



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 17, 2020
10:30 A.M.

WEB ACCESS: [HTTPS://GLOBAL.GOTOMEETING.COM/JOIN/390607269](https://global.gotomeeting.com/join/390607269)

CALL IN NUMBER: [TEL:+18668994679,,390607269#](tel:+18668994679,,390607269#)

ACCESS CODE: 390-607-269

VIRTUAL MEETING NOTICE

"Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02 a are not practical or prudent. Therefore, meetings that are governed by the Open Meeting Law will temporarily be conducted by telephone or other electronic means pursuant to Minn. Stat. 13D.021."

Goodhue County Health and Human Services Board will be conduct a board meeting pursuant to this section on November 17, 2020 at 10:30 a.m. via GoToMeeting platform. The board and staff will attend the meeting via GoToMeeting by video or phone. The public is welcome to monitor the meeting by logging into <https://global.gotomeeting.com/join/390607269> or calling <tel:+18668994679,,390607269#> beginning at 10:20 a.m. or any time during the meeting. Access Code: 390-607-269

New to GoToMeeting: Get the app now and be ready when your meeting starts
<https://global.gotomeeting.com/install/390607269>

[Tips for the Virtual Meeting](#)

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
 - a. Review And Approve October 20, 2020 HHS Board Minutes

Documents:

[OCTOBER 20, 2020 HHS BOARD MINUTES.PDF](#)

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

Documents:

[CHILD CARE APPROVALS.PDF](#)

5. New And Promoted Employee Introductions

Nina Arneson

6. ACTION ITEMS:

- a. Accounts Payable
Mike Zorn

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. Replacement Request- Public Health Nurse (PHN)
Nina Arneson

Documents:

[REPLACEMENT REQUEST- PHN.PDF](#)

7. INFORMATIONAL ITEMS:

- a. HHS COVID 19 Update

Documents:

[11-2020 COVID-19 HHS BOARD UPDATE.PDF](#)

- b. 3rd Quarter 2020 Fiscal Report
Mike Zorn

Documents:

[HHS 3RD QUARTER 2020 FISCAL REPORT.PDF](#)

8. FYI-MONTHLY REPORTS:

- a. CD Placement Report

Documents:

[CD PLACEMENT REPORT.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. HHS Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

- d. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

- e. Adult Protection And Child Support Performance Report

Documents:

f. COVID-19 Press Release

Documents:

[COVID-19 PRESS RELEASE - COUNTY BOARD, COUNTY SHERIFF, COUNTY ATTORNEY,
AND COUNTY ADMINSTRATOR.PDF](#)

9. ANNOUNCEMENTS/COMMENTS:

10. ADJOURN

- a. Next Meeting Will Be December 15, 2020

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF OCTOBER 20, 2020**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:31 A.M., Tuesday, October 20, 2020 online via GoToMeeting.

BOARD MEMBERS PRESENT:

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

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Kris Johnson, Brooke Hawkenson, Heather Arndt, Jessica Seide, Leota Lind and Scott Arneson

AGENDA:

On a motion by P. Drotos and seconded by N. Pagel, the Board unanimously approved the October 20, 2020 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by B. Anderson, the Board unanimously approved the Minutes of the H&HS Board Meeting on September 15, 2020.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

SCHA update given by Leota Lind, CEO
HHS COVID 19 Update presented by Nina Arneson, Heather Arndt, Brooke Hawkenson, Jessica Seide, Kris Johnson, and Mike Zorn

Mary Heckman Retirement Recognition presented by HHS Board Chair Flanders together with the HHS Board and HHS Director. Ms. Heckman will be retiring from Goodhue County on November 3, 2020 after 26 years of public service.

Goodhue County Health & Human Services Board
Meeting Minutes of October 20, 2020

FYI & REPORTS:

Placement Report
Child Protection Report
SFY 2020 Regional FPI Report
HHS Staffing Report
HHS Trend Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by B. Nesseth and seconded by S. Johnson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:54 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 17, 2020	Staff Lead:	Katie Bystrom
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:

- Stephanie Brezina Kenyon
- Fay Crouse Kenyon
- Holly Stoppel Wanamingo
- Wendy Rauk Nerstrand
- Lynn Haugen Kenyon
- Michele Seifert/Sunrise Kids Kenyon

Child Care Licensures:

Number of Licensed Family Child Care Homes: 76

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

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 17, 2020	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 2020 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: October 2020

	Date of Warrant		Check No.	Series	Total Batch
IFS	October 2, 2020	ACH	31808	31812	\$24,889.44
IFS	October 2, 2020		452956	453013	\$70,244.59
IFS	October 9, 2020	ACH	31813	31823	\$28,861.07
IFS	October 9, 2020		453014	453061	\$41,648.41
IFS	October 16, 2020	ACH	31853	31860	\$12,317.97
IFS	October 16, 2020		453192	453228	\$17,789.56
IFS	October 23, 2020	ACH	31861	31869	\$7,014.13
IFS	October 23, 2020		453229	55241.64	\$55,241.64
IFS	October 30, 2020	ACH	32011	32033	\$33,211.58
IFS	October 30, 2020		453458	453565	\$53,005.59
SSIS	October 30, 2019	ACH	31939	31964	\$75,233.99
SSIS	October 30, 2019		453327	453370	\$186,695.36
IFS	October 30, 2019	ACH	31898	31938	\$4,064.08
IFS	October 30, 2019		453319	453326	\$52,150.59
Total					\$662,368.00

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 17, 2020	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Public Health Nurse (PHN) - 1 FTE Replacement Request		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee's review on November 17, 2020 at 8:00 am.

- Replacement Request – Public Health Nurse (PHN)

Please see the attached memo. The HHS Department staff will inform the HHS Board of the Personnel Committee's actions at our November 17, 2020 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County
Health and Human Services

426 West Avenue
 Red Wing, MN 55066
 (651) 385-3200 • Fax (651) 267-4882

DATE: November 10, 2020
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, GCHHS Director
RE: Replacement Request - Public Health Nurse (PHN) - 1 FTE

BACKGROUND:

Goodhue County Health and Human Services is requesting to fill a Public Health Nurse (PHN) position within our Public Health - Family Health Unit.

On January 5, 2021, GCHHS Disease Prevention and Control (DP&C) Coordinator will retire after 40 years of excellent public service to Goodhue County residents.

In April, 2020 we hired a Family Health Nurse with the intention to have this person serve in a back-up role for DP&C. During the Covid-19 pandemic, she has had extensive DP&C duties, and many of her regular Family Health duties have been absorbed or postponed to focus on pandemic work. This individual has filled the back-up role DP&C role well.

The position of DP&C Coordinator is highly specialized, and the retiring DP&C Coordinator has managed the position with great efficiency as .8 FTE employee. In order to adequately fill this position, a full time professional is needed. The Covid-19 pandemic has highlighted the need for strong efforts in the area of Disease Prevention and Control at all times. Influenza (including vaccinations and flu clinics), Hepatitis, Tuberculosis management, and other diseases remain serious public health concerns. This professional also works closely with school nurses, clinics and hospitals, and also backs up the Emergency Preparedness (EP) Coordinator, whose position is .6 FTE (not during the pandemic). In summary, this specialized position needs to remain a priority for GCHHS.

The current rate of pay for the PHN being replaced is \$45.57 per hour. The starting pay (step 1) for a PHN position is \$ 26.83 per hour. These costs have been figured in our 2020 approved budget and draft 2021 budget. With the increase from .8 FTE to 1 FTE there will not be a budget increase or levy increase.

Public Health Nurse PHN	2020 Single Health Step 1	2020 Family Health Step 1	2020 Single Health Step 2	2020 Family Health Step 2	Current PHN
Rate	\$26.83	\$26.83	\$27.98	\$27.98	\$45.57
Gross	\$55,807	\$55,807	\$58,199	\$58,199	\$87,380
PERA/FICA/Medicare/Life	\$8,581	\$8,518	\$8,880	\$8,880	
Health Coverage/H.S.A.	\$11,054	\$24,169	\$11,054	\$24,169	
	Plan 1	Plan 2	Plan 1	Plan 2	

Promote, Strengthen and Protect the Health
 of Individuals, Families and Communities!
 Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



If begin at step 1 \$26.83 (1 FTE 2,080 hours) would take 7 years (step 8) to get to equivalent current cost of \$87,380 (wages & benefits less health insurance of current PHN @ (.80 FTE 1,664 hours))

If begin at step 2 \$27.98 (1 FTE 2,080 hours) would take 6 years (step 8) to get to equivalent current cost of \$87,380 (wages & benefits less health insurance of current PHN @ (.80 FTE 1,664 hours))

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Move forward immediately to post for 1 Public Health Nurse (PHN) (1 FTE) utilizing the MN Merit system with hiring at step 1 or step 2. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Allow if deemed appropriate by the HHS director, limited flexibility with the hiring range, up to step 4. This is due to a potentially very limited workforce availability in this area.
3. Hire after GCHHS Board's review and approval.

Goodhue County Health and Human Services Board
11-17-2020 COVID-19 Update

- **COVID-19 Situation Awareness**
Nina Arneson HHS Director
- **Response Planning & Emergency Preparedness**
Heather Arndt, HHS Emergency Preparedness Coordinator
- **Response Operations**
Brooke Hawkenson, Family Health Supervisor
- **Response Communications**
Jessica Seide, Community Health Specialist / Public Information Officer
- **COOP - Agency Responsibilities**
Kris Johnson, Deputy Director and Mike Zorn, Deputy Director



SOCIAL GATHERINGS

10 person limit for indoor AND outdoor gatherings.

All social gatherings are limited to members of **only three households** or less, including the host.



For Information and Resources:

- <https://co.goodhue.mn.us/COVID-19>
- <https://www.facebook.com/gchhs>
- <https://www.health.state.mn.us/diseases/coronavirus>
- <https://mn.gov/covid19>

STAY SAFE MN



RECEPTIONS AND SIMILAR EVENTS

Changes begin
November 27 and December 11



Events end by 10 p.m.

The events may not take place between 10:00 p.m. to 4:00 a.m.



Attendance limits

November 27: 50 person limit
December 11: 25 person limit

No change to the actual wedding, funeral, or similar planned ceremony – only the connected reception, celebration, or similar gathering.



STAY SAFE MN



Dine-in service

Closed from 10:00 p.m. to 4 a.m.

Delivery and take out

Open during all business hours

BARS AND RESTAURANTS

Changes begin
November 13 at 10 p.m.

Counter closed for seating and service, unless the business is a counter-only service establishment.

Indoor capacity

150 person limit. May not exceed 50% of total capacity.

All patrons must seated at tables. Bar games that require standing are not permitted.



Partner Areas:

- Churches
- Schools
- Center-Based Childcare
- Family Child Care Providers
- Hospitals and Clinics
- Long Term Care/Senior Living
- Law Enforcement
- Emergency Medical Services
- Foster Care
- Jail
- Home Care Agencies
- Cities
- Non- Profits/ Businesses
- Homeless Service Providers

Please Contact:

- Heather Arndt at heather.arndt@co.goodhue.mn.us
- Vicki Iocco at vicki.iocco@co.goodhue.mn.us
- Jodi Skeen at jodi.skeen@co.goodhue.mn.us
- Chris Reich at Chris.Reich@co.goodhue.mn.us
- Vicki Iocco at vicki.iocco@co.goodhue.mn.us
- Rob LaPorte at robert.laporte@co.goodhue.mn.us
- Heather Arndt at heather.arndt@co.goodhue.mn.us
- Heather Arndt at heather.arndt@co.goodhue.mn.us
- Dayle Christiansen at dayle.christiansen@co.goodhue.mn.us
- Heather Arndt at heather.arndt@co.goodhue.mn.us
- Rob LaPorte at robert.laporte@co.goodhue.mn.us
- David Anderson at david.anderson@co.goodhue.mn.us or Megan Roschen at megan.roschen@co.goodhue.mn.us
- David Anderson at david.anderson@co.goodhue.mn.us or Megan Roschen at megan.roschen@co.goodhue.mn.us
- Megan O'Dell at Megan.odell@co.goodhue.mn.us or Gretchen Rauchwarter at gretchen@rauchwarter@co.goodhue.mn.us



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

DATE: November 17, 2020
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Mike Zorn, Deputy Director
RE: Third Quarter 2020 Fiscal Report

In the third quarter of CY 2020, Goodhue County Health & Human Services Agency had the following budget financial summary.

- We expended 72% (\$12,821,716) of our budget (\$17,871,630) 75% of the way through the year. Last year at this time, we expended 76%.
- We have collected 74% (\$13,308,259) of our anticipated revenue (\$17,871,630), 75% of the way through the year. Last year at this time, we collected 74%.
- Given that in the last 9 months of operating in a new way, we are in really good financial shape heading into the last quarter of the year.

Children in Out of Home Placement:

We have expended 85.5% (\$1,531,377) of our budget (\$1,792,000), 75% of the way through the year, which resulted in being over budget 10.46% or \$187,377.

County Burials:

We have expended 232% (\$34,837) of our budget (\$15,000), 75% of the way through the year. We had 14 county burials in the first three quarters of the year, whereas in 2019 we had a total of 13.

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



State Hospital Costs:

We have expended 36% (\$142,457) of our budget (\$391,381). Last year at this time, we expended \$283,112. 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. HHS staff have been very diligently working to find placements for these clients when they have been deemed to be discharged.

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits, overhead and capital equipment line items, we have expended 72% of our budget 75% of the way through the year.

