care of a child providing one or more child(ren) with a substitute for the care, food, lodging, training, education, supervision, or treatment needed, but which for any reason cannot be furnished by their parents or legal guardians in their homes.

## **Refugee Cash Assistance (RCA)**

The Minnesota Department of Human Services provides Refugee Cash Assistance (RCA) to persons with eligible status who are ineligible for Supplemental Security Income (SSI) or MFIP for up to eight months after arrival in the United States. Refugee Employment Services (RES) and Refugee Social Services (RSS) are available to assist eligible persons to attain self-sufficiency within this period of time. RCA participants may continue to receive Refugee Employment and Social Services after their RCA eligibility ends.

## **Child Care Assistance Programs (CCAP)**

The Child Care Assistance Program helps families with safe and affordable childcare. SWHHS's 2019 monthly average was 189 families.

## **Emergency Assistance County Crisis Funds (CCF)**

Emergency Assistance County Crisis Funds (CCR) is vendor-paid assistance to avert an emergency. In 2019, SWHHS saw a monthly average of 29 cases and paid out a total of \$58,164.26.

## **County Burial**

In accordance to Minnesota Statute Chapter 261.035, SWHHS provides two burial options for residents in the six-county area. SWHHS offers direct cremation or immediate burial for a resident that does not have the funds to pay for his or her funeral expense. On an annual basis, the agency sets rates on an appropriate dollar amount allocated for burial or cremation. If the deceased has assets, the case is then referred to SWHHS's Collection Officer to pursue a claim against the estate. In 2019, SWHHS helped with 52 burials totaling \$217,611.19. This amount is approximately 7 percent of the total deaths in the six-county areas, and averages \$4,184.83 per burial.

# **Health Care Programs**

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

Minnesota Family Investment Program (MFIP) helps families with cash and food assistance within a 60-month lifetime limit. The caregiver/s meet with a Work Force Center employment counselor to develop a plan to become self-sufficient. The client, with the employment counselor, works on resume writing, job search, interviewing skills, education, and soft skills, as needed, for gainful employment. A Family Stabilization Service (FSS) plan is written for families needing more case management services.

### **MFIP Snapshot for 2019**

- **386** cases enrolled with Employment Services
- **26%** have a disability
- **26%** have less than a high school diploma
- **11%** limited English
- **5%** homeless
- **16%** offender
- **24%** have a Family Stabilization Services (FSS) plan
- **27%** were employed full or part-time

### **MFIP Exit Summary for 2019**

- Employment Services exited **174** participants in 2019
- **39%** employed
- **68** exited to unsubsidized employment at an average wage of **\$12.55 per hour**
- **16** participants closed at 100% sanction



- 1 participant closed to SSI award
- 21 exited as moved from the county
- 13 exited as moved from the state
- 5 reached the 60-month lifetime limit and did not meet an extension category.

### **Medical Assistance (MA) and MNSure**

The way most people apply for healthcare changed January 1, 2014, due to the Affordable Care Act (ACA) named MNSure in Minnesota. All new applicants for healthcare are directed to apply online at <http://mnsure.org> and the system guides them through the application process step-by-step. If people are unable to apply online, they can complete a paper application. In 2019, SWHHS had an average of 5,259 cases in the new METS eligibility system. SWHHS has approximately 3,035 MA cases remaining in our MAXIS system. Reflective of the agency's population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

### **Transportation Coordination**

Transportation coordination is provided to individuals and families who need additional assistance with transportation to medical appointments. SWHHS has specialized staff coordinating this service, making it easy for the client to access the service. The coordinator also helps with vouchers, reviews billing, and communicates with clients in regards to health care reimbursements. SWHHS administers this service in accordance to Federal Regulations and rules, State Statutes, and local rules and policies pertaining to those health care programs. Staff at SWHHS estimate there were 5,329 requests for transportation in 2019. Each request can contain more than one trip.

### **Minnesota Care (MNCare)**

MinnesotaCare is a health care program for Minnesotans with low incomes. Enrollees get health care services through a health plan.

