



GOODHUE COUNTY MINNESOTA

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

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

“Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02a 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 conduct a board meeting pursuant to this section on Tuesday, September 21, 2021 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/915528037> or calling [1 866 899 4679](tel:18668994679) beginning at 10:20 a.m. or any time during the meeting. Access Code: 915-528-037

New to GoToMeeting: Get the app now and be ready when your meeting starts
<https://global.gotomeeting.com/install/915528037>

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

Documents:

[AUGUST 2021 HHS BOARD MINUTES.PDF](#)

4. INTRODUCTION OF NEW AND PROMOTED EMPLOYEES
5. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. Child & Teen Checkup Contract

Documents:

[CHILD AND TEEN CHECKUP CONTRACT.PDF](#)

- c. Toward Zero Deaths 2022 Agreement

Documents:

[TOWARD ZERO DEATHS 2022 AGREEMENT.PDF](#)

6. ACTION ITEMS:

- a. Accounts Payable
Mike Zorn

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. Personnel Request
Nina Arneson and Kris Johnson

Documents:

[PERSONNEL REQUEST.PDF](#)

7. INFORMATIONAL ITEMS:

- a. COVID-19 Update
Nina Arneson

Documents:

[COVID-19 UPDATE.PDF](#)

8. FYI-MONTHLY REPORTS:

- a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

- c. Quarterly HHS Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

9. ANNOUNCEMENTS/COMMENTS:

- a. Pivoting To The Future: Opportunity, Complexity, And Working Together
Thursday, September 23, 2021

9:00 a.m. to 1:00 p.m.

Free to all attendees; CEUs available

Virtual event

Register: WWW.HEALTH.STATE.MN.US/CHC

10. ADJOURN

- a. Next Meeting Will Be October 19, 2021 At 10:30 AM

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF AUGUST 17, 2021**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 11:02 A.M., Tuesday, August 17, 2021, in the Goodhue County Board Room located in Red Wing, Minnesota.

Brad Anderson, Paul Drotos, Linda Flanders, Todd Greseth, Susan Johnson, Jason Majerus, and Nina Pagel.

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Jessica Seide, and Scott Arneson.

AGENDA:

On a motion by J. Majerus and seconded by L. Flanders, the Board unanimously approved the August 17, 2021 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the Annual Board Minutes of the H&HS Board Meeting on July 1, 2021.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

COVID-19 HHS Board Update- Nina Arneson
2nd Quarter 2021 Fiscal Report- Mike Zorn
HHS 2019 MN County Human Services Cost Report- Mike Zorn

Goodhue County Health & Human Services Board
Meeting Minutes of August 17, 2021

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
HHS Trend Report
Local Public Health Grant Award
Child Safety and Permanency Performance Report and Memo

ANNOUNCEMENTS/COMMENTS:

Discussion about in-person and online meetings due to COVID-19 pandemic variant, and this Board will follow the County Board's lead, therefore the next HHS Board meeting will be online via GoToMeeting.

ADJOURN:

On a motion by P. Drotos and seconded by S. Johnson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 12:12 pm.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 21, 2021	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:

- Heather McWater Cannon Falls
- Maribeth Salfer Pine Island
- Heidi Hallanger Cannon Falls
- Jenna Meide Cannon Falls
- Laura Keim Pine Island
- Dorothy Lodermeier Goodhue
- Jenna Kehren Goodhue
- Kelly Miller Cannon Falls

Child Care Licensures:

- Jody Vaith Lake City

Number of Licensed Family Child Care Homes: 74

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 (H&HS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	09/15/2021	Staff Lead:	Brooke Hawkenson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Child and Teen Checkup Contract, budget and work plan for 2022		

BACKGROUND:

The Child and Teen Checkup Program is a comprehensive and periodic screening program to help assure children are visiting their physician for appropriate well child exams and treatment. This is a federal program that is administered by the Minnesota Department of Human Services, whom we get our funding from. Children newborn through the age of 21 who are enrolled in medical assistance are eligible for this program.

In June 2021 legislation passed a proposal for Integrated Health Partnerships (IHPs) to complete outreach activities for the Child and Teen Checkup Program. IHPs have the option to opt out of completing this work. We do not yet know which IHPs will be contracting and who will be opting out. For Goodhue County, it is estimated that we have approximately 293 children effected by this. Contracts will go in to effect July 2022.

Due to the legislative changes, our budgets and work plans will be completed in two separate periods. The first budget period will show 50% of our budget January-June 2022 with no changes. The second budget period will reflect legislative changes for July 2022-December of 2022. At this time we are unsure how this will affect our budget, it is dependent on if IHPs in our jurisdiction will opt in or out of the contract.

Until contracts are signed Public Health will continue with outreach duties. Local Public Health is required by this program to do outreach to these families to inform and assist them with getting the medical and dental services they need. Phone calls and letters are mailed out to families, as well as some face-to-face visits, to encourage regular and routine well child visits.

Staff also connects with medical clinics to assist them with resources so they can do a complete checkup and answer potential billing questions so the clinics can get appropriate reimbursement for these services.

The budgeted amount for these services for the first half of the year from the Department of Human Services (DHS) is \$51,393.00.

RECOMMENDATION:

HHS recommends approval of the Child and Teen Checkup Contract, budget and work plan to continue these services in our county.

Child and Teen Checkups (C&TC)

September 2021

Child and Teen Checkups Outreach Redesign

The legislative proposal to provide Integrated Health Partnerships (IHP) an opportunity to partner in Child and Teen Checkups (C&TC) outreach was passed and became statute in June 2021, during the legislative special session. The expanded statute, MN Stat. 256B.0625, subd. 58, now includes this opportunity for children birth through age 20 who are attributed to a contracted IHP.

We are actively working through many details of this redesign effort with our colleagues who administer and oversee the IHP program.

For details on Integrated Health Partnerships, click [here](#).

Goals

- Cost savings
 - Payment to IHPs will be less than the current per-eligible dollar amount paid to contracted counties and tribes
- Increase outreach efficiency
 - Remove the wait time of submitted claims and system downloads
- Increase well-child visits

Details

- Federal EPSDT Outreach regulations remain unchanged
- Outreach will shift to IHPs who opt this into their contract beginning July 1, 2022
- County and Tribal outreach rate of \$26.50 per eligible remains the same; however, for contract periods less than 12 months the amount of funding will be pro-rated
- 2022 amendments & budgets:
 - Amendments and budgets will be submitted twice for 2022
 - Jan – June 2022 business as usual
 - Because amendment covers half of the year, the \$26.50 is cut to half \$13.25
 - July – Dec 2022
 - Built from number of eligibles minus the number of children attributed to an IHP multiplied by \$13.25 (unknown which IHPs will opt in at this time)

- IHPs contract cycle similar to C&TC
 - We will know which IHPs opt in to do this work by early 2022
- IHPs will use their own data systems for outreach tracking (not CATCH)
- We are working with CATCH IT on how the transitions of children in and out of systems will work
- If a child rolls out of an IHP system, the outreach will move to county/tribe
- For children not attributed to a contracted IHP, the county or tribe will continue outreach with current systems

Remaining questions and details

- How local outreach will continue to dental clinics, social services, foster parents, Head Start, food shelves, homeless shelters, etc.

[text only](#)

2022 Administrative Services Contract

The Minnesota Department of Human Services (DHS) contracts with community health boards (CHBs) and tribal governments (Tribal Nations) to provide direct support to administer required outreach and follow-up activities for the federal Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In Minnesota, EPSDT is known as the Child and Teen Checkups (C&TC) program. This program is designed to ensure that children enrolled in Medical Assistance (MA) receive comprehensive health care.

The information collected in this survey will be used to prepare the 2022 Jan-June Child and Teen Checkups (C&TC) Administrative Services contract documents. Your response is due by Friday, September 24, 2021. Due to COVID, an extension can be requested by emailing dhs.childteencheckups@state.mn.us. Remember, all contract documents must have appropriate signatures by December 31, 2021. **Work for the new contract year cannot begin until a fully signed contract is in place.**

Due Date: Friday, September 24, 2021

Budget Worksheet

Purpose: Balanced line item budget to maximize outreach funds.

Instructions: Attach the complete 2022 Jan-June Budget Worksheet Excel document for DHS review and approval.

Once this budget document has been approved, line item amounts of \$10,000 or 10% of the total budget, whichever is less, may be moved without DHS approval. Any amount over that threshold will require DHS approval. Submit a budget revision request on the C&TC SharePoint site. Access to the SharePoint site is permission granted. Please contact dhs.childteencheckups@state.mn.us for site access.

To submit an attachment, click on the file attachment button to the left of the response box. A blue box will appear to allow you to choose a file. Once a file is chosen, a reference number will be assigned to the file. This reference number will appear in the response box. If the wrong file was selected by mistake, click the file attachment button again and clear the reference number from the response box. You should now be able to select a new file to attach as a response.

2022 Jan-June Budget Worksheet (Excel)

ref:0000000050:Q2

Will your CHB/Tribe have any "Other equipment costs"? (If the value in cell G76 is greater than \$0, please select Yes.)

- Yes
 No

Will your CHB/Tribe have any "Other direct costs"? (If the value in cell G91 is greater than \$0, please select Yes.)

- Yes
 No

Appendix B - Contractor Information Form

Purpose: Identify contractor information.

Instructions: This information populated on this form was taken from the 2021 Administrative Services Contract Survey. Please review for accuracy and make changes, as needed, for the 2022 contract cycle.

Contractor Information

Contractor name	Goodhue County Health and Human Services
Contractor mailing address	426 West Avenue, Red Wing, MN 55066
Social Security or Federal Employer ID number	41-6005797
Minnesota tax ID number (if applicable)	8026628
Data Universal Numbering System (DUNS) number	051690642
National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number that will be used when submitting claims for 2022 C&TC Administrative Services expenses	1982741096

Contractor Type

C&TC Contract Authorized Representative Information

Representative first and last name	Nina Arneson
Email address	nina.arneson@co.goodhue.mn.us
Phone number (000-000-0000)	651-385-3200
Fax number (000-000-0000)	651-267-4882

Does the representative identified above have the authority to sign grant contracts on behalf of the CHB/Tribal Nation?

- Yes
 No

Attach a copy of the board resolution document authorizing the representative above to sign and execute grant contracts on behalf of the CHB/Tribal Nation.

ref:0000000050:Q14

Data Privacy and Security Responsible Authority

First and last name	Nina Arneson
Email address	nina.arneson@co.goodhue.mn.us
Phone number (000-000-0000)	651-385-3200

How frequently will claims be submitted?

Appendix C - Subcontractor or Consultant Information Form

Purpose: Identify subcontractor or consultant information to assist in meeting outreach contractual duties.

Instructions: The information populated on this form was taken from the 2021 Administrative Services Contract Survey. Please review for accuracy and make changes, as needed, for the 2022 Jan-June contract cycle.

Does your CHB/Tribe plan to work with any subcontractors or consultants?

- Yes
 No

Work Plan - Objective 1

Inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families **within 60 days** of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, and face-to-face methods. Include information such as the benefits of preventive health care, the services available under the C&TC Program, where and how to obtain those services, that the services are without cost to the eligible child, and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform foster care families/children.

Determine family response to C&TC Program participation. Documentation must be kept which indicates that recipients have accepted, declined, or are undecided about C&TC services AFTER receiving the information. Families/children which are undecided about participating in the C&TC screening program should be provided with additional information.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribal Nation must know who the eligible population is to do outreach and follow-up.) *Use the CATCH System according to DHS instructions to assist with maintaining this list.*

Information available and updated monthly via the CATCH software system database. Current list of eligible families/children is maintained through regular/timely Catch III monthly downloads.

(? of 1500 characters left.)

2. Effectively inform families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language, at or below a 7th-grade reading level in all written communication. Provide communication through an interpreter or translated written material when appropriate.

All families are contacted within 60 days of when they become eligible for MA. This is maintained via monthly Catch III downloads. They are contacted by mail, and also either a follow-up phone call, a home/virtual/phone visit by one of our nurses, or a WIC contact. Information is entered and updated regularly using Catch III software system database. Families are encouraged to ask specifically for a C&TC when making an appointment. We provide DHS-6555 "Getting the most out of your child's checkups" with all mailings.

(? of 1500 characters left.)

3. Families/children involved in foster care should be informed through responsible CHB/Tribal Nation child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform homes/institutions providing foster care and social service workers of C&TC program services available to children in foster care and develop a process to assure children in foster care receive C&TC information.

C&TC letters for children in foster care are provided to us via Foster Care Transmittals to ensure accurate address and from that letters are mailed. Letters are sent at least annually or more often based on the child's age and according to the periodicity schedule. Outreach will also be done annually with social workers regarding the program, including information regarding periodicity schedule, MCO/PMAP incentive vouchers and other pertinent updates, so they may share this information with foster families. C&TC brochures/incentives are provided to County Social Workers so they can provide to foster care families/foster care children.

(? of 1500 characters left.)

4. Provide effective means to inform eligible families/children who need additional assistance because of disabilities or home language needs (i.e. visual or hearing impairment, English language learners, etc.).

