



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
NOVEMBER 19, 2019
10:30 A.M.

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

Documents:

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

4. WELCOME Goodhue County Commissioner Linda Flanders
GCHHS Board Chair Paul Drotos
GCHHS Board Picture
5. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. 2019-2021 State County Civil Rights Assurance Agreement

Documents:

[2019-2021 CIVIL RIGHTS ASSURANCE AGREEMENT.PDF](#)

- c. HHS Director Performance Evaluation

Documents:

[HHS DIRECTOR 2019 ANNUAL EVALUATION.PDF](#)

6. ACTION ITEMS:

- a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. GCHHS Annual Renewed Contracts
Mary Heckman

Documents:

[GCHHS ANNUAL RENEWED CONTRACTS.PDF](#)

- c. Goodhue County's Tobacco Retail Ordinance
David Anderson

Documents:

[GOODHUE COUNTY TOBACCO RETAIL ORDINANCE.PDF](#)
[TOBACCO RETAIL ORDINANCE PRESENTATION.PDF](#)
[SUMMARY OF TOBACCO RETAIL ORDINANCE UPDATES.PDF](#)
[REVISED TOBACCO RETAILER ORDINANCE.PDF](#)

7. INFORMATIONAL ITEMS:

- a. Waiver Management Team Update
Theresa Miller and Katie Tang

Documents:

[WAIVER MANAGEMENT UPDATE.PDF](#)

- b. 3rd Quarter 2019 Fiscal Report
Mike Zorn

Documents:

[3RD QUARTER 2019 FISCAL REPORT.PDF](#)

8. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. Quarterly Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

- d. WIC Management Evaluation

Documents:

[WIC MANAGEMENT EVALUTION.PDF](#)

- e. Goodhue County DHS Performance Report - Adult Protection And Child Support

Documents:

f. Southeast MN Mental Health Crisis Center Update

Documents:

[SE MN MENTAL HEALTH CRISIS UPDATE.PDF](#)

g. Farming In Tough Times- A Rural Mental Well-Being Discussion

Documents:

[FARMING IN TOUGH TIMES - A RURAL MENTAL WELL-BEING DISCUSSION - ZUMBROTA, MN.PDF](#)

h. E-Cigarettes Education

[SEE WHAT YOU'VE BEEN MISSING](#)

9. ANNOUNCEMENTS/COMMENTS:

10. ADJOURN

a. Next Meeting Will Be December 17, 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 OCTOBER 15, 2019**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:35 A.M., Tuesday, October 15, 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.

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Sheila Gadiant, Kathy Rolfer, Leota Lind, and Nate Barker.

AGENDA:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved the October 15, 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 September 17, 2019.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

Fraud Prevention Investigation update by Nathan Barker.

South Country Health Alliance update given by Leota Lind.

FYI & REPORTS:

Placement Report
Child Protection Report
21st Century Public Health System Leadership Council Appointment

ANNOUNCEMENTS/COMMENTS:

The HHS Board members shared about Hiawatha Valley Mental Health Center waiting list and AMC District meeting centered on transportation.

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 11:52 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 19, 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:

- Jacklyn Schiell, Zumbrota

Child Care Licensures:

- Sara Baker, Pine Island

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:	November 19, 2019	Staff Lead:	Nina Arneson
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 2019-2021 State-County Civil Rights Assurance Agreement		

BACKGROUND:

On November 4, 2019, all the county human services departments in Minnesota received the following message from the Department of Human Services (DHS) and 2019-2021 State-County Civil Rights Assurance Agreement by November 15, 2019. Due to the quick deadline, the GCHHS Director signed and returned the document to DHS to meet the deadline.

The DHS and county human services agencies, as recipients of Federal financial assistance, must comply with Federal and State civil rights laws in their operation of Federal health and human services programs. The recent audit conducted by the U.S. Department of Agriculture for the Supplemental Nutrition Assistance Program (SNAP) requires county agencies to sign the updated *2019-2021 State-County Civil Rights Assurance Agreement*. Therefore, in order to be in compliance with civil rights requirements, please sign this assurance agreement and place it in your Comprehensive Civil Rights Plans (CCRP) by Friday, November 15th. County Agency Directors should sign the assurance agreement, but if that is not possible, please have an appropriate proxy provide their signature.

The second paragraph of the assurance agreement contains language that requires county agencies to inform their contractors and vendors, in writing, that they have these same civil rights obligations as counties because they are also recipients of Federal assistance. Contractors and vendors may use the language of the 2019-2021 State-County Civil Rights Assurance Agreement in their own contracts with the county agency.

RECOMMENDATION:

Goodhue County Health and Human Service Department recommends approval as requested.

2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency: Goodhue County Health and Human Services agrees to comply with the civil rights assurance of compliance (hereafter “Civil Rights Assurance Agreement”) as a condition of receiving Federal financial assistance through the Minnesota Department of Human Services. The Civil Rights Assurance Agreement is binding upon the County Agency, its successors, transferees, and assignees for as long as the County Agency receives Federal financial assistance. The Minnesota Department of Human Services may enforce all parts of the Civil Rights Assurance Agreement as a condition of receipt of such funds.

Compliance by Contractors and Vendors: The County Agency further agrees that by accepting this Civil Rights Assurance Agreement, it will obtain a written statement of assurance from all of its contractors and vendors (i.e., applying to all programs), assuring that they will also operate in compliance with the stated nondiscrimination laws, regulations, policies, and guidance. The written statement of assurance from all of its contractors and vendors must be maintained as part of the County Agency’s *Comprehensive Civil Rights Plan* and must be made available for review upon request by the Minnesota Department of Human Services or the U.S. Department of Agriculture.

RECIPIENT AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS:

The County Agency agrees to:

1. Administer all programs in accordance with the provisions contained in the Food and Nutrition Act of 2008, as amended, and in the manner prescribed by regulations issued pursuant to the Act; implement the FNS-approved State Plan of Operation for the Supplemental Nutrition Assistance Program (SNAP); comply with Title VI of the Civil Rights Act of 1964; section 11(c) of the Food and Nutrition Act of 2008, as amended; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; and all the requirements imposed by the regulations issued pursuant to these Acts by the U.S. Department of Agriculture to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under SNAP.
2. Administer all programs in accordance with U.S. Department of Health and Human Services requirements imposed by the regulations pursuant to Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Educational Amendments of 1972; Section 1557 of the Patient Protection and Affordable Care Act of 2010. Comply with the regulations to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, or religion, be excluded from participation in, be denied the

benefits of, or otherwise subject to discrimination under U.S. Department of Health and Human Services programs.

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.
4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2019-2021 Civil Rights Assurance Agreement and commit it to the above provisions.



SIGNATURE of Authorized Representative

Nina Arneson

Print Name

Goodhue County Health and Human Services 426 West Avenue, Red Wing, MN 55066

Name of County Agency

Street Address, City, State, Zip Code

ADDENDUM

Clarification of SNAP Civil Rights Requirements – Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP),” and Titles II and III of the Americans with Disabilities Act

This addendum clarifies core civil rights requirements to ensure meaningful access to programs, services, and information for persons with Limited English Proficiency (LEP) and persons with disabilities in accordance with Federal law, regulations, and current guidance from the U.S. Department of Department of Justice (DOJ) and the U.S. Department of Agriculture (USDA).

Meaningful Access for LEP Individuals

State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination

based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

Federal LEP regulations and guidance include:

- SNAP regulations provided by 7 CFR Part 272.4 (b), “Bilingual requirements”;
- Executive Order 13166 of August 11, 2000, “Improving Access to Services for Persons with Limited English Proficiency,” reprinted in 65 FR 50121, 50122 (August 16, 2000);
- DOJ policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” published in 67 FR 41455, 41457 (June 18, 2002); and
- USDA policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” 79 FR 70771-70784 (November 28, 2014).

Four Factor Analysis for Assessing LEP Needs

To be in compliance, the Title VI guidance provided by DOJ and USDA instructs State Agencies to assess the LEP needs of the population served and determine the LEP services required by balancing four factors:

1. The number or proportion of persons with limited English proficiency are eligible to be served or likely to be encountered within the area serviced by the recipient;
2. The frequency with which persons with limited English proficiency come in contact with the program;
3. The nature and importance of the program, activity, or service to people’s lives; and
4. The resources available to the recipient and costs.

SNAP State agencies must also comply with the specific requirements established by 7 CFR Part 272.4 (b) and should include these obligations in the LEP assessment.

Developing an LEP Plan

After completing an assessment of LEP needs, SNAP State agencies should develop an implementing plan to address the LEP needs of the population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging for telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language line services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing State and local budgets and front line staff should understand how to obtain LEP services.

USDA’s 2014 policy guidance includes detailed information on assessing LEP needs, identifying practices for translating documents that will be seen as strong evidence of compliance. For additional assistance and information on LEP matters, please also visit <http://www.lep.gov>. The website includes online LEP mapping tools designed to help assess the language needs of the population served by a particular program or facility.

Ensuring Equal Opportunity Access for Persons with Disabilities

SNAP State agencies must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. State agencies that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the Americans with Disabilities Act (ADA), and SNAP program regulations.

DOJ published revised final regulations implementing Titles II and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, “Nondiscrimination on the Basis of Disability in State and Local Government Services” and 28 CFR Part 36, “Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities.” In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

Please Deliver Signed

2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT to:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
joann.dasilva@state.mn.us



Melissa Cushing
Goodhue County Human Resource Director
Goodhue County

Melissa.cushing@co.goodhue.mn.us
509 W. Fifth St.
Red Wing, MN 55066
Office (651) 385.3031
Fax -- (651) 385.3004

TO: Goodhue County Health and Human Service Board

FROM: Melissa Cushing, Human Resource Director

DATE: November 19, 2019

RE: HHS Director Annual Evaluation

The Goodhue County HHS Director's annual employee evaluation was completed by the HHS Board Chair. All completed performance evaluation documents were reviewed and according to the HHS Board Chair, the HHS Director received more than a satisfactory evaluation.

"To effectively promote the safety, health, and well-being of our residents"

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 19, 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 October HHS Warrant Registers		

BACKGROUND:

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

Date of Warrant		Check No. Series		Total Batch
IFS	October 4, 2019	ACH	29070 29073	\$6,987.81
IFS	October 4, 2019		447257 447281	\$39,557.37
IFS	October 11, 2019	ACH	29086 29106	\$15,675.68
IFS	October 11, 2019		447330 447367	\$21,028.37
IFS	October 18, 2019	ACH	29117 29124	\$6,475.70
IFS	October 18, 2019		447418 447642	\$32,968.49
IFS	October 25, 2019	ACH	29269 29296	\$14,512.69
IFS	October 25, 2019		447567 447636	\$29,971.31
SSIS	October 25, 2019	ACH	26437 26461	\$61,362.51
SSIS	October 25, 2019		441328 441389	\$218,892.71
IFS	October 25, 2019	ACH	all combined into 1 batch this month	
IFS	October 25, 2019		all combined into 1 batch this month	
Total				<u><u>\$447,432.64</u></u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 19, 2019	Staff Lead:	Mary Heckman
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve HHS Contracts for 2020		

BACKGROUND:

Below are the 2020 contracts over \$10,000 which require Board Approval. Mental Health services continue to be a need in our county as evident from our contracts with the providers below. Guardians are also in great demand to provide safety and protection for our vulnerable adults. HHS contracts with over 100 providers either annually or biannually with the help of the Regional Contract Manager out of Olmsted County and our County Attorney.

County Contracts

- COUNTY ATTORNEY - Child Support \$55,000/yr.
- COUNTY SHERIFF - Child Support \$6,000/yr.

Mental Health Contracts

- FAMILY SERVICE OF ROCHESTER \$6,000/yr. (\$61,326 CIBS Grant)
- FERNBROOK - MHTCM and MH Services \$165,000/yr. and \$28,800/yr.
- HIAWATHA VALLEY MENTAL HEALTH CENTER \$280,000/yr. (\$56,675/yr. CREST Funds)

Guardians

- PRESTIGE CARE, LLC - Guardianship \$40,000/yr.
- SARA OUSKY, LLC - Guardianship \$63,000/yr.
- SERENITY SERVICES - Guardianship \$28,000/yr.

Other

- PROACT, INC.- CBE & SE Employment \$96,000/yr.
- PROACT, INC.- ProAct, Inc. Transportation \$46,000/yr.
- RIVERVIEW SERVICES, INC. \$24,000/yr
- REGIONAL CONTRACT MANAGER \$20,304/yr.
- WORKFORCE DEVELOPMENT, INC. (MFIP/DWP Employment & Training) \$213,839/yr.

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

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 19, 2019	Staff Lead:	David Anderson
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 approve revised Goodhue County Tobacco Retailer Ordinance #1014.14		

BACKGROUND:

The current Goodhue County Youth Access to Tobacco Ordinance #1014.14 was adopted in **1999**. Our ordinance currently applies to retailers in Bellechester, Frontenac, Hay Creek, Welch, and unincorporated areas. The cities of Cannon Falls, Dennison, Goodhue, Kenyon, Pine Island, Red Wing, Wanamingo, and Zumbrota have ordinances for tobacco retailers within their city limits.

Goodhue County Health and Human Services received ClearWay Minnesota grant funding from 2005-2017 for various tobacco prevention efforts. In **2013**, we conducted a 4-county phone survey of public support for updating/revising tobacco ordinances such as ordinance #1014.14. In February **2014**, Gina Johnson, Clearway Minnesota Grant Coordinator, presented these survey results to the HHS Board. In **2015**, the Board approved an increase to the Goodhue County tobacco licensing fee.

In May **2017**, Gina Johnson provided an update on the Goodhue County Youth Access to Tobacco Ordinance, including recommended changes from our Attorney’s office. No action was taken at this time. Our ClearWay funding then ended, and part of our Statewide Health Improvement Partnership (SHIP) funding was redirected for our Live Well Goodhue County Coordinator to work on tobacco prevention.

In November **2018**, David Anderson, Live Well Goodhue County Coordinator, again shared information on the current state of our Youth Access to Tobacco Ordinance and options to strengthen it, including raising the minimum age to purchase tobacco products to 21. The Board requested staff to engage with our communities to learn if any cities were planning to raise the minimum age to 21.

In March **2019**, Public Health Law Center (PHLC) reviewed our ordinance and recommended more updates to meet the minimum tobacco sales restrictions required by state and federal laws. The PHLC also recommended additional language and format changes to improve the clarity of our policy. In June **2019**, HHS staff met with our Attorney and Sheriff staff to review recommended updates.

From April–November **2019**, David Anderson has given presentations to service clubs and community groups, and attended Parent-Teacher Conferences in Red Wing and Fall Activity Registration night in Kenyon-Wanamingo. Informational City Council presentations are scheduled for Kenyon, Pine Island, Red Wing and Wanamingo and Zumbrota between now and the end of the year.

RECOMMENDATION: Approval as Requested by Goodhue County Health and Human Services Department



Goodhue County's Mission

To effectively promote the safety, health and well-being of our residents.

Goodhue County Health & Human Services Board

Tobacco Ordinance #1014.14

Tuesday, November 19, 2019

David Anderson,

Live Well Goodhue County Coordinator

Goodhue County Tobacco Retailer Ordinance

- Last update 1999
- Only applies to a small number of retailer(s) in Goodhue County as most retailers covered by City ordinances
- Tobacco products and state & federal laws have changed greatly in the last 20 years
- Previous presentations by HHS staff and feedback received from the GCHHS Board
- Public Health Law Center recommendations
- HHS, Sheriff's Office, and Attorney's Office reviews
- Additional community education, growing support for T21
- Will work in Red Wing, Kenyon, and Wanamingo next
- **Recommend moving forward with minimum updates**
- **Recommend continued community work**

Summary of Updates

- Updates made to meet the minimum tobacco sales restrictions required by state & federal laws.
- Additional language & format changes