## **Food Programs**

### **Supplemental Nutrition Assistance Program (SNAP)**

SNAP, formerly known as Food Stamps, helps Minnesotans with low incomes receive the food they need for nutritious and well-balanced meals. The program provides support to help stretch a household food budget; not to meet all of a household's food needs. It is a supplement. Reflective of the agency's population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

### **SNAP Snapshot for 2019**

- 71 SNAP Participants enrolled with Employment Services
- \$11.22 average wage
- 11% Disabled or found exempt
- 18% Have less than a high school diploma
- 11% Homeless
- 21% Limited English
- 24% Offenders
- 20% Chemically Dependent
- 52% Employed with average wage of \$13.32 per hour

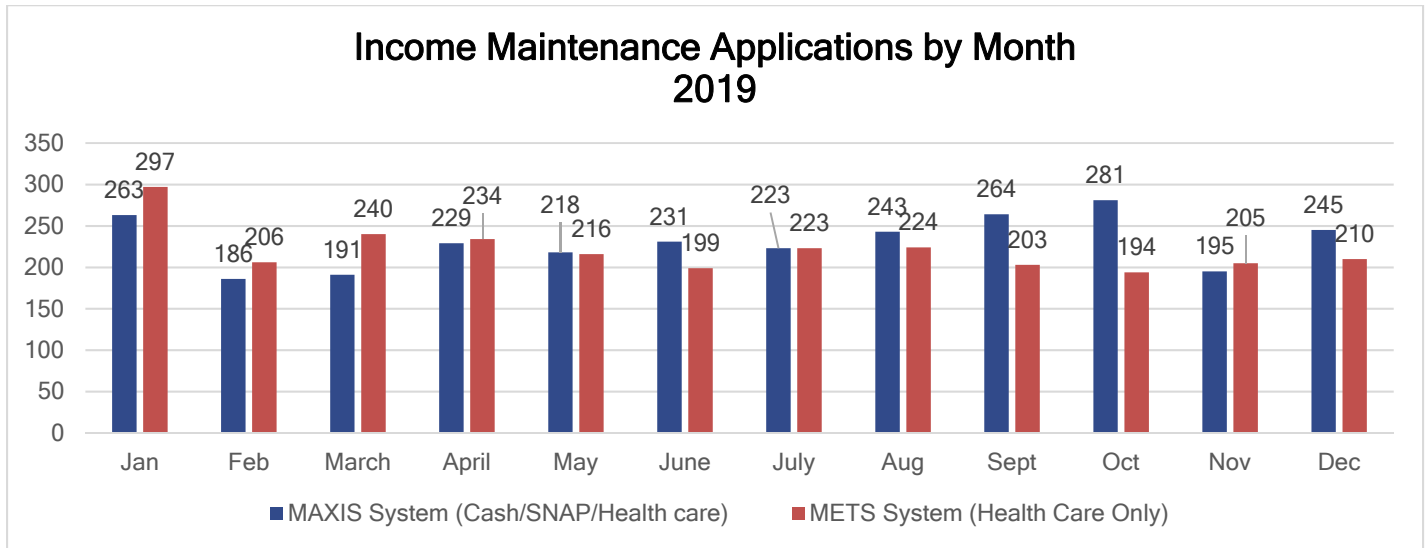
## Emergency Programs

### Emergency General Assistance (EGA)

Emergency General Assistance (EGA), provides once a year financial assistance to help pay for food, shelter or utility expenses in emergencies.

### Emergency Medical Assistance (EMA)

Emergency Medical Assistance (EMA) covers the care and treatment of emergency medical conditions provided in an Emergency Department (ED) or in an inpatient hospital when the admission is the result of an ED admission. Emergency medical conditions include labor and delivery.



## Welfare Fraud

The Fraud Prevention Program was developed to prevent and reduce improper payments of public assistance benefits. Southwest Health and Human Services has a Fraud Prevention Specialist on staff who investigates all welfare fraud referrals. The fraud prevention program for the southwest region in Minnesota is comprised of ten counties: Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock, and Yellow Medicine. Southwest Health and Human Services is part of a region and shares the Fraud Prevention Specialist with four other counties.