Staffing Revenues Additional Staff:

For the third quarter report, total staffing revenue is 95% (\$3,858,631) 70% through the year of the total 2020 budget of \$4,061,896 for these revenue categories.

COVID-19 Pandemic:

Due to the pandemic HHS case management revenue was expected to be reduced some due to limited technology that some clients that are receiving these services have access to. Telehealth/Telemedicine has been approved for client case management, so revenue has main steady for those clients with access to video conferencing technology. Our revenue has been steady and in some areas higher during this time.

HHS will have some additional personnel expenses associated with the pandemic as two part time employees have increased their hours to help with COVID-19 response and additional costs are anticipated.

HHS will have some additional costs associated to establish policies and practices for social distance for employees, routine environmental cleaning and disinfection, and implementing safety practices for preparing the workplace to protect employees and clients.

So far at this point we haven't seen any major impact on our revenues.



Goodhue County



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2020 Thru: 09/2020

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>09/2020</u> <u>Amount</u>	<u>Selected</u> <u>Months</u>	<u>2020</u> <u>Budget</u>	<u>% Of</u> <u>Budget</u>
11-479-479-0000-6155	Dental Insurance-County Paid		26.00	277.53	0.00	0
11-479-479-0000-6156	Accident Insurance-County Paid		9.11	49.97	0.00	0
11-479-479-0000-6161	PERA		1,211.26	9,784.86	4,700.00	208
11-479-479-0000-6171	FICA		948.71	7,844.08	3,886.00	202
11-479-479-0000-6173	Workmans Compensation		.00	14,539.55	13,535.00	107
11-479-479-0000-6174	Mandatory Medicare		221.88	1,834.51	909.00	202
11-479-479-0000-6201	Telephone		271.02	2,137.57	3,000.00	71
11-479-479-0000-6202	Cell Phone		2.23	942.00	1,050.00	90
11-479-479-0000-6203	Postage/Freight		.00	4,917.55	4,913.00	100
11-479-479-0000-6241	Advertising		.00	686.30	280.00	245
11-479-479-0000-6243	Association Dues/Memberships		.00	918.75	2,000.00	46
11-479-479-0000-6244	Subscriptions		.00	161.00	150.00	107
11-479-479-0000-6268	Software Maintenance Contracts		97.68	19,733.68	25,202.00	78
11-479-479-0000-6278	Consultant Fees		.00	455.00	910.00	50
11-479-479-0000-6283	Other Professional & Tech Fees		1,354.09	6,245.93	8,836.00	71
11-479-479-0000-6302	Copies/Copier Maintenance		.00	3,966.16	4,500.00	88
11-479-479-0000-6331	Mileage		.00	13.80	70.00	20
11-479-479-0000-6332	Meals & Lodging		.00	1.32	500.00	0
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	9,621.49	9,078.00	106
11-479-479-0000-6357	Conferences/Schools/Training		.00	461.38	400.00	115
11-479-479-0000-6405	Office Supplies		9.99	97.11	1,300.00	7
11-479-479-0000-6414	Food & Beverages		.00	268.88	158.00	170
11-479-479-0000-6432	Other Furniture & Equipment		167.99	167.99	0.00	0
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	0.00	1,400.00	0
479 Dept	TOTALS PHS Administration		Revenue	3,766.68-	7,500.00-	50
			Expend.	352,712.45	305,663.00	115
			Net	348,945.77	298,163.00	117
11 Fund	TOTALS Health & Human Service Fund		Revenue	1,100,936.05-	17,871,630.00-	74
			Expend.	1,295,338.06	17,871,630.00	72
			Net	194,402.01	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2019	THRU 9/20	2020	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$7,418.00	\$4,064.00	\$7,000.00	58%	75%
11-430-710-3710-6020	CHILD SHELTER -SS	\$20,529.23	\$8,457.66	\$2,500.00	338%	75%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					75%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE			\$7,500.00	0%	75%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE			\$6,000.00	0%	75%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$178,235.97	\$39,594.95	\$150,000.00	26%	75%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$478,949.08	\$363,129.08	\$575,000.00	63%	75%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$29,215.51	\$26,130.34	\$35,000.00	75%	75%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$8,030.00	\$6,050.00	\$8,000.00	76%	75%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$10,086.96	\$1,589.34	\$5,000.00	32%	75%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					75%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$103,186.43	\$120,888.05	\$80,000.00	151%	75%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$17,646.11	\$28,978.14	\$16,000.00	181%	75%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$269,132.09	\$172,091.04	\$257,500.00	67%	75%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$310,531.23	\$145,758.53	\$350,000.00	42%	75%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$71,467.93	\$80,248.84	\$40,000.00	201%	75%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$218.73	\$1,180.82	\$2,500.00	47%	75%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$323,700.06	\$529,494.98	\$250,000.00	212%	75%
11-430-740-3831-6020	RULE 5 CS		\$3,720.91	\$0.00		75%
	TOTAL OUT OF HOME PLACEMENT	\$1,828,347.33	\$1,531,376.68	\$1,792,000.00	85.5%	75%
	Over/(Under) Budget for percent of year	\$1,795,000.00	\$187,376.68	\$1,344,000.00	75%	75%
	Percent Over/(Under) Budget	-\$33,347.33			10.46%	

December	
November	
October	
September	10.46%
August	7.13%
July	5.58%
June	5.53%
May	5.07%
April	5.48%
March	3.77%
February	2.85%
January	2.36%
Over/Under Budget 2019	1.86%

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

As Of 09/2020 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	216,363.94	1,960,677.64	2,942,629.00	67	75
TOTAL SALARIES	216,363.94	1,960,677.64	2,942,629.00	67	75
OVERHEAD					
AGENCY OVERHEAD	36,522.45	222,729.94	338,852.00	66	75
TOTAL OVERHEAD	36,522.45	222,729.94	338,852.00	66	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	10,250.48	12,750.00	80	75
TOTAL CAPITAL EQUIPMENT	0.00	10,250.48	12,750.00	80	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	54,095.80	510,962.42	700,520.00	73	75
TOTAL SALARIES	54,095.80	510,962.42	700,520.00	73	75
OVERHEAD					
AGENCY OVERHEAD	21,617.91	120,489.52	167,868.00	72	75
TOTAL OVERHEAD	21,617.91	120,489.52	167,868.00	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	2020 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	263,137.08	2,560,519.12	3,547,140.00	72	75
TOTAL SALARIES	263,137.08	2,560,519.12	3,547,140.00	72	75
OVERHEAD					
AGENCY OVERHEAD	44,079.53	208,709.37	360,064.00	58	75
TOTAL OVERHEAD	44,079.53	208,709.37	360,064.00	58	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	9,848.51	12,250.00	80	75
TOTAL CAPITAL EQUIPMENT	0.00	9,848.51	12,250.00	80	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
FUND 11 PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	257,731.15	2,464,810.58	3,147,239.00	78	75
TOTAL SALARIES	257,731.15	2,464,810.58	3,147,239.00	78	75
OVERHEAD					
AGENCY OVERHEAD	32,853.14	192,163.74	291,772.00	66	75
TOTAL OVERHEAD	32,853.14	192,163.74	291,772.00	66	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

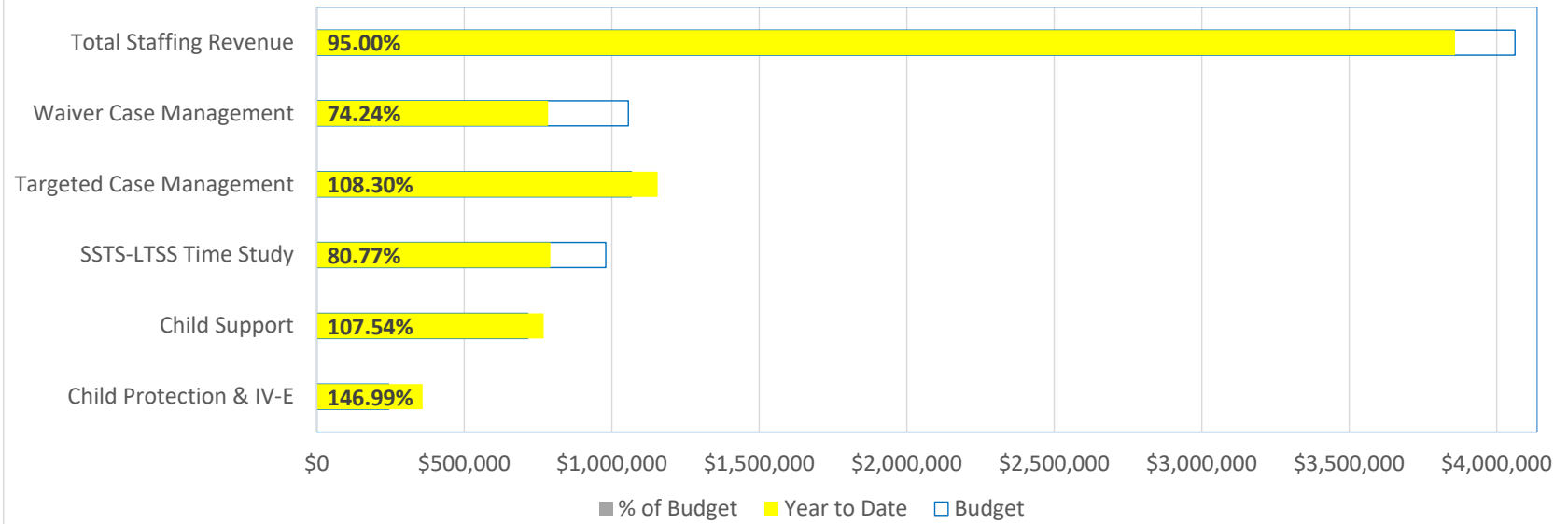
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	791,327.97	7,496,969.76	10,337,528.00	73	75
TOTAL SALARIES	791,327.97	7,496,969.76	10,337,528.00	73	75
OVERHEAD					
AGENCY OVERHEAD	135,073.03	744,092.57	1,158,556.00	64	75
TOTAL OVERHEAD	135,073.03	744,092.57	1,158,556.00	64	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	20,098.99	25,000.00	80	75
TOTAL CAPITAL EQUIPMENT	0.00	20,098.99	25,000.00	80	75

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	926,401.00	8,261,161.32	11,521,084.00	72	75

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	17,187.79-	31,558.80-	26,000.00-	121	75
11-420-640-0000-5290 CS ST Incentives	0.00	13,768.28-	12,000.00-	115	75
11-420-640-0000-5355 CS Fed Admin	42,000.00-	613,810.00-	575,000.00-	107	75
11-420-640-0000-5356 CS Fed Incentive	0.00	88,356.30-	90,000.00-	98	75
11-420-640-0000-5379 CS Fed MA Incentive	12,787.47-	21,410.07-	12,000.00-	178	75
11-430-700-0000-5292 State LTSS	0.00	258,268.00-	319,800.00-	81	75
11-430-700-0000-5383 Fed LTSS	0.00	315,346.00-	390,000.00-	81	75
11-430-700-3810-5380 Fed MA SSTS	0.00	101,712.00-	140,000.00-	73	75
11-430-710-0000-5289 Child Protection	0.00	155,596.00-	155,596.00-	100	75
11-430-710-3810-5366 FC IV-E	0.00	203,201.42-	80,000.00-	254	75
11-430-710-3810-5367 IV-E SSTS	0.00	69,932.00-	70,000.00-	100	75
11-430-710-3930-5381 CW-TCM	35,013.72-	401,373.66-	350,000.00-	115	75
11-430-730-3050-5380 Rule 25 SSTS	0.00	46,173.00-	60,000.00-	77	75
11-430-740-3830-5366 IV-E Rule 5	0.00	0.00	8,500.00-	0	75
11-430-740-3900-5381 Child MA MH-TCM	0.00	0.00	6,000.00-	0	75
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	0.00	3,000.00-	0	75
11-430-740-3910-5240 St Adult MH-TCM	1,153.57-	6,630.03-	3,000.00-	221	75
11-430-740-3910-5381 MA Adult MH-TCM	21,140.24-	152,750.09-	185,000.00-	83	75
11-430-740-3910-5401 SCHA Adult MH-TCM	92,303.00-	477,162.00-	400,000.00-	119	75
11-430-740-3930-5401 SCHA Pathways	5,233.68-	52,142.96-	70,000.00-	74	75
11-430-760-3930-5381 Adult VA/DD-TCM	10,402.95-	65,492.86-	50,000.00-	131	75
11-463-463-0000-5290 St AC Waiver	1,636.25-	10,623.19-	11,000.00-	97	75
11-463-463-0000-5292 St MA CM Waivers	41,683.22-	190,482.87-	250,000.00-	76	75
11-463-463-0000-5382 Fed MA CM Waivers	41,632.30-	190,146.49-	250,000.00-	76	75
11-463-463-0000-5402 SCHA Waivers	240.10-	286,439.30-	370,000.00-	77	75
11-463-463-0000-5429 SCHA Care Coord	9,465.41-	106,257.41-	175,000.00-	61	75
TOTAL HHS Staffing Revenues	331,879.70-	3,858,632.73-	4,061,896.00-	95	75

HHS Staffing Revenue Q3/2020
75% of Year



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



**Monthly Update
Chemical Dependency (CD) Placements
Consolidated Funding – October 2020**

In-Patient Approval: 6

Age Range	Total Placed	Total of Previous Treatments
15-25		
26-36	2	5
37-47	1	4
48-58	1	1
59-99	1	3