Families are provided both written information as well as a phone call, home/virtual/phone visit, or WIC contact. This provides the ability to reach both blind and deaf clientele, as well as those who cannot read. C&TC brochures are available to clients in other languages and interpreters are used for contacting clients who would like assistance with scheduling appointments, and are not proficient in the English language.

(? of 1500 characters left.)

5. After effectively informing families/children about C&TC, determine if their response is "yes", "no" or "undecided" about accepting C&TC benefits. Document their response using the CATCH system. New families will appear in the CATCH as "U" or "undecided". If reached, and a family remains "undecided" after receiving outreach, document/choose "undecided" in the detail list for that outreach contact. **If not reached, leave families as "undecided" or "U" in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never assume a "yes" or "no" response.** Families/children declining C&TC services should not be contacted about the program again for one year. After one year from the time the "no" response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A re-notification letter will also be generated if no screenings or case activity occurred during the year.)

Documentation of family response to information regarding C&TC is done in the Catch III system. Families with a "no" response to C&TC will not be contacted for a full year until their renotification letter is generated by the Catch III system when the screenings are due. After one year families are called/contacted to find out "Y", "N", or "U" regarding accepting C&TC. Reminder letters resume as well as renotification letter if appropriate.

(? of 1500 characters left.)

6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.

Information regarding contact is entered and updated regularly using Catch III software system database.

(? of 1500 characters left.)

7. Remind eligible families/children in writing, orally and/or face-to-face when their next C&TC screening is due, according to the current periodicity schedule. Maintain dated documentation of all reminder activities.

Periodicity reminder letters are generated and sent each week using the Catch III software system database. The "Getting the most out of your child's checkups" age appropriate brochures is included in each reminder letter. Outreach is also done at WIC contacts and home/video/telephone visits to remind families when screenings are due. All contact is documented and updated using the Catch III system.

(? of 1500 characters left.)

8. Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families/children about the C&TC program and its benefits.

Meetings are held annually with all agency divisions, including income maintenance staff, social services staff (mental health and child protection), child support staff, and waiver case management staff. These meetings enhance program outreach and consistency in information. Meetings are also held on an as needed basis with staff supervisor to communicate goals and explore additional outreach methods. C&TC coordinator attends monthly family health staff meetings (including WIC staff) to keep staff up to date on new program information.

(? of 1500 characters left.)

9. Other activities provided to meet this objective.

(? of 1500 characters left.)

Work Plan - Objective 2

Provide assistance for families and children to access C&TC services.

Federal/State Requirements: Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments, and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Of the newly eligible families/children, identify those needing assistance with obtaining services. To identify families/children needing assistance, contact in writing, orally and/or face-to-face. Document all contacts in CATCH.

Catch III introduction letter list is used to identify new families eligible for C&TC services. Families are then followed up with a phone call, WIC contact, or home/video/telephone visit to discuss need for services and if assistance is needed to schedule an appointment or answer any questions and give information regarding the C&TC program.

(? of 1500 characters left.)

2. Assist families/children who request assistance with obtaining screening and/or referral services within 10 days of the request. Keep dated documentation.

Families requesting assistance with screenings are contacted within 10 days of Goodhue County Health and Human Services receiving request. Results of all requests are documented in Catch III. Families are contacted via phone or follow up letter in the allotted time period.

(? of 1500 characters left.)

3. Offers of assistance with obtaining C&TC screening or follow-up services should be included in all appropriate letters, telephone calls and face-to-face contacts with eligible families/children.

Contact information is provided in letters to families as well as during face to face/video visits and phone calls if families need more information or assistance with scheduling an appointment.

(? of 1500 characters left.)

4. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses (physical and website, if applicable), telephone numbers, service hours, or other helpful contact information, as appropriate. Lists should be updated at least twice a year. Use of provider information from online resources is acceptable. For example, HelpMeConnect!

Current list of providers is maintained by Goodhue County Health and Human Services C&TC staff. This list is given or sent to eligible participants at any time upon request and also as a part of the introductory mailing. MA medical and dental providers are updated semiannually on this list. This list is sent with every introduction letter, three year old letter, and as requested. Vision and Hearing screens are conducted by Primary Care Providers.

(? of 1500 characters left.)

5. Maintain and provide upon request a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.

Current list is on file at Goodhue County Health and Human Services. Transportation information is provided upon request including addresses, phone numbers and service hours. Assistance in making transportation arrangements to appointments is available as needed. This list is updated when changes occur and annually. Families are informed they can also get assistance setting up transportation through South Country Health Alliance, our local PMAP plan.

(? of 1500 characters left.)

6. Maintain written list with information about alternate, available methods of communication such as language interpreter services, Braille, and translated materials. Update as needed or at least annually.

TDD services are available per Goodhue County Health and Human Services policies. "Language Banc" or local PMAP interpreter services are available for translation of languages, including sign language, as well as several interpreters in local area. Assistance is available as needed in making interpreter arrangements. Interpreter information available upon request. Our policy for the visually impaired states we will read all material that is presented. Our contacts would be by phone and direct contact. Braille materials will be looked at if needed. This list is updated annually.

(? of 1500 characters left.)

7. Provide follow-up on referrals for diagnosis and/or treatment made during a C&TC screening to determine if child has received the referral services. Offer assistance, as needed, with making an appointment, transportation or interpreter arrangements, etc. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.

Referral information is generated from the Catch III system on a monthly download. This list is printed and follow up is done with families to assess if referral services have been received. Monthly report is run via Catch to keep updated on appropriate referral information. Follow-up results and information are documented in Catch.

(? of 1500 characters left.)

8. Other activities provided to meet this objective.

[Empty text box for additional activities]

(? of 1500 characters left.)

Work Plan - Objective 3

Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

Federal/State Requirements: Families/children may decline C&TC services at any time. If a family chooses not to participate in the C&TC program, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families/children who are eligible for screening services, regardless of their initial response to the C&TC Program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain dated documentation of families/children who say “no” to participation in the C&TC Program. Families/children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.

Information is maintained and documented in the Catch III software system database. Families will not be contacted within 1 year if they say no to participation in the program. Letters will be regenerated in 1 year by the Catch III program when child is then next eligible for screening.

(? of 1500 characters left.)

2. After one year from the date the family said “no,” eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening).

Re-notification letter will be generated by the Catch III system a full year after the no response was received, when the child is next eligible for screening based on the periodicity schedule. Re-notification letters are followed up with a phone call to families, a home/video/telephone visit by a nurse or WIC contact. All contacts are documented within the Catch III system.

(? of 1500 characters left.)

3. Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.

Re-notification letters will be generated by the Catch III system if families have not participated in a C&TC screening for a year. These letters are generated and mailed on a weekly basis. Re-notification letters are followed up with a phone call to families, a home/video/telephone visit by a nurse or a WIC contact. All contacts are documented within the Catch III system.

(? of 1500 characters left.)

4. Other activities provided to meet this objective.

(? of 1500 characters left.)

Work Plan - Objective 4

To coordinate C&TC services with related programs.

Federal/State Requirements: C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children’s Mental Health and Community Health Services.

Guidelines: (1) Coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) pursue community collaborative efforts (health fairs, screening services, health forums and public awareness); (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Women, Infants and Children (WIC) Program

A list is generated by the C&TC coordinator of all eligible families/children. WIC staff makes contact with MA recipients and provides C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All WIC eligible families are provided a brochure describing WIC, including how to enroll in WIC and the phone number for the local WIC office. When phone calls are placed to families to discuss C&TC, information is also given verbally regarding WIC and how to enroll when appropriate.

(? of 1500 characters left.)

2. Head Start

C&TC screenings are offered to Head Start children via physician offices. Goodhue County Health and Human Services currently has a contract with Head Start for consultation services regarding health record review, information sharing and outreach regarding C&TC.

(? of 1500 characters left.)

3. Immunization Registries, etc.

C&TC brochures are available at immunization clinics and given to families by a nurse at the time of immunization as needed.

(? of 1500 characters left.)

4. Public Schools (e.g. Early Childhood Screening, junior or senior high schools, etc.)

Colvill Family Center provides co-location activities of Head Start, ECCE, ECSE, and preschool programs. Yearly outreach is provided to staff. Provide inserts/flyers to school summer lunch bags county wide.

(? of 1500 characters left.)

5. MCH Programs (e.g. home visiting, if appropriate)

Family health nurses include C&TC outreach at their regularly scheduled home/video/telephone visits. C&TC outreach coordinator attends Family Health Staff Meetings and provides program updates. Provide C&TC brochures/incentives to family home visiting clients.

(? of 1500 characters left.)

6. Other (Children's Mental Health, Housing Programs, Information and Referral Services, Health Related Services, childcare centers/homes, Support Services (e.g. transportation, health education, counseling), collaborative activities, health fairs, etc.)

C&TC Coordinator is available as a resource for community as needed, including transitional housing and women's center clients. C&TC participates in county fair and other health fairs. Informational materials are available for the public as well as a staff member available for questions. Other community outreach collaborative events include local school wellness expos, "Make It OK" mental health awareness event, local community bike rodeos, and Treasure Island employee health fair. Also collaborate other agency division outreaches as appropriate.

(? of 1500 characters left.)

Work Plan - Objective 5

Recruit and train local providers about the C&TC Program.

Federal/State Requirements: States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to do outreach to C&TC provider clinics to promote the C&TC Program, to encourage compliance with C&TC Program requirements, to assist in the assessment of C&TC training needs, to assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, to act as a referral source and to offer C&TC Program technical assistance as needed.

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to all C&TC providers available to families/children. C&TC Administrative Service agencies may provide training on C&TC Program requirements. C&TC Administrative Services Agencies should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for their local C&TC providers. MDH staff is available to train local providers on C&TC screening components.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of [provider documentation forms](#) to capture all C&TC components.

Meetings will be scheduled with clinics yearly and on an as needed basis. Via email or in person distribute (as needed) updates to the C&TC Provider Information Guide (available online at DHS website). Send periodic informational program updates to clinics & offers of assistance. Maintain current clinic staff contact list to facilitate communication. Make frequent phone calls and/or emails to maintain contact with clinic staff. Conduct C&TC program overview training. Provide clinic staff with web links to find updated information/training/resources.

(? of 1500 characters left.)

2. Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators as appropriate to promote consistent messages and reduce duplication of outreach, assessment and training services.

C&TC coordinators attend regional C&TC meeting on a quarterly basis to discuss information and resources with other C&TC providers to promote consistent messages to children/families. Health program staff attend these meetings as well. South Country Health Alliance is the health plan for MA in Goodhue County. South Country is a county based purchasing plan and coordination is done with this plan on a regular basis, and Goodhue County has a community resource team member who communicates with our health plan regularly. This communication includes information regarding C&TC. Any new information or questions are then passed on to providers as appropriate.

(? of 1500 characters left.)

3. Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.

Make regular contacts with clinics to assess ongoing commitment to providing screenings and to identify perceived training needs, as well as to keep providers current on information regarding C&TC program. Phone contacts as well as face to face contacts will be made with providers to discuss training needs. Meetings will be set up with providers to address issues and keep providers current. Training will be coordinated with DHS, MDH, and health plan representatives as needed to address needs.

(? of 1500 characters left.)

4. Distribute the [Provider Guide](#) web link as needed and when updated. Inform providers of the [Minnesota Health Care Program \(MHCP\) Provider Manual – C&TC section](#). For providers needing additional information, coordinate with appropriate agency representatives.

South Country Health Alliance is the health plan for Goodhue County at this time. Goodhue County Health and Human Services will continue to distribute the C&TC Provider Guide web link as needed and as updates are available. PMAP plan managers attend regional quarterly and additional meetings to facilitate information sharing.

(? of 1500 characters left.)

5. Act as a referral source for C&TC provider billing issues and encourage review of the billing and claim instructions in the MHCP Provider manual. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: 651-431-2700 or 1-800-366-5411.

Consultation is available through Goodhue County Health and Human Services C&TC Coordinator. Providers are referred to billing information and resource lists for health plan representatives in provider guide as appropriate, as well as the DHS provider Help Desk. Assistance will be offered to providers as needed to utilize all resources available to them.

(? of 1500 characters left.)

6. Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.

Current listing is on file at Goodhue County Health and Human Services Medical and dental provider lists are updated a minimum of twice a year.

(? of 1500 characters left.)

7. Other activities provided to meet this objective.

(? of 1500 characters left.)

2021 Continuous Improvement Project Reminder

Purpose: Increase CHB/Tribal participation rates with outreach improvement initiatives.

Results of this initiative will be reported to DHS with 2021 annual report data. This information populated on this form was taken from the 2021 Administrative Services Contract Survey.

Continuous Improvement Project Details

Project topic:

Impact of expanded outreach through bus ads and social media

Timeline:

Social media and bus campaign already in progress. We will plan to start surveying families March or April of 2021 and will plan on getting 2 months of surveys out. Results will be gathered in June and analysis of surveys will occur thereafter.

(? of 500 characters left.)