<h3>Summary of the updates to meet the <u>minimum</u> tobacco sales restrictions required by state and federal laws</h3> <ol style="list-style-type: none">1. Adding Section 200 to establish the where in the county this ordinance applies and to clarify that retailers who obtain licenses from a city are not required to obtain a license from the county as well.2. Updating Definitions (Section 300)<ul style="list-style-type: none">• Adding definition of "Child-resistant Packaging"• Adding definition of "Electronic Delivery Device"• Adding definition of "Indoor Area"• Updating "Movable Place of Business" to include kiosks• Adding definition of "Tobacco"3. Prohibiting smoking (including all forms of smoking, marijuana, synthetics, and e-cigs) within the indoor area of any licensed establishment (Section 400, <u>Subd. 5</u>)4. Prohibiting free or nominal cost samples (Section 400, <u>Subd. 10</u>)5. Updating the wording of the exception allowing self-service sales in tobacco shops, to add state language "derive at least 50 percent of their revenue from tobacco" (Section 500)6. Adding Section 1000 requiring child-resistant packaging for electronic delivery device fluid7. Requiring in Section 1200 that underage persons are used in compliance checks <h3>Summary of additional language and format changes:</h3> <ol style="list-style-type: none">1. Changing Section 600, 700, and 1400 subsections from "A, B, C, etc." to "<u>Subd. 1</u>, <u>Subd. 2</u>" for consistency2. Renaming ordinance and updating preamble and Purpose (Section 100)<ul style="list-style-type: none">• Focusing on retailers• Discussing all tobacco products3. Updating Definitions (Section 300)<ul style="list-style-type: none">• Alphabetizing the definitions• Removing unnecessary definition "individually packaged"• Removing unnecessary definition "mimo"• Removing unnecessary definition "Person"• Adding a missing comma in definition of "Vending Machine"• Giving more information about "Compliance Checks"• Updating "Liquor" to include all tobacco products• Updating "Retail Establishment" with a few more common examples• Updating "Smoking" to include all forms of smoking, marijuana, synthetics, and e-cigs• Updating "Tobacco Related Devices" to include wraps and new tobacco products4. Clarifying "Indoor Area" (Section 300) definition by adding<ul style="list-style-type: none">• A standard window screen (0.011 gauge with an eighteen (18) by sixteen (16) mesh count) is not considered a wall5. Adding provision to Section 600 for denial of license to applicants with suspended license to sell6. Removing redundant provision in Section 700 repeating prohibition of unlicensed sales7. Removing redundant provisions in Section 700 repeating prohibition of vending and self-service8. Giving more procedural clarity about hearings (red underline text) in Section 1300, <u>Subd. 2</u> and 4<ul style="list-style-type: none">• <u>Subd. 2 Hearing</u>, if a person accused of violating this ordinance so requests, a hearing shall be scheduled. The time and place of which shall be published and provided to the accused violator. A hearing shall be held within thirty (30) days of the issuance of a citation or it shall be deemed waived. <u>The County Administrator or other designated County officer shall set the time and place for the hearing. Written notice of the hearing time and place shall be mailed or delivered to the accused violator at least 10 business days prior to the hearing.</u> <th data-bbox="1072 725 1630 1388"><ol style="list-style-type: none">9. Removing underage purchase, use, and possession provisions (Sections 1300, 1400, and 1500). This is because youth purchase, use, and possession penalties (FUP provisions)<ul style="list-style-type: none">• may be unlikely to reduce youth smoking• may undermine other conventional avenues for youth discipline• were historically advocated for by the tobacco industry as an effort to divert attention from more effective tobacco control strategies• may relieve the tobacco industry of responsibility for its marketing practices• may be enforced inconsistently with respect to youth from certain racial/ethnic groups• may raise concerns about over-penalizing youth who are addicted to nicotine, which is more addictive than heroin and other drugs10. Adding flexibility by making the issuance of a criminal penalty to persons over 18 optional (Section 1300, <u>Subd. 6</u>)11. Offering only alternative penalties for use of false identification by persons under 18 in Section 1500, <u>Subd. 4</u>. These penalties would include non-criminal, non-monetary civil penalties including classes, diversion programs, community service, etc.12. Adding exceptions for religious, spiritual, or cultural use of tobacco in Section 1600, <u>Subd. 1</u>13. Adding reasonable reliance on proof of age as an affirmative defense in Section 1600, <u>Subd. 2</u>14. Updating effective date as needed (Section 1800)15. Renumbering all sections and subdivisions as needed</th>	<ol style="list-style-type: none">9. Removing underage purchase, use, and possession provisions (Sections 1300, 1400, and 1500). This is because youth purchase, use, and possession penalties (FUP provisions)<ul style="list-style-type: none">• may be unlikely to reduce youth smoking• may undermine other conventional avenues for youth discipline• were historically advocated for by the tobacco industry as an effort to divert attention from more effective tobacco control strategies• may relieve the tobacco industry of responsibility for its marketing practices• may be enforced inconsistently with respect to youth from certain racial/ethnic groups• may raise concerns about over-penalizing youth who are addicted to nicotine, which is more addictive than heroin and other drugs10. Adding flexibility by making the issuance of a criminal penalty to persons over 18 optional (Section 1300, <u>Subd. 6</u>)11. Offering only alternative penalties for use of false identification by persons under 18 in Section 1500, <u>Subd. 4</u>. 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GDRA DRAFT 6/28/2019 1	GDRA DRAFT 6/28/2019 2

Revised Tobacco Retailer Ordinance #1014.14

- Recommended revised language

GOODHUE COUNTY
TOBACCO LICENSING ORDINANCE
Ordinance #1014.14

The County Board of Goodhue County Ordains and establishes an Ordinance relating to the sale of tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices in the County.

Section 100. Purpose

Because the County recognizes that many retailers sell tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices to persons under the age of 18; and because sales to persons under the age of 18 are violations of both State and Federal laws; and because studies have shown that most people who use commercial tobacco products begin before they have reached the age of 18 years and that those persons who reach the age of 18 years without having started using commercial tobacco products are significantly less likely to ever begin; and because the use of commercial tobacco products has been shown to be the cause of several serious health problems which subsequently place a financial burden on all levels of government; this ordinance shall be intended to regulate the sale of tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices for the purpose of enforcing and furthering existing laws and to further the official public policy of the State of Minnesota in regard to preventing young people from starting to use commercial tobacco products as stated in Minn. Stat. § 144.391.

Section 200. Applicability and Jurisdiction

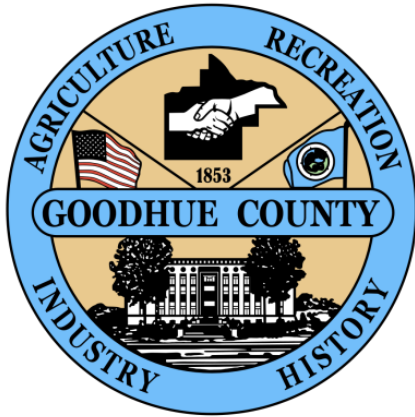
This ordinance governs the licensing and regulation of the sale of tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products in the unorganized territory of Goodhue County and in any city or town located in Goodhue County that does not license and regulate retail sales of tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products in conformance with the minimum requirements of Minn. Stat. § 461. Retail establishments licensed by a city or town are not required to obtain a second license for the same location under this ordinance.

Section 300. Definitions and Interpretations

Except as may otherwise be provided or clearly implied by context,

Potential Next Steps

- HHS Board Recommendation to County Board
- County Board Review, and Decision of Next Steps
- Public Hearing
- County Board Decision



Goodhue County's Mission

To effectively promote the safety, health and well-being of our residents.

Questions
Thank You

Summary of the updates to meet the minimum tobacco sales restrictions required by state and federal laws:

1. Adding Section 200 to establish the where in the county this ordinance applies and to clarify that retailers who obtain licenses from a city are not required to obtain a license from the county as well.
2. Updating Definitions (Section 300)
 - o Adding definition of “Child-resistant Packaging”
 - o Adding definition of “Electronic Delivery Device”
 - o Adding definition of “Indoor Area”
 - o Updating “Moveable Place of Business” to include kiosks
 - o Adding definition of “Tobacco”
3. Prohibiting smoking (including all forms of smoking, marijuana, synthetics, and e-cigs) within the indoor area of any licensed establishment (Section 400, Subd. 9)
4. Prohibiting free or nominal cost samples (Section 400, Subd. 10)
5. Updating the wording of the exception allowing self-service sales in tobacco shops, to add state language “derive at least 90 percent of their revenue from tobacco” (Section 900)
6. Adding Section 1000 requiring child-resistant packaging for electronic delivery device fluid
7. Requiring in Section 1200 that underage persons are used in compliance checks

Summary of additional language and format changes:

1. Changing Section 600, 700, and 1400 subsections from “A., B., C., etc.” to “Subd. 1, Subd. 2” for consistency
2. Renaming ordinance and updating preamble and Purpose (Section 100)
 - o Focusing on retailers
 - o Discussing all tobacco products
3. Updating Definitions (Section 300)
 - o Alphabetizing the definitions
 - o Removing unnecessary definition “Individually packaged”
 - o Removing unnecessary definition “minor”
 - o Removing unnecessary definition “Person”
 - o Adding a missing comma in definition of “Vending Machine”
 - o Giving more information about “Compliance Checks”
 - o Updating “Loosies” to include all tobacco products
 - o Updating “Retail Establishment” with a few more common examples
 - o Updating “Smoking” to include all forms of smoking, marijuana, synthetics, and e-cigs
 - o Updating “Tobacco Related Devices” to include wraps and new tobacco products
4. Clarifying “Indoor Area” (Section 300) definition by adding,
 - o A standard window screen (0.011 gauge with an eighteen (18) by sixteen (16) mesh count) is not considered a wall
5. Adding provision to Section 600 for denial of license to applicants with suspended license to sell
6. Removing redundant provision in Section 700 repeating prohibition of unlicensed sales
7. Removing redundant provisions in Section 700 repeating prohibition of vending and self-service
8. Giving more procedural clarity about hearings (red underline text) in Section 1300, Subd. 2 and 4
 - o Subd. 2 Hearings. If a person accused of violating this ordinance so requests, a hearing shall be scheduled, the time and place of which shall be published and provided to the accused violator. A hearing must be requested within thirty (30) days of the issuance of a citation or it shall be deemed waived. The County Administrator or other designated County officer shall set the time and place for the hearing. Written notice of the hearing time and place

shall be mailed or delivered to the accused violator at least 10 business days prior to the hearing.

- Subd. 4 Decision. A decision will be issued by the hearing officer within 10 business days of the hearing. If the hearing officer determines that a violation of this ordinance did occur, that decision, along with the hearing officer's reasons for finding a violation and the penalty to be imposed under Section 1400 of this ordinance, shall be recorded in writing, a copy of which shall be provided to the accused violator by in-person delivery or mail as soon as practicable. Likewise, if the hearing officer finds that no violation occurred or finds grounds for not imposing any penalty, such findings shall be recorded and a copy provided to the acquitted accused violator by in-person delivery or mail as soon as practicable. The decision of the hearing officer is final, subject to an appeal as described in Subd. 5 of this section.
9. Removing underage purchase, use, and possession provisions (Sections 1300, 1400, and 1500). This is because youth purchase, use, and possession penalties (PUP provisions)
 - may be unlikely to reduce youth smoking
 - may undermine other conventional avenues for youth discipline
 - were historically advocated for by the tobacco industry as an effort to divert attention from more effective tobacco control strategies
 - may relieve the tobacco industry of responsibility for its marketing practices
 - may be enforced inconsistently with respect to youth from certain racial/ethnic groups
 - may raise concerns about over-penalizing youth who are addicted to nicotine, which is more addictive than heroin and other drugs
 10. Adding flexibility by making the issuance of a criminal penalty to persons over 18 optional (Section 1300, Subd. 6)
 11. Offering only alternative penalties for use of false identification by persons under 18 in Section 1500, Subd. 4. These penalties would include non-criminal, non-monetary civil penalties including classes, diversion programs, community service, etc.
 12. Adding exceptions for religious, spiritual, or cultural use of tobacco in Section 1600 Subd. 1
 13. Adding reasonable reliance on proof of age as an affirmative defense in Section 1600 Subd. 2
 14. Updating effective date as needed (Section 1800)
 15. Renumbering all sections and subdivisions as needed

**GOODHUE COUNTY
TOBACCO LICENSING ORDINANCE
Ordinance #1014.14**

The County Board of Goodhue County Ordains and establishes an Ordinance relating to the sale of tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices in the County.

Section 100. Purpose

Because the County recognizes that many retailers sell tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices to persons under the age of 18; and because sales to persons under the age of 18 are violations of both State and Federal laws; and because studies have shown that most people who use commercial tobacco products begin before they have reached the age of 18 years and that those persons who reach the age of 18 years without having started using commercial tobacco products are significantly less likely to ever begin ; and because the use of commercial tobacco products has been shown to be the cause of several serious health problems which subsequently place a financial burden on all levels of government; this ordinance shall be intended to regulate the sale of tobacco, tobacco products, tobacco related devices, electronic delivery devices, and nicotine or lobelia delivery devices for the purpose of enforcing and furthering existing laws and to further the official public policy of the State of Minnesota in regard to preventing young people from starting to use commercial tobacco products as stated in Minn. Stat. § 144.391.

Section 200. Applicability and Jurisdiction

This ordinance governs the licensing and regulation of the sale of tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products in the unorganized territory of Goodhue County and in any city or town located in Goodhue County that does not license and regulate retail sales of tobacco, tobacco-related devices, electronic delivery devices, and nicotine or lobelia delivery products in conformance with the minimum requirements of Minn. Stat. § 461. Retail establishments licensed by a city or town are not required to obtain a second license for the same location under this ordinance.

Section 300. Definitions and Interpretations

Except as may otherwise be provided or clearly implied by context,

all terms shall be given their commonly accepted definitions. The singular shall include the plural and the plural shall include the singular. The masculine shall include the feminine and neuter, and vice-versa. The term "shall" means mandatory and the term "may" means permissive. The following terms shall have the definitions given to them:

Subd. 1 Child-resistant Packaging. "Child-resistant-packaging" shall mean packaging that meets the definition set forth in Code of Federal Regulations, title 16, section 1700.15(b), as in effect on January 1, 2015, and was tested in accordance with the method described in Code of Federal Regulations, title 16, section 1700.20, as in effect on January 1, 2015.

Subd. 2 Compliance Checks "Compliance Checks" shall mean the system the County uses to investigate and ensure that those authorized to sell licensed products are following and complying the requirements of this ordinance. Compliance checks involve the use of persons under the age of 18 who purchase or attempt to purchase licensed products. Compliance checks may be conducted by the county or other units of government for educational, research, and training purposes or for investigating or enforcing federal, state, or local laws and regulations relating to licensed products.

Subd. 3 Electronic Delivery Device. "Electronic delivery device" shall mean any product containing or delivering nicotine, lobelia, or any other substance, whether natural or synthetic, intended for human consumption through inhalation of aerosol or vapor from the product. Electronic delivery device shall include any component part of such a product whether or not sold separately. Electronic delivery device shall not include any product that has been approved or otherwise certified by the United States Food and Drug Administration for legal sales for use in tobacco cessation treatment or other medical purposes, and is being marketed and sold solely for that approved purpose.

Subd. 4 Indoor Area. "Indoor area" shall mean all space between a floor and a ceiling that is bounded by walls, doorways, or windows, whether open or closed, covering more than 50 percent of the combined surface area of the vertical planes constituting the perimeter of the area. A wall includes any retractable divider, garage door, or other physical barrier, whether temporary or permanent. A standard window screen (0.011 gauge with an eighteen (18) by sixteen

(16) mesh count) is not considered a wall.

Subd. 5 Licensed Products. "Licensed Products" shall mean any tobacco or tobacco product, tobacco related device, electronic delivery device, or nicotine or lobelia delivery product.

Subd. 6 Loosies. "Loosies" shall mean the common term used to refer to a single or individually packaged cigars or cigarettes, or any other licensed product that has been removed from its intended retail packaging and offered for sale. Loosies does not include individual cigars with a retail price, before any sales taxes, of more than \$2.00.

Subd. 8 Moveable Place of Business. "Moveable Place of Business" shall refer to any form of business operated out of a kiosk, truck, van, automobile, or other type of vehicle or transportable shelter and not a fixed address store front or other permanent type of structure authorized for sales transactions.

Subd. 9 Nicotine or Lobelia Delivery Device. "Nicotine or lobelia delivery device" shall mean any product containing or delivering nicotine or lobelia intended for human consumption, or any part of such a product, that is not tobacco as defined in this section, not including any product that has been approved or otherwise certified for legal sale by the United States Food and Drug Administration for tobacco use cessation, harm reduction, or for other medical purposes, and is being marketed and sold solely for that approved purpose.

Subd. 10 Retail Establishment. "Retail Establishment" shall mean any place of business where licensed product area available for sale to the general public. Retail establishments shall include, but not be limited to grocery, tobacco products shops, convenience stores, gasoline service stations, bars, and restaurants.

Subd. 11 Sale. A "sale" shall mean any transfer of goods for money, trade, barter, or other consideration.

Subd. 12 Self-Service Merchandising. "Self-Service Merchandising" shall mean open displays of licensed products in any manner where any person shall have access to the licensed products, without the assistance or intervention of the licensee or the licensee's employee. The assistance or

intervention shall entail the actual physical exchange of the licensed product between the customer and the licensee or employee. Self-service sales are interpreted as being any sale where there is not an actual physical exchange of the licensed product between the clerk and the customer. Self-service merchandising shall not include vending machines.

Subd. 13 Smoking. "Smoking" shall mean inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other lighted or heated product, containing, made, or derived from nicotine, tobacco, marijuana, or other plant, whether natural or synthetic that is intended for inhalation. Smoking shall also mean carrying or using an activated electronic delivery device.

Subd. 14 Tobacco. "Tobacco" shall mean any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product including but not limited to cigarettes; cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobaccos; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and forms of tobacco. TOBACCO does not include any product that has been approved by the U.S. Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

Subd. 15 Tobacco Related Devices. "Tobacco related devices" shall mean any rolling papers, wraps, pipes, ashtrays, or other device intentionally designed or intended to be used with tobacco products. Tobacco related devices shall include components of tobacco related devices or tobacco products, which may be marketed or sold separately. Tobacco related devices may or may not contain tobacco.

Subd. 16 Vending Machine. "Vending Machine" shall mean any mechanical, electric or electronic, or other type of device, which dispenses licensed products upon the insertion of money, tokens, or other form of payment directly into the machine by the person seeking to purchase licensed products.

Section 400. License.

No person shall sell or offer to sell any licensed product without first having obtained a license to do so from the County. Persons or retail establishments validly licensed by a town or city to sell licensed products in compliance with Minn. Stat. § 461, are not required to obtain a second license for the same location under this ordinance.

Subd. 1 Application. An application for a license to sell licensed products shall be made on a form provided by the County. The application shall contain the full name of the applicant, the applicant's residential and business addresses and telephone numbers, the name of the business for which the license is sought, and any additional information the County deems necessary. A completed application shall be filed with the County Administrator for action at the next regularly scheduled County Board meeting. If the County Administrator shall determine that an application is incomplete, he or she shall return the application to the applicant with notice of the information necessary to make the application complete.

Subd. 2 Action. The County Board may either approve or deny the license, or it may delay action for such reasonable period of time as necessary to complete any investigation of the application or the applicant it deems necessary. If the County Board shall approve the license, the County Administrator shall issue the license to the applicant. If the County Board denies the license, notice of the denial shall be given to the applicant along with notice of the applicant's right to appeal the decision.

Subd. 3 Term. All licenses issued under this ordinance shall be valid for one calendar year from the date of issue.

Subd. 4 Revocation or Suspension. Any license issued under this ordinance may be revoked or suspended as provided in the Violations and Penalties section of this ordinance.

Subd. 5 License Not Transferable. All licenses issued under this ordinance shall be valid only on the premises for which the license was issued and only for the person to whom the license was issued. No transfer of any license to another location or person shall be allowed.

Subd. 6 Moveable Place of Business. No license shall be issued to a moveable place of business. Only fixed location businesses shall be eligible to be licensed under this

ordinance.

Subd. 7 Display. All licenses shall be posted and displayed in plain view of the general public on the licensed premise.