In-Patient Placement Facilities: Valley View Recovery, Minnesota Adult and Teen Challenge, and Northstar Behavioral Geneva

Outpatient Approvals: 9

Age Range	Total Placed	Total of Previous Treatments
15-25	1	1
26-36	4	8
37-47	3	9
48-58	1	2
59-99		

Outpatient Placement Facilities: Common Ground, Moment 2 Moment, Frazier Wellness Services, Nystrom & Associates, Minnesota Adult and Teen Challenge, Midwest Recovery

Number of Assessments / Updates Scheduled: 15

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



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

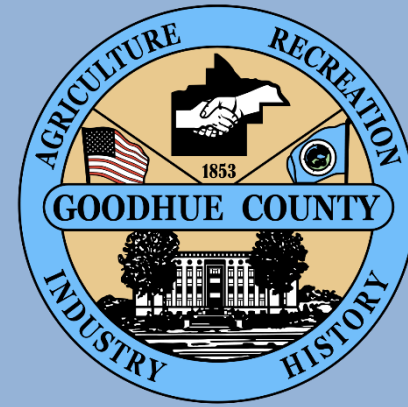


**Monthly Update
Child Protection Assessments/Investigations**

	2016	2017	2018	2019	2020
January	18	21	25	21	16
February	26	22	21	20	30
March	16	17	27	34	19
April	32	17	22	20	15
May	21	31	19	23	21
June	17	28	23	16	10
July	18	21	22	16	12
August	19	33	11	19	17
September	25	20	17	25	18
October	18	28	28	29	25
November	22	19	22	24	
December	15	16	19	21	
Total	247	273	256	268	183

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS





Quarterly Trend Report

Quarter 3, 2020

Goodhue County Health & Human Services

November 17, 2020



Table of Contents

Economic Assistance:

3 Child Support

4 Cash Assistance

5 Healthcare

6 SNAP

Public Health:

7 Disease Prevention & Control

8 Family Health

9 WIC

10 Live Well Goodhue County

11 Healthy Communities

12 Waiver Management Team

Social Services:

13 Adult Protection

14 Mental Health

15 Rule 25

16 Child Protection

17 Child Care Licensing

18 Children's Programs

Administrative:

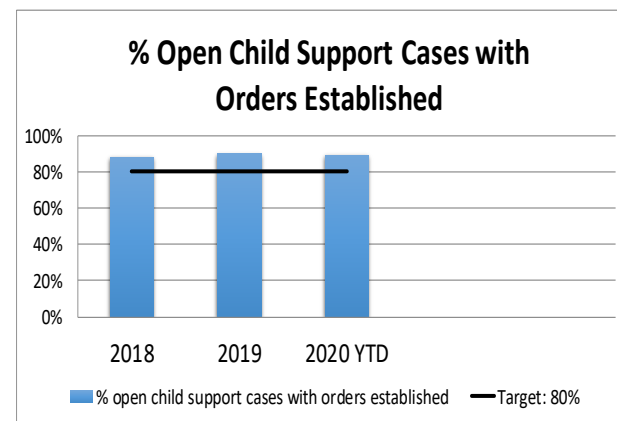
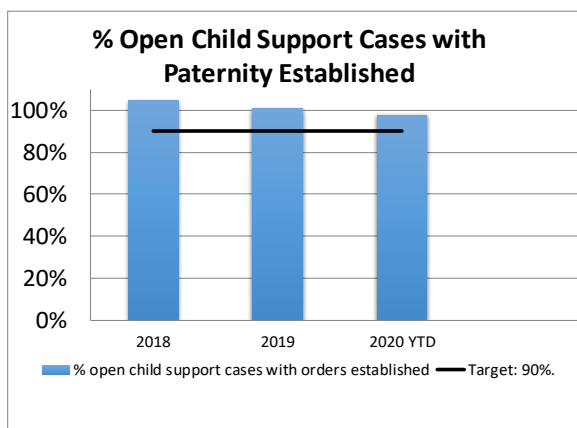
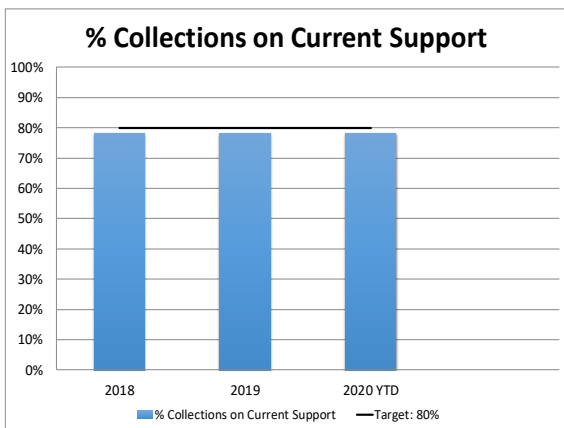
19 County Cars



Economic Assistance Child Support

Purpose/Role of Program

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



Story Behind the Baseline

Where Do We Go From Here?

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

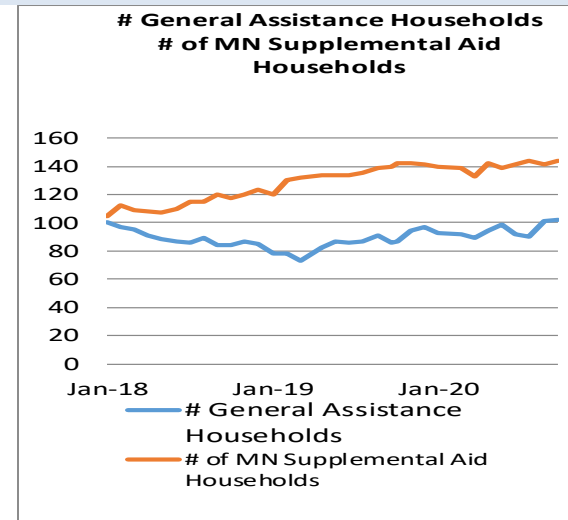
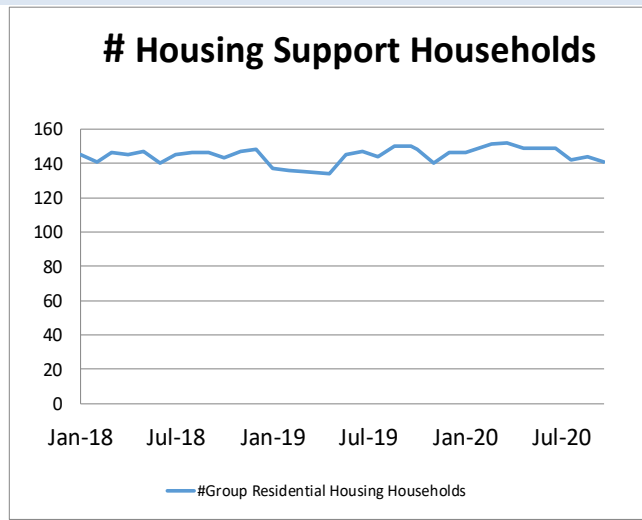
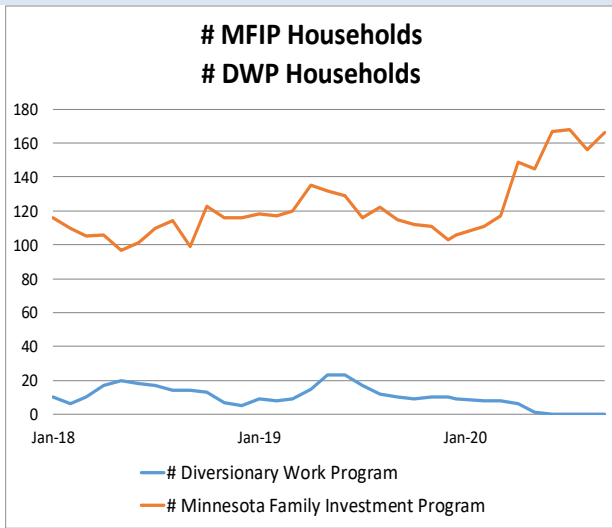
- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers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



Economic Assistance Cash Assistance

Purpose/Role of Program

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



Story Behind the Baseline

LEFT, CENTER & RIGHT: These figures demonstrate steady volumes of services for the MFIP, DWP, GRH, General Assistance and MN Supplemental Aid Households. The increase in MFIP and decrease in DWP Households in the 3rd quarter is due to Executive Orders & Waivers during COVID19. MFIP cases remained open and DWP cases were converted to MFIP at DHS direction.

Where Do We Go From Here?

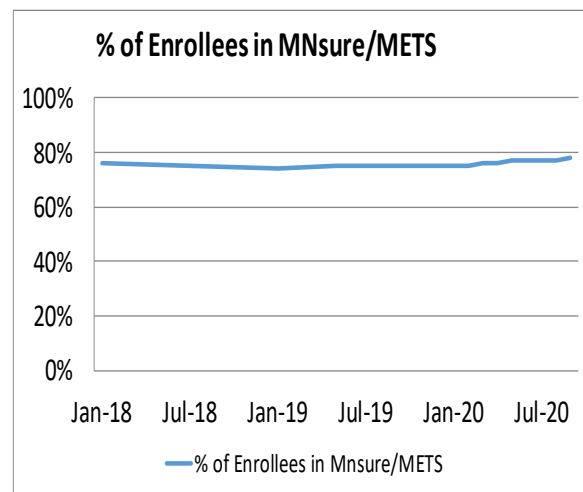
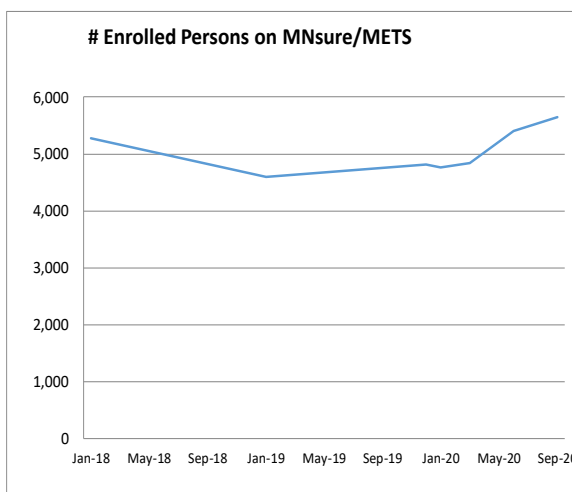
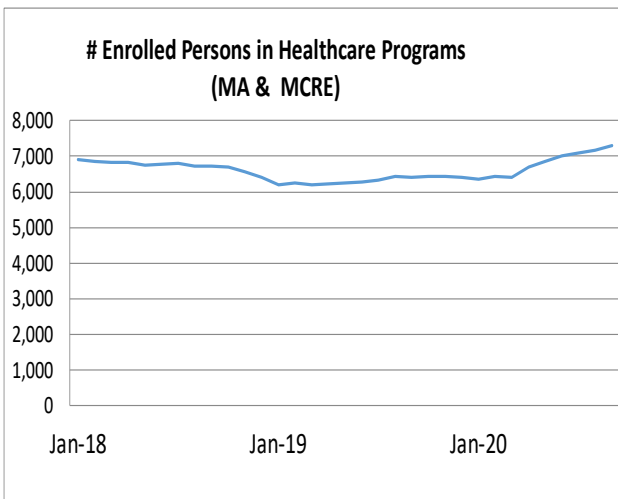
LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



Economic Assistance *Healthcare*

Purpose/Role of Program

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



Story Behind the Baseline

- **LEFT:** The number of enrollees on healthcare for Medical Assistance (MA) and MinnesotaCare (MCRE) has increased during COVID-19 Peacetime Emergency; provisions of Emergency Order helped ensure enrollees did not lose healthcare coverage.
- **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 transfer related increases.

Where Do We Go From Here?

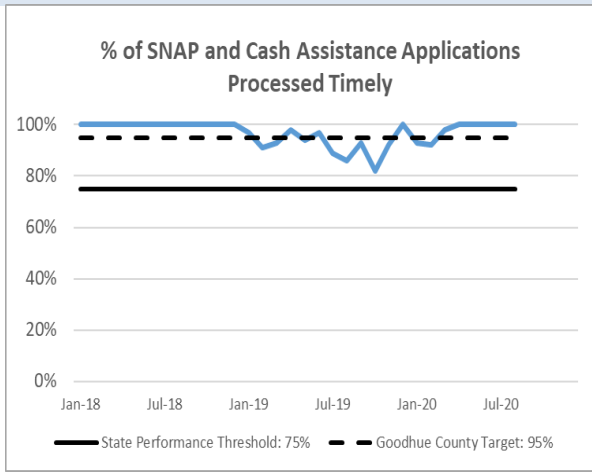
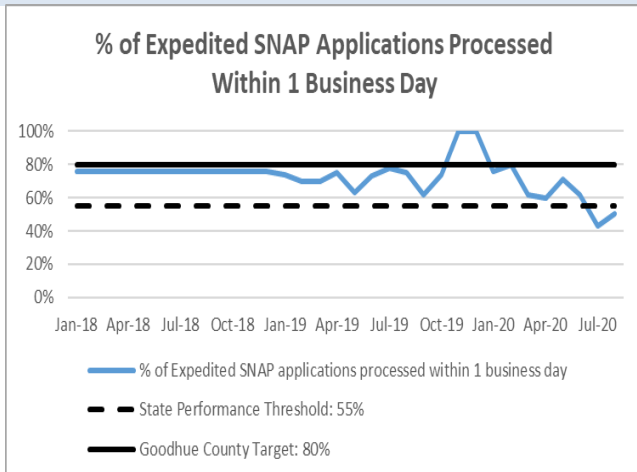
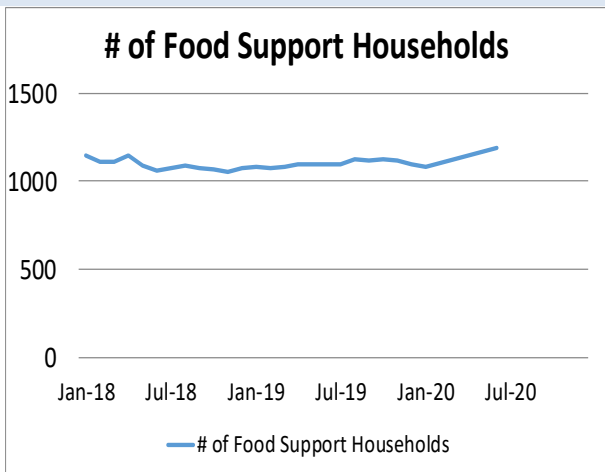
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

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

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 household income, household size, housing costs and more. SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to meet a crisis. This program is administered by county agencies under the supervision of the state Department of Human Services. The program costs for the SNAP program are financed by a combination of federal and state money. The program includes work requirements for some recipients.



