

Wright County Human Services 2010 Annual Report



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Director's Comments

Don Mleziva

The **STAR TRIBUNE** recently published an article “Study: Disabilities Affect 15 Percent of The World.” The article summarized findings of the “World Report on Disability 2010” which was created by the World Health Organization (WHO) of the United Nations. The Report released new data on the global scope of disability prevalence in the world.

According to the Report, about 15 percent of the world’s entire adult population is afflicted with a significant disability. Based on 2010 world-wide population estimates, there are 785 to 975 million persons who are 15 years and older living with a disability. Another 93 million children, age infant to 14, also have disabilities. The Report strongly advises that societies, governments, and countries must not ignore the needs of this large proportion of their population.

Such global statistics are often so large and overwhelming of themselves, that their impact may be lost on people living in their own local communities. But as you review our Agency’s 2010 Annual Report, I believe you will see that a connection can certainly be made between this United Nations Report’s macro numbers and a micro-community such as our own County. In our instance, the growth in our Agency’s new service applications, and open client cases in the past five years is startling. Whether it be in Financial Assistance, Social Services, or Public Health, we have seen huge increases in service demands and activities, many of which involve people with disabilities. In 2010, the agency had the largest aggregate of service activity and cases in its history.

Because of the recessed economy of the previous three plus years, our Agency has been dealing with ever increasing service demands, but at the same time, we have not had the resources needed to increase our work force to keep up. This has proven to be a significant challenge. Just as the United Nations’ Report stresses how critically important it is for Countries world-wide to address an increasing population of disabled people, so too are we, in our local County environment, being as creative and responsive as possible in meeting health and social services problems. In our 2010 Annual Report, the growth numbers speak for themselves. The people whose problems and lives exist behind those numbers, are fortunate to have the staff of this Agency ready to speak and act for them. I think when you read through this Report, you will come to the same conclusion.

Mission Statement

Wright County Human Services Agency

Exists to ensure the right of every individual to a social environment which fulfills basic human needs, and to encourage individual and community responsibility for personal and environmental health.

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2010 Human Services Board



Rose Thelen
District 1



Pat Sawatzke
District 2



Jack Russek
District 3



Elmer Eichelberg
District 4



Dick Mattson
District 5

District 1 includes: Annandale City, Buffalo City Precincts #1 & #2, Chatham Township, Clearwater City and Township, Corinna Township, Maple Lake Township, and Silver Creek Township.

District 2 includes: Dayton City (within Wright County), Monticello City and Township, and Otsego City.

District 3 includes: Buffalo City Precinct 3, Delano City, Franklin Township, Rockford City (within Wright County), Rockford Township, Waverly City, and Woodland Township.

District 4 includes: Albertville City, Buffalo City Precinct #4, Buffalo Township, Hanover City (within Wright County), and St. Michael City.

District 5 includes: Albion Township, Cokato City and Township, French Lake Township, Howard Lake City, Maple Lake City, Marysville Township, Middleville Township, Montrose City, South Haven City, Southside Township, Stockholm Township, and Victor Township.

2010 Management Staff *

- Don Mleziva.....Director**
- Larry DeMarsFiscal Manager**
- Mary BonlenderSocial Services Manager**
- Jami SchwartzFinancial Services Manager**
- Carol SchefersPublic Health Nursing Director**
- Marian ElkertonSocial Services Intake/Resource Supervisor**
- Jessica NelsonChild Protection Supervisor**
- Marianne CharbonneauFamily Assessment Supervisor**
- Rosemary CyrChildrens Services Supervisor**
- Lori Schmidt.....Mental Health Supervisor**
- Debbra SwansonDevelopmental Disabilities Supervisor**
- LeeAnn Thimell.....Adult Services Supervisor**
- Mary Nesseth.....Public Health-Family Health Supervisor**
- Karen Jorgensen-Royce.....Public Health-Health Care Management Supervisor**
- Sheri LumleyChild Support Enforcement Supervisor**
- Linda Kunkel.....Child Support Establishment Supervisor**
- Marion Peterson.....Financial Services-Food Support/Health Care Supervisor**
- Linda Antl.....Financial Services-Family Services Supervisor**
- Sue ElletsonOffice Services Supervisor**

* Management staff oversee 205 employees in 16 specialized service units

The Human Services Department is statutorily required to establish advisory and task force committees to provide input on agency programs and services. The committees are made up of county citizens, Human Services professionals, and consumers, who review and make recommendations on annual service plans, participate in the formation of the annual budget, and evaluate programs and services.

These committees also review and comment on special service projects, and provide input regarding agency state-mandated service plans, programs, and performance.

2010 ADVISORY COMMITTEES AND TASK FORCES

WRIGHT COUNTY HUMAN SERVICES ADVISORY COMMITTEE

Tammi Dahlman	Elmer Eichelberg	Wayne Kessler	Susan Malone	Sue Mattson
Tresha Melquest				

PUBLIC HEALTH TASK FORCE

Gretchen Frederick	Shirley Hagerty	Diane Holmstadt	Marlene Kittock	Bonnie Kueng
Darlene Lind	Dave Nelson	Tony Onnen	Carol Schefers	Dr. Jennifer Ray-Mader
Rose Thelen				

MENTAL HEALTH ADVISORY COUNCIL

Michelle Brandes	Rosemary Cyr	Ralph Dick	Galen Johnson	Mary Kotrba
Lori Schmidt	Rose Thelen	Bill Tregaskis	Jim Vorderbruggen	

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Steve Berg	Margo Binsfield	Dennis Bobrowske	Scott Carriveau	Kurt Dahlin
Tom Ferrel	Tracy Franke	Annette Habisch	Charles Lick	Dick Mattson
Brian Nord	John Prondzinski	Darel Radde	Genell Reese	Carol Schefers
Rose Thelen	Bob VanLith	Grody Vosberg	Mitch Weinzetl	

ADULT PROTECTION TEAM

Grace Baltich	Stephanie Barnes	Kristin Brovold	Lindsay Carik	Barrett Chrissis
Tammi Dahlman	Mary DeWitte	Stacy Doyle	Julie Eaton	Marian Elkerton
Beth Hammer	Bob Holverson	Rebecca Howell	Ann Mohaupt	Jenny Paripovich
Michelle Porras	Sue Riley	Susette Rubel	Bill Stevens	Lee Ann Thimell
Nicole Watrin				

COURAGE TO CARE COUNCIL

Michelle Brandes	Michelle Campa	Karmen Christensen	Marianne Charbonneau	Diane Coffield
Becky Domjahn	Evelyn Holland	Jenny Kramber	Bryan Lingen	Amy Loechler
Jill Marzean	Jessica Nelson	Marilyn Seifert	Janet Spatafore	Devonna Tierney

MULTIDISCIPLINARY ABUSE/NEGLECT TEAM

Michelle Brandes	Marianne Charbonneau	Lindsay Carik	Barrett Chrissis	Karmen Christianson
Colleen Crockford	Carter Diers	Stacy Doyle	Andrew Fashant	Butch Huston
Thomera Karvel	Jessica Nelson	Mona Popp	Janet Spatafore	Bill Tregaskis

FOSTER CARE ADMINISTRATIVE REVIEW PANEL

Evelyn Holland	Lois Mueller
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THE SOCIAL SERVICES INTAKE AND RESOURCE UNIT has four program areas: 1) Intake and Resource Services 2) Licensing Services 3) Adoption Services and 4) Transportation Services. Seven social workers, two case aides, and an office support staff person provide these services.

Intake and Referral Services

The Intake Unit is the entry point for all agency social services, except the intake of child maltreatment reports. The intake social worker assists individuals and/or families in the completion of the intake application process, by conducting an extensive interview, and determining eligibility for agency programs. Information and referral is provided about available resources in the community. Intake services include crisis intervention, investigation of licensing complaints, and pre-petition screening reports for mental health civil commitment proceedings. The Intake Unit also serves as the Common Entry Point to accept and process vulnerable adult reports.

The intake social worker responds to inquiries covering a wide variety of areas: parenting concerns, requests for community resources and programs, case management services for adults and children with mental health needs and/or developmental disabilities, and child welfare respite care. Intake also responds to questions regarding custody disputes, housing resources, transportation, and resources available to assist a relative or child who may be a danger to self or others, or is chemically dependent. Information is also available regarding the mental health civil commitment process. Many agencies and organizations call for information regarding county services or resources for their clients.

The following is a synopsis of the work completed by the Intake Office in 2010:
Responded to 1,891 intake calls, many of which required subsequent contacts.
Received and referred 416 vulnerable adult reports.
Received and processed 105 child care or foster care licensing complaints.
Received, processed, and conferred with a referring source and the Agency's Mental Health Unit on 66 Physician Hold Orders in support of commitment.
Completed the application process to determine eligibility for 32 Children's Mental Health clients, 48 Adult Mental Health clients, four mediation cases, 37 Developmental Disabilities and related-conditions clients, and six child welfare cases.

Licensing

Licensing staff provide orientation, training, licensing, and supervision of licensed child care homes, child foster care homes, and adult foster care homes. Providers must meet the requirements of Minnesota Statutes and Rules, which vary according to the license program. Licensing compliance is reviewed through re-licensing appointments and drop-in visits; correction orders may be issued when problems are identified. Complaints regarding licensed facilities are investigated by unit staff. Investigative staff coordinate with the Child Protection Unit when a licensing complaint reports maltreatment of a child. Fines and/or negative licensing actions may be recommended to the Department of Human Services Licensing Division, depending on the severity of the licensing infraction(s). Negative licensing actions that may be recommended include Conditional License, Temporary Immediate Suspension, or License Revocation. Unit staff work to support quality services for those in care and to support retention of foster care providers. Child care licensing staff provide supervision training for licensed child care providers to support quality child care. Foster care licensors facilitated a picnic in the summer for

Licensed Family Child Care Homes			
City	Number	City	Number
Albertville	49	Maple Lake	14
Annandale	22	Monticello	74
Buffalo	62	Montrose	10
Clearwater	7	Otsego	49
Cokato	8	Rockford	13
Dayton	0	South Haven	5
Delano	24	St. Michael	73
Hanover	10	Watertown	0
Howard Lake	12	Waverly	7

In 2010, 47 new homes were licensed, with 26 pending applications, with a total of 437 licensed homes in place

Child Foster Care

Child Foster Care Homes are licensed to provide care for children needing placement due to safety and protection issues, severe disruption in a family, or to meet special needs of children. There were 65 Licensed Child Foster Care Homes in Wright County in 2010. Of these homes, there were 47 non-relative foster homes, 18 relative-only foster homes, and three corporate foster homes. There were 170 children placed in child foster care (130 children in non-relative foster homes, 34 children in relative foster homes, and 6 children in corporate foster homes). There were ten children from other counties cared for in relative foster homes.