Objective:

To analyze the impact of our expanded outreach efforts via social medial and bus ads. We are interested to see if our new outreach efforts are effective methods of outreach. If these are effective methods of outreach we hope to continue these in the future.

(? of 2000 characters left.)

What data sources or feedback was used to determine the project initiative?

We have received previous feedback from our annual reports in both 2018 and 2019 that recommended additional outreach efforts: "Continue to expand outreach to all age groups.". Our region also started a regional social media campaign for 2020 and hopes that it will continue in 2021. Currently we do not have any data that shows it has been effective. We would like to gather data through surveys and analyze the responses to see if these strategies should continue.

(? of 500 characters left.)

Attachments - Optional

Instructions: Use questions 1-5 below to attach any additional information you'd like submitted to DHS. **Please note attachments cannot exceed 10MB.** All advertisement or outreach material approval requests must be submitted on the C&TC SharePoint.

Description	Attachments
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DocuSign

Instructions: Enter the email addresses of all CHB/Tribe staff required to sign the 2022 C&TC Administrative Services Contract in the order the signatures will be collected.

Signing Order

Signer #1 Email Address	<input style="width: 95%;" type="text" value="nina.arneson@co.goodhue.mn.us"/>
Signer #2 Email Address	<input style="width: 95%;" type="text"/>
Signer #3 Email Address	<input style="width: 95%;" type="text"/>
Signer #4 Email Address	<input style="width: 95%;" type="text"/>
Signer #5 Email Address	<input style="width: 95%;" type="text"/>

Thank you for completing the 2022 C&TC Administrative Services Contract survey!

Prior to submitting the survey, review each page to ensure all questions are complete and print a copy for your records by selecting the **print** button below.

Once **print** is selected, a new window will appear. Please ensure your browser's pop-up blocker is disabled. In the new window, print the webpage. If you are unable to print a copy, please email dhs.childteencheckups@state.mn.us. Do NOT submit the survey until a copy has been printed.

Select the **submit** button below to send your completed responses to DHS.
Once the submit button is selected, you will no longer be able to access the survey.

**2021 Budget Worksheet
(Input)**

Other <i>Please submit an explanation and justification for any expense in this line.</i>	
Total Other Direct Costs	\$6,816.00

Subcontractor/Consultant Costs

Enter the total subcontractor/consultant costs. Submit one Appendix C form for each subcontractor/consultant.

Total subcontractor/consultant costs	
---	--

Indirect Cost

The standard indirect cost rate is 10%. Any other approved indirect cost rates must be accompanied by a federal letter of approval and updated by DHS.

Standard indirect cost rate	10%
------------------------------------	-----

Travel Costs

Enter the total number of miles to be traveled and the CHB/Tribal Nation mileage rate. The standard mileage rate as of 1/1/2021 is 0.56 per mile. Mileage costs will be calculated with the standard mileage rate or the CHB/Tribal Nation mileage rate, whichever is less.

Expense	Total
Miles	201.0
Standard mileage rate	.560c
CHB/Tribal Nation mileage rate	
Total mileage	\$112.56
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	
Total Travel Costs	\$112.56

Calculated C&TC Services Costs per Child

Not to exceed \$13.25 per eligible child.	\$13.25
--	----------------

2022 Budget Worksheet

Goodhue County Health and Human Services

3,879

Community Health Board/Tribal Nation

Estimated number of C&TC eligible children

Staffing Costs

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor	0	0.00	\$0.00	\$0.00	\$0.00
Outreach staff	185	0.09	\$8,355.49	\$3,184.30	\$11,539.79
Clerk or support staff	786	0.38	\$20,968.92	\$7,916.52	\$28,885.44
Total	971	0.47	\$29,324.41	\$11,100.82	\$40,425.23

Equipment Costs

Computer costs	\$0.00
Other equipment costs	\$0.00
Total equipment costs	\$0.00

Other Direct Costs

Office supplies	\$66.00
Printing	\$1,600.00
Postage	\$1,600.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$150.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00
C&TC outreach supplies	\$1,000.00
C&TC outreach advertisement	\$2,350.00
Other	\$0.00
Total other direct costs	\$6,816.00

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
---	---------------

Indirect Cost

Total indirect cost	\$4,042.52
----------------------------	-------------------

Travel Costs

Mileage	\$112.56
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	\$0.00
Total travel costs	\$112.56

Total budgeted amount (rounded down to the nearest dollar)	\$51,396.00
---	--------------------

Total C&TC costs per eligible child (not to exceed \$13.25)	\$13.25
--	----------------

2022 Budget Worksheet

IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: _____

Title: _____

Date: _____

FOR STATE: _____

Title: _____

Date: _____

2022 Administrative Services Annual Expenditure Report

Goodhue County Health and Human Services

Community Health Board/Tribal Nation

Complete this worksheet as part of the 2022 Annual Reports process (due spring 2023). Enter the Actual Expenditures for each line item in column C. If funds from other sources were used, complete column E by entering the amount spent for each line item.

Expense	Budgeted Amount	Actual Expenditures	Balance	Funds from other sources spent for these activities
Staffing	\$40,425.23		\$40,425.23	
Equipment	\$0.00		\$0.00	
Office supplies	\$66.00		\$66.00	
Printing	\$1,600.00		\$1,600.00	
Postage	\$1,600.00		\$1,600.00	
Telephone	\$0.00		\$0.00	
Office space	\$0.00		\$0.00	
Interpreter/translation services	\$150.00		\$150.00	
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00		\$50.00	
C&TC outreach supplies	\$1,000.00		\$1,000.00	
C&TC outreach advertisement	\$2,350.00		\$2,350.00	
Other costs	\$0.00		\$0.00	
Subcontractor/consultant	\$0.00		\$0.00	
Indirect cost	\$4,042.52		\$4,042.52	
Travel	\$112.56		\$112.56	
Total	\$51,396.31	\$0.00	\$51,396.31	\$0.00

Estimated number of C&TC eligible children	3,879
---	-------

Actual C&TC costs per eligible child	\$0.00
---	--------

I certify that the above expenses represent costs incurred for C&TC Administrative Services.

Prepared by (print name):	Phone Number:
---------------------------	---------------

Signature:	Date:
------------	-------

Under Age 21 by County and Tribe for 2022

Based on State Fiscal Year 2022 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

County Code	County Name	Number of Eligible Children
001	AITKIN	1,844
002	ANOKA	38,794
003	BECKER	4,722
004	BELTRAMI	7,335
005	BENTON	5,177
006	BIG STONE	678
007	BLUE EARTH	6,745
008	BROWN	2,599
009	CARLTON	3,454
010	CARVER	6,275
011	CASS	4,535
012	CHIPPEWA	1,824
013	CHISAGO	5,043
014	CLAY	8,094
015	CLEARWATER	1,236
016	COOK	502
017	COTTONWOOD	1,912
018	CROW WING	7,867
019	DAKOTA	41,715
020	DODGE	2,080
021	DOUGLAS	3,560
022	FARIBAULT	1,905
023	FILLMORE	2,124
024	FREEBORN	4,212
025	GOODHUE	3,879
026	GRANT	814
027	HENNEPIN	131,977
028	HOUSTON	1,574
029	HUBBARD	3,042
030	ISANTI	4,473
031	ITASCA	5,320
032	JACKSON	1,165
033	KANABEC	2,014
034	KANDIYOHI	7,142
035	KITSON	482
036	KOOCHICHING	1,227
037	LAC QUI PARLE	819
038	LAKE	974
039	LAKE OF THE	448
040	LE SUEUR	2,718
041	LINCOLN	594
042	LYON	3,678
043	MCLEOD	3,827
044	MAHNOMEN	1,064
045	MARSHALL	908
046	MARTIN	2,690

County Code	County Name	Number of Eligible Children
047	MEEKER	2,724
048	MILLE LACS	3,832
049	MORRISON	3,993
050	MOWER	6,461
051	MURRAY	939
052	NICOLLET	3,472
053	NOBLES	4,152
054	NORMAN	929
055	OLMSTED	15,378
056	OTTER TAIL	7,243
057	PENNINGTON	1,209
058	PINE	3,520
059	PIPESTONE	1,386
060	POLK	4,254
061	POPE	1,244
062	RAMSEY	80,848
063	RED LAKE	476
064	REDWOOD	2,107
065	RENVILLE	2,092
066	RICE	7,318
067	ROCK	1,028
068	ROSEAU	1,481
069	ST. LOUIS	18,110
070	SCOTT	12,948
071	SHERBURNE	10,006
072	SIBLEY	1,789
073	STEARNS	19,736
074	STEELE	4,444
075	STEVENS	974
076	SWIFT	1,337
077	TODD	3,414
078	TRAVERSE	525
079	WABASHA	1,899
080	WADENA	2,355
081	WASECA	2,331
082	WASHINGTON	18,958
083	WATONWAN	1,681
084	WILKIN	799
085	WINONA	4,034
086	WRIGHT	12,181
087	YELLOW MEDICINE	1,230
102	RED LAKE INDIAN	778
103	WHITE EARTH INDIAN	880
104	LEECH LAKE FOREST	1,177
106	FOND DU LAC INDIAN	690
999	Total All Counties	623,423

Under Age 21 by Community Health Board for 2022

Based on State Fiscal Year 2022 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

#	Community Health Board	Number of Eligibles
1	Aitkin Itasca Koochiching Community Health Board	8,391
2	Anoka County Community Health & Environmental Services	38,794
3	Beltrami County Community Health Board	7,335
4	Benton County Community Health Board	5,177
5	Blue Earth County Human Services	6,745
6	Brown-Nicollet Community Health Board	6,071
7	Carlton-Cook-Lake-St. Louis Community Health Board	23,040
8	Carver County Public Health	6,275
9	Cass County Health, Human and Veterans Services Board	4,535
10	Chisago County Public Health	5,043
11	Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	5,888
12	Crow Wing County Community Services	7,867
13	Dakota County Public Health Department	41,715
14	Des Moines Valley Health and Human Services (Cottonwood, Jackson)	3,077
15	Dodge-Steele Community Health Board	6,524
16	Fillmore Houston Community Health Board	3,698
17	Fond du Lac Band of Lake Superior Chippewa	690
18	Freeborn County Public Health	4,212
19	Goodhue County Health and Human Services	3,879
20	Hennepin County Human Services and Public Health Department	131,977
21	Horizon Public Health (Douglas, Grant, Pope, Stevens, Traverse)	7,117
22	Human Services of Faribault & Martin Counties	4,595
23	Isanti County Community Health Board	4,473
24	Kanabec County Community Health	2,014
25	Kandiyohi-Renville Community Health Board	9,234
26	Le Sueur Waseca Community Health Board	5,049
27	Leech Lake Band of Ojibwe	1,177
28	Meeker McLeod Sibley	8,340
29	Mille Lacs County Community Health Board	3,832
30	Morrison, Todd, Wadena Community Health Board	9,762
31	Mower County Community Health Services	6,461
32	Nobles County Community Services	4,152
33	North Country Community Health Board (Clearwater, Hubbard, Lake of the Woods)	4,726
34	Olmsted County Public Health Services	15,378
35	Partnership4Health Community Health Board c/o Otter Tail County Public Health (Becker, Clay,	20,858
36	Pine County Community Health Board	3,520
37	Polk-Norman-Mahnomen Community Health Board	6,247
38	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,556
39	Red Lake Comprehensive Health Services	778
40	Rice County Community Health Services	7,318
41	Saint Paul - Ramsey County Public Health	80,848
42	Scott County Health and Human Services	12,948
43	Sherburne County Health & Human Services	10,006
44	Southwest Health and Human Services (Lincoln-Lyon-Murray-Pipestone-Redwood-Rock)	9,732
45	Stearns County Human Services	19,736
46	Wabasha County Public Health	1,899
47	Washington County Public Health and Environment	18,958
48	Watonwan County Human Services	1,681
49	White Earth Home Health Agency	880
50	Winona County Community Services	4,034
51	Wright County Health and Human Services	12,181

#	Community Health Board	Number of Eligibles
52	TOTAL	623,423

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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 21, 2021	Staff Lead:	Ruth Greenslade
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Authorize execution of 2022 Towards Zero Deaths Safe Roads grant agreement		

BACKGROUND:

The Minnesota Department of Public Safety, Office of Traffic Safety (OTS) awarded Goodhue County Health and Human Services a Towards Zero Deaths (TZD) Safe Roads grant for the period from October 1, 2021 through September 30, 2022.

The purpose of the TZD Safe Roads grant is to continue coalition work toward the goal of zero traffic deaths and serious injuries on Minnesota’s roads. Research shows that education, media campaigns, or public information efforts on their own are not effective in changing traffic safety behaviors. To be effective, these initiatives must be paired with a larger activity, such as enhanced enforcement. The perception of a high likelihood of receiving a citation for violating traffic laws has a strong impact on driver and passenger behaviors. The TZD Safe Roads grant program uses a data-driven, interdisciplinary approach, integrating education with enforcement, engineering, and emergency medical and trauma services (the “4Es”).

Goodhue County Health and Human Services has received TZD Safe Roads funds since October 1, 2010. For the year October 1, 2021 to September 30, 2022 the grant will be \$20,624.