Story Behind the Baseline

Where Do We Go From Here?

- **LEFT:** The number of households receiving food benefits in Goodhue County has been stable around 1100 since 2017. This follows the state trend. There are a number of factors contributing to this including changes in program rules, stronger economy and increased fraud prevention efforts.
- **CENTER:** GCHHS has been above the 55% state performance threshold since this measure was created in 2014 and has some of the most timely processing in the region. It is hard to process all expedited applications within a day because we may not correctly identify which applications to expedite, and we may not be able to reach applicants by phone the same day their application is received.
- **RIGHT:** Goodhue County well exceeds the 75% state performance threshold for processing SNAP and Cash applications, and has since this measure was created in 2014. GCHHS met our internal goal of 95% in 2015 and 2018. Applications interviews held late in the processing period result in an extension of the processing timeline. This extension can exceed past state criteria for timeliness.

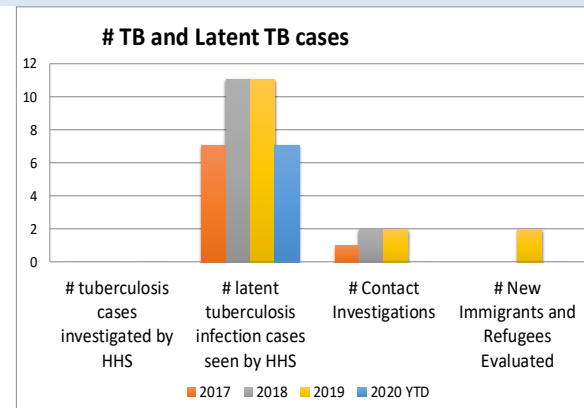
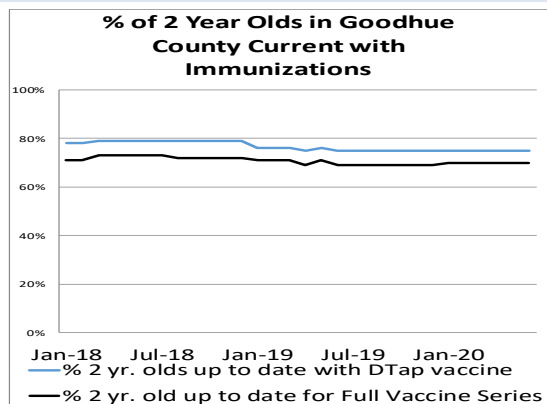
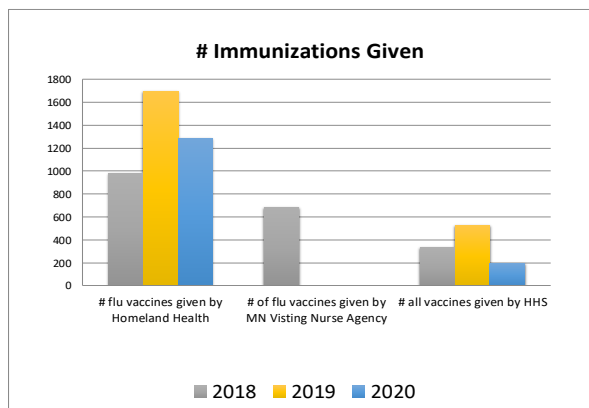
- **LEFT:** Continue to make accessing services easy for all county residents who need help with food support.
- **CENTER:** Continue to identify expedited applications, offer same-day interviews and process applications timely.
- **RIGHT:** Continue to support our dedicated workers and utilize experienced,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



Public Health *Disease Prevention and Control (DP&C)*

Purpose/Role of Program

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



Story Behind the Baseline

- **LEFT:** After a nearly 50% decrease in immunizations given in the region since the COVID pandemic started in MN in March, immunization rates have started to come back up as clinics reopened to appointments. Participation was down in most schools this year. This may be, in part, due to many students being home for distance learning and some clinics not being held at schools this year, but at community locations (because of COVID-19). Also, Pine Island schools did not participate this year.
- **CENTER:** The % of 2 year olds up to date in Goodhue Co. is 69%. DTap is at 75% which continues to improve, however the % of children who get their immunizations on time is below the 90% Healthy People 2020 goal.
- **RIGHT:** One family wanted to wait until it is safe to go out. One immigrant was sent to Olmsted Co. did not have TB. TB clinic to rule out pulmonary TB.

Where Do We Go From Here?

LEFT: SE Mn Immunization Registry is in the middle of sending out a reminder recall to the 16-18 months olds in SE MN. HHS continues to send immunization reminders to all one year olds in Goodhue Co., as well as through Child/Teen Check-up mailings. We are starting to see school-age children who were not able to come in during the summer.

CENTER: MDH sent letters to all 16 years olds not up to date on the meningitis series which will be required for high school students in Fall 2020. HHS continues to send birthday postcard immunization reminders to all one year olds. More effort is being made to schedule the next immunization appointment and give reminder cards when next shots are due. DP&C nurses have provided immunizations to 10 students at 2 schools to students whose families are unable to get to clinics. Many counties assist schools in the Fall to provide back to school immunization clinics at schools for those students. This is something HHS may consider doing.

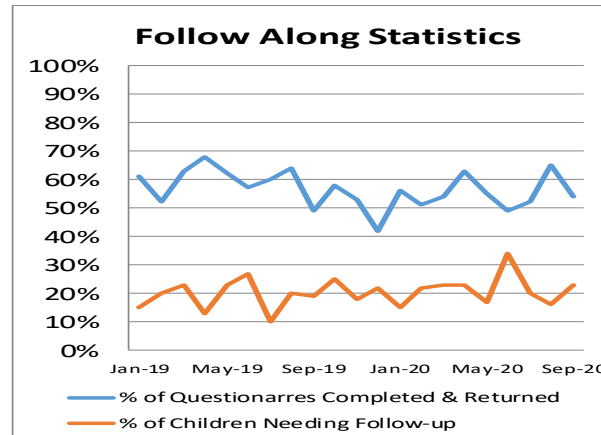
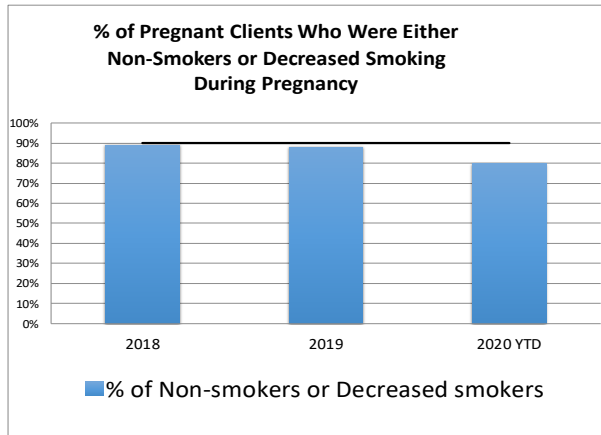
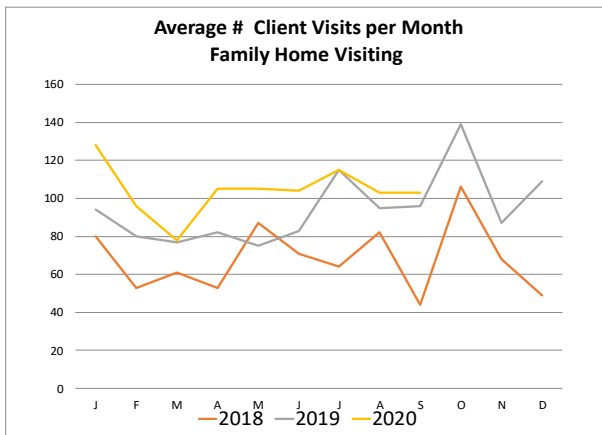
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active TB cases. Mayo clinic will monitor their patients who have insurance to cover the drugs unless they are likely to be non-compliant in which case they'll be referred them to HHS.



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:** Quarterly average is approximately 107 visits per month for. Home Visits continue to be virtual either by phone or Vidyo. Families continue to be receptive to this, but would like to see us in person again. Staff were able to quickly adapt to virtual visits. 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, other 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. 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).
- RIGHT:** Follow Along Program monitors the development of children enrolled in the program by sending 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 collaboration with Goodhue County Child & Family Collaborative. The return rate averages around 60%. In 2017 our return rate was 37%. This increase is due to additional staff time dedicated to the program, as well as new means of communicating with families. We continue to send text 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?

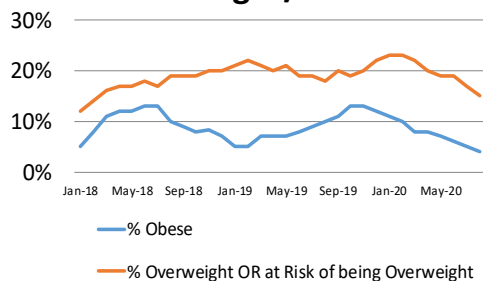
- LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources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



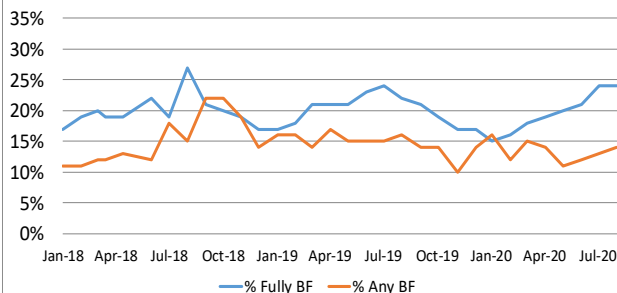
Purpose/Role of Program

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.

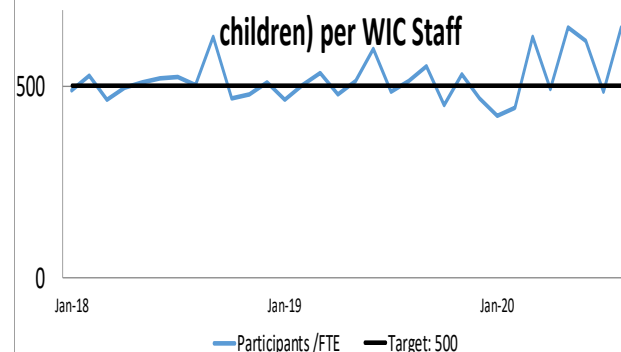
% WIC Children Obese and Overweight/At Risk



% 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. Due to Covid-19, we began doing remote services mid-March and are continuing remote services. Therefore, we are not doing in clinic heights and weights on children. Please interpret the data on obesity and at risk for overweight with caution, as we are not documenting heights and weights routinely at this time.
- 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. WIC measures babies who are totally breastfed and babies who are receiving breastmilk and formula. Exclusively breastfed babies tend to breastfeed longer. Babies receiving **any** breastmilk are still getting the benefits of breastfeeding.
- RIGHT:** Looks at staffing ratio to determine adequate staffing.

Where Do We Go From Here?

