

**2008**  
**Annual Report**



**Cass County Health,  
Human & Veterans  
Services**

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**COUNTY COMMISSIONERS  
2008**

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**DISTRICT I**

**JAMES DEMGEN**

**DISTRICT II**

**ROBERT KANGAS**

**DISTRICT III**

**JEFF PETERSON\***

**DISTRICT IV**

**JAMES DOWSON**

**DISTRICT V**

**VIRGIL FOSTER**

**\* CHAIRMAN**

# CASS COUNTY PUBLIC HEALTH, HUMAN & VETERANS SERVICES ADVISORY COMMITTEE

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Members 2008

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District 1 Margery Collins

District 2 Nancy Stockman

District 3 Joan Kumpula

District 4 Judy Berg

District 5 Peggy Olding

*Chair:* Jim Dowson  
Commissioner

*Vice Chair:* Wilma Griffin  
EMS Task Force

Vacant  
Leech Lake Public Health

Lee Furuseth  
Elementary Principal

Burton Haugen  
MD

Shirley Hovey  
RN

Virginia Deeds  
Rural MN CEP

Keith Bartholomaus  
Bi-County CAP

Jim Rogen (Margie Ryan alt)  
MI, DD & Elderly

Gary Dietrich  
Families & Children

Dick Hein  
Veterans Rep

Don Fowler  
Veterans Rep



## CASS COUNTY, MINNESOTA

**THE MISSION OF CASS COUNTY IS TO DELIVER QUALITY, PUBLIC SERVICES TO THE CITIZENS IN AN EFFECTIVE, PROFESSIONAL AND EFFICIENT MANNER.**

### HUMAN SERVICES

**THE MISSION OF THE HUMAN SERVICES DIVISION IS TO ASSIST CITIZENS NEEDING PUBLIC HELP TO PRESERVE THEIR FAMILIES; ENSURE THEIR DIGNITY, CONFIDENTIALITY, AND SAFETY; AND TO PROMOTE THEIR RIGHT TO SELF-DETERMINATION AND SELF-SUFFICIENCY THROUGH QUALITY SERVICE AND PROGRAM INTEGRITY.**

### PUBLIC HEALTH SERVICES

**THE MISSION OF THE PUBLIC HEALTH SERVICES DIVISION IN CASS COUNTY IS TO PROVIDE THE OPTIMUM LEVEL OF WELLNESS TO CASS COUNTY RESIDENTS OBTAINED THROUGH EDUCATION, PREVENTION, CARE AND REHABILITATION.**

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# Veterans Services

*Helping Veterans*

## Outcomes and Activities

Our largest activity in 2008 and continuing into 2009 has been the transition of our files and modernization of our database. Last year we purchased the Virtual Veterans program and have been working with that company and the MIS department to get our old computerized VIMS database transferred over. The Minnesota Department of Veterans Affairs and other county service officers are also in the process of making this transition. Once everyone is on the same program, we will be able to file claims for state benefits electronically as well as make electronic queries as to the status of veteran's claims for state benefits. It will also help us manage our office files a lot better. This has been (and continues to be) a very labor intensive effort, especially for Lynette, as we try to get our hard copy files all up to speed for the changeover as well. It will be well worth the effort when it is all done.

## Community Outreach Outcomes and Activities

- Continued to inform veteran population of available benefits by visiting and speaking to county veteran's service organizations and other community groups: meetings of the Akeley and Walker VFWs as well as setting up a booth at the Cass Lake Health Fair in May at the Palace Casino.

Cass County VSO had a booth at the county fair in Pillager from 17-20 July. We were unable to support a booth in Pine River on the same weekend. There was a good turnout with quite a few follow-ups.

## Statistics

	<u>2007</u>	<u>2008</u>
Telephone Contacts (Total):	2650	2584
Personal Contacts (Total):	1087	1137

## Statistics

	<u>2007</u>	<u>2008</u>
Satellite Office Contacts (Pine River):	379	527
Satellite Office Contacts (Cass Lake):	67	57
Satellite Office Contacts (Remer):	40	25
Satellite Office Contacts (Pillager):	37	49

## Services

Provided in homes, nursing homes, community satellite locations, and main office.

- \* Assistance with application for veteran's benefits such as disability compensation and pension; SSAP dental, optical and subsistence, special needs; VA home loans; education benefits; employment; vocational rehabilitation; CD referrals.
- \* VA Healthcare Program enrollment and assistance.
- \* Claims and appeals preparation and assistance.
- \* Burial and survivor benefits information.
- \* Community Awareness.
- \* Transportation to VA medical appointments.