The Department of Public Safety has requested a resolution from grantees. The RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT assures the governing body supports participating in the proposed project. The resolution authorizes the Goodhue County Health and Human Services Director to sign the grant agreement.

RECOMMENDATION:

HHS Department recommends approval of the resolution authorizing execution of agreement, which authorizes the GCHHS Director to sign the 2022 Towards Zero Deaths Safe Roads grant agreement.



Alcohol
and Gambling
Enforcement

ARMER/911
Program

Bureau of
Criminal
Apprehension

Driver
and Vehicle
Services

Homeland
Security and
Emergency
Management

Minnesota
State Patrol

Office of
Communications

Office of
Justice Programs

Office of
Traffic Safety

State Fire
Marshal and
Pipeline Safety

Office of Traffic Safety

445 Minnesota Street • Suite 1650 • Saint Paul, Minnesota 55101-5150

Phone: 651.201.7065 • Fax: 651.297.4844 • TTY: 651.282.6555

www.dps.state.mn.us

09/15/2021

Jessica Seide
Goodhue County Health and Human Services
426 West Ave
Red Wing, MN 55066-2540

Dear Ms. Seide,

We have reviewed your application for the 2022 Toward Zero Deaths (TZD) Safe Roads grant and are pleased to inform you that the Office of Traffic Safety (OTS) will be awarding your agency a grant for Federal Fiscal Year 2022, beginning October 1, 2021 and ending September 30, 2022. Congratulations! We know you put forth a lot of effort and time to submit the application.

I'm confident you understand that our grant funds are limited, and the award process is competitive. Please keep in mind that we expect our available funds to continue to decrease. The tentative funding amount for the 2022 Toward Zero Deaths TZD Safe Roads Grant will be: \$20,624.00. Please note that grant work may not begin until the grant agreement has been fully executed or Oct 1, 2021 (whichever occurs later).

The Office of Traffic Safety looks forward to working with you in the coming year!

Thank you for your continued commitment to reducing traffic crashes, injuries, and deaths on Minnesota's roads.

Sincerely,

Allison Hawley & Brendan Wright
Program Coordinators, DPS-Office of Traffic Safety
Brendan.wright@state.mn.us/Allison.hawley@state.mn.us

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Be it resolved that Goodhue County Health& Human Services enter into a grant agreement

(Name of Agency)

with the Minnesota Department of Public Safety, for traffic safety projects during the period from October 1, 2021 through September 30, 2022.

The Director of Goodhue County HHS is hereby authorized to execute such

(Title of Agency Authorized Official)

agreements and amendments as necessary to implement the project on behalf of the

Goodhue County Health& Human Services

(Name of Agency)

I certify that the above resolution was adopted by the Goodhue County HHS Board

(Executive Body)

of Goodhue County HHS on September 21, 2021.

(Name of Agency)

(Date)

SIGNED:

WITNESSETH:

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 21, 2021	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 August 2021 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: August 2021.

	Date of Warrant		Check No.	Series	Total Batch
IFS	August 6, 2021	ACH	24069	34077	\$ 46,716.56
IFS	August 6, 2021		457815	457851	\$ 46,592.64
IFS	August 13, 2021	ACH	34100	34116	\$ 7,151.54
IFS	August 13, 2021		457933	457962	\$ 68,055.95
IFS	August 20, 2021	ACH	34137	34146	\$ 14,560.20
IFS	August 20, 2021		458009	458033	\$ 12,563.65
IFS	August 27, 2021	ACH	34203	34229	\$ 6,889.52
IFS	August 27, 2021		458092	458167	\$ 20,240.48
SSIS	August 27, 2021	ACH	34230	34249	\$ 333,712.98
SSIS	August 27, 2021		458168	458222	\$ 186,871.17
IFS	August 27, 2021	ACH	34167	34202	\$ 2,128.36
IFS	August 27, 2021		458087	458091	\$ 2,252.81
Total					\$ 747,735.86

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:	September 21, 2021	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 Restructuring - Existing 1 FTE Community Health Educator Position from Provisional to Permanent		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee's review on September 21, 2021.

- **Restructuring - Existing 1 FTE Community Health Educator Position from Provisional to Permanent**

Please see the attached Personnel Committee memo. The HHS Department staff will inform the HHS Board of the Personnel Committee's actions at our September 21, 2021 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: September 15, 2021

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, GCHHS Director

RE: **Restructuring - Existing 1 FTE Community Health Educator Position from Provisional to Permanent**

BACKGROUND:

The COVID-19 pandemic has spotlighted the gaps that have long existed in public health infrastructure in Minnesota, and elsewhere. Many public health agencies struggled to perform basic emergency preparedness functions due to years of decrease of funding, and a lack of staffing, training, and technology. As a result, new state and federal funds have been allocated by the legislators to improve public health infrastructure and enhance overall capacity to respond to ongoing community needs, as well as public health crises. The current available funding for this work comes to counties, including Goodhue County from the following three funding sources - **Workforce Development Grant, Local Public Health Grant, and Public Health Infrastructure Grant.**

- 1. Workforce Development Grant:** The Centers for Disease Control and Prevention (CDC) has awarded a two-year, time limited (July 1, 2021 – June 30, 2023) Workforce Development grant to Minnesota as part of the American Rescue Plan under our current Crisis Cooperative Agreements. This intent of this grant funding is to strengthen and build the public health workforce for COVID-19 prevention, preparedness, response, and recovery. GCHHS requested and received \$160,000 for two years to enhance capacity for COVID-19 response. The funding was approved to be used in the following two areas:
 - Provide support to one of our key Covid-19 community vaccination, testing, and community outreach partners – C.A.R.E. Clinic to fund two part-time Community Health Workers (CHW). These workers will provide integral support for community members who often have barriers to receiving health care, including COVID-related health care needs. The funds will go directly to the C.A.R.E. Clinic to hire these staff as their employees.
 - Provide training and capacity development of GCHHS leadership and staff on foundational public health capacities, including data management, communications, health equity, leadership, etc.
- 2. Local Public Health Grant:** Minnesota legislature allocated \$7 million increase in the annual Local Public Health (LPH) funds. Goodhue County's allocation was increased by \$50,301 per year with the total allocation being now \$205,980 per year.

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



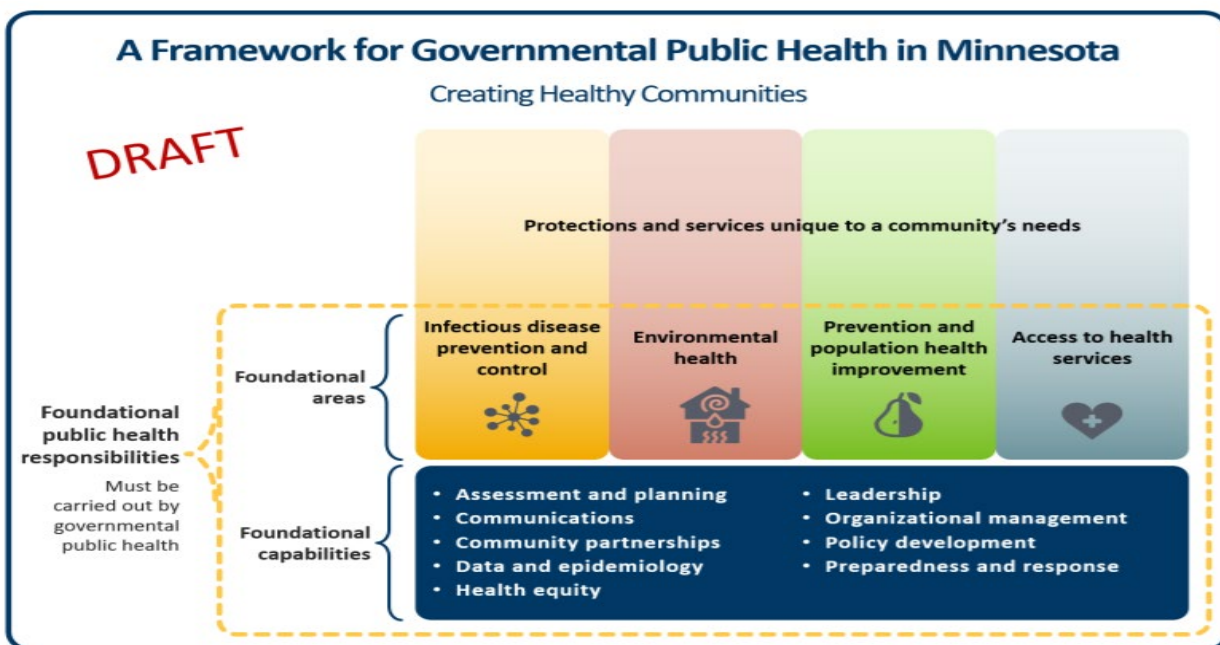
3. **Public Health Infrastructure Grant:** Minnesota legislature also allocated \$6 million per year in new funding that is designated to be used to build public health infrastructure. The legislation that accompanies this funding required the distribution requirements established by State Community Health Services Advisory Committee (SCHSAC) and Minnesota Department of Health (MDH). An additional \$1.5 million will go to MDH to oversee the grant program and study the infrastructure needs of Minnesota's public health system. Currently, this work is taking place, and our County is involved in those discussions. The allocation amounts and requirements have not been decided.

GCHHS is using, and will continue to utilize, the 21st Century Public Health Framework to expand capacity and services with this framework. This is also very much in line with our National Public Health Accreditation. Efforts have been underway for several years in Minnesota to expand public health capacity through the 21st Century Public Health Framework. This framework defines the four core functions of public health the four **foundational areas**:

- Infectious disease prevention and control
- Environmental health
- Prevention and population health improvement
- Access to health services

The framework also defines nine **foundational capabilities**:

- Assessment and planning
- Communication
- Community partnerships
- Data and epidemiology
- Health equity
- Leadership
- Organizational management
- Policy development
- Preparedness and response



<https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf>

We have examined GCHHS’ strengths and areas for improvement based on our National Public Health Accreditation, Covid-19 work, our daily experiences, and community needs. We determined that the best way to utilize the additional LPH grant funds is to restructure the duties of a current Public Health Educator so that the primary role of this position will be a Community Engagement Specialist. The person in this role will expand partnerships and bolster GCHHS’ capacity to communicate effectively and understand the health needs and challenges of individuals and groups throughout the County. This would also allow GCHHS to expand the community health assessment process with more extensive community input and engagement. An additional goal is to create a county “dashboard” that provides community health data that would be easily accessible, and this would further our efforts in monitoring progress and health improvements.

We are also using this opportunity to shift the focus of other staff in our Healthy Communities Unit in Public Health Division to further realign with the 21st Century Public Health focus. With the addition of the Community Engagement Specialist, the Healthy Communities Supervisor would have more capacity to focus on performance improvement and data management. In addition, another staff person in the Healthy Communities Unit would have expanded responsibilities in health equity and communication. We will also utilize funding GCHHS received from the CDC - Workforce Development Grant (noted above) for training in the areas of data management, equity, communications, and leadership.

For the Community Engagement Specialist, half of this position’s responsibilities would be as the Child and Family Collaborative Coordinator, which fits perfectly with the foundational capabilities in the 21st Century Public Health Framework. The CFC is an ideal way to build strong community connections because collaborative includes membership from organizations throughout Goodhue County.

Currently, the Child and Family Collaborative (CFC) has a full time coordinator. GCHHS serves as the fiscal agent for the CFC, so the coordinator is already technically a GCHHS employee and the CFC reimburses GCHHS for the full salary of the coordinator. When the pandemic began, GCHHS and the CFC agreed that the CFC coordinator would devote 50% of her time to pandemic duties and 50% of her time to the CFC. This arrangement is still in place, so the CFC has only reimbursed GCHHS for 50% of the coordinator’s time since March, 2020. The other 50% of her position, which is dedicated to COVID response, has been covered by COVID-19 funds.

GCHHS will restructure this arrangement to create a full time permanent Public Health Educator-Community Engagement Specialist utilizing the increased LPH funds.

- .5 FTE Child and Family Collaborative Coordinator (CFC would reimburse County for .5 position)
- .5 FTE Community Engagement Specialist, which would allow GCHHS to expand capacity to provide foundational public health functions, especially in the areas of Prevention and Population Health Improvement, Access to Health Services, and Assessment and Planning.

The Child and Family Collaborative Board fully supports, and agrees with this proposal, and is supportive of the effort to make this arrangement to ensure stability of the position for ongoing community engagement, and collaborations.

	2022	2022	2022
Restructuring from Provisional to Permanent	Child and Family Collaborative	HHS LPH Grant	
Public Health Educator - Community Engagement Specialist	50% Funding	50% Funding	Total Cost
Total Cost	\$37,863.00	\$37,863.00	\$75,726.00
Position is currently being funded by Child and Family Collaborative; LPH fund allocation increased \$50,301 to Goodhue County			

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Move forward immediately to restructure a provisional Public Health Educator (1 FTE) position to a permanent position as a Public Health Educator – Community Engagement Specialists.
2. Finalize position restructuring after GCHHS Board's review and approval.