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

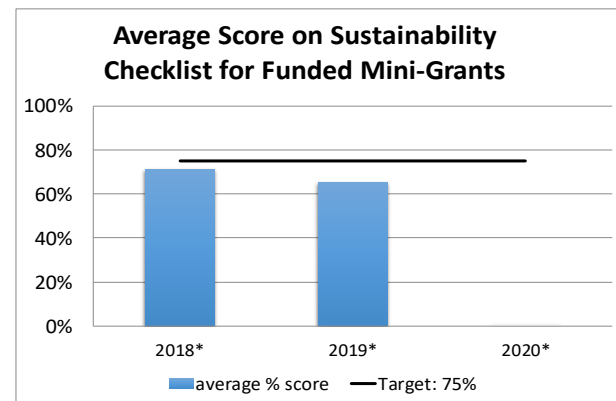
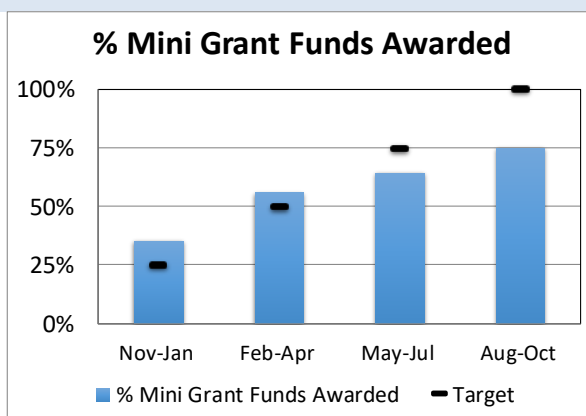
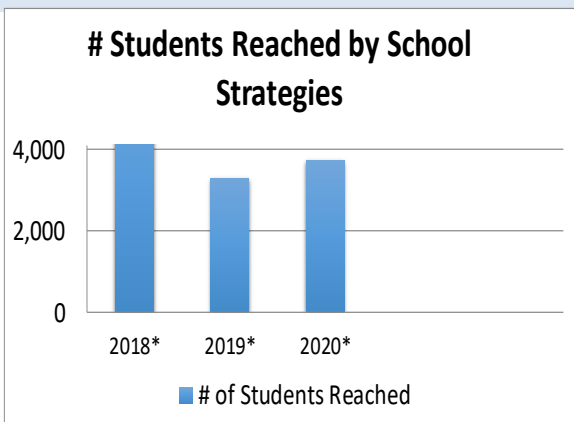


Public Health

Live Well Goodhue County

Purpose/Role of Program

Live Well Goodhue County’s mission is to improve the health of our residents by making it easier to be active, eat nutritious foods & live tobacco-free. We partner with child care providers, schools, worksites, cities, non-profits and other organizations. We provide mini-grants for sustainable projects that fit within our mission. We are supported by the Minnesota Statewide Health Improvement Partnership of the Minnesota Department of Health.



Story Behind the Baseline

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

*2018 grant year =11/1/17-10/31/18, *2019 grant year=11/1/18 – 10/31/19, *2020 grant year=11/1/19-10/31/20

Where Do We Go From Here?

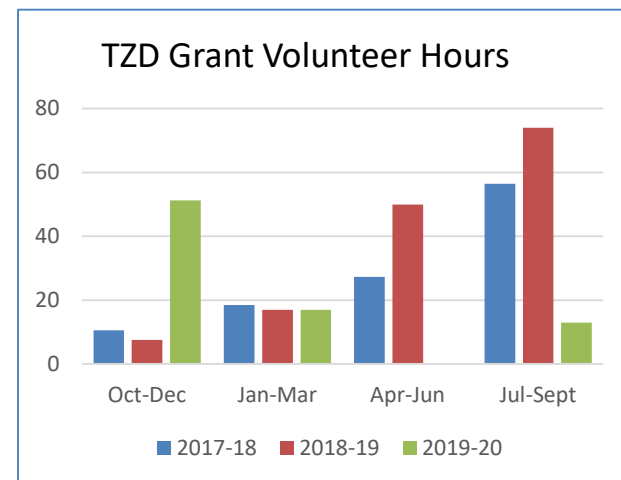
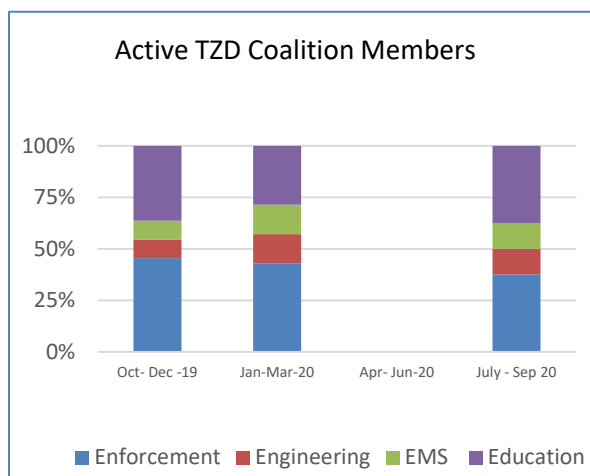
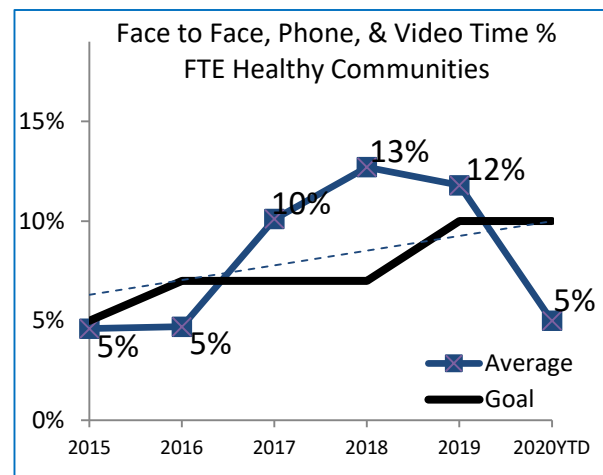
- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all our schools. This year the focus is on Safe Routes to School, Active Classrooms, and increasing access to fresh, locally grown produce.
- **CENTER:** Mini-grants are available throughout our grant year. Staff members are actively working to build relationships with potential partners while encouraging past and current partners to implement an initiative.
- **RIGHT:** Our Sustainability Survey will be sent to our 2019 -2020 partners in November.



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 face to face with community was steady above 10% or 4 hrs. per full-time staff per week 2017-2019. In 2020, we are counting video time, but are still seeing a decrease due to COVID, with 4-5% July, August, and September and 5% YTD.
- **CENTER:** Our goal is to maintain a balance of representation from each “E” because a combination of strategies and approaches are often most effective. Due to COVID-19 there were limited TZD activities Jan- Sept. 2020 with things getting restarted Jul-Sept.
- **RIGHT:** Much of the TZD safe roads grant activity revolves around the “enforcement wave” calendar, busiest from April to September. Due to COVID-19 there weren’t many activities Jan- Sept. 2020; there were 0 volunteer hours for Apr-Jun. with things getting restarted Jul-Sept.

Where Do We Go From Here?

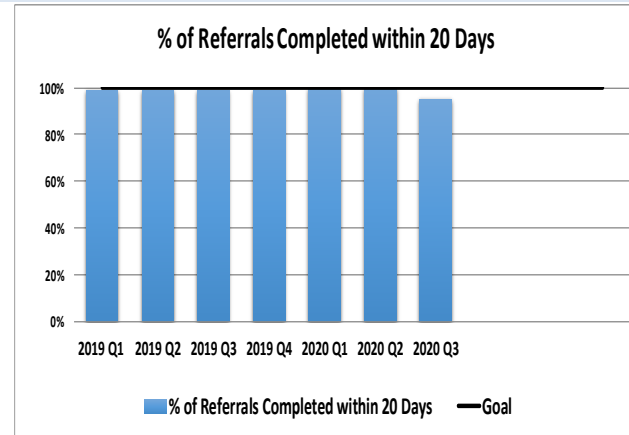
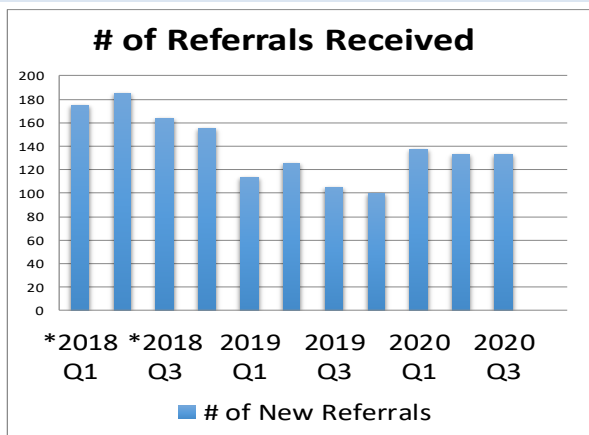
- **LEFT:** As COVID cases begin to rise this fall, Healthy Communities team is balancing COVID response with regular duties, which will probably mean we stay steady at 4-5%.
- **CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical services (EMS).
- **RIGHT:** A lot of coalition members are new due to turnover and it’s extra challenging to engage them due to the pandemic.



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:** For third quarter 2020, we had 133 referrals for all programs. The referrals in 2020 remain consistent and higher than 2019. These numbers represent an increase in waiver program referrals and a decrease in the number of Under 65 nursing home screens. These numbers are showing individuals in the community are choosing to remain in their homes longer with services and supports, instead of going into institutional care.
**2018 numbers appear high as this was the first year of doing County of Residence screens and those individuals who were the county of financial responsibility were added to our system for assessments.*
- CENTER:** Due to COVID-19, our visit totals have been down in 2020. Our 3rd quarter numbers have improved from 2nd quarter. Visits are being conducted remotely for most clients through phone or video. Visits are important to the work as they give staff the opportunity to know the people, build rapport, and assist people to meet their needs. Staff follow person-centered planning practices and strive to have people in the least restrictive environment that meets the individual's health and safety needs. Staff work closely with other departments and agencies to ensure needs are met.
- RIGHT:** 95% of assessments were completed in 20 days in quarter 3. A new referral takes on average 7-12 hours of an assessor's time to complete. With the increase in referrals over this year, it is becoming more challenging to meet the 20 day requirement 100% of the time.

Where Do We Go From Here?

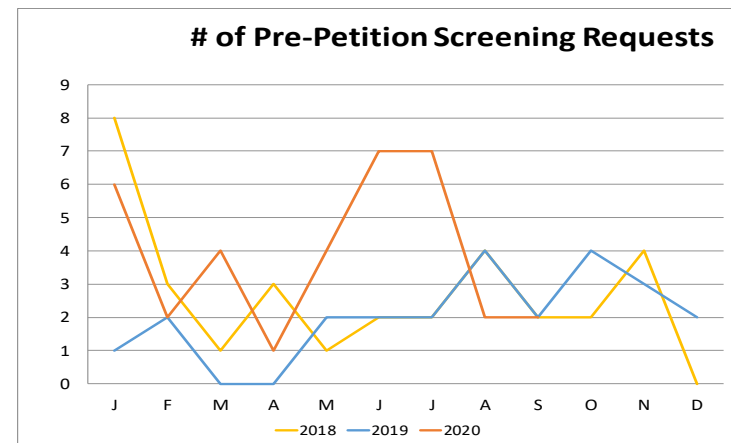
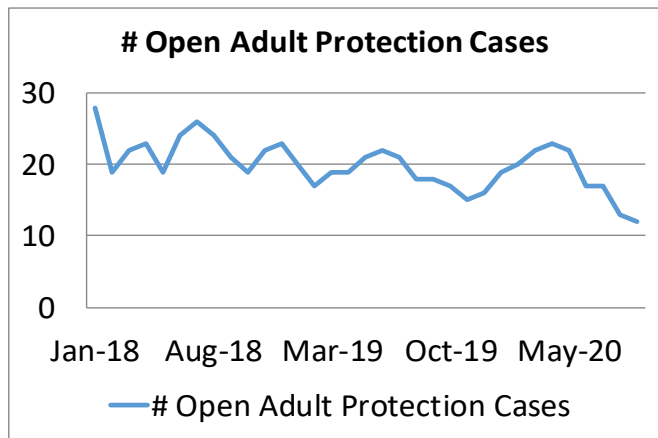
- Left:** We want to continue to make sure we are receiving referrals and community members are aware of the Home and Community Based Services available.
- Center:** Visits equal revenue, so we want to maintain visit counts. Our case managers build rapport with clients and increased visits maintains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



Social Services Adult Protection

Purpose/Role of Program

Adult Protection is a mandated service and is funded by county, state, and federal dollars. Counties are responsible for investigating reports that happen in the community and in Emergency Protective Services situations, while the state is primarily responsible for reports in facilities. Social Services is the Pre-Petition Screening Agency to determine if a person meets criteria for Civil Commitment and is not willing to participate in voluntarily services in order to meet basic needs or safety due to Mental Illness, Chemical Dependency (or both) or Developmental Disability. Civil Commitment is an involuntary process and we follow MN Statutes.



Story Behind the Baseline

- **LEFT:** In Goodhue County, 100% of vulnerable adults who experience maltreatment did not experience repeated maltreatment of the same type within six months. This is positive and is better than the statewide average! MN DHS issued specific guidance regarding face to face visits during COVID to protect vulnerable populations by encouraging staff to use collateral sources via telephone or video in lieu of in person visits whenever possible.
- **RIGHT:** There's been a greater number of requests for pre-petition screens (PPS) and an increase in the number of civil commitments filed in 2020. While we suspect it may be related to COVID, we are not sure if this will continue. Staff respond to requests for PPS in a timely manner which is critical to lessen the delay a client may have until they receive treatment and to ensure safety. Placements for people under commitment have been more challenging and complicated to find due to COVID.

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. The state is actively working on the vulnerable adult redesign process.
- **RIGHT:** 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 higher level of care placements, including civil commitment.

**Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better represents our work, as not all screenings result in commitments requested.*

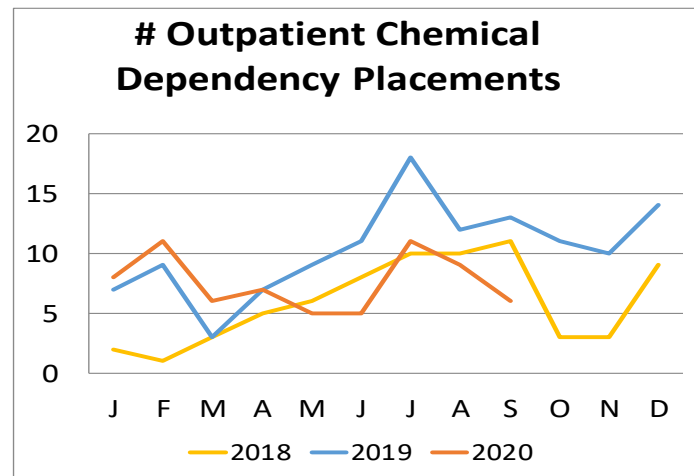
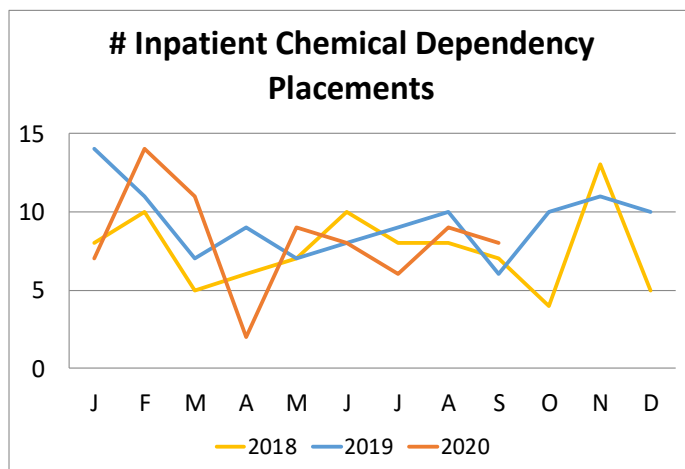


Social Services

Rule 25-Chemical Dependency

Purpose/Role of Program

Counties are required to administer the Chemical Dependency 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 care (outpatient, inpatient, etc.) for treatment that may be 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 dually diagnosed with mental health disorders. These clients often need specialized dual diagnosis treatment programs and more intensive aftercare. We take into consideration any cultural considerations to make the placement the "best fit".
- We are completing more assessments on child protection clients with highly complex issues, creating increased need for programs that are family friendly to facilitate visits, or programs where children can reside with parents.
- These numbers do not include clients seen that have a PMAP that pays for their assessment and treatment.

Where Do We Go From Here?

- **LEFT & RIGHT:** Our Rule 25 Assessors/Case Managers are trained in the assessment process and they do a great job collaborating with other county departments, probation, treatment providers, etc. This includes being part of the Goodhue Co. Treatment Court team.
- We encourage participants to apply for MA.
- There is a lot going on in MN around Substance Use Disorder (SUD) Reform. We are attending trainings and connecting with our providers on this issue.

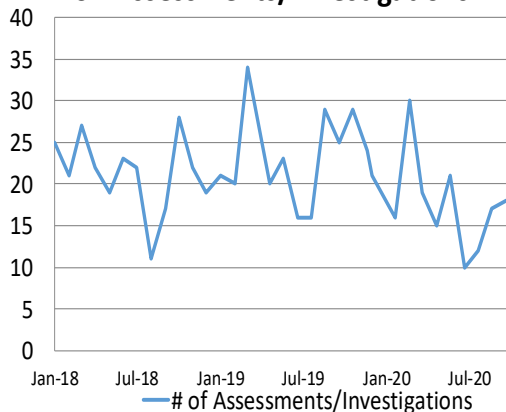


Social Services Child Protection

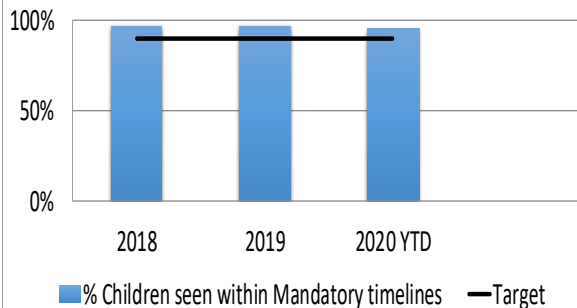
Purpose/Role of Program

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.

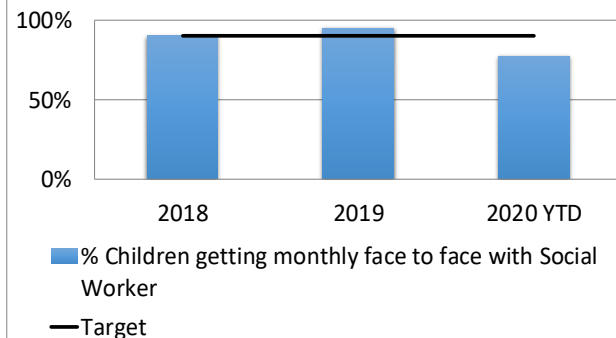
of Assessments/Investigations



% Children Seen Within Mandatory Timelines



% Children Getting Monthly Face to Face with Social Worker



Story Behind the Baseline

- LEFT:** The number of assessments has dropped since COVID, which is consistent with state trends. Overall the state of Minnesota has seen a 50% drop in child protection reporting, due in large part to children not being in school or having contact with family members or others who typically make child protection reports. While the number of assessments is lower than average, summer also tends to be a slower time for child protection because school is out and fewer CP reports are made.
- CENTER:** 95% of children have been seen within mandatory timelines in 2020. DHS changed requirements for face to face contact in assessments, allowing counties to use contacts made by law enforcement, or use video contacts in the majority of cases. When cases involve imminent danger, children must still be seen face to face by CP workers. Our assessment workers have been seeing some children face to face during COVID, observing social distancing, wearing masks, and often seeing children outdoors. They also make video contact at times, depending on the case and whether safety can be established without face to face contact.
- RIGHT:** 2020 data is only current through the third week of August and was impacted by MN DHS peacetime emergency waivers that allow for video contact to be substituted for face to face contact. However, the data collection system did not capture that substitution automatically. We anticipate that the data for third and fourth quarters will return to 2019 levels.

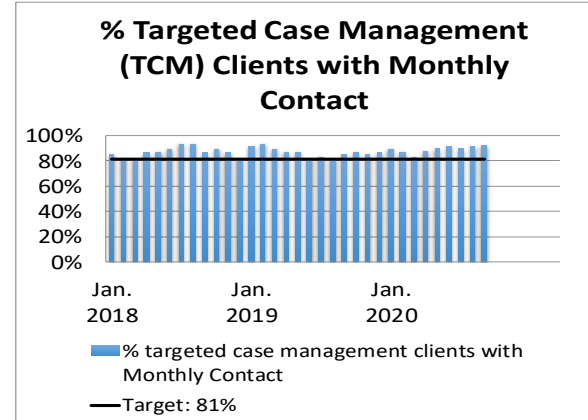
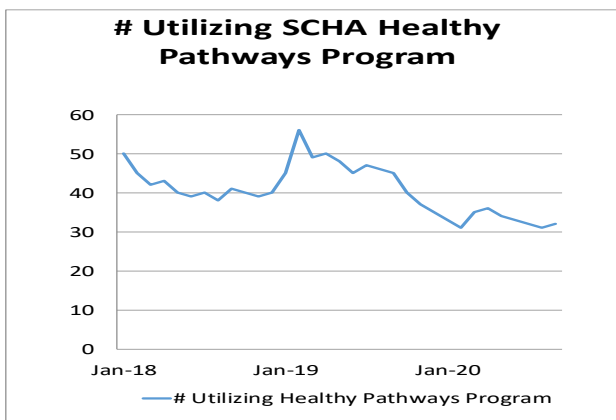
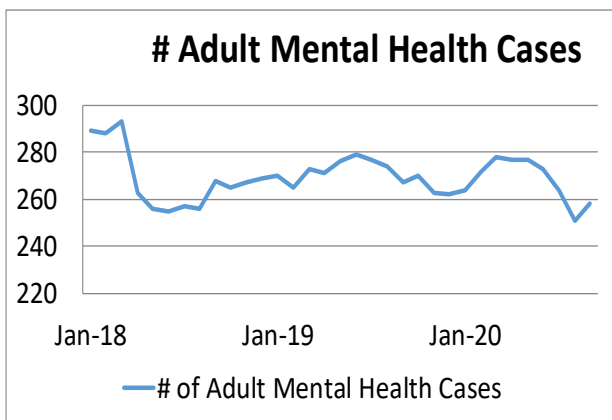
Where Do We Go From Here?

- LEFT :** We anticipate that CP assessments will rise when school resumes. With the cases we already have open, we are seeing a high degree of family stress. School challenges, financial stress, mental health concerns, isolation, illness, and possible evictions add to family stress. Our priorities are to keep children safe and provide as much support as possible.
- CENTER:** Workers have been able to meet timelines despite COVID. DHS waivers have allowed more flexibility in how contact occurs, and the CP workers have been making face to face contacts when they can do so safely.
- RIGHT:** For children in placement, COVID has added the stress of visitation challenges. Supervised visitation was suspended when COVID began, and visits with numerous precautions resumed in May. Most court cases were put on hold, so this will result in a delay in permanency for some families. Workers are having more face to face visits with children in placement when feasible, but the waiver to allow video contacts remains in place.



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/PMAP funding. We know that offering voluntary services can minimize crisis situations that may involve pre-petition screening for civil commitment, Emergency Room visits, detox stays, and incarceration (all of which may be intrusive and costly).



Story Behind the Baseline

- **LEFT:** Caseloads continue to be tracked with each referral. Our team has experienced changes due to a retirement and internal promotion, which lead to two new hires. While new workers are oriented, changes in caseloads are expected.
- **CENTER:** Healthy Pathways is a 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:** With guidance from DHS, we have been able to have phone or video contact with clients and still bill for TCM due to COVID. We know that face to face contact is best so we are striving to see clients in person, safely, when possible. In June staff achieved greater than 90% targeted case management contacts and have consistently been over 85% average for the year 2020. 2020 billing for TCM is on track to be higher than previous years. The 3rd quarter of 2020, we billed over 19% more than the 3rd quarter in 2019. This is due to the social workers and support staff being very diligent.

Where Do We Go From Here?

- **LEFT, CENTER & RIGHT:** Staff ensure clients receive monthly contact which allows quality services with prevention focus, along with maximizing revenue for continued services.
- During COVID, services have been more challenging for our clients to participate in. Through CARES Act funding, we have been able to get those in need an electronic device, so they are able to connect electronically with us and other providers (mental health, physical health, etc.) to treat their illnesses and decrease isolation.

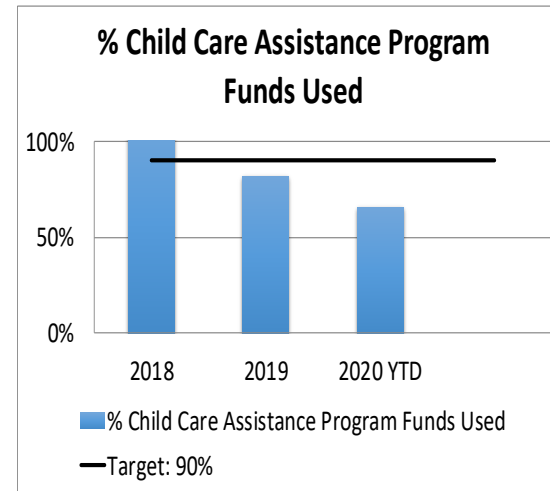
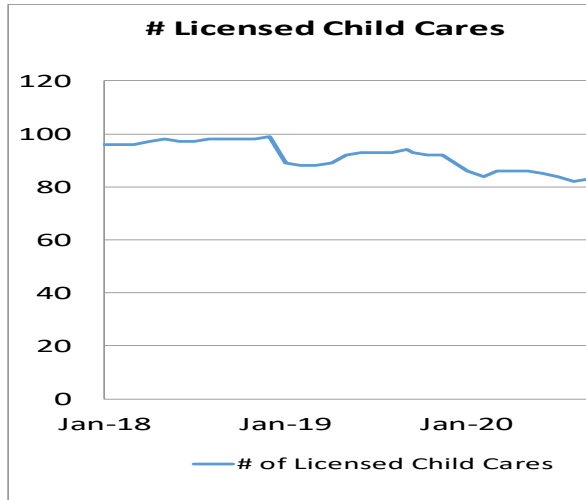


Social Services

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 child cares has remained relatively steady in 2020. The guidelines for child care licensing have changed significantly since COVID, with extensive guidance from DHS about how to support child care providers during COVID. Face to face licensing visits were not occurring from March-June, with visits gradually resuming in July.
- **RIGHT:** Our utilization is currently below our allotment. The goal is to remain between 90-100% of our allotment. We are currently adding all eligible families in to reach the allotment goal.

