



2020 Annual Report



Southwest Health and Human Services

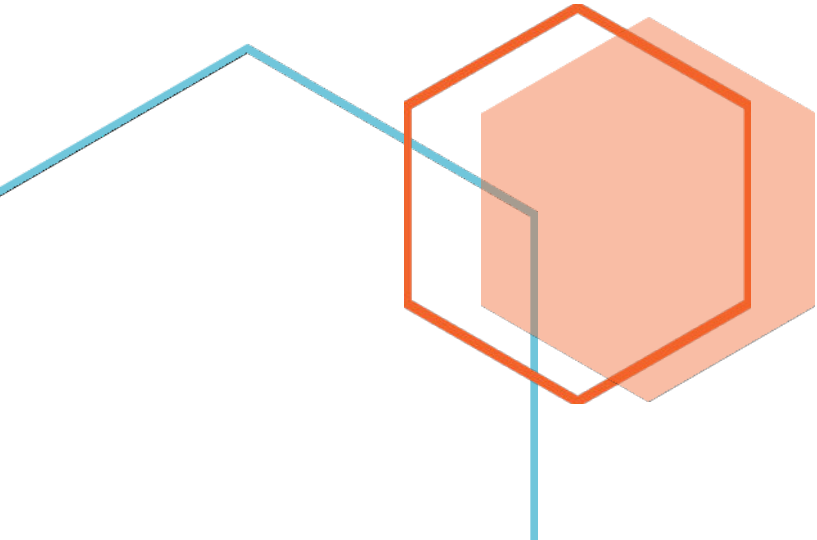




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Message from the Director



Welcome community partners. I am honored 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, 2020.

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 2020.

This past year was a year unlike any other and yet it was more important than ever that SWHHS remain committed to what has historically defined us as an organization: people, service, programs and resources.

Although we had to shift into crisis mode when the COVID-19 pandemic hit our communities, the focus areas set forth in our mission and guiding principles still shone through in all we did. There were dramatic changes to the manner in which staff provided services, programs and resources to those seeking assistance; SWHHS was able to continue to provide quality services amid the pandemic without jeopardizing the health and safety of its employees or consumers. The 2020 Annual Report reports the highlights of the work completed by staff during this unprecedented time.

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 that reads "Beth M. Wilms".

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 229 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.

2020 Actual Annual Budget (Unaudited)

	Human Services	Public Health	TOTAL
Intergovernmental Revenues	\$24,998,476	\$3,762,398	\$28,760,874
Charges for Services	\$2,241,859	\$648,147	\$2,890,006
Investment Earnings	\$11,304	\$2,153	\$13,457
Other Revenue	\$735,518	\$9,246	\$744,764
Total Revenue	\$27,987,157	\$4,421,944	\$32,409,101
Expenditures	\$26,614,869	\$3,912,110	\$30,526,979
Tax Levy	\$11,378,605	\$1,042,525	\$12,421,130



Demographics

Population 73,585 (1)

Median Age 42.5 (1)

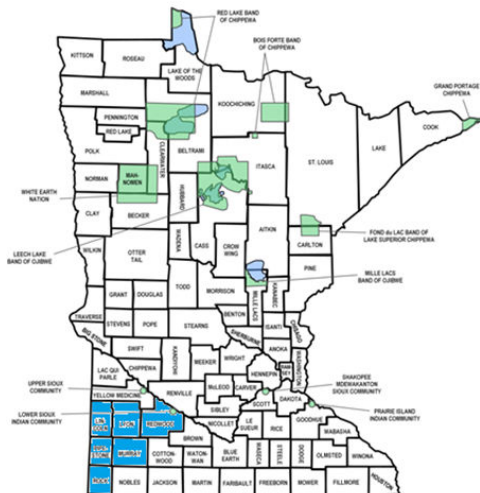
Income

- **\$57,061** Median Household Income
- **11.3%** Residents living below 100% of the Federal Poverty Level (\$12,760 for 1st person + \$4,480 for each additional person)
- **30.2%** Residents living below 200% of the Federal Poverty Level (\$25,520 for 1st person + \$8,960 for each additional person) (1) (2)

Education Among Residents Ages 25+

- **8.6%** No high school diploma
- **34.6%** High school diploma (including GED)
- **34.3%** Some college or Associate Degree
- **16.7%** Bachelor Degree
- **5.8%** Advance Degree (1)

Minnesota counties and tribal nations



Language

- **6.8%** Language other than English spoken at home (1)

Race

- **1.3%** Non-Hispanic American Indian/Alaskan Native
- **2.4%** Non-Hispanic Asian alone
- **1.6%** Non-Hispanic Black or African American Alone
- **1.4%** Non-Hispanic Two or More Races
- **88.2%** Non-Hispanic White (1)

Ethnicity

- **5.0%** Hispanic Origin of any Race (1)

National Origin

- **4.7%** Foreign Born (1)

Gender

- **49.8%** Male
- **50.2%** Female (1)

*other genders not available in US Census Data

Disability

- **11.4%** Civilian Non-Institutionalized Population with a Disability (1)



First Quarter

January

February

March

<p>First Cases of COVID-19 seen in Washington State</p> <p>January 16 SWHHS Diversity, Equity, and Inclusion committee started meeting</p> <p>January 1 SELF program becomes STAY (Successful Transition to Adulthood for Youth)</p>	<p>Public Health staff started hearing about COVID-19 on Disease Prevention calls and started planning.</p>	<p>March 11 World Health Organization Declared COVID-19 a Pandemic</p> <p>March 13 SWHHS formally opened SWHHS Incident Command</p> <p>March 17 Minnesota schools closed</p> <p>March 25 Started COVID-19 partner calls</p> <p>March 27 First COVID-19 case detected in Lincoln County</p> <p>March 31 First COVID-19 case detected in Lyon County</p>
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Diversity, Equity and Inclusion Strategic Plan

One of the areas identified in the SWHHS Strategic Plan was the need to enhance our staffs' knowledge of diversity, equity and inclusion both in the workplace and in the services, SWHHS provides to the community. A cross section of staff volunteered to form a committee to develop a plan to incorporate DEI practice in everyday work.

Successful Transition to Adulthood for Youth (STAY)

In January 2020, Department of Human Services changed the name of the SELF-program to the STAY program. The STAY program itself changed as this was the first year for the Big Idea Project (BIP). This project was a way for each county to re-create services. Our BIP project focused on youth attending classes centered on needs. This project was intended to offer more learning opportunities along with the financial assistance that STAY offers. As 2020 progressed, in-person and group meetings became impossible. The STAY program was able to shift the curriculum and offer classes virtually. Youth eventually warmed up to these types of meetings. This allows the STAY program to be more flexible and potentially reach more youth.



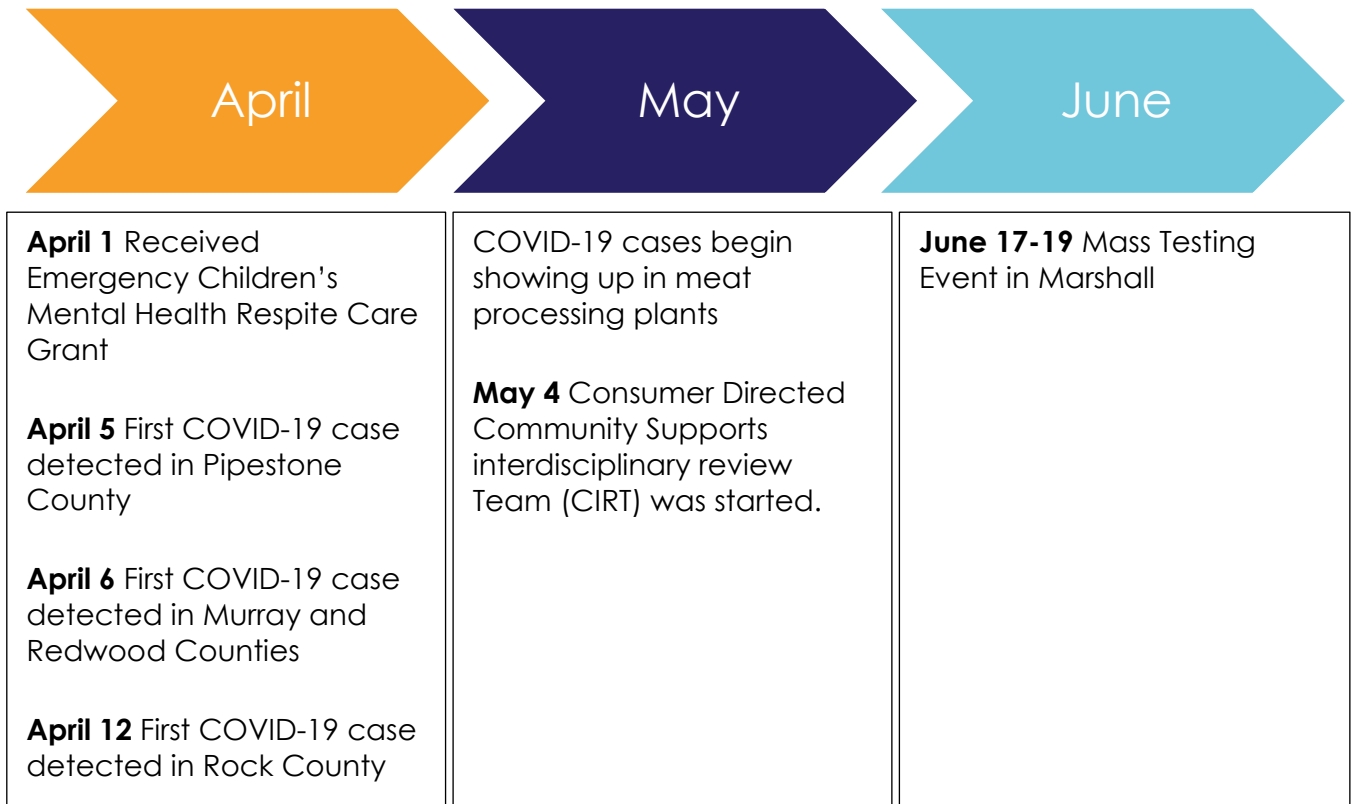
COVID-19

The World Health Organization declared the virus sweeping the world to be a pandemic on March 11. Information on SWHHS public health response starts on page 12.

Telehealth visits

The Centers for Medicare and Medicaid began allowing telehealth visits to be paid for by Medical Assistance as of March 19, 2020. This allowed staff to provide home visits via phone or through encrypted zoom accounts to clients through the course of the pandemic.

Second Quarter



Dental Varnish Office Visits

Dental varnish office visits were suspended during COVID-19. Dental offices are required to have an air filtration system and a vacuum by the mouth of patients in order to reduce the transmission of COVID-19 to staff. Staff performing dental varnish were reassigned to COVID-19 duties.

