



GOODHUE COUNTY MINNESOTA

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

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN
NOVEMBER 15, 2022
IMMEDIATELY AFTER COW OR AT 10:30 A.M.

VIRTUAL OPTION MEETING NOTICE

The Goodhue County Health and Human Services Board will be conducting a board meeting pursuant to Minn. Stat. 13D.02 on November 15, 2022 at 10:30 a.m. in the County Board Room.

The public may attend in person or monitor the meeting from a remote site by logging into <https://meet.goto.com/627399757> or calling 1 877 309 2073 OR 1 646 749 3129 any time during the meeting. Access Code: 629-399-757

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

Documents:

[OCTOBER 18, 2022 HHS BOARD MINUTES.PDF](#)

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

- a. Child Care Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. ACS TriMin Support Contract

Documents:

[ACS TRIMIN SUPPORT CONTRACT.PDF](#)

- c. Child And Teen Checkup Contract

Documents:

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

5. ACTION ITEMS:

a. Accounts Payable October 2022

Documents:

[ACCOUNTS PAYABLE.PDF](#)

6. INFORMATIONAL ITEMS:

a. SCHA Fall Update

Leota Lind

Documents:

[2022 FALL SCHA UPDATE.PDF](#)

b. MN County Human Services Report 2020

Mike Zorn and Kayla Matter

Documents:

[HHS 2020 MINNESOTA COUNTY HUMAN SERVICES COST 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. Goodhue County DHS Child Support And Adult Protection Report

Documents:

[GOODHUE COUNTY DHS CHILD SUPPORT AND ADULT PROTECTION](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be December 20, 2022

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF OCTOBER 18, 2022**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:40 A.M., Tuesday, October 18, 2022, in the Goodhue County Board Room and online via GoToMeeting.

Brad Anderson, Linda Flanders, Todd Greseth, Susan Johnson, Susan Betcher, Nina Pagel and Jason Majerus

STAFF AND OTHERS PRESENT:

Nina Arneson, Mike Zorn, Lisa Woodford, and Kayla Matter

AGENDA:

On a motion by J. Majerus and seconded by B. Anderson, the Board approved the October 18, 2022, Agenda.

MEETING MINUTES:

On a motion by S. Betcher and seconded by S. Johnson, the Board approved the Minutes of the H&HS Board Meeting on September 20, 2022.

CONSENT AGENDA:

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

ACTION ITEMS:

On a motion by J. Majerus and seconded by S. Johnson, the Board approved payment of all accounts as presented.

INFORMATIONAL ITEMS:

3rd Quarter 2022 Fiscal Report by Kayla Matter

FYI & REPORTS:

Child Protection Report
HHS Staffing Report

Goodhue County Health & Human Services Board
Meeting Minutes of October 18, 2022

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by B. Anderson and seconded by J. Majerus, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 10:55 AM.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 15, 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:

- Lynn Haugen Kenyon
- Molly Rieke-Hofschulte Frontenac
- Shannon Callstrom Red Wing
- Sarah Lexvold Goodhue

Child Care Licensures:

Negative Licensing Actions:

- Laura Keim Pine Island Conditional License & Fine

Number of Licensed Family Child Care Homes: 68

RECOMMENDATION:

Goodhue County HHS Department recommends approval of the above.

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



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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 15, 2022	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 2023.

RECOMMENDATION: Goodhue County HHS recommends approval as requested.

ACS / SWS Support Services Agreement for 2023

AGREEMENT TO PROVIDE PROFESSIONAL SERVICES BETWEEN

Goodhue County Health & Human Services

(County)

and

TRIMIN SYSTEMS, INC.

This Agreement made by and between Goodhue County Health & 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 16, 2022

- 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): \$1,450

Annual Support for SWS, paid as one-time charge (one billing): \$1,450

- 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:
\$180 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, 2023, to December 31, 2023, 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: _____

TriMin Systems, Inc.:

Signed By: _____

Signed By: _____

Name: _____

Name: Joe McNiff

Title: _____

Title: Vice President

Date: _____

Date: _____

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (H&HS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	11/15/2022	Staff Lead:	Brooke Hawkenson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Child and Teen Checkup Contract, budget and work plan for 2023		

BACKGROUND:

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

In June 2021, legislation passed a proposal for Integrated Health Partnerships (IHPs) to complete outreach activities for the Child and Teen Checkup Program. IHPs have the option to opt out of completing this work.

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

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

The budgeted amount for these services from DHS is \$107,113.

RECOMMENDATION:

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



2023 Administrative Services Contract

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

The information collected in this survey will be used to prepare the 2023 C&TC Administrative Services contract amendment documents. Your response is due by Friday, September 23, 2022. If needed, an extension can be requested by emailing dhs.childteencheckups@state.mn.us. Remember, all contract documents must have appropriate signatures by December 31, 2022. **Work for the new amendment cannot begin until a fully signed contract is in place.**

Due Date: Friday, September 23, 2022

Budget Worksheet

Purpose: Balanced line item budget to maximize outreach funds.

Instructions: Attach the complete 2023 Budget Worksheet Excel document for DHS review and approval.

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

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

2023 Budget Worksheet (Excel)

ref:0000000078:Q2

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

- Yes
 No

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

- Yes
 No

Appendix B - Contractor Information Form

Purpose: Identify contractor information.

Instructions: Enter information for the 2023 contract amendment cycle.

Contractor Information

Contractor name	Goodhue County Health and Human Services
Contractor mailing address	426 West Avenue, Red Wing, MN 55066
Social Security or Federal Employer ID number	41-6005797
Minnesota tax ID number (if applicable)	8026628
Data Universal Numbering System (DUNS) number	
National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number that will be used when submitting claims for 2023 C&TC Administrative Services expenses	1982741096

Contractor Type

Single County CHB ▼

C&TC Contract Authorized Representative Information

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

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

- Yes
 No

If there has been a change since the previous amendment cycle in 2022, attach an updated Board Resolution document.



Data Privacy and Security Responsible Authority

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

How frequently will claims be submitted?

Monthly ▼

Appendix C - Subcontractor or Consultant Information Form

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

Instructions: Enter information for the 2023 contract amendment cycle.

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

- Yes
 No

Work Plan - Objective 1

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

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

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

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

Required Activities

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

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

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

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

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

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

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

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

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

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

Documentation of family response to information regarding C&TC is done in the Catch III system. Families with a "no" response to C&TC will not be contacted for a full year until their renotification letter is generated by the Catch III system when the screenings are due. After one year families are called/contacted (considering using text contacts in 2023) to find out "Y", "N", or "U" regarding accepting C&TC. Reminder letters resume as well as renotification letter if appropriate.

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

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

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

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

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

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

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9. Other activities provided to meet this objective.

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Work Plan - Objective 2

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

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

Required Activities

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

1. Assist families/children who request assistance with obtaining screening and/or referral services within 10 days of the request. Offer assistance, as needed, with making an appointment, transportation, or interpreter arrangements. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.

Families requesting assistance with screenings are contacted within 10 days of Goodhue County Health and Human Services receiving request. Results of all requests are documented in Catch III. Families are contacted via phone or follow up letter in the allotted time period. Contact information is provided in letters to families as well as during face to face visits and phone calls if families need more information or assistance with scheduling an appointment.

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

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

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

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

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

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

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5. Other activities provided to meet this objective.

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Work Plan - Objective 3

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

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

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

Required Activities

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

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

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

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

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

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

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

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4. Other activities provided to meet this objective.

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Work Plan - Objective 4

To coordinate C&TC services with related programs.

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

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

Required Activities

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

1. Women, Infants and Children (WIC) Program

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

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2. Head Start

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

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3. Immunization Registries, etc.

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

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

Colvill Family Center provides co-location activities of Head Start, ECFE, ECSE, and preschool programs. Yearly outreach is provided to staff. Provide inserts/flyers to schools to distribute during their summer program and in summer meal program. Also in Red Wing have C&TC information in online school newsletter.

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

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

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

C&TC Coordinator is available as a resource for community as needed. C&TC staff participates collaboratively with other GCHHS staff in the annual Goodhue County Fair with brochures and incentives available. Other community outreach includes local school wellness expos and community events as they arise and collaborate with DP&C staff to provide a display in GCHHS lobby for National Immunization week. Additional outreach is also conducted via bus ads on local transit buses. Goodhue County also participates in the Southeast Social Media Campaign which includes social media ads, and targeted streaming TV ads.

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Work Plan - Objective 5

Recruit and train local providers about the C&TC Program. Providing information and technical assistance to providers of participating Integrated Health Partnership (IHP) clinics is not a requirement; however, collaboration between county and tribal C&TC staff and providers within an IHP is encouraged.

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

Agencies are required to complete outreach to local C&TC providers by encouragement of program compliance, assistance with assessment of C&TC training needs, assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, and act as a referral source to offer technical assistance as needed.

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to C&TC providers outside of the IHP network. However, as time allows, keeping connections with all local providers is acceptable. C&TC Administrative Service agencies may provide training on C&TC Program requirements and should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for local C&TC providers. MDH staff is available to train local providers on C&TC screening components.

Required Activities

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

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

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

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

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

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

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

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

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

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

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

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6. Other activities provided to meet this objective.

(? of 1500 characters left.)






Attachments - Optional

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

Description

1.	
2.	
3.	
4.	
5.	

Attachments

DocuSign Signing Order

Before completing this section, please check your agency policy regarding contract routing and signature authorization. Attach an updated board resolution document indicating contract signature authorization to Appendix B (located on page 3 of this survey), as needed.

Instructions: The C&TC Administrative Services contract will be routed for review and signature collection in sequential order, as indicated in this survey. Enter the first and last name and email address of all local agency staff required to review and/or sign the C&TC Administrative Services contract in the order in which the contract should be routed. Select the action required for each staff member using the appropriate radio buttons.

Needs to view: Staff will receive an email from DocuSign with a link to open the contract for review. Once open, a copy of the contract can be downloaded. Use this option if your agency requires a printed copy for review, board approval, etc. Indicate in the notes section if there will be a pause in the signing process.

Needs to sign: Staff will receive an email from DocuSign with a link to open the contract for signature. Once open, DocuSign will prompt staff to sign on the appropriate lines.

If your agency requires more than five (5) reviewers/signers, please indicate this in the notes section and send an email containing reviewer/signer first and last name and email address to dhs.childteencheckups@state.mn.us.

Signing Order	Name (first and last)	Email Address	Action Required	
			Needs to sign	Needs to view
<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>			<input type="radio"/>	<input type="radio"/>

Notes:

**Thank you for completing the
2023 C&TC Administrative Services Contract survey!**

Prior to submitting the survey, review each page to ensure all questions are complete and print a copy for your records by selecting the **print** button below. Once **print** is selected, a new window will appear. Please ensure your browser's pop-up blocker is disabled. In the new window, print the webpage. If you are unable to print a copy, please email dhs.childteencheckups@state.mn.us. Print a copy of the survey before clicking the submit button.

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

**2023 Budget Worksheet
(Input)**

Goodhue County Health and Human Services

4,042

Community Health Board/Tribal Nation

Estimated number of CHB/Tribal Nation C&TC Eligible Children

Staffing Costs

List all C&TC staff separately with initials, name and/or position title in the appropriate section (Supervisor, Outreach Staff, Clerk or Support staff). Enter the total C&TC hours, salary/wages, and fringe benefits for each individual. All staffing costs must be entered on this worksheet. If additional space is needed, email dhs.childteencheckups@state.mn.us.

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor					
Brooke Hawkenson	10	0.00	\$419.10	\$113.70	\$532.80
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	10	0.00	\$419.10	\$113.70	\$532.80

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Outreach Staff					
Jane S. - PHN Coordinator	300	0.14	\$14,757.00	\$3,891.00	\$18,648.00
Jodi S.	40	0.02	\$1,250.40	\$191.60	\$1,442.00
Krista E	25	0.01	\$1,229.75	\$447.75	\$1,677.50
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
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		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	365	0.18	\$17,237.15	\$4,530.35	\$21,767.50

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Clerk or Support Staff					
Carol T. - Support Staff	1,560	0.75	\$42,946.80	\$13,728.00	\$56,674.80
Kari W - Support Staff	15	0.01	\$319.95	\$119.40	\$439.35
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
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		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	1,575	0.76	\$43,266.75	\$13,847.40	\$57,114.15

Equipment Costs

Enter the total budgeted amount for each expense below. All equipment expenses must be prorated for C&TC use. Computer equipment purchases require prior approval. Please submit a description and justification for all equipment expenses. Capital purchase descriptions must include cost-effectiveness justification. **NOTE: C&TC screening equipment is not an allowable expense.**

Expense	Total
Computer Costs (1750 * .75FTE = \$1,312.50)	\$1,312.50
Other equipment costs <i>Please submit a description and justification for any expense in this line.</i>	
Total equipment costs	\$1,312.50

Other Direct Costs

Enter the total budgeted amount for each expense below.

Expense	Total
Office supplies	\$300.00
Printing	\$3,500.00
Postage	\$3,500.00
Telephone	
Office space	
Interpreter/translation services	\$500.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC <i>Plan for at least 1 regional C&TC coordinator meeting @ \$35 per person; 1 Screening in Early Childhood regional workshop @ \$60 per person; MDH C&TC screening trainings ranging from \$600/3 day to \$16 per contact hour for ad hoc/updates; other C&TC training provided by MDH @ \$105 per person. Include costs for trainings related to improving C&TC services only.</i>	\$1,000.00
C&TC outreach supplies <i>All outreach supplies need to be approved by DHS. If requesting a new item not previously approved, upload to the C&TC SharePoint for approval.</i>	\$5,519.60

**2023 Budget Worksheet
(Input)**

C&TC outreach advertisement <i>All advertisements need to be approved by DHS. If requesting a new advertisement not previously approved, upload to the C&TC SharePoint for approval.</i>	\$4,000.00
Other <i>Please submit an explanation and justification for any expense in this line.</i>	
Total Other Direct Costs	\$18,319.60

Subcontractor/Consultant Costs

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

Total subcontractor/consultant costs	
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Indirect Cost

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

Standard indirect cost rate	10%
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Travel Costs

Enter the total number of miles to be traveled and the CHB/Tribal Nation mileage rate. The standard mileage rate .625 per mile. Mileage costs will be calculated with the standard mileage rate or the CHB/Tribal Nation mileage rate, whichever is less.

Expense	Total
Miles	200.0
Standard mileage rate	.625¢
CHB/Tribal Nation mileage rate	
Total mileage	\$125.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	
Total Travel Costs	\$125.00

Calculated C&TC Services Costs per Child

Not to exceed \$26.50 per eligible child.	\$26.50
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Goodhue County Health and Human Services

4,042

Community Health Board/Tribal Nation

Estimated number of C&TC eligible children

Staffing Costs

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor	10	0.00	\$419.10	\$113.70	\$532.80
Outreach staff	365	0.18	\$17,237.15	\$4,530.35	\$21,767.50
Clerk or support staff	1,575	0.76	\$43,266.75	\$13,847.40	\$57,114.15
Total	1,950	0.94	\$60,923.00	\$18,491.45	\$79,414.45

Equipment Costs

Computer costs	\$1,312.50
Other equipment costs	\$0.00
Total equipment costs	\$1,312.50

Other Direct Costs

Office supplies	\$300.00
Printing	\$3,500.00
Postage	\$3,500.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$500.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$1,000.00
C&TC outreach supplies	\$5,519.60
C&TC outreach advertisement	\$4,000.00
Other	\$0.00
Total other direct costs	\$18,319.60

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
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Indirect Cost

Total indirect cost	\$7,941.45
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Travel Costs

Mileage	\$125.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	\$0.00
Total travel costs	\$125.00

Total budgeted amount (rounded down to the nearest dollar)	\$107,112.00
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Total C&TC costs per eligible child (not to exceed \$26.50)	\$26.50
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IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: _____

Title: _____

Date: _____

FOR STATE: _____

Title: _____

Date: _____

2023 Administrative Services Annual Expenditure Report

Goodhue County Health and Human Services

Community Health Board/Tribal Nation

Complete this worksheet as part of the 2023 Annual Reports process (due spring 2024). Enter the Actual Expenditures for each line item in column C. If funds from other sources were used, complete column E by entering the amount spent for each line item.

Expense	Budgeted Amount	Actual Expenditures	Balance	Funds from other sources spent for these activities
Staffing	\$79,414.45		\$79,414.45	
Equipment	\$1,312.50		\$1,312.50	
Office supplies	\$300.00		\$300.00	
Printing	\$3,500.00		\$3,500.00	
Postage	\$3,500.00		\$3,500.00	
Telephone	\$0.00		\$0.00	
Office space	\$0.00		\$0.00	
Interpreter/translation services	\$500.00		\$500.00	
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$1,000.00		\$1,000.00	
C&TC outreach supplies	\$5,519.60		\$5,519.60	
C&TC outreach advertisement	\$4,000.00		\$4,000.00	
Other costs	\$0.00		\$0.00	
Subcontractor/consultant	\$0.00		\$0.00	
Indirect cost	\$7,941.45		\$7,941.45	
Travel	\$125.00		\$125.00	
Total	\$107,113.00	\$0.00	\$107,113.00	\$0.00

Estimated number of C&TC eligible children	4,042
---	-------

Actual C&TC costs per eligible child	\$0.00
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I certify that the above expenses represent costs incurred for C&TC Administrative Services.