Adult Foster Care

Adult Foster Care is comprised of Licensed Family Providers and Licensed Corporate Providers. In 2010, the agency had 67 Licensed Family Adult Foster Care Homes, 61 Corporate Facilities, and 8 relative certified beds for elderly housing—a total of 452 licensed beds. These providers care for individuals who are developmentally disabled, medically fragile, have a traumatic brain injury, or are diagnosed with mental illness and/or chemical dependency. The adult foster care licensor conducts quarterly meetings, offering providers training and consultation.

Background Checks

The agency is required to complete criminal background checks for both existing and potential family child care license holders, and anyone over the age of thirteen living in a licensed household or facility. Midyear, the State assumed responsibility for background checks in adult foster care.

Licensing investigators in the unit review background reports to screen for potential problems which may lead to a licensing variance, or disqualification from contact with persons served by a licensed program. Recommendations for disqualification are made to the Minnesota Department of Human Services for final determination.

Adoption

Wright County Human Services is responsible for completing adoptions for children under the guardianship of the Commissioner of Human Services (State Wards). This includes searching for appropriate adoptive families for children, when needed. Throughout the adoption process, families receive ongoing support from a social worker, as well as community services. The social worker is responsible for completing a social history for each child, processing adoption assistance documentation, and assisting the family through the Court finalization process.

In 2010, three children in Wright County were adopted through this process. Twenty-three children are currently awaiting adoption. The Agency also has a role working with relative and stepparent adoptions. Thirteen stepparent adoptions and one relative adoption were completed during the year.

The agency continues to support a monthly Wright-Sherburne Adoption Support Group. This group is open to anyone who has adopted, is in the process of adopting, or is considering adoption. In addition to the adult group, there is also a group for children ages ten and above. This group meets at the same time as the adult group, so that parents can attend and bring their children with them.

Volunteer Transportation

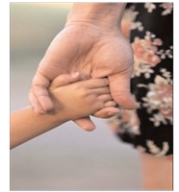
Staff provide transportation coordination to connect volunteer drivers with senior citizens and agency clients requiring transportation for a variety of needs, when no other transportation is available. Quarterly meetings are conducted by staff to provide support and training to volunteer drivers. This service is offered primarily for medical appointments, including kidney dialysis and cancer treatments. In 2009, the agency's 33 volunteer drivers contributed 4,807 hours of service, providing 2,840 rides, with 88,715 miles driven. Three new drivers were added to the program in 2010.

Agency Website

The Agency Website is widely used to obtain information regarding licensure for day care, child foster care, adult foster care, adoption and community resources. The website also offers updated information to licensed providers regarding regulations, forms, training, support, and educational information. Over 114,000 website contacts were made by the public to access this information in 2010.

Child Protection

THE CHILD PROTECTION UNIT provides a variety of services that are intended to protect children whose health or welfare may be at risk. Child Protection services include maltreatment intake reports, investigations, and case management.



An Agency Staff Screening team screens reports of suspected child abuse to determine if what is reported meets the law's definition of child maltreatment. In 2010 1,712 reports were screened by the team.

Facility Investigations	Family Investigations	Minnesota defines the following as child abuse or neglect
4	33	Neglect includes abandonment, chronic and severe use of alcohol/controlled substance, disregard for safety, expulsion from home, failure to protect from serious endangerment, failure to thrive, inadequate attention to educational needs, inadequate care for emotional needs/behavioral problems, inadequate provision for medical needs, inadequate provision for physical needs, inadequate supervision, prenatal exposure to a controlled substance, and prenatal exposure to alcohol.
0	1	Medical Neglect is the inadequate provision for medical needs and infant medical neglect which is withholding nutrition, hydration, and treatment.
6	33	Physical Abuse is aggravated physical abuse, confinement by tying or caging, domestic violence, giving poison or harmful substances, shaking a child under three, simple physical abuse, striking a child under age of eighteen months, threatened injury, and threatening with a weapon.
0	0	Mental Injury and Emotional Harm includes corrupting, isolating, rejecting, and terrorizing.
0	36	Sexual Abuse is sexual abuse or incest, sexual exploitation or prostitution, and threatened sexual abuse.
10	96	Totals

The main focus of the Child Protection Unit is the safety of the children. If there is significant risk of harm to a child in the home, they can be removed from the home and placed in emergency shelter or foster care. Child Protection works with the family to be able to safely return the child to their own home. If it is not possible to return the child, a safe alternative home is used.

Safe alternatives for children may include the termination of parental rights, transfer of legal custody, long term foster care, and adoption. Termination of Parental Rights (TPR) is a legal action that terminates all of the parent's rights to make decisions for a child or to care for that child. A TPR can be voluntary or involuntary. A TPR requires a high standard of evidence and must be established by clear and convincing evidence that the parent is not able to presently or in the foreseeable future provide for and meet the needs of the child. Transferring of legal custody entails transferring custody of a child to a relative or kinship placement option. It involves decision making about the child's future on every day and long term decisions. This gives the custodian the authority to make decisions in the best interest of the child, instead of the Court. Long term foster care is the retention of a child in foster care for an extended period of time. This is usually only recommended as a last option. Finally, adoption is an option for a family to take a child into their own home through legal means, and raise the child as their own.

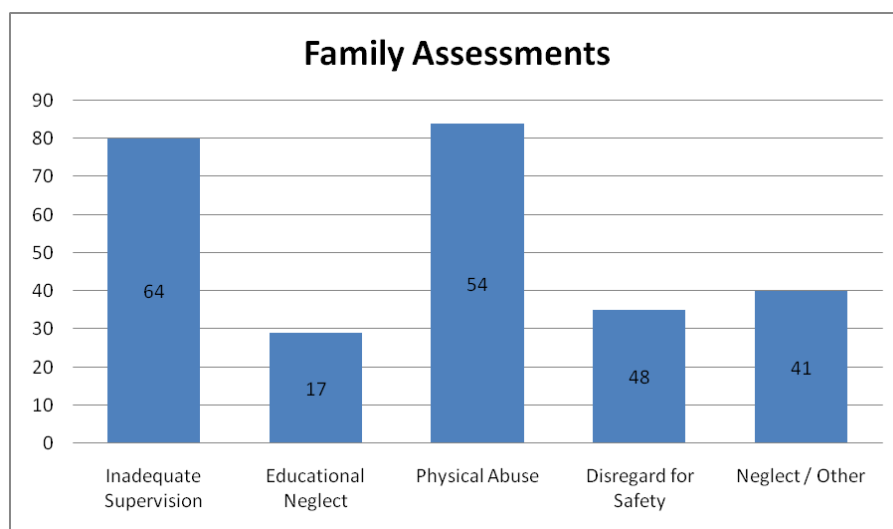
THE FAMILY ASSESSMENT UNIT works with families from a strength-based perspective. Four child protection social workers in the unit assessed 78% of screened-in child protection reports. One social worker and one case aide worked on all truancy referrals from the ten school districts in Wright County. Three social workers and two therapists provide In-Home services to families without insurance or who are underinsured.

Child Protection Family Assessment

Child Protection reports are screened to determine whether the report meets criteria to be assigned for a child protection response and what type of child protection response (Investigative or Family Assessment) may be needed. Investigative responses take place in the Traditional Child Protection Unit, and Family Assessment Responses take place in the Family Assessment Unit. Family Assessment Response is the preferred response that works with screened in child protection reports that do not allege substantial child endangerment. Formerly known as Alternative Response, Family Assessment Response is a comprehensive family assessment that helps many families avoid a confrontational or intrusive investigation process, when child abuse or neglect is suspected.

The family assessment response eliminates the need to make a maltreatment determination and instead makes a finding on whether there is a need for protective services. Family Assessments involve assessing the safety of the children in the home, the risk for subsequent child maltreatment, and the family's strengths and needs. The focus of the Family Assessment response is strength-based, and seeks to identify the family's protective capacities to keep their children safe within their family home. The Family Assessment workers engage the family to identify family needs and to use services in the community on a voluntary basis. Both children and parents get the help they need without being labeled as abusive or neglectful. If a family does not follow through with recommended services, the response track may be changed to an Investigative response where a finding of maltreatment is made and services may be mandated.

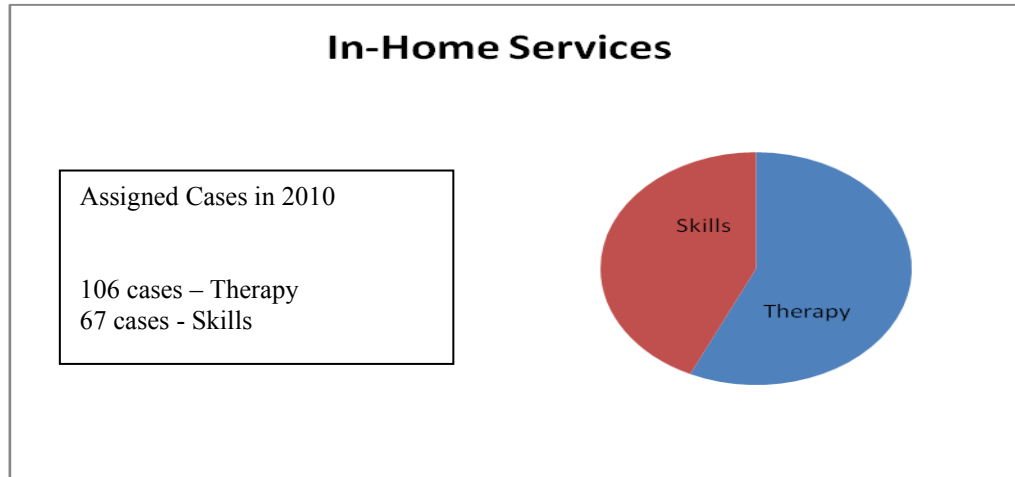
Wright County began the implementation of **Signs of Safety** intervention techniques with families in the Family Assessment and Child Protection Units. Signs of Safety intervention techniques are used to assure safety, and to empower families to utilize family and community resources to maintain the safety and wellbeing of their children. Wright County received a state grant in 2010 to continue Signs of Safety training for staff.



In-Home Services

In response to changes in the agency's needs and to help with state and federal reduced funding impacts, two social workers and three therapists in the unit provided intensive In-Home therapy services to families who were either under-insured or had no insurance. Wright County provided over \$96,000 in In-Home services in 2010. This shift in providing In-Home services through the county has saved the county \$21,500 by not contracting out for these services. This shift has also helped reduce the number of Out-of-Home Placements of Children in the county, and it has been one of the factors that helped lower the cost of an Out-of-Home Placement in the county.