Consumer Directed Community Supports (CDCS) Review Team (CIRT)

SWHHS implemented the CDCS Interdisciplinary Review Team "CIRT" in May of 2020. SWHHS, as a lead agency, has a responsibility to ensure approved CDCS services are fiscally responsible, fall within the State and County guidelines, and meet the needs of the individual's services. To meet this responsibility, SWHHS moved forward with developing a CDCS



Interdisciplinary Review Team to form procedures and trainings that ensure quality assurance and improve the experience with the CDCS program. The team includes social workers, nurses, and supervisors. The team meets weekly to review all CDCS care plans and approve or deny the request within these.

Third Quarter

July	August	September
<p>July 4 Celebrations cause local spike in COVID-19 cases</p> <p>July 15 COVID-19 mass testing event held in Tyler</p> <p>Kinship Navigator Grant was awarded to SWHHS</p> <p>Opiate Grant was awarded to SWHHS</p>	<p>SRDC communication evaluations</p> <p>August 19 Entered into contract with Northwoods Fraud Investigations, Inc. to provide welfare fraud prevention services</p>	<p>September 4 Hunter's Place opened a Rule 8 all girls age 10-17 group residential facility and SWHHS started making referrals</p> <p>September 29-30 COVID-19 mass testing event held in Marshall</p>

Children's and Family Services Opiate Allocation

Beginning in July 2020, SWHHS was awarded an allocation to provide supplemental services to children and families affected by opiate addiction. The allocation formula was based on the number of out of home placements due to the primary removal condition of parental drug abuse. The allocation amount was \$101,457 beginning July 1, 2020 through December 31, 2021. The funds cannot supplant current state or local funding. Staff from Children's Services and the Substance Use Disorder program of SWHHS met to identify service gaps and identified a few priority areas. These included an additional Circle of Hope in Pipestone County, housing assistance, transportation, and flexible spending; each expanding opportunities to support families affected by addiction.

Title IV-E Kinship Navigator Grant

In July 2020, SWHHS was awarded a Kinship Navigator Grant. The grant was specifically for relatives/kin providing child foster care in their homes. Grant money was awarded for:

- immediate needs of the children in care (for items such as beds, diapers, clothing, school supplies, etc.)
- immediate needs of kinship families related to the licensing process (including, but not limited to: egress windows, fire-rated doors, fire extinguishers, sheet rock, hand



rails, guard rails, smoke/carbon monoxide detectors, child safety locks)

- training for kinship providers.

Approximately thirty families received grant money for immediate needs, some of whom also received gas cards to assist with transportation costs. Additionally, twenty families received assistance for required home safety items listed above.

Fourth Quarter



<p>October 1 COVID-19 mass testing event held in Marshall</p> <p>October 14-15 COVID-19 mass testing event held in Marshall</p> <p>October 27 COVID-19 mass testing event held in Luverne</p>	<p>November 4-5 COVID-19 mass testing event held in Pipestone</p> <p>November 13 Start of 2nd State shutdown</p> <p>November 14 Largest one-day count of positive COVID-19 tests was 212 for SWHHS counties</p> <p>DHS conducted a Home and Community-Based Services Lead Agency Review</p>	<p>December 18 SWHHS was awarded a 5-year Drug Free Communities Grant (DFC) for Pipestone Area Coalition work to reduce youth alcohol and other substances uses</p> <p>December 30 SWHHS holds 1st COVID-19 vaccination clinic</p>
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Drug Free Communities Grant

SWHHS was awarded a federal grant through the Centers for Disease Control and Prevention. This grant continues the work of a previous grant through the Minnesota Department of Human Services, taking a comprehensive approach to preventing alcohol, tobacco and other drug use among youth in the Pipestone School District. The Pipestone Area Coalition, comprised of community members, leads the work in the community, which includes a Social Norms Campaign, a youth group in the school, curriculum taught by the Pipestone Area Schools, changes in local policies and healthy community events/activities. The grant award is \$625,000 for 5 years, with a possible 5-year extension.

Children's Mental Health

Children's Mental Health (CMH) case management services saw many changes in 2020. Due to COVID-19, staff saw a significant decrease in referrals and families willing to receive CMH



services. Because of COVID-19, many families either ended mental health services or received all of their services by phone or Zoom. The reduction or change in services was not effective for many families and many mental health needs went untreated. As a result of decreased services and increasing stressors within the home many families have struggled in 2020. As families turned to CMH services for assistance staff saw increased stress levels, crisis situations and mental health needs.

Home and Community-Based Services Lead Agency Review

Lead Agency Review occurred in November 2020. The last waiver review was in 2016. This review was different from years prior as it was completed electronically and by zoom contacts instead of an in-person review. The review process took over 4 months. Programs that were reviewed included Alternative Care, Brain Injury, Community Alternative Care, Community Access for Disability Inclusion, Developmental Disability, Elderly Waiver, and MNCHOICES assessments for these programs. The results are available on the DHS webpage under Waiver Review at <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/waiver-review/waiver-round-three-reports/>. SWHHS had four corrections noted and a plan of correction was identified and returned to the State Review Team.

COVID-19 Impacts On Agency Staff

Beginning in March there were many changes implemented in order to keep staff and consumers safe during the pandemic.

Families First Coronavirus Response Act

The Families First Coronavirus Response Act (FFCRA or Act) required certain employers like SWHHS to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions were applied from April 1, 2020 through December 31, 2020.

The provisions included up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;



2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services. US Department of Labor (3)

SWHHS had 32 staff that needed to utilize one of the above provisions during the period Families First Coronavirus Response Act was in effect.

Temporary Telecommuting

COVID-19 Staffing Considerations/Operations policy was approved March 18. The policy had a provision for temporary telecommuting for staff whose job duties are conducive to working from home, but who do not regularly telecommute. Staff began to apply and were deployed over the rest of March and April. Approximately 194 staff were deployed over the course of 2020.

Staff Exposure

Staff at SWHHS followed the protocols set forth by state mandates, SWHHS COVID-19 Staffing Considerations/Operations policy and COVID-19 Preparedness Plan for SWHHS. There were six work related exposures that required a First Report of Injury report be filed. None of the six cases ended in compensable claims.

Program Trends

SWHHS Staffing Trends

Over the past four years, there has been an increase in staff leaving the agency for various reasons.

SWHHS Staff Separation

	2017	2018	2019	2020
Turnover rate	5.3%	6.1%	9.8%	10.5%
Number of separations	13	15	23	25
Retirements: Count	2	2	5	5
Retirements: Percent of Separations	15.4%	13.3%	21.7%	20.0%
Number of Staff leaving for competitors	6	1	5	9
Percent of Staff leaving for competitors	46.2%	6.7%	21.7%	36.0%
Length of service/ Highest # of separations	2-5 year	2-5 years	2-5 years	2-5 years



Area with the most separations	Social services children's and adults	No trend	Social services adults and public health nurse	Social services children's and public health nurse
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Public Health

COVID-19 Response

Looking back over the last year, none of us could have even imagined how COVID-19 would alter our lives. We now know that 2020 will be seen as a year like no other.

Every person has a connection to Public Health in some way. Public Health is often behind the scenes, ensuring the restaurant you eat in is clean and food is prepared correctly, the local pool is safe for your children to swim in and the daycare your kids attend is safe. Public Health collaborates with community partners to ensure there are plans in place for floods, tornados and blizzards. Public Health also provides education and resources to pregnant women and new moms, families in need and refugees new to this country. Although this past year has brought a multitude of changes, our mission has remained steadfast; to promote healthy living, prevent illness and injury, and create healthy communities.

The past year has elevated Public Health into the spotlight in many ways.

In March of 2020, Public Health implemented our Incident Command structure. Public Health gathered community partners to begin to plan for the new virus that had been spreading across the globe for a few months, but was now beginning to impact us nationally and locally. These meetings were comprised of a diverse group of community members. Public Health facilitated discussions on the connected barriers and challenges due to COVID and worked together to navigate those challenges.

On March 15, Governor Walz ordered the temporary closure of schools across the state. This had great impact on our communities. Educators at schools rose to the challenge. In very limited time, they set up distance learning plans, nutrition programs and provided childcare to children of emergency workers. Employers also made important adjustments. They created opportunities for their employees to work from home when possible, adjusted schedules to accommodate for the lack of childcare and implemented necessary safety measures for those who were unable to work from home.

Effective March 27, the State of Minnesota entered a Stay at Home order, where all Minnesota residents were ordered to stay at home or place of residence except for essential activities. Technology played an important role in this transition. Community members used Zoom and Face Time for interaction with family and friends. Essential businesses were offering contact-less options to purchase groceries and necessary supplies. Many essential products were in short supply, including toilet paper.

Schools did not go back into session for the remainder of the school year. Life events, such as weddings, funerals, prom and graduation were cancelled or postponed.

Early on, Public Health's goal was to flatten the curve; this would allow healthcare systems precious time to prepare their staff and facilities for the upcoming healthcare response.



Hospitals and other community partners prepared for the possible medical needs of the community. Hospitals prepared for the expansion of ICU beds and ventilators, while procuring and adjusting the management of personal protective equipment (PPE), like masks, gowns and gloves. Funeral homes, hospitals and local authorities made plans for mass fatalities, which was a possibility according to early predictive models.

The first confirmed case within our six counties was on March 23, but it did not take long to see cases in all six counties of SWHHS and across the state. By late spring, the spread of COVID-19 was increasing. This affected many large-scale employers, where the nature of their work demands close interaction for long periods of time. Examples include meat, poultry and other processing plants. Hundreds of workers contracted the virus, which had a huge economic impact on Southwest Minnesota as the food supply chain was disrupted. COVID-19 spread among workers, causing plants to shut down or reduce production. This led to barriers for local farmers and resulted in thousands of animals being euthanized and local authorities deciding how to dispose of them.

Due to the rapid increase of cases in our area, Public Health opened a telephone hotline on April 17 for people who were in isolation or quarantine to assure they were not in the community causing further spread of COVID-19. Public Health worked in partnership with production businesses to ensure they had protocols in place for keeping employees safe while continuing to operate.

In July, with continued increases in COVID-19 numbers, a mask mandate was implemented as another safety measure to slow the spread of the disease. Restaurants and other businesses had safety measures put in place and were beginning to open up with limited capacity. Public Health staff provided guidance to meet these requirements.

Large events contributed to the rapid spread and as a result, there was an increase in hospitalizations and the number of essential services, which needed to be provided to many in the community. Public Health assisted with mass testing events throughout the summer and fall as another measure to try to slow the spread.

As the spread of COVID-19 continued, it did not take long before the community saw the devastating loss of life in our Long-Term Care (LTC) facilities. LTC facilities struggled with staffing before COVID-19 and these challenges were even more evident due to the pandemic.

