



GOODHUE COUNTY MINNESOTA

TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN
MAY 21, 2019
11:00 A.M.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
 - a. April 2019 HHS Board Meeting Minutes

Documents:

[APRIL 2019 HHS BOARD MINUTES.PDF](#)

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:
 - a. Child Care Licensure Approvals

Documents:

[CHILD CARE LICENSURE APPROVALS.PDF](#)

- b. Public Health Emergency Preparedness Grant Contract

Documents:

[PHEP GRANT CONTRACT.PDF](#)

5. ACTION ITEMS:

- a. Accounts Payable
Mike Zorn

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. GCED Contracts
Mary Heckman and Cheri Johnson

Documents:

[GCED CONTRACTS.PDF](#)

- c. Personnel Request
Nina Arneson

Documents:

[PERSONNEL REQUEST.PDF](#)

6. INFORMATIONAL ITEMS:

- a. 1st Quarter 2019 Fiscal Report
Mike Zorn

Documents:

[1ST QUARTER 2019 FISCAL REPORT.PDF](#)

- b. Child Protection Report
Kris Johnson

Documents:

[CHILD PROTECTION REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

- b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

- c. Goodhue County Performance Report-Cash Assistance And SNAP 4-2019

Documents:

[GOODHUE COUNTY PERFORMANCE REPORT - CASH ASSISTANCE AND SNAP 4-2019.PDF](#)

- d. Quarterly Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

- e. (Non) Award Letter-Disparity Initiative-Regugee Health-Tuberculosis (TB) Component

Documents:

[\(NON\) AWARD LETTER.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be June 18, 2019 At 10:30 A.M.

**PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS, FAMILIES, AND
COMMUNITIES**

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF APRIL 16, 2019**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 11:05 A.M., Tuesday, April 16, 2019, in the Goodhue County Board Room located in Red Wing, Minnesota.

BOARD MEMBERS PRESENT:

Brad Anderson, Paul Drotos, Jason Majerus, Barney Nesseth, Scott Safe, Nina Pagel, and Susan Johnson.

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Ruth Greenslade, and Erin Kuester

AGENDA:

On a motion by J. Majerus and seconded by P. Drotos, the Board unanimously approved the April 16, 2019 Agenda.

MEETING MINUTES:

On a motion by P. Drotos and seconded by S. Johnson, the Board unanimously approved the Minutes of the H&HS Board Meeting on March 19, 2019.

CONSENT AGENDA:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion by J. Majerus and seconded by P. Drotos, the Board unanimously approved payment of all accounts as presented.

INFORMATIONAL ITEMS:

County Health Rankings update by Ruth Greenslade.

Goodhue County Health & Human Services Board
Meeting Minutes of April 16, 2019

FYI & REPORTS:

Placement Report
Child Protection Report
HHS Staffing Report
2018 Perfect Financial Performance
Angst-Community Film Screening- May 2, 2019
Hands for Hope Community Conversation- May 7, 2019

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by N. Pagel and seconded by S. Safe, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:45 a.m.

DRAFT

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	May 21, 2019	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Janet Fennern Cannon Falls
- Jessica Kasa Cannon Falls
- Carol Ludwig Cannon Falls
- Judy Grudem Zumbrota
- Julie Robinson Zumbrota
- Jessica Paulsen Zumbrota

Child Care Licensures:

Number of Licensed Family Child Care Homes: 80

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	May 21, 2019	Staff Lead:	Ruth Greenslade
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Public Health Emergency Preparedness grant contract.		

BACKGROUND: Goodhue County Health and Human Services has a Public Health Emergency Preparedness (PHEP) grant through the Minnesota Department of Health (MDH) – Office of Emergency Preparedness to receive federal funding from the Centers for Disease Control (CDC).

Preparing for and responding to emergencies is a mandated area of public health responsibility under MN Statutes 145.A. We have received these grant funds since 2002 to help carry out this responsibility.

Recent award amounts are shown below. Our award amounts are based on the federal budget and the formula used by MDH to divide the funds. The award amount for future years is to be determined based on continued funding from CDC.

2013-2014	\$27,249
2014-2015	\$27,827
2015-2016	\$44,523
2016-2017	\$41,406
2017-2018	\$39,570
2018-2019	\$39,228
2019-2020	\$37,172

A new 5-year grant contract for July 1, 2019 through June 30, 2024 needs to be approved. The 2019-2020 award amount to Goodhue County Health and Human Services is **\$37,172**.

RECOMMENDATION: HHS Department recommends approval as requested.

**Minnesota Department of Health
Community Health Board Grant Project Agreement**

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health ("STATE") and Goodhue County Health and Human Services, an independent organization, not an employee of the State of Minnesota, 426 West Avenue Red Wing, MN 55066, ("GRANTEE").

1. Under Minnesota Statutes section 144.0742, the STATE is empowered to enter into a contractual agreement for the provision of statutorily prescribed public health services;
2. The STATE and the GRANTEE have entered into Master Grant Contract number 12-700-00074 ("Master Grant Contract") effective January 1, 2015 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. The STATE, pursuant to Minnesota Statutes 144.0742 is empowered to enter into a Public Health Emergency Preparedness Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) CDC-RFA-TP19-1901 under the Catalog of Domestic Assistance Number CFDA# 93.069 to assist state, local and territorial/freely associated state health departments in demonstrating organizational and operational capacity to carry out the CDC's Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health. Awards are intended to assist in increasing and maintaining operational readiness across six (6) domain areas: community resilience, incident management, information management, countermeasures and mitigation, surge management and biosurveillance. Awards under this contract build upon work required and completed in previous funding periods.

This preparedness program is authorized under Section 319C-1 of the Public Health Service (PHS) Act (47USC §247d-3a), as amended. If applicable, contingent supplemental emergency response awards are authorized under 317 (a) and 317 (d) of the PHS Act [42 USC § 247b (a) and (d)] subject to available funding and other requirements and limitations; and

The STATE may choose to amend this contract throughout the five (5) year project period for changes in state or federal requirements, grant duties, reporting requirements, deliverables, additional funds based upon continuation funding from the CDC and real world circumstances; and

As a federal condition of this funding, Congress or the federal funder may modify performance measures, benchmarks, other evaluation and assessment methods, and data collection requirements on an annual basis or as needed in accordance with their respective directives, goals and objectives, or as performance measures or other evaluation methods are developed and refined; the GRANTEE accepts these conditions and agrees to follow the direction of the STATE in the implementation of those changes without a formal amendment to this contract; and

The STATE may communicate federal change information and direction to the GRANTEE via email, conference call, Webinar or other electronic means. GRANTEES are responsible for implementing federal information and guidance communicated by the STATE in the performance of this contract. GRANTEES are required to login and obtain grant related information, guidance documents and forms directly from the STATE'S designated SharePoint site or successor portal.

The GRANTEE must demonstrate the organizational capacity and skills to implement the award including public health emergency preparedness, incident management, response leadership, program planning, performance monitoring, personnel management, financial and administrative oversight; and

4. The GRANTEE represents that it is duly qualified and willing to perform the duties described in this grant project agreement to the satisfaction of the STATE. Pursuant to Minnesota Statutes Section 16B.98, subdivision 1, the GRANTEE agrees to minimize administrative costs as a condition of this grant.

NOW, THEREFORE, it is agreed:

1. ***Incorporation of Master Grant Contract.*** All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. ***Term of Agreement.***

2.1 *Effective date.* This grant project agreement shall be effective on July 1, 2019, or the date the STATE obtains all required signatures under Minnesota Statutes 16B.98. Subd. 5(a), whichever is later. The GRANTEE must not begin work until this contract is fully executed and the State's Authorized Representative has notified the GRANTEE that work may commence.

2.2 *Expiration date.* June 30, 2024, or until all obligations have been fulfilled to the satisfaction of the STATE, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. ***Grantee's Duties and Responsibilities.*** The GRANTEE shall: Complete the following Administrative (AD) Duties:

- AD-1 GRANTEE is responsible for actively managing and monitoring each project, program, work plan component, function or activity supported by the award to ensure timely completion and submission of all grant deliverables.
- AD-2 GRANTEE shall not assign or transfer any rights or obligation under this grant agreement without prior written consent of the State.
- AD-3 GRANTEE shall appropriately obligate, budget and spend grant funds by the end of each budget period as directed by the State. Payments under this contract will be made from federal funds obtained by the State through Title 42 United States Code, of the Public Health Service (PHS) Act as amended. GRANTEE shall accept sole financial and legal responsibility for any requirements, fines, penalties or sanctions imposed by the GRANTEE'S failure to comply with any or all applicable federal or state requirements including actions of a sub-GRANTEE or independent contractors paid in whole or in part from grant funds.
- AD-4 GRANTEE shall submit a detailed line item budget and complete the staff roster for grant funded staff with appropriate justification for each funding source by July 1, 2019 and before July 1, for each subsequent budget period. The budgets shall be reflective of all required duties and work plan activities.
 1. Budget revisions, if required, shall be submitted and processed prior to cost being incurred. Non-emergency budget revisions must be received and processed prior to May 1st of each budget year. Non-emergency budget amendments will not be allowed within the last sixty days (60) days of any budget period.

- a) All budget revisions or modifications moving funds from one budget category to another budget category require the submission of a revised budget form.
- b) Budget revisions or modifications greater than 10 percent of any budget line item within the same budget category in the most recently approved budget on file at the STATE requires prior approval from the STATE. Failure to obtain prior approval of modifications greater than 10 percent of any budget line item may result in denial of modification request and/or loss of funds.
- c) Budget revisions or modifications equal to or less than 10 percent of any budget line item within the same budget category are permitted without prior approval from the STATE provided that all budget deviations are documented with appropriate justification on the invoice at the time of submission and that the total obligation of the STATE for all compensation and reimbursements to the GRANTEE shall not exceed the total obligation listed in section 4.1(b).

2. Travel Costs

- a) GRANTEE budgets shall contain appropriate justification and detail relating to all planned interstate/ out- of- state travel. GRANTEE shall submit the Out-of-State Travel Request for national conferences, trainings and events not conducted by MDH for review in accordance with directions on the form. A separate request form is required for each individual staff person requesting travel approval.

The notification shall be inclusive of all public health staff working on grant requirements for the budget period. Notification to the STATE shall be made on the notification form as directed by the STATE.

- b) Travel outside of the United States is prohibited with grant funds.

- AD-5 GRANTEE shall maintain original source documentation for all grant funds and grant related activities. The GRANTEE shall ensure that these records will be provided to the STATE or federal funder immediately upon request.
- AD-6 GRANTEE shall supply any additional information that may be requested by the STATE or federal funding agency as it relates to the GRANTEE'S public health preparedness, response capabilities, preparedness milestones, benchmarks, resource assessments, or evidence-based deliverables such as plans, procedures, after action reports including improvement plans (AAR/IPs), corrective action tracking, survey responses, exercises, training records, audits and fiscal management and/or other documents apparent or necessary to the successful completion of this contract, contract management or grant oversight.
- AD-7 GRANTEE shall fully participate in site visits, monitoring calls, monitoring visits, technical assistance consultations, operational readiness reviews, technical assistance planning sessions or reviews, financial and programmatic reviews, evaluations, state scheduled events or exercises, surveys, assessments, conference calls and meetings as requested or required by the STATE or federal funding Agency.

- AD-8 GRANTEE shall submit clear, concise and complete invoices, general ledgers and supporting documentation as directed by the STATE. Claims for reimbursement of actual grant expenditures paid by the GRANTEE shall be invoiced in accordance with the Invoice Submission Schedule contained in 4.1 (a).
- AD-9 GRANTEE shall submit timely, clear, concise, complete and accurate programmatic progress reports, surveys, self-assessments, and other reporting tools as directed by the STATE.
- AD-10 The GRANTEE shall provide copies of any plans, annexes, or supporting documentation to the State or federal funder for review, inspection and evaluation as directed by the STATE or federal funder.
- AD-11 GRANTEE shall complete all programmatic duties assigned by the STATE. Programmatic duties for each budget period will be posted electronically at MDH’s SharePoint or successor site. The GRANTEE is responsible for all information posted at MDH’s SharePoint or successor site. The GRANTEE shall begin performing programmatic duties on July 1 of each year or when there grant project agreement is fully executed, whichever is later. All duties are required to be completed within each individual budget period. The programmatic duties for each budget period are fully incorporated by reference.

4. Consideration and Payment.

4.1 Consideration. The STATE will pay for all services performed by the GRANTEE under this grant project agreement as follows:

(a) Compensation. The GRANTEE will be paid on a reimbursement basis only.

Each specific Budget Period award is available only for the specific Budget Period for which it is awarded. Funds remaining and not fully liquidated at the end of each Budget Period will be cancelled and will not be available to the GRANTEE in any subsequent Budget Period. GRANTEE shall maintain separate accounting records and source documentation for each award; funds may not be comingled.

Public Health Emergency Preparedness (PHEP) Awards

Award Name	Budget Period	Award Amount
Budget Period 1 PHEP	Budget Period 1 July 1, 2019-June 30, 2020	\$37,172
Budget Period 2 PHEP	Budget Period 2 July 1, 2020-June 30, 2021	\$ To Be Determined
Budget Period 3 PHEP	Budget Period 3 July 1, 2021-June 30, 2022	\$ To Be Determined
Budget Period 4 PHEP	Budget Period 4 July 1, 2022-June 30, 2023	\$ To Be Determined
Budget Period 5 PHEP	Budget Period 5 July 1, 2023-June 30, 2024	\$ To Be Determined

(b) Total Obligation. The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant project agreement will not exceed Thirty-seven thousand one hundred seventy-two dollars (\$37,172).

4.2 Terms of Payment.

(a) *Invoices.* The State will promptly pay the GRANTEE after the GRANTEE presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule:

Invoice Submission Schedule

Invoice Due	Invoice Activity Period	Deadline for Receipt
1st Quarter	July 1 -30 September	October 31
2nd Quarter	October 1- December 31	January 31
3rd Quarter	January 1- March 31	April 30
4th Quarter/ BP Final Invoice	April 1- June 30	July 31

The State reserves the right to deny payment of invoices not received within thirty (30) days of the invoice deadline.

(b) *Federal Funds.* Payments under this grant project agreement will be made from federal funds obtained by the STATE through Title 47, CFDA number 93.069 of the Section 319C-1 of the Public Health Service (PHS) Act (47 USC § 247d-3a), including public law and all amendments. The Notice of Grant Award (NGA) number is pending. The GRANTEE is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements. If at any time federal funds become unavailable, this agreement shall be terminated immediately upon written notice of by the STATE to the GRANTEE. In the event of such a termination, GRANTEE is entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

5. **Conditions of Payment.** All services provided by GRANTEE pursuant to this grant project agreement must be performed to the satisfaction of the STATE, as determined in the sole discretion of its Authorized Representative. Further, all services provided by the GRANTEE must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations.

6. **Ownership of Equipment.** Disposition of all equipment purchased under this grant project agreement shall be in accordance with Code of Federal Regulations, Title 45, Part 74, Subpart C or, for Notice of Grant Awards issued on or after December 26, 2014, in accordance with Code of Federal Regulations, Title 2, Subpart A, Chapter II, Part 200. For all equipment having a current per unit fair market value of \$5,000 or more, the STATE shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

7. Authorized Representatives.

7.1 *STATE's Authorized Representative.* The STATE's Authorized Representative for purposes of administering this grant project agreement is Deborah Radi, PHEP Manager, MDH Center for Emergency Preparedness and Response P. O. Box 64975 St. Paul, MN 55164, 651/201-5709, and Deb.Radi@state.mn.us, or his/her successor, and has the responsibility to monitor the GRANTEE's performance and the final authority to accept the services provided under this grant project agreement. If the services are satisfactory, the STATE's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2 GRANTEE's Authorized Representative. The GRANTEE's Authorized Representative is Nina Arneson, CHS Administrator, 426 West Avenue Red Wing, MN 55066, 651/385-6115, and nina.arneson@co.goodhue.mn.us, or his/her successor. The GRANTEE's Authorized Representative has full authority to represent the GRANTEE in fulfillment of the terms, conditions, and requirements of this agreement. If the GRANTEE selects a new Authorized Representative at any time during this grant project agreement, the GRANTEE must immediately notify the STATE.

8. Termination.

8.1 Termination by the STATE. The STATE or GRANTEE may cancel this grant project agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

8.2 Termination for Cause. If the GRANTEE fails to comply with the provisions of this grant project agreement, the State may terminate this grant project agreement without prejudice to the right of the STATE to recover any money previously paid. The termination shall be effective five business days after the STATE mails, by certified mail, return receipt requested, written notice of termination to the GRANTEE at its last known address.

8.3 Termination for Insufficient Funding. The STATE may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written (e-mail, facsimile or letter) notice to the GRANTEE. The STATE is not obligated to pay for any work performed after notice and effective date of the termination. However, the GRANTEE will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota legislature, or other funding source, not to appropriate funds. The STATE must provide the GRANTEE notice of the lack of funding within a reasonable time of the STATE receiving notice of the same.

9. Publicity. Any publicity given to the program, publications, or services provided from this grant project agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the GRANTEE or its employees individually or jointly with others, or any subgrantees shall identify the STATE as a sponsoring agency and shall not be released, unless such release is approved in advance in writing by the STATE'S Authorized Representative. If federal funding is being used for this grant project agreement, the federal program must also be recognized.

10. Other Provisions.

10.1 GRANTEE shall comply with all applicable laws, rules, regulations, programmatic standards, and metrics, including benchmarks applicable to this funding source and the subject matter contained in the contract.

10.2 The GRANTEE is responsible for compliance with all federal administrative requirements of this funding. The following Administrative Requirements (AR) apply to this project: AR-7:Executive Order 12372,AR-9: Paperwork Reduction Act,AR-11 Healthy People 2020,AR-12: Lobbying Restrictions,AR-13:Prohibition on Use of CDC Funds for Certain Gun Control Activities,AR-14:Accounting System Requirements,AR-16: Security Clearance Requirement,AR-21: Small, Minority, and Women-Owned Business ,AR-24:Health Insurance Portability and Accountability Act,AR-25: Release and Sharing of Data,AR-26:National Historic Preservation Act of 1966,AR-20 Compliance with EO13513 "Federal Leadership on Reducing Text Messaging while

Driving", October 1, 2009, AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973, AR-33: Plain Writing Act of 2010, ARs applicable to awards related to conferences: AR-20: Conference Support, AR-27 Conference Disclaimer and Use of Logos. These documents are fully incorporated by reference.

10.3 The GRANTEE is responsible for compliance with all Federal Administrative Requirements, Cost Principles and Audit Requirements including compliance supplements relating to funds awarded under this contract contained in 2 CFR, 200 Uniform Administrative Requirements, Costs Principles and Audit Requirements for Federal Awards also known as Uniform Guidance requirements. GRANTEE must demonstrate fiscal responsibility and the ability to provide efficient and effective financial oversight. GRANTEE shall maintain separate accounting records and documentation for each award; funds may not be comingled. Financial management systems must meet the requirements as described 2 CFR 200; 2 CFR 200 is fully incorporated by reference.

