



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 November 16, 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/359909069> or calling **1 866 899 4679** beginning at 10:20 a.m. or any time during the meeting. Access Code: 359-909-069

New to GoToMeeting: Get the app now and be ready when your meeting starts
<https://global.gotomeeting.com/install/359909069>

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

Documents:

[OCTOBER 19, 2021 HHS BOARD MINUTES.PDF](#)

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

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. WIC And Peer Breastfeeding Contract

Documents:

[WIC AND PEER BREASTFEEDING CONTRACT.PDF](#)

- c. TriMin Systems Agreement

Documents:

[TRIMIN AGREEMENT.PDF](#)

d. MN Family Investment Program (MFIP) Biennial Service Agreement

Documents:

[MFIP SERVICE AGREEMENT.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. C.A.R.E. Clinic Interagency Agreement
Kris Johnson and Brooke Hawkenson

Documents:

[INTERAGENCY AGREEMENT.PDF](#)

6. INFORMATIONAL ITEMS:

a. COVID-19 Update
Nina Arneson

Documents:

[11-2021 COVID-19 HHS BOARD UPDATE.PDF](#)

b. 3rd Quarter 2021 Fiscal Report
Kayla Matter

Documents:

[HHS 3RD QUARTER 2021 FISCAL REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

c. HHS Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

d. DHS 2022-2023 County And Tribal Child Care Fund Plan

Documents:

[DHS CHILD CARE FUND PLAN.PDF](#)

e. HHS COVID-19 Booster Clinic Flyers

Documents:

[HHS COVID-19 BOOSTER CLINIC FLYERS.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be December 14, 2021 At 10:30 A.M.

FAMILIES, AND COMMUNITIES

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF OCTOBER 19, 2021**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:35 A.M., Tuesday, October 19, 2021, on-line via GoToMeeting.

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, Ruth Greenslade, Maggie Cichosz, Jinny Rietmann, Kayla Matter, and Wanda Jenson.

AGENDA:

On a motion by L. Flanders and seconded by N. Pagel, the Board unanimously approved the October 19, 2021 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by L. Flanders, the Board unanimously approved the Minutes of the H&HS Board Meeting on September 21, 2021.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

Workforce Development Inc. (WDI) Update by Jinny Rietmann and Wanda Jensen

COVID-19 HHS Board Update – Nina, Arneson, Maggie Cichosz and Kris Johnson

Goodhue County Health & Human Services Board
Meeting Minutes of October 19, 2021

FYI & REPORTS:

Child Protection Report
Goodhue County Flu Vaccination Clinics
Advisory Panel to the MN Attorney General- Distribution and Allocation of Opioid Settlement Funds
South Country Health Alliance (SCHA) Press Release

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by T. Gresseth and seconded by L. Flanders the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:22 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 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:

- Karen Nowariak, Red Wing MN

Child Care Licensures:

Number of Licensed Family Child Care Homes: 75

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



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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 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 WIC (Women, Infants, and Children) and WIC Peer Breastfeeding Contract		

BACKGROUND:

WIC (Women, Infants, and Children) is a supplement food program aimed at providing nutrition education and healthy food options. The program is for infants, children up to age 5, and women who are pregnant, breastfeeding, or recently delivered a baby. WIC participants must meet income guidelines or must be enrolled in other county assistance programs such as MA or SNAP.

Since the start of COVID-19 our services are no longer in person. All appointments are conducted by phone and will continue by phone as long as waivers are in place. Currently that is 90 days past when the Public Health Emergency Declaration ends. This is set to expire the end of January of 2022. Our services will remain remote until April 2022.

RECOMMENDATION:

HHS recommends approval of the WIC and Peer Breastfeeding grant amendments.



Minnesota Department of Health Grant Award Cover Sheet

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

ATTACHMENT: Grant Project Agreement

CONTACT FOR MDH: Kate Franken, 651-201-4403, kate.franken@state.mn.us

Grantee SWIFT Information	Grant Agreement Information	Funding Information
Name of MDH Grantee: Goodhue County Health and Human Services	Grant Agreement/Project Agreement Number: 202792	Total Grant Funds (all funding sources): \$
Grantee SWIFT Vendor Number: 0000197327 SWIFT Vendor Location Code: 001	Period of Performance Start Date: January 1, 2022 Period of Performance End Date: December 31, 2026	Total Federal Grant Funds: \$

Notice to Grantee about Federal Funds

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

Grantee Data Universal Numbering System (DUNS) Name and Number	DUNS Name: Goodhue, County of DUNS Number: 051690642				
Grantee's Approved Indirect Cost Rate for the Grant					
Is The Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Project Description	Minnesota is authorized to enter into contractual agreements for the administration of the Minnesota Special Supplemental Nutrition Program for Women, Infants and Children, and the Food Nutrition Service of the U.S. Department of Agriculture				
Name of Federal Awarding Agency	Title 7, Part 246 of the Child Nutrition Act of 1966				
CFDA Name and Number (Catalog of Federal Domestic Assistance)	CFDA Name: WIC Special Supplemental Nutrition Program for Women, Infants, and Children CFDA Number: 10.557				
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	WIC - 222MN004W1003 PEER - 222MN004W5003				
Federal Award Date (Date MDH received federal grant)	WIC - 10/01/2021 – 09/30/2022 PEER - 10/01/2021 – 09/30/2024				
Total Amount of Federal Award Received by MDH	<table> <tr> <td>WIC</td> <td>PEER</td> </tr> <tr> <td>\$32,000,000</td> <td>\$1,400,000</td> </tr> </table>	WIC	PEER	\$32,000,000	\$1,400,000
WIC	PEER				
\$32,000,000	\$1,400,000				

**Minnesota Department of Health
Community Health Board Grant Project Agreement**

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health ("STATE") and **Goodhue County Health and Human Services**, an independent organization, not an employee of the State of Minnesota, address **426 West Avenue, Red Wing, MN 55066**, ("GRANTEE").

1. Under Minnesota Statutes 144.0742, the STATE is empowered to enter into a contractual agreement for the provision of statutorily prescribed public health services;
2. The STATE and the GRANTEE have entered into Master Grant Contract number **12-700-00074** ("Master Grant Contract") effective January 1, 2020 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. The STATE, pursuant to Minnesota Statutes Section 145.894(b) and Minnesota Rules 4617.0030 is authorized to enter into contractual agreements for the administration of the Minnesota Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program), and the Food and Nutrition Service of the U.S. Department of Agriculture (USDA) has promulgated Title 7, Code of Federal Regulations (7 C.F.R.) Part 246, under Section 17 of the Child Nutrition Act of 1966 (42 U.S. C1786), to carry out the WIC Program (CFDA#10.557) and the Peer Breastfeeding Support Program (PBSP). Accordingly, the STATE is empowered to administer the WIC Program and PBSP; and
4. The GRANTEE represents that it is duly qualified and willing to perform the duties described in this grant project agreement to the satisfaction of the STATE. Pursuant to Minnesota Statutes Section 16B.98, subdivision 1, the GRANTEE agrees to minimize administrative costs as a condition of this grant.

NOW, THEREFORE, it is agreed:

1. ***Incorporation of Master Grant Contract.*** All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. ***Term of Agreement.***

2.1 *Effective date.* This grant project agreement shall be effective on January 1, 2022, **or the date the STATE obtains all required signatures under Minnesota Statutes 16B.98. Subd. 5(a), whichever is later. The GRANTEE must not begin work until this contract is fully executed and the State's Authorized Representative has notified the GRANTEE that work may commence.**

2.2 *Expiration date.* December 31, 2026, or until all obligations have been fulfilled to the satisfaction of the STATE, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. ***Grantee's Duties and Responsibilities.*** The GRANTEE shall: complete the duties set forth in Exhibit A "Grantee's Duties," and Exhibit C "Peer Grantee's Duties" which are attached and incorporated into this grant project agreement.

4. ***Consideration and Payment.***

4.1 *Consideration.* The STATE will pay for all services performed by the GRANTEE under this grant project agreement as follows:

(a) *Compensation.* The GRANTEE will be paid by notification of their grant amount through annual funding letters, in an amount that will be based on available federal funds as described in Exhibit B, WIC Grant Funding and Exhibit D Peer Grant Funding

(b) *Total Obligation.* The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant project agreement will not an amount established in written funding letters, which upon available federal funds as outlined in Exhibit B, WIC Grant Funding and Exhibit D, Peer Grant Funding. The State may, at the option of the STATE, withhold from such payment any or all amounts for which the GRANTEE is required to reimburse the STATE under Exhibit A, clause (J) and under Exhibit C, clause (U)

4.2 *Terms of Payment.*

(a) *Invoices.* The State will promptly pay the GRANTEE after the GRANTEE presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule: Invoices must be submitted in a timely fashion as described in Exhibit B, WIC Grant Funding and D.

(b) *Federal Funds.* Payments under this grant project agreement will be made from federal funds obtained by the STATE through Title 7, Part 246, CFDA number 10.557 of the Child Nutrition Act of 1966 (42 U.S.C. section 1786), including public law and all amendments. The Notice of Grant Award (NGA) number is WIC - 222MN004W1003, PEER - 222MN004W5003. The GRANTEE is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements. If at any time federal funds become unavailable, this agreement shall be terminated immediately upon written notice of by the STATE to the GRANTEE. In the event of such a termination, GRANTEE is entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

5. ***Conditions of Payment.*** All services provided by GRANTEE pursuant to this grant project agreement must be performed to the satisfaction of the STATE, as determined in the sole discretion of its Authorized Representative. Further, all services provided by the GRANTEE must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations.
6. ***Ownership of Equipment.*** Disposition of all equipment purchased under this grant project agreement shall be in accordance with Code of Federal Regulations, Title 45, Part 74, Subpart C or, for Notice of Grant Awards issued on or after December 26, 2014, in accordance with Code of Federal Regulations, Title 2, Subpart A, Chapter II, Part 200. For all equipment having a current per unit fair market value of \$5,000 or more, the STATE shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

7. ***Authorized Representatives.***

7.1 *STATE's Authorized Representative.* The STATE's Authorized Representative for purposes of administering this grant project agreement is Kate Franken, WIC Program Director, Minnesota Department of Health, 85 East 7th Place, PO Box 64882, St. Paul MN 55164-0882, telephone number 651-201-4403, and email kate.franken@state.mn.us, or his/her successor, and has the responsibility to monitor the GRANTEE's performance and the final authority to accept the services provided under this grant project agreement. If the services are satisfactory, the STATE's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2 GRANTEE's Authorized Representative. The GRANTEE's Authorized Representative is Nina Arneson, CHS Administrator, 426 West Avenue, Red Wing, MN 55066, 651-385-6115, nina.arneson@co.goodhue.mn.us, or his/her successor. The GRANTEE's Authorized Representative has full authority to represent the GRANTEE in fulfillment of the terms, conditions, and requirements of this agreement. If the GRANTEE selects a new Authorized Representative at any time during this grant project agreement, the GRANTEE must immediately notify the STATE.

8. Termination.

8.1 Termination by the STATE. The STATE or GRANTEE may cancel this grant project agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

8.2 Termination for Cause. If the GRANTEE fails to comply with the provisions of this grant project agreement, the State may terminate this grant project agreement without prejudice to the right of the STATE to recover any money previously paid. The termination shall be effective five business days after the STATE mails, by certified mail, return receipt requested, written notice of termination to the GRANTEE at its last known address.

8.3 Termination for Insufficient Funding. The STATE may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written (e-mail, facsimile or letter) notice to the GRANTEE. The STATE is not obligated to pay for any work performed after notice and effective date of the termination. However, the GRANTEE will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota legislature, or other funding source, not to appropriate funds. The STATE must provide the GRANTEE notice of the lack of funding within a reasonable time of the STATE receiving notice of the same.

9. Publicity. Any publicity given to the program, publications, or services provided from this grant agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the GRANTEE or its employees individually or jointly with others, or any subgrantees shall identify the STATE as a sponsoring agency and shall not be released, unless such release is approved in advance in writing by the STATE'S Authorized Representative. If federal funding is being used for this grant agreement, the federal program must also be recognized.

10. Clerical Error

Notwithstanding the Master Grant Contract Agreement, MDH reserves the right to unilaterally fix clerical errors contained in the Grant Contract Agreement without executing an amendment. Grantee will be informed of errors that have been fixed pursuant to this paragraph.

11. Other Provisions.

11.1 The STATE will provide-technical assistance and consultation to enable the GRANTEE to establish and administer a WIC Program.

11.2 The STATE will provide appropriate forms and materials necessary to establish and administer a WIC Program.

11.3 The STATE will provide access to 7 CFR Part 246 the Minnesota WIC Program Operations Manual, Minnesota Rules Chapter 4617, State policies and procedures, and other instructions and guidelines on a timely basis necessary to establish and administer a WIC Program.

11.4 The STATE will provide training information for new GRANTEE staff.

11.5 Ownership of Equipment; Insurance on and Liability for Equipment.

- a) Notwithstanding anything in the MASTER GRANT CONTRACT, any equipment, medical supplies, computer equipment, computer software, furniture, and furnishings purchased and/or utilized by the GRANTEE in the performance of its obligations under this project-agreement and related to and funded in part or whole by the STATE (hereinafter collectively referred to as the "Equipment"), shall be the exclusive property of the STATE and all of the Equipment shall be remitted to the STATE by the GRANTEE upon completion, termination, or cancellation of this project agreement. The GRANTEE shall not use, willingly allow, or cause to have the Equipment used for any purpose other than performance of the GRANTEE'S obligations under this project agreement, without the prior written consent of the STATE.
- b) The GRANTEE shall maintain insurance on all of the Equipment at all times unless and until the STATE receives all the Equipment upon completion, termination, or cancellation of this project agreement. The insurance maintained by the GRANTEE shall cover all loss or damage to the Equipment caused by theft, vandalism, fire, or other casualty, and shall be in an amount sufficient to cover replacement of all Equipment with substantially identical items. In the event of any loss of or damage to any of the Equipment, including any loss or damage caused by GRANTEE or its agents or employees and any loss or damage from theft, vandalism, fire, or other casualty, the GRANTEE shall, at the expense of the GRANTEE, fully repair all damaged Equipment and replace all lost Equipment with substantially identical items. The GRANTEE shall not use any funds from the STATE to repair or replace any lost, stolen, or damaged Equipment.
- c) In the event of any computer breakdowns, including-any malfunction of computer hardware or software or both, the GRANTEE shall contact the Service Provider contracted by the STATE to fully repair or, if necessary, replace the computer hardware or software or both to enable the computer hardware and software to operate properly. The GRANTEE shall not, without the prior written consent of the STATE, modify the Equipment that is computer equipment or computer software.

11.6 Ownership of Materials and Intellectual Property Rights.

- a) Notwithstanding anything in clause 10 of the MASTER GRANT CONTRACT, STATE shall own all rights, title and interest in all of the materials conceived or created by the GRANTEE, or its employees or subgrantees, either individually or jointly with others and which arise out of the performance of this project agreement, including any inventions, reports, studies, designs, drawings, specifications, notes, documents, software and documentation, computer based training modules, electronically, magnetically or digitally recorded material, and other work in whatever form ("materials").
- b) The GRANTEE hereby assigns to the STATE all rights, title and interest to the MATERIALS. GRANTEE shall upon request of the STATE, execute all papers and perform all other acts necessary to assist the STATE to obtain and register copyrights, patents or other forms of protection provided by law for the MATERIALS. The MATERIALS created under this project agreement by the GRANTEE, its employees or subgrantees, individually or jointly with others, shall be considered "works made for hire" as defined by the United States Copyright Act. All the MATERIALS, whether in paper, electronic, or other form, shall be remitted to the STATE by the GRANTEE upon completion, termination, or cancellation of this project agreement. The GRANTEE, its employees and any subgrantees, shall not copy, reproduce, allow or cause to have the MATERIALS copied, reproduced, or used for any purpose other than performance of the GRANTEE'S obligations under this project agreement without the prior written consent of the STATE'S Authorized Representative.

- c) GRANTEE represents and warrants that MATERIALS produced or used under this project agreement do not and will not infringe upon any intellectual property rights of another, including but not limited to patents, copyrights, trade secrets, trade names, and service marks and names. GRANTEE shall indemnify and defend the STATE, at GRANTEE'S expense, from any action or claim brought against the STATE to the extent that it is based on a claim that all or part of the MATERIALS infringe upon the intellectual property rights of another. GRANTEE shall be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages including, but not limited to, reasonable attorney fees arising out of this project agreement, amendments, and supplements thereto, which are attributable to such claims or actions. If such a claim or action arises, or in GRANTEE'S or the STATE'S opinion is likely to arise, GRANTEE shall at the STATE'S discretion either procure for the STATE the right or license to continue using the MATERIALS at issue or replace or modify the allegedly infringing MATERIALS. This remedy shall be in addition to and shall not be exclusive to other remedies provided by law.