In the fall with children returning to school, people spending more time indoors and no vaccine yet available, the Governor made another difficult choice to shut down the state once again on November 13 for the safety of Minnesotans. The impact on businesses was devastating.

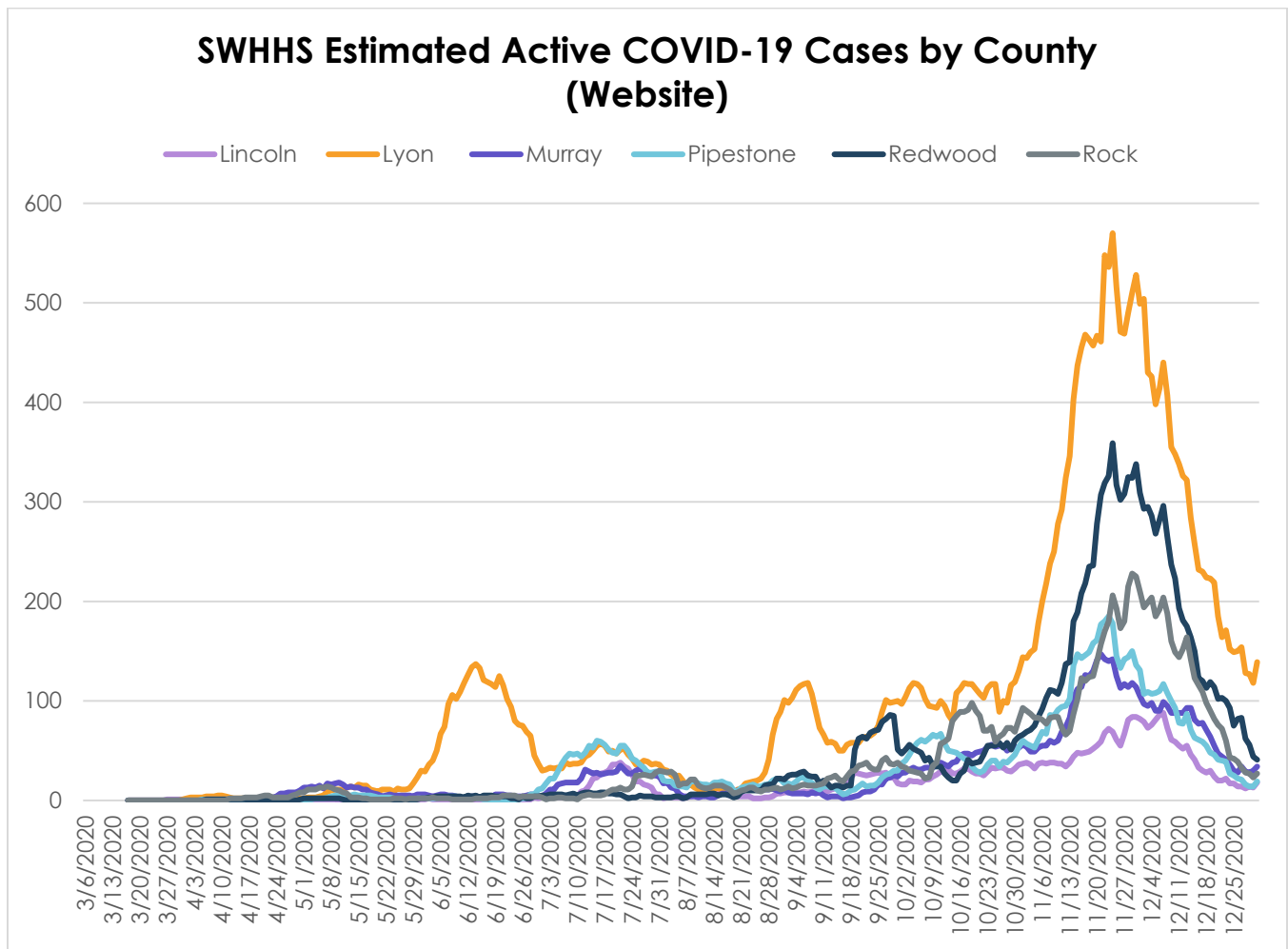
In December, Public Health was hopeful that there was a light at the end of the tunnel with vaccines on the horizon. SWHHS Board approved hiring temporary nurses to assist with the much-anticipated roll out of the vaccine. Public Health held the first COVID-19 vaccination clinic on December 30. People were so thankful to be vaccinated.

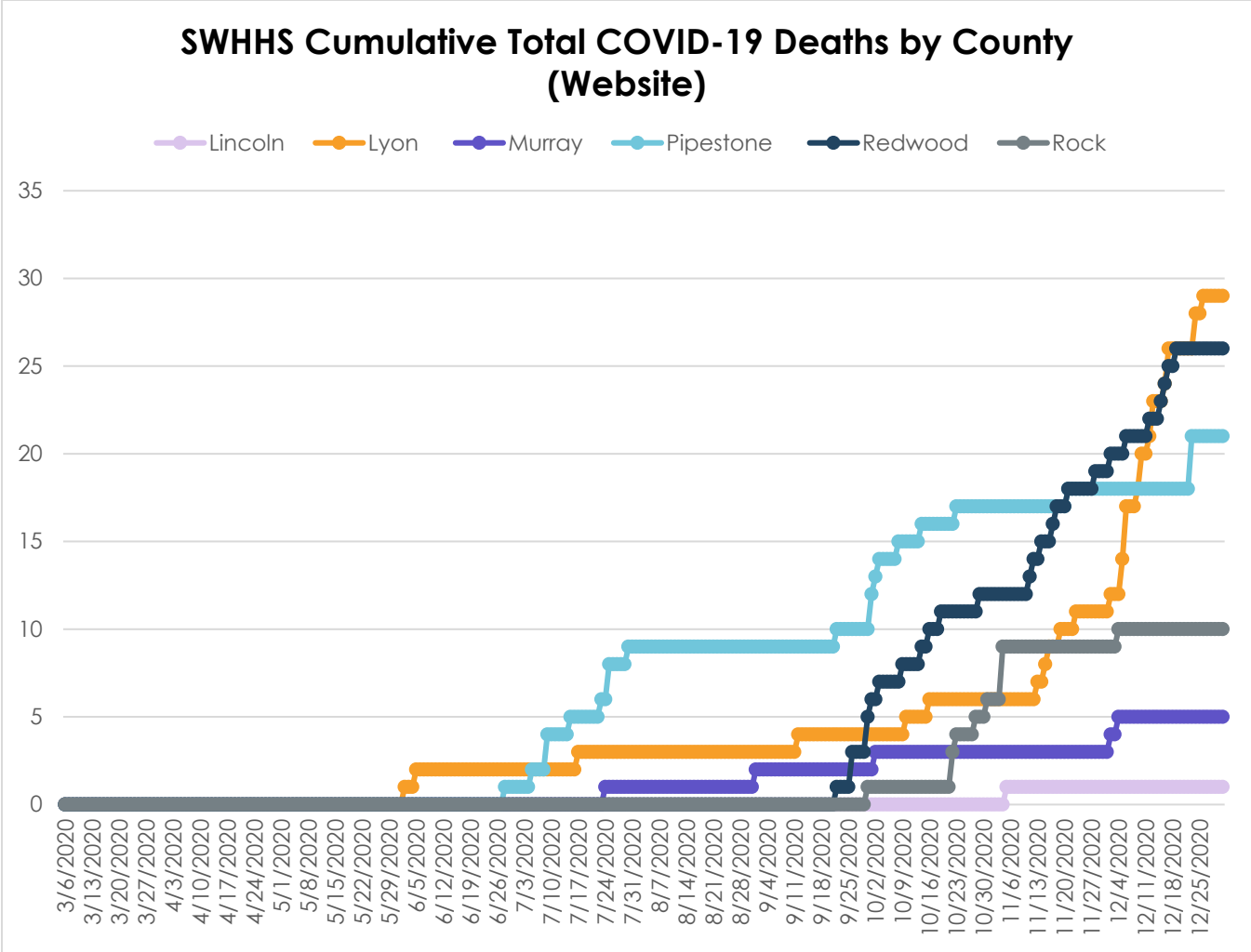


COVID-19 is unique in its widespread impact on the entire world. Many times the emergencies and disasters Public Health prepares for and responds to are more localized. With COVID-19, everyone is facing issues at the same time. Public Health cannot call on other communities or states to assist. This pandemic has highlighted what staff already knew as a Public Health agency. Our environment impacts our health and reducing barriers will lead to stronger, healthier communities. Factors such as poverty, transportation, shortages in key healthcare and labor sectors, and access to affordable healthcare needs to be addressed.

Public Health has also experienced some amazing positives. In our communities, there are talented, dedicated people who will show up when needed to serve their friends, neighbors and complete strangers. However, their resolve is waning, they are spread thin and the support they need is lacking. The community has especially seen the toll this pandemic has taken on those who work in healthcare, long-term care facilities, schools, processing plants and Public Health.

Our hope for the future is that the community adapts and improves from what they have experienced as a collective society. If every person and organization pulls together, the community will all be moving in the same direction--forward, for a better tomorrow.