10.4 GRANTEE must register and maintain an active status in the Federal System for Award Management must maintain active status in Federal System for Award Management (SAM) throughout the contract and any subsequent amendments. The GRANTEE registration in SAM must be publically viewable. Additional information about the SAM registration procedures is available at www.SAM.gov.

10.5 GRANTEE must obtain a Duns and Bradstreet Data Universal Numbering System (DUNS) for the entity named in this contract. A DUNS number is a unique nine-digit identification number provided by Duns & Bradstreet (D&B). The GRANTEE must provide their DUNS numbers to the STATE before accepting any funds. The GRANTEE may request a DUNS number by telephone at 1-866-705-5711 or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>

10.6 As a federal condition of this funding, the federal funder may modify performance measures, other evaluation and assessment methods, and data collection requirements on an annual basis, or as needed, in accordance with their respective directives, goals and objectives, or as performance measures or other evaluation methods are developed and refined. The grantee accepts these conditions and agrees to follow the direction of the STATE in the implementation of federal changes without a formal amendment to this contract. |

APPROVED:

1. GRANTEE

The Grantee certifies that the appropriate persons(s) have executed the project agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

2. STATE AGENCY

Project Agreement approval and certification that STATE funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

By: _____

Title: _____

Date: _____

Distribution:

- *MDH (Original fully executed Grant Project Agreement)*
- *Grantee*
- *State Authorized Representative*

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	May 21, 2019	Staff Lead:	Mike Zorn
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve April HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for April 2019:

Date of Warrant		Check No. Series		Total Batch
IFS	April 5, 2019	ACH	27722 27730	\$37,790.11
IFS	April 5, 2019		444249 437911	\$18,979.29
IFS	April 9, 2019		444288 444288	\$ 335.00
IFS	April 12, 2019	ACH	27743 27746	\$563.38
IFS	April 12, 2019		444341 444369	\$19,879.04
IFS	April 19, 2019	ACH	27747 27751	\$1,842.24
IFS	April 19, 2019		444370 444405	\$27,304.98
IFS	April 26, 2019	ACH	27768 27793	\$56,226.70
IFS	April 26, 2019		444554 444641	\$37,660.76
SSIS	April 26, 2019	ACH	25069 25098	\$49,295.30
SSIS	April 26, 2019		444464 444517	\$216,652.04
IFS	April 26, 2019	ACH	27794 27849	\$4,695.46
IFS	April 26, 2019		444518 444522	\$8,654.32
Total				\$479,878.62

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	May 21, 2019	Staff Lead:	Mary Heckman
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Contracts with Goodhue County Education District (GCED) for community-based services from July 1, 2019 to June 30, 2020.		

BACKGROUND:

Goodhue County Health and Human Services (GCHHS) and Goodhue County Education District (GCED) continue to have an important working agreement in place to benefit the children, families, and communities of Goodhue County. In addition, since 2011, GCHHS has contracted with Fernbrook Family Center, Inc. to provide children’s mental health services in Goodhue County and this includes providing services to children who attend GCED.

This year’s contract remains the same amount for the upcoming 2020 School year.

RECOMMENDATION:

Goodhue County Health and Human Services recommends approval of these contracts.

Goodhue County Education District Professional Service Agreement
With Goodhue County Health and Human Services

The **Goodhue County Health & Human Services**, 426 West Avenue, Red Wing, Minnesota 55066, hereafter referred to as the "Agency" and

Goodhue County Education District(s) (#252, #253, #256, #813, #2172, #2805) located at 395 Guernsey Lane, Red Wing, MN 55066 hereafter referred to as the "Contractor" enter into this agreement for the period from **July 1, 2019** to **June 30, 2020**.

This contract may be extended by written agreement between the Agency and the Contractor.

WITNESSETH

WHEREAS, The Contractor is an organization certified by the Minnesota Department of Education to provide **Educational Assistance setting IV Special Education Services**;

WHEREAS, the Contractor and the Agency agree to participate in providing Interagency coordinated services and programs for children; and

WHEREAS, it is to the Contractor and the Agency best interest, the community's benefit, and the enhancement of Children's Mental Health to provide a clinical and family based component in order for children with disabilities to satisfactorily progress emotionally, socially and educationally; and

WHEREAS, the Contractor along with the Agency will fund the Setting IV and Early Childhood Programs for Children; and

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth, the Contractor and the Agency agree as follows:

1. **Agency and Contractor's Duties**

The Goodhue County Health & Human Services agrees to provide funding towards these collaborative services and the Contractor agrees to furnish the following:

1. **Educational Assistance setting IV - 139X** **\$526,870.00**
2. **Transportation to Ensure School Stability for Students in Foster Care - 416X** **\$5000.00**
(These funds can be used for Educational Assistance if transportation funding is not utilized)

Contractor agrees to provide the facility, including appropriate space for the provision of mental health including the services for children/families enrolled in the program. The classrooms and other facilities in which students receive instruction, related services and supplemental aids and services shall be essentially equivalent to regular education programming, shall provide an atmosphere conducive to learning, and shall meet student's special physical, sensory, and emotional needs.

NOW THEREFORE, IT IS AGREED, by and between the Contractor and the Agency, the conditions of the contract as follows:

- a. Direct service will be provided according to student's IEP/IFSP each day school is in session, including the regular school year, extended school year and beyond. The student's IEP/IFSP will document need for services, including need for extended school year.
- b. Schedule flexibility will be allowed so that evening parent education and family services may be provided and the mental health component can be integrated and coordinated with the education

component.

- c. Services will consist of program development and implementation, including diagnostic assessments, treatment planning, individual and group counseling, parent education, family counseling, consultation, team meetings, report writing, and meeting other applicable policies and procedures of the Contractor and the Agency. The process of providing a service offered through this contractual agreement will be done as an IEP/IFSP team decision function and not solely by a decision of the Contractor or the Agency.

2. Cost and Delivery of Purchased Services

- a. The total amount to be paid to the Contractor for the Purchased Services shall not exceed **\$531,870.00.**
- b. It is understood and agreed that in the event the reimbursement to the Contractor and/or the County from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations for each party hereunder shall thereupon be modified or terminated; notification by the party seeking modification/termination must be served on all parties at least 60 days prior to proposed action.
- c. The Director of Special Education for Goodhue County Education District and the Director of Goodhue County Health & Human Services shall be responsible for oversight of the contracted services when such services are being submitted for reimbursement for special education aids.

3. Eligibility for Services

Eligibility for services under this contract shall be:

- a. All children must have legal residence in Goodhue County as per MN Statute 120A.22.
- b. All children must be identified as disabled according to Minnesota Department of Education regulations and be in need of special education services.
- c. All children determined to be eligible for the Setting IV must be at least three (3) years old but less than twenty-one (21) years old.
- d. The Contractor and the Agency shall secure, and then share:
 1. Joint release of information.
 2. Assessment report (child).
 3. ISP, IEP.
 4. Parent Conference/Periodic Review(s) Reports.

Written reports shall contain documentation of student progress toward ISP, IEP Goals/Objectives.

- e. The Contractor shall follow established written due process procedures for terminating services to a client. The Agency shall be notified in 30 days.

4. Payment for Purchased Services

- a. Certification of expenditures: The Contractor shall submit invoices for Contract Services provided, to the Agency in January and July of each year. The invoice shall show total program and administrative expenditures for the SFY.

5. Audit and Record Disclosures

- a. Allow Director of the Agency and the Minnesota Department of Human Services access to the Contractor's facility records at regular office hours to exercise their responsibility to monitor purchased services.

- b. Records pertaining to the contract at the Contractor offices and the Agency offices for three years for audit purposes.

6. Safeguard of Client Information

The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in the MN Data Practices Act, HIPAA or FERPA, or for any purpose not directly connected with the Contractor's or Agency's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.

7. Equal Employment Opportunity and Civil Right Non-Discrimination

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504; Minnesota Statutes, section 363A.02; and all applicable federal and state laws, rules regulations and orders prohibiting discrimination in employment, facilities and services. The Contractor shall not discriminate in employment, facilities, and in the rendering of Purchased Services hereunder on the basis of race, color, religion, age, gender, sexual orientation, disability, marital status, public assistance status, creed, or national origin.

8. Fair Hearing and Grievance Procedures

The Contractor agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statute; section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services and administrative rules of the Department of Education.

9. Bonding, Indemnify, Insurance and Audit Clause

a. Bonding: The Contractor shall obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies, in an amount not less than 1/6 of the not to exceed total in 2.a.

b. Indemnify: The Contractor agrees that it will, at all times, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs of expenses which may be claimed against the Contractor or Agency:

- 1. By reason of any service client's suffering personal injury, death, or property loss, or damages either while participating in or receiving from the Contractor under this agreement, or while on premises owned, leased or operated by the Contractor, or while being transported to or from said premises in any vehicle owned, operated, chartered or otherwise contracted for by the Contractor or his assigns; or
- 2. By reason of the service client's causing injury to, or damage to, the property of another person during any time when the Contractor or his assigns, or employee thereof, has undertaken or is furnishing the care and service called for under this agreement.

c. Insurance: The Contractor further agrees, in order to protect itself and the Agency under the indemnity

provisions set forth above, to at all times during the term of this contract, have and keep in force a liability insurance policy of not less than \$1,000,000/\$3,000,000.

d. Audit: The Contractor agrees that within 60 days after the termination date of this contract, an audit of said records will be conducted by a Certified Public Accounting firm, with a copy of same available to the Agency upon request.

10. Conditions of the Parties' Obligations

a. Before the termination date specified in Section 1 of this agreement, the Contractor and the Agency may evaluate the performance of this agreement to determine whether such performance merits review of this agreement.

b. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been submitted in writing, duly signed, and attached to the original of this agreement.

c. No claim for services furnished by the Contractor, not specifically provided in this agreement, will be allowed by the Agency.

11. Subcontracting

The Contractor and the Agency may enter into subcontracts for any of the goods and services contemplated under this agreement without prior written notification. All subcontracts shall be subject to the requirements of this contract. The Contractor and the Agency shall be responsible for the performance of any subcontractor retained by that party in performance of its duties under this contract.

12. Miscellaneous

Entire Agreement: It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and the Agency relating to the subject matter hereof.

IN WITNESS WHEREEEOF, the Contractor and the Agency have executed this Agreement as of the day and year first above written.

APPROVED BY:

By: _____
Agency: GCHHS Board Chair

Date

By: _____
Agency: GCHHS Director

Date

By: _____
Contractor: GCED Board Chair

Date

By: _____
Contractor: GCED Director

Date

By: _____
Goodhue County Attorney

Date

Goodhue County Health and Human Service Professional Service Agreement
With Goodhue County Education District

Goodhue County Education District(s)(GCED) (#252, #253, #256, #813, #2172, #2805) located at 395 Guernsey Lane, Red Wing, MN 55066, hereafter referred to as the “Agency” and

Goodhue County Health & Human Services, 426 West Avenue, Red Wing, Minnesota 55066 hereafter referred to as the “Contractor” enter into this agreement for the period from **July 1, 2019** to **June 30, 2020**.

This contract may be extended by written agreement between the Agency and the Contractor.

WITNESSETH

WHEREAS, the Contractor is an organization licensed by the Department of Human Services and the Minnesota Department of Health to provide **Case Management and Supportive Services**;

WHEREAS, the Contractor and the Agency agree to participate in providing Interagency coordinated services and programs for children; and

WHEREAS, it is to the Contractor’s and the Agency’s best interest, the community’s benefit, and the enhancement of Children’s Mental Health to provide a clinical and family based component in order for children with disabilities to satisfactorily progress emotionally, socially and educationally; and

WHEREAS, the Contractor is required to provide mental health services in accordance with the Comprehensive Mental Health Act; and

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth, the Agency and the Contractor agree as follows:

1. **Agency and Contractor Duties:**

The Goodhue County Education District agrees to provide funding towards these collaborative services and the contractor agrees to furnish the following:

1.	<u>Child General Case Management - 193X</u>	<u>\$165,000.00</u>
2.	<u>Child Rule 79 Case Management - 490X</u>	<u>\$120,000.00</u>
3.	<u>DD Waiver Case Management - 591X</u>	<u>\$ 90,873.00</u>

Agency agrees to provide the facility, including appropriate space for the provision of mental health including the services for children/families enrolled in the program. The classrooms and other facilities in which students receive instruction, related services and supplemental aids and services shall be essentially equivalent to regular education programming, shall provide an atmosphere conducive to learning, and shall meet student’s special physical, sensory, and emotional needs.

NOW THEREFORE, IT IS AGREED, by and between the Contractor and the Agency, the conditions of the contract as follows:

- a. Provide direct individual, group and family services to qualified students with disabilities in the Goodhue County Education District. The IEP/IFSP of these qualified students with disabilities contains documentation of the need for the services.
- b. Provide direct services to the parents (guardians) and families of the Interagency County Education District Program children through parent education, case management, crisis planning and intervention, and mental health consultation.

- c. Serve as support liaison between home, school, and community agencies. Case managers and social workers will participate in an interagency committee related to children in the Education District school child study team meetings on children served. In addition to providing general clinical input, the case managers and social workers will complete evaluations and make recommendations for program placement transition.
- d. Ensure that the mental health professional shall participate on an interagency County Education District committee to consider the special needs and develop appropriate services for each student.
- e. Provide mental health consultation to special education staff, regular education staff, school administrators, and other Agency personnel as appropriate.
- f. The Contractor will employ social worker to provide services to children participating in the Early Childhood Education Program. All County social workers must pass the State Merit System exam and be “certified” by Minnesota Merit System for County hire. Personnel may also hold licenses from Board of Teaching, Commissioner of MDE or Board of Social Work.
- g. A Mental Health Practitioner Social Workers/Family Therapist/Consultant will be subcontracted through the contractor for the length of this contract.
- h. Direct service will be provided according to student’s IEP/IFSP each day school is in session, including the regular school year, extended school year and beyond. The student’s IEP/IFSP will document need for services, including need for extended school year.
- i. Schedule flexibility will be allowed so that evening parent education and family services may be provided and the mental health component can be integrated and coordinated with the education component.
- j. Services will consist of program development and implementation, including case management diagnostic assessments, crisis planning and intervention, treatment planning, individual and group counseling, parent education, family counseling, consultation, team meetings, report writing, and meeting other applicable policies and procedures of the Contractor and the Agency. The process of providing a service offered through this contractual agreement will be done as an IEP/IFSP team decision function and not solely by a decision of a district or Contractor.
- k. Direct clinical time and direct administrative supervision will be provided by the Contractor staff.

2. Cost and Delivery of Purchased Services

- a. The total amount to be paid to the Contractor for the Purchased Services shall not exceed **\$375,873.00**
- b. It is understood and agreed that in the event the reimbursement to the Contractor and/or the County from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations for each party hereunder shall thereupon be modified or terminated; notification by the party seeking modification/termination must be served on all parties at least 60 days prior to proposed action.
- c. The Director of Special Education for Goodhue County Education District and the Director of Goodhue County Health & Human Services shall be responsible for oversight of the contracted services when such services are being submitted for reimbursement for special education aids.

3. Eligibility for Services

Eligibility for services under this contract shall be:

- a. All children must have legal residence in Goodhue County as per MN Statute 120A.22.
- b. All children must be identified as disabled according to Minnesota Department of Education regulations and be in need of special education services.
- c. All children determined to be eligible for the Setting IV must be at least three (3) years old but less than twenty-one (21) years old.
- d. The Contractor and the Agency shall secure, and then share:
 - 1. Joint release of information.
 - 2. Assessment report (child).

3. ISP, IEP.
4. Parent Conference/Periodic Review(s) Reports.

Written reports shall contain documentation of student progress toward ISP, IEP Goals/Objectives.

- e. The Contractor shall follow established written due process procedures for terminating services to a client. The Agency shall be notified in 30 days.

4. Payment for Purchased Services

The Contractor will invoice the Agency in July of each year for the previous SFY.

The Agency shall reimburse the Contractor 100 percent of the billed costs for the provision of the services in item 1 within 60 days of receipt of the bill.

5. Audit and Record Disclosures

- a. Allow Director of the Contractor and the Minnesota Department of Human Services access to the Agency's facility records at regular office hours to exercise their responsibility to monitor Purchased services.
- b. Records pertaining to the contract at the Contractor's Offices and the Agency's offices for three years for audit purposes.

6. Safeguard of Client Information

The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in the MN Data Practices Act, HIPAA or FERPA, or for any purpose not directly connected with the Contractor and the Agency responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.

7. Equal Employment Opportunity and Civil Right Non-Discrimination

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504; Minnesota Statutes, section 363A.02; and all applicable federal and state laws, rules regulations and orders prohibiting discrimination in employment, facilities and services. The Contractor shall not discriminate in employment, facilities, and in the rendering of Purchased Services hereunder on the basis of race, color, religion, age, gender, sexual orientation, disability, marital status, public assistance status, creed, or national origin.

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Contractor agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statute; section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services and administrative rules of the Department of Education.

9. Bonding, Indemnify, Insurance and Audit Clause

- a. Bonding: Contractor shall obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies, in an amount not less than 1/6 of the not to exceed total in 2.a.

b. Indemnify: Contractor agrees that it will, at all times, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs of expenses which may be claimed against the Contractor:

1. By reason of any service client's suffering personal injury, death, or property loss, or damages either while participating in or receiving services from the Contractor under this agreement, or
2. By reason of the service client's causing injury to, or damage to, the property of another Person during any time when the Contractor or his assigns, or employee thereof, has undertaken or is furnishing the care and service called for under this agreement.

c. Insurance: The Contractor further agrees, in order to protect itself and the Agency under the indemnity provisions set forth above, to at all times during the term of this contract, have and keep in force a liability insurance policy of not less than \$1,000,000/\$3,000,000.

d. Audit: The Contractor agrees that within 60 days after the termination date of this contract, an audit of said records will be conducted by a Certified Public Accounting firm, with a copy of same available to the Agency upon request.

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a. Before the termination date specified in Section 1 of this agreement, the Contractor and the Agency may evaluate the performance of this agreement to determine whether such performance merits review of this agreement.

b. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been submitted in writing, duly signed, and attached to the original of this agreement.

c. No claim for services furnished by the Contractor, not specifically provided in this agreement, will be allowed by the Agency.

11. Subcontracting

The Contractor and the Agency may enter into subcontracts for any of the goods and services contemplated under this agreement without prior written notification. All subcontracts shall be subject to the requirements of this contract. The Contractor and the Agency shall be responsible for the performance of any subcontractor retained by that party in performance of its duties under this contract.

12. Miscellaneous

Entire Agreement: It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and the Agency relating to the subject matter hereof.

IN WITNESS WHEREEEOF, the Contractor and the Agency have executed this Agreement as of the day and year first above written.

APPROVED BY:

By: _____
Agency: GCED Board Chair Date _____

By: _____
Agency: GCED Director Date _____

By: _____
Contractor: GCHHS Board Chair Date _____

By: _____
Contractor: GCHHS Director Date _____

By: _____
Goodhue County Attorney Date _____

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	May 21, 2019	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve to Increase Public Health Nurse (PHN) Vacation/Sick/Holiday Hours to Match Hours Worked – Grant Provisional ONLY		

BACKGROUND:

The following request was brought forward for the Goodhue County Personnel Committee’s review on May 7 2019 at 8:15 am.

