



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
AUGUST 13, 2019
9:00 A.M.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
 - a. Annual Board Minutes
Documents:
[ANNUAL MEETING MINUTES 7-2-19.PDF](#)
4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:
 - a. Child Care Licensure Approvals
Documents:
[CHILD CARE APPROVALS.PDF](#)
 - b. Title V Grant Agreement
Documents:
[TITLE V GRANT AGREEMENT.PDF](#)
 - c. "Whatever It Takes" Collaboration Agreement
Documents:
[WHATEVER IT TAKES.PDF](#)
 - d. Child Care Plan
Documents:
[CHILD CARE PLAN.PDF](#)
5. ACTION ITEMS:
 - a. Accounts Payable

Documents:

[JUNE 2019 ACCOUNTS PAYABLE.PDF](#)
[JULY 2019 ACCOUNTS PAYABLE.PDF](#)

- b. Procurement Mediation Request
Nina Arneson

Documents:

[PROCUREMENT MEDIATION REQUEST.PDF](#)

6. INFORMATIONAL ITEMS:

- a. 2nd Quarter 2019 Fiscal Report
Mike Zorn

Documents:

[2ND QUARTER 2019 FISCAL REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT JULY-AUGUST.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. CHB Performance Results

Documents:

[CHB PERFORMANCE AND ACCOUNTABILITY MEMO.PDF](#)
[GOODHUE CHIP FEEDBACK.PDF](#)

- d. Child Safety And Permanency And MFIP/DWP Self-Support Index

Documents:

[CHILD SAFETY-PERMANENCY AND MFIP-DWP SELF-SUPPORT INDEX.PDF](#)

- e. Child Support Awareness Month

Documents:

[CHILD SUPPORT AWARENESS MONTH.PDF](#)

- f. HHS Quarterly Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be September 17 At 10:30 A.M.

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

GOODHUE COUNTY
ANNUAL HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF JULY 2, 2019

The Goodhue County Health and Human Services Board convened their annual meeting at 11:40 a.m. on Tuesday, July 2, 2019, at the Cannon Valley Fairgrounds in Cannon Falls, Minnesota.

BOARD MEMBERS PRESENT:

Brad Anderson, Jason Majerus, Paul Drotos, Barney Nesseth and Nina Pagel.

STAFF AND OTHERS PRESENT:

Nina Arneson, Lisa Woodford, Andrea Benck, Stacy Lance, Scott Arneson and members of the community.

MEETING AGENDA:

On a motion by J.Majerus and seconded by N. Pagel, the Board unanimously approved the Annual Meeting Agenda with an addition to discuss August meeting date under announcements for July 2, 2019.

MEETING MINUTES:

On a motion by J.Majerus and seconded by P. Drotos, the Board unanimously approved the Minutes of the June 18, 2019 H&HS Board Meeting.

ACTION ITEMS

On a motion by P. Drotos and seconded by B. Anderson, the Board unanimously approved the Re-Appointment of HHS Lay Board Member Nina Pagel.

OATH OF OFFICE:

Board Chair B. Anderson read the Oath of Office for Nina Pagel to be officially re-appointed a Member of the Goodhue County Health and Human Services Board, effective July 2, 2019 for a 2 year term. Nina Pagel and Board Chair B. Anderson then signed the official Oath of Office.

ELECTION OF OFFICERS:

B. Anderson, HHS Board Chair, sought nominations for the HHS Board Chair. N. Pagel nominated P. Drotos and seconded by B. Neseth. B. Anderson called to cast unanimous ballot, the Board unanimously approved P. Drotos as new HHS Board Chair.

Goodhue County Health & Human Services Board
Meeting Minutes of July 2, 2019

Board Chair P. Drotos put a call for nominations of the Vice Chair. J. Majerus nominated B. Nesseth and seconded by N. Pagel. P. Drotos called to cast unanimous ballot, the Board unanimously approved B. Nesseth as new HHS Vice Chair.

Board Chair P. Drotos put a call for nominations of the Secretary. B. Anderson nominated N. Pagel and seconded by B. Nesseth. P. Drotos called to cast unanimous ballot, the Board unanimously approved N. Pagel as new HHS Secretary.

ANNOUNCEMENTS:

Discussion to change the HHS Board Meeting to August 13, 2019; the same day as the Goodhue County Board Meeting. N. Arneson will discuss with Lay Board Members, and if there are items for the agenda, then the meeting will be held. On a motion by B. Anderson and seconded by N. Pagel, the Board unanimously approved the date change of the next HHS Board Meeting.

ADJOURN ANNUAL MEETING:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Annual Health & Human Services Board Meeting at or around 11:46 a.m.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 2019	Staff Lead:	Brooke Hawkenson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Title V Maternal and Child Health Grant (MCH) Contract, Budget, and Work Plan		

BACKGROUND:

The Title V Maternal and Child Health Grant (MCH) is a block grant is a federal-state partnership. State allocations are determined by a formula using the number of low-income children in the state compared to the number of low income children in the U.S. Funds are used to support, promote, and improve the health and well-being of mothers and children including those children with special health needs. This year our Title V block grant will also include our annual Follow Along Funding from MDH.

Goodhue County Health and Human Services uses our MCH grant to offer Family Home Visiting to low income and high-risk families. Family Home Visiting offers a variety of benefits. These visits can provide pregnancy and/or postpartum education and support, breastfeeding support, child development, infant weight checks, infant and child safety information, attachment and bonding, parenting information, and connecting families to resources.

The upcoming grant period is October 1, 2019-September 30, 2024. Our funding for October 1, 2019-September 30, 2020 equates to \$40,910 for Title V and \$2,024 for the Follow Along Program. We will utilize the grant funds for salary and benefits and some travel expenses for our nursing staff.

RECOMMENDATION: HHS recommends approval of the Title V Maternal and Child Health (MCH) grant contract, budget, and work plan to continue Family Home Visiting Services in our county.

Minnesota Department of Health Grant Award Cover Sheet

You have received a grant award from the Minnesota Department of Health (MDH). Information about the grant award, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this cover sheet.

DATE: October 1, 2019

ATTACHMENT: Grant Project Agreement

CONTACT FOR MDH: Kathy Wick, Assistant Division Director, 651-201-4870, Kathy.wick@state.mn.us

Grantee SWIFT Information	Grant Agreement Information	Funding Information
Name of MDH Grantee: Goodhue County Health and Human Services	Grant Agreement/Project Agreement Number	Total Grant Funds (all funding sources): \$42,934
Grantee SWIFT Vendor Number: 0000197327 SWIFT Vendor Location Code: 001	Period of Performance Start Date: 10/1/2019 Period of Performance End Date: 9/30/2024	Total State Grant Funds: \$0 Total Federal Grant Funds: \$42,934

Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the award is being shared with you per 2 CFR 200.331. Please keep a copy of this cover sheet with the grant project agreement.

Grantee Data Universal Numbering System (DUNS) Name and Number	DUNS Name: Goodhue, County of DUNS Number: 051690642
Grantee's Approved Indirect Cost Rate for the Grant	Up to 10%
Is The Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	To distribute federal Title V Maternal Child and Block Grant funds to Community Health Boards to support maternal and child health efforts
Name of Federal Awarding Agency	DHHS - HRSA
CFDA Name and Number (Catalog of Federal Domestic Assistance)	CFDA Name: Social Security and Part C of Individuals with Disabilities Education Act CFDA Number: 93.994 and 84.181A
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	NGA: BO4MC32551
Federal Award Date - Estimated (Date MDH received federal grant)	October 2019 - January 31, 2020
Total Amount of Federal Award Received by MDH	Estimated for first two year periods - \$12,359,030

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, address 426 West Avenue Red Wing MN 55066, ("GRANTEE").

1. Under Minnesota Statutes 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 145.882 and 144.05, Sections (b) and (f) is empowered to distribute federal Title V Maternal and Child Health Block Grant funds to Community Health Boards to support local maternal and child health activities. Congress has appropriated funds to assist states in implementing and maintaining their statewide systems of early intervention services (CFDA 84.181A); 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 October 1, 2019. Grantee is eligible for payment for all services satisfactorily performed from the effective date notwithstanding the date all required signatures are obtained.

2.2 *Expiration date.* September 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 duties as set forth in Exhibits A (Grantee's Duties and Responsibilities) and B (Work Plan for 10/1/2019 through 9/30/2020). The Grantee must complete its work in conformity with Exhibit C (Minnesota Follow Along Program (FAP) Index of Standards). Exhibits A, B, and C are attached and incorporated into this agreement." The Grantee must submit a new work plan by August 1 of each succeeding federal fiscal year, and once approved by the State's Authorized Representative, the work plan will be incorporated into this Project Agreement. |

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 compensation not to exceed \$42,934, for the time period October 1, 2019 – September 30, 2020 according to the breakdown of costs contained in Exhibit D, which is attached and incorporated into this agreement. The Grantee will be required to submit a detailed budget for each succeeding year of this grant agreement on August 1st before each budget period, and once approved by the State’s Authorized Representative, will be incorporated as part of this grant project agreement:

<u>Budget Period</u>	<u>Title V</u>	<u>FAP</u>
October 1, 2019 - September 30, 2020	\$40,910	\$2,024
October 1, 2020 – September 30, 2021	\$ TBD	\$TBD
October 1, 2021 – September 30, 2022	\$ TBD	\$TBD
October 1, 2022 – September 30, 2023	\$ TBD	\$TBD
October 1, 2023 – September 30, 2024	\$ TBD	\$TBD

Any carryforward for Title V will be determined by the State’s Authorized Representative.

(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 the amount specified in the Grantee’s annual award letter from the State for the time period 10/01/2019 – 09/30/2024.

(c) *Budget Modifications.* Modifications greater than 10 percent of any budget line item in the most recently approved budget (listed in 4.1(a) or incorporated in Exhibit D) requires prior approval from the STATE and must be indicated on submitted reports. Failure to obtain prior approval for modifications greater than 10 percent of any budget line item may result in denial of modification request and/or loss of funds. Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from the STATE provided that such modification is indicated on submitted reports and that the total obligation of the STATE for all compensation and reimbursements to the GRANTEE shall not exceed the total obligation listed in 4.1(b).

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: The GRANTEE must submit invoices within 30 days of the end of the invoice period. The GRANTEE will choose either to submit invoices on a monthly or quarterly basis and will hold to this schedule unless a request to change is submitted to the STATE’s Authorized Representative. Grantee shall submit all FAP expenses on one invoice by May 31st as long as there are actual incurred costs to support the claim. Invoices must be submitted by sending to: Health.LPHAIInvoiceSubmission@state.mn.us. Include the GRANTEE name and “Title V” in the subject line.

(b) *Federal Funds.* Payments under this grant project agreement will be made from federal funds obtained by the STATE through Title V and Part C, CFDA number 93.994 and 84.181A of the Social Security and Individuals with Disabilities Education Act 1935, including public law and all amendments. The Notice of Grant Award (NGA) number is BO4MC32551. 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.

(c) *Matching Requirements.* The GRANTEE will provide at least a 50 percent match for the federal funds received through the Title V, Maternal and Child Health Block Grant. Eligible funds must be used to meet

match requirements. GRANTEE certifies that the matching requirement, for the grant, will be met by GRANTEE

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 Kathy Wick, Assistant Division Director, P.O. Box 64882, St. Paul MN 55164-0882, 651-201-4870, Kathy.wick@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.

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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*

Community Health Board Name: Goodhue County

Title V MCH Block Grant Work Plan

October 1, 2019 – September 30, 2020

Please provide a brief description of the activities you intend to support with the Title V MCH Block Grant during the period of 10/01/2019 through 09/30/2020.

Activity (Examples include home visiting, Follow Along Program, family planning services, etc.)	Population to be served (please choose from: pregnancy women, infants, children and adolescents, children with special health care needs, and other.)	Expected # of individuals/families reached	If you will be subcontracting for this activity (please list the name of subcontractor, amount of the contract, and short description of the activities they will perform.)
Home Visiting-Will include education regarding family planning	Pregnancy	35	NA
Home Visiting	Children	55	NA
Home Visiting	Infants	35	NA
Home Visiting	Children with Special Health Needs	20	NA

Community Health Board Name: Goodhue County

Follow Along	Children (up to 36 months)	400	NA
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Budget and Match Federal Fiscal Year 2020

Grantee information

Grantee Agency: Goodhue County Health and Human Services

Contact Person for Budgets: Denise Withers

Phone number: 651-385-2030

Email address: denise.withers@co.goodhue.mn.us

Budget Period: 10/01/2019 to 09/30/2020

This form is used to capture the summarized budget information. Please enter zero (0) in the Total Proposed Amount column if no grant funds will be expended in a line item.

Be sure to double check your calculations as errors could result in a delay in executing a grant agreement. **Use whole dollar amounts, no decimals.**

Line Item	Title V Amount	FAP Amount
1. Salary and Fringe	\$39035	\$2024
2. Contractual*	\$0	\$0
3. Travel	\$1875	\$0
4. Supplies and Expenses	\$0	\$0
5. Other	\$0	\$0
6. Subtotal	\$40910	\$2024
7. Indirect	\$0	\$0
8. Total	\$40910	\$2024

*9. Contractual Arrangements

List all contractual arrangements you intend to have for the federal fiscal year 2020 time period below including name of contractor if known, amount of contract, activities covered by the contract, and the dates of the services being provided.

Contractor	Annual amount of contract	Activities covered by contract	Dates of Services Provided
NA			

Exhibit D

10. Title V MCH Block Grant Match Requirements

Minnesota Statutes 145.882, subd. 3 (b) requires that a Community Health Board that receives Title V MCH Block Grant funding shall provide at least a 50 percent match for all funds received. Eligible funds that can be used to meet match requirements include funds from local property taxes, reimbursements from third parties, fees, other funds, donations, nonfederal grants, or state funds received under the local public health grant defined in section 145A.131, that are used for maternal and child health activities. Maternal and child health activities are described in Minnesota Statute 145.882, subd. 7.

List how you intend to meet your match requirements for 10/01/2019 – 9/30/2020:

The salary and benefit and travel expenses above and beyond the grant amount will be funded by local property taxes. We also receive reimbursement from medical assistance and South Country Health Alliance, which is our PMAP in Goodhue County for services provided that can be included to meet our match.

Budget Instructions

This form should be used to show the total requested budget for your organization's proposed Title V MCH Block Grant activities, the required match, and Follow Along Program Activities of the time period of 10/01/2019 through 09/30/2020.

Please enter zero (0) in the Total Proposed Amount column if you do not propose to expend grant funds in a line item.

Please complete all fields on the Title V MCH Budget and Match Form.

Name of Applicant Agency – Legal name of the agency.

Name of Contact Person for Budget – Person who may be contacted for budget questions.

Phone – Telephone number of the person listed.

E-Mail – E-mail address of the person listed.

1. Salary and Fringe – The total amount that will be used during the grant period to cover salary/fringe benefits.
2. Contractual Services – The total amount that your organization will spend on contractual services. You will need to list all contractual arrangements you will have in place for 2019-2020 at the end of the form.
3. Travel – The total amount that your organization will spend on travel.
4. Supplies and Expenses – The total amount that your organization will spend on supplies and expenses.
5. Other – The total amount that your organization will spend on items that are not listed above. Please be specific (phone, rent, etc.)
6. Subtotal – The sum of lines 1 through 5.
7. Indirect Costs - The total amount of grant funds that your organization will spend for indirect costs. Indirect costs cannot exceed 10% of line 6.
8. Total – The sum of lines 6 and 7.
9. List all contractual arrangements you will be using Title V MCH Block Grant funding in 2020 to support.
10. List information on how your agency intends to meet Title V MCH Block Grant match requirements of 50 percent.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 2019	Staff Lead:	Abby Villaran
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve the re-awarded MN Department of Human Services “Whatever it Takes” Grant and the CREST Regional Collaboration Agreement.		

BACKGROUND:

The Southeast Minnesota CREST Counties - Olmsted, Dodge, Fillmore, Goodhue, Houston, Mower, Steele, Wabasha, Waseca, and Winona Counties have been collaborating for years with mental health related services including having staff provide specialized case management and supports for potential or existing clients of the Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital – St. Peter (MSH).

The CREST Counties were re-awarded a Minnesota Department of Human Services (DHS) “Whatever it Takes” grant in the amount of \$210,000 effective June 15, 2019 – June 30, 2020 and \$210,000.00 effective July 1, 2020 – June 30, 2021.

This collaboration and the grant funding have been key tools in assisting Goodhue County customers’ discharge from AMRTC. Goodhue County HHS is thankful for Olmsted County’s leadership and to be a part of this great collaboration and fully supports this regional effort and this agreement.

RECOMMENDATION: The HHS Department recommends approval as requested.

PURCHASE OF SERVICE AGREEMENT

This Agreement, made and entered into by and between the County of Olmsted, 151 Fourth Street Southeast, Rochester, Minnesota 55904-3711, through its Health, Housing and Human Services Division, Adult Services Department, 2100 Campus Drive S.E., Rochester, MN 55904, hereafter referred to as “Olmsted County” and **Goodhue County Health and Human Services**, 426 West 6th Avenue, Red Wing, MN 55066, hereafter referred to as “Goodhue County”.

WITNESSETH

WHEREAS, the Participating Counties in the CREST Initiative determined the need for specialized case management for potential or existing clients of the Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital – St. Peter (MSH); and

WHEREAS, Olmsted and Participating Counties were re-awarded a Minnesota Department of Human Services (DHS) “Whatever it Takes” grant in the amount of \$210,000 effective June 15, 2019 – June 30, 2020 and \$210,000.00 effective July 1, 2020 – June 30, 2021; and

WHEREAS, Olmsted County will act as the fiscal host for the grant; and

WHEREAS, Olmsted County has a full-time AMRTC Liaison Case Manager (hereafter referred to as “AMRTC LCM”) who is qualified to provide this type of case management; and

WHEREAS, Olmsted County has hired the following team members as part of the “Whatever it Takes” grant: one full-time MSH Liaison Case Manager (hereafter referred to as “MSH LCM” or “MSH LCM”), one full-time Community Case Manager (hereafter referred to as “CCM”), a part-time Certified Peer Support Specialist (hereafter referred to as “PSS”), and a part-time Program Coordinator (hereafter referred to as “PC”) who are qualified to provide the services required;

NOW THEREFORE, in consideration of the mutual understanding and agreements set forth, Olmsted County and Goodhue County agree as follows:

1. TERM

The term of this Agreement shall be from June 15, 2019 through June 30, 2021.

2. SERVICES

A. AMRTC LCM services shall include, but not be limited to: Overall responsibility for providing intensive case management services to individuals identified as being at risk of admission to or discharged from AMRTC. If admitted into AMRTC, AMRTC LCM will plan for discharge for those individuals and monitor community services for up to 120 days.

1) Pre-admission Services:

- Provide consultation for case managers to alleviate the need for commitment or alternative placement.
- Assist with commitment process if necessary.
- Assist with admission process to AMRTC if necessary.

2) Post-admission Services:

- Lead efforts in proactive and timely planning for discharge.
- Weekly, review the AMRTC de-identified case list to determine which County of Financial Responsibility (CFR) has clients in AMRTC.
- Contact CFR to identify which client(s) were admitted into AMRTC and obtain a release of information (as needed according to law) from client to proceed with communications with CFR and other involved parties and initiate AMRTC LCM role.
- Request statewide access in SSIS and follow up with the CFR's case manager to see that access is allowed and discuss the case. AMRTC LCM will make contact with AMRTC to begin collaborative partnership and discussions about potential discharge planning.
- Determine who should be on the client's treatment team (involved parties) for case consultation and discharge planning purposes.
- Be responsible for assuring completion of the shared individual client planning document by involved parties and that all parties receive the updated copies.
- Attend bi-weekly staff meetings at AMRTC or via ITV to collaboratively discuss the course and treatment of individuals (cases) and process potential discharge ideas.
- Attend AMRTC Monthly Pod meetings and have regular contact with Pod Social Worker regarding CREST clients.
- Identify resources available in the "home" community
- Work to develop services needed but not yet available.
- Complete all documentation, assessments, goal plan, discharge plan and make referrals as needed.
- Work collaboratively with anticipated providers to assure smooth transition and ongoing ability to provide appropriate level of care.

3) Post-discharge Services:

- Resume AMRTC LCM role for up to 120 days after discharge providing intensive case management to ensure implementation of the discharge plan and avoid gaps in care with community based services.
- Continue collaborative communication with involved parties.
- Keep statistics as predetermined for outcome measurement.

B. MSH LCM services shall include, but not be limited to: Overall responsibility for providing intensive case management services to individuals identified as being at risk of admission to or discharged from MSH. If admitted into MSH, MSH LCM will plan for discharge for those individuals and monitor community services for up to 120 days.

