



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
OCTOBER 15, 2019
10:30 A.M.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

- a. September 17, 2019 Board Minutes

Documents:

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

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. MN Family Investment Program (MFIP) Biennial Service Agreement

Documents:

[MFIP BIENNIAL SERVICE AGREEMENT.PDF](#)

- c. Trimin ACS/SWS Support Agreement

Documents:

[TRIMIN ACS-SWS SUPPORT AGREEMENT.PDF](#)

- d. Riverview Services DT&H

Documents:

[RIVERVIEW SERVICES DTH.PDF](#)

5. ACTION ITEMS:

- a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

6. INFORMATIONAL ITEMS:

- a. Fraud Prevention Investigation Update
Rodney Bartsh and Nathan Barker

Documents:

[FPI GRAPHS FY 2018 AND 2019 9-30-19.PDF](#)

- b. SCHA Update
Leota Lind

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. 21st Century Public Health System Leadership Council Appointment

Documents:

[LEADERSHIP COUNCIL APPOINTMENT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be November 19, 2019 At 10:30 AM

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF SEPTEMBER 17, 2019**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:47 A.M., Tuesday, September 17, 2019, in the Goodhue County Board Room located in Red Wing, Minnesota.

BOARD MEMBERS PRESENT:

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

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Brooke Hawkenson, Vicki Iocco, and Ruth Greenslade

AGENDA:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the September 17, 2019 Agenda.

MEETING MINUTES:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved the Minutes of the H&HS Board Meeting on August 13, 2019.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

Disease Prevention and Control (DP&C) Update by Vicki Iocco
GCHHS Accreditation Journey with Ruth Greenslade

Goodhue County Health & Human Services Board
Meeting Minutes of September 17, 2019

FYI & REPORTS:

Placement Report
Child Protection Report
2017 Goodhue County Reportable Infectious Disease Report
CDC Accreditation Letter

ANNOUNCEMENTS/COMMENTS:

GCHHS Accreditation Celebration
Today at 11:30 am
Goodhue County Health & Human Services Lobby

ADJOURN:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:30 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	October 15, 2019	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Dana Handshaw Red Wing

Child Care Licensures:

Number of Licensed Family Child Care Homes: 87

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

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



REQUEST FOR BOARD ACTION

Requested Board Date:	October 15, 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:	Approve Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA).		

BACKGROUND:

The Minnesota Family Investment Program (MFIP) is Minnesota's public assistance program for low-income families with children. Federal funding from Temporary Assistance for Needy Families (TANF) block grant is used to fund MFIP at a state level. MFIP provides cash assistance, food, childcare, health care and employment services assistance to eligible families with children under the age of 18. MFIP recipients are required to participate in work or related activities to maintain eligibility and are subject to a lifetime limit of 60 months of eligibility.

Every other year, counties are required to prepare and submit a biennial BSA for the MFIP program. For this agreement period, Goodhue County's annual allocation is \$404,737.00.

RECOMMENDATION: The HHS Department recommends approval as requested.



DEPARTMENT OF HUMAN SERVICES

2020-2021 County MFIP Biennial Service Agreement

January 1, 2020 - December 31, 2021

DHS-3863-ENG 8-19

Page 1 of 17

Enter the county's unique ID number XXXXXXXXXX

Contact Information

COUNTY/CONSORTIUM NAME

Goodhue

PLAN YEAR

CONTACT PERSON

TITLE

2020-2021

Arneson, Nina

Director

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

426 West Avenue

Red Wing

MN

55066

651-385-6115

EMAIL ADDRESS (where correspondence related to this form will be sent)

CONFIRM EMAIL ADDRESS

nina.arneson@co.goodhue.mn.us

nina.arneson@co.goodhue.mn.us

Note: Please review the 2020-2021 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

A. Needs Statement

1. Besides funding, what is the single biggest challenge you are facing in financial assistance services?

Lack of child care providers for parents who are willing and able to work. With the lack of child care providers they are unable to work and start to build up income to be self sufficient. Instead these families continue to depend on MFIP assistance.

9745 characters remaining

2. Besides funding, what is the single biggest challenge you are facing in employment services?

Homelessness and shortage of affordable housing in the county. We see many participants who finally get a Section 8 voucher and they are unable to find Section 8 housing in the area (per HRA - in Red Wing, there are currently 25 families who have gotten a Section 8 voucher but have not been able to find housing that fits within the rent amount criteria).

9641 characters remaining

3. Identify the strengths in your community that you are most proud of that benefit MFIP/DWP families.

WDI staff meet regularly with several county groups and community agencies to keep up to date and share information that helps families link to our services as well as services and resources in the community. This networking and these strong relationships help us help our customers with shared information and prompt referrals.

9669 characters remaining

A. Needs Statement (continued)

3. What strengths and resources do you have available to address the needs of your participants?

Please check all the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (county resources with developed connections to MFIP), and/or an external community resource or both. If you lack sufficient resources in your area, check the Resource Gaps column, even if there are some resource sources. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABE/GED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job club
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job development
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job retention
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	On-the-job training program
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Supported work / paid work experience
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle repair funds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Youth program
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text" value="Family Home Visiting and PSOP"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text" value="Public Health Services"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text" value="Women Infants and Children (WIC)"/>

4. County Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

MFIP EMPLOYMENT SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Kathy Rolfer	651-385-2005	Kathy.Rolfer@co.goodhue.mn.us

DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Kathy Rolfer	651-385-2005	Kathy.Rolfer@co.goodhue.mn.us

FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Kathy Rolfer	651-385-2005	Kathy.Rolfer@co.goodhue.mn.us

A. Needs Statement (continued)

Employment Services Provider(s) Information

Statute 256J.50, subdivision 8: Each county, or group of counties working cooperatively, shall make available to participants the choice of at least two employment and training service providers as defined under Minnesota Statutes, section 256J.49, subdivision 4, except in counties contracting with CareerForce Centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a CareerForce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section G of this form addresses provider choice.

NAME	ADDRESS
Workforce Development, Inc	1606 West 3rd Street, Red Wing, MN 55066

CONTACT PERSON	PHONE NUMBER	EMAIL
Wanda Jensen	507-292-5166	wjensen@wdimn.org

Population Served MFIP ES DWP ES FSS Teen Parents 200% FPG

B. Service Models

Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. Do you have culturally specific employment services for different racial/ethnic groups?

No Yes

- African American
- African immigrant
- Asian American
- Asian immigrant
- American Indian
- Hispanic/Latino
- Other

2. What strategies do you use for hard-to-engage participants? *Check all that apply.*

- Home visits
- Sanction outreach services
- Incentives
- Off-site meeting opportunities
- Other

3. What types of job development do you do? *Check all that apply.*

- Sector job development
- Individual job development
- Other

4. Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

No Yes *Check all activities employers provide.*

- Interview opportunities
- Job skills training
- Job placement
- Job shadowing
- On-site job training
- Work experience
- Helps plan training programs
- Other

5. Do you provide job retention services to employed participants while they are receiving MFIP?

No Yes *Check all that apply.*

- Available to assist with issues that develop on the job
- Financial planning
- Soft skills training
- Mentoring
- Transportation
- Personal contact with the employee
- HOW OFTEN?
- Other

How long do you provide job retention services?

Less than 3 months 3-6 months 7-12 months More than one year

6. Do you provide job advancement services to employed participants?

No Yes *Check all that apply.*

- Career laddering
- Networking
- Coaching/mentoring
- Ongoing job search
- Education/training
- Other

7. Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

No Yes *Check all that apply.*

- Pathways to Prosperity (P2P)
- Work Keys
- National Career Readiness Certificate (NCRC)
- Other

B. Service Models (continued)

Family Stabilization Services (FSS)

1. Do you have professionals available to assist with FSS cases?

No Yes *Check all that apply*

- Adult Mental Health professional
- Psychologist
- Adult Rehabilitation Mental Health Services (ARMHS) worker
- Public Health Nurse
- Chemical Health professional
- Social Worker
- Children's Mental Health professional
- Vocational Rehabilitation worker
- Other SPECIFY: nurses through schools. Women's she

2. Do you make referrals for children of FSS participants?

No Yes *Check all that apply*

- Children's Mental Health Services
- Public Health Nurse home visiting services
- Child Wellness Check-ups
- Women, Infants and Children Program (WIC)
- Other SPECIFY: Headstart, respite care, local preschool and camp scholarship program

3. Are any of these services for children offered to non-FSS families?

No Yes

Services for families no longer on MFIP/DWP but under 200% of Federal Poverty Guideline

1. Do you provide services to families who are not receiving DWP or MFIP assistance but are under 200% of the Federal Poverty Guideline (FPG)?