# Veterans Services

*Helping Veterans*

## Veterans Transportation Program Outcomes and Activities

### Statistics

	<u>2007</u>	<u>2008</u>
Total miles traveled to VA healthcare facilities:	55,496	66,181
Total number of trips to VA healthcare facilities:	138	155
Total number of veterans transported:	258	301
Total number of unique veterans transported:	73	84
Total number of veterans registered to ride:	242	262

## VA Healthcare Outcomes and Activities

- VA healthcare includes in and outpatient care at VA healthcare facilities as well as nursing home care, healthcare provided at non-VA hospitals in the community, and home and community healthcare.
- The VA works in concert with county public health agencies to arrange home health care and pays fees to the county public health agency to manage the care.

### Statistics

	<u>2007</u>	<u>2008</u>
Cass County Veteran Population:	3,540	Not Avail
Number of veterans treated in VA healthcare setting:	1230	Not Avail
Total cost to treat at VA healthcare facilities:	\$6,607,681	Not Avail
Number of veterans treated in community at VA expense:	142	Not Avail
Total cost spent by VA to treat in community:	\$460,778	Not Avail
Total number of unique veterans served:	1226	Not Avail

## Minnesota Soldiers and Sailors Assistance Program Outcomes and Activities

- The Minnesota Department of Veterans Affairs provides assistance to state veterans for dental and optical care and subsistence during periods of temporary disability. There is also a special needs grant which is a once in a lifetime benefit that can be used for a variety of things such as emergency medical bills, a new heater, roof, or other home repairs that a veteran can't otherwise afford.

### Statistics

	<u>2007</u>	<u>2008</u>
Total SSAP expenditures:	\$83,643.75	\$83,585.56

## Services

Provided in homes, nursing homes, community satellite locations, and main office.

\* Assistance with application for veteran's benefits such as disability compensation and pension; SSAP dental, optical and subsistence, special needs; VA home loans; education benefits; employment; vocational rehabilitation; CD referrals.

\* VA Healthcare Program enrollment and assistance.

\* Claims and appeals preparation and assistance.

\* Burial and survivor benefits information.

\* Community Awareness.

\* Transportation to VA medical appointments.

# Public Health Services

*Our goal is to provide the optimum level of wellness to Cass County residents obtained through education, prevention, care, and rehabilitation.*

## Six Areas of Public Health Responsibilities and Essential Local Activities

### **I. Assure an adequate local public health infrastructure**

*Protecting the health of the public is a fundamental, statutory responsibility of government.*

In 2008, maintained a local Public Health Governance structure consistent with state statutes; monitored community health needs, identified priorities and developed action plans for two essential areas; prevent the spread of infectious disease and healthy communities healthy behaviors; provided annual information to MDH to evaluate progress towards local priorities; met requirements for CHS Administrator and Medical Consultant; and assured local staff expertise for each essential activity.

### **II. Promote Healthy Communities and Healthy Behaviors**

*Healthy communities promote the health of all their citizens, support healthy behaviors, work to prevent and manage chronic diseases, provide support for mental health and assist to prevent injury and violence.*

#### Family Health Home Visits and Public Health Clinics

	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Number of Clients (unduplicated)	602	530	481	498
Nurse Visits	984	892	792	745

Breakdown of above visits:	<u>2008</u>		<u>2007</u>		<u>2006</u>	
	Clients	Visits	Clients	Visits	Clients	Visits
Prenatal	180	246	160	235	145	201
Postpartum	108	113	74	92	89	109
Family Planning	45	96	49	104	37	58
Parenting	8	21	9	15	3	9
Premature Infant	1	3	6	13	10	63
Pediatrics	142	194	103	132	101	138
Child and Teen Check-ups	150	194	137	171	148	165
Car Seats	104	107	120	128	45	49
Dental Health	8	8				
SIDS	2	2				

<u>WIC Program</u> : Average number served/month:	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
January served 882, December served 940	926	857	822	798

The numbers served through the WIC program continues to grow. This has increased staff time devoted to this program.

<u>Follow Along Program (ages 0-3 years):</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
New Clients	148	138	148	125
Active Clients	330	304	280	225

In 2008, we added the screening for social emotional problems. There was a 92% passing rate for developmental screenings and 98% passing rate for the social emotional screenings.

- \*Infrastructure
- \*CHS Administrator
- \*Policy Development
- \*HHVS Advisory Committee
- \*Family Home Visits for child development, parenting, home safety, violence prevention & self sufficiency
- \*Prenatal and Postnatal Visits Assessment, Education & Referral
- \*Women Infants & Children Supplemental Nutrition Program
- \*Follow Along Program
- \*Child & Teen Checkups
- \*Dental Varnishing
- \*Family Planning
- \*School Health Consultation

## Public Health Services

*Our goal is to provide the optimum level of wellness to Cass County residents obtained through education, prevention, care, and rehabilitation.*

Family Health Nurses are part of many community teams, and work collaboratively with our Family Centers. Teams include; Early Childhood Intervention at each of our five school districts, Remer Longville Early Childhood Committee, WHAO Early Childhood Coalition, Pine River Backus Working Together Group, Cass County Child Protection Team and the Mother Infant Action Team.