11.7 Disputes Regarding Reimbursement by GRANTEE. If there is a dispute regarding whether or not the GRANTEE must reimburse the STATE any moneys under Exhibit A, clause J of this grant project agreement, and if the WIC Program Director decides that the GRANTEE is required to reimburse the STATE in any amount, then the STATE may, at its option, withhold payment under clause 4. Consideration and Terms of Payment of this Project agreement, regardless of whether or not GRANTEE has requested an administrative hearing under Exhibit A of the MASTER GRANT CONTRACT.

11.8 The GRANTEE is responsible for holding any subcontracting entities to the same standards required of the GRANTEE in this agreement.

11.9 Survival of Terms. The following paragraphs survive the expiration or cancellation of this project agreement: 10.3. Ownership of Materials and Intellectual Property Rights; and 10.8. Disputes Regarding Reimbursement by GRANTEE.

12. Telecommunications Certification

By signing this agreement Grantee certifies that, consistent with Section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. 115-232 (Aug. 13, 2018), Grantee does not and will not use any equipment, system, or service that uses "covered telecommunications equipment or services" (as that term is defined in Section 889 of the Act) as a substantial or essential component of any system or as critical technology as part of any system. Grantee will include this certification as a flow down clause in any contract related to this agreement.



APPROVED:

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

Signed: Sarah Martin Digitally signed by Sarah Martin Date: 2021.10.26 10:53:04 -05'00'

Date: 10/26/2021

SWIFT Contract/PO No(s). 202792/3000089371

2. GRANTEE

The Grantee certifies that the appropriate persons(s) have executed the project agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

3. STATE AGENCY

Project Agreement approval and certification that STATE funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

By: _____

By: _____

Title: Nina Arneson HHS Director

Title: _____

Date: _____

Date: _____

By: _____

Title: _____

Date: _____

Distribution:

- MDH (Original fully executed Grant Project Agreement)
- Grantee
- State Authorized Representative



Exhibit A. WIC GRANTEE's Duties

Grantee shall:

- A. Perform all Local Agency duties and administer a WIC Program within its designated service area or population in an efficient and effective manner and in compliance with: the most recent edition of the Minnesota WIC Program Operations Manual (hereinafter MOM); Minnesota Rules Chapter 4617; 7 C.F.R. Parts 15, 15a, 15b, 246 and 3015 to 3019; 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and USDA guidelines and instructions.
- B. Offer WIC Services by the Application for the Administration of a Local WIC Program, through January 1, 2022 to December 31, 2026 (GRANTEE's application as may be amended by written agreement between the parties), and is hereby made a part of this agreement, which includes GRANTEE's designated service area or population. In cases of conflict between this agreement and the GRANTEE's Application, this agreement shall govern.
- C. Employ sufficient competent professional authorities capable of performing, in accordance with MOM, Minnesota Rules Chapter 4617, and 7 CFR Part 246, the following duties described in MOM: performing WIC Program certification procedures; providing nutrition education and referrals; and providing services to high risk participants.
- D. Determine eligibility and certify persons eligible for the WIC Program according to established certification procedures, document certification actions, provide WIC Program benefits on a timely basis to certified persons, and reassess eligibility at the prescribed intervals.
- E. Make available appropriate health services to participants and inform applicants of the health services which are available. Health services may be made available through referral.
- F. Develop a nutrition education plan, including breastfeeding promotion, which: (1) is consistent with 7 CFR, section 246.11, paragraph (d)(2), as amended; (2) is consistent with Minnesota Rules, Chapter 4617; (3) is consistent with MOM; (4) includes the criteria used to select participants for high-risk nutrition education; and (5) includes the criteria the GRANTEE uses to determine which participants will receive an Individual Nutrition Care Plan.
- G. Provide nutrition education and breastfeeding promotion to WIC Program participants in accordance with the GRANTEE's Nutrition Education Plan.
- H. Serve WIC participants and perform WIC Program certification procedures using the STATE's WIC Information System provided by the STATE.
- I. Establish and maintain accountability and inventory control over WIC Cards.
- J. Reimburse the STATE for payments previously paid to the GRANTEE pursuant to Clause 4 of this agreement for costs found to be in excess of the GRANTEE's written grant letters; for costs deemed to be improper, unallowable, or undocumented as the result of an audit, review or other examination; and for the cashed value of any WIC Program food benefits which may be stolen from or lost by the GRANTEE or issued by the GRANTEE to persons other than properly certified WIC Program participants or their authorized proxies.
- K. Maintain complete, accurate, documented and current program and fiscal records and files on a federal fiscal year basis (October 1st through the following September 30th), in accordance with STATE financial management requirements, rules, policies and procedures including MOM, 7 CFR Parts 246 and 3015 to 3019, 45 CFR Part 92, and USDA guidelines and instructions, including

EXHIBIT A. WIC GRANTEE'S DUTIES

source documentation to support WIC Program activities and expenditures made under the terms of this agreement.

- L. Submit timely reports to STATE, as specified in MOM or requested by STATE.
- M. During normal working hours, provide access to authorized representatives or agents of USDA, the Department of the Comptroller General of the United States, the STATE, the Legislative Auditor, the State Auditor, and any independent auditor designated by the STATE, to the GRANTEE's records, documents, financial statements, and accounting procedures and practices related to this agreement for purposes of inspecting, auditing, or copying, and as may be necessary for the STATE to comply with the Single Audit Act of 1984, as amended (31 U.S.C. section 7501 et seq.), 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- N. Maintain records sufficient to reflect all costs incurred by the GRANTEE in its performance of this agreement. Tribal follow General Services Administration (GSA) rules and regulations.
- O. Use the STATE's WIC Information System to maintain participant records on file and have records available for review, audit, and evaluation.
- P. Provide local agency IT support for nonstandard images and if using local computers with the WIC Information System. Support the network including addressing any connectivity issues.
- Q. Comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- R. Ensure that the GRANTEE does not discriminate against any person on the grounds of race, color, national origin, age, sex, or disability.
- S. To permit the effective enforcement of the above clauses (P) and (Q) of this Exhibit A, compile data, maintain records, and submit reports as required by the STATE.
- T. Ensure that all new GRANTEE staff must be trained as specified in MOM.
- U. Cooperate with the STATE in connection with monitoring reviews performed under 7 C.F.R. § 246.19(6).
- V. If the STATE's report of a monitoring review of the GRANTEE contains a finding of program noncompliance, the GRANTEE shall submit to the STATE a corrective action plan, including implementation timeframes, by the deadline specified by the STATE.

EXHIBIT A. WIC GRANTEE'S DUTIES

1. If the STATE disapproves of the corrective-action plan, the GRANTEE shall submit to the STATE, by the deadline specified by the STATE, another corrective action plan that addresses the reasons for disapproval.
 2. If the STATE approves a corrective action plan, the GRANTEE shall comply with the plan.
- W. Ensure that no conflict of interest exists between the GRANTEE and the STATE.
- X. Ensure that no controlling person of any Minnesota WIC vendor and no spouse, child, or parent of any controlling person of any Minnesota WIC vendor:
1. Is employed by the GRANTEE in a capacity that allows the employee access to WIC benefits;
or,
 2. Has a direct or indirect financial interest in the GRANTEE.



Exhibit B. WIC Funding

(a) Consideration and Payment.

The GRANTEE will be paid by notification of their grant amount through annual funding letters, in an amount that will be based on available federal funds and the GRANTEE's projected participation for the upcoming year. The GRANTEE will be reimbursed monthly based on claimed expenses as outlined below and in Exhibit A, Clause J of this grant agreement.

Invoices. The State will promptly pay the GRANTEE after the GRANTEE presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted according to the following schedule: Submit by the 20th of the month following services for the months of October through August of each federal fiscal year.

The GRANTEE shall submit the September invoice to the STATE on or before December 20th following the end of each federal fiscal year (September 30th). Payments for said federal fiscal year might not be made for claims filed after this date.

The STATE agrees to:

1. Provide grant funding on a per participant basis, or for GRANTEEs with fewer than 100 participants served per month, funding at a base level, in an amount, which is determined periodically based on available federal funds.
2. Provide supplemental funding to reimburse GRANTEE for allowable grant expenses such as excess clinic travel costs, participation in STATE-sponsored work groups or STATE-sponsored trainings, or for other activities as approved by the STATE. Determination for the amount of such supplemental funding shall be made by the STATE after reviewing the availability of federal funds for those purposes.

(b) Total Obligation.

The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant agreement will not exceed an amount established in written funding letters, and available federal funds, which upon execution of the Commissioner of Health shall be incorporated into this Grant Agreement. Payment of services shall be contingent upon receipt of funds from USDA. The STATE may, at the option of the STATE, withhold from such payment any or all amounts for which the GRANTEE is required to reimburse the STATE under Clause J of Exhibit A.



Exhibit C. Peer Duties

Grantee shall:

- A. Provide peer breastfeeding services to WIC participants within the Grantees service area. The Grantee will notify MDH if any changes occur in the service area. MDH reserves the right to adjust the amount to the expenditure plan and current budget based on changes in the service area.
- B. Ensure that the peer support provided will supplement the breastfeeding education and support currently provided by WIC. The required breastfeeding and nutrition education contacts must still be provided. Acceptance of the grant agreement and adding peer support to your agency's WIC services must not compromise the required WIC nutrition education or breastfeeding contacts.
- C. Submit a yearly work plan once approved by MDH WIC PEER Coordinator, incorporated into this grant agreement. The work plan should be in the format provided by MDH that includes activities and events leading to the outcomes identified below. The work plan shall be submitted by December 31st of each calendar year or as indicated by MDH WIC Peer Coordinator. If the Grantee does not revise the proposed work plan or if the revised work plan is not approved by MDH, then MDH shall terminate this grant agreement effective January 31 of the fiscal year for which the then-current work plan and budget plan are written, notwithstanding Clause 14 of WIC Grant Agreement. MDH shall mail, by certified mail, return receipt requested, written notice of such termination to the Grantee at its last known address. Outcomes for work plan:
 1. The WIC PEER Breastfeeding Support Program(PBSP) is implemented to increase breastfeeding support available to WIC participants, and in compliance with Food and Nutrition Services(FNS) requirements and MDH policy.
 2. Current staffing levels and expected numbers of participants being served by peer staff are provided.
 3. Peer services are available outside usual clinic hours and environment.
 4. Management and coordination of the peer program is sufficient.
 5. Adequate supervision and monitoring (spot checks) of peer counselors is provided.
 6. WIC peer services are integrated with other WIC services.
 7. Community partnerships and outreach are established to enhance the effectiveness of the peer program.
 8. Training and continuing education for peers and peer managers/coordinators is conducted and ongoing.
 9. Access to managers/coordinators and International Board Certified Lactation Consultant (IBCLC) for assistance is provided for problems outside the peers' scope of practice.
 10. Peer breastfeeding support program is evaluated and data is entered into WIC computer system in a timely manner.
 11. The Grantee may fulfill any of its obligations under this grant agreement through subcontractors.
- D. Submit an annual budget once approved by MDH WIC PEER Coordinator, it will be incorporated into this grant agreement. The budget narrative in the format provided by the MDH WIC Peer Coordinator for the subsequent federal fiscal year. Funding will be determined by the MDH office yearly based on availability of USDA FNS funding. The budget shall be submitted to the MDH WIC Peer Coordinator by July 31, and revisions, if required by the MDH, shall be submitted

EXHIBIT C: PEER GRANTEE DUTIES

by August 15. Funding notifications will be sent in September or earlier if available to local agency coordinators and directors.

- E. Support the goals and development of the WIC Peer Program by providing evaluation of and feedback about the program. Complete and submit an interim progress report as requested by the MDH or USDA, including, but not limited to any required contracts or similar agreements; the number of peers and participants served; updates about the peer program; comments from peers, participants and WIC staff, and recommendations for others who are interested in peer breastfeeding support. The mid-year progress report is due to the MDH WIC Peer Coordinator by July 31 or as indicated by the Peer Coordinator.
- F. Assign adequate staff to manage and implement the WIC Peer Program, provide supervision and back-up for peer breastfeeding support staff and assure that peer support staff meet the Food and Nutrition Service (FNS) definition of breastfeeding peer support.
- G. Provide MDH Authorized Representative with written notification of changes in key staff, including the IBCLC, supervisor(s) and peer program manager.
- H. Participate in the two required in-state meetings per year and send appropriate staff, or approved alternate staff, who will be involved in implementing the peer support program and identified in the local agency grant application.
- I. Provide initial and ongoing training for peer support staff as identified in the current work plan. Include confidentiality/data practices in training for peer support staff.
- J. Submit invoices for project expenses and progress reports by due date and maintain records/time studies to document time spent on this grant agreement.
- K. Maintain records sufficient to reflect all costs incurred by the Grantee in its performance of this grant agreement. Tribal Agencies follow General Services Administration (GSA) rules and regulations.
- L. Have an IBCLC, or other designated staff who has been trained in lactation management, available to peer support staff, at a minimum by phone, after regular hours, as designated in work plan, to handle questions that are beyond the scope of the peer support staff, and available to travel to all sites included in this grant agreement, if needed.
- M. Have all Grantee WIC Peer Program staff review background materials on peer support, including the materials from the latest USDA training. Materials are available from the State WIC Program.
- N. Use the FNS training curriculum for providing peer training. Documentation of initial and ongoing training must be maintained and made available for review. The FNS training curriculum is available through the State WIC Program.
- O. Have documentation of meetings and trainings for peer support staff, records of peer spot checks and review of contact forms. Documentation is maintained and available to State WIC staff for review upon request.
- P. If Grantee will fulfill any of its obligations under this grant agreement through a subcontractor, provide a signed copy of any subcontracts this agreement to MDH Authorized Representative.
- Q. Administer a WIC PBS Program within its designated service area or population in an efficient and effective manner and in compliance with: the most recent edition of the Minnesota WIC Program Operations Manual (hereinafter MOM); Minnesota Rules Chapter 4617; 7 C.F.R. Parts

EXHIBIT C: PEER GRANTEE DUTIES

- 15, 15a, 15b, 246 and 3015 to 3019; 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and USDA guidelines and instructions.
- R. Offer PBS Program services by the Application for the Administration of a Local WIC PBS Program, through January 1, 2022 to December 31, 2026 (Grantee's application as may be amended by written agreement between the parties), and is hereby made a part of this agreement, and includes Grantee's designated service area or population. In cases of conflict between this agreement and the Grantee's Application, this agreement shall govern.
 - S. Employ sufficient peer counselors and lead peer staff capable of performing, in accordance with MOM, Minnesota Rules Chapter 4617, and 7 CFR Part 246.
 - T. Determine eligibility for persons eligible for the WIC PBS Program according to established referral procedures.
 - U. Reimburse MDH for payments previously paid to the Grantee pursuant to Clause 4 of this agreement for costs found to be in excess of the Grantee's written grant letters; for costs deemed to be improper, unallowable, or undocumented as the result of an audit, review or other examination. See Exhibit D Payments (b) Allowable Costs.
 - V. Maintain complete, accurate, documented and current program and fiscal records and files on a federal fiscal year basis (October 1st through the following September 30th), in accordance with MDH financial management requirements, rules, policies and procedures including MOM, 7 CFR Parts 246 and 3015 to 3019, 45 CFR Part 92, and USDA guidelines and instructions, including source documentation to substantiate WIC PBS Program activities and expenditures made under the terms of this agreement.
 - W. Submit timely reports to MDH, as specified in MOM or requested by MDH.
 - X. During normal working hours, provide access to authorized representatives or agents of USDA, the Department of the Comptroller General of the United States, MDH, the Legislative Auditor, the State Auditor, and any independent auditor designated by MDH, to the Grantee's records, documents, financial statements, and accounting procedures and practices related to this grant agreement for purposes of inspecting, auditing, or copying, and as may be necessary for MDH to comply with the Single Audit Act of 1984, as amended (31 U.S.C. section 7501 et seq.), 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
 - Y. Use MDH WIC Information System (IS) to maintain participant records on file and have records available for review, audit, and evaluation.
 - Z. Provide local agency IT support for nonstandard images and if using local computers with the WIC IS. Support the network including addressing any connectivity issues.
 - AA. Comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or

EXHIBIT C: PEER GRANTEE DUTIES

disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

- BB. Ensure that the Grantee does not discriminate against any person on the grounds of race, color, national origin, age, sex, or disability.
- CC. Permit the effective enforcement of clauses (BB) and (CC) of this agreement, compile data, maintain records, and submit reports as required by the MDH.
- DD. Ensure that all new Grantee's peer staff must be trained as specified in MOM.
- EE. Cooperate with the MDH in connection with monitoring reviews performed under 7 C.F.R. § 246.19(6).
- FF. If MDH report of a monitoring review of the Grantee contains a finding of program noncompliance, the Grantee shall submit to the MDH a corrective action plan, including implementation timeframes, by the deadline specified by MDH.
 - 1. If the MDH disapproves of the corrective-action plan, the Grantee shall submit to the MDH, by the deadline specified by MDH, another corrective action plan that addresses the reasons for disapproval.
 - 2. If MDH approves a corrective action plan, the Grantee shall comply with the plan.
- GG. Ensure that no conflict of interest exists between the Grantee and MDH.
- HH. Ensure that WIC conflict of interest policies are followed by Grantee and peer counselors.
- II. Must comply with 7CFR Part 246.26 and MOM as it applies to all WIC data created, collected, received, stored, used, maintained, or disseminated as a part of this grant agreement. WIC data that individually identify an applicant or participant and/or family member(s) are private data and must be protected as such.