### Welfare Fraud Cases Per County

	2017	2018	2019
Lincoln	8	2	0
Lyon	44	53	41
Murray	1	5	5
Pipestone	10	14	9
Redwood	42	56	55
Rock	18	21	20

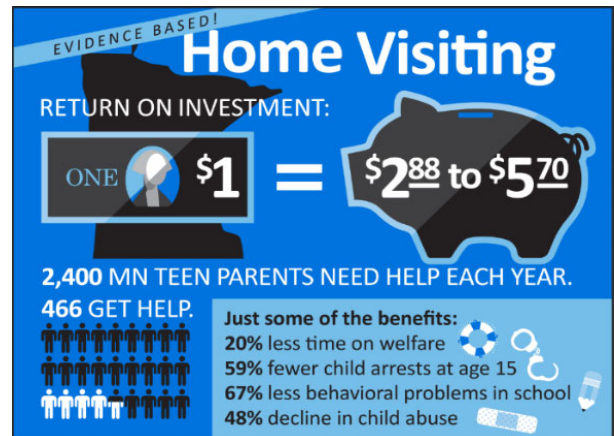
If you suspect someone of welfare fraud, please report the suspected welfare fraud activity in the county of the potentially fraudulent activity. You can also report welfare fraud statewide by calling the Welfare Fraud Hotline 24 hours a day, seven days a week, at 800-627-9977 or Twin Cities Metro Area at 651-431-3968. You may remain anonymous.

# Public Health

## Primary Prevention

Some of the people in the stories on the previous pages may have avoided the situations they are in if more prevention programming was available. For example:

- Evidence-based Family Home Visiting has demonstrated a decrease in child abuse and neglect, decreased tobacco and alcohol use during pregnancy, increased breastfeeding rates, reductions in subsequent pregnancies, increased labor force participation by parents, and increased family income. (3) (4)
- Planning and Implementation (P&I) grant that focuses on positive community norms to help youth understand they don't have to use alcohol and other substances because most of their friends are not using. The 20+ communities that previously received P&I funding have seen a dramatic decrease in 30-day alcohol use among youth in their communities.
- Women, Infants, and Children (WIC) is a nutrition education program that provides supplemental foods to promote good health for pregnant, breastfeeding, postpartum women, infants, and children up to age five who meet income guidelines. This evidence-based program is proven to reduce obesity and improve the nutrition of children that live in poverty.
- Education about and administration of immunizations protects all of us from diseases like measles, mumps, polio, hepatitis A, B, and C, tetanus, diphtheria, whooping cough, among others.



To better understand SWHHS prevention approach in our community you need to understand the three categories of prevention activities:

### 1. Primary Prevention—intervening before health effects or injury occurs

- through measures such as vaccinations,
- education about healthy and safe habits (eating healthy, regular exercise, not smoking), and
- banning substances known to be associated with a disease or health condition through legislation and enforcement that ban or control the use of hazardous products (asbestos) or mandate safe and healthy practices (car seat and seatbelt use) (5) (6)



## 2. **Secondary Prevention**—identify diseases in the earliest stages

- through regular exams and screening tests before the onset of signs and symptoms, (mammography and regular blood pressure testing)
- encouraging personal strategies to prevent re-injury or recurrence,
- implementing programs to return people to their original health and function to prevent long-term problems (5) (6)

## 3. **Tertiary Prevention**—decreasing the impact of injury or ongoing disease that has long-lasting effects.

- cardiac or stroke rehabilitation programs, chronic disease management programs
- support groups that allow a member to share strategies for living well
- vocational rehabilitation programs to retrain workers for new jobs when they have recovered as much as possible. (3) (6)

SWHHS has a wide variety of prevention programs available that meet the three prevention approaches:

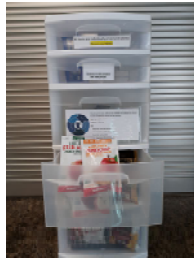
- |                                            |                                        |
|--------------------------------------------|----------------------------------------|
| • Car Seat Program                         | • Infectious Disease                   |
| • Follow Along Program                     | • Immunizations                        |
| • Family Home Visiting                     | • Tuberculosis Control                 |
| • Peer Breastfeeding Support               | • Refugee Health                       |
| • Women, Infants, and Children             | • Environmental Health                 |
| • Statewide Health Improvement Partnership | • Birth Defects Information System     |
| • Planning and Implementation Grant        | • Early Hearing Detection Intervention |
| • Toward Zero Deaths                       | • Child and Teen Checkups Program      |
| • Public Health Preparedness               | • Dental Varnishing                    |

On the following pages, you will see some of the prevention work done in each of the SWHHS counties during 2019.