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

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

Under Age 21 by County and Tribe for 2023

Based on State Fiscal Year 2023 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

County Code	County Name	Number of Eligible Children
001	AITKIN	918
002	ANOKA	23,398
003	BECKER	3,076
004	BELTRAMI	7,659
005	BENTON	2,652
006	BIG STONE	618
007	BLUE EARTH	4,387
008	BROWN	1,607
009	CARLTON	2,048
010	CARVER	5,464
011	CASS	3,603
012	CHIPPEWA	1,637
013	CHISAGO	3,389
014	CLAY	7,058
015	CLEARWATER	1,100
016	COOK	496
017	COTTONWOOD	1,685
018	CROW WING	4,741
019	DAKOTA	31,209
020	DODGE	2,186
021	DOUGLAS	3,633
022	FARIBAULT	1,851
023	FILLMORE	2,113
024	FREEBORN	4,543
025	GOODHUE	4,042
026	GRANT	611
027	HENNEPIN	82,635
028	HOUSTON	1,613
029	HUBBARD	1,819
030	ISANTI	2,352
031	ITASCA	3,050
032	JACKSON	1,097
033	KANABEC	1,779
034	KANDIYOHI	3,041
035	KITSON	520
036	KOOCHICHING	772
037	LAC QUI PARLE	803
038	LAKE	440
039	LAKE OF THE WOODS	468
040	LE SUEUR	2,371
041	LINCOLN	347
042	LYON	2,004
043	MCLEOD	4,079
044	MAHNOMEN	917
045	MARSHALL	968
046	MARTIN	2,827

County Code	County Name	Number of Eligible Children
047	MEEKER	2,557
048	MILLE LACS	2,657
049	MORRISON	3,158
050	MOWER	6,907
051	MURRAY	726
052	NICOLLET	2,408
053	NOBLES	2,957
054	NORMAN	693
055	OLMSTED	16,833
056	OTTER TAIL	3,974
057	PENNINGTON	1,307
058	PINE	2,536
059	PIPESTONE	884
060	POLK	3,977
061	POPE	1,281
062	RAMSEY	49,013
063	RED LAKE	454
064	REDWOOD	1,804
065	RENVILLE	1,891
066	RICE	5,189
067	ROCK	1,026
068	ROSEAU	1,631
069	ST. LOUIS	8,963
070	SCOTT	10,909
071	SHERBURNE	5,553
072	SIBLEY	1,677
073	STEARNS	8,603
074	STEELE	4,703
075	STEVENS	984
076	SWIFT	1,147
077	TODD	1,988
078	TRAVERSE	514
079	WABASHA	2,005
080	WADENA	1,003
081	WASECA	2,227
082	WASHINGTON	14,039
083	WATONWAN	1,548
084	WILKIN	667
085	WINONA	2,734
086	WRIGHT	7,729
087	YELLOW MEDICINE	876
102	RED LAKE INDIAN RESERVATION	1,088
103	WHITE EARTH INDIAN RESERVATION	702
	PONDUTON LAC INDIAN RESERVATION	500
	TOTAL	433,648

Under Age 21 by Community Health Board for 2023

Based on State Fiscal Year 2023 Enrollment Data
 Eligible in Major Programs MA - Ages 0 through 20
 July through December numbers do not include children attributed to a contracted Integrated Health Partnership

#	Community Health Board	Number of Eligibles
1	Aitkin-Itasca-Koochiching Community Health Board	4,740
2	Anoka County Community Health & Environmental Services	23,398
3	Beltrami County Community Health Board	7,659
4	Benton County Community Health Board	2,652
5	Blue Earth County Human Services	4,387
6	Brown-Nicollet Community Health Board	4,015
7	Carlton-Cook-Lake-St. Louis Community Health Board	11,947
8	Carver County Public Health	5,464
9	Cass County Health, Human and Veterans Services Board	3,603
10	Chisago County Public Health	3,389
11	Countryside Public Health (Big Stone, Chippewa, Lac qui Parle, Swift, Yellow Medicine)	5,081
12	Crow Wing County Community Services	4,741
13	Dakota County Public Health Department	31,209
14	Des Moines Valley Health and Human Services (Cottonwood, Jackson)	2,782
15	Dodge-Steele Community Health Board	6,889
16	Fillmore Houston Community Health Board	3,726
17	Fond du Lac Band of Lake Superior Chippewa	500
18	Freeborn County Public Health	4,543
19	Goodhue County Health and Human Services	4,042
20	Hennepin County Human Services and Public Health Department	82,635
21	Horizon Public Health (Douglas, Grant, Pope, Stevens, Traverse)	7,023
22	Human Services of Faribault & Martin Counties	4,678
23	Isanti County Community Health Board	2,352
24	Kanabec County Community Health	1,779
25	Kandiyohi-Renville Community Health Board	4,932
26	Le Sueur Waseca Community Health Board	4,598
27	Meeker McLeod Sibley	8,313
28	Mille Lacs County Community Health Board	2,657
29	Morrison, Todd, Wadena Community Health Board	6,149
30	Mower County Community Health Services	6,907
31	Nobles County Community Services	2,957
32	North Country Community Health Board (Clearwater, Hubbard, Lake of the Woods)	3,387
33	Olmsted County Public Health Services	16,833
34	Partnership4Health Community Health Board c/o Otter Tail County Public Health (Becker, Clay, Otter Tail, Wilkin)	14,775
35	Pine County Community Health Board	2,536
36	Polk-Norman-Mahnomen Community Health Board	5,587
37	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,880
38	Red Lake Comprehensive Health Services	1,088
39	Rice County Community Health Services	5,189
40	Saint Paul - Ramsey County Public Health	49,013
41	Scott County Health and Human Services	10,909
42	Sherburne County Health & Human Services	5,553
43	Southwest Health and Human Services (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock)	6,791
44	Stearns County Human Services	8,603
45	Wabasha County Public Health	2,005
46	Washington County Public Health and Environment	14,039
47	Watonwan County Human Services	1,548
48	White Earth Home Health Agency	702
49	Winona County Community Services	2,734
50	Wright County Health and Human Services	7,729
	TOTAL	433,648

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



REQUEST FOR BOARD ACTION

Requested Board Date:	November 15, 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 October 2022 HHS Warrant Registers		

BACKGROUND:

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

	Date of Warrant		Check No.	Series	Total Batch
IFS	October 7, 2022	ACH	37772	37780	\$118,131.06
IFS	October 7, 2022		464217	458747	\$61,369.31
IFS	October 14, 2022	ACH	37824	37836	\$14,187.25
IFS	October 14, 2022		464412	464436	\$65,212.60
IFS	October 21, 2022	ACH	37837	37853	\$43,130.52
IFS	October 21, 2022		464437	464493	\$124,474.59
IFS	October 28, 2022	ACH	37967	38001	\$10,082.65
IFS	October 28, 2022		464615	464673	\$22,414.96
SSIS	October 28, 2022	ACH	37900	37925	\$63,640.92
SSIS	October 28, 2022		464566	464609	\$141,352.84
IFS	October 28, 2022	ACH	37926	37966	\$63,312.44
IFS	October 28, 2022		464610	464614	\$14,626.36
Total					\$741,935.50

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



Member County Board 2022 Fall Report

Leota Lind, CEO





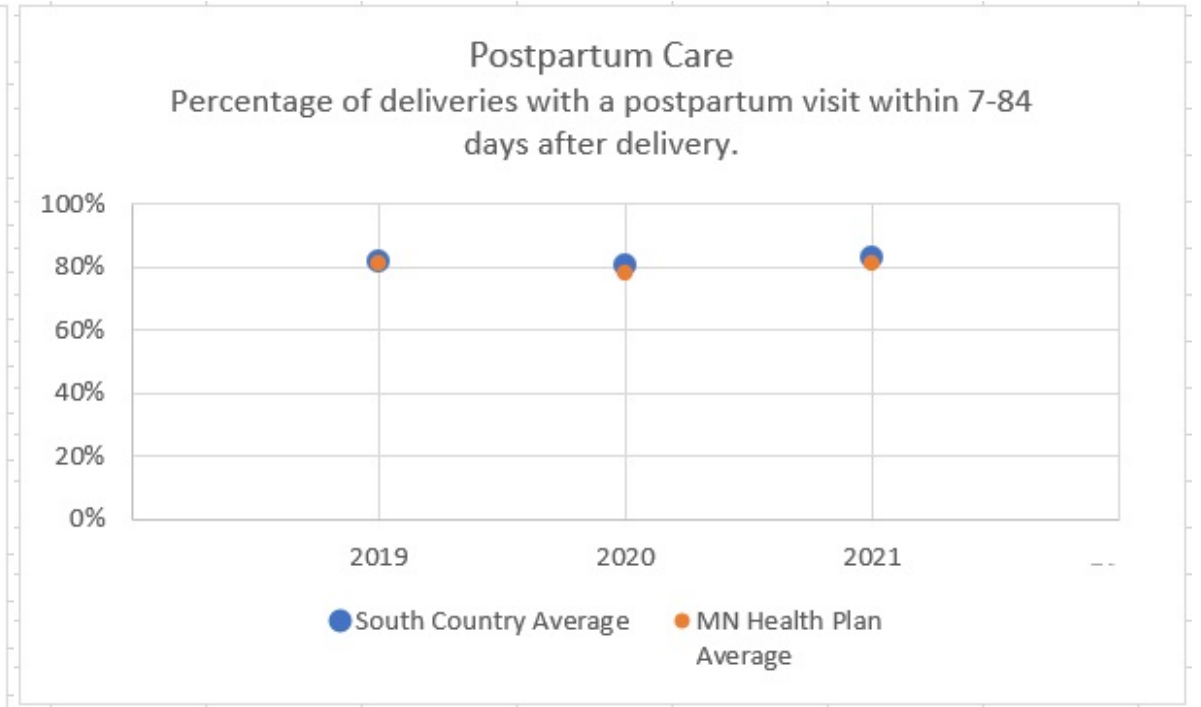
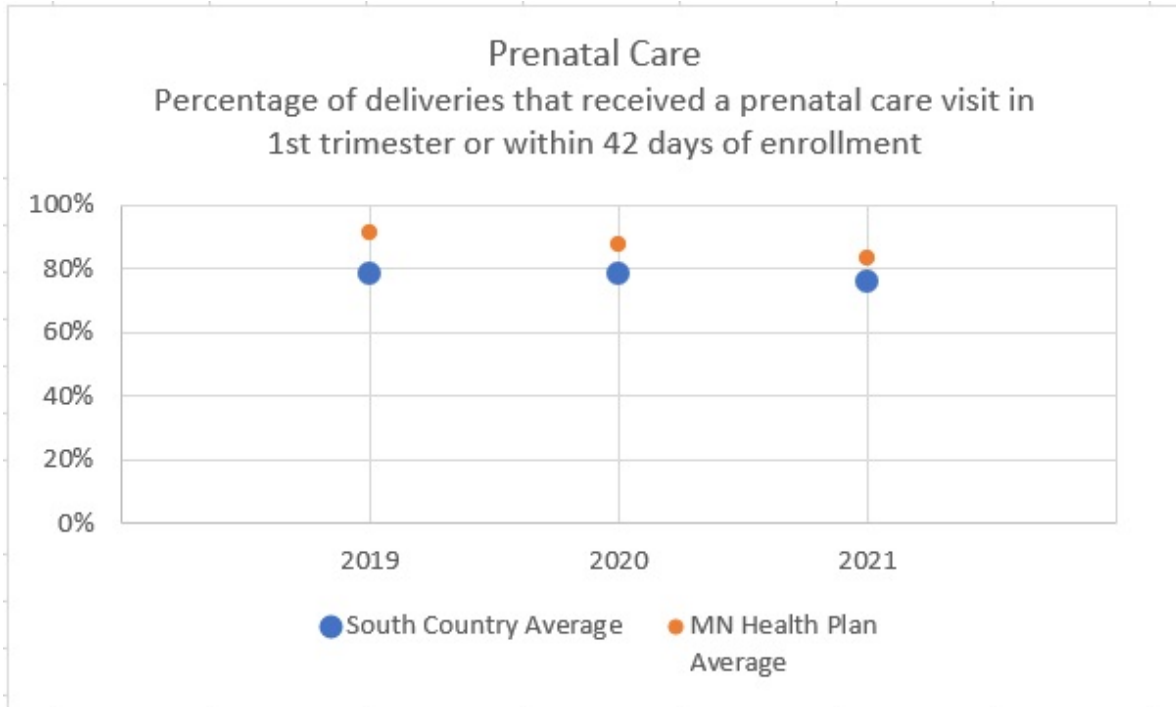
A HEALTHY START

Promoting a Healthy Start for Mothers & Children in Rural Minnesota

- 2021-2023 DHS Performance Improvement Project (PIP)
- Children ages 0-15 months
- Addresses geographic disparities due to living in rural communities

HEDIS Rates

Healthcare Effectiveness Data and Information Set



A HEALTHY START

2020 and 2021 South Country averaged 416 pregnancies with approximately 30/month identified as high risk.

Goals

- Increase 1st trimester prenatal care visit rate
- Increase postpartum care visit rate
- Increase primary care well-child visit rates



A HEALTHY START

Partnering with Counties



- Training video for county financial workers
- Referral lists of pregnant members are sent to counties
- Member Pregnancy Packets (available benefits, Community Care Connector info, local resources, Embracing Life prenatal guide, crucial advice)
- Baby's First Year Calendar (520 distributed in 2022)
- Healthy Baby Healthy Teeth Kits (580 kits distributed in 2022)
- Be Buckled™ Free Car Seat Program and Education (236 provided since 2021)

A HEALTHY START

- Perinatal depression screening
- Be Rewarded™ Prenatal Care
- Be Rewarded™ Postpartum Care
- Be Rewarded™ Infant Well-care Visits
- Free Breast Pump Program (350+ provided since 2021)
- 24-hour Nurse Advice
- EFCE Classes (700+ discounts given since 2021)

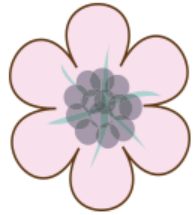


Reminder:

Children should have a well-care visit at these ages:

- 0 -1 month
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months

Embracing Life Online



Welcome to the supplementary content for our printed Embracing Life booklet

Embracing Life is a helpful guide book produced by South Country Health Alliance for health plan members who are pregnant. Our guide contains a calendar, helpful tips, and resources for new mom's both during and after their pregnancy.

The content of these pages is only part of what we have to offer – if you don't have a guide book, call Member Services to request one or download it from the Resource box on the right.

[How you and baby share](#)

Whatever you put in your body is shared with your baby. Here are some things to avoid and why.

[Childproofing, First Aid, and Safety](#)

Childproofing keeps your baby safe from dangers in your home. Look here for tips, first aid, and safety help.

[Vaccinations](#)

Vaccinations help protect you and your baby from serious illness. Here's what you need to know.

[Breastfeeding](#)

Breastfeeding is important for both you and the baby. Look here for more information.

[Dental Care](#)

Dental care is even more important when you are pregnant. Find out how you and baby can both benefit.

[More Resources & Numbers](#)

There are many resources available for new moms. Look here for them.

More Resources for Parents

- [Prenatal & Postpartum Care](#)
- [Breastfeeding](#)
- [Childproofing, First Aid, and Safety](#)
- [Dental Care](#)
- [Vaccinations](#)
- [Well-care for Babies and Children](#)
- [What You Share with Your Baby](#)
- [More Resources and Numbers](#)
- [RideConnect Transportation](#)
- [24/7 Nurse Advice Phone Service](#)
- [Tobacco Cessation](#)
- [Dental Appointments](#)
- [Community Care Connectors](#)

Documents to download

[Embracing Life Guide \(pdf\)](#)

[Pregnancy Brochure \(pdf-English\)](#) [\(pdf-Spanish\)](#) [\(pdf-Somali\)](#)



FIND A PROVIDER



FIND A PHARMACY

NEW ENROLLEE HEALTH SURVEY: Response Rates

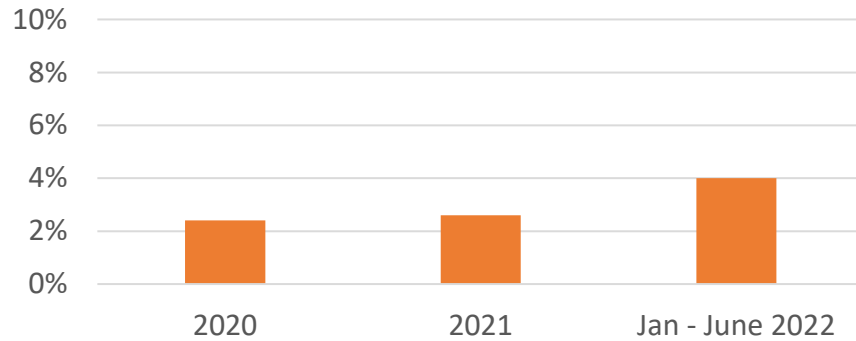


South Country Response Rates

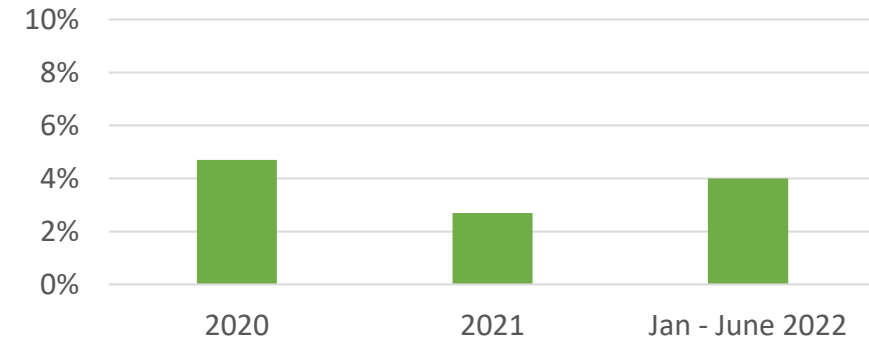
Outreach	2020	2021	Jan-June 2022
1 st outreach (Mail)	8%	19%	18%
2 nd outreach (Phone & Mail)	5%	8%	16%
3 rd outreach (Mail)	3%	11%	21%
Total Combined	16%	38%	55%

NEW ENROLLEE HEALTH SURVEY: Social Drivers of Health Responses

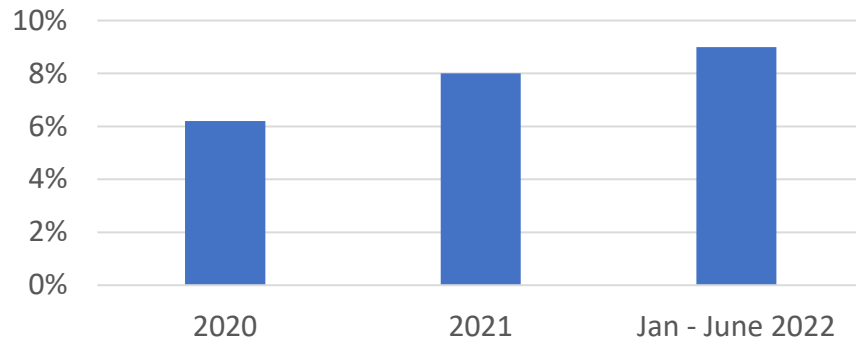
Are you worried in the next 2 months you might not have stable housing?



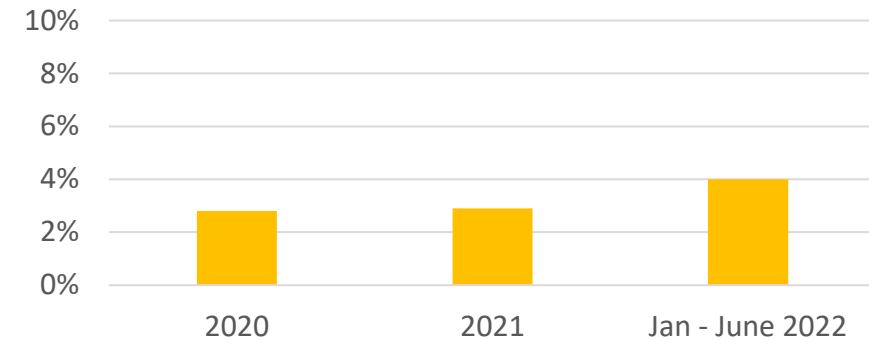
In the past year, have you or your family members had difficulty getting food?