The services that are offered are intensive and time-limited, with three staff therapists providing In-Home Therapy, and two social workers providing parenting, skill building, anger management, adolescent independent living skill development, and implementation of behavior plans. The In-Home staff provide 4 to 8 hours per week of intensive therapy and/or skill building to families in the Child Protection, Family Assessment, and Children’s Mental Health units. Social Workers are often in client homes two to three times per week, in order to work with families to implement needed change and to support the changes the family is making. Services are time-limited and are reviewed every 3 months to assess progress, and to determine if a continuation of services is needed.



Truancy

Truancy intervention and truancy services are provided by one social worker and a case aide. Truancy intervention services involve assessing family needs and developing contracts among the truant youth, parents, school, and social services. These contracts address areas of needed assessments or counseling, and consequences that may ensue, as well as looking at the needs of clients, and identifying resources. In 2010, Wright County received 267 referrals of three day absences and 116 of five day absences. Letters were sent to these families encouraging them to change behaviors, or they may be referred to the Truancy Diversion Program.

In 2010, 87 truants were referred to the Truancy Diversion Program. Out of the 87 truants referred, 46% attended the meetings. 36% did not attend the truancy diversion meetings, but were successful in returning to school. The other 18%, who also did not attend the truancy diversion meeting, had a court petition filed by the county attorney because they failed to cooperate and did not return to school.

Cases of Truancy Diversion Program	
29%	Attended Diversion Meeting and returned to school.
36%	Did not attend Diversion Meeting but returned to school after receiving the letter.
18%	Did not attend Diversion Meeting and a CHIPS* Petition was filed.
16%	Attended Diversion Meeting and a CHIPS* Petition was filed.

*CHIPS: Child in Need of Protection or Services; Petition to the court on behalf of the child to protect them and/or require that services be provided.

CHILDREN'S SERVICES

Eleven Social workers in this unit provide Case Management for Children's Mental Health (CMH) and Child Welfare Services. Child Welfare includes the following program areas: Teen Parents, Shelter Care, and Support for Emancipation and Living Functionally (SELF), and Chronic Truancy and Runaway Behaviors requiring significant interventions.

Children's Mental Health Case Management includes accessing resources to meet needs for: mental health, socialization, education, health, vocational/volunteer opportunities, recreation, transportation, advocacy, and dealing with legal issues for those children and their families coping with a Severe Emotional Disturbance (SED). Responsibilities include obtaining a comprehensive diagnostic assessment, completing a functional assessment, developing individual/family community support and crisis plans, and assisting the child and the family to access community resources and services. Staff began providing a Wraparound approach to Children's Mental Health Case Management in October, 2008. This approach involves teams which include family, friends, neighbors, and professionals engaging together in plan development to best meet needs of children and their families dealing with mental health concerns. The goal is to keep children in their own homes, communities, and schools. Wraparound has ten (10) guiding principles: Family Voice and Choice; Team based; Natural Supports; Collaboration; Community Based; Culturally Competent; Individualized; Strengths Based; Persistence; and Outcome Based.

From October, 2008 through March, 2011, Wraparound Teams have been developed in 1/3 of the families worked with in order to meet this goal. The use of this approach in case management has shortened out of home placements for children needing that type of service. Wraparound has also prevented many out of home placements from occurring, and has brought family, friends, and neighbors into a supportive team. Below is a table outlining placement savings over the past 12 months in 2010.

Wraparound Approach: Savings of Placement Costs

	Foster Care	Group Home	Residential Treatment	Imminent Placement Prevented
Cases Closed	\$ 33,009	\$142,625		\$175,634
Cases Still Open	\$ 59,400	\$ 47,250	\$146,000	\$252,650
Sub-total Saved	\$ 92,409	\$189,875	\$146,000	\$428,284

Total Saved \$428,284 (Average-\$35,690 per Month)

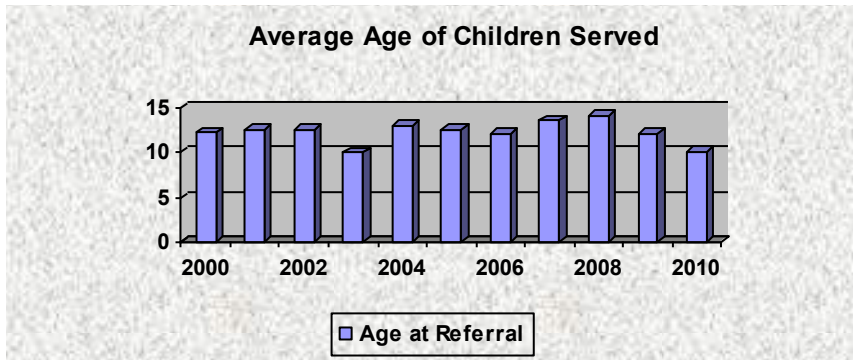
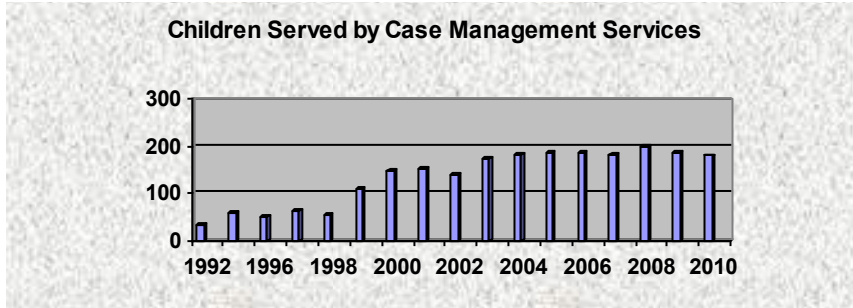
Wraparound has also shortened by 9-15 months the time that staff are involved in cases. Use of traditional case management approaches rely on expensive services and a dependence on county staff and services. Wraparound utilizes informal family/friend/church supports that can and has continued beyond Human Services involvement.

The unit has also brought all clinical supervision services into the agency. Clinical Supervision was provided internally to agency staff by other staff who have obtained Clinical Licenses in order to qualify as Mental Health Professionals, Licensed Independent Clinical Social Workers, and Licensed Professional Clinical Counselors. These staff have provided in excess of 200 hours of clinical supervision through the course of the year.

CMH Services were provided to 180 children and their families. Services included: outpatient individual and family counseling, clinical psychiatric care, crisis intervention, in-home professional therapy, life management skills, respite care, day treatment, shelter, foster, group home, and residential care. Individual/Family Community Support services are provided directly and through community resources, as an integral part of case management. Since March, 2008, the unit has had a social worker providing direct outreach intake to families who are referred by law enforcement, schools, and community sources.

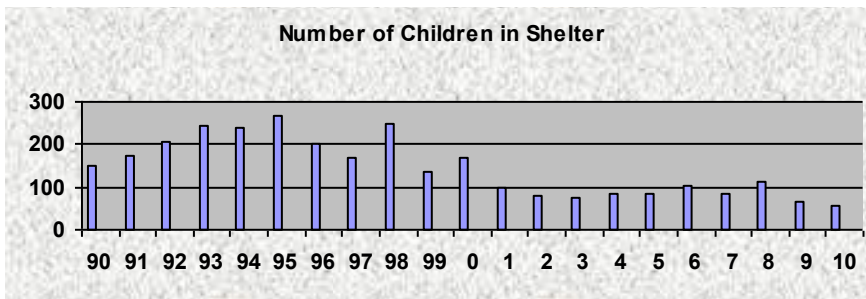
Children's Services

Referral Increases		
2008	2009	2010
41	52	63



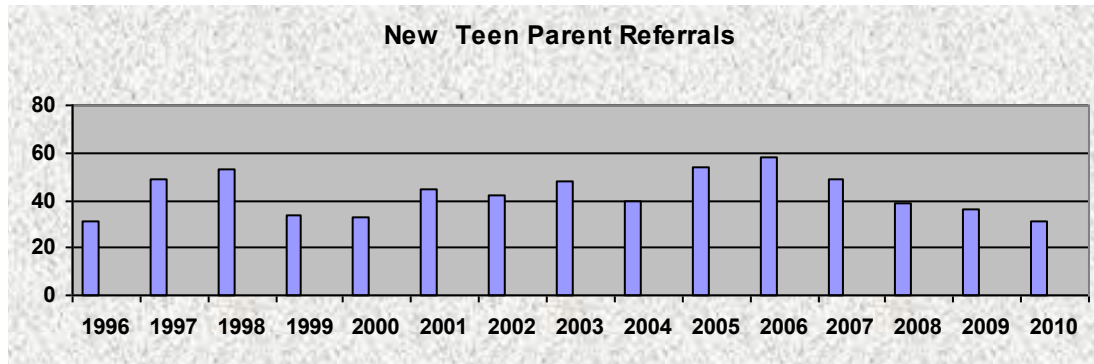
All Shelter Care Placements are made by Law Enforcement Officials. Fifty-eight (58) were children placed in shelter care in 2010. Emergency Shelter Services include: recruitment, support, training, developing a rotation schedule for shelter care providers, and providing individual assessments and assistance to access resources.

An assessment is completed and a determination made regarding further needs within 72 hours of referral. An important part of the assessment process is identifying family strengths and supports, including use of family resources, such as extended family and other individuals who have an important role in the life of the child and family. In addition, new shelter care resources were developed, and continued to receive support and training.



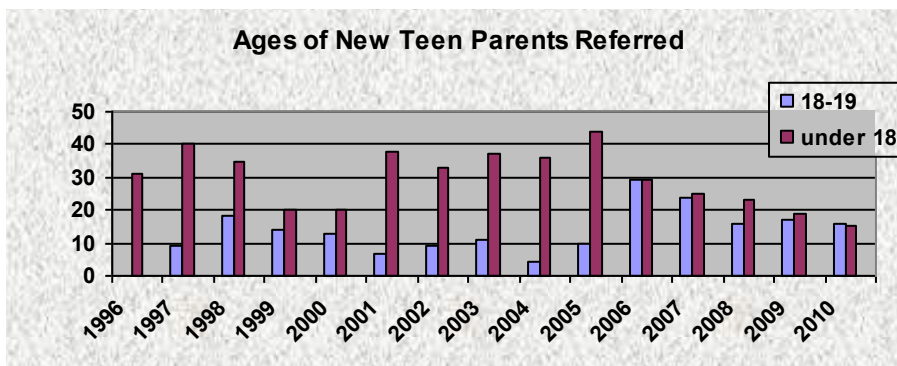
Teen Parents services were provided through individualized service plans to assist them with parenting while attending school to complete their high school education. Unit staff coordinate with schools, Public Health, Financial Services, Child Support, and other community resources to meet needs of the teen parent, child and family.

Child Care services provide financial support for day care to teen parents. This is provided based upon family income (Basic Sliding Fee Child Care) or MFIP eligibility. Minor Parent Services were provided to 31 new teens (15 were less than 18 years old), and 19 cases were closed.