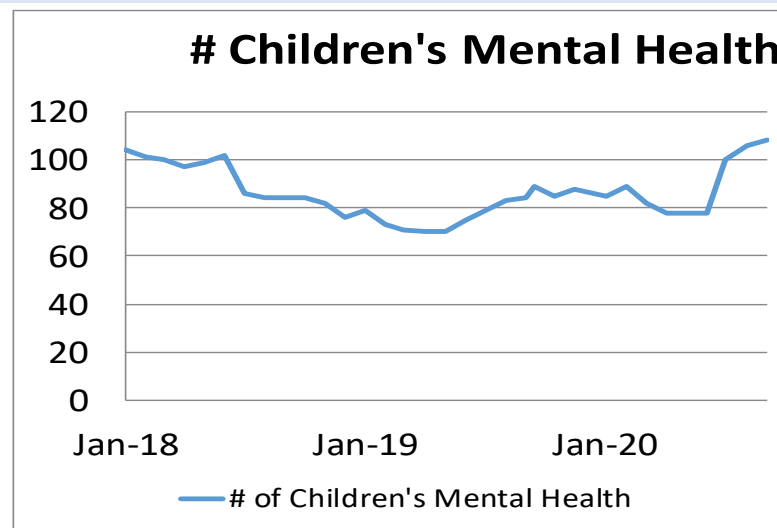
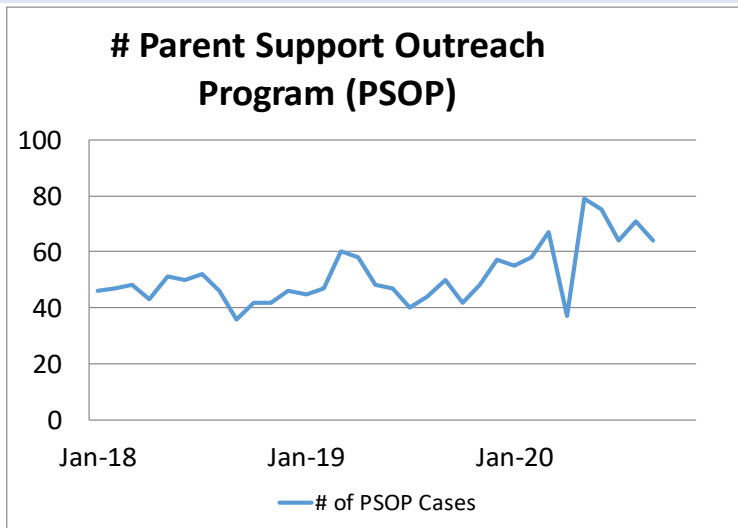
Where Do We Go From Here?

- **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) has been utilized extensively during COVID. DHS has expanded the use of PSOP, usually only available for families with children ages 10 and under, so that it can be used for children of any age if the older children are impacted by COVID. We are providing PSOP services for many families whose children have struggled to attend school.
- **RIGHT:** Fernbrook continue to provide Children's Mental Health case management. These numbers have dropped to some degree due to the difficulty of meeting with families via video, and families not wanting to engage with video services. For other families, video meetings and telehealth have been well received and helpful.

Where Do We Go From Here?

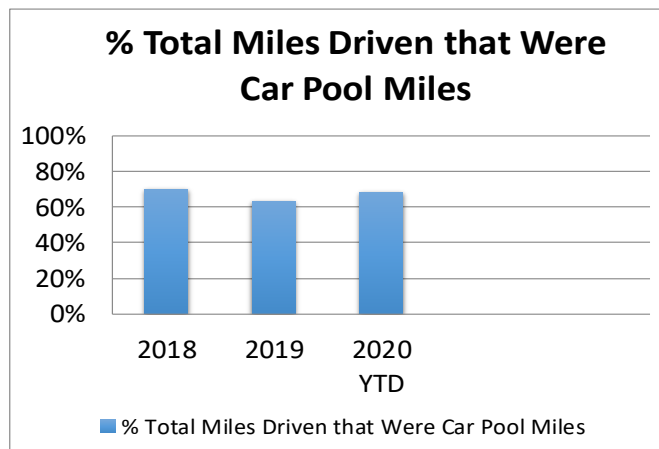
- **LEFT:** PSOP continues to be a vital service, especially during COVID. We expect to utilize PSOP extensively with families who are struggling due to COVID, and especially with children who are not fully participating in school.
- **RIGHT:** Children's Mental Health case management has been a vital service during COVID, and will continue to be as children are adjusting to new school programming. CMH case management has been provided with a combination of face to face and video contacts.



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 continues to use county pool cars for about 60-70% of miles travelled on county HHS business. In 2019, county car usage was slightly down, which may be because the first few months of 2019 were very snowy. Accounting staff calculate this percentage based on personal miles turned in, so the slight decrease could be explained by staff turning in personal mileage more often (not necessarily using personal cars more). 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.



Goodhue County
Health and Human Services

426 West Avenue
 Red Wing, MN 55066
 (651) 385-3200 • Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: November 17, 2020
RE: 2020 November Staffing Report

Following the updated Goodhue County hiring policy, below are GCHHS new hires for 2020:

Outgoing Employee	Rate of Pay *	Classification	New Employee	Rate of Pay *	Step	Hire Date
Carol Ann Meyer	\$45.57	Public Health Nurse	Jeanne Freier	\$33.72	6	11/2/20
Kathy Cordes	\$31.92	Eligibility Worker	Molly Matthees	\$23.80	1	11/16/20

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

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!
 Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



Goodhue County Performance Report

Adult Protection and Child Support Performance Report October 2020

Reporting Periods:

Adult Protection July 1, 2019 – June 30, 2020
Child Support Oct. 1, 2019 – Sept. 30, 2020



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, 2019 – June 30, 2020) performance data for the Adult Protection measure
- Federal fiscal year (Oct. 1, 2019 – Sept. 30, 2020) 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.

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.

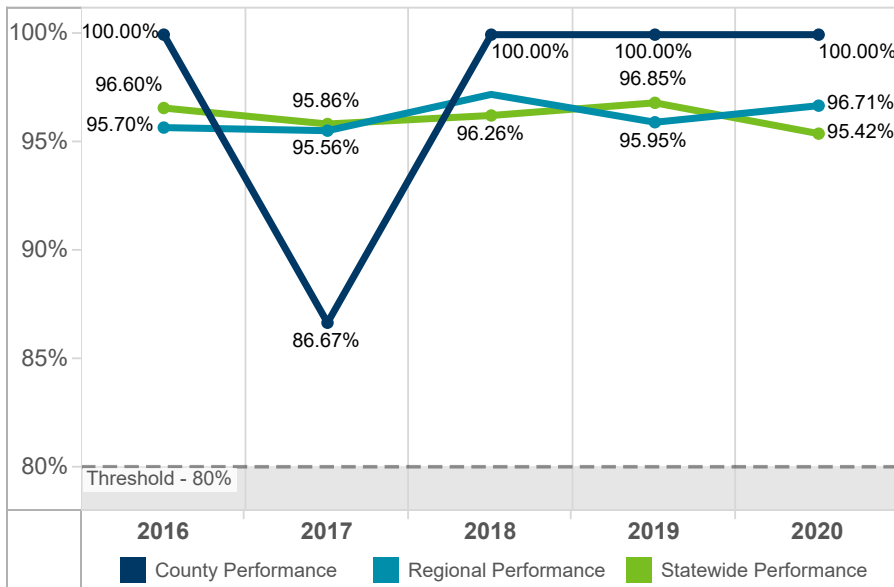
Percent of vulnerable adults who experience maltreatment who do not experience a repeat maltreatment of the same type within six months.

Goodhue County Performance by Year

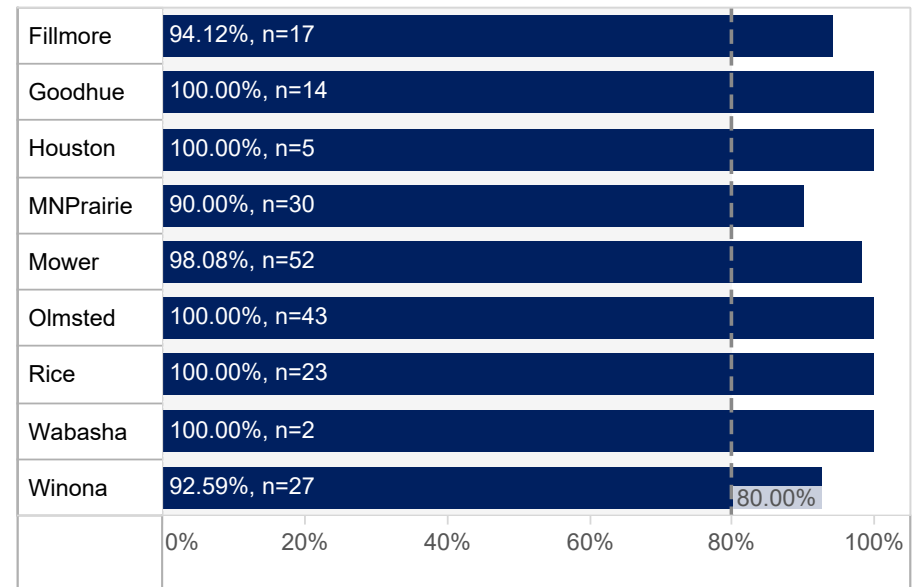
	2016	2017	2018	2019	2020
County Performance	100.00%	86.67%	100.00%	100.00%	100.00%
Denominator	19	15	13	12	14

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

County, State and Regional Performance



2020 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.

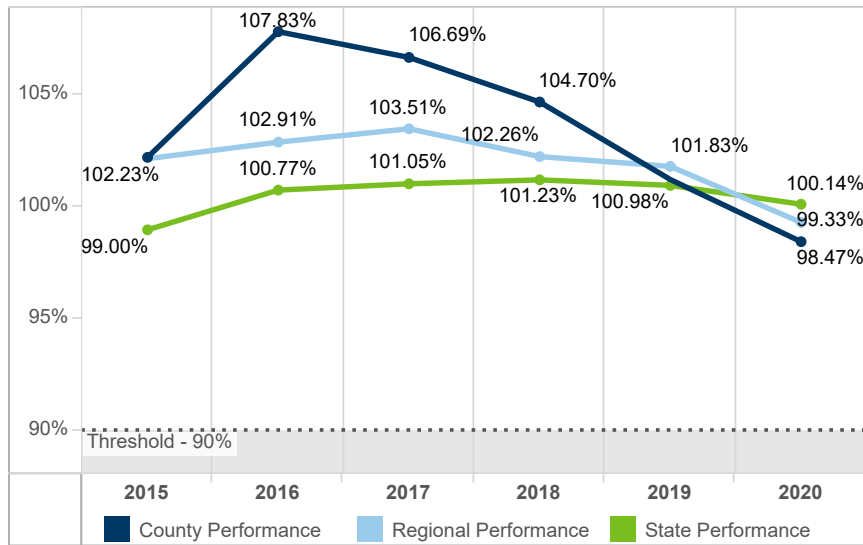
Percent of open child support cases with paternity established.

Goodhue County Performance by Year

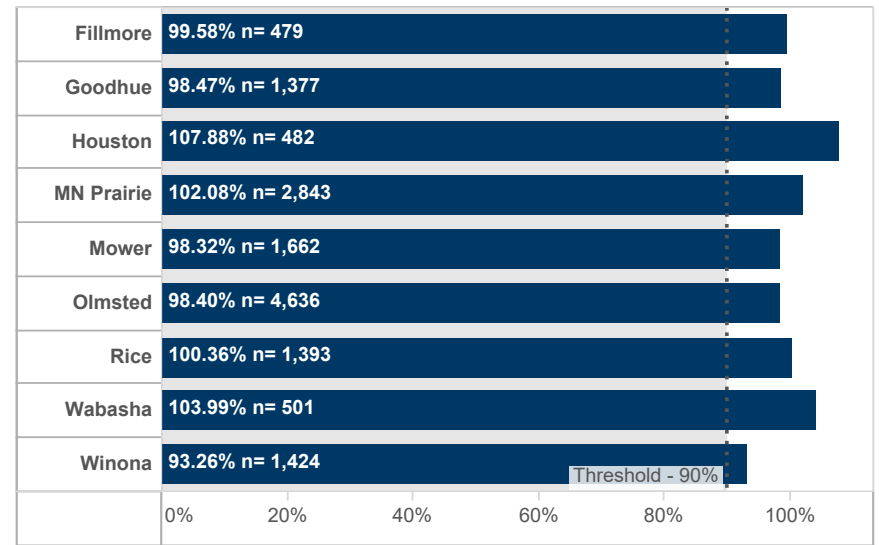
	2015	2016	2017	2018	2019	2020
County Performance	102.23%	107.83%	106.69%	104.70%	101.24%	98.47%
Denominator	1,435	1,366	1,436	1,469	1,451	1,377

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

County, State and Regional Performance



2020 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.

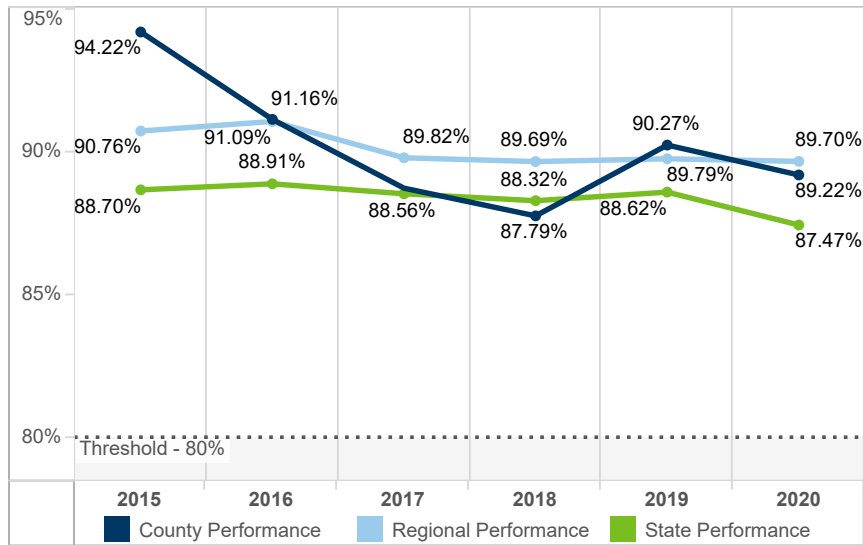
Percent of open child support cases with an order established.