No Yes *Check all the services that apply*

- ABE/ELL Classes
- Job retention services
- Child care
- Referral to other programs
- Computer Lab Access
- Support Services
- GED
- Training/Job Skills Classes
- Job postings
- Other

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?

No Yes *Check all that apply for each age group*

Minors (under age 18)	Age 18/19	
<input type="checkbox"/>	<input type="checkbox"/>	Financial worker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employment service worker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social worker (Social Services)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Public health nurse
<input type="checkbox"/>	<input type="checkbox"/>	Child care worker
<input type="checkbox"/>	<input type="checkbox"/>	Child protection worker
<input type="checkbox"/>	<input type="checkbox"/>	Other job role

2. Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

No Yes

Minors (under age 18)	Age 18/19
<input type="radio"/> Financial worker	<input type="radio"/> Financial worker
<input type="radio"/> Employment service worker	<input type="radio"/> Employment service worker
<input checked="" type="radio"/> Social worker (Social Services)	<input checked="" type="radio"/> Social worker (Social Services)
<input type="radio"/> Public health nurse	<input type="radio"/> Public health nurse
<input type="radio"/> Child care worker	<input type="radio"/> Child care worker
<input type="radio"/> Child protection worker	<input type="radio"/> Child protection worker
<input type="radio"/> Other job role	<input type="radio"/> Other job role

3. Does your county have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)	Age 18/19
<input type="radio"/> Yes, mandatory	<input type="radio"/> Yes, mandatory
<input checked="" type="radio"/> Yes, voluntary	<input checked="" type="radio"/> Yes, voluntary
<input type="radio"/> No	<input type="radio"/> No

C. Measures

Performance Measures

1. Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on Statute 256J.626, subdivision 7.

Each year a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The **three-year Self-Support Index (S-SI)**: This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2019 <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4651F-ENG>. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2019 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2020.

[MFIP Annualized S-SI and WPR report \(PDF\)](#)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

Not applicable.

9981 characters remaining

If your service area performed "above" or "within," you can go to item 2.

If your service area performed "below" for 2018 and performs "below" again for 2019, you then will have to **negotiate a multi-year improvement plan** with the commissioner. If no improvement is shown by the end of the multiyear plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance.

C. Measures (continued)

Racial/Ethnic Disparities

- 2. A **racial/ethnic disparity** for a service area is defined as a **one-year Self-Support Index** that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in that area. Access the report "Two-Year Performance Trends of Racial/Ethnic and Immigrant Group". This report lists (1) service areas that have any racial/ethnic disparities requiring action and (2) the table of differences for all service areas.

[Performance Measures by Racial/Ethnic or Immigrant Group \(PDF\)](#)

If your service area is in the disparity list, please answer the following question:

DHS will work with you to reduce these disparities.

What strategies and action steps for each of the groups with disparities do you plan for the coming biennium?

Not applicable

9985 characters remaining

D. Program Monitoring/Compliance

1. What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- Budget control procedures for approving expenditures
 Cash management procedures for ensuring program income is used for permitted activities
 Internal policies around use of funds, i.e. participant support services
 Other

2. What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- Case consultation Sample case review by workers Sample case review by supervisors
 Other

If your service area has not made changes to your random drug testing policy since the last BSA, go to Section E.

3. What procedures/policies do you have in place for administering random drug tests of convicted drug felons on MFIP as required by Minnesota Statutes, section 256J.26, subdivision 1?

- Written policy within the MFIP unit Coordination with Corrections
 Currently establishing new policy/procedure(s) Other

E. Collaboration and Communication with Others

1. How many employment services front-line staff are employed in your county or consortium?

How many employment services front-line staff in your county or consortium have MAXIS access?

How many managers/supervisors have MAXIS access?

2. Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

ES counselors meet with lead county Eligibility Worker to review every MFIP and DWP case bi-monthly to check for coding, and other case information. Daily, ES counselors use MAXIS view and WF1 ticklers to check for updates and email county with questions as needed. Status updates are sent to county as needed for each case.

7673 characters remaining

F. Emergency Services

1. Does your county provide emergency or crisis services from your Consolidated Fund?

No Yes

If yes, attach a copy of your emergency/crisis plan.

Attached

9990 characters remaining

G. Other

Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work or community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs.

If your county is interested in applying for the waiver for the coming biennium, please complete the following four questions.

- 1. Describe the activity(s) you will provide.

Not Applicable

3985 characters remaining

- 2. Explain the reasons for the increased administrative cost.

Not Applicable

3985 characters remaining

- 3. Describe the target population and number of people expected to be served.

Not Applicable

3985 characters remaining

- 4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

Not Applicable

3985 characters remaining

G. Other (continued)

Addendum for Unpaid Work Experience Activities

If your county is providing unpaid work experience activities for MFIP participants, please fill out the Unpaid Work Experience Form. Email the completed form to Tiria.Chang@state.mn.us.

Provider Choice

Does your county:

- Have at least two employment and training services providers. Go to Section H.
- Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section H.
- Intend to submit a financial hardship request.

G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

MFIP provisions require counties to make a choice of at least two employment service providers available to participants unless a workforce center is being utilized (Minnesota Statutes, section 256J.50, subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (Minnesota Statutes, section 256J.50, subdivision 9).

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the county had a choice of providers in calendar year 2019, describe:
 - factors that have changed which indicate a financial hardship
 - why the hardship is expected to persist in the near future and
 - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the county.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
 - major factors which prevent the county from utilizing these options and include a cost analysis of each option considered; and
 - the process used to determine the cost of other options (RFP or other county process).

2000 characters remaining

3. If the county proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant county funds. The description should include information about what steps will be taken to ensure that county staff have the experience and skills to deliver employment services.

2000 characters remaining

The Department of Human Services (DHS) and the Department of Employment and Economic (DEED) will also review the amount budgeted by the county for employment and training during calendar year 2019 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2020 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law.

H. Budget

Click on the link below to review your service area's 2020 MFIP allocation and Federal Funding Sources:

MFIP Consolidated Fund (PDF)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2020-2021.

Also note:

- Refer the 2020-21 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is approved for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- The percentage of Employment Services DWP budget should be significantly less than, the Employment Services MFIP budget.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- If "other" is used, briefly state or describe the line item. "Other" expenditures include any costs that are not related to administering MFIP, DWP or Emergency program services or atypical costs. All services must be an allowable service under the MFIP Consolidated Fund.
- Email Brandon Riley at brandon.riley@state.mn.us, if you need assistance or have questions with the budget section.

2020 Budget

Budgeted Amount	Percent	Line Items
64,758.00	16.00%	Employment Services (DWP)
133,563.00	33.00%	Employment Services (MFIP)
30,355.00	7.50%	Emergency Services/Crisis Fund
30,355.00	7.50%	Administration (cap at 7.5%)
145,706.00	36.00%	Income Maintenance Administration
0.00	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
0.00	0.00%	Capital Expenditures
0.00	0.00%	Other 1
0.00	0.00%	Other 2
\$404,737.00	100.00%	Total

2021 Budget

Budgeted Amount	Percent	Line Items
64,758.00	16.00%	Employment Services (DWP)
133,563.00	33.00%	Employment Services (MFIP)
30,355.00	7.50%	Emergency Services/Crisis Fund
30,355.00	7.50%	Administration (cap at 7.5%)
145,706.00	36.00%	Income Maintenance Administration
0.00	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
0.00	0.00%	Capital Expenditures
0.00	0.00%	Other 1
	0.00%	Other 2 <input type="text"/>
\$404,737.00	100.00%	Total

Certifications and Assurances

Public Input

Prior to submission, did the county solicit public input for at least 30 days on the contents of the agreement?

