



GOODHUE COUNTY MINNESOTA

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

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN
AUGUST 16, 2022
10:30 A.M.

“Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02a are not practical or prudent. Therefore, meetings that are governed by the Open Meeting Law will temporarily be conducted by telephone or other electronic means pursuant to Minn. Stat. 13D.021.” Goodhue County Health and Human Services Board will conduct a board meeting pursuant to this section on Tuesday, August 16, 2022 at a.m. The board and staff will be conducting the meeting in the County Board Room. The public may attend in person or monitor the meeting by logging into <https://meet.goto.com/255230709> or calling 1-866-899-4679 beginning at 10:20 a.m. or any time during the meeting. Access Code: 255-230-709

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

Documents:

[ANNUAL MEETING MINUTES 7-1-22.PDF](#)

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

- a. Child Care Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

5. ACTION ITEMS:

- a. Accounts Payable

Documents:

[JUNE 2022 ACCOUNTS PAYABLE.PDF](#)
[JULY 2022 ACCOUNTS PAYABLE.PDF](#)

6. INFORMATIONAL ITEMS:

- a. DANEES/SUD Reform Report
Abby Villaran

Documents:

[SUD PRESENTATION.PDF](#)

- b. HHS 2nd Quarter 2022 Fiscal Report
Kayla Matter

Documents:

[HHS 2ND QTR 2022 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. Quarterly HHS Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

- d. DHS Child Safety And Permanency And MFIP/DWP Self Support Index
July 2022

Documents:

[GOODHUE COUNTY REPORT CSP AND S-SI 7-2022.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

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

GOODHUE COUNTY
ANNUAL HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF JULY 1, 2022

The Goodhue County Health and Human Services Board convened their annual meeting at 10:03 a.m. on Friday, July 1, 2022, at the Cannon Valley Fair, Cannon Falls, MN.

BOARD MEMBERS PRESENT:

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

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Lisa Woodford, Scott Arneson, Briggs Tople and Andrea Benck

MEETING AGENDA:

On a motion by L. Flanders and seconded by J. Majerus, the Board unanimously approved the Annual Meeting Agenda for July 1, 2022.

MEETING MINUTES:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved the Minutes of the June 21, 2022 H&HS Board Meeting.

ACTION ITEMS:

On a motion by J. Majerus and seconded by T. Greseth, the Board unanimously approved the Re-Appointment of HHS Lay Board Member Susan Johnson.

Board Chair B. Anderson read the Oath of Office for Susan Johnson to be officially re-appointed a Member of the Goodhue County Health and Human Services Board, effective July 1, 2022 for a 2-year term. The official Oath of Office was signed by B. Anderson and S. Johnson.

ELECTION OF OFFICERS:

N. Arneson, HHS Director, sought nominations for the HHS Board Chair. J. Majerus nominated T. Greseth and seconded by L. Flanders. B. Anderson called to cast unanimous ballot, the Board unanimously approved T. Greseth as new HHS Board Chair.

Board Chair T. Greseth put a call for nominations of the Vice Chair. J. Majerus nominated L. Flanders and seconded by B. Anderson. Board Chair T. Greseth called to cast unanimous ballot, the Board unanimously approved L. Flanders as new HHS Vice Chair.

Board Chair T. Greseth put a call for nominations of the Secretary. J. Majerus nominated S. Johnson and seconded by B. Anderson. Board Chair T. Greseth called to cast unanimous ballot, the Board unanimously approved S. Johnson as new HHS Secretary.

ADJOURN ANNUAL MEETING:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Annual Health & Human Services Board Meeting at or around 10:09 a.m.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 16, 2022	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:

- Michelle Walters Pine Island
- Holly Stoppel Wanamingo
- Suzanne Gora Red Wing
- Cherie Chaska Red Wing
- Karen Kieffer Dennison

Child Care Licensures:

Number of Licensed Family Child Care Homes: 71

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

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www.co.goodhue.mn.us/HHS



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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 16, 2022	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve June 2022 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: June 2022.

Date of Warrant		Check No.		Total Batch	
			Series		
IFS	June 3, 2022	ACH	36577	36586	\$54,421.55
IFS	June 3, 2022		462306	462333	\$23,995.73
IFS	June 10, 2022	ACH	36651	36669	\$113,940.67
IFS	June 10, 2022		462458	462501	\$45,592.04
IFS	June 17, 2022	ACH	36670	36680	\$88,500.71
IFS	June 17, 2022		462502	462538	\$31,674.97
SSIS	June 24, 2022	ACH	36789	36812	\$68,070.92
SSIS	June 24, 2022		462686	462727	\$137,724.91
IFS	June 24, 2022	ACH	36749	36788	\$5,278.67
IFS	June 24, 2022		462675	462685	\$2,219.49
IFS	June 24, 2022	ACH	36702	36711	\$4,248.52
IFS	June 24, 2022		462570	462601	\$24,288.42
				Total	\$599,956.60

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	August 16, 2022	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve July 2022 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: July 2022.

Date of Warrant		Check No. Series		Total Batch	
IFS	July 1, 2022	ACH	36856	36896	\$12,373.63
IFS	July 1, 2022		462734	462801	\$30,545.84
IFS	July 8, 2022	ACH	36946	36950	\$56,562.68
IFS	July 8, 2022		462927	462939	\$25,298.63
IFS	July 15, 2022	ACH	36978	36997	\$10,902.50
IFS	July 15, 2022		462992	463031	\$23,360.22
IFS	July 22, 2022	ACH	36998	37012	\$5,953.96
IFS	July 22, 2022		463032	463066	\$57,740.17
IFS	July 29, 2022	ACH	37100	37132	\$6,186.69
IFS	July 29, 2022		463149	463208	\$19,138.65
SSIS	July 29, 2022	ACH	37031	37055	\$56,590.05
SSIS	July 29, 2022		463109	463141	\$112,049.71
IFS	July 29, 2022	ACH	37056	37099	\$18,204.29
IFS	July 29, 2022		463142	463148	\$14,456.24
				total	<u>\$449,363.26</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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Substance Use Disorder (SUD) Updates

Abby Villaran, MA, LMFT-Social Services Supervisor

August 16, 2022

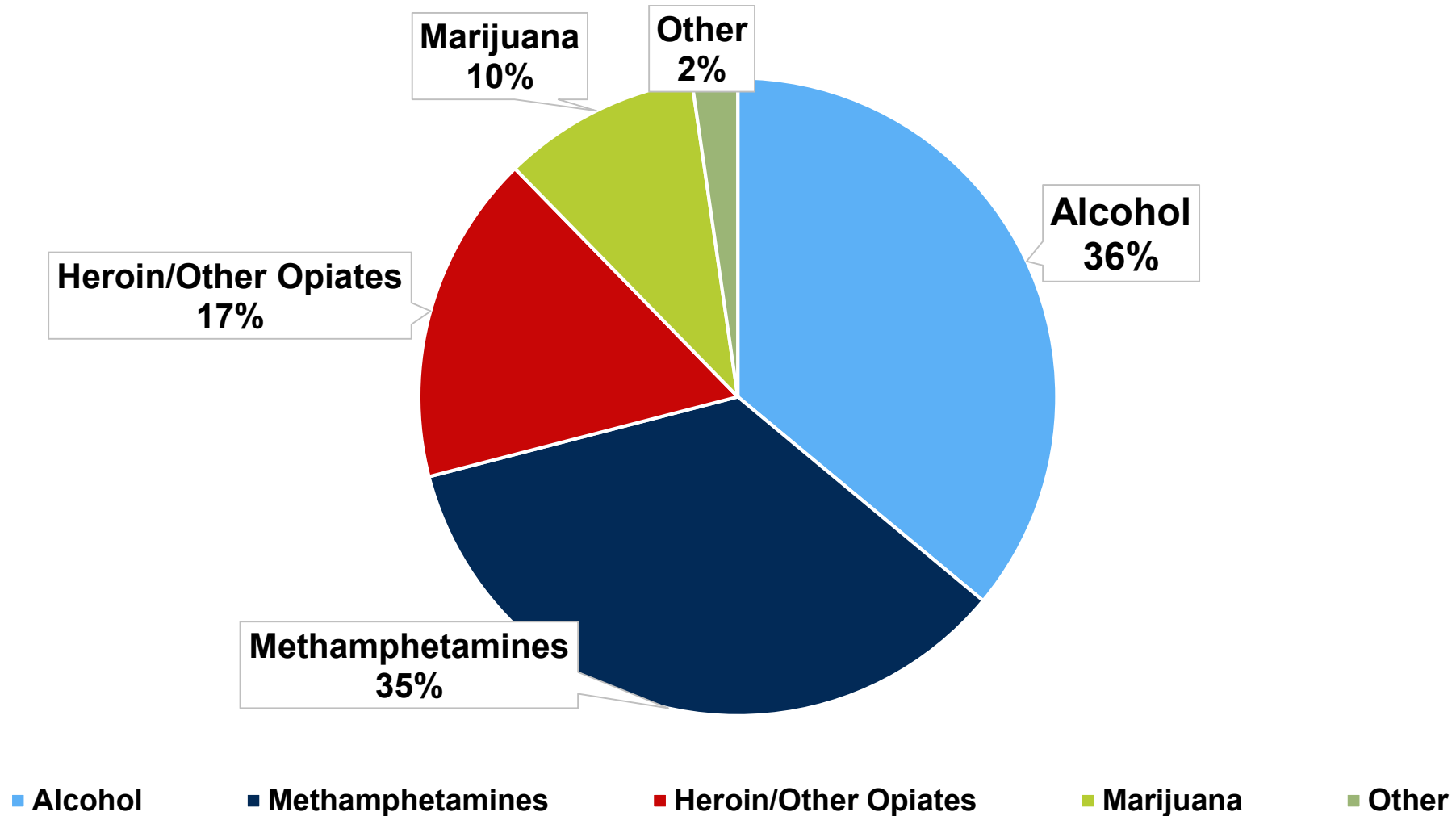


DAANES – Drug & Alcohol Normative Evaluation System

- Each county receives a DAANES report for the substance use disorder treatment admission –we haven't received once since 2019 (with 2018 data)
- Different demographic information is included in this report.
- It's important to remember this is ALL treatment admissions (self-pay, insurance paid, behavioral health fund paid (formerly consolidated chemical dependency treatment fund), etc.)
- It's also important to remember that this report tracks data only on those admitted to treatment, not those using substances in the community who do not seek treatment.

- 478 total unique (not repeated) treatment admissions
- Approximately 40% of those were residential
- Approximately 55 % were outpatient
- 4.4 % for medication assisted treatment (methadone/suboxone)
- This was very close to the statewide average

Primary Substance Abused Upon Admission



Highlights of Primary Substances

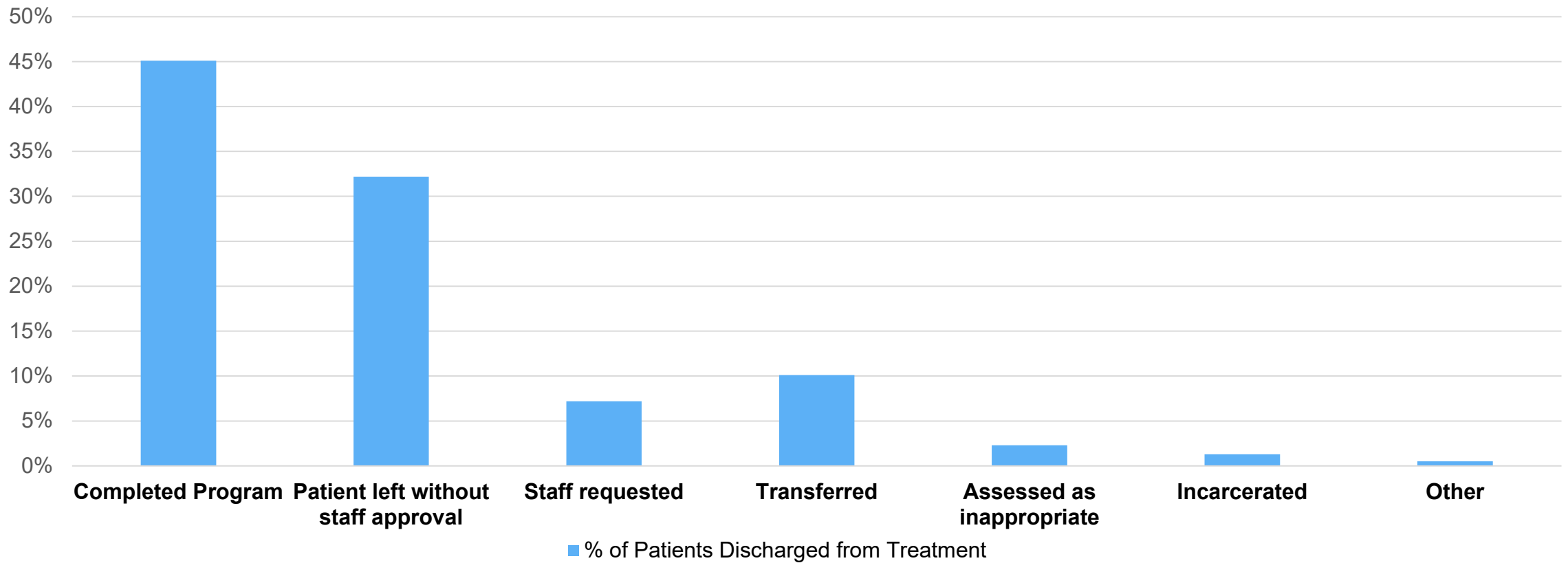
- Methamphetamines continues to be used higher in Goodhue County than statewide average (34.9% compared to 28.5%)
- Heroin and Other Opiates is lower than statewide average (16.7% compared to 19.9%)
- Historically, alcohol and methamphetamines have been the top 2 substances upon admission in Goodhue County.