Subd. 8 Renewals. The renewal of a license issued under this section shall be handled in the same manner as the original application. The request for a renewal shall be made at least thirty days but no more than sixty days before the expiration of the current license. The issuance of a license issued under this ordinance shall be considered a privilege and not an absolute right of the applicant and shall not entitle the holder to an automatic renewal of the license.

Subd. 9 Smoking. Smoking is not be permitted and no person shall smoke within the indoor area of any establishment with a retail tobacco license.

Subd. 10 Sampling. No person shall distribute samples of any licensed product free of charge or at nominal cost.

Section 500. Fees.

No license shall be issued under this ordinance until the appropriate license fee shall be paid in full. The fee for a license under this ordinance shall be set in accordance with a fee schedule adopted by the County Board. Said fee schedule may be amended from time to time by action of the County Board.

Section 600. Basis for Denial of License.

The following shall be grounds for denying the issuance or renewal of a license under this ordinance:

Subd. 1. The applicant or proposed licensee is under the age of 18 years.

Subd. 2. The applicant has been convicted within the past five years of any violation of a Federal, State, or local law, ordinance provision, or other regulation relating to licensed products.

Subd. 3. The applicant has had a license to sell licensed products suspended or revoked within the preceding twelve months of the date of application.

Subd. 4. The applicant fails to provide any information

required on the application, or provides false or misleading information.

Subd. 5. The applicant is prohibited by Federal, State, or other local law, ordinance, or other regulation, from holding such a license.

Except as may otherwise be provided by law, the existence of any particular ground for denial does not mean that the County must deny the license. If a license is mistakenly issued or renewed to a person, it shall be revoked upon the discovery that the person was ineligible for the license under this Section.

Section 700. Prohibited Sales.

It shall be a violation of this ordinance for any person to sell or offer to sell any licensed products:

Subd. 1. To any person under the age of eighteen (18) years.

Subd. 2. By means of looses as defined in section 300.

Subd. 3. Containing opium, morphine, jimson weed, bella donna, strychnos, cocaine, marijuana, or other deleterious, hallucinogenic, toxic, or controlled substances except nicotine and other substances found naturally in tobacco or added as part of an otherwise lawful manufacturing process.

Subd. 4. By any other means, to any other person, or in any other manner or form prohibited by Federal, State, or other local law, ordinance provision, or other regulation.

Section 800. Vending Machines.

It shall be unlawful for any person licensed under this ordinance to allow the sale of licensed products by the means of a vending machine unless persons under the age of 18 are at all times prohibited from entering the licensed establishment.

Section 900. Self-Service Sales.

It shall be unlawful for a licensee under this ordinance to allow the sale of licensed products by any means where by the customer may have access to such items without having to request the item from the licensee or the licensee's employee and whereby there is not a physical exchange of the licensed product between the licensee or his or her clerk and the customer. All licensed products shall

either be stored behind a counter or other area not freely accessible to customers, or in a case or other storage unit not left open and accessible to the general public. This section shall not apply to retail establishments that derive at least 90 percent of their revenue from tobacco and tobacco-related devices and where persons under the age of 18 are at all times prohibited from entering the licensed establishment.

Section 1000. Liquid Packaging.

No person shall sell or offer to sell any liquid, whether or not such liquid contains nicotine, which is intended for human consumption and use in an electronic delivery device, in packaging that is not child-resistant. Upon request by the county, a licensee must provide a copy of the certificate of compliance or full laboratory testing report for the packaging used.

Section 1100. Responsibility.

All licensees under this ordinance shall be responsible for the actions of their employees in regard to the sale of licensed products on the licensed premises, and the sale of such an item by an employee shall be considered a sale by the license holder. Nothing in this section shall be construed as prohibiting the county from also subjecting the clerk to whatever penalties are appropriate under this Ordinance, State or Federal law, or other applicable law or regulation.

Section 1200. Compliance Checks and Inspections.

All licensed premises shall be open to inspection by the local law enforcement, Goodhue County Sheriff's Department, the county or its designee during regular business hours. From time to time, but at least once per year, the county shall conduct a compliance check pursuant to and in compliance with Minn. Stat. § 461 that shall include the use of person "over the age of 15, but under the age of 18, who, with the prior written consent of a parent or guardian, attempt to purchase tobacco, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products under the direct supervision of a law enforcement officer or an employee of the licensing authority."

Section 1300. Violations.

Subd. 1 Notice. Upon discovery of a suspected violation, the alleged violator shall be issued, either personally or by mail, a citation that sets forth the alleged violation, the

penalty to be imposed, and which shall inform the alleged violator of his or her right to be heard on the accusation.

Subd. 2 Hearings. If a person accused of violating this ordinance so requests, a hearing shall be scheduled, the time and place of which shall be published and provided to the accused violator. A hearing must be requested within thirty (30) days of the issuance of a citation or it shall be deemed waived. The County Administrator or other designated County officer shall set the time and place for the hearing. Written notice of the hearing time and place shall be mailed or delivered to the accused violator at least 10 business days prior to the hearing.

Subd. 3 Hearing Officer. The County Board or other person(s) designated by the County Board shall serve as the hearing officer.

Subd. 4 Decision. A decision will be issued by the hearing officer within 10 business days of the hearing. If the hearing officer determines that a violation of this ordinance did occur, that decision, along with the hearing officers reasons for finding a violation and the penalty to be imposed under Section 1400 of this ordinance, shall be recorded in writing, a copy of which shall be provided to the accused violator by in-person delivery or mail as soon as practicable. Likewise, if the hearing officer finds that no violation occurred or finds grounds for not imposing any penalty, such findings shall be recorded and a copy provided to the acquitted accused violator by in-person delivery or mail as soon as practicable. The decision of the hearing officer is final, subject to an appeal as described in Subd. 5 of this section.

Subd. 5 Appeals. Appeals of any decision made by the hearing officer shall be filed, within thirty (30) days of the decision of the hearing officer, in the district court for the jurisdiction of the county in which the alleged violation occurred.

Subd. 6 Misdemeanor. Any person over the age of 18 years or retailer who violates any of the provisions of this ordinance may be subject to a misdemeanor.

Subd. 7 Continued Violation. Each violation, and every day in which a violation occurs or continues, shall constitute a separate offense.

Section 1400. Other Prohibited Acts.

Unless otherwise provided, the following acts shall be violations of this chapter:

Subd. 1 Use of false identification. It shall be a violation of this chapter for any person under the age of 18 to attempt to disguise his or her true age by the use of a false form of identification, whether the identification is that of another person or one on which the age of the person has been modified or tampered with to represent an age older than the actual age of the person.

Section 1500. Administrative Penalties.

Subd. 1 Licensees. Any licensee found to have violated this ordinance, or whose employee shall have violated this ordinance, shall be charged an administrative fine of \$75 for a first violation of this ordinance; \$200 for a second offense at the same licensed premises within a twenty-four month period; and \$250 for a third or subsequent offense at the same location within a twenty-four month period. In addition, after the third offense, the license shall be suspended for not less than seven days.

Subd. 2 Other Individuals. Individuals 18 years of age and older found to be in violation of this ordinance shall be charged an administrative fee of \$50.

Subd. 3 Suspension or Revocation. Any violation of this ordinance may be grounds for suspension or revocation of a license. The County Board may attach reasonable conditions to the reinstatement of a suspended or revoked license. There shall be no license fee refund upon suspension or revocation of a license.

Subd. 4 Person under the Age of 18. Persons under the age of 18 who use false identification to purchase or attempt to purchase licensed products shall only be subject non-criminal, non-monetary civil penalties, including tobacco-related education classes, diversion programs, community services, or another penalty that the county believes will be appropriate and effective. The County Board shall consult with interested parties of the courts, educators, parents, guardians, and the violating person under the age of 18 to determine an appropriate penalty under this section. The penalty may be established by ordinance and amended from time

to time.

Subd. 5 Statutory Penalties. If the administrative penalties authorized to be imposed by Minn. Stat. § 461.12, as it may be amended from time to time, differ from those established in this section, then the statutory penalties shall prevail.

Section 1600. Exceptions and Defenses.

Subd. 1 Religious, Spiritual, or Cultural Ceremonies or Practices. Nothing in this ordinance prevents the providing of tobacco or tobacco-related devices to any person as part of an indigenous practice or a lawfully recognized religious, spiritual, or cultural ceremony or practice.

Subd. 2. Reasonable Reliance. It is an affirmative defense to a violation of this ordinance for a person to have reasonably relied on proof of age as described by state law.


Section 1700. Severability and Savings Clause.

If any section or portion of this ordinance shall be found unconstitutional or otherwise invalid or unenforceable by a court of competent jurisdiction, that finding shall not serve as an invalidation or effect the validity and enforceability of any other section or provision of this ordinance.

Section 1800. Effective Date. This ordinance shall take effect ###.

Passed by a majority vote of all members of the Goodhue County Board of Commissioners this ### day of ###, ###.

###, Chairman
Goodhue County Board of Commissioners



Waiver/South Country Health Alliance Team Update

October 2019

Theresa Miller, Nursing Supervisor

Katie Tang, Lead Worker

Waiver/South County Health Alliance Team

- 1 Nursing Supervisor
- 1 Lead Worker
- 2.5 Case Aides
- 5 PHN/RNs
- 8 SW/Care Coordinators

Programs

- AC-Alternative Care
- EW-Elderly Waiver
- CAC-Community Alternative Care
- CADI-Community Access for Disability Inclusion
- BI-Brain Injury
- SCHA Care Coordination
- DD-Developmental Disability
- Rule 185
- SILS-Semi-Independent Living Services
- Supported Employment
- PCA-Personal Care Attendant
- CSG- Consumer Support Grant
- FSG- Family Support Grant

MnChoices

- MNChoices 2.0 launch has been delayed, was scheduled for this fall, now in RFP process for development
- No date for Health Plans to launch MNChoices at this time

SCHA audit results

- Yearly SCHA audit took place in May
- Because we use CCM and have all electronic files, SCHA staff did not have to travel to Goodhue County to complete the audit, all was done remotely
- Overall findings very positive
- Staff is working to write clearer and more person centered goals

DHS audit

- DHS audits counties and tribes every 3 years
- Our DHS audit took place in August and lasted 4 days
- 5 DHS staff took part in the audit process

Goodhue County HCBS Data

- Estimated Total Population: 46,304
- Number Receiving LTSS: 846
- Number Receiving HCBS: 696
- Number in Institutional Setting: 151

DHS Waiver Caseload Data

- DD Waiver: 195
- CAC Waiver: 2
- CADI Waiver: 198
- BI Waiver: 13
- EW/AC: 176

DHS Audit

- DHS was very impressed with our electronic files and took our filing protocol to share with other counties and tribes
- They said we have a very well rounded team with Nurses, Social Workers, and other related fields
- DHS was happy with client employment rates
- DHS wants staff to have more time to develop a person centered care plan

DHS Work in Process

- Waiver Reimagine: Plan is for all under 65 waiver programs to have the same services
- Also for there to be a set of services for clients living in the community and a separate set of services for clients living in residential settings
- Case Management Redesign: DHS is working to come up with legislative report regarding case management and how case management can be redesigned to better meet the needs of clients



Questions?

Thank You!



Goodhue County
Health and Human Services

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

DATE: November 19, 2019
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Mike Zorn, Deputy Director
RE: Third Quarter 2019 Fiscal Report

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

- We expended 76% (\$12,811,180) of our budget (\$16,942,054) 75% of the way through the year. Last year at this time, we expended 76%.
- We have collected 74% (\$12,538,763) of our anticipated revenue (\$16,942,054), 75% of the way through the year. Last year at this time, we collected 74%.

Children in Out of Home Placement:

We have expended 75.70% (\$1,359,011) of our budget (\$1,795,000), 75% of the way through the year, which resulted in being over budget 00.71% or \$12,761. Through September so far every month's budget variance has been under 1.00%

State Hospital Costs:

We have expended 87% (\$283,112) of our budget (\$325,000). Last year at this time, we expended \$190,223. 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. We have seen improvement in this line since the 2nd quarter and currently we have no clients there at 100% county share cost.

State Sex Offender Program:

We have expended 231% (\$120,298) of our budget (\$52,000). We have one recipient who had 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 this year. 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. We did not occur any expenditures during the third quarter.

Family Based Counseling:

We have expended 266% (\$52,284) 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. Through the third quarter, we have expended 96% (\$192,745) of our budget (\$200,000).

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits, overhead and capital equipment line items, we have expended 73% of our budget 75% of the way through the year.

Staffing Revenues Additional Staff:

For the third quarter report, total staffing revenue is 94.55% (\$3,817,449) 75% 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, (which so far has been steady throughout the year), State Hospitals, (which has stabilized after June), State Sex Offender (which the 3rd quarter increase of 53% has diminished since the first half of the year 178%), Sex Offender Therapy, Family Based Counseling and Chemical Dependency has also seen diminishing increases in the 3rd quarter, which is good news.

Goodhue County



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2019 Thru: 09/2019

Percent of Year: 75%

11 Fund
Health & Human Service Fund

479 Dept
PHS Administration

<u>Account Number</u>	<u>Description</u>	<u>Status</u>	<u>09/2019</u> <u>Amount</u>	<u>Selected</u> <u>Months</u>	<u>2019</u> <u>Budget</u>	<u>% Of</u> <u>Budget</u>
11-479-479-0000-6161	PERA		660.36	6,105.02	6,286.00	97
11-479-479-0000-6171	FICA		486.19	4,590.10	5,197.00	88
11-479-479-0000-6173	Workmans Compensation		.00	13,832.58	12,221.00	113
11-479-479-0000-6174	Mandatory Medicare		113.71	1,073.49	1,215.00	88
11-479-479-0000-6201	Telephone		183.17	2,133.33	3,000.00	71
11-479-479-0000-6202	Cell Phone		59.46	540.96	1,050.00	52
11-479-479-0000-6203	Postage/Freight		882.51	1,757.89	1,600.00	110
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		.00	17,446.00	23,730.00	74
11-479-479-0000-6269	Software Enhancements	INACTIVE	.00	1,750.00	0.00	0
11-479-479-0000-6278	Consultant Fees		.00	630.00	700.00	90
11-479-479-0000-6283	Other Professional & Tech Fees		1,223.99	5,813.73	8,656.00	67
11-479-479-0000-6302	Copies/Copier Maintenance		575.41	3,666.93	6,800.00	54
11-479-479-0000-6331	Mileage		.00	0.00	70.00	0
11-479-479-0000-6332	Meals & Lodging		671.54	896.77	500.00	179
11-479-479-0000-6342	Land & Building Lease/Rent		18,767.75	56,303.25	75,071.00	75
11-479-479-0000-6351	Insurance		.00	8,252.26	8,371.00	99
11-479-479-0000-6357	Conferences/Schools/Training		180.22	595.22	400.00	149
11-479-479-0000-6401	Printing Services		.00	0.00	0.00	0
11-479-479-0000-6405	Office Supplies		33.60	245.40	1,300.00	19
11-479-479-0000-6414	Food & Beverages		2.79	264.15	158.00	167
11-479-479-0000-6480	Equipment/Furniture<\$5,000		6,168.70	12,982.22	11,200.00	116
479 Dept	TOTALS PHS Administration		Revenue 12,982.22-	16,732.22-	18,700.00-	89
			Expend. 49,216.13	289,979.17	343,938.00	84
			Net 36,233.91	273,246.95	325,238.00	84
11 Fund	TOTALS Health & Human Service Fund		Revenue 980,062.59-	12,538,762.52-	16,942,054.00-	74
			Expend. 1,337,487.91	12,811,180.34	16,942,054.00	76
			Net 357,425.32	272,417.82	.00	0
FINAL TOTALS:	610 Accounts		Revenue 980,062.59-	12,538,762.52-	16,942,054.00-	74
			Expend. 1,337,487.91	12,811,180.34	16,942,054.00	76
			Net 357,425.32	272,417.82	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2018	THRU 09/19	2019	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$7,227.50	\$5,682.00	\$7,000.00	81%	75%
11-430-710-3710-6020	CHILD SHELTER -SS	\$15,934.80	\$12,627.53	\$7,500.00	168%	75%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					75%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	\$1,541.85		\$1,500.00	0%	75%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	\$9,460.15		\$15,000.00	0%	75%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$85,855.43	\$155,991.02	\$60,000.00	260%	75%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$541,489.76	\$375,115.54	\$575,000.00	65%	75%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$40,176.87	\$22,695.62	\$35,000.00	65%	75%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,898.00	\$6,028.00	\$8,000.00	75%	75%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$5,256.63	\$8,640.24	\$5,000.00	173%	75%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					75%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$114,247.92	\$73,807.01	\$75,000.00	98%	75%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$20,563.80	\$10,562.24	\$9,000.00	117%	75%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$551,557.87	\$194,028.90	\$425,000.00	46%	75%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$172,200.81	\$233,730.28	\$80,000.00	292%	75%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$24,454.15	\$46,872.25	\$30,000.00	156%	75%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$5,163.69	\$218.73	\$5,000.00	4%	75%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$415,316.13	\$187,824.57	\$450,000.00	42%	75%
11-430-740-3831-6020	RULE 5 CS		\$25,187.00	\$7,000.00	360%	75%
	TOTAL OUT OF HOME PLACEMENT	\$2,018,345.36	\$1,359,010.93	\$1,795,000.00	75.7%	75%
	Over/(Under) Budget for percent of year	\$1,644,500.00	\$12,760.93	\$1,346,250.00	75%	75%
	Percent Over/(Under) Budget	-\$373,845.36			0.71%	

