

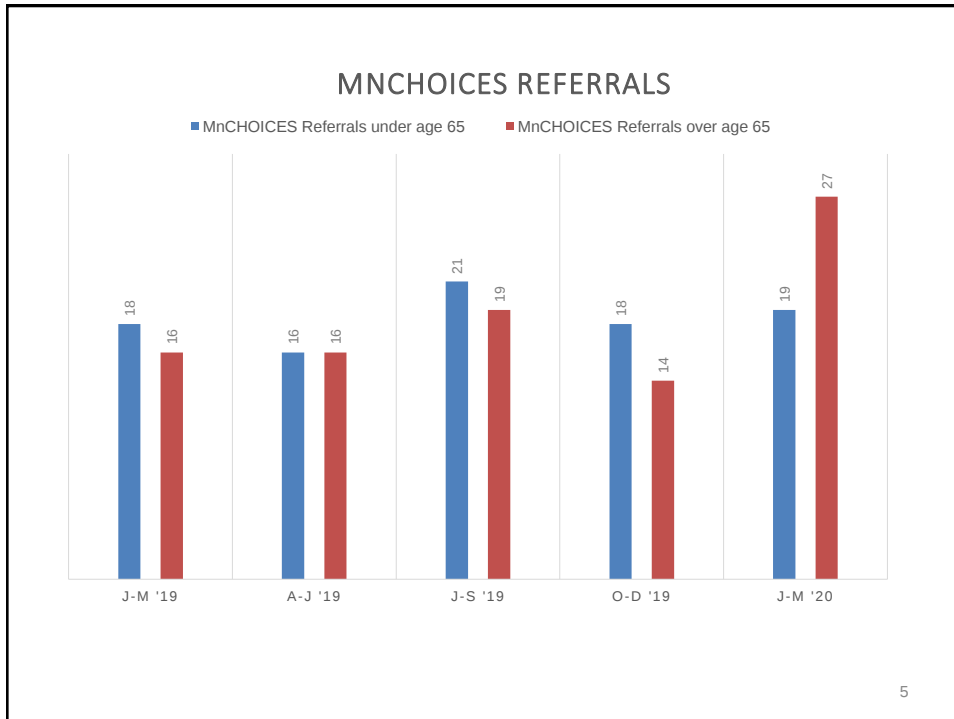


PROGRAMS AND SERVICES TO SUPPORT INDIVIDUALS



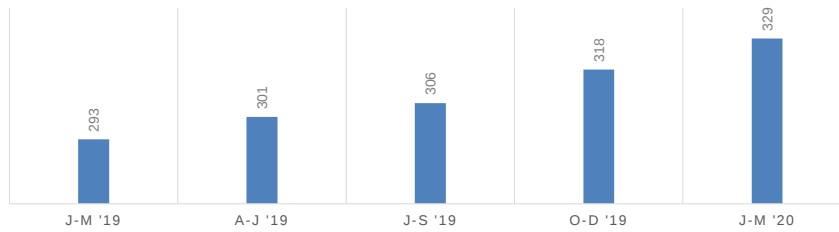
Goal I.A.

All residents will safely live within
the community and be free to
participate at their highest
functional level.



- Community Access for Disability Inclusion, Community Alternative Care, and Brain Injury Waivers (CADI, CAC, & BI) referrals along with the Developmentally Disability Waiver referrals are 19 for this reporting period.
- The Community Health Care Coordinators are working with those over the age of 65+ had 27 new referrals for MnChoices this quarter, and 27 additional assignments from the Managed Care Organizations (Blue Plus and UCARE).

DEVELOPMENTAL DISABILITIES CASE MANAGEMENT

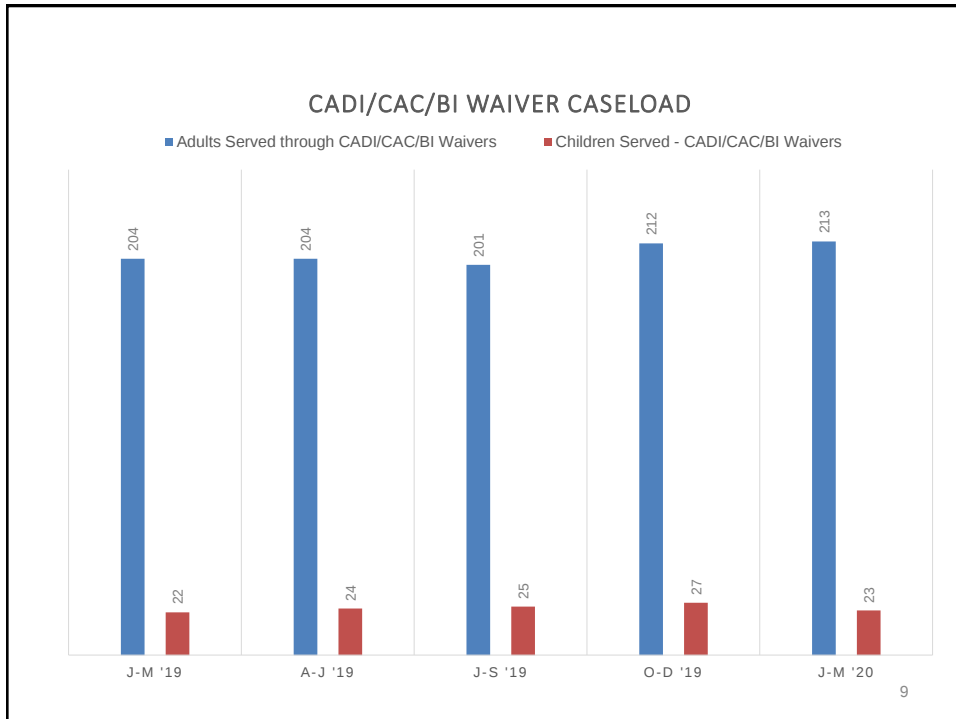


<u>Developmental Disabilities</u>	<u>J-M '20</u>
Children with Disabilities Referred for Services.....	7
Number Determined Eligible.....	6
Percent of Eligibility Children Offered Case Management - Goal 100%.....	100%
"New" Teenagers Referred for Rule 185 Services.....	5

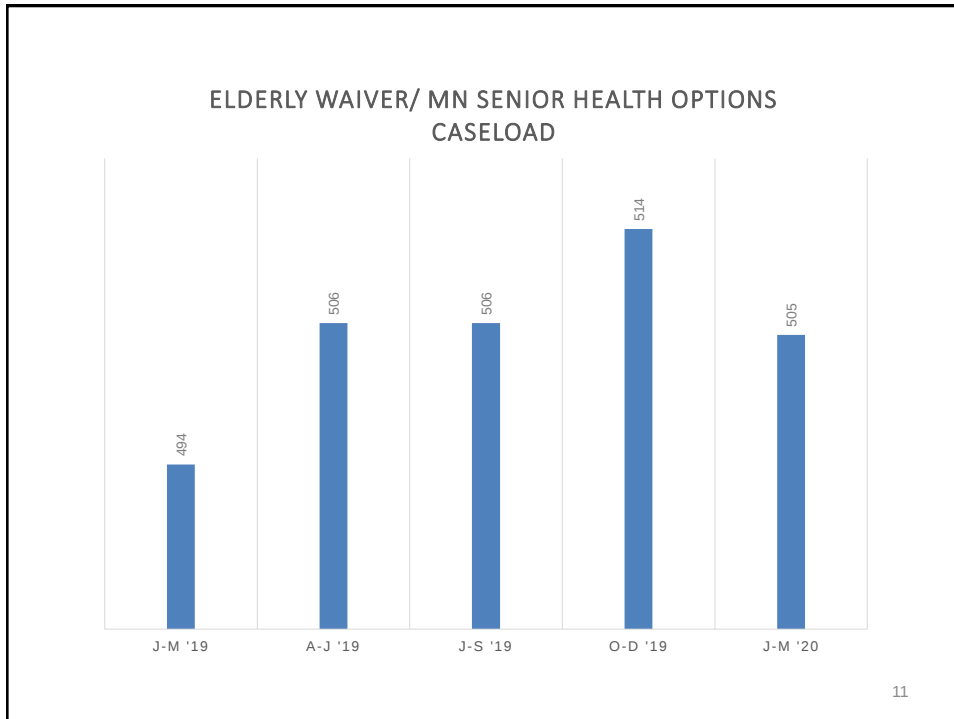
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- A new performance indicator, measuring teenage transitions to adulthood is a new measure for us to review each year
- We want to ensure each youth entering adulthood is positioned for success.