Unique Data Points for Goodhue County

- Goodhue Co. treatment participants have higher than statewide average in the following areas:
 - Child Protection involvement (12.1% compared to 8.8%)
 - Pregnant (5.8% compared to 3.9%)
 - Criminal Justice Involvement (60% compared to 50.6%)
 - Under 18 years old (4.4% compared to 2.6%)
 - Unhoused upon long-term inpatient treatment admission (50% compared to 40.4%)

Discharge Summary

% of Patients Discharged from Treatment



History of SUD Services

- Rule 25 first began in MN in the 1980's.
- A Rule 25 Assessment was completed and recommended level of treatment needed for substance use disorders.
- Goodhue County has had many qualified staff over the years complete these assessments internally, along with several contracted providers.
- If there was a recommendation for treatment and the person qualified for the Consolidated Chemical Dependency Treatment Fund (CCDTF), HHS determined eligibility to pay for treatment.
 - Other insurance/funding always explored first.

Changes to SUD (Substance Use Disorder) Assessment & Access to Treatment

- DHS began implementing SUD Reform around 2018, with changes officially taking place in 2020.
- This began many changes in how assessments and funding for substance use disorders were done.
- The idea behind this was to increase access and decrease barriers to treatment for participants.
 - Some counties had long wait times for a Rule 25 Assessment
 - 21 days from intake to assessment was guidelines under Rule 25.
 - Goodhue County was able to meet this timeline but many were not.

What's Happening Now?

- The Rule 25 process officially ended on June 30, 2022.
- Direct Access is the new process in place
 - This allows people to go directly to a provider (a SUD treatment agency or qualified professional) they choose for an assessment.
 - A Comprehensive Assessment took the place of a Rule 25 Assessment.
 - Goodhue County does not provide Comprehensive Assessments internally.
 - There are providers in the community who complete Comprehensive Assessments.
 - This assessment still determines the level of treatment recommended for the individual.

Funding Treatment

- If treatment is recommended from the Comprehensive Assessment, funding is available from the following:
 - Private Insurance
 - South Country Health Alliance or Other PMAP's
 - Medical Assistance –This is a recent change!
 - If an individual does not have insurance of any type or insurance does not cover all of the cost AND are financially eligible, they may qualify for funding thru the Behavioral Health Fund (formerly Consolidated Chemical Dependency Treatment Fund-CCDTF).
 - Self-Pay

Today at HHS

- Internally, we continue the following SUD services:
 - Enter eligibility spans in the system to pay for eligible recipient's treatment from the Behavioral Health Fund
 - Provide resources for individuals looking for a Comprehensive Assessment
 - Answer questions about Direct Access
 - Participate in Goodhue Co. Treatment Court
 - Collaborate with community providers around SUD and other
 - Conduct Pre-Petition Screenings for Civil Commitment in areas of SUD (CD) and/ or Mental Illness

- **QUESTIONS?**

- **THANK YOU!**



Goodhue County
Health and Human Services

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

DATE: August 16, 2022

TO: Goodhue County Health and Human Services (HHS) Board

FROM: Kayla Matter, Accounting Supervisor
Mike Zorn, Deputy Director

RE: Second Quarter 2022 Fiscal Report

In the second quarter of CY 2022, Goodhue County Health & Human Services Agency had the following budget financial summary.

- We expended 47% (\$8,862,638) of our budget (\$18,833,946) 50% of the way through the year. Last year at this time, we expended 47%.
- We have collected 56% (\$10,553,882) of our anticipated revenue (\$18,833,946), 50% of the way through the year. Last year at this time, we collected 53%.

Children in Out of Home Placement:

We have expended 43.2% (\$774,977) of our budget (\$1,792,000), 50% of the way through the year. This brings us in at being under budget 6.75% or \$121,022.

County Burials:

We have expended 110% (\$30,753) of our budget (\$28,000), 50% of the way through the year. This is a total of 13 county burials for the year. Last year at this time, we only had 3.



State Hospital Costs:

We have expended 54% (\$107,403) of our budget (\$200,000) 50% of the way through the year. Last year at this time, we expended \$78,190. We continue to have a state crisis with mental health.

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits, overhead and capital equipment line items, we have expended 48% (\$5,866,365) of our budget (\$12,297,607) 50% of the way through the year.

Staffing Revenues Additional Staff:

For the second quarter report, total staffing revenue is 61.57% at \$2,850,336. Our budget is \$4,629,350 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 recovery.

Since March 1, 2020, HHS was eligible for 11 different COVID-19 grants. HHS has been reimbursed \$716,865 from those grants and we have one active grant left that goes through the grant period ending December 31, 2023.

The COVID-19 national emergency declaration has been extended. It does not indicate an end date for the emergency declaration. We have been preparing our Income Maintenance Unit (IMU) for a large increase in work once this is lifted and have begun discussing how we can utilize our COVID-19 funds for the time that will be needed.

At this point we 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



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2022 Thru: 06/2022

Percent of Year: 50%

11 Fund
Health & Human Service Fund

479 Dept
PHS Administration

<u>Account Number</u>	<u>Description</u>	<u>Status</u>	<u>06/2022</u> <u>Amount</u>	<u>Selected</u> <u>Months</u>	<u>2022</u> <u>Budget</u>	<u>% Of</u> <u>Budget</u>
11-479-479-0000-6152	HSA Contribution		743.73	4,107.59	5,436.00	76
11-479-479-0000-6153	Family Insurance Supplement		1,744.19	7,729.03	8,916.00	87
11-479-479-0000-6154	Life Insurance		15.06	81.92	128.00	64
11-479-479-0000-6155	Dental Insurance-County Paid		45.57	266.11	206.00	129
11-479-479-0000-6156	Accident Insurance-County Paid		11.58	67.27	51.00	132
11-479-479-0000-6161	PERA		1,376.74	8,132.65	13,401.00	61
11-479-479-0000-6171	FICA		1,088.45	6,449.15	11,078.00	58
11-479-479-0000-6173	Workmans Compensation		.00	13,806.36	14,968.00	92
11-479-479-0000-6174	Mandatory Medicare		254.56	1,508.27	2,591.00	58
11-479-479-0000-6201	Telephone		214.43	1,288.35	3,000.00	43
11-479-479-0000-6202	Cell Phone		19.60	98.00	1,050.00	9
11-479-479-0000-6203	Postage/Freight		7.23	1,968.62	4,748.00	41
11-479-479-0000-6241	Advertising		.00	0.00	1,050.00	0
11-479-479-0000-6243	Association Dues/Memberships		.00	3,037.45	2,500.00	121
11-479-479-0000-6244	Subscriptions		.00	0.00	150.00	0
11-479-479-0000-6268	Software Maintenance Contracts		.00	11,316.60	25,388.00	45
11-479-479-0000-6278	Consultant Fees		.00	227.50	910.00	25
11-479-479-0000-6283	Other Professional & Tech Fees		177.85	7,316.65	10,000.00	73
11-479-479-0000-6302	Copies/Copier Maintenance		360.79	1,708.43	6,200.00	28
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	37,535.50	75,071.00	50
11-479-479-0000-6345	Postage Meter		.00	104.29	0.00	0
11-479-479-0000-6351	Insurance		.00	10,175.34	12,051.00	84
11-479-479-0000-6357	Conferences/Schools/Training		74.00	155.45	400.00	39
11-479-479-0000-6405	Office Supplies		266.93	440.79	1,000.00	44
11-479-479-0000-6414	Food & Beverages		.00	126.00	300.00	42
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	1,393.65	0.00	0
479 Dept	TOTALS PHS Administration	Revenue	.00	190.23-	29,032.00-	1
		Expend.	53,357.75	274,543.63	494,339.00	56
		Net	53,357.75	274,353.40	465,307.00	59
11 Fund	TOTALS Health & Human Service Fund	Revenue	5,083,675.86-	10,553,882.86-	18,833,946.00-	56
		Expend.	1,472,045.32	8,862,638.76	18,833,946.00	47
		Net	3,611,630.54-	1,691,244.10-	.00	0

Goodhue County HHS Out of Home Placement

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2021	THRU 6/22	2022	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$489.00	\$1,112.00	\$7,000.00	16%	50%
11-430-710-3710-6020	CHILD SHELTER -SS	\$2,925.00	\$12,025.00	\$18,000.00	67%	50%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS		\$138.48			50%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE					50%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE					50%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$103,668.18	\$109,637.67	\$70,000.00	157%	50%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$508,636.82	\$219,003.93	\$500,000.00	44%	50%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$39,563.56	\$26,144.65	\$37,000.00	71%	50%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,942.00	\$3,655.00	\$8,000.00	46%	50%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$13,712.72	\$5,757.33	\$5,000.00	115%	50%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					50%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$102,064.22	\$4,499.32	\$140,000.00	3%	50%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$3,491.10		\$70,000.00	0%	50%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$229,719.38	\$173,275.13	\$275,000.00	63%	50%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$166,684.72	\$37,501.62	\$200,000.00	19%	50%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$159,822.19	\$74,964.27	\$113,500.00	66%	50%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPIRE CARE	\$2,123.45	\$1,604.36	\$2,500.00	64%	50%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$670,648.75	\$97,460.51	\$340,000.00	29%	50%
11-430-740-3831-6020	RULE 5 CS	\$22,236.70	\$8,197.95	\$6,000.00	137%	50%
	TOTAL OUT OF HOME PLACEMENT	\$2,033,727.79	\$774,977.22	\$1,792,000.00	43.2%	50%
	Over/(Under) Budget for percent of year	\$1,795,000.00	-\$121,022.78	\$896,000.00	50%	50%
	Percent Over/(Under) Budget	-\$238,727.79			-6.75%	

December	
November	
October	
September	
August	
July	
June	-6.75%
May	-5.19%
April	-4.21%
March	-4.01%
February	-2.75%
January	-0.95%
Over/Under Budget 2021	13.49%

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

As Of 06/2022

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	222,886.84	1,432,817.84	2,918,358.00	49	50
TOTAL SALARIES	222,886.84	1,432,817.84	2,918,358.00	49	50
OVERHEAD					
AGENCY OVERHEAD	125,586.24	225,521.64	430,336.00	52	50
TOTAL OVERHEAD	125,586.24	225,521.64	430,336.00	52	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,815.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	11,815.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	56,243.96	360,752.13	740,821.00	49	50
TOTAL SALARIES	56,243.96	360,752.13	740,821.00	49	50
OVERHEAD					
AGENCY OVERHEAD	59,244.64	105,385.17	227,093.00	46	50
TOTAL OVERHEAD	59,244.64	105,385.17	227,093.00	46	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	270,128.49	1,789,521.69	3,783,531.00	47	50
TOTAL SALARIES	270,128.49	1,789,521.69	3,783,531.00	47	50
OVERHEAD					
AGENCY OVERHEAD	49,626.12	162,102.97	466,083.00	35	50
TOTAL OVERHEAD	49,626.12	162,102.97	466,083.00	35	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,351.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	11,351.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	250,030.70	1,656,101.55	3,384,550.00	49	50
TOTAL SALARIES	250,030.70	1,656,101.55	3,384,550.00	49	50
OVERHEAD					
AGENCY OVERHEAD	33,532.99	134,162.22	323,669.00	41	50
TOTAL OVERHEAD	33,532.99	134,162.22	323,669.00	41	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	50