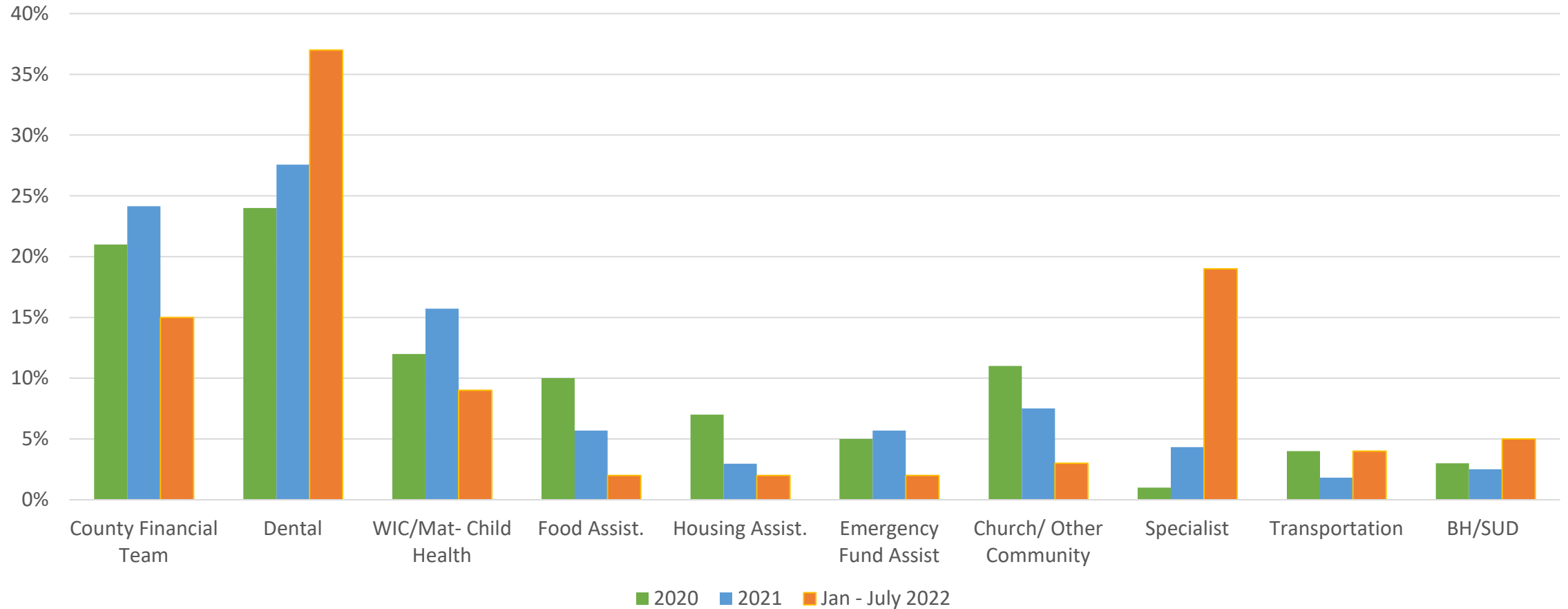
In the past year, have you or your family members had difficulty paying utilities?



In the past year, have you or your family members had difficulty getting clothing?



NEW ENROLLEE HEALTH SURVEY: Member Follow-up / Referrals Made



SEPTEMBER 30, 2022 FINANCIALS

- Net Income \$13,100,000
- Revenues on budget with favorable program expenses
- Overall loss ratio of 87.1%
- Administrative Expenses \$970,500 favorable to budget
 - Admin expense ratio to revenue is 6.7%

Goodhue County Health & Human Services

Minnesota County Human Service Cost Report for Calendar Year 2020

**Kayla Matter, Accounting Supervisor
Mike Zorn, HHS Deputy Director**

November 15, 2022

Background

Going back to 1989, the Department of Human Services (DHS) has been providing counties with a report called Minnesota County Human Service Cost Report. It provides cost and revenue tables for all programs and provides trend and per capita comparisons.

We have a few dates that make our county per capita comparisons not comparing apples to apples to other counties.

Background

- ▶ In 1999, the Zumbro Valley Mental Health Center Red Wing office integrated with Goodhue County Social Services. In the per capita costs from 1999 to 2013, all of those costs would be included in our human service cost report.
- ▶ In August of 2010, the Goodhue County Public Health and Goodhue County Social Services integrated to form Goodhue County Health & Human Services. The funds and accounting for the two departments were not integrated until January 1, 2011.
- ▶ On April 1, 2014 the Goodhue County Mental Health Center closed and mental health services were purchased.

Background

- ▶ The cost reports for Goodhue County since 2011 now also include a majority of the public health costs. What we need to keep in mind is that there are a few counties that have integrated their Public Health and Social Services funds into one fund, but majority are integrated only by name and not funds.

Background

- ▶ The end result is that our HHS Department's numbers for costs are being compared to other counties Human Services Departments' costs only, which does not provide apples to apples comparison.
- ▶ Although the numbers increased as expected from 2010, this is actually one of the financial benefits of being a true integrated department. In our HHS setting more staff are providing services as HHS staff in which costs can be shared and revenues can be maximized.
- ▶ Page 12 of this report shows the Least Admin Cost/Capita Ranking. In 2010 the last year HS was by itself that ranking was 14th. In 2011 our first year of HHS we ranked 49th and has since been decreasing.

Program Areas for Human Services Costs

▶ **Support Programs Aid**

- Minnesota Supplemental Aid (MSA)
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Support Enforcement (Title IV-D)
- Group Residential Housing (GRH)

Program Areas for Human Services Costs

▶ Health Program Aid

- Medical Assistance (MA)

▶ Social Service Programs

- Children's Services
- Child Care
- Chemical Dependency (CD)
- Mental Health
- Developmental Disabilities (DD)
- Adult Services

Goodhue County Total Human Services Costs

(Table 1)

2018

2019

2020

Support Program Aid	\$6,399,932	\$6,510,467	\$8,265,818
Health Program Aid	\$61,947,879	\$57,375,850	\$62,193,626
Social Service Programs	\$38,460,434	\$40,213,889	\$42,699,915
Total HS Costs	\$106,808,245	\$104,100,206	\$113,159,359

Goodhue County Total Human Services Revenue Shares (Table 1)

	2018	2019	2020
Federal	\$51,267,605	\$49,803,038	\$54,913,889
State	\$48,344,633	\$46,993,028	\$51,012,641
County	\$4,886,954	\$5,038,829	\$4,749,512
Misc	\$2,309,053	\$2,265,311	\$2,483,316
Total	\$106,808,245	\$104,100,206	\$113,159,359

TOTAL HUMAN SERVICE COSTS AND REVENUE SHARES

TABLE 1

TOTAL HUMAN SERVICE COSTS

TOTAL HUMAN SERVICE REVENUE SHARES

COUNTY	TOTAL HUMAN SERVICE COSTS				TOTAL HUMAN SERVICE REVENUE SHARES				
	SUPPORT	HEALTH	SOCIAL SERVICES	TOTAL	FEDERAL	STATE	COUNTY	MISC	TOTAL
1 Aitkin	4,009,573	37,898,660	12,371,735	54,279,968	26,730,067	24,665,610	2,162,095	722,195	54,279,968
2 Anoka	66,017,896	535,250,273	290,636,256	891,904,425	440,259,933	415,451,497	31,884,735	4,308,259	891,904,425
3 Becker	6,685,058	10,361,026	27,598,608	44,644,692	21,003,341	16,472,644	6,205,458	963,249	44,644,692
4 Beltrami	14,330,829	155,941,592	59,696,961	229,969,382	112,673,928	105,521,978	10,600,304	1,173,172	229,969,382
5 Benton	11,526,226	73,352,471	34,151,981	119,030,679	58,479,575	55,085,637	4,783,586	681,882	119,030,679
6 Big Stone	1,442,924	14,955,650	6,749,032	23,147,605	11,339,524	10,497,253	903,171	407,658	23,147,605
7 Blue Earth	16,939,454	100,599,940	62,478,583	180,017,977	84,773,680	83,123,266	7,613,195	4,507,836	180,017,977
8 Brown	4,782,902	39,541,897	22,080,658	66,405,458	32,266,600	29,842,125	3,004,350	1,292,383	66,405,458
9 Carlton	9,799,993	70,917,130	41,285,505	122,002,628	58,287,095	53,713,174	7,575,809	2,426,550	122,002,628
10 Carver	9,578,924	87,510,499	68,177,993	165,267,416	76,285,918	74,254,419	10,105,726	4,621,353	165,267,416
11 Cass	12,993,056	9,621,949	29,745,511	52,360,516	27,078,539	19,697,802	4,541,549	1,042,625	52,360,516
12 Chippewa	3,190,904	25,561,789	15,431,684	44,184,377	21,829,312	19,356,797	2,499,907	498,361	44,184,377
13 Chisago	6,783,474	70,845,727	45,642,706	123,271,906	59,796,993	56,423,448	5,895,568	1,155,897	123,271,906
14 Clay	22,323,422	116,003,367	72,421,986	210,748,776	103,178,710	94,962,748	11,142,053	1,465,265	210,748,776
15 Clearwater	2,207,847	3,729,438	6,111,371	12,048,657	5,810,582	4,466,504	1,268,781	502,790	12,048,657
16 Cook	1,057,348	8,945,007	4,237,195	14,239,550	6,362,593	6,207,073	1,205,655	464,228	14,239,550
18 Crow Wing	14,363,473	122,672,755	57,101,084	194,137,312	93,117,048	88,265,655	10,229,529	2,525,081	194,137,312
19 Dakota	69,391,150	561,113,314	347,703,618	978,208,083	480,889,247	451,470,578	24,514,443	21,333,815	978,208,083
21 Douglas	7,255,545	53,749,641	25,019,695	86,024,880	41,897,093	39,098,037	3,949,433	1,080,317	86,024,880
23 Fillmore	3,336,425	31,820,795	15,959,639	51,116,860	25,437,521	23,649,201	1,811,616	218,522	51,116,860
24 Freeborn	9,078,263	58,588,835	27,933,983	95,601,081	46,819,121	41,791,593	5,478,596	1,511,771	95,601,081
25 Goodhue	8,265,818	62,193,626	42,699,915	113,159,359	54,913,889	51,012,641	4,749,512	2,483,316	113,159,359
26 Grant	1,671,447	12,533,104	7,493,507	21,698,058	9,856,886	9,728,712	1,072,963	1,039,496	21,698,058
27 Hennepin	450,904,733	2,666,485,100	1,385,206,608	4,502,596,441	2,193,969,837	2,035,978,064	251,496,183	21,152,357	4,502,596,441
28 Houston	3,184,959	(138,281)	14,538,907	17,585,586	8,467,504	6,552,379	1,770,174	795,528	17,585,586
29 Hubbard	5,626,014	44,423,743	16,933,972	66,983,729	32,988,328	29,873,134	2,888,224	1,234,044	66,983,729
30 Isanti	8,099,709	60,718,037	36,274,071	105,091,816	50,749,376	48,932,245	4,468,721	941,474	105,091,816
31 Itasca	14,286,279	102,952,910	59,046,022	176,285,211	83,881,202	78,423,835	13,096,819	883,355	176,285,211
32 DVHHS	5,161,006	24,500,645	28,404,795	58,066,445	25,264,803	26,311,894	4,885,554	1,604,193	58,066,445
33 Kanabec	4,458,718	35,567,161	15,362,626	55,388,505	27,364,553	25,223,269	1,954,239	846,444	55,388,505
34 Kandiyohi	13,118,486	88,918,358	44,033,256	146,070,100	71,344,729	64,843,673	7,910,742	1,970,956	146,070,100
35 Kittson	875,037	10,138,594	4,071,556	15,085,188	7,518,124	7,109,456	339,388	118,219	15,085,188
36 Koochiching	3,747,468	30,724,756	12,090,113	46,562,338	23,076,412	21,205,158	1,842,349	438,418	46,562,338
37 Lac Qui Parle	1,453,409	18,444,447	8,863,993	28,761,849	14,075,134	13,517,204	838,875	330,636	28,761,849
38 Lake	1,865,466	18,316,335	12,897,709	33,079,510	14,649,221	16,560,939	1,405,925	463,426	33,079,510
39 Lake of the Woods	875,929	(98,755)	4,126,579	4,903,753	2,326,041	1,845,211	551,470	181,031	4,903,753
40 Le Sueur	4,393,594	33,554,215	23,822,642	61,770,451	30,008,766	27,832,314	3,369,579	559,792	61,770,451
42 SWHHS	16,484,668	141,265,982	73,215,570	230,966,220	111,769,347	105,508,305	10,343,508	3,345,061	230,966,220
43 McLeod	5,227,023	53,813,860	29,697,035	88,737,919	42,198,655	40,807,453	4,680,740	1,051,071	88,737,919
44 Mahanomen	1,582,688	23,975,582	6,287,054	31,845,324	15,619,723	14,823,545	1,152,402	249,654	31,845,324

TOTAL HUMAN SERVICE COSTS AND REVENUE SHARES

TABLE 1

TOTAL HUMAN SERVICE COSTS

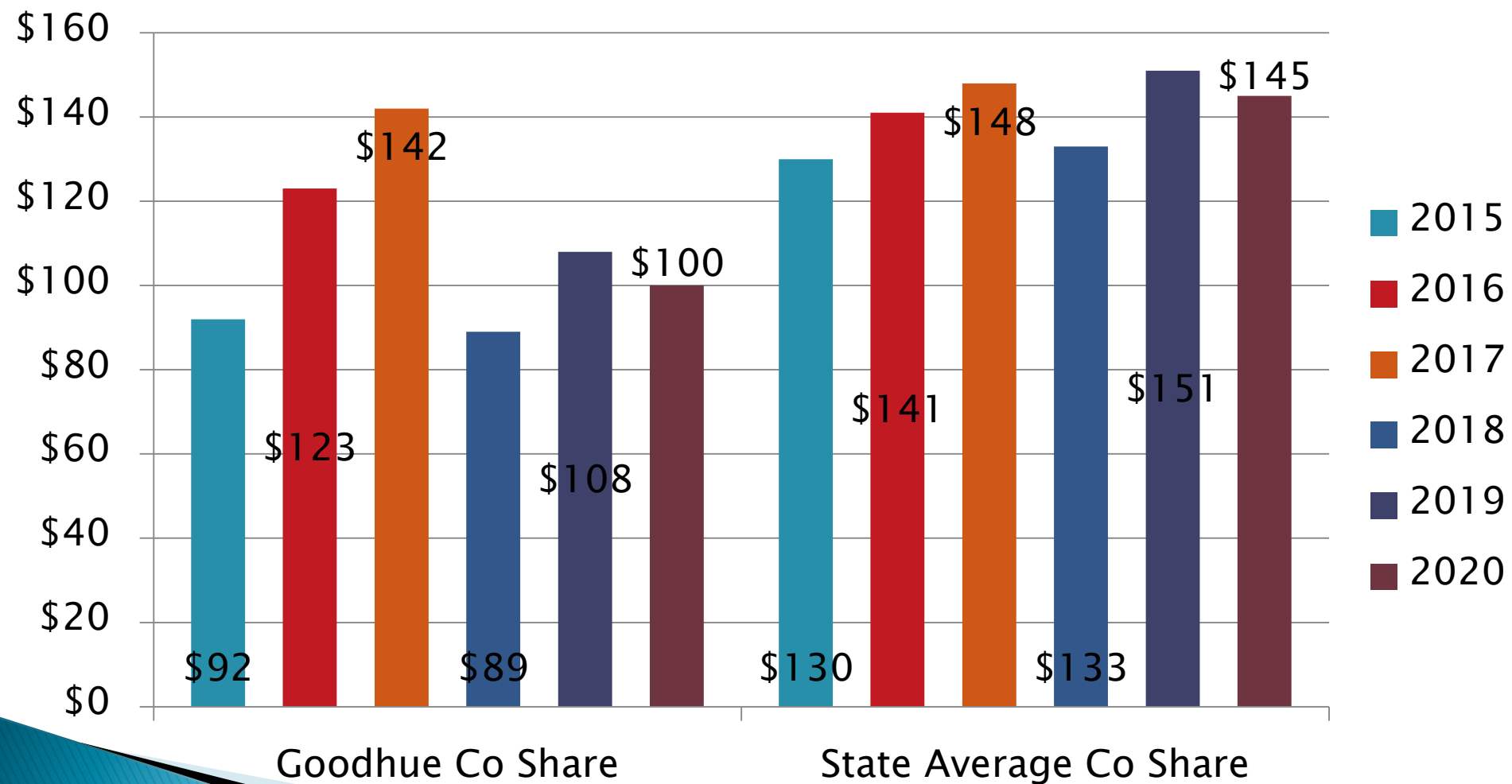
TOTAL HUMAN SERVICE REVENUE SHARES

COUNTY	TOTAL HUMAN SERVICE COSTS				TOTAL HUMAN SERVICE REVENUE SHARES				
	SUPPORT	HEALTH	SOCIAL SERVICES	TOTAL	FEDERAL	STATE	COUNTY	MISC	TOTAL
45 Marshall	1,832,784	15,836,889	9,072,656	26,742,328	12,978,268	12,223,394	1,075,593	465,074	26,742,328
46 Faribault Martin	9,082,534	71,450,778	39,011,198	119,544,510	58,299,823	54,793,487	5,193,037	1,258,164	119,544,510
47 Meeker	4,437,598	35,213,404	22,926,751	62,577,752	30,303,799	28,159,525	3,272,859	841,570	62,577,752
48 Mille Lacs	6,550,533	66,482,701	29,403,152	102,436,386	50,159,404	46,139,787	4,459,199	1,677,996	102,436,386
49 Morrison	7,095,786	63,347,523	31,096,040	101,539,349	49,744,398	46,192,829	4,023,509	1,578,614	101,539,349
50 Mower	12,357,485	76,731,632	45,460,697	134,549,814	67,514,600	61,693,035	4,258,402	1,083,777	134,549,814
52 Nicollet	7,321,064	40,571,410	25,744,521	73,636,996	35,498,066	31,519,766	4,992,622	1,626,542	73,636,996
53 Nobles	5,018,796	35,696,273	13,985,658	54,700,726	26,938,702	24,320,038	2,694,496	747,490	54,700,726
54 Norman	1,740,970	15,191,100	6,156,285	23,088,356	11,567,416	10,581,301	685,277	254,362	23,088,356
55 Olmsted	41,502,029	203,475,413	158,381,775	403,359,217	188,204,896	172,072,393	34,042,401	9,039,527	403,359,217
56 Otter Tail	11,807,235	10,803,268	50,136,485	72,746,988	32,753,353	29,310,650	9,455,942	1,227,043	72,746,988
57 Pennington	3,382,860	22,435,979	11,680,173	37,499,012	17,969,810	16,699,756	2,375,142	454,304	37,499,012
58 Pine	8,912,594	62,177,361	23,091,720	94,181,675	46,981,592	42,271,900	3,551,180	1,377,002	94,181,675
60 Polk	10,695,268	75,541,573	34,431,730	120,668,571	59,412,363	55,774,013	4,152,573	1,329,623	120,668,571
61 Pope	2,259,362	2,245,188	8,693,466	13,198,015	6,099,355	5,424,307	1,235,682	438,671	13,198,015
62 Ramsey	246,256,391	1,433,206,886	622,657,545	2,302,120,822	1,149,485,737	1,031,635,066	110,189,493	10,810,527	2,302,120,822
63 Red Lake	1,051,381	779,185	2,416,485	4,247,050	2,214,070	1,634,959	240,068	157,954	4,247,050
65 Renville	3,639,646	28,982,396	15,225,473	47,847,515	23,272,087	20,987,997	3,027,943	559,487	47,847,515
66 Rice	12,239,115	90,330,825	59,838,958	162,408,898	80,148,860	74,661,377	6,445,211	1,153,450	162,408,898
68 Roseau	2,795,819	25,261,249	11,969,891	40,026,959	19,375,820	18,361,555	1,725,598	563,987	40,026,959
69 St. Louis	69,408,281	434,742,109	227,585,180	731,735,569	351,970,284	327,229,320	45,520,083	7,015,883	731,735,569
70 Scott	16,195,288	(4,162,596)	96,444,854	108,477,546	52,350,793	43,687,465	8,655,523	3,783,765	108,477,546
71 Sherburne	14,423,268	115,876,771	65,870,143	196,170,183	97,572,422	89,701,031	6,980,588	1,916,142	196,170,183
72 Sibley	2,846,717	187,870	14,329,644	17,364,231	7,793,045	6,742,702	2,161,813	666,671	17,364,231
73 Stearns	42,062,135	290,447,994	117,463,091	449,973,220	224,856,515	206,458,427	17,144,415	1,513,863	449,973,220
74 MNPrairie	18,581,062	99,563,549	63,506,116	181,650,727	89,987,683	80,167,256	8,703,004	2,792,783	181,650,727
75 Stevens	1,886,751	14,411,321	8,658,723	24,956,795	12,203,356	11,173,932	1,225,700	353,806	24,956,795
76 Swift	2,611,423	21,855,576	12,464,796	36,931,795	17,374,199	16,367,626	2,828,219	361,750	36,931,795
77 Todd	5,016,057	57,415,515	22,184,124	84,615,696	41,547,840	39,154,169	3,198,064	715,623	84,615,696
78 Traverse	1,620,282	9,690,932	3,147,877	14,459,092	7,014,476	6,603,271	627,357	213,988	14,459,092
79 Wabasha	3,356,447	30,377,545	13,902,805	47,636,797	23,667,458	21,785,986	1,754,126	429,227	47,636,797
80 Wadena	4,406,119	45,880,700	18,652,006	68,938,825	33,784,284	31,755,878	2,591,786	806,877	68,938,825
82 Washington	29,770,688	260,935,918	154,822,706	445,529,313	217,149,644	206,578,266	19,452,432	2,348,970	445,529,313
83 Watonwan	2,304,832	21,100,368	11,178,818	34,584,018	16,460,488	15,310,035	2,072,106	741,389	34,584,018
84 Wilkin	2,106,405	13,187,062	6,826,813	22,120,281	10,812,667	9,750,090	1,275,457	282,068	22,120,281
85 Winona	9,726,272	71,308,463	47,790,132	128,824,867	62,657,671	58,100,707	7,369,610	696,880	128,824,867
86 Wright	13,936,383	144,960,531	96,432,442	255,329,357	125,569,457	118,771,907	9,909,551	1,078,442	255,329,357
87 Yellow Medicine	2,011,249	20,863,488	10,247,766	33,122,503	15,820,576	14,982,194	1,912,292	407,441	33,122,503
TOTALS	1,490,626,047	9,641,675,327	5,310,490,408	16,442,791,782	8,031,874,230	7,428,883,864	826,671,277	155,362,411	16,442,791,782