Please see the attached request memo and the Personnel Committee’s meeting minutes related to GCHHS request below:

HHS- Provisional Grant- Benefit Request. Staff recommended the board approve to increase the Public Health Nurse (PHN) benefits, specifically vacation, sick and holidays, to match the hours worked. This is a grant funded position and once the additional grant funding is done, the hours and benefits will automatically return to .80 FTE and .6 FTE.

Ms. Cushing asked when the funding would be done. Ms. Arneson commented that the funding at this point was for 2019 and there were no guarantees for 2020.

The Personnel Committee recommended approval to increase Public Health Nurse (PHN) vacation/sick/holiday hours to match hours worked. This is a provisional request based on grant funding.

https://www.co.goodhue.mn.us/AgendaCenter/ViewFile/Minutes/_05072019-1263

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County Health and Human Services

DATE: April 10, 2019

TO: Goodhue County Personnel Committee
Goodhue County Health and Human Services Board

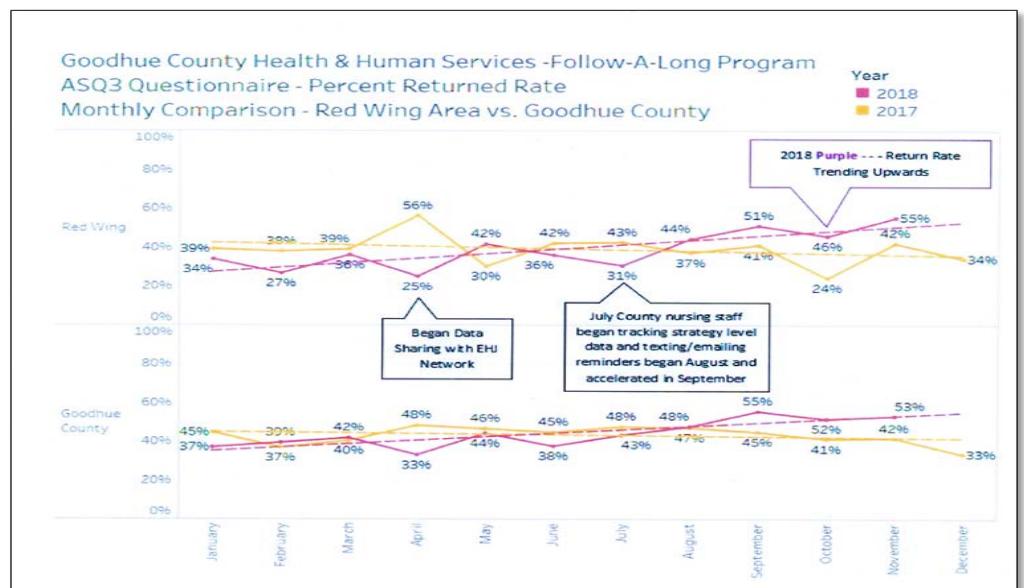
FROM: Nina Arneson, Director

RE: Increase Public Health Nurse (PHN) Vacation/Sick/Holiday Hours to Match Hours Worked – Grant Provisional ONLY

BACKGROUND: In April of 2018 GCHHS received a grant from Every Hand Joined (EHJ) to enhance our existing Follow Along Program (FAP). FAP is a program for infants and children birth to 3 years old to help parents track their child’s development. Developmental Screeners-Ages and Stages Questionnaires (ASQ) and Social Emotional Screeners are mailed at timed intervals. The parent completes the screener and sends back into GCHHS for scoring. If there are any concerns related to developmental milestones our Public Health Nurse (PHN) will contact the family, discuss concerns, provide guidance, materials and if needed place a referral for early childhood services.

With the additional grant funding from Every Hand Joined (EHJ) we were able to enhance our Follow Along Program this included temporarily, for the duration of the grant, to increase a PHN work hours from .6 FTE to .8 FTE specifically dedicated to the FAP. The additional hours allowed the PHN to increase outreach to partners and caregivers, connect with families to return screeners and to help children that may need a bit more help reaching milestones and better preparing children for school entry. One of our main focuses has been to increase the number of screeners returned.

In 2018, this grant funding made it possible for the agency to temporarily increase this PHN’s work hours from .6 FTE to .8 FTE. Now in 2019 with the continued grant funding, we are requesting to increase also this PHN’s benefits, specifically vacation, sick and holidays to match the hours worked. The increased hours and these benefit changes are still considered as provisional, and once the additional grant funding is done, the hours and benefits will automatically go back to from .8 FTE to .6 FTE.



RECOMMENDATION: Increase Public Health Nurse (PHN) Vacation/Sick/Holiday hours to match hours worked. This is a provisional request based on grant funding.



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4877

DATE: May 21, 2019
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Mike Zorn, Deputy Director
RE: First Quarter 2019 Fiscal Report

In the first quarter of CY 2019, Goodhue County Health & Human Services Agency had the following budget financial summary.

- We expended 26% (\$4,398,700) of our budget (\$16,942,054) 25% of the way through the year. Last year at this time, we expended 27%.
- We have collected 15% (\$2,458,336) of our anticipated revenue (\$16,942,054), 25% of the way through the year. Last year at this time, we collected 14%.

Children in Out of Home Placement:

We have expended 24.2% (\$434,715) of our budget (\$1,795,000), 25% of the way through the year, which resulted in being under budget 00.78% or \$14,035.

State Hospital Costs:

We have expended 62% (\$200,052) of our budget (\$325,000). Last year at this time, we expended \$182,235. We continue to anticipate this given the state crisis with mental health, the situation with Anoka-Metro Regional Treatment Center where clients do not have any other place to go.

State Sex Offender Program:

We have expended 90% (\$46,998) of our budget (\$52,000). We have one recipient who has been on a hold order for 8 months. When recipients are on a hold order counties are required to pay 100% of the daily rate (\$373.00) instead of the 10% county share (\$33.70) per day if they are committed instead. Therefore, a 31-day hold order costs \$11,563 per month for a recipient on a hold order.

Sex Offender Therapy:

We have expended 253% (\$5,062) of our budget (\$2,000). We have seen several sex offenders in the past few months. For the whole year of 2018, we had expenditures of \$1,554. Sex offender therapy is not a billable service to insurance and we are required to provide this service. A majority of the Sex Offender Therapy are court ordered.

Family Based Counseling:

We have expended 109% (\$21,719) of our budget (\$20,000). The majority of this increase has been with parenting evaluations where often we have to do one for each parent and the cost can be as high as \$4,000 per client. The majority based on the style of the evaluation is not a billable service to insurance. The large majority of these evaluations are court ordered.

Consolidated Chemical Dependency Treatment Fund (CCDTF):

As we had seen reviewing the DAANES report, Chemical Dependency Treatment is also increasing. The County share of Consolidated Chemical Dependency Treatment Fund (CCDTF) had significantly increased since 2016. For the first quarter, we have expended 31% (\$61,718) of our budget (\$200,000).

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits, overhead and capital equipment line items, we have expended 23% of our budget 25% of the way through the year.

Staffing Revenues Additional Staff:

For the first quarter report, total staffing revenue is 28.83% (\$1,164,145) 25% through the year of the total 2019 budget of \$4,037,399 for these revenue categories.

The 2019 budget driving force continues to be costs associated with OHP, State Hospitals, State Sex Offender, Sex Offender Therapy, Family Based Counseling and Chemical Dependency.

Goodhue County



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2019 Thru: 03/2019

Percent of Year: 25%

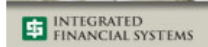
11 Fund
Health & Human Service Fund
479 Dept
PHS Administration

Account Numbe	Description	Status	03/2019 Amount	Selected Months	2019 Budget	% Of Budget
11-479-479-0000-6173	Workmans Compensation		.00	13,140.00	12,221.00	108
11-479-479-0000-6174	Mandatory Medicare		119.23	308.70	1,215.00	25
11-479-479-0000-6201	Telephone		177.43	645.35	3,000.00	22
11-479-479-0000-6202	Cell Phone		61.95	181.72	1,050.00	17
11-479-479-0000-6203	Postage/Freight		.00	0.00	1,600.00	0
11-479-479-0000-6241	Advertising		.00	227.15	0.00	0
11-479-479-0000-6243	Association Dues/Memberships		875.00	875.00	2,000.00	44
11-479-479-0000-6268	Software Maintenance Contracts		4,634.00	4,634.00	23,730.00	20
11-479-479-0000-6269	Software Enhancements		1,750.00	1,750.00	0.00	0
11-479-479-0000-6278	Consultant Fees		175.00	175.00	700.00	25
11-479-479-0000-6283	Other Professional & Tech Fees		174.25	1,486.03	8,656.00	17
11-479-479-0000-6302	Copies/Copier Maintenance		330.15	1,450.73	6,800.00	21
11-479-479-0000-6331	Mileage		.00	0.00	70.00	0
11-479-479-0000-6332	Meals & Lodging		.00	0.00	500.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,767.75	18,767.75	75,071.00	25
11-479-479-0000-6351	Insurance		.00	8,252.26	8,371.00	99
11-479-479-0000-6357	Conferences/Schools/Training		.00	0.00	400.00	0
11-479-479-0000-6405	Office Supplies		127.76	127.76	1,300.00	10
11-479-479-0000-6414	Food & Beverages		.00	110.01	158.00	70
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	0.00	11,200.00	0
479 Dept	TOTALS PHS Administration	Revenue	.00	.00	18,700.00-	0
		Expend.	50,557.29	105,178.85	343,938.00	31
		Net	50,557.29	105,178.85	325,238.00	32
11 Fund	TOTALS Health & Human Service Fund	Revenue	544,807.02 -	2,458,335.67 -	16,942,054.00-	15
		Expend.	1,357,049.28	4,398,699.68	16,942,054.00	26
		Net	812,242.26	1,940,364.01	.00	0
FINAL TOTALS:	572 Accounts	Revenue	544,807.02 -	2,458,335.67 -	16,942,054.00-	15
		Expend.	1,357,049.28	4,398,699.68	16,942,054.00	26
		Net	812,242.26	1,940,364.01	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2018	THRU 03/19	2019	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$7,227.50	\$1,943.50	\$7,000.00	28%	25%
11-430-710-3710-6020	CHILD SHELTER -SS	\$15,934.80		\$7,500.00	0%	25%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					25%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	\$1,541.85		\$1,500.00	0%	25%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	\$9,460.15		\$15,000.00	0%	25%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$85,855.43	\$42,747.70	\$60,000.00	71%	25%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$541,489.76	\$142,815.68	\$575,000.00	25%	25%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$40,176.87	\$6,362.58	\$35,000.00	18%	25%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,898.00	\$1,980.00	\$8,000.00	25%	25%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$5,256.63	\$2,773.23	\$5,000.00	55%	25%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					25%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$114,247.92	\$19,046.25	\$75,000.00	25%	25%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$20,563.80	\$3,826.28	\$9,000.00	43%	25%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$551,557.87	\$63,188.91	\$425,000.00	15%	25%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$172,200.81	\$102,411.05	\$80,000.00	128%	25%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$24,454.15	\$10,615.29	\$30,000.00	35%	25%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$5,163.69	\$145.82	\$5,000.00	3%	25%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$415,316.13	\$36,858.57	\$450,000.00	8%	25%
11-430-740-3831-6020	RULE 5 CS			\$7,000.00	0%	25%
	TOTAL OUT OF HOME PLACEMENT	\$2,018,345.36	\$434,714.86	\$1,795,000.00	24.2%	25%
	Over/(Under) Budget for percent of year	\$1,644,500.00	-\$14,035.14	\$448,750.00	25%	25%
	Percent Over/(Under) Budget				-0.78%	

December	
November	
October	
September	
August	
July	
June	
May	
April	
March	-0.78%
February	-0.88%
January	0.30%
Over/Under Budget 2018	22.73%

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

As Of 03/2019 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	213,843.26	645,301.11	2,839,734.00	23	25
TOTAL SALARIES	213,843.26	645,301.11	2,839,734.00	23	25
OVERHEAD					
AGENCY OVERHEAD	42,068.02	68,133.93	298,275.00	23	25
TOTAL OVERHEAD	42,068.02	68,133.93	298,275.00	23	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	12,240.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	12,240.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	88,826.83	204,752.23	739,586.00	28	25
TOTAL SALARIES	88,826.83	204,752.23	739,586.00	28	25
OVERHEAD					
AGENCY OVERHEAD	25,608.51	40,128.33	181,784.00	22	25
TOTAL OVERHEAD	25,608.51	40,128.33	181,784.00	22	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	252,425.61	757,753.65	3,324,706.00	23	25
TOTAL SALARIES	252,425.61	757,753.65	3,324,706.00	23	25
OVERHEAD					
AGENCY OVERHEAD	40,163.70	81,191.63	348,894.00	23	25
TOTAL OVERHEAD	40,163.70	81,191.63	348,894.00	23	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,760.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	11,760.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	230,254.53	702,197.96	2,928,735.00	24	25
TOTAL SALARIES	230,254.53	702,197.96	2,928,735.00	24	25
OVERHEAD					
AGENCY OVERHEAD	46,261.25	73,347.99	287,636.00	26	25
TOTAL OVERHEAD	46,261.25	73,347.99	287,636.00	26	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	25

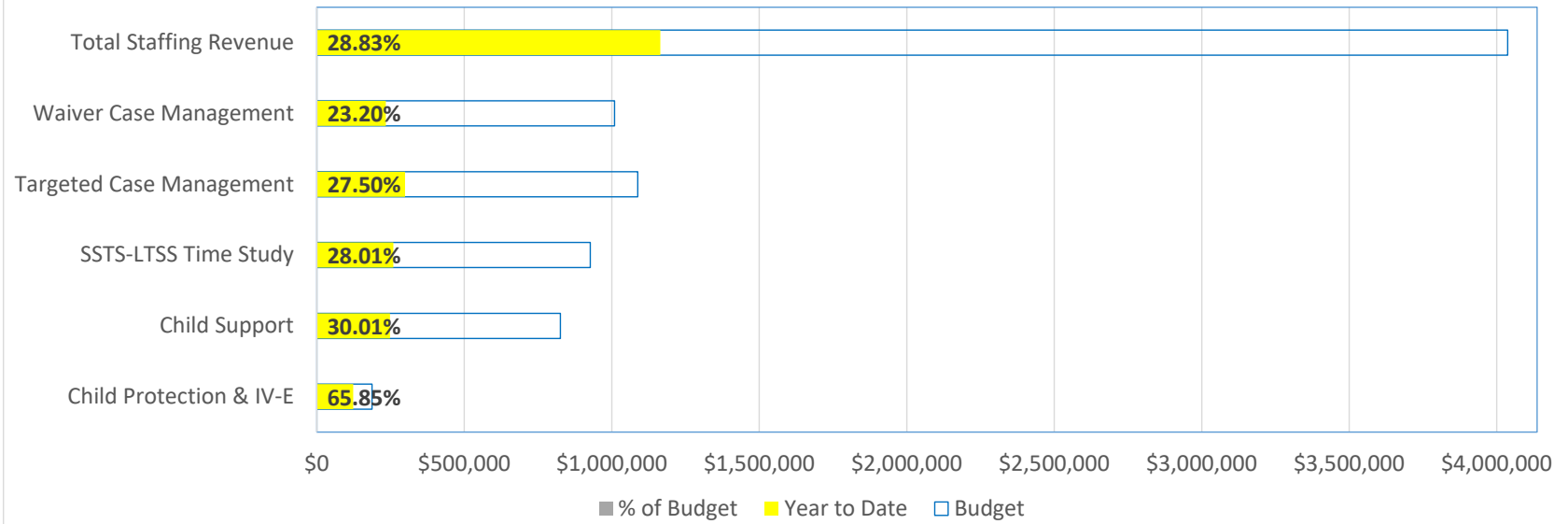
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	785,350.23	2,310,004.95	9,832,761.00	23	25
TOTAL SALARIES	785,350.23	2,310,004.95	9,832,761.00	23	25
OVERHEAD					
AGENCY OVERHEAD	154,101.48	262,801.88	1,116,589.00	24	25
TOTAL OVERHEAD	154,101.48	262,801.88	1,116,589.00	24	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	24,000.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	24,000.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	939,451.71	2,572,806.83	10,973,350.00	23	25

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,127.52 -	7,880.78 -	25,000.00 -	32	25
11-420-640-0000-5290 CS ST Incentives	0.00	6,152.00 -	10,000.00 -	62	25
11-420-640-0000-5355 CS Fed Admin	39,900.00 -	198,663.06 -	691,000.00 -	29	25
11-420-640-0000-5356 CS Fed Incentive	0.00	30,423.60 -	90,000.00 -	34	25
11-420-640-0000-5379 CS Fed MA Incentive	1,276.51 -	4,728.47 -	10,000.00 -	47	25
11-430-700-0000-5292 State LTSS	0.00	85,677.00 -	290,000.00 -	30	25
11-430-700-0000-5383 Fed LTSS	0.00	101,633.00 -	350,000.00 -	29	25
11-430-700-3810-5380 Fed MA SSTS	0.00	35,214.00 -	152,000.00 -	23	25
11-430-710-0000-5289 Child Protection	0.00	53,281.00 -	122,399.00 -	44	25
11-430-710-3810-5366 FC IV-E	0.00	70,129.00 -	50,000.00 -	140	25
11-430-710-3810-5367 IV-E SSTS	0.00	22,060.00 -	70,000.00 -	32	25
11-430-710-3930-5381 CW-TCM	0.00	107,989.00 -	350,000.00 -	31	25
11-430-730-3050-5380 Rule 25 SSTS	0.00	15,092.00 -	65,000.00 -	23	25
11-430-740-3830-5366 IV-E Rule 5	0.00	0.00	15,000.00 -	0	25
11-430-740-3900-5381 Child MA MH-TCM	0.00	1,971.00 -	20,000.00 -	10	25
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	0.00	10,000.00 -	0	25
11-430-740-3910-5240 St Adult MH-TCM	0.00	1,791.00 -	3,000.00 -	60	25
11-430-740-3910-5381 MA Adult MH-TCM	346.35 -	43,198.23 -	175,000.00 -	25	25
11-430-740-3910-5401 SCHA Adult MH-TCM	597.00 -	114,010.00 -	410,000.00 -	28	25
11-430-740-3930-5401 SCHA Pathways	0.00	16,282.56 -	75,000.00 -	22	25
11-430-760-3930-5381 Adult VA/DD-TCM	2,046.14 -	13,924.87 -	45,000.00 -	31	25
11-463-463-0000-5290 St AC Waiver	500.00 -	700.00 -	14,000.00 -	5	25
11-463-463-0000-5292 St MA CM Waivers	789.07 -	52,747.68 -	240,000.00 -	22	25
11-463-463-0000-5382 Fed MA CM Waivers	789.07 -	52,696.76 -	240,000.00 -	22	25
11-463-463-0000-5402 SCHA Waivers	38,728.13 -	108,285.10 -	325,000.00 -	33	25
11-463-463-0000-5429 SCHA Care Coord	982.68 -	19,614.87 -	190,000.00 -	10	25
TOTAL HHS Staffing Revenues	88,082.47 -	1,164,144.98 -	4,037,399.00 -	29	25

HHS Staffing Revenue Q1/2019
25% of Year



**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



**Monthly Update
Child Protection Assessments/Investigations**

	2015	2016	2017	2018	2019
January	18	18	21	25	21
February	11	26	22	21	20
March	23	16	17	27	34
April	24	32	17	22	20
May	24	21	31	19	
June	7	17	28	23	
July	14	18	21	22	
August	17	19	33	11	
September	31	25	20	17	
October	30	18	28	28	
November	20	22	19	22	
December	17	15	16	19	
Total	236	247	273	256	95

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities!