1) MSH LCM Mentally Ill and Dangerous Clients (MI&D) in Transition Services -

Persons that are mentally ill and as a result, have caused or intended to cause serious physical harm to another and are likely to take such action in the future and have been committed in a court of law as MI&D.

a) Pre-admission Services:

- Provide consultation for case managers to alleviate the need for commitment or alternative placement.
- Assist with commitment process if necessary.
- Assist with admission process to MSH if necessary.

- b) Post-admission Services (clients in Transition Unit):
 - Lead efforts in proactive and timely planning for discharge.
 - Weekly, review the MSH de-identified case list to determine which CFR has clients in MSH.
 - Contact CFR to identify which client(s) were admitted into MSH and obtain a release of information (as needed according to law) from client to proceed with communications with CFR and other involved parties and initiate MSH LCM role.
 - Request statewide access in SSIS and follow up with the CFR's case manager to see that access is allowed and discuss the case. MSH LCM will make contact with MSH to begin collaborative partnership and discussions about potential discharge planning.
 - Determine who should be on the client's treatment team (involved parties) for case consultation and discharge planning purposes.
 - Attend staff meetings, as needed, at MSH or via ITV to collaboratively discuss the course and treatment of individuals (cases) and process potential discharge ideas.
 - Identify resources available in the "home" community
 - Work to develop services needed but not yet available.
 - Complete all documentation, assessments, goal plan, discharge plan and make referrals as needed.
 - Work collaboratively with anticipated providers to assure smooth transition and ongoing ability to provide appropriate level of care.
- c) Post-discharge Services:
 - Resume MSH LCM role for up to 120 days after discharge providing intensive case management to ensure implementation of the discharge plan and avoid gaps in care with community based services.
 - Continue collaborative communication with involved parties.
 - Keep statistics as predetermined for outcome measurement.
- 2) Competency Restoration Program – The Competency Restoration Program (CRP) is a short-term treatment program that provides treatment and evaluations for individuals who have been deemed incompetent to stand trial. If an individual is admitted to the CRP program at MSH, the primary role of the MSH LCM is to create system efficiencies and when appropriate, decrease days in jail or the CRP. The MSH LCM for this population will provide case consultation and coordination amongst the client's identified treatment team and the criminal justice system. This could include providing information to the CFR on how to proactively navigate court systems and collaborate with court personnel, the CRP system and proactive discharge planning back to detention or a community based plan.
 - a) Pre-Admission Services:
 - Assist counties on how to navigate the criminal justice system and admission into the CRP.
 - Educate the CRP Staff and CREST Region Counties on their role and goals of the program.
 - b) Post-Admission Services:
 - Weekly, review the CRP case list to determine which CFR has clients in the CRP.

- Contact CFR to identify which client(s) were admitted into the CRP and obtain a release of information (as needed according to law) from client to proceed with communications with CFR and other involved parties and initiate LCM role.
 - Determine who should be on the client's treatment team (involved parties) for case consultation and discharge planning purposes.
 - Request statewide access in SSIS and follow up with the CFR's case manager to see that access is allowed and discuss the case. The MSH LCM will make contact with St. Peter staff to begin collaborative partnership and discussions about potential discharge planning.
 - Attend staff meetings, as needed, at CRP or via ITV to collaboratively discuss the course and treatment of individuals (cases) and process potential discharge ideas.
 - Be available for consultation as needed.
 - Keep the CFR informed about the client's course and treatment and assist in proactive discharge planning, whether that is back to a detention center or into a community setting.
- c) Post-Discharge Services:
- Be available for consultation as needed.
 - Develop outcomes and gather statistics as identified.
- C. CCM services shall include, but not be limited to:
- a) Pre-Discharge Activities:
- Coordinate with the MSH and AMRTC LCMs on which individuals are approaching discharge.
 - Begin to build rapport with individuals prior to their discharge.
 - Collaborate with LCMs on discharge planning and assist in arranging services in the community.
- b) Post-Discharge Activities:
- Provide Outpatient Competency Restoration Services (OPCRP) to individuals discharged from AMRTC or MSH who have not yet been restored to competency.
 - CCM will meet with the individual up to three times weekly to provide OPCRP services
 - CCM will use standardized assessments to monitor progress
 - CCM will request early evaluations, as appropriate
 - As appropriate, provide community case management for individuals up to 180 days post-discharge to enhance stability in the community.
 - Provide training and education to community providers to promote individualized and appropriate, person-centered treatment.
 - Keep CFR informed of the individual's treatment course and stability in the community, as well as status of competency.
- D. The PSS is an integrated team member who provides highly individualized services in the community and in the hospital to promote an individual's self-determination and decision-making skills. The PSS also provides essential expertise and consultation to the entire team to promote a culture in which each individuals' point of

view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities. The PSS is part-time 15-20 hour per week. PSS services shall include, but not be limited to:

- a) Traveling to AMRTC and/or MSH to provide support to hospitalized individuals during their treatment
- b) Assisting the individual in integrating back to the community, by encouraging and supporting them to find meaningful activities and social outlets
- c) Skill-building – social skills, coping skills, independent living skills, etc.
- d) Providing individuals with a support that understands the challenges and barriers faced by those with mental illness
- e) Attending weekly team consult meetings to assist in treatment planning and consultation, as well as assist the team in understanding the challenges of living with mental illness and how to better work with the client.

E. The PC will assist the Whatever it Takes team in a variety of ways by coordinating processes and procedures for the team and for systems in the CREST Region. The PC position is part-time, 20 hours per week.

1) Services that could be provided:

- Work to develop services needed but not yet available.
- Serve as liaison between the WIT Team, the jails, and the courts.
- Complete diagnostic assessments as needed for TCM
- Coordinate Rule 20 examinations and collect data on Rule 20 exams for the Region
- Provide OPCRP for individuals in the Olmsted County Adult Detention Center and in the community as needed.
- Be available for consultation as needed.
- Develop outcomes and gather statistics as identified.

3. RATE

- A. Goodhue County agrees to pay Olmsted County \$61.31 per hour (\$15.33/15 min.) effective June 15, 2019 – June 30, 2020 and \$63.38 per hour (\$15.85/15 min.) effective July 1, 2020 – June 3, 2021 for AMRTC LCM to provide the AMRTC-related case management services to clients referred by Goodhue County. This rate will be used for all time expended, including providing direct service, reporting/charting, phone calls, and travel time. This per hour rate includes all administration, supervision, office support/technology, training, employee costs, and mileage. Other costs, such as lodging, meals, or client items, shall be billed separately by Olmsted County, with the understanding that AMRTC LCM will make every effort to communicate to Goodhue County any anticipated costs that will exceed the standard hourly rates listed above. Olmsted County will not bill insurance and/or DHS for any services provided on behalf of any of the Participating Counties.
- B. The “Whatever It Takes” grant will cover the cost of services provided by the MSH LCM, the CCM, and the PC for the term of this Agreement, thus no hourly rate will be charged to any Participating County for the services provided by these positions.
- C. Olmsted County shall receive an administrative fee of \$20,000.00 for the period of June 15, 2019 – June 30, 2020 and \$20,000.00 for the period of July 1, 2020 – June 30, 2021 to act as fiscal host.
- D. The grant also provides for “flexible spending funds” to pay for client related purchases that are not otherwise paid for or to supplement what can be funded at an

increased level of care. Flex spending purchases may include, but are not limited to: skilled nursing visits more than once per week, holding a placement needed for an individual's recovery/support plan, medications, food, clothing and shelter. Flex spending purchases will require prior approval by the AMRTC LCM, the MSH LCM, or the CCM Flex spending amounts will vary based on market rates and/or availability of other funding sources.

4. PAYMENT

- A. The AMRTC LCM will provide a report to Olmsted County every month that documents the number of 15-minute units of service and associated travel provided to referred Goodhue County clients. Upon receipt of the documentation, Olmsted County shall submit an invoice to Goodhue County for services rendered and travel time incurred. Goodhue County shall, within 30 days of the receipt of the invoice, make payment to Olmsted County for all units of billed services that are correct and complete. Any disputes regarding invoice must be made by Goodhue County to the Olmsted County Adult Services Director within the 30-day payment period. Olmsted County reserves the right to charge a late payment fee of 10% if payment is not made in accordance with the aforementioned payment terms.
- B. Staff costs for the MSH LCM, CCM, PSS, and PC positions are anticipated to be paid solely by MA TCM, and/or health plan funding. Any costs not paid for by these sources will be billed to the DHS grant. Olmsted County, as fiscal host, will be responsible for the billing of these staff costs.
- C. Flex spending funds will be billed as described below:
 - 1) Pre-authorization for flex spending will be requested by the MSH LCM, AMRTC LCM, or CCM from DHS.
 - 2) Upon receipt of approved pre-authorization, the MSH LCM, AMRTC LCM, or CCM will submit flex spending invoice to Olmsted County Finance for payment.
 - 3) Olmsted County will complete flex spending payment to Vendor within thirty (30) business days of receipt of the pre-authorization.
 - 4) Olmsted County will then bill DHS through the Whatever It Takes grant for reimbursement of flex spending.
- D. Olmsted County may not advance pass-through grant dollars to any other county. Each Participating County acknowledges that it will not receive any grant funds from Olmsted County directly unless the Participating County is a flex spending vendor and then only after Olmsted County has received the pre-authorization from the grantor.

5. STANDARDS

- A. All parties shall comply with all applicable state statutes and regulations as well as local ordinances and rules now in effect or hereafter adopted. Goodhue County and Olmsted County agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
- B. Both parties shall maintain such records and provide each other with financial, statistical and service reports as may be required for accountability by the other party and/or state/federal regulatory agencies. AMRTC LCM, MSH LCM, CCM, PSS, and PC shall all record time tracking in Olmsted County's SSIS system and provide client

reports to Goodhue County upon request. Records relating to this contract shall be maintained by the respective party for ten (10) years for audit purposes.

- C. Goodhue County acknowledges that if the grant terms require provision of documentation by the fiscal host for any purpose including securing reimbursement from the grantor that it must provide the documentation to Olmsted County on the schedule established by Olmsted County so that sufficient processing time is available to pass the information through to the grantor. Olmsted County will make reasonable efforts to gather and pass on required documentation but staff absences or work load may delay this process. Olmsted County is not responsible for any interest or fees due to delayed pass through of funds which result from Goodhue County's failure to provide documentation on a timely basis. Olmsted County is not responsible for requesting, editing, reviewing, changing, or verifying any information provided to it by Goodhue County for this grant unless specifically stated elsewhere in this Agreement.
- D. Both parties agree to be bound by the requirements of the Minnesota Government Data Practices Act and HIPAA.

6. INDEMNIFICATION

Goodhue County shall save and hold harmless Olmsted County and its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of any performances or failures to adequately perform services pursuant to this contract.

7. DEFAULT AND CANCELLATION

If any of the staff positions detailed in this Agreement fail to perform any of the provisions of this Agreement or fail to administer the work as to endanger the performance of the Agreement, this shall constitute default. Unless the default is excused, Olmsted County, through the Adult Mental Health Unit may, upon written notice, immediately cancel this Agreement in its entirety. If Goodhue County fails to pay for services within the time period specified in Section 4 of this Agreement, Olmsted County retains the right to deny services to Goodhue County until full payment has been received for services rendered.

It is understood and agreed that in the event the funding to Olmsted County or Goodhue County from State, Federal or other funding sources is not obtained and continued at an aggregate level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations of each party hereunder shall be terminated.

8. AMENDMENTS

Any material alterations, variations, modifications, or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing, duly signed by Goodhue County and Olmsted County, and attached to the original of this Agreement. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates written below.

OLMSTED COUNTY
HEALTH, HOUSING AND HUMAN SERVICES

GOODHUE COUNTY HEALTH AND
HUMAN SERVICES

BY: _____
Paul Fleissner
Deputy Administrator

BY: _____
Nina Arneson
Director

DATED: _____

DATED: _____

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 2019	Staff Lead:	Kathy Rolfer
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of 2020-2021 Goodhue County and Tribal Child Care Fund Plan		

BACKGROUND:

Every two years Minnesota Department of Human Services (DHS) requires each Minnesota County to update and amend their Child Care Assistance Program (CCAP) Child Care Fund Plan with updated Legislative statutes that affect the plan.

The 2020–2021 CCAP the only updates are for contact persons and Section V. of the plan. Section V. pertains to additional 2019 legislation for Legal Non-Licensed (LNL) Providers. See Minnesota Statute, section 119B, subdivision 4.

RECOMMENDATION: The HHS Department recommends approval as requested.



Administration of the Child Care Assistance Program

2020-2021 Goodhue County and Tribal Child Care Fund Plan

Administration of the Child Care Assistance Program

Background: Counties and tribes must submit a biennial Child Care Fund Plan to the commissioner. Child Care Assistance Program (CCAP) rules and laws allow counties and tribes to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the commissioner, are considered county/tribal policy and are used to support agency decisions during appeals. The Department of Human Services (DHS) will review and approve County and Tribal Child Care Fund Plans. Counties and tribes will receive approval letters for their Child Care Fund Plans from the commissioner of DHS. This plan period begins on January 1, 2020.

Minnesota Statute, section 119B.08, subdivision 1

Steps to complete the plan process:

Step One – Review the plan

Review this plan to make sure you understand what's being asked. Determine if there are changes to policies or procedures compared to previous plans, or if there are new policies or procedures. Involve other staff as needed.

Note: New questions were added and questions may have been re-ordered, changed, or removed.

Step Two – Draft the plan responses

Step Three – Inform or involve stakeholders

DHS encourages counties and tribes to develop optional policies for the Child Care Assistance Program in coordination with local child care stakeholders. This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies (formerly known as child care resource and referral agencies), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. Consult with other agency staff such as fraud investigators and income maintenance and employment services staff.

Step Four – Share the draft plan

Prior to submission, you must make copies of the proposed plan available to the public and allow sufficient time for public review and comment. See question II.D of this plan; describe methods used to make the plan available to the public, particularly to those members listed in II.D.

Step Five – Submit the plan by the deadline

Submit the plan by the deadline, and note these guidelines:

- Identify all optional county/tribal Child Care Assistance Program policies; see question IX.A.
- Do not answer questions by stating that the reviewer should refer to a previous plan.
- Submit any agency-developed forms that have not been previously submitted and approved. Do not submit DHS and MEC² standardized forms. Refer to the DHS memo announcing this plan for a list of DHS created documents that are required for CCAP.
- Provide an answer to each question. Incomplete plans will be returned.

Amendments to plans

A county or tribe may amend their Child Care Fund Plan at any time, but the commissioner must approve the amendment before it becomes effective. If approved by the commissioner, the amendment is effective on the date requested by the agency unless a different effective date is set by the commissioner. Plan amendments must be approved or denied by the commissioner within 60 days after receipt of the amendment request. The department reserves the right to direct a county or tribe to amend its child care fund plan if the plan is no longer in compliance with Minnesota Statutes, Minnesota Rules, or federal law.

Minnesota Rules, part 3400.0150, subpart 1

Amendments include changes in county/tribal contacts, county/tribal optional policies, new or revised forms and notices. Amendments can be sent in letter form or by email to the agency's CCAP policy specialist.

Return completed plans by **Friday, August 30, 2019** to:

DHS.CCAP@state.mn.us

Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or tribal agency

COUNTY OR TRIBE NAME Goodhue	GENERAL PHONE NUMBER 651-385-3200	EXTENSION	GENERAL FAX NUMBER 651-267-4879
AGENCY'S FULL NAME Goodhue County Health and Human Services		CCAP INTAKE PHONE NUMBER 651-385-3200	EXTENSION
MAIN OFFICE STREET ADDRESS 426 West Avenue	CITY Red Wing	ZIP CODE 55066	
MAIN OFFICE MAILING ADDRESS (if different)	CITY	ZIP CODE	

B. County or tribal branch office (if applicable)

BRANCH NAME	GENERAL PHONE NUMBER	EXTENSION	GENERAL FAX NUMBER	CCAP INTAKE PHONE NUMBER	EXTENSION
ADDRESS OF BRANCH OFFICE		CITY		ZIP CODE	

C. Agency contact people

This contact information is required to be completed and will be used by DHS staff to communicate with counties or tribes.

1. County or tribal CCAP administrative contact

Who is your primary contact for the Child Care Assistance Program? This contact will receive policy bulletins, memos, and other high level communications. You may have more than one administrative contact.

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input checked="" type="radio"/> Ms.	FIRST NAME Kathy	LAST NAME Rolfer			
TITLE Financial Assistance Supervisor, I		PHONE NUMBER 651-385-2005	EXTENSION	FAX NUMBER 651-267-4879	
EMAIL ADDRESS Kathy.Rolfer@co.goodhue.mn.us		SIR EMAIL ADDRESS X125582@cty.dhs.mn.us			
ADDRESS 426 West Avenue		CITY Red Wing		ZIP CODE 55066	

2. County or tribal client access contact

Who is your lead person/s who has contact with families receiving CCAP? You may have more than one client access contact.

<input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms.	FIRST NAME Donna	LAST NAME Peters		
TITLE Lead Eligibility Worker		PHONE NUMBER 651-385-3200	EXTENSION	FAX NUMBER 651-267-4879
EMAIL ADDRESS Donna.Peters@co.goodhue.mn.us`		SIR EMAIL ADDRESS X125531@cty.dhs.mn.us		
ADDRESS 426 West Avenue		CITY Red Wing	ZIP CODE 55066	

3. Management of waiting list contact

Who is your waiting list contact person? The waiting list contact person identified is responsible for maintaining the waiting list and responding to the state's questions about families reported on the waiting list. Only identify one waiting list contact.

<input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms.	FIRST NAME Sara	LAST NAME Gold		
TITLE Eligibility Worker		PHONE NUMBER 651-385-3200	EXTENSION	FAX NUMBER 651-267-4879
EMAIL ADDRESS Sara.Gold@co.goodhue.mn.us		SIR EMAIL ADDRESS X125550@cty.dhs.mn.us		
ADDRESS 426 West Avenue		CITY Red Wing	ZIP CODE 55066	

4. Provider billing contact

Who is your lead billing contact person who is able to answer questions about billing and payments? Only identify one provider billing contact.

<input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms.	FIRST NAME Kelly	LAST NAME Fox		
TITLE Accounting Technician		PHONE NUMBER 651-385-3200	EXTENSION	FAX NUMBER 651-267-4879
EMAIL ADDRESS Kelly.Fox@co.goodhue.mn.us		SIR EMAIL ADDRESS X125429@cty.dhs.mn.us		
ADDRESS 426 West Avenue		CITY Red Wing	ZIP CODE 55066	

5. Provider registration contact

Who is your lead provider registration contact person who is able to answer questions about provider registrations? Only identify one provider registration contact.

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input checked="" type="radio"/> Ms.	FIRST NAME Donna	LAST NAME Peters		
TITLE Lead Eligibility Worker		PHONE NUMBER 651-385-3200	EXTENSION	FAX NUMBER 651-267-4879
EMAIL ADDRESS Donna.Peters@co.goodhue.mn.us		SIR EMAIL ADDRESS X125531@cty.dhs.mn.us		
ADDRESS 426 West Avenue		CITY Red Wing		ZIP CODE 55066

6. LNL provider monitoring contact

Who is the lead contact person in the agency who is able to answer questions about LNL annual monitoring visits? Only provide one monitoring contact.

<input type="radio"/> Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms.	FIRST NAME Chris	LAST NAME Reich		
TITLE Social Worker - Child Care Licensor		PHONE NUMBER 651-385-2052	EXTENSION	FAX NUMBER 651-267-4877
EMAIL ADDRESS Chris.Reich@co.goodhue.mn.us		SIR EMAIL ADDRESS N/A		
ADDRESS 426 West Avenue		CITY Red Wing		ZIP CODE 55066

D. Subcontracted services

Counties and tribes may contract with an agency to administer all or part of their Child Care Assistance Program.

Minnesota Rules, part 3400.0140, subpart 7

If you are planning any changes in the administration of your CCAP, tell your CCAP policy specialist immediately. This could involve subcontracting or mergers of counties. Failing to notify DHS may delay the changes that you are planning to make.

Does your county or tribe contract with an agency for any part of the administration of CCAP? Yes No

Do not include cooperative agreements with employment and training service providers that work with MFIP/DWP families to develop and approve the employment service plan.

II. Collaboration and outreach

A. How do you share information about the Child Care Assistance Program so that individuals, child care providers, social service agencies, etc. are aware of child care assistance? (Minnesota Rules, part 3400.0140, subpart 2)

Information about child care services is shared at the initial point of client contact with Goodhue County Health and Human Services through staff. Brochures are displayed and disseminated at a variety of community venues including HHS offices, public libraries, workforce center and WIC office.

B. Agencies are required to work with other public and private community resources that provide services to families to maximize community resources for families with young children. These other resources include, but are not limited to, Child Care Aware, School Readiness, Early Learning Scholarships, Head Start, and Early Childhood Screening. List the community programs your agency works with. (Minnesota Statute, section 119B.08, subdivision 3 (1))

GCHHS works with Families First of Minnesota, Head Start, Every Hand Joined, Employment Services, Colvill Family Center and the local child care providers' association.