Goodhue County Total Human Services Comparative Data – Per Capita (Table 24)

	HHS	HHS	HHS	HHS	HHS	HHS
	2015	2016	2017	2018	2019	2020
Least Admin Cost/Capita Ranking	31	30	27	28	27	24
Goodhue Admin Cost/Capita	\$167	\$180	\$184	\$191	\$201	\$200
State Average Admin Cost/Capita	\$185	\$196	\$208	\$215	\$220	\$225
Least Total Cost/Capita Ranking	12	9	13	14	15	22
Goodhue Total Cost/Capita	\$1,899	\$1,983	\$2,091	\$2,295	\$2,241	\$2,378
State Average Total Cost/Capita	\$2,463	\$2,499	\$2,601	\$2,800	\$2,707	\$2,881
Least County Portion of Total Cost/Capita Ranking	17	32	38	17	17	14
Goodhue County Portion of Total Cost	\$92	\$123	\$142	\$89	\$108	\$100
State Average County Portion of Total Cost	\$130	\$141	\$148	\$133	\$151	\$145

County Portion of Total Cost Per Capita



What Does This Mean?

- ▶ The Goodhue County Per Capita Admin Cost is \$200 which ranks us 24th lowest out of 87 counties.
- ▶ What this tells us is that Goodhue County's Per Capita Admin Cost is \$200 for Human Services and Public Health which ranks us 24th lowest out of 87 counties when compared this expense against other counties' Human Services only Per Capita Admin Cost except for other HHS agencies that are also included in this report.
- ▶ Other numbers are that Goodhue County is ranked 22nd lowest in total human services cost per capita and 14th lowest County portion of Total Cost at \$100.

Total Human Services Per Capita (Per Capita Ranking by Total Cost)

Region 10 Counties (Table 24)

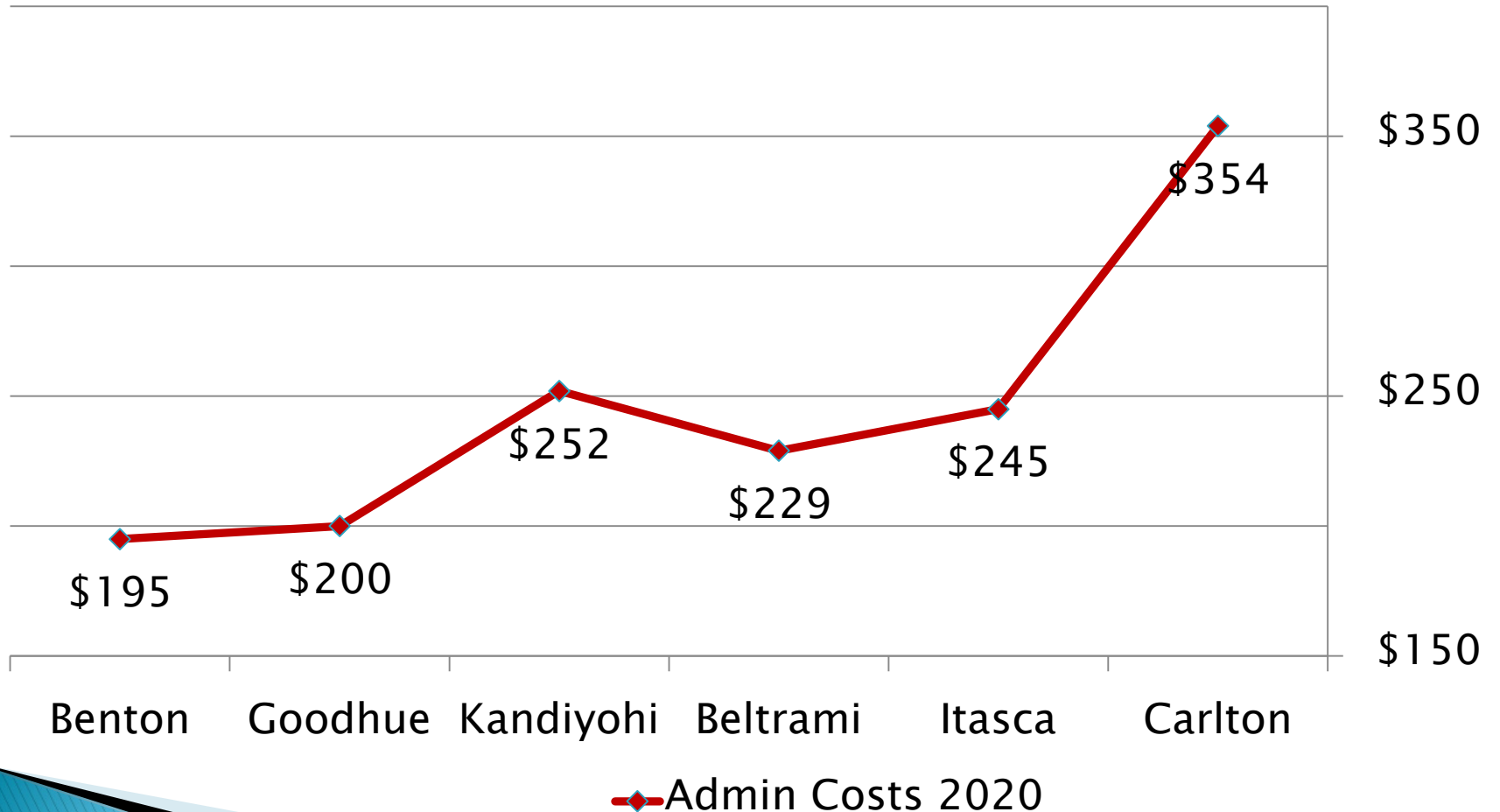
County	HHS	Total Cost Per Capita	Admin Cost 2020	County Portion of Total Cost	Per Capita Ranking
Houston	Yes	\$933	\$195	\$94	2
Wabasha	No	\$2,227	\$151	\$82	20
MNPrarie	No	\$2,352	\$199	\$113	21
Goodhue	Yes	\$2,378	\$200	\$100	22
Fillmore	No	\$2,408	\$129	\$85	23
Rice	No	\$2,421	\$180	\$96	25
Olmsted	Yes	\$2,477	\$324	\$209	28
Winona	Yes	\$2,594	\$191	\$148	33
Freeborn	No	\$3,094	\$261	\$177	46
Mower	Yes	\$3,361	\$193	\$106	54

Total Human Services Per Capita (Per Capita Ranking by Total Cost) (Table 24)

Health & Human Services Counties

County	Population	Total Cost Per Capita	Admin Cost 2020	County Portion of Total Cost	Per Capita Ranking
Goodhue	47,582	\$2,378	\$200	\$100	22
Benton	41,379	\$2,877	\$195	\$116	40
Kandiyohi	43,732	\$3,340	\$252	\$181	52
Carlton	36,207	\$3,370	\$354	\$209	55
Itasca	45,014	\$3,916	\$245	\$291	71
Beltrami	46,228	\$4,975	\$269	\$229	77

HHS Counties Admin Per Capita Cost 2020 (Table 24)



TOTAL HUMAN SERVICES COMPARATIVE DATA - PER CAPITA
PER CAPITA RANKING BY TOTAL COST

TABLE 24

COUNTY	2020 POPULATION (estimate)	TOTAL COST	AID / PURCHASED COST	ADMIN COST	COUNTY PORTION OF TOTAL COST	PER CAPITA RANKING
1 Aitkin	15,697	3,458	3,191	267	138	58
2 Anoka	363,887	2,451	2,304	147	88	26
3 Becker	35,183	1,269	1,048	221	176	7
4 Beltrami	46,228	4,975	4,706	269	229	77
5 Benton	41,379	2,877	2,681	195	116	40
6 Big Stone	5,166	4,481	4,078	403	175	75
7 Blue Earth	69,112	2,605	2,369	236	110	34
8 Brown	25,912	2,563	2,317	246	116	31
9 Carlton	36,207	3,370	3,016	354	209	55
10 Carver	106,922	1,546	1,337	209	95	10
11 Cass	30,066	1,742	1,525	217	151	12
12 Chippewa	12,598	3,507	3,200	307	198	60
13 Chisago	56,621	2,177	2,026	151	104	17
14 Clay	65,318	3,227	3,022	205	171	49
15 Clearwater	8,524	1,413	1,167	246	149	9
16 Cook	5,600	2,543	2,090	453	215	29
18 Crow Wing	66,123	2,936	2,718	218	155	41
19 Dakota	439,882	2,224	2,073	151	56	19
21 Douglas	39,006	2,205	2,052	154	101	18
23 Fillmore	21,228	2,408	2,279	129	85	23
24 Freeborn	30,895	3,094	2,834	261	177	46
25 Goodhue	47,582	2,378	2,179	200	100	22
26 Grant	6,074	3,572	3,114	458	177	63
27 Hennepin	1,281,565	3,513	3,237	277	196	61
28 Houston	18,843	933	739	195	94	2
29 Hubbard	21,344	3,138	2,914	225	135	48
30 Isanti	41,135	2,555	2,369	185	109	30
31 Itasca	45,014	3,916	3,671	245	291	71
32 DVHHS	21,506	2,700	2,415	285	227	38
33 Kanabec	16,032	3,455	3,213	242	122	57
34 Kandiyohi	43,732	3,340	3,088	252	181	52
35 Kittson	4,207	3,586	3,384	201	81	65
36 Koochiching	12,062	3,860	3,639	222	153	68
37 Lac Qui Parle	6,719	4,281	4,019	261	125	73
38 Lake	10,905	3,033	2,794	240	129	44
39 Lake of the Woods	3,763	1,303	973	331	147	8
40 Le Sueur	28,674	2,154	1,988	167	118	16
42 SWHHS	73,641	3,136	2,924	212	140	47
43 McLeod	36,771	2,413	2,237	177	127	24
44 Mahanomen	5,411	5,885	5,571	314	213	78

**TOTAL HUMAN SERVICES COMPARATIVE DATA - PER CAPITA
PER CAPITA RANKING BY TOTAL COST**

TABLE 24

COUNTY	2020 POPULATION (estimate)	TOTAL COST	AID / PURCHASED COST	ADMIN COST	COUNTY PORTION OF TOTAL COST	PER CAPITA RANKING
45 Marshall	9,040	2,958	2,647	311	119	42
46 Faribault Martin	33,946	3,522	3,274	247	153	62
47 Meeker	23,400	2,674	2,449	225	140	36
48 Mille Lacs	26,459	3,872	3,653	219	169	70
49 Morrison	34,010	2,986	2,776	210	118	43
50 Mower	40,029	3,361	3,168	193	106	54
52 Nicollet	34,454	2,137	1,876	262	145	15
53 Nobles	22,290	2,454	2,266	188	121	27
54 Norman	6,441	3,585	3,335	249	106	64
55 Olmsted	162,847	2,477	2,153	324	209	28
56 Otter Tail	60,081	1,211	1,019	192	157	6
57 Pennington	13,992	2,680	2,443	237	170	37
58 Pine	28,876	3,262	3,037	225	123	51
60 Polk	31,192	3,869	3,604	265	133	69
61 Pope	11,308	1,167	942	225	109	4
62 Ramsey	552,352	4,168	3,881	287	199	72
63 Red Lake	3,935	1,079	813	266	61	3
65 Renville	14,723	3,250	2,987	263	206	50
66 Rice	67,097	2,421	2,241	180	96	25
68 Roseau	15,331	2,611	2,407	203	113	35
69 St. Louis	200,231	3,654	3,342	313	227	66
70 Scott	150,928	719	571	148	57	1
71 Sherburne	97,183	2,019	1,858	160	72	14
72 Sibley	14,836	1,170	886	285	146	5
73 Stearns	158,292	2,843	2,675	168	108	39
74 MNPrairie	77,241	2,352	2,152	199	113	21
75 Stevens	9,671	2,581	2,342	239	127	32
76 Swift	9,838	3,754	3,369	385	287	67
77 Todd	25,262	3,350	3,154	196	127	53
78 Traverse	3,360	4,303	3,952	351	187	74
79 Wabasha	21,387	2,227	2,077	151	82	20
80 Wadena	14,065	4,901	4,600	302	184	76
82 Washington	267,568	1,665	1,545	120	73	11
83 Watonwan	11,253	3,073	2,729	345	184	45
84 Wilkin	6,506	3,400	3,111	289	196	56
85 Winona	49,671	2,594	2,402	191	148	33
86 Wright	141,337	1,807	1,678	128	70	13
87 Yellow Medicine	9,528	3,476	3,132	344	201	59
TOTAL (STATEWIDE)	5,706,494	2,881	2,656	225	145	

Human Services Administrative Cost Trends

Region 10 Counties (Table 20)

County	HHS	2017 Admin Costs	2018 Admin Costs	2019 Admin Costs	2020 Admin Costs	% change 2017 to 2020
Goodhue	Yes	\$8,570,318	\$8,894,431	\$9,336,765	\$9,496,756	11%
MNPrarie	No	\$13,804,836	\$15,019,205	\$16,507,323	\$15,397,037	12%
Wabasha	No	\$2,750,638	\$3,094,348	\$3,352,066	\$3,223,243	17%
Winona	Yes	\$8,125,778	\$8,833,357	\$8,998,907	\$9,501,451	17%
Olmsted	Yes	\$44,487,541	\$47,366,232	\$52,377,002	\$52,814,954	19%
Mower	Yes	\$6,270,573	\$6,859,723	\$7,332,695	\$7,727,779	23%
Freeborn	No	\$6,504,806	\$6,554,553	\$7,039,649	\$8,053,774	24%
Rice	No	\$9,680,914	\$10,527,469	\$11,198,433	\$12,046,753	24%
Fillmore	No	\$2,175,640	\$2,370,827	\$2,553,680	\$2,733,526	26%
Houston	Yes	\$2,809,678	\$3,086,488	\$3,318,147	\$3,668,153	31%

Human Services Administrative Cost Trends

Health & Human Services Counties (Table 20)

County	2017 Admin Costs	2018 Admin Costs	2019 Admin Costs	2020 Admin Costs	% Change 2017 to 2020
Itasca	\$12,044,793	\$12,281,177	\$10,248,563	\$11,032,085	-8%
Goodhue	\$8,570,318	\$8,894,431	\$9,336,765	\$9,496,756	11%
Benton	\$7,217,144	\$7,505,299	\$7,866,068	\$8,081,988	12%
Carlton	\$11,025,427	\$11,815,888	\$12,126,865	\$12,806,394	16%
Kandiyohi	\$9,339,570	\$10,239,454	\$10,725,704	\$11,006,689	18%
Beltrami	\$10,349,360	\$11,509,604	\$11,141,366	\$12,422,224	20%