Exhibit D - Peer Funding

Consideration

- (a) Compensation. The Grantee will be paid through yearly funding letters based on available funding in consideration for all services performed by the Grantee pursuant to this grant agreement, not to exceed an amount established in written funding letters. The Grantee will be reimbursed on a quarterly basis based on claimed expenses as outlined in Exhibit D, payment (a).
- (b) Minnesota Department of Health(MDH) reserves the right to reduce funding for the Grantee if the Grantee is not in compliance with WIC PEER Breatfeeding Services (PBS) requirements and/or not determined to be using their peer funds in a prudent and appropriate manner and/or it is determined that a reduced amount of funding will be sufficient to sustain the PBS program.
- (c) Budget Modifications. Modifications greater than 10 percent of any budget line item in the most recently approved budget requires prior written approval from MDH and must be indicated on submitted reports. Failure to obtain prior written approval for modifications greater than 10 percent of any budget line item may result in denial of modification request. Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from MDH, provided that such modification is indicated on submitted reports and that the total obligation of MDH for all compensation and reimbursements to the Grantee shall not exceed the total obligation listed in 4.3 Total Obligation in this grant agreement.

Payment

- (a) The Grantee shall provide MDH a completed Claim for Reimbursement/Report of Expenditures form, which includes: a summary of the funds actually expended during the report period (calendar quarter) by budget line item, and the amount of funds expended federal fiscal year-to-date (October 1st through September 30th). Claims for Reimbursement are due the 3rd Friday after the end of the calendar quarter or the date indicated on the most recent claim form provided by MDH.
The Grantee shall provide MDH with an annual budget by the deadline specified by MDH. MDH shall specify the deadline in a letter to be mailed or e-mailed to the Grantee at least four weeks before the deadline. The annual budget must indicate the Grantee's federal fiscal year (October 1st through September 30th) anticipated costs, and all budget data prescribed by MDH in its letter to the Grantee.
- (b) Allowable Costs. These funds are earmarked by FNS for WIC breastfeeding peer support programs and may only be used to develop activities necessary to sustain a successful peer support program. Allowable costs include:
Compensation for peer counselor managers, counselors and peer support staff as long as charges are supported by appropriate time studies or logs.
Related costs such as training costs; communication expenses for participant contacts; travel for home and hospital visits; recruitment of peer counseling staff; purchase of demonstration materials.
All costs must be properly supported by paid invoices and usage logs. Items and materials for general distribution to WIC participants (with the exception of materials to promote the peer counseling program,) are not allowable costs under this funding.

Certificate Of Completion

Envelope Id: A3D3F6BF766E4C92B62551D05769FDED	Status: Sent
Subject: Please DocuSign: Goodhue WIC-PEER grant 2022-26 final	
Source Envelope:	
Document Pages: 17	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Anna Borgstrom
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	625 Robert St. N
	PO Box 64975
	St. Paul, MN 55164
	anna.borgstrom@state.mn.us
	IP Address: 156.98.136.27

Record Tracking

Status: Original	Holder: Anna Borgstrom	Location: DocuSign
10/27/2021 10:31:06 AM	anna.borgstrom@state.mn.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health	Location: DocuSign

Signer Events

Signature	Timestamp
Nina Arneson	Sent: 10/27/2021 10:37:35 AM
nina.arneson@co.goodhue.mn.us	Viewed: 10/28/2021 9:30:40 AM
HHS Director	
Security Level: Email, Account Authentication (None)	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

MDH FiM with Delegated Authority to Execute Grants/Contracts

Signing Group: MDH FiM with Delegated Authority to Execute Grants/Contracts

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Rebecca Gruenes

rebecca.gruenes@state.mn.us

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
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Michelle Gawboy

michelle.gawboy@state.mn.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

FiM for full executed copy

health.FM-Grants-Contracts@state.mn.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent

Hashed/Encrypted

10/27/2021 10:37:35 AM

Payment Events	Status	Timestamps
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 2021	Staff Lead:	Mike Zorn
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve contract for Computer Management for Human Services (CMHS) Support for Agency Collection System (ACS)		

BACKGROUND:

TriMin Systems, Inc. is a provider of software support for Goodhue County Health and Human Services Agency Collection System (ACS) program. Attached please find a renewal service agreement for 2022.

RECOMMENDATION: Goodhue County HHS recommends approval as requested.

ACS / SWS Support Services Agreement for 2022

AGREEMENT TO PROVIDE PROFESSIONAL SERVICES BETWEEN

Goodhue County Health and Human Services

(County)

and

TRIMIN SYSTEMS, INC.

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

WITNESSETH

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

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

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

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

I. Systems to be supported

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

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

II. Support Definition

- A. Support: TriMin will provide remote application support for County via telephone and email. Support includes the following aspects:
1. Consultation and problem assistance, as scheduled
 2. New staff orientation/overview training, as scheduled
 3. Bug Fixes, as needed
 4. Mandated Modifications, per II-C below
 5. Invoicing of charges to the County
- B. Special Projects: "Special Projects" are those projects which the User Group (the group of counties using ACS and/or SWS) may authorize from time to time above the fixed annual amount for Support. A Special Project shall be initiated upon receipt of written notification from the User Group, with individual Counties each deciding to participate upon knowing the cost of the project and their expected contribution. Special project charges will only apply if a given county has agreed to said project and given approval to participate. Counties that do not participate would not receive the benefit of the project.
- C. Mandated Systems Modifications: "Mandated Systems Modifications" are those systems modifications necessitated by mandates or service program changes imposed by federal or state laws, rules, or regulations. TriMin agrees that Mandated Systems Modifications shall be undertaken without delay and with the understanding that, with respect to completion of the modifications, time is of the essence. Mandated Systems Modifications shall take precedence over any other project or maintenance service being performed pursuant to this Agreement.
- Mandated Systems Modifications services shall be included in the scope of this support agreement, provided that the estimated hours for any particular mandated modification is less than or equal to 40 hours of effort.
- In the event that a Mandated Systems Modification effort is deemed to be greater than 40 hours the Mandated Systems Modifications services shall be approved by the User Group and funded by Counties participating in the Annual Support for a given application (i.e. ACS or SWS).
- Mandated Systems Modifications shall be subject to the cost allocation billing rates and special conditions set forth in this Section and in Sections III. and IV. below.
- Mandated Systems Modifications shall be initiated upon receipt of authorization from the User Group. Counties not wishing to participate may opt out, but will not receive the system modification.
- D. Direct Support: "Direct Support" is that assistance provided to the County or to a group of counties at its/their request and is not Shared Support. Direct Support includes, but is not limited to, start-up services for the County, special seminars or training or modifications for a county or counties not requested by the User Group as a whole.

III. Allocation of Charges and Costs

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

IV. Billings of Charges and Costs for Counties that submit signed agreement by December 17, 2021

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

Annual Support for ACS, paid as one-time charge (one billing): \$1,320

Annual Support for SWS, paid as one-time charge (one billing): \$1,320

- B. TriMin shall bill the County the charges and costs for Special Projects as defined in Section II-B, above, at the hourly rates, set forth in Section IV-D, below. Such billing shall identify the system being supported.
- C. Invoices pursuant to Section IV-A and IV-B above, shall be billed no more than 30 days in advance to the County, annually for charges in section IV-A above, and on a quarterly basis for charges related to Section IV-B (if any), and shall be paid by the county within forty-five (45) days of the date of the invoice.
- D. The hourly rates charged by TriMin during the duration of this Agreement shall be the following:
\$175 per hour
- E. Non-payment and remedies of TriMin: In the event that the County does not pay TriMin, within forty-five (45) days of the date of the invoice, the amount due pursuant to the Annual invoice, TriMin shall have the option to terminate its obligation to render further services to the County upon fourteen (14) days written notice thereof.

V. Allowance for Cost of Additional Services

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

VI. Warranties of the Parties

- A. TriMin represents and warrants as follows:

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

- B. The County represents and warrants as follows:

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

VII. Other Conditions

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

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

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

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

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

employees may hereafter sustain, incur or be the party, its agents, servants or employees, in the execution or performance or failure to adequately perform its obligations pursuant to this Agreement.

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

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

The duration of this Agreement shall be January 1, 2022, to December 31, 2022, inclusive.

W. Cancellation

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

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

Accepted and Agreed for:

Accepted and Agreed for:

County: Goodhue

TriMin Systems, Inc.:

Signed By: _____

Signed By: _____

Name: Nina Arneson

Name: Joe McNiff

Title: Director GCHHS

Title: Vice President

Date: _____

Date: _____

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 2021	Staff Lead:	Kathy Rolfer
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA).		

BACKGROUND:

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

Every other year, counties are required to prepare and submit a biennial BSA for the MFIP program. For this agreement period, Goodhue County’s annual allocation is \$438,684.00.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.



2022-2023 County MFIP Biennial Service Agreement

January 1, 2022 - December 31, 2023

Enter the county's unique ID number

Contact Information

COUNTY/CONSORTIUM NAME

PLAN YEAR

CONTACT PERSON

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

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

CONFIRM EMAIL ADDRESS

Note: Please review the 2022-2023 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

A. Needs Statement

1. Identify challenges in financial assistance services that are prohibiting you from properly serving MFIP/DWP families in your community.

It's a often a challenge to help MFIP/DWP families members obtain birth certificates especially from other states. If they family is no longer in tact one parent may hold them and not be willing to give to the other parent. Hospitals no longer send applications for birth certificates so applications are given to parents who may never file the application. Loss of birth certificates, etc. This can add to the time it takes to approve MFIP/DWP to families in need. Having access to other databases such as vital statistics in Minnesota and other states could significantly decrease the amount of time it takes to get MFIP/DWP benefits to families.

9343 characters remaining

2. Identify challenges in employment services that are prohibiting you from properly serving MFIP/DWP families in your community.

Challenges to providing employment services and to helping our customers obtain and retain employment are primarily lack of quality childcare and lack of reliable transportation. Lack of childcare has become a significant barrier for our customers and our staff. Options are limited and Covid concerns have made it even more difficult to find quality care for all age groups. The Covid impact on schools and the virtual, in person and hybrid options were very difficult for many of our customers who lack technology resources or the expertise to navigate multiple schools schedule and learning situations.

Transportation for off hours work continues to be difficult to navigate.

Staff turnover due to retirements, etc. has been a challenge this year. The amount of training and time it takes to get a Career Planner up to speed on MFIP & DWP is extensive and it takes time. We are currently fully staffed with Career Planners gaining valuable experience and training each day.

9018 characters remaining

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

The collaboration, interaction and communication between WDI staff and County Financial staff works well. There are significant community resources that allow for options for our customers to access help.

9794 characters remaining

A. Needs Statement (continued)

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

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

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

5. County Program Contact Information

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

MFIP EMPLOYMENT SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Wanda Jensen	507-292-5166	wjensen@wdimn.org

DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Wanda Jensen	507-292-5166	wjensen@wdimn.org

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

A. Needs Statement (continued)

6. Employment Services Provider(s) Information

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

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

NAME		ADDRESS	
<input type="text" value="Workforce Development Inc"/>		<input type="text" value="2070 College View Road East, Rochester, MN 55904"/>	
CONTACT PERSON	PHONE NUMBER	EMAIL	
<input type="text" value="Wanda Jensen"/>	<input type="text" value="507-292-5166"/>	<input type="text" value="wjensen@wdimn.org"/>	
Population Served	<input checked="" type="checkbox"/> MFIP ES	<input checked="" type="checkbox"/> DWP ES	<input checked="" type="checkbox"/> FSS
		<input checked="" type="checkbox"/> Teen Parents	<input checked="" type="checkbox"/> 200% FPG

B. Service Models

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

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

No Yes

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

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

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

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

- Sector job development
- Individual job development
- Other

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

No Yes *Check all activities employers provide.*

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

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

No Yes *Check all that apply.*

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

How long do you provide job retention services?

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

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

No Yes *Check all that apply.*

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

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

No Yes *Check all that apply.*

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

B. Service Models (continued)

Family Stabilization Services (FSS)

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

No Yes *Check all that apply*

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

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

No Yes *Check all that apply*

- Children's Mental Health Services
- Public Health Nurse home visiting services
- Child Wellness Check-ups
- Women, Infants and Children Program (WIC)
- Other SPECIFY:

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

No Yes

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

1. Do you provide services to families recently receiving MFIP/DWP or families at risk of receiving MFIP or diversionary work program but are under 200% of the Federal Poverty Guideline (FPG)?

No Yes *Check all the services that apply*

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

2. Do you serve families not recently on MFIP/DWP that are under 200% of the Federal Poverty Guideline (FPG)?

No Yes

DESCRIBE

3. Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

No Yes

DESCRIBE

4. Describe the process you have in place to verify income below 200% FPG for participants that are not on MFIP or DWP.

MAXIS Proxy Other SPECIFY:

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?
 No Yes *Check all that apply for each age group*

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

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

No Yes

Minors (under age 18)

- Financial worker
- Employment service worker
- Social worker (Social Services)
- Public health nurse
- Child care worker
- Child protection worker
- Other job role

Age 18/19

- Financial worker
- Employment service worker
- Social worker (Social Services)
- Public health nurse
- Child care worker
- Child protection worker
- Other job role

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

Minors (under age 18)

- Yes, mandatory
- Yes, voluntary
- No

Age 18/19

- Yes, mandatory
- Yes, voluntary
- No

C. Measures

Performance Measures

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

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

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

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2021 <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4651H-ENG>. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2021 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2022.

[Minnesota Family Investment Program 2021 Annualized Self-Support Index \(PDF\)](#)

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

Not Applicable - Goodhue County is "within" S-SI measure.

9941 characters remaining

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

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

C. Measures (continued)

Racial/Ethnic Disparities

2. A racial/ethnic disparity is defined as a one-year Self Support Index that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in the county or consortium. The report "The Annual Summaries for counties of the Self Support and Work Participation performance measures" https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4214AG-ENG on the MFIP Reports page includes a list of service areas that have a racial/ethnic disparity requiring action. (If your county has a disparity but data are missing for quarters with cell size too small to report, contact benjamin.jaques-leslie@state.mn.us to get the unpublished counts and percentage gaps.)

MFIP Performance Measures by Racial/Ethnic or Immigrant Group, and by County or Tribal Provider July - September 2020 (PDF)

If your county or consortium is not in the list, skip the following question.

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

For the coming biennium, Goodhue County's continues to use strategies and action steps for the group with disparities, African American, includes.

- 1) Connecting with local employers (that don't require high school diploma or GED that pays a livable wage) and working toward job placements.
- 2) Encouraging education, GED and college.
- 3) Encouraging community involvement to help establish a sense of belonging.
- 4) Co-enrolling participants in other WDI programing that may allow for creative options such as you work experiences.
- 5) Developing culturally sensitive job search classes specifically designed to address the unique needs of African Americans.

Furthermore, in 2021 Goodhue County Health and Human Services (GCHHS) established an Equity Committee consisting of members from several different departments with GCHHS. Some of the following areas currently in development are listed below.

Program Development

- -Culturally appropriate
- -Community is part of the development process
- -Better Outcomes
- -Build capacity, community organizing and empowering our community to address issues
- -Community keeps their sense of power
- -Culture of being responsible for each other and not just ourselves
- -Care about our community and not just immediate circle
- -Learn more from the communities we serve and how we can learn about the systems they already have in place. They look out for each other often so help them to develop their already made systems.