SWHHS COVID-19 Communications Report

Media/Social Media



34 Posts related to COVID-19 from March 13-December 31, 2020



16,365 Website reaches related to COVID-19 since March 9th



Participated in **100+** media interviews/requests



Formed a **Joint Information Center** with Lyon County, the City of Marshall and Avera Marshall

Conference Calls

Weekly since March 16th

Conference call with partners from each of our 6 counties

Total of over 500 invited

Week of March 16th

Began holding weekly conference calls with County Emergency Managers, County Administrators and County Commissioners



SWHHS PH/HS services

1185 Hotline Calls

108 Essential Service Requests

*food and medication, housing, transportation, supplies

+hundreds of calls directly to Incident Command from community partners and members

PH COVID Funding-Total=\$842,018

CARES \$578,610 (includes HS staff time)

Local Levy-\$75,116

MDH grant-\$188,292

COVID-19 response hours

PH Incident Command =**14,277-7.3 FTE's**

Hourly employees-**6,434 hours**

Salaried employees-**7,842 (832 unpaid)**

Volunteer-**408 hours**



Partners/Special Meetings

*Chambers

*Businesses-prevention strategies, re-open plans, outbreaks/testing, Avera conference calls

*Hospitals- Surge planning, testing, modeling

*Mortuary/temporary morgue planning

*UCAP planning-transportation, housing

*Schools-Distance learning, child care, meals, celebrations

*Nursing homes/assisted living

*Joint Information Center-Lyon County

*Inclusion team-special populations

*Non-congregate care plan





Social Services

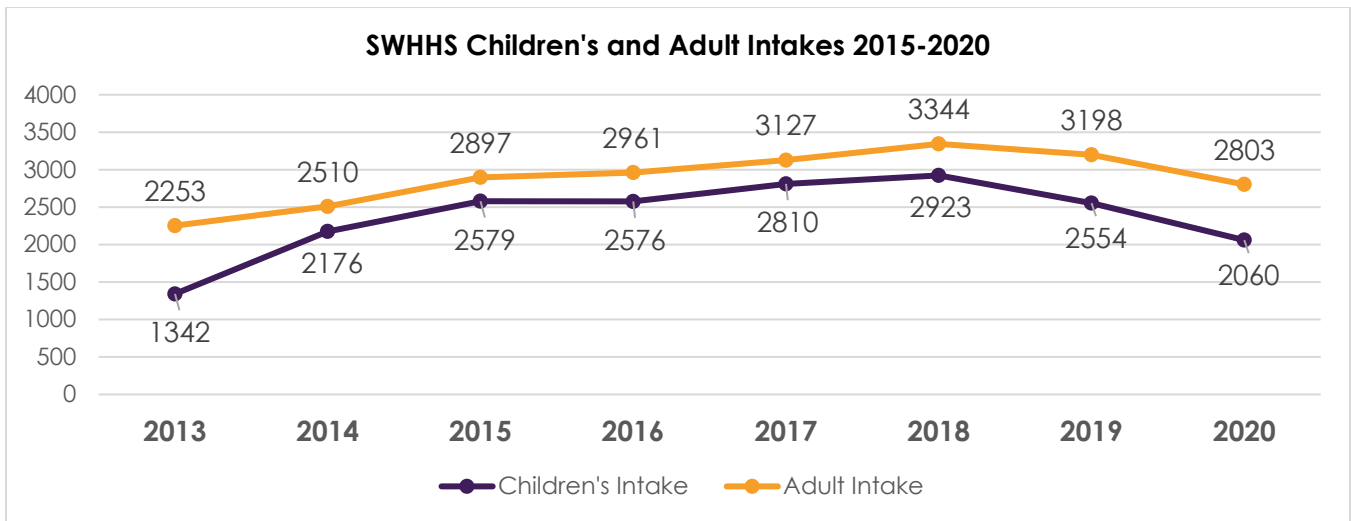
Social Services Intake

Adult Services Intake entered 2,803 intakes for program services in the 2020 year. This is 396 less than 2019. The reduction is related to less community partner referrals for services, as people were not in the community as much or seen by providers as regularly due to the pandemic. These numbers do not include Child Welfare intakes for MNCHOICES assessments, as SWHHS current systems have no way to track this information at this time.

SWHHS is not currently able to track the total number of general information requests that come into the agency that are not opened to a program. It was observed that general information intakes were higher in 2020 due to request for information related to the pandemic and the effect that it had on school, work, and people’s ability to receive both formal and informal services.

Adult Services Intake assisted Public Health starting in March of 2020 during the pandemic, taking calls and providing information to ensure the essential service needs of individuals experiencing COVID-19 was met.

Children Services Intake received 2,060 intakes in 2020 which is 494 fewer than 2019. Places in the community where children go where shut down or limited in attendance during 2020 causing a reduction in the child services intakes. Children services intake come from a wide variety of places like family and friends to education, health care, social services, mental health professionals, law enforcement, guardian ad litem, clergy and probation.



Front Desk Consumer Traffic Survey

Biannually, each office does a consumer traffic survey to assess the needs of staffing the front desk at each location. This survey occurred during October in 2018 and 2020. There was a decrease in traffic due to COVID-19 restriction put in place by SWHHS. Consumers were encouraged to call and make a virtual or phone appointment rather than in-person contact in SWHHS offices. There was no state shut down restrictions in place during the survey period.



Percent of Decrease between 2018 and 2020 Consumer Traffic Survey

	Phone Calls	Walk-Ins	In-person Appointments
Ivanhoe	51.9%	15.3%	100.0%
Luverne	37.7%	49.8%	64.9%
Marshall 1st Floor-Human Service	28.8%	59.8%	78.3%
Marshall 2nd Floor-Public Health	8.6%	34.4%	76.7%
Pipestone	24.5%	55.8%	100.0%
Redwood Falls	30.3%	46.7%	75.5%
Slayton	49.6%	69.5%	96.4%

-Front Desk Consumer Traffic Survey dates; 10-15 to 11-9-2018 dates; 10-12 to 11-6-2020 dates

-Traffic counts are from front desk observations

SWHHS not only saw a decrease in in-person walk-ins and appointments, but SWHHS also experienced a decrease in consumer calls to the agency. Rent moratoriums along with a decrease in child protection and child welfare reports are speculated to be at the core of the decrease call volume.

Adult Services

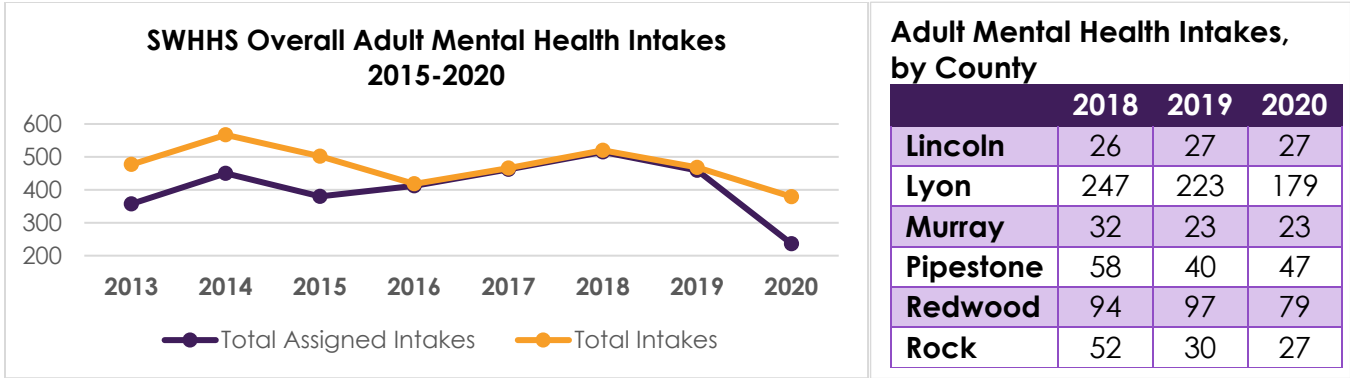
MnCHOICES

MnCHOICES started 2020 very similar to 2019 and then work change drastically due to the pandemic and the federal and state legislative changes. The current MnCHOICES system does not allow staff to gather aggregate data for an entire year, however, a new system going into place in 2021 will make that possible. About 395 initial MnCHOICES assessment request were received in 2020. This does not included reassessments completed by the MnCHOICES unit. During the Peacetime Emergency Order all MnCHOICES assessments were completed by phone or zoom. This reduced the amount in travel time needed for assessments and reassessments. As a result, staff were able to complete assessments sooner than in the past due to not having to factor in travel time. Zoom and phone assessments on average took less time to complete compared to face-to-face assessments. However, the time to prepare for phone or zoom assessments took double the time as assessors needed to gather information before or after the assessment that would have typically been received at the face-to-face assessment. Due to this change in assessment procedure, it is expected that future assessments of these individuals will result in changes to program and service eligibility due to face-to-face assessments resuming and assessors being able to use observations as part of the assessment.

The MnCHOICES unit assisted Public Health in 2020 with note taking for the various weekly COVID-19 partner calls throughout the pandemic. This collaboration during times of emergency are vital to the strength of our agency and community as a whole.

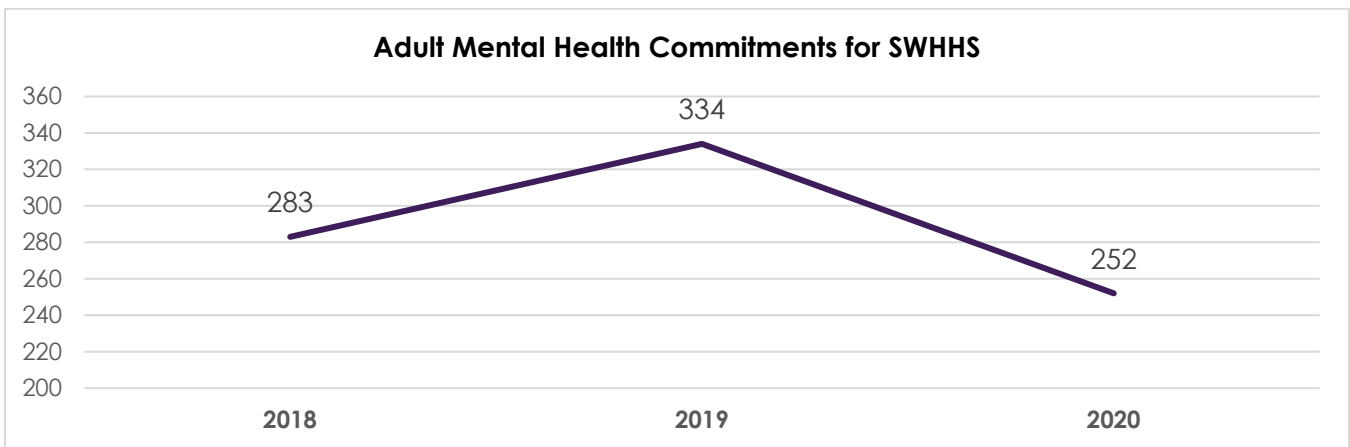
Adult Mental Health

Adult mental health intakes were their lowest level in eight years at 379 total intakes. It is speculated that people were not seen in community or by friends and families that would be making concerns known so no one noticed a persons was in need until extreme concerns require law enforcement or emergency room intervention.