December	
November	
October	
September	0.71%
August	0.11%
July	-0.09%
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 09/2019 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	212,126.12	2,002,563.61	2,839,734.00	71	75
TOTAL SALARIES	212,126.12	2,002,563.61	2,839,734.00	71	75
OVERHEAD					
AGENCY OVERHEAD	47,246.56	219,014.62	298,275.00	73	75
TOTAL OVERHEAD	47,246.56	219,014.62	298,275.00	73	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	11,814.57	12,240.00	97	75
TOTAL CAPITAL EQUIPMENT	0.00	11,814.57	12,240.00	97	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	53,285.60	583,216.59	739,586.00	79	75
TOTAL SALARIES	53,285.60	583,216.59	739,586.00	79	75
OVERHEAD					
AGENCY OVERHEAD	14,817.97	118,506.57	181,784.00	65	75
TOTAL OVERHEAD	14,817.97	118,506.57	181,784.00	65	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	256,806.64	2,394,146.69	3,324,706.00	72	75
TOTAL SALARIES	256,806.64	2,394,146.69	3,324,706.00	72	75
OVERHEAD					
AGENCY OVERHEAD	46,095.76	237,134.14	348,894.00	68	75
TOTAL OVERHEAD	46,095.76	237,134.14	348,894.00	68	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	11,351.26	11,760.00	97	75
TOTAL CAPITAL EQUIPMENT	0.00	11,351.26	11,760.00	97	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	237,264.25	2,224,590.00	2,928,735.00	76	75
TOTAL SALARIES	237,264.25	2,224,590.00	2,928,735.00	76	75
OVERHEAD					
AGENCY OVERHEAD	29,140.93	208,007.47	287,636.00	72	75
TOTAL OVERHEAD	29,140.93	208,007.47	287,636.00	72	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75

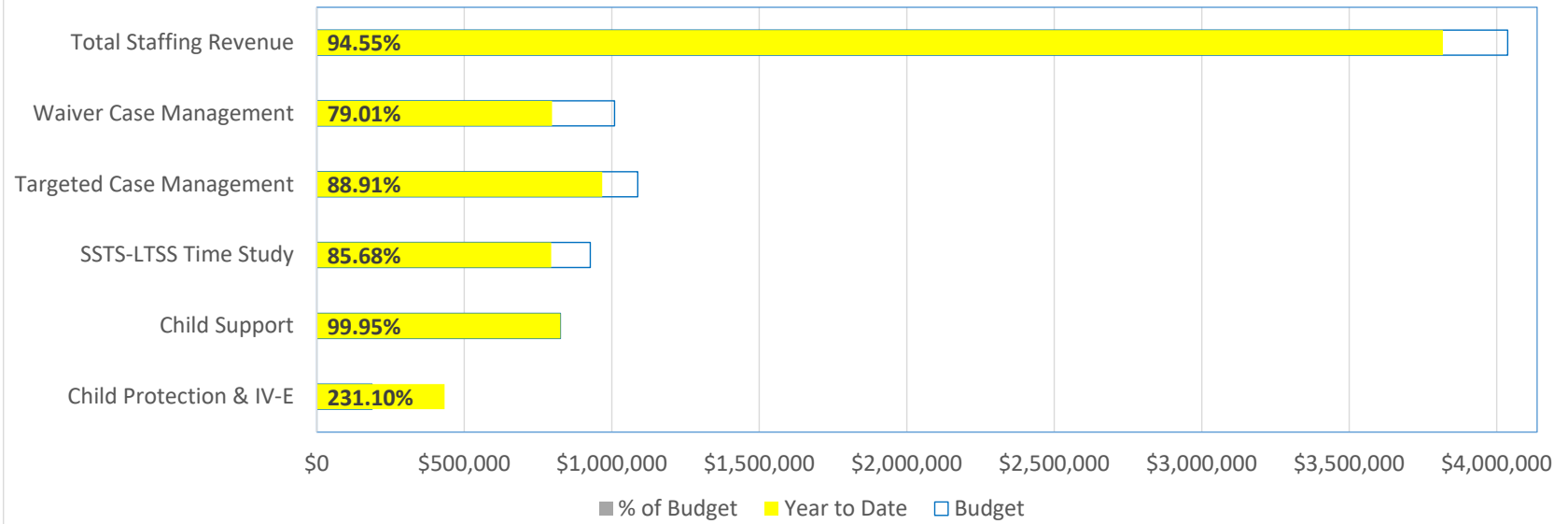
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	759,482.61	7,204,516.89	9,832,761.00	73	75
TOTAL SALARIES	759,482.61	7,204,516.89	9,832,761.00	73	75
OVERHEAD					
AGENCY OVERHEAD	137,301.22	782,662.80	1,116,589.00	70	75
TOTAL OVERHEAD	137,301.22	782,662.80	1,116,589.00	70	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	23,165.83	24,000.00	97	75
TOTAL CAPITAL EQUIPMENT	0.00	23,165.83	24,000.00	97	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	896,783.83	8,010,345.52	10,973,350.00	73	75

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,784.77-	26,536.44-	25,000.00-	106	75
11-420-640-0000-5290 CS ST Incentives	0.00	12,850.00-	10,000.00-	129	75
11-420-640-0000-5355 CS Fed Admin	85,200.00-	678,998.06-	691,000.00-	98	75
11-420-640-0000-5356 CS Fed Incentive	0.00	91,270.80-	90,000.00-	101	75
11-420-640-0000-5379 CS Fed MA Incentive	1,670.86-	15,921.87-	10,000.00-	159	75
11-430-700-0000-5292 State LTSS	0.00	260,413.00-	290,000.00-	90	75
11-430-700-0000-5383 Fed LTSS	0.00	308,911.00-	350,000.00-	88	75
11-430-700-3810-5380 Fed MA SSTS	0.00	102,879.00-	152,000.00-	68	75
11-430-710-0000-5289 Child Protection	0.00	206,280.00-	122,399.00-	169	75
11-430-710-3810-5366 FC IV-E	0.00	224,639.00-	50,000.00-	449	75
11-430-710-3810-5367 IV-E SSTS	0.00	76,785.00-	70,000.00-	110	75
11-430-710-3930-5381 CW-TCM	0.00	325,395.00-	350,000.00-	93	75
11-430-730-3050-5380 Rule 25 SSTS	0.00	45,264.00-	65,000.00-	70	75
11-430-740-3830-5366 IV-E Rule 5	0.00	2,159.00-	15,000.00-	14	75
11-430-740-3900-5381 Child MA MH-TCM	0.00	4,599.00-	20,000.00-	23	75
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	0.00	10,000.00-	0	75
11-430-740-3910-5240 St Adult MH-TCM	0.00	3,283.50-	3,000.00-	109	75
11-430-740-3910-5381 MA Adult MH-TCM	728.17-	119,578.65-	175,000.00-	68	75
11-430-740-3910-5401 SCHA Adult MH-TCM	97,338.01-	400,765.25-	410,000.00-	98	75
11-430-740-3930-5401 SCHA Pathways	14,925.68-	69,007.08-	75,000.00-	92	75
11-430-760-3930-5381 Adult VA/DD-TCM	2,019.50-	44,750.16-	45,000.00-	99	75
11-463-463-0000-5290 St AC Waiver	625.00-	3,294.32-	14,000.00-	24	75
11-463-463-0000-5292 St MA CM Waivers	26,878.98-	196,494.75-	240,000.00-	82	75
11-463-463-0000-5382 Fed MA CM Waivers	26,853.52-	196,151.70-	240,000.00-	82	75
11-463-463-0000-5402 SCHA Waivers	30,482.37-	295,120.59-	325,000.00-	91	75
11-463-463-0000-5429 SCHA Care Coord	14,530.57-	106,102.31-	190,000.00-	56	75
TOTAL HHS Staffing Revenues	304,037.43-	3,817,449.48-	4,037,399.00-	95	75

HHS Staffing Revenue Q3/2019
75% of Year



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



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR OCTOBER 2019

In-Patient Approval:

#00429349R – 31 year old female – one previous treatment – The Gables, Rochester
#04445110R- 24 year old female – three previous treatments – Burkwood, Hudson WI
#03534537R – 20 year old female – three previous treatments – MNATC, Rochester
#02294913R – 20 year old male – numerous previous treatments – MNATC, Rochester
#03042921R – 33 year old female – one previous treatment – New Beginnings, Waverly
#01916717 – 22 year old male – no previous treatment – Burkwood, Hudson WI
#01097457R- 39 year old male – numerous previous treatments – Twin Town, St. Paul
#01176364R – 33 year old male – numerous previous treatments – Oakridge, Rochester
#02047681 – 28 year old male – no previous treatment – NorthStar Regional, Shakopee
#01563751R – 43 year old male – numerous previous treatments – Progress Valley, Richfield

Outpatient Approvals:

#01591174R – 38 year old male – numerous previous treatments- Moment to Moment, Red Wing
#04373560R – 37 year old female – three previous treatments – Common Ground, Red Wing
#05974690R – 34 year old male – one previous treatment – Common Ground, Red Wing
#02930209R – 41 year old male – numerous previous treatments – OMADA, Northfield
#01976740R – 34 year old female- numerous previous treatments – New Season, Rochester
#03322154R – 36 year old female – one previous treatment – Nivon Wellness Center, Cottage Grove
#04879206R – 23 year old female – three previous treatments – Moment to Moment, Red Wing
#00444529R – 28 year old male – one previous treatment – Midwest Recovery, Red Wing
#00865273R – 32 year old male – numerous previous treatment – Riverplace, Anoka
#00557005 – 41 year old female – no previous treatment – Common Ground, Red Wing
#00529764R – 31 year old male – three previous treatments – New Season, Rochester

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	29
November	20	22	19	22	
December	17	15	16	19	
Total	236	247	273	256	223

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



Quarterly Trend Report

Quarter 3 (July-September) 2019

Goodhue County Health and Human Services
November 19, 2019

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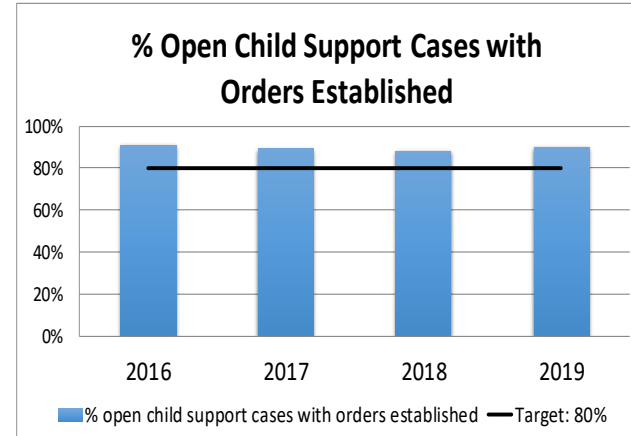
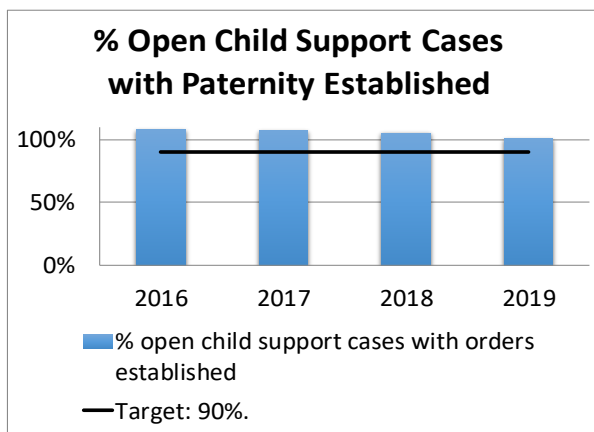
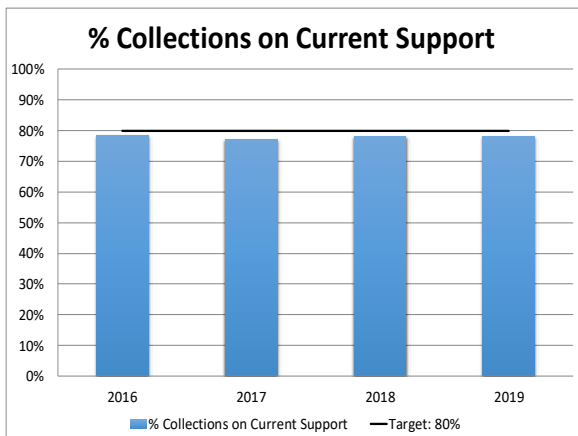


Goodhue County Health & Human Services

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 paternities 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.

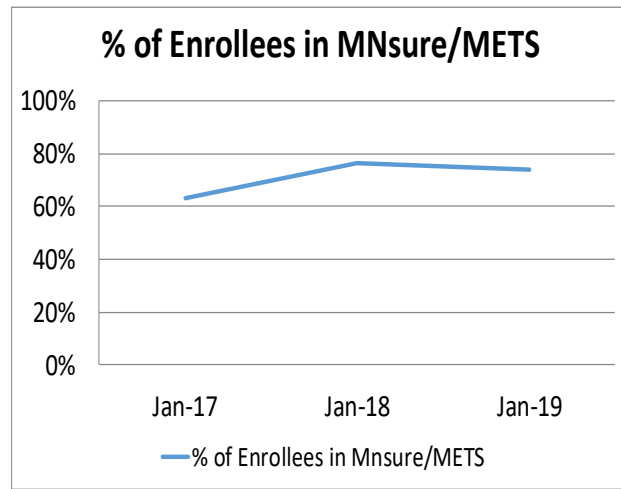
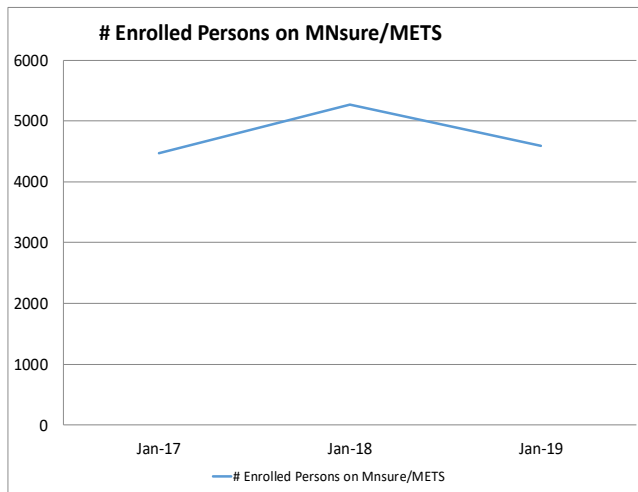
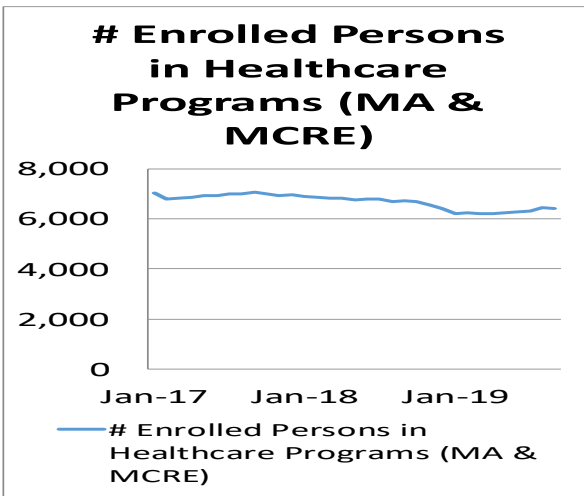
Where Do We Go From Here?

- **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.



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 (MNsured/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 complete, we are no longer seeing increases.

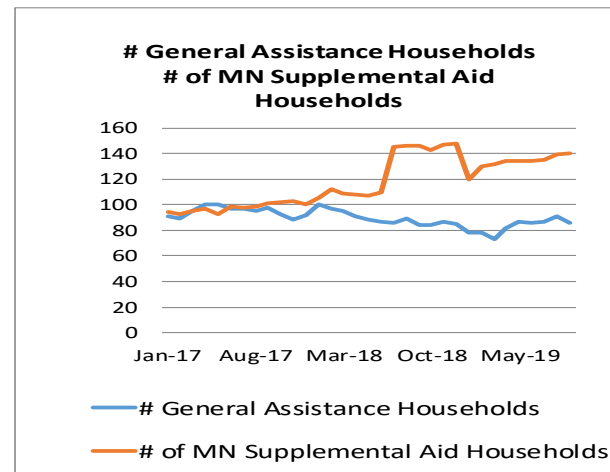
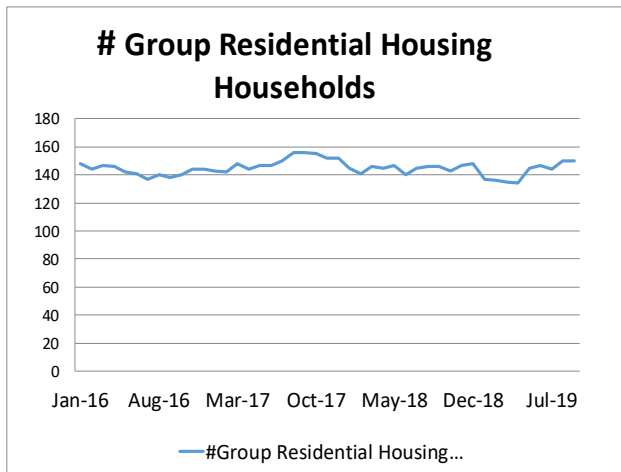
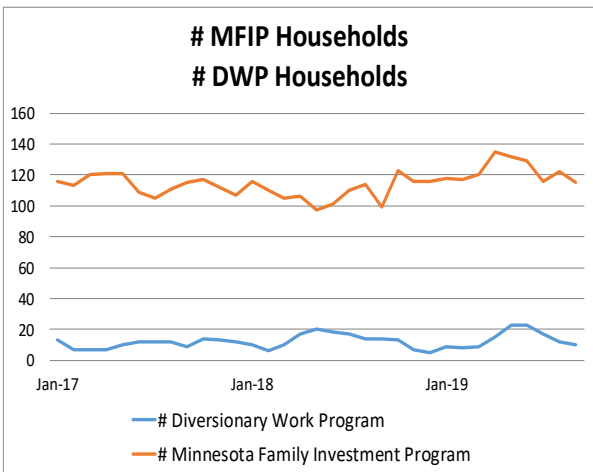
Where Do We Go From Here?

- **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

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



Story Behind the Baseline

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

Where Do We Go From Here?