### **Adult Health Promotion**

Adult Health collaborated with community providers to hold first Senior Fair in Cass County. Our outreach included information about PH services; blood pressures, cholesterol and blood sugar screenings; and fall prevention speaker and information: 80 participants and 35 providers. Community CPR offered annual through Community Education.

### **III. Prevent the Spread of Infectious Disease**

*The prevention and control of infectious diseases are essential to achieving a healthy population.*

#### **Communicable Disease**

Received reports on and assisted MDH staff with MRSA, tick borne disease, mumps, rabies, and Pertussis. PHN followed one latent TB client for medication management.

#### **Immunizations**

General Immunizations given:	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
# clients	339	322	318	440
# clinics	66	58	71	90
# doses	805	792	792	832

Immunizations given through the MN Vaccines for Children (MNVFC) remained stable. Eligibility criteria for using the vaccine continue to tighten.

#### **Influenza Activities**

	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Flu Clinics	7	9	10	12
Flu vaccinations	1365	1476	889	1810
Pediatric Flu vaccinations	288	295	85	89

### **IV. Protect Against Environmental Health Hazards**

*Environmental health activities are designed to protect the public's health by assuring any risks from exposure are minimized and controlled.*

#### **Health Promotion**

<u>Tobacco Compliance Checks:</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Compliance Checks Completed	43	54	52
# of unsuccessful sales (Passed)	40 (93%)	45 (83%)	44 (85.5%)
# of successful sales (Failed)	3 (7%)	9 (17%)	8 (15%)

\*Collaborative Initiatives

\*Prevention & Early Intervention

\*Community Health Education

\*Communicable Disease Surveillance

\*Vaccine Preventable Diseases

\*Immunizations

Influenza Vaccine and Community Education

\*Tobacco Compliance Checks to reduce youth access to tobacco

## Public Health Services

*Our goal is to provide the optimum level of wellness to Cass County residents obtained through education, prevention, care, and rehabilitation.*

The number of licenses may be decreasing due to the Freedom to Breathe Act.

**Lead Testing:** Blood lead testing is provided to at risk children through the Child and Teen Checkups clinic. 116 tests were completed in 2008. All were within normal limits.

### **Environmental Health**

Public Health Nuisance:

Hours spent in PH nuisance were 157.75 hours compared to 30 hours the previous year due to mandated abatement of PH nuisance.

	<u>2008</u>	<u>2007</u>	<u>2006</u>
Public Health Nuisance Complaints	14	10	3
Unsubstantiated Complaints	11	6	2
Voluntarily Abated Complaints	3	3	1
Abatement in Process	0	1	0
Abated	1	0	0
Unsubstantiated Complaints No Visit & Referred Out	6	?	?

## **V. Prepare for and Respond to Public Health Disasters and Assist Community in Recovery**

*Public health issues are present in all kinds of emergencies, including natural and manmade disasters. Public health planning takes place as part of a broader system of emergency preparedness and response.*

### **Public Health Emergency Preparedness**

Local Public Health Emergency Preparedness continued as a priority throughout 2008. We continue to evaluate our capacity to respond to a public health emergencies through staff training, exercising plan components, workforce readiness and communications. In 2008 we participated in a regional dispensing node exercise with our emergency manager and a local drill to dispense medications to essential personnel. In addition, we used a small portion of the grant to stockpile emergency supplies.

## **VI. Assure the Quality and Accessibility of Health Services**

*Difficulty accessing health care can cause barriers that prevent routine and preventive care. Costly, intensive treatment in the absence of preventive care causes greater health risks and burdens the health care system*

### **Family Health**

**Child & Teen Checkup Outreach:** In 2008, public health had 2,784 active MA/MNCare Children in the Child & Teen Checkup's database. There were 5,735 contacts made to families through telephone calls and letters; and an additional 5,705 contacts for assistance to bring children into screenings and for follow-up. These contacts are made by four part-time outreach workers located at public health and at three family centers.

\* Prevent Childhood Lead Poisoning

\*Public Health Nuisance Investigation per MN Statutes 145A.04 Examples: Meth Labs, Animals, Unsanitary Houses, and Septic Failures.

\* Public Health Preparedness, Planning, Response, & Recovery

\*Assist in improving the access to quality health care services

\*C&TC Outreach Access to well child care

## Public Health Services

*Our goal is to provide the optimum level of wellness to Cass County residents obtained through education, prevention, care, and rehabilitation.*

**Rural Health Outreach Grant:** The third year of the Rural Health Outreach federal grant covering Cass, Todd & Wadena Counties began May 1, 2007 and ended April 30, 2008. We received a grant extension through April 30, 2009. These dollars are used to increase access to Family Planning services by providing dollars for public information, outreach, staff training and educational materials used at our family planning clinics.

### Home Health Services (All Ages)

	<u>2008</u>	<u>2007</u>	<u>2006</u>
Total Clients Served	633	651	639

### Home Health Care

We continue to provide home care services in distant areas of Cass County with minimal resources for our aging population in Cass County with effort for them to remain at home.