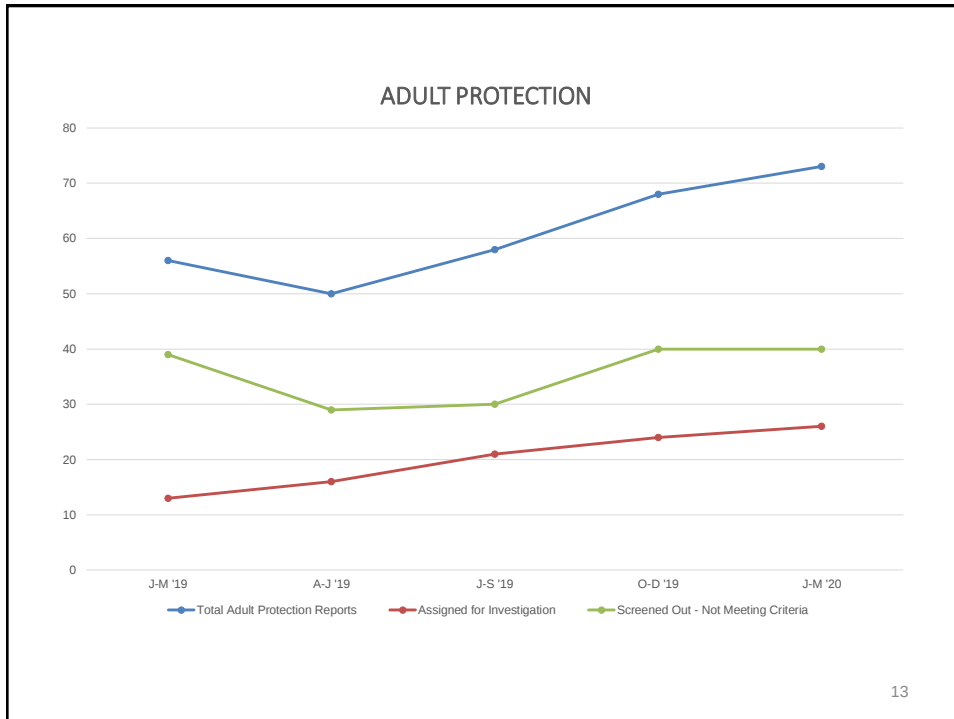
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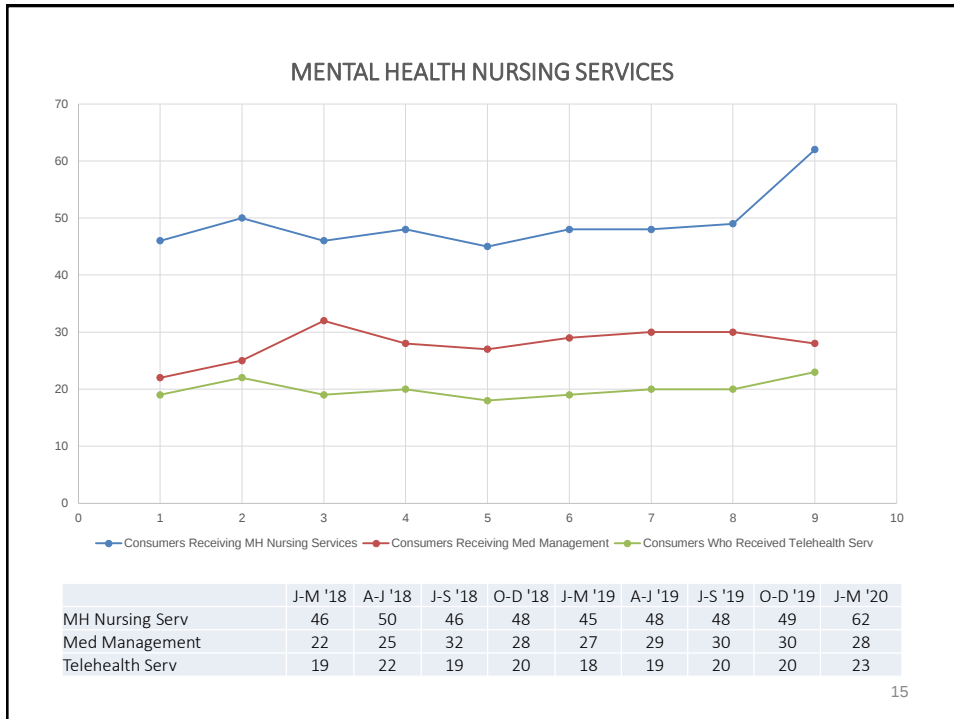
- Community Access for Disability Inclusion, Community Alternative Care, and Brain Injury Waivers (CADI, CAC, & BI) are serving a caseload of 213 adults and 23 children as of Quarter 1, 2020.



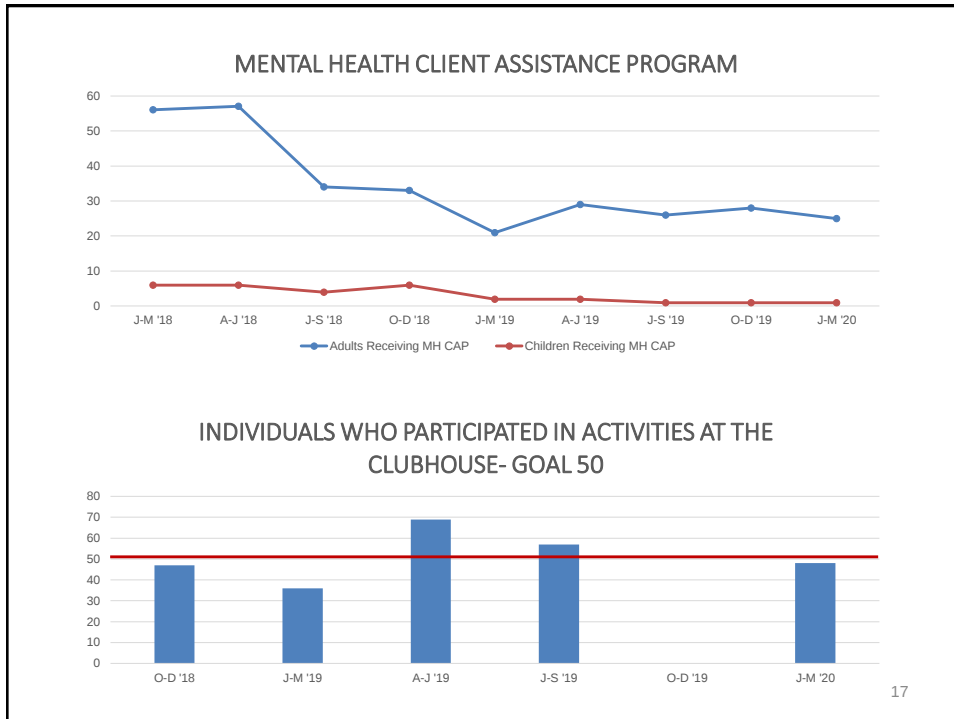
- The Community Health Care Coordinators are working with those over the age of 65+ had a total case load of 505 at the end of Quarter 1, 2020.
- Care Coordinators continue to experience challenges with home care staffing, especially as the COVID-19 pandemic hit – as some home care staff refuse to work. Currently, staff are working hard to meet clients' needs, offer them reassurance / information, all while staying as safe as we possibly can while dealing with COVID-19.
- A client passed away in early March and her husband had been a client previously before passing away himself. The son called to thank the Care Coordinator for all that was done to help them and care for both of his parents.



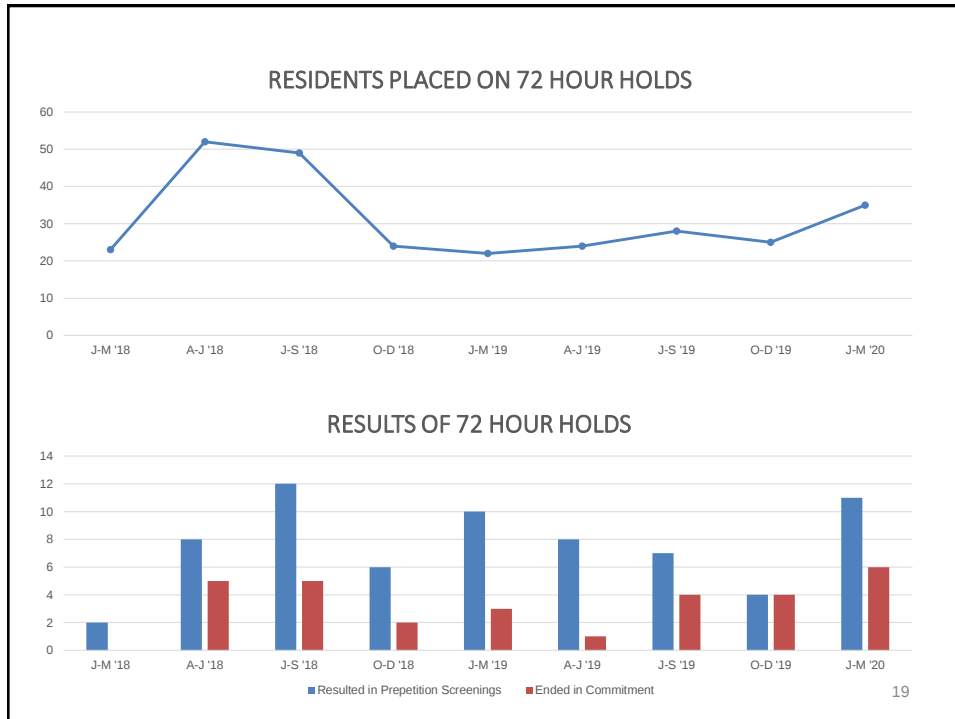
- For the current quarter 39% of the total reports were assigned for investigation or protective services.
- Collaboration with Fairmont Police Department evidences a spike in criminal charges



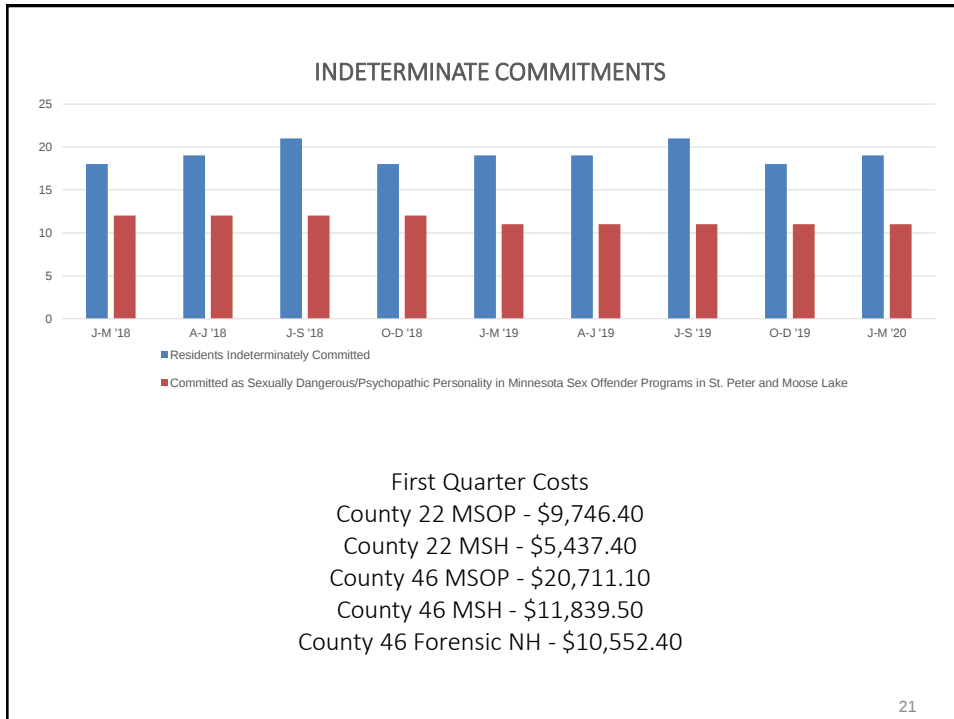
- Our staff, Pat Schmidtke has also been planning for and facilitating a Women's Group at the Clubhouse; She reports this has gone well. Covid-19 has caused significant changes to how the mental health nurses do their work. They are setting up as many weeks of medications as possible and when doing injections, are spending as little time as possible in direct contact with clients. The nurses are telecommuting as much as possible.