No Yes

Was public input received?

No Yes

If received but not used, please explain.

4000 characters remaining

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the county shall make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the county agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Counties may use the funds for any allowable expenditures under subdivision 2, including case management outlined in Minnesota Statutes, section 256J.

Counties or Tribes (and all tiers of subgrantees) must use the U.S. Office of Management and Budget (OMB) Uniform Grant Guidance, Code of Federal Regulations, title 2, subtitle A, chapter II, part 200, as applicable (including modifications) in the administration of all DHS federal and/or state funded grants. https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly. The catalog of Federal Domestic Assistance (CDFA) Number is 93.558 - Temporary Assistance for Needy Families (TANF).

The Award number for the period of January 1, 2020 - December 31, 2021 will be published with the MFIP Consolidated Fund Calendar Year 2020 and Calendar Year 2021 Allocation with Performance Bonus.

Service Agreement Certification

Checking this box certifies that this 2020-2021 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY
MAILING ADDRESS	CITY	STATE ZIP CODE

If your county agency is unable to complete your BSA by October 15, 2019 you will need to request an extension. Please email Tria.Chang@state.mn.us to provide additional information about why you were not able to compete this form and when you expect to submit the form by.

Save or Submit

To save your work, click the 'Save Form for Later' button. Your information will be saved, and you may finish the form later.

To submit your information to DHS, click the 'Submit Final Form' button.

GOODHUE COUNTY HEALTH AND HUMAN SERVICES
POLICY STATEMENT

Program: Emergency Assistance to low-income Families

References: MFIP Consolidated Fund (2019 MN Statutes 256J.626)
Combined Manual – as referenced

Responsible Staff: Public Assistance Staff

Effective: Approved July 1, 2011 – Updated Combined Manual references and Assistance Funds amounts to reflect 2019.

Policy: To the extent funds are available through the Consolidated MFIP Support Services Grant, emergency assistance will be provided to help eligible low income families with emergency housing and utility needs. (Assistance with other basic needs such as food and clothing will be addressed by referring clients to the food support program, area food shelves, social ministry groups, Salvation Army, etc). Available emergency assistance funds through the Consolidated MFIP Support Services Grant will be capped at \$26,888 for State Calendar Year 2019 and further capped at \$6722 per calendar quarter with unused amounts being carried forward to the succeeding calendar quarter. No county property tax dollars will be added to this fund. When this fund is expended, no further emergency assistance dollars will be allocated. The Director may adjust the quarterly distribution of funds as the emergency assistance budget warrants.

- Emergency assistance will be limited to once per 12-month period¹.
- If quarterly capped funds are exhausted prior to end of quarter, emergency assistance will be denied.
- The county agency must try to resolve the emergency situation in the most cost-effective manner.
- Only vendor payments will be issued.
- The amount of emergency assistance that may be issued will not exceed an amount equal to two (2) times the MFIP transitional cash standard for the assistance unit size. See CM 20.09.
- All emergency assistance must have supervisory approval prior to issuance.

I. Eligibility for Emergency Assistance

To be eligible, all of the following conditions must be met:

- a. The assistance unit must meet one of the definitions below of family:
- The following people who live together: a minor child (as defined in CM 0002.41) or a group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings, together with their natural, step-, or adoptive parents or other caregiver (as defined in CM 0002.23); or
 - a pregnant woman with no other children.

¹ Goodhue County will not issue emergency assistance to an assistance unit that has previously received similar assistance in another Minnesota county within 12 months from the date of application.

- b. At least one member of the assistance unit must meet the 30-day residency requirement per MN Stat. Section 256J.12.
- c. Persons in the assistance unit must currently be residents of Goodhue County.
- d. At least one child or pregnant woman in the assistance unit must meet MFIP citizenship requirements per MN Stat, section 256J.11.
- e. At least 1 caregiver and 1 child in the assistance unit must not have used emergency assistance in Minnesota in the past 12 months.
- f. A minor child (as defined in CM 0002.41) must reside with the caregiver (as defined in CM0002.09) on the date of application and for the previous six months before application. The unborn child of a pregnant woman meets this definition.
- g. In the month of application, the gross income of the household must not be in excess of 200% of the Federal Poverty Guideline for the assistance unit size.
- h. The household must not currently be in sanction or disqualification, and the emergency must not have been caused by the household being in sanction or disqualification, from either DWP or MFIP.
- i. The emergency must not be caused by a household member's refusing employment or refusing training for employment without good cause.
- j. Housing must be "affordable". To be considered affordable, housing costs (shelter and utilities) cannot exceed 50% of household gross income.
- k. The household must not have used more than 50% of its income and liquid assets for purposes other than basic needs during the 60 days prior to the application. Basic needs is defined as the minimum personal requirements of subsistence, restricted to: shelter, utilities, food and clothing.
- l. The household must be unable to resolve it's emergency by combining:
 - income household will receive in time to help,
 - liquid assets and assets it can liquidate in time to help (no assets are excluded), and
 - other funds for which they are eligible.
- m. Emergency assistance funds, in combination with other resources, must resolve the crisis, not postpone it.

II. Application and Verification

- a. To apply for Emergency Assistance, a family unit caregiver must complete a DHS Combined Application Form and/or other forms designated by Goodhue County.
- b. Verification of all factors needed to determine eligibility and emergency circumstances is required prior to issuance of emergency aid. This includes (but is not limited to) notice of eviction, foreclosure and/or utility shut-off.
- c. Coordination with other local resources that may meet the emergency need, either fully or in part, is required. Verification of eligibility for or denial of benefits from other sources is required.
- d. For all emergencies, an attempt must be made to make payment arrangements and/or negotiate a minimum amount the vendor will accept.

III. Housing

- a. Housing emergency assistance is limited to occupancy payments including mortgage foreclosures, rental damage deposits, past due monthly rent, and mobile home relocation.
- b. Housing emergency assistance does not include landlord late fees, court fees or repairs of any kind.
- c. Assistance for rental deposits is limited to an amount equal to one month's rent. Deposits will not be issued when the assistance unit caregiver is not listed on the lease.
- d. If the immediate emergency includes past due rent or mortgage payments, no more than two months of previous housing costs (plus the application month) will be considered.
- e. Payments to prevent foreclosure must also meet all of the following conditions:
 - The unit must own, occupy, and maintain the home.
 - The unit's anticipated income must be enough to pay housing costs over the next 12 months.
 - The unit must verify that two (2) lending institutions have denied refinancing.
 - The creditor will accept emergency assistance and any other payments as full payment of the arrearage.
 - The unit has paid 40% of its gross income toward housing costs in the month of application and the 11-month period immediately preceding the month of application. Count the gross income of all family members; there is no excluded income. To determine the 40%, count principal and interest payments on mortgages or contracts for deed, tax and special assessment costs related to the homestead, balloon payments, mobile home lot payments (if applicable), and homeowner insurance premiums. Do not include down payments, payments made with loans, or closing costs related to the sale or purchase of real property.

IV. Utilities

- a. Utility emergency assistance is limited to municipal water and sewer services, electric and gas service, fuel oil and wood.
- b. Assistance for utility deposit is limited to an amount equal to an average month's bill.
- c. Household must have paid a minimum of 6% of its gross income received during the month of application and the 11 months prior to application towards utility costs. The 6% does not include payments made by third parties.
- d. The county agency may not issue assistance unless it receives confirmation from the utility provider that any assistance combined with payment by applicant and other funding sources will restore the utility or prevent shut-off.

V. Application processing

- a. Within 15 days after the county receives a completed application, or sooner if the immediacy and severity of the situation warrants, the assistance unit will be notified in writing whether application was approved, denied, or pended.

VI. Definitions (Also see Combined Manual, as referenced):

Minor Child: A child who lives with parents or other caregiver, is not the parent of a child in the home, and is either less than 18 years old OR under the age of 19 and a full-time student in a secondary school or equivalent level of vocational or technical training, designed to fit students for gainful employment.