HUMAN SERVICES AID, PURCHASED SERVICES AND ADMINISTRATIVE COST TRENDS

TABLE 20

HUMAN SERVICES AID AND PURCHASED SERVICES

HUMAN SERVICES ADMIN COSTS

COUNTY	HUMAN SERVICES AID AND PURCHASED SERVICES					HUMAN SERVICES ADMIN COSTS				
	2017	2018	2019	2020	% CHANGE 2017 TO 2020	2017	2018	2019	2020	% CHANGE 2017 TO 2020
1 Aitkin	43,063,149	48,566,979	44,918,325	50,089,326	16%	3,921,472	4,074,635	4,071,123	4,190,641	7%
2 Anoka	699,334,428	757,291,889	749,399,848	838,494,903	20%	49,656,953	51,240,882	51,579,471	53,409,522	8%
3 Becker	92,382,531	97,592,658	94,016,097	36,876,918	-60%	7,946,919	8,107,230	8,373,609	7,767,774	-2%
4 Beltrami	182,115,873	202,114,955	202,326,530	217,547,158	19%	10,349,360	11,509,604	11,141,366	12,422,224	20%
5 Benton	92,968,018	103,477,264	98,964,934	110,948,691	19%	7,217,144	7,505,299	7,866,068	8,081,988	12%
6 Big Stone	16,285,796	19,636,474	19,557,225	21,064,372	29%	1,696,593	1,767,878	1,820,285	2,083,234	23%
7 Blue Earth	140,396,654	149,817,873	146,193,598	163,706,686	17%	14,020,949	14,803,987	15,541,996	16,311,291	16%
8 Brown	54,302,227	59,655,030	57,095,105	60,040,819	11%	5,401,544	5,715,776	6,043,003	6,364,639	18%
9 Carlton	94,698,027	113,376,803	103,508,318	109,196,234	15%	11,025,427	11,815,888	12,126,865	12,806,394	16%
10 Carver	123,733,678	132,968,966	130,320,288	142,909,871	15%	19,673,624	20,092,401	21,442,264	22,357,545	14%
11 Cass	108,049,873	113,263,062	111,362,438	45,839,726	-58%	6,396,337	6,569,814	6,811,357	6,520,790	2%
12 Chippewa	34,286,135	36,054,709	35,846,718	40,319,092	18%	3,432,480	3,580,376	3,758,435	3,865,285	13%
13 Chisago	98,521,232	105,892,317	107,828,911	114,706,173	16%	7,670,809	7,963,540	8,002,059	8,565,733	12%
14 Clay	169,167,247	183,339,262	179,779,540	197,380,172	17%	10,901,027	10,876,745	11,615,970	13,368,603	23%
15 Clearwater	22,761,921	25,541,618	24,495,543	9,951,679	-56%	1,877,607	1,816,360	1,933,937	2,096,978	12%
16 Cook	9,768,673	13,283,204	11,478,067	11,704,522	20%	1,956,484	2,239,898	2,396,244	2,535,028	30%
18 Crow Wing	156,325,247	170,846,174	163,416,549	179,716,885	15%	12,528,071	12,783,271	13,426,245	14,420,427	15%
19 Dakota	749,181,275	819,095,935	806,292,692	911,979,207	22%	56,111,601	60,133,283	63,547,677	66,228,875	18%
21 Douglas	73,524,899	78,800,974	73,436,662	80,035,984	9%	5,982,875	5,472,191	5,614,273	5,988,897	0%
23 Fillmore	40,993,878	49,650,441	45,261,832	48,383,334	18%	2,175,640	2,370,827	2,553,680	2,733,526	26%
24 Freeborn	74,644,495	82,763,840	79,757,164	87,547,307	17%	6,504,806	6,554,553	7,039,649	8,053,774	24%
25 Goodhue	88,777,200	97,913,814	94,737,531	103,662,603	17%	8,570,318	8,894,431	9,336,765	9,496,756	11%
26 Grant	15,112,711	17,273,790	16,076,785	18,916,813	25%	2,320,218	2,519,357	2,955,982	2,781,245	20%
27 Hennepin	3,502,648,318	3,832,241,043	3,720,390,809	4,147,835,390	18%	341,800,698	363,950,968	362,649,097	354,761,051	4%
28 Houston	35,911,257	39,925,510	37,871,420	13,917,433	-61%	2,809,678	3,086,488	3,318,147	3,668,153	31%
29 Hubbard	55,354,489	57,225,550	57,772,493	62,188,074	12%	3,975,349	3,653,615	4,156,362	4,795,655	21%
30 Isanti	84,809,496	90,763,317	87,285,758	97,463,954	15%	7,088,217	7,252,260	7,374,782	7,627,862	8%
31 Itasca	149,173,271	155,932,879	150,278,533	165,253,126	11%	12,044,793	12,281,177	10,248,563	11,032,085	-8%
32 DVHHS	57,483,900	63,838,853	63,009,259	51,928,899	-10%	5,494,425	5,875,727	5,873,981	6,137,546	12%
33 Kanabec	43,399,732	48,679,889	46,047,919	51,505,451	19%	3,547,938	3,656,570	3,714,904	3,883,054	9%
34 Kandiyohi	113,723,869	123,643,903	121,776,811	135,063,411	19%	9,339,570	10,239,454	10,725,704	11,006,689	18%
35 Kittson	12,094,449	14,100,629	12,860,356	14,238,241	18%	797,872	898,496	893,787	846,947	6%
36 Koochiching	34,944,075	46,397,799	40,400,302	43,888,699	26%	2,553,042	2,602,295	2,650,659	2,673,639	5%
37 Lac Qui Parle	20,856,737	24,929,876	23,731,270	27,005,767	29%	1,688,797	1,828,099	1,813,890	1,756,082	4%
38 Lake	27,075,397	30,246,616	27,476,125	30,467,151	13%	2,465,139	2,675,445	2,458,961	2,612,359	6%
39 Lake of the Wood	9,503,195	10,696,088	10,296,216	3,659,629	-61%	1,101,998	1,148,311	1,233,941	1,244,124	13%
40 Le Sueur	51,828,092	58,259,766	54,764,617	56,995,398	10%	4,156,223	4,456,698	4,732,087	4,775,053	15%
42 SWHHS	175,883,689	207,994,647	192,842,918	215,321,214	22%	15,802,771	14,933,187	14,906,567	15,645,006	-1%
43 McLeod	72,630,864	76,992,210	76,036,992	82,245,902	13%	6,281,733	6,556,208	6,632,254	6,492,017	3%
44 Mahanomen	27,049,112	27,947,859	29,576,246	30,145,702	11%	1,880,984	1,699,760	1,723,900	1,699,622	-10%

HUMAN SERVICES AID, PURCHASED SERVICES AND ADMINISTRATIVE COST TRENDS

TABLE 20

COUNTY	HUMAN SERVICES AID AND PURCHASED SERVICES					HUMAN SERVICES ADMIN COSTS				
	2017	2018	2019	2020	% CHANGE 2017 TO 2020	2017	2018	2019	2020	% CHANGE 2017 TO 2020
45 Marshall	20,276,571	23,424,536	22,293,147	23,931,976	18%	2,924,116	2,819,113	2,831,229	2,810,353	-4%
46 Faribault Martin	95,258,028	104,772,619	101,182,093	111,149,658	17%	7,983,101	8,198,900	8,305,715	8,394,853	5%
47 Meeker	49,467,809	55,169,089	50,859,787	57,317,722	16%	4,162,459	4,256,729	4,709,958	5,260,030	26%
48 Mille Lacs	79,303,276	92,004,257	89,770,452	96,642,644	22%	5,156,488	5,475,141	5,487,433	5,793,742	12%
49 Morrison	87,330,254	92,696,025	87,636,942	94,406,489	8%	5,988,755	6,616,271	7,902,206	7,132,860	19%
50 Mower	105,261,886	117,963,317	115,689,443	126,822,035	20%	6,270,573	6,859,723	7,332,695	7,727,779	23%
52 Nicollet	57,964,898	60,911,546	58,719,303	64,623,657	11%	6,747,587	7,132,145	7,756,089	9,013,339	34%
53 Nobles	45,612,823	51,265,910	46,325,491	50,510,209	11%	3,579,432	3,787,427	3,891,727	4,190,517	17%
54 Norman	22,181,048	22,630,796	20,434,077	21,481,710	-3%	1,615,376	1,636,966	1,595,108	1,606,646	-1%
55 Olmsted	305,405,180	322,533,311	322,311,879	350,544,263	15%	44,487,541	47,366,232	52,377,002	52,814,954	19%
56 Otter Tail	144,867,349	156,200,615	149,928,145	61,218,323	-58%	10,583,040	11,285,864	11,752,197	11,528,665	9%
57 Pennington	32,939,617	34,925,877	30,634,845	34,183,251	4%	3,048,882	3,314,291	3,437,757	3,315,761	9%
58 Pine	75,219,729	82,203,419	78,022,824	87,695,398	17%	5,098,444	5,604,204	6,077,835	6,486,277	27%
60 Polk	98,742,843	107,789,687	101,255,511	112,407,325	14%	8,953,625	8,623,883	9,077,365	8,261,246	-8%
61 Pope	26,827,225	27,640,111	26,840,601	10,651,326	-60%	2,350,876	2,354,051	2,457,063	2,546,689	8%
62 Ramsey	1,834,032,480	1,968,164,454	1,915,965,186	2,143,543,538	17%	142,037,420	140,863,777	146,028,781	158,577,284	12%
63 Red Lake	8,043,716	9,412,324	8,470,845	3,200,258	-60%	1,156,883	1,111,479	992,377	1,046,792	-10%
65 Renville	39,325,197	43,713,575	40,098,126	43,982,205	12%	3,652,867	3,673,369	3,651,421	3,865,310	6%
66 Rice	130,117,267	136,705,829	135,095,065	150,362,145	16%	9,680,914	10,527,469	11,198,433	12,046,753	24%
68 Roseau	29,681,103	36,497,668	34,008,677	36,909,103	24%	3,000,125	2,814,698	2,925,506	3,117,856	4%
69 St. Louis	598,268,555	661,267,434	618,208,078	669,073,937	12%	54,787,001	58,561,428	60,165,092	62,661,632	14%
70 Scott	197,448,572	220,083,721	218,712,888	86,124,955	-56%	19,159,070	20,355,841	21,540,217	22,352,592	17%
71 Sherburne	142,905,640	154,863,006	156,046,605	180,614,206	26%	12,623,773	13,106,836	14,149,915	15,555,977	23%
72 Sibley	32,291,620	35,476,091	33,790,696	13,143,033	-59%	3,568,020	3,824,475	4,012,662	4,221,199	18%
73 Stearns	341,103,007	369,837,486	367,580,747	423,375,433	24%	22,731,827	23,462,501	25,540,032	26,597,787	17%
74 MNPrairie	155,737,892	163,358,895	160,710,089	166,253,690	7%	13,804,836	15,019,205	16,507,323	15,397,037	12%
75 Stevens	19,212,429	21,330,154	20,492,379	22,649,851	18%	1,961,772	2,090,841	2,246,238	2,306,944	18%
76 Swift	29,316,894	30,504,391	29,737,707	33,148,020	13%	3,196,436	3,395,065	3,562,002	3,783,775	18%
77 Todd	70,562,546	77,785,811	71,993,834	79,676,134	13%	4,424,709	4,382,740	4,553,153	4,939,562	12%
78 Traverse	10,022,389	13,260,876	11,944,970	13,278,296	32%	992,996	1,003,405	1,187,559	1,180,796	19%
79 Wabasha	40,619,764	42,654,780	40,196,939	44,413,554	9%	2,750,638	3,094,348	3,352,066	3,223,243	17%
80 Wadena	54,681,886	54,250,238	53,485,817	64,693,791	18%	3,858,400	3,888,223	4,198,634	4,245,034	10%
82 Washington	341,648,975	366,270,550	368,766,033	413,410,971	21%	25,441,781	27,924,015	31,188,332	32,118,341	26%
83 Watonwan	26,884,193	29,748,905	28,072,666	30,707,359	14%	3,388,753	3,855,475	3,843,806	3,876,659	14%
84 Wilkin	19,917,682	20,563,694	19,539,681	20,241,888	2%	1,587,943	1,610,998	1,804,941	1,878,393	18%
85 Winona	105,558,775	111,150,877	109,642,173	119,323,417	13%	8,125,778	8,833,357	8,998,907	9,501,451	17%
86 Wright	191,173,222	209,302,554	207,195,115	237,199,990	24%	15,472,060	15,966,572	16,830,913	18,129,366	17%
87 Yellow Medicine	24,985,240	31,489,541	27,910,332	29,842,615	19%	2,938,807	2,949,088	3,150,152	3,279,888	12%
TOTAL (STATEWIDE)	13,344,962,685	14,547,858,434	14,128,057,932	15,158,896,288	14%	1,159,460,583	1,212,849,127	1,250,725,746	1,283,895,494	11%

Questions?

The complete 90 page report for 2020 and previous years can be found at the first link below. The second link directs you to an interactive dashboard.

[DHS / Minnesota Department of Human Services \(mn.gov\)](#)

[Total human service costs dashboard / Minnesota Department of Human Services \(mn.gov\)](#)

Thank You

**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	13
September	18	17	29
October	25	12	23
November	21	33	
December	14	23	
Total	218	245	190

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of Individuals, Families and Communities!
Equal Opportunity Employer
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Goodhue County
Health and Human Services

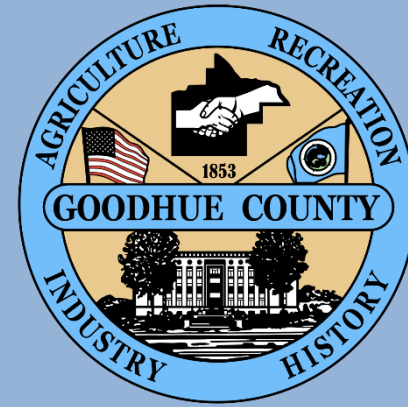
426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: November 15, 2022
RE: 2022 November Staffing Report

Effective Date	Status	Name	Position	Notes
10/17/2022	Promotion	Jennifer George	Child Support Officer	Replacing Natalie Littfin
11/14/2022	Transfer	Bobbi Sinn	Child Support Officer	Replacing Corey Western Boy

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Quarterly Trend Report

Quarter 3, 2022

Goodhue County Health & Human Services

November 15, 2022



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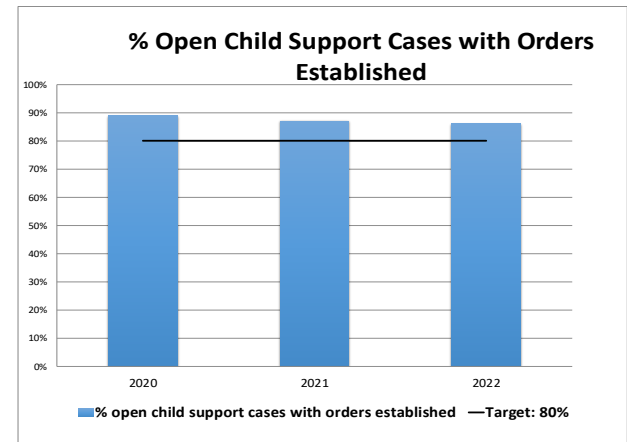
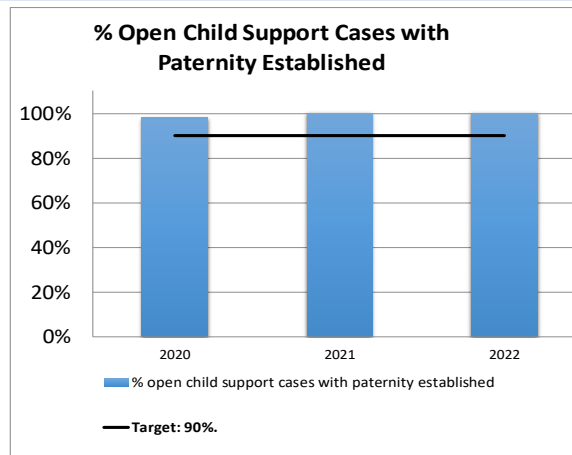
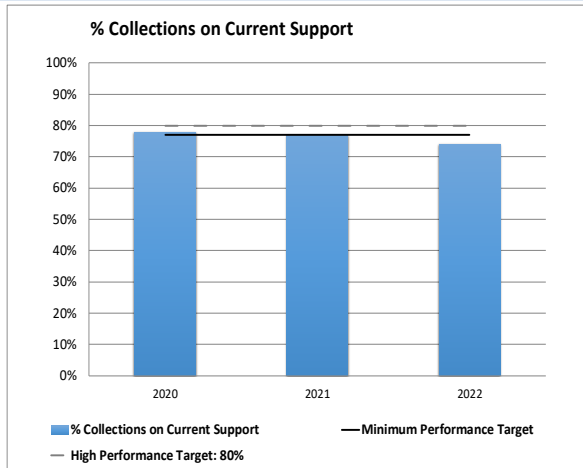
19 SERCC



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. *In 2022, performance targets were not set due to the unprecedented statewide decline in performance on this measure.*
- **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 paternity 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.

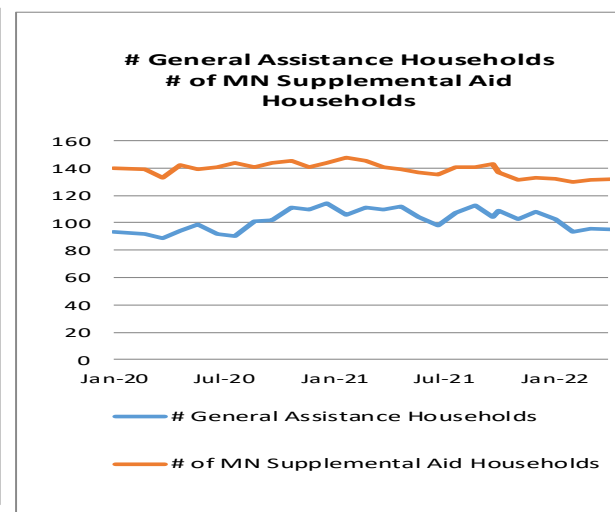
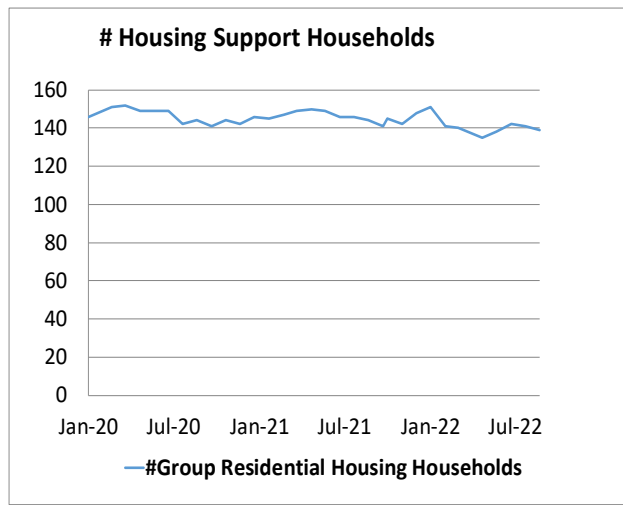
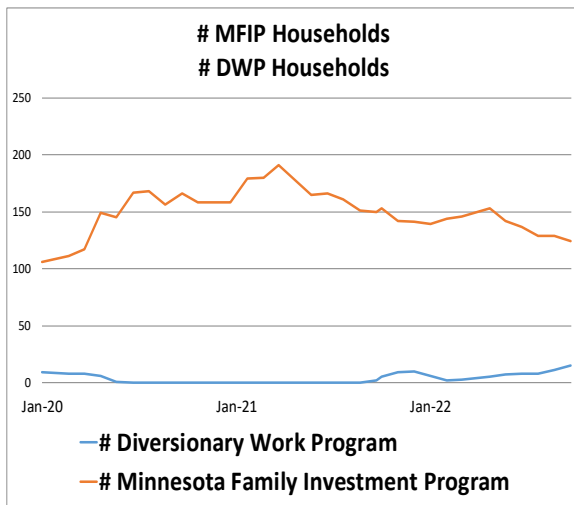
**Child Support data is provided annually by DHS, 10/1-9/30



Economic Assistance *Cash Assistance*

Purpose/Role of Program

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



Story Behind the Baseline

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

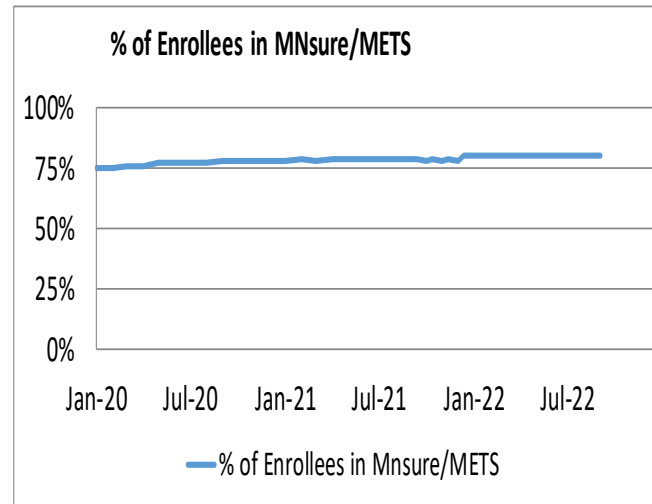
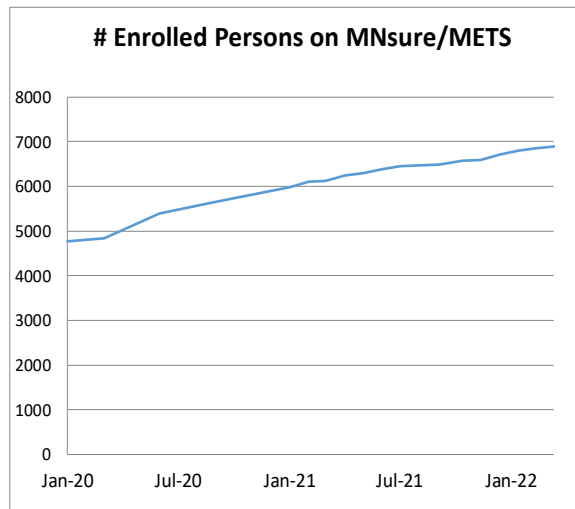
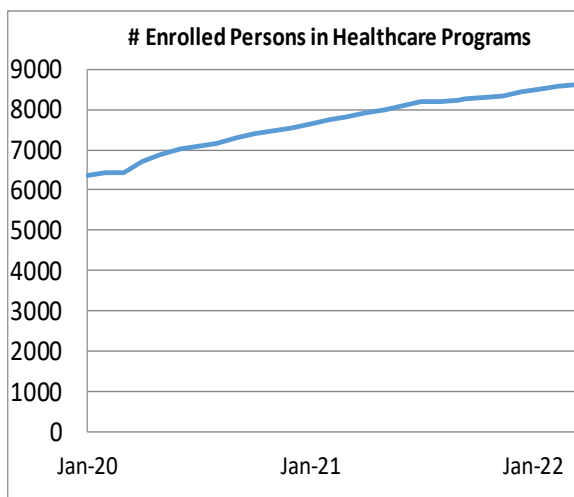
Where Do We Go From Here?