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR MAY 2019

In-Patient Approval:

- #03758778R – 29 year old male – four previous treatments – Northstar Behavioral Health, St. Paul
- #00531092 – 27 year old female – no previous treatment – The Gables, Rochester
- #02293193R – 41 year old female – four previous treatments – Margaret's House, Mendota Hghts.
- #03295646R – 31 year old male – two previous treatments – Burkwood, Hudson WI
- #01780874R – 35 year old female – numerous previous treatments – Meadow Creek Tx Center, Pine City
- #00234603R – 36 year old female – five previous treatments – Tapestry, St. Paul
- #03486913R – 38 year old female – one previous treatment – Meadow Creek Tx Center, Pine City

Outpatient Approvals:

- #01887184R – 22 year old male – one previous treatments – Nystrom & Associates, Woodbury
- #01048243 – 55 year old female – no previous treatment – Stage by Staige, Kasson
- #04033613R – 33 year old male – numerous previous treatments – Omada, Northfield
- #03701298 – 37 year old female – no previous treatment – Midwest Recovery, Red Wing
- #01017429R – 34 year old male – numerous previous treatments – Midwest Recovery, Red Wing
- #01004230R – 46 year old male – two previous treatments – Midwest Recovery, Red Wing
- #04373560R – 36 year old female – two previous treatment – Common Ground, Red Wing
- #03920921R – 61 year old male – one previous treatment – Midwest Recovery, Red Wing
- #01097457 – 38 year old male – no previous treatment – Midwest Recovery, Red Wing

Halfway House Approval: None



Goodhue County
Health and Human Services

426 West Avenue
 Red Wing, MN 55066
 Phone: (651) 385-3200
 Fax: (651) 267-4877

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: May 21, 2019
RE: 2019 May Staffing Report

Following the updated Goodhue County hiring policy, below are GCHHS new hires for April and May 2019:

Outgoing Employee	Rate of Pay*	Classification	New Employee	Rate of Pay*	Step	Hire Date
New		Public Health Educator- FSC	Maggie Cichosz	\$26.11	1	5/13/19
Rosemary Deusterman	\$25.66	Support Enforcement Aide	Jennifer George	\$20.55	1	4/29/19
Leah Grave	\$23.01	Child Support Officer	Claire Simon	\$23.01	1	5/2/19
Nikki Linder	\$22.63	Case Aide	Diane Holm	\$25.85	6	5/13/19

*Rate of pay does not include additional compensation factors such as FICA, Medicare, pension and individual benefit elections which are confidential.

Goodhue County Performance Report

Cash Assistance and SNAP Timeliness Measures April 2019

Reporting Period:
Jan. 1, 2018 – Dec. 31, 2018



For more information contact:
Minnesota Department of Human Services
Human Services Performance Management System
DHS.HSPM@state.mn.us | (651) 431-5780

About the Cash Assistance and SNAP Timeliness Performance Report

Report Overview

This report for the Human Services Performance Management system (referred to as the Performance Management system) compares county performance to the thresholds established for the system. A threshold is defined as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as part of the remedies process defined in statute. For counties below the threshold, an official PIP notification—with instructions for accessing PIP forms, PIP completion directions, and available technical assistance—will be provided with the report.

This report contains data on both the Expedited Supplemental Nutrition Assistance Program (SNAP) measure and the cash assistance and SNAP application timeliness measure including:

- The county's Jan. 1, 2018 – Dec. 31, 2018 performance
- Performance data trends for recent years
- A performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region

Supplemental information about the Performance Management system can be found on CountyLink, www.dhs.state.mn.us/HSPM, including:

- A description of how performance is assessed for counties with 20 or fewer people or events in a measure
- A description of how race and ethnicity data are reported
- Information about the Performance Management system's history, outcomes, mission, vision, and Council

About the Performance Data by Race and Ethnicity

Overview of Performance Data by Race and Ethnicity

This report provides performance data for counties grouped by race and ethnicity where there were 30 or more people of a group included in the denominator. The data is that of the case applicant; other household members may have a different race and/or ethnicity that is not reported here.

Hispanic or Latino ethnicity is reported separately from race. People are counted once by Hispanic ethnicity and again with their reported race so groups added together exceed the total number of applications.

MAXIS data includes immigrant subgroups, but this report does not include these metrics. Instead, the major racial and ethnic groups are included to reduce the occurrence of small number exclusions. More detailed data about performance by immigrant subgroups may be available upon request. If you would like to request a more detailed report on your county's performance by race and ethnicity, please submit a request to DHS.HSPM@state.mn.us.

Purpose

The racial and ethnic data is included in this report for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. As the Performance Management reports evolve, we intend to add additional demographic data to help counties better understand their performance and improve outcomes for all Minnesotans. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial and ethnic group do not have a graph of performance for these groups available in this report.

Economic Supports

- Economic Supports training: <https://mn.gov/dhs/partners-and-providers/training-conferences/economic-supports-cash-food/>
- Economic supports news, initiatives, and reports: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/economic-supports-cash-food/>
- Economic Supports policies and procedures: <https://mn.gov/dhs/partners-and-providers/policies-procedures/economic-supports-cash-food/>

SNAP

- Supplemental Nutrition Assistance Program (SNAP) Resources: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141151

Contacts

- **Lori Bona**, Minnesota's SNAP payment accuracy coordinator, 651-431-3950 lori.bona@state.mn.us
- **Erika Martin**, Research Unit supervisor, Economic Assistance and Employment Supports Division, 651-431-3978, erika.martin@state.mn.us

Percent of SNAP and Cash Assistance Applications Processed Timely

What is this measure?

This measure looks at the difference between the application date and the date of the first issuance made for each program approved on the application. The included programs are regular SNAP, Minnesota Family Investment Program, Diversionary Work Program, Refugee Cash Assistance, Minnesota Supplemental Aid, General Assistance, and Group Residential Housing. Applications made the day before a weekend or state-recognized holiday take into account the non-working days. Denials are not included.

Why is this measure important?

Cash and food assistance are a way to help people meet their basic needs. Timely processing of applications is one measure of how well counties are able to help people meet their basic needs.

What affects performance on this measure?

- Service factors that may influence this measure include the complexity of program rules and eligibility requirements, county case management models, aging technology and systems that are not integrated (MAXIS, MMIS, etc.), the quality and timeliness of information sharing between service areas, such as employment services, child care assistance, child support and child welfare services, location of offices and number of offices
- Staff factors that may influence this measure include staff training, the number of staff, agency culture, staffing structure, availability of translators, and staff to participant ratios
- Participant factors that may influence this measure include literacy levels, availability to participate in an interview, access to a telephone, housing stability, ability to provide documentation, access to transportation, and complicated reporting requirements
- Environmental or external factors that may influence this measure include the local economy and increased applications during economic downturns

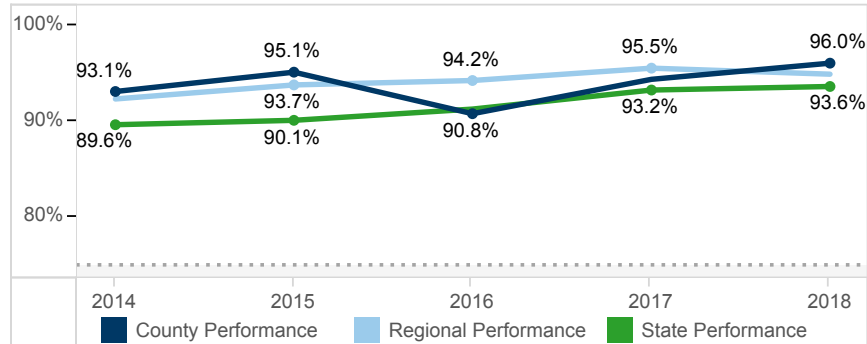
Percent of SNAP and Cash Assistance Applications Processed Timely

County Performance by Year

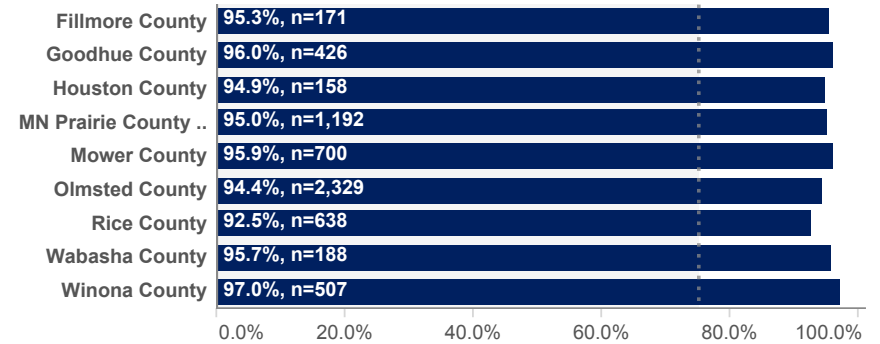
	2014	2015	2016	2017	2018
County Performance	93.1%	95.1%	90.8%	94.3%	96.0%
Denominator	447	406	422	441	426

**Goodhue County
PIP Decision**
No PIP Required - Performance is equal to or above the threshold of 75%.

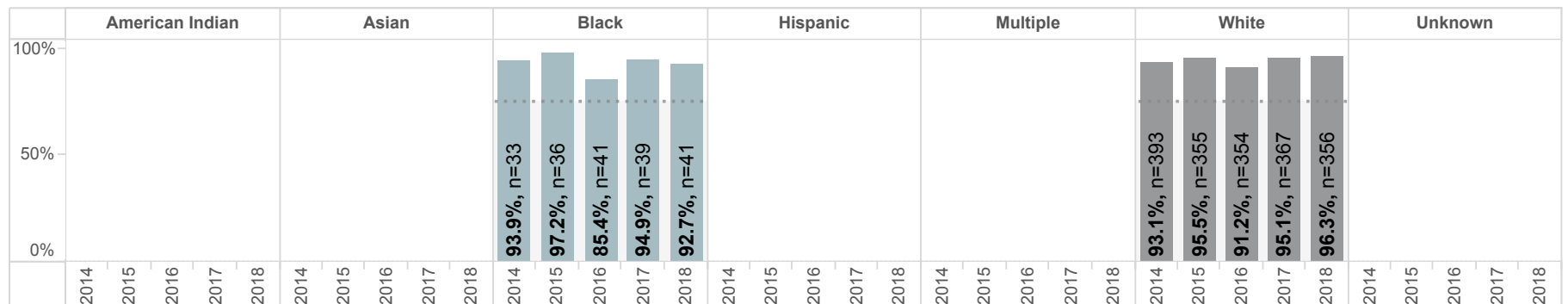
County/Region/State Performance Trends



Current Regional Performance



County Performance by Race and Ethnicity



*The dotted line on each graph indicates the measure threshold of 75%.

Percent of Expedited SNAP Applications Processed within One Business Day

What is this measure?

The difference between the application date and the date the first benefit payment is issued for expedited SNAP applications. It compares total approved expedited SNAP applications in a month to those processed within one business day. Applications submitted on a Friday or the day before a state-recognized holiday are considered timely if payment was issued on the first working day following the weekend or holiday. The measure does not include denied applications.

Why is this measure important?

SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to overcome a crisis. Efficient and timely processing of these applications help ensure that people's basic need for food is met.

What affects performance on this measure?

- Service factors that may influence this measure include program complexity and changing policy, a complicated application, and challenges associated with online ApplyMN applications
- Staff factors that may influence this measure include staff training levels, staff-to-participant ratios, staff knowledge of policies, high turnover, and competition for resources between programs
- Participant factors that may influence this measure include participant completion of the mandatory interview, the number of migrant and seasonal farm workers making applications, delays due to incomplete applications, availability of advocates to assist with completing applications, and difficulty obtaining required documentation
- Environmental or external factors that may influence this measure include balancing error reduction with timeliness, emphasis on fraud that may result in conflicts between access and timeliness of service, increased applications during economic downturns, and availability of community resources such as food shelves, and natural disasters that result in increased applications

Percent of Expedited SNAP Applications Processed within One Business Day

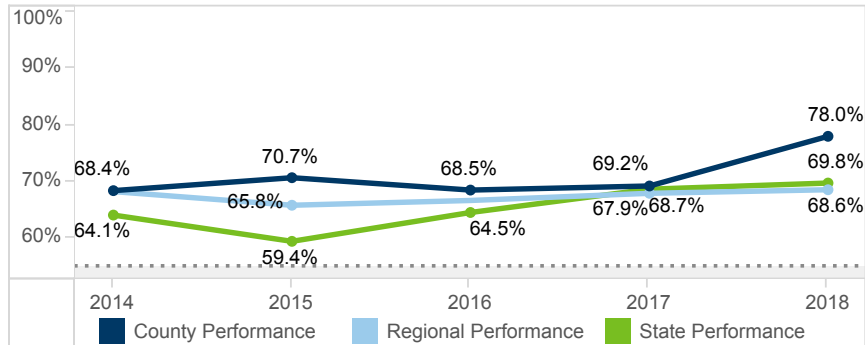
County Performance by Year

	2014	2015	2016	2017	2018
County Performance	68.4%	70.7%	68.5%	69.2%	78.0%
Denominator	345	273	308	312	273

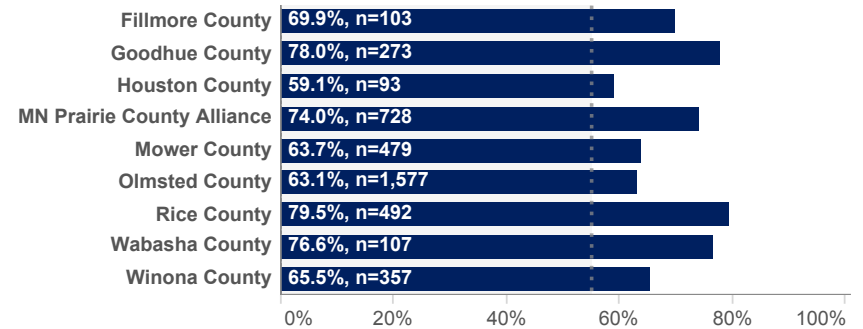
**Goodhue County
PIP Decision**

No PIP Required – Performance is equal to or above the threshold of 55%.

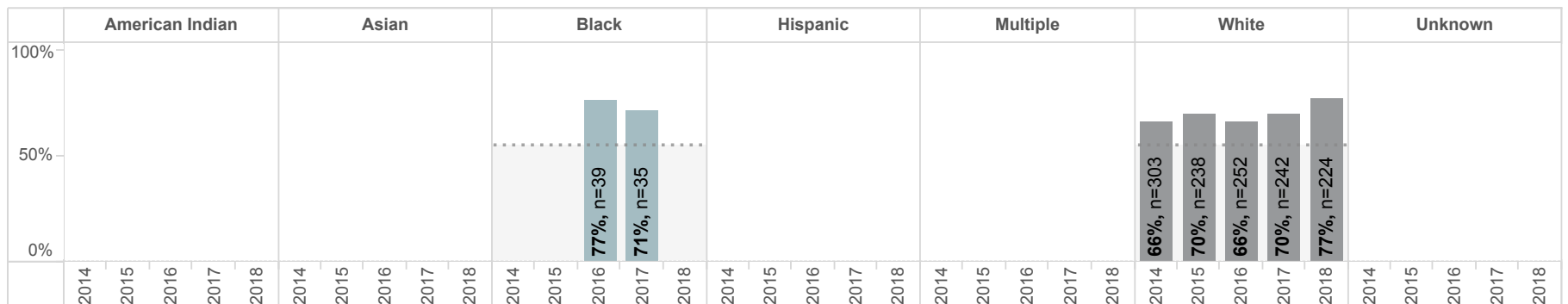
County/Region/State Performance Trends



Current Regional Performance



County Performance by Race and Ethnicity



*The dotted line on each graph indicates the measure threshold of 55%.

Quarterly Trend Report

Quarter 1 (January -March) 2019

Goodhue County Health and Human Services

May 21, 2019



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Social Services:

13 Adult Protection

14 Mental Health

15 Rule 25

16 Child Protection

17 Child Care Licensing

18 Children's Programs



Administrative:

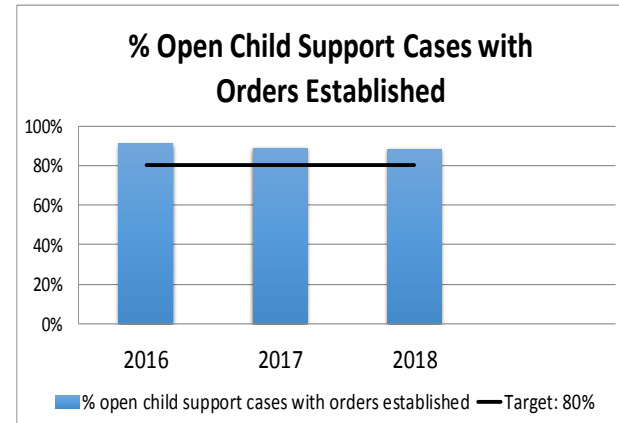
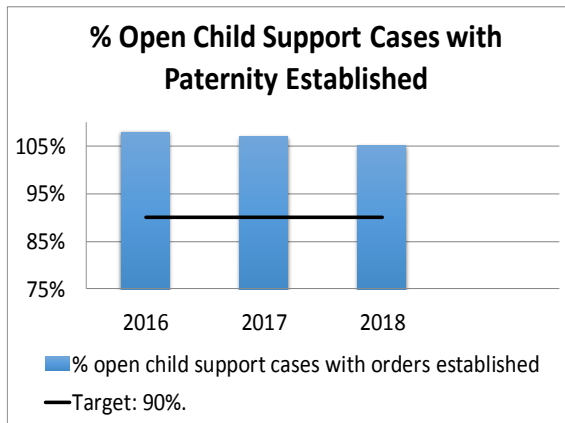
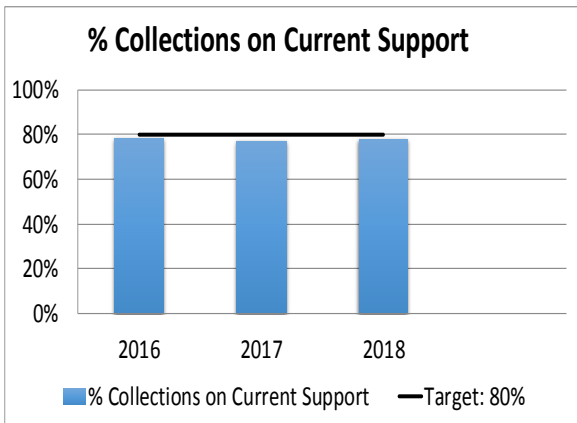
19 County Cars



Economic Assistance Child Support

Purpose/Role of Program

Minnesota’s Child Support Program benefits children by enforcing parental responsibility for their support. The Minnesota Department of Human Services' Child Support Division supervises the Child Support Program. County child support offices administer it by working with parents to establish and enforce support orders. The child support staff also works with employers and other payors, financial institutions, other states and many more to implement federal and state laws for the program. The program costs for the Child Support Program are financed by a combination of federal and state money. The measures included below are measures the federal office uses to evaluate states for competitive incentive funds.