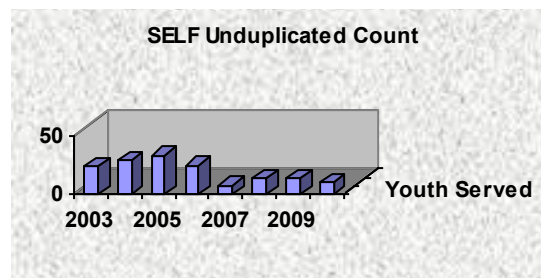


Reason For Case Closings

- 13 teens graduated from high school or its equivalent
- 3 moved out of county
- 1 refused services/non-cooperative
- 2 reached age 18, services completed



The Support for Emancipation and Living Functionally (SELF) program was added to the Unit in November, 2003. Eligibility is reserved for those youth aging out of care from an out of home placement. As a result of this change, fewer children were served in transition to adulthood. A law was passed in Minnesota in 2008, and federally in 2009, requiring counties to maintain youth in care from ages 18-21, although graduated from high school. Youth must be working on a plan and either be enrolled in post secondary programming or working at least 80 hours per month. These youth are still working with their social worker in the implementation of an independent living plan. The graph below identifies the number of youth utilizing funding through Federal SELF funds.



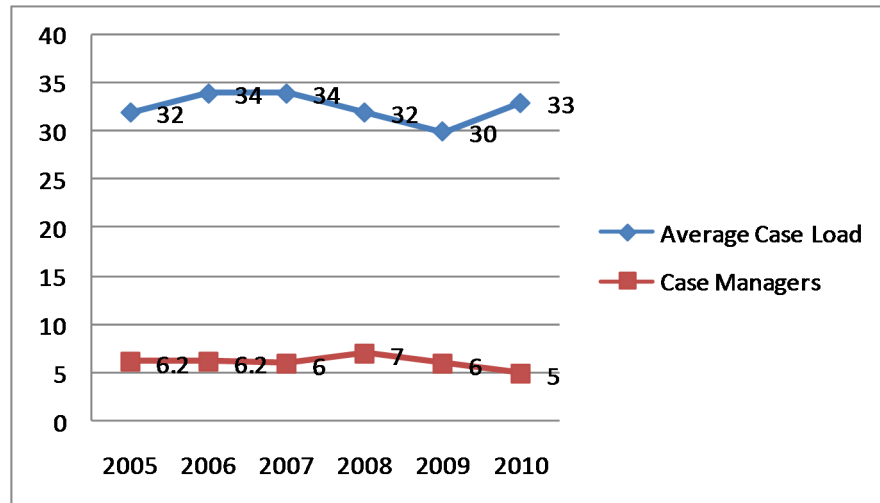
Mental Health

THE MENTAL HEALTH UNIT, composed of six social workers, a mental health professional, a supervisor, case aide II, and senior office support specialist, provides case management services to adults with a diagnosis of Serious and Persistent Mental Illness (SPMI). The unit also provides chemical dependency assessments, case management, and intakes and referrals for treatment.

Adult Mental Health

The goal of the mental health unit is to maintain consumers safely in their home or an appropriate community placement, and to prevent hospitalization. Staff also assist clients in obtaining prompt attention to escalating psychiatric needs, crisis team interventions, and access to hospitalization.

The graph below illustrates average caseload sizes and the number of case managers. In July, 2009, clients who were receiving healthcare from state-funded managed care organizations (MCO), had their cases closed and services were transferred to the MCO. In 2010, this continued, but clients also frequently transferred between the MCO and County services. Much of this change was due to changes in GAMC and MNCare programs. Also, in 2010, the unit began providing required clinical consultation in-house. The additional clinical duties, commitments, and CADI services provided, resulted in 5 FTEs dedicated to Adult Mental Health Targeted Case Management services (AMH-TCM). The average total AMH cases in the unit was 164.3, making the average AMH-TCM caseload 33 or 9.5% above the state required caseload average for social workers providing mental health case management.



Mental Health social workers are required to have monthly contact with their clients to monitor their mental health condition. Wright County receives Federal Targeted Case Management (TCM) funds for each monthly contact with a client who is eligible for Rule 79 case management and who is receiving Medical Assistance. In 2010, Wright County received \$246,900 through Adult Mental Health Targeted Case Management. The county also receives grant money to provide these services to clients who are not receiving Medical Assistance funding.

In addition to providing mental health case management, social workers in the unit also provide CADI (Community Alternative for Disabled Individuals) waived services. The unit averaged 55 clients receiving these services per month in 2010. The County receives reimbursement in 15 minute increments for the time that social workers spend assisting clients who receive CADI services..

The Mental Health unit is also responsible for completing pre-petition psychiatric hospitalization commitment screening for clients. These screenings are initiated when a doctor's statement indicates that a person is a danger to themselves or others. In 2010, the unit completed 76 screenings, an increase from 64 in 2009. In 34 of those screenings in 2010, the case was forwarded to court.

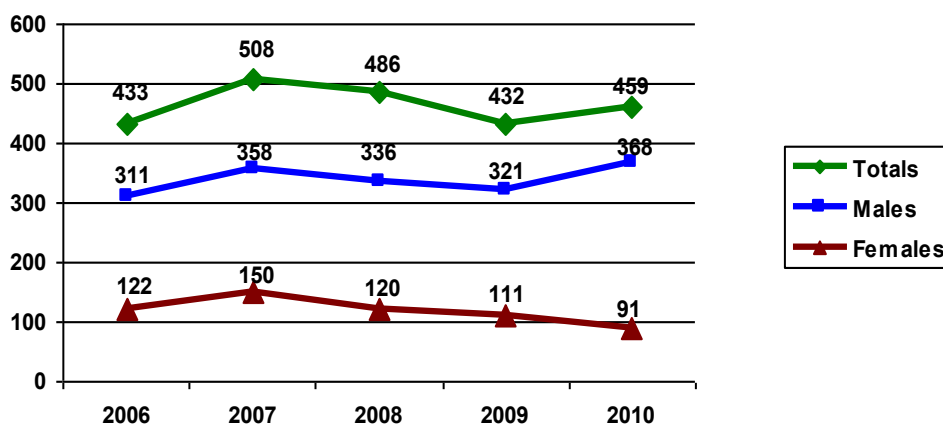
The state requires the county to fund Community Support Services for persons diagnosed with Serious Persistent Mental Illness (SPMI). Wright County fulfills this obligation by funding employment services and maintaining a service contract with the Central Minnesota Mental Health Center. These support services assist clients by providing stabilization and preventing hospitalizations.

Chemical Dependency

Wright County is required to provide chemical dependency (CD) assessments as requested by clients. If a client is found eligible for the State Consolidated Chemical Dependency Treatment Fund, an assessment is offered. If not, the client can receive an assessment on a sliding-fee-scale basis. The chemical dependency assessment must include meeting with the client to evaluate their drug use, contacting collateral sources to confirm the client's substance use, and recommending an appropriate level of treatment.

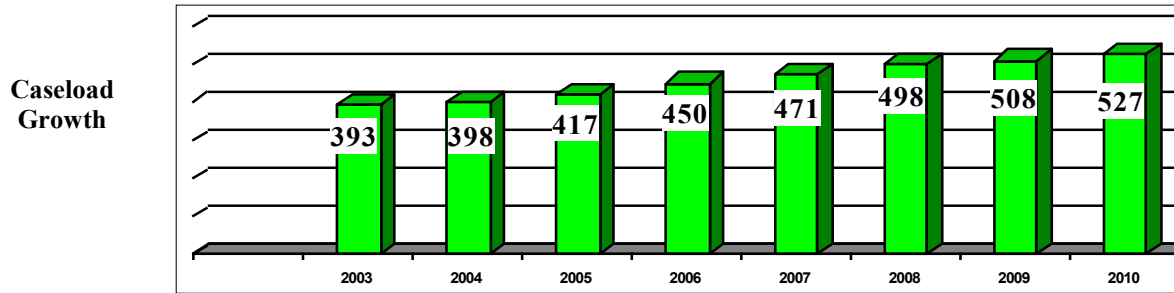
The unit utilizes a case aide to determine client eligibility and support placements; one FTE social worker completes chemical dependency assessments. Regulatory timelines require that anyone who requests an assessment must have it completed within 20 calendar days. The State also defines a required process to use for all assessments. In 2010, there was a slight variation in assessments, because clients served by publicly funded managed care programs were referred to their provider for assessments. Despite this, the CD unit completed 459 CD assessments in 2010.

CD Assessments



Developmental Disabilities

THE DEVELOPMENTAL DISABILITIES (DD) UNIT consists of a supervisor, nine social workers, a case aide, and a senior office support specialist. In 2010, the unit served 527 children, adults, and their families. Of the 527 cases, 378 were waiver services cases that received federal and state reimbursement for case management. The agency provided case management to another 149 cases (down from 166 in 2009) that received State grant or County funded services with no reimbursement from federal or state sources.



Programs and Services: Family Support Grant (FSG) is a state-funded monthly cash grant of up to \$250 per month; Community Support Grants (CSG) also provide state-funded monthly cash grants to children and adults with disabilities living at home; A state-funded Semi-Independent Living Services (SILS) grant provides non-cash support to individuals, who require only a minimal amount of assistance to live in the community; Community Alternatives for Disabled Individuals (CADI) is a Medical Assistance funded waiver program for disabled individuals under age 65, who would otherwise require nursing facility care; Developmental Disabilities Waiver (DD Waiver) is a health care funded waiver program for persons with developmental disabilities; Consumer Directed Community Support (CDCS) is a service option within the DD Waiver and CADI Waiver programs; Respite Care provides a reprieve or period of rest for a primary caregiver; Extended Employment is a work program for persons with moderate disabilities in either facility-based or community settings; Supported Employment is a support service for persons employed in the community; Day Training and Habilitation (DT & H) is an in-house work program that provides care and training for persons with developmental disabilities.