Goodhue County Health and Human Services Board 9-21-2021 COVID-19 Update

- Nina Arneson, HHS Director
- Maggie Cichosz, Child & Family Collaborative Coordinator / Assistant PIO
- Kris Johnson, HHS Deputy Director



WHERE CAN I GET A COVID-19 VACCINE!



The Docket app provides a secure digital option for Minnesotans to view and keep track of immunizations they received or need in the future

Minnesotans can now easily access their immunization record through their smartphones or other mobile devices by using an app called Docket. Docket enables residents with a Minnesota Immunization Information Connection (MIIC) record to securely view and share their immunization records.

Anyone who wants or needs access to their immunization record and does not have a smartphone or does not want to use the app can still request their immunization record from MDH or their health care provider.

For more information, visit [Find My Immunization Record](#).

[Docket](#) is free and available for download in Apple and Android app stores.

Information and Resources:

- <https://co.goodhue.mn.us/COVID-19>
- <https://www.facebook.com/gchhs>
- <https://covid.cdc.gov/covid-data-tracker/#county-view>
- <https://www.health.state.mn.us/diseases/coronavirus/index.html>
- [Sign-up for Goodhue County Covid-19 Community Updates](#)

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



**Monthly Update
Child Protection Assessments/Investigations**

Month	2019	2020	2021
January	21	16	20
February	20	30	17
March	34	19	15
April	20	15	24
May	23	21	26
June	16	10	22
July	16	12	19
August	19	17	17
September	25	18	
October	29	25	
November	24	21	
December	21	14	
Total	268	218	160

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





Goodhue County
Health and Human Services

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

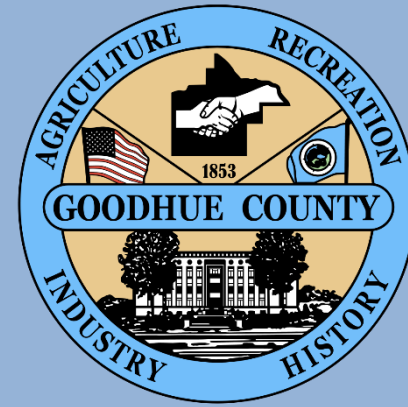
TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: September 21, 2021
RE: 2021 September Staffing Report

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

Outgoing Employee	Classification	New Employee	Hire Date
Cindy Craig	Care Coordinator	Heidi Befort	9/13/21
Denise Withers	Accounting Supervisor	Kayla Matter	9/7/21
NEW	Care Coordinator	Samantha Wilson	9/13/21
NEW	Social Worker-School Attendance Specialist	Melissa Ledford	8/30/21
NEW	Health Educator- Housing Specialist	Maddy Schwartz	9/13/21

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





Quarterly Trend Report

Quarters 1 & 2, 2021

Goodhue County Health & Human Services

August 17, 2021



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

13 Waiver Services in Action

Social Services

14 Adult Protection

15 Mental Health

16 Rule 25

17 Child Protection

18 Child Care Licensing

19 Children's Programs

Administrative

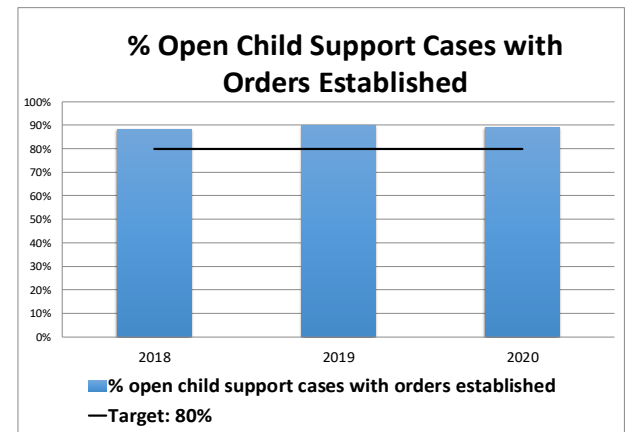
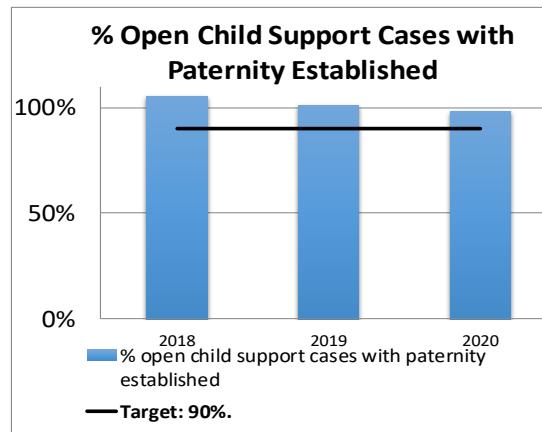
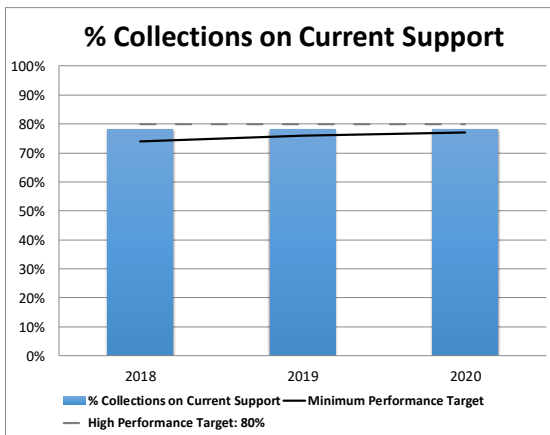
20 County Cars



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 works with employers and other payors, financial institutions, other states and 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 below are **annual measures** the federal office uses to evaluate states for competitive incentive funds.



Story Behind the Baseline

Where Do We Go From Here?

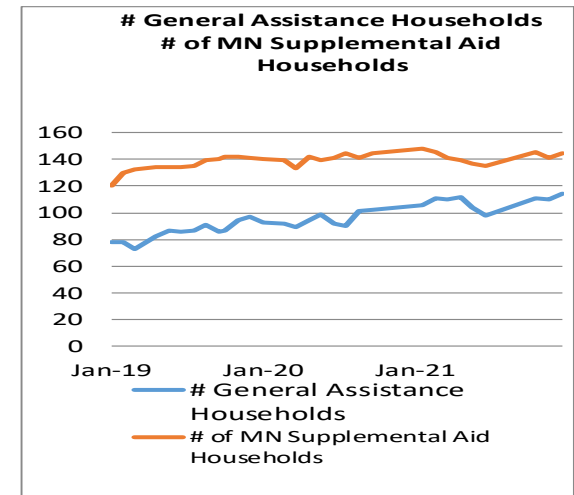
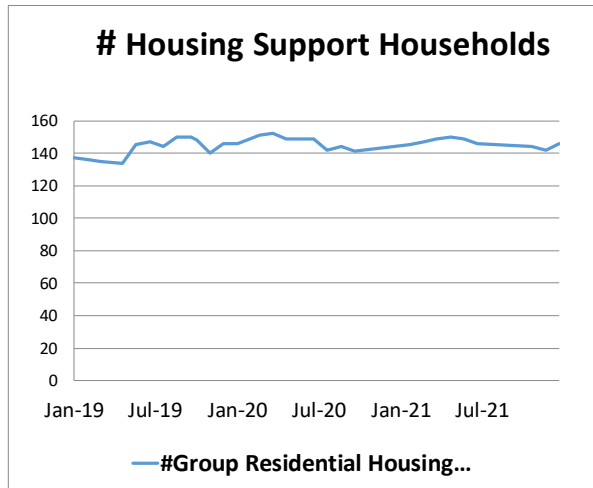
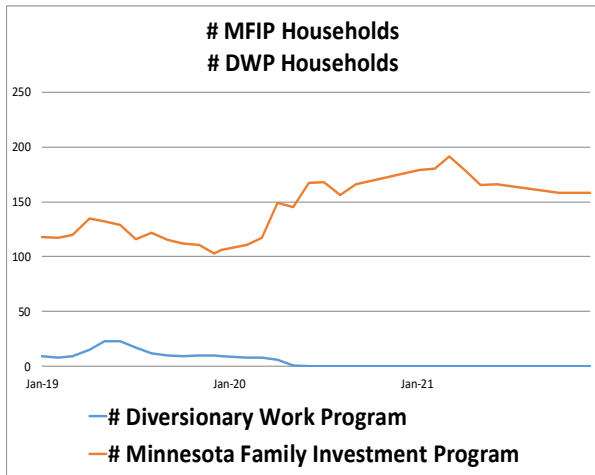
- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternitys 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.



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 through 2nd quarter is due to Executive Orders & Waivers during COVID-19. MFIP cases remained open and DWP cases were converted to MFIP at DHS direction.

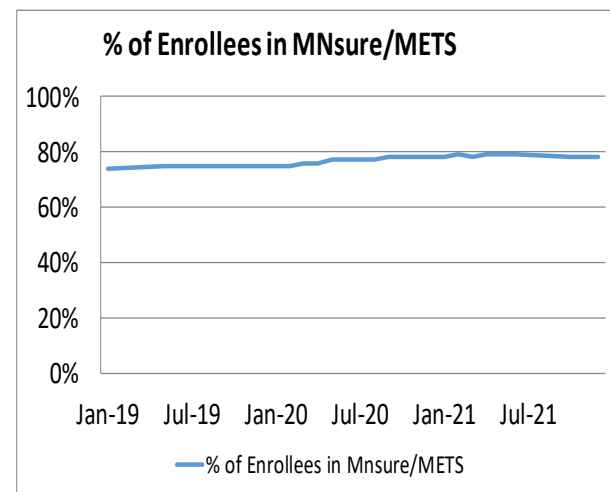
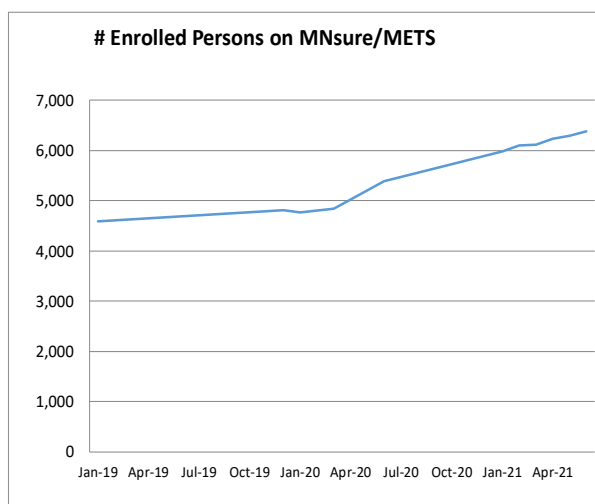
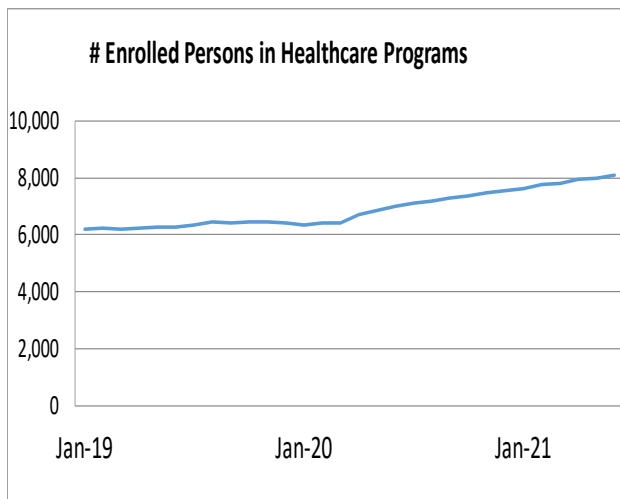
Where Do We Go From Here?

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.



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. The number of enrollees on healthcare for MA and MCRE has increased during COVID-19 Peacetime Emergency with the provisions of Emergency Order helping ensure enrollees did not lose healthcare coverage.

Where Do We Go From Here?