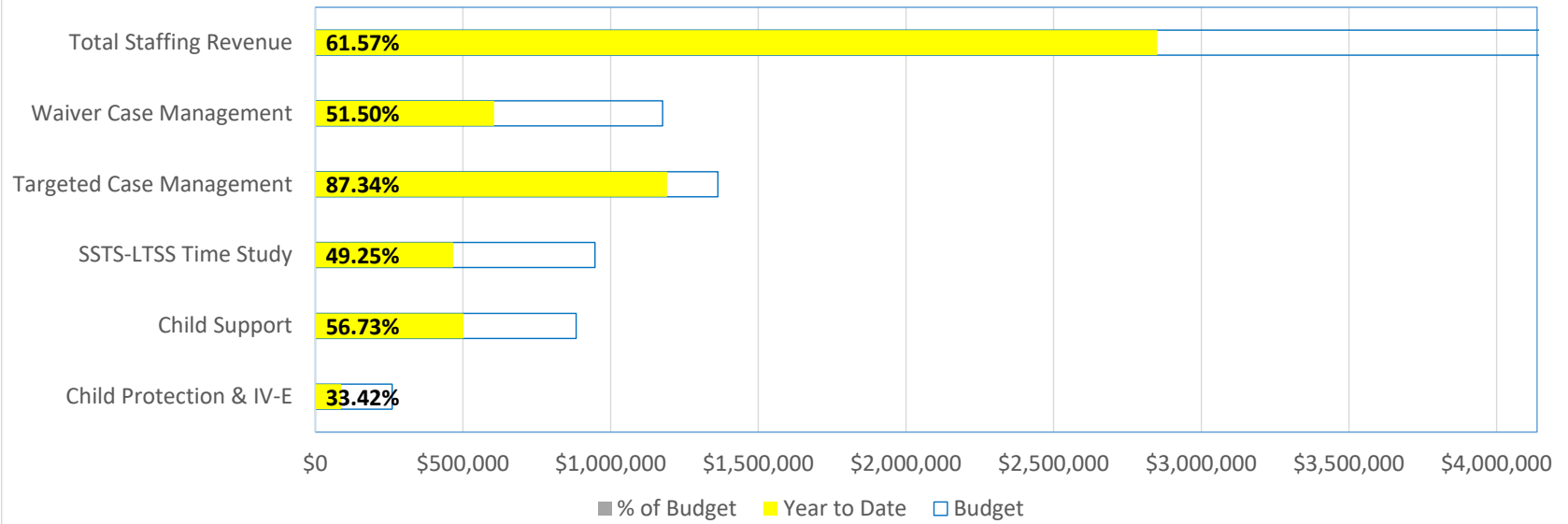
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	799,289.99	5,239,193.21	10,827,260.00	48	50
TOTAL SALARIES	799,289.99	5,239,193.21	10,827,260.00	48	50
OVERHEAD					
AGENCY OVERHEAD	267,989.99	627,172.00	1,447,181.00	43	50
TOTAL OVERHEAD	267,989.99	627,172.00	1,447,181.00	43	50
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	23,166.00	0	50
TOTAL CAPITAL EQUIPMENT	0.00	0.00	23,166.00	0	50

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	1,067,279.98	5,866,365.21	12,297,607.00	48	50

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,116.72-	15,341.52-	20,000.00-	77	50
11-420-640-0000-5290 CS ST Incentives	0.00	8,583.00-	20,000.00-	43	50
11-420-640-0000-5355 CS Fed Admin	40,900.00-	419,695.00-	725,000.00-	58	50
11-420-640-0000-5356 CS Fed Incentive	0.00	46,682.00-	100,000.00-	47	50
11-420-640-0000-5379 CS Fed MA Incentive	1,466.89-	10,631.69-	18,000.00-	59	50
11-430-700-0000-5292 State LTSS	0.00	151,185.00-	307,125.00-	49	50
11-430-700-0000-5383 Fed LTSS	0.00	184,597.00-	375,000.00-	49	50
11-430-700-3810-5380 Fed MA SSTS	0.00	74,124.00-	135,000.00-	55	50
11-430-710-0000-5289 Child Protection	0.00	0.00	178,225.00-	0	50
11-430-710-3810-5366 FC IV-E	0.00	79,796.00-	80,000.00-	100	50
11-430-710-3810-5367 IV-E SSTS	0.00	33,159.00-	70,000.00-	47	50
11-430-710-3930-5381 CW-TCM	1,170.49-	310,517.92-	500,000.00-	62	50
11-430-730-3050-5380 Rule 25 SSTS	0.00	23,374.00-	60,000.00-	39	50
11-430-740-3830-5366 IV-E Rule 5	0.00	7,159.00-	2,000.00-	358	50
11-430-740-3910-5240 St Adult MH-TCM	0.00	2,443.75-	3,000.00-	81	50
11-430-740-3910-5381 MA Adult MH-TCM	0.00	130,137.57-	175,000.00-	74	50
11-430-740-3910-5401 SCHA Adult MH-TCM	133,925.88-	663,343.24-	550,000.00-	121	50
11-430-740-3930-5401 SCHA Pathways	6,590.56-	34,309.68-	70,000.00-	49	50
11-430-760-3930-5381 Adult VA/DD-TCM	1,161.98-	49,666.04-	65,000.00-	76	50
11-463-463-0000-5290 St AC Waiver	1,933.74-	4,415.62-	11,000.00-	40	50
11-463-463-0000-5292 St MA CM Waivers	26,887.51-	170,962.77-	275,000.00-	62	50
11-463-463-0000-5382 Fed MA CM Waivers	26,801.71-	170,747.02-	275,000.00-	62	50
11-463-463-0000-5402 SCHA Waivers	30,300.62-	138,081.51-	385,000.00-	36	50
11-463-463-0000-5429 SCHA Care Coord	12,769.10-	74,727.24-	135,000.00-	55	50
11-463-463-0000-5859 SCHA/CCC	0.00	46,655.65-	95,000.00-	49	50
TOTAL HHS Staffing Revenues	286,025.20-	2,850,335.22-	4,629,350.00-	62	50

HHS Staffing Revenue Q2/2022
50% of Year



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



**Monthly Update
Child Protection Assessments/Investigations**

Month	2020	2021	2022
January	16	20	16
February	30	17	16
March	19	15	20
April	15	24	19
May	21	26	20
June	10	22	18
July	12	19	16
August	17	17	
September	18	17	
October	25	12	
November	21	33	
December	14	23	
Total	218	245	125

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
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Goodhue County
Health and Human Services

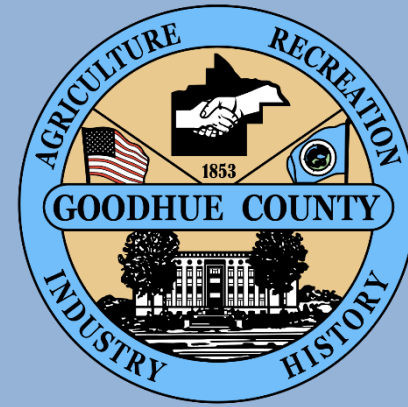
426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: August 16, 2022
RE: 2022 August Staffing Report

Effective Date	Status	Name	Position	Notes
7/18/2022	New Hire	Tousignant, Carly	Social Worker	Replacing Amber Gabrielson
7/19/2022	New Hire	Crosby, Kelsey	Care Coordinator	Replacing Marquita Borst

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

Quarter 2, 2022

Goodhue County Health & Human Services

August 16, 2022



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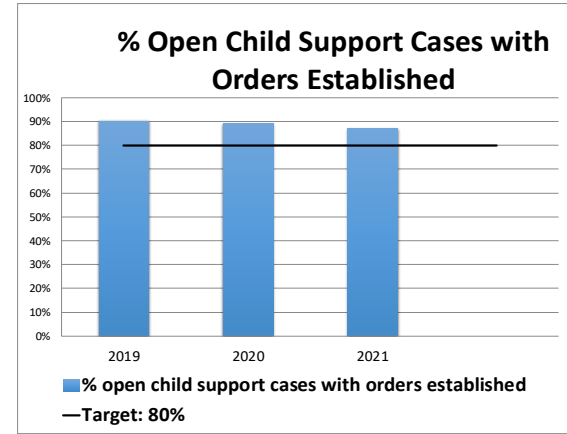
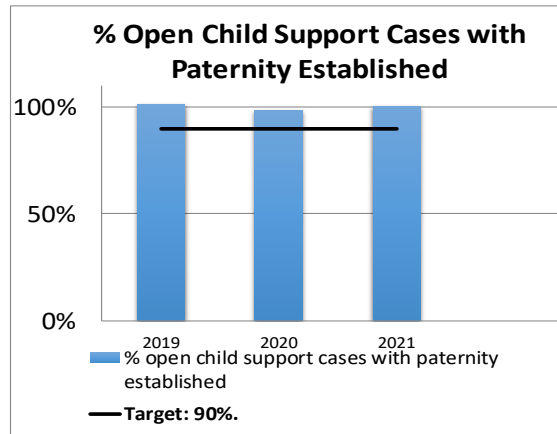
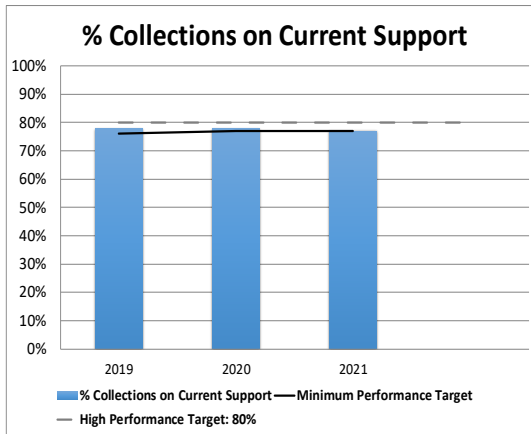
19 SERCC



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?

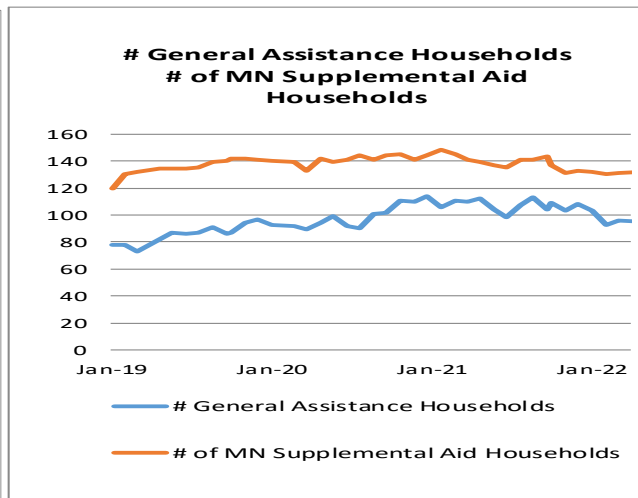
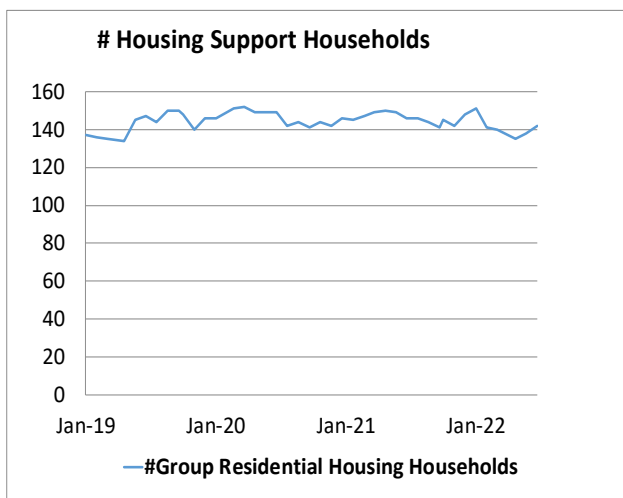
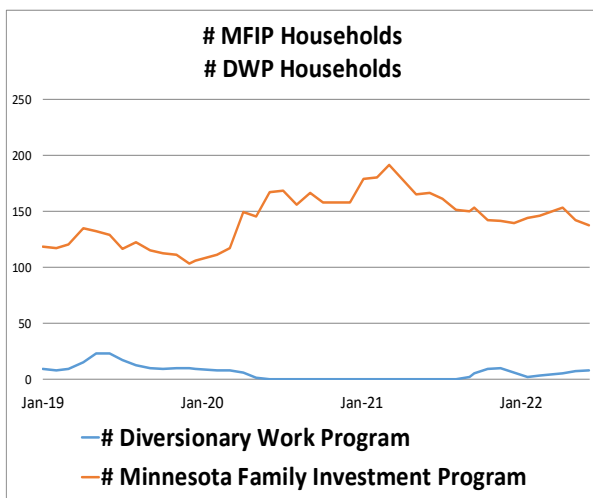
- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternities 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 was reinstated as of October 1st, 2021. We saw an increase in DWP, a slight decrease in MFIP because many unemployment programs ended and eligibility factors for these two case programs.