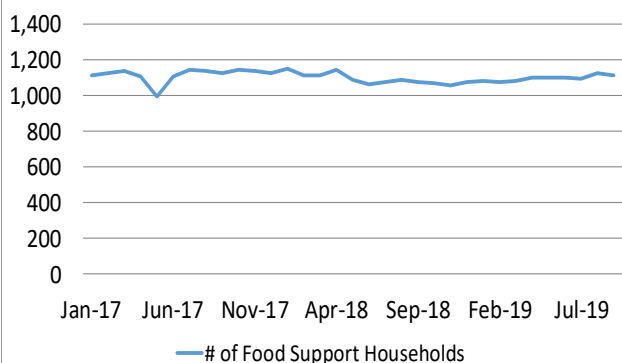
LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



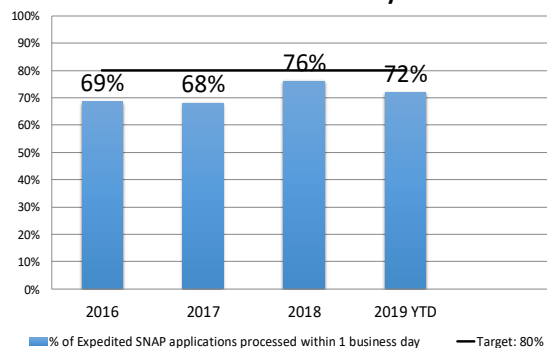
Purpose/Role of Program

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.

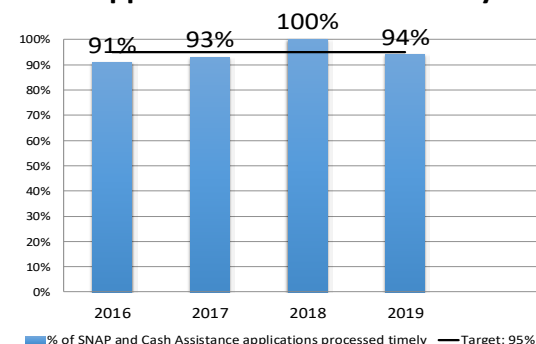
of Food Support Households



% of Expedited SNAP Applications Processed Within 1 Business Day



% of SNAP and Cash Assistance Applications Processed Timely



Story Behind the Baseline

Where Do We Go From Here?

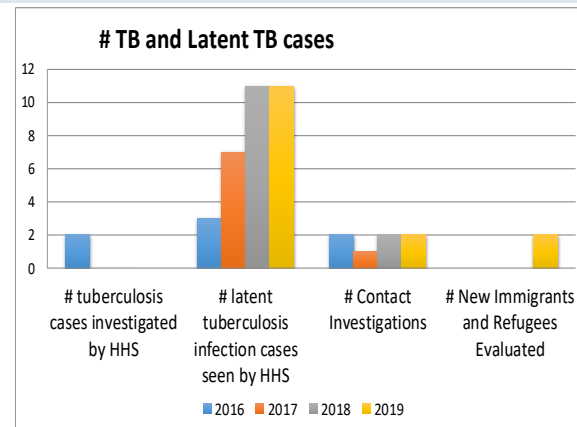
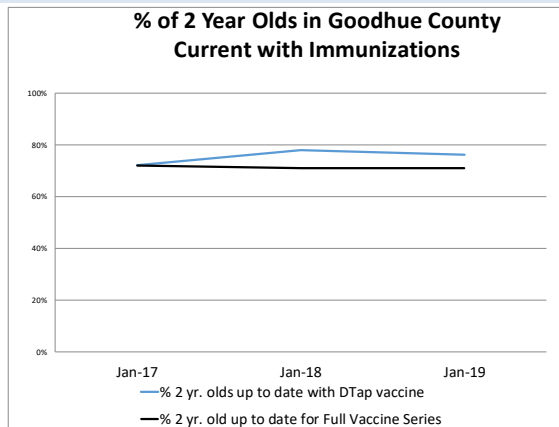
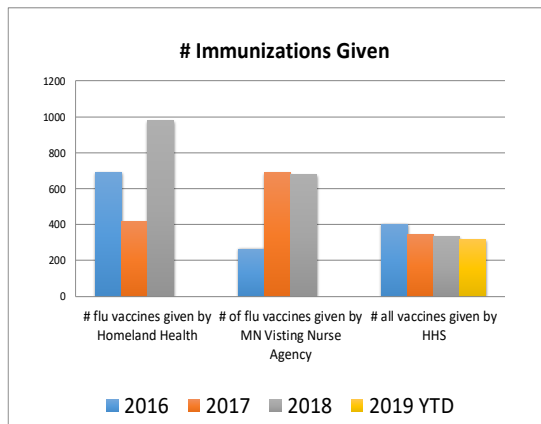
- LEFT:** The number of households receiving food benefits in Goodhue County has remained steady in recent years. This follows the state trend. There are a number of factors contributing to this including program rules, stronger economy and fraud prevention efforts.
- CENTER:** Efficient and timely processing of expedited applications helps ensure that people’s basic need for food is met. The most recent data from January 2019 through September 2019, shows 72% of expedited SNAP applications were 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. threshold.

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



Purpose/Role of Program

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



Story Behind the Baseline

- LEFT:** HHS gave 317 immunizations in 2019 as of 10/23/19. (352 were given in all of 2018.) HHS assisted the Mennonite school with obtaining records for students which has increased numbers vaccinated at HHS from this uninsured community. This is the 3rd year of student flu clinics for all school districts in the county, except Cannon Falls and Red Wing, who are in their 2nd year. Numbers of students/staff vaccinated during school hours are expected to surpass last year's total of 1,698. GC employees were vaccinated at 4 employee flu clinics. 132 participated compared to 139 in 2018. Number of employees receiving flu vaccine has increased the past 2 years by adding additional opportunities for employee flu shots at biometric screenings.
- CENTER:** % of 2 year olds up to date remains around 70%. DTap is 74%.
- RIGHT:** 11 people were provided free medication and monitoring of Latent TB Infection, including 2 who were evaluated to rule out active TB at the free TB clinic in Olmsted County.

Where Do We Go From Here?

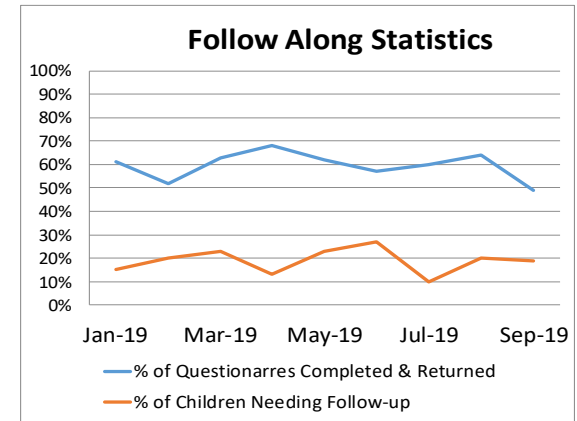
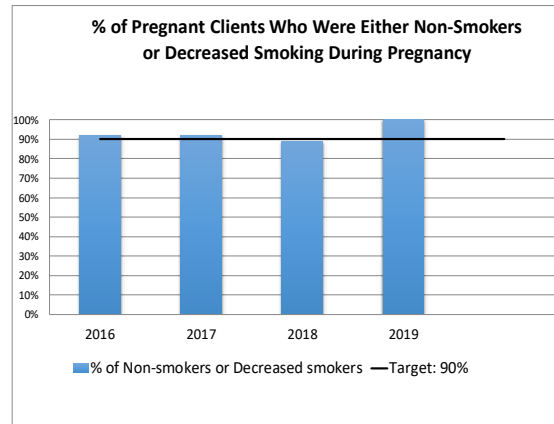
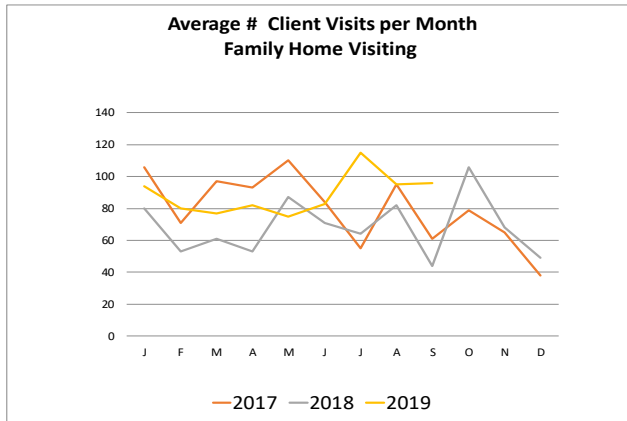
- LEFT:** Hepatitis A vaccinations will continue to be given at the county jail and possibly at the Care Clinic. Goodhue Co. does not have any homeless shelters or inpatient drug treatment facilities. Information regarding Hep. A prevention will be provided to Hope Coalition and Care Clinic and at the PCC homeless event.
- CENTER:** Our SE region registry coordinator sends letters to families with children age 17-24 mos. who are past due for immunizations. 2,000 letters have been sent since the beginning of the year.
- RIGHT:** Due to budget constraints, MDH has changed eligibility criteria to obtain free medication for treatment of Latent TB infection. This may decrease the number of patients we assist with treatment of LTBI. 8 of the 11 cases seen in 2019 were at increased risk of becoming active tuberculosis and met the eligibility criteria.



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 or 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?

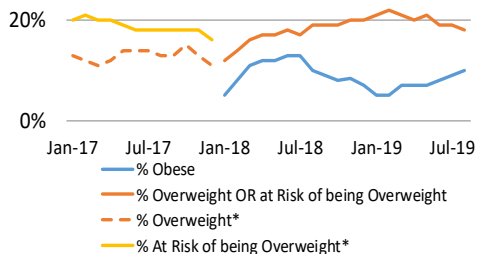
- LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources 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.



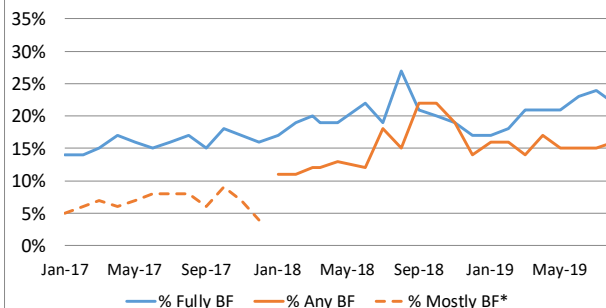
Purpose/Role of Program

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.

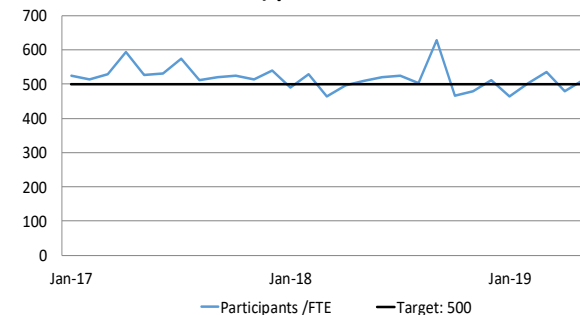
% WIC Children Obese and Overweight/At Risk



% of WIC Infants that Are Breastfed



Ratio Total WIC Clients (women, infants, and children) per WIC Staff



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.



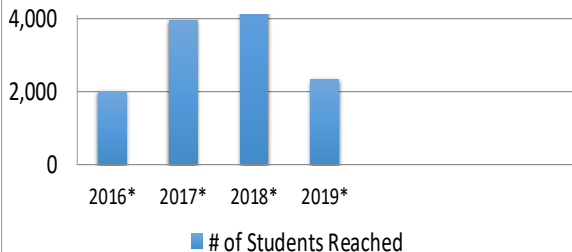
Public Health

Live Well Goodhue County

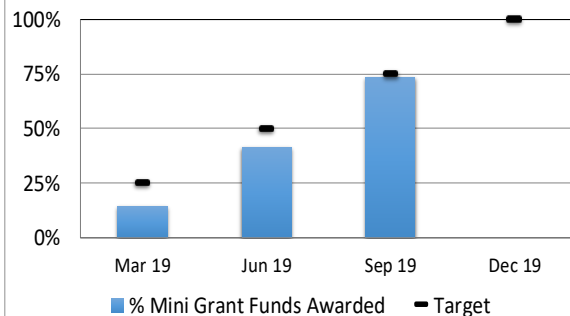
Purpose/Role of Program

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.

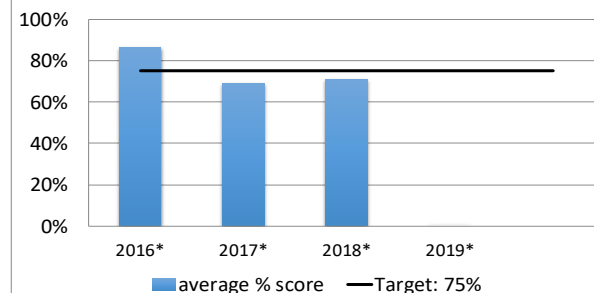
Students Reached by School Strategies



% Mini Grant Funds Awarded



Average Score on Sustainability Checklist for Funded Mini-Grants



Story Behind the Baseline

- **LEFT:** Our current partners are: Cannon Falls School District, Goodhue School District, Red Wing High School, Red Wing Sunnyside, Red Wing Twin Bluff, Zumbrota Primary and Middle/High School.
- **CENTER:** Mini-grants are available to community organizations, child care providers, schools, worksites, non-profits and other organizations that are interested in partnering with us to improve the health of our residents. The increase from June to September was due to a new school year starting and our school partners applying for mini-grants to implement active classroom activities.
- **RIGHT:** A sustainability survey will be sent out to 2018/19 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

Where Do We Go From Here?

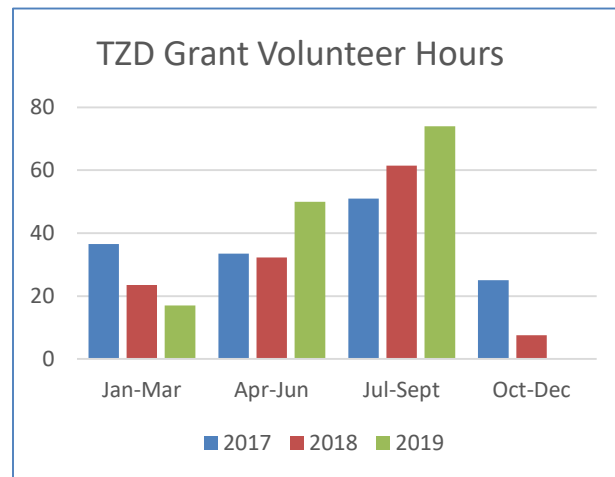
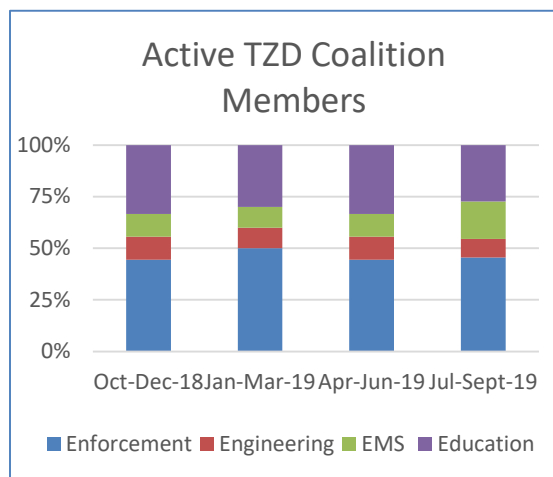
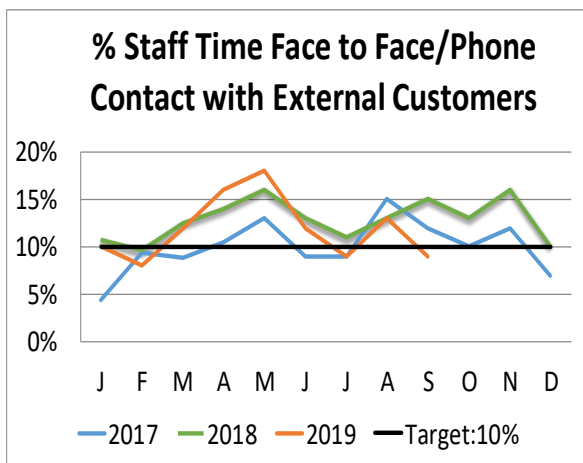
- **LEFT:** Live Well Goodhue County staff will continue to partner teams with Goodhue, Zumbrota-Mazeppa, and Cannon Falls while starting a Safe Routes to School Initiative with the Pine Island School District. We will also continue to strengthen our relationships with Kenyon-Wanamingo and our private schools.
- **CENTER:** A new year for SHIP began November 2, 2019. Staff members will actively work with current partners and new partners to implement initiatives that will help us accomplish our mission.
- **RIGHT:** All partners implementing an initiative will be required to develop a sustainability plan.



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?