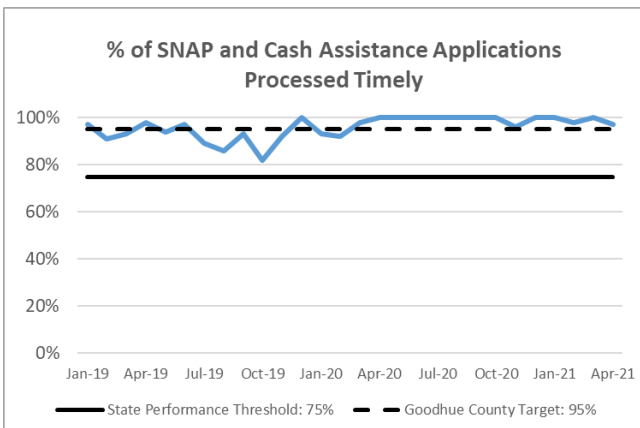
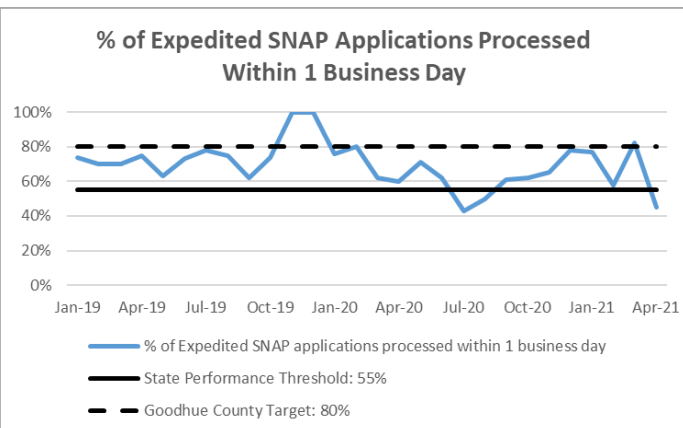
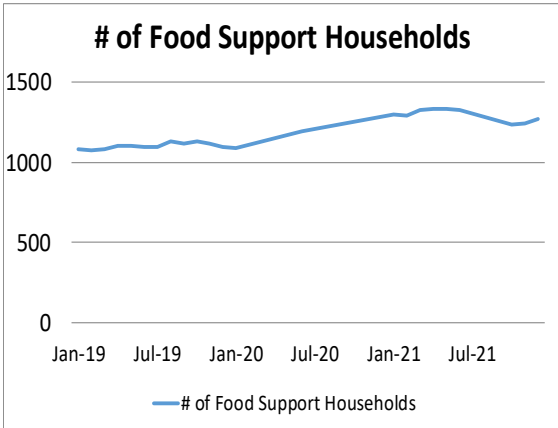
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

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 was stable around 1100 from 2017 to 2019 and has increased slightly during the pandemic, to around 1300 households in June 2021. This follows the state trend.
- CENTER:** Since this measure was created in 2014, GCHHS has been above the 55% state performance threshold, including in 2020 when our annual performance was 65%. We met the threshold every month, with the exception of July 2020 and April 2021. GCHHS has some of the most timely processing in the region and was above the 2020 state average performance of 49%.
- 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 has met our internal goal of 95% annual performance in 2015, 2018, and 2020. During the pandemic, the ability to accept electronic signatures over the phone made it easier to meet the processing timeline.

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

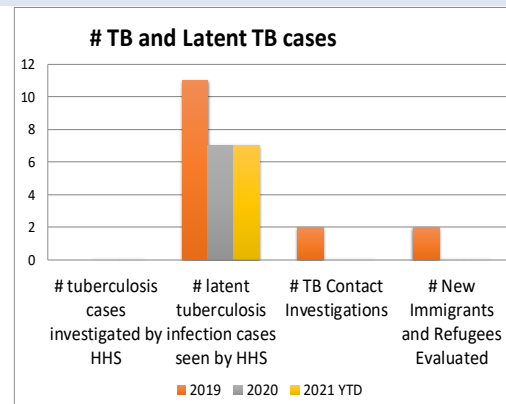
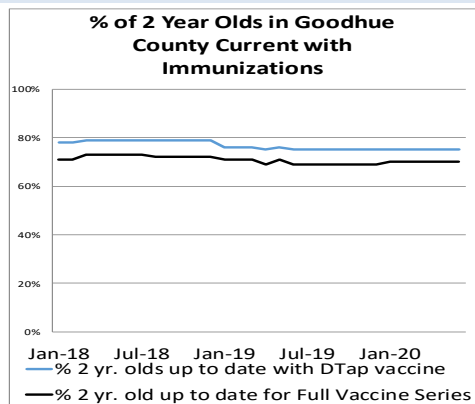
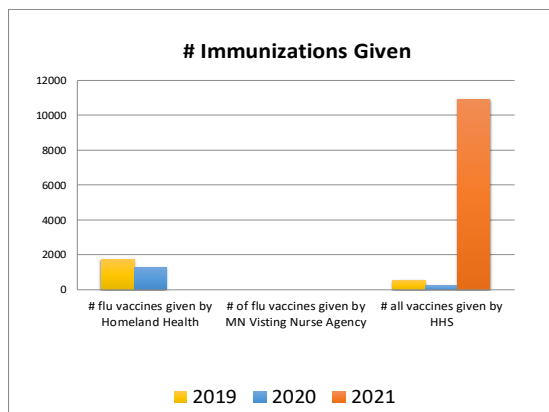


Goodhue County Health & Human Services

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:** 10,907 COVID-19 vaccines were given by HHS and 78 non-COVID-19 vaccines YTD. Our vaccination clinics are now being held by appointment only. We do plan to keep this by appointment only now that our building is open to the public. School and Community Flu clinics are set up and will be held this fall throughout the county.
- 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 of our DP&C staff has taken over LTBI case management in the interim. Follow up is being completed per our protocols. No new referrals have come in this year.

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.

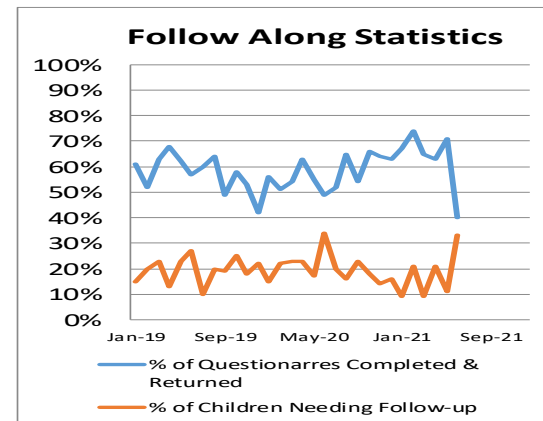
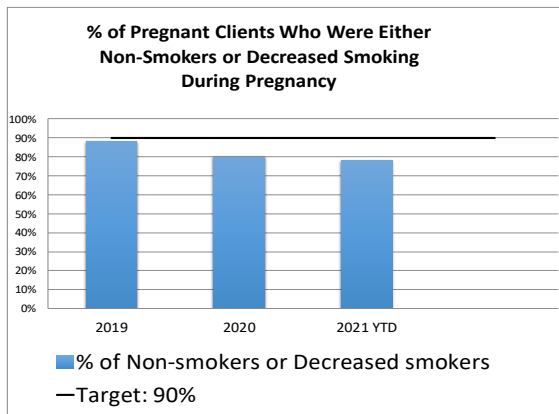
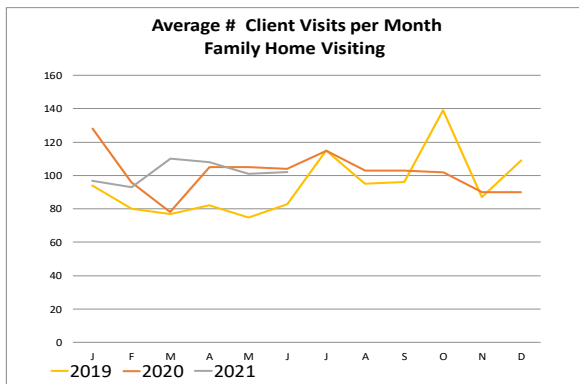
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active 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 101 visits per month. Home Visits are being offered in the home or virtually. In person, home visits are rolling out slowly with precautions in place for our families. Staff and families are excited to be meeting in person again. How many families we see and subsequently how many visits we make depends on the birth rate. If the birth rate is down, we do not receive as many referrals thus a decrease in how many visits we can make. Our monthly visit rate also depends on how many visits a family wishes to receive. Some families may want weekly visits, others may only want to be seen once per month. The number of visits we make per month is very fluid and depends on many contributing factors.

CENTER: The percent of pregnant clients who were either non-smokers or decreased smoking during pregnancy is an annual number that we track. Thus far in 2021 we are below our target rate of 90%. We know that smoking during pregnancy can cause baby to be born early or have low birth weight, making it more likely 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). We continue to educate all of our families at home visits, as well as provide written information to all families.

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 current collaboration with the Goodhue County Child and Family Collaborative. Currently, the return rate averages around 60%; in 2017 the 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.

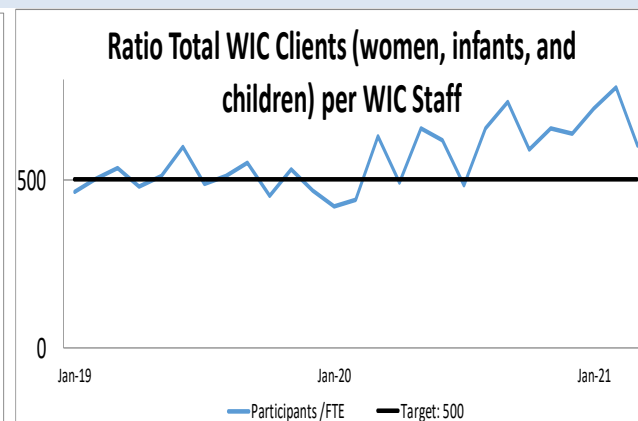
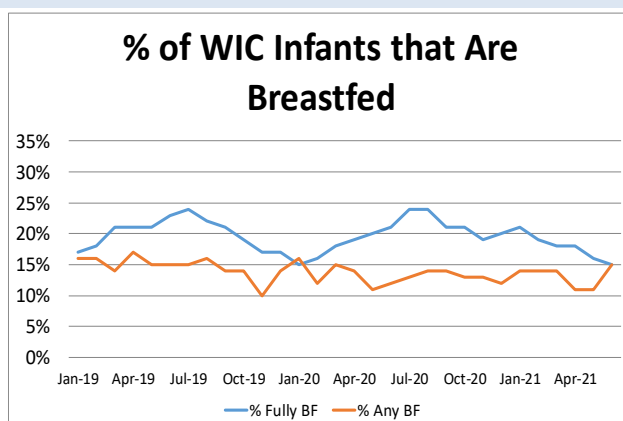
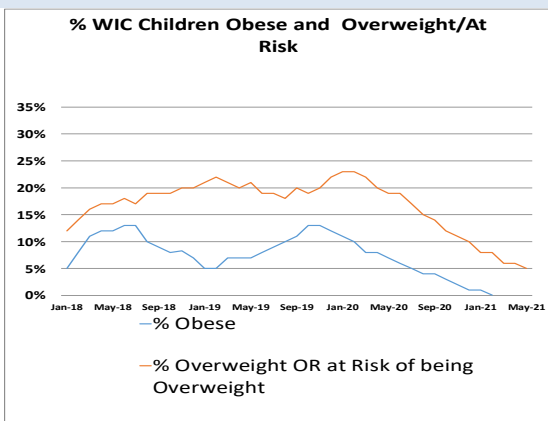
Where Do We Go From Here?

- **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.



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.

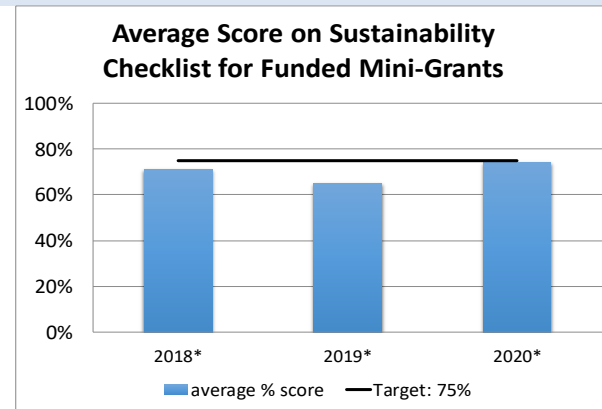
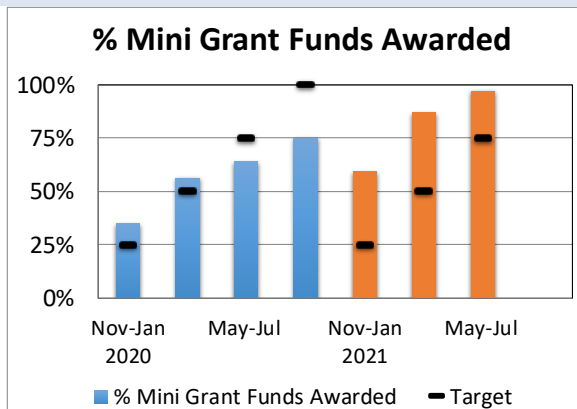
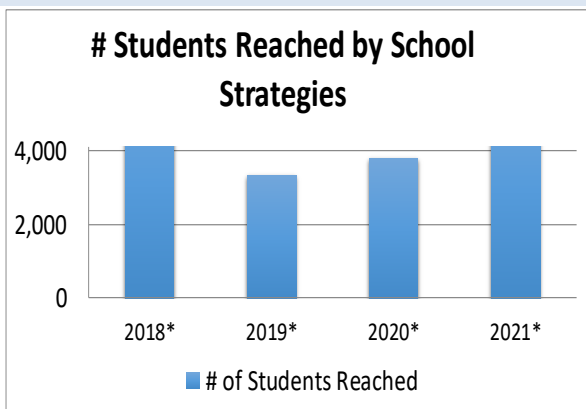


Public Health

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 School District, St. John’s Lutheran School, and Kenyon-Wanamingo School District.
- **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 will be sent out to partners implementing a Live Well Goodhue County initiative in November 2021.