	<u>2008</u>	<u>2007</u>	<u>2006</u>
Skilled Nursing Visit (Adult & Children)	2182	2424	2186
Therapy visits (Physical, Occupational, & Speech)	223	279	201
Home Health Aide, Homemakers, Respite, & PCA	11,849	12,418	12,832

### Case Management/ Care Coordination / Screening Services

SCHA has impacted our enrollment in MSHO Health plans we are contracted with to provide case management services. Our nursing home enrollments have especially declined.

Attended collaborative meetings with Leech Lake Public Health Service who are now able to do Waivered case management for EW, AC, CADI, CAC, TBI and PCA assessments.

Added new services of Special Needs Basic Care (SNBC) Case Management, a new option for 18-64 year olds with disabilities on managed care provided for BluePlus. Also, adult nurses are providing co-visits with Adult Social Services on Vulnerable Adults with high medical needs as requested.

<u>Client Visits</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Case Management Elderly Waiver	485	482	650
Community Well Case Management (CM)	151	164	223
Nursing Home Case Management	151	238	159
SNBC Case Management	12	-	-
LTCC screenings (over 65 years old)	64	65	45
LTCC screenings (under 65 years old)	30	21	20
Relocation Services	1	1	2
PCA assessments	204	238	165
Vulnerable Adult Assessments	2	-	-

\*Rural Health Outreach Grant Access to Family Planning

\*Information and Referral

\*Client Advocacy

\*Direct Home Care Services  
- Skilled Nursing  
- Home Health Aide  
- Personal Care Attendant  
- Homemaking  
- Respite  
- Therapy

\*Case Management/ Care Coordination

\*Relocation Service

\*Patient Advocacy

\*Senior Companions

\*Long Term Care Consultation

\*PCA Assessments

\*Vulnerable Adult Assessments

\*Senior Health

## Public Health Services

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Cass County residents obtained through education, prevention, care, and rehabilitation.*

### **Adult Health Promotion**

Fees increased to off set cost of foot care in November 2008. Significant change in nursing services needed at the jail in 2008 after a full year of inmates housed in Crow Wing County.

	<u>2008</u>	<u>2007</u>	<u>2006</u>
Senior Foot Care	492	460	536
Jail – Individual visits	148	653	940
Jail Average Hours/ Week	5.5	11	17.5

### **South Country Health Alliance (SCHA)**

Many changes made in 2008 in programs throughout the year making statistics unreliable. Enrollment has stayed consistent since June 2008.

December Enrollment Information by Programs:

MNCare 199  
GAMC 76  
PMAP 2060  
AbilityCare 4  
MSC+ 80  
Total 2419

### **EMS**

The Cass County EMS Task Force met quarterly in 2008 and is comprised of representatives from four area ambulance services serving seven local communities; seven First Response Teams; a County Commissioner; the Cass County Emergency Manager; Cass County HHVS; Cass County Sheriff's Department; the Central Region EMS Council Cass County representative; and one Cass County lay person.

The Task Force revised their by-laws and sponsored the Annual Fall conference in October, that included training on "Off Road Rescue and Extrication".

## Income Maintenance

*Basic needs support for individuals*

### Outcomes and Activities – 2008

- Successfully restructured the Income Maintenance Unit to consist of an Adult Services Unit and a Family Services Unit.
- Began using the new Combined Application Form and Worker Interview Form effective 6/1/08 to comply with MN Statutes requiring simplified forms for applicants. Although this reduced the amount of information written on the application form by the applicants, it greatly increased the amount of information written on the interview form by the Financial Worker and increased the time needed to complete the interview.
- Converted our child care assistance cases to the new MEC2 online system which was created to improve delivery of the Child Care Assistance Program in Minnesota.
- Effective 2/1/08, implemented the Family Stabilization Services program, a DHS mandated intended to serve families that are not making significant progress in MFIP or DWP due to a variety of barriers to employment,. Cass County is successfully administering this program via a MFIP Social Worker.
- Experienced positive outcomes for the MFIP Outreach Services and the MFIP Families Connections positions. These programs are a joint effort between the Children’s Social Services and Income Maintenance Families Units relating to preventive services for MFIP families. Of the 117 households served in 2008, only 1 of the households had a substantiated child protection issue.

### Services

Services for  
Income  
Eligible  
Individuals:

- \* Cash Assistance
- \* Emergency
- \* Food Support
- \* Health Care
- \* Child Care

### Statistics

To provide a comparison of monthly assistance issued through Cass County for the years of 2007 and 2008, the following statistics provide figures for the month of December.