# Prevention at Work in Lincoln County in 2019



2 clients requested car seats with education.



Healthy snack station worksite wellness.



908 annual WIC clinic participants.



Toward Zero Deaths campaign in Lincoln-Pipestone Counties.

Population 5,677



Vaping and tobacco education provided area schools.



113 clients received care management visits in the nursing home.



3 clients received MNChoices or personal care assessments so they could get help to stay in their home.



Walkable Communities Workshop was held in Tyler.



3 clients received MNChoices or personal care assessments so they could get help to stay in their home.



91 Lincoln Elementary School students benefit from Safe Routes to School program.



# Prevention at Work in Lyon County in 2019



142 clients requested car seats with education.



12,247 annual WIC clinic participants.



Tracy Food Shelf was updated to a Super Shelf.



Medications & monitoring provided to 17 Latent & Active TB clients.

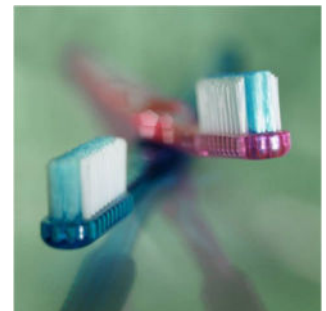
Population 25,758



197 clients received care management visits in the nursing home.



Tracy Elementary School Chef collaboration.



142 children received a dental varnish visit



Buckle-up stencils add at Red Baron Arena.



153 family home visits were provided.



55 clients received MNChoices or personal care assessments so they could get help to stay in their home.

# Prevention at Work in Murray County in 2019



1,952 annual WIC clinic participants.



Worksite wellness physical activity kit.

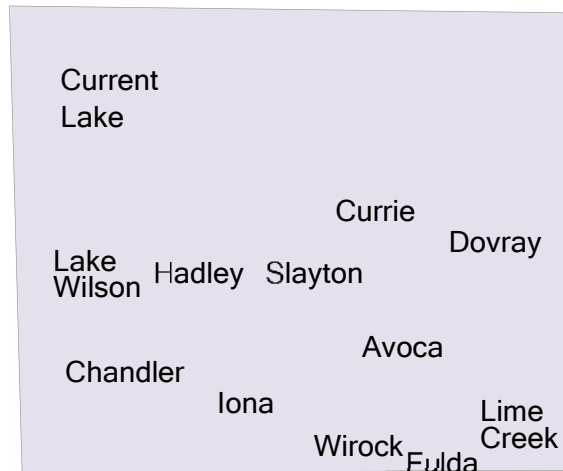


Active playground stencils at Murray County Central.



9 clients requested care seats with education.

Population 8,296



13 family home visits were provided.



661 Murray County Central students benefit from a Smarter Lunch Room.



Vaping and tobacco information provided area schools.



57 clients received care management visits in the nursing home.



9 clients received MNChoices or personal care assessments so they could get help to stay in their home.



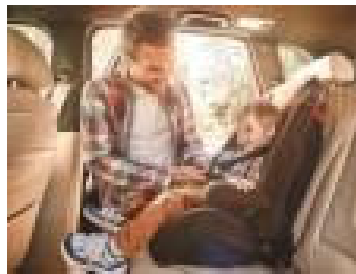
WIC clients benefit from fresh produce out of the WIC Garden at SWHHS.



# Prevention at Work in Pipestone County in 2019



Vaping and tobacco information provided area schools.



39 clients requested car seats with education.



3,573 annual WIC clinic participants.