Family: (as defined in CM 0002.23) The following people who live together: a minor child or group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings, together with their natural, step-, or adoptive parents, or other caregiver (as defined in CM 0002.09); or a pregnant woman with no other children.

Assistance Unit: A group of people receiving or applying for benefits together. (See CM 14.03.03 - Determining the Cash Assistance Unit) for who must be included in the assistance unit.

Household: People who live together

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



REQUEST FOR BOARD ACTION

Requested Board Date:	October 15, 2019	Staff Lead:	Mike Zorn
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve contract for Computer Management for Human Services (CMHS) Support for Agency Collection System (ACS) and Social Welfare System (SWS)		

BACKGROUND:

TriMin Systems, Inc. is a provider of software support for Goodhue County Health and Human Services Agency Collection System (ACS) and Social Welfare System (SWS) programs. Attached please find a renewal service agreement for 2020.

RECOMMENDATION: Goodhue County HHS recommends approval as requested.

CMHS Services Agreement for 2020

AGREEMENT TO PROVIDE PROFESSIONAL SERVICES BETWEEN

(County)
and
TRIMIN SYSTEMS, INC.

This Agreement made by and between _____, hereinafter referred to as the "County" and TriMin Systems Inc., 2277 Highway 36 West, Suite 250, St. Paul, Minnesota, hereinafter referred to as "TriMin". Where the Agreement refers to "User Group", it is understood to mean all counties who are parties to this Agreement.

WITNESSETH

WHEREAS, the County wishes to retain professional services to obtain computer programming and technical assistance for the maintenance and support of computer systems now in use by the County and a number of other counties; and

WHEREAS, the County has undertaken to retain professional services as described above as a member of a group of Minnesota county welfare and human services agencies and other entities, sometimes known as Computer Management for Human Services (CMHS); and

WHEREAS, TriMin has and will be expected to render support services hereunder.

NOW, THEREFORE, in consideration of the mutual promises and agreements contained herein, and for other good and valuable consideration, the parties agree as follows:

I. Systems to be supported.

TriMin agrees to provide computer programming, technical assistance, and related services to support and maintain the systems and systems components including, but not limited to:

- A. Agency Collection System (ACS)
- B. Social Welfare System (SWS)

II. Support Definition.

- A. Support: TriMin will provide application support for County via telephone, email and CMHS meetings as requested, not to exceed 4 times per year. Support includes the following aspects:
1. Consultation and problem assistance
 2. New staff orientation/overview training (remotely)
 3. Bug Fixes
 4. Mandated Modifications, per II-C below
 5. Invoicing of charges to the County
- B. Special Projects: "Special Projects" are those projects which the User Group may authorize from time to time above the fixed annual amount for Support. A Special Project shall be initiated upon receipt of written notification from the CMHS Executive Board.
- C. Mandated Systems Modifications: "Mandated Systems Modifications" are those systems modifications necessitated by mandates or service program changes imposed by federal or state laws, rules, or regulations. TriMin agrees that Mandated Systems Modifications shall be undertaken without delay and with the understanding that, with respect to completion of the modifications, time is of the essence. Mandated Systems Modifications shall take precedence over any other project or maintenance service being performed pursuant to this Agreement.

Mandated Systems Modifications services shall be included in the scope of this support agreement, provided that the estimated hours for any particular mandated modification is less than or equal to 40 hours of effort.

In the event that a Mandated Systems Modification effort is deemed to be greater than 40 hours the Mandated Systems Modifications services shall be approved by the CMHS Executive Board and funded by Counties participating in the Annual Support for a given application (i.e. ACS or SWS).

Mandated Systems Modifications shall be subject to the cost allocation billing rates and special conditions set forth in this Section and in Sections III. and IV. below.

Mandated Systems Modifications shall be initiated upon receipt of authorization from the CMHS Executive Board.

- D. Direct Support: "Direct Support" is that assistance provided to the County or to a group of counties at its/their request and is not Shared Support. Direct Support includes, but is not limited to, start-up services for the County, special seminars or training or modifications for a county or counties not requested by the User Group as a whole.

III. Allocation of Charges and Costs

- A. Charges and costs for Support, Special Projects, and Mandated Systems Modifications, as defined in Section II-A, B, and C above, shall be billed to the County.
- B. Charges and costs for Direct Support, as defined in Section II-D, above, shall be chargeable to the County requesting such services, and TriMin shall bill the County for Direct Support. Direct support charges and costs shall be itemized according to type of services.

IV. Billings of Charges and Costs for Counties that submit signed agreement by December 13, 2019

A. TriMin shall bill the County the charges and costs for Support services, as defined in Section II, above, at a flat rate as set forth below, and per the system(s) used and selected below by the county (per "x" in square(s) below):

Annual Support for ACS, paid as one-time charge (one billing): \$1,200

Annual Support for SWS, paid as one-time charge (one billing): \$1,200

B. TriMin shall bill the County the charges and costs for Special Projects as defined in Section II-B, above, at the hourly rates, set forth in Section IV-D, below. Such billing shall identify the system being supported.

C. Invoices pursuant to Section IV-A and IV-B above, shall be billed no more than 30 days in advance to the County, annually for charges in section IV-A above, and on a quarterly basis for charges related to Section IV-B (if any), and shall be paid by the county within forty-five (45) days of the date of the invoice.

D. The hourly rates charged by TriMin during the duration of this Agreement shall be the following:

\$165 per hour

E. Non-payment and remedies of TriMin: In the event that the County does not pay TriMin, within forty-five (45) days of the date of the invoice, the amount due pursuant to the Annual invoice, TriMin shall have the option to terminate its obligation to render further services to the County upon fourteen (14) days written notice thereof.

V. Allowance for Cost of Additional Services

Special Projects and Mandated Systems Modifications, as defined in Sections II-B and II-C, above, may only be billed to County if approved by CMHS Executive Board prior to commencement of services being performed on County's behalf. The actual expenditure of this allowance is only authorized as defined in Sections II-B and II-C above.

VI. Warranties of the Parties

A. TriMin represents and warrants as follows:

1. TriMin represents and warrants that any modifications, enhancements, or related products furnished pursuant to Section I above are designed to and will meet the functional and performance specifications and standards to be agreed upon by the parties.
2. TriMin represents and warrants that the modifications or enhancements and related products are, or shall be when completed and delivered hereunder, original work products of TriMin and that neither the modifications, enhancements, and related products nor any of their elements nor the use thereof shall violate or infringe upon any patent, copyrights, or trade secret.

B. The County represents and warrants as follows:

1. The County represents, warrants, and covenants that it will provide the cooperation and assistance of its personnel, as reasonably required, and as would be necessary for the completion of TriMin's services hereunder, to the extent that the services are being rendered for the County and for the County activity or system involved.
2. The County represents and warrants that it will make prompt and full disclosure to TriMin of any information regarding the government requirements and regulations related to the government program and that the system services.

VII. Other Conditions

- A. Entire Agreement; Requirement of a Writing: Except where negotiations are otherwise authorized in the Agreement, it is understood and agreed that the entire agreement of the parties is contained herein, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous Agreement presently in effect between the parties relating to the subject matter hereof.

Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the authorized representatives of the parties.

- B. Non-Assignment: TriMin shall not assign any interest in the Agreement without the prior written consent of the County thereto, provided, however, that claims for money due or to become due to TriMin from the County under this Agreement may be assigned to a bank, trust company, or other financial institutions without such approval.
- C. Conflicts of Interest. TriMin covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance under this Agreement. TriMin further covenants that in the performance of this Agreement, no persons having any such conflicting interest shall be employed.
- D. Subcontracting. None of the work or services covered by this Agreement, and properly authorized by the User Group, shall be subcontracted without prior written approval of the CMHS Executive Board.

Said written consent shall not be unreasonably withheld in the event that TriMin shall reasonably request the authority to delegate or subcontract or consult regarding services to be provided hereunder and shall do so in writing except in the event of emergency, and shall request such authority only as to qualified personnel or entities, all of which shall be without any release of the responsibility of TriMin hereunder to the County for the services provided.