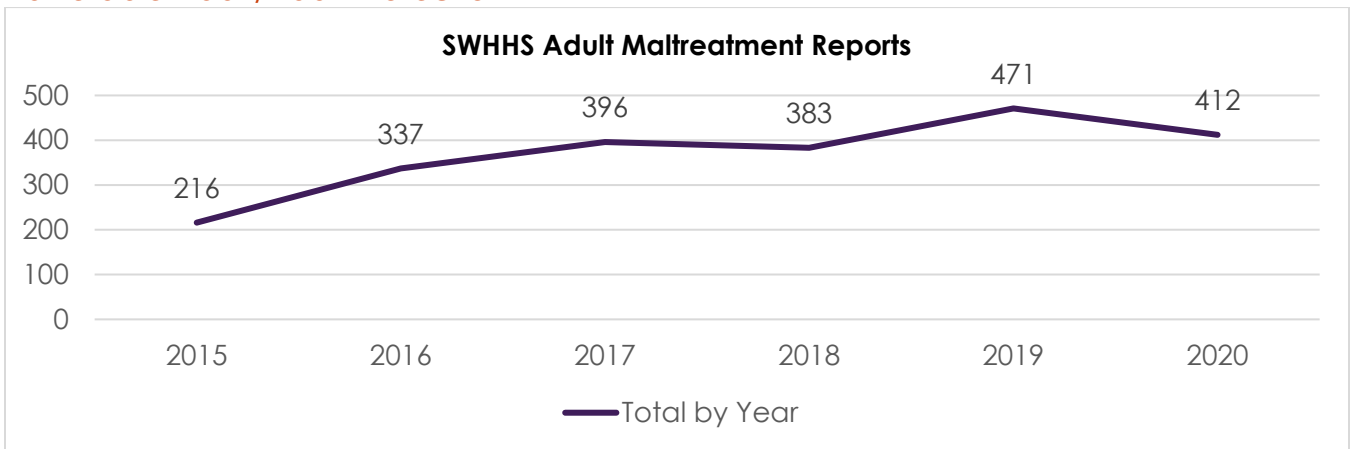


Options for access to adult mental health services via video and phone continues to be a challenge. Some of the challenges with infrastructure like quality and affordable internet. For some clients, video or phone may increase negative symptoms especially for those experiencing paranoia/psychosis.

There was a decrease in 72-hour holds due to lack of available acute behavioral beds.



Vulnerable Adult/Adult Protection



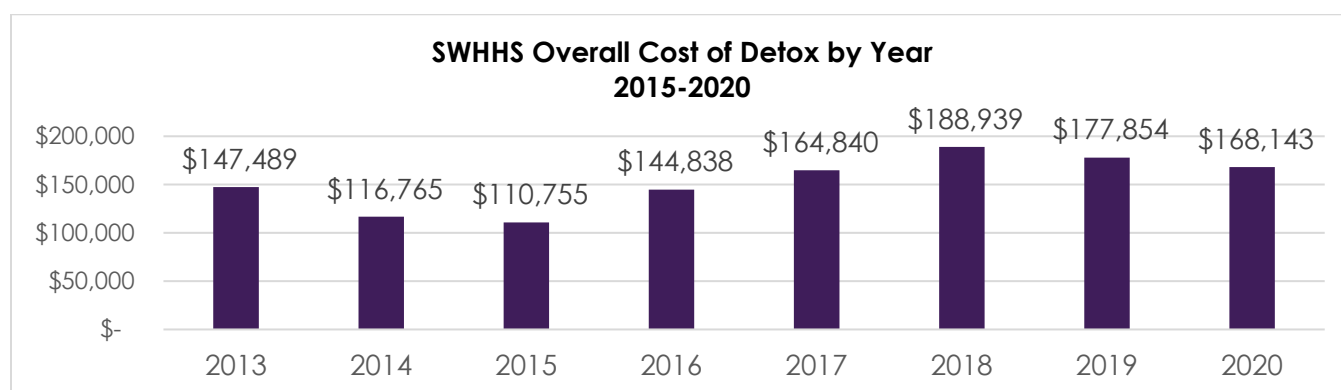
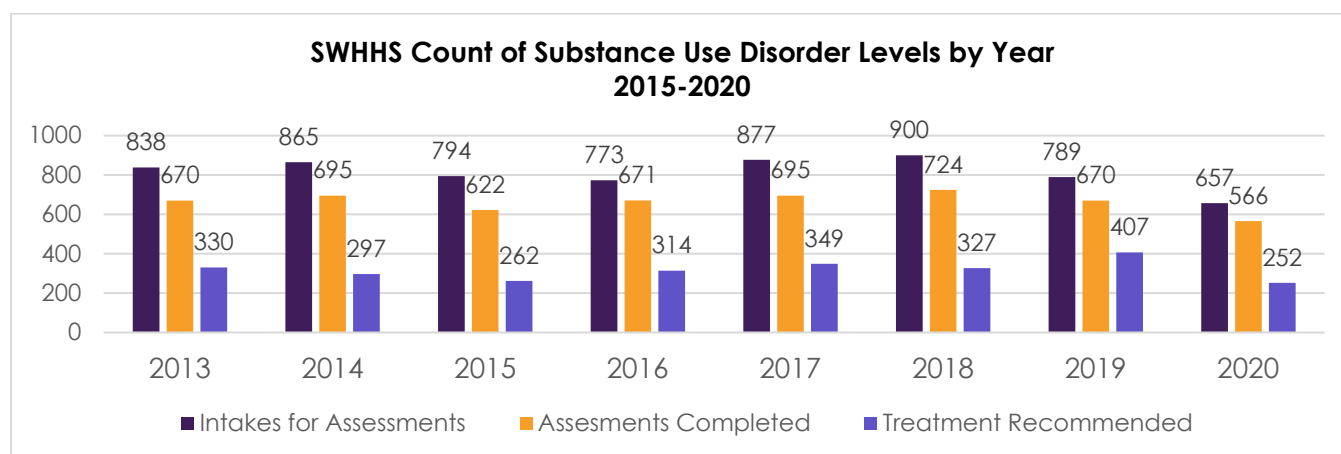


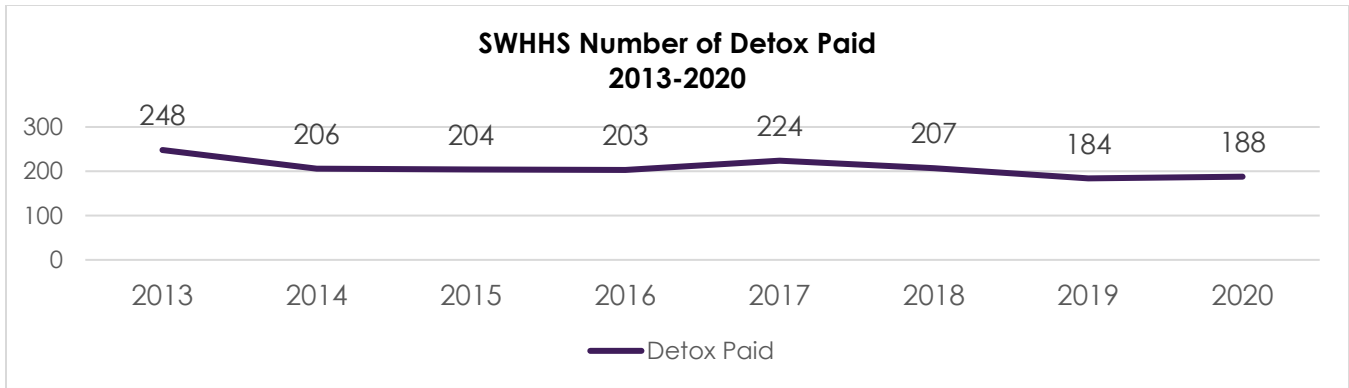
SWHHS Adult Protection Allegations by Type

2020	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Emotional Abuse	<6	22	<6	9	19	<6
Physical Abuse	<6	8	<6	<6	10	<6
Sexual Abuse	<6	<6	<6	6	<6	<6
Financial Abuse: Fiduciary	<6	19	<6	<6	7	<6
Financial Abuse: Non-Fiduciary	<6	31	<6	11	26	17
Caregiver Neglect	7	18	8	<6	11	6
Self-Neglect	24	103	15	21	74	17

Substance Use Disorder

There was a decrease in the number of substance use disorder intakes, assessments, and treatment recommendations in 2020. There were 146 Driving Under Influence (DUI) arrests in our six counties according to 2020 Minnesota Uniform Crime Report, which was a 36.2 percent decrease over the 229 arrests in 2019. (4) Probation or law enforcement testing also decreased significantly in 2020.





Long Term Supports and Services

SWHHS Average Number of Cases for Elderly Waiver and Alternative Care 2015-2020

	2015	2016	2017	2018	2019	2020
Alternative Care (AC)	23	18	16	16	15	17
Elderly Waiver (EW)	352	362	343	324	333	332

Developmental Disabilities and Disabled Under 65 Years of Age

Developmental Disabilities

During the 2020 year, the Developmental Disabilities (DD) unit saw many challenges but also had opportunities for growth. When COVID-19 came, the DD unit was forced to learn new ways of ensuring individuals would be safe and would continue to receive all necessary services. Most individuals were attending a work program but COVID-19 led to closing of programs, thus forcing residential providers to increase their staffing within an already difficult staffing shortage. Case managers were frequently asked to assist in finding creative ways to meet everyone's needs, such as supporting individuals with moving back to live with families, offering remote services, or working with providers to increase rates to cover their additional expenses. Every time there is a staffing change with both residential and day services, case managers are responsible to go into the rate system to adjust provider's rates. Moving from in-person meetings with clients and their families to zoom and conference calls meant less time travelling for staff, but it also meant that staff needed to find new and creative ways to ensure the safety and needs of their clients were met. At times, this took even more time than in years past.

Also during 2020, adult services had their first waiver review completed all online or electronically. The agency started a Consumer Directed Community Support Review Team to ensure there is consistency in authorizing supports and services. A Case Consult group also met weekly over zoom as a resource for support.

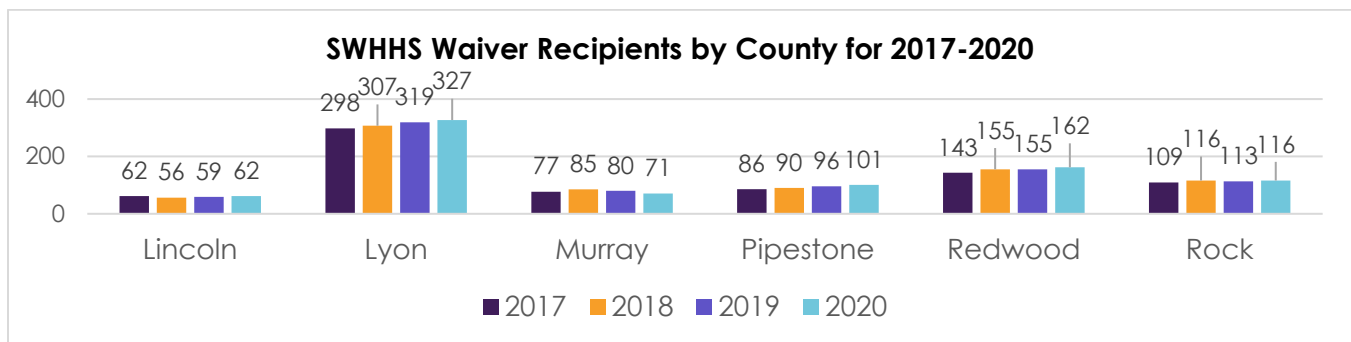
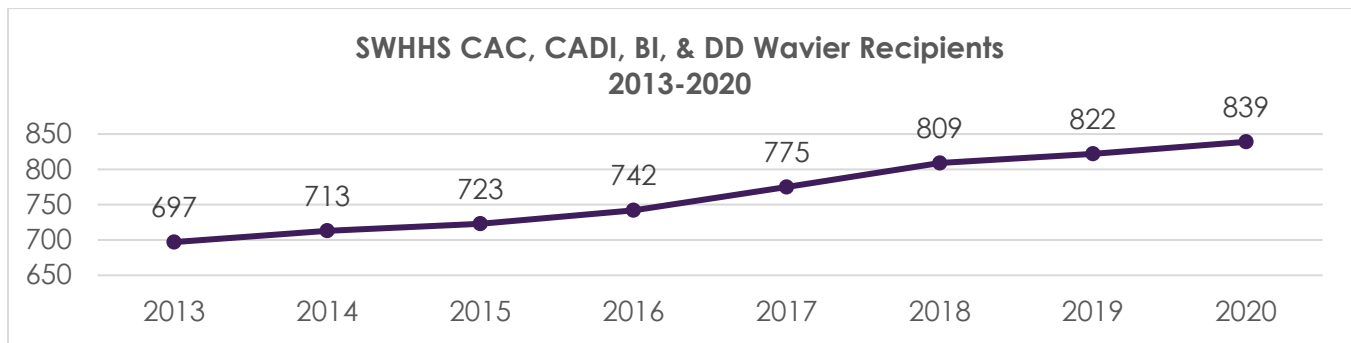
Disabled Under 65 Years of Age Programs-CAC/CADI/BI