- The Mental Health Client Assistance Program (MHCAP) contracts with local providers so adults, youth, and their families who do not have insurance or their insurance does not cover mental health services have access to free or low-cost mental health services. Any fees are based on the Social Services Fee Scale, which is a monthly fee, not a per-event fee. Adult, Child, and Family Services will soon be a new provider in this program. 25 adults and one child received Mental Health Client Assistance services this quarter. Our behavioral health department has worked well with providers in the community to navigate the unique challenges presented by Covid-19. Services provided via telehealth have been approved through the MHCAP.
- The annual meeting was held in February, at which time 20 members met to elect a treasurer, secretary, and two at-large members, followed by food and bingo. One new member joined the clubhouse this quarter. Member-led activities, such as paracord projects and plastic canvas, continue to be big hits. Additional activities included mall walking, table games, closet sorting, movies, Wii bowling, book club, shopping, and women's group activities.
- The clubhouse was open 49 days, and was utilized a total of 55 days. These numbers would be higher but unfortunately, Covid-19 caused the board to close the clubhouse mid-March. Despite the clubhouse closure, we have been able to maintain phone contact with all of our active members to provide support and updates. Coordinators have also been staying busy with additional sorting, organizing, planning, painting, and cleaning. 10 County events: This closure did lead to some events being postponed, but four members were able to enjoy a Timberwolves game on Jan. 15th.



- 35 72-hour holds, 82 mental health referrals, 11 Prepetition screenings which resulted in three receiving a stay of commitment and three receiving full commitments. One of the full commitments was the result of a Rule 20.



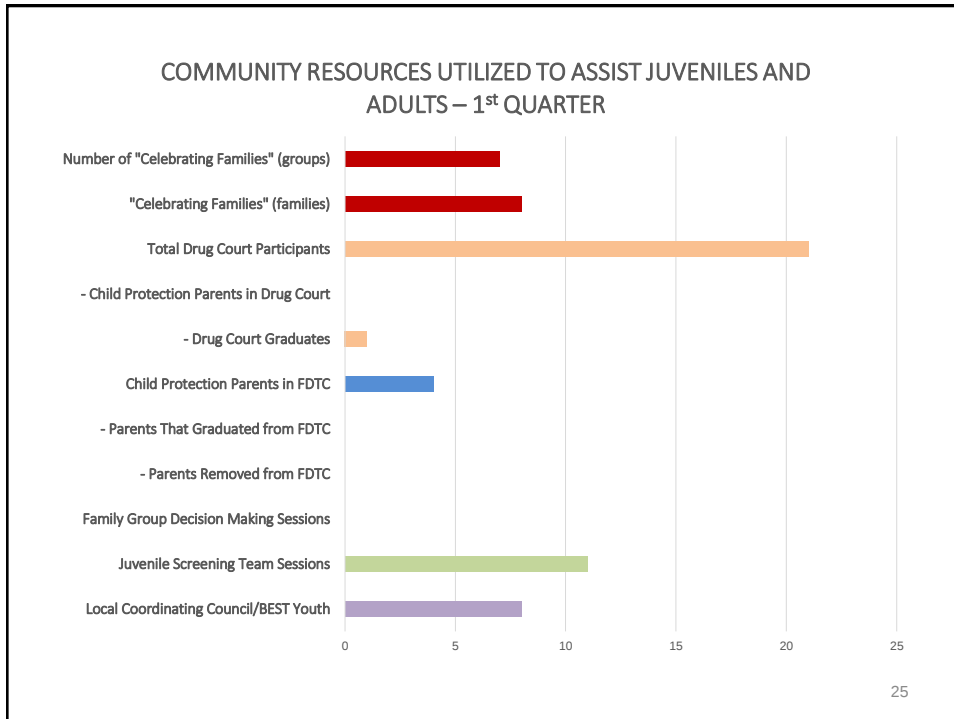
- We have nineteen (19) residents indeterminately committed. Eight (8) are committed as Mentally Ill and Dangerous (MI&D). Of the eight, two reside in the forensic nursing home, three in the security hospital, and three are provisionally discharged in the community (one in Fairmont and two in adult foster care in Mankato). We have eleven (11) committed as Sexually Dangerous/Psychopathic Personality in the Minnesota Sex Offender Programs (MSOP) in St. Peter and Moose Lake.

Goal I.B.

High risk juveniles and adults will develop into productive, law abiding members of the community.

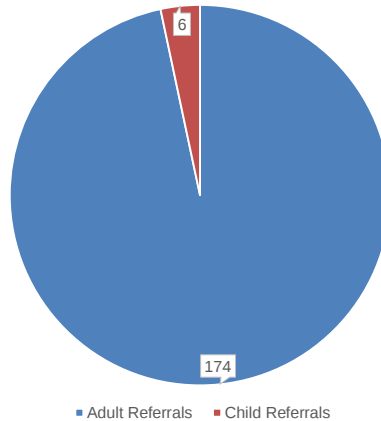
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- Low referrals to both Drug Court and Family Dependency Treatment Court within the Child Protection Unit.
- Another program to review will be the Celebrating Families Program. More to follow on this exciting addition.

CHEMICAL DEPENDENCY REFERRALS



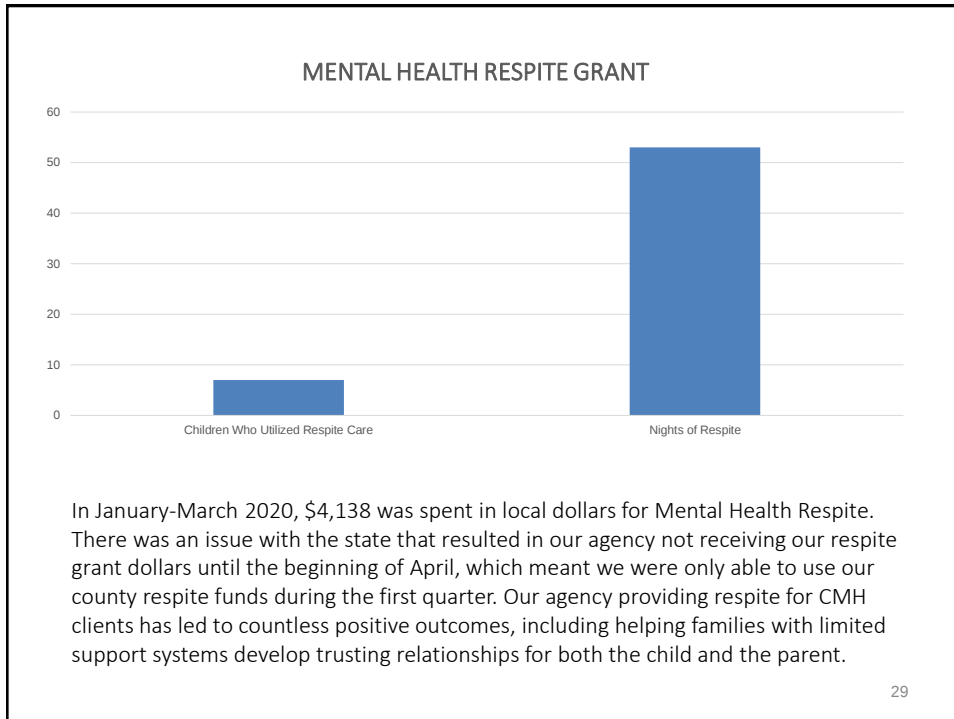
100% of high risk youth and adults received chemical dependency evaluations within 30 days of a court, self, or agency referral.

Average Referrals per Assessor = 180

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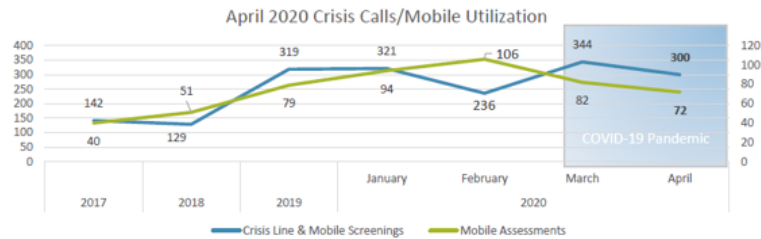
- Referrals for CD assessments have been down recently due to Covid-19. All CD assessments are being done by phone currently. House of Hope and the Winnebago Adolescent Treatment Center have discharged clients and closed indefinitely. Fountain Centers is providing all services via telehealth. Treatment planning and options have been difficult as a result of many facilities closing or not taking new clients.

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- **Respite Grant Usage** - Typically, CMH case managers have access to respite grant money to assist CMH clients in accessing activities and resources in the community that lower the likelihood of the client need placement or hospitalization. However, due to issues at the state with the respite grant, the allocation was not received by our agency until the beginning of April, so case managers were not able to assist with such activities this quarter. We were, however, able to use our local MOE dollars.
- In the first quarter of 2020, seven children utilized respite with licensed foster care providers for a total of 53 nights, plus some mileage. The intention of respite is always to keep a child from needing placement. In the first quarter, we had one child who used respite who did end up going into placement. We had another child who we thought would definitely need placement, and were able to utilize respite to keep this from happening.
- In one situation, a child who was adopted by his grandmother has been consistently going to respite with one of our licensed foster care providers. Both the child and the grandma have developed a trusting relationship with the respite provider, which is significant due to their history of working with child protection. The foster care provider made a scrapbook with photos of the child and artwork the child had done while in their care and gave it to the grandmother, which was very important to the grandmother.

April 2020 Crisis Services Utilization Fact Sheet



Method of Response, Assessments Only

April 2020



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- Horizon Homes and local law enforcement have reported that they did not see a huge uptick in the need for mental health crisis response services in this quarter. As to be expected, there has been a huge increase in the use of telehealth services.