C. How do you work with the community based programs and service providers identified above to maximize public and private community resources for families with young children? Include in this description the methods used to share information, responsibility, and accountability among these service and program providers as you work to foster collaboration among agencies and other community-based programs that provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten.

GCHHS staff frequently view any updates to Families First of Minnesota's website and forward that information on to families, also printed information is available in our lobby. Our staff network with representatives of Head Start, Colvill Family Center and the local child care provider's association at their meetings and trainings. Those providers have Goodhue County Child Care Assistance Program contact information and they can encourage families to contact us with questions or can encourage families to apply for child care assistance. Every Hand Joined is a partnership of local businesses, schools, law enforcement, medical providers, child care providers, preschools, community volunteers and private philanthropic organizations and GCHHS staff are in this partnership. Goals of this partnership are to encourage child care providers to become star-rated, help children transition into kindergarten and increase participation in pre-kindergarten activities. Information is shared on our website, via email, phone, and in person.

D. Copies of the proposed plan must be made reasonably available to the public, including those interested in child care policies such as parents, child care providers, culturally specific service organizations, Child Care Aware of Minnesota agencies (child care resource and referral), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. **You must allow time for public review and comment prior to submitting this plan to DHS for approval.** (Minnesota Statute, section 119B.08, subdivision 3 (2)).

1. Describe your procedures and methods to make copies of the **draft plan** reasonably available to the public.

Public input is sought through a public notice on the Goodhue County website. The plan will be submitted to the Health and Human Services Board for review and approval at a public meeting. Input is also received on an ongoing basis from providers, recipients, partners and HHS staff.

2. When was your draft plan available for public review?

GCHHS allows 30 days for public review, however, input is also received on an ongoing basis from providers, recipients, partners and HHS staff.

E. After your plan is approved by DHS, do you post your approved county/tribal plan on your website? Yes No

III. Eligibility

A. Education plans outside an Employment Plan

Prior to completing this section, please review Minnesota Rules, part 3400.0040 and Minnesota Statutes 119B.10 Subdivision 3 in their entirety to ensure your policies are in compliance.

1. High school diploma/GED high school equivalency diploma

1a. Do you approve all high school and GED programs? Yes No

If no, what program(s) would you deny?

GCHHS would deny any program not approved by the Minnesota Department of Education.

1b. Explain why you would deny a program. Include data and facts that support why students should not receive CCAP while attending.

GCHHS supports the on-line learning approved by the Minnesota Department of Education because the courses meet or exceed state academic standards, transfer to other public school districts and apply toward high school graduation.

2. Remedial and basic skills courses (includes Adult Basic Education and English as a Second Language)

2a. Do you approve all remedial and basic skills courses? Yes No

3. Post-secondary programs

3a. Describe your criteria and procedures for approving a post-secondary program outside an Employment Plan that will lead to employment.

Goodhue County Health and Human Services will provide child care assistance to eligible applicants upon completion, approval and based on funding availability/priority. The maximum length of time a student is eligible for child care is no more than the time necessary to complete the credit requirements for an associate or baccalaureate degree as determined by the approved educational institution that they are currently enrolled in, excluding basic or remedial education programs needed to prepare for postsecondary education or employment. Applications for training for positions which generally base income on commission are not approved. The training must have a reasonable placement rate based on www.iseek.org or comparable website. The applicant must provide proof that they are enrolled in the post-secondary courses, including start date, proof of days and times of their courses. The applicant will also need to demonstrate progress in their courses and program must be completed in the time allotted by the post-secondary establishment.

3b. Identify the factors that contribute to the above criteria (for example: the availability of jobs where family resides or intends to reside, wage data, job placement rates in field of study).

The course of study must result in significantly higher wages than the participant could earn without the training, participant must take courses in a field that has job availability and significant placement rates. We have found that the potential for that level of earnings has been difficult to achieve in commission base fields

4. Changes to education plans outside an Employment Plan

4a. Do you have a different approval policy if a participant requests a change to their education plan? Yes No

4b. Describe your criteria and procedures for approval of a **change** in a course of study for a student. If your policy is different for remedial studies students and post-secondary students, describe each approval criteria separately.

The policy for approving a change in high school/GED students and remedial studies is that a change is allowed as long as satisfactory improvements are being made as outlined in 1a and 2a.

The policy for the approval of a change in post secondary education is that a change in a course of study must show higher placement rates and higher starting wage than the course of study at application time. The estimated time to complete the change in course can take no longer than two years.

4c. Explain why you use different approval criteria when a participant requests a change to their education plan.

This is to ensure that participant has researched thoroughly the selected field prior to beginning the program and this is to allow the participant to employment quickly.

B. Basic Sliding Fee Waiting List management

1. Priorities for service

Have you established sub-priorities for the fifth priority Basic Sliding Fee waiting list beyond those required in Minnesota Statute, section 119B.03, subdivision 4?

Yes No

Identify the additional priorities and rationale for determining those additional priorities. (Minnesota Rules, part 3400.0140, subpart 10)

5: Priority a) Employment for eligible persons; b) Education plans for eligible persons
This is to promote employment.

2. Six month review of Basic Sliding Fee Waiting List

CCAP Policy Manual
Chapter 4.3.12

Minnesota Statute, section
19B.03, subdivision 2

2a. Statute requires that you review and update your waiting list at least every six months. How are families notified of this six month review? Describe your agency's process for reviewing and updating the waiting list. Please include your agency's six month review letter in Section IX.B. If your agency does not currently have a waiting list, describe your process in the event your agency does start a waiting list.

The family is mailed a letter stating that they need to update their application information. It can be done either by completing the 6 month update form enclosed or by contacting Goodhue County Child Care Assistance Staff. This letter is sent 45+days before the needed response.

2b. When families are removed from the waiting list for not responding to the six month review are they sent an additional notice or does the six month review letter include notification they will be removed from the waiting list if they do not respond?

The family is notified of the removal date on the 6 month update cover letter which is sent out 45 days before the the information is needed.

3. Applications mailed to families on the Basic Sliding Fee Waiting List

Applications must be sent to families on the waiting list when there is funding available for Basic Sliding Fee. When do you remove the family from the waiting list?

- Family is removed from the waiting list when the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.
- Family is removed from the waiting list when you receive the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family that their name will be removed from the waiting list if the application is not received by the deadline.

3. Temporarily ineligible families on the Basic Sliding Fee Waiting List

When a family reaches the top of the waiting list and is temporarily ineligible for child care assistance, leave the family at the top of the waiting list for a period of time not to exceed 90 calendar days, according to priority group and serve the applicant who is next on the waiting list unless an alternative procedure is provided in the agency's plan.

Minnesota Rules, part
3400.0040, subpart 17

Minnesota Rules, part
3400.0060, subpart 6

Are there exceptions to the 90 day policy that extends the timeframe for a family who has reached the top of the waiting list and is temporarily ineligible?

Yes No

C. Child care for school release days

1. How do case workers authorize care for school release days in your agency?

CCAP Policy Manual
Chapter 9.1.3

- Authorize actual hours needed and increase or decrease hours based on known school release days.
- Authorize the hours care is needed when there are no school release days.
- Authorize the highest number of hours care is needed with the provider.
- Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?

The hours are provided to the parents and providers by phone, adding worker comments to the bottom of the service authorization, sending a separate memo, emailing, or in person conversations. Billing workers are aware of the hours by viewing how many hours are authorized on the billing screen and they have access to case notes documenting what days and times care is needed.

D. Child care for families with flexible schedules

1. How do case workers authorize care for families with flexible schedules in your agency?

**CCAP Policy Manual
Chapter 9.1.6**

- Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
- Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is made by increasing the number of hours listed in the "total hours of care authorized" field on the billing window or by creating a new Service Authorization.
- Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
- Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?

The provider is encouraged to make note of a schedule change on the billing form and the billing worker will communicate with the eligibility worker regarding discrepancies. The hours are provided to the parents and providers by phone, adding worker comments to the bottom of the service authorization, sending a separate memo, emailing, or in person conversations. Billing workers are aware of the hours by viewing how many hours are authorized on the billing screen and they have access to case notes documenting what days and times care is needed.

E. Authorizing care for clients with Employment Plans

Job counselors and CCAP workers must communicate child care needs for clients with Employment Plans. Guidance is found in CCAP Policy Manual, Chapter 9.1.5.

1. CCAP workers must obtain an activity schedule or the days and times that child care is needed. Who is responsible for obtaining the schedule information from the client?

- Job counselor provides schedule or days and times that child care is needed to CCAP worker.
- CCAP worker obtains schedule from client.
- Other method.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?

Case worker and Job Counselors communicate in several forms, including fax, case notes, verbal, or written documentation.

IV. Provider compliance policies

A. Reasons for closing a provider's registration

Minnesota Statutes, section 119B.13, subdivision 6(d) allows counties and tribes to refuse to issue a child care authorization, revoke an existing authorization for a provider, stop payment, or refuse to pay a bill under circumstances described in the six clauses below. Counties and tribes must indicate which clauses they will include in their plan, and must apply the policies consistently to providers.

**CCAP Policy Manual
Chapter 9.3**

**CCAP Policy Manual
Chapter 14**

- An agency cannot implement these policies without establishing them in their plan.
- An agency must notify their CCAP Policy Specialist at least 10 days prior to closing a provider's registration or taking any other action to enforce any of these policies, except clause 4 when notified by DHS.
- An agency that does not implement these policies may still pursue a fraud disqualification for a provider. These policies can be used in addition to, or in combination with, a fraud disqualification.

Does your agency plan to disqualify providers for reasons listed in Minnesota Statutes, section 119B.13, subdivision 6(d)? Yes No

Which clause(s) does your agency plan to implement? Check all that apply.

- Clause 1:** A provider admits to intentionally giving the agency materially false information on the provider's billing forms.

If you checked Clause 1, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 1 occurred.

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? MEC² generated notices DHS optional notices

What type of notice will you send to providers? MEC² generated notices DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

- Clause 2:** The agency finds a preponderance of evidence that the provider intentionally gave the agency materially false information on the provider's billing forms or attendance records.

If you checked Clause 2, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means as described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 2 occurred.

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? MEC² generated notices DHS optional notices

What type of notice will you send to providers? MEC² generated notices DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

- Clause 3:** A provider is in violation of Child Care Assistance Program rules, until the agency determines the violations have been corrected.

- Clause 4:** A provider is operating after receipt of a licensing order of suspension or revocation (this occurs when providers are appealing the revocation or suspension) or a final order of conditional license, for as long as the conditional license is in effect.

Note: Agencies do not have the option to close registrations of providers operating with conditional licenses.

If you choose this option, DHS will send you a list once a month to inform you of providers in this category. You may act sooner if you learn of this licensing status through your licensors, etc. Contact your CCAP Policy Specialist if you are planning to take action prior to receiving the monthly DHS listing.

What licensing violations are subject to this clause?

Providers with a suspended license? Yes No

When applying this clause for a provider with a suspended license, what provider types will you apply the clause to?

Licensed family child care Licensed centers Both

Providers with a revoked license? Yes No

When applying this clause for a provider with a revoked license, what provider types will you apply the clause to?

Licensed family child care Licensed centers Both

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? MEC² generated notices DHS optional notices

What type of notice will you send to providers? MEC² generated notices DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

Clause 5: A provider submits false attendance reports or refuses to provide documentation of the child's attendance upon request.

Clause 6: A provider gives false child care price information.

Clause 7: A provider fails to report decreases in a child's attendance. A provider must report to the county on the billing form when a child's attendance in child care falls to less than half of the child's authorized hours or days for a four-week period.

B. Notification to providers

Your agency must notify all currently registered providers and any new providers wishing to register with your agency of the provider compliance clause(s) being implemented. Notification options include:

- Sending a mailing to all providers registered with your agency.
- Adding information to your agency's provider registration packets.

How will you notify providers about the provider compliance clauses your agency is choosing to implement? Add the notification document(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval.

By sending a mailing to all providers registered with our agency.

Note: This notice differs from the adverse action notice your agency sends when closing an individual provider's registration under these clauses.

V. Policies applicable to legal nonlicensed (LNL) providers

A. Unsafe care

An agency may deny authorization as a child care provider to any applicant or rescind authorization of any provider when the agency knows or has reason to believe that the provider is unsafe or that the circumstances of the chosen child care arrangement are unsafe. See Minnesota Statute, section 119B.125, subdivision 4. When a provider's authorization is rescinded due to unsafe care, the agency must close the provider's registration with a 15 calendar day notice. If there is also an imminent risk of harm to the health, safety or rights of the child(ren) in care with a legal nonlicensed provider, child care authorization must be terminated immediately.

The department has identified that when substantiated maltreatment occurred in a legal nonlicensed care setting related to an incident where a child died or was seriously injured, the child care setting is considered unsafe care. A serious injury is one that requires treatment by a physician.

What other conditions of unsafe care does your agency apply to legal nonlicensed (LNL) providers or legal nonlicensed care arrangements **beyond those contained in Minnesota Statute, sections 245C.14 or 245C.15?**

If the HHS records indicate provider household actions that pose a safety hazard to a child, the provider is denied, and the applicant is sent a notice that the child care payments cannot be made to their proposed provider. If the criminal background check reveals any disqualifier as listed in MN Statutes, section 119B.125, subdivision 2, the provider is determined to be unsafe. Other crimes or offenses may constitute unsafe care if the conviction reflects on the provider's ability to provide care. If a review of agency or other county social services records identifies any of the following situations or circumstances that would indicate a concern for safety, the agency may deny payment to the provider.

1. Has had a child placed in residential treatment within the past 12 months for emotional disturbance or antisocial behavior and the agency determines that the reasons for the placement reflect on the ability of the provider to give care.
2. Is under a stay or provisional discharge of commitment for mental illness, chemical dependency or mental retardation.
3. Has an open CHIPS file related to the care of their own child(ren).
4. Has a current child protection service plan identifying significant parenting deficits or unsafe conditions of the home.
5. Has had repeated reports of child abuse or neglect which have resulted in a recommendation for child protective services, included, but not limited to chronic chemical dependency.

NOTE: The Consolidated Appropriations Act of 2018 (Public Law 115-141) prohibits states from expending federal CCDF funds on providers where a serious injury or death occurred due to substantiated health or safety violations.

B. Imminent risk

Some unsafe care conditions present an imminent risk for children in care. When there is an imminent risk of harm to the health, safety or rights of a child in care with a legal nonlicensed (LNL) provider, child care authorization must be terminated immediately. Agencies do not need to give the provider at least 15 calendar days notice. See Minnesota Rules 3400.0035, subpart 5, clause E.

What conditions does your agency recognize as presenting an imminent risk to the health, safety or rights of a child in care with a legal nonlicensed provider?

Those listed in Minnesota Statute, sections 245C.14 or 245C.15. and any condition that would warrant a child protection family investigation or child protection facility investigation as determined by the 2019 Child

C. Annual monitoring

Any legal nonlicensed (LNL) provider with an open Service Authorization for a child who is not related to them must have an annual monitoring visit. Related means the provider is the child's sibling, grandparent, great-grandparent, aunt, or uncle of the child, based on blood relationship, marriage or court decree.

1. How does your agency track legal nonlicensed providers who are registered with your agency and who have an open Service Authorization for unrelated children?

Consult monthly report relay information to monitor if there has not been a monitor visit.

2. What are your agency's internal processes and procedures for completing monitoring visits?

Child Care provider worker will notify LNL Provider Monitor Contact at least thirty (30) days prior to when a visit is due. LNL Provider Monitor Contact will make arrangements for initial visit with LNL provider.

3. If a provider does not show compliance with an annual monitoring visit, under what conditions can they receive CCAP payments in the future?

- Only if the provider is licensed
- The provider must show compliance with another monitoring visit

If the agency performs another monitoring visit, what conditions are placed on the visit? For example, is there a time limit that the provider must wait before the visit can be performed? Is there a limit on the number of re-inspections?

Offenses related to Section V.A. Unsafe Care and V.B Imminent Risk above will require immediate, on-site correction or correction within 24 hours of notification of the offense as determined by the LNL Provider Monitor Contact. Other offenses that do not create unsafe care or imminent risk will require resolution within fifteen (15) calendar days from notification of offense. Resolution may include providing verifications to or an in-person visit by the LNL Provider Monitor Contact depending on the offense. A follow-up visit date and time may or may not be announced to the provider depending on the nature of the offense.

Other

D. Complaints and incidents

1. Records of substantiated parental complaints

Within 24 hours of receiving a complaint concerning the health or safety of children under the care of a legal nonlicensed (LNL) provider, an agency must relay the complaint to the agency's child protection agency, county public health agency, local law enforcement, and/or other agencies with jurisdiction to investigate complaints. Information regarding substantiated complaints must be released following applicable data privacy laws. See [Minnesota Statutes Chapter 13](#). When a report is substantiated, see Minnesota Rules, part 3400.0140, subpart 6, for record retention and provider payment policies.

When complaints are substantiated how do you:

1a. Maintain these records?

Agency maintains records via SSIS intake log, SSIS work groups, hard files, and the complaint is recorded on a LNL complaint log maintained by the LNL Provider Monitor Contact. Complaints substantiated by Agency's Child Protection unit will be maintained per Minnesota Statue, Section 626.556. Complaints substantiated by law enforcement or other agencies with jurisdiction to investigate complaints related to a child's health and safety will be maintained per DHS Record Retention policy.

1b. Make this information available to the public when requested?

Upon request, information governing substantiated complaints shall be released to the public as authorized under Minnesota Statutes, Chapter 13 unless prohibited by the Minnesota Government Data Practices Act, federal or state

2. Aggregate reporting of incidents

At least quarterly, agencies must report to the Minnesota Department of Human Services the aggregate number of deaths, serious injuries, and substantiated maltreatment incidents for children under the care of legal nonlicensed (LNL) providers.

How will you record and maintain accurate counts of incidents that occur in legal nonlicensed settings registered by your agency?

LNL Provider Monitor Contact will maintain records of deaths, serious injuries and substantiated maltreatment incidents for LNL providers. The Social Services Supervisor in the Child and Family Unit will be responsible for completion and submission of the quarterly Legal Non-Licensed Death, Serious Injury, Maltreatment Report Form. The Agency's Child Protective Services will conduct a facility investigation if the complaint meets criteria for child maltreatment according to the 2019 Child Maltreatment Screening Guidelines and maintain records of incidents rising to this level.

VI. Special needs rates

Special needs rates, above the standard maximum rates, can be paid to providers if approved by the commissioner of DHS (up to the provider's charge).

Minnesota Statute
Section 119B.13
subdivision 3

Minnesota Rules,
part 3400.0130,
subpart 3

CCAP Policy
Manual
Chapter 9.54

A. Special needs rates for children in at-risk programs

You may choose to pay special needs rates to certain populations defined as "at-risk" in your County and Tribal Child Care Fund Plan. At-risk means environmental or familial factors exist that could create barriers to a child's optimal achievement. This could include, but is not limited to: a federal or state disaster, limited English proficiency in a family, history of abuse or neglect, a determination that the children are at risk of abuse or neglect, family violence, homelessness, age of the mother, level of maternal education, mental illness, development disability, parental chemical dependency or history of other substance use.

1. Do you pay a special needs rate for at-risk populations? Yes No

If this information changes, including additional population groups identified by your agency, new facilities, or a proposed change in rates paid, DHS must approve the change. Submit a request to amend your plan. This information will be used during case audits.

B. Special needs rates for care of sick children

You may choose to pay special needs rates for the care of sick children. Special needs rates for care of sick children apply to rates paid above the standard maximum rates to a provider that cares for sick children. You must have DHS approval for these rates to be paid.

Minnesota Rules, part
3400.0110, subpart 5

1. Do you pay a special needs rate for care of sick children?

Yes No

VII. Payment policies

A. Provider registration renewal

How often do you renew a provider's registration?

Yearly Every two years Other

Minnesota Statute, section
119B.125, subdivision 1

B. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day and the second provider that is caring for the child?

Yes No

Minnesota Statute,
section 3400.0110,
subpart 8

Note: If the rate paid for care of sick children exceeds maximum rates, the "rates for care of sick children" must be included in the special needs rates section of this plan.

C. Submission of invoices

If a provider receives an authorization of care and a billing form for an eligible family, the provider must submit the billing form to the agency within 60 days of the last date of service on the billing form. If the provider shows good cause for the delay you may pay bills submitted after 60 days.

Minnesota Statute, section
119B.13, subdivision 6

1. What is your **definition of good cause** for delay in submitting a billing form? Agency error must be included in this definition.

Good cause will be approved if any of the following occurs: There is a delay in the registration of the legal non-licensed provider; provider has a family crisis which delays request for payment, also delay due to agency error.