Customer Satisfaction

- -% of clients that believe our staff understand and get it
- -Meet customers where they are at in regards to holistic approaches and not only therapy
- -Trust is built within the community

GCHHS is a part of the community

8271 characters remaining

D. Program Monitoring/Compliance

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

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

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

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

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

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

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

E. Collaboration and Communication with Others

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

5

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

3

How many managers/supervisors have MAXIS access?

0

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

Regular meetings are held between financial staff and employment services staff where cases are reviewed for accuracy on both sides and changes can be made on the spot. There is regular, daily communication between ES and county FS workers to share case details, changes and updates. Communication between the partners is strong and effective.

7654 characters remaining

F. Emergency Services

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

- No Yes

If your service area has made changes to your emergency services policy since the last BSA, submit your emergency/crisis plan:

No changes

G. Other

Administrative Cap Waiver

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

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

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

Not Applicable

3986 characters remaining

2. Explain the reasons for the increased administrative cost.

Not Applicable

3986 characters remaining

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

Not Applicable

3986 characters remaining

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

Not Applicable

3986 characters remaining

G. Other (continued)**Addendum for Unpaid Work Experience Activities**

If your county is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on [eDocs](#) to find any IPP forms that may be needed. Email the completed form to tria.chang@state.mn.us.

Provider Choice

Does your county:

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

G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

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

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

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

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

2000 characters remaining

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

2000 characters remaining

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

2000 characters remaining

Financial Hardship requests will be reviewed by The Department of Human Services (DHS) and the Department of Employment and Economic (DEED) leadership. DHS and DEED will also review the amount budgeted by the county for employment and training during calendar year 2021 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2022 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law. For additional info or if you have questions please email [Pamela McCauley](#).

H. Budget

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

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2022-2023. Also note:

- Refer to the 2022-23 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is approved for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- The percentage of Employment Services DWP budget should be significantly less than, the Employment Services MFIP budget.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- If "other" is used, briefly state or describe the line item. "Other" expenditures include any costs that are not related to administering MFIP, DWP or Emergency program services or atypical costs. All services must be an allowable service under the MFIP Consolidated Fund.
- Email Brandon Riley at brandon.riley@state.mn.us, if you need assistance or have questions with the budget section.

2022 Budget

Budgeted Amount	Percent	Line Items
70,189.00	16.00%	Employment Services (DWP)
144,766.00	33.00%	Employment Services (MFIP)
32,901.00	7.50%	Emergency Services/Crisis Fund
32,902.00	7.50%	Administration (cap at 7.5%)
157,926.00	36.00%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
	0.00%	Under 200% Services
	0.00%	Capital Expenditures
	0.00%	Other 1 <input type="text"/>
	0.00%	Other 2 <input type="text"/>
\$438,684.00	100.00%	Total

2023 Budget

Budgeted Amount	Percent	Line Items
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	0.00%	Capital Expenditures
	0.00%	Other 1 <input type="text"/>
	0.00%	Other 2 <input type="text"/>
\$438,684.00	100.00%	Total

Certifications and Assurances

Public Input

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

No Yes

Was public input received?

No Yes

If received but not used, please explain.

4000 characters remaining

Assurances

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

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

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

Federal funds. Payments are to be made from federal funds. If at any time such funds become unavailable, this Agreement shall be terminated immediately upon written notice of such fact by STATE to County. In the event of such termination, County shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

- 1. Pass-through requirements.** County acknowledges that, if it is a subrecipient of federal funds under this Agreement, County may be subject to certain compliance obligations. County can view a table of these obligations in the [Health and Human Services Grants Policy Statement](#), Exhibit 3 on page II-3. To the degree federal funds are used in this contract, STATE and County agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.332 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\)](#). Counties (and all tiers of sub grantees) must comply with the U.S. Office of Management and Budget (OMB) Uniform Grant Guidance, Code of Federal Regulations, title 2, subtitle A, chapter II, part 200, as applicable (including modifications) in the administration of all DHS federally funded grants. https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl. General Terms and Conditions for the Administration of Children & Families awards can be found here: [General Terms and Conditions \(hhs.gov\)](#), and are incorporated into this agreement by reference. Terms and Conditions specific to TANF funds can be found here: [TANF Official Terms & Conditions for State and Goodhue](#)
- 2. County:**

(Must match the name associated with the DUNS number.)

- 3. County's Data Universal Numbering System (DUNS) number:**

051690642

The DUNS number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities and must match GRANTEE's name.

- 4. Federal Award Identification Number (FAIN): 2201MNTANF and 2301MNTANF
- 5. Federal Award Date: October 1, 2022 (projected) (The date of the award to the MN Dept. of Human Services.)
- 6. Period of Performance: Start date: **January 1, 2022**. End date: **December 31, 2023**.
- 7. Budget period start and end date: January 1, 2022 – December 31, 2023
- 8. Amount of federal funds:
 - A. Total Amount Awarded to DHS for this project: \$103,290,000 (projected)
 - B. Total Amount Awarded by DHS for this project to county named above: See Budget Table in Section H of this Agreement.
- 9. Federal Award Project description: Temporary Assistance for Needy Families (TANF)
- 10. Name:
 - A. Federal Awarding Agency: Administration for Children and Families
 - B. MN Dept. of Human Services (DHS)
 - C. Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us
- 11. CFDA Number & Name: Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No. 93.558 (TANF)
- 12. Is this federal award related to research and development?: Yes No
- 13. Indirect Cost Rate for this federal award is: up to 15% (including if the *de minimis* rate is charged.)
- 14. Closeout terms and conditions for this federal award: County shall close-out its use of funds under this agreement by complying with the closeout procedures in [2 C.F.R. § 200.343](#). County's obligations shall not end until all close-out requirements are completed. Terms specific to tangible personal property purchased with federal funds can be found here: [Property Guidance | The Administration for Children and Families \(hhs.gov\)](#)

Service Agreement Certification

Checking this box certifies that this 2022-2023 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
		ZIP CODE
		<input type="text"/>

If your county agency is unable to complete your BSA by October 15, 2021 you will need to request an extension. Please email Tria.Chang@state.mn.us to provide additional information about why you were not able to compete this form and when you expect to submit the form by.

Save or Submit

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

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

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 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 October 2021 HHS Warrant Registers		

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

	Date of Warrant		Check No. Series		Total Batch
IFS	October 1, 2021	ACH	34469	34496	\$8,274.93
IFS	October 1, 2021		458670	458747	\$116,208.22
IFS	October 8, 2021	ACH	34512	34525	\$33,795.26
IFS	October 8, 2021		458820	458848	\$33,795.26
	October 15, 2021				
IFS	October 15, 2021	ACH	34551	34563	\$14,510.16
	October 15, 2021				
IFS	October 15, 2021		458889	458913	\$6,771.57
	October 22, 2021				
IFS	October 22, 2021	ACH	34564	34578	\$21,061.43
	October 22, 2021				
IFS	October 22, 2021		458914	48954	\$52,931.50
	October 29, 2021				
IFS	October 29, 2021	ACH	34680	34707	\$5,767.39
	October 29, 2021				
IFS	October 29, 2021		459078	459158	\$41,167.12
	October 29, 2021				
SSIS	October 29, 2021	ACH	34615	34638	\$63,141.22
	October 29, 2021				
SSIS	October 29, 2021		459027	459074	\$180,776.23
	October 29, 2021				
IFS	October 29, 2021	ACH	34639	34679	\$3,192.92
	October 29, 2021				
IFS	October 29, 2021		459075	459077	\$2,409.29
			Total		<u>\$583,802.50</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 16, 2021	Staff Lead:	Kris Johnson & Brooke Hawkenson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve and sign Interagency Agreement between GCHHS and C.A.R.E. Clinic for an existing HHS position as a shared nursing position.		

BACKGROUND:

Goodhue County Health and Human Services (GCHHS) and the C.A.R.E. Clinic are excited to announce a new partnership between the two agencies that will result in increased collaboration and improved access to both agencies for community members. The agencies have created a shared position for a nurse who will serve as the Nurse Manager for the C.A.R.E. Clinic and the primary Disease Prevention and Control Nurse (DP&C) for GCHHS.

Our agencies agree that a shared nursing position could provide immense mutual benefits for both agencies and our community as a whole, including:

- Expanded access to health care for underserved residents.
- Connecting GCHHS customers to C.A.R.E. Clinic services and C.A.R.E. Clinic customers to GCHHS services.
- Utilizing the mutual expertise of both agencies to provide comprehensive health education at individual and community levels to prevent disease, improve health and ultimately reduce health care costs for the community.

The COVID-19 pandemic has brought into sharp focus the need for intensive collaboration among all community health partners in order to assure the ongoing safety and health of all individuals in Goodhue County. Throughout the pandemic, the C.A.R.E. Clinic and GCHHS have been close partners, and we seek to expand and solidify this trusted partnership.

As a Community Health Board (CHB) and Local Public Health agency, GCHHS is responsible for the development and maintenance of community health services. Ensuring access to health services, forming community partnerships, identifying gaps, addressing health equity, preventing communicable disease, improving the health of residents and providing health services are just some of core functions of Local Public Health agencies.

The mission of the C.A.R.E. Clinic is to contribute to the **Community** by improving health care **Access**, connecting people to **Resources**, and promoting health **Education**. The C.A.R.E. Clinic is a non-profit that meets a vital need by providing health care for underserved low-income residents of Goodhue County and Lake City, MN.

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



The mission of the C.A.R.E. Clinic compliments an important statutory responsibility of GCHHS and therefore provides an ideal opportunity for partnership between the two agencies. Furthermore, [the 21st Century Public Health framework](#), which outlines our foundational responsibilities as a public health agency, includes a strong focus on community partnerships, health equity, prevention and health improvement, and access to health services. The C.A.R.E. Clinic provides access to health services and preventative care for a highly vulnerable population including people who are uninsured or underinsured. The C.A.R.E. Clinic also compliments many foundational public health responsibilities.

INTERAGENCY AGREEMENT:

The Interagency Agreement outlines the details of this arrangement. The nurse will be an employee of Goodhue County Health and Human Services, responsible for overseeing the Disease Prevention and Control responsibilities for GCHHS. This includes:

- Manage immunization programs
- Oversee the DP&C aspects of the agency's pandemic response including immunization
- Coordinate the agency's tuberculosis control responsibilities
- Assess data regarding communicable disease and consulting with community agencies
- Grant management and report writing
- Represent the agency on regional and state DP&C collaborations and boards

The nurse will also serve as the Nurse Manager for the C.A.R.E. Clinic, which includes:

- Provide direct support to staff, volunteers, committees, and board of directors
- Communicate with partners and the community at large
- Clinic Management: Lead or delegate responsibility for all aspect of the clinic's medical and mental health programs
- Assure continuity of care between patients and the larger medical community
- Management of documentation

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

INTERAGENCY AGREEMENT

This Agreement made and entered into by and between the County of Goodhue, 426 West Ave, Red Wing, MN 55066, through its Health and Human Services Department hereafter referred to as the "County" and the **C.A.R.E. Clinic**, 906 College Ave, Red Wing, MN 55066, hereafter referred to as the "Clinic".

WITNESSETH

WHEREAS, this agreement is being entered into between the parties for the sole purpose of defining the roles and responsibilities of the parties in relation to the co-location of a Goodhue County Public Health Disease Prevention and Control Nurse at the Clinic.

WHEREAS, in consideration of the mutual understanding and agreement set forth, the County and Clinic agree as follows:

1. Description of Services:

Effective November 16, 2021, the County will co-locate its Public Health Disease Prevention and Control (DPC) Nurse on-site at the Clinic, 906 College Ave, Red Wing, MN 55066, for an average of twenty (20) hours per week. This arrangement will be more conducive to a collaboration between the two agencies, will assist in expanded access to health care for underserved residents, will aim to increase connecting Goodhue County or Clinic customers to services at both agencies, and utilize the mutual expertise of both agencies to provide health education at individual and community levels to prevent disease, improve health and ultimately reduce health care costs for the community.

2. In-Kind Support

- a) The County shall not be responsible for any program costs of the Clinic's, but will provide the following in-kind office infrastructure related to DPC Nursing Services;
- 1) Computer, monitor, mouse, keyboard, and connection cords for one staff.
- b) Similarly, Clinic will not be responsible for any of the costs of the DPC Nurse but will provide the following in-kind infrastructure:
- 1) Office space for the DPC Nurse; including desk, chair, filing cabinet/drawer with lock.
 - 2) Internet usage
 - 3) Building access/key for DPC nurse
 - 4) Telephone Service
 - 5) Use of Conference Rooms as needed for nursing duties

3. County Responsibilities

- a. Employ nurse with expertise in Disease Prevention and Control as a Goodhue County employee.
- b. Provide training on local public health expectations, Disease Prevention and Control, equity issues, leadership.
- c. Explore opportunities for continuing education and tuition reimbursement.

- d. Assume shared responsibility with the Clinic for recruitment, interviewing, and selection of the position.
- e. Assume responsibility for supervision of DPC nurse by Family Health Nurse Supervisor while the DPC nurse is engaged in Goodhue County Health and Human Services DPC duties as defined in the GCHHS job description. (Attachment A).
- f. Collaborate on disease prevention and health education efforts with Clinic including provision of Minnesota Vaccines for Children (MNVFC) and Uninsured and Underinsured Adult Vaccine (UUAV) Program.

4. CARE Clinic Responsibilities

- a. Assume shared responsibility for recruitment, interviewing, and selection of the position.
- b. Assume responsibility for supervision and clinical training of DPC Nurse by Executive Director of Clinic while the DPC Nurse is working in the Clinic and performing Clinic duties as defined in the Clinic job description (Attachment B).
- c. Collaborate on disease prevention and health education efforts with Goodhue County Health and Human Services including provision of Minnesota Vaccines for Children and Uninsured and Underinsured Adult Vaccine Programs.
- d. All medical records related to patient care, other than records in the MNVFC and UUAV programs, shall remain records of the Clinic and be held by the Clinic and shall be subject to any applicable laws, rules or regulations related to data collection, storage, use and dissemination.

5. No Employment Relationship

It is agreed by the parties that at all times and for all purposes herein, the DPC Nurse shall be considered an employee of County. The Clinic, its employees, hires, assigns, and volunteers shall not be considered employees of County for any reason.

6. Indemnification:

Each party to this Agreement shall be liable for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts or the other party, its officers, employees or agents, except that the Clinic does hereby agree that it will defend, indemnify, and hold harmless, the County, its officers and employees, against any and all liability, loss, damages, costs and expenses, including attorney's fees, which the County, its officers and employees, may hereafter sustain, incur, or be required to pay, arising out of or by reason of any act or omission of the DPC Nurse while performing clinic duties under the direction and control of the Clinic pursuant to this agreement.

7. Data Practices

All data collected, created, received, maintained, or disseminated for any purposes by the activities of the Clinic because of this contract is governed by the Minnesota Government Data Practices Act, Minnesota Chapter 13, as amended, the Minnesota Rules implementing such act now in force or as adopted, as well as any applicable federal regulations on data privacy.

Clinic and County agree to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Part 160-164), (collectively referred to as "HIPAA").

8. Default and Cancellation

This agreement may be terminated at any time by either party with or without cause upon thirty (30) days written notice.

If this agreement is terminated, the indemnification provisions contained in paragraph 6 shall remain in effect for all services performed prior to date of termination."

9. Standards

The DPC Nurse shall comply with the Care Clinic Code of Conduct regarding safety and security when conducting activities on Clinic premises. The County Public Health Nurse shall also comply with all Federal and State statutes and regulations as well as local ordinances and rules now in effect or hereafter adopted.

10. Amendments

This Agreement may be supplemented, amended or revised only in writing by agreement of both parties.

IN WITNESS WHEREOF, Goodhue County and the Clinic have executed this Agreement as of the day and year first written above.

C. A. R. E. CLINIC

BY: _____

DATED: _____

Julie Malyon
President

BY: _____

DATED: _____

Mike Grove
Board Chair

GOODHUE COUNTY HEALTH AND HUMAN SERVICES

BY: _____

DATED: _____

Nina Arneson
Director

BY: _____

DATED: _____

Brad Anderson

Goodhue County Health and Human Services Board Chair

DP&C DUTIES for GCHHS

REGULAR DUTIES:

1. Manage UUMV and MnVFC immunization programs administered by GCHHS.
 - Organize and immunizations by appointment.
 - Order and inventory vaccine and supplies.
 - Enter vaccines into MIIC with support staff assistance.
2. Provide consultation with community and providers regarding DPC issues, and serve as back up to consult with the schools about communicable diseases.
3. Provide presentations and participate in community wellness activities per request.
4. Work with MDH and providers for reporting diseases and outbreaks.
5. Assist refugees and immigrants with medical evaluations.
6. Provide tuberculosis (TB) control activities to include: Mantoux testing , set up Class B evaluations at Olmsted County TB clinic, investigation and treatment of active TB cases and contacts, and provide back-up for LTBI medication monitoring and case management.
7. Assess data regarding communicable diseases and develop strategies to prevent and control them.
8. Assist emergency preparedness staff with disease outbreak and public health emergencies planning.
9. Submit quarterly trend and annual reports. Review budget reports.
10. Participate in GCHHS Public Health Accreditation responsibilities.
11. Review and update infection control policies and protocols per HHS manual.