2020 was a year of many changes for the Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI) Unit. The unit had 473 cases for the year, which was up from 454 in 2019. What started out as a normal year, became a very interesting and challenging year with many changes that occurred quickly due to COVID-19. Some staff were working remotely, while others remained in the office. Staff were not able to do in person



meetings with consumers. This was a big change for staff and consumers. Finding providers who had enough staff to provide services was difficult. Consumers were put on waiting lists or only received part of the services that they were eligible for.

The CAC/CADI/BI unit also had a waiver review audit in November and December. This is always a good reminder of the things staff are doing well and the things staff need to make some changes on.



Children’s and Family Services

Welfare

The year 2020 challenged child welfare services staff to create new ways to provide the same level of service but with many barriers. Two of the main issues were truancy and ability to work with families, in general.

The first issue is truancy, the Minnesota Department of Education released guidance that put extra steps on school staff to ensure they were eliminating absences related to technology issues and quarantine/illness. This direction from Department of Education reduced referrals dramatically, but later resulted in even higher numbers of referrals. The highest month, November 2020, SWHHS had 41 referrals compared to 25 the year before. At the end of the school year, May 2021, SWHHS had nine new referrals and in May 2020 SWHHS only had two referrals. Staff filed very few Child in Need of Protection or Services (CHIPS) petitions for habitual truancy for a variety of reasons; direction from MN Department of Education stated absent kids should not be consequence, county attorneys not wanting to file CHIPS petitions due to not having in-person court, and services/truancy weekend options were unavailable.



SWHHS Truancy Referrals by Month and Year

	Jan	Feb	March*	April*	May*	June	July	Aug	Sept	Oct	Nov	Dec
2020	21	27	8	15	2	0	0	0	9	35	41	13
2019	31	17	28	14	6	1	0	0	11	9	25	22

*Note: March 16th-May 2020 school buildings were closed and online learning was instituted.

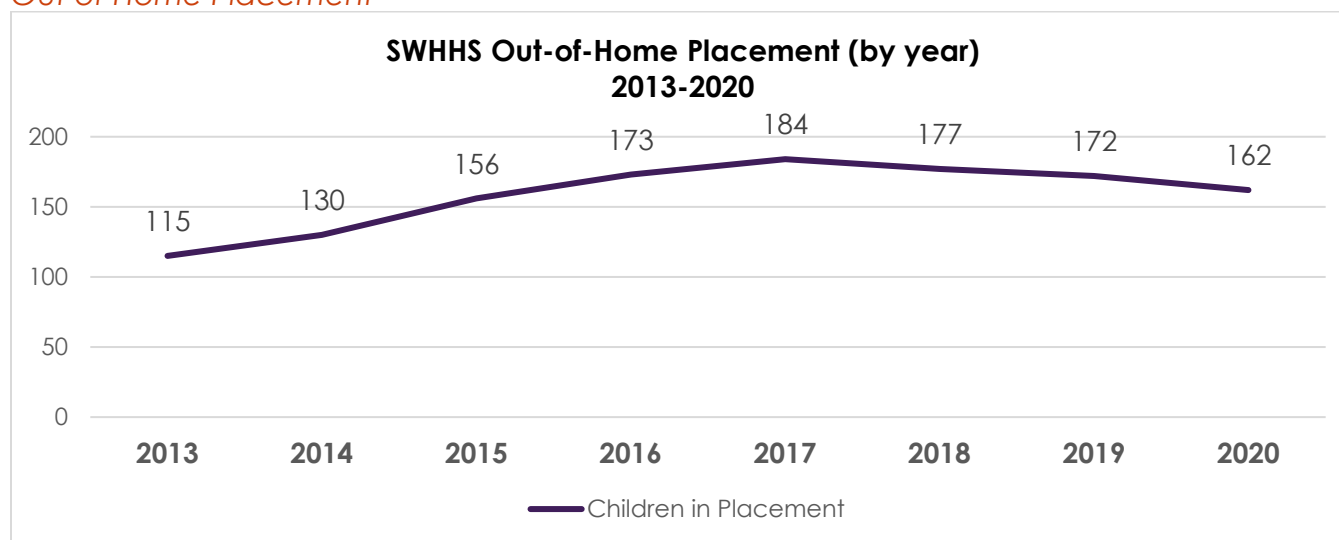
The second main issue, virtually working with families made connecting with families extremely difficult. Many families were already under extreme stress due to the pandemic and some were unwilling to engage with social workers virtually. Some families did engage and were able to have zoom meetings with their social workers but that is a less effective way to work with families when developing plans and working at holding youth accountable. Having zoom meetings became one of the only ways to “meet” with families.

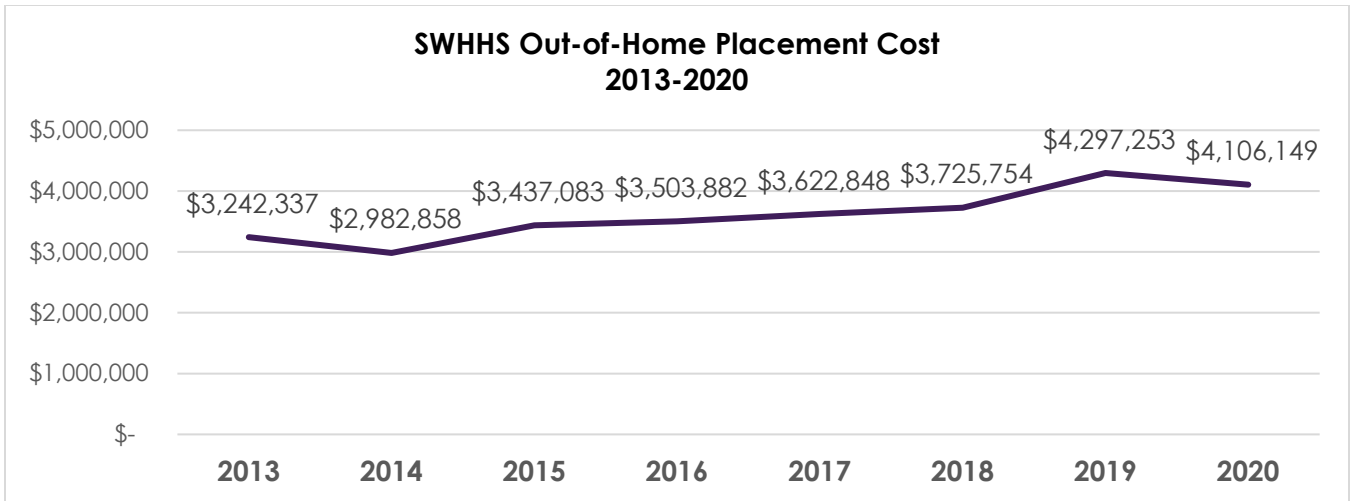
The goal of SWHHS is to keep families together and youth in their home, however on occasion for various reasons a child does need to be placed outside the home. The pandemic provided challenges to out-of-home placements due to limited availability of facilities and foster homes.

SWHHS Annual Count of Child Welfare Cases by County

	2013	2014	2015	2016	2017	2018	2019	2020
Lincoln	11	11	11	10	13	10	6	10
Lyon	48	62	52	56	52	52	51	5
Murray	2	2	3	5	9	11	12	7
Pipestone	8	11	12	20	22	15	11	12
Redwood	16	25	32	29	33	40	39	39
Rock	8	8	9	13	16	19	19	15