2. Does your agency have any providers using MEC² PRO? Yes No

2a. DHS states CCAP agencies can decide which providers are granted access to submit bills using MEC² PRO. How do you decide which providers are granted access?

The provider must have access to the Internet in order to use MEC2 PRO.

2b. When would you deny or revoke MEC² PRO access to any of these providers?

When there is a violation of clauses in place, or if the provider no longer has Internet access.

3. When is a provider signature not needed on a billing form?

When the services are no longer being provided to the family.

4. Do you require the parent signature on the billing form? Yes No

4a. When is a parent signature not needed on a paper billing form?

Goodhue County considers the electronic submission of a bill via MEC² PRO the equivalent of a parent's signature.

D. Underpayments

If you have underpaid according to Child Care Assistance Program policies, do you make corrective payments?

Yes No

If yes, under what conditions do you make corrective payments? You may apply criteria such as a dollar amount or how far back the situation occurred.

Goodhue County may make corrective payments within 60 days of the original billing in situations where there is an agency error or a provider billing error.

E. Provider rates

Does your agency enter provider rates on MEC²? Yes No

F. Absent day policy

The Child Care Assistance Program limits the number of paid absent days for licensed child care providers and certified license-exempt centers. Payment may exceed absent day limit at the request of the provider and with the approval of the county or tribe, if at least one parent in the family:



- Is under the age of 21; and
- Does not have a high school or general equivalency diploma; and
- Is a student in a school district or another similar program that provides or arranges for child care, parenting support, social services, career and employment supports, and academic support to achieve high school graduation.

Do you have any registered child care providers that meet these requirements? Yes No

VIII. Program integrity

A. Agency case management reviews can be used to determine causes of errors and identify specific policies needing review.

1. Do you conduct case management reviews of CCAP? Yes No
2. Do you conduct case management reviews of CCAP providers? Yes No

IX. Other information

A. Additional agency optional policies

Do you have any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law? (Minnesota Rules, part 3400.0140, subpart 1) (Minnesota Rules, part 3400.0150, subpart 2)

None

B. Agency developed forms

- All agency developed forms and notices used for CCAP must reflect current policy and be approved by DHS.
- Counties and tribes must use forms developed by DHS for administration of CCAP.
- Agency developed forms must not duplicate or replace DHS forms.
- Local agencies may create supplemental forms subject to DHS approval.
- Forms must be written using plain language standards and meet other communication guidelines.
- Review forms, notices and documents at least every two years to ensure they reflect current CCAP policy and laws.

Forms inventory for your agency

Use this table to list all agency developed forms, notices, and documents your agency uses to administer child care assistance.

Only new and/or revised forms, notices, or written documents that have not been previously approved must be submitted with this plan for DHS approval.

Note: Refer to the DHS memo announcing this plan for a list of DHS created documents required for CCAP. Do not list or submit DHS created documents.

Name of agency developed form	Form reflects current CCAP policy	Status of current form
Basic Sliding Fee Wait List Request	<input checked="" type="checkbox"/> Agency assures compliance	<input checked="" type="checkbox"/> DHS previously approved - no changes <input type="checkbox"/> DHS previously approved - revised and needs DHS approval <input type="checkbox"/> New form - needs DHS approval

X. County and tribal assurances

Check the designated boxes below to assure compliance.

A. The county or tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1.

- The documentation necessary to confirm eligibility for CCAP
- Waiting list information
- Application procedures
- The importance of prompt reporting of a move to another country to avoid overpayments and to increase the likelihood of continuing benefits

County or tribe assures compliance

In addition, the agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) assures compliance with the following:

- Families rights and responsibilities when choosing a provider

"Do You Need Help Paying for Child Care?" (DHS-3551) assures compliance with the following:

- Federal and state child and dependent care tax credits
- Earned income credits
- Other services for families with young children required by state and federal laws
- Child Care Aware services
- Child Care Assistance Program eligibility requirements
- Family copayment fees and how computed
- Information about how to choose a provider
- Availability of special needs rates
- The family's responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee

County or tribe assures compliance and uses DHS-5367 and DHS-3551

B. The agency is distributing the following information to registered legal nonlicensed providers as required by:

Minnesota Rules, part 3400.0140, subpart 5.

Use of "Health and Safety Resource List for Parents and Legal Nonlicensed Providers" (DHS-5192A) assures compliance with the following:

- Child immunization requirements
- Child nutrition
- Child protection reporting responsibilities
- Health and safety information required by federal law
- Child development information
- Referral to Child Care Aware; and
- Resources and training options to meet federal and/or state-required health and safety topics

County or tribe assures compliance by use of DHS-5192A

C. Child Care Assistance Program (CCAP) Tasks and Timeframes

The county or tribe must perform tasks and meet timeframes required to administer the Child Care Assistance Program. These tasks include, but are not limited to:

- Assessing CCAP eligibility
- Registering child care providers
- Processing payments

These tasks and timeframes are required under the Child Care and Development Fund (CCDF), 98.11(a)(3) Administration under Contracts and Agreements, Minnesota Statutes 119B, Minnesota Rules 3400, CCAP Policy Manual, and MEC² User Guide.

County or tribe assures compliance

D. Child Care Assistance Program (CCAP) Funding

DHS releases a forecast twice each fiscal year (November and February) which includes the overall budget for the Child Care Assistance Program, including all child care subprograms and administrative dollars. The county or tribe is reimbursed administrative dollars as outlined in Minnesota Statutes 119B.15. In addition to receiving the Basic Sliding Fee allocation, the county or tribe contributes a fixed local match equal to that county's/tribe's calendar year 1996 contribution, as outlined in Minnesota Statutes 119B.11, Subd. 1.

The county or tribe is provided a calendar year Basic Sliding Fee allocation, published at least annually and based on the formula outlined in Minnesota Statutes 119B.03, Subd. 6. When there is not sufficient funding to serve all eligible non-MFIP families, the county or tribe manages the Basic Sliding Fee waiting list according to the priorities outlined in Minnesota Statutes 119B.03, Subd. 4.

County or tribe assures compliance

E. Child Care Assistance Program (CCAP) Reporting

The county or tribe is required to submit timely reports to the Department of Human Services. The reports include, but are not limited to:

- Basic Sliding Fee waiting list
- Override monitoring
- Basic Sliding Fee adjustments

County or tribe assures compliance

F. Limited English Proficiency Plan

The county or tribe has completed a Limited English Proficiency Plan, describing how it serves families with limited English Proficiency

County or tribe assures compliance

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 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 June HHS Warrant Registers		

BACKGROUND:

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

Date of Warrant		Check No. Series		Total Batch	
IFS	June 7, 2019	ACH	28170	28178	\$5,573.44
IFS	June 7, 2019		445328	445378	\$31,671.29
IFS	June 14, 2019	ACH	28179	28187	\$19,360.41
IFS	June 14, 2019		445379	445411	\$13,536.73
IFS	June 21, 2019	ACH	28199	28210	\$4,476.00
IFS	June 21, 2019		445464	445495	\$33,342.09
SSIS	June 28, 2019	ACH	28277	28300	\$57,774.72
SSIS	June 28, 2019		445558	445601	\$215,765.94
IFS	June 28, 2019	ACH	28219	28276	\$7,493.33
IFS	June 28, 2019		445552	445557	\$16,511.96
IFS	June 28, 2019	ACH	28301	28310	\$8,031.30
IFS	June 28, 2019		445602	445688	\$21,633.82
				Total	\$435,171.03

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 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 July HHS Warrant Registers		

BACKGROUND:

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

	Date of Warrant		Check No. Series		Total Batch
IFS	July 5, 2019	ACH	28396	28398	\$2,908.27
IFS	July 5, 2019		445748	445765	\$5,387.62
IFS	July 12, 2019	ACH	28414	28432	\$27,452.50
IFS	July 12, 2019		445823	445878	\$35,094.34
IFS	July 19, 2019	ACH	28452	28459	\$4,771.36
IFS	July 19, 2019		445987	446017	\$27,558.87
IFS	July 26, 2019	ACH	28460	28460	\$93.77
SSIS	July 26, 2019	ACH	28461	28483	\$57,628.36
SSIS	July 26, 2019		44608	446063	\$191,354.67
IFS	July 26, 2019	ACH	28484	28543	\$5,234.72
IFS	July 26, 2019		446064	446066	\$514.25
IFS	July 26, 2019	ACH	28602	28607	\$2,050.98
IFS	July 26, 2019		446122	446183	\$11,225.65
				total	<u>\$371,275.36</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 13, 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:	Recommend Goodhue County Board of Commissioners to Request Mediation Regarding the 2020 Families and Children and MinnesotaCare; and 2020 Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) Procurement.		

BACKGROUND:

Minnesota Statute Section 256B.692 provides the counties the right to elect to purchase or provide health care services on behalf of persons eligible for medical assistance (MA). Minnesota Statute Section 256B.69 subd. 3a provides that the County Board and the Department of Human Services (DHS) Commissioner shall mutually select health plans for participation in the prepaid medical assistance program (PMAP).

Goodhue County, together with South Country Health Alliance (SCHA) have chosen to provide these services for the past 18 years and has been a benefit to Goodhue County, providers and its eligible residents.

South Country Health Alliance (SCHA) was rated by Goodhue County Health & Human Services (GCHHS) to be the number one ranked Managed Care Organization (MCO) that would meet all of the needs for health care services to recipients of 2020 Families and Children and MinnesotaCare, and 2020 Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) in Goodhue County.

The Goodhue County Board of Commissioners passed two board resolutions on June 25, 2019 County Board meeting supporting the recommendations of GCHHS approving SCHA to be the health services to recipients of Families and Children and MinnesotaCare, and Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) in Goodhue County. <https://www.co.goodhue.mn.us/AgendaCenter/ViewFile/Item/8600?fileID=15694> .

The Minnesota Department of Human Services (DHS) indicated on July 25, 2019 that SCHA will be eliminated from consideration to provide such services commencing January 1, 2020 in Goodhue County. This is also true for all SCHA member counties.

Attached, please find the request that will be brought forward Goodhue County Board’s consideration on August 13, 2019.

RECOMMENDATION: The GCHHS Department recommends as requested.



Goodhue County
Health and Human Services

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

DATE: August 8, 2019

TO: Goodhue County Board of Commissioners

FROM: Nina Arneson, Goodhue County Health and Human Services Director

RE: **Approve Resolution to object to Minnesota Department of Human Services (DHS) selection of participating health plans for Goodhue County and to seek mediation**

The Minnesota Department of Human Services (DHS) has conducted two separate procurement processes to provide managed health care services to eligible recipients of Families and Children and MinnesotaCare, and to eligible recipients of Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) in Goodhue County.

Goodhue County Health and Human Services (GCHHS) reviewed the procurement proposals and recommended South Country Health Alliance (SCHA) to provide managed health care services in Goodhue County with both of the procurement processes. In addition to the department's recommendation, on June 2, 2019, the Goodhue County Board recommended South Country Health Alliance (SCHA) continue to provide managed health care services in Goodhue County.

On July 25, 2019 Goodhue County Health and Human Services was informed by Marie Zimmerman, Assistant Commissioner of Health Care and State Medicaid Director that the State has selected different health plans to enter into contract negotiations to provide managed health care services in Goodhue County. This is also true for all the SCHA member counties.

RECOMMENDATION:

Approval and signature of the attached Board Resolution for Goodhue County to object the State's selection of participating health plans for Goodhue County and to request mediation.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Nina Arneson", with a long horizontal flourish extending to the right.

Nina Arneson, M.S.
GCHHS Director
nina.arneson@co.goodhue.mn.us
651-385-6115

"Promote, Strengthen and Protect the Health of Individuals, Families, and Communities"
Equal Opportunity Employer

www.co.goodhue.mn.us

GOODHUE COUNTY

Resolution

OBJECTION OF GOODHUE COUNTY'S 2020 MINNESOTA DEPARTMENT OF HUMAN SERVICES SELECTION OF PARTICIPATING HEALTH PLANS.

WHEREAS, the Goodhue County board of Commissioners objects to the Minnesota Department of Human Services' selection of participating health plans for Goodhue County, and;

WHEREAS, the Goodhue County Board of Commissioners objects to the Department's decision to reject South Country Health Alliance's proposal to provide healthcare services to eligible recipients of Families and Children and MinnesotaCare in Goodhue County, and;

WHEREAS, the Goodhue County Board of Commissioners objects to the Department's decision to reject South Country Health Alliance's proposal to provide healthcare services to eligible recipients of Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) in Goodhue County, and;

NOW, THEREFORE BE IT RESOLVED, that the Goodhue County Board of Commissioners, hereby authorizes the submission of a request for mediation with the Department pursuant to Minn. Stat. §256B.69, subd. 3a(d)., both on behalf of Goodhue County individually and through South Country Health Alliance (SCHA).

Dated this August 13, 2019

SIGNATURE:

Brad Anderson, Goodhue County Board Chair



Goodhue County
Health and Human Services

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

DATE: August 13, 2019
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Mike Zorn, Deputy Director
RE: Second Quarter 2019 Fiscal Report

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

- We expended 51% (\$8,662,890) of our budget (\$16,942,054) 50% of the way through the year. Last year at this time, we expended 51%.
- We have collected 52% (\$8,810,084) of our anticipated revenue (\$16,942,054), 50% of the way through the year. Last year at this time, we collected 53%.

Children in Out of Home Placement:

We have expended 50.50% (\$905,802) of our budget (\$1,795,000), 50% of the way through the year, which resulted in being over budget 00.46% or \$8,302.

State Hospital Costs:

We have expended 81% (\$261,691) of our budget (\$325,000). Last year at this time, we expended \$134,922. 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 178% (\$92,429) of our budget (\$52,000). We have one recipient who has been on a hold order for 11 months. This recipient is no longer on a hold order at the end of July. 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 555% (\$11,100) 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 217% (\$43,345) 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 second quarter, we have expended 75% (\$150,580) of our budget (\$200,000).

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits, overhead and capital equipment line items, we have expended 50% of our budget 50% of the way through the year.

Staffing Revenues Additional Staff:

For the second quarter report, total staffing revenue is 55.07% (\$2,223,587) 50% 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: 06/2019

Percent of Year: 50%

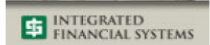
11 Fund
Health & Human Service Fund
479 Dept
PHS Administration

Account Numbe	Description	Status	06/2019 Amount	Selected Months	2019 Budget	% Of Budget
11-479-479-0000-6161	PERA		674.35	3,912.42	6,286.00	62
11-479-479-0000-6171	FICA		519.31	2,952.54	5,197.00	57
11-479-479-0000-6173	Workmans Compensation		692.58	13,832.58	12,221.00	113
11-479-479-0000-6174	Mandatory Medicare		121.45	690.51	1,215.00	57
11-479-479-0000-6201	Telephone		196.08	1,399.16	3,000.00	47
11-479-479-0000-6202	Cell Phone		60.78	353.31	1,050.00	34
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		.00	875.00	2,000.00	44
11-479-479-0000-6268	Software Maintenance Contracts		3,444.00	12,812.00	23,730.00	54
11-479-479-0000-6269	Software Enhancements	INACTIVE	.00	1,750.00	0.00	0
11-479-479-0000-6278	Consultant Fees		227.50	402.50	700.00	58
11-479-479-0000-6283	Other Professional & Tech Fees		106.30	4,238.36	8,656.00	49
11-479-479-0000-6302	Copies/Copier Maintenance		.00	2,235.02	6,800.00	33
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	37,535.50	75,071.00	50
11-479-479-0000-6351	Insurance		.00	8,252.26	8,371.00	99
11-479-479-0000-6357	Conferences/Schools/Training		.00	415.00	400.00	104
11-479-479-0000-6401	Printing Services		1,500.00 -	0.00	0.00	0
11-479-479-0000-6405	Office Supplies		52.13	186.26	1,300.00	14
11-479-479-0000-6414	Food & Beverages		.00	186.93	158.00	118
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.	43,070.36	193,056.77	343,938.00	56
		Net	43,070.36	193,056.77	325,238.00	59
11 Fund	TOTALS Health & Human Service Fund	Revenue	4,333,406.18 -	8,810,084.40 -	16,942,054.00-	52
		Expend.	1,351,889.96	8,662,889.61	16,942,054.00	51
		Net	2,981,516.22 -	147,194.79 -	.00	0
FINAL TOTALS:	598 Accounts	Revenue	4,333,406.18 -	8,810,084.40 -	16,942,054.00-	52
		Expend.	1,351,889.96	8,662,889.61	16,942,054.00	51
		Net	2,981,516.22 -	147,194.79 -	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2018	THRU 06/19	2019	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$7,227.50	\$3,243.00	\$7,000.00	46%	50%
11-430-710-3710-6020	CHILD SHELTER -SS	\$15,934.80		\$7,500.00	0%	50%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					50%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	\$1,541.85		\$1,500.00	0%	50%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	\$9,460.15		\$15,000.00	0%	50%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$85,855.43	\$107,886.62	\$60,000.00	180%	50%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$541,489.76	\$272,739.45	\$575,000.00	47%	50%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$40,176.87	\$16,186.91	\$35,000.00	46%	50%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,898.00	\$4,004.00	\$8,000.00	50%	50%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$5,256.63	\$2,773.23	\$5,000.00	55%	50%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					50%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$114,247.92	\$46,755.03	\$75,000.00	62%	50%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$20,563.80	\$8,929.28	\$9,000.00	99%	50%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$551,557.87	\$120,494.00	\$425,000.00	28%	50%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$172,200.81	\$175,131.02	\$80,000.00	219%	50%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$24,454.15	\$24,298.65	\$30,000.00	81%	50%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$5,163.69	\$218.73	\$5,000.00	4%	50%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$415,316.13	\$123,141.61	\$450,000.00	27%	50%
11-430-740-3831-6020	RULE 5 CS			\$7,000.00	0%	50%
	TOTAL OUT OF HOME PLACEMENT	\$2,018,345.36	\$905,801.53	\$1,795,000.00	50.5%	50%
	Over/(Under) Budget for percent of year	\$1,644,500.00	\$8,301.53	\$897,500.00	50%	50%
	Percent Over/(Under) Budget	-\$373,845.36			0.46%	

December	
November	
October	
September	
August	
July	
June	0.46%
May	-0.16%
April	-0.16%
March	-0.78%
February	-0.88%
January	0.30%
Over/Under Budget 2018	22.73%

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

As Of 06/2019 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	208,178.14	1,369,503.61	2,839,734.00	48	50
TOTAL SALARIES	208,178.14	1,369,503.61	2,839,734.00	48	50
OVERHEAD					
AGENCY OVERHEAD	73,108.29	152,600.74	298,275.00	51	50
TOTAL OVERHEAD	73,108.29	152,600.74	298,275.00	51	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	12,240.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	12,240.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	54,053.45	425,666.58	739,586.00	58	50
TOTAL SALARIES	54,053.45	425,666.58	739,586.00	58	50
OVERHEAD					
AGENCY OVERHEAD	22,696.21	77,674.22	181,784.00	43	50
TOTAL OVERHEAD	22,696.21	77,674.22	181,784.00	43	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	251,211.78	1,633,192.83	3,324,706.00	49	50
TOTAL SALARIES	251,211.78	1,633,192.83	3,324,706.00	49	50
OVERHEAD					
AGENCY OVERHEAD	65,827.11	167,596.41	348,894.00	48	50
TOTAL OVERHEAD	65,827.11	167,596.41	348,894.00	48	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,760.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	11,760.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	240,152.98	1,506,010.38	2,928,735.00	51	50
TOTAL SALARIES	240,152.98	1,506,010.38	2,928,735.00	51	50
OVERHEAD					
AGENCY OVERHEAD	37,977.34	147,702.32	287,636.00	51	50
TOTAL OVERHEAD	37,977.34	147,702.32	287,636.00	51	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	50