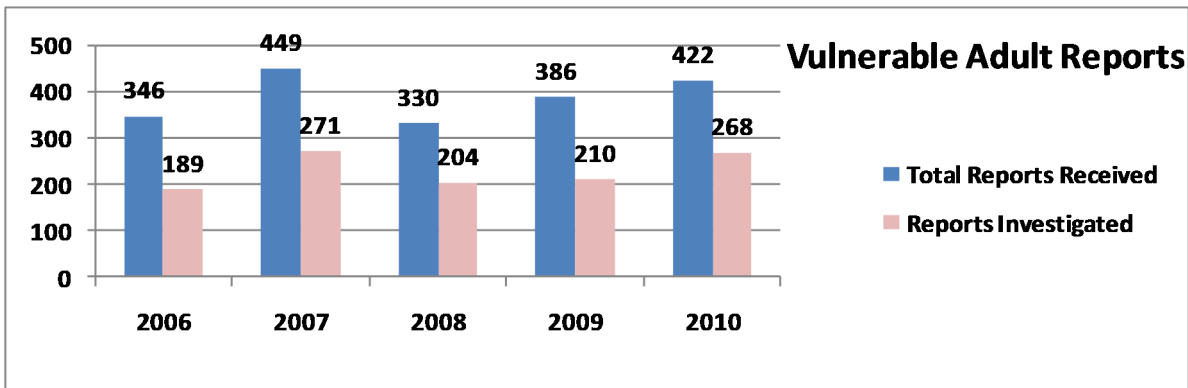
DD Cases in 2010	Cases
Family Support Grant (FSG) (With 15 on a waiting list at year's end)	52
Community Support Grant (CSG)	17
Semi-Independent Living Services (SILS)	23
Community Alternative for Disabled Individuals (CADI)	136
Traumatic Brain Injury (TBI)	2
Developmental Disabilities waiver (With 34 on a waiting list at year's end)	240
Consumer Directed Community Support (CDCS) (DD—CADI)	54

In 2010, the DD Unit, as part of Autism Allies of Wright County (AAWC), promoted greater awareness of the growth in the numbers of children needing services for autism. Fifty seven percent (57%) of the children's caseload in the DD Unit includes a diagnosis of autism (up from 51% in 2009). AAWC has created effective programs for the community, including a successful resource fair, with over 500 in attendance, and the autistic License play, a presentation of Illusion theater.

The DD Unit is also pursuing projects to help young adults obtain competitive employment through Disability Mentoring Day and Project SEARCH, a year-long internship-based program to unite high school students with a business in the community. These programs expand the student's learning and establishes a resume of competitive employment experience.

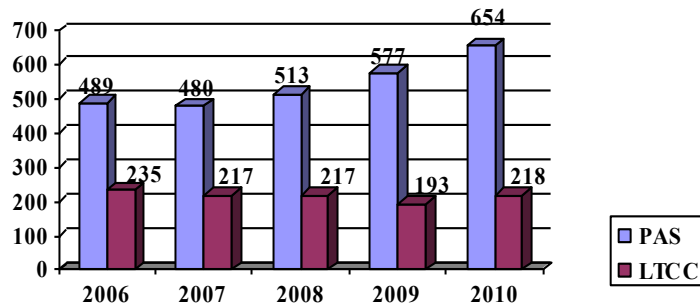
THE ADULT SERVICES UNIT enables elderly people and disabled adults and children to remain in their home or in a least restrictive living environment, through the provision of case management. The Adult Services Unit administers several Medical Assistance waivers programs that fund services to the elderly and disabled. They are: CADI (Community Alternatives to Disabled Individuals), CAC (Community Alternative Care), TBI (Traumatic Brain Injury), EW (Elderly Waiver), and AC (Alternative Care). Eleven (11) social workers and two support staff provide these services.

In 2010, 422 **Vulnerable Adult (VA)** reports were received. Of these, 268 required investigation by the Agency. The remainder were legally screened out, or required a referral to other entities, such as the State Department of Human Services (DHS), or the Office of Health Facility Complaints (OHFC).



In 2010, 218 Long Term Care Consultations were completed for elderly and disabled individuals requesting home care services. Screenings for the waiver programs are done by a Social Worker and/or Public Health Nurse, and then assigned to an Adult Services social worker for ongoing case management. In addition, 654 Pre-Admission Screenings were completed on individuals seeking admission to nursing care facilities. The Adult Services Unit provided case management to approximately 630 elderly and/or disabled individuals that received services under the above-noted AC, EW, CADI, CAC, and TBI.

**Nursing Home
Pre-Admission Screening/
Long Term Care Consultations**



The agency continues to contract with several managed care health plans to provide care coordination for the Minnesota Senior Health Options (MSHO) and the Minnesota Senior Care Plus (MSC+) programs. These programs are for seniors, age 65 and older, who receive Medical Assistance. MSHO is a program that combines a seniors MA and Medicare benefits as well as their Elderly Waiver. These services are managed through a managed care organization. MSC+ is a person's MA and EW benefits, also managed by a managed care organization. The agency currently contracts with two managed care organizations to provide care coordination. This is in addition to those seniors receiving AC or EW services who are not in a managed care plan.

The unit continues to provide Custody and Parenting-Time mediation services, and in 2010, eighteen mediations were completed. One social worker is assigned to do mediations, as part of their case management activities.

The Adult Services Unit is also responsible for providing Court visitor services when a guardianship petition is filed with the court system. In 2010, forty-one Court Visits were conducted.



PUBLIC HEALTH SERVICES provides services to residents of Wright County in the following **ESSENTIAL ACTIVITIES** that are based on legislated roles for **Public Health**:

Public Health
Prevent. Promote. Protect.

1. **Assure an adequate local Public Health infrastructure.**
2. **Promote healthy communities and healthy behavior.**
3. **Prevent the spread of infectious disease.**
4. **Protect against environmental health hazards.**
5. **Prepare for and respond to disasters, and assist communities in recovery.**
6. **Assure the quality and accessibility of health services.**

Public Health service to the county is based upon a community assessment of need in these six essential service areas that have been developed by the Minnesota Department of Health in cooperation with local county governments. These essential activities are assessed on an ongoing basis and incorporated into a five year Public Health plan. A new planning cycle began in 2010, and a new community assessment also began.

Public Health Staff (36) include Public Health Nurses, Health Promotion Coordinators, and support staff. In addition, Public Health has mentored Community Health college interns and student nurses who provide help with Public Health programs, while meeting their school requirements.

The Public Health Division has three separate units—**Family Health, Health Care Management, and Health Promotion**. Total Intake for Public Health services was over 5,300 people. All Public Health staff are trained to respond to Public Health Emergencies. In 2010, all Public Health personnel were part of the Public Health response to the H1N1 Influenza Pandemic. Some Environmental Health services are contracted to Environmental Health staff in the county Planning and Zoning Department.

Family Health

Public Health Nurses (PHN) work with families to provide a variety of services, including assessments and education in the areas of child development, prenatal and postpartum care, parenting, counseling, injury prevention, and family planning. Through a **Home Visiting Program**, PHNs work closely with specially trained Family Based Service providers to provide comprehensive education and parenting skills to families in their homes.

A new family health program implemented in 2010 is **Nurse Family Partnership (NFP)**. NFP is an evidence based program with 30 years of proven outcomes. NFP works with first time, high risk, pregnant women. NFP's goals are improved pregnancy outcomes, improved child health and development, and improved parental life-course. Minnesota NFP statistics show a savings of over \$12,000 in additional government services, per family, by the time a child reaches five years of age. 2010 Family Home visits totaled over 2,600 for more than 600 clients.

PHNs participate in a **Co-Location Program** in ten county school districts. This program served 1,500 children in the schools. Public Health Nurses host monthly school nurse meetings throughout the school year, providing training opportunities for nurses to work on common school health issues.

Additional services include **Child and Teen Checkup** outreach to over 7,700 children in Wright County for uninsured children, providing well child checkups at a medical clinic or through the WOW Van. Nearly 100 uninsured children were provided dental care through a collaborative effort with the Ronald McDonald House mobile dental van. The **Follow Along Program** served 300 children from birth to three years of age. Parents receive a developmental screening tool which helps detect developmental delays. Children with delays are referred to appropriate services.

The **HEALTH CARE MANAGEMENT (HCM) UNIT** promotes healthy communities and healthy behaviors. Public Health Nurses assure the quality and accessibility of health services for Medical Assistance eligible residents, including children with special health needs, children and adults needing assistance with daily activities, and Community Well (CW) elders with chronic health conditions. For eligible clients, Medical Assistance ‘waives’ some of the traditional limits that may prevent costlier institutional stays and promotes health living in the community. Staff provided ongoing services to elderly Wright County residents through 75 home visits.

Coordinating with Social Services Units, PHNs team with social workers on the 65+ Screening Team. 189 referrals for Alternative Care Program/Elderly Waiver (AC/EW) screenings were received. PHNs provide consultation as needed for ongoing EW, Alternative Care (AC), adult (CADI), and Traumatic Brain Injury (TBI) clients.

Public Health Nurses team with Social Services staff to manage programs for children on the Community Alternatives for Disabled Individuals (CADI) and Traumatic Brain Injury (TBI) waivers. They take the lead for the Community Alternative Care (CAC) waiver. PHNs assessed 34 new referrals in 2010 and made 172 visits to ongoing waiver clients.

2009-2010 brought major reform in the Personal Care Assistant (PCA) program. New criteria are used for assessing recipients to determine the amount of time given for care. This reform resulted in staff training on the new requirements and reassessments for 184 PCA recipients within the six months beginning in December 2009, in addition to 59 new referrals for PCA services.

60+ and Healthy clinics were held at nine sites throughout Wright County serving 479 Wright County residents. A Public Health Nurse provides health education, foot care, and blood pressure checks with the assistance of Family Based Service Providers. Health topics include the importance of flu vaccinations, healthy meals, and injury prevention.

HEALTH PROMOTION staff coordinate many prevention programs including: child injury prevention in the areas of teen driving and child car seat safety; tobacco and alcohol compliance checks to reduce teen access; and other drug education; SIDS and Shaken Baby Syndrome education; teen pregnancy and sexually transmitted infection; improvement of immunization rates; and preparedness for communicable disease outbreaks.

Environmental Health duties are shared by Public Health and the County Planning and Zoning Department, with each specializing in specific Environmental Health areas. Planning & Zoning provides solid waste management, water quality testing, on-site sewage treatment regulation, complaint investigations, and a number of related issues. Public Health staff provide education on Environmental Health issues, including follow-up on children with high lead blood levels, and fact sheets sent to county residents who inquire about other environmental issues. House mold inquiries are most frequently requested. Planning and Zoning and Public Health staff make 10-15 inspections each year on reported **Public Health Nuisances**.

Radon continues to be a serious health concern and testing is simple and low cost. 295 homes were tested with low cost radon test kits sold to Wright County residents by Public Health. Forty percent of the homes tested, showed unsafe levels of radon. Radon awareness education was provided by Public Health staff.

Public Health Preparedness Planning and Response

Wright County Public Health responded to the **H1N1 Pandemic Influenza** which began in the spring of 2009 and continued into the fall of 2010. WCPH was successful in developing an efficient means of receiving, storing, and distributing over 40,000 doses of H1N1 vaccine. 19,332 doses were distributed to Wright County hospitals and clinics to provide vaccines to those at highest risk. Twenty targeted public clinics were held by WCPH using all staff along with 70 **Minnesota Responds** volunteers. 6,636 vaccine doses were given through these clinics and in the WOW van. The County’s hospitals, clinics and public health officials worked closely together during the pivotal moments of the emergency response decision-making process. The H1N1 pandemic was a test of public health preparedness and response capabilities, to which Wright County responded successfully.