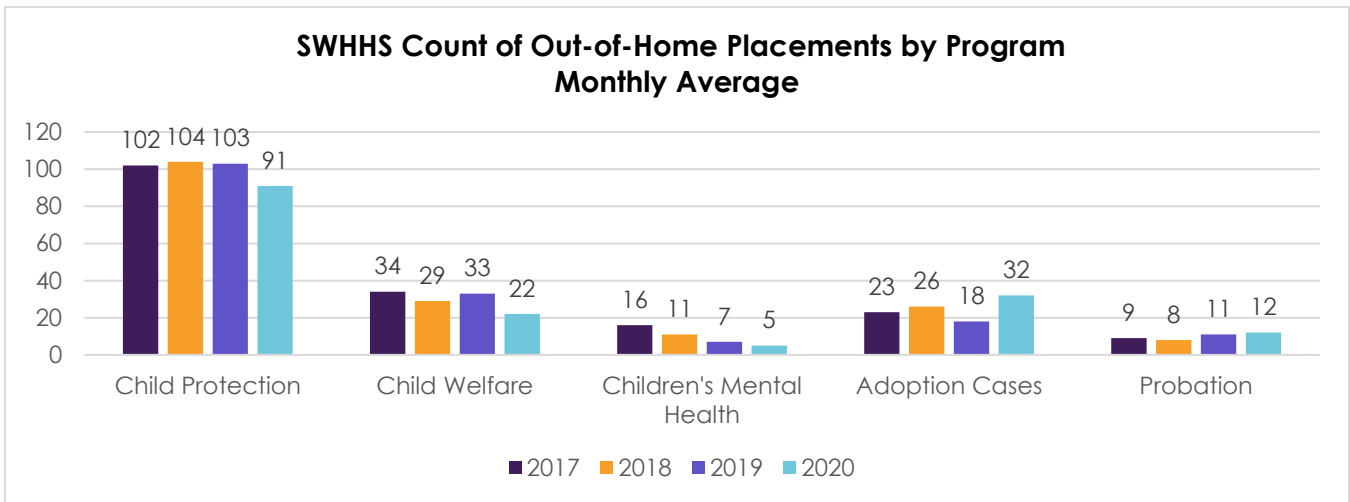
Out of Home Placement





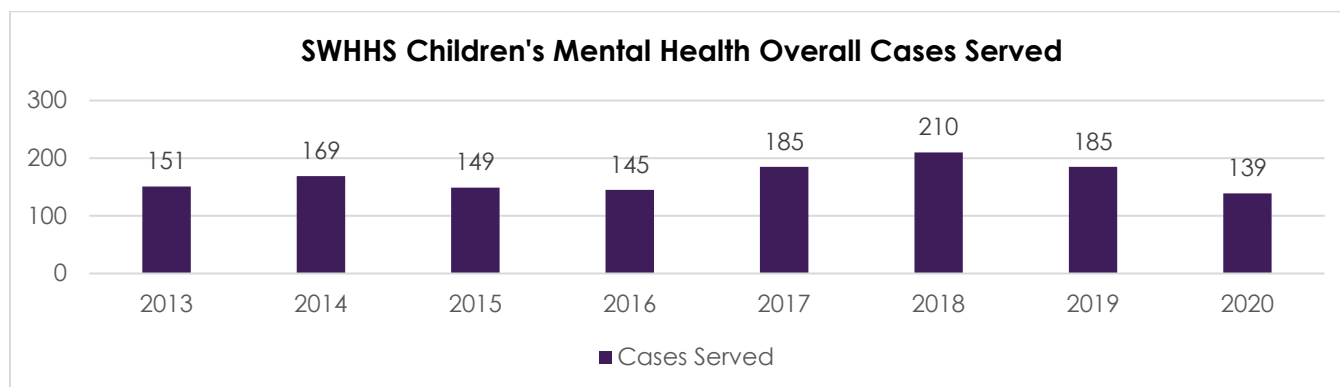
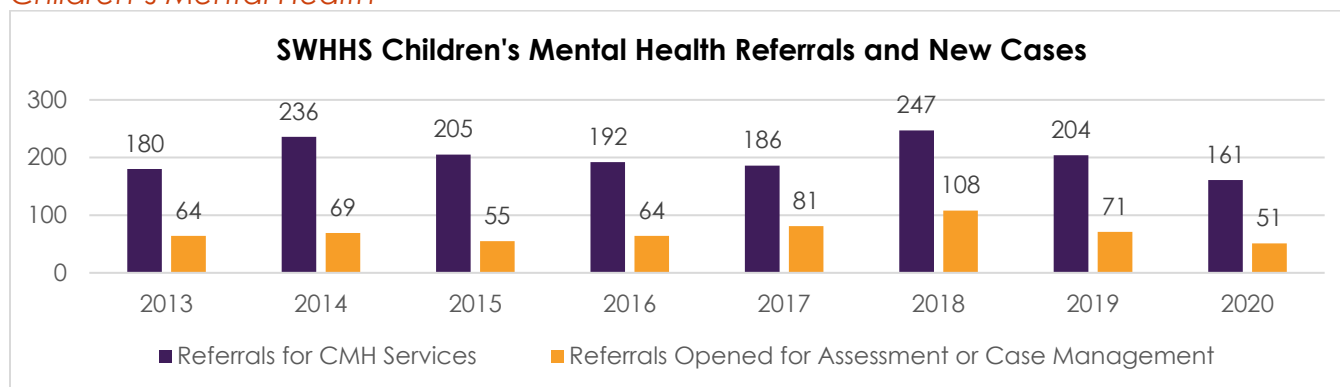
SWHHS Average Placements by County

	2013	2014	2015	2016	2017	2018	2019	2020
Lincoln	6	5	8	12	7	9	6	4
Lyon	35	35	50	44	38	44	44	43
Murray	8	8	5	6	10	12	10	8
Pipestone	16	20	22	21	19	16	25	24
Redwood	36	46	59	77	95	80	68	67
Rock	15	16	13	12	16	16	20	16





Children's Mental Health



Child Protection

The COVID-19 pandemic brought many unprecedented changes for the child protection team. Balancing the safety and health of workers and families during the pandemic was a frequent topic of conversation. The team had to be creative in fulfilling their job duties while addressing health concerns. Some of the adaptations made by child protection staff included visiting children outdoors or through their windows, using Law Enforcement or hospitals for alleged victim contacts, signing documents electronically, utilizing proper PPE when available and using a video format for interviews and family meetings.

Our ability to incorporate video contacts into our practice allowed us to engage families more frequently and families appreciated video contact over face-to-face contact. Although assessing children's safety was difficult during these times due to families' fears involving COVID-19; SWHHS child protection staff remained in the office throughout the pandemic and continued to respond to all screened in reports.

SWHHS has seen changes to the child maltreatment screening guidelines including that domestic violence alone is no longer a screened in report. The Department of Education and The Department of Human Services also issued guidance for schools to identify and eliminate barriers to school attendance before reporting educational neglect to child protection. This resulted in fewer educational reports being made and assessed. As staff continued to see an increase in the complexity of cases, it was especially important for staff to engage with families more often.



SWHHS Count of Child Protection Investigations and Assessments

	2013	2014	2015	2016	2017	2018	2019	2020
Assessments	329	306	406	443	431	534	492	370
Investigations	30	41	123	177	217	421	331	251
TOTAL	359	347	529	620	648	955	823	786

SWHHS Child Protection Investigation/Assessments by Allegation*

	2013	2014	2015	2016	2017	2018	2019	2020
Sexual Abuse	42	64	75	88	117	139	119	119
Physical Abuse	106	111	189	251	290	192	180	128
Neglect	208	328	532	598	495	508	419	422
Mental Injury/Emotional Harm	3	5	7	24	111	116	105	117
Prenatal Exposure	0	3	11	21	21	#	#	#
TOTAL	359	511	814	982	1034	955	823	786

*An investigation can have multiple allegations.

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

X-Prenatal Exposure became part of Neglect as of 2018

The Minnesota Human Services Performance Management System is required to assess county performance related to repeat maltreatment. In 2018, SWHHS was notified that agency performance for this measure was below the minimum threshold, therefore SWHHS was asked to create a Performance Improvement Plan (PIP). In July of 2020, SWHHS was notified that our PIP was closed following the improvements made for this measure.

State Measure	SWHHS Performance at PIP Start	SWHHS Current Performance	State Threshold
Percent of Children with a Substantiated Maltreatment Report Who do not Experience a Repeat Substantiated Maltreatment Report within 12 months.	86.61%	92.10%	90.90%

SWHHS Average Count of Children in Out of Home Placement

	2018	2019	2020
SWHHS	177	172	162
Lincoln	9	6	4
Lyon	44	44	43
Murray	12	10	8
Pipestone	16	25	24
Redwood	80	68	67
Rock	16	20	16



SWHHS Placement by Category

	2018	2019	2020
Foster home	48.0%	48.6%	44.4%
Juvenile correctional facility (non-secure)	1.1%	2.1%	0.4%
Group home	3.9%	3.2%	4.3%
Child’s reunification home	8.2%	7.1%	7.9%
Non-custodial parent’s home	0.0%	0.4%	0.2%
Residential treatment center	4.8%	6.5%	4.5%
Supervised independent living	5.4%	5.7%	3.8%
Other pre-kinship home	10.0%	10.4%	9.9%
Pre-adoptive home	9.9%	5.8%	13.6%
Foster home: corporate	4.4%	4.0%	3.9%
Probation placement	4.4%	6.2%	7.4%

Adoption

There has been a reduction in the Termination of Parental Rights (TPR) over the past several years due to efforts to prevent placement in the first place and to reunify children with families once issues have been resolved. Children that remain on the adoption caseload have very high needs and are difficult to place.

Number of SWHHS Finalized Adoptions by Year and Length of Time to Adoption

Discharge year	# of cases	Median days from removal to adoption	Median days from guardianship to adoption	Median days from Adoptive Placement Agreement approval to adoption
2017	23	744	372	257
2018	27	813	399	200
2019	16	636	442	161
2020	10	617	325.5	229

Licensing

In 2020, the licensing department of SWHHS (under the direction of the MN Dept. of Human Services and the agency Incident Command Team) continued to complete in-person home visits throughout the COVID-19 pandemic, whenever possible. Home visits conducted outdoors, shortened indoor home visits following COVID-19 protocol, phone communication, and virtual visits were all ways in which licensing staff remained in communication with licensed providers. This allowed licensing staff to support childcare and foster care providers and to monitor licensing compliance in all licensed facilities.

Unlike most families who were encouraged to stay home and isolate themselves, childcare providers and child foster care providers were encouraged to continue providing care to children needing their services throughout the pandemic. Most remained open and provided care to children.

Childcare licensors went door to door to licensed providers to deliver cleaning and disinfecting supplies. In Redwood County, a licensor was tasked with delivering food staples door to door to childcare providers following a food distribution event.



Licensing staff replaced in-person preservice foster care training with a virtual version to continue foster provider recruitment efforts. Throughout the pandemic, licensing staff provided information and direction as providers worked to follow CDC guidelines to mitigate the spread of the Covid-19 virus.

Family Childcare Licensing

SWHHS 2020 Number of Licensed Family Childcare

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	20	1	2	19
Lyon	87	6	7	86
Murray	22	0	3	19
Pipestone	36	2	7	31
Redwood	49	4	5	48
Rock	34	1	2	33

Family Child Foster Care Licensing

SWHHS 2020 Number of Non-Relative Foster Care

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	2	0	0	2
Lyon	22	1	4	19
Murray	4	0	0	4
Pipestone	8	4	1	11
Redwood	11	0	0	11
Rock	4	0	0	4

SWHHS 2020 Number of Relative Foster Care

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

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

	2018	2019	2020
Lincoln	3	3	3
Lyon	38	42	41
Murray	7	6	5
Pipestone	8	8	8
Redwood	25*	25*	25*
Rock	9	9	9

*(of that, 1 hospice, 1 family)



Child Support

SWHHS Child Support Compared to Minnesota Performance Measures

	MN Performance Measures	2019	2020
Paternity Establishment	90%	103.0%	100.2%
Order Establishment	80%	90.0%	88.6%
Collections on Current Support	80%	77.1%	75.1%
Collections on Arrears (past due support)	80%	75.9%	81.8%
Cost Effectiveness	\$3.30	\$6.10	\$6.63

The child support unit collected a sum of \$9,589,428.99 for the calendar year of 2020, this was an increase of \$261,941.55 or 2.81% increase from the prior year. In the month of May 2020 \$919,593.47 and in June 2020 \$1,098,908.61 was disbursed to the families. This is an increase in the average month of collections from the prior year of \$777,290.61. This increased amount is attributed to receiving and disbursing the first stimulus payment and unemployment payment.