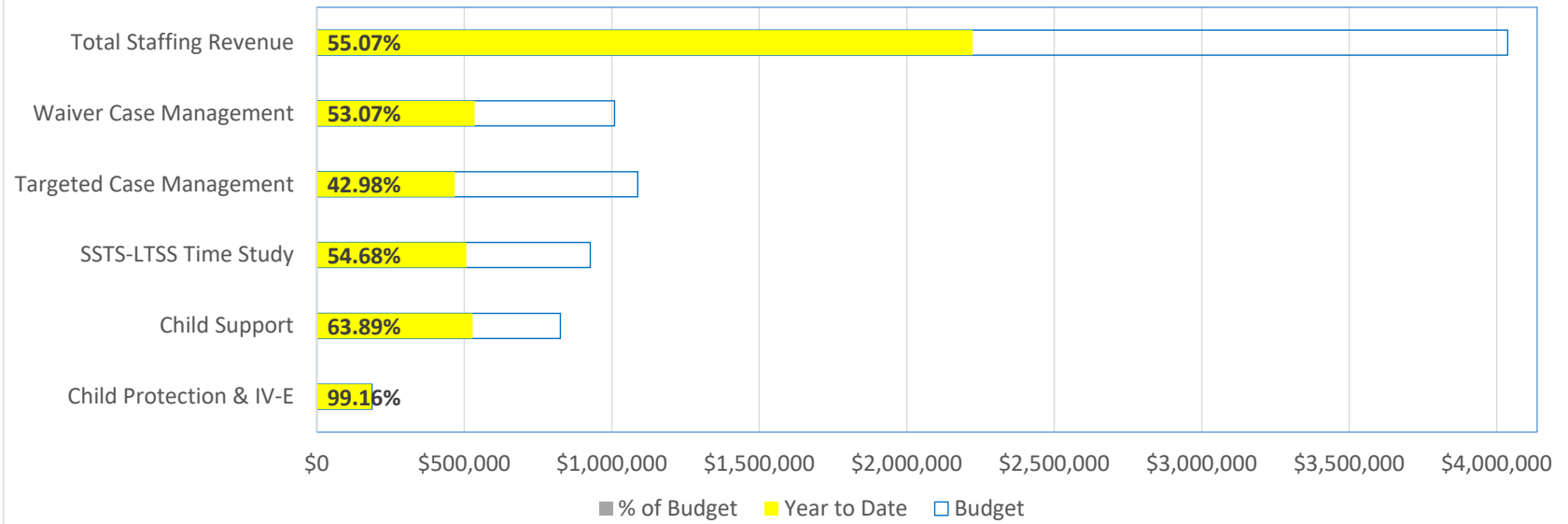
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	753,596.35	4,934,373.40	9,832,761.00	50	50
TOTAL SALARIES	753,596.35	4,934,373.40	9,832,761.00	50	50
OVERHEAD					
AGENCY OVERHEAD	199,608.95	545,573.69	1,116,589.00	49	50
TOTAL OVERHEAD	199,608.95	545,573.69	1,116,589.00	49	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	24,000.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	24,000.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	953,205.30	5,479,947.09	10,973,350.00	50	50

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	3,749.81 -	17,982.24 -	25,000.00 -	72	50
11-420-640-0000-5290 CS ST Incentives	0.00	9,634.00 -	10,000.00 -	96	50
11-420-640-0000-5355 CS Fed Admin	40,600.00 -	428,514.06 -	691,000.00 -	62	50
11-420-640-0000-5356 CS Fed Incentive	0.00	60,847.20 -	90,000.00 -	68	50
11-420-640-0000-5379 CS Fed MA Incentive	2,249.89 -	10,789.35 -	10,000.00 -	108	50
11-430-700-0000-5292 State LTSS	0.00	166,489.00 -	290,000.00 -	57	50
11-430-700-0000-5383 Fed LTSS	0.00	197,495.00 -	350,000.00 -	56	50
11-430-700-3810-5380 Fed MA SSTS	0.00	69,446.00 -	152,000.00 -	46	50
11-430-710-0000-5289 Child Protection	0.00	53,281.00 -	122,399.00 -	44	50
11-430-710-3810-5366 FC IV-E	0.00	130,391.00 -	50,000.00 -	261	50
11-430-710-3810-5367 IV-E SSTS	0.00	44,598.00 -	70,000.00 -	64	50
11-430-710-3930-5381 CW-TCM	0.00	214,934.00 -	350,000.00 -	61	50
11-430-730-3050-5380 Rule 25 SSTS	0.00	28,895.00 -	65,000.00 -	44	50
11-430-740-3830-5366 IV-E Rule 5	0.00	2,159.00 -	15,000.00 -	14	50
11-430-740-3900-5381 Child MA MH-TCM	0.00	3,285.00 -	20,000.00 -	16	50
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	0.00	10,000.00 -	0	50
11-430-740-3910-5240 St Adult MH-TCM	0.00	3,283.50 -	3,000.00 -	109	50
11-430-740-3910-5381 MA Adult MH-TCM	262.50 -	76,093.86 -	175,000.00 -	43	50
11-430-740-3910-5401 SCHA Adult MH-TCM	9,552.00 -	124,159.00 -	410,000.00 -	30	50
11-430-740-3930-5401 SCHA Pathways	0.00	16,282.56 -	75,000.00 -	22	50
11-430-760-3930-5381 Adult VA/DD-TCM	4,137.21 -	29,582.58 -	45,000.00 -	66	50
11-463-463-0000-5290 St AC Waiver	518.75 -	1,793.75 -	14,000.00 -	13	50
11-463-463-0000-5292 St MA CM Waivers	21,385.30 -	134,255.75 -	240,000.00 -	56	50
11-463-463-0000-5382 Fed MA CM Waivers	21,359.85 -	134,039.99 -	240,000.00 -	56	50
11-463-463-0000-5402 SCHA Waivers	27,539.47 -	201,924.10 -	325,000.00 -	62	50
11-463-463-0000-5429 SCHA Care Coord	13,823.53 -	63,431.57 -	190,000.00 -	33	50
TOTAL HHS Staffing Revenues	145,178.31 -	2,223,586.51 -	4,037,399.00 -	55	50

HHS Staffing Revenue Q2/2019
50% of Year



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



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR JULY/AUGUST 2019

In-Patient Approval:

#04403198R – 25 year old male – numerous previous treatments – HealthEast/St. Joseph's Hospital, St. Paul
#01769396R – 42 year old male – two previous treatments – Twin Town Treatment Center, St. Paul
#05920906 – 45 year old male – no previous treatments – Oakridge TX Center, Rochester
#00314630 – 53 year old female – no previous treatments – MNATC, Rochester
#03552958R – 34 year old male – three previous treatments – New Beginnings, Waverly
#01392244R – 28 year old male – one previous treatment – Mash-ka-wisen, Sawyer
#02517689R – 29 year old male – numerous previous treatments – Twin Town Treatment Center, St. Paul
#01765090R – 24 year old male – numerous previous treatments – Fountain Centers, Albert Lea
#01218098R – 36 year old male – four previous treatments – CARE ANOKA, Anoka

Outpatient Approvals:

#01768760R – 33 year old male – numerous previous treatments – Riverplace Counseling, Anoka
#02735345 – 32 year old male – no previous treatment – Common Ground, Red Wing
#00752222R – 52 year old female – one previous treatment – Midwest Recovery, Red Wing
#02117037 – 21 year old male – no previous treatment – Common Ground, Red Wing
#00723815R – 42 year old male – five previous treatment – MNATC, Minneapolis
#00814153R – 27 year old male – one previous treatment – Common Ground, Red Wing
#01130446 – 29 year old male – no previous treatment – Riverplace Counseling, Anoka
#02542599R – 38 year old male – numerous previous treatments – Riverplace Counseling, Anoka
#01806493 – 23 year old male – no previous treatment – Common Ground, Red Wing
#03312616 – 28 year old female – no previous treatment – Vahalla Place, Woodbury
#00741400 – 27 year old female – no previous treatment – Midwest Recovery, Red Wing
#00956409 – 26 year old male – no previous treatment – Midwest Recovery, Red Wing
#00855420R – 31 year old female – one previous treatment – Canvas Health, Stillwater
#02276787R – 39 year old male – two previous treatments – Nystrom&Associates, Baxter
#02107046 – 33 year old female – no previous treatment – Midwest Recovery, Red Wing
#00310014R – 32 year old male – one previous treatment – Midwest Recovery, Red Wing
#00669065R – 29 year old female – two previous treatments – ANEW, St. Paul
#02681462R – 17 year old male – 5 previous treatments – Center for Alcohol and Drug Treatment, Duluth

Halfway House Approval: None

**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	23
June	7	17	28	23	16
July	14	18	21	22	16
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	150

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

July 24, 2019

Nina Arneson
CHS Administrator
Goodhue County Health and Human Services
426 West Avenue
Red Wing, MN 55066

Dear Nina,

Greetings from Saint Paul! The purpose of this letter is to inform you of the results of the performance-related accountability review for your community health board.

As outlined in the Local Public Health Act ([Minn. Stat. § 145A.131, subd. 3b](#)), measure 5.2.4 was selected by MDH, in consultation with SCHSAC, to be the performance-related accountability requirement for 2018.

Measure 5.2.4: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

Because your community health board reported “fully” met measure 5.2.4 in annual reporting and you submitted appropriate documentation, your community health board has met the performance-related accountability requirement for 2018.

Our review of your CHIP annual report, against the PHAB standard, showed a strong monitor and revise process that described stakeholder participation and progress made on strategy implementation along with a rationale for revisions. Attached, please find the notes from our review process. In the spirit of continuous improvement, we encourage you to use these notes, along with PHAB guidance for measure 5.2.4, to make improvements.

If you have questions regarding the feedback you received, please contact your Public Health Nurse Consultant.

Thanks for your continued efforts to improve the health of the people of Minnesota.

Sincerely,



Chelsie Huntley
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www.health.state.mn.us

2018 CHIP annual report feedback

GOODHUE

2018 PERFORMANCE-RELATED ACCOUNTABILITY REQUIREMENT (5.2.4)

The “review characteristics” column includes items from [Review checklist for CHIP annual report \(DOC\)](http://www.health.state.mn.us/communities/practice/assessplan/lph/docs/chip-AR-checklist.docx) (www.health.state.mn.us/communities/practice/assessplan/lph/docs/chip-AR-checklist.docx), which was provided to community health boards in 2018 via email and online.

Please see the “reviewer notes” column and “action items” at the end of this report for feedback on your 2018 CHIP Annual Report. Please use this feedback, in addition to PHAB guidance, to make improvements for next year.

Reviewer notes

Describes the process for monitoring and revising the CHIP.

The report communicates progress, shows revisions based on feasibility and effectiveness of strategies, explanation of objectives and dashboard. You do a nice job of using dashboards to present your objectives and progress. You also identify community partners who are engaged in the process.

Describes participation of stakeholders and partners in monitoring and revising the CHIP.

The report describes how stakeholders and community partners are involved in monitoring and revising process. The section at the end of each action plan describes their participation.

Describes progress made on strategy implementation. Feasibility and effectiveness of the strategies and/or changing priorities, resources or community assets are considered.

You clearly described the progress made on the strategies in the CHIP. Nice job in presenting these in a table format. It was easy to follow and track progress. You may consider including information about factors that influenced your progress positively or negatively. For example, maybe a strategy didn’t prove effective with a specific community, or you had a change in staffing or resources, or a new partnership helped leverage the work to a new level.

Provides the rationale for CHIP revisions, such as achieved activities, implemented strategies, changing health status indicators, newly developing or identified health issues and changing level of resources.

The report states revisions to the plan are determined based on feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets. For the areas where changes were made to the plan, you may want to consider documenting specifically why the change is made.

Describes revisions to strategies in the CHIP, such as planned activities, time-frames, targets, assigned responsibilities, etc.

2018 CHIP ANNUAL REPORT FEEDBACK
2018 PERFORMANCE-RELATED ACCOUNTABILITY REQUIREMENT (5.2.4)

Your report clearly shows revisions made.

Action items

Continue to evaluate your process for monitoring and revising the CHIP to ensure it is working well and community partners are engaged in assessing the strategies and objectives in the CHIP and revising as needed.

As you monitor and revise your CHIP in the future, make sure you have clear rationale for revisions made or decisions to stay the course and that the rationale is recorded so it is clear why adjustments were made or not made.

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June 2019

To obtain this information in a different format, call: 651-201-3880.

Goodhue County Performance Report

Child Safety and Permanency and MFIP/DWP Self-Support Index July 2019

Reporting Periods

Child Safety and Permanency: Jan. 1, 2018 – Dec. 31, 2018

MFIP/DWP Self-Support Index: April 2018 – March 2019



For more information contact:

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

About this Report

The purpose of this report is to share county performance data on the Child Safety and Permanency and Minnesota Family Investment Program/Diversionary Work Program (MFIP/DWP) Self-Support Index measures as they relate to the Human Services Performance Management system (referred to hereafter as the Performance Management system).

This report contains data on four measures including:

- Jan. 1, 2018 – Dec. 31, 2018 performance for Child Safety and Permanency measures,
- annualized April 2018 to March 2019 performance for the MFIP/DWP Self-Support Index measure,
- performance data trends for recent years, and
- a performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region.

This report compares county performance to the thresholds established for the Performance Management system. The Performance Management system defines a threshold as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as 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 sent in addition to this report.

Counties with Small Denominators

Child Safety and Permanency - When a county has a denominator less than 20, the Performance Management team will look at overall performance across the three Child Safety and Permanency measures to determine if a PIP is needed. In this instance, a county will not be subject to a PIP if the threshold has been met on two of the three measures.

Self-Support Index - The Minnesota Family Investment Program/Diversionary Work Program Self-Support Index measure does not exclude counties with small denominators. Any county with performance below their Range of Expected Performance is expected to complete a PIP.

Additional Information

Supplemental and background information about the Performance Management System can be found on CountyLink:
www.dhs.state.mn.us/HSPM.

Performance Data by Racial and Ethnic Groups

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

Child Safety and Permanency

Child Safety and Permanency measures report Hispanic or Latino ethnicity separately from race. People are counted once by Hispanic ethnicity and again with their reported race, so groups added together may exceed the total number of cases.

Self-Support Index

This report does not contain performance data for counties by racial and ethnic group for the Self-Support Index.

Purpose

The racial and ethnic data included in this report is 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 or ethnic group do not have a graph of performance by racial and ethnic group available in this report.

Details for Child Safety and Permanency Measures

Ongoing Performance Reports for CSP Measures

The Child Safety and Permanency and Charts and Analysis teams at DHS recommend using the public-facing dashboards (<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/>) to check your county's ongoing performance for CSP measures. The dashboards are refreshed monthly and feature a tab for 2019 Progress/Performance information. (The SSIS Charting and Analysis reports are out-of-date following recent measure changes.)

Where to Find Measures included in the Performance Management Report on the CSP Dashboard:

	Child Repeat Maltreatment	Permanency (Reunification)	Relative Placement
Performance Management System Measures	Of all children who were victims of a substantiated maltreatment report during a 12-month reporting period, the percent who were not victims of another substantiated maltreatment report within 12 months of their initial report.	Of all children who enter foster care in a 12-month period, the percent who are discharged to permanency within 12 months of entering foster care. (Includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.)	Of all days that children spent in family foster care settings during a 12-month reporting period, the percentage of days spent with a relative.
Location on Child Safety and Protection Dashboards	Federal Performance Measures Dashboard Performance Measure: (1) Maltreatment Reoccurrence <i>Note: Performance Management measures the inverse outcome. To find your percentage for Performance Management, subtract the CSP dashboard performance data from 100.</i>	Federal Performance Measures Dashboard Performance Measure: (4) Permanency: 12 Months	State Performance Measures Dashboard Performance Measure: (3) Relative Care

New 2020 threshold for Relative Care measure: 35.7%

The threshold for the measure, *percent of days children in family foster care spent with a relative* was set by the Human Services Performance Council at one standard deviation below the average county performance reported the previous year.

Using this calculation the threshold for 2020 would be 35.95%, slightly higher than the current threshold used by the CSP team of 35.7%. In order to align within DHS, next year Performance Management will adopt the CSP threshold for this measure.

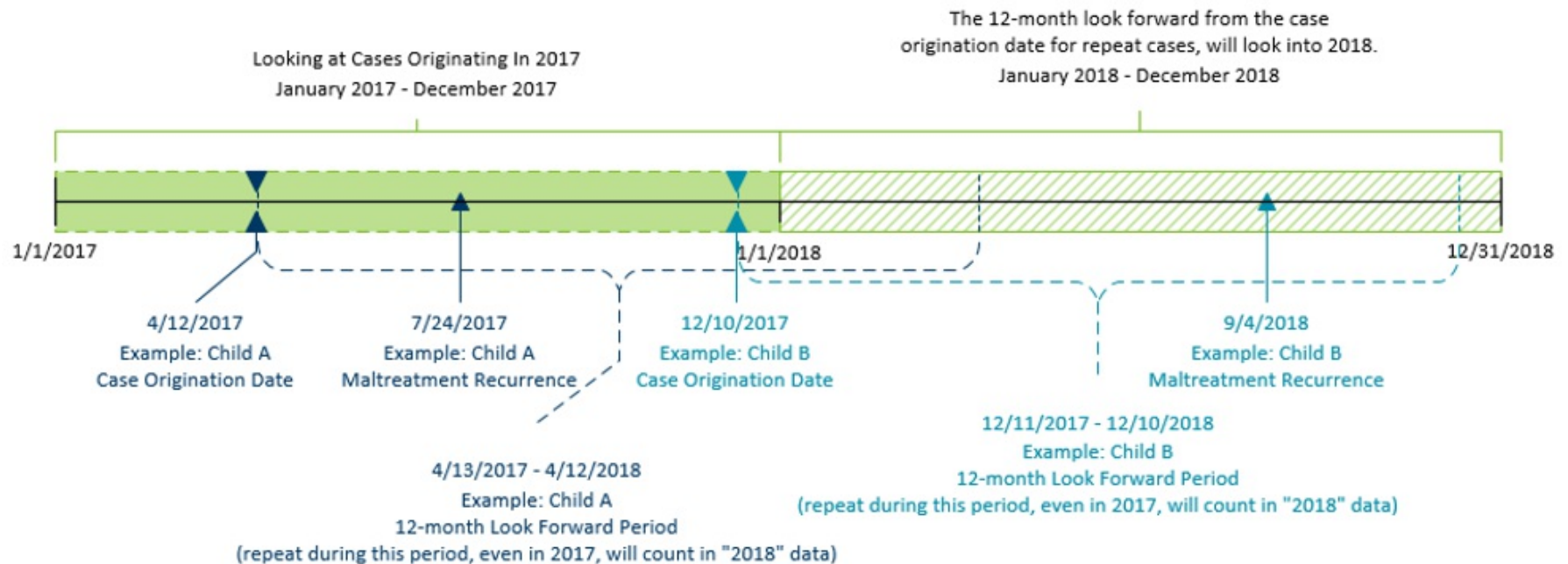
Timelines for Child Repeat Maltreatment and Permanency Measures

Understanding the 12-month timeline for Child Repeat Maltreatment and Permanency.

The Child Repeat Maltreatment and Permanency measures require two complete years of data to report performance. The measures use the first finding from a calendar year, plus a twelve month look forward into the reporting year for reoccurrence or discharge to permanency. The 2018 data featured in this report will have a base year of 2017 with a look forward into 2018. Note, both events related to the measure could take place in the base year of 2017.

Please see the two maltreatment examples below.

Examples:



Percent of children with a substantiated maltreatment report who do not experience a repeat substantiated maltreatment report within 12 months.

What is this measure?

Of all children who were victims of a substantiated maltreatment report during a 12-month reporting period, the percent who were not victims of another substantiated maltreatment report within 12 months of their initial report.

Why is this measure important?

County social services should increase the likelihood that children are safe from abuse and neglect. When a maltreatment determination is made, there is a heightened responsibility of the county to mitigate the threat of future harm to children. A repeat maltreatment determination indicates that the risk for the child has not been fully mitigated.

What affects performance on this measure?

- Service factors that may influence this measure are the availability of the service array within the community; funding sources for services; support for the agency service plan by public partners, partnerships with schools, law enforcement, courts and county attorneys; the culture of the agency; and clear support and guidance from the Department of Human Services (DHS).
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and sufficient cultural responsiveness for diverse populations.
- Participant factors that may impact this measure are poverty; chemical use; economic stability; cultural perception of minimally adequate parenting as compared to ideal parenting; and the availability of safety net support for the parents from family, friends, and the community.
- Environmental or external factors that may impact this measure are community understanding of cultural differences in child rearing, the diversity of new immigrant populations, existing cultural biases, and the availability of transportation and available housing.

Percent of children with a substantiated maltreatment report who do not experience a repeat substantiated maltreatment report within 12 months.