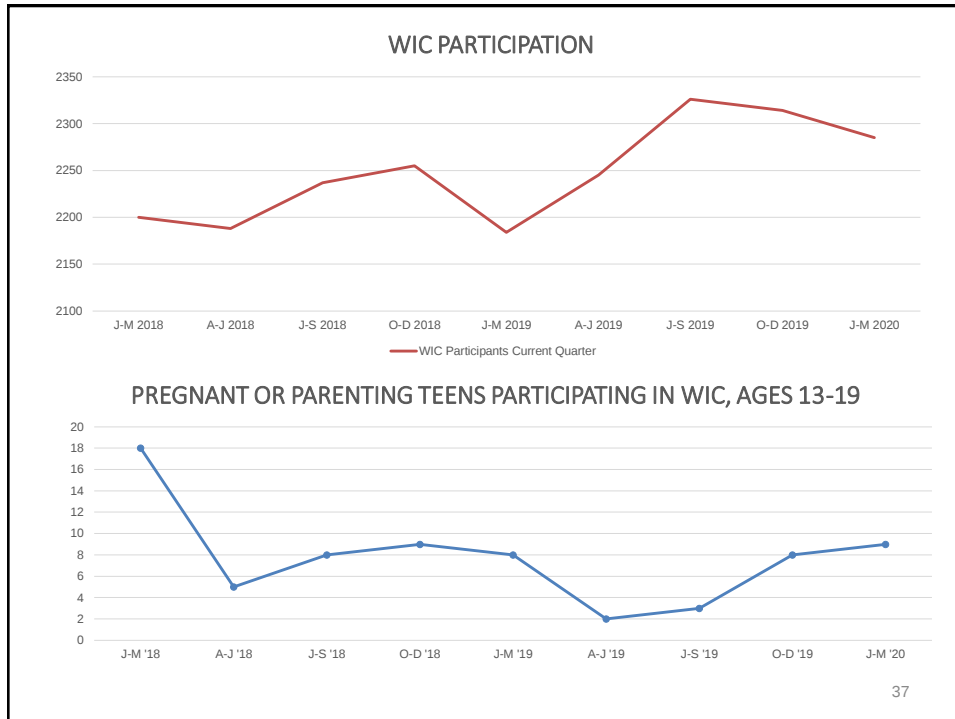
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PROGRAMS AND SERVICES TO SUPPORT FAMILIES

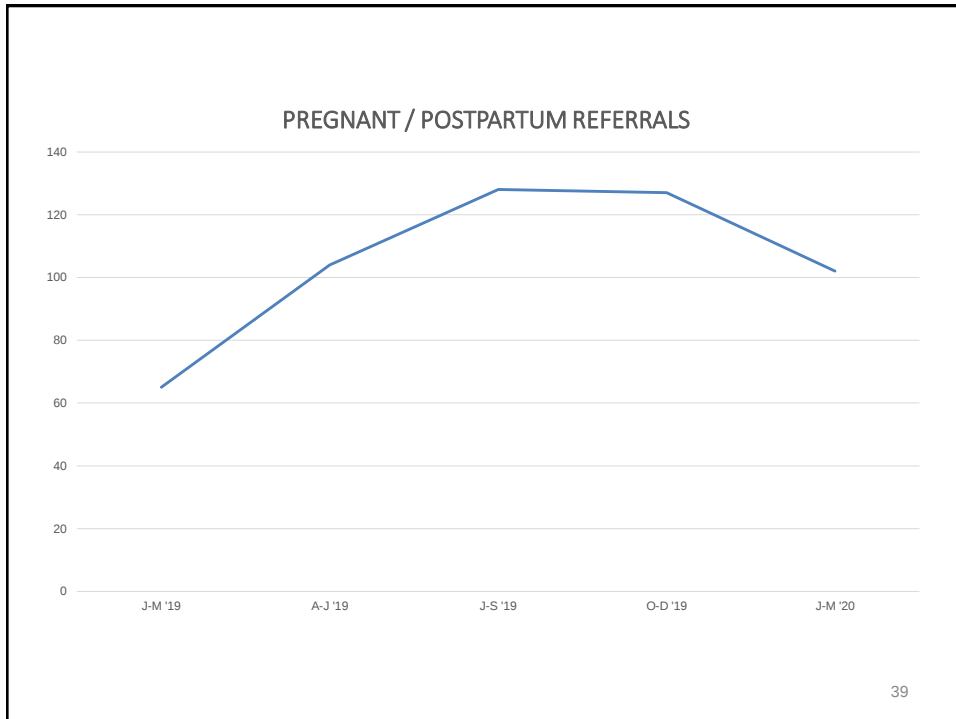


Goal II.A.

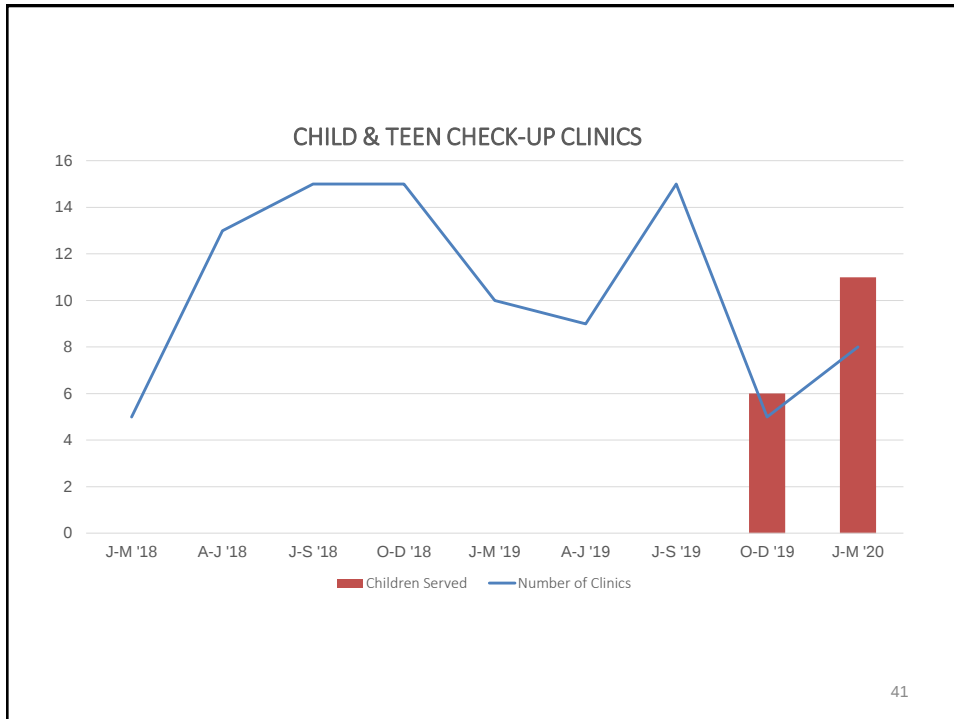
Families will have healthy pregnancies, deliveries, and parenting so all children will grow and develop to their full potential. Help parents prevent overweight in their children by influencing their health-related knowledge, attitudes, and behaviors. Increase the duration of breastfeeding among Minnesota WIC participants.



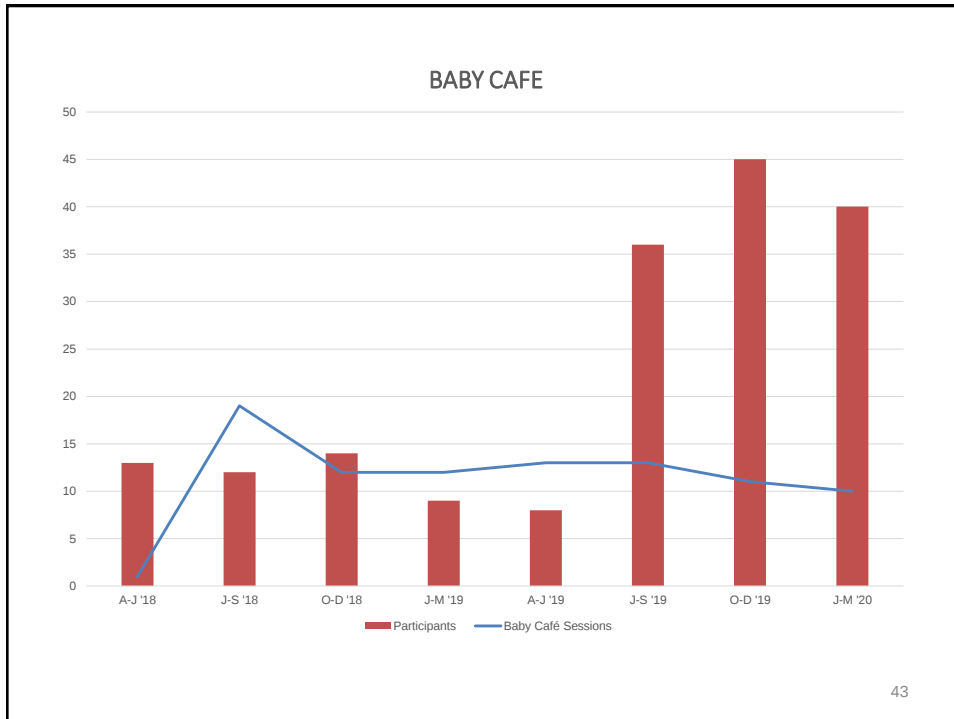
- This quarter our agency served 2,285 clients through WIC. This is an increase of 101 from Quarter 1 of 2019. We served 9 pregnant or parenting teens in WIC this quarter. We saw a 4% increase in new WIC clients in March due to COVID-19. In March WIC services moved to virtual WIC visits done by phone or over video. As a result our no-show rate has decreased.