- E. Expenses Incurred: No Payment shall be made under this Agreement for any expenses incurred in a manner contrary to any provision contained herein or in a manner inconsistent with any federal, state, or local law, rule, or regulations.
- F. Independent Contractor: For the purpose of this Agreement, TriMin shall be deemed an independent contractor, and not an employee of the County or the User Group. Any and all employees, members, or associates of TriMin or other persons, while engaged in the work or services required to be performed by TriMin under this Agreement, shall not be considered employees of the County or the User Group; and any and all claims that may or might arise on behalf of said employees or other persons as a consequence of any act or omission on the part of said employees or TriMin, shall in no way be the obligation or responsibility of the County or the User Group.
- G. Liability: In recognition of the fact that the software covered by this agreement is not owned by TriMin, and that TriMin has no control of the use of the software by the County, TriMin's liability in performance of this Agreement shall be satisfied by its maintaining in full force and effect professional liability insurance as set forth in Section VII-I-4, below. In no event shall TriMin be liable for any consequential, indirect, special, punitive or incidental damages, whether foreseeable or unforeseeable. The limitations of damages does not apply to indemnification claims or data practice violations.
- H. Disclaimer of Warranties: Except as expressly provided in this Agreement, there are no warranties, express or implied, including but not limited to implied warranties of merchantability or fitness for a particular purpose.
- I. Indemnification: Each party shall be liable for its own acts to the extent provided by law and hereby agrees to indemnify, hold harmless and defend the other, its officers and employees against any and all liability, loss, costs, damages, expenses, claims or actions, including attorney's fees which the other, its officers and employees may hereafter sustain, incur or be the party, its agents, servants or employees, in the execution or performance or failure to adequately perform its obligations pursuant to this Agreement.

- J. Insurance: TriMin, for the benefit of itself, the County, and the User Group, at all times during the term of this Agreement, shall maintain and keep in full force and effect the following.
1. A single limit, combined limit, or excess umbrella automobile liability insurance policy, if applicable, covering agency-owned, non-owned and hired vehicles used regularly in provision of services under this Agreement, in an amount of not less than one million dollars (\$1,000,000) per accident for combined single limit.
 2. A single limit or combined limit or excess umbrella general liability insurance policy of an amount of not less than two million dollars (\$2,000,000) for property damage arising from one (1) occurrences, two million dollars (\$2,000,000) for total bodily injury including death and/or damages arising from one (1) occurrence, and two million dollars (\$2,000,000) for total personal injury and/or damages arising from one (1) occurrence. Such policy shall also include contractual liability coverage.
 3. Statutory Workers' Compensation Insurance
 4. Professional liability (errors and omissions) insurance in an amount of not less than one million five hundred thousand and no/100th dollars (\$1,500,000.00).
 5. TriMin will provide the CMHS Chairperson with certificates of insurance as requested and provide that the insurance carrier will notify the CMHS Chairperson in writing at least thirty (30) days prior to any reduction, cancellation, or material alteration in TriMin's insurance coverage.
- K. Local Alterations: For each of the systems supported under this contract, the maintained by TriMin shall be designated the "Base System". The parties to Agreement agree to accept the base system and modifications to the base system as approved by the CMHS Executive Board. TriMin shall not be liable for claims arising from local alterations. The term "Local Alterations" shall include, but not be limited to, any software modification, and any modification to system operations contrary to those specified in the system documentation.
- L. Data Practices: All data collected, created, received, maintained, disseminated or used for any purposes in the course of TriMin's performance of this Agreement is governed by the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13, and any other applicable state statutes and rules adopted to implement the Act as well as other state and federal laws on data privacy. TriMin agrees to abide by these statutes, rules and regulations currently in effect and as they may be amended. TriMin designates Joe McNiff, as its "responsible authority" pursuant to the Minnesota Government Data Practices Act for purposes of this Agreement, the individual responsible for the collection, reception, maintenance, dissemination, and use of any data on individuals and other government data including summary data.
- M. Force Majeure: TriMin shall not be held responsible for delay or failure to perform when such delay or failure is due to any of the following uncontrollable circumstances: fire, flood, epidemic, strikes, wars, acts of God, unusually severe weather, acts of public authorities, or delays or defaults caused by public carriers.
- N. Severability: The provisions of this Agreement are severable. If any paragraph, section, subdivision, sentence, clause, or other phrase of this Agreement is, for any reason, held to be contrary to the law or contrary to any rule or regulation having the force and effect of law, such decision shall not affect the remaining provisions of this Agreement.
- O. Governing Laws: The laws of the State of Minnesota shall govern as to the interpretation, validity, and effect of this Agreement.
- P. Non-Discrimination: In carrying out the terms of this Agreement, TriMin shall not discriminate against any employee, applicant for employment, or other person, supplier, or contractor, because of race, color, religion, sex, sexual orientation, marital status, national origin, disability, or public assistance.
- Q. Applicability of Uniform Commercial Code: Except to the extent the provisions of this Agreement are clearly inconsistent therewith, this Agreement shall be governed by the applicable provisions of the Uniform Commercial Code. To the extent this Agreement entails delivery or performance of services, such services shall be deemed "goods" within the meaning of the Uniform Commercial Code, except when deeming such services as "goods" would result in a clearly unreasonable interpretation.

- R. Whereas Clauses: The matters set forth in the "Whereas" clauses on page (1) hereof are incorporated into and made a part of this Agreement.
- S. Paragraph Headings: The paragraph and subparagraph headings used in this Agreement are for reference purposes only and shall not be deemed to be a part of this Agreement.
- T. Pursuant to Minn. Stat. §16C.05, Subd.5, the Contractor agrees that the County, the State Auditor, or any of their duly authorized representatives at any time during normal business hours and as often as they may reasonably deem necessary, shall have access to and the right to examine, audit, excerpt, and transcribe any books, documents, papers, records, etc., which are pertinent to the accounting practices and procedures of the Contractor and involve transactions relating to this Agreement. Contractor agrees to maintain these records for a period of six years from the date of termination of this Agreement.
- U. Liability of the County shall be governed by the provisions of Minnesota Statutes, Chapter 466 (Tort Liability, Political Subdivisions) and other applicable law. This Agreement shall not constitute a waiver by the County of limitations on liability provided by Minnesota Statutes, Chapter 466 or other applicable laws.

V. Duration

The duration of this Agreement shall be January 1, 2020, to December 31, 2020, inclusive.

W. Cancellation

This Agreement is binding for the duration of the agreement (1 year) and may not be canceled by the County or by TriMin within the contract period.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed intending to be bound thereby.

Accepted and Agreed for:

County: _____

Signed By: _____

Name: _____

Title: _____

Date: _____

Accepted and Agreed for:

TriMin Systems, Inc.

Signed By: _____

Name: Joe McNiff

Title: Vice President

Date: _____

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



REQUEST FOR BOARD ACTION

Requested Board Date:	October 15, 2019	Staff Lead:	Theresa Miller
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 Riverview Services to start a Day Training and Habilitation (DT&H) Service in Goodhue County		

BACKGROUND:

Goodhue County currently lacks Day Training and Habilitation (DT&H) providers. We have clients that are on waiting lists with current providers. Riverview is looking to work with clients in a smaller setting, which will be beneficial to clients with higher behavioral needs and/or a higher level of need to meet their disability. Riverview has a long-standing history of providing group home services in Goodhue County and have been doing a great job providing care for clients.

RECOMMENDATION: HHS recommends approval of Riverview becoming a DT&H provider.



Day Training and Habilitation (DT&H) Services

Determination of Need Application For Expansion of DT&H Services

Instructions

Lead agencies must use this form when they want to develop new DT&H services or expand, change or increase existing DT&H services for people with developmental disabilities.

For more information on the request process and DHS' legal authority, see the Day training and habilitation (DT&H) services need determination page in the Community-Based Services Manual (CBSM).

When completed, submit this form and any additional documentation using the "submit" button on page 4.