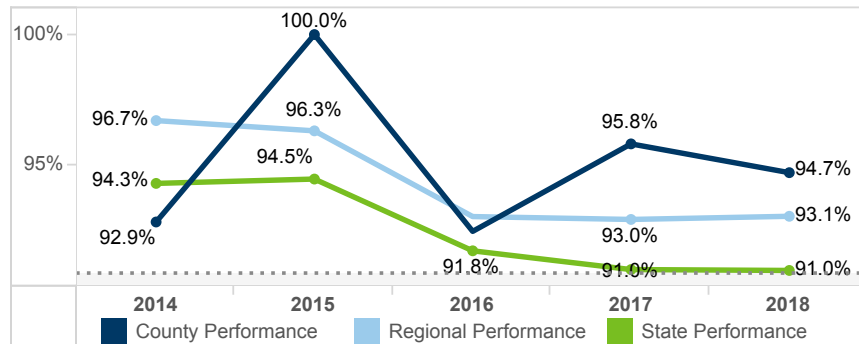
County Performance by Year

	2014	2015	2016	2017	2018
County Performance	92.9%	100.0%	92.5%	95.8%	94.7%
Denominator	28	25	40	72	57

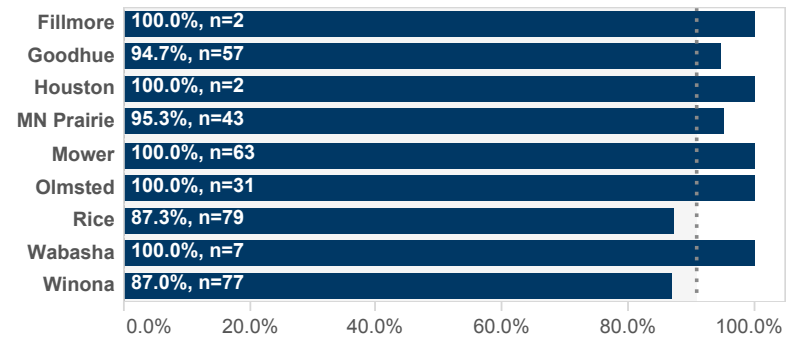
Goodhue County PIP Decision

No PIP Required – Performance is equal to or above the threshold of 90.9%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 90.9%.

Percent of children discharged from out-of-home placement to permanency in less than 12 months.

What is this measure?

Of all children who enter foster care in a 12-month period, the percent who are discharged to permanency within 12 months of entering foster care. (Includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.)

Why is this measure important?

For children removed from their birth family, the timely establishment of permanency is an important indicator of county efforts to ensure children have permanent families.

What affects performance on this measure?

- Service factors that may influence this measure are the availability of the service array within the community; funding sources for services; support for the agency service plan by public partners, partnerships with schools, law enforcement, courts, and county attorneys; the culture of the agency; clear support and guidance from DHS; and the willingness of courts and county attorneys to engage in planning for families rather than waiting for perfection.
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and sufficient cultural responsiveness for diverse populations.
- Participant factors that may influence this measure are a family history of maltreatment; poverty; chemical use; economic stability; cultural perceptions of minimally adequate parenting as compared to ideal parenting; safety net support for the parents from family, friends, and the community; the availability of affordable housing options; and accessible transportation.
- Environmental or external factors that may influence this measure are economic conditions that support low income families, "blame and punish" societal attitude toward parents who have failed, and the economy.

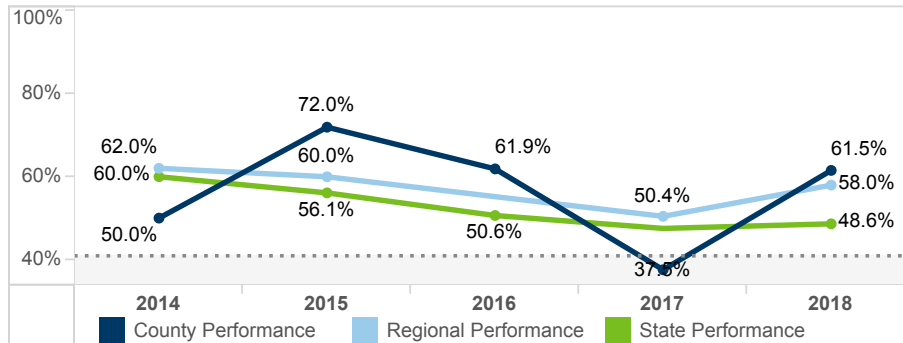
Percent of children discharged from out-of-home placement to permanency in less than 12 months.

County Performance by Year

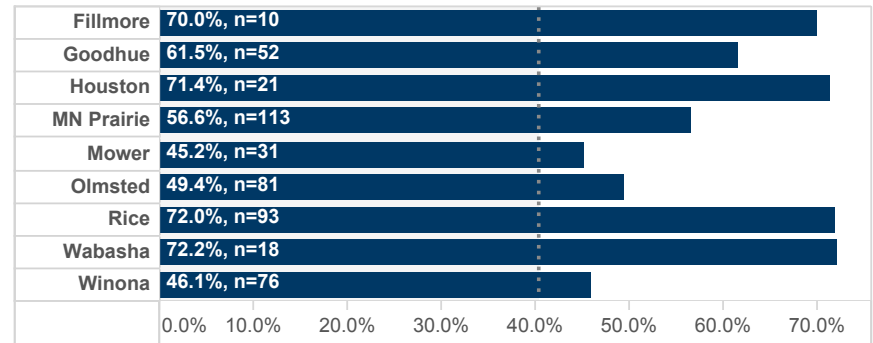
	2014	2015	2016	2017	2018
County Performance	50.0%	72.0%	61.9%	37.5%	61.5%
Denominator	36	25	42	48	52

Goodhue County PIP Decision
No PIP Required – Performance is equal to or above the threshold of 40.5%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 40.5%.

Percent of days children in family foster care spent with a relative.

What is this measure?

Of all days that children spent in family foster care settings during a 12-month reporting period, the percentage of days spent with a relative.

Why is this measure important?

Relationships with relatives are a source of continuity for children whose lives have been disrupted by abuse or neglect. There is an emphasis on establishing and supporting important relationships in children's lives through placement with relatives.

What affects performance on this measure?

- Service factors that may influence this measure are the cultural appreciation of the importance of relatives as compared to professional parenting; systems to help identify and find family members; economic support for relative caretakers; accommodations in licensing standards for relatives; the culture of the agency; clear support and guidance from DHS; and the conflict between relative placement and the stability of remaining in the same neighborhood and school.
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and the ability of staff to engage relatives in the government process.
- Participant factors that may influence this measure are a family history of maltreatment; disqualifying factors; hostile family relationships; distrust of the system; poverty; chemical use; economic stability; and the availability of safety net support for the parents from family, friends, and the community.
- Environmental or external factors that may influence this measure are timeliness of locating relatives; cultural norms that blame parents; community understanding of cultural differences in child rearing; the diversity of new immigrant populations; existing cultural biases; and the availability of transportation and available housing.

Goodhue County Performance

Outcome: Children have the opportunity to develop to their fullest potential.

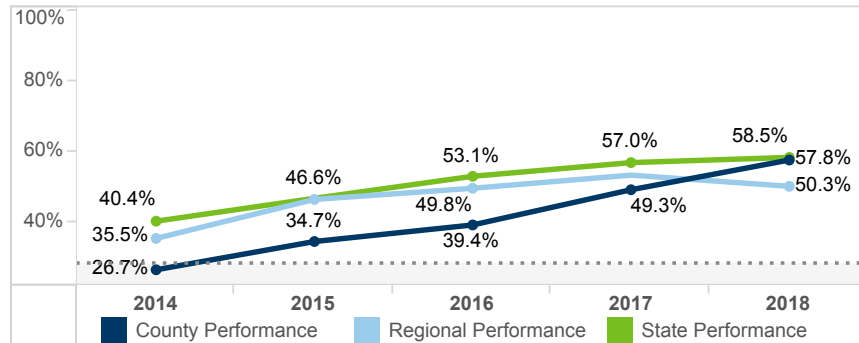
Percent of days children in family foster care spent with a relative.

County Performance by Year

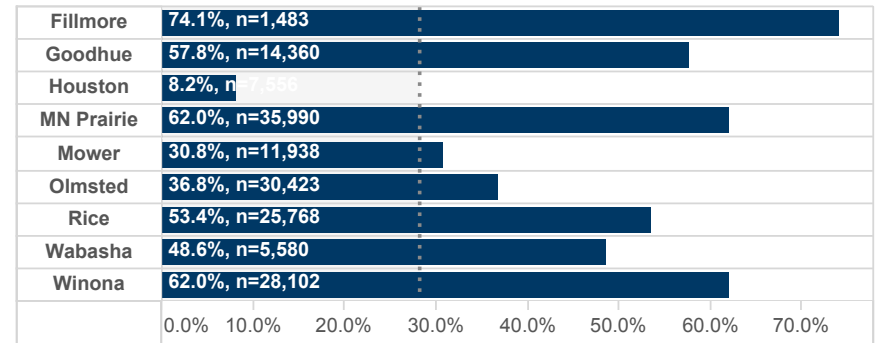
	2014	2015	2016	2017	2018
County Performance	26.7%	34.7%	39.4%	49.3%	57.8%
Number of Cases	58	71	86	91	55

Goodhue County PIP Decision
No PIP Required – Performance is equal to or above the threshold of 28.3%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 28.3%.

Minnesota Family Investment Program/Diversionsary Work Program Self-Support Index.

What is this measure?

The MFIP/DWP Self-Support Index (S-SI) is the percent of adults eligible for MFIP or DWP that are off cash assistance or are on and working at least 30 hours per week three years after a baseline quarter. The Range of Expected Performance (REP) is a target range individual to each county or tribe that controls for variables beyond the control of the county, including caseload characteristics and economic variables.

Why is this measure important?

Providing support that allows families the opportunity to attain and maintain employment is an essential role of county government. Counties, service providers and tribes contribute to and support employment through providing employment services and coordinating other resources such as housing, child care, and transportation that support a person's ability to get and keep a job.

What affects performance on this measure?

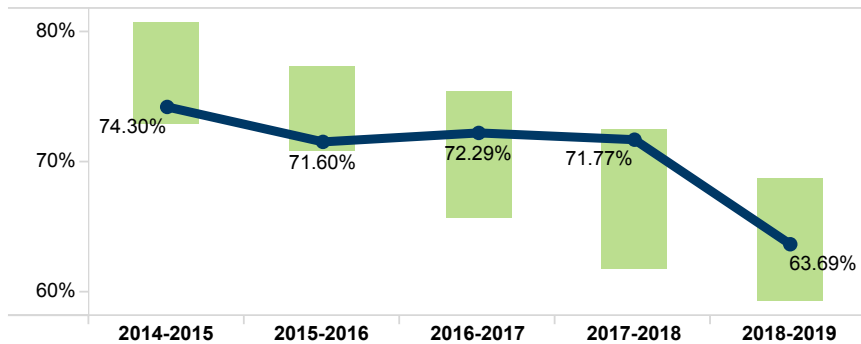
- Service factors that may affect this measure include the quality of the employment plan, communication between county financial workers and employment service agencies, lack of interface between the DHS and Department of Employment and Economic Development's (DEED) administrative databases, availability and convenience of work supports such as child care assistance and transportation; work activity requirements of the federal Work Participation Rate (WPR) performance measure; recruitment of employers and relationships with employers; and complexity of program rules for both the participant and the staff.
- Staff factors that may affect this measure include staff education, training, and experience; caseload size, understanding of program policies; turnover; and time needed for program documentation.
- Participant and environmental/external factors that may affect this measure are controlled for in the formula used to calculate each county's unique REP for the Self-Support Index.

Minnesota Family Investment Program/Diversionsary Work Program Self-support Index.

Goodhue County PIP Decision

No PIP Required – Performance is within the Range of Expected Performance for 2018/19.

County Performance versus Range of Expected Performance by Year



Regional Performance

County	Year Range	Performance	REP-Lower	REP-Upper
Fillmore County	2015-2016	87.80%	76.79%	83.33%
	2016-2017	82.96%	74.50%	83.75%
	2017-2018	76.65%	66.48%	80.12%
	2018-2019	80.93%	71.13%	81.12%
Freeborn County	2015-2016	75.50%	72.01%	80.70%
	2016-2017	74.23%	71.53%	78.75%
	2017-2018	72.22%	72.65%	80.46%
	2018-2019	72.28%	72.36%	78.51%
Goodhue County	2015-2016	71.60%	70.79%	77.40%
	2016-2017	72.29%	65.67%	75.44%
	2017-2018	71.77%	61.84%	72.58%
	2018-2019	63.69%	59.22%	68.70%
Houston County	2015-2016	76.60%	76.14%	83.83%
	2016-2017	70.48%	71.53%	80.30%
	2017-2018	68.73%	70.83%	81.04%
	2018-2019	65.37%	70.09%	79.56%
MNPrairie County Alliance	2015-2016	76.20%	70.81%	84.57%
	2016-2017	71.62%	65.42%	73.47%
	2017-2018	73.22%	63.12%	72.31%
	2018-2019	72.51%	66.10%	74.65%
Mower County	2015-2016	76.00%	72.18%	77.70%
	2016-2017	75.81%	75.46%	82.26%
	2017-2018	73.33%	74.13%	80.79%
	2018-2019	71.81%	72.53%	78.18%
Olmsted County	2015-2016	76.40%	76.77%	83.10%
	2016-2017	71.96%	73.69%	78.90%
	2017-2018	70.19%	70.94%	76.37%
	2018-2019	69.55%	70.19%	74.96%
Rice County	2015-2016	80.60%	74.97%	81.81%
	2016-2017	76.13%	74.99%	81.04%
	2017-2018	76.68%	71.72%	80.84%
	2018-2019	77.51%	70.72%	77.10%
Wabasha County	2015-2016	80.80%	71.82%	82.59%
	2016-2017	73.09%	66.99%	77.73%
	2017-2018	75.97%	67.98%	79.02%
	2018-2019	74.36%	64.79%	75.78%
Winona County	2015-2016	74.80%	69.46%	77.12%
	2016-2017	76.91%	68.94%	77.45%
	2017-2018	72.75%	64.19%	74.82%
	2018-2019	65.08%	61.75%	70.37%

Performance compared to Range of Expected Performance (REP)

■ Above REP
 ■ Below REP
 ■ Within REP



STATE *of* MINNESOTA

Proclamation

- WHEREAS: Minnesota joins the nation in recognizing August as Child Support Awareness Month and affirms our commitment to promote the well-being of children; and
- WHEREAS: Minnesota salutes parents who support the 236,000 children with child support payments totaling \$573 million, as a consistent source of income and security for their families; and
- WHEREAS: County and state child support professionals work collaboratively with more than 340,000 parents and partners to ensure families receive quality services; and
- WHEREAS: Minnesota's collection of monthly child support and overdue support continues to rank in the top five nationally; and
- WHEREAS: Minnesota's child support program is working to ensure equity in its policies, practices and procedures by mitigating bias in service delivery, and building a platform of respectful engagement with internal and external stakeholders; and
- WHEREAS: Minnesota continues to expand options for parents without bank accounts to pay their child support more easily through private sector partnerships that accept payments at thousands of retail locations across the country; and
- WHEREAS: Child Support Awareness Month reminds us that we must all be invested in the future of Minnesota's children.

NOW, THEREFORE, I, TIM WALZ, Governor of Minnesota, do hereby proclaim the month of August, 2019, as:

CHILD SUPPORT AWARENESS MONTH

in the State of Minnesota.



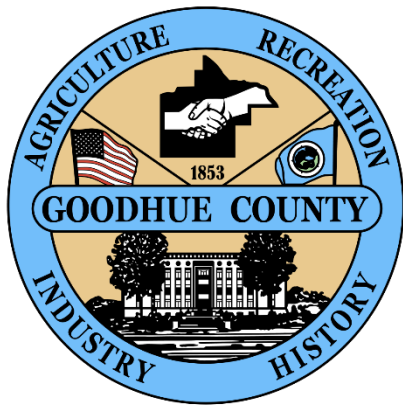
IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the State Capitol this 26th day of July.

A handwritten signature in black ink, appearing to read "Tim Walz".

GOVERNOR

A handwritten signature in black ink, appearing to read "Steve Pinn".

SECRETARY OF STATE



Quarterly Trend Report

Quarter 2 (April-June) 2019

Goodhue County Health and Human Services
August 13, 2019

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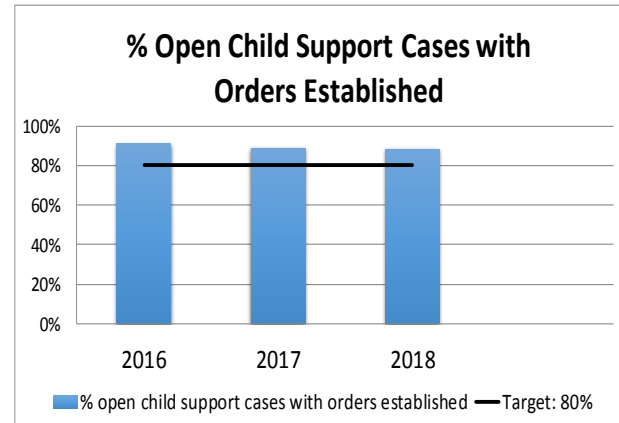
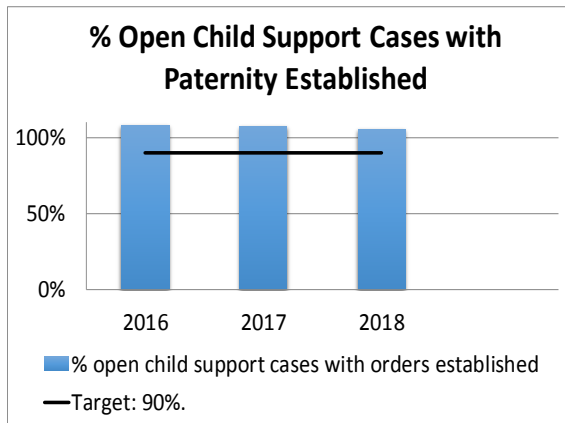
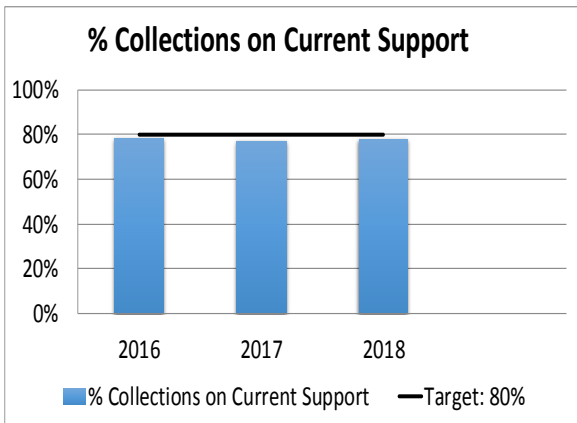
19 County Cars



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

- **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.

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

Where Do We Go From Here?

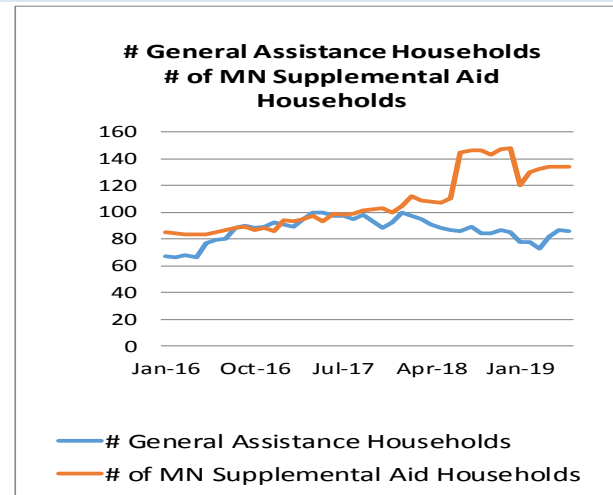
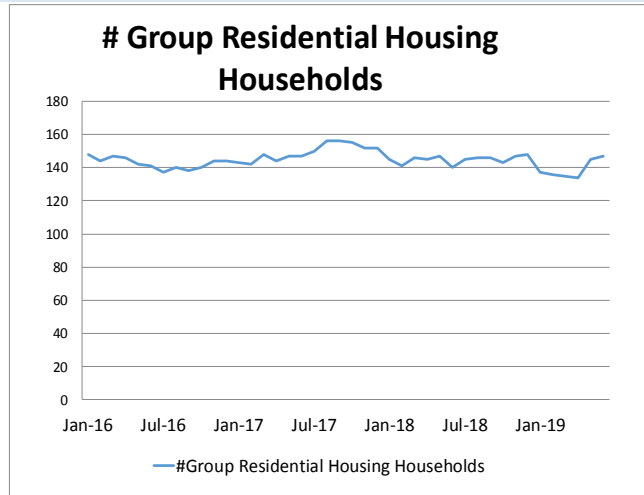
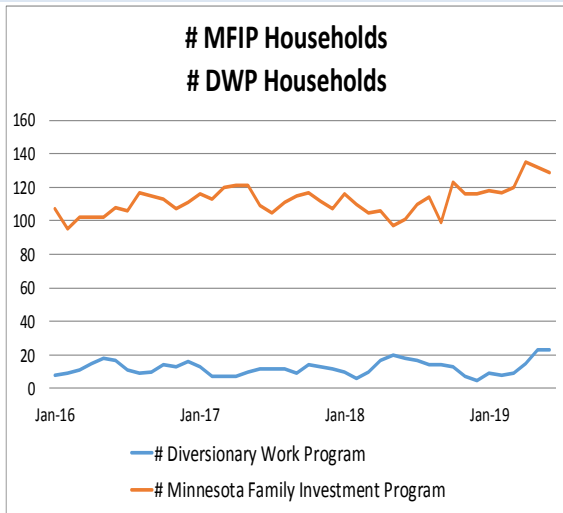
- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers 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.