	<b>Persons Served</b>		<b>Payments</b>	
	12/07	12/08	12/07	12/08
Diversionsary Work Program (DWP)	117	121	\$ 13,937	\$ 13,036
MN Family Investment Pgm (MFIP)	979	945	242,573	237,144
Emergency Assistance (EA)	8	4	1,817	300
Food Support (FS)	1976	2262	199,663	237,764
MN Supplemental Aid (MSA)	105	120	8,470	9,938
General Assistance (GA)	114	115	19,666	19,926
Group Residential Housing (GRH)	100	105	36,193	40,345
Emergency MSA	0	0	0	0
Emergency GA	0	2	0	452

	<b><u>2007</u></b>	<b><u>2008</u></b>
Annual Health Care Payments (Non-MNCare)	\$49,608,414	\$52,157,009
Average monthly persons served (Non-MNCare)	4,650	5,020
Average monthly persons served (MNCare)	99	122

## Income Maintenance

*Basic needs support for individuals*

Child Care Assistance Program	Annual Payments	
	2007	2008
Basic Sliding Fee	\$ 413,789	\$ 566,081
Minnesota Family Investment Program	338,513	484,962
Transition Year	226,614	279,204
<b>Total</b>	<b>\$ 978,916</b>	<b>\$1,328,404</b>

### Services

Services for  
Income  
Eligible  
Individuals:

- \* Cash Assistance
- \* Emergency
- \* Food Support
- \* Health Care
- \* Child Care

### FRAUD UNIT

#### Outcomes and Activities – 2008

Fraud Prevention Investigation Program met the following standards for the State fiscal year of 7/1/07 – 6/30/08:

\* Cost Benefit Ratio: District = \$1.92      State average = \$4.44

\* Timeliness: District = 5 days      State average = 8 days

(District consists of Cass, Todd, & Wadena Counties)

#### Fraud Prevention Statistics (based on 2008 calendar year)

	2007		2008	
	Cass	District	Cass	District
Referrals	135	221	118	176
Negative Case Actions	46	77	41	60
Future Savings	\$ 31,498	\$ 50,002	\$ 29,338	\$ 39,831
Overpayments	\$ 32,753	\$ 74,661	\$ 34,521	\$ 76,871
ADH Activities	\$ 3,784	\$ 20,226	\$ 6,001	\$ 14,010

#### Fraud Control Statistics (based on 2008 calendar year)

Referrals	18
Investigations Completed	16 (9 of these were referred in 2008, 7 from prior years)
Summary of completed investigations:	
Referred to County Atty	2 (Claims total \$25,078)
ADH signed	2 (Claims total \$2309.33)
Fraud unsubstantiated	5
Fraud not pursued	5 (due to low amounts with claims repaid voluntarily)
Closed due to death	2
Investigations Pending	9

## IV-D Child Support/Collections

*Child Support for Children*

### Outcomes and Activities

#### CHILD SUPPORT:

- Collections: The total child support (now known as basic support), day care support and medical support collected for children for **2008** was **\$2,725,890.62**, a **12.37%** increase over 2007.

In 2008 the Economic Stimulus payments issued to individuals by the federal government were intercepted for those who owed child support arrears and became additional collections. Because we already intercept federal tax intercepts made to individuals for arrears, it is impossible to give an exact amount that was attributable strictly to the Stimulus payments. However, based on the total amounts collected by the State of Minnesota, it is roughly estimated that approximately \$110,880.00 of the total collected by Cass County in 2008 was due to the Economic Stimulus payments.

- Families served and Staffing: The total child support cases as of December, 2008 was 1,846. During 2008 there were 4 child support officers, 2 support enforcement aides, 1 office support person and 1 supervisor budgeted to serve these families. However, during the year we had one SEA position vacant for a 3 month maternity leave, the second SEA position became vacant 5/30/08 due to retirement which was not filled again until 12/08 and one CSO retired 12/24/08 whose position remains vacant awaiting 2009 budget recalculations.
- Court Litigation: During 2008, 174 cases were heard through the Child Support Magistrate (expedited) process, 25 cases were heard in District Court for contested contempt, paternity and other issues, and 83 cases were settled without hearing and default orders obtained.
- Incentives: The state pays Cass County for each case that has paternity and/or child support established, medical support ordered, or modification done. In 2008, \$25,700.00 was earned, a 14.2% increase over 2007.

#### COLLECTIONS:

- This unit pursues the collection of public assistance overpayments, estate claims, detox fees and out of home placement fees. Percentages of total monies collected and kept by Cass County range from 14% - 100%
- In 2008 we started billing clients every other month instead of monthly to save on costs. This resulted in a **savings** to Cass County of **\$1,164.18** in postage. It does not appear to have negatively affected collections.

#### MA/MnCare/GAMC/AC Recoveries:

Total collected <b>2008:</b>	<b>\$266,806.86</b>
Total kept Cass Co (10-50%)	\$ 75,130.15
(average of 28.16%)	

### Services

Locate  
Absent  
Parents

Establish  
Paternity

Obtain and  
Enforce  
Support  
Orders

Collect Public  
Assistance Debts

## IV-D Child Support/Collections

*Child Support for Children*

### **MAXIS (assistance) Overpayments collected:**

Total collected <b>2008:</b>	<b>\$66,624.38</b>
Total kept by Cass Co.(14-50%) (average of 19.10%)	\$12,724.50

### **PARENTAL FEES Collected:**

Total collected <b>2008:</b>	<b>\$9,606.60</b>
(100% kept by Cass Co.)	