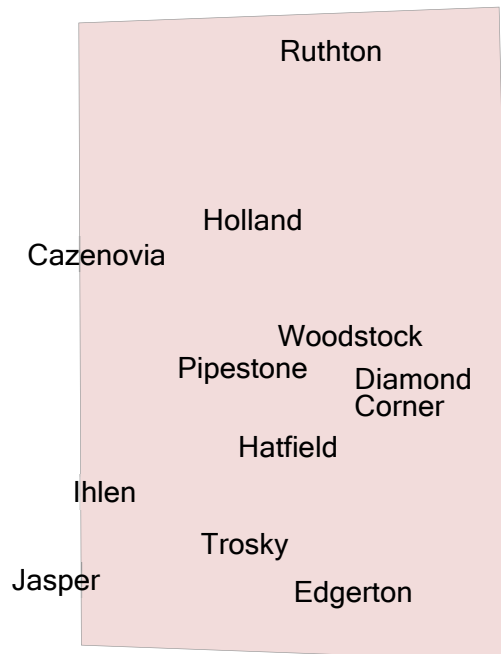
Population 9,191



172 family home visits were provided.



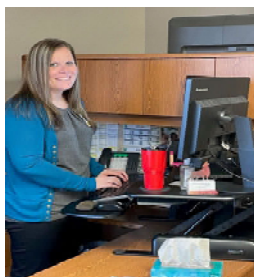
Pipestone Food Shelf was updated to a Super Shelf.



Medications & monitoring provided to Latent TB clients.



32 Prenatal assessment visits were provided.



Worksite wellness with standing work stations at Pipestone County Medical Center.



Worksite Wellness 2019-20  
Pipestone Cohort I



Community Fishing Derby to promote positive alcohol use messaging to the community.

# Prevention at Work in Redwood County in 2019



140 family home visits were provided.



Westbrook-Walnut Grove School children learn about dental health.



Redwood Valley High School students learn about traffic stations.



105 clients received care management visits in the nursing home.



Carris Health Redwood Falls Lactation Room.

Population 15,261



Wabasso School healthy food taste testing.



3,471 annual WIC clinic participants.



41 clients received MNChoices or personal care assessments so they could get help to stay in their home.



2 Community events were held to go over the findings from the community health assessment and choose their primary health priority, Mental Health.



Vaping and tobacco information provided area schools.

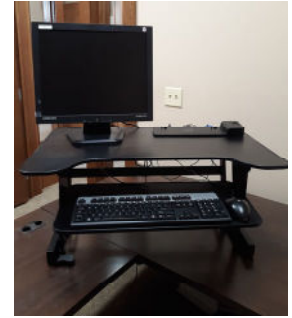
# Prevention at Work in Rock County in 2019



Luverne Farmers Market.



2,025 annual WIC clinic participants.



Sit stand work station worksite wellness.



Vaping and tobacco information provided area schools.



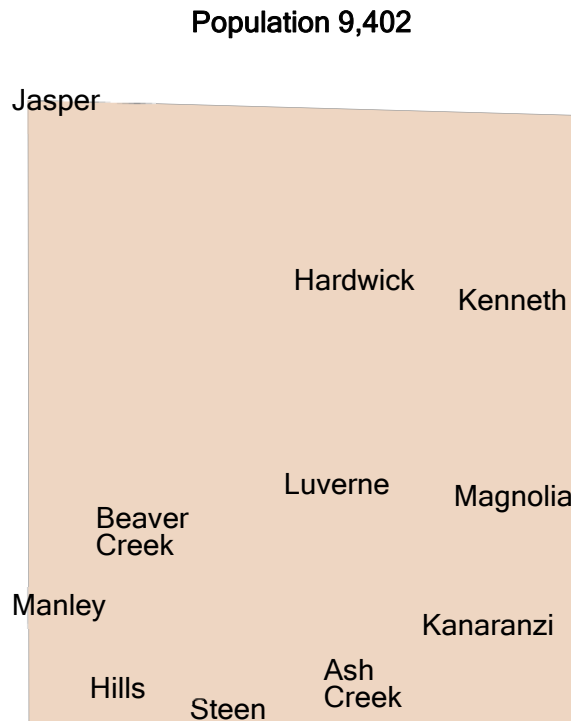
Sanford Luverne Worksite Wellness-bike for riding during breaks or running errands.



4 clients received MNChoices or personal care assessments so they could get help to stay in their home.



31 children received a dental varnish visit.



20 clients requested car seats with education.



Midwest Fire healthy snack station for worksite wellness.



Power of Produce at the Luverne Farmer's market.



# Works Cited

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