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?

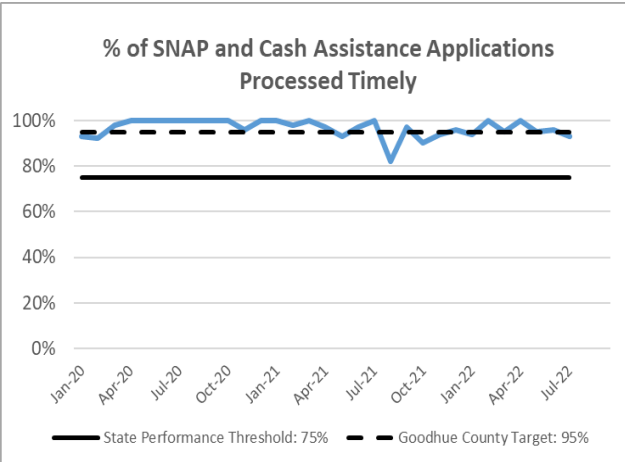
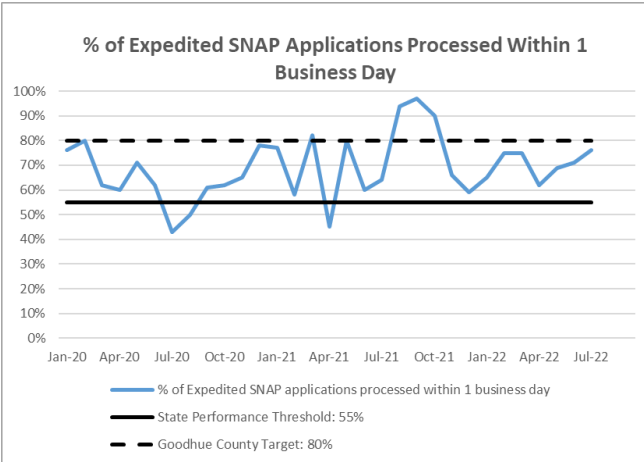
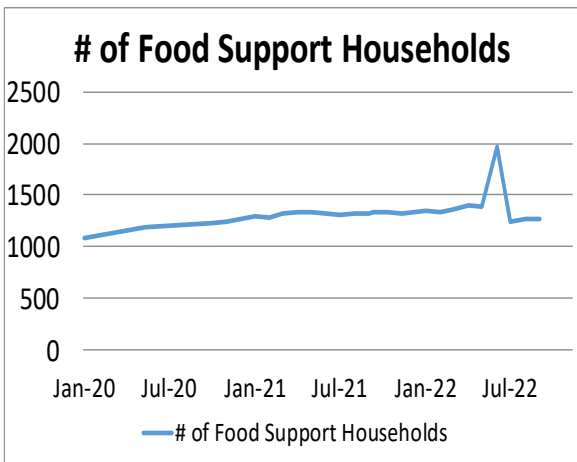
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

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

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 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.

- **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.



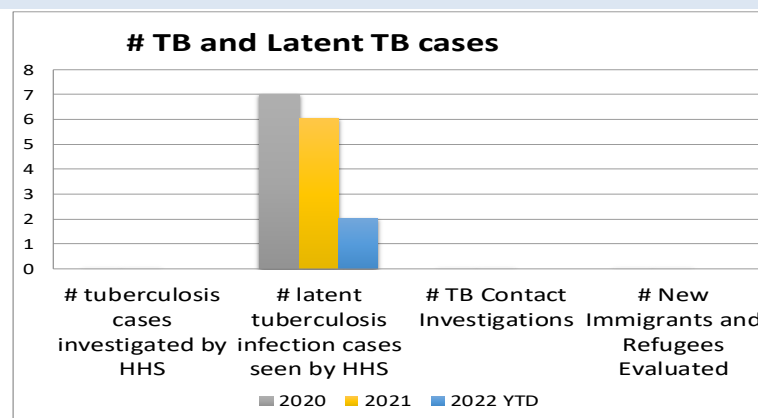
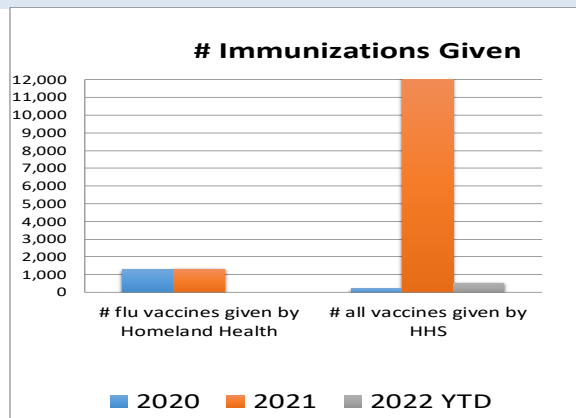
Goodhue County Health & Human Services

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:** 224 COVID-19 vaccines (including boosters) were given by HHS, we have 304 non-COVID-19 vaccines YTD. COVID Vaccination clinics were held the month of January. COVID vaccination clinics continue at the Detention Center. Our HHS vaccination clinics are now being held by appointment only. We do plan to keep this by appointment only.
- RIGHT:** Follow up is being completed per our protocols.

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.

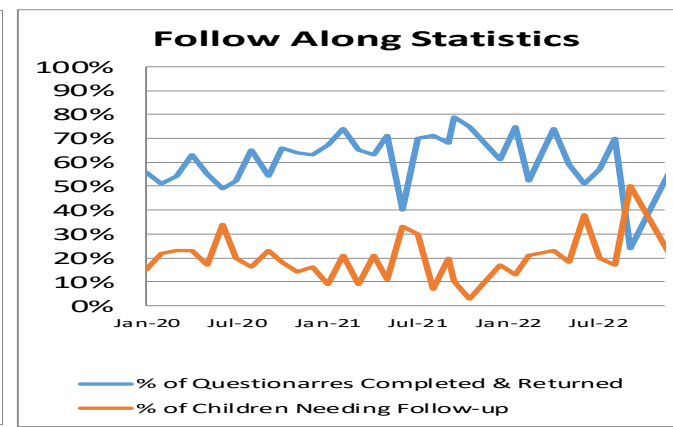
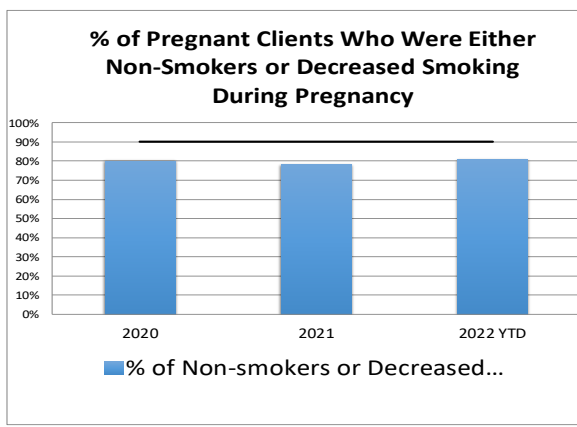
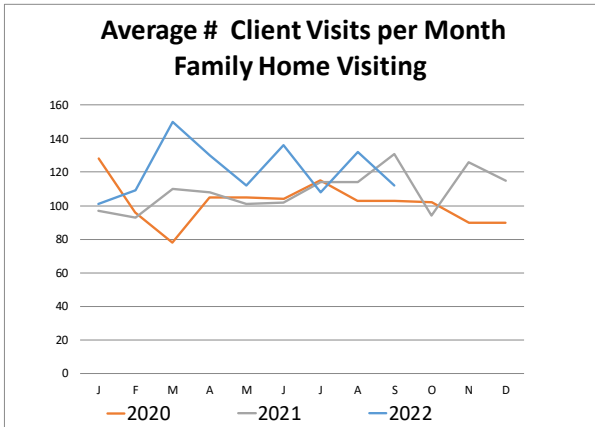
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active 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 117 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. 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.

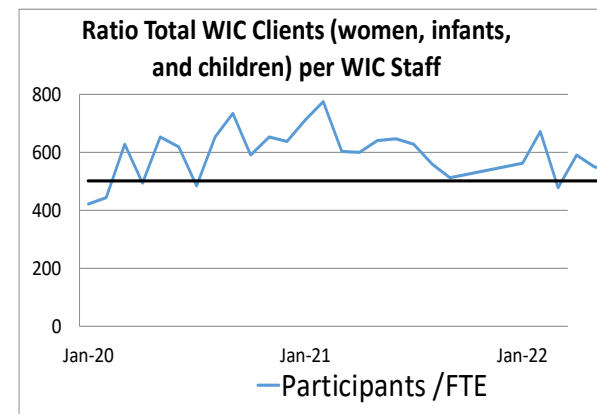
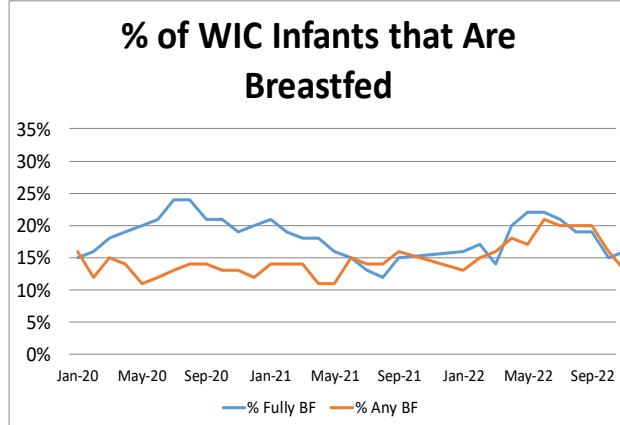
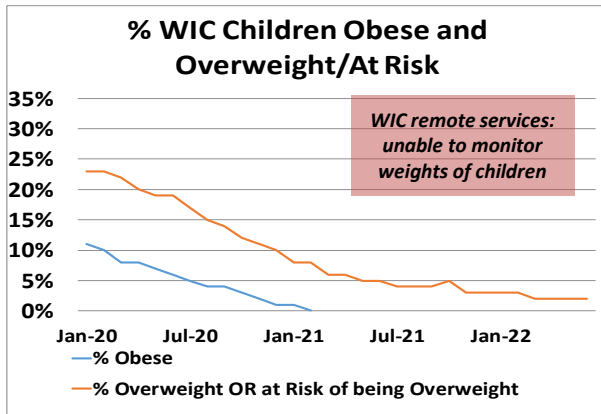
Where Do We Go From Here?

- 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 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.

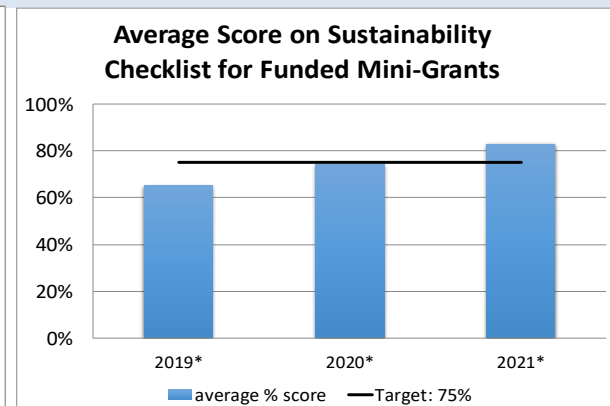
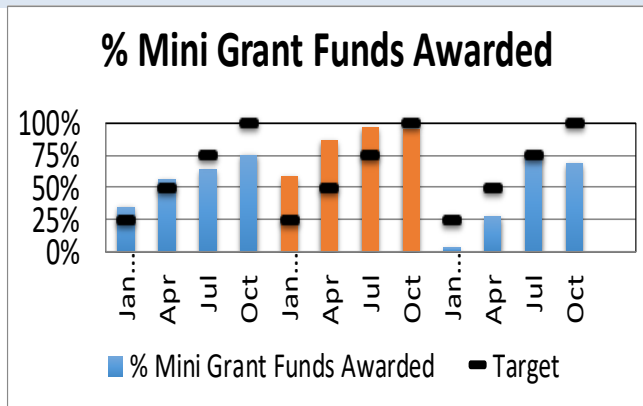
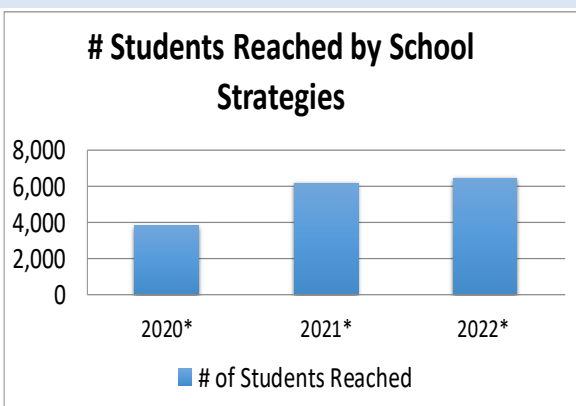


Public Health

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. To start this quarter, LWGC had 11 partners with mini-grants, but by the end of the quarter, two partners had to back out of their agreement due to conflicts.
- **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?

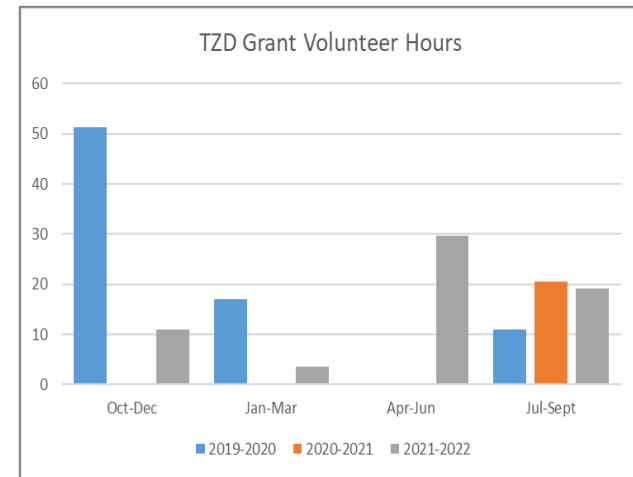
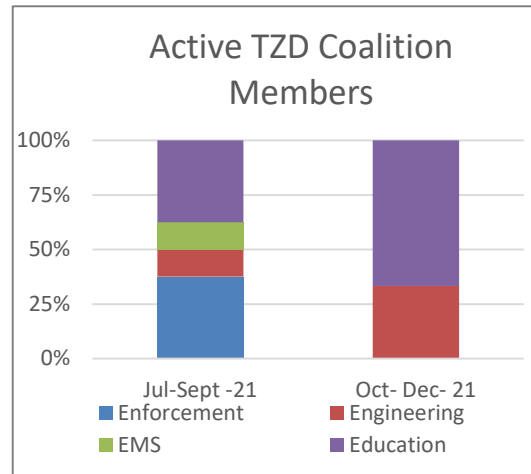
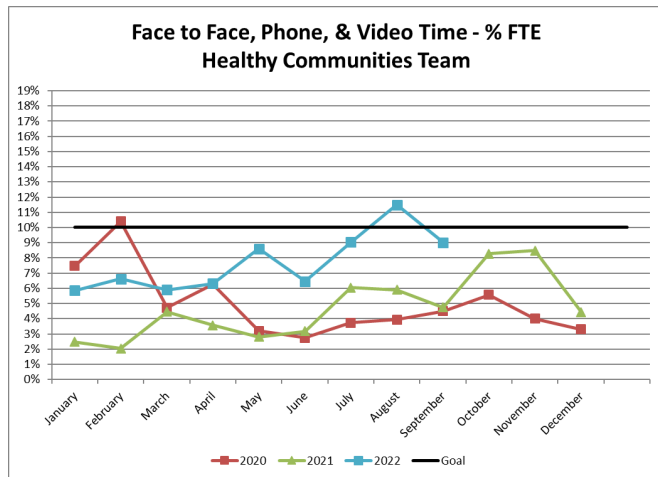
- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all County schools. This year the focus is working with school wellness committees, Safe Routes to School, well-being, physical activity and increasing access to healthy foods.
- **CENTER:** Mini-grants are available 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 Survey will be sent to our 2022 partners in November. 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 2022-present staff have been reassigned to regular duties and this measure of community engagement 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?

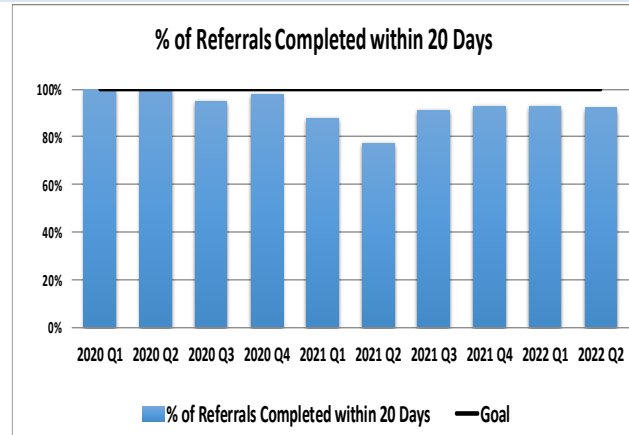
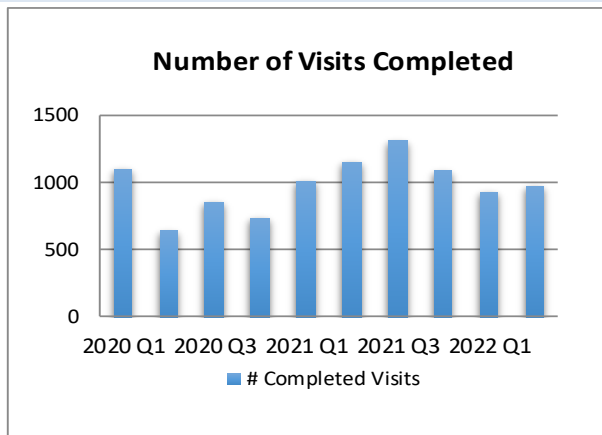
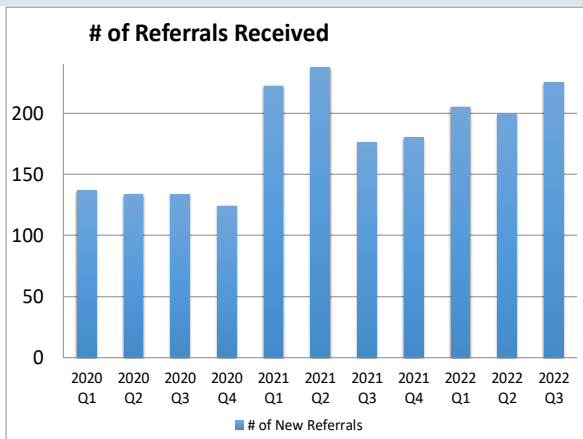
- **LEFT:** We will continue to use tools like GoToMeeting, Teams, Zoom, Mentimeter, and Mural to engage the community virtually in addition to in-person meetings and events.
- **CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency 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 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. With the current staffing crisis, it is taking significantly longer for staff to locate available service providers and start services which takes time away from their ability to complete additional visits.
- **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?