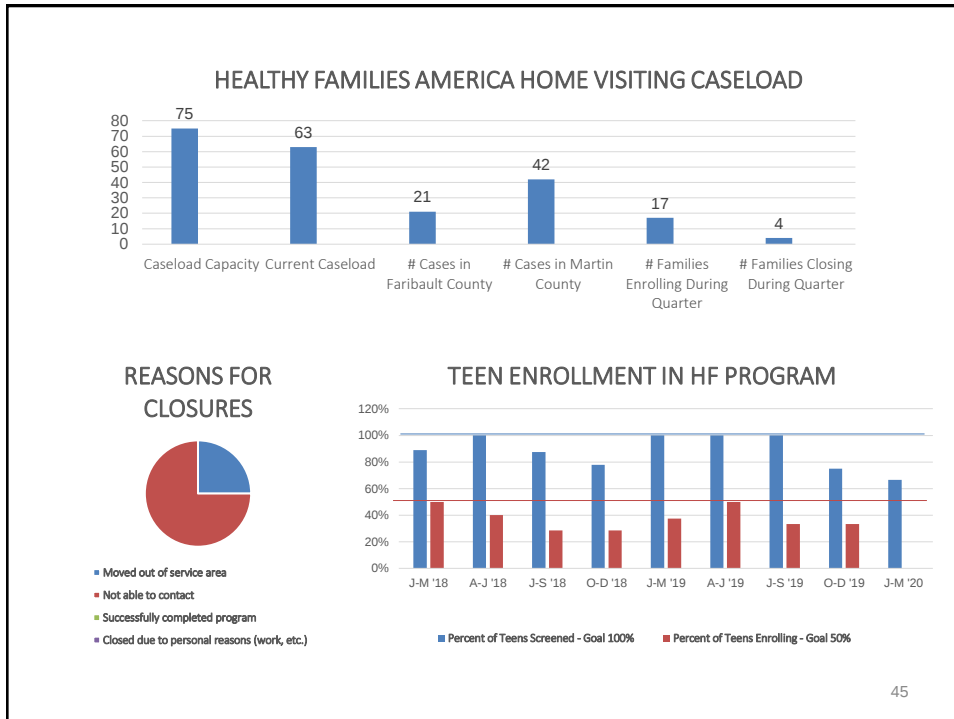
- This quarter we received 102 referrals for pregnant and postpartum women.



- This quarter we held 8 Child & Teen check-up clinics servings a total of 11 children. Child and Teen Check-up Appointments were cancelled beginning mid-March due to COVID-19.



- This quarter we held 10 Baby Café Sessions serving 40 women. COVID-19 required us to cancel sessions in March. Staff are working towards developing a virtual Baby Café model and providing breastfeeding support to women through maternal tele-health home visits. All of our maternal and children's health staff will be certified in lactation support in Q2, 2020.



- As of March 31, 2020 we have a current caseload of 63 families, which is 84% of our target caseload size of 75 families. 21 cases are families in Faribault county and 42 families are located in Martin County. We had 17 families enroll during the quarter, which was expected after decreased caseloads during staff training transition in Q4 of 2019. We continue to gain a majority of our referrals from our WIC program.
- We closed 4 families to services. Reasons for closures included, unable to contact and client moving out of service area.
- Our agency was scheduled to have our site accreditation for Healthy Families in April, 2020, however we were informed in March this was postponed indefinitely due to COVID-19.

Healthy Families Success Story



Success Story: A child was not scoring well on her development assessment. The Public Health Nurse referred to Help Me Grow. Help Me Grow tested the infant's hearing and she failed. She was then referred to an audiologist where she was determined that she would need tubes. Since her tube placement, the child has had a huge improvement in vocabulary and response to verbal and auditory stimulus.

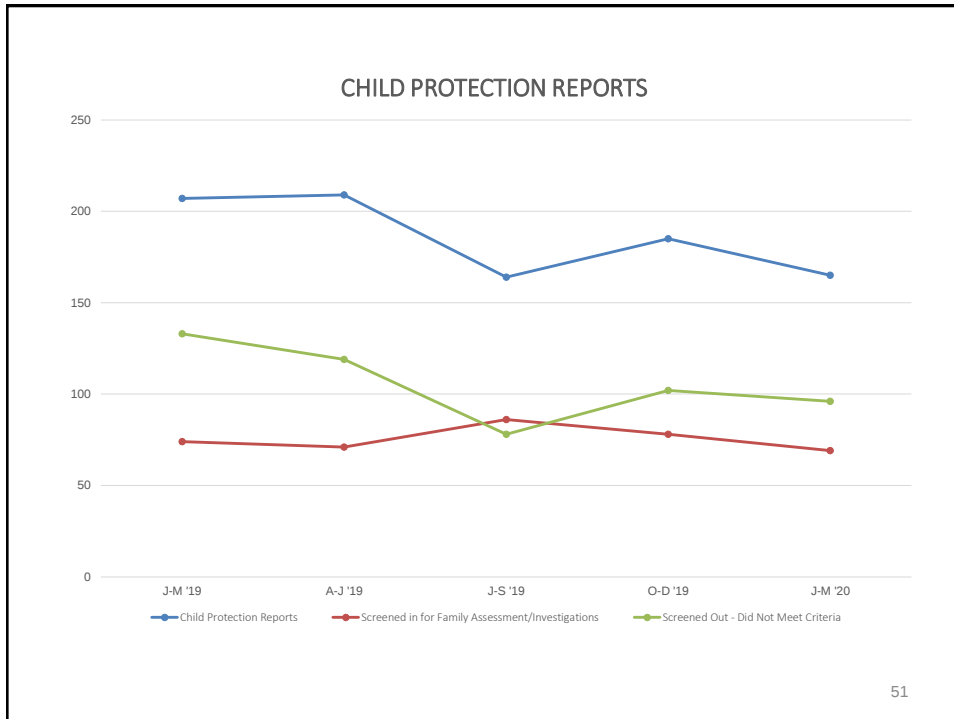
Photo: Taken from our Healthy Families Fun Night – which provides an opportunity for program clients to get together, form connections and relationships.

Goal II.B.

Children will be raised in a healthy,
happy, safe, permanent family
environment.

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- We saw an uptick in Child Protection reports in January and February.
- Reports, referrals and investigations consistently fluctuate from month to month.

CHILD PROTECTION PERFORMANCE MEASURES

	J-S '19	O-D '19	J-M '20
Percent of Children Who Were NOT Victims of Another Substantiated Maltreatment Report within 12 Months of Their Initial Report - Above or Below Goal of 90.9%			0 of 35 or 100%
Percent of Children Who Re-Enter Foster Care Within 12 Months of Previous Discharge - Above or Below Goal of <8.3%			4 of 29 or 13.8%
Percent of Children Discharged to Permanency Within 12-Months of Entering Foster Care. Above or Below Goal of 40.5%.			24.1% of 54
Of all the days children spent in family foster care settings, the percentage of days spent with a relative. Above or Below Goal Range 35.7%-45.0%.			4075 of 5932 or 68.7%
Of all children who enter foster care in the year, the number of placement moves per 1000 days spent in foster care. Above or Below Goal of 4.12 or less.			8 moves in 1096 days or 7.30
Percentage of Children Who Received Physical Health Exams Within 30 Days. Goal 100%.			10 of 35 or 52%

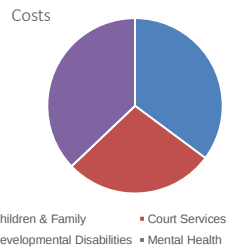
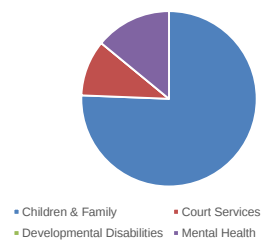
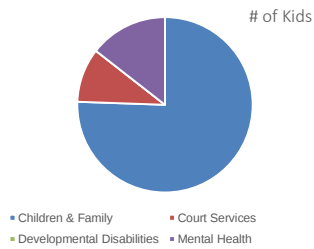
Blue – meeting goal, Orange – not meeting goal

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- 35 reports of maltreatment during the months of 2019. This first reporting quarter we met this performance standard.
- Children re-entering foster care standard was not met. Sibling groups were moved and then separated.
- The next performance factor was not met as well. A sibling set of two were removed twice in a reporting period due to their parents relapse with methamphetamine.
- The fourth factor, being placed with a relative, was a performance factor that was met successfully.
- The next factor addresses the multiple moves large sibling groups were involved in during our first quarter of reporting.
- And lastly only 10 of the 35 children received physical health exams within the 30 days. Timelines were not met due to pandemic and appointment availability. At this writing all youth have had a physical.

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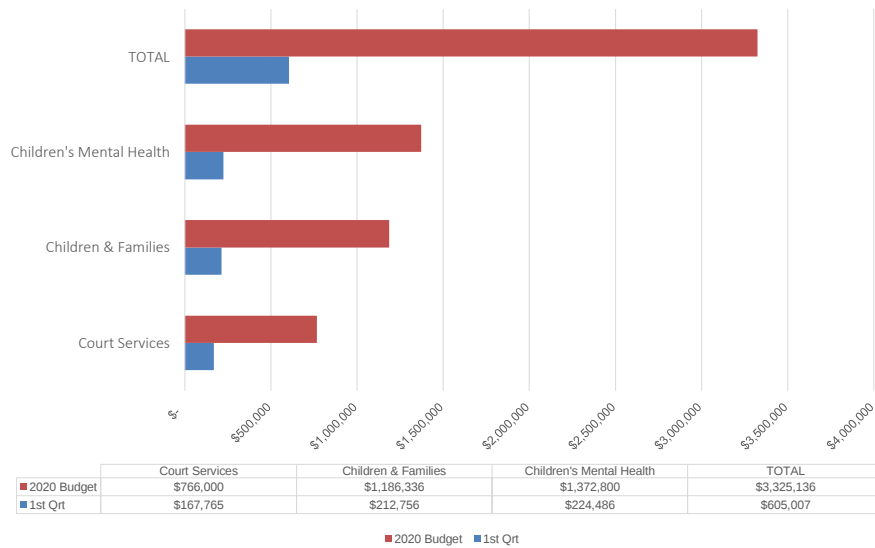
OUT OF HOME PLACEMENT, JANUARY – MARCH 2020



	# of Kids	# of Days	Costs
Children & Family	68	5,120	\$ 212,756
Court Services	9	699	\$ 167,765
Developmental Disabilities	0	0	\$ -
Mental Health	13	951	\$ 224,486
TOTAL	90	6770	\$ 605,007

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COMPARISON OUT OF HOME PLACEMENT TO BUDGET



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**OUT OF HOME PLACEMENT BY COUNTY 4th QUARTER
2018 to CURRENT QUARTER 2020**