REPRESENT GCHHS AT REGIONAL MEETINGS FOR COLLABORATION AND LEARNING:

LENM- The Local Epidemiology Network of MN_ is a network of epidemiologists and DP&C staff from metro and surrounding counties. Meets every 3rd Weds. 9:30-Noon, alternating WebEx and in-person meetings at St. Paul/Ramsey Co. Public Health.

SEMIIC -The Southeast Minnesota Immunization Connection is a regional board coordinating 11 SE MN counties and providers that participate in the MIIC immunization registry. Meets quarterly the 4th Tues. of Jan., April, July, Oct., Noon-2pm at Olmsted Co.

Public Health in Rochester.

IDEPC (Infectious Disease Epidemiology Prevention & Control) Monthly Immunization Calls-
4th Thurs., 9-10am.

DP&C Team Meetings- monthly.

SE DP&C Meetings- usually every other month. Scheduled by MDH. WebEx. Similar to LENM meeting only with SE counties.

HHS ICS Meeting- Every other Tuesday at 9 am. Virtual

Nurse Manager
C.A.R.E. CLINIC, RED WING

I. TITLE

Nurse Manager

II. OVERALL RESPONSIBILITY

Provides clinical and office support to the overall operations of C.A.R.E. Clinic.

Senior leader responsible for clinical services, care coordination, patient education/communication, volunteer management, and medical equipment/supplies.

III. ACCOUNTABILITY

Accountable to and receives direction from the Executive Director, Mental Health Director and Medical Director(s).

IV. RESPONSIBILITIES

a. Provides direct support to staff, volunteers, committees, and board of directors

- i. Organizes and delegates office functions to the Clinical Assistant
- ii. Oversees the recruitment, retention and satisfaction all volunteers:
Manages volunteers including activities such as orientation, schedule changes, communicating with lead volunteers, precepting work study students, etc.
- iii. Establishes administrative work processes and standard approaches to tasks that allow for ease when a volunteer performs the task (i.e.: processing bills, ordering, volunteer recognition, patient concerns, etc.).
- iv. Works as a team member and partner to the Dental Office Manager, Finance Manager, and MNSure Manager

b. Communication with partners and the community at large

- i. Maintains high level of acceptance with medical community, community at large, and C.A.R.E. Board to promote future success of clinic.

c. Clinic Management: Leads or delegates responsibility for all aspect of the clinic's medical and mental health programs

- i. Acts as supply management and purchasing agent for medical supplies and chart forms
- ii. Maintain cleanliness of the clinic; prepares space for clinic days
- iii. Imports and exports patient data into a database for analysis
- iv. Monitors medical supplies for outdates
- v. Weekly chart and lab/radiology review; patient letters
- vi. Manage specialty clinic schedule; patient appointment reminders-may delegate reminder calls to Clinical Assistant
- vii. Provide follow up and case management for medical and mental health patients
- viii. Works closely with Medical and Mental Health Directors to define scope and delivery of clinical and mental health care.
- ix. Provides leadership in developing and maintaining standards of care.
- x. Ensures that the C.A.R.E. Clinic meets all regulatory requirements (HIPAA, OSHA, BBF, etc.).

- xi. Develops and maintains infection control procedures.
 - xii. Develops and maintains laboratory procedures.
 - xiii. Identifies clinical supply needs and organize exam rooms, supplies, medical equipment, and medical technology.
 - xiv. Ensures delivery of quality services and programs.
 - xv. Assures appropriate patient education.
 - xvi. Assures clinical cost per patient is as efficient as possible.
 - xvii. Delegates appropriately to competent volunteers.
 - xviii. Accountable for the design of patient flow.
- a. **Assure continuity of care between patients and the larger medical community:**
- i. Develops protocols for and assures appropriate follow-up of patients with acute and chronic health problems.
 - ii. Assures continuity of patient care.
 - iii. Maintains partnerships with local pharmacies.
- b. **Management of documentation:**
- i. Oversees all clinical documentation requirements and processes.
 - ii. Develop, maintain, and update database for collection of necessary data.
 - iii. Develop and maintain clinical policies and procedures.
 - iv. Identifies C.A.R.E. Clinic's needs and develop patient education materials (in English and Spanish).
 - v. Assures timely and accurate completion of medical transcription.
 - vi. Updates the pharmacy formulary.
- d. **Fundraising Support**
- i. May be asked to help with annual fundraising campaign
- e. **Event Coordination**
- i. May be asked to help plan and oversee events for C.A.R.E. Clinic
- f. **Other duties as assigned**

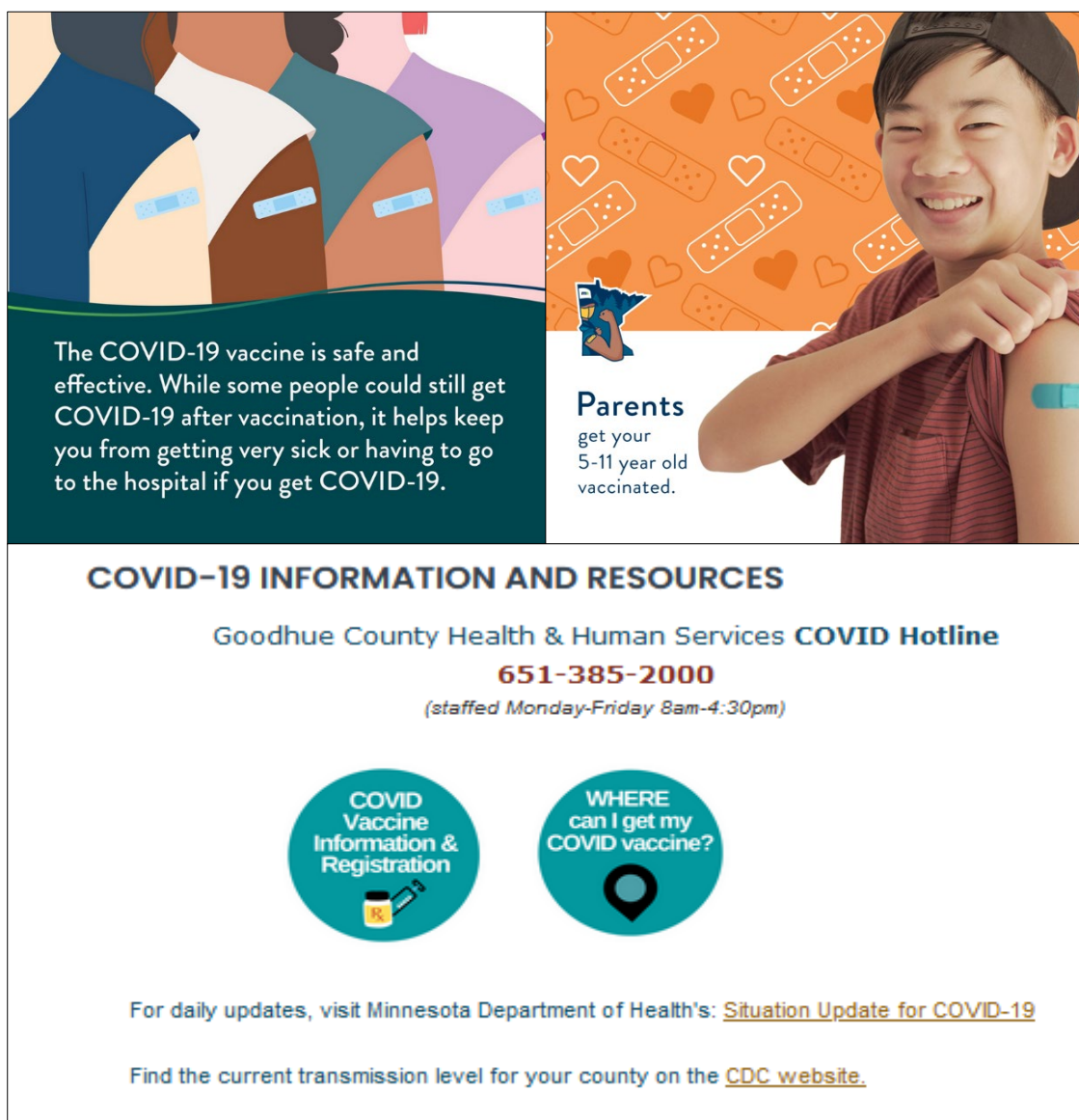
V. EDUCATION AND EXPERIENCE

- a. **Associates degree in Nursing**
- b. **CPR certification**
- c. Excellent written and oral communication skills
- d. Experience with Microsoft Office, Excel, Publisher, etc.
- e. Past medical and mental health clinic experience
- f. Self-starter

VI. SALARY / HOURS

- a. Approximately 20 hours per week

Goodhue County Health and Human Services Board 11-16-2021 COVID-19 Update



The COVID-19 vaccine is safe and effective. While some people could still get COVID-19 after vaccination, it helps keep you from getting very sick or having to go to the hospital if you get COVID-19.

Parents
get your 5-11 year old vaccinated.

COVID-19 INFORMATION AND RESOURCES

Goodhue County Health & Human Services **COVID Hotline**
651-385-2000
(staffed Monday-Friday 8am-4:30pm)

COVID Vaccine Information & Registration

WHERE can I get my COVID vaccine?

For daily updates, visit Minnesota Department of Health's: [Situation Update for COVID-19](#)

Find the current transmission level for your county on the [CDC website](#).

<https://www.co.goodhue.mn.us/COVID-19-Information-and-Resources>

Goodhue County COVID-19 Information and Resources:

- [Goodhue County COVID-19 Webpage](#)
- [Goodhue County Health & Human Services Facebook Page](#)
- Goodhue County COVID-19 Hotline: (651) 385-2000
- Financial Support/Social Services: (651) 385-3200
- WIC Program: (651) 385-6120



Goodhue County
Health and Human Services

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

DATE: November 16, 2021
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Kayla Matter, Accounting Supervisor
RE: Third Quarter 2021 Fiscal Report

In the third quarter of CY 2021, Goodhue County Health & Human Services Agency had the following budget financial summary.

- We expended 73% (\$13,263,912) of our budget (\$18,294,386) 75% of the way through the year. Last year at this time, we expended 72%.
- We have collected 75% (\$13,653,310) of our anticipated revenue (\$18,294,386), 75% of the way through the year. Last year at this time, we collected 74%.

Children in Out of Home Placement:

We have expended 84.4% (\$1,511,790) of our budget (\$1,792,000), 75% of the way through the year, which resulted in being over budget 9.36% or \$167,790.

County Burials:

We have expended 68% (\$19,077) of our budget (\$28,000), 75% of the way through the year.



State Hospital Costs:

We have expended 60% (\$148,268) of our budget (\$250,000) 75% of the way through the year. Last year at this time, we expended \$142,457. We continue to anticipate this given the state crisis with mental health, the situation with Anoka-Metro Regional Treatment Center where clients do not have any other place to go.

Salaries, Benefits, Overhead and Capital Equipment:

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

Staffing Revenues Additional Staff:

For the third quarter report, total staffing revenue is 95% (\$4,224,164) 75% through the year of the total 2021 budget of \$4,437,027 for these revenue categories.

COVID-19 Pandemic:

HHS will continue to have some additional personnel expenses associated with the pandemic as staff are still doing COVID-19 response and clinics so additional costs are anticipated. HHS did receive a Federal COVID-19 Vaccine Implementation and Distribution Grant up to \$378,625. This grant is being amended to increase the amount we can submit reimbursement for, and with an end date of 12/31/2023. HHS also received some smaller Federal and State COVID-19 implementation grants of \$23,744 and \$68,405 which we have earned and received.

During November 2021 – January 2022 HHS will be participating in COVID-19 vaccine booster clinics.

We also don't know when some of the State/Federal waivers for some of the programs that we provide services will be lifted or if some will still be in place to counties for the foreseen future?



Goodhue County



HHS R&E Budget Report

Report Basis: Cash

From: 01/2021 Thru: 09/2021

Percent of Year: 75%

11 Fund
Health & Human Service Fund
479 Dept
PHS Administration

<u>Account Number</u>	<u>Description</u>	<u>Status</u>	<u>09/2021 Amount</u>	<u>Selected Months</u>	<u>2021 Budget</u>	<u>% Of Budget</u>
11-479-479-0000-6156	Accident Insurance-County Paid		10.63	86.07	38.00	227
11-479-479-0000-6161	PERA		1,632.86	10,078.38	13,055.00	77
11-479-479-0000-6171	FICA		1,532.32	8,178.16	10,792.00	76
11-479-479-0000-6173	Workmans Compensation		.00	15,742.97	14,925.00	105
11-479-479-0000-6174	Mandatory Medicare		358.37	1,912.64	2,524.00	76
11-479-479-0000-6201	Telephone		230.48	2,187.07	3,000.00	73
11-479-479-0000-6202	Cell Phone		14.70	74.20	1,050.00	7
11-479-479-0000-6203	Postage/Freight		916.40	3,051.13	4,748.00	64
11-479-479-0000-6241	Advertising		.00	684.25	280.00	244
11-479-479-0000-6243	Association Dues/Memberships		.00	918.75	2,300.00	40
11-479-479-0000-6244	Subscriptions		.00	0.00	150.00	0
11-479-479-0000-6268	Software Maintenance Contracts		.00	19,775.02	25,388.00	78
11-479-479-0000-6278	Consultant Fees		.00	682.50	910.00	75
11-479-479-0000-6283	Other Professional & Tech Fees		.00	3,944.28	9,664.00	41
11-479-479-0000-6302	Copies/Copier Maintenance		.00	2,041.43	6,200.00	33
11-479-479-0000-6331	Mileage		.00	0.00	70.00	0
11-479-479-0000-6332	Meals & Lodging		.00	0.00	500.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,767.75	56,303.25	75,071.00	75
11-479-479-0000-6351	Insurance		9.98 -	11,099.58	12,205.00	91
11-479-479-0000-6357	Conferences/Schools/Training		25.98	25.98	400.00	6
11-479-479-0000-6405	Office Supplies		105.07	288.47	1,000.00	29
11-479-479-0000-6414	Food & Beverages		.00	0.00	300.00	0
11-479-479-0000-6432	Other Furniture & Equipment		.00	509.72	0.00	0
479 Dept	TOTALS PHS Administration	Revenue	.00	2,482.78 -	12,350.00 -	20
		Expend.	61,153.65	357,269.55	468,020.00	76
		Net	61,153.65	354,786.77	455,670.00	78
11 Fund	TOTALS Health & Human Service Fund	Revenue	1,086,273.70 -	13,653,310.16 -	18,294,386.00 -	75
		Expend.	1,726,827.88	13,263,912.33	18,294,386.00	73
		Net	640,554.18	389,397.83 -	.00	0
FINAL TOTALS:	619 Accounts	Revenue	1,086,273.70 -	13,653,310.16 -	18,294,386.00 -	75
		Expend.	1,726,827.88	13,263,912.33	18,294,386.00	73
		Net	640,554.18	389,397.83 -	.00	0

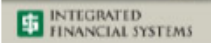
Goodhue County HHS Out of Home Placement

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2020	THRU 9/21	2021	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$4,528.00	\$489.00	\$7,000.00	7%	75%
11-430-710-3710-6020	CHILD SHELTER -SS	\$8,457.66		\$18,000.00	0%	75%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					75%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE			\$7,500.00	0%	75%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE			\$6,000.00	0%	75%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$81,876.93	\$69,062.81	\$70,000.00	99%	75%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$472,011.10	\$383,268.28	\$500,000.00	77%	75%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$33,251.23	\$29,283.17	\$37,000.00	79%	75%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$8,052.00	\$6,028.00	\$8,000.00	75%	75%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$2,211.10	\$10,319.99	\$5,000.00	206%	75%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					75%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$155,054.43	\$95,344.22	\$140,000.00	68%	75%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$28,978.14	\$3,491.10	\$70,000.00	5%	75%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$226,312.81	\$167,857.96	\$275,000.00	61%	75%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$205,546.97	\$141,759.54	\$200,000.00	71%	75%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$112,396.83	\$113,228.65	\$100,000.00	113%	75%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$2,761.72	\$1,763.71	\$2,500.00	71%	75%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$653,046.69	\$467,657.15	\$340,000.00	138%	75%
11-430-740-3831-6020	RULE 5 CS	\$3,720.91	\$22,236.70	\$6,000.00	371%	75%
	TOTAL OUT OF HOME PLACEMENT	\$1,998,206.52	\$1,511,790.28	\$1,792,000.00	84.4%	75%
	Over/(Under) Budget for percent of year	\$1,795,000.00	\$167,790.28	\$1,344,000.00	75%	75%
	Percent Over/(Under) Budget	-\$203,206.52			9.36%	