Due to the pandemic, child support court hearings went from in-person to Zoom, and continue to be held by Zoom.

Financial Assistance or Income Maintenance

SWHHS Average Caseloads by Financial Assistance Area for 2019 & 2020

Program	2019 Caseload Averages	2020 Caseload Average
MSA	242	293
Housing Support	307	303
Minnesota Family Investment Program (MFIP)	386	315
General Assistance (GA)	162	160
Emergency Assistance County Crisis Funds (CCF)	29	19
Refugee Cash Assistance (RFA)	2	2
Medical Assistance (MA)	8,292	8,637
SNAP	2,221	2,259
Child Care Assistance Program	189	183

Diversion Work Program:

SWHHS Cases Referred to Employment and Training Services

	2019	Q1 2020*
Enrolled	140	38
Disabled	9%	3%
Have high school diploma or less	25%	18%
Homeless	4%	-
Limited English	15%	8%
Offender	14%	8%
Employed	51%	24%



Diversion Work Program Exit Summary

	2019	Q1 2020*
Disqualified	21%	-
Referred to MFIP	49%	37%
Closed Employed	15%	15%
Average Wage	\$13.02	\$10.50

*DWP Enrolled in 2020 was suspended on 4/1/2020 due to the Peacetime Emergency Waivers. DWP will resume on September 1, 2021. So, these numbers are for 3 months. Anyone on DWP, was transferred to MFIP.

**Supplemental Nutrition Assistance Program (SNAP):
SWHHS Cases Referred to Employment and Training Services**

	2019	2020
Enrolled	71	25
Disabled	11%	3%
No High School Diploma	18%	36%
Homeless	11%	11%
Limited English	21%	21%
Offender	24%	24%
Chemically Dependent	20%	20%
Employed	52%	44%
Average Wage	\$13.32	\$13.76

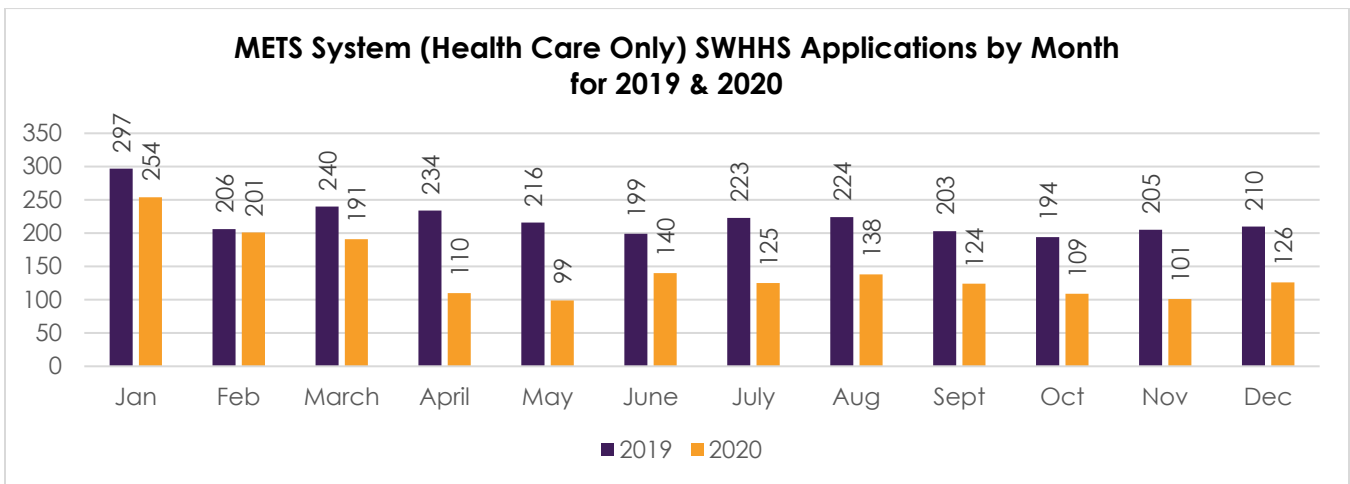
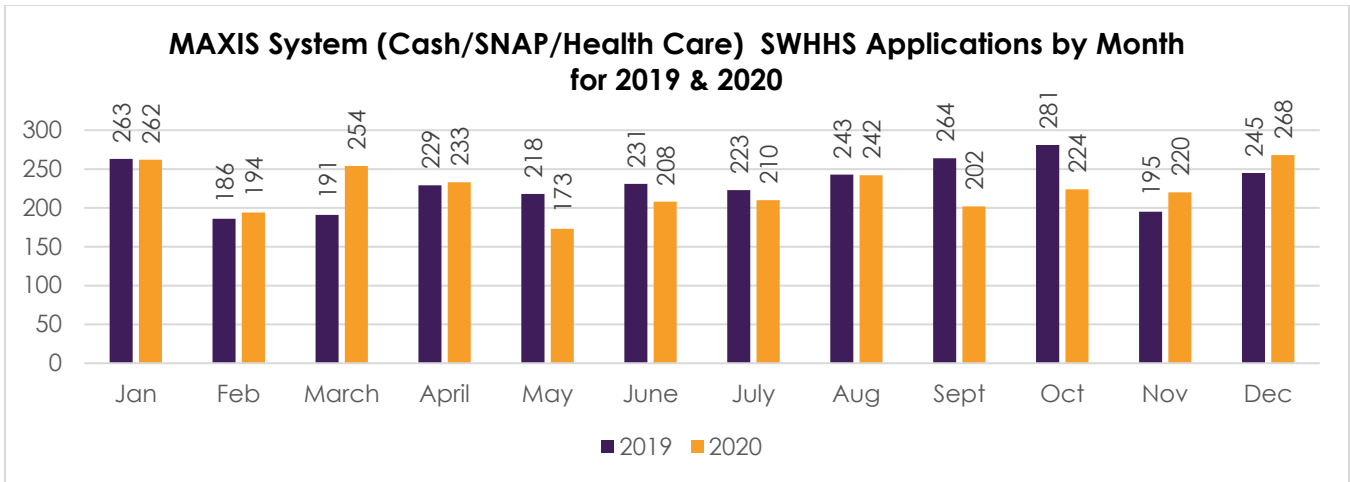
**Minnesota Family Investment Program:
SWHHS Cases Referred to Employment and Training Services**

	2019	2020
Enrolled	386	373
Disabled	26%	21%
No HS Diploma	26%	23%
Homeless	5%	7%
Limited English	11%	13%
Offender	16%	16%
Were Employed Full or Part-time	27%	48%
Have Family Stabilization Services Plan (FSS)	24%	50%*

*All new MFIP referrals were coded as FSS

Minnesota Family Investment Program Exit Summary

	2019	2020
Exited	174	198
Employed	39%	26%
Closed at 100% Sanction	16	-
Closed to SSI Award	1	-
Moved to Another County	21	31
Moved to Another State	13	7
60th Month-No Extension	5	1
Average Wage	\$12.55	\$17.30



Welfare Fraud

SWHHS Welfare Fraud Cases, by Year, by County

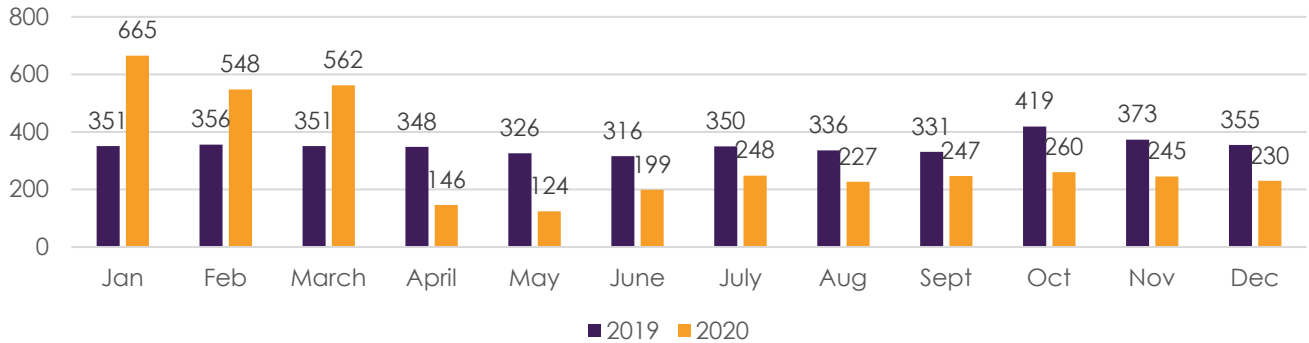
	2017	2018	2019	2020
Lincoln	8	2	0	1
Lyon	44	53	41	45
Murray	1	5	5	5
Pipestone	10	14	9	3
Redwood	42	56	55	31
Rock	18	21	20	9

Transportation

The beginning of 2020, Social Services utilized transportation at a much higher rate than in the past. Some of the increases came from requests for rides to and from school, visitation, and placements. Out-of-home placements can also drive increased need for transportation.

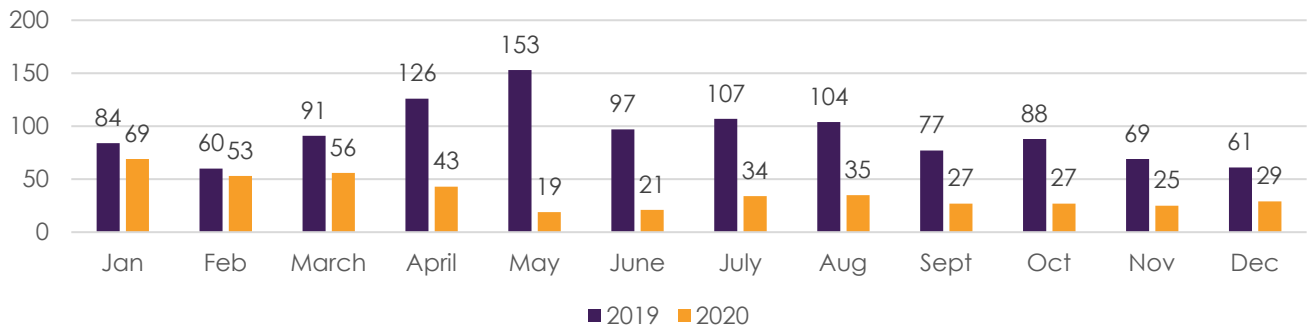


SWHHS Estimated Number of Requests for Transportation by Year Excluding Wavier Programs



Note: A transportation request may contain more than one trip. Totals about are for SWHHS

SWHHS Waiver Transportation Requests by Year



Note: A transportation request may contain more than one trip.



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