Lead agency information

Form with fields: DATE (10/7/2019), NAME OF LEAD AGENCY (Goodhue County HHS), CONTACT PERSON'S NAME (Theresa Miller PHN), PHONE ((651) 385-6158), CONTACT PERSON'S EMAIL (theresa.miller@co.goodhue.mn.us), CITY (Red Wing), STATE (MN), ZIP CODE (55066)

DT&H program information

Form with fields: PROGRAM NAME (Hillcrest Daily Skills Center), CONTACT PERSON (Malissa Parrott-Stahnke), PHONE ((507) 824-2091), CONTACT PERSON'S EMAIL (malissaps@froniter.com), FAX NUMBER ((507) 824-2249), STREET ADDRESS (400 Hillcrest Ave), CITY (Wanamingo), STATE (MN), ZIP CODE (55983), NPI/UMPI NUMBER, DHS LICENSE NUMBER (1075698-2-H_CRS), CORPORATE (PARENT) NAME (Riverview Services, Inc.)

Request

Based upon the service and support needs identified in the Coordinated Services and Support Plans and Addendums (CSSP and CSSP Addendum), we request to: (check all that apply)

Request options: [X] Develop a new facility-based, DT&H program; [X] Develop a new congregate, community-based, DT&H program; [] Develop a new DT&H program satellite facility. Includes IF SO: instructions for each option.

CONTINUED ON NEXT PAGE

<input type="checkbox"/>	Increase DHS licensed DT&H program facility capacity (e.g., increase the number of people with developmental disabilities who receive DT&H services within the day-service provider's facility) IF SO ■ Provide a summary of need, the number of people that will be served
<input type="checkbox"/>	Increase the number of service days providing DT&H services (not to exceed 23 days a month)
<input type="checkbox"/>	Change the location of the DT&H service-provider facility/site IF SO ■ Provide the present and future addresses ■ Provide the increases in primary, usable square footage within the new facility(s) for the purpose of increasing the number of people with developmental disabilities who receive DT&H services.
<input type="checkbox"/>	Change the fundamental DT&H program/services provided to people IF SO ■ Provide a summary of the proposed services and supports to be provided
<input type="checkbox"/>	Change the DHS license to serve a different age group of people

Requirements

The lead agency must base the development of new DT&H services or the expansion and modification of existing DT&H services upon service needs identified in the Coordinated Services and Support Plan and Addendum (CSSP and CSSP Addendum) as required by Minn. Stat. §256B.092, subd. 1b.

Do all the people who either currently receive who will receive DT&H services have a current CSSP and CSSP Addendum that meets the statutory requirements?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	---

Changes

In column A, list the current license conditions. In column B, list any proposed changes. If you do not request a change in column B, write N/A.

CHANGES	COLUMN A (CURRENTLY)	COLUMN B (PROPOSED)
No more than this number of persons can be served on site at any one time.	0	15
Age of persons served (as stated on License)	18	

County board comments and approval

The county/tribal board supports the need for changes to the programs or services as described in this application and recommends approval of this application.

SIGNATURE OF COUNTY BOARD CHAIRPERSON OR DESIGNATED REPRESENTATIVE	DATE OF COUNTY/TRIBAL BOARD ACTION
--	------------------------------------

Additional requirements

Please answer the following items (If the items are not relevant to this application, write N/A).

1. Please describe how the lead agency's proposed DT&H services determination of need request application is related to the service needs identified in the lead agency's:

- A. Community health and human services plan
- B. Community social services administration (CSSA) plan
- C. Lead agency needs determination/gaps analysis reporting
- D. CSSPs and CSSP Addendums for people with developmental disabilities.

A. Our Community Health and Human Services Plan looks at meeting the needs of the residents in Goodhue County. This includes supporting residents with disabilities.

B. N/A

C. Goodhue County when completing the last gaps analysis report did not have a need for more DT and H providers, however since that time our primary provider of DT and H services has a waiting list.

D. We currently have client's that could benefit from and want DT and H services that are on a waiting list in our area due to lack of providers. We currently have clients with specific needs that would benefit for a small DT&H provider that can provide a more individualized plan in a small setting. These clients have tried other providers in the area and have not been successful.

2. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that were considered and ruled out as viable alternative options to DT&H services, and why.

Clients that would be receiving services from Riverview are in need of DT and H services. These clients need the support offered by DT and H and there are no other HCBS services that would meet their person centered needs. There is a lack of providers in our area, so we have clients on waiting lists. We currently have clients who are remaining in their corporate foster care homes during the day as there is not a provider in the area who can meet their needs.

3. Please describe how your lead agency provided information about informed choice and viable/alternative service and support options to DT&H services.

Choice is always discussed at yearly reassessments and throughout the year at quarterly visits with clients. Options are discussed with clients/guardians and we work with them to come up with a person centered plan. We also work with Vocational Rehabilitation Services when working with the client's team to determine employment options.

4. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that could be used as viable alternative options to DT&H services in the future.

There are changes coming to DT and H in the future to Day Support Services and redesign of Vocational Services, depending on what these changes in-tale they maybe viable alternatives.

5. Please describe how the lead agency's proposed request ensures that current and prospective people receiving DT&H services and supports will have all of the following:

- A. Individualized services and supports that meet their needs and preferences
- B. Individualized opportunities to seek competitive employment and work at competitively paying jobs in the community with people without disabilities and with or without support services
- C. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities.

A. Reassessments are completed yearly and person centered plan is created. Client's are seen on a quarterly basis to see if the plan is working or if changes need to be made.

B. We work with vocational rehabilitation services to see if client's are able to work at competitively paying jobs in the community.

C. Each client has a person centered support plan based on their needs. Plans look at community services, resources, organizations and activities so that the client has meaningful community integration.

6. The lead agency assures the DT&H service provider has policies and practices that protect and support:	
A. The right to privacy, dignity and respect?	<input checked="" type="radio"/> Yes <input type="radio"/> No
B. Personal autonomy, independence and control of resources?	<input checked="" type="radio"/> Yes <input type="radio"/> No
C. Accessibility and freedom from restraint?	<input checked="" type="radio"/> Yes <input type="radio"/> No
D. Individualized services and supports that meet people's needs and preferences?	<input checked="" type="radio"/> Yes <input type="radio"/> No
E. Individualized opportunities to seek competitive employment, and work at competitively paying jobs in the community with people without disabilities and with or without support services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
F. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities?	<input checked="" type="radio"/> Yes <input type="radio"/> No

What if I have questions?

If you have questions, or need help, please contact the DSD Response Center via email DSD.ResponseCenter@state.mn.us (preferred) or by phone at 651-431-4300 or 866-267-7655.

To send via U.S. mail, write to:

Minnesota Department of Human Services, Community Supports Administration
 Disability Services Division, ATTN: DSD Response Center
 PO Box 64967
 St. Paul, MN 55164-0967

How do I submit this application?

Use the submit button below to email this complete form to DHS. If applicable, remember to attach your documentation to the email before you send it.



Hillcrest Skilled Day Center (HSDC)

This DT&H program would offer:

Training to get individuals ready to improve their employment opportunities with:

Pre-vocational Training

A rehabilitation program designed to prepare a person for the performance of useful paid work in a sheltered setting or community. It may involve training in basic work skills and counseling as required for a typical employment setting.

Simulation rooms such as:

Hotel room, Dish washing, janitorial work, outside garbage and yard cleanup, ext. or requests from a person's case worker/guardian.