Story Behind the Baseline

Where Do We Go From Here?

- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternitys established during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100.
- **RIGHT:** This is a measure of counties’ work toward ensuring children receive financial support from both parents. Through our role in the Child Support program, we help ensure that parents contribute to their children’s economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers and utilize experienced, skilled staff in training new staff as staff retire.
- **RIGHT:** Continue to work closely with Goodhue County Attorney’s Office and share information between courts, tribal nations, and other states that impact the ability to collect support across state boundaries.

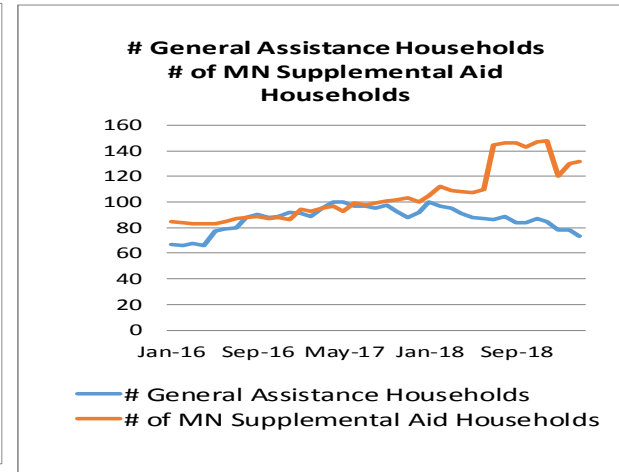
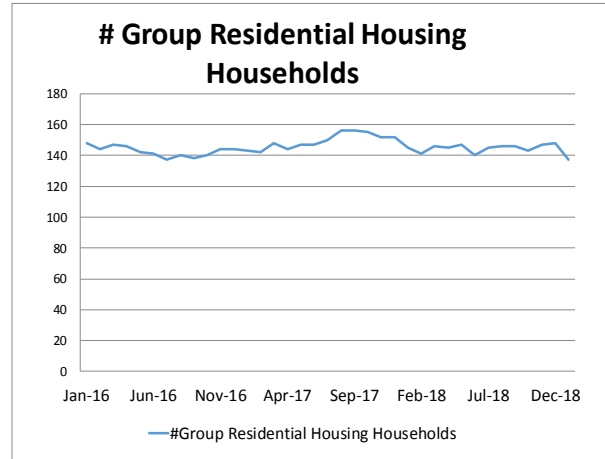
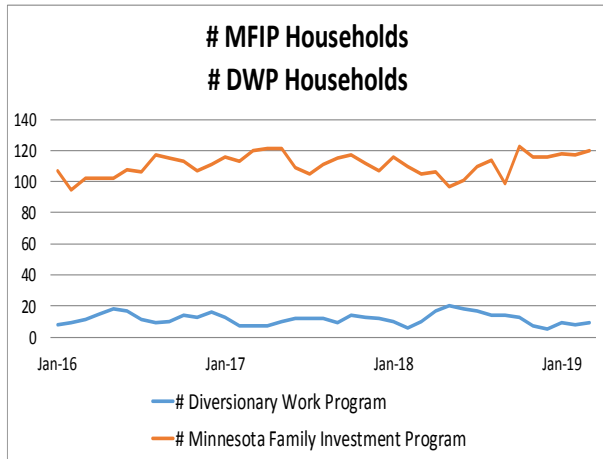
Child Support data is available at the end of the year.



Economic Assistance Cash Assistance

Purpose/Role of Program

The cash assistance programs administered at the county are entitlement programs that help eligible individuals and families meet their basic needs until they can support themselves. Eligibility for these programs is determined by Eligibility Workers and is based on an applicant’s financial need. The programs are administered by county agencies under the supervision of the state Department of Human Services. The program costs for the cash programs are financed by federal and/or state money (depending on the specific program). The MFIP and DWP program are time-limited and include work requirements and access to employment services. Income Maintenance staff work closely with local job counselors.



Story Behind the Baseline

LEFT, CENTER & RIGHT: These figures demonstrate steady volumes of services for the MFIP, DWP, GRH, General Assistance and MN Supplemental Aid Households.

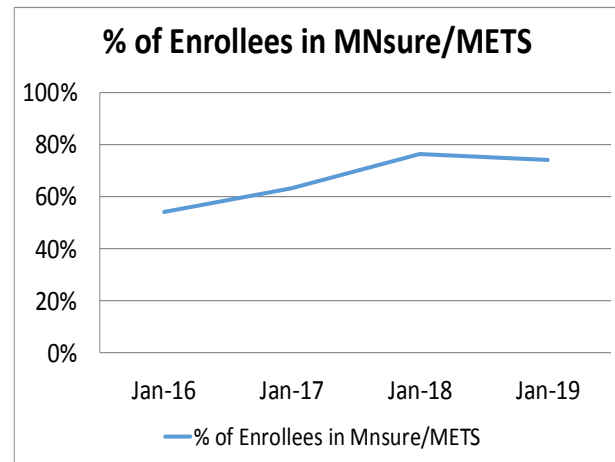
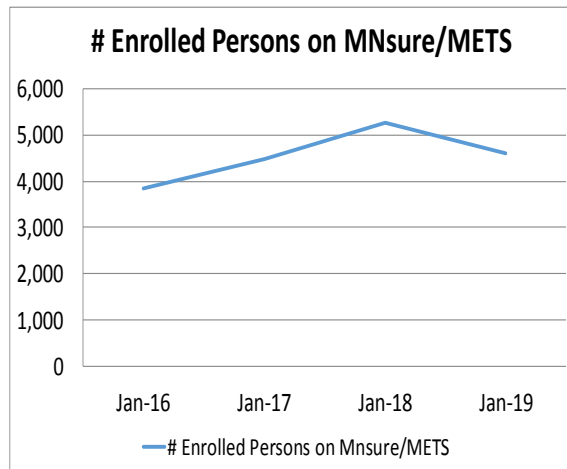
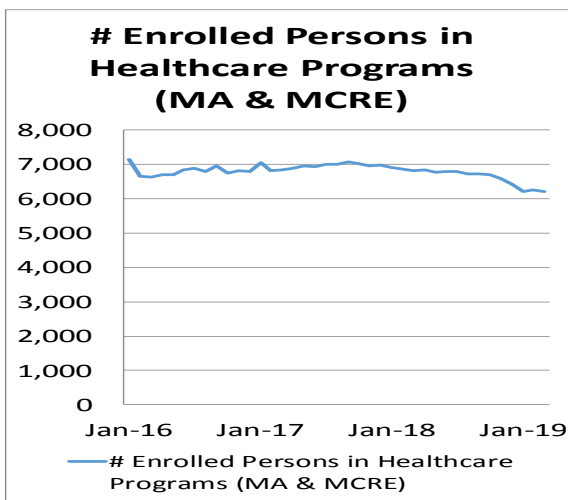
Where Do We Go From Here?

LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



Purpose/Role of Program

Minnesota has several health care programs that provide free or low-cost health care coverage. These programs may pay for all or part of the recipient’s medical bills. The healthcare programs administered by the county agencies are done so under the supervision of the state Department of Human Services. Eligibility for the healthcare programs is determined via a combination of system determination (MNsure/METS/MAXIS) and Eligibility Workers. Eligibility is based on varying factors including income and assets. Funding for the healthcare programs is a combination of federal and state money.



Story Behind the Baseline

- **LEFT:** The number of enrollees on healthcare for Medical Assistance (MA) and MinnesotaCare (MCRE) has remained stable over the past year since the significant increases of Affordable Care Act (ACA) implementation.
- **CENTER & RIGHT:** The number of healthcare recipients enrolled through the MNsure/METS system has increased over the years as more people enroll and those on the legacy system (MAXIS) transfer to MNsure/METS. With transfer basically complete, numbers are now leveling off.

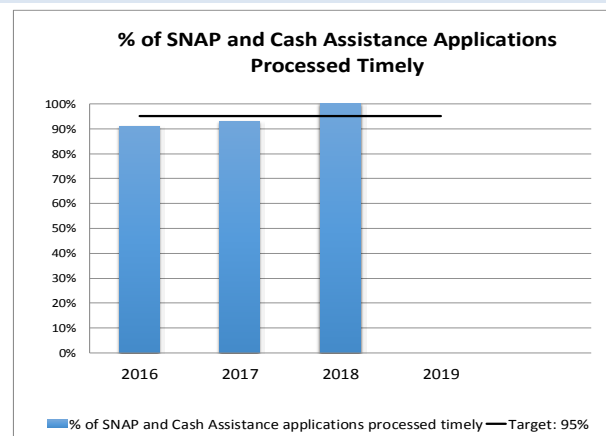
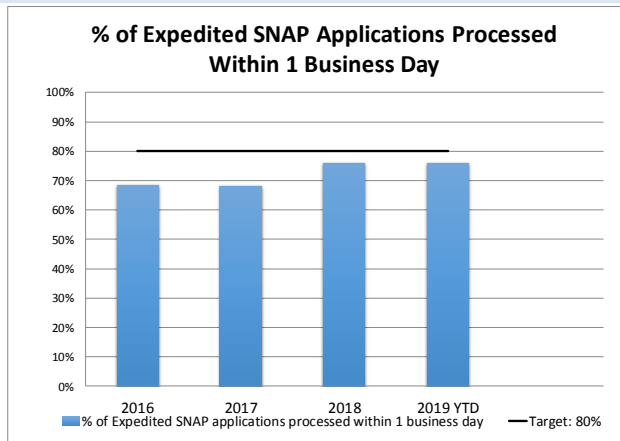
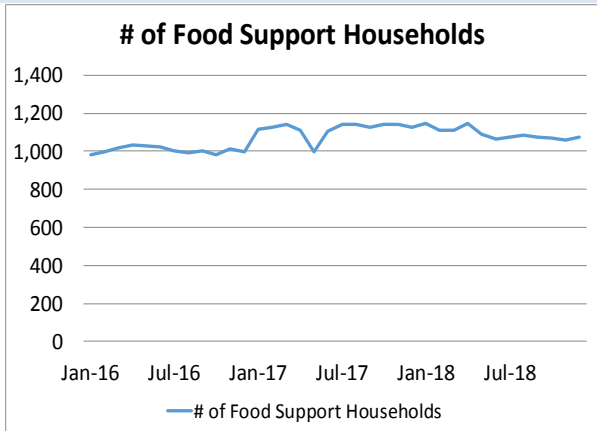
Where Do We Go From Here?

- **LEFT:** Continue to make accessing services easy for all county residents needing assistance with healthcare.
- **CENTER & RIGHT:** We continue to work closely with MNsure and DHS in order to improve the applicant and worker experience with the MNsure system. This continues to be very challenging due to METS’ technical and system issues, program complexities, changing policies, and inadequate supports from the state.



Purpose/Role of Program

SNAP is a federal entitlement program that increases the food purchasing power of low-income households. Eligibility for this program is determined by Eligibility Workers and is based on an applicant’s financial need. The benefit level is determined by considering household income, household size, housing costs and more. SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to meet a crisis. This program is administered by county agencies under the supervision of the state Department of Human Services. The program costs for the SNAP program are financed by a combination of federal and state money. The program includes work requirements for some recipients.



Story Behind the Baseline

Where Do We Go From Here?

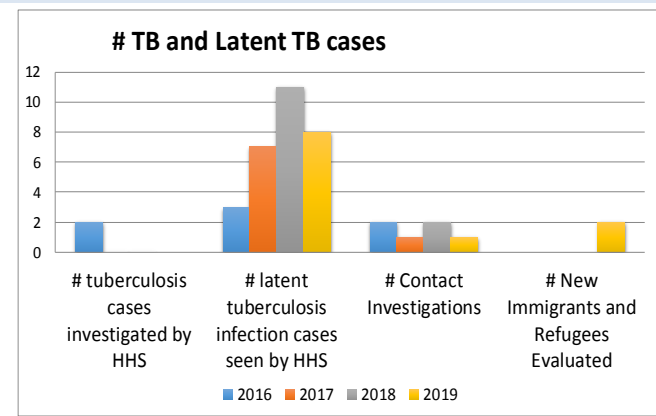
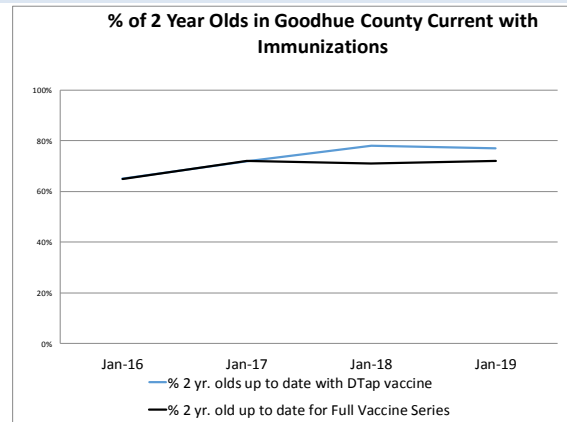
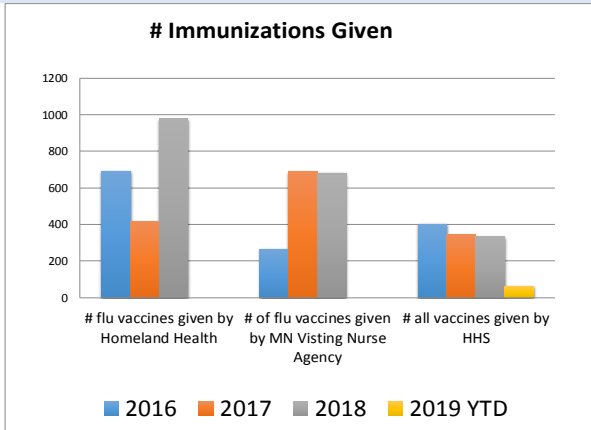
- **LEFT:** The number of households receiving food benefits in Goodhue County has decreased over the recent years. This follows the state trend. There are a number of factors contributing to this decrease including change in program rules, stronger economy and increased fraud prevention efforts.
- **CENTER:** Efficient and timely processing of expedited applications helps ensure that people’s basic need for food is met. In 2016, 68.5% of expedited SNAP applications processed within one business day; this percentage was above the 55% state performance threshold and less than Goodhue County’s target of 80%.
- **RIGHT:** SNAP & Cash Assistance are a way to help people meet their basic needs. Timely processing of applications is one measure of how well counties are able to help people meet their basic needs. Data for 2019 is currently unavailable.

- **LEFT:** Continue to make accessing services easy for all county residents who need help with food support.
- **CENTER:** Continue to identify expedited applications, offer same-day interviews and process applications timely.
- **RIGHT:** Continue to support our dedicated workers and utilize experienced , skilled staff in training new staff as staff retire.



Purpose/Role of Program

Disease Prevention and Control activities include evaluating, promoting, and providing immunizations. HHS investigates and monitors treatment of active and latent tuberculosis cases. Minnesota Department of Health monitors and investigates all other reportable infectious diseases and disease outbreaks. DP&C notifies medical providers and the public when outbreaks occur and provides education about preventing communicable diseases.



Story Behind the Baseline

- LEFT:** Immunization clinics were slow as is expected for this time of year. The number of vaccinations given to uninsured adults and children was similar to this time last year. Total number of vaccines given is lower since HHS no longer provides privately purchased Hepatitis B vaccinations to employees of a hospital laundry business which closed. We are seeing more families on cost-sharing Christian ministry plans that don't cover immunizations. The number of students vaccinated for influenza in schools increased from 400 in 2017 to 1,014 in 2018 which is 12.4% of all students. According to the Minnesota immunization registry, the total % of school-age children who got vaccinated for flu in 2017 in Goodhue Co. is 26%.
- CENTER:** Children in Goodhue County who are up-to-date by age 2 for all routine immunizations increased from 71% in Jan. 2018 to 75% in Nov. 2018.
- RIGHT:** GCHHS saw an increase in the number of Latent (non-infectious) TB cases in 2018. HHS provides medications to prevent them from becoming active, infectious TB. 7 of the 11 were foreign-born. No active TB cases were reported. Additionally, 4 suspect cases were ruled out following further medical evaluation.

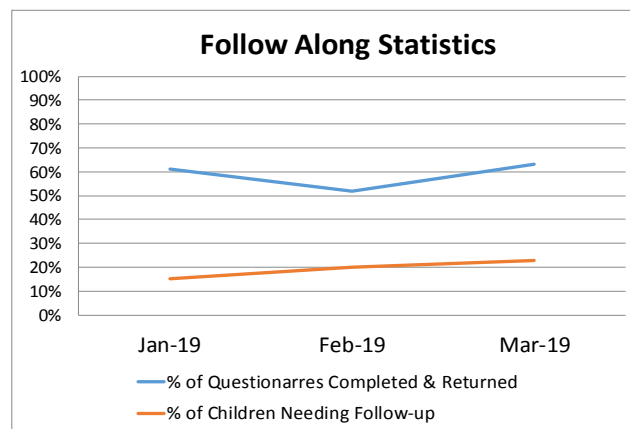
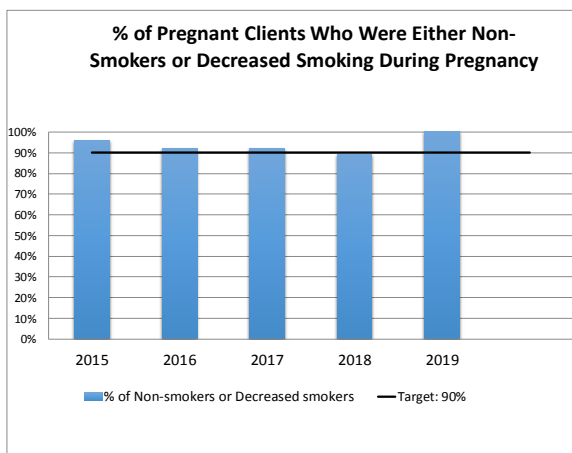
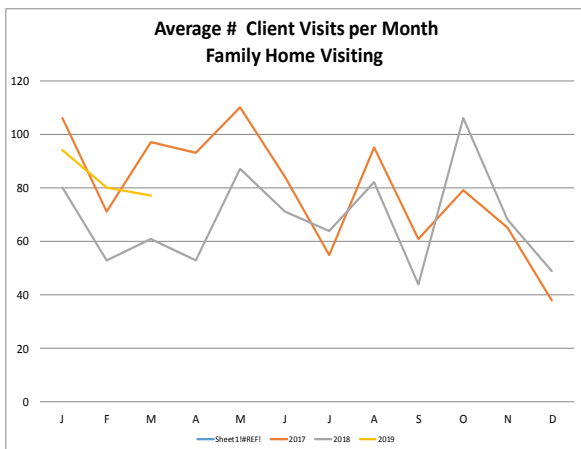
Where Do We Go From Here?