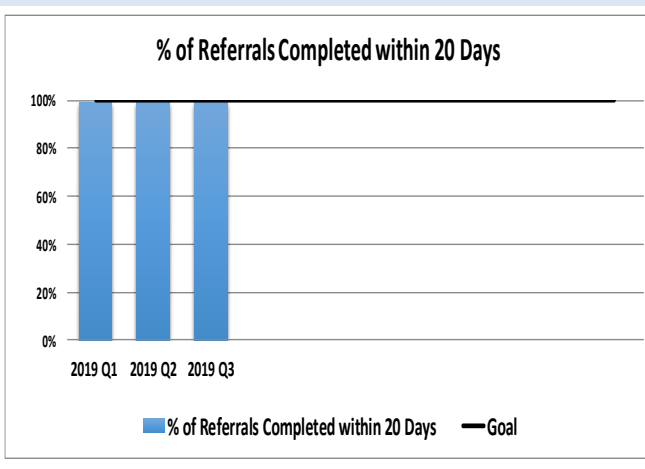
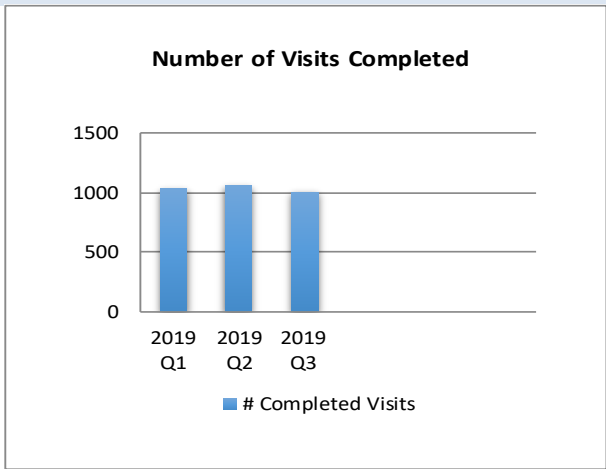
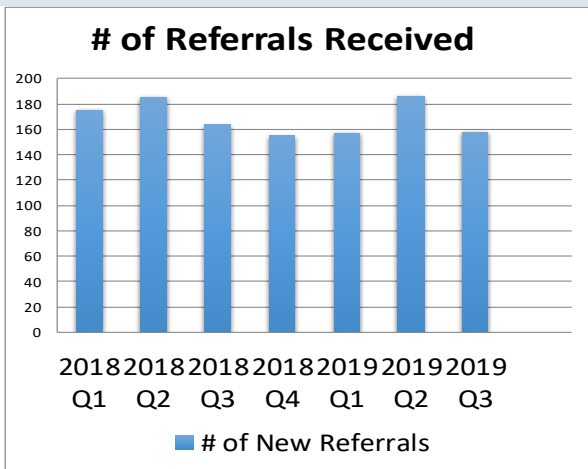
- LEFT:** To maintain 10%, we share upcoming meetings and events at monthly staff meetings, and discuss this measure one-to-one on a quarterly basis.
- CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical services (EMS).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



Public Health *Waiver Management Team*

Purpose/Role of Program

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



Story Behind the Baseline

- **LEFT:** This quarter there were 158 referrals. The break down of these referrals are as follows: County of Residence, 11; Alternative Car/Elderly Waiver, 55; Community Access for Disability Inclusion Waiver/Brain Injury Waiver/Community Alternative Care Waiver, 31; Consumer Support Grant/Family Support Grant, 0; Developmental Disability Waiver, 9; Under 65 Year Old Nursing Home Screens, 39; Personal Care Assistance, 13. The majority of referrals were in the > 65 year old programs again this quarter. The number of County of Residence Screens was significantly less this quarter.
- **CENTER:** Staff (15) completed a total of 1010 visits this quarter. This is down from last quarter which is to be expected with summer vacations. 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

Where Do We Go From Here?

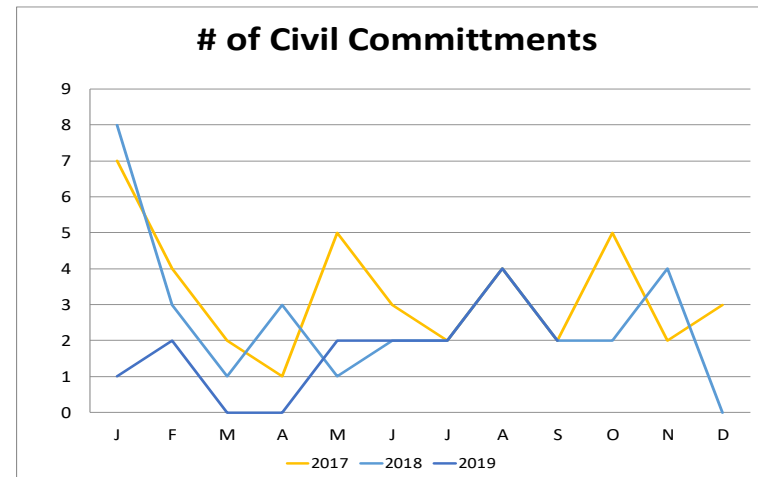
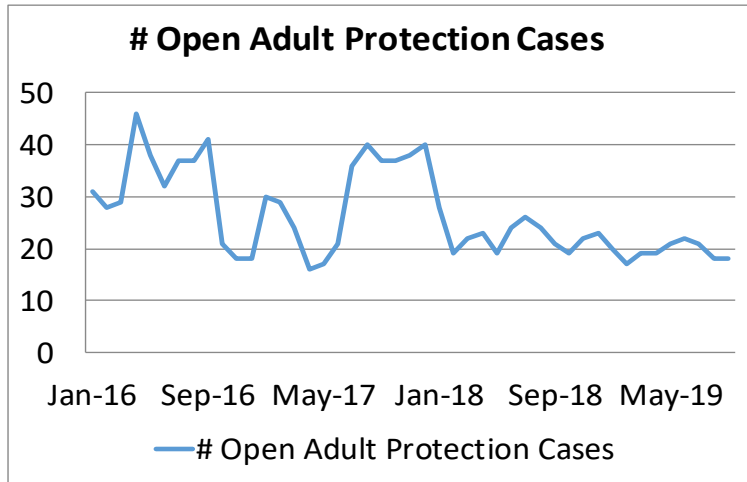
- **Left:** We want to continue to make sure we are receiving referrals and citizens are aware of Home and Community Based Services available.
- **Center:** Visits equal revenue, so we want to maintain visit counts. Our case managers build rapport with clients and increased visits maintains this working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

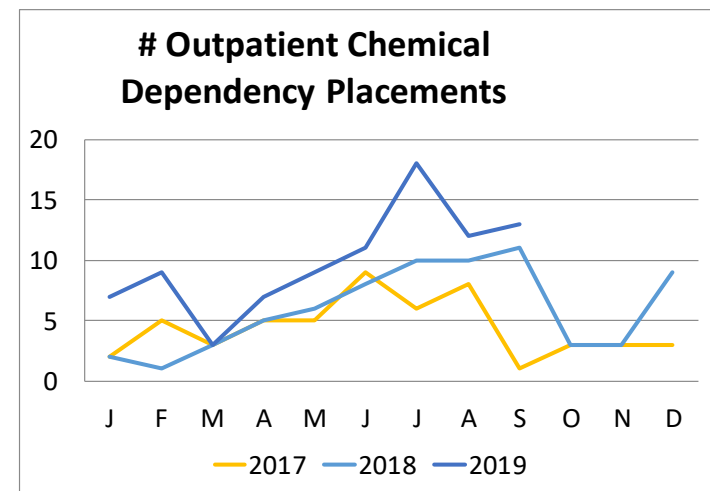
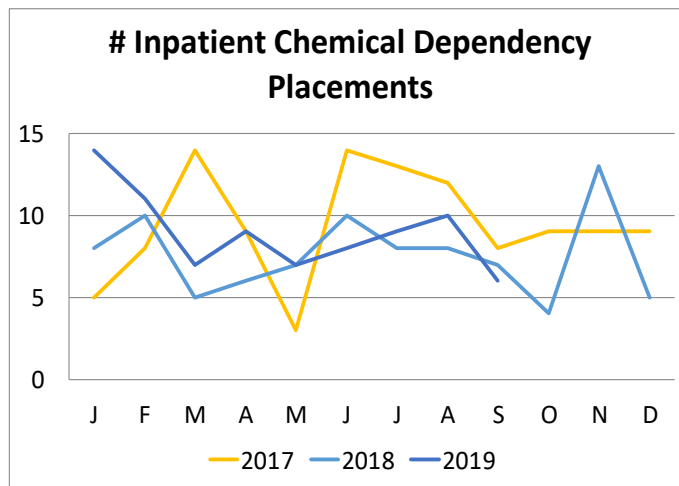


Social Services

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?

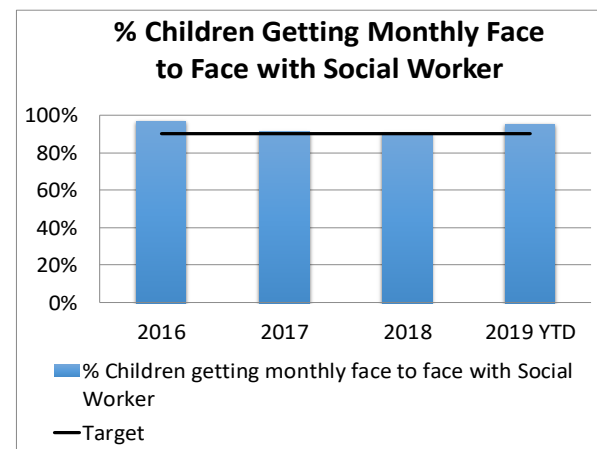
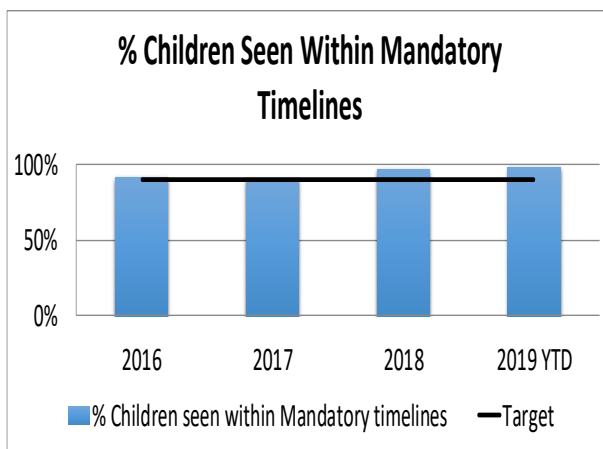
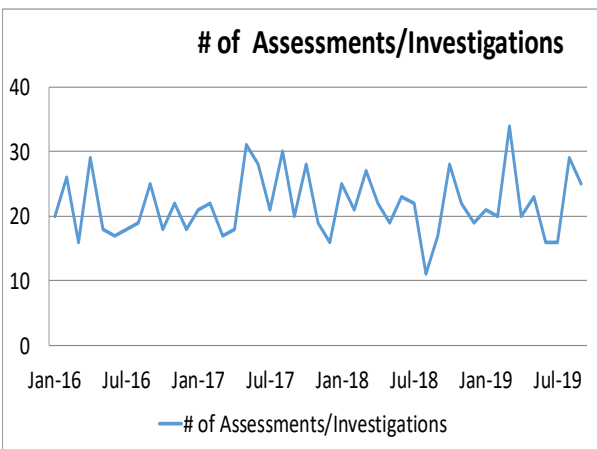
- **LEFT & RIGHT:** Our Rule 25 assessors are well trained in the assessment process and do a great job collaborating with county staff, probation, treatment programs, etc.



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-October, Goodhue County is at 98.4% of children were seen within timeframes.

RIGHT: This data is also available only in “year to date” format. As of the end of September almost 95% of children were seen within timeframes.

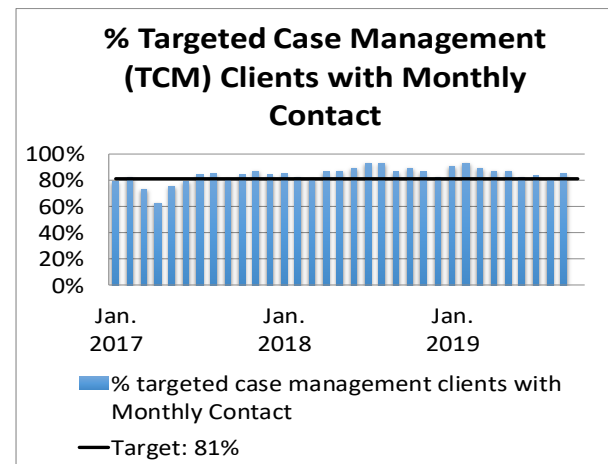
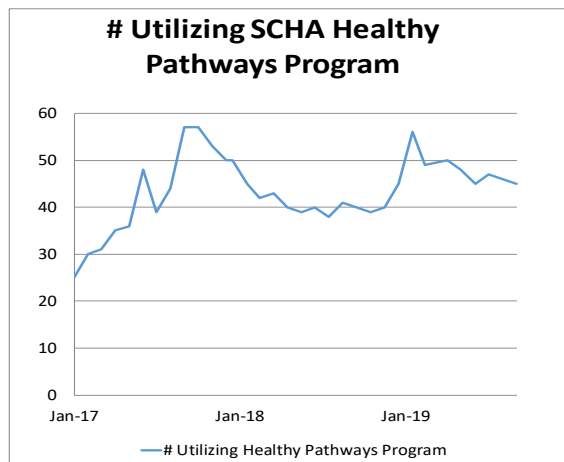
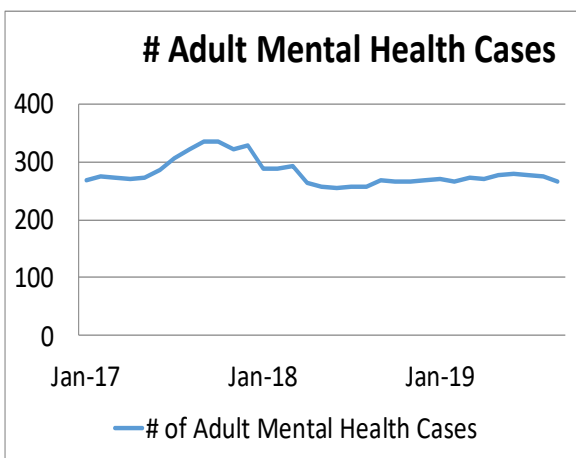
Where Do We Go From Here?

- **LEFT :** Summer tends to be slightly slower for child protection reports. The summer of 2019 was fairly average, and the fall has been rather busy.
- **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.

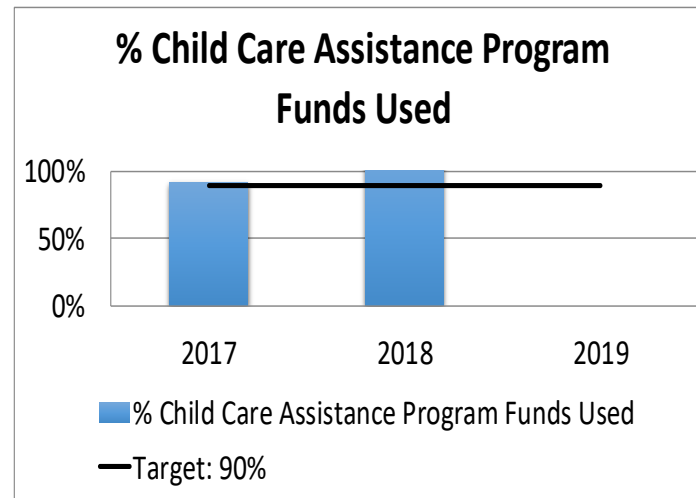
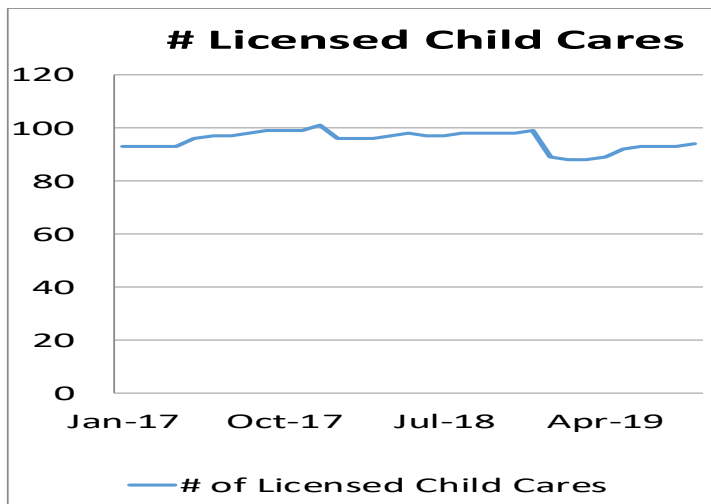


Social Services

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.

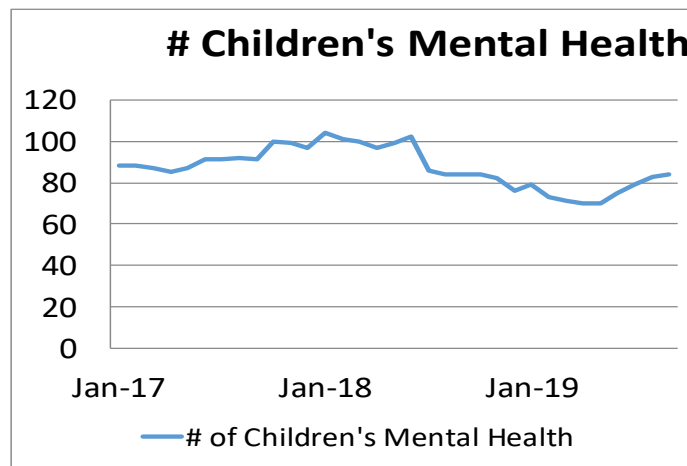
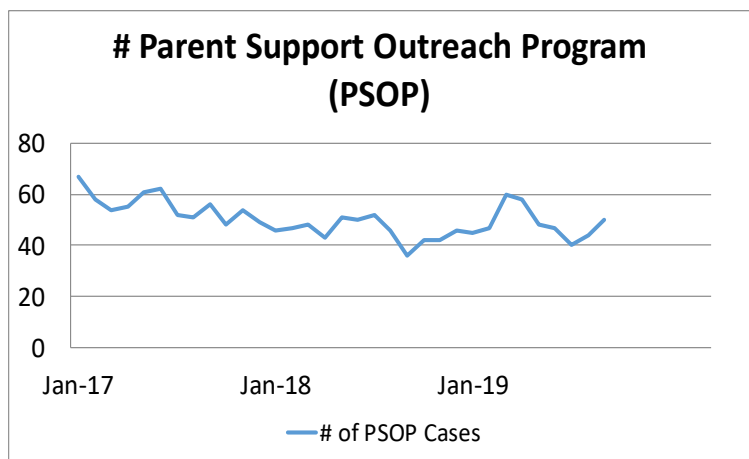
Where Do We Go From Here?

- **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?