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?

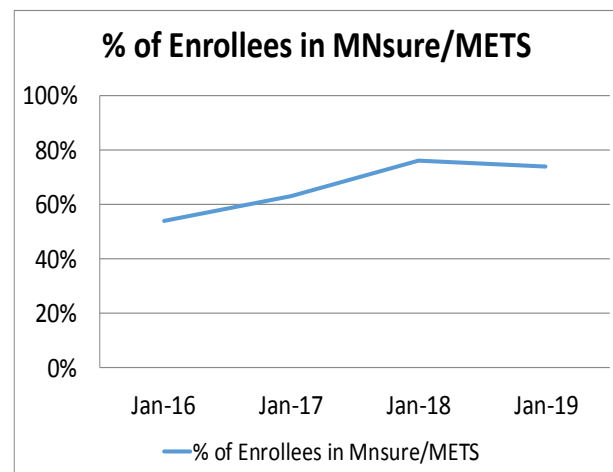
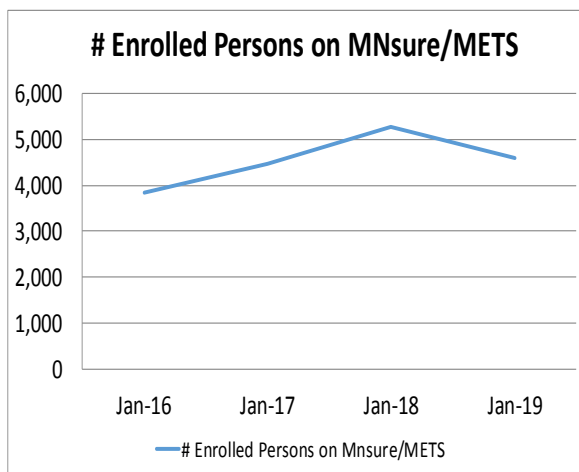
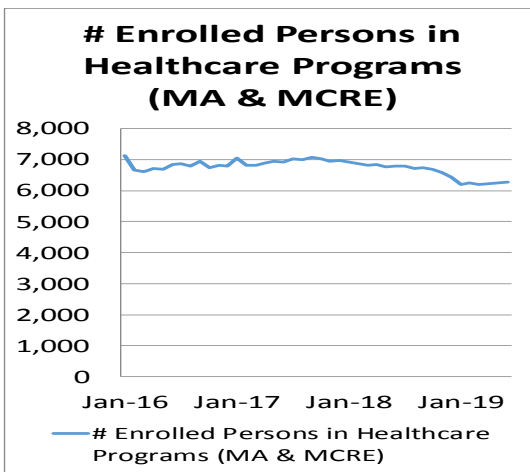
LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



Economic Assistance *Healthcare*

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.

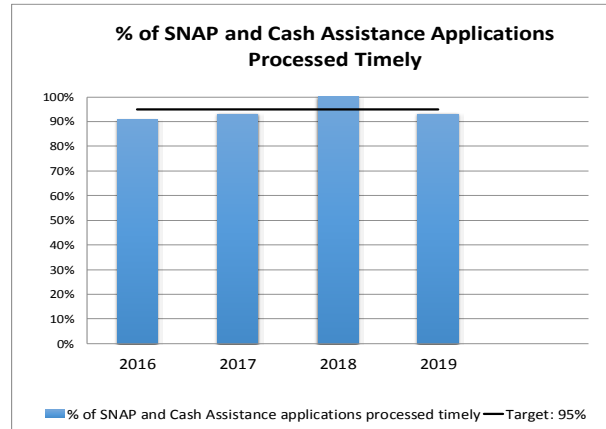
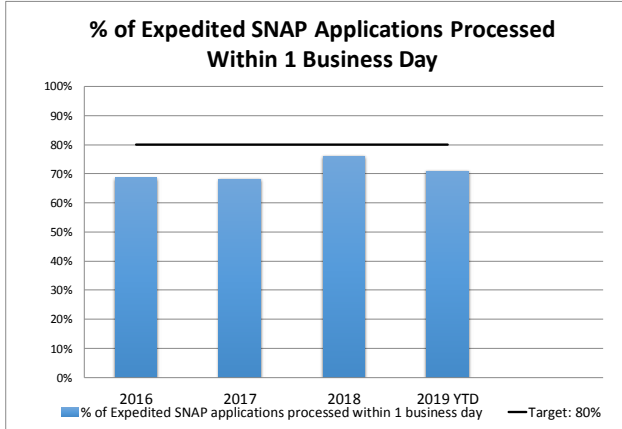
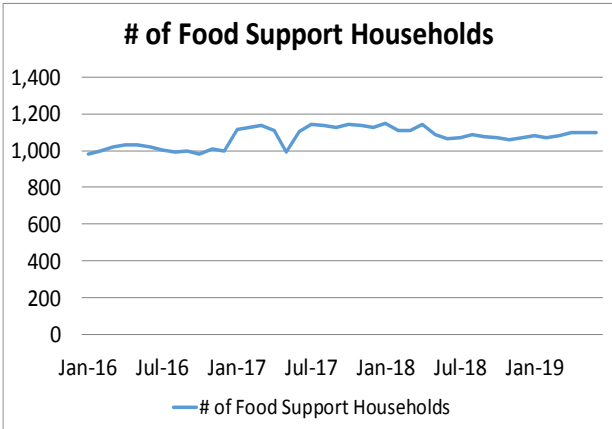
Where Do We Go From Here?

- **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.

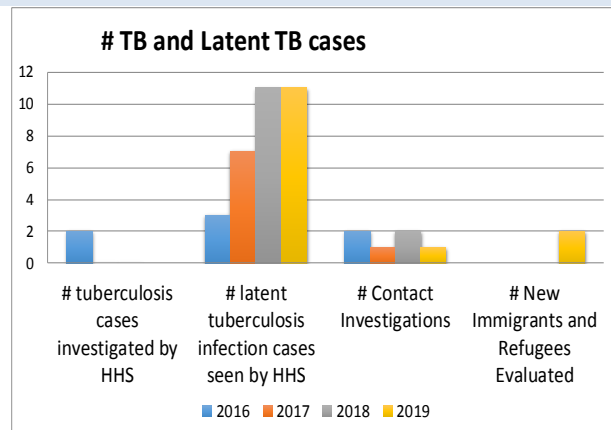
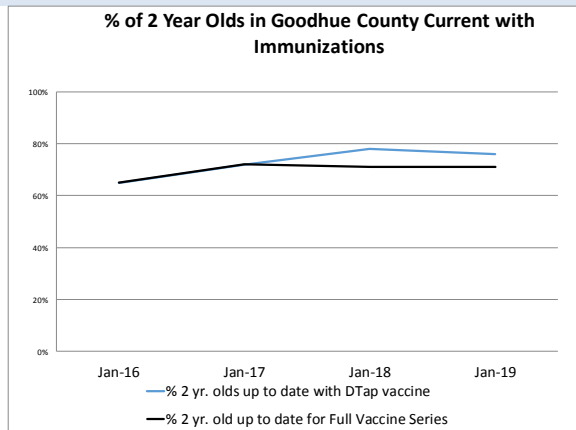
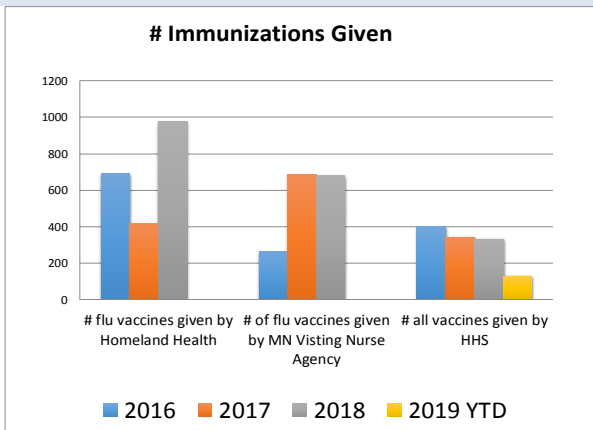


Public Health

Disease Prevention and Control (DP&C)

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 are slower during the summer with similar numbers as last summer. (60 vaccinations given to 26 people.)
- CENTER:** Children in Goodhue County who are up-to-date by age 2 for all routine immunizations remains constant at around 70%. 80% of vaccinations were received on time except for the 15 month DTaP at 76%. This is the vaccine that lowers the number of children who are up to date by age 2. Parents say that after their child's one year old check-up, it's harder to remember to return at 15 and 18 months.
- RIGHT:** DP&C staff are providing medications and monitoring to more Latent (non-infectious) TB cases. Approx. 70% of cases seen in 2019 have been from developing countries which have a high incidence of TB. All are nursing students and employees of long term care facilities. The others were health care workers and people who tested positive before starting medications that lower immunity.

Where Do We Go From Here?

LEFT: As school approaches, immunization clinics will become busier and return to weekly walk-in clinics. DP&C has set up flu clinics at all schools in the county. Flu vaccine is provided by a private vaccinating company for students and staff during the school day and for the public after school. Flu shots will again be offered to county employees at biometric screenings and in conjunction with employee meetings on Oct. 2nd. Homeland Health Services will be providing the vaccinations. They will also take over collecting student registrations for the school clinics.

CENTER: Postcards go out to all one year olds in the county with info about when next shots are due. HHS now gives parents a reminder card when they come in for their children's immunizations.

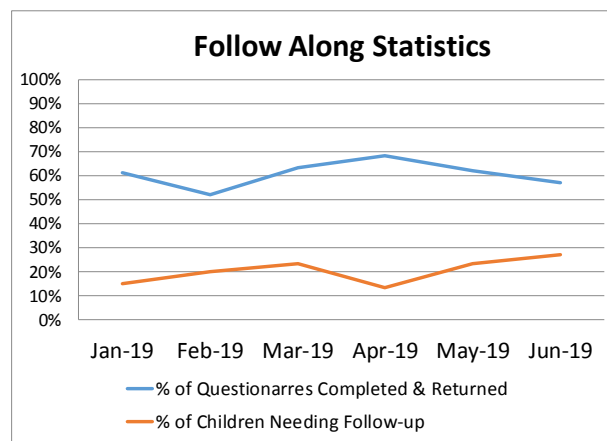
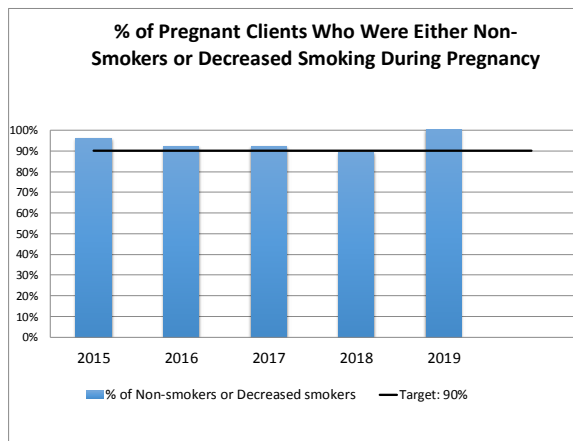
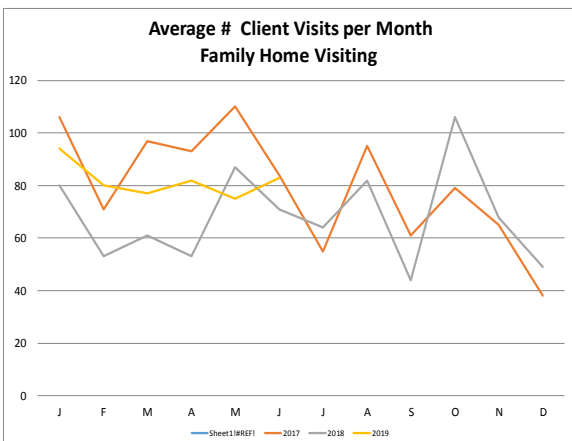
RIGHT: Due to budget constraints, MDH is only offering free TB medications for people with inactive (latent) TB who are at high risk for their infection becoming active. Any of those who do not have insurance have 30 days to obtain it so MDH can bill their insurance. HHS is working with medical providers to develop a protocol for cases that they can refer to public health to receive medication and monitoring. Providers will be responsible for managing cases that are low risk.



Family Home Visiting and Follow Along

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

- LEFT:** Our quarterly average is approximately 63 visits per month. We are starting to see an increase in our monthly visits. This could be because our Evidence Based Family Home Visiting Program requires weekly visits thus increasing our monthly average. However, how many families we see and subsequently how many visits we make depends on the birth rate. If the birth rate is down, we do not receive as many referrals thus a decrease in how many visits we can make. Our monthly visit rate also depends on how many visits a family wishes to receive. Some families may want weekly visits, others may only want to be seen once per month. How many visits we make per month is very fluid and depends on many contributing factors.
- CENTER:** The percent of pregnant clients who were either non-smokers or decreased smoking during pregnancy is an annual number that we track. Thus far in 2019 we have exceeded our target rate of 90%. We know that 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. We also know that smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS). Since 2015 we have met our target of 90% this is likely due to the education we can provide about the dangers of smoking, we can also provide families with educational materials, and resources to help them quit.
- 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 requiring 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. As we can see our return rate averages around 60%. In 2017 our return rate was 37%. This increase is due to additional staff time dedicated to the program as well as new means of communicating with families. This past year we were able to introduce text message reminders to return the questionnaires, which has increased the number returned. We can also see that the number of children needing follow up has increased. This is likely due to the fact that we are simply identifying more children that need follow up. We have increased the number of screeners that are returned thus increasing the number of children that have been identified needing follow up.

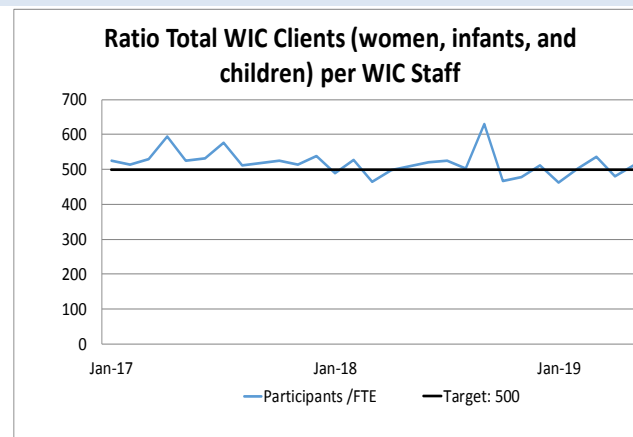
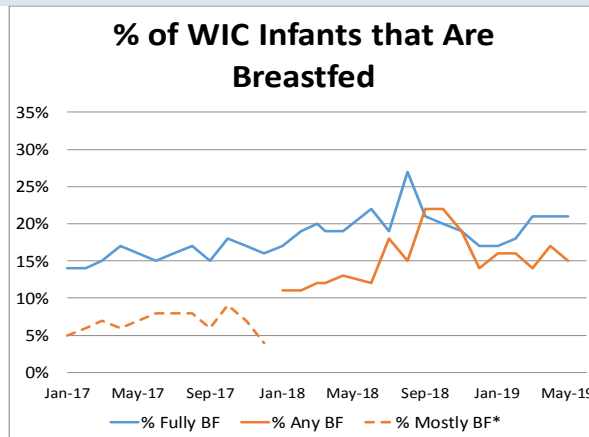
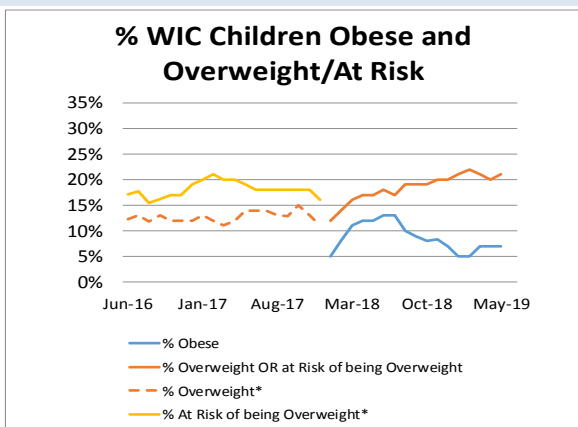
Where Do We Go From Here?

- 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?

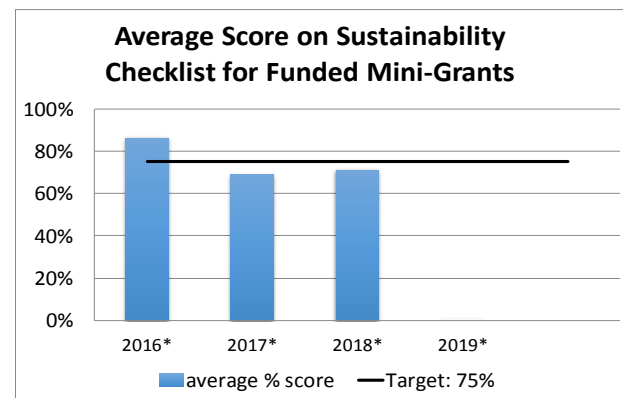
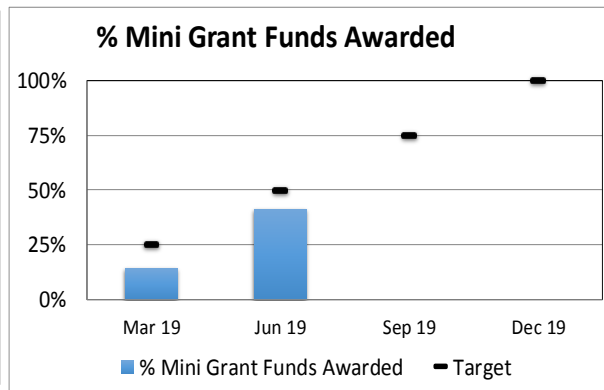
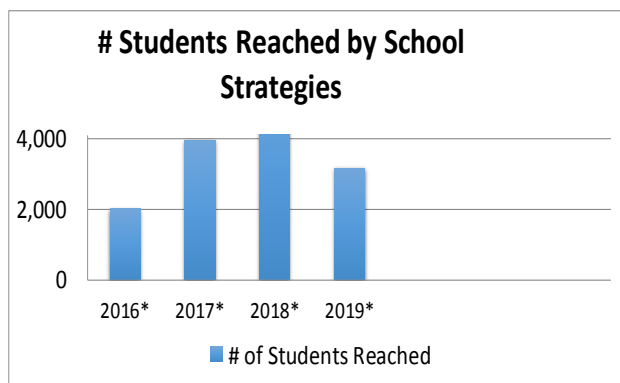
- LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- CENTER:** We are participating in a statewide continuous quality improvement collaborative 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 partner with child care providers, schools, worksites, cities, non-profits and other organizations. We provide mini-grants for sustainable projects that fit within our mission. 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. To receive funds, the focus must be on making it safer and easier to walk, bike, eat nutritious food and live tobacco-free. Although we didn’t achieve our goal of 50%, mini-grant funding increased last quarter due to stronger relationships with partners and timing. Our partners need time to develop an action plan and budget before they apply for the funding. We will continue to develop relationships and encourage partners to apply for the mini-grants.
- RIGHT:** A sustainability survey is sent out to partners implementing a Live Well Goodhue County initiative in October and our average score is dependent upon the number of surveys completed. In 2017 our return rate for surveys was low, thus decreasing our sustainability score.

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.