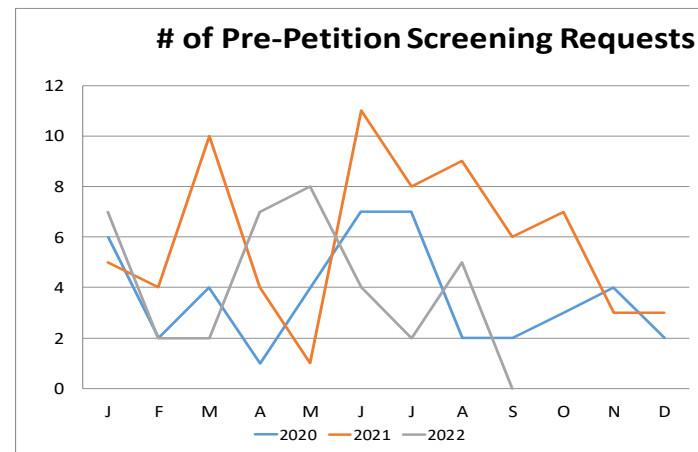
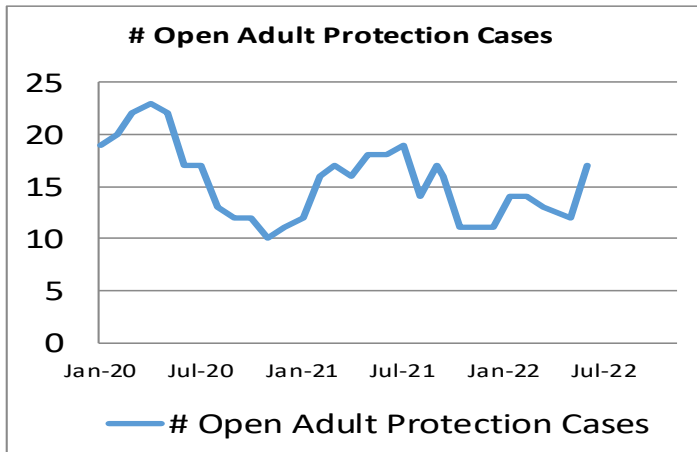
- **Left:** Continue to receive referrals from our providers and the community and conduct initial assessments as quickly as possible. We will continue to educate the public about services we provide and how to access services so residents receive the support they need.
- **Center:** Visits equal revenue,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

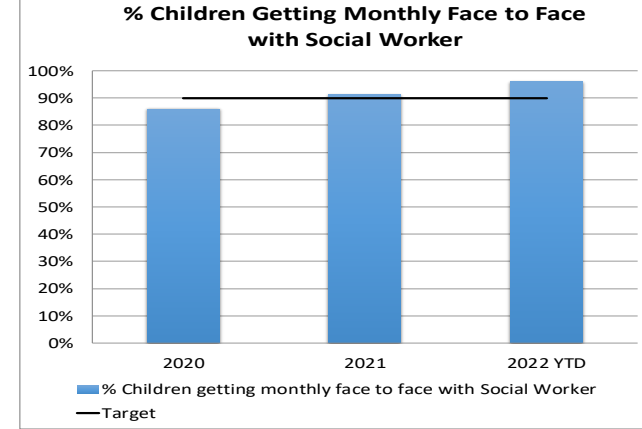
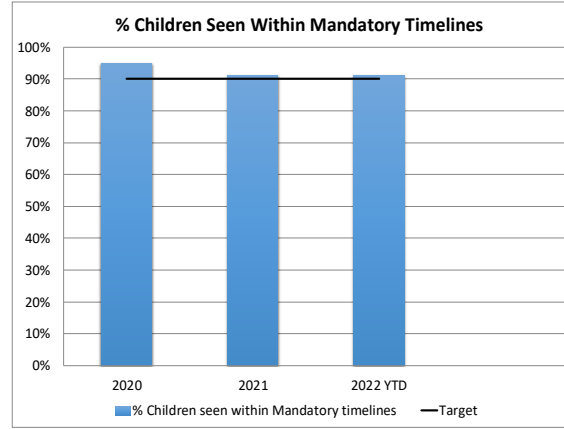
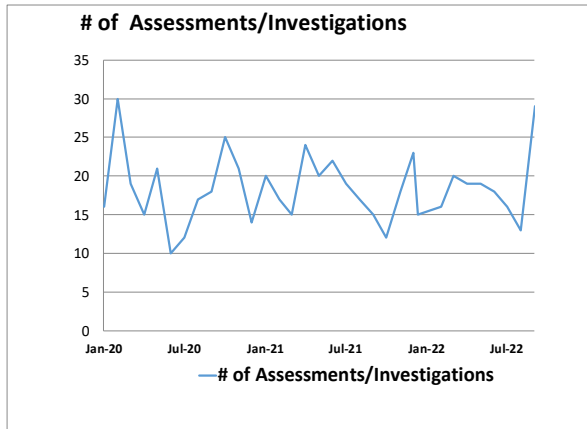
**Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better represents our work, as not all screenings result in commitments requested.*



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:** When school resumed, the number of reports received and accepted for assessment or investigation increased dramatically. We are responding to more reports using a child welfare or PSOP response than 2021. Our fourth child protection assessment social worker has completed all training required by DHS.
- **CENTER:** Our intake and assessment team has been working on improving our data entry to improve this statistic. One step that was taken was to 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 met the 95% performance 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. Our fourth assessment worker has helped us return to a more balanced case load among the assessment workers.
- **CENTER:** We saw an improvement since last quarter and continue to strive to reach the performance standard of 100%.
- **RIGHT:** Our new child protection case manager has completed the required foundational training and we continue to work toward the should return to best practice target of 12 or fewer cases per worker. Currently, our average case management case load is over 17.

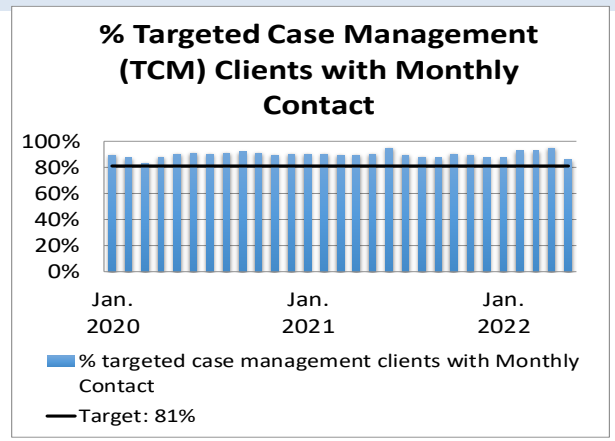
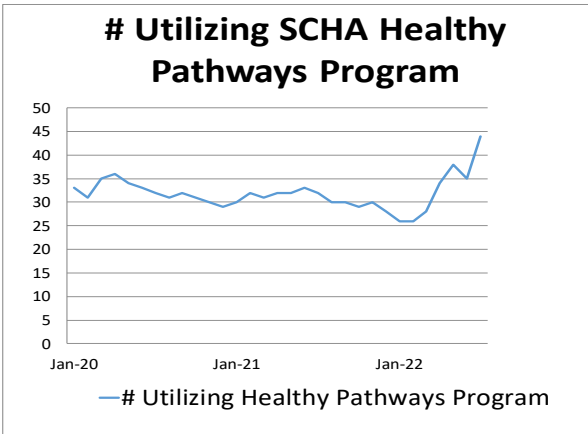
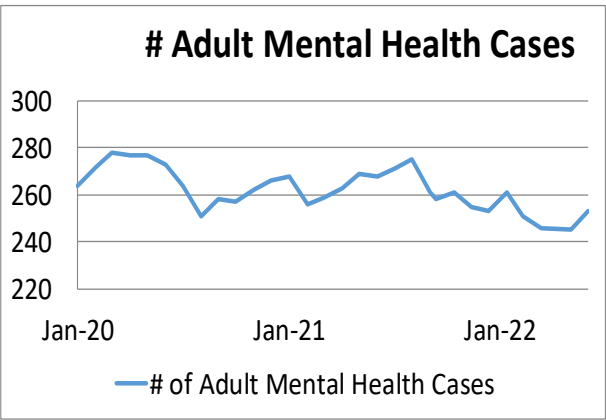


Social Services

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.

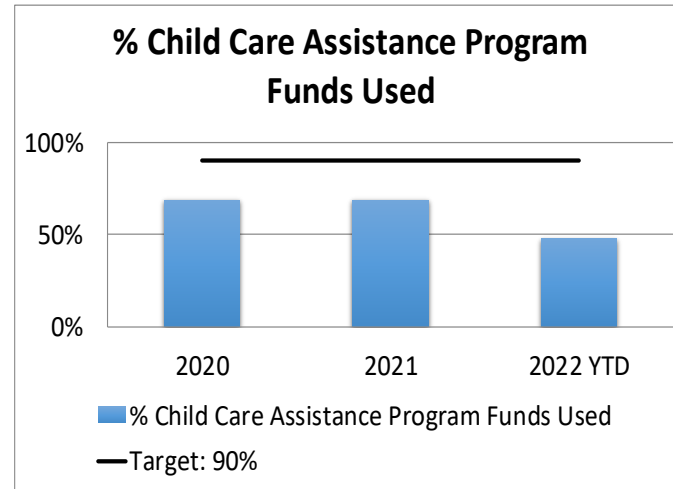
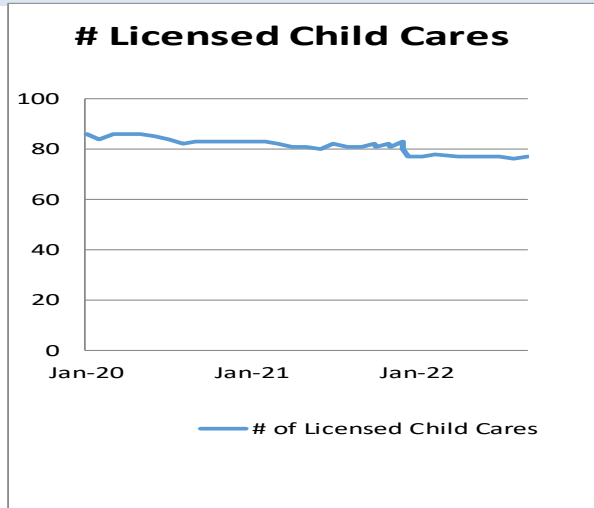


Social Services

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.

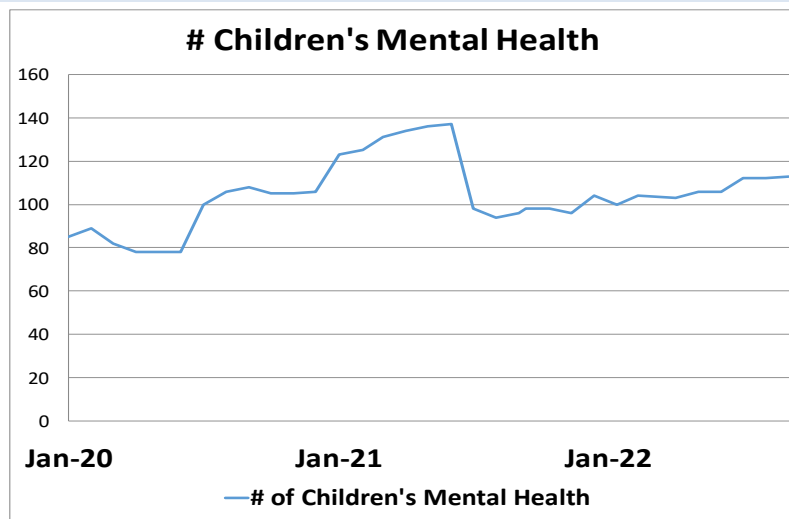
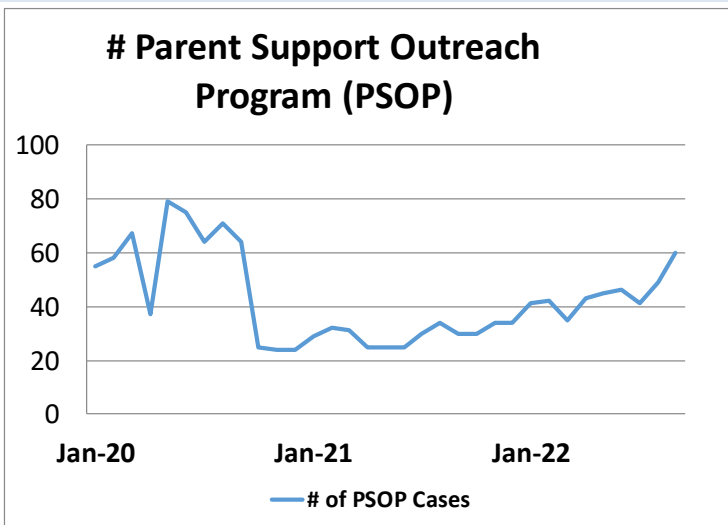
Where Do We Go From Here?

- **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 referrals continue to grow. As families are continuing to recover from the impact of COVID, they may be facing housing instability, challenges finding child care, or difficulty with family interactions. PSOP is a service that allows families to increase their community connections and decrease the risk factors that contribute to maltreatment. Every Friday, Amy, our PSOP Social Worker, joins Prairie Island Family Services Staff and Early Childhood Education Staff to offer a class to parents and children.
- RIGHT:** We continue to contract with Fernbrook Family Services to provide CMH Case Management. Staff turnover and limited local therapist available continue to be challenges. We work closely with them to track referrals and help connect families to community-based services. We are excited that Fernbrook was able to develop a local day treatment program for youth that opened in October. We are hopeful this resource will help reduce the need for residential programming for youth.

Where Do We Go From Here?

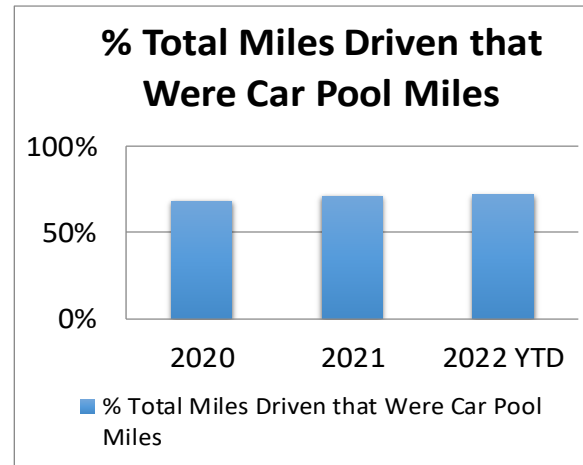
- LEFT:** Recipients continue to report gratitude for this vital service. Securing child care, parenting education/ support and early learning programming are allowing parents to maintain employment, attend necessary appointments, and implement developmentally appropriate discipline strategies. We hope to add to this program by offering parenting education for parents of children older than 5. As the school year begins, we are excited about the shared social work position with the Goodhue County Education District that will add opportunities to provide support to families with children under the age of 6. We are evaluating this program and staffing for growth as the case load is not manageable for one person.
- RIGHT:** We notice that we are funding more CMH Case Management through our contract for youth who are not eligible for coverage through medical assistance or South Country. As we continue to navigate the Qualified Residential Treatment Program requirements, Fernbrook staff have received additional training and support to work with the Juvenile Placement Screening Team and the court system.



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.



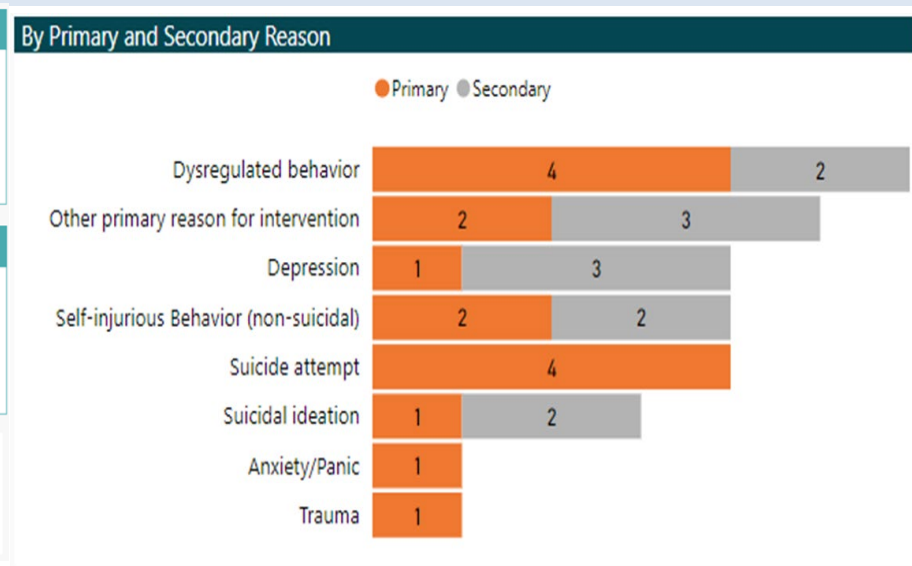
Health & Human Services *Southeast Minnesota Regional Crisis Center*

Purpose/Role of Program

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

Mobile Response		
# Screenings	Unique People Served	Individuals Returning
12	15	7%
# Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
12	9	3

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
0	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
(Blank)	(Blank)	(Blank)



Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
10	2	2	10.00	(Blank)
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
10	8	8	6.00	2.19

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

Mobile Response Enrollments with No #0-3 Services	Enrollments Didn't Go Past 0-Screening
52	(Blank)
<small>*2022-present only</small>	

Story Behind the Baseline

LEFT: This is third quarter data for Goodhue County.

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

Adult Protection and Child Support Performance Report October 2022

Reporting Periods:

Adult Protection July 1, 2021 – June 30, 2022
Child Support Oct. 1, 2021 – Sept. 30, 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 Adult Protection and Child Support measures as they relate to the Human Services Performance Management system (referred to as the Performance Management system).

This report contains data on four measures and includes:

- State fiscal year (July 1, 2021 – June 30, 2022) performance data for the Adult Protection measure
- Federal fiscal year (Oct. 1, 2021 – Sept. 30, 2022) performance data for the three Child Support measures
- Performance data trends for recent years
- A performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region

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

After an unprecedented statewide decline in performance on the Percent of Current Child Support Paid measure, the Human Services Performance System suspended 2022 PIPs for this measure. See page 14 for additional details.

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.

Discontinuation of Adult Repeat Maltreatment Measure

Background:

Changes enacted by the 2022 legislature and signed by Governor Walz changed the way counties will offer services to vulnerable adults in Minnesota. The list of changes can be found in Laws of Minnesota 2022, chapter 98, article 8, sections 37-49. Based on the legislative changes, counties will no longer make investigation determinations for adults referred to the agency for self-neglect. Instead, all adults who are vulnerable and accepted by the agency as self-neglecting will be engaged in assessment, service planning and interventions with no determination of maltreatment. The Adult Repeat Maltreatment measure was dependent on determinations as criteria for the measure and has been discontinued since it is no longer relevant.

Discontinued measure details:

Percent of vulnerable adults with a maltreatment determination without a repeat determination within six months.