TOTAL FARIBAULT COUNTY							
# of Kids	45	41	41	37	30	40	
# of Days	3,475	2,864	2,986	2,285	2,291	2,871	
Cost	\$ 301,514	\$ 264,907	\$ 267,609	\$ 215,461	\$ 226,415	\$ 275,628	

TOTAL MARTIN COUNTY							
# of Kids	54	43	59	39	37	50	
# of Days	4,200	3,696	2,859	2,315	3,169	3,899	
Cost	\$ 354,500	\$ 279,771	\$ 253,085	\$ 210,995	\$ 292,816	\$ 329,379	

TOTAL BI-COUNTY							
# of Kids	99	84	100	76	67	90	
# of Days	7,675	6,560	5,845	4,600	5,460	6,770	
Cost	\$ 656,014	\$ 544,678	\$ 520,694	\$ 426,456	\$ 519,231	\$ 605,007	

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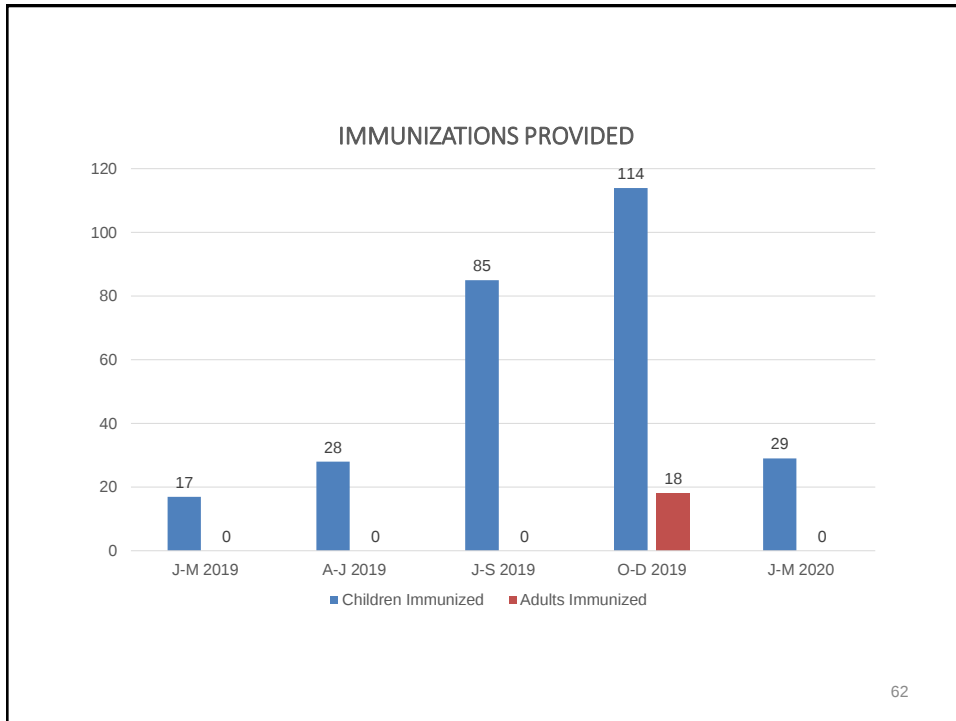
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PROGRAMS AND SERVICES SUPPORTING THE COMMUNITY

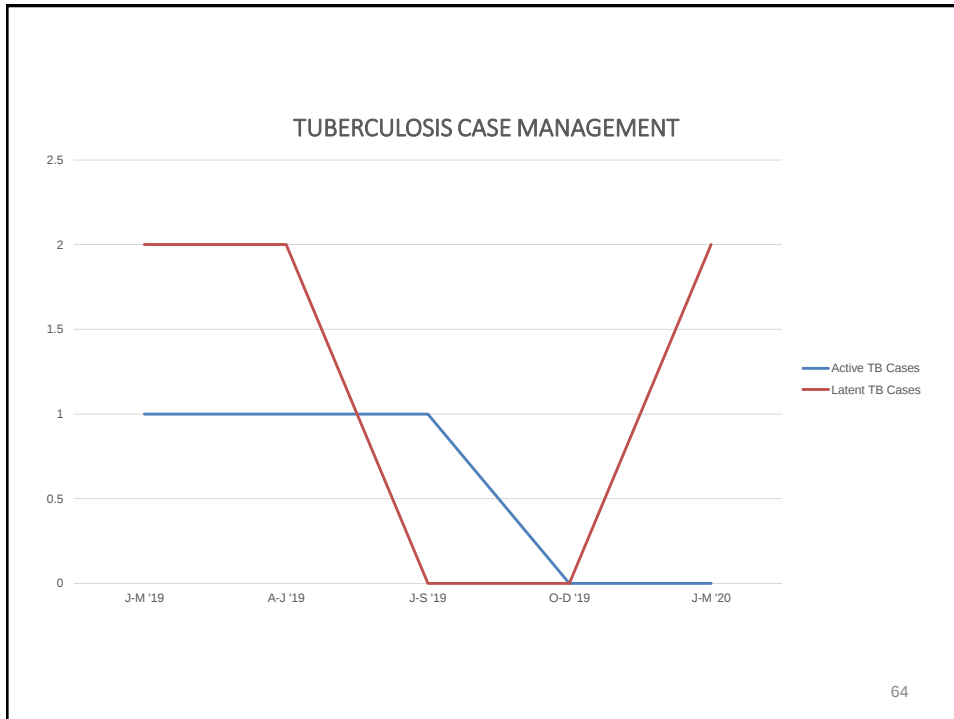


Goal III.A.

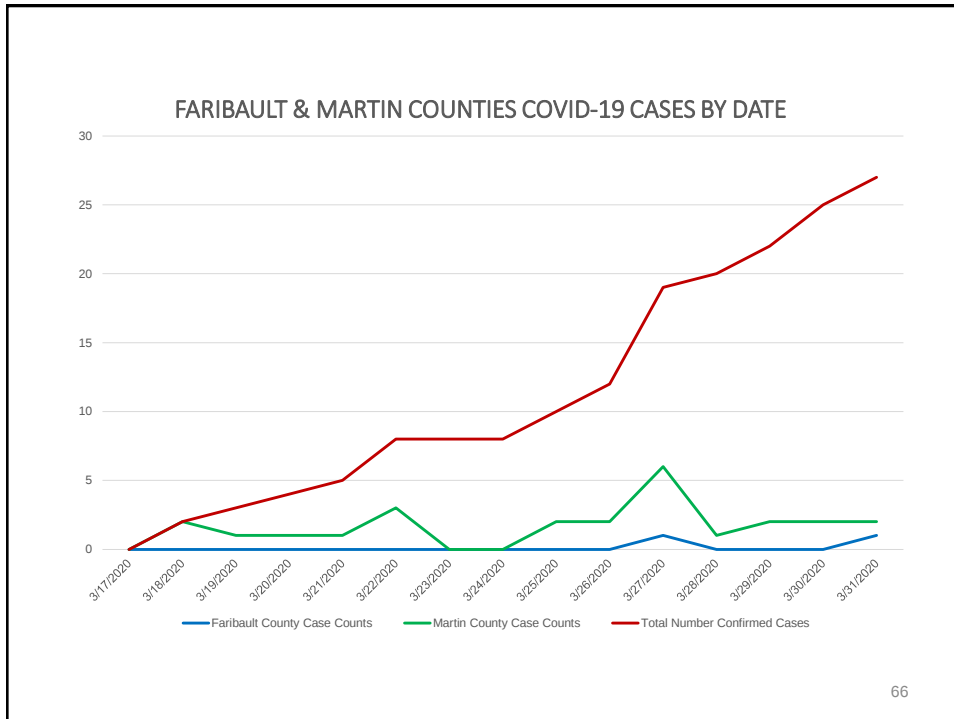
Residents and visitors are protected from acute communicable diseases and other health threats including unintentional injury.



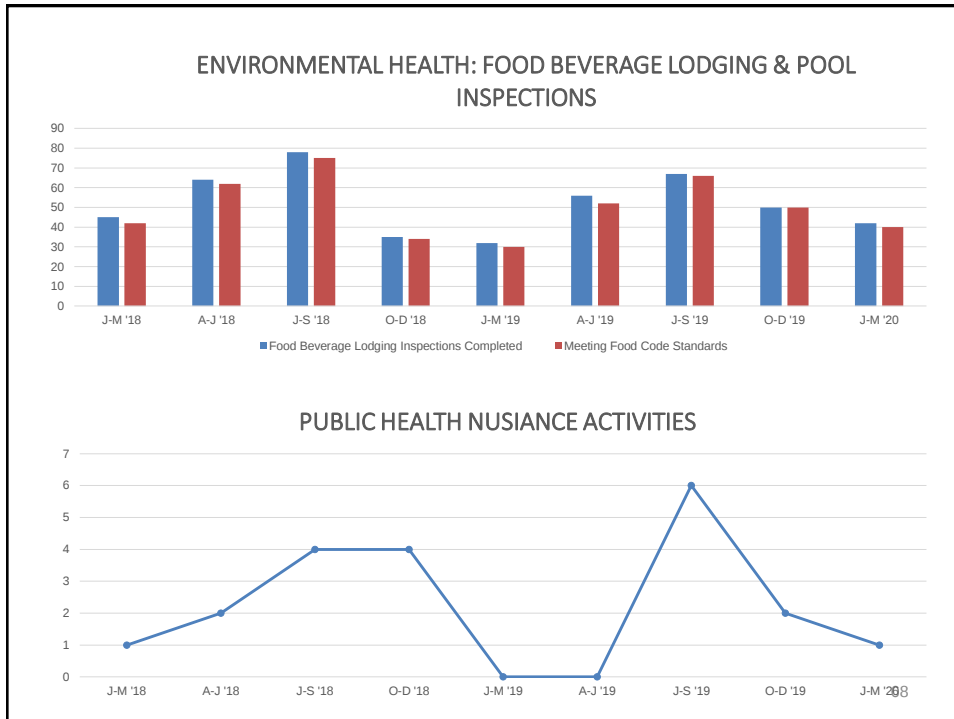
- This quarter 29 children received their immunizations through our immunization clinics.



- This quarter we received two new referrals for latent Tuberculosis case management services. There were no active cases.