Goodhue County Performance by Year

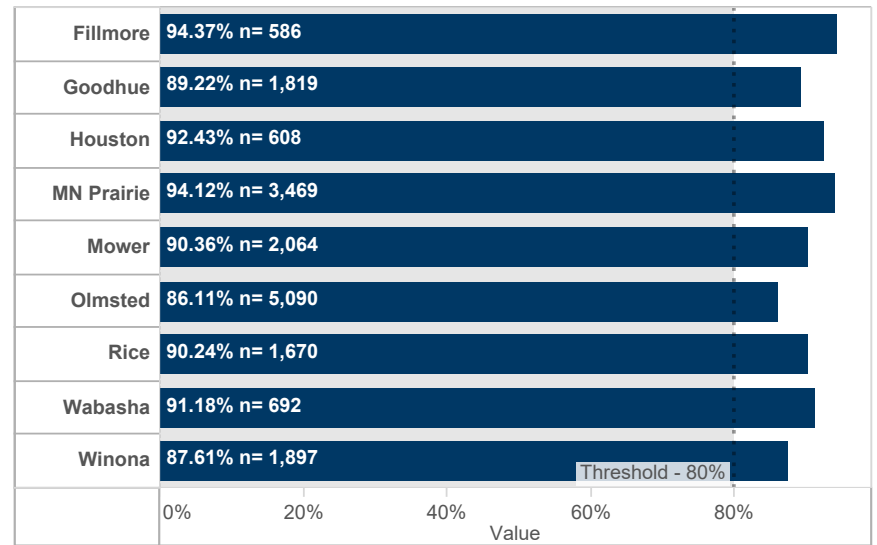
	2015	2016	2017	2018	2019	2020
County Performance	94.22%	91.16%	88.76%	87.79%	90.27%	89.22%
Denominator	1,851	1,890	1,957	1,949	1,880	1,819

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

County, State and Regional Performance



2020 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 in 2017. 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 clause for counties performing above the state median; regardless of year-over-year change, counties with performance above the state median performance for the reporting period (77.3% for 2020) 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 2015, 65.22 percent in 2016, 65.35 percent in 2017, 66.21 percent in 2018, 65.08 percent in 2019, and 66.11 percent in 2020.	2016 - 2015 = 65.22 - 64.79 = 0.43	$(\Delta 2016 + \Delta 2017 + \Delta 2018 + \Delta 2019 + \Delta 2020) / 5 =$ $(.43 + .13 + .86 + -1.13 + 1.03) / 5 =$.264 percentage points The average is positive, therefore the threshold has been met.
		2017 - 2016 = 65.35 - 65.22 = 0.13	
		2018 - 2017 = 66.21 - 65.35 = 0.86	
		2019 - 2018 = 65.08 - 66.21 = -1.13	
		2020 - 2019 = 66.11 - 65.08 = 1.03	

Percent of current child support paid.

Goodhue County Performance by Year

	2015	2016	2017	2018	2019	2020
County Performance	76.64%	78.49%	77.09%	77.89%	78.40%	77.98%
Denominator	\$5,928,923.34	\$5,800,627.29	\$5,838,269.50	\$5,738,017.17	\$5,659,119.94	\$5,512,708.43

2020 Threshold

Five-Year Average Change
0.27%

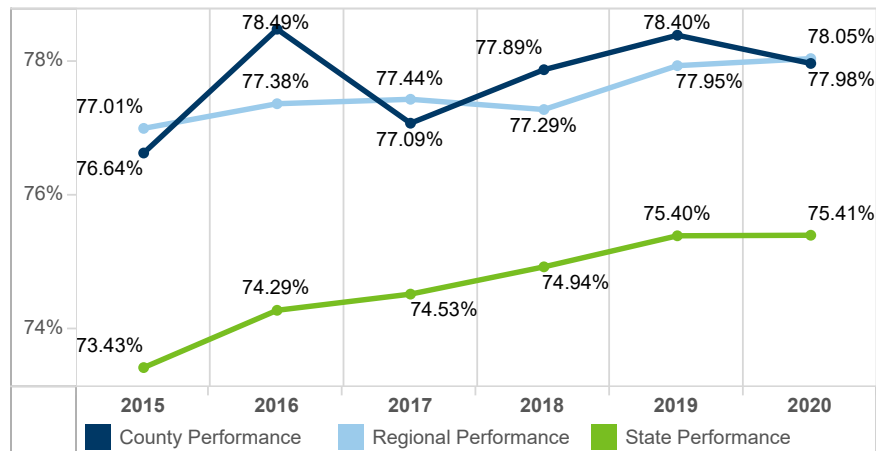
Minimum Performance Target
76.67%

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 2020 to prevent a PIP (through a positive five-year average change or by reaching the state median performance of 77.3%, whichever is lower).

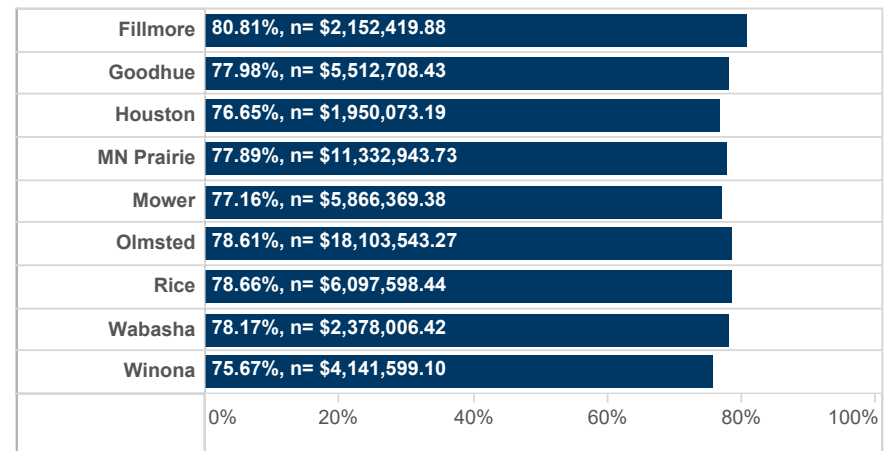
PIP Decision

No PIP required - Threshold is positive or county performance is equal to or above the state median performance of 77.3%.

County, State and Regional Performance



2020 Performance for MACSSA Region 10



Racial Data for Percent of current child support paid.

Performance data is provided below by racial and ethnic groups for counties where there were 30 or more people of a group included in the denominator. The racial and ethnic data provided is that of the noncustodial parent.

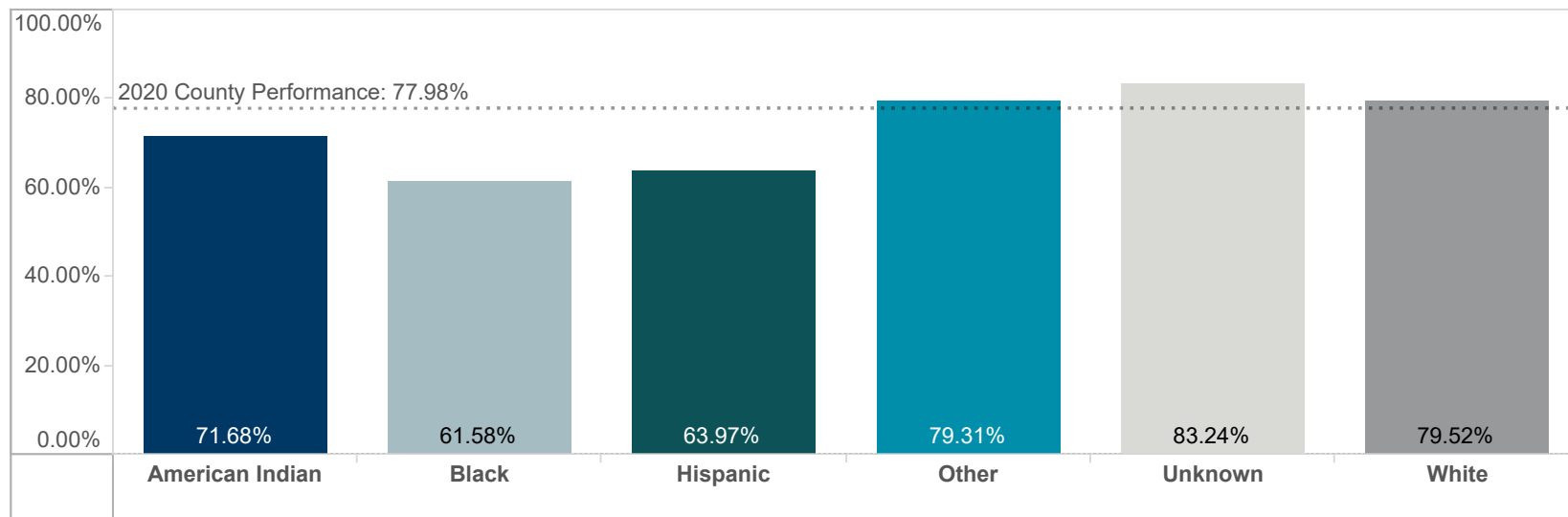
Purpose

The racial and ethnic data included in this report is for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Currently, racial data is not available for the other Child Support measures, only percent of current Child Support Paid.

Goodhue County 2020 Performance by Race and Ethnicity for *Percent of Current Child Support Paid*





Scott O. Arneson
County Administrator
Goodhue County

509 W. Fifth St.
Red Wing, MN 55066
Office (651) 385.3001
Fax (651) 267.4873

November 11, 2020

Dear Goodhue County community members,

Our communities have seen a rapid rise in individuals testing positive for COVID-19. During this unprecedented time, we remain deeply committed to the health and well-being of our residents, employees, and communities. We need everyone to continue to take the fight against COVID-19 seriously. Together we can do our part to help slow the spread in our community.

Goodhue County COVID Positivity Rate

As of November 11, 2020, we have reached over 1,000 positive COVID-19 cases in Goodhue County. Goodhue County also currently has a COVID positivity rate of greater than 5%. This means the virus is spreading rapidly in our community. The positivity rate shows the percent of COVID-19 tests that were positive in Goodhue County residents over the last two weeks of data collection.

COVID positivity rates in Goodhue County have steadily increased in the past few weeks:

- The week of October 4- October 10: 2.6%
- The week of October 11- October 17: 4.4%
- The week of October 18- October 24: 6.7%

Seniors and Long Term Care Facilities

Higher rates of virus transmission in the community increase the risk for all members of our community, but especially for those at high risk for severe illness and death. Our seniors living in our community and in long-term care (LTC) facilities are among our most vulnerable. Despite the aggressive action to limit infections taken by LTC facilities, as cases in our community continue to rise the residents and staff in these facilities are put at serious risk. Goodhue County Commissioners urge you to help protect our most vulnerable community members.

Goodhue County Board Chair, Paul Drotos, shared his support for healing and emphasized the importance of community vigilance and mitigation strategies.

GOODHUE COUNTY BOARD OF COMMISSIONERS

LINDA FLANDERS
1st District
1121 W 4th St.
Red Wing, MN 55066

BRAD ANDERSON
2nd District
10679 375TH St. Way
Cannon Falls, MN 55009

BARNEY NESSETH
3rd District
41595 Co. 8 Blvd
Zumbrota, MN 55992

JASON MAJERUS
4th District
39111 Co. 2 Blvd
Goodhue, MN 55027

PAUL DROTOS
5th District
1825 Twin Bluff Rd
Red Wing, MN 55066

“In the days and weeks ahead, we expect to see the number of cases continue to climb even higher. Goodhue County is fortunate to have strong and knowledgeable teams of experts in the medical field, public health sector and emergency preparedness working together. We appreciate the caring and vigilant community members who help to keep our residents safe and healthy,” said Commissioner Drotos. “All of us, need to continue to work together on slowing the spread of COVID-19. Not only does our public health depend on it but our economy does too.”

Reducing Community Spread is Critical

Reducing community spread is critical for successfully preventing COVID-19 infections and deaths in LTC facilities and throughout our county. We need you to help protect Goodhue County and reduce community spread. The most effective ways to reduce the spread of the virus are to limit in-person gatherings, wash hands, stay at least 6 feet away from others, and to wear a face mask every time you are around people from outside your household.

#ProtectGoodhueCounty

Sincerely,

The Goodhue County Board, Goodhue County Attorney, Goodhue County Sheriff and Goodhue County Administrator

- Linda Flanders, Goodhue County Commissioner District 1
- Brad Anderson, Goodhue County Commissioner District 2
- Barney Nesseth, Goodhue County Commissioner District 3
- Jason Majerus, Goodhue County Commissioner District 4
- Paul Drotos, Goodhue County Commissioner District 5
- Stephen O'Keefe, Goodhue County Attorney
- Marty Kelly, Goodhue County Sheriff
- Scott Arneson, Goodhue County Administrator



###

Contact:

Jessica Seide

Community Health Specialist/PIO

Jessica.seide@co.goodhue.mn.us

651-385-6174

Maggie Cichosz

Child & Family Collaborative Coordinator/ Assistant PIO

maggie.cichosz@co.goodhue.mn.us

651- 385- 6150