Adult Day Services

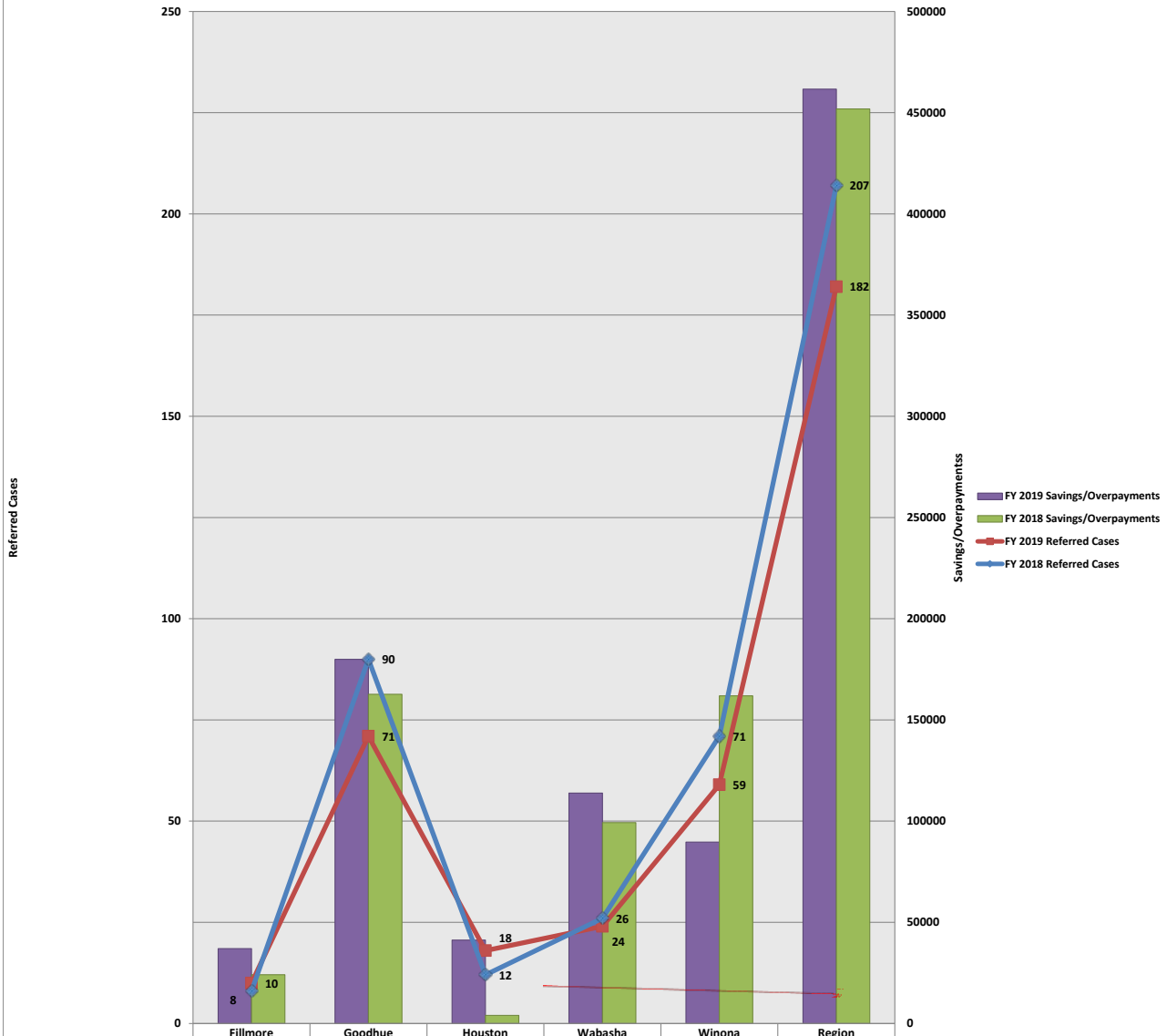
Adult day services that are in professional care settings in which adults living with disabilities receive individualized therapeutic, social, and health services for some part of the day.

We plan to be in compliance with all the following:

Applicable home and community-based service (HCBS) standards for day service providers include the following items:

- 1) person-centered service and support plans;
- 2) individualized schedules of service and support;
- 3) opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests and preferences;
- 4) opportunities for community access, participation and inclusion in preferred community activities;
- 5) opportunities to develop and strengthen personal relationships with preferred people in the community;
- 6) opportunities to seek competitive employment, and work at competitively paying jobs in the community;
- 7) opportunities for informed choice decision-making, self-advocacy, personal autonomy and independence; and
- 8) the right to privacy, dignity, respect and control of personal resources.

**Two-Year Comparison
FY 2018 & FY 2019
Fraud Prevention Investigator - No. of Cases & Dollars saved/overpayment**



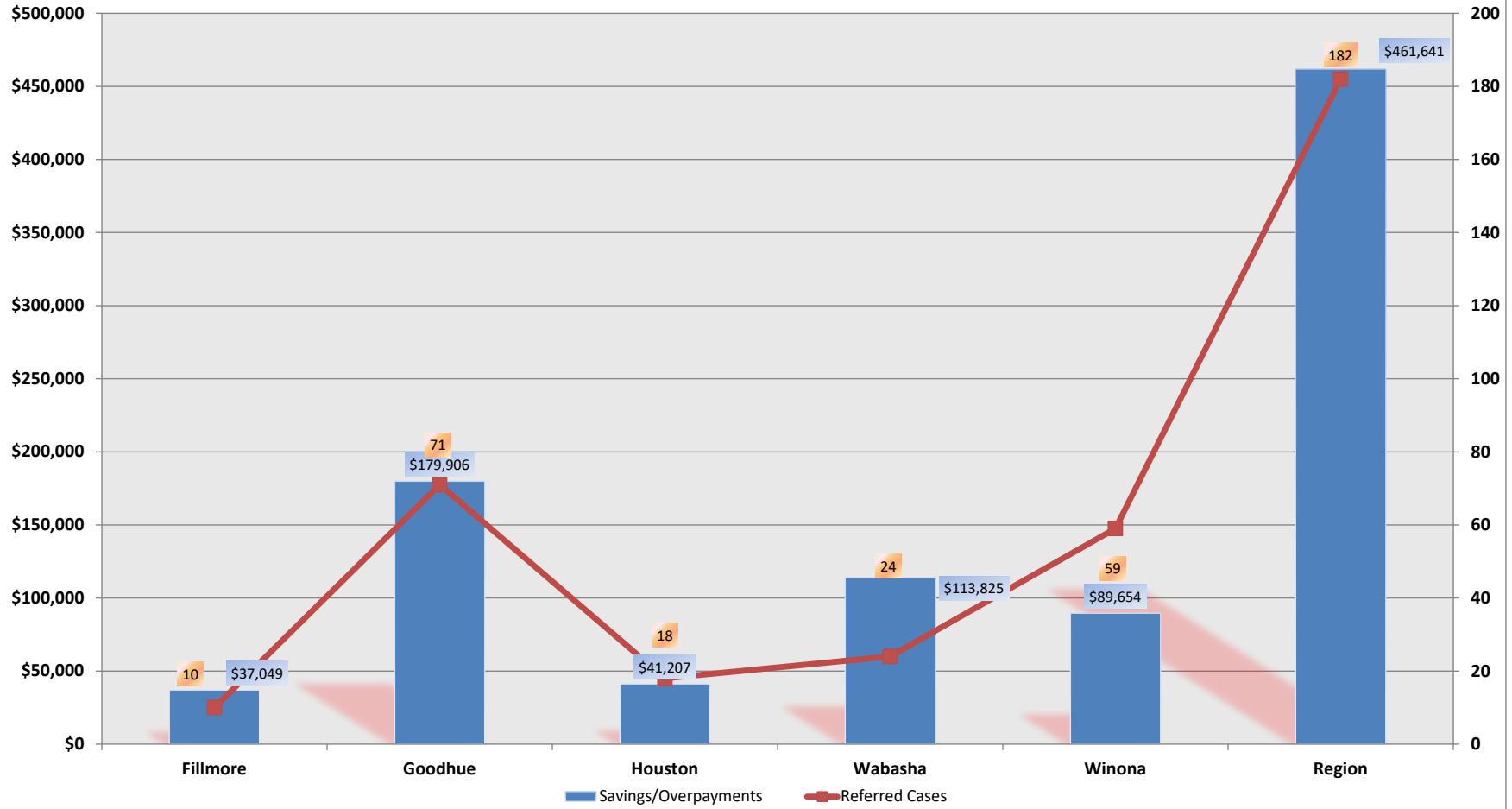
FY 2019 Savings/Overpayments	37049	179906	41207	113825	89654	461641
FY 2018 Savings/Overpayments	24088	162634	4032	99237	161890	451881
FY 2019 Referred Cases	10	71	18	24	59	182
FY 2018 Referred Cases	8	90	12	26	71	207

FY 2019
(July 1, 2018 - June 30, 2019)

Fraud Prevention Investigator - No. of Cases & Dollars saved/overpayment

\$5.11 Cost to Benefit Ratio = Total Savings + Overpayments/FPI Grant Dollars Spent (\$7500 per month)

Of the 182 cases worked on, we disqualified 55 cases. This number is 9.4% of the 585 total disqualified statewide.