- Minnesota declared a peacetime emergency in March, 2020 due to the COVID-19 pandemic. Martin County had their first laboratory confirmed case of COVID-19 on March 18. Between March 18 and March 31, there were two confirmed cases in Faribault County and 25 confirmed cases in Martin County. Of the cases in Martin County, 21 fully recovered and 4 passed away.



- Our Sanitarian completed 42 inspections in food, beverage, lodging and pool establishments this quarter. Of those, only 2 required follow-up inspections. Licensing activities were completed this quarter.

Statewide Health Improvement Partnership (SHIP)



- Staff are continuing to support Faribault Co Active Living Coalitions in: Blue Earth, Wells, and Kiester to encourage residents to safely walk and bike within their communities. Kiester and Wells are working with USC to promote safe routes to school and bus pick up/drop off locations.
- Staff participated in Martin County Substance Abuse Prevention Coalition meetings and FariCARES meetings this quarter. Staff continue to work with these coalitions to support T21 in our communities. Federally, T21 legislation was passed, but is not flavor restrictive, which is primarily how big tobacco is targeting and marketing to youth. Communities have been encouraged to work locally to pass flavor restrictions to compliment Federal T21 laws. Conducted policy intro and work session with Fairmont City Council; had positive feedback that has now been postponed due to COVID-19. FariCARES agreed to take on vaping as their secondary focus for their coalition.
- Staff conducted mindful movement education for staff at Fairmont Elementary School, through contracting with 1000 Petals organization; and at GHEC for staff using Change to Chill. Purchased a bike trailer of bikes that can be shared among all of our schools for bike education and curriculum. David Kittleson from Blue Earth is Coordinating the bike trailer program.
- We combined our Chronic Disease team from our Community Health Improvement Planning (CHIP) work group with our SHIP Community Leadership Team to create a new action team, named Healthier Together. The focus is on reducing chronic disease in our communities. Identified priorities with community partners and assigned tasks to finalize chronic disease portion of CHIP. Have successfully been able to leverage partnerships to coordinate work.



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- Our partnerships have led to quicker organization of resources to support our local food shelves during the pandemic: Prairie transit volunteered to help deliver food shelf items to clients who were at greater risk and not wanting to leave their homes to come out. This transportation company has also stepped up to help deliver essential items within our bi-county area as needed; something that we were able to get moving quickly due to existing relationships with these partners.

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Stronger Together



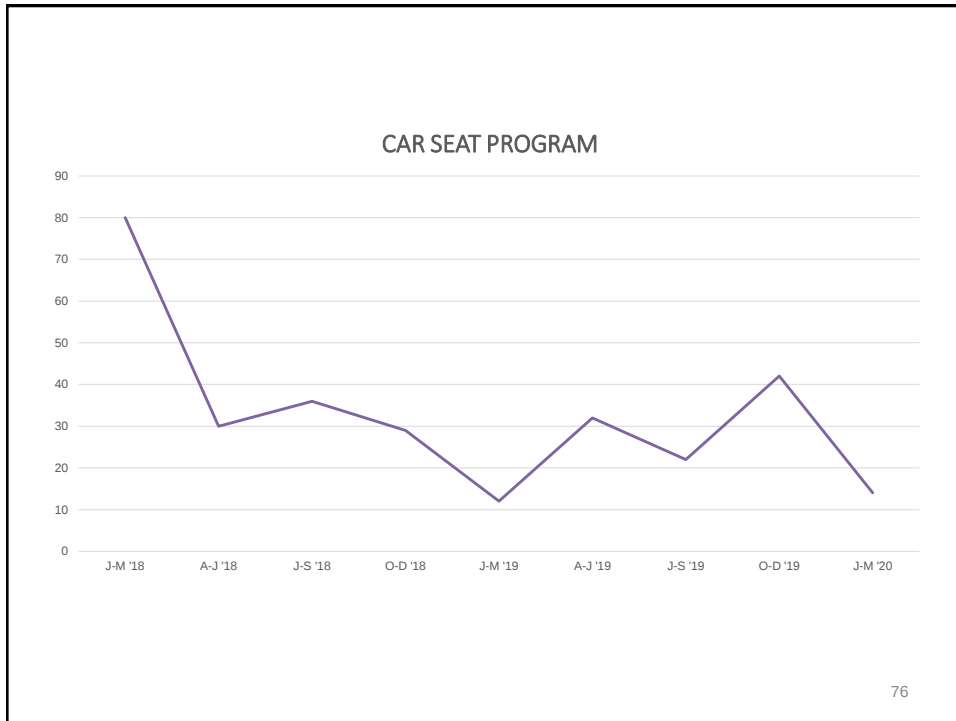
COMMUNITY HEALTH INITIATIVE OF
FARIBAULT & MARTIN COUNTIES

Inspire healthy, resilient communities through partnership and collaboration.

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- The Stronger Together Coalition includes a membership of community members and organizations from across the two counties. This coalition was developed to create and oversee implementation of the Community Health Improvement Plan (CHIP). The CHIP is a required deliverable of local public health agencies from the Minnesota Department of Health (MDH). For the past two years, our agency has led the work towards completing the community health assessment and subsequent CHIP. The following were items prioritized for inclusion in the CHIP: Adverse Childhood Experiences (ACEs), Mental Health, Substance Abuse, Chronic Disease and Access to Health Care & Dental. The CHIP and support health assessment information can be accessed online here: www.fmchs.com/public-documents.php
- Within the broader Stronger Together Coalition, there are action teams – the Community Resiliency Team, focused on developing the action plan to address Adverse Childhood Experiences, mental health and substance abuse; Healthier Together, combines SHIP efforts with action plan items identified by the committee for addressing chronic disease; and the Access to Care Team-focused on increasing access to health and dental across the two counties.
- As with most efforts, COVID-19 has delayed implementation of work. Meetings will reconvene in Quarter 2, 2020.

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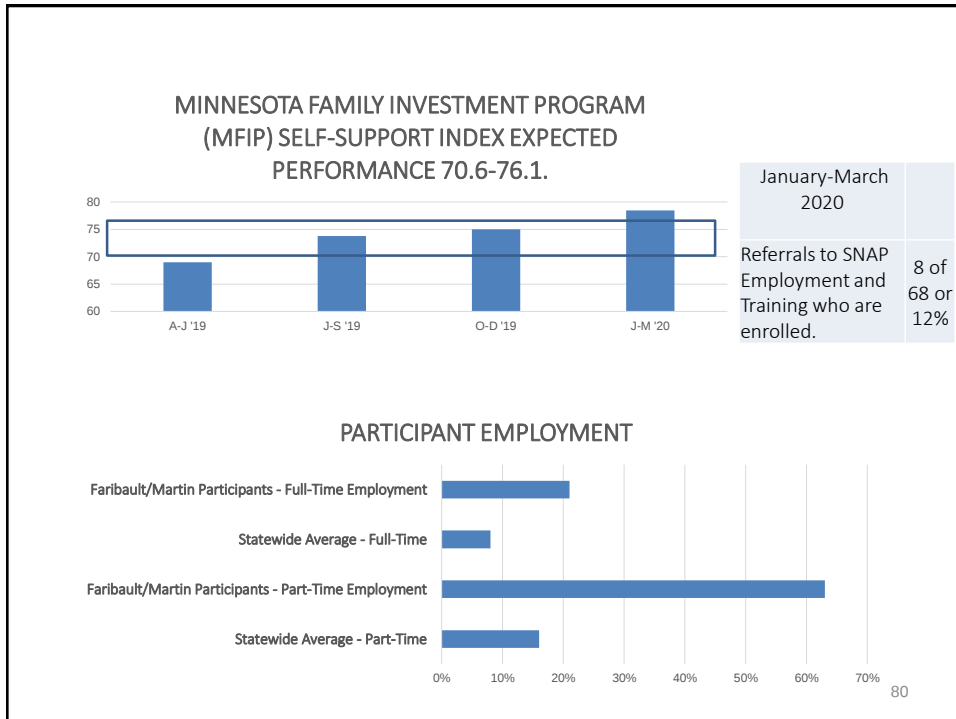
- This quarter we distributed 14 car seats to families. We held 1 car seat class during the quarter. Our March class was canceled due to COVID-19.

Goal III.B.

Residents will be financially secure
while also maintaining family
stability.

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- Compliance with Employment services is a mandatory requirement for the MFIP & DWP programs. The Self Support Index is an outcome measure that quantifies goals of the MFIP program to help participants find and maintain employment. The self-support index is the percentage of caregivers eligible for MFIP or DWP in the baseline quarter who are either no longer receiving MFIP or DWP or are working an average of 30 or more hours per week each month of the measurement quarter three years later. For the period of October – December 2019 Faribault and Martin Counties were at 78.49% which was above the expected range of performance.
- Compliance with SNAP Employment and Training is voluntary at this time, but Faribault and Martin Counties continue to have a very high compliance rate compared to other counties in the state. For the period of January – March we referred 68 participants to SNAP Employment and Training. 8 participants were enrolled or 12%. The statewide average enrollment of participants in full-time employment is 8% with 16% being enrolled in part time employment. Faribault and Martin counties have 21% enrolled in fulltime employment and 63% enrolled in part time enrollment.