Wright County has 232 volunteers registered through **Minnesota Responds**, a state-wide registry for public health emergency assistance. Additionally, 65 volunteers, staff and community members received Psychological First Aid training which will help provide basic care, comfort, and support to people who are experiencing disaster-related stress.



WCPH works within the 14 county Central Region to coordinate emergency response efforts. It is also part of the **Cities Readiness Initiative** with the seven metropolitan counties which mandates readiness to distribute medications to the county population within a 48 hour period of time. As part of this requirement, WCPH has recruited ten businesses, each to act as an **Alternative Dispensing Site** which provide medications to its own clients/residents and employees/families. This can reduce the numbers of people visiting medication distribution sites in an emergency.

The **Wright County Emergency Medical Systems (EMS)** workgroup works to coordinate services within Wright County. Fire and ambulance services conducted exercises such as Mock Crashes to better prepare personnel to respond to crashes. A goal for 2010-2011 is to train 10% of Wright County residents in ‘hands-only’ CPR through the **Take Heart** program. Local fire departments purchased equipment and began community training in 2010.

The Statewide Health Improvement Program (SHIP) took form in the County through the PH “Live Wright” initiative.

Through funding from the Minnesota Department of Health, local Public Health staff worked with community partners to implement evidence-based strategies that will improve nutrition, increase physical activity and reduce tobacco use across communities, schools, worksites and health care settings. **Live Wright** has funded 16 projects throughout the county, investing \$297,387 to improve the health of local communities and schools. Four community gardens were created; six cities and Wright County are updating or creating Park and Trail Plans; the Monticello School District is developing Safe Routes to School and a Farm to School project. To learn more and get involved find Live Wright on Facebook.

Tobacco Compliance Checks

Restricting youth access to tobacco through vendor compliance checks is one of several efforts to keep youth from using these deadly products. Through mandated Tobacco Compliance Checks, the Agency is able to assess how well local businesses are following the law. During 2010, 84 businesses were initially checked with eight businesses failing. Those businesses were later rechecked, resulting in two additional failures. Twenty-eight different businesses were checked in the fall with five additional failures.



The Teens Against Tobacco Use (TATU) program trained 75 high school students from four school districts in Wright County. These students work to deliver effective tobacco prevention messages in the classroom to elementary aged youth.

Alcohol Compliance Checks are performed through a collaborative effort between Public Health and the Sheriff’s Department. Compliance checks have proven to reduce possession and consumption of alcohol by underage youth. To reduce alcohol sales to minors, Public Health conducted Alcohol Sales Trainings during the year, with 328 people attending. Owners, bartenders and servers attend the trainings, which are ongoing throughout the year.

Disease Prevention and Control Program

Wright County Public Health works closely with the Minnesota Department of Health to control and prevent the spread of communicable disease in the county. Public Health provides education and consultation to medical clinics, hospitals, schools, nursing homes, child day care providers, families and the general public through the media. Programs include tuberculosis and vaccine preventable disease investigations, refugee health, lead poisoning follow-up, perinatal hepatitis B investigations, and sexually transmitted disease education.

In 2010, Public Health received over 150 reports of infectious disease concerns from schools, medical clinics, hospitals, long term care facilities, day care providers, and the public. During the months of January through March, H1N1 illness continued in the county. An accurate case count of H1N1 influenza is difficult as many were categorized as an influenza-like illness (ILI) without a laboratory confirmation of H1N1. Wright County Public Health continued to offer H1N1 vaccine throughout the summer in order to prevent reoccurrence of the disease in the county.

A resurgence of Pertussis (whooping cough) occurred throughout the year with a peak outbreak during April. Over 40 cases were detected in the County, prompting a joint clinic to be held by the Minnesota Department of Health and Wright County Public Health to check for other possible cases. Public Health offered a clinic for TDAP (tetanus, diphtheria, and pertussis) immunizations to community members to prevent the outbreak from spreading. Reports of pertussis and tuberculosis are quite labor intensive due to the need to conduct investigations on how the disease has spread, and to prevent infection of others. There were seven reports of tuberculosis (one diagnosed as an active case) in 2010. Chlamydia, a sexually transmitted disease, remains the highest reportable disease in Wright County, as well as the state of MN. In the Fall of 2010, a workshop was held for health and school professionals to raise awareness of this incidence of Chlamydia and promote prevention strategies.

Wellness on Wheels (WOW) Program

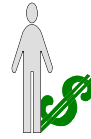
In its 15th year, the Wellness On Wheels Van provides community outreach and public health services in thirteen communities. Residents of all ages are served through these early health intervention services including: child and adult immunizations, health screening for cholesterol levels, diabetes, blood pressure, blood lead levels, and pregnancy; child safety seat checks; dental fluoride varnishing; Child and Teen Well Child Checkups; distribution of radon and well testing kits; along with health education and resource information.



Community Outreach

- ◆ Public Health Staff speak on the KRWC radio Spotlight program (1360 AM) on the 2nd Wednesday of month. 2010 programs presented information on H1N1 and seasonal influenza, pertussis, radon, tobacco compliance, parenting resources, SHIP-Live Wright, child passenger seats, ticks and mosquito prevention.
- ◆ A monthly e-newsletter, “**The Wright Informer**” is sent to over 150 youth-serving professionals with prevention information on sexuality and general health resources.
- ◆ Public Health staff, through a collaborative partnership with **Safe Communities of Wright County**, provided 40 parent-teen driver education classes with 2905 participants. All Wright County schools participate in this program.
- ◆ Certified **Child Safety Seat** Checkers helped 215 families properly install vehicle child safety seats. Five trainings on the proper installation of car seats were held for 175 county daycare/foster care providers.
- ◆ Over 1,500 youth and adults received education on the prevention of pregnancy and sexually transmitted diseases in varied settings, such as, the county jail, group homes, alternative learning programs, public schools, as well as to parents and school professionals.
- ◆ Sudden Infant Death Syndrome classes reached 584 persons, and Shaken Baby Syndrome classes reached 664 persons. Classes are mandated for daycare and child foster care parents, and are offered to high school students.
- ◆ Public Health staff promoted programs through the Wright County Fair, at local school and community health fairs, and business expos. Fourteen thousand (14,000) “*Who Ya Gonna Call*” resource cards were distributed to youth, clients, and partner organizations.
- ◆ Staff serve on numerous community groups including the Courage to Care Council; Breastfeeding Coalition; Safe Schools; Child Abuse Team; State Child Mortality Review Panel; TAPPP (TeenAge Pregnancy, Prevention and Parenting) Coalition; Family Education Centers of Wright County, and the Inside Out Connections Coalition.

FAMILY FINANCIAL SERVICES



Financial Services has fifty-two staff that provide economic assistance and administer programs such as Food Support, Health Care, Child Care Assistance and Child Support that improve the well-being of Wright County families and individuals. Financial Services is divided into four units; **Family Financial, Food Support & Health Care, Child Support Establishment, and Child Support Enforcement.** Fraud Prevention and Fraud Control also come under the umbrella of Financial Services. The continued slow economy in 2010 resulted in increased service and delivery needs for Wright County residents. Financial Services responded to the increased demand by embarking on a new initiative to reduce inefficiencies by developing an Electronic Document Management System EDMS, a paperless system in the Income Maintenance department. The goal is to free up much needed Financial Worker time to do the work of determining eligibility instead of hunting down elusive paperwork. The project was begun late in 2010 with an anticipated completion date of summer 2011.

FAMILY FINANCIAL SERVICES

**Due to budget constraints, the Governor unallotted EGA and EMSA effective 11/09. Both programs resumed as of July 2010.

FAMILY FINANCIAL SERVICES ACTIVITY	2009	2010
Screenings (Split out Health Care only non-families in 7/10)	4,347	1,669
County Crisis Fund Applications	597	541
Emergency General Assistance*	248	57
MFIP/DWP Applications	764	713
Food Support Applications	2,216	1,738
Health Care Applications (HC only applications ended 7/2010 to FFS)	1,461	715
MFIP Average # Cases	225	226
DWP Average # Cases	49	109
Other Cash Programs – General Assistance/MN Supplemental Assistance	158	150
CHILD CARE ASSISTANCE ACTIVITY		
MFIP/Transition Year Child Care Cases – Average	58	63
Basic Sliding Fee Child Care Cases – Average	146	177
FINANCIAL SERVICES FRONT DESK ACTIVITY (Incoming)		
Walk Ins	18,941	20,382
Phone Calls	53,787	47,774
Faxes	16,426	16,518
EBT Cards Issued	2,043	2,187
Transfer In Cases	991	1,821

In 2010, internal program restructuring occurred to meet the increased caseload size and the rising needs of families. To better serve families; three groups of workers with specialized caseloads became one group with all staff performing the same duties. In mid-2010, all cases were distributed among the 11 workers. They became responsible for all programs which includes; Minnesota Family Investment Program (MFIB), Diversionary Work Program (DWP), Work Benefit (WB), Family Food Support (FS) Medical Assistance (MA), County Crisis Funds (CCF) and Cash Child Care. Staff rotate their regular duties along with intake for families applying for assistance and taking walk in and phone screenings from the public. When cases were distributed in July, each Financial Worker was assigned an average of 120 cases; by December 2010 caseloads had grown to an average of 165 cases, This was a 27% increase in a six month period. Due to the large increases with families requesting assistance, family health care applications remained with the Food Support & Health Care Unit, thereby reducing the number of health care applications received in this unit.

One worker remained responsible for Basic Sliding Fee (BSF) Child Care and Family Health Care, There was no need for a waiting list for BSF in 2010.

Due to the stimulus money available to counties, Wright county issued over \$300,000 in County Crisis Funds, and Emergency General Assistance which helped the families in Wright County prevent utility shut-offs, evictions and foreclosure.

FOOD SUPPORT & HEALTH CARE

The Income Maintenance Food Support/Health Care unit is comprised of 13 financial Workers, 1 Office Support Specialist Sr. and a Financial Assistance Supervisor. Programs maintained solely by this unit include: Adult Cash assistances, Food Support, and Health Care for community residents and Long Term Care (LTC) for residents in nursing homes, assisted living and group residential housing. The Family Financial Services unit also helps maintain cases for families receiving only Health Care. Initial and ongoing eligibility is determined in the respective units for participation.