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



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR SEPTEMBER 2019

In-Patient Approval:

#03045536R – 50 year old male – one previous treatment – MNATC, Rochester
#05946991R – 49 year old female – one previous treatment – MNATC, Rochester
#00547318R – 68 year old female – numerous previous treatments – MNATC, Rochester
#01062010R – 39 year old male – numerous previous treatments- Riverplace Counseling, Anoka
#00869426R – 39 year old male – two previous treatments – MNATC, Rochester
#05935884 – 32 year old female- no previous treatment, New Beginnings, Waverly

Outpatient Approvals:

#00011139R – 35 year old male- two previous treatments – Moment to Moment, Red Wing
#01127291 – 36 year old female – no previous treatment – Moment to Moment, Red Wing
#01178341 – 27 year old male – no previous treatment – 3R's NUWAY, Minneapolis
#03965558 – 58 year old female – no previous treatment – Valhalla Place, Woodbury
#01330889 – 38 year old male – no previous treatment – Common Ground, Red Wing
#05862342R – 51 year old male – one previous treatment – Common Ground, Red Wing
#00429345 – 34 year old male – no previous treatment – Midwest Recovery, Red Wing
#03357990 – 25 year old female – no previous treatment – Midwest Recovery, Red Wing
#05569784R – 23 year old male – two previous treatments – Midwest Recovery, Red Wing
#00793785R- 50 year old male – one previous treatment – Midwest Recovery, Red Wing
#02405705R – 33 year old male – numerous previous treatments –Common Ground, Red Wing
#05968440 – 69 year old male – no previous treatment – Common Ground, Red Wing
#02330456 – 36 year old male – no previous treatment – Midwest Recovery, Red Wing

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	19
September	31	25	20	17	25
October	30	18	28	28	
November	20	22	19	22	
December	17	15	16	19	
Total	236	247	273	256	194

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



Protecting, Maintaining and Improving the Health of All Minnesotans

October 7, 2019

Dear Ms. Arneson:

Welcome to the 21st Century Public Health Leadership Council. I am convening this exceptional group to lead a collaborative effort to strengthen and transform Minnesota's statewide public health system. Minnesota has a nationally recognized state-local partnership that has served us well since its establishment in 1976. But as the issues facing communities across the state become more complex and health inequities persist, our public health system must evolve to meet the current and future needs of our state.

This council is being convened to help us do just that: to envision the public health system we need and articulate what it will take to make that vision a reality.

The Leadership Council will meet six times and then determine the need for additional meetings. The first two meeting dates are **October 28** and **November 26**. We anticipate meeting from 10:00 a.m. to 3:00 p.m.; MDH will announce locations soon. The enclosed charge outlines council member expectations. Most importantly, we need your ideas and leadership.

We face a future that requires bold vision. Together, we will chart a path forward for assuring the governmental public health system can fulfill its responsibilities to promote and protect the public's health in every corner of the state. Thank you for participating in this effort.

If you have any questions or need anything to support your ongoing participation, please do not hesitate to contact Chelsie Huntley, Manager of the MDH Center for Public Health Practice. You can reach her at chelsie.huntley@state.mn.us or 651-201-3882.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jan K. Malcolm'.

Jan K. Malcolm
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

Enclosure: 21st Century Public Health System Leadership Council Charge

An equal opportunity employer.

21st Century Public Health System Leadership Council

DRAFT (10/3/2019)

Minnesota's nationally recognized state-local public health partnership has served Minnesotans well since established in 1976, but as Minnesota changes, health inequities persist, and the issues facing communities across the state become more complex, our public health system must evolve. "What" governmental public health must do is becoming clear as public health leaders in Minnesota and across the nation develop a set of Foundational Public Health Responsibilities. "How" Minnesota's public health system best carries out those responsibilities is yet to be determined. A bold, creative group of leaders is needed to reimagine Minnesota's public health system and chart a course forward to ensure public health responsibilities are effectively and efficiently carried out in every corner and every community across Minnesota.

Charge

The Leadership Council, convened by the Commissioner of Health, will lead efforts to strengthen and transform Minnesota's system of state, local and tribal public health departments so together they can fulfill their responsibility to protect the public's health and move the needle on health outcomes.

Council duties will include:

- Adoption of a vision and set of foundational public health responsibilities
- Identification and prioritization of public health delivery models to test and adapt/adopt
- Articulation of the gap between the current and desired future state
- Develop a strategy to obtain needed resources
- Identification and prioritization of desired/needed statutory changes

Background

In October 2017, Minnesota's State Community Health Services Advisory Committee (SCHSAC) convened a workgroup in response to mounting concerns about persistent resource constraints and wide variability among community health boards related to performance. The workgroup, consisting of members from both inside and outside public health, outlined a set of observations, priority actions and future directions in their [final report to SCHSAC](#). In May 2018, SCHSAC approved the report and began work on priority action 1 - Clarify the basic public health responsibilities for Minnesota and identify new ways to carry them out.

Subsequently, a group of state and local public health leaders developed a [new framework for governmental public health in Minnesota](#) that outlines a set of foundational public health responsibilities that must be in place across Minnesota. Through various established workgroups and

ad hoc groups, state and local public health leaders continue to define the responsibilities, explore options for carrying them out, and clarifying roles and expectations.

The Leadership Council will review the work of SCHSAC, and state and local public health leaders and chart a course forward.

Membership

- Jan Malcolm, Commissioner of Health, Minnesota Department of Health
- Courtney Jordan Baechler, Assistant Commissioner, Minnesota Department of Health
- Todd Patzer, Association of Minnesota Counties Board Member
- Emily Babcock, Health and Human Services Policy Analyst, Association of Minnesota Counties
- Dan Milbridge, Bois Forte Band of Chippewa
- Joan Pennington, Center for Community Health
- Rick Breuer, Cloquet Hospital
- Erin Stoltman, Essentia Health Ada
- Nate Sandman, Fond du Lac Band of Lake Superior Chippewa
- Graham Briggs, Local Public Health Association
- Kari Oldfield, Director, Local Public Health Association
- Susan Palchick, Local Public Health Association
- Sarah Reese, Local Public Health Association
- Chera Sevcik, Local Public Health Association
- Ann Stehn, Local Public Health Association
- Michael Williams, Minnesota Association of County Administrators
- Nina Arneson, Minnesota Association of County Social Service Administrators
- Roberta Downing, Assistant Commissioner, Minnesota Department of Human Services
- Gene Nichols, Rainbow Research
- Joan Lee, State Community Health Services Advisory Committee
- Harlan Madsen, State Community Health Services Advisory Committee Chair
- Jim McDonough, State Community Health Services Advisory Committee
- Sheila Kiscaden, State Community Health Services Advisory Committee Chair Elect
- JooHee Pomplun, The Alliance
- Jan Lucke, Washington County Public Works
- Cyndy Rastedt, White Earth Nation
- TBD PH Stakeholder
- TBD PH Stakeholder

Member Responsibilities

- Articulate the rationale for transforming governmental public health in Minnesota and the purpose of the Council.
- Convey information about the work of the Council to colleagues and stakeholders.
- Seek input from colleagues and stakeholders in order to represent organizational perspectives on key issues in the meetings.

- Communicate any misperceptions or misunderstandings about the work of the Council or statements and/or positions of its members back to the Council in order to identify solutions.
- Review and provide comments on draft materials and recommendations.
- Provide constructive feedback to the project team on the process and progress.

Timeline

The Leadership Council will be convened for the first time in October 2019 and will meet approximately every other month for one year. At the end of one year, the Council will assess progress and determine the need for a Leadership Council or other structure to lead transformation efforts moving forward.