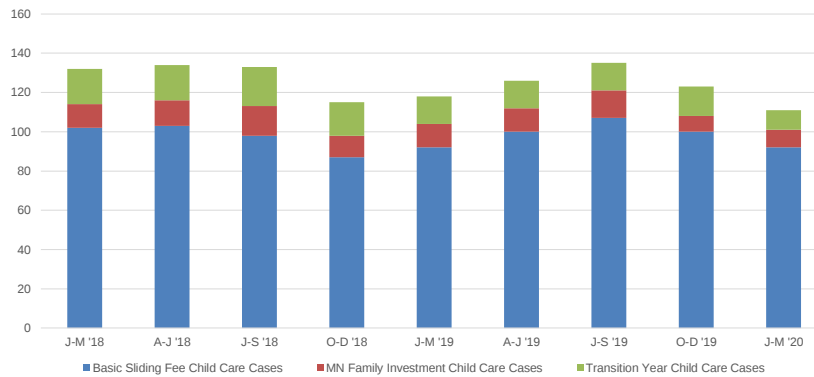
Success Story

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Participant returned to the county after eight years in prison. He walked into CareerForce 22 days after his release. He was frustrated that he was not employed yet. He was a working person prior to his incarceration and was very motivated and driven to find employment, purchase a vehicle and re-establish a relationship with his children in the area. While incarcerated he created a resume, looked for work, made sure his Driver's License was updated, and took advantage of education and work opportunities available to him. This helped him to put recent work and supervisory skills on his resume. He also completed 35 college credits and is currently registered to complete an AA degree. He recently received a scholarship through MNReconnect program to pay for the remaining credits, but his immediate goal was employment. Fortunately, he had a stable place to stay but applied for SNAP as per Job Counselor advice to lessen the burden of those he was staying with. He was referred to CareerForce for Employment & Training Services and Job Counselor helped him prioritize his plans of action. No changes were needed on his resume. Made sure he was on www.minnesotaworks.net and www.indeed.com and encouraged him to write down all the places he had already applied and continue to do so going forward. Discussed volunteer work in a community setting in order to obtain a local letter of recommendation. He did completed 2-3 job applications per day. Job Counselor shared local labor market information, and gave WOTC info, job leads, local resources, and general encouraging advice. He displayed exemplary organization, follow-through and gumption in everything he did. He was willing to take any job just to get started back into the work world. This attitude helped him get hired 23 days after first walking into CareerForce. He obtained a full-time production job at a local company earning \$16 an hour. He shows the same follow-through and gumption on the job as he did when he job-searched and they are thrilled to have him. He has purchased a truck. His SNAP was only open for two months and closed due to excess income. This clearly shows that a 3-month time-limited program is successful if both the participant and the case manager work together to achieve the participant's employment goals.

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FINANCIAL ASSISTANCE CHILD CARE PROGRAMS

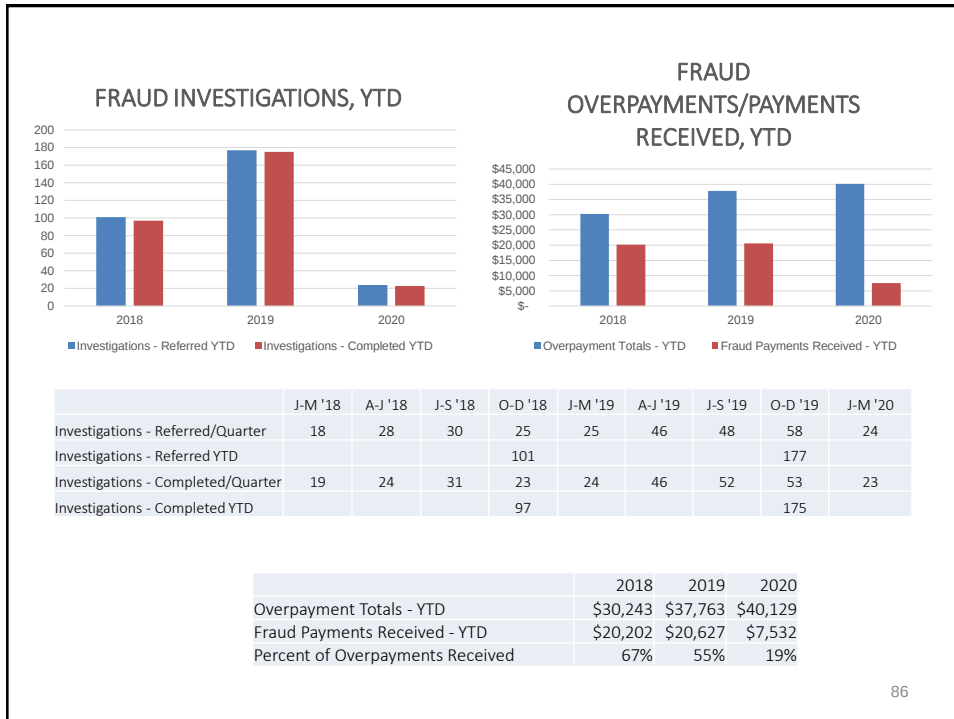


During 2019, we utilized 92% or \$401,447 of our annual Basic Sliding Fee Child Care allocation.

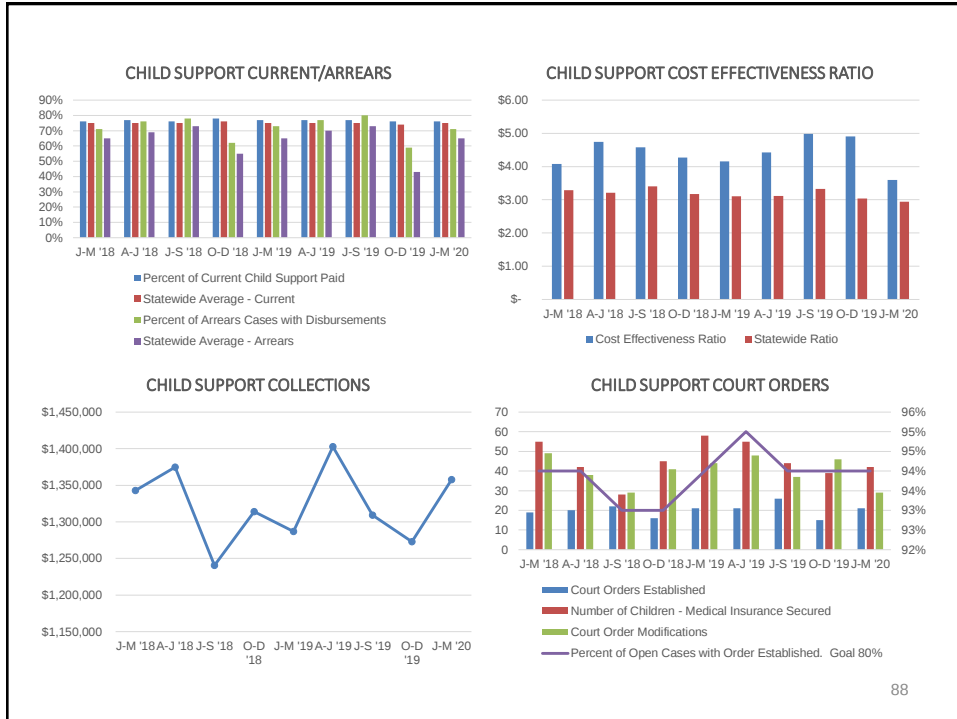
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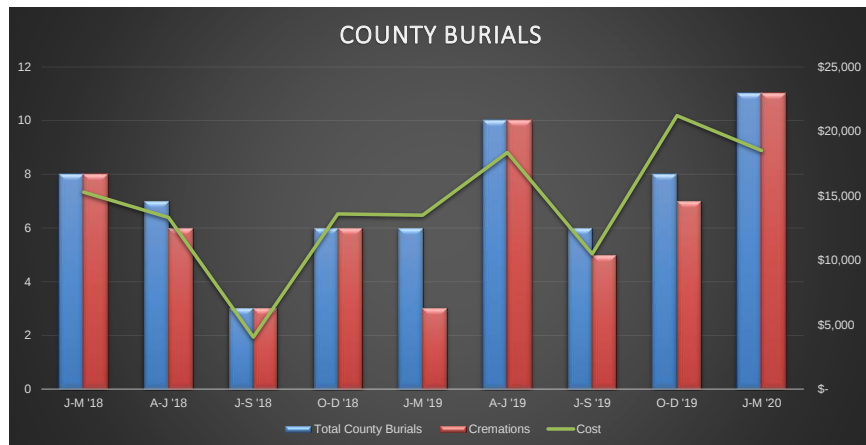
- January – March of 2020 we had 92 Basic Sliding Fee child care cases, 9 MFIP child care cases, and 10 transition year cases.

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- Our fraud investigator had a lot of METS referrals at the end of 2019/beginning of 2020 resulting in overpayments for medical premiums. Lots of jobs not reported after investigating zero income cases.





	J-M '18	A-J '18	J-S '18	O-D '18	J-M '19	A-J '19	J-S '19	O-D '19	J-M '20
Total County Burials	8	7	3	6	6	10	6	8	11
Cremations	8	6	3	6	3	10	5	7	11
Cost	\$15,269	\$13,311	\$4,045	\$13,603	\$13,498	\$18,350	\$10,486	\$21,217	\$18,510

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- The Board approved a revised rate schedule for county burials effective October 2019.
- Prior to the change, a cremation cost approximately \$1,852. That cost is now approximately \$3,100.

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**EXCEPTIONAL
PROBLEMS/ISSUES/ACTIVITIES &
SPECIAL PROJECT REPORTING**



COVID-19 Impact to Agency Operations

- Lobbies closed in both buildings – drop box
- 70% of staff set-up with ability to work from home.
- Numerous waivers for program service delivery impacting all areas of the agency.

COVID-19 Impacts

- Agency role in response efforts:
 - Ensure individuals in isolation and quarantine are provided with essential needs (groceries, meals, cleaning supplies, medical supplies, medications, housing & transportation).
 - Work with community partners, businesses and stakeholders to implement community mitigation strategies to reduce the spread of disease and provide communication flow.
 - Analyze data and communicate findings to the community.
 - Manage communications requests.
 - Partner with local medical community in COVID-19 activities.

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COVID-19 Impacts

- Agency role in response efforts cont'd:
 - Support MDH in case tracing efforts
 - Support health care in mobile testing clinics
 - Provide support to long-term care facilities and other congregate living
 - Prepare for mass vaccination clinics

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Behavioral Health

- Agency restructuring – MH and CD combined
- Work during COVID-19 – adjustments to practice
- Adult mental health – significant issue and new staff
- Children's mental health – significant issue
- CMH In-Home Parent Educator update

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Community Health

- COVID-19 Public Health Emergency Preparedness Response- activation of incident response in March.
- Dozens of media contacts and interviews due to Martin County COVID-19 Situation.
- Fully staffed 😊

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Financial Assistance

- IM due to get new computers in 2020.
- Multiple short-term policy changes to the cash and SNAP programs that DHS has put into place.
- Recognition that even though this has been a very stressful time workers have risen to the challenge and provided wonderful service to our communities.

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Social Services

- Recovery is not a simple linear process
- Evidence-Based Celebrating Families!
- Transitioning with COVID-19

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