### **DETOX STATISTICS:**

Total costs incurred by Cass County for 2008	\$183,695.00
Number of admissions	234
Qualified write-offs/sliding fee & other	\$106,055.00
Number of admissions qualified for write-offs	126
Percentage of total admission's costs written off	57.73%

Total Detox Collected in **2008\*** (100% retained)  
**(37.5% increase over 2007)** **\$ 20,094.97**

- Collected from Tax Intercept Program	\$ 9,915.77
- Collected from direct payments made	\$ 10,179.20

- \* Total collected in 2001 - \$ 2,565.00
- Total collected in 2002 - \$10,997.00
- Total collected in 2003 - \$11,320.40
- Total collected in 2004 - \$8,706.08
- Total collected in 2005 - \$10,632.53
- Total collected in 2006 - \$12,739.69
- Total collected in 2007 - \$14,612.58

# Children's Social Services

*Assessment and Family Preservation*

## Outcomes / Statistics / Activities

**American Indian Child Welfare Initiative:** Authority for Child Welfare program responsibilities for eligible families transferred to the Leech Lake Band of Ojibwe on 2-11-08. Over the next four months, 27 ongoing cases at HHVS were transitioned to Leech Lake Child Welfare for service provision and financial responsibility. Agency staff continues to work closely with LLCW to ensure that reports of maltreatment receive timely response and that eligibility for AICWI is determined immediately. The six-government implementation workgroup continues to meet to address implementation issues (e.g. training, monitoring, process, gaps). A Child Protective Services position was eliminated.

INTAKE STATISTICS 2005, 2006, 2007, 2008 respectively:

Total Intakes (includes categories below)	1370	1091	1138	1146*
Child Welfare (general)	636	482	405	407
Child Protective Services	199	192	267	415
Adolescent Independent Living Services	12	2	1	2
Minor Parents	7	10	12	18
Adoption/Guardianship	1	6	4	2
Child/Adult Foster Care Licensing	21	22	11	22
Child Care Licensing	12	5	11	17
Children's Mental Health	43	45	53	56

\*Adult intakes moved to adult unit in August; 2008 total = 1294 child/adult.

Total intakes and Child Welfare data above/below impacted by truancy program.

CASES OPENED IN 2005, 2006, 2007, 2008 to Children's Unit:

Total Opened	650	582	485	580
Child Welfare (general)	463	338	196	246
Child Protective Services	119	142	167	204
Adolescent Independent Living Services	12	2	11	3
Minor Parents	2	9	12	17
Adoption/Guardianship	0	6	5	4
Child/Adult Foster Care Licensing	22	23	30	33
Child Care Licensing	0	5	11	16
Children's Mental Health	32	55	53	55

Children's Unit closed 702 in 2006, closed 493 in 2007, 557 in 2008.

CASES OPEN ON 12-31-05 & 12-31-06 & 12-31-07 & 12-31-08:

Total Open	505	389	399	416
Child Welfare (general)	240	133	136	119
Child Protective Services	45	49	50	47
Adolescent Independent Living Services	18	0	0	4
Minor Parents	2	6	6	9
Adoption/Guardianship	7	8	9	11
Child/Adult Foster Care Licensing	74	79	81	96
Child Care Licensing	55	47	47	49
Children's Mental Health	64	67	70	69

## Services

Social Service  
Intakes for  
Children,  
Families,  
Adults

Child Abuse  
and Neglect  
Assessments

Child  
Protection  
Case  
Management

Children's  
Mental  
Health  
Services

Licensing for  
Daycare,  
Child/Adult  
Foster  
Care

Independent  
Living  
Program for  
Teens in  
Foster Care

Adoption  
Services

Minor Parent  
Services

MFIP Social  
Worker  
Programs

## Children's Social Services

*Assessment and Family Preservation*

The below data *per worker* are averages.