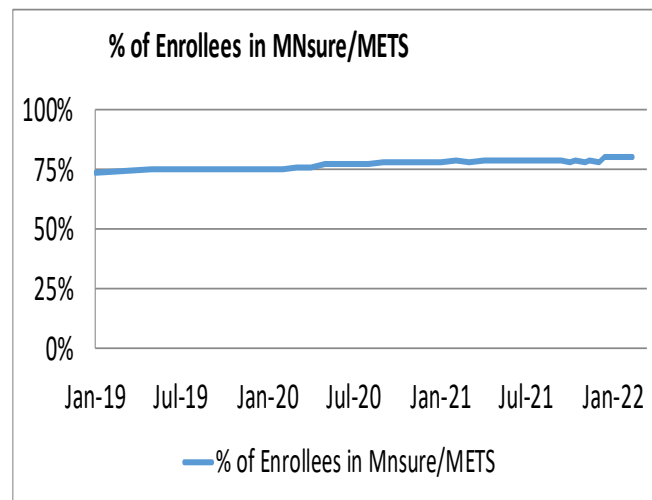
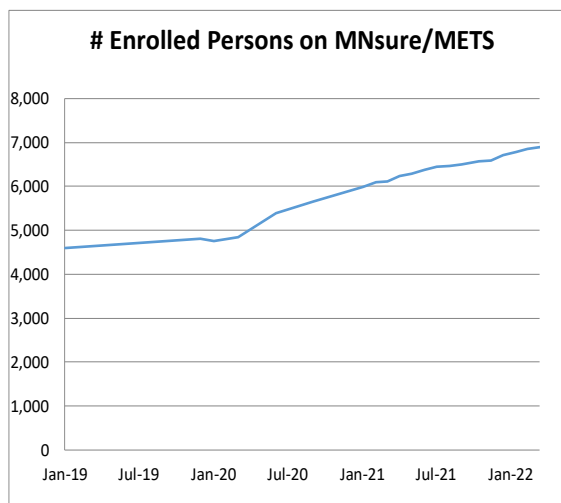
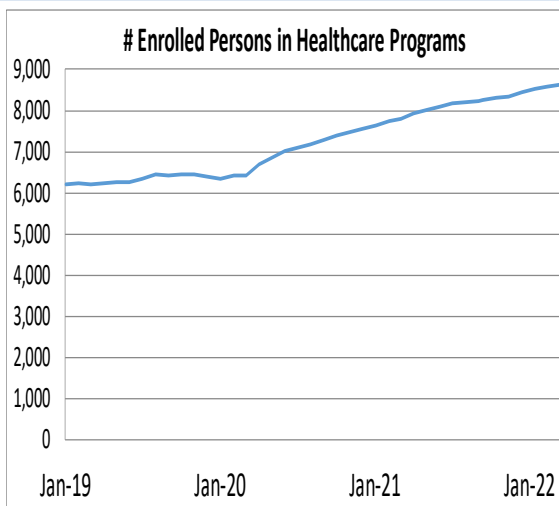
Where Do We Go From Here?

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 ongoing federal 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 also 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?

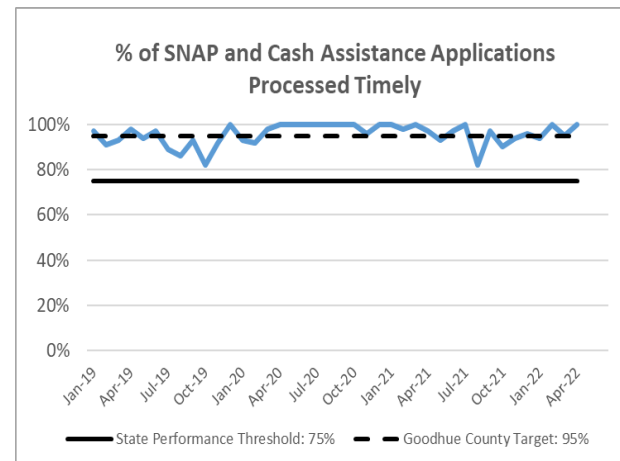
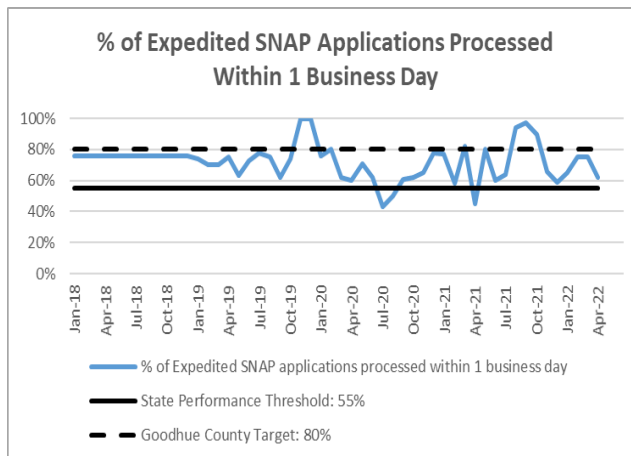
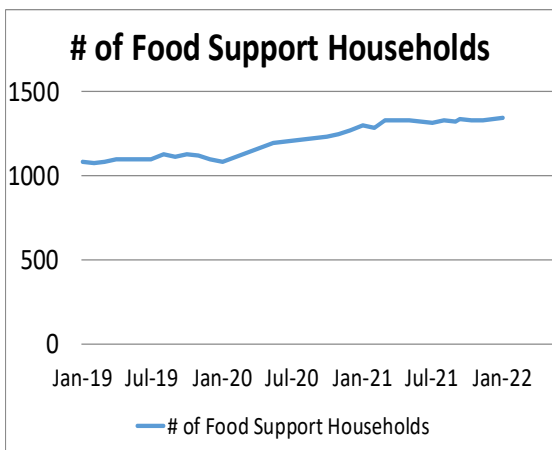
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

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

- LEFT:** The number of households receiving food benefits in Goodhue County was stable around 1100 from 2017 to 2019 and has increased during the pandemic, to around 1371 households in June 2022. This follows the state trend.
- CENTER:** Since this measure was created in 2014, GCHHS has been above the 55% state performance threshold, including in 2021 when our annual performance was 63.8%. 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 2021 state average performance of 49%. This trend continues thru April of 2022.
- 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, 2020 and 2021. During the pandemic, the ability to accept electronic signatures over the phone has made it easier to meet the processing timeline.

Where Do We Go From Here?

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



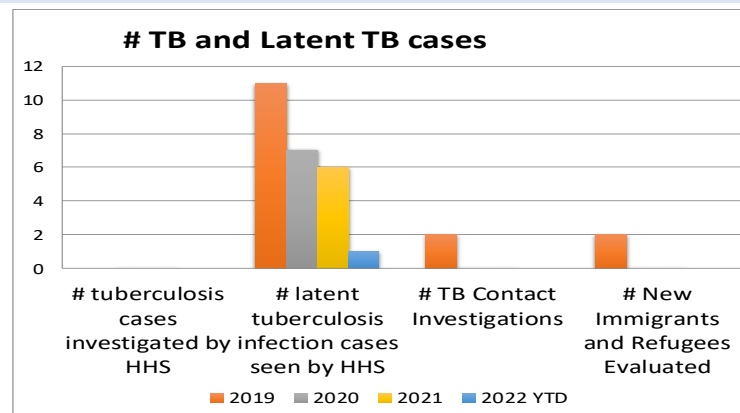
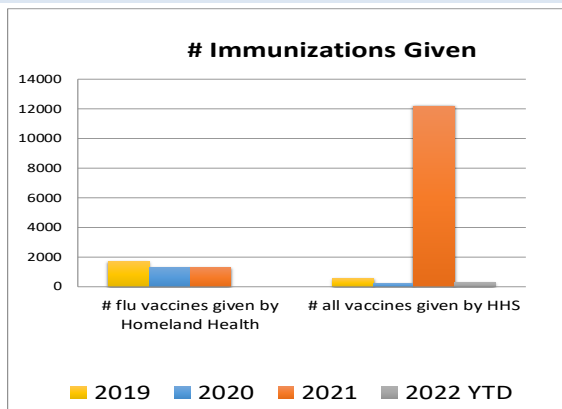
Goodhue County Health & Human Services

Public Health

Disease Prevention and Control (DP&C)

Purpose/Role of Program

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



Story Behind the Baseline

- LEFT:** 170 COVID-19 vaccines were given by HHS; we have 113 non-COVID-19 vaccines YTD. COVID Vaccination clinics were held the month of January. COVID vaccination clinics continue at the Detention Center. The HHS vaccination clinics are now being held by appointment only, which we do plan to continue.
- RIGHT:** Follow up is being completed per our protocols. Three new referrals have come in this year.

Where Do We Go From Here?

LEFT: The COVID-19 vaccination efforts of 2021 were unparalleled. We scheduled public booster clinic through January 28, 2022; jail vaccination clinics will continue monthly. For other vaccinations, SE MN Immunization Registry sent 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 see school-age children for immunizations. 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.

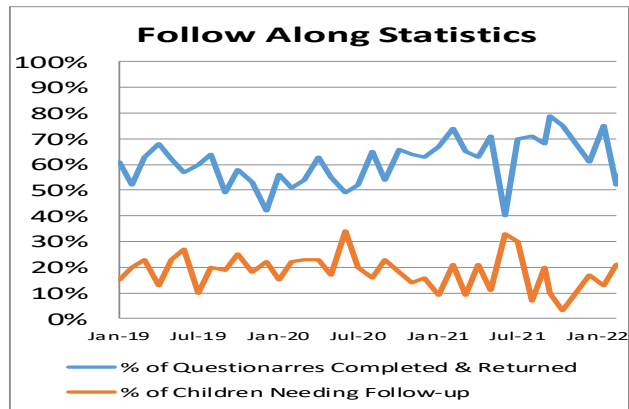
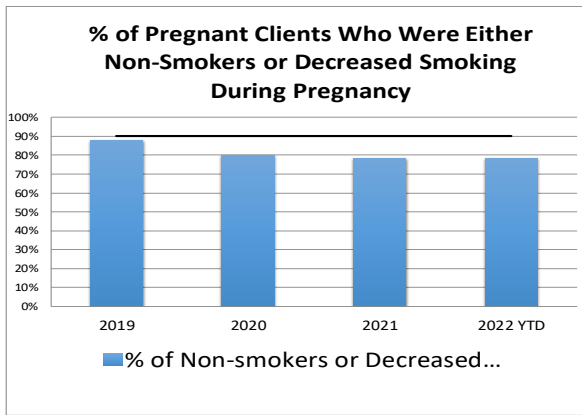
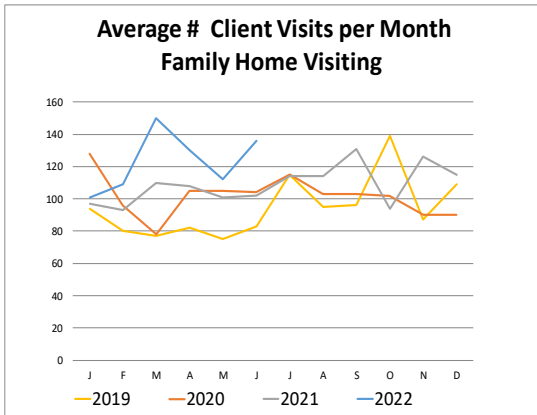
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active 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 126 visits per month. Home Visits are being offered in person with an option for virtual if needed. How many families we see and subsequently how many visits we make depends on the birth rate. If the birth rate is down, we do not receive as many referrals thus a decrease in how many visits we can make. Our monthly visit rate also depends on how many visits a family wishes to receive. Some families may want weekly visits, other may only want to be seen once per month. How many visits we make per month is very fluid and depends on many contributing factors.
- CENTER:** The percent of pregnant clients who were either non-smokers or decreased smoking during pregnancy is an annual number that we track. We 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.