Health Care Programs

This unit specializes in several areas in order to collaborate with Social Services and Public Health serving mutual clients. These areas are:

- Long Term Care/Group Residential Housing/Waiver programs
- Adult/Child Foster Care
- TEFRA Option— Health Care for disabled children
- Subsidized Adoptions

Health Care Applications

Year	Health Care Applications	GA/MSA Applications	HC Case Monthly Average	Minnesota Care Monthly Average	Average Monthly HC Cases
2008	1365	N/A	4530	137	4667
2009	1780	324	4858	219	5077
2010	2605	418	5088	248	5336

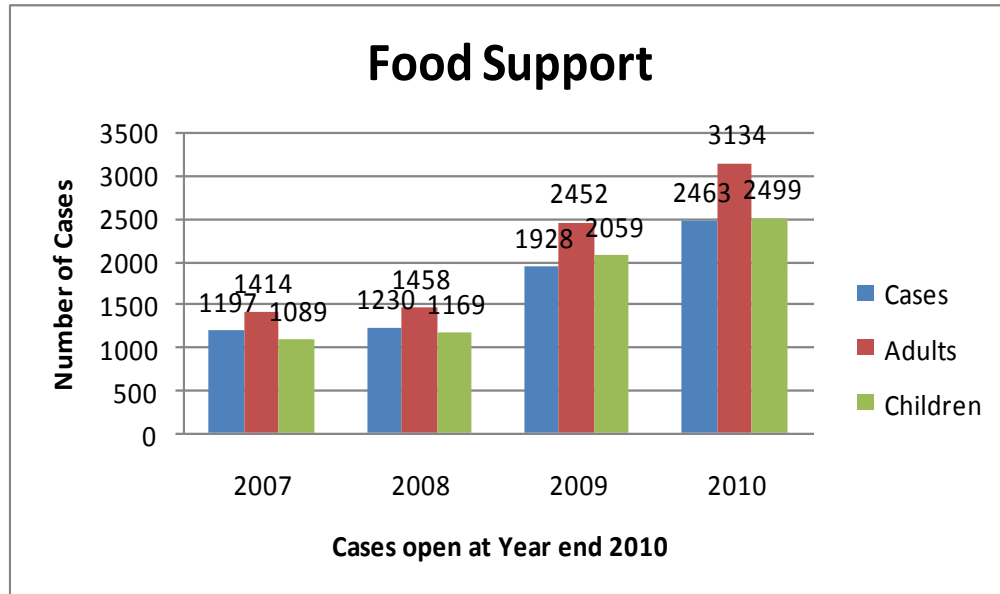
This results in a 14% increase from 2008-2010

In March 2010, the legislature placed budget and program restrictions on GAMC and Transitional Minnesota-Care participants. Effective June 2010, four Coordinated Care Delivery Systems – CCDS were established to manage health care and provide and facilitate the delivery of medically necessary services for eligible Minnesota GAMC participants. GAMC participants were no longer enrolled with a managed health care provider and were no longer eligible to receive Access Transportation Services.

THE FOOD SUPPORT UNIT— FS, also known as the Supplemental Nutrition Assistance Program (SNAP) continues to grow at an astounding rate due to the recessionary economy and new legislation as follows:

- Able-Bodied Adults without Dependents (ABAWDs) remain eligible on an ongoing basis without the 3 out of 36 month restriction.
- In November 2010:
 - ◊ The asset limit was removed from the Food Support program, allowing participants increased household assets
 - ◊ The income limit was raised from 130% to 165% of the Federal Poverty Guideline (FPG).

The graph below indicates Wright County’s Food Support caseload growth and composition.



Additional information on the Food Support program in Wright County in 2010:

- 30% Increase in caseload totals.
- Food Support Benefits issued—\$6,891,938.58
 - ◊ A 28% increase in benefits issued from 2009 to 2010
 - ◊ Average monthly issuance for a household is \$212.
- Participation rates have increased 89.3% between 2007 and 2010*
- Active Food Support cases have increased 106% since 2007

*Participation rates reflect the number of people in the county that are potentially eligible for the program and the actual number of people active on Food Support cases.

The **CHILD SUPPORT ESTABLISHMENT UNIT** provides intake services for child support cases; determines ongoing worker assignment; and takes action to “locate” non-custodial parents. This unit initiates legal actions in District Court or Expedited Process to determine paternity, establish, modify, and enforce orders for basic child support, medical support (i.e. insurance coverage), and child care reimbursement. Legal counsel is provided by the County Attorney’s Office under a Cooperative Agreement. This unit also performs collections activity on Arrears-Only cases when neither party lives out of the state.

As a result of the depressed economy, Child Support court-ordered modification activity has increased. The Unit has responded to this increased demand by involving all Child Support Officers (both units) in the modification process. Contempt volume has also been impacted by the economy, with fewer cases that meet the contempt criteria; that is, people who have the ability to make payments but are willfully not complying with the Court’s order.

CASELOAD SIZE BY TYPE (Yearly Average)	2009	2010
Intake (In Progress/Intake Workers)	48	48
Paternity	92	78
Establish (Needs a Support Order)	176	211
Monitor (for Changes in Circumstances)	132	110
Arrears Only-No Current Support (Non-Interstate)	464	421

ACTIVITY (Year-End)	2009	2010
Intake Complete (to workers or closed)	1115	1199
Locate activity needed	133	155
Paternity Orders/Recognition of Parentage	78	75
Support Orders Established	167	187
Modification Orders *includes totals from both Establishment & Enforcement Child Support Units	191	238*
Contempt in Progress	55	72
Contempt Orders/Findings	24	18
Hearings Attended by CSO's	451	447
Arrears Only Collections (Non-Interstate)	\$495,300.92	\$525,482.79

The Child Support Establishment Unit staff includes a Supervisor, 5 Child Support Officers, 2 Support Enforcement Aides, 1 Senior Office Support Specialist. This unit Supervisor also oversees the fraud program, which is provided by a contracted position in collaboration with four other counties.

Welfare Fraud Programs

Both Welfare Fraud Investigator positions ended effective December 31, 2009, due to lack of state funding. This resulted in the laying off of the two investigators in the Fraud Control and Fraud Prevention programs. Wright County entered into a Cooperative Agreement with Scott County Health & Human Services and three other counties; Carver, McLeod and Meeker for Fraud Prevention Investigations in 2010. Wright County showed a dramatic reduction in fraud referrals under the new system, as compared to when the Fraud Investigators were in-house.

FRAUD PREVENTION INVESTIGATIONS	#	OVER-PAYMENT	FRAUD CONTROL INVESTIGATIONS	#	OVER-PAYMENT
Investigations Completed:	105		Investigations Completed:	10	
Applications Denied	12		Unsubstantiated		
Cases Closed	34		Cleared		
Overpayments	11	\$14,832	Overpayments		
ADH Waiver Signed	8	\$10,169	ADH Waiver Signed		
Referred to Fraud Control	0		Hearing Upheld	2	\$37,126
Pending/No Change	18/5 7		Pending County Atty action	8	

CHILD SUPPORT ENFORCEMENT services are mandatory for recipients of Minnesota Family Investment Program (MFIP), Medical Assistance, Minnesota Care, and subsidized Child Care. Services are also available to any non-program recipient with a \$25 application fee, a 1% fee of what has been collected for that month, and an annual \$25 yearly fee on cases, where there has been at least \$500 in collections for the year.

The Child Support Enforcement unit uses various methods in order to collect Support.. Administrative remedies include: income withholding, driver’s license suspension, revocation of student loans, passport denial, revocation of professional licenses, recapture of federal and state tax refunds, reporting to credit bureaus and levies against bank accounts. The Unit also implements SHLIF (Strategies for Helping Low Income Families) – according to a state directive. There were adjusted arrears on 137 SHLIF cases in 2010. The downturn in the economy has caused a loss of jobs, which has caused current support collections and arrears collections to continue to decrease, as many non custodial parents received unemployment benefits or had decreased earnings.

Wright County’s average monthly caseload size for both units in 2010 was 4,200 an increase of sixty-six cases from 2009.

COUNTY CHILD SUPPORT COLLECTIONS IN DOLLARS:

Collections	2010	2009	2008	2007
Current Support	\$ 10,994,308.65	\$ 11,202,758.49	\$11,358,751.05	\$ 11,492,278.29
Past Due Support	\$ 2,276,141.64 *	\$ 2,228,318.30 *	\$ 2,555,504.30 *	\$ 2,275,927.95 *
Total	\$ 13,270,450.29	\$ 13,431,076.79	\$13,914,255.25	\$13,768,206.24

*Collections for cases that were standard arrears only cases are counted in the Establishment Units totals.

CASELOAD BY TYPE

TYPE	MONTHLY AVG OF CASES
Interstate	521
Interstate Arrears Only	222
Medical Support Only	111
Enforcement	2338
NIVD	38

- ◆ **Interstate** cases are identified as having an out-of-state NCP (non-custodial parent)
- ◆ **Interstate Arrears Only** cases are cases where there is no current charging for support and fits the above Interstate criteria. Standard Arrears only cases are counted in the Establishment Units totals
- ◆ **Medical Support Only** cases is when a client receives Medical Assistance or Minnesota Care and does not wish to have full child support services. Only the medical portion of the order is enforced.
- ◆ **Enforcement** cases are cases that have an established order for support to be paid.
- ◆ **NIVD** cases are cases where income withholding services are provided and there are no other services rendered. Many of these cases are spousal support cases.

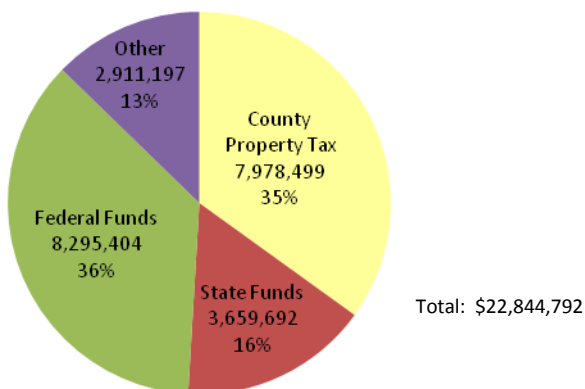
Child Support enforcement services are provided by 10 full time Child Support Officers, a Senior Office Support Specialist and a Collections Supervisor.

THE FISCAL/TECHNOLOGY UNIT consists of a Fiscal Manager, Fiscal Officer, Office Support Specialist, 4 Information Systems Specialists, 5 Collection Officers, and 5 Accounting Technicians. Agency Accounting and Automation Systems maintenance are the main functions of this unit. Included are general ledger and payments, budgeting, fiscal reporting, fee assessment and collections, contract writing, and data processing activities.