***Workgroups (cases) open on 12-31-05:***

505 with 719 adults & 556 children = 1275 clients

505 for 14 workers = 36 cases per worker = 91 clients per worker

***Workgroups (cases) open on 12-31-06:***

389 with 968 adults & 963 children = 1931 clients

389 for 13 workers = 30 cases per worker = 149 clients per worker

***Workgroups (cases) open on 12-31-07:***

399 with 919 adults & 971 children = 1890 clients

399 for 13 workers = 31 cases per worker = 146 clients per worker

***Workgroups (cases) open on 12-31-08:***

417 with 1132 adults & 1113 children = 2245 clients

417 for 14 workers = 30 cases per worker = 164 clients per worker

***Caseload FTE Standards for Children's Workers:***

Child Protection assessments = 12 new per month

Ongoing CPS Services = 15 families (no OHP)

Foster Care = maximum 15 *children* (not families)

Foster Care Licensing = 40 foster homes (caseload is 96 + 60 childcare homes)

CMH = 15 children per MN statute (caseloads = 1.3 FTE)

*A Child Welfare Caseload Study is being conducted Feb 2009 by DHS.*

**Chemical Dependency & OHP Correlation:**

The use of drugs and alcohol is often correlated with child maltreatment and placement. Substance involvement was present in the cases of 42.86% of children in placement in 2006, 53.62% of children in placement in 2007, and 35.56% in 2008.

**MFIP Family Stabilization Services:** A new service track was established in the 2007 legislative session for families on MFIP and the Diversionary Work Program. The FSS funding allowed the creation of a social work position to provide case management with the goals of reducing poverty and dependence on welfare. Participation for eligible clientele is mandatory.

**Program & Personnel Cuts/Redesign:** The agency's Child Welfare response was eliminated effective 1-1-07 as a cost-cutting measure. Also in 2007 the 0.5 FTE contract SELF position (Support for Emancipation and Living Functionally) was eliminated due to redefinition by DHS of the program's funding criteria, so the expanded requirements to provide SELF services to eligible youth were added to ongoing workers' caseloads for 2007 and 2008. Increased duties and documentation requirements resulted in work not being done until caseloads were reduced with the transfer of cases to LLCW during the spring of 2008; an extension of the Cass County CFSR was requested and granted to more accurately reflect Cass work. A Child Protective Services position was eliminated, resulting in reassigning intake and childcare licensing responsibilities to ongoing workers and reducing the amount of client specific time available per worker. Criteria for the county's truancy program were redefined in 2008 so more unexcused absences are required before being eligible. Long-term foster care and adoption cases were reassigned to one worker to focus on achieving legal permanency for each child or youth with a committed family whenever possible.

# Accounting Unit

*Assuring Fiscal Accountability*

## Outcomes and Activities

- The Human Services Accounting Unit was formed, as its own separate unit on January 1, 1978 with five staff; one Fiscal Supervisor and four Accounting Technicians. The Public Health Accounting Unit consisted of three Accounting Technicians. With the completion of the Health, Human and Veterans Services building addition in November, 2001, the two separate accounting units were physically combined into a single unit. In 2005, reorganization resulted in six Accounting Technicians, one Fiscal Officer, and one Fiscal Supervisor.
- The accounting unit provides support to all other units of the Health, Human and Veterans Services Agency in the areas of Accounts Payable, Accounts Receivable, Billing, Financial Reporting, Affidavits, Budgeting, Payroll, and Personnel. It is the responsibility of the accounting staff to perform all aspects of the agency accounting functions efficiently, effectively and according to accepted government accounting standards and state/federal regulations.
- Effective January 1, 2003, HHVS accounting staff took over the accounting/payroll functions for Veterans Services from the Auditor's office. Effective January 1, 2004, HHVS accounting staff took over the accounting functions for Public Health from the Auditor's office.
- Accounts Payable. In 2008, HHVS expenditures, including child care and social welfare, totaled \$15,647,821.
- Accounts Receivable. In 2008, HHVS revenue, including child care and social welfare, totaled \$16,377,154.
- Billing. Revenue maximization is an important focus in the accounting unit. In 2008, approximately 15,130 claims were submitted to numerous payor sources for Health and Human Services. Changes to Federal Medicare and Medicaid programs have made the billing process increasingly complicated.
- Financial Reporting. Monthly, Quarterly and Annual accounting functions and reports were completed. In 2008, approximately 44,948 transactions were processed and the activity reported to the proper authority.
- Budgeting. CY 2008 budgeted expenditures were \$14,109,535. CY 2008 budgeted revenue was \$13,846,005. This includes the HHVS gross levy amount of \$6,281,810.
- In 2008, the agency converted to a new state mandated electronic child care system. This new computer system is much more comprehensive, requiring increased staff time to perform the child care accounting functions. In addition, accounting staff have taken on the increased provider maintenance functions required.

## Services

Accounts Payable

Accounts Receivable

Billing

Financial Reporting

Budgeting

Payroll

Personnel

## Adult Social Services

*Assessment and Case Management*

### Outcomes and Activities

#### Chemical Dependency Services:

- The Chemical Dependency staff completed approximately 315 Chemical Dependency Assessments, [Rule 25], for customers seeking Chemical Dependency Treatment Services.
- We under spent our Chemical Dependency Treatment budget. We spent \$152,216.18 however our budget was \$218,500.00.
- The Detox costs increase each year due to need and increased cost to provide this service. We budgeted \$215,000.00 however we only spent \$199,523.00. That is still an increase over 2007 dollars spent for this service. We continue to purchase Detox Services from three providers: Pine Manor, Northland Recovery and Dakota Receiving.