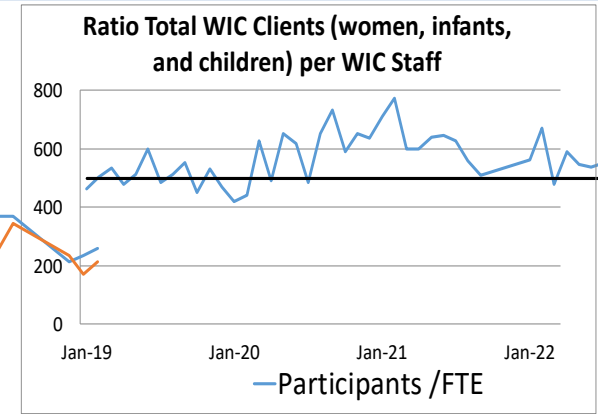
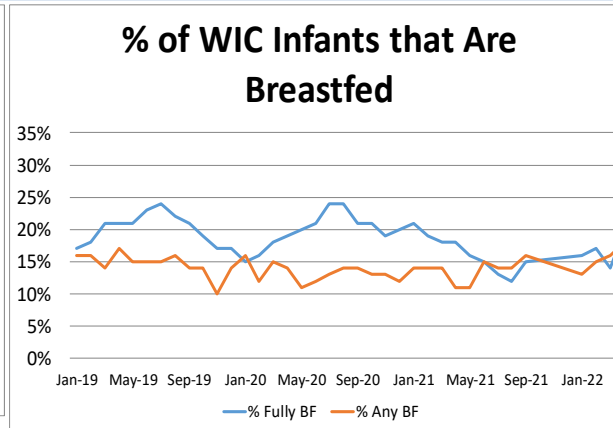
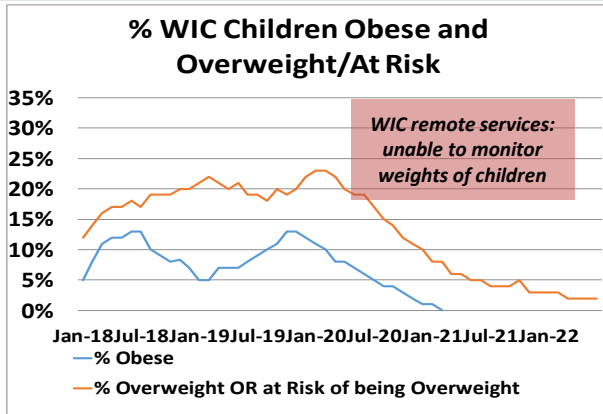
Where Do We Go From Here?

- 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 as well as educate/inform parents about age appropriate milestones and how to help their children achieve them.



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 since March 2020 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.

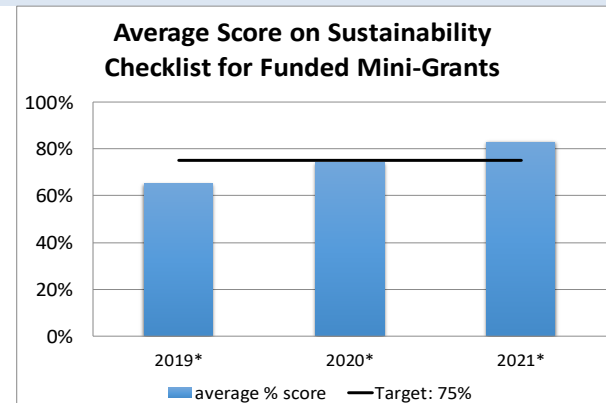
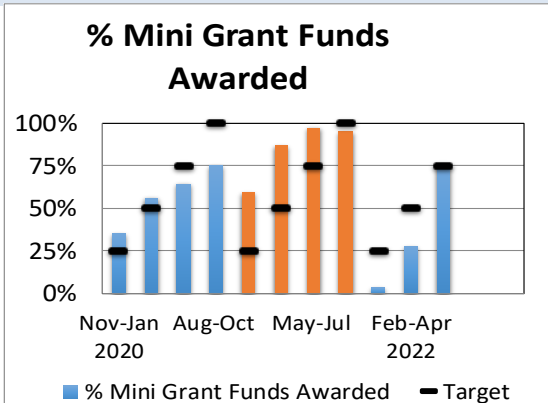
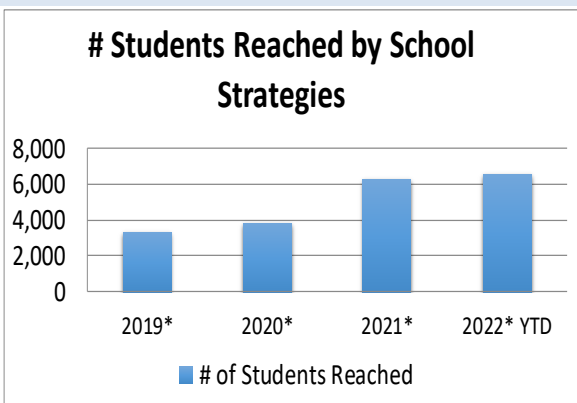
- **LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- **CENTER:** We participated in a statewide continuous quality improvement collaborative 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 Zumbrota-Mazeppa Public Schools.
- **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 and well-being of county residents. The focus must be on making it safer and easier to walk, bike, eat nutritious food and live tobacco-free
- **RIGHT:** A sustainability survey is sent out to partners implementing a Live Well Goodhue County initiative in November.

*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, *2022 grant year =11/1/21-10/31/22

Where Do We Go From Here?

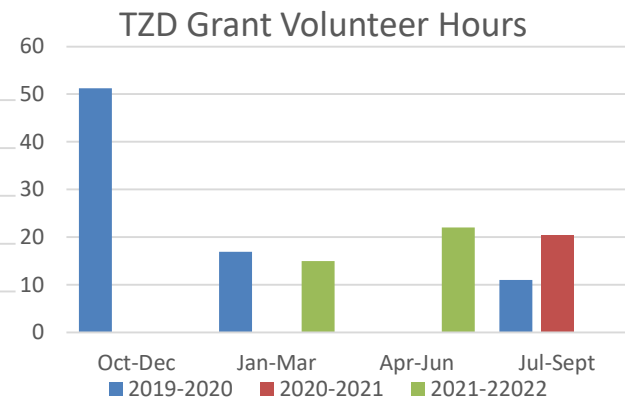
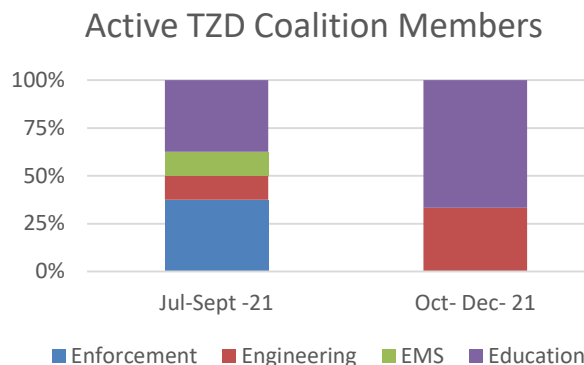
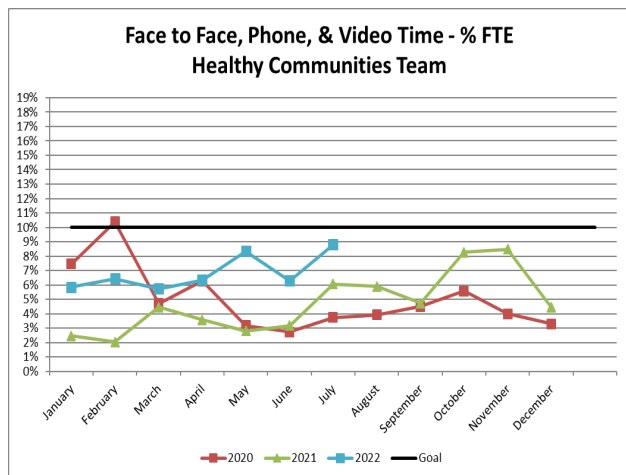
- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all county schools. This year the focus is working with new school wellness committees, Safe Routes to School, well-being, physical activity and increasing access to healthy foods.
- **CENTER:** Mini-grants are available 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:** The Sustainability Checklist Survey will be sent to our 2022 partners in November 2022. This survey consists of nine questions to help identify how sustainable the project is.



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), the Child and Family Collaborative, and the Mental Health Coalition of Goodhue County. Staff engage the community in developing and implementing strategies.

Towards Zero Deaths is based on the belief that even one traffic-related death on our roads is unacceptable. TZD uses an interdisciplinary, data-driven approach to reduce traffic fatalities and is funded by a grant from the Minnesota Department of Public Safety. Our goal is to maintain a balance of active representation from each “E.”



Story Behind the Baseline

- LEFT:** Staff time face to face with community 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. From June-October 2021 and March-July 2022 staff have been reassigned to regular duties and this measure has been increasing.
- 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 continue regular duties, face to face time will increase again. We will use tools like GoToMeeting, Zoom, Mentimeter, and Mural to engage the community virtually.
- 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.

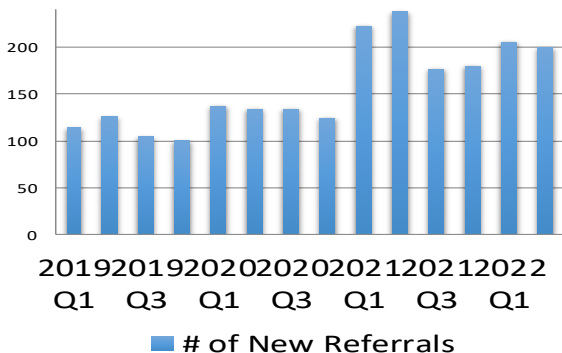


Public Health *Waiver Management Team*

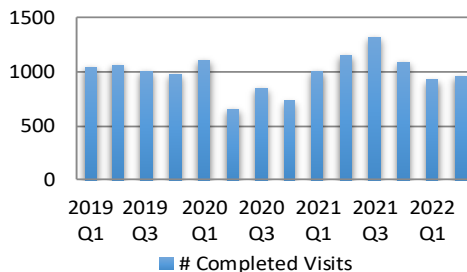
Purpose/Role of Program

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.

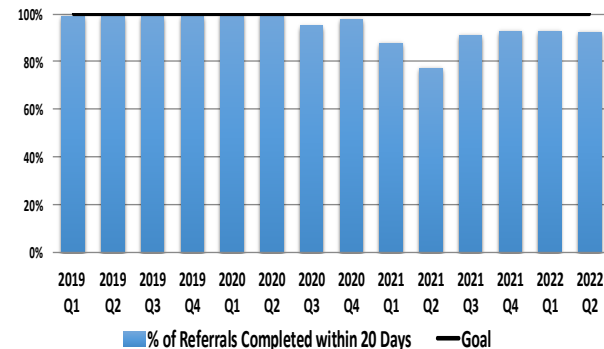
of Referrals Received



Number of Visits Completed



% of Referrals Completed within 20 Days



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 are returning to completing in-person visits after doing mostly virtual visits over the past two years. With the increase of new referrals this quarter, visits were reduced as new referrals take significantly more time to complete. 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 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?

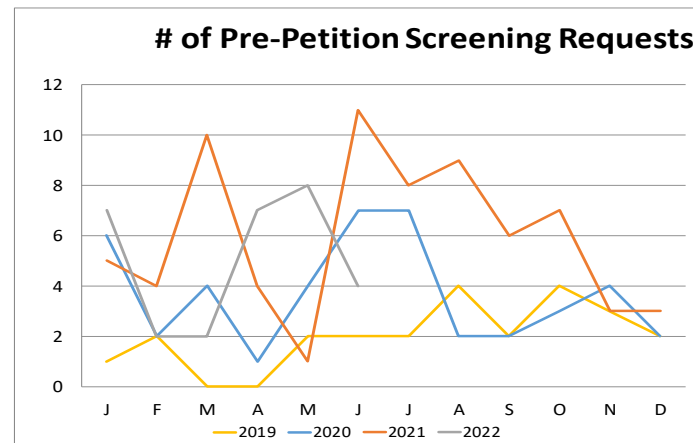
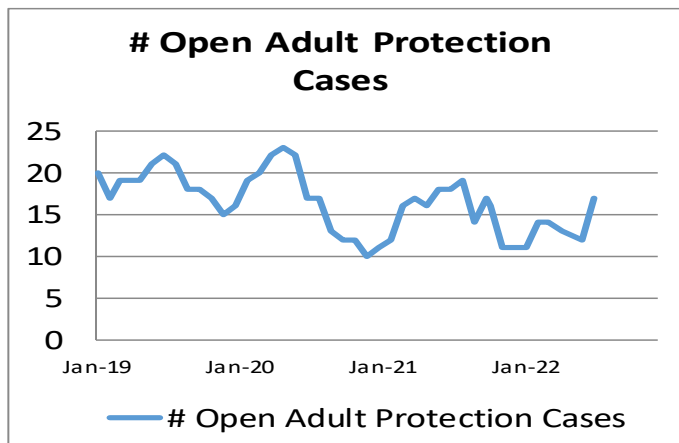
- Left:** Continue to receive referrals from our providers and the community and conduct initial assessments as quickly as possible. We will continue to educate the public about services we provide and how to access services so residents receive the support they need.
- Center:** Visits equal revenue, 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



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 ended up more than double our annual average PPS requests. 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 or severe inability to care for self 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. However, we do not have capacity of staff to do much Healthy Pathways right now as we are so heavy on crisis management.