December	
November	
October	
September	9.36%
August	7.33%
July	6.03%
June	4.25%
May	3.30%
April	3.67%
March	3.48%
February	1.02%
January	0.84%
Over/Under Budget 2020	11.51%

Over/Under Budget

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

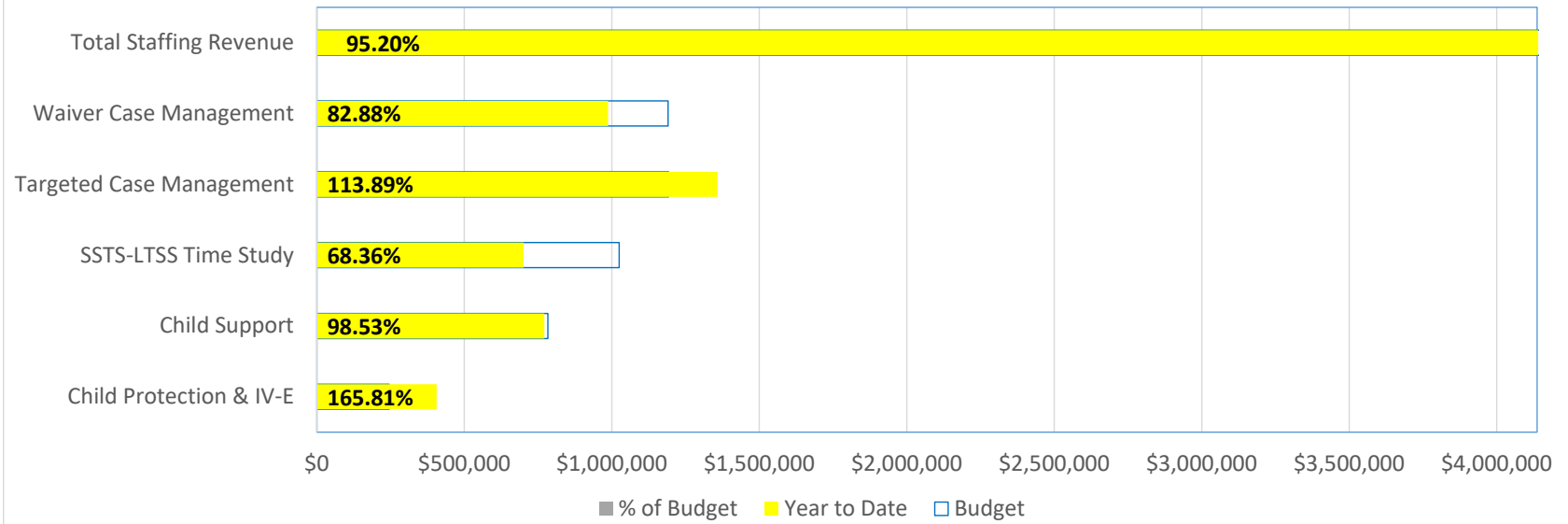
As Of 09/2021 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	323,493.69	2,192,357.26	2,907,349.00	75	75
TOTAL SALARIES	323,493.69	2,192,357.26	2,907,349.00	75	75
OVERHEAD					
AGENCY OVERHEAD	44,158.32	217,935.49	325,671.00	67	75
TOTAL OVERHEAD	44,158.32	217,935.49	325,671.00	67	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	85,674.72	547,404.02	730,984.00	75	75
TOTAL SALARIES	85,674.72	547,404.02	730,984.00	75	75
OVERHEAD					
AGENCY OVERHEAD	19,395.85	86,577.60	188,470.00	46	75
TOTAL OVERHEAD	19,395.85	86,577.60	188,470.00	46	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	405,748.57	2,644,408.05	3,695,232.00	72	75
TOTAL SALARIES	405,748.57	2,644,408.05	3,695,232.00	72	75
OVERHEAD					
AGENCY OVERHEAD	36,011.28	241,812.30	407,229.00	59	75
TOTAL OVERHEAD	36,011.28	241,812.30	407,229.00	59	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
FUND 11 PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	363,349.14	2,591,398.84	3,353,295.00	77	75
TOTAL SALARIES	363,349.14	2,591,398.84	3,353,295.00	77	75
OVERHEAD					
AGENCY OVERHEAD	33,288.20	230,508.44	303,022.00	76	75
TOTAL OVERHEAD	33,288.20	230,508.44	303,022.00	76	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	1,178,266.12	7,975,568.17	10,686,860.00	75	75
TOTAL SALARIES	1,178,266.12	7,975,568.17	10,686,860.00	75	75
OVERHEAD					
AGENCY OVERHEAD	132,853.65	776,833.83	1,224,392.00	63	75
TOTAL OVERHEAD	132,853.65	776,833.83	1,224,392.00	63	75
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	75
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	75
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	1,311,119.77	8,752,402.00	11,911,252.00	73	75

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,569.57-	26,198.84-	26,000.00-	101	75
11-420-640-0000-5290 CS ST Incentives	0.00	12,346.01-	14,000.00-	88	75
11-420-640-0000-5355 CS Fed Admin	40,400.00-	637,058.00-	625,000.00-	102	75
11-420-640-0000-5356 CS Fed Incentive	0.00	77,908.00-	100,000.00-	78	75
11-420-640-0000-5379 CS Fed MA Incentive	1,759.98-	17,944.42-	18,000.00-	100	75
11-430-700-0000-5292 State LTSS	0.00	225,637.00-	342,000.00-	66	75
11-430-700-0000-5383 Fed LTSS	0.00	275,504.00-	418,000.00-	66	75
11-430-700-3810-5380 Fed MA SSTS	0.00	99,884.00-	135,000.00-	74	75
11-430-710-0000-5289 Child Protection	0.00	163,027.00-	163,027.00-	100	75
11-430-710-3810-5366 FC IV-E	0.00	236,009.00-	80,000.00-	295	75
11-430-710-3810-5367 IV-E SSTS	0.00	62,536.00-	70,000.00-	89	75
11-430-710-3930-5381 CW-TCM	0.00	396,060.20-	400,000.00-	99	75
11-430-730-3050-5380 Rule 25 SSTS	0.00	37,152.00-	60,000.00-	62	75
11-430-740-3830-5366 IV-E Rule 5	0.00	7,238.00-	2,000.00-	362	75
11-430-740-3910-5240 St Adult MH-TCM	397.00-	35,566.37-	3,000.00-	1,186	75
11-430-740-3910-5381 MA Adult MH-TCM	21,699.76-	129,139.57-	185,000.00-	70	75
11-430-740-3910-5401 SCHA Adult MH-TCM	37,701.10-	658,819.03-	475,000.00-	139	75
11-430-740-3930-5401 SCHA Pathways	3,489.12-	42,851.02-	70,000.00-	61	75
11-430-760-3930-5381 Adult VA/DD-TCM	11,423.90-	96,234.41-	60,000.00-	160	75
11-463-463-0000-5290 St AC Waiver	0.00	16,165.25-	11,000.00-	147	75
11-463-463-0000-5292 St MA CM Waivers	25,255.39-	215,906.61-	265,000.00-	81	75
11-463-463-0000-5382 Fed MA CM Waivers	25,229.93-	215,654.75-	265,000.00-	81	75
11-463-463-0000-5402 SCHA Waivers	61,201.49-	316,523.83-	385,000.00-	82	75
11-463-463-0000-5429 SCHA Care Coord	31,463.84-	130,107.68-	170,000.00-	77	75
11-463-463-0000-5859 SCHA/CCC	0.00	92,692.71-	95,000.00-	98	75
TOTAL HHS Staffing Revenues	262,591.08-	4,224,163.70-	4,437,027.00-	95	75

HHS Staffing Revenue Q3/2021
75% of Year



**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	17
October	29	25	12
November	24	21	
December	21	14	
Total	268	218	189

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: November 16, 2021
RE: 2021 November Staffing Report

Outgoing Employee	Classification	New Employee	Hire Date
Sara Gold	Eligibility Worker	Ruth Buck	10/12/21
Melissa Ledford	Social Worker	Samantha LaShomb	11/8/21

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of Individuals, Families and Communities!
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Quarterly Trend Report

Quarter 3, 2021

Goodhue County Health & Human Services

November 16, 2021



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13 Waiver Services in Action

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18 Children's Programs

Administrative

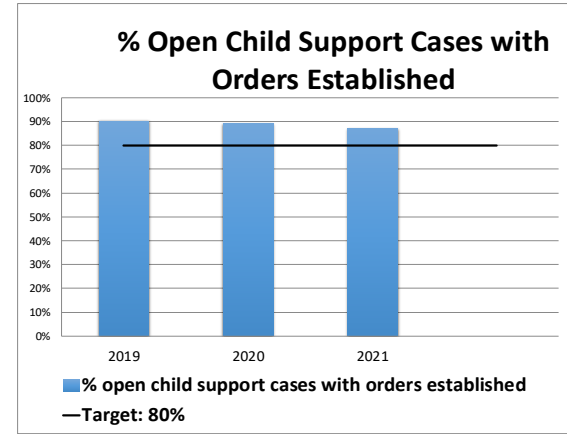
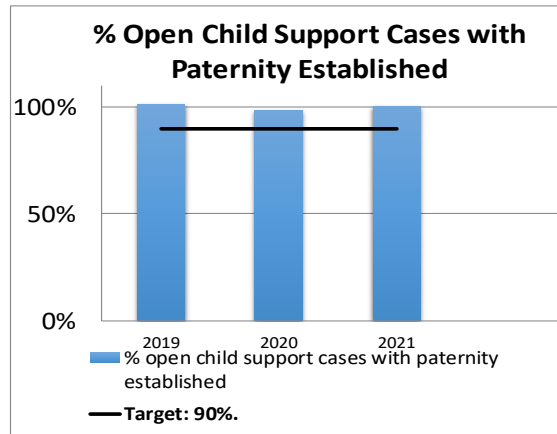
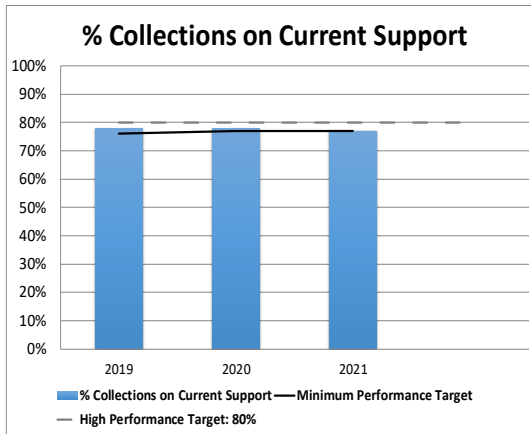
19 County Cars



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?

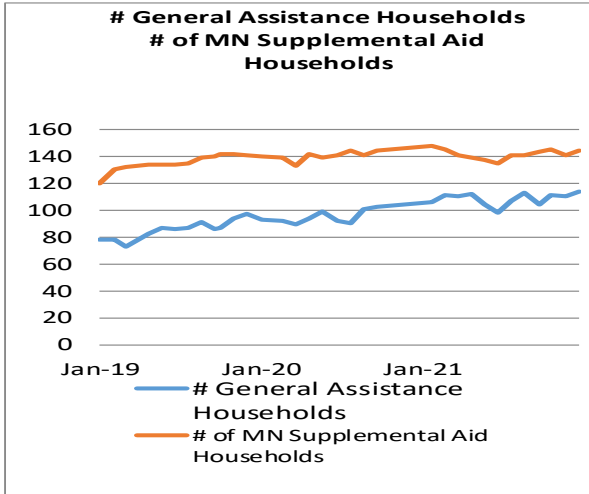
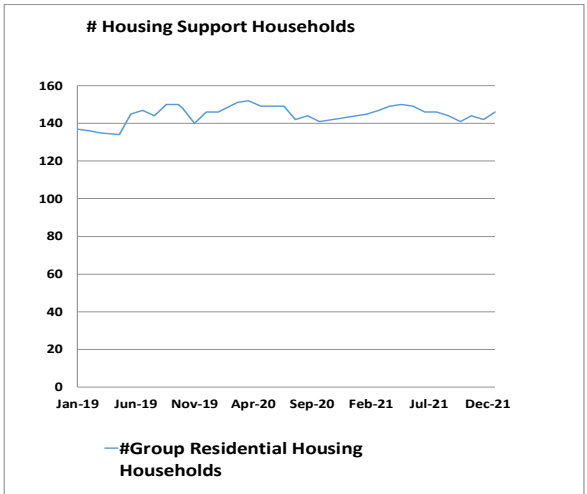
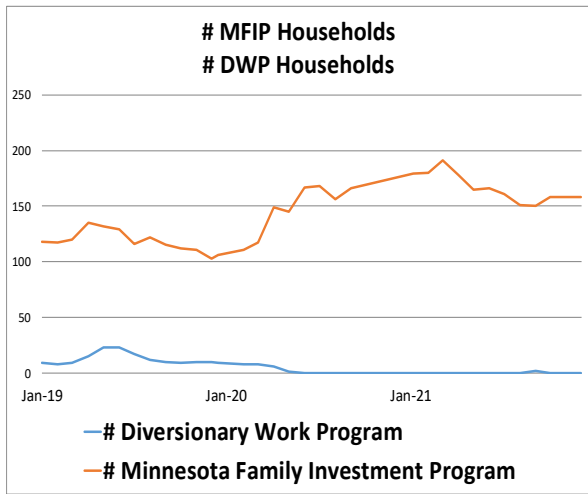
- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternities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

- **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 DWP program has been reinstated as of October 1st, 2021. Expect to see an increase in DWP because many unemployment programs are ending and a slight decrease in MFIP in the 4th quarter.

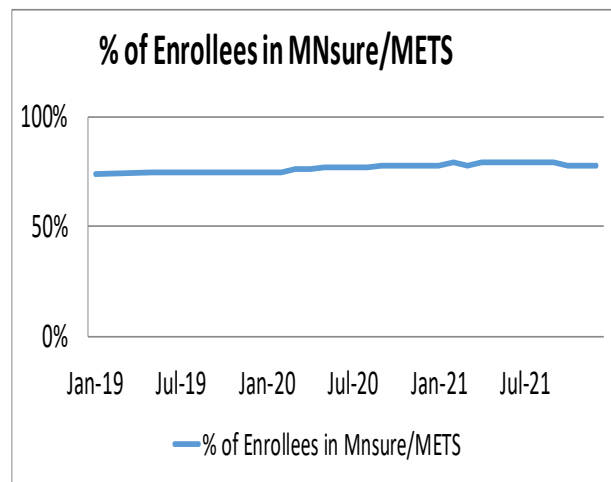
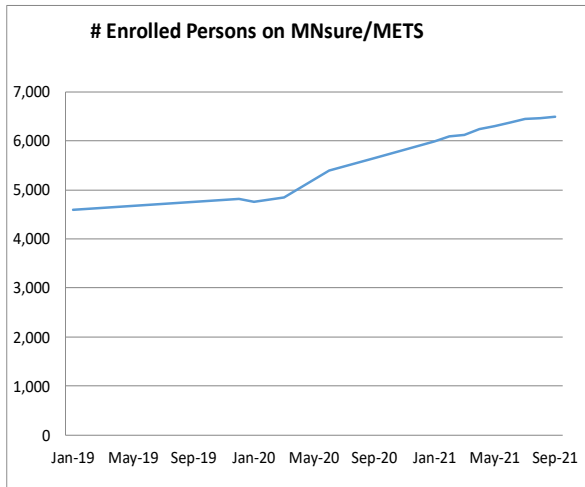
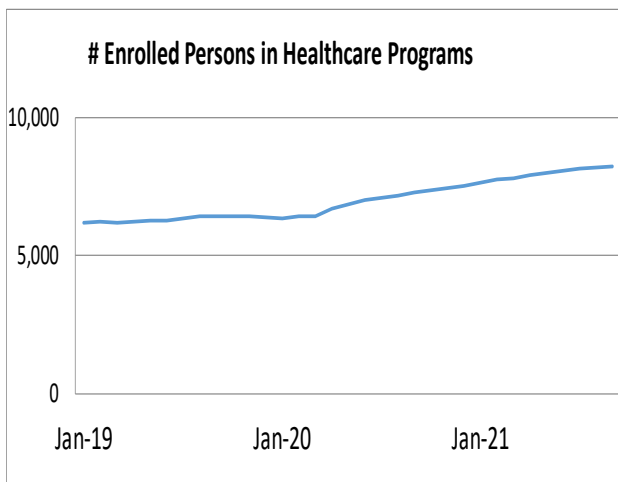
Where Do We Go From Here?