*2019 grant year=11/1/18 – 10/31/19, *2020 grant year=11/1/19-10/31/20, *2021 grant year=11/1/20-10/31/21

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 working with new school wellness committees, Safe Routes to School, physical activity and increasing access to healthy foods.
- **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 2021 partners in November.

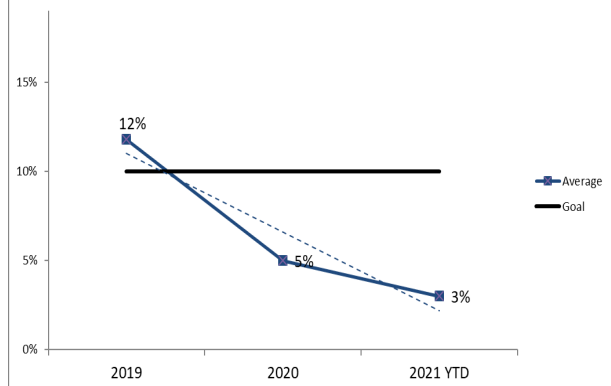


Purpose/Role of Program

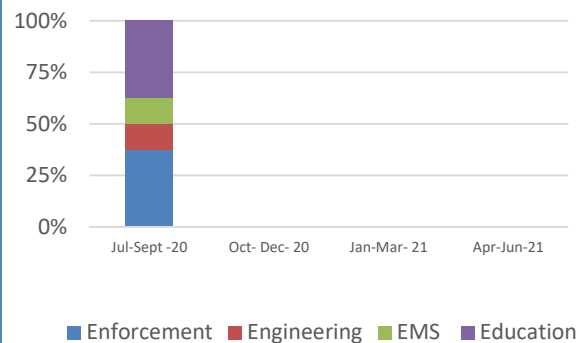
Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. Staff engage the community in developing and implementing strategies.

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.”

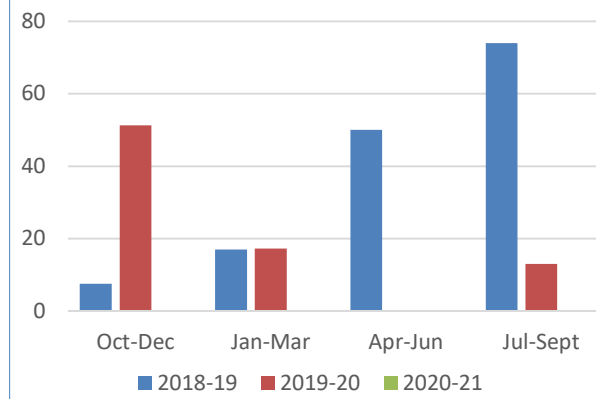
Face to Face, Phone, & Video Time - % FTE
Healthy Communities Team



Active TZD Coalition Members



TZD Grant Volunteer Hours



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 2020-2021, we are counting video time, but we still see a decrease due to COVID. This measure does not include COVID Response time.
- **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 events and activities in 2020 and 2021.
- **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 limited TZD events and activities in 2020 and 2021.

Where Do We Go From Here?

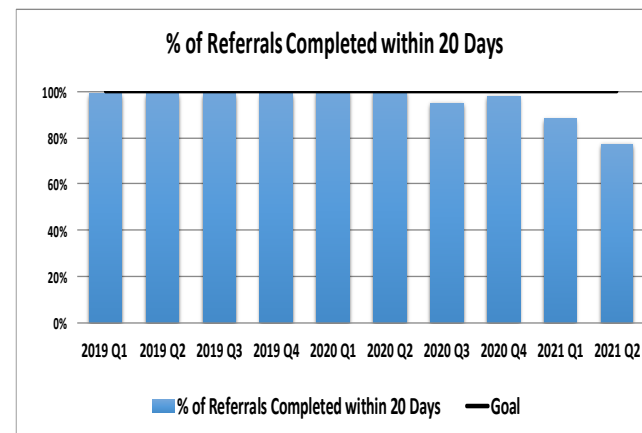
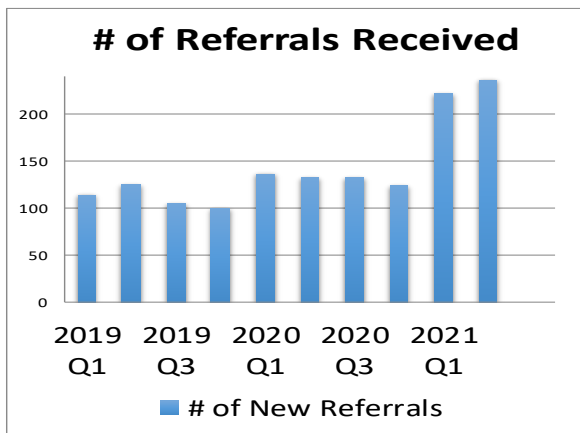
- **LEFT:** In August 2021 Healthy Communities team is still balancing COVID response with regular duties, and as we restart regular duties, face to face time will increase again.
- **CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and 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:** The increase in referrals this year show a rise in waiver program referrals and a decrease in the number of under 65 nursing home screens. This means that residents are choosing to remain in their homes longer with services and supports rather than going into institutional care.
- **CENTER:** Visits continued to be completed remotely through phone and video as we waited on vaccination distribution for our community. Visits are important to the work as they give staff an opportunity to know the people, assess their individual in their home environment, 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 their individual needs. Staff work closely with other departments and agencies to ensure needs are met.
- **RIGHT:** New customer's referrals take on average 7-12 hours of the assessor's time to complete and with the rise in referrals, plus an increase in case load size, it is becoming more challenging to meet the 20 day requirement 100% of the time.

Where Do We Go From Here?

- **Left:** Continue to educate residents about the services we provide and how to access those services, so residents can receive the support they need.
- **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.



Purpose/Role of Program

Home and Community Based Services (aka Waiver Services) help keep residents in their homes or the least restrictive environment safely.

Jane* is a child with severe developmental disabilities and spends the majority of her day in a wheel chair. Before qualified for a waiver, everyday tasks presented strenuous challenges for Jane and her family. Jane's family lifted her out of her wheelchair and carried her in and out of their home every time they left the house. Jane required assistance to take a shower and even to reach the bathroom sink to wash her hands. Hallway carpeting made it difficult for Jane's wheelchair to maneuver from one room to another. Additionally, no daycares would take Jane due to the severity of her disabilities. This created a financial strain on the family.

Goodhue County's Waiver team helped make daily living safer and more accessible for Jane and her family. Jane's case manager completed a home assessment and identified ways to improve access. The case manager then got bids on recommended projects and construction began. The following three projects were completed:

- A lift was installed so Jane could have a safe passage into the home and not have to be carried
- The bathroom was remodeled and updated with a roll-in shower stall and roll-under sink that fosters independence
- The hallway carpeting was replaced with hardwood for safer and easier passage



Also, the waiver team helped Jane's mom become part of the Consumer Directed Community Support (CDCS) service—a service that allows flexibility in managing the goods and services Jane receives. One flexibility CDCS offers is the ability for a parent to be a paid caregiver to best support their child's disability related needs. This flexibility eases the stress on Jane's family to find and train alternative caregivers.

The waiver program enabled Jane to live in the least restrictive setting that best meets her needs—her home. Not only does living in her home benefit Jane and her family, it also benefits the county, as it's more cost effective to live at home than a facility.

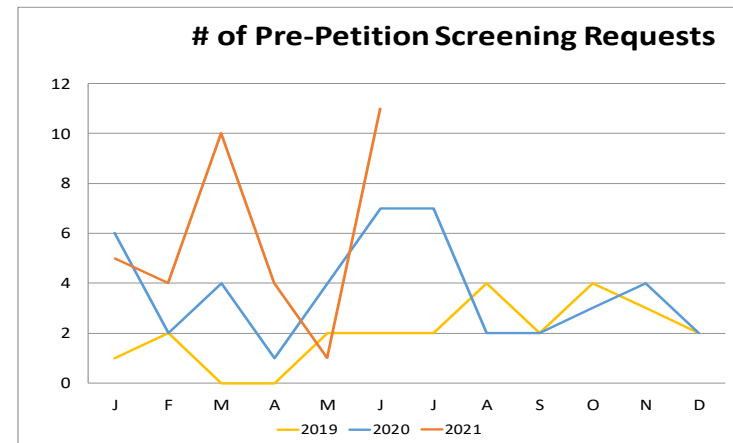
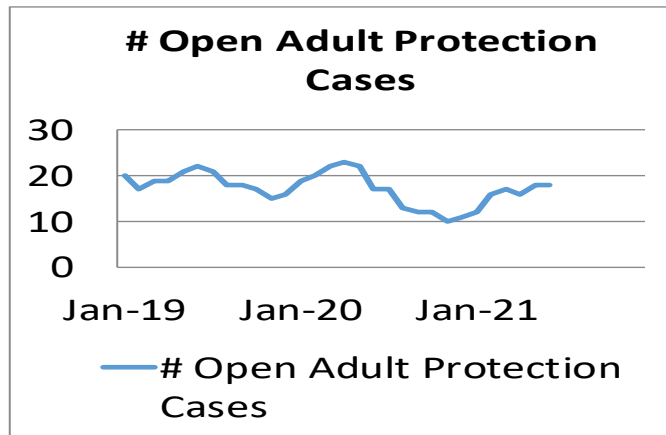
**Name changed to protect the client's identity*



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 (PPS) 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:** The requests for pre-petition screenings (PPS) for civil commitments has drastically increased in 2021. We have reached our yearly average by mid June!! Since tracking this data, we have never had monthly requests be 10 or 11. The people we are seeing are very complicated and really sick. Placements for people under civil commitment have been more challenging and time consuming to find due to COVID. It seems that people are really struggling in our community and posing safety threats much more than in the past.

Where Do We Go From Here?

- LEFT:** In adult protection, DHS has offered more guidance and training and we're working on standardizing our approach to adult protection assessments. The state is actively working on the vulnerable adult redesign process.
- RIGHT:** We continue to use community based programs, such as the South Country Health Alliance Healthy Pathways program, with the hope of decreasing the need for higher level of care services including civil commitment. It's positive that we are receiving requests for PPS to ensure safety and that there may more understanding of the services/mandates we provide.

**Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better*

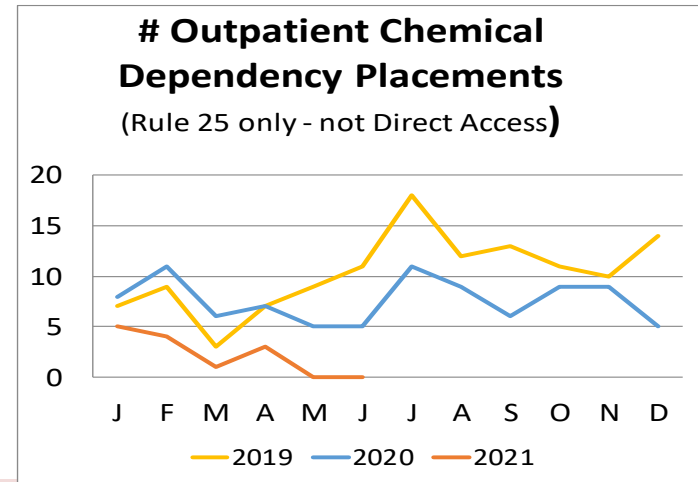
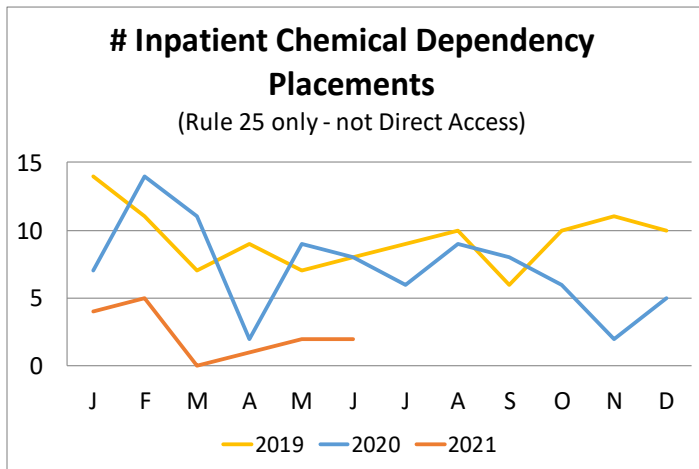


Social Services

Rule 25-Chemical Dependency

Purpose/Role of Program

Counties 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. GCHHS has conducted Rule 25 Assessments to determine the client’s level of care (outpatient, inpatient, etc.) for treatment that may be needed. **Direct Access** is a **new process** that started **October 2020** for clients to access an Assessment with the treatment provider of their choice if they are financially eligible. **Effective July 2022, the Rule 25 process will no longer be available.**



Story Behind the Baseline

- LEFT & RIGHT:** These numbers do not include clients seen that have a PMAP that pays for their assessment and treatment. Due to COVID Emergency orders, clients didn't lose their MA or PMAP insurance, so placement numbers look like they are down in comparison to years past. Also, numbers are different due to MA being able to be billed for treatment services now, due to changes in Direct Access.