- LEFT:** HHS will continue to vaccinate uninsured children and adults. Since the number of school-age children in the county whose parents object to vaccines is 2-3%, HHS will provide education about vaccines at events such as wellness fairs and school open-houses. School-located flu clinics for students and community members have been scheduled for this Fall with Homeland Health Specialists who are going to handle all on-line registrations. The number of students getting vaccinated against flu during school is expected to increase each year.
- CENTER:** Birthday card immunization reminders will continue to be sent to parents of all one year olds in the county. Other reminders are sent with Child & Teen Check-Up information and through WIC clinics.
- RIGHT:** Olmsted County's free TB clinic provides medical evaluations for suspect TB cases via a contract with HHS. MDH's TB Medication program has been providing free medications for all active and latent TB cases. Due to budget constraints, MDH is now recommending that people with health insurance get their medications from their pharmacy and see their primary doctor for monitoring. Medications to treat active TB will still be free from MDH. Local Public Health is responsible for monitoring treatment of active TB cases, but is not responsible for monitoring all latent TB cases, only those at high risk of becoming active. We will meet with our medical director from Mayo Clinic to discuss managing future cases.



Purpose/Role of Program

Family home visiting is a health promotion program that provides comprehensive and coordinated nursing services that improve pregnancy outcomes, teach child growth and development, and offer family planning information, as well as information to promote a decrease in child abuse and domestic violence. Prenatal, postpartum, and child health visits provide support and parenting information to families.



Story Behind the Baseline

Where Do We Go From Here?

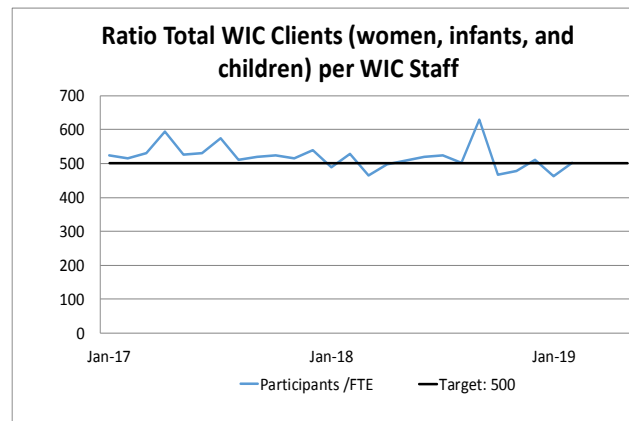
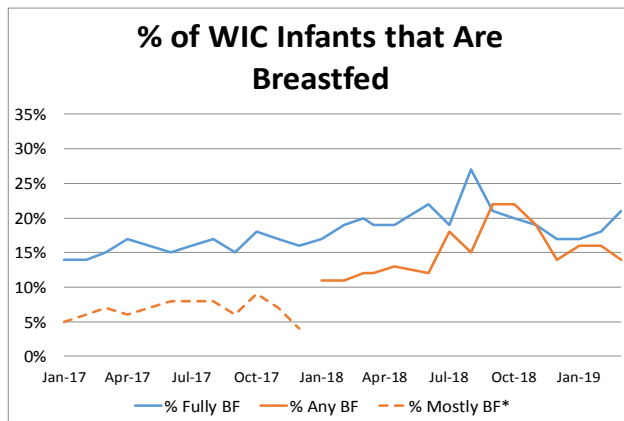
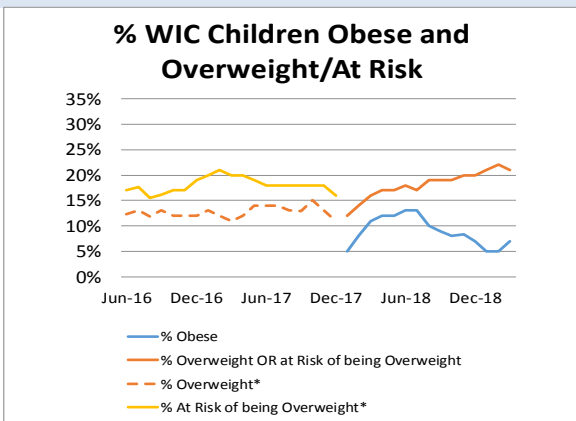
- **LEFT:** Our quarterly average is approximately 63 visits per month.
- **CENTER:** Smoking during pregnancy can cause baby to be born early or to have low birth weight – making it more likely the baby will be sick and have to stay in the hospital longer. Smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS).
- **RIGHT:** Follow Along Program monitors the development of children enrolled in the program by sending the parents validated screening questionnaires. These questionnaires indicate how many children are not meeting developmental milestones, therefore require more follow up by a public health nurse and also a possible referral to Early Childhood Special Education for an assessment. Our current goal is to increase questionnaires that are completed and returned to us, which enables us to reach more children. This has been made possible by our current collaboration with Every Hand Joined.

- **LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- **CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources to assist with smoking cessation.
- **RIGHT:** We will continue to monitor the development of children and refer as appropriate. This will assist children with staying on task for meeting developmental milestones and getting early intervention services as soon as possible to make sure they are school ready.



Purpose/Role of Program

WIC is a nutrition education and food supplement program for pregnant and postpartum women, infants and children up to age 5. Eligibility is based on family size and income. WIC participants are seen regularly by a Public Health Nurse who does a nutrition and health assessment, provides nutrition education and refers to appropriate resources. WIC is federally funded.



Story Behind the Baseline

- LEFT:** WIC promotes a healthy weight. The rates of obesity and overweight or at risk among Goodhue County WIC children 2 up to 5 years of age are stable and similar to the state average. *In 2018, WIC added a measure for obesity and combined the measures for overweight and at risk into one. *(Data will be skewed until old data is phased out.)*
- CENTER:** The statewide WIC goal is to increase breastfeeding of infants 0-12 months. Breastfeeding initiation has increased; however, duration of breastfeeding continues to be an issue. *Starting in 2018, WIC is measuring babies who are totally breastfed and babies who are receiving breastmilk and formula. Exclusively breastfed babies tend to breastfeed longer. Babies receiving **any** breastmilk are still getting the benefits of breastfeeding.
- RIGHT:** Looks at staffing ratio to determine adequate staffing.

Where Do We Go From Here?

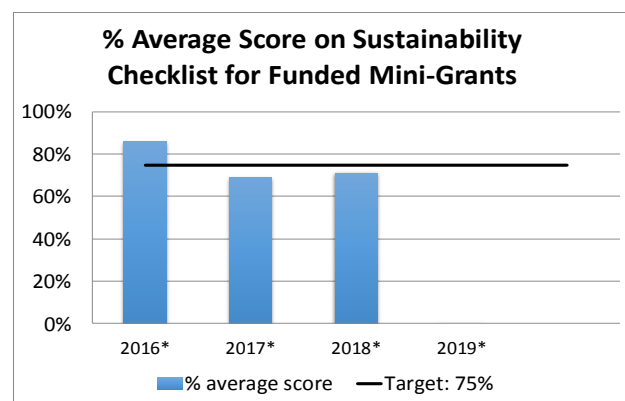
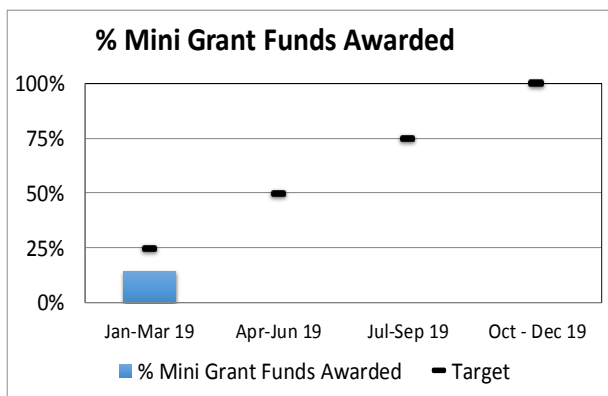
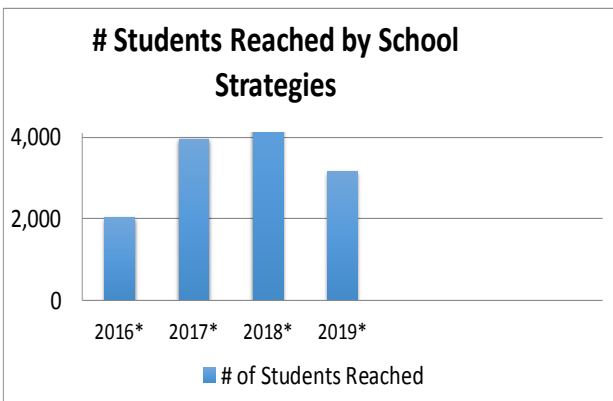
- LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- CENTER:** We are participating in a statewide continuous quality improvement collaborative to improve breastfeeding rates in 2019.
- RIGHT:** Outreach Activities include building rapport with clients to foster person-to-person referrals (the majority of our referrals), communication with health care providers, newspaper articles, participation in health/resource fairs. Although caseloads have decreased families that we are serving seem to have more issues/needs than we have seen in the past.



Public Health *Live Well Goodhue County*

Purpose/Role of Program

Live Well Goodhue County’s mission is to improve the health of our residents by making it easier to be active, eat nutritious foods & live tobacco free. We accomplish this by partnering with child care providers, schools, businesses, communities and health care providers. We are supported by the Minnesota Statewide Health Improvement Partnership of the Minnesota Department of Health.



Story Behind the Baseline

- **LEFT:** Our current partners are: Cannon Falls School District, Goodhue School District, Red Wing High School, Red Wing Twin Bluff, Zumbrota Primary and Middle/High School.
- **CENTER:** Mini-grants are available to community organizations, child care providers, schools, worksites, non-profits and other organizations that are interested in partnering with us to improve the health of our residents. The focus must be on making it safer and easier to walk, bike, eat nutritious food and live tobacco-free.
- **RIGHT:** A sustainability survey is sent out to partners implementing a Live Well Goodhue County initiative in October.

Where Do We Go From Here?

- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all our schools. This year the focus is on Safe Routes to School, Active Classrooms, and increasing access to fresh, locally grown produce.
- **CENTER:** Mini-grants are available throughout our grant year. Staff members are actively working to build relationships with potential partners while encouraging past and current partners to implement an initiative.
- **RIGHT:** Our Sustainability Survey will be sent to our 2019 partners in November.

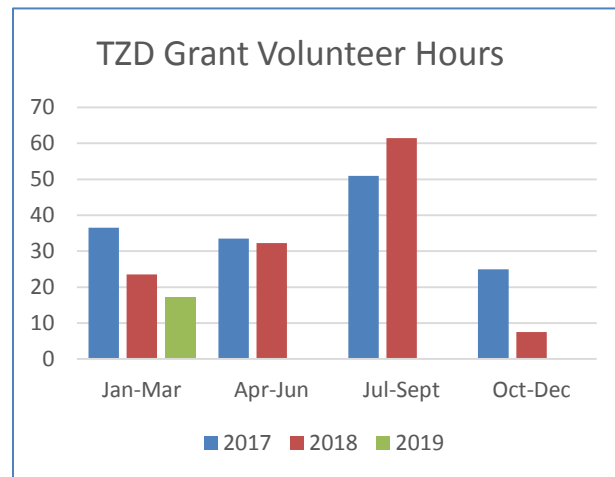
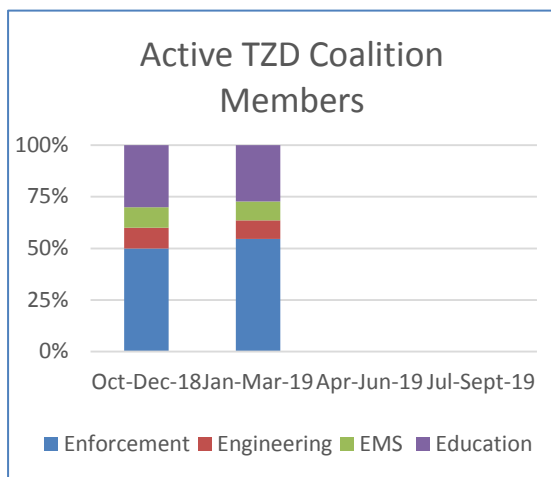
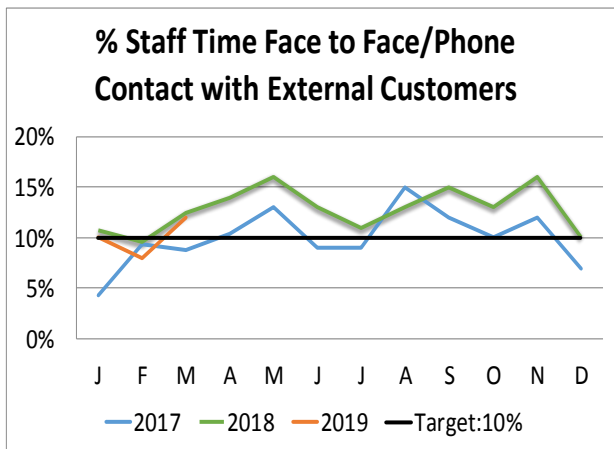
*2015 grant year=11/1/14-10/31/15. *2016 grant year= 11/1/15-10/31/16. *2017 grant year=11/1/16-10/31/17 *2018 grant year =11/1/17-10/31/18
*2019 grant year=11/1/18 – 10/31/19



Purpose/Role of Program

Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. Staff engage the community in developing and implementing strategies.

Towards Zero Deaths is based on the belief that even one traffic-related death on our roads is unacceptable. TZD uses an interdisciplinary, data-driven approach to reduce traffic fatalities and is funded by a grant from the Minnesota Department of Public Safety.



Story Behind the Baseline

- LEFT:** Staff time spent face to face with the community has been steady around 10% or 4 hrs. per full-time staff per week since 2017. We raised our original target from 7% to 10% for 2019. Our face to face time varies seasonally.
- CENTER:** Our goal is to maintain a balance of representation from each “E” because a combination of strategies and approaches are often most effective.
- RIGHT:** Much of the TZD safe roads grant activity revolves around the “enforcement wave” calendar, busiest from April to September.

Where Do We Go From Here?

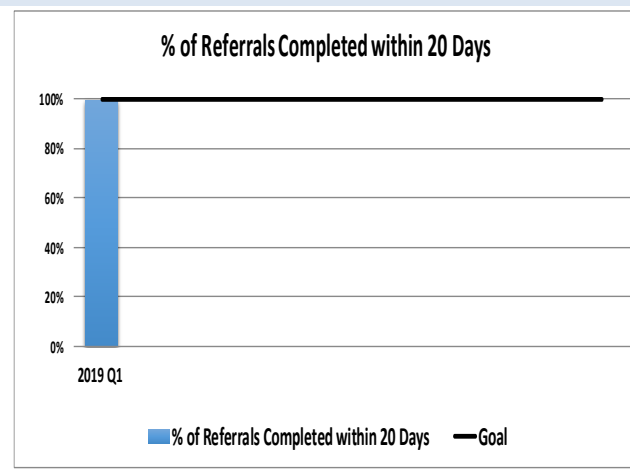
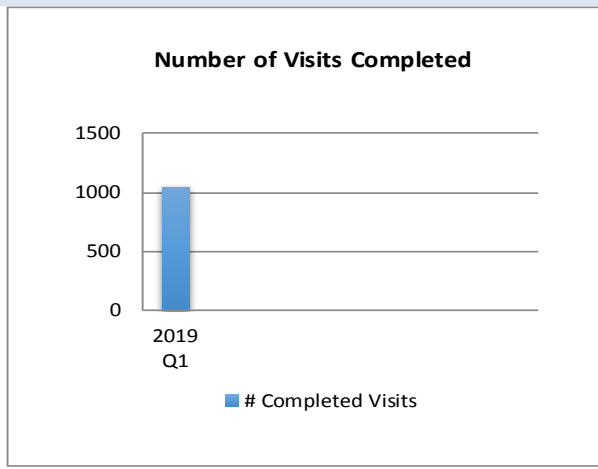
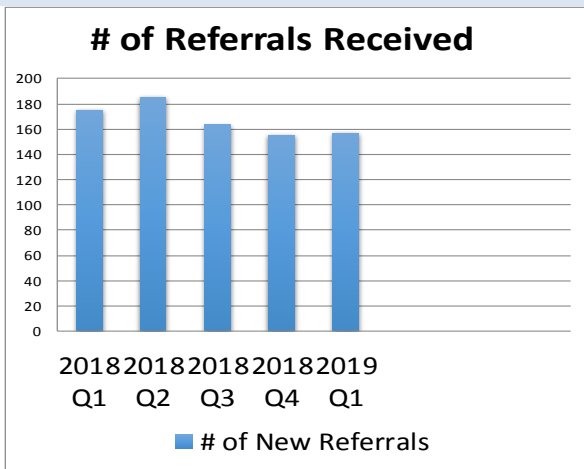
- LEFT:** To maintain 10%, we share upcoming meetings and events at monthly staff meetings, and staff discuss this measure in one-on-one performance reviews annually.
- CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical services (EMS).
- RIGHT:** TZD Coordinator will meet with leadership and members in April-June 2019 so that TZD stays a priority.



Public Health *Waiver Management Team*

Purpose/Role of Program

Home and Community Based Services are provided to residents of counties in Minnesota to help keep them in their homes or the least restrictive environment safely.



Story Behind the Baseline

- **LEFT:** This quarter there were 157 referrals. The break down of these referrals are as follows: County of Residence, 18; Alternative Car/Elderly Waiver, 44; Community Access for Disability Inclusion Waiver/Brain Injury Waiver/Community Alternative Care Waiver, 37; Consumer Support Grant/Family Support Grant, 7; Developmental Disability Waiver, 8; Under 65 Year Old Nursing Home Screens, 24; Personal Care Assistance, 19. The majority of referrals were in the > 65 year old programs.
- **CENTER:** Staff (15) completed a total of 1037 visits this quarter. Visits included in this total are for new referrals, yearly reassessments and routine check-in visits. During visits, staff get to know the people, work on meeting their needs to prevent crisis and build rapport. Staff follow person centered planning practices and strive to have people in the least restrictive environment that meets their individual health and safety needs. Staff work in close collaboration with other departments and agencies to meet these needs.
- **RIGHT:** Department of Human Services requires that all referrals are completed in 20 days from the date of intake. We completed all our referrals within that timeline, except for one.

Where Do We Go From Here?