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?

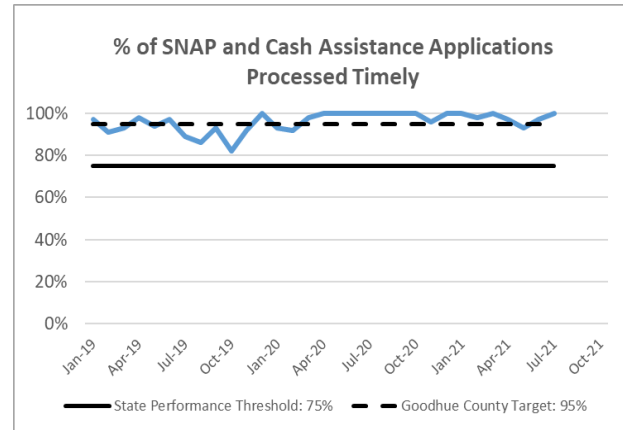
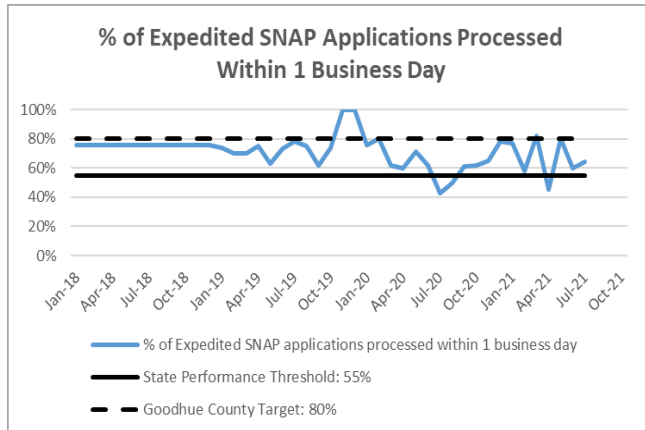
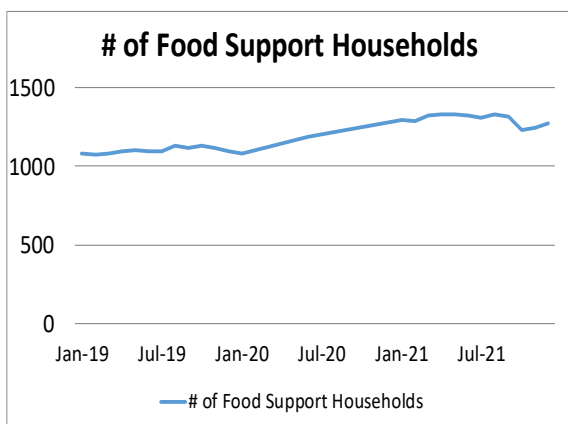
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

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?

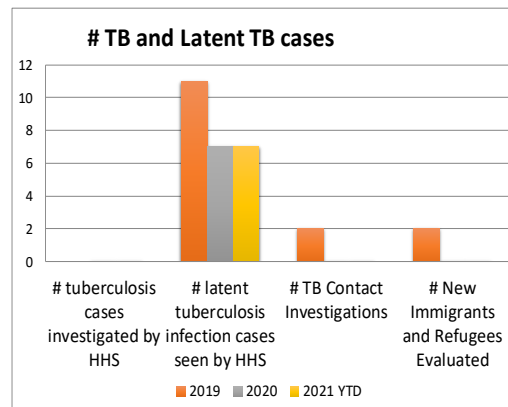
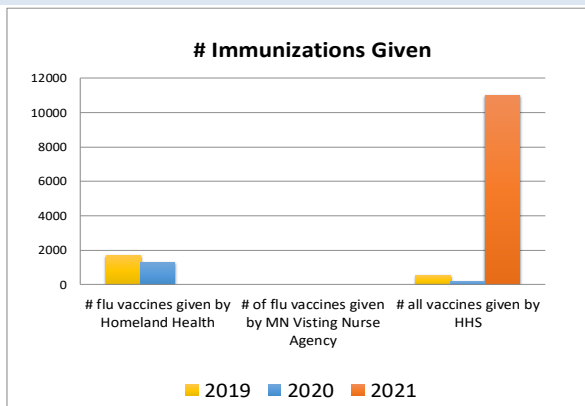
- **LEFT:** The number of households receiving food benefits in Goodhue County was stable around 1100 from 2017 to 2019 and has increased slightly during the pandemic, to around 1300 households in June 2021. This follows the state trend.
- **CENTER:** Since this measure was created in 2014, GCHHS has 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.



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:** 11,085 COVID-19 vaccines were given by HHS, we have 150 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. Flu clinics for schools and the Community clinics are set up and will be held this fall throughout the county. COVID Booster Clinics will be set up starting in Mid-November. More information to come on times and locations.
- RIGHT:** 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.

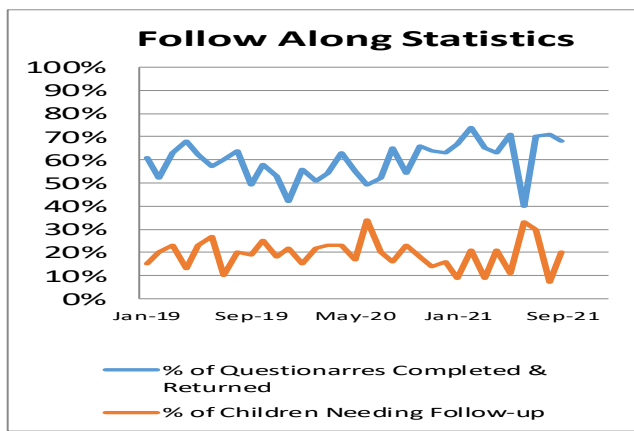
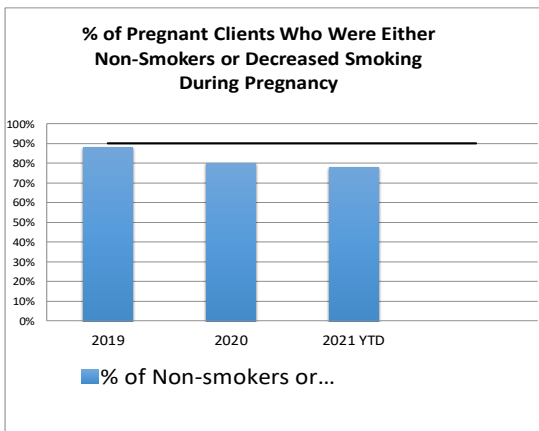
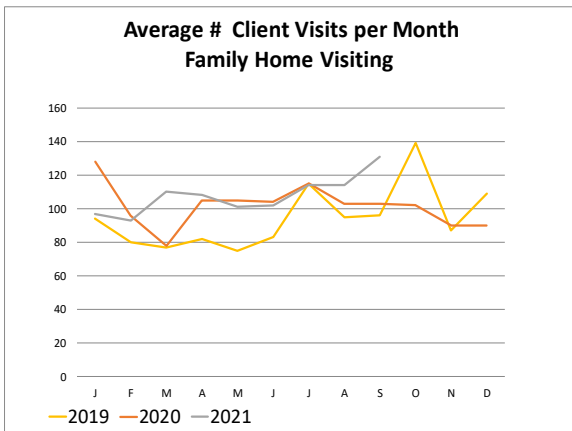
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active 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 120 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. The number of families we see, and subsequently how many visits we make, depends on the birth rate. If the birth rate is down, we don't receive as many referrals, thus a decrease in how many visits we can make. Our monthly visit rate also depends on the number of 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 to have low birth weight-making it more likely the baby will be sick and have to stay in the hospital longer. We also know that smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS). We continue to educate all of our families at home visits, as well as provide written information to the families we see as well as those families that do not participate in our services.
- 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. As we can see our return rate averages around 60%. In 2017 our return rate was 37%. This increase is due to additional staff time dedicated to the program as well as new means of communicating with families. 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.

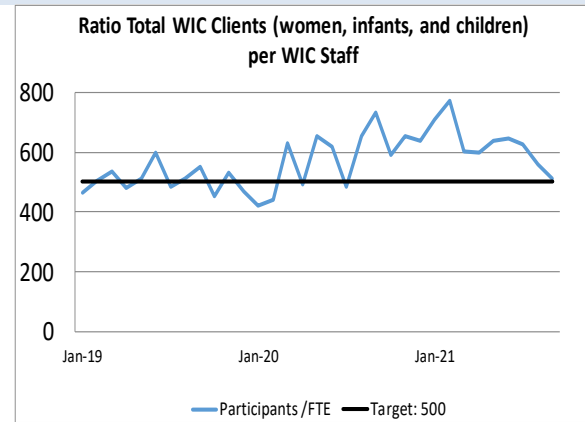
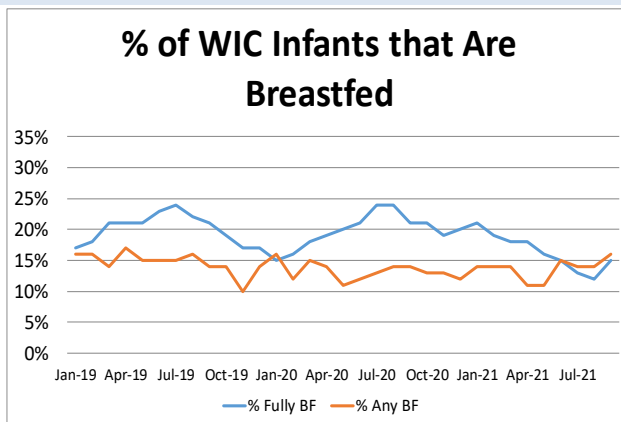
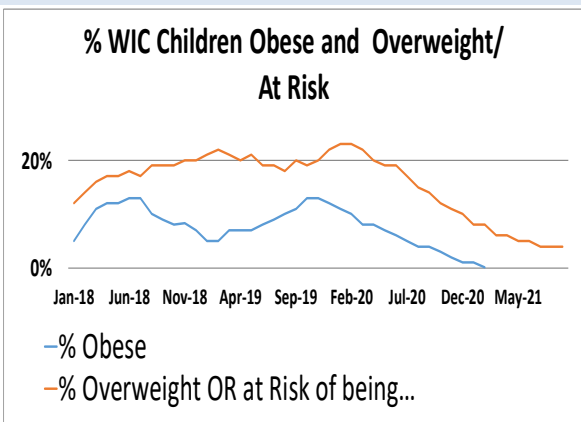
Where Do We Go From Here?

- 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

Where Do We Go From Here?

- **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. ****Numbers are decreasing and no data for several months now due to WIC remote services and getting weights on children.**
- **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.

- **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.

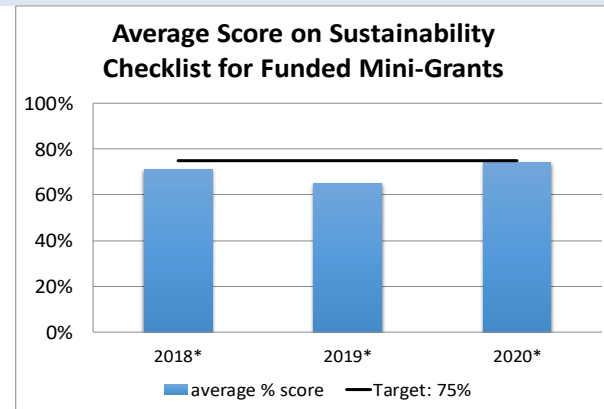
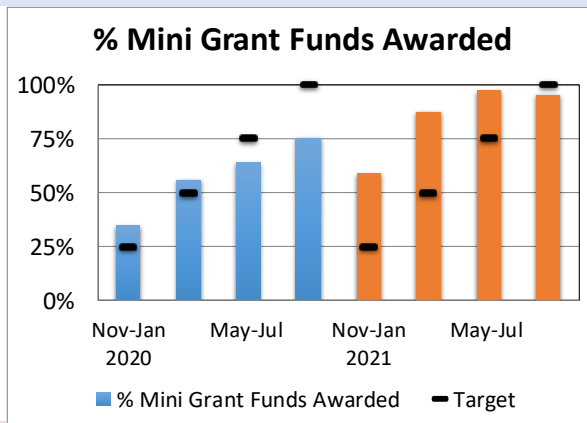
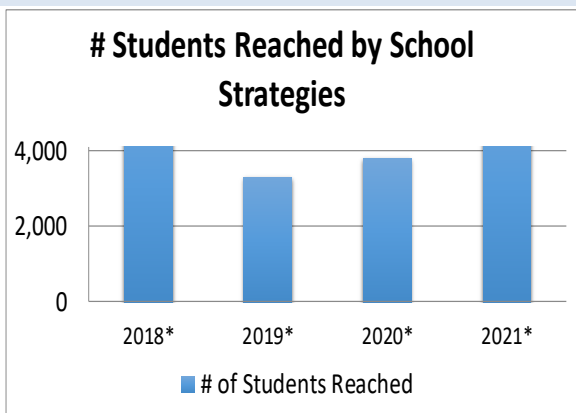


Public Health

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.

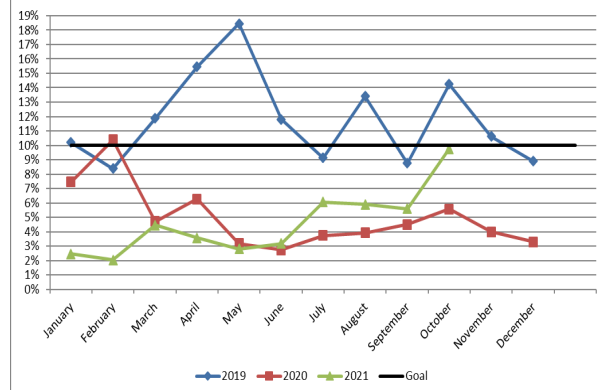


Purpose/Role of Program

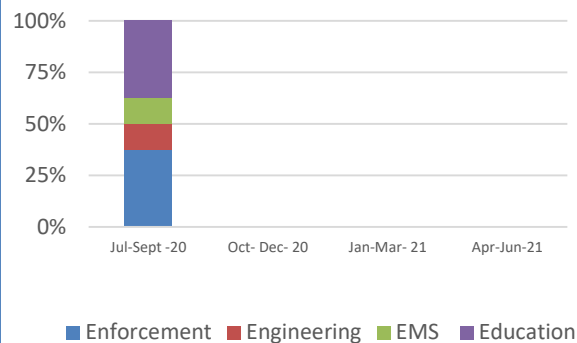
Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. Staff engage the community in developing and implementing strategies.

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.”

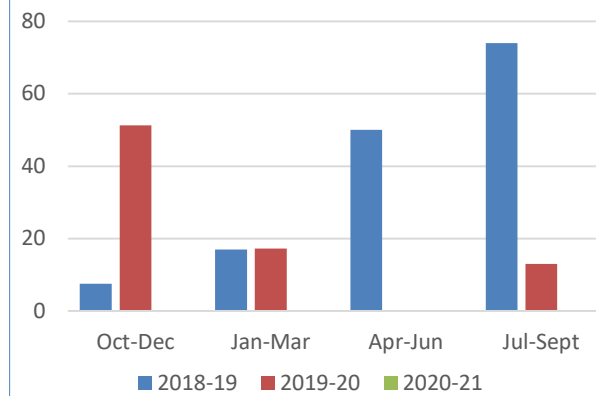
**Face to Face, Phone, & Video Time - % FTE
Healthy Communities Team**



Active TZD Coalition Members



TZD Grant Volunteer Hours



Story Behind the Baseline

- LEFT:** Staff time face to face with community fell below our goal of 10% or 4 hrs. per full-time staff per week in 2020. This measure does not include COVID Response time. In 2021, it began to increase as staff have gradually been reassigned to regular duties.
- 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?