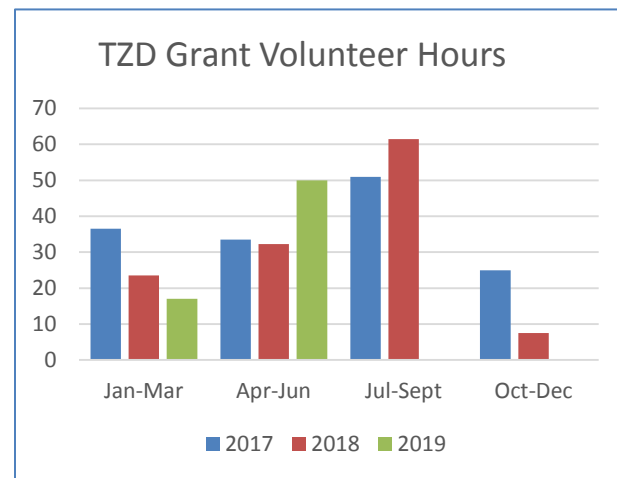
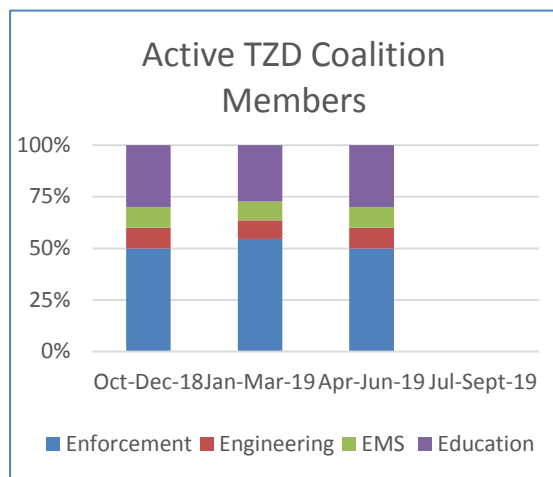
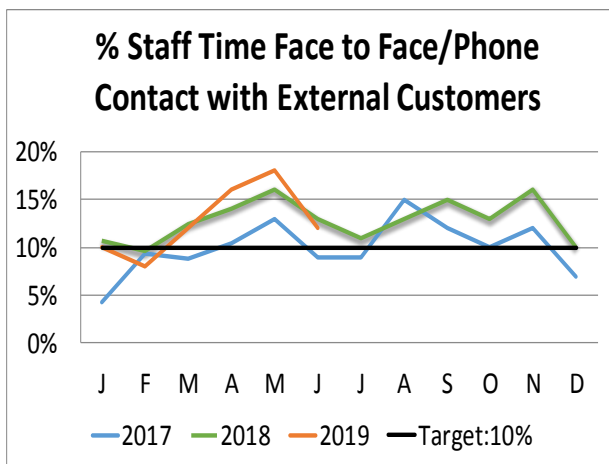
*2015 grant year=11/1/14-10/31/15. *2016 grant year= 11/1/15-10/31/16. *2017 grant year=11/1/16-10/31/17 *2018 grant year =11/1/17-10/31/18
*2019 grant year=11/1/18 – 10/31/19



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. Our goal is to maintain a balance of active representation from each “E.”



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 target from 7% to 10% for 2019. May is a peak with a Mental Health month event.
- 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 discuss this measure one-to-one on a quarterly basis.
- 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.

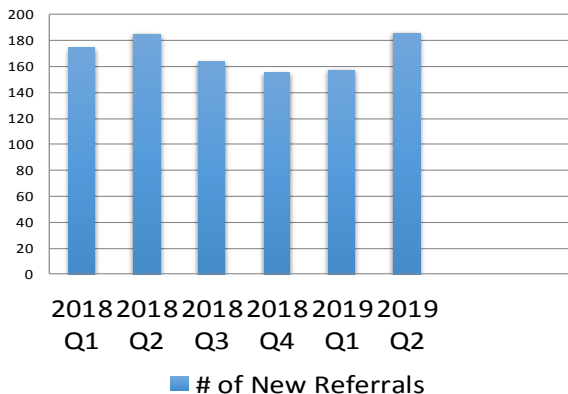


Public Health Waiver Management Team

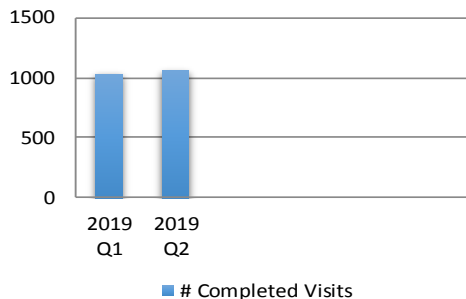
Purpose/Role of Program

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.

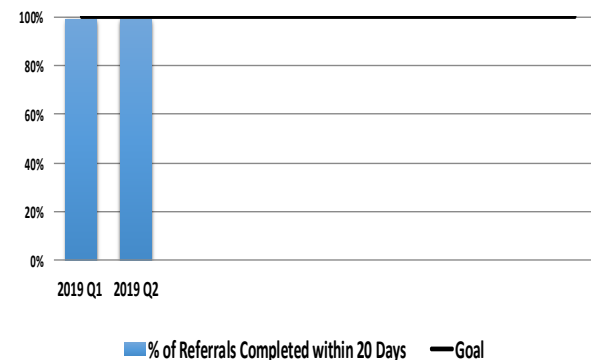
of Referrals Received



Number of Visits Completed



% of Referrals Completed within 20 Days



Story Behind the Baseline

- **LEFT:** This quarter there were 186 referrals. The break down of these referrals are as follows: County of Residence, 27; Alternative Car/Elderly Waiver, 49; Community Access for Disability Inclusion Waiver/Brain Injury Waiver/Community Alternative Care Waiver, 39; Consumer Support Grant/Family Support Grant, 6; Developmental Disability Waiver, 14; Under 65 Year Old Nursing Home Screens, 34; Personal Care Assistance, 17. The majority of referrals were in the > 65 year old programs.
- **CENTER:** Staff (15) completed a total of 1057 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?

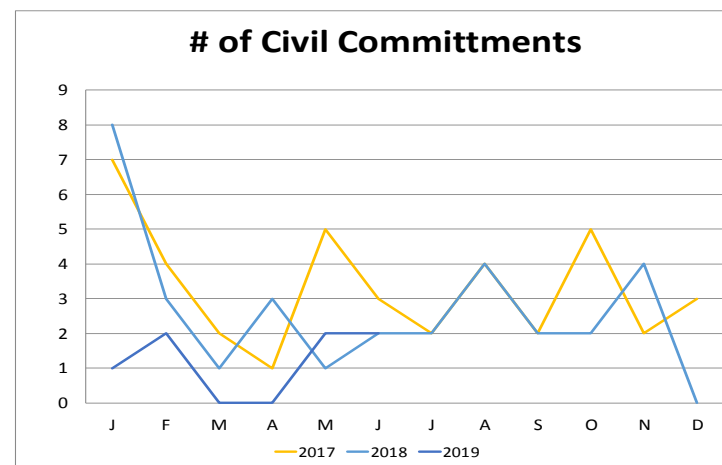
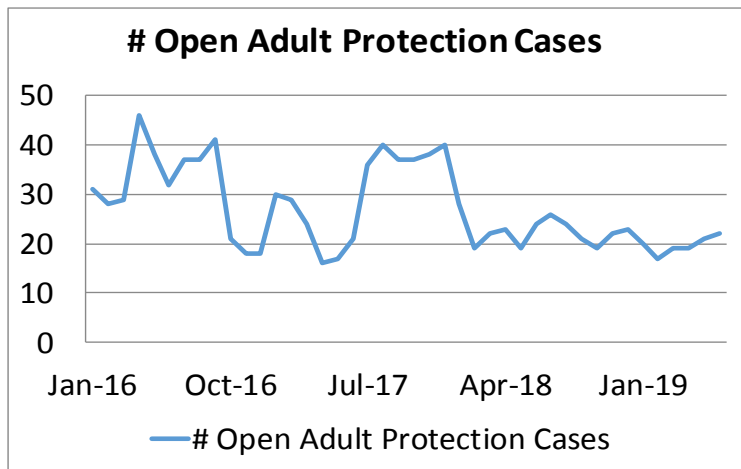
- **Left:** We want to continue to make sure we are receiving referrals and citizens are aware of Home and Community Based Services available.
- **Center:** Visits equal revenue, so we want to maintain visit counts. Our case managers build rapport with clients and increased visits maintains this working 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 timely services to the citizens of Goodhue County.



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

- **RIGHT:** There were fewer Civil Commitments in early 2019; however it is unknown why this is and whether this trend will continue. 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?

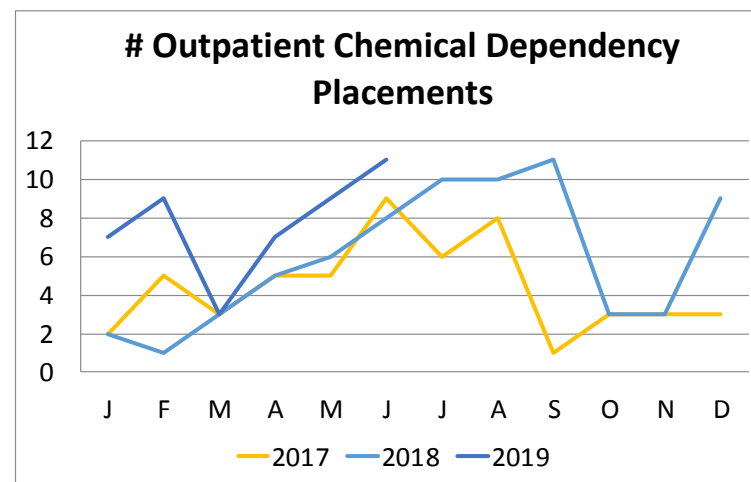
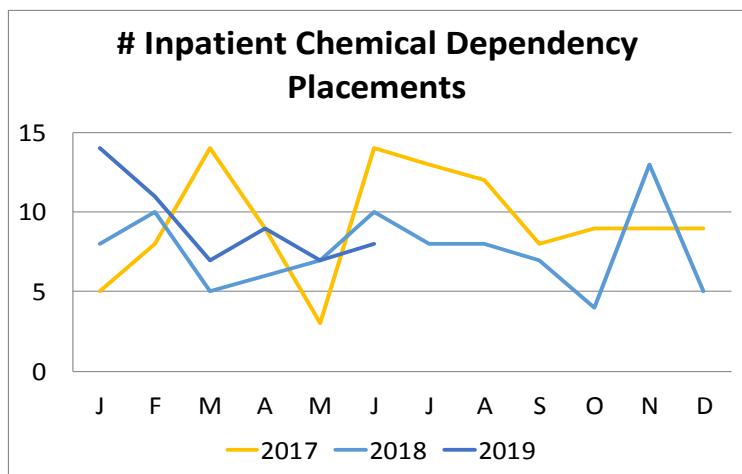
- **LEFT:** In adult protection, DHS has offered more guidance and training, so we are working on standardizing our approach to adult protection assessments.
- **CENTER:** We are utilizing more community based programs, such as the South Country Health Alliance (SCHA) Healthy Pathways program, with the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



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 are seeing a large 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.

Where Do We Go From Here?

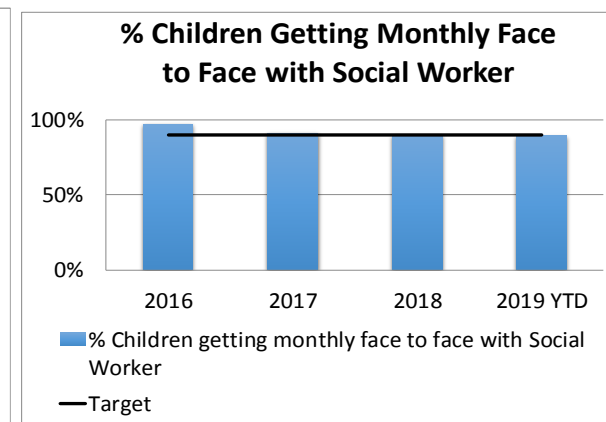
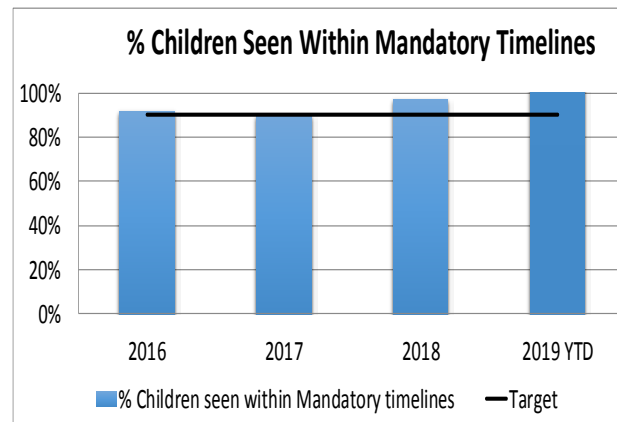
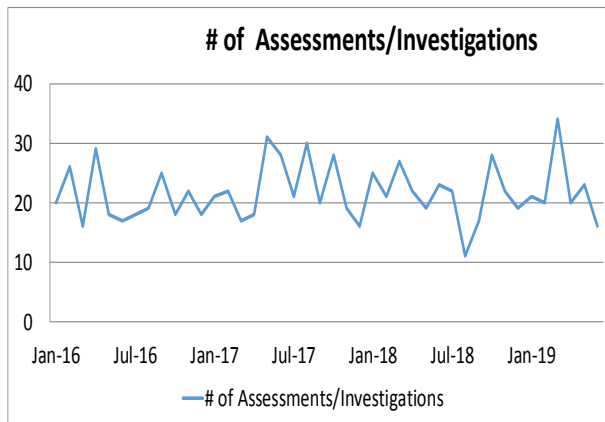
- **LEFT & RIGHT:** Our Rule 25 assessors are well trained in the assessment process and do a great job collaborating with county staff, probation, treatment programs, etc.



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.

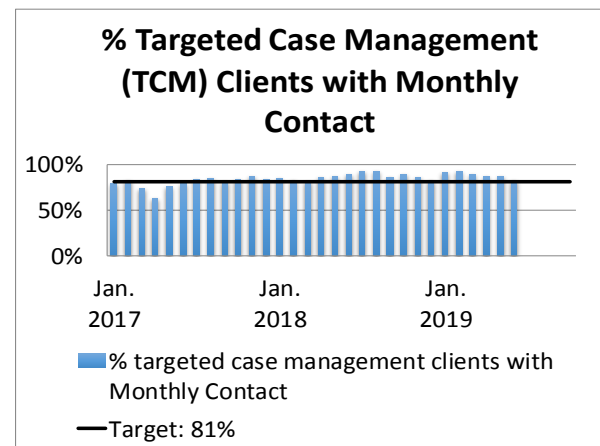
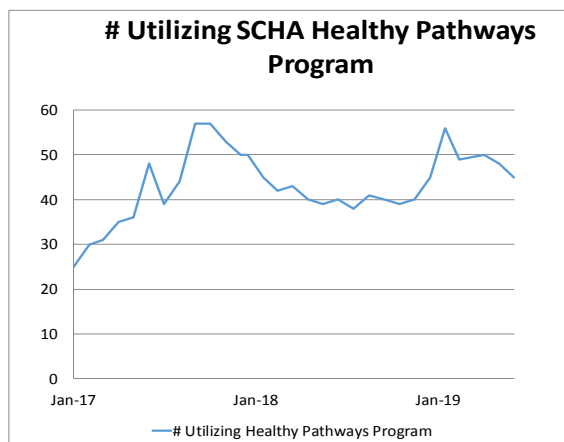
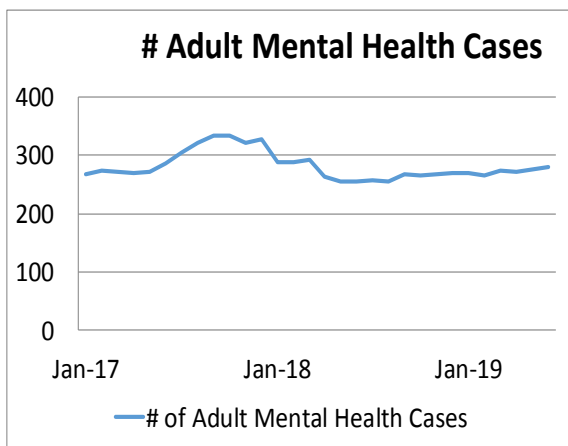
Where Do We Go From Here?

- **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.

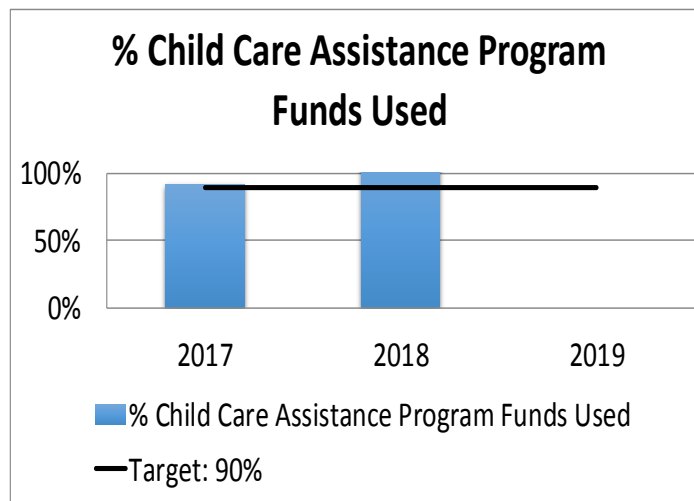
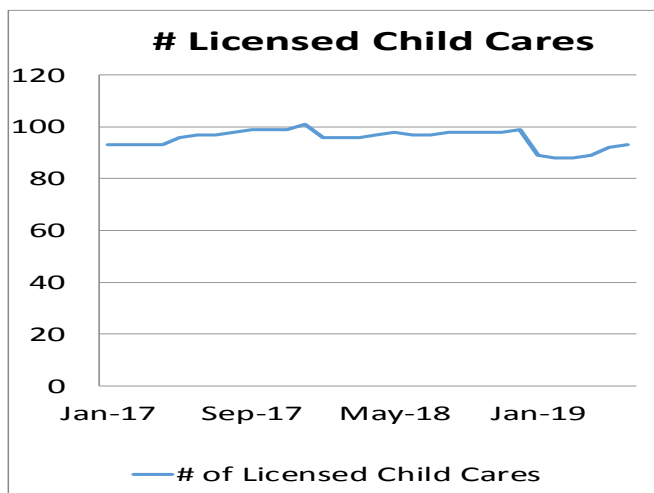


Social Services

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.

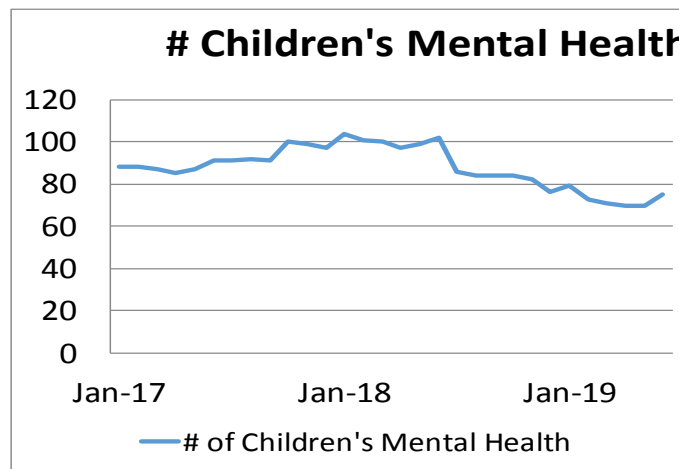
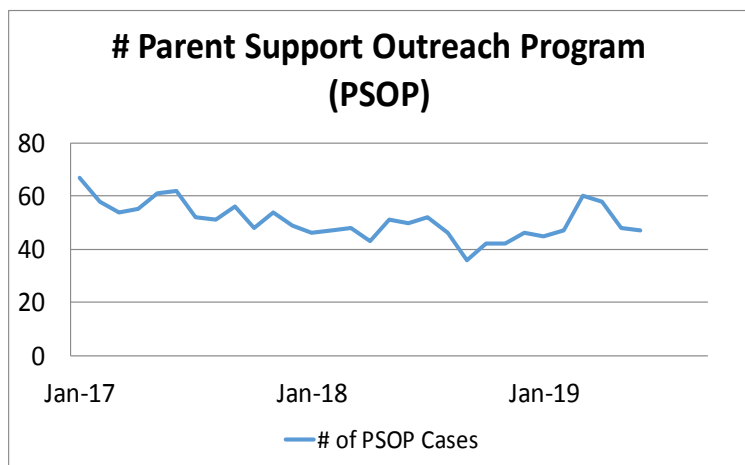
Where Do We Go From Here?

- **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?

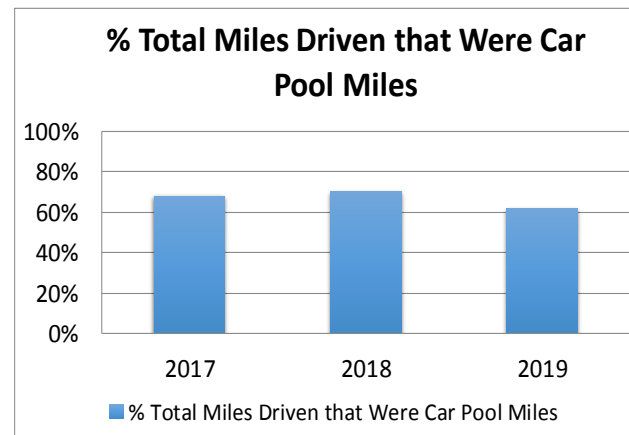
- **LEFT:** PSOP has become a vital part of our service array for families with young children. Evidence demonstrates that when counties heavily utilize PSOP, child protection reports decrease. Goodhue County's strong utilization of PSOP could explain, in part, the decrease in child protection assessments/investigations.
- **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:** The HHS Department does a great job utilizing county pool cars for county HHS business. In 2018, HHS professionals drove 200,998 miles with county pool cars. 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 to encourage staff to utilize county pool cars for county business. This is the preferred, and cost effective method for HHS county business travel.