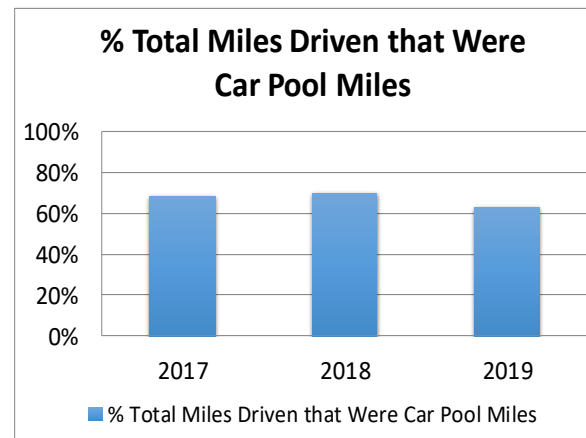
- **LEFT:** PSOP has become a vital part of our service array for families with young children. Evidence demonstrates that when counties heavily utilize PSOP, child protection reports decrease. Goodhue County's strong utilization of PSOP could explain, in part, the decrease in child protection assessments/investigations.
- **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.



Protecting, Maintaining and Improving the Health of All Minnesotans

October 22, 2019

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

Dear Ms. Arneson:

I am writing to provide you the results of the Management Evaluation (ME) of the Goodhue County WIC Program that was conducted in July and August 2019. The Management Evaluation is part of our ongoing monitoring of local WIC agencies. I would like to express appreciation to Bea Haines, WIC Coordinator, and the Goodhue County WIC staff for the courtesy and cooperation shown during the evaluation process.

The overall review during the ME included Nutrition Services; Breastfeeding Services; Civil Rights; Referrals; Program Integrity Practices; Benefit Security; Participant Certification; Record Retention and Program Administration. In addition to observing local site operations at Red Wing and Zumbrota, I reviewed a sampling of participant files and reviewed local program reports and files. At the conclusion of the ME, I met with you and your staff to discuss the results.

Overall Impressions

- The WIC clinic location provides a “one-stop shop” so that participants may access other public health and human service programs.
- Staff facilitated a smooth eWIC rollout. Bea also provided useful feedback to the state office, resulting in changes in procedures.
- Caseload has increased 9% since eWIC began.
- Parking appeared to be adequate.
- Recommendations from the previous ME were undertaken.

Local Agency Strengths

- Staff are committed, caring and experienced; they make a good team. The two primary CPA staff being highly skilled and knowledgeable about WIC procedures.
- Staff provided good explanations of different aspects of WIC , such as of the Rights & Responsibilities, demonstration of how to register and use the WIC app, and good use of

pictorials. Staff showed professional and smooth handling of complicated certifications.

- Breastfeeding is a priority, including collaboration with a three county breastfeeding coalition, as well as administration of a strong Peer Breastfeeding Program.

Recommended Actions

The following are recommendations. A written response is not necessary, however, we encourage you to consider these recommendations to enhance the quality of your services and/or to ensure the integrity of your program.

1. High Risk: Implement consistent practices for high risk referrals.

- Send the high risk referral directly to the health care provider.
- Scan the form and document in the high risk note that it was sent.

2. Counseling

- Continue building on Participant Centered Counseling skills by implementing the OARS approach. Staff have developed skills with Open-Ended questions, so may proceed to Affirmations, Reflections and Summarizing, perhaps working on one skill for several months, before moving on to the next skill.
- Work with the participant to identify a specific goal that he/she would like to try, rather than a broad goal such as “Eat more veggies.” Help the participant visualize how they will accomplish the goal.
- Generally, complete the assessment before providing counseling.
- Keep in mind that it is not necessary to counsel on each risk code or topic, just the priority one or two. This helps to make the counseling more memorable for the participant and less overwhelming.

3. Risk Codes

- Keep in mind the various medical risk codes that may apply.
- Assess for all risk codes. This will provide an overall picture of the participant’s situation.

4. Staffing

- Current staffing levels seem to work because Bea and Verna are so experienced. However slightly increased staff may be needed if they were to retire.
- Part-time staff need adequate time in WIC to develop and maintain WIC skills.
- If a vacancy arises, please attempt to recruit and hire a Registered Dietitian Nutritionist. The goal of MN WIC, as a nutrition program, is for agencies to have a nutrition professional on staff to plan and oversee nutrition services. There are different models

for this and I would be glad to discuss this further with you, as well as to assist with recruitment efforts.

5. Privacy

- The WIC “intake room” presents challenges with privacy in that it is the clerk’s office as well as having a desk where a CPA may take phone calls or provide nutrition education.
- Staff seem to be handling this appropriately. However, as a reminder, in-person additional education, phone education and other contacts need to be conducted in a private space, so would not take place in that room if another participant were there working with the clerk. In-person nutrition education would be conducted with only one staff person in the office as a best practice.

There were no areas in which your agency failed to meet the minimum standard for demonstrating compliance with a federal requirement.

I’d like to thank the WIC staff for their assistance during this process and encourage them to continue to build on their quality services. As always, it was a pleasure to visit the Goodhue County WIC Program.

If you have any questions related to this letter or review, please feel free to call me at (507) 206-2732. Thank you for your support of the WIC program!

Sincerely,

A handwritten signature in black ink that reads "Mary Frances Guiney". The signature is written in a cursive, flowing style.

Mary Frances Guiney, RDN, LD
MDH WIC Consultant

cc: Bea Haines, WIC Coordinator
State Project file

Goodhue County Performance Report

Adult Protection and Child Support Performance Report October 2019

Reporting Periods:

Adult Protection July 1, 2018 – June 30, 2019
Child Support Oct. 1, 2018 – Sept. 30, 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 Adult Protection and Child Support measures as they relate to the Human Services Performance Management system (referred to as the Performance Management system).

This report contains data on four measures and includes:

- State fiscal year (July 1, 2018 – June 30, 2019) performance data for the Adult Protection measure
- Federal fiscal year (Oct. 1, 2018 – Sept. 30, 2019) performance data for the three Child Support measures
- Performance data trends for recent years
- 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 Minnesota Statutes Chapter 402A. 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 Support Measures

When a county has a denominator less than 20, the Performance Management team will look at overall performance across the three Child Support 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.

Adult Protection Measure

Exemptions for small case numbers are not included for the Adult Repeat Maltreatment measure. Extenuating circumstances claims can be filed if counties believe small numbers affected the results.

The Performance Management team is working to revise the small numbers policy. The purpose of updating the policy is to create a more robust policy that will apply to all the measures in the Performance Management system and allow counties of any size to identify opportunities for continuous improvement efforts.

Additional Information

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

Background on Adult Repeat Maltreatment

In 2018, the Performance Management team partnered with the Olmstead Reporting team and Adult Protection data and policy areas at DHS to align on a common methodology for calculating the Adult Repeat Maltreatment measure. In January 2019, the Performance Management system issued a baseline report featuring the updated version of the measure.

The Measure:

Percent of vulnerable adults who experience maltreatment who do not experience a repeat maltreatment of the same type within six months.

The percent of vulnerable adults who experience maltreatment, determined to be substantiated or inconclusive following investigation, who do not experience a repeat maltreatment of the same type, determined to be substantiated or inconclusive following investigation, within six months.

- The count is of people not allegations or reports.
- The count includes allegations reported to the Minnesota Adult Abuse Reporting Center (MAARC).
- The included allegations were only those where the county was the lead investigative agency with jurisdiction for investigation and responsible for adult protective services.
- The denominator is the number of people subject to an allegation of maltreatment where the allegation was found to be substantiated or inconclusive following investigation by the county and where the case closure date falls in the state fiscal year being reported.
- The numerator is the number of people in the denominator where there is no prior allegation of the same incident type determined to be substantiated or inconclusive within the six months preceding the report case closure date.
- This measure aligns with the measure used by the Olmstead Committee. However, the Olmstead measure uses the number of vulnerable adults who experienced repeat maltreatment; the Human Services Performance Management (Performance Management) system measure is the inverse, the number of people who did not experience repeat maltreatment.

For more information about the measure visit:

http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs-307027.pdf

Measure Threshold

This report displays county performance results compared to a threshold of 80%. The threshold will be re-evaluated by a stakeholder measures development workgroup, including county and community representatives, as part of the Adult Protection measure development work, currently in progress.

Percent of vulnerable adults who experience maltreatment who do not experience a repeat maltreatment of the same type within six months.

What is this measure?

The percent of vulnerable adults who experience maltreatment, determined to be substantiated or inconclusive following investigation, who do not experience a repeat maltreatment of the same type, determined to be substantiated or inconclusive following investigation, within six months.

Why is this measure important?

County agencies are responsible to offer adult protective services as part of a maltreatment investigation to protect the vulnerable adult and prevent repeat maltreatment. County agencies have jurisdiction for maltreatment allegations of abuse, neglect or financial exploitation when the alleged perpetrator is not associated with a licensed provider, or when the vulnerable adult is alleged to be neglecting their own necessary needs. The Department of Human Services, or Department of Health, has jurisdiction for allegations associated with a licensed provider.

What affects performance on this measure?

- Service factors include the number of maltreatment reports received, service options and trained providers in the community, the type of allegation, funding for services, eligibility criteria of other programs and services, and oversight of service providers.
- Staff factors include staff training and knowledge, burnout, the level of supervision available, staff having multiple responsibilities and roles within the organization, interpretation of policies, individual beliefs, and the number of staff available.
- Participant factors include the safety of their living environment; cultural perceptions of safety, aging, and abuse; self-determination and right to refuse services; complex situations where both the perpetrator and victim have service needs; traumatic brain injury and dementia; ability to pay for services not covered by Medical Assistance; mental illness; lack of social support; physical isolation; and the needs of undocumented vulnerable adults.
- Environmental or external factors include the increasing size of the elderly population, community support and awareness of abuse; the role of law enforcement and the courts, how care facilities view safety and risk, service provider payment policies, relationship with county attorney's office, and the impact of the Olmstead Act on service provision.

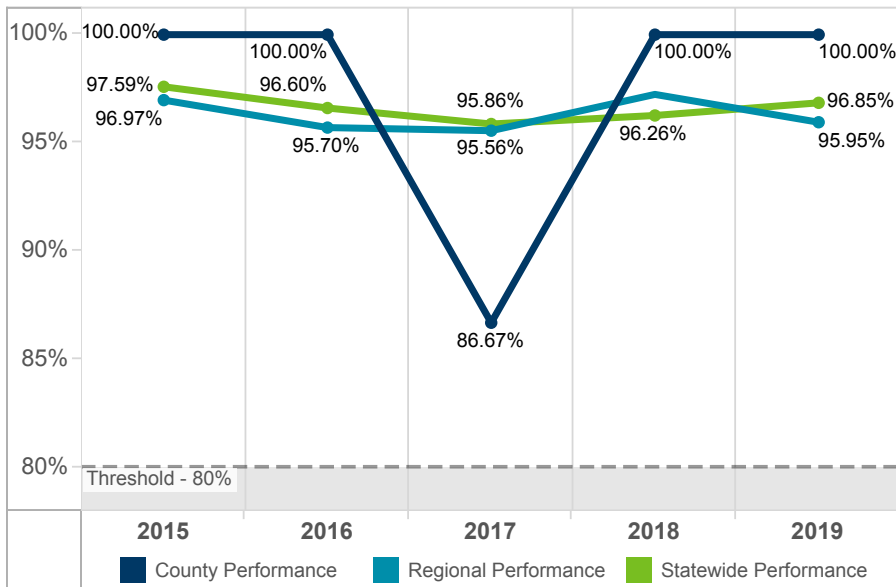
Percent of vulnerable adults who experience maltreatment who do not experience a repeat maltreatment of the same type within six months.

Goodhue County Performance by Year

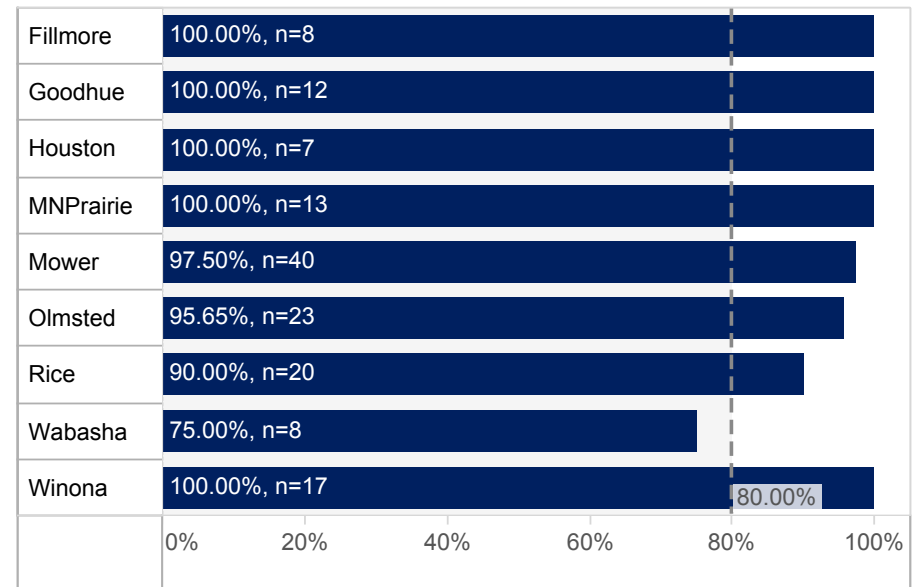
	2015	2016	2017	2018	2019
County Performance	100.00%	100.00%	86.67%	100.00%	100.00%
Denominator	6	19	15	13	12

PIP Decision
No PIP Required - Performance is equal to or above the threshold of 80%.

County, State and Regional Performance



2019 Performance for MACSSA Region 10



*Blank values represent counties with no cases for a reporting year.

**The dotted line on each graph indicates 80%, the threshold being used for this measure. The threshold will be re-evaluated by a stakeholder measures development workgroup, including county and community representatives, as part of the Adult Protection measure development work, currently in progress.

Percent of open child support cases with paternity established.

What is this measure?

This measure divides the number of children in open Child Support cases that were not born in marriage in the previous federal fiscal year by the number of children in open Child Support cases that had paternities established in the report year. The paternities established by Child Support workers 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 percent.

Why is this measure important?

Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. Parentage must be established before an order for support can be established. Within the Child Support program, counties are responsible for connecting parents and their children by locating parents and establishing paternity. The counties initiate court actions to determine parentage. Paternity is important not only for the collection of child support, but also for other legal matters like inheritance and survivor benefits.

What affects performance on this measure?

- Service factors such as staff availability, the hours a county office is open, the location of the agency in relation to people needing services, and the age of technology and computer systems.
- Staff factors such as staff training levels, staff-to-client ratios, and business continuity planning as older, more experienced workers retire.
- Participant factors such as demographics, trust or mistrust of government, housing stability, and immigration status.
- Environmental or external factors such as cooperation between law enforcement, counties, courts, and hospitals; working across state and American Indian reservation borders; and clients' ability to obtain transportation.

Percent of open child support cases with paternity established.

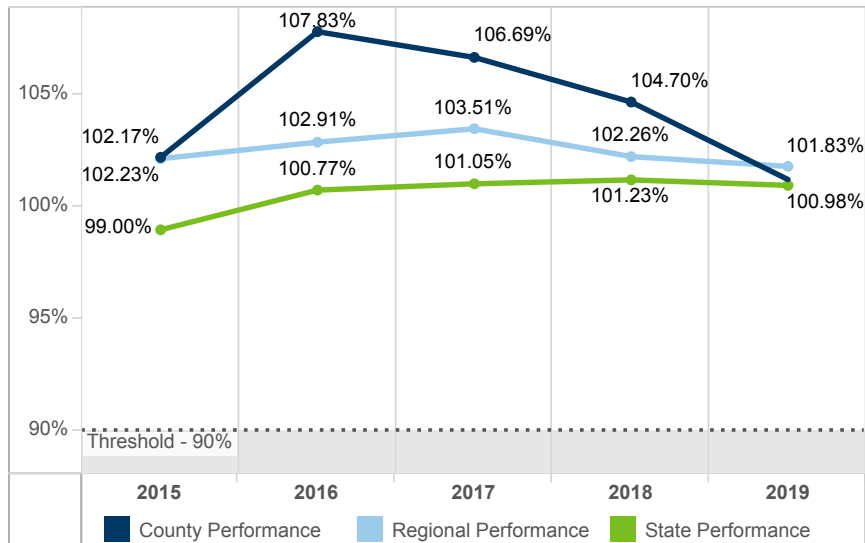
Goodhue County Performance by Year

	2015	2016	2017	2018	2019
County Performance	102.23%	107.83%	106.69%	104.70%	101.24%
Denominator	1,435	1,366	1,436	1,469	1,451

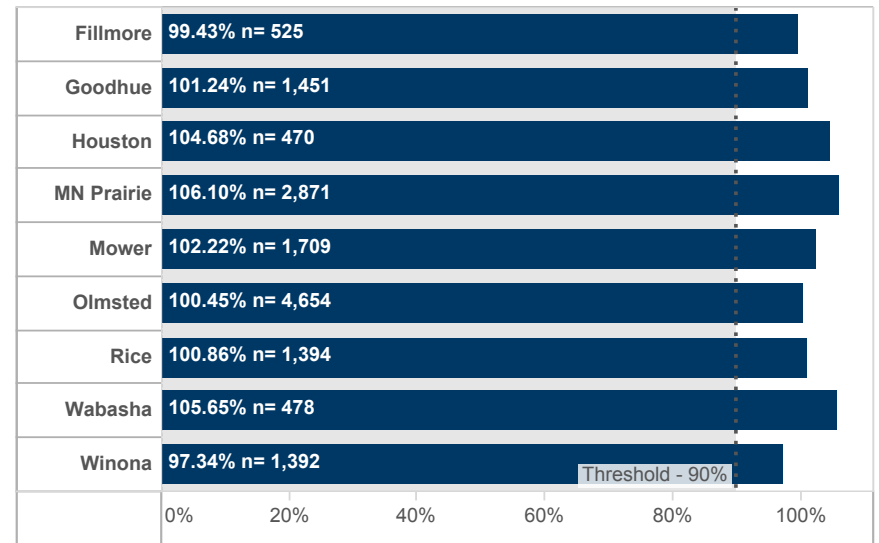
PIP Decision

No PIP Required - Performance is equal to or above the threshold of 90%.

County, State and Regional Performance



2019 Performance for MACSSA Region 10



*The dotted line on each graph indicates the measure threshold of 90%.

Percent of open child support cases with an order established.

What is this measure?