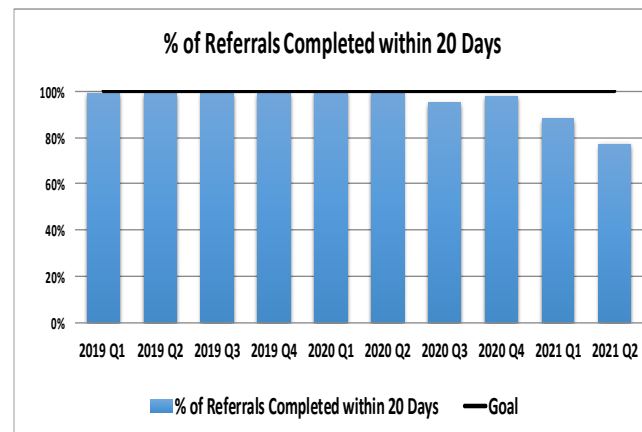
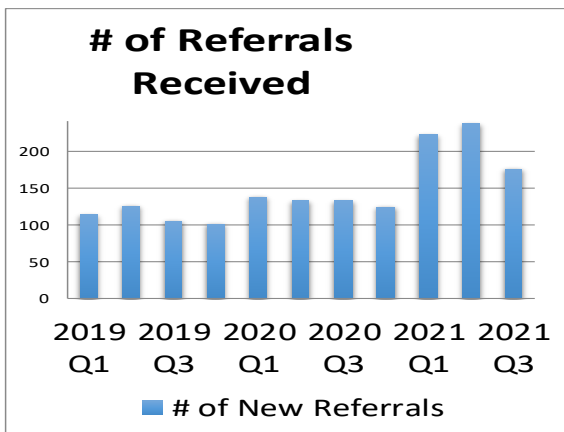
- LEFT:** As we restart regular duties, face to face time will increase again. It may decrease from November-January if Healthy Communities staff are reassigned to booster clinics.
- CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and 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. This means that residents are choosing to remain in their homes longer with services and supports rather than going into institutional care.
- **CENTER:** Staff returned to in-person client visits in Quarter 3, 2021. Some visits continue through video or phone at the clients discretion. Visits are important to the work as they give staff an opportunity to know the people, assess their individual needs and their 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 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.

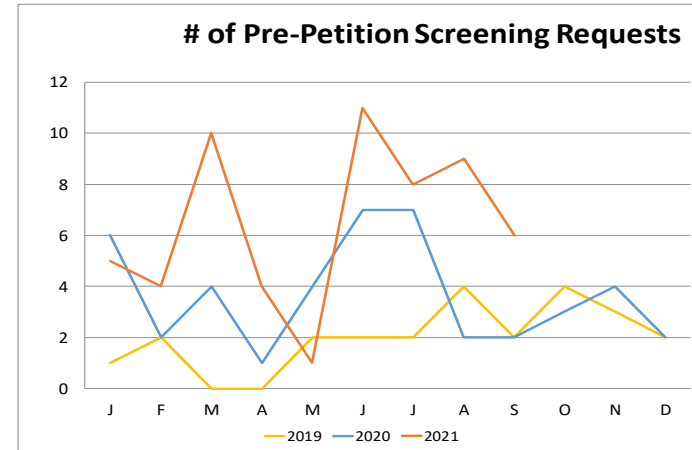
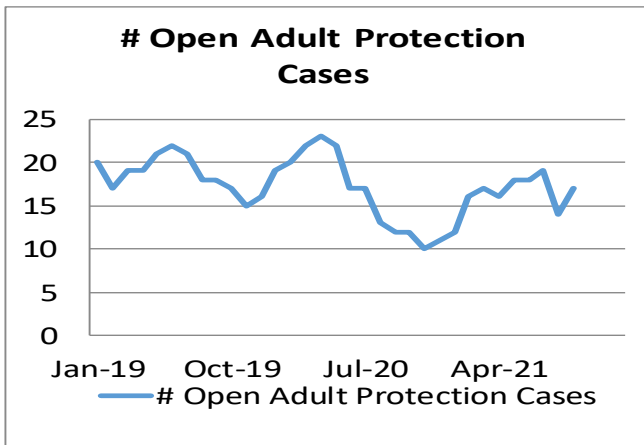
**Name changed to protect the client's identity*



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.

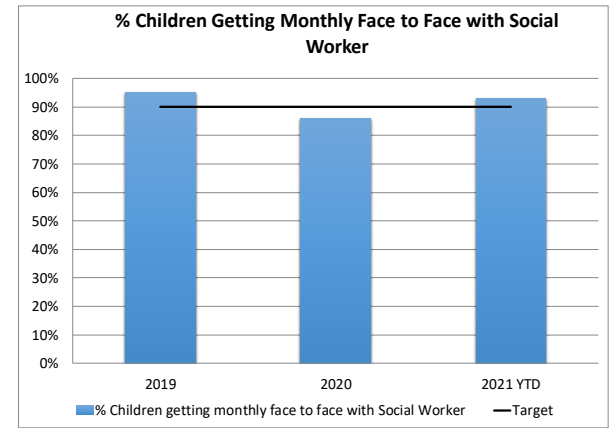
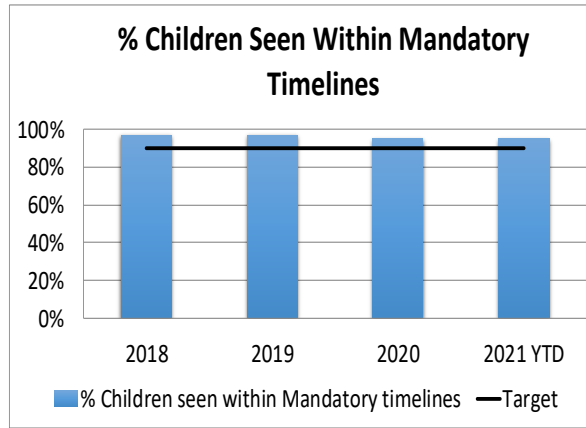
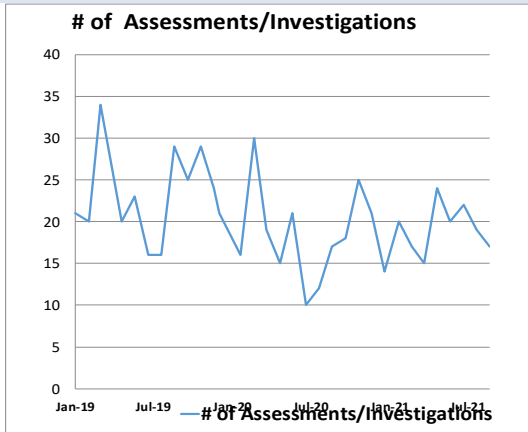
*Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better



Social Services *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.



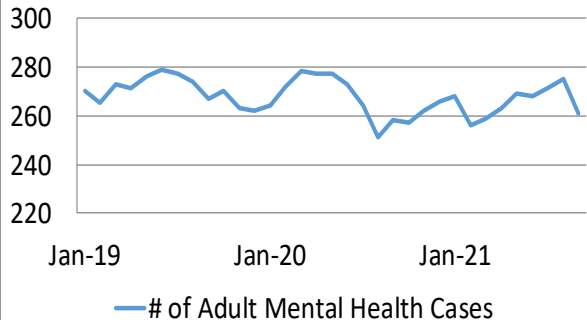
Social Services

Adult Mental Health

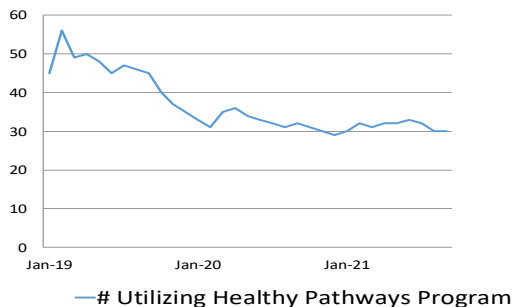
Purpose/Role of Program

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).

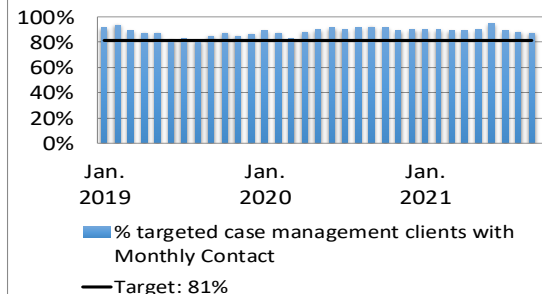
Adult Mental Health Cases



Utilizing SCHA Healthy Pathways Program



% Targeted Case Management (TCM) Clients with Monthly Contact



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.

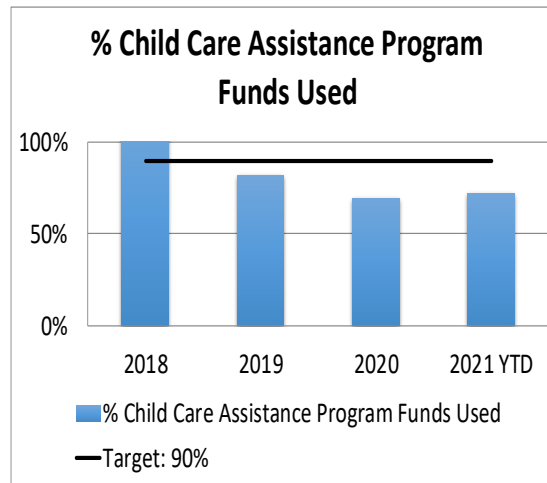
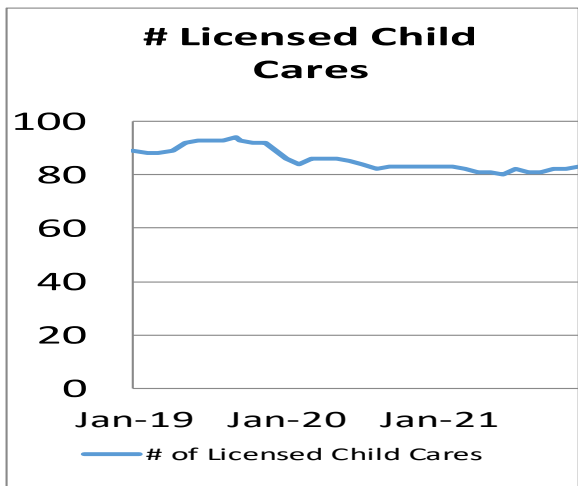


Social Services

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.

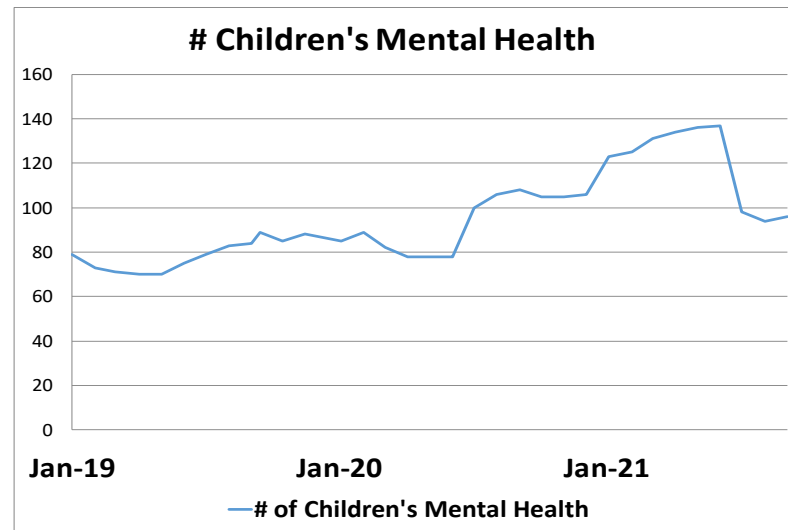
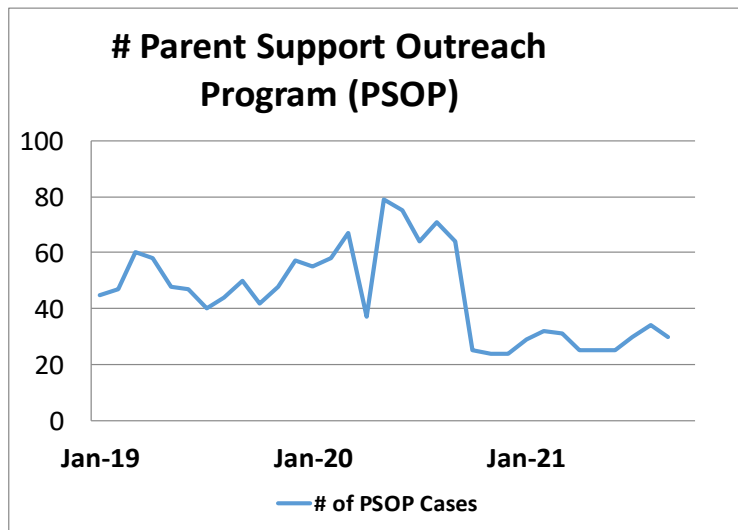
Where Do We Go From Here?

- **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?

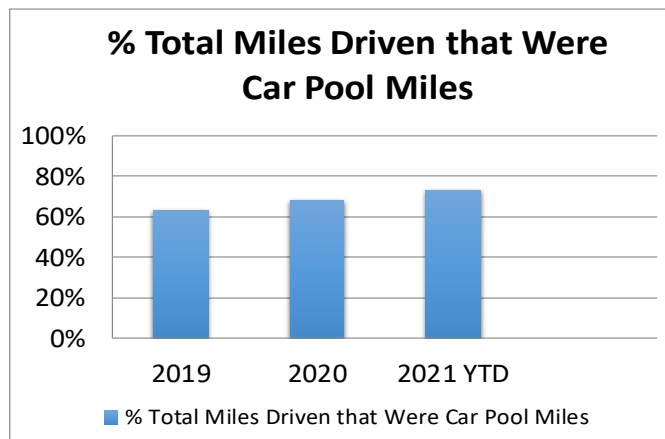
- **LEFT:** PSOP continues to be a vital service and we have received positive feedback from participants who are happy that groups have resumed outside and in person.
- **RIGHT:** Children's Mental Health case management continues to be a vital service. Case managers have used a variety of engagement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



**Minnesota Department of Human Services
Child Care Assistance Program**

November 1, 2021

Nina Arneson, Director
Goodhue County Health & Human Services
nina.arneson@co.goodhue.mn.us

This letter is to notify you that your agency's 2022 - 2023 County and Tribal Child Care Fund Plan has been approved by the Minnesota Department of Human Services (DHS).

If we have misconstrued or overlooked some provision of the agency's plan that is inconsistent with the law governing Child Care Assistance or DHS policies applicable to this program, we reserve the right to require the county/tribe to amend the plan.

All changes to your agency's plan must be submitted as plan amendments to your DHS Policy Specialist or to dhs.ccap@state.mn.us

Thank you for your agency's continued support and cooperation in making the Child Care Assistance Program a successful support for families and children in Minnesota. If you have questions or need technical assistance, please contact your DHS Policy Specialist or our office dhs.ccap@state.mn.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tikki Brown', is placed over a light gray rectangular background.

Tikki Brown
Assistant Commissioner
Children and Family Services

CC

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COVID-19 Booster Clinics

Goodhue County Health & Human Services
is vaccinating adults 18+ with the Moderna vaccine.

FREE first, second, & booster doses will be available.

Anyone who receives their first or second dose of the COVID-19 vaccine at any of the upcoming clinics will receive a \$50 gift card!

Individuals receiving booster shots are not eligible for the incentive program.



Cannon Falls

November 19th
December 17th

Cannon Falls
Community Center

Red Wing

December
2nd, 9th, 30th
January
6th, 13th, 20th, 27th

Goodhue County
Government Center

Zumbrota

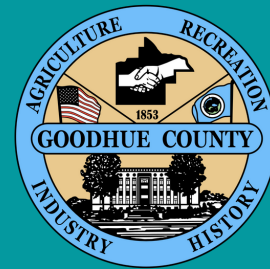
November 17th
December 15th

Zumbrota VFW

FOR MORE INFORMATION AND TO REGISTER ONLINE VISIT:
co.goodhue.mn.us/covid-19vaccines

If you need assistance, translation services, or do not have access to the internet, please call 651-385-2000 to register by phone

Walk-in appointments may be available. Pre-registration is preferred.



GET VACCINATED.

GET PAID.

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Individuals receiving booster shots are not eligible for the incentive program.

Goodhue County Health & Human Services is vaccinating **adults 18+** with the **Moderna** vaccine.

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November 19th & December 17th
Cannon Falls Community Center

Red Wing

December 2nd, 9th, 30th
January 6th, 13th, 20th, 27th
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November 17th & December 15th
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