Where Do We Go From Here?

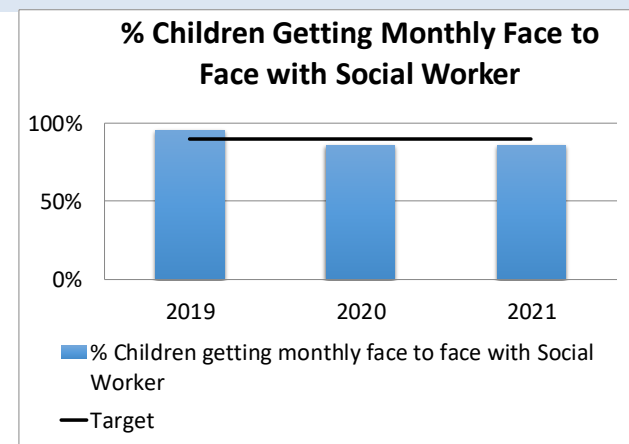
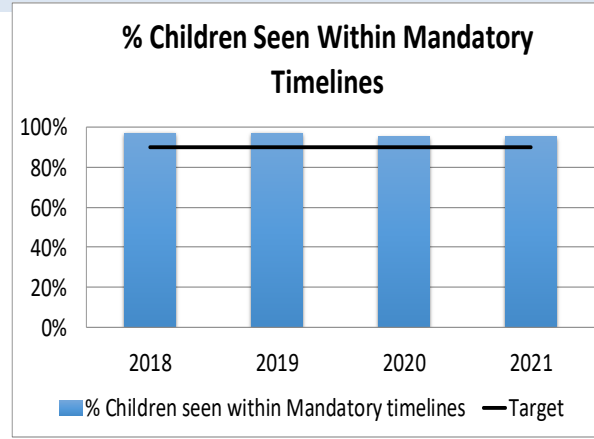
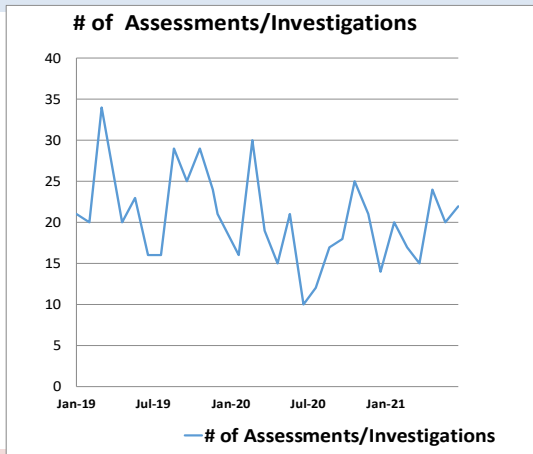
- LEFT & RIGHT:** Due to MN Substance Use Disorder (SUD) Reform, we will be using Direct Access. Clients or case managers will contact their insurance to see which provider they would cover. Our Rule 25 Assessor has taken another position at GCHHS and will not be replaced with another Rule 25 Assessor. Clients who are underinsured and would meet financial eligibility guidelines can call for a Rule 24 Financial Assessment which looks at an individual's income to see if they qualify for funding for treatment.



Social Services *Child Protection*

Purpose/Role of Program

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



Story Behind the Baseline

- **LEFT:** The number of child protection reports has increased and is consistent with the number of reports pre-pandemic.
- **CENTER:** We continue to see children within the timelines required by statute. Waivers that allowed for video contact have expired and we have resumed face to face contact in all child protection assessment and investigations.
- **RIGHT:** We continue to work to return to the target for seeing children and youth monthly. The expiration of the emergency waivers has meant that workers are on the road most of the week. Caseload size is currently high and divided among five workers. We look forward to returning to full staff this fall, when we will be fully staffed again.

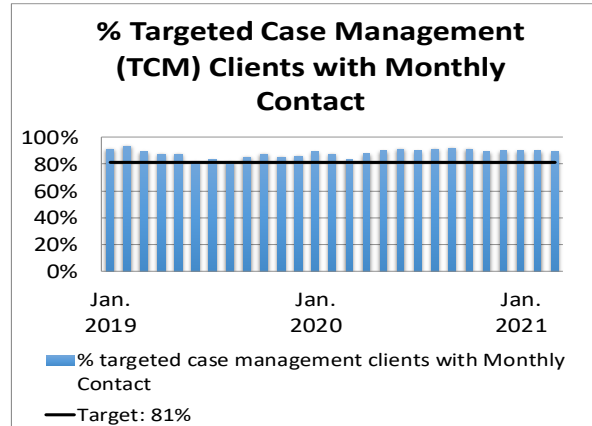
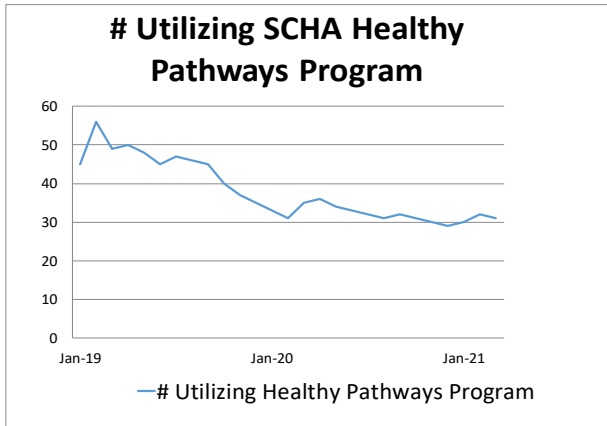
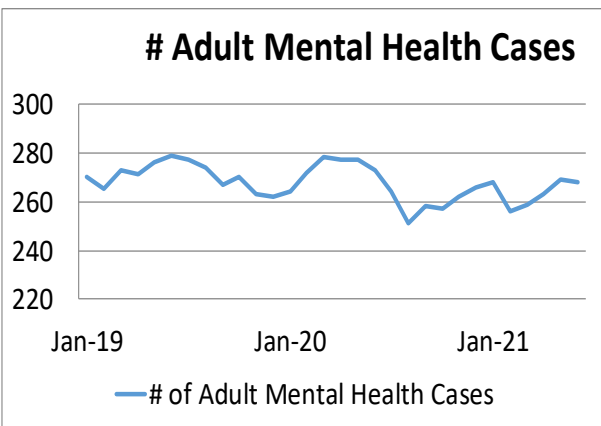
Where Do We Go From Here?

- **LEFT :** We are hopeful that the addition of the School Attendance Specialist will help us respond preventatively to families as declining school attendance is often an early indication of other family risk factors.
- **CENTER:** Prioritizing safety continues to guide our work and the timeliness of our initial response indicates this. Children are seen as soon as possible after a report is received.
- **RIGHT:** As facilities remove visitation limitations, our face to face contacts will also improve. Our sixth child protection case manager will return to work in October and caseload size will return to the target of 10-12 per case manager.



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.

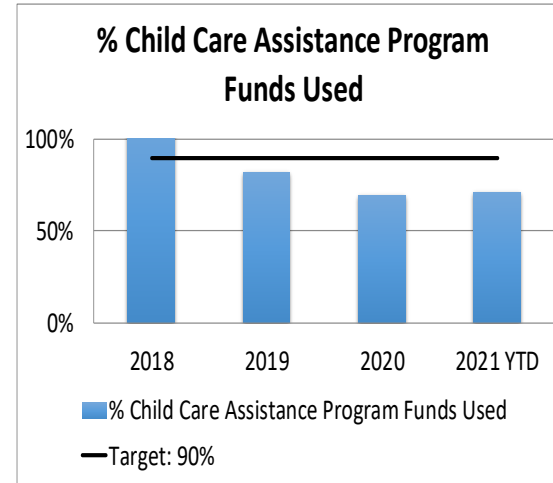
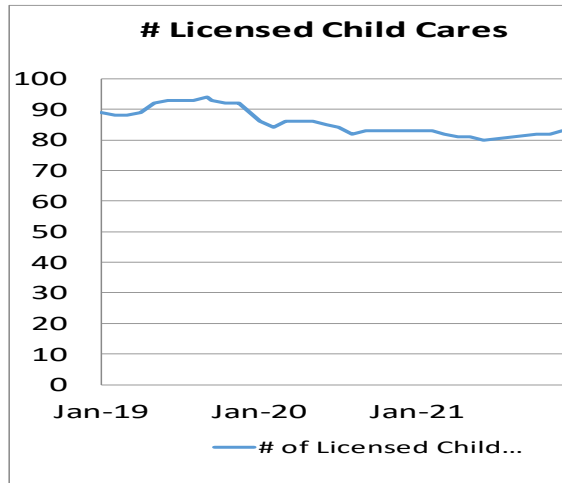


Social Services

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 2021. With the expiration of emergency licensing and training requirements, our staff are busy ensuring that providers are current and their homes are compliant.
- **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.

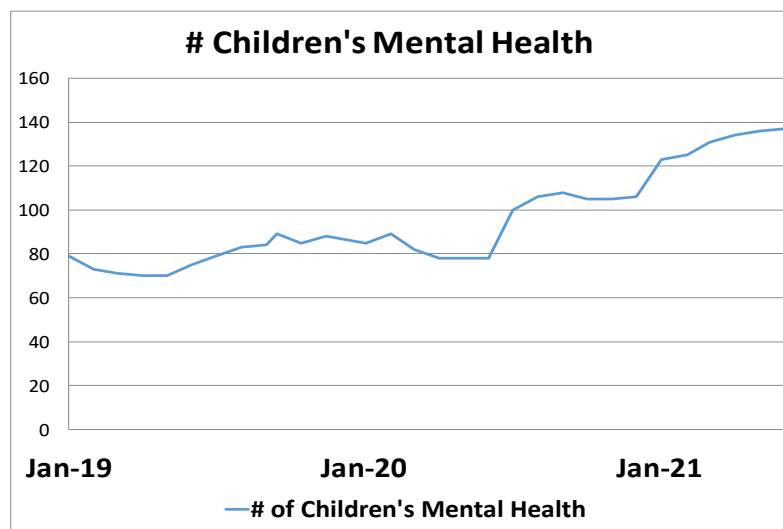
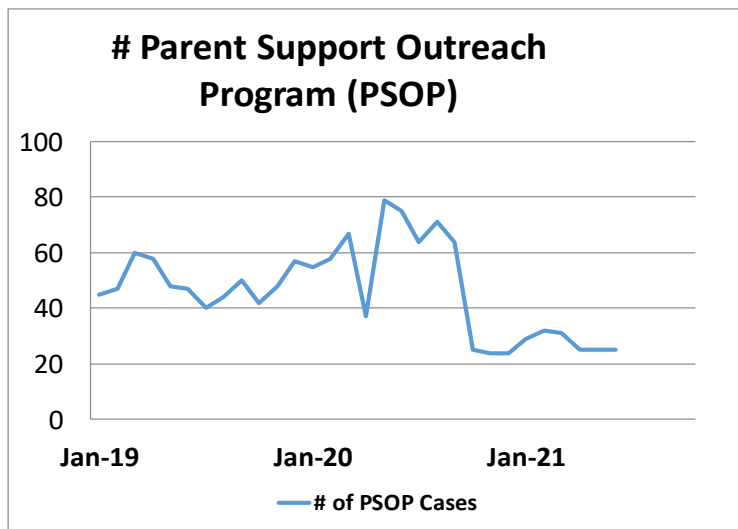
Where Do We Go From Here?

- **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. We currently have an MSW intern who is working with this population and co-facilitating a parenting group.
- **RIGHT:** Fernbrook continue to provide Children's Mental Health case management. Tracking new referrals and eligibility has improved and increased the number of children receiving services.

Where Do We Go From Here?

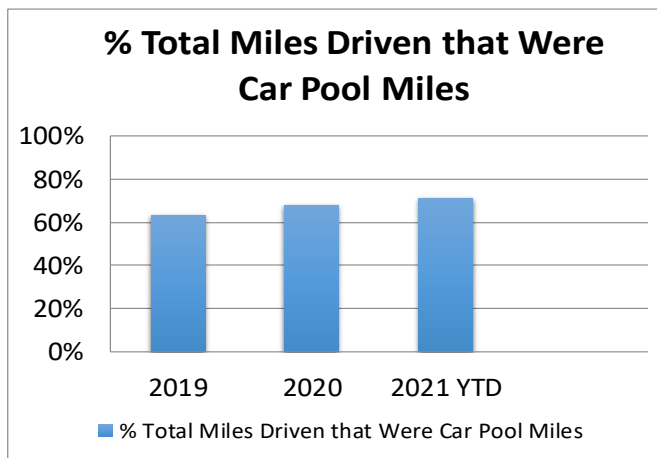
- **LEFT:** PSOP continues to be a vital service and we have received positive feedback from participants who are happy that groups have resumed outside and in person.
- **RIGHT:** Children's Mental Health case management continues to be a vital service. Case managers have used a variety of engagement strategies to help teach children and youth coping skills.



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.