This measure is the number of cases open at the end of the federal fiscal year with support orders established divided by the number of total cases open at the end of the federal fiscal year.

Why is this measure important?

This is a measure of counties' work toward ensuring children receive financial support from both parents. Through their role in the Child Support program, counties 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.

What affects performance on this measure?

- Service factors that influence this measure include relationship with the county attorney, ability to schedule timely court hearings, information-sharing between courts, tribal nations, and Child Support, and relationships with other states that impact the ability to collect support across state boundaries.
- Staff factors that influence this measure include the number of staff dedicated to Child Support, training and education, and legacy planning and hiring of new staff as staff retire.
- Participant factors that influence this measure include family size, the separation or divorce rate and whether children are born in marriage, custody arrangements, and incarceration of non-custodial parents.
- Environmental or external factors influencing this measure include local economy and ability of non-custodial parents to find employment, employer response time to paperwork, parents that work for cash, and level of trust in the government to provide service.

Percent of open child support cases with an order established.

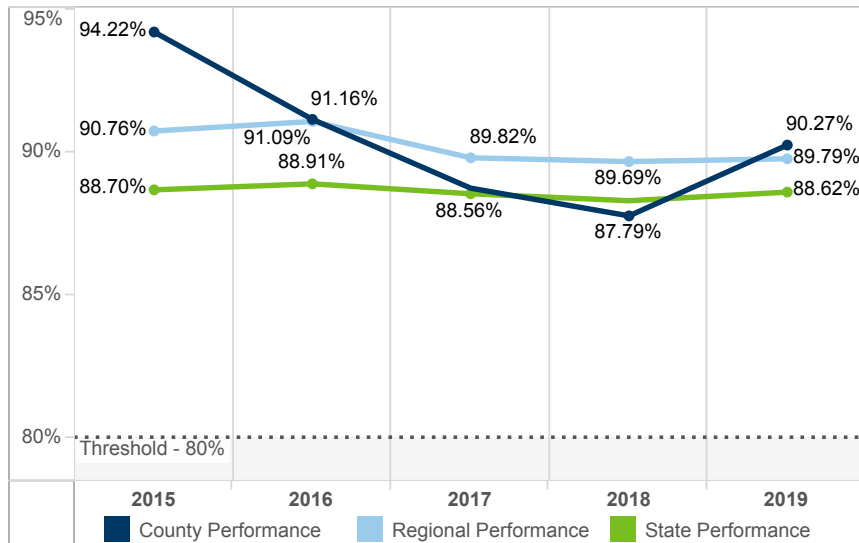
Goodhue County Performance by Year

	2015	2016	2017	2018	2019
County Performance	94.22%	91.16%	88.76%	87.79%	90.27%
Denominator	1,851	1,890	1,957	1,949	1,880

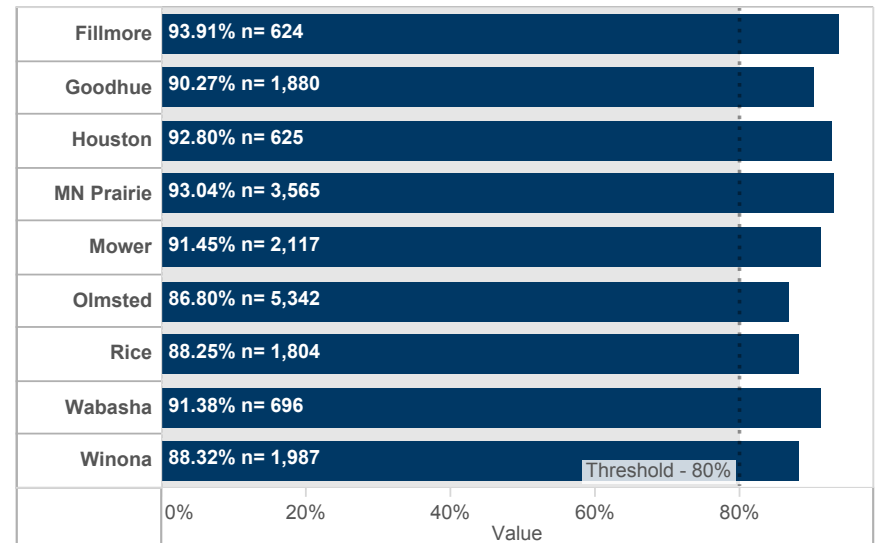
PIP Decision

No PIP Required - Performance is equal to or above the threshold of 80%.

County, State and Regional Performance



2019 Performance for MACSSA Region 10



*The dotted line on each graph indicates the measure threshold of 80%.

Percent of current child support paid.

What is this measure?

This measure is the total amount of support distributed divided by the total amount of current support due during that fiscal year. The numerator and denominator are dollar amounts, rather than children, families, or people.

Why is this measure important?

Children need both parents contributing to their financial security, and child support is one means of accomplishing that. Counties, through their role in the Child Support program, 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.

What affects performance on this measure?

- Service factors that influence this measure include the size of the interstate caseload and ability to collect support across state boundaries, relationships with other counties and tribes, court processes, coordination with other county services, and technology that is sometimes out-of-date. For example, technology limitations do not allow non-custodial parents to pay by credit card.
- Staff factors that influence this measure include caseload size, legacy planning and training of new staff as staff retires, and challenges attracting and retaining new staff.
- Participant factors that influence this measure include parent initiative or interest in pursuing a modification of their order, non-cooperation by non-custodial parents, visitation schedules, employment rate, self-employment, and homelessness.
- Environmental or external factors that influence this measure include the local economy, resources of the county attorney, the availability of community resources to help parents find and keep employment and address issues leading to unemployment, and the increased state minimum wage.

Percent of Current Child Support Paid Threshold Review

Background on Percent of Current Child Support Paid Threshold

In 2017, a stakeholder workgroup recommended and the Human Services Performance Council approved a two part plan to update the Child Support Paid Threshold:

- Increasing Five-year Average (Currently in Use)**
Temporary Threshold Launched in 2017
 This modified version of the historical threshold was launched last year. The current, temporary threshold rewards performance improvement while minimizing the effect of one-year performance anomalies. This threshold will be used until the Regression Adjusted Performance Model is finalized.
- Develop a Regression Adjusted Performance Model**
 The DHS Child Support division, in partnership with the Performance Management team, is developing a Regression Adjusted Performance Model to use statistical regression analysis to predict what a county's performance should be based on contributing factors. The regression model is under development and will be implemented when complete.

Calculating the Increasing Five-year Average Threshold

The Current Child Support Paid threshold uses a five-year average of the year-over-year (YOY) point change in performance. If the average YOY growth for the county is positive, there is no PIP. If there was no growth (0 percentage points) or negative growth, the county receives a PIP. The threshold includes a cap on expected performance of 80%; regardless of year-over-year change, counties with performance of 80% or higher will not receive a Performance Improvement Plan (PIP).

	<u>County Data:</u>	<u>Calculate Year-over-year Change:</u>	<u>Calculate Average Change:</u>
Sample Calculation	Milkweed County had 64.79 percent of its orders paid in 2014, 65.22 percent in 2015, 65.35 percent in 2016, 66.21 percent in 2017, 65.08 percent in 2018, and 66.11 percent in 2019.	2015 - 2014 = 65.22 - 64.79 = 0.43	$(\Delta 2015 + \Delta 2016 + \Delta 2017 + \Delta 2018 + \Delta 2019) / 5 =$ $(.43 + .13 + .86 + -1.13 + 1.03) / 5 =$.264 percentage points The average is positive, therefore the threshold has been met.
		2016 - 2015 = 65.35 - 65.22 = 0.13	
		2017 - 2016 = 66.21 - 65.35 = 0.86	
		2018 - 2017 = 65.08 - 66.21 = -1.13	
		2019 - 2018 = 66.11 - 65.08 = 1.03	

Percent of current child support paid.

Goodhue County Performance by Year

	2014	2015	2016	2017	2018	2019
County Performance	75.93%	76.64%	78.49%	77.09%	77.89%	78.40%
Denominator	\$5,996,066.64	\$5,928,923.34	\$5,800,627.29	\$5,838,269.50	\$5,738,017.17	\$5,659,119.94

2019 Threshold

Five-Year Average Change
0.49%

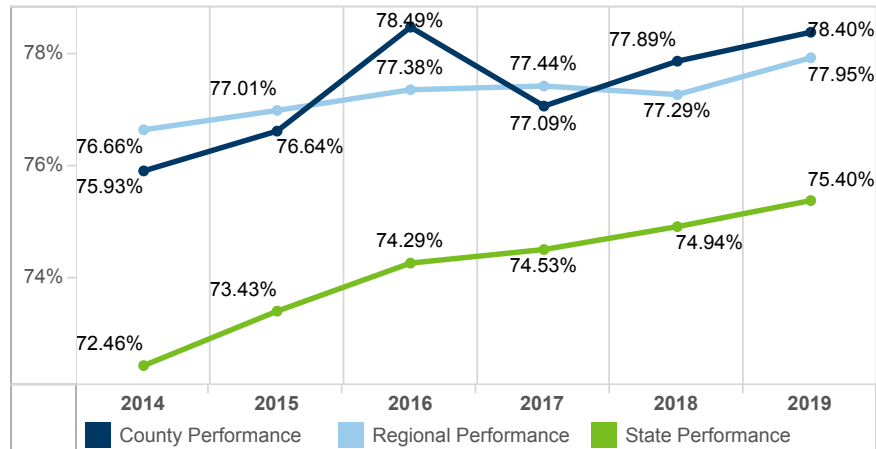
Minimum Performance Target
75.96%

The Child Support Paid threshold is a five-year average of the year-over-year change in performance. A positive number indicates the performance threshold has been met (see page 3 for details). The performance target was the minimum performance needed in 2019 to prevent a PIP (through a positive five-year average change or by reaching the 80% high performance standard, whichever is lower).

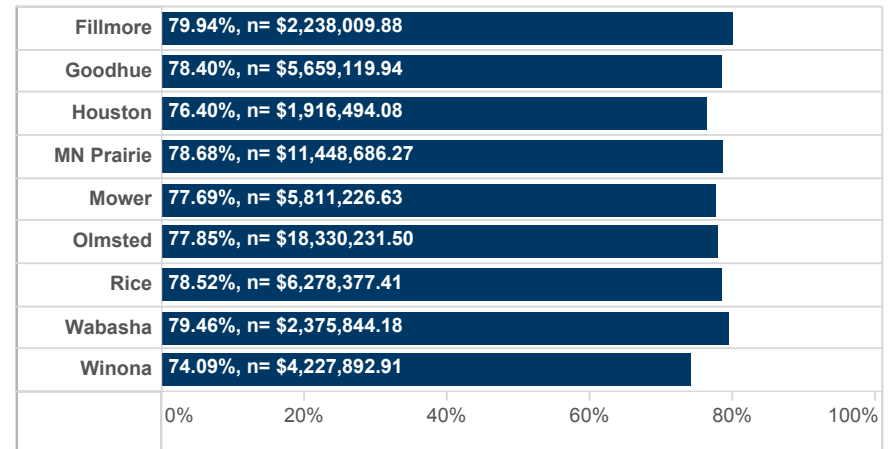
PIP Decision

No PIP required - Threshold is positive or county performance is equal to or above 80%.

County, State and Regional Performance



2019 Performance for MACSSA Region 10

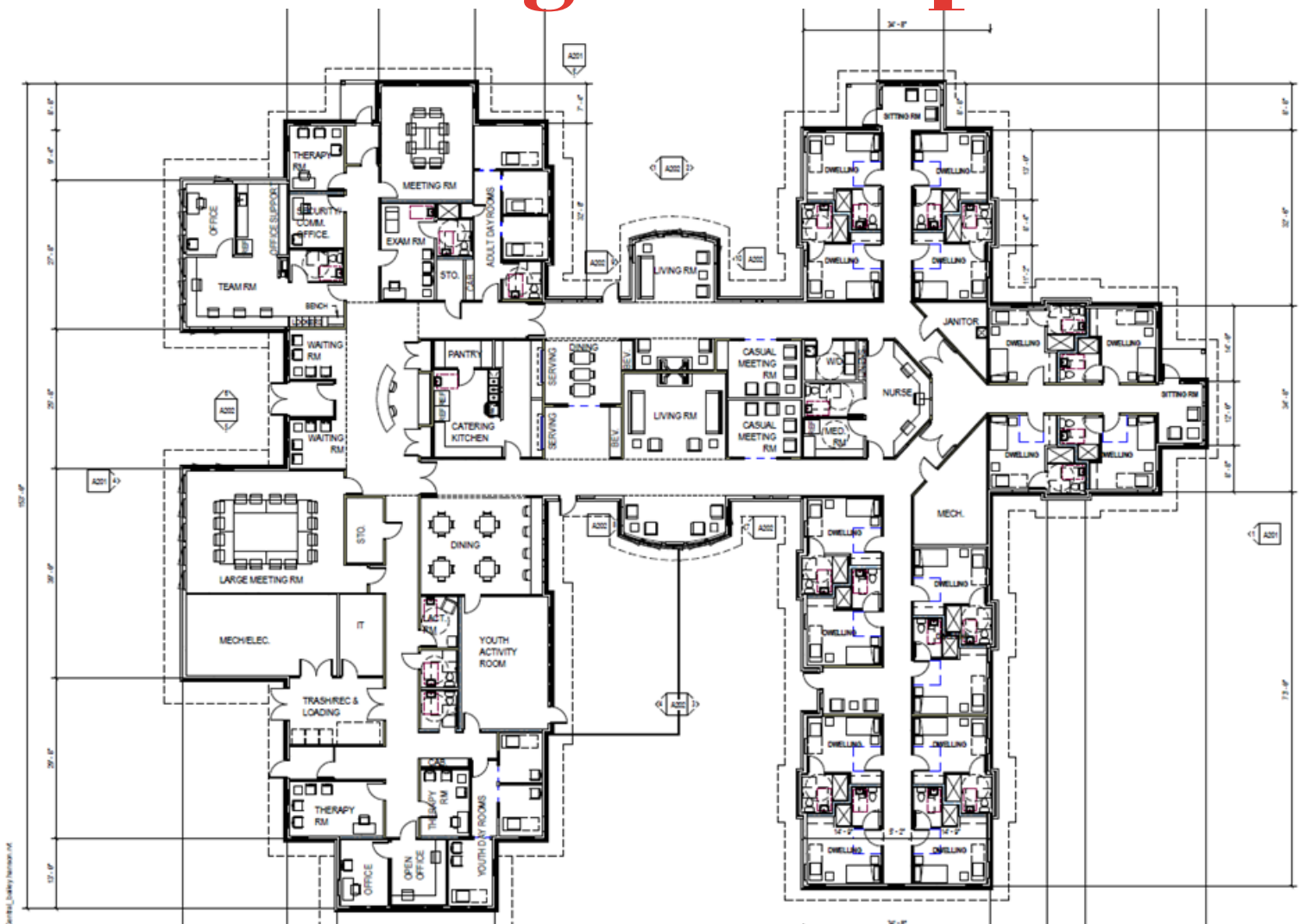


SOUTHEAST MINNESOTA CRISIS CENTER

Through a unique partnership between community leaders including health care providers, health plans, counties, mental health advocates, and many others we are developing a mental health center that will provide a “no wrong door” philosophy and a continuum of mental health services to anyone seeking help during a mental health crisis. This inclusive mental health center will be open to individuals of all ages, those living with mental illness, co-occurring disorders, substance use disorders, and cognitive challenges. There is no requirement of previous diagnoses or history of mental health service utilization.

In 2019, \$5 million in bonding dollars was secured for the construction of a crisis center focused on supporting those with behavioral health symptoms and their families. This opportunity aligns with the work being done in the region to address the gaps in our mental health continuum and accessibility of services. The environment is being designed to be recovery-oriented, welcoming and accessible. It will provide services to individuals in Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Wascea, and Winona Counties

Design Concept



TARGET POPULATION

Adults and children with mental health needs who are experiencing a reduction in functioning and/or dysregulation of emotions and/or behaviors will be served through the crisis center. Their mental health recovery will be aided through de-escalation, skill development, crisis planning, observation, stabilization and/or the need to bridge services due to resources currently being not available in the community.

It's important to note that the center will not be equipped to handle all levels of care. If an individual is aggressive to the point of needing physical restraints or medications in order to be stabilized within 24 hours of being seen, other services may be necessary before coming to the center. If the individual has needs related to substance use and the individual is highly intoxicated, that person may be referred to other community resources until they are able to engage in mental health crisis services.

SCOPE OF SERVICES

Our crisis center work is not intended to replace the care provided by other community partners; rather, we will work closely with them and support their work through crisis center services. While we continue developing the center's full scope of care, the core services to be offered at the Southeast Minnesota Crisis Center are noted below.

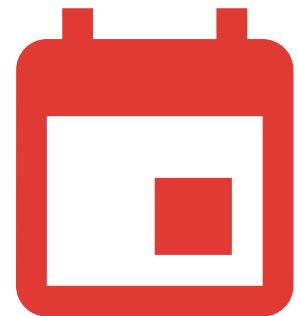
1. Triage
2. Crisis assessment, intervention, stabilization services connected to regional mobile teams
3. Residential crisis services (10 days or less)
4. Psychiatric services
5. Peer-Support individual and group
6. Rapid access psychotherapy and psychoeducation appointments
7. Care coordination and referral



**NO WRONG DOOR TO
ACCESS SERVICES**



**AIMING TO ENGAGE AND
SUPPORT OUR
COMMUNITY PARTNERS**



TIMELINE:

**RFP RELEASED
END OF 2019
COMMITTEE WORK
JANUARY 2020
CONSTRUCTION BEGINS
SPRING 2020
SERVICE OPENING DATE
SPRING 2021**

Farming in Tough Times

A Rural Mental Well-Being Discussion

Register at: <https://z.umn.edu/farmingintoughtimeszumbrota>

Farm Stress. Mental Well-Being. Building Resilience.

Thursday, December 5
10:00-2:00 pm Workshop
Lunch provided.
VFW- 25 E. 1st St
Zumbrota, MN



UNIVERSITY OF MINNESOTA EXTENSION

Make It .org