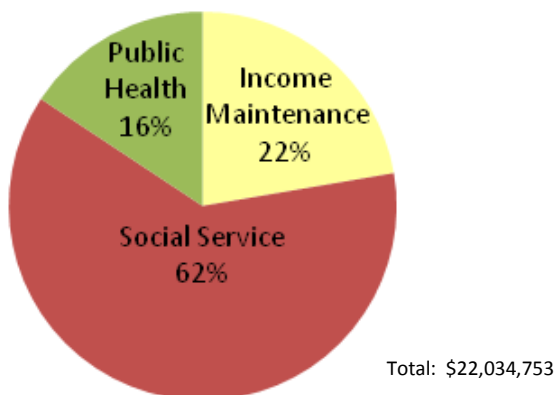
Dollar amounts shown in the graphs below are limited to monies received by, and paid out of local county administrative non-program systems. They do not include State or Federal Program grants, child support activities, or Medical Assistance payments. Total agency accounting transactions for both programs and administration approximated **one hundred thirty million dollars (\$130 M) in 2010**.

2010 ADMINISTRATIVE OPERATIONS

2010 Revenues



2010 Expenditures



Collection of Public Assistance Overpayment debt is a combined responsibility of the Fiscal/Technology Unit and Fraud Investigators within the Financial Unit.

Reason for Overpayment to Clients	# Cases	Amount of Overpayment
Fraud Debts (intentional program violation)	86	\$162,676
Client Error (unintentional program violation)	330	\$319,523
Agency Error (i.e. program time frames)	143	\$100,977
Total of Claims	559	\$583,177
Status of Public Assistance Overpayment Amounts	# Cases	
Active Collections	535	\$532,203
Active Collections in Locate	22	\$49,664
Uncollectible (due to bankruptcy or death)	2	\$1,310
Pending		
Transfer to Wright County in error		
Total	559	\$583,177
2010 Collections on all active claims: \$157,168 * Includes collected dollars for childcare and healthcare over-payments		

TECHNICAL SUPPORT

The Fiscal Technology Unit includes five Information Systems Specialists (ISS) who provide technical support for 210 Agency staff in collaboration with the IT Department.

ISS Staff provide support for:

- | | |
|------------------------|----------------------------|
| Software programs | Printers |
| Web-based applications | Video conference equipment |
| Agency Website | Digital camera |
| PCs | DVD equipment |
| Laptops | |

TECHNICAL DEVELOPMENT

The ISS staff have a key role in technology development for the Agency and work closely with IT Department staff and vendors on project development and implementation. ISS staff provide training and support to Agency staff when new technology is implemented.

2010 development includes:

- ◆ An online Expenses & Mileage form and a Purchase Requisition form. The submittal and approval process of the forms are done completely through an online workflow. Forms are stored in a forms library online.
- ◆ An online scheduling tool for flu immunization clinics and many other scheduling needs within the Agency. The tool includes automatic e-mail notifications that can be customized.

Current development includes:

- ◆ Sharepoint intranet sites for the Agency unit divisions to promote organization, collaboration, and sharing of information in one centralized location online.
- ◆ EDMS project in Financial Services that promotes a “paperless” environment through the imaging and workflow of active case files and the merging of DHS’s State Master Index (SMI) information at the intake function.

THE OFFICE SUPPORT UNIT provides agency receptionist and support services for Administration, Social Services, Fiscal/Technology, and Public Health in the Human Services Center Building. The unit is comprised of a supervisor, and six Office Support Specialists. There are five full-time staff, and one staff who is half time. The unit is responsible for processing and dispersing all incoming and outgoing mail, and for receiving, and directing phone calls on the Agency's direct phone number.

In 2010, a total of 30,061 phone calls were handled by the agency receptionist, and 14,884 people came into the Human Services Center building for appointments, meetings, or for information and referral services.

Unit staff also provide support services to agency units in both the Human Services Center and the Government Center buildings. Unit staff order and manage the purchase of office supplies and printed materials, oversee agency document shredding, send out financial statements, and develop packets of educational and public information materials for all Financial, Public Health and Social Services units.

This unit is responsible for processing criminal background checks for Day Care Licensing, Respite Care, and Emergency Foster Care. 5,044 background checks were completed on 1,305 individual families in 2010. Two staff are certified to do all required State Bureau of Criminal Apprehension (BCA) checks, which accounted for an additional 1,916 such checks being processed.

The Agency has been doing electronic file imaging of closed cases for the past fourteen years, in an effort to streamline record-keeping and reduce storage space. Equipment for this system is located in the Government Center building, where Financial and Child Support cases are imaged, and at the Human Services Center building, where Public Health and Social Services Cases are imaged.

After Hours Services

After Hours On Call agency staff provide **after-office hours and 24 hour weekend coverage** for all Human Services Agency service areas. The After Hours On Call team consists of Agency social workers who specialize in a variety of areas including child protection, mental health services, elder care services, adoption, and Adult Foster Care. These social workers also take referral calls for Agency Public Health and Financial Services program areas.

The responsibilities of the After Hours On Call team include assisting law enforcement with shelter placements, taking child and adult maltreatment reports, and responding to calls at the request of law enforcement. The team also provides information and referral to callers regarding all Human Services related questions in all agency service areas.

Example of the types of calls:

chemical dependency reports	child protection reports
child support problems	emergency assistance requests
financial assistance requests	intake and resource
inquiries about existing financial issues	request contact with Human Services caseworker
vulnerable adult reports	general program information

To contact the After Hours On Call Social Worker, call 763-682-7400 between 4:30 p.m. and 8 a.m. weekdays, and 24 hours a day on weekends and holidays.

Number of calls taken after hours in 2010

Month	Number of calls
January	22
February	16
March	28
April	33
May	26
June	28
July	39
August	20
September	28
October	31
November	28
December	17
Total Calls	316

The Human Services Department continues to provide many non-mandated services and programs as part of its commitment to serving the community. Many of these programs are conducted in collaboration with various community partners, including hospitals, schools, extension services, local community groups, and private agencies. The following is a brief listing of some of the collaborative services and programs offered by the Agency in 2010.

- ◆ The Human Services Agency website (www.co.wright.mn.us - click on Health, Financial and Social Services) continues to be a wealth of information about local resources. Updated information is continually added to the site, and in 2010, the website was visited 252,437 times by the public. Public Health promotes the county web site for specific information on the WOW van schedule, 60+ and Healthy Clinics, referral to other web sites for health information, and up-to-date information on specific diseases. Use of public health information by the public on the web site has substantially increased. Public Health collaborated with hospitals, private clinics, nursing homes, and home care organizations during the flu season. The web site also includes: a listing of agency programs and services, plus a wide range of informational resources such as low income housing, food support programs, volunteer programs, licensed day care providers, senior citizen resources, support groups, and volunteer opportunities in the County. Agency trainings, education programs, special notices, area resources, regional and state links are also posted.
- ◆ Groups for Caregivers, Grief adjustment, Adoption, and Parkinson support groups, as well as psychosocial recreation groups, and therapeutic support groups for the mentally ill were conducted year-round.
- ◆ A total of 160 volunteers were involved in transportation, AARP Tax Aide Program, Senior Companion Program, support groups, clinics, and resource programs.

- ◆ The Agency has taken a major role in the coordination and distribution of two monthly Second Harvest Heartland USDA Commodity Supplemental Nutrition Programs. The programs are NAPS (Nutrition Assistance Program for Seniors) and MAC (Mothers and Children) program. Both programs provide food at no cost to income-eligible participants. To participate in NAPS one must be 60 years or older, a resident of Minnesota, and meet federal income guidelines. To participate in MAC, one must be a resident of Minnesota, be an income-eligible postpartum woman, or have children up to age six. In 2010, there were an average of 150 program participants (120 in the NAPS program and 30 in the MAC program).
- ◆ Wright County, along with Benton, Sherburne, Stearns Counties, and the Central Minnesota Mental Health Center applied for and received a \$9 Million Federal Grant, that began October 1, 2005, and is spread over a period of six years, to develop a comprehensive, integrated children's mental health delivery system across the four counties.

This project is called **System Transformation of Area Resources and Services (STARS)**. Staff continued to meet weekly in 2010 to plan, provide leadership, review progress, develop supports, and services. In 2010, STARS provided many trainings for parents, staff and providers, and was able to send one staff member and a number of parents to a national conference. STARS continues to work to improve the service delivery system and interventions. The STARS Cultural Competence Committee developed a framework to maximize input from people who are historically under-served by the mental health system, along with contracting for key cultural services to be implemented with Catholic Charities. The goal is to develop a seamless system of care, that is community-based, mobile, and culturally/linguistically competent. Interventions are guided by comprehensive and timely assessments that are child-centered, family-based, and parent-driven. All partners are committed to sharing resources, reducing service fragmentation and duplication, addressing service gaps and barriers, and improving access and the quality of services. Many Wright County parents are active participants on various committees of the STARS Governance Board.

- ◆ The Agency continues to participate in a county-wide Developmental Disabilities Consortium Committee. This Committee includes residential providers and employment providers that work with the DD population. In 2010, they provided two trainings to help staff with case management areas of concern.
- ◆ A Community Adult Protection Team meets bi-monthly to discuss vulnerable adults cases and issues. This committee consists of local providers, law enforcement, and county employees.
- ◆ **Safe Schools** is a very important part of the work of the agency. Every school district in Wright County has established a safe schools committee. These committees help to make significant changes within each community for the safety and betterment of children and families in Wright County. Through Safe Schools committees, Human Services representatives have been able to establish working relationships and created collaboration with other community members and professionals. This has enabled human services staff to be able to better serve all Wright County communities.
- ◆ The Agency continues to maintain a statutorily required multi-disciplinary team dealing with child abuse and neglect issues. Wright County calls this group **The Abuse Team**; it meets the first Tuesday of every month. In 2009-2010, this group began working on updating guidelines for screening maltreatment reports based on community standards. This group is also utilized for consultation on challenging or difficult child protection cases. The Abuse Team is also responsible for conducting all child fatality and near-fatality case reviews that are required by the state.
- ◆ Representatives of the Agency have been participating regularly in the County Courage to Care Council. The Courage to Care Council is dedicated to the prevention of child abuse and neglect, and receives some outside funding for use in the prevention of child abuse and neglect. In 2010, the Courage to Care Council used some of its funding for training and education of professional social service providers.
- ◆ The Agency's mission, together with Autism Allies of Wright County, is to create awareness of the autism disability and establish connections with parents and Wright County personnel. They have conducted an annual resource fair, sponsored community events and are working on competitive employment for young adults with disabilities.

The agency is continually looking to enhance its role in the community by offering new services and networking with many groups to help Wright County residents. If you have an idea on how we can make an even greater difference, please call, write, or e-mail us.

Wright County Human Services Agency



Social Services, Public Health, and Administration Human Services Center

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Phone: 763-682-7400
FAX: 763-682-7701**

Financial Services and Child Support

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