- **LEFT:** We want to continue to make sure we are receiving referrals and citizens are aware of Home and Community Based Services available.
- **CENTER:** Visits equal to improved prevention and better services. This also is a revenue source for the continued services, so we want to maintain visit counts. Our case managers build rapport with clients and increased visits maintains this working relationship to ensure health and safety needs are met in the least restrictive environment.
- **RIGHT:** We need to strive to be 100% compliant with completing screens in 20 days. Timely screens means

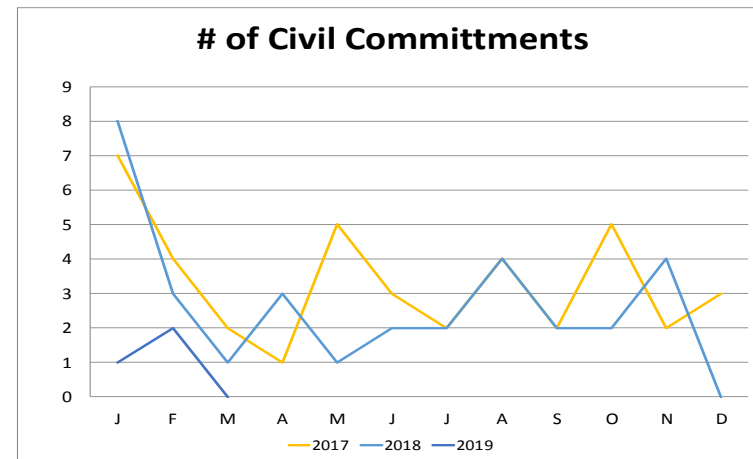
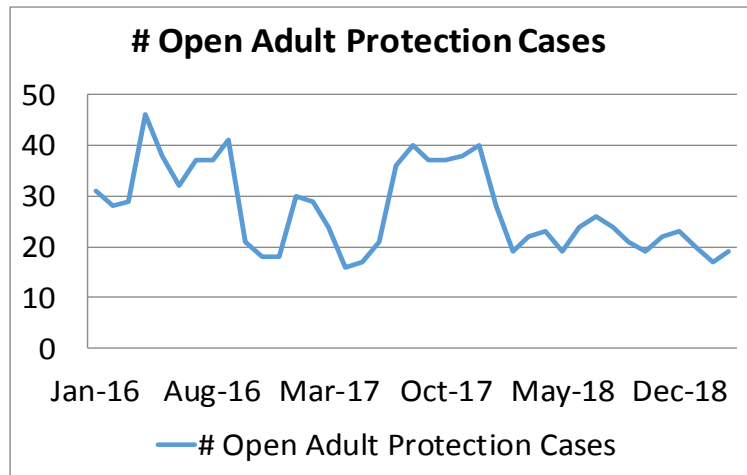


Goodhue County Health & Human Services

Social Services *Adult Protection*

Purpose/Role of Program

Counties are required by law to investigate reports of maltreatment to vulnerable adults who reside in the community, while the state investigates reports of vulnerable adults who reside in facilities. Adult Protection is funded by county, state, and federal dollars.



Story Behind the Baseline

- **LEFT & RIGHT:** The need for adult protection and civil commitments continue. The resources for clients who need inpatient treatment are becoming more scarce. Some clients have experienced very long waits for an inpatient mental health bed.

Where Do We Go From Here?

- **LEFT:** In adult protection, DHS has offered more guidance and training, so we are working on standardizing our approach to adult protection assessments.
- **CENTER:** We are utilizing more community based programs, such as the new Healthy Pathways program, with the hope of decreasing the need for inpatient hospitalization and residential treatment.

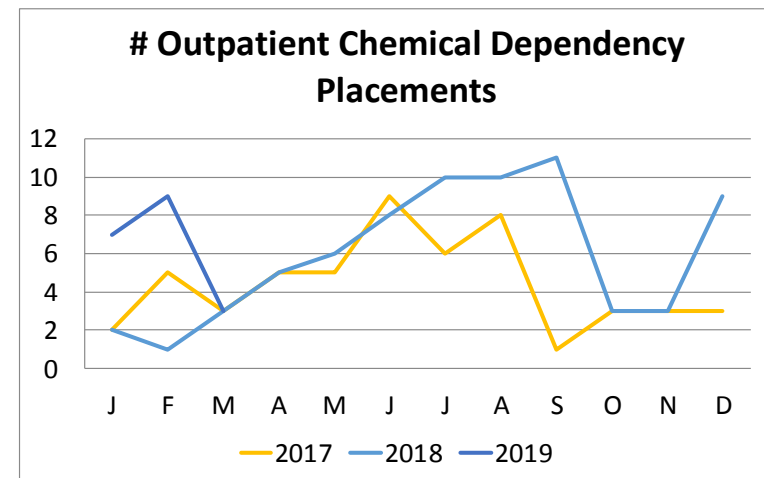
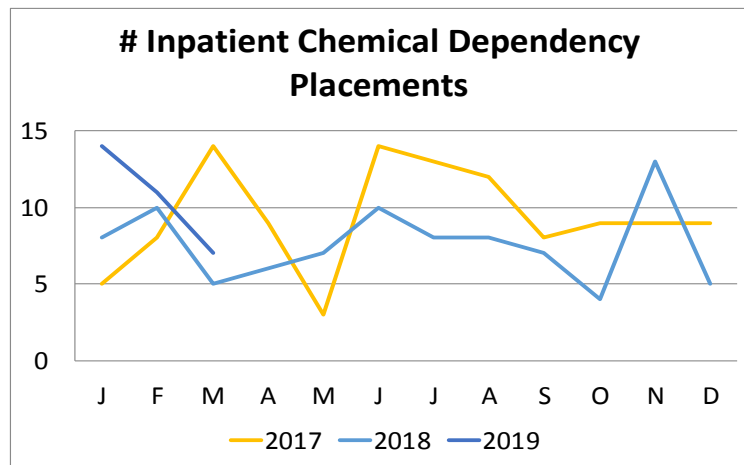


Goodhue County Health & Human Services

Social Services Rule 25

Purpose/Role of Program

Counties are required to administer the consolidated fund, which is a combined funding source for chemical dependency assessments and treatment that includes local, state and federal dollars. We conduct Rule 25 assessments to determine the client's level of treatment that is needed. The Rule 25 assessor also provides case management for a large caseload of clients who are in treatment.



Story Behind the Baseline

- **LEFT & RIGHT:** We have continued to see an increase in methamphetamine abuse, as well as an increase in clients seeking treatment for heroin addiction. These clients tend to require longer stays in treatment and aftercare.
- Many clients seeking treatment are dual diagnosed with mental health issues. These clients often need specialized dual diagnosis treatment programs and more intensive aftercare.
- We are completing more assessments on child protection clients with highly complex issues, creating increased need for programs that are family friendly to facilitate visits, or programs where children can reside with parents.

**These numbers do not include clients seen that have a PMAP that pays for their assessment and treatment.*

Where Do We Go From Here?

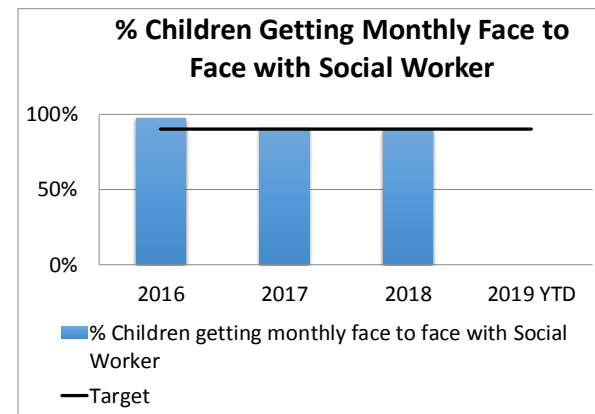
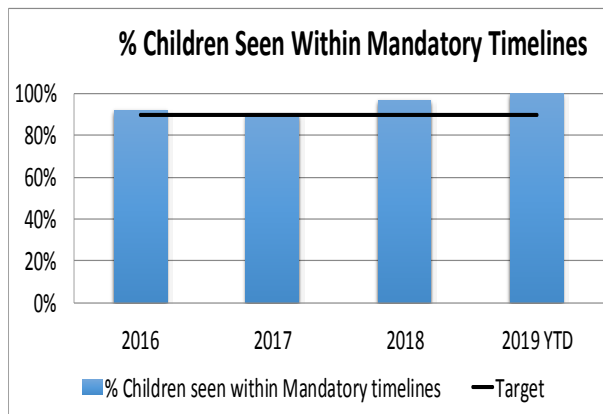
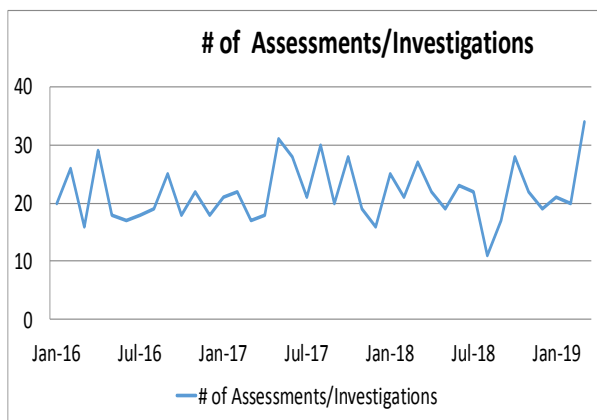
- **LEFT & RIGHT:** Our Rule 25 assessors are well trained in the assessment process and do a great job collaborating with county staff, probation, treatment programs, etc.



Social Services Child Protection

Purpose/Role of Program

Counties are required by state law to respond to reports of child maltreatment, conduct assessments/investigations, and provide ongoing services and support to prevent future maltreatment. Child protection is funded by county, state and federal dollars.



Story Behind the Baseline

LEFT: For the first time in many years, the total number of assessments and investigations decreased slightly. This is consistent with trends throughout the state showing that reports are “leveling off.”

CENTER: DHS has changed how this data is collected, and we can only get this information in “year to date” format instead of separate numbers for each quarter. As of mid-December, Goodhue County is at 96.7% of children were seen within timeframes.

RIGHT: This data is also available only in “year to date” format. As of the end of November, 90% of children were seen within timeframes.

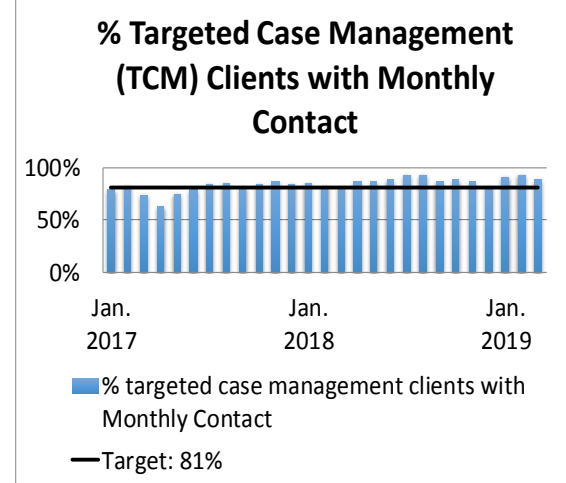
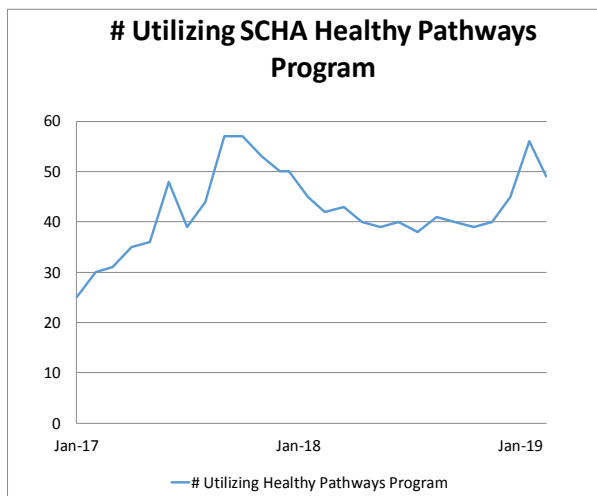
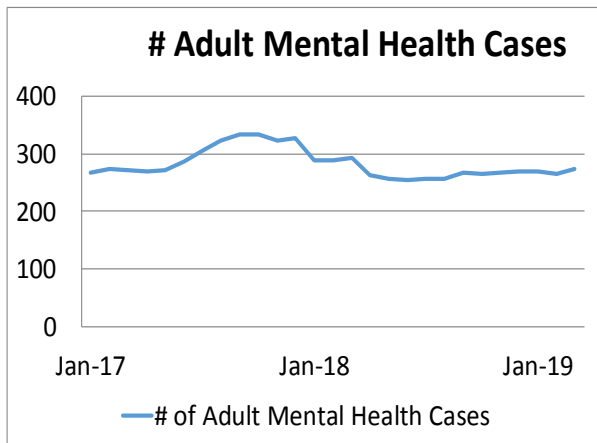
Where Do We Go From Here?

- **LEFT :** The slight downturn in child protection reports brought some welcome relief to the staff. We will continue to watch statewide trends in 2019.
- **CENTER:** It should be noted that in July, 2018 the mandate for timeliness changed, and counties are now required to see children within 24 hours or 5 days of when the report was received, instead of when the report was screened. So far, Goodhue County has been able to keep up with the timeframes, in part due to the present workload.
- **RIGHT:** Goodhue County continues to meet this standard.



Purpose/Role of Program

Counties are required to provide Adult Mental Health (AMH) case management to clients who meet the eligibility criteria. AMH case management is funded by a combination of county, state and federal funds, including Medical Assistance funding.



Story Behind the Baseline

- **LEFT:** The AMH caseload has become more manageable since the addition of 2 case managers in 2014, but caseloads are still above the state recommended guideline of 30/worker. We are seeing an increase in referrals again.
- **CENTER:** Healthy Pathways is a newer South Country Health Alliance (SCHA) program focusing on providing early intervention to persons exhibiting mental illness to avoid crisis (such as incarceration or civil commitment).
- **RIGHT:** Staff are making strong efforts to meet with clients on a monthly basis, and currently approximately 80% of mental health clients have monthly contact. There were several holidays and vacations in November/December which contributed to lower % of contacts.

Where Do We Go From Here?

- **LEFT, CENTER & RIGHT:** Staff ensure clients receive monthly contact which ensures quality services with prevention focus along with maximizing revenue for continued services.

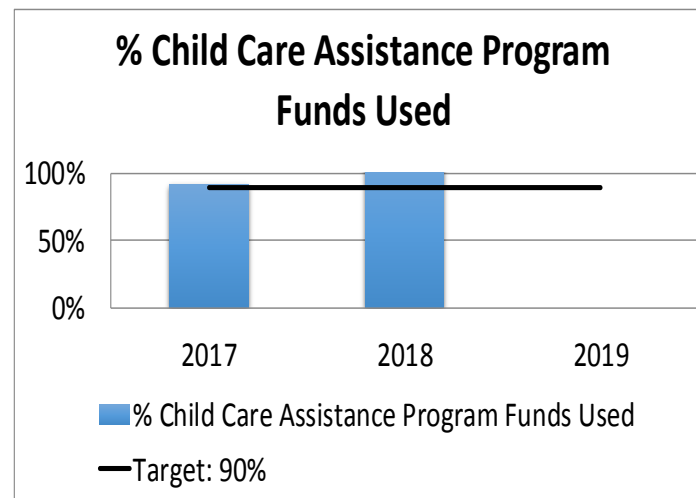
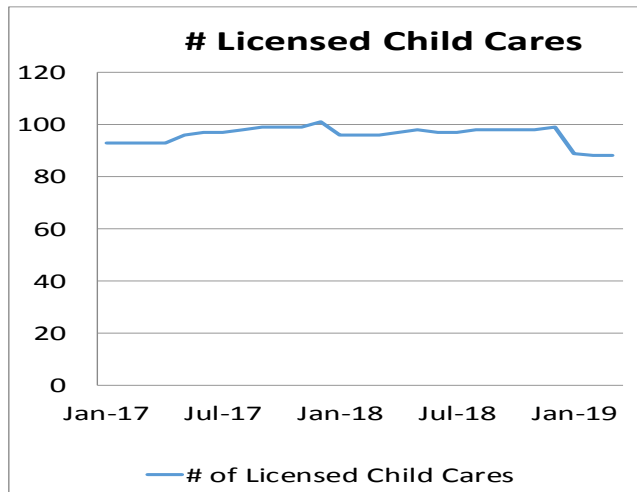


Social Services

Child Care Licensing and Funding

Purpose/Role of Program

Counties are required to license private daycare homes. Counties also administer the Child Care Assistance Program (CCAP) which is a funding source for child care for low income families. Counties receive a yearly CCAP grant that is calculated based on a number of factors including population, number of families receiving public assistance, etc. The goal is for counties to spend 90-100% of their CCAP grant.



Story Behind the Baseline

- **LEFT** : The number of licensed child care homes has remained relatively steady in 2018.
- **RIGHT**: Our utilization is currently above our allotment. The goal is to remain between 90-100% of our allotment, but few counties are able to hit this target due to many factors that are out of the county's control. In 2018 there was enough underspending in some counties to offset overspending in other counties. Therefore, Goodhue County's overspending was fully covered by the State. The history of spending patterns will dictate the next year's allotment, so Goodhue County's allotment is likely to increase in 2019. 2019 is not available at this time.

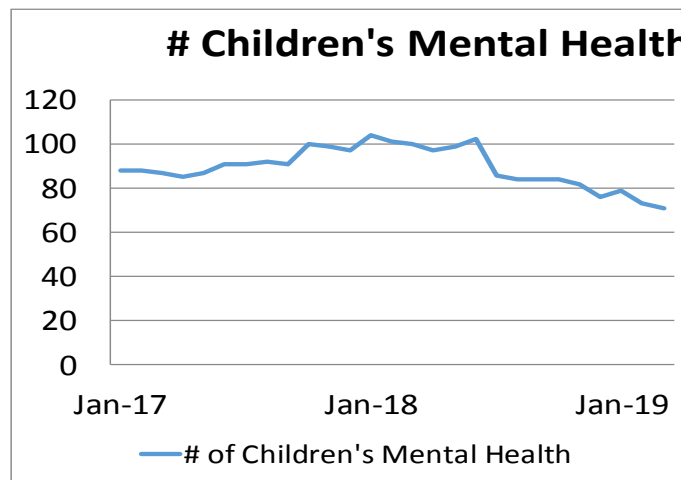
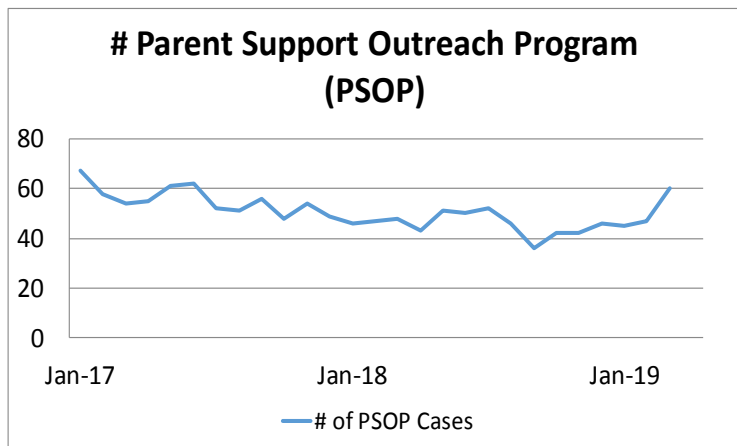
Where Do We Go From Here?