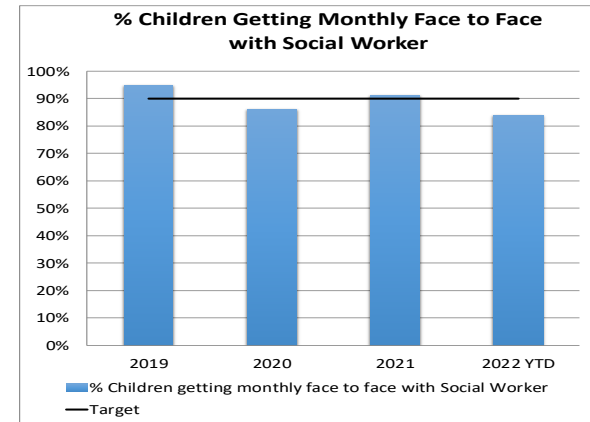
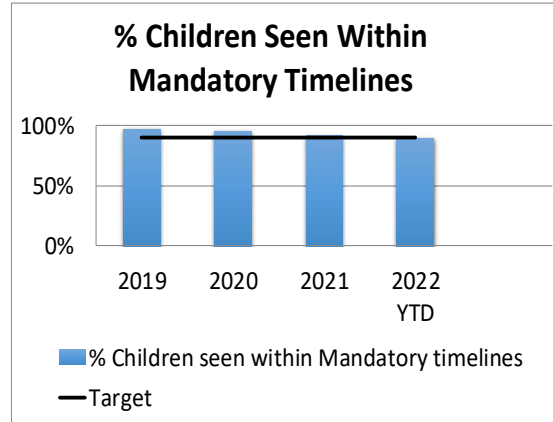
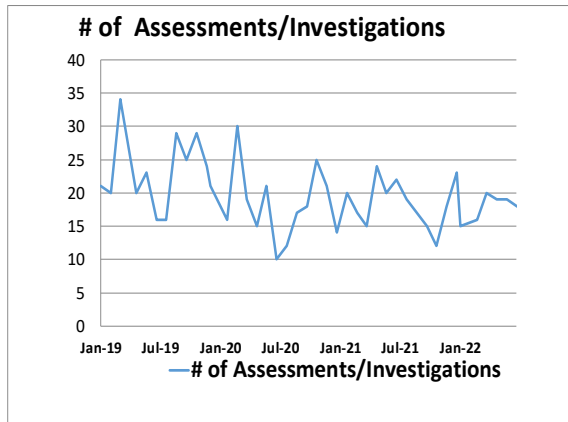
**Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better represents our work, as not all screenings result in commitments requested.*



Social Services *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:** We saw a “return to normal” level of reports last quarter and this quarter is slightly lower than pre-pandemic levels again. We are responding to more reports using a child welfare or PSOP response than 2019.
- **CENTER:** Our intake and assessment team has been working on improving our data entry to improve this statistic. We now highlight the date and time the initial contact is needed when the case is assigned. We continue to screen for health concerns and follow the recommendations of the CDC and our current policy regarding face to face contact.
- **RIGHT:** We continue to work towards reaching the 95% target.

Where Do We Go From Here?

- **LEFT :** We have introduced in-home parent coaching for families at risk of out of home placement and are hopeful that the skills learned through this program will help us reduce maltreatment in Goodhue County.
- **CENTER:** We hope that steps like highlighting the date and time for initial contact will help us sustain this success.
- **RIGHT:** Our new child protection case manager started on July 18, 2022. When her foundational training is complete, our case manager’s case load should return to best practice targets of 12 or fewer. Currently, our average case management case load is over 17.

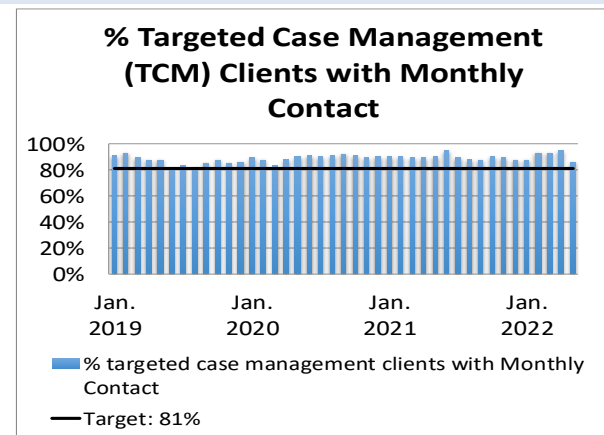
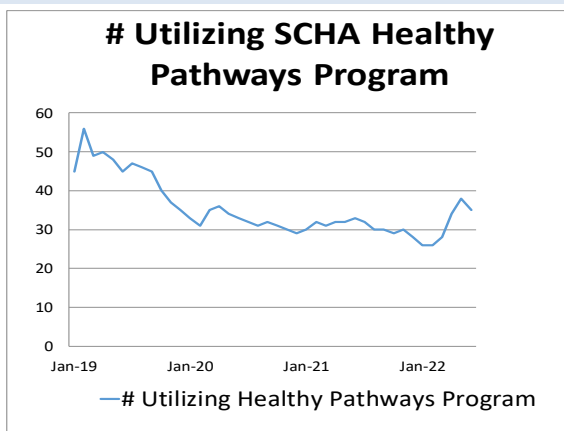
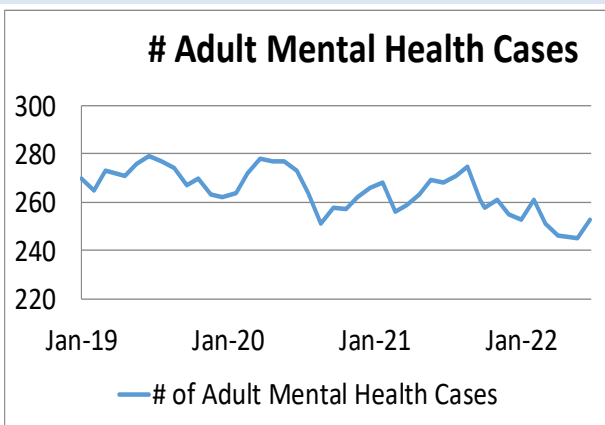


Social Services

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).



Story Behind the Baseline

- **LEFT:** Caseloads continue to be tracked with each referral. We have had some changes in our team this year with roles and medical leaves.
- **CENTER:** Healthy Pathways (HP) 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). We have not been able to offer as much HP as we are so heavy on crisis/civil commitment cases. We don't have staffing capacity to do more prevention type work, despite knowing that this really important also. We are hopeful of doing more outreach/crisis prevention with our new, provisional position (from ARPA funds).
- **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 2021, we had increased client contact and billing revenue over 2020 and prior years. 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. Telehealth has been a good option for some but not others.

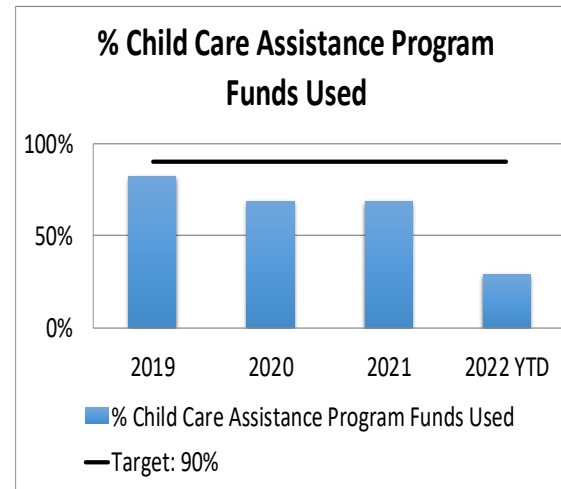
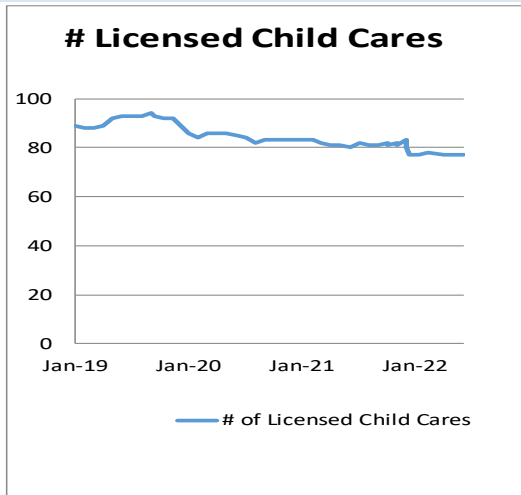


Social Services

Child Care Licensing and Funding

Purpose/Role of Program

Counties are required to license private daycare homes. Counties also administer the Child Care Assistance Program (CCAP) which is a funding source for child care for low income families. Counties receive a yearly CCAP grant that is calculated based on a number of factors including population, number of families receiving public assistance, etc. The goal is for counties to spend 90-100% of their CCAP grant.



Story Behind the Baseline

- **LEFT :** The number of licensed child cares has remained stable throughout 2022. Statewide, the number of family child care centers has decreased over the past two years. State issued grants and a regional navigator are resources that we hope will provide support for new providers.
- **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.

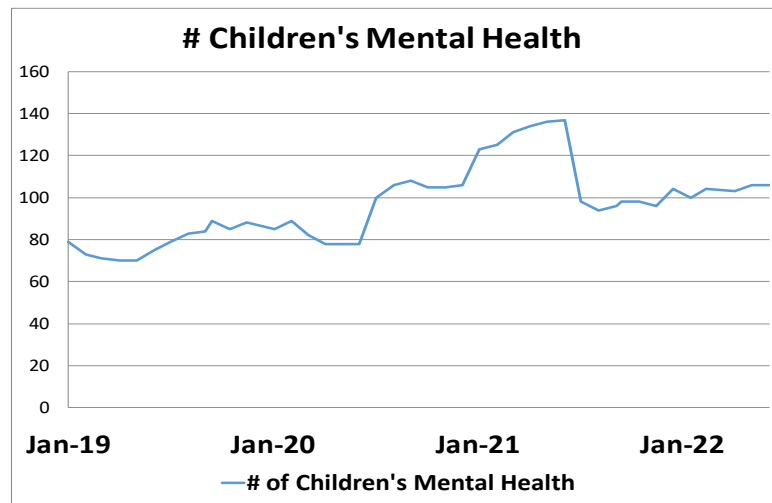
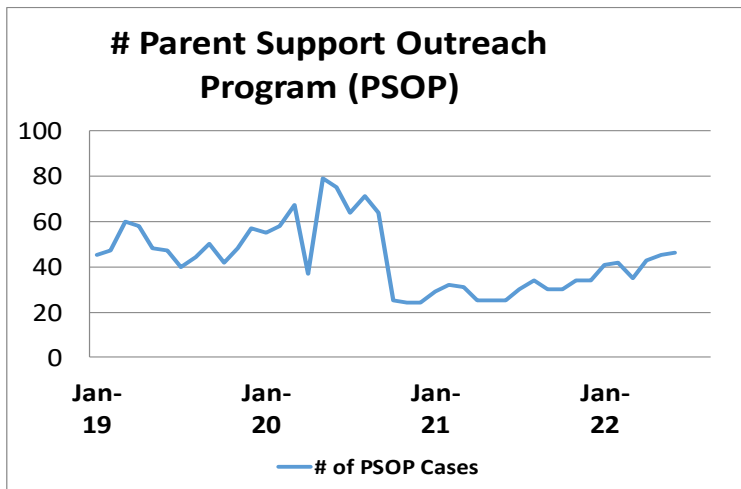
Where Do We Go From Here?

- **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:** PSOP is a valuable service and support to many families. One worker managing 30 or more cases is difficult, yet the number of families who benefit from this support continues to grow.
- **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?

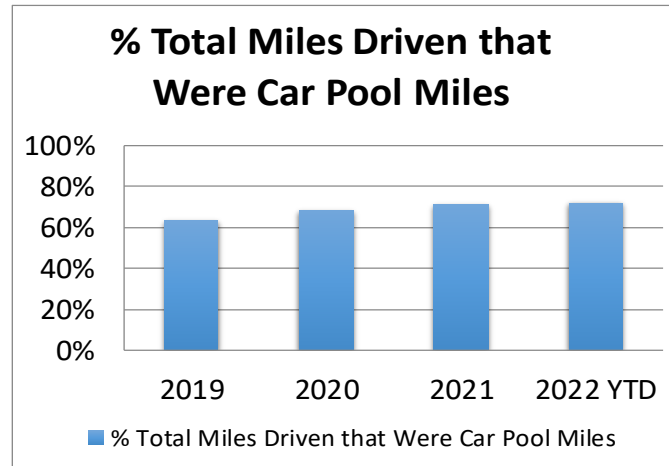
- **LEFT:** Recipients continue to report gratitude for this vital service. Securing child care, parenting education/ support and early learning programming are allowing parents to maintain employment, attend necessary appointments, and implement developmentally appropriate discipline strategies. We hope to add to this program by offering parenting education for parents of children older than 5.
- **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.