#### Development Disabilities Services:

- Staff provided and coordinated MR/RC Waivered services to 107 consumers spending a total of \$7,136,044.00 Staff also provided an additional \$269,433.00 worth of Developmental Disabilities Services from County and State dollars to approximately 50 non-waiver customers.

#### Adult Mental Health Services:

- Staff continued to participate in the Region Five and Region Two Adult Mental Health Initiatives. These two initiatives are the planning committees of the Adult Mental Health Service redesign for the State.
- Staff coordinated quarterly Community Support workshops for the adult mentally ill customers from Cass County. Approximately 60 consumers attend each workshop and this avenue continues to be an excellent way of working with this population.
- The Agency established a budget of \$250,000.00 for Hold Orders, Poor Relief and Crisis Beds. The 2008 expenditure total for these three services was \$194,788.39.

#### Adult Services:

- Staff coordinated CAC, TBI and CADI Waivered services to 72 consumers. The total dollars spent for these services in Fiscal Year 2008 was \$3,309,881.00.
- Staff processed approximately 35 Vulnerable Adult Protection Assessments during 2008.
- Staff provided Case Management services to approximately 27 EW consumers who were receiving services in either Adult Foster Care or Assisted Living facilities.

### Services

Vulnerable Adult Services

Chemical Dependency Services

Developmental Disabilities Services

Adult Mental Health Services

## Adult Social Services

*Assessment and Case Management*

### **Adult Social Service Unit:**

- The Adult Unit members earned from the various Medical Assistance Waivers approximately \$472,189.00 by providing Case Management Services.

Additional dollars were earned through:

- 1] Long Term Care Consultations,
- 2] Chemical Dependency Rule 25 Assessments,
- 3] Relocation Assessments for Nursing Home Placements, and
- 4] Development Disabilities Screenings.

The total dollars earned in the Adult Unit was approximately \$47,000.00 per unit member for 2008!

## Administration/Office Support Services

### Outcomes and Activities

- American Indian Child Welfare Initiative eligible cases were successfully transferred from the counties to the authority of Leech Lake Child Welfare in early 2008. Along with the authority came fiscal responsibility with funding provided to the Leech Lake Band of Ojibwe from the State and Federal governments. As a result of the American Indian Child Welfare Initiative, the county's focus on keeping children in their communities with services and the decrease in "high cost" cases, Child Placement Costs came in \$1 million dollars under budget in 2008.
- The South Country Health Alliance (SCHA) faced serious financial challenges in 2008 and was caught in "the perfect storm" as a result of higher pay out rates from inpatient hospital rebasing and decreased reimbursement rates as a result of lower than state average client risk scores. This revenue loss and negative fund balance reduced SCHA's Risk Based Capital (RBC) to a level below State recommended standards. The 14 member counties had to invest additional dollars to maintain a viable health plan. County Officials closely monitored this throughout the year and will continue to do so in 2009 when the fiscal situation should improve. The mission of county-based purchasing, however, has been accomplished through Cass County's local integrated approach to health care delivery to high risk, low income, vulnerable county residents.
- The Cass County HHVS Advisory Committee met five times in 2008 and addressed major issues of the department. They received informational presentations from the Central MN Council on Aging, the Alcohol/Tobacco and Other Drugs (ATOD) Program, Cass County Emergency Operations and the Mortgage Foreclosure Counseling Program. The Committee continued its participation with the Community Health Assessment and Action Planning (CHAAP) regarding the Essential Local Public Health Activities to "Prevent the Spread of Communicable Disease" and "Promote Healthy Communities and Healthy Behaviors." They received program overviews and updates on the following: Public Health Emergency Preparedness, Public Health Nuisance, the American Indian Child Welfare Initiative, Adult Mental Health, Minnesota Family Investment Program (MFIP) Social Worker Outcomes and Statewide Health Improvement Plan (SHIP). The Committee discussed and approved numerous program policy and rate changes.
- The HHVS staff complement budgeted for 2008 was 89.5 FTE's (fulltime equivalents): PH – 19.92; HS – 65.98; SCHA – 1.6; VS – 2.0. The CRMT/Adult Mental Health Social Worker position was eliminated in early 2008. A staff In-Home Social Worker position was added on a six month trial basis. A Children's Social Services Social Worker was eliminated in July. Two vacant part-time Public Health positions were not filled in 2008.
- The Senior Transportation Program continues to be a valuable resource for Cass County seniors. An average of approximately 27 drivers traveled over 164,000 miles transporting Cass County residents to needed appointments. Of the \$90,000 budgeted, \$78,000 was expended and a total of \$12,500 was collected in donations/fees.

### Services

Assist citizens needing public help to preserve their families, ensure their dignity, confidentiality, and safety; and promote their right to self-determination.

Provide the optimum level of wellness to Cass County residents obtained through education, prevention, care and rehabilitation.