- **LEFT & RIGHT**: The shortage of flexible child care is a major issue in most communities and is often a barrier for parents to be able to work. We will continue to discuss this concern with community partners and encourage more individuals and agencies to consider providing child care. This is a vital service to increase self sufficiency and reduce dependency on public assistance.



Purpose/Role of Program

The Parent Support Outreach Program (PSOP) started in Goodhue County in July, 2013, and expanded under a Community Investment Grant from South Country Health Alliance. It is currently funded by a small DHS grant. Children's Mental Health case management is mandated to be provided by counties. Goodhue County contracts with Fernbrook Family Center to provide CMH services.



Story Behind the Baseline

- **LEFT:** The Parent Support Outreach Program (PSOP) continues to be well utilized, and we have expanded our efforts to include Early Childhood Family Education classes and a Teen Parent's support group.
- **RIGHT:** Fernbrook continues to provide Children's Mental Health case management.

Where Do We Go From Here?

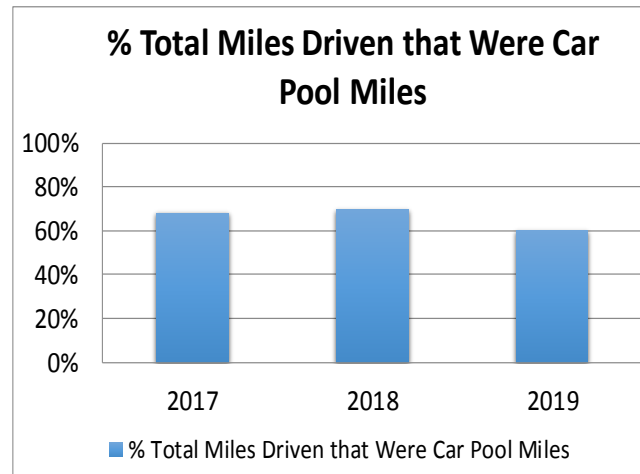
- **LEFT:** PSOP has become a vital part of our service array for families with young children. Evidence demonstrates that when counties heavily utilize PSOP, child protection reports decrease. Goodhue County's strong utilization of PSOP could explain, in part, the decrease in child protection assessments/investigations.
- **RIGHT:** We continued to work closely with Fernbrook to ensure that program is widely utilized and effective.



Health & Human Services *County Cars*

Purpose/Role of Program

All mileage is turned in whenever Goodhue County Health and Human Services staff drive for work. The cost to the county for driving a county car is lower than the rate employees are reimbursed for driving their own car. The majority, more than half, of miles driven by our HHS department are car pool miles.



Story Behind the Baseline

- **CENTER:** Many factors determine whether someone uses a county car, including preference, demand for county cars (all checked out), what cars are available (4 wheel drive), weather, destination, needing to transport bulky items, and employee's residence (whether it is faster to drive to a meeting than first go to Red Wing to get a car).

Where Do We Go From Here?

- **CENTER:** We will continue encourage staff use county pool vehicles whenever possible as this is a cost effective method of work travel for Goodhue County Health and Human Services.



Protecting, Maintaining and Improving the Health of All Minnesotans

May 9, 2019

Nina Arneson
426 West Avenue
Red Wing, MN 55066

Dear Nina Arneson:

The Minnesota legislature appropriated \$250,000 for eliminating health disparities during State during State Fiscal Year 2020. MDH used specific criteria in establishing a distribution formula, shown on the attached document entitled **County/Community Health Board-Specific Grant Awards for Eliminating Health Disparities (Refugee Health/TB Component)**. Please note that the minimum award amount was increased to \$750.00 in State Fiscal Year 2018, allocated to Counties/Community Health Boards with TB burden and demonstrated need.

As you can see, completion of the formula would have required over \$22,606,850 annually; therefore individual grant awards to local Community Health Board (CHB) agencies were adjusted proportionality based on available funds. **For State Fiscal Year 2020, your county/community health board will not be receiving an award.** We will continue to calculate these awards on an annual basis and you may receive funding in a future fiscal year if your county/community health board qualifies for an award of at least \$750.00.

If you have any questions about our implementation of this program, you can contact Kristin Sweet at (651) 201-4888 or Kristin.Sweet@state.mn.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Blain Mamo'.

Blain Mamo
Refugee Health Coordinator
Cross Cutting Epidemiology, Programs and Partnerships Section

Enclosure (1)

**County/CHB-Specific Grant Awards for Eliminating Health
Disparity Initiative (Refugee Health/TB Component) - for awards to be sent out in FY2020
(Using calendar year 2018 MN TB surveillance data and 2013-17 non US-born population estimates from ACS)**

<u>County</u>	<u>Pulmonary</u>	<u>Pulm \$</u>	<u>XP</u>	<u>XP \$</u>	<u>DOT mos.</u>	<u>DOT \$</u>	<u>Non USB pop</u>	<u>Non USB pop \$</u>	<u>Total \$</u>	<u>CHB Total \$</u>	<u>CHB Portion \$</u>	<u>CHB Award \$*</u>
Aitkin	0	\$0	0	\$0	0	\$0	177	\$8,850	\$8,850			
Itasca	0	\$0	0	\$0	0	\$0	457	\$22,850	\$22,850			
Koochiching	0	\$0	0	\$0	0	\$0	758	\$37,900	\$37,900			
										\$69,600	\$770	\$801
Anoka	6	\$9,000	5	\$2,500	0	\$0	27408	\$1,370,400	\$1,381,900	\$1,381,900	\$15,282	\$15,890
<u>North Country:</u>												
Clearwater	0	\$0	0	\$0	0	\$0	97	\$4,850	\$4,850			
Hubbard	0	\$0	0	\$0	0	\$0	242	\$12,100	\$12,100			
Lake of the Woods	0	\$0	0	\$0	0	\$0	45	\$2,250	\$2,250			
										\$19,200	\$212	\$0
Beltrami	0	\$0	0	\$0	0	\$0	790	\$39,500	\$39,500	\$39,500	\$437	\$0
Benton	0	\$0	0	\$0	0	\$0	1277	\$63,850	\$63,850	\$63,850	\$706	\$0
<u>Countryside:</u>												
Big Stone	0	\$0	0	\$0	0	\$0	69	\$3,450	\$3,450			
Chippewa	0	\$0	0	\$0	0	\$0	521	\$26,050	\$26,050			
Lac Qui Parle	0	\$0	0	\$0	0	\$0	185	\$9,250	\$9,250			
Swift	0	\$0	0	\$0	0	\$0	192	\$9,600	\$9,600			
Yellow Medicine	0	\$0	0	\$0	0	\$0	170	\$8,500	\$8,500			
										\$56,850	\$629	\$0
Blue Earth	5	\$7,500	1	\$500	0	\$0	2902	\$145,100	\$153,100	\$153,100	\$1,693	\$2,260
Brown	0	\$0	0	\$0	0	\$0	545	\$27,250	\$27,250			
Nicollet	0	\$0	1	\$500	0	\$0	1509	\$75,450	\$75,950			
										\$103,200	\$1,141	\$1,186

<u>County</u>	<u>Pulmonary</u>	<u>Pulm \$</u>	<u>XP</u>	<u>XP \$</u>	<u>DOT mos.</u>	<u>DOT \$</u>	<u>Non USB pop</u>	<u>Non USB pop \$</u>	<u>Total \$</u>	<u>CHB Total \$</u>	<u>CHB Portion \$</u>	<u>CHB Award \$*</u>
Carlton	0	\$0	0	\$0	0	\$0	406	\$20,300	\$20,300			
Cook	0	\$0	0	\$0	0	\$0	304	\$15,200	\$15,200			
Lake	0	\$0	0	\$0	0	\$0	245	\$12,250	\$12,250			
St. Louis	0	\$0	0	\$0	0	\$0	4816	\$240,800	\$240,800			
										\$288,550	\$3,191	\$818
Carver	1	\$1,500	0	\$0	6	\$3,000	4702	\$235,100	\$239,600	\$239,600	\$2,650	\$2,756
Cass	0	\$0	0	\$0	0	\$0	310	\$15,500	\$15,500	\$15,500	\$171	\$0
Morrison	0	\$0	0	\$0	0	\$0	377	\$18,850	\$18,850			
Todd	0	\$0	0	\$0	0	\$0	778	\$38,900	\$38,900			
Wadena	0	\$0	0	\$0	0	\$0	108	\$5,400	\$5,400			
										\$63,150	\$698	\$0
Chisago	0	\$0	0	\$0	0	\$0	1062	\$53,100	\$53,100	\$53,100	\$587	\$0
<u>Partnership4Health:</u>												
Becker	0	\$0	0	\$0	0	\$0	557	\$27,850	\$27,850			
Clay	2	\$3,000	0	\$0	0	\$0	2600	\$130,000	\$133,000			
Otter Tail	1	\$1,500	0	\$0	0	\$0	1509	\$75,450	\$76,950			
Wilkin	0	\$0	0	\$0	0	\$0	43	\$2,150	\$2,150			
										\$239,950	\$2,654	\$2,760
<u>Des Moines Valley:</u>												
Cottonwood	0	\$0	0	\$0	0	\$0	590	\$29,500	\$29,500			
Jackson	0	\$0	0	\$0	0	\$0	255	\$12,750	\$12,750			
										\$42,250	\$467	\$0
Crow Wing	0	\$0	0	\$0	0	\$0	947	\$47,350	\$47,350	\$47,350	\$524	\$0
Dakota	8	\$12,000	5	\$2,500	18	\$9,000	38762	\$1,938,100	\$1,961,600	\$1,961,600	\$21,693	\$22,557

County	Pulmonary	Pulm \$	XP	XP \$	DOT mos.	DOT \$	Non USB pop	Non USB pop \$	Total \$	CHB Total \$	CHB Portion \$	CHB Award \$*
Dodge	0	\$0	0	\$0	0	\$0	420	\$21,000	\$21,000			
Steele	0	\$0	1	\$500	0	\$0	1316	\$65,800	\$66,300			
										\$87,300	\$965	\$1,003
Horizon:												
Douglas	0	\$0	0	\$0	0	\$0	380	\$19,000	\$19,000			
Grant	0	\$0	0	\$0	0	\$0	70	\$3,500	\$3,500			
Pope	0	\$0	0	\$0	0	\$0	114	\$5,700	\$5,700			
Stevens	0	\$0	0	\$0	0	\$0	461	\$23,050	\$23,050			
Traverse	0	\$0	0	\$0	0	\$0	52	\$2,600	\$2,600			
										\$53,850	\$596	\$0
Faribault	0	\$0	0	\$0	0	\$0	317	\$15,850	\$15,850			
Martin	0	\$0	1	\$500	0	\$0	344	\$17,200	\$17,700			
										\$33,550	\$371	\$0
Fillmore	0	\$0	0	\$0	0	\$0	312	\$15,600	\$15,600			
Houston	0	\$0	0	\$0	0	\$0	200	\$10,000	\$10,000			
										\$25,600	\$283	\$0
Freeborn	0	\$0	0	\$0	0	\$0	1492	\$74,600	\$74,600	\$74,600	\$825	\$1,000
Goodhue	0	\$0	0	\$0	0	\$0	1304	\$65,200	\$65,200	\$65,200	\$721	\$0
Hennepin	25	\$37,500	24	\$12,000	16	\$8,000	169928	\$8,496,400	\$8,553,900	\$8,553,900	\$94,594	\$98,359
Isanti	0	\$0	0	\$0	0	\$0	580	\$29,000	\$29,000	\$29,000	\$321	\$0
Mille Lacs	0	\$0	0	\$0	0	\$0	385	\$19,250	\$19,250	\$19,250	\$213	\$0

<u>County</u>	<u>Pulmonary</u>	<u>Pulm \$</u>	<u>XP</u>	<u>XP \$</u>	<u>DOT mos.</u>	<u>DOT \$</u>	<u>Non USB pop</u>	<u>Non USB pop \$</u>	<u>Total \$</u>	<u>CHB Total \$</u>	<u>CHB Portion \$</u>	<u>CHB Award \$*</u>
Kanabec	0	\$0	0	\$0	0	\$0	150	\$7,500	\$7,500	\$7,500	\$83	\$0
Kandiyohi	2	\$3,000	0	\$0	0	\$0	3508	\$175,400	\$178,400			
Renville	0	\$0	0	\$0	0	\$0	423	\$21,150	\$21,150	\$199,550	\$2,207	\$2,295
<u>Quin County:</u>												
Kittson	0	\$0	0	\$0	0	\$0	113	\$5,650	\$5,650			
Marshall	0	\$0	0	\$0	0	\$0	164	\$8,200	\$8,200			
Pennington	0	\$0	0	\$0	0	\$0	297	\$14,850	\$14,850			
Red Lake	0	\$0	0	\$0	0	\$0	61	\$3,050	\$3,050			
Roseau	0	\$0	0	\$0	0	\$0	574	\$28,700	\$28,700	\$60,450	\$668	\$0
LeSueur	0	\$0	0	\$0	0	\$0	824	\$41,200	\$41,200			
Waseca	0	\$0	0	\$0	0	\$0	697	\$34,850	\$34,850	\$76,050	\$841	\$874
<u>Southwest HHS:</u>												
Lincoln	0	\$0	0	\$0	0	\$0	40	\$2,000	\$2,000			
Lyon	1	\$1,500	0	\$0	0	\$0	1640	\$82,000	\$83,500			
Murray	0	\$0	0	\$0	0	\$0	226	\$11,300	\$11,300			
Pipestone	0	\$0	0	\$0	0	\$0	560	\$28,000	\$28,000			
Redwood	0	\$0	0	\$0	0	\$0	371	\$18,550	\$18,550			
Rock	0	\$0	0	\$0	0	\$0	176	\$8,800	\$8,800	\$152,150	\$1,683	\$1,750
Mahnomen	0	\$0	0	\$0	0	\$0	41	\$2,050	\$2,050			
Norman	0	\$0	0	\$0	0	\$0	126	\$6,300	\$6,300			
Polk	0	\$0	0	\$0	0	\$0	1144	\$57,200	\$57,200	\$65,550	\$725	\$0

<u>County</u>	<u>Pulmonary</u>	<u>Pulm \$</u>	<u>XP</u>	<u>XP \$</u>	<u>DOT mos.</u>	<u>DOT \$</u>	<u>Non USB pop</u>	<u>Non USB pop \$</u>	<u>Total \$</u>	<u>CHB Total \$</u>	<u>CHB Portion \$</u>	<u>CHB Award \$*</u>
McLeod	0	\$0	0	\$0	0	\$0	1034	\$51,700	\$51,700			
Meeker	0	\$0	0	\$0	0	\$0	534	\$26,700	\$26,700			
Sibley	0	\$0	0	\$0	0	\$0	749	\$37,450	\$37,450			
										\$115,850	\$1,281	\$1,332
Mower	1	\$1,500	0	\$0	0	\$0	3448	\$172,400	\$173,900	\$173,900	\$1,923	\$2,000
Nobles	2	\$3,000	0	\$0	7	\$3,500	4352	\$217,600	\$224,100	\$224,100	\$2,478	\$2,577
Olmsted	7	\$10,500	4	\$2,000	0	\$0	16350	\$817,500	\$830,000	\$830,000	\$9,179	\$9,544
Pine	0	\$0	0	\$0	0	\$0	452	\$22,600	\$22,600	\$22,600	\$250	\$0
Ramsey	13	\$19,500	11	\$5,500	12	\$6,000	83753	\$4,187,650	\$4,218,650	\$4,218,650	\$46,652	\$48,509
Rice	0	\$0	1	\$500	0	\$0	4849	\$242,450	\$242,950	\$242,950	\$2,687	\$2,794
Scott	2	\$3,000	2	\$1,000	11	\$5,500	11928	\$596,400	\$605,900	\$605,900	\$6,700	\$6,967
Sherburne	0	\$0	0	\$0	0	\$0	2707	\$135,350	\$135,350	\$135,350	\$1,497	\$1,557
Stearns	3	\$4,500	4	\$2,000	0	\$0	9696	\$484,800	\$491,300	\$491,300	\$5,433	\$7,507
Wabasha	0	\$0	0	\$0	0	\$0	314	\$15,700	\$15,700	\$15,700	\$174	\$0
Washington	1	\$1,500	1	\$500	0	\$0	16825	\$841,250	\$843,250	\$843,250	\$9,325	\$9,696
Watonwan	0	\$0	0	\$0	0	\$0	1331	\$66,550	\$66,550	\$66,550	\$736	\$0
Winona	1	\$1,500	0	\$0	0	\$0	1701	\$85,050	\$86,550	\$86,550	\$957	\$995
Wright	0	\$0	0	\$0	0	\$0	3849	\$192,450	\$192,450	\$192,450	\$2,128	\$2,213
TOTAL	81	\$121,500	61	\$30,500	70	\$35,000	448,397	\$22,419,850	\$22,606,850	\$22,606,850	\$250,001	\$250,000

**Components of Eliminating Disparities Funding Formula
from Minnesota Statutes, Section 145.928 (Subdivision 9)**

County - county of residence (counties grouped by Community Health Board affiliation)

Pulmonary - number of cases of pulmonary (or both pulmonary and extrapulmonary) TB disease reported among non US-born persons
Pulm \$ - (number of non US-born pulmonary cases) x (\$1,500/case)

XP - number of cases of exclusively extrapulmonary TB disease reported among non US-born persons
XP \$ - (number of non US-born extrapulmonary cases) x (\$500/case)

DOT mos. - total months of therapy given this year for all non US-born TB cases who received DOT and were uninsured
DOT \$ - (sum months of DOT) x (\$500/month)

Non USB pop - estimated population of non US-born persons (source: 2013-2017 estimate from American Community Survey; table B05006)
Non USB pop \$ - (non US-born population) x \$50/person

Total \$ - Theoretical total payment to county based on legislative formula = Pulm \$ + XP \$ + DOT \$ + Non USB pop \$
CHB Total \$ - Sum theoretical total payment to Community Health Board (CHB) based on legislative formula (sum of county totals)
CHB Portion \$ - Amount of the \$250,000 that would be awarded to CHB, calculated as (CHB's % of the theoretical statewide total) x (\$250,000)
CHB Award \$ - Actual amount awarded to CHB after "CHB Portion" awards of < \$750 have been eliminated and redistributed; calculated as
(CHB Portion \$) + (CHB's % of (\$250,000 - X))*X where X = the sum of "CHB Portion \$" awards < \$750.

*Final reallocation of award money to address need/burden of particular counties, at discretion of Refugee Health Coordinator; affected Blue Earth, Freeborn, Stearns and Carlton/Cook/Lake/St. Louis Co. CHB

File located: M:\PCD_Projects and Workgroups\EPITBProject\Epi Analysis\Health Disp. \$ Allocation\2018 report - to submit 2019