**Goodhue County
Health & Human Services**

Health & Human Services

Southeast Minnesota Regional Crisis Center

Purpose/Role of Program

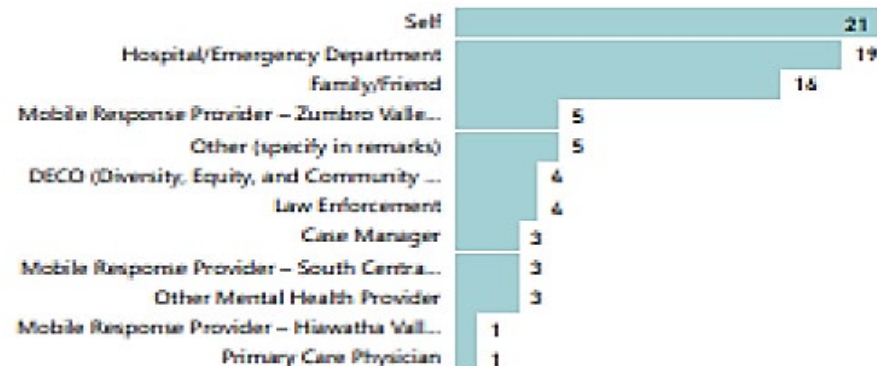
Southeast Regional Crisis Center (SERCC) provides 24/7 mental health stability for residents of southeast Minnesota experiencing distress by providing nonjudgmental expert care, collaborating with partners for continuity of services, and promoting emotional well-being in the community.

10 County Overview of the Month of June 2022

Mobile Response	
# Screenings	Unique People Served
77	85
# Crisis Assessment (Mobile Response)	Individuals Returning (to the same program)
75	13%

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
19	1	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
19	9	23

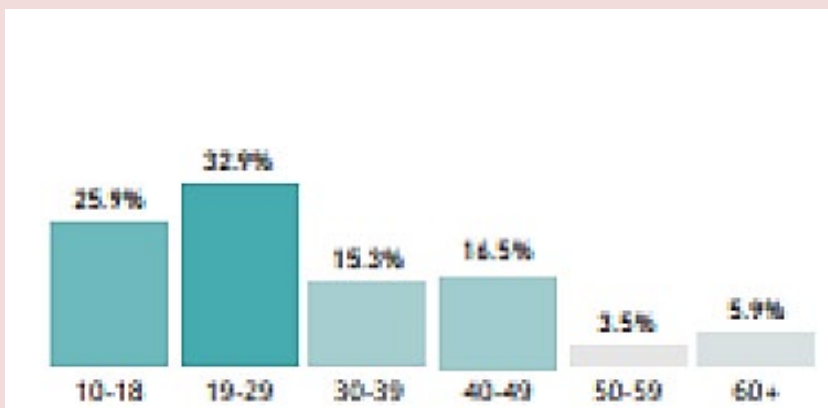
By Referral Source



Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
44	30	31	5.10	7%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
47	14	16	5.88	0.95

Stabilization		
# Recommendations for Stabilization	SERCC Stabilization Clients	Stabilization Appointments
70	(Blank)	(Blank)

Story Behind the Baseline - Age



Where Do We Go From Here?

Southeast Regional Crisis Center

www.crisisresponsesoutheastmn.com

Direct Phone: 507-322-3019

Fax Number: 507-242-3130

Crisis Hotline

1-844-274-7472

Goodhue County Performance Report

Child Safety and Permanency and MFIP/DWP Self-Support Index July 2022

Reporting Periods

Child Safety and Permanency: Jan. 1, 2021 – Dec. 31, 2021
MFIP/DWP Self-Support Index: April 2021 – March 2022



For more information contact:
Minnesota Department of Human Services
Human Services Performance Management System
DHS.HSPM@state.mn.us | (651) 431-5780

About this Report

The purpose of this report is to share county performance data on the Child Safety and Permanency and Minnesota Family Investment Program/Diversionary Work Program (MFIP/DWP) Self-Support Index measures as they relate to the Human Services Performance Management system (referred to hereafter as the Performance Management system).

This report contains data on four measures including:

- Jan. 1, 2021 – Dec. 31, 2021 performance for Child Safety and Permanency measures,
- annualized April 2021 to March 2022 performance for the MFIP/DWP Self-Support Index measure,
- performance data trends for recent years, and
- a performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region.

This report compares county performance to the thresholds established for the Performance Management system. The Performance Management system defines a threshold as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as defined in statute ([Minnesota Statutes Chapter 402A](#)). For counties below the threshold, an official PIP notification—with instructions for accessing PIP forms, PIP completion directions, and available technical assistance—will be sent in addition to this report.

Counties with Small Denominators

Child Safety and Permanency - When a county has a denominator of 20 or fewer, performance is assessed using the updated small numbers policy outlined on page three of this report.

Self-Support Index - The Minnesota Family Investment Program/Diversionary Work Program Self-Support Index measure does not exclude counties with small denominators.

Additional Information

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

Small Numbers Policy Update

The policy for assessing performance in counties with small numbers was updated and a policy update bulletin issued in 2022:
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-337635

The policy overview below reflects the updated assessment method.

- If a county has a denominator of 20 or fewer and is meeting the threshold for a measure, the county is performing to expectations and no further assessment will take place.
- If a county has no people in a measure, it will be considered to be meeting the threshold.
- If a county has a denominator of 20 or fewer and is not meeting the threshold for a measure, performance will be reviewed across two years of data. Two years below the performance threshold for any one measure will trigger the PIP process.
- Measures using a regression threshold model, such as the Self-Support Index, will not be subject to the small numbers policy. The reason for this is that the regression models account for a variety of factors outside of county control, including caseload size.

Performance Data by Racial and Ethnic Groups

This report provides performance data for counties by racial and ethnic groups where there were 30 or more people of a group included in the denominator. The race and ethnicity is that of the case applicant; other household members may have a different race and/or ethnicity that is not reported here.

Child Safety and Permanency

Child Safety and Permanency measures report Hispanic or Latino ethnicity separately from race. People are counted once by Hispanic ethnicity and again with their reported race, so groups added together may exceed the total number of cases.

Self-Support Index

This report contains state-level performance data by racial and ethnic group for the Self-Support Index.

Purpose

The racial and ethnic data included in this report is for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. As the Performance Management reports evolve, we intend to add additional demographic data to help counties better understand their performance and improve outcomes for all Minnesotans. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report.

Details for Child Safety and Permanency Measures

Ongoing Performance Reports for CSP Measures

The Child Safety and Permanency and Charts and Analysis teams at DHS recommend using the public-facing dashboards (<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/>) to check your county's ongoing performance for CSP measures. The dashboards are refreshed monthly and feature a tab for 2022 Progress/Performance information.

Where to Find Measures included in the Performance Management Report on the CSP Dashboard:

	Child Repeat Maltreatment	Permanency	Relative Placement
Performance Management System Measures	Of all children who were victims of a substantiated maltreatment report during a 12-month reporting period, the percent who were not victims of another substantiated maltreatment report within 12 months of their initial report.	Of all children who enter foster care in a 12-month period, the percent who are discharged to permanency within 12 months of entering foster care. (Includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.)	Of all days that children spent in family foster care settings during a 12-month reporting period, the percentage of days spent with a relative.
Location on Child Safety and Protection Dashboards	Federal Performance Measures Dashboard Performance Measure: (1) Maltreatment Reoccurrence <i>Note: Performance Management measures the inverse outcome. To find your percentage for Performance Management, subtract the CSP dashboard performance data from 100.</i>	Federal Performance Measures Dashboard Performance Measure: (4) Permanency: 12 Months	State Performance Measures Dashboard Performance Measure: (3) Relative Care

2022 threshold for Relative Care measure: 35.7%

The 2022 threshold for the measure, *percent of days children in family foster care spent with a relative* will continue to align with the DHS CSP division threshold for this measure of 35.7%.

Timelines for Child Repeat Maltreatment and Permanency Measures

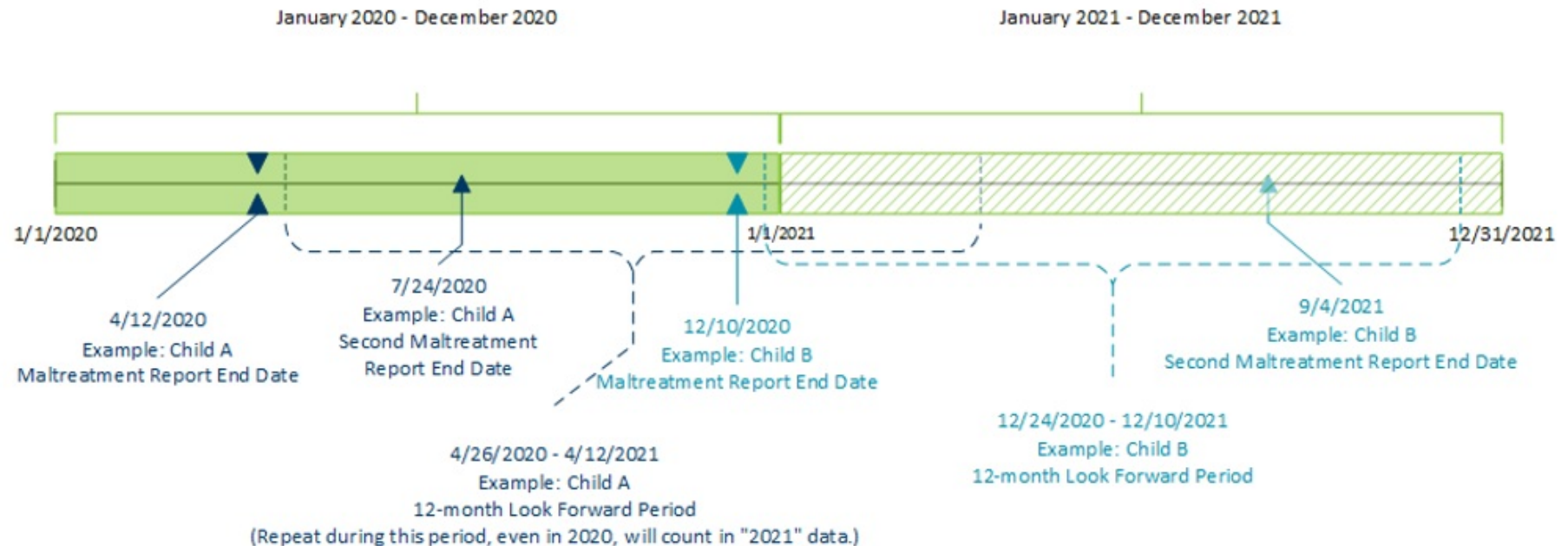
Understanding the 12-month timeline for Child Repeat Maltreatment.

The Child Repeat Maltreatment measure requires two complete years of data to report performance. The measure uses the first finding from a calendar year, plus a twelve month look forward into the reporting year for reoccurrence. The data featured in this report is for data year 2021 (base year of 2020 with a look forward into 2021). Note, both events related to the measure could take place in the base year.

Maltreatment Examples:

Looking at cases with a child maltreatment report end date that occurred in the year prior to the year under review. When reviewing the data for 2021, we will look for maltreatment end dates in 2020.

The 12-month look forward will look for recurrence with a child maltreatment report end date that is both greater than 14 days after the first identified child maltreatment report end date and less than 366 days after the first identified child maltreatment report end date.



Percent of children with a substantiated maltreatment report who do not experience a repeat substantiated maltreatment report within 12 months.

What is this measure?

Of all children who were victims of a substantiated maltreatment report during a 12-month reporting period, the percent who were not victims of another substantiated maltreatment report within 12 months of their initial report.

Why is this measure important?

County social services should increase the likelihood that children are safe from abuse and neglect. When a maltreatment determination is made, there is a heightened responsibility of the county to mitigate the threat of future harm to children. A repeat maltreatment determination indicates that the risk for the child has not been fully mitigated.

What affects performance on this measure?

- Service factors that may influence this measure are the availability of the service array within the community; funding sources for services; support for the agency service plan by public partners, partnerships with schools, law enforcement, courts and county attorneys; the culture of the agency; and clear support and guidance from the Department of Human Services (DHS).
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and sufficient cultural responsiveness for diverse populations.
- Participant factors that may impact this measure are poverty; chemical use; economic stability; cultural perception of minimally adequate parenting as compared to ideal parenting; and the availability of safety net support for the parents from family, friends, and the community.
- Environmental or external factors that may impact this measure are community understanding of cultural differences in child rearing, the diversity of new immigrant populations, existing cultural biases, and the availability of transportation and available housing.

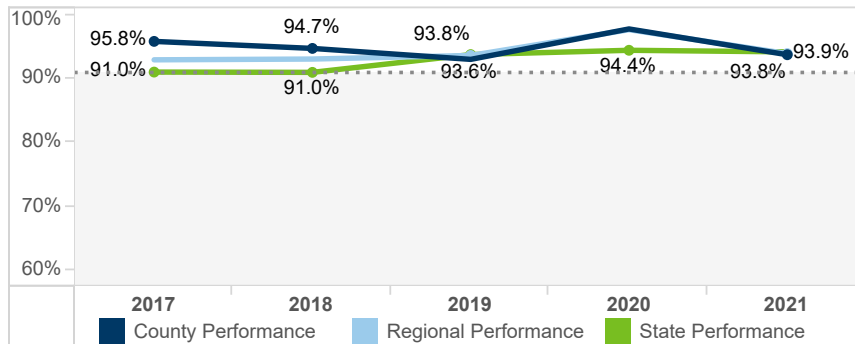
Percent of children with a substantiated maltreatment report who do not experience a repeat substantiated maltreatment report within 12 months.

County Performance by Year

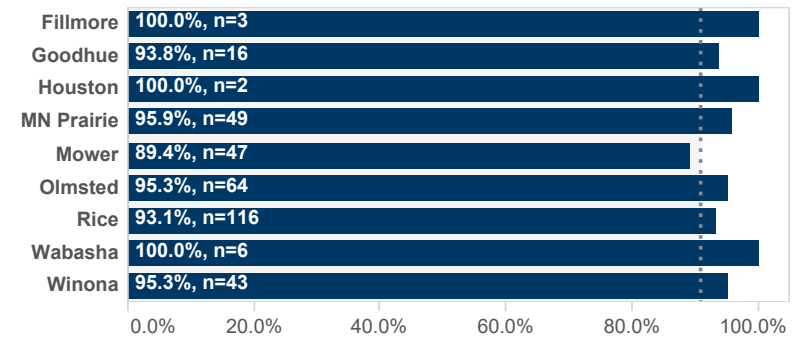
	2017	2018	2019	2020	2021
County Performance	95.8%	94.7%	93.0%	97.8%	93.8%
Denominator	72	57	43	45	16

Goodhue County PIP Decision
No PIP Required – Performance is equal to or above the threshold of 90.9%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 90.9%.

Percent of children discharged from out-of-home placement to permanency in less than 12 months.

What is this measure?

Of all children who enter foster care in a 12-month period, the percent who are discharged to permanency within 12 months of entering foster care. (Includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.)

Why is this measure important?

For children removed from their birth family, the timely establishment of permanency is an important indicator of county efforts to ensure children have permanent families.

What affects performance on this measure?

- Service factors that may influence this measure are the availability of the service array within the community; funding sources for services; support for the agency service plan by public partners, partnerships with schools, law enforcement, courts, and county attorneys; the culture of the agency; clear support and guidance from DHS; and the willingness of courts and county attorneys to engage in planning for families rather than waiting for perfection.
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and sufficient cultural responsiveness for diverse populations.
- Participant factors that may influence this measure are a family history of maltreatment; poverty; chemical use; economic stability; cultural perceptions of minimally adequate parenting as compared to ideal parenting; safety net support for the parents from family, friends, and the community; the availability of affordable housing options; and accessible transportation.
- Environmental or external factors that may influence this measure are economic conditions that support low income families, "blame and punish" societal attitude toward parents who have failed, and the economy.

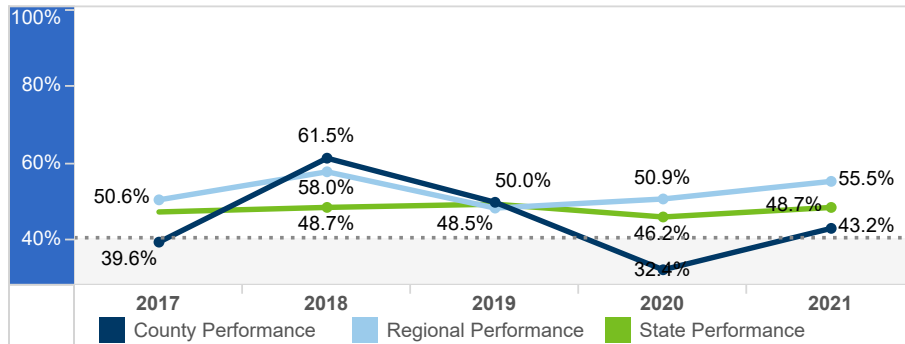
Percent of children discharged from out-of-home placement to permanency in less than 12 months.

County Performance by Year

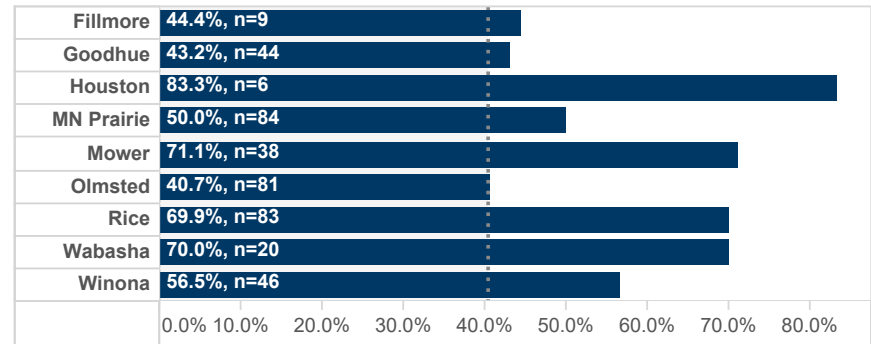
	2017	2018	2019	2020	2021
County Performance	39.6%	61.5%	50.0%	32.4%	43.2%
Denominator	48	52	40	34	44

Goodhue County PIP Decision
No PIP Required – Performance is equal to or above the threshold of 40.5%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 40.5%.

Percent of days children in family foster care spent with a relative.

What is this measure?

Of all days that children spent in family foster care settings during a 12-month reporting period, the percentage of days spent with a relative.

Why is this measure important?

Relationships with relatives are a source of continuity for children whose lives have been disrupted by abuse or neglect. There is an emphasis on establishing and supporting important relationships in children's lives through placement with relatives.

What affects performance on this measure?

- Service factors that may influence this measure are the cultural appreciation of the importance of relatives as compared to professional parenting; systems to help identify and find family members; economic support for relative caretakers; accommodations in licensing standards for relatives; the culture of the agency; clear support and guidance from DHS; and the conflict between relative placement and the stability of remaining in the same neighborhood and school.
- Staff factors that may influence this measure are the maturity, experience, and training of staff; the availability of experienced supervisors with sufficient time/workloads to mentor staff; adequate staffing capacity; turnover; and the ability of staff to engage relatives in the government process.
- Participant factors that may influence this measure are a family history of maltreatment; disqualifying factors; hostile family relationships; distrust of the system; poverty; chemical use; economic stability; and the availability of safety net support for the parents from family, friends, and the community.
- Environmental or external factors that may influence this measure are timeliness of locating relatives; cultural norms that blame parents; community understanding of cultural differences in child rearing; the diversity of new immigrant populations; existing cultural biases; and the availability of transportation and available housing.

Goodhue County Performance

Outcome: Children have the opportunity to develop to their fullest potential.

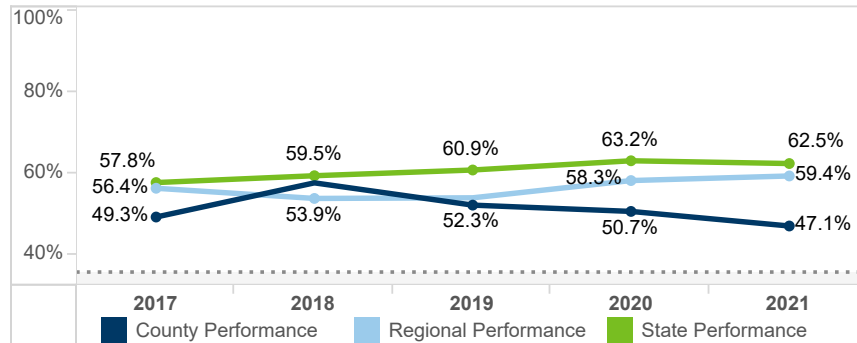
Percent of days children in family foster care spent with a relative.

County Performance by Year

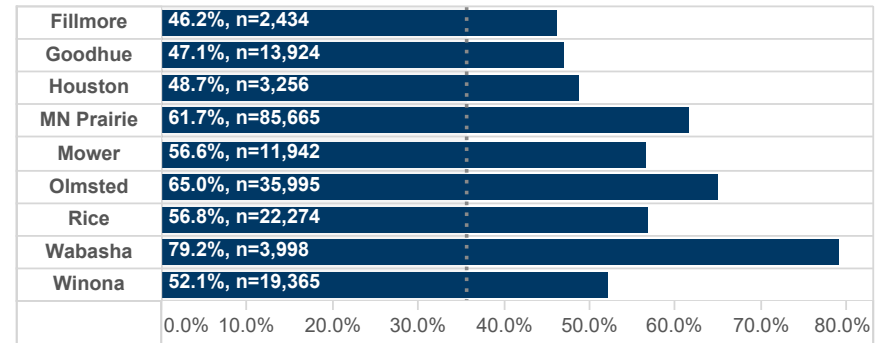
	2017	2018	2019	2020	2021
County Performance	49.3%	57.8%	52.3%	50.7%	47.1%
Number of Cases	91	86	79	72	67

Goodhue County PIP Decision
No PIP Required – Performance is equal to or above the threshold of 35.7%.

County/Region/State Performance Trends



Current Regional Performance



No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 35.7%.

Minnesota Family Investment Program/Diversionsary Work Program Self-Support Index.

What is this measure?

The MFIP/DWP Self-Support Index (S-SI) is the percent of adults eligible for MFIP or DWP that are off cash assistance or are on and working at least 30 hours per week three years after a baseline quarter. The Range of Expected Performance (REP) is a target range individual to each county or tribe that controls for variables beyond the control of the county, including caseload characteristics and economic variables.

Why is this measure important?

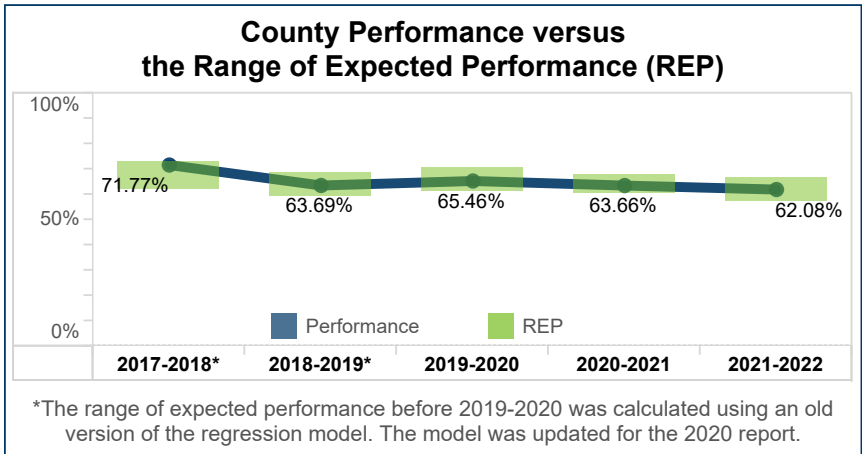
Providing support that allows families the opportunity to attain and maintain employment is an essential role of county government. Counties, service providers and tribes contribute to and support employment through providing employment services and coordinating other resources such as housing, child care, and transportation that support a person's ability to get and keep a job.

What affects performance on this measure?

- Service factors that may affect this measure include the quality of the employment plan, communication between county financial workers and employment service agencies, lack of interface between the DHS and Department of Employment and Economic Development's (DEED) administrative databases, availability and convenience of work supports such as child care assistance and transportation; work activity requirements of the federal Work Participation Rate (WPR) performance measure; recruitment of employers and relationships with employers; and complexity of program rules for both the participant and the staff.
- Staff factors that may affect this measure include staff education, training, and experience; caseload size, understanding of program policies; turnover; and time needed for program documentation.
- Participant and environmental/external factors that may affect this measure are controlled for in the formula used to calculate each county's unique REP for the Self-Support Index.

Minnesota Family Investment Program/Diversionsary Work Program Self-support Index.

Goodhue County PIP Decision
No PIP Required - Performance is within the Range of Expected Performance for 2021/2022.



Regional Performance

County	Performance	REP-Lower	REP-Upper
Fillmore County	81.30%	72.86%	80.95%
Freeborn County	72.94%	64.94%	76.89%
Goodhue County	62.08%	57.50%	66.58%
Houston County	67.85%	73.42%	80.46%
MNPrairie County Alliance	67.57%	63.85%	85.38%
Mower County	68.68%	64.75%	73.41%
Olmsted County	68.48%	67.48%	75.35%
Rice County	76.25%	67.20%	77.98%
Wabasha County	72.65%	64.09%	72.70%
Winona County	58.65%	57.55%	67.17%

Performance Compared to Range of Expected Performance (REP)
■ Above ■ Below ■ Within