Percent of vulnerable adults subject to a repeat allegation of suspected maltreatment reported to the statewide Common Entry Point, the Minnesota Adult Abuse Reporting Center (MAARC), determined to be substantiated or inconclusive within six months of an initial allegation, of the same incident type, determined to be substantiated or inconclusive.

Additional information:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-339388

New Adult Protection Measure Initial Disposition

Background:

The Performance Management and Adult Protective Services teams from DHS hosted a stakeholder engagement event on Nov. 9, 2020 to discuss two proposed Adult Protection measures and respective thresholds. More than 40 representatives from counties and the provider community attended the virtual event.

During the meeting there were breakout sessions where groups of county and stakeholder participants provided feedback on the proposal to add a second Adult Protection measure, Initial Dispositions Made within Five Days. After the conversations exploring questions, benefits and concerns, the group voiced their overall approval of the measure and threshold.

The Human Services Performance Council adopted the additional measure in Feb. 2021 and an initial baseline report was provided in Oct. 2021. Due to the timing of this measure, this report includes a second baseline. Counties will be held accountable to the threshold beginning in 2023.

Measure details:

Percent of vulnerable adults reported as maltreated with initial disposition for response made within five working days.

The measure is calculated based upon the difference between the date a report was received by a county that a vulnerable adult was suspected of experiencing maltreatment and the date of the county's decision to offer adult protective services to the vulnerable adult. The measure compares the total number of reports received during the state fiscal year with an initial disposition date within five business days.

- Count is for reports where a county was the lead investigative agency (LIA) responsible for a response.
- The date received is the date a report of suspected maltreatment is received from the Minnesota Adult Abuse Reporting Center (MAARC).
- Initial disposition is defined as the LIA's determination if the report from MAARC will be assigned for investigation of allegation and protective services to safeguard and prevent harm to the vulnerable adult from maltreatment. See also the definition of initial disposition as defined in
- statute: <https://www.revisor.mn.gov/statutes/cite/626.5572>

Measure Threshold

This report displays county performance results compared to a threshold of 90%.

Percent of vulnerable adults reported as maltreated with initial disposition for response made within five working days.

What is this measure?

The measure is calculated based upon the difference between the date a report was received by a county that a vulnerable adult was suspected of experiencing maltreatment and the date of the county's decision to offer adult protective services to the vulnerable adult. The measure compares the total number of reports received during the state fiscal year with an initial disposition date within five business days.

Why is this measure important?

This measure supports timely response for vulnerable adults that may be experiencing maltreatment. Additionally, it promotes statutory compliance for initial disposition being made within five business days. A timely response is important to safeguard vulnerable adults.

What affects performance on this measure?

- System factors include the number of reports received.
- Staff factors include lack of staff, understaffed, lack of knowledge and training, level of supervision, staff have many different roles and work many programs at once, and inconsistent interpretation of policy.
- Documentation factors include the accuracy of data and the timeliness of data entry.
- Environmental or external factors include delays in return response from reporter or others.

Percent of vulnerable adults reported as maltreated with initial disposition for response made within five working days.

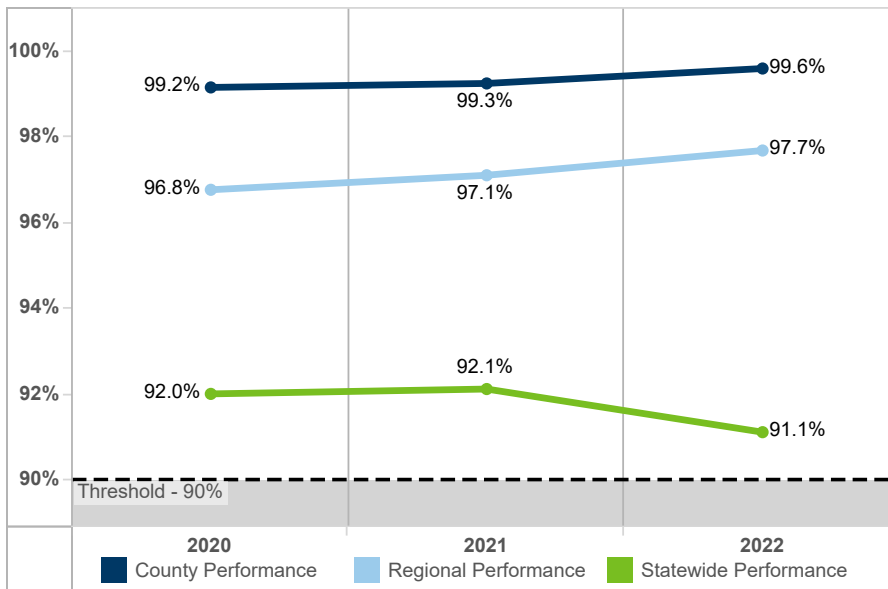
Goodhue County Performance by Year

	2020	2021	2022
County Performance	99.2%	99.3%	99.6%
Denominator	240	135	255

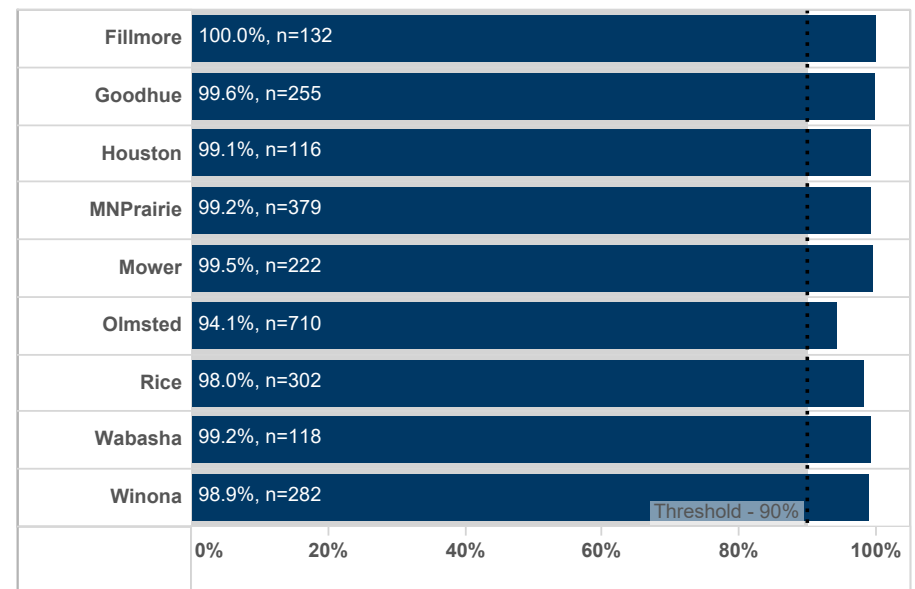
PIP Decision

No PIP Required - This is a baseline report, the PIP requirement for this measure will begin in 2023.

County, State and Regional Performance



2022 Performance for MACSSA Region 10



*Blank values represent no cases for a reporting year.

**The dotted line on each graph indicates 90%, the threshold for this measure.

Percent of open child support cases with paternity established.

What is this measure?

This measure divides the number of children in open Child Support cases that were not born in marriage in the previous federal fiscal year by the number of children in open Child Support cases that had paternities established in the report year. The paternities established by Child Support workers during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100 percent.

Why is this measure important?

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

What affects performance on this measure?

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

Percent of open child support cases with paternity established.

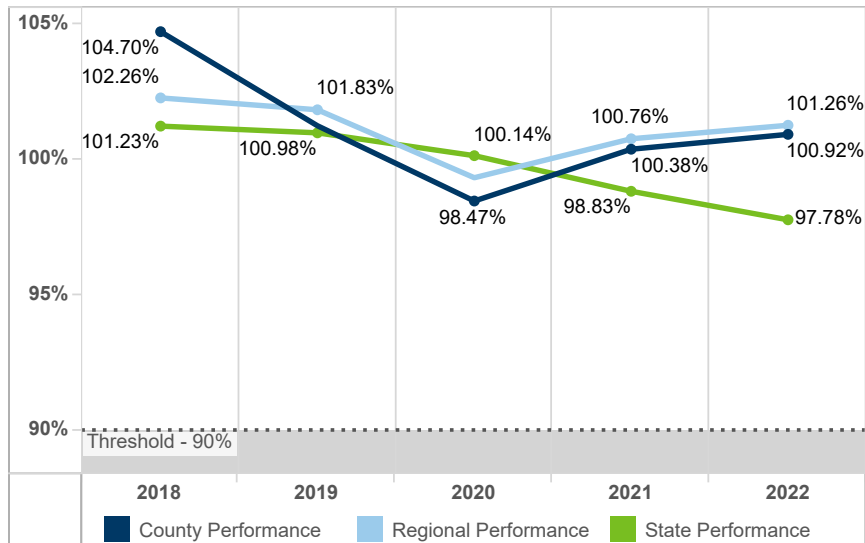
Goodhue County Performance by Year

	2018	2019	2020	2021	2022
County Performance	104.70%	101.24%	98.47%	100.38%	100.92%
Denominator	1,469	1,451	1,377	1,323	1,298

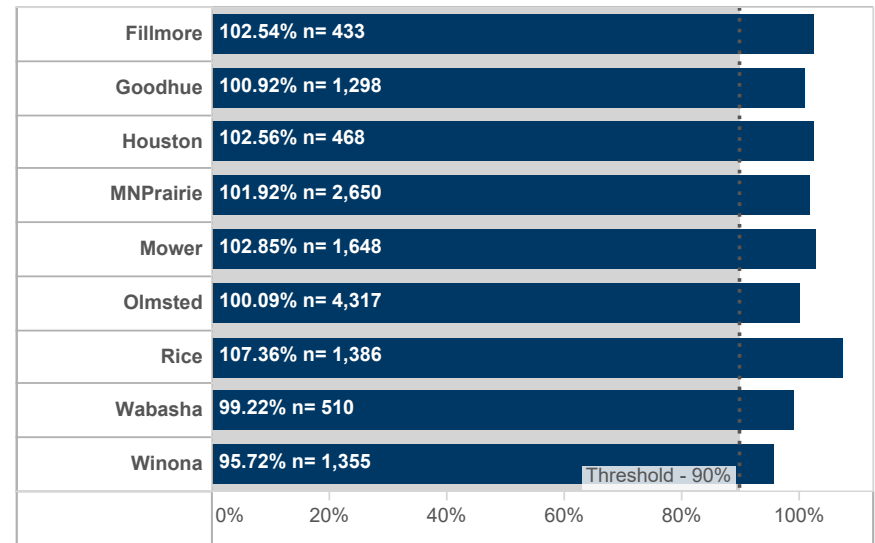
PIP Decision

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

County, State and Regional Performance



2022 Performance for MACSSA Region 10



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

Percent of open child support cases with an order established.

What is this measure?

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

Why is this measure important?

This is a measure of counties' work toward ensuring children receive financial support from both parents. Through their role in the Child Support program, counties help ensure that parents contribute to their children's economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

What affects performance on this measure?

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

Percent of open child support cases with an order established.

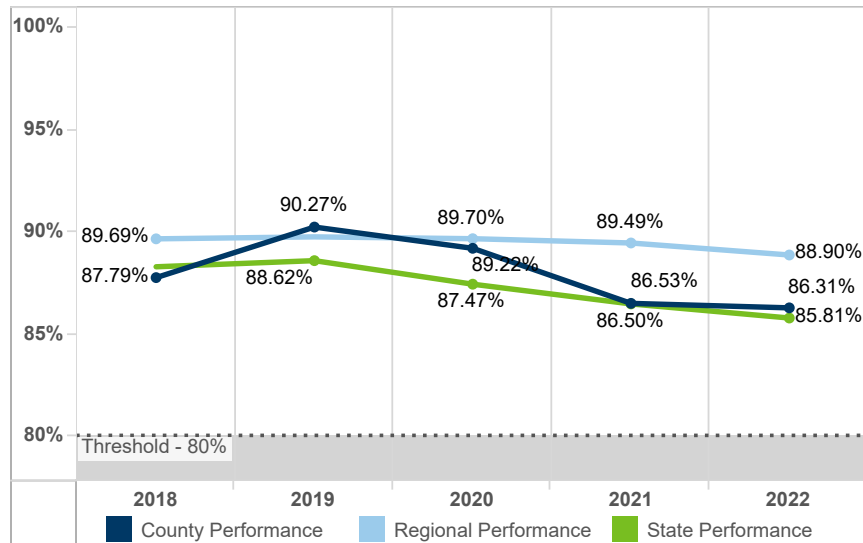
Goodhue County Performance by Year

	2018	2019	2020	2021	2022
County Performance	87.79%	90.27%	89.22%	86.53%	86.31%
Denominator	1,949	1,880	1,819	1,759	1,665

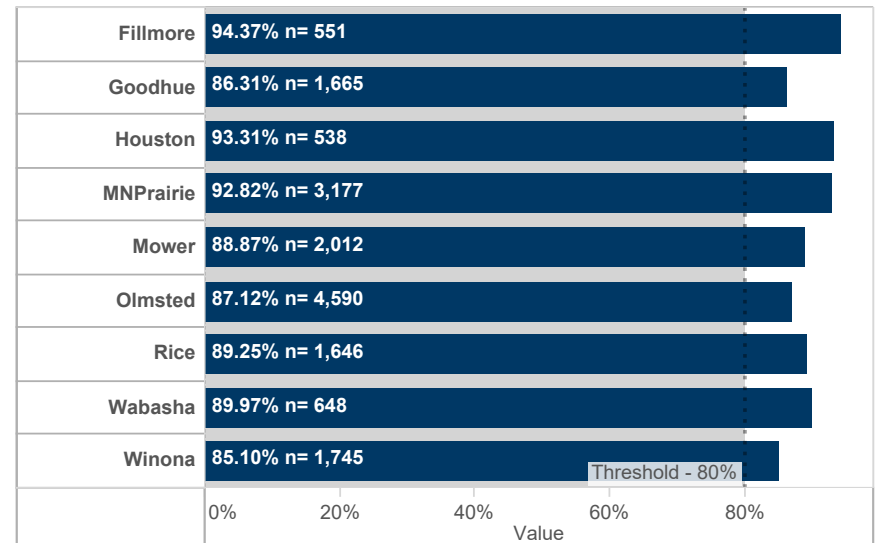
PIP Decision

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

County, State and Regional Performance



2022 Performance for MACSSA Region 10



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

Percent of current child support paid.

What is this measure?

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

Why is this measure important?

Children need both parents contributing to their financial security, and child support is one means of accomplishing that. Counties, through their role in the Child Support program, help ensure that parents contribute to their children's economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

What affects performance on this measure?

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

Percent of Current Child Support Paid Threshold Review

Background on Percent of Current Child Support Paid Threshold

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

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

Calculating the Increasing Five-year Average Threshold

The Current Child Support Paid threshold uses a five-year average of the year-over-year (YOY) point change in performance. If the average YOY growth for the county is positive, there is no PIP. If there was no growth (0 percentage points) or negative growth, the county receives a PIP. The threshold includes a clause for counties performing above the state median; regardless of year-over-year change, counties with performance above the state median performance for the reporting period (75.3% for 2022) will not receive a Performance Improvement Plan (PIP).

	<u>County Data:</u>	<u>Calculate Year-over-year Change:</u>	<u>Calculate Average Change:</u>
Sample Calculation	Milkweed County had 64.79 percent of its orders paid in 2017, 65.22 percent in 2018, 65.35 percent in 2019, 66.21 percent in 2020, 65.08 percent in 2021, and 66.11 percent in 2022.	2018 - 2017 = 65.22 - 64.79 = 0.43	$(\Delta 2018 + \Delta 2019 + \Delta 2020 + \Delta 2021 + \Delta 2022) / 5 =$ $(.43 + .13 + .86 + -1.13 + 1.03) / 5 =$.264 percentage points The average is positive, therefore the threshold has been met.
		2019 - 2018 = 65.35 - 65.22 = 0.13	
		2020 - 2019 = 66.21 - 65.35 = 0.86	
		2021 - 2020 = 65.08 - 66.21 = -1.13	
		2022 - 2021 = 66.11 - 65.08 = 1.03	

Percent of Current Child Support Paid 2022 PIP Suspension

Overview of Performance Changes for Percent of Current Child Support Paid

Performance data for 2022 revealed an unprecedented statewide decline in performance on the Percent of Current Child Support Paid measure. This year's data showed that:

- Since last year, 68 counties and SDA's had a decline in performance (many of the drops significant).
- More than 50 counties and SDA's had a negative threshold.
- Based on the threshold and median county performance, 30 counties would be required to complete a PIP. This is more than twice the number we had last year and the most we have had in one reporting cycle since the Performance Management system started for this measure.
- Of the 30 counties who are below the threshold, 20 of them would be a new PIP this year. This is nearly triple the new PIPs we had last year. The statewide average has dropped from 75.75% last year to 72.62%, which is near 2015 levels for this measure. This is the single largest drop for this measure since the Performance Management system began.

Major systemic issues appear to be at play, but so far the specific issues remain unclear. Asking counties to create individual PIPs to create strategies for issues that seem to be affecting the entire system does not seem valuable, instead the Performance Management team wants to take a systemic and collaborative approach to improvement efforts for this measure.

Action Plan

The Human Services Performance Council has suspended 2022 PIPs for Percent of Current Child Support Paid measure. This year, instead of asking counties to complete PIPs for the measure, the DHS Performance Management team and Child Support Division will be asking counties to help us research the decline in performance, identify barriers and develop strategies to improve performance throughout the state. We hope that a collaborative approach will help us stop the decline and identify meaningful improvement opportunities.

Watch for additional information about how to share your input into the barriers to child support collections in the near future.

Percent of current child support paid.

Goodhue County Performance by Year

	2018	2019	2020	2021	2022
County Performance	77.89%	78.40%	77.98%	77.32%	74.10%
Denominator	\$5,738,017.17	\$5,659,119.94	\$5,512,708.43	\$5,174,205.20	\$4,932,551.54

2022 Threshold

Five-Year Average Change
-0.60%

Minimum Performance Target
75.30%

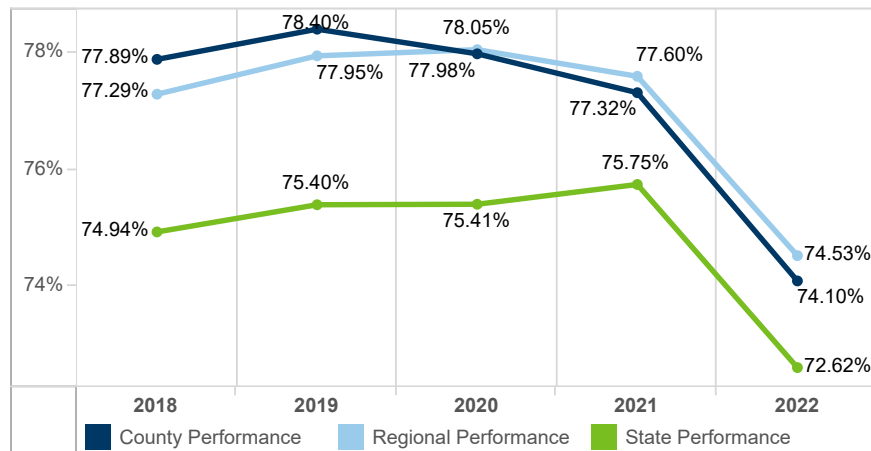
The Child Support Paid threshold is a five-year average of the year-over-year change in performance. A positive number indicates the performance threshold has been met (see page 13 for details).

The performance target was the minimum performance needed for a positive five-year average change or the state median performance, 75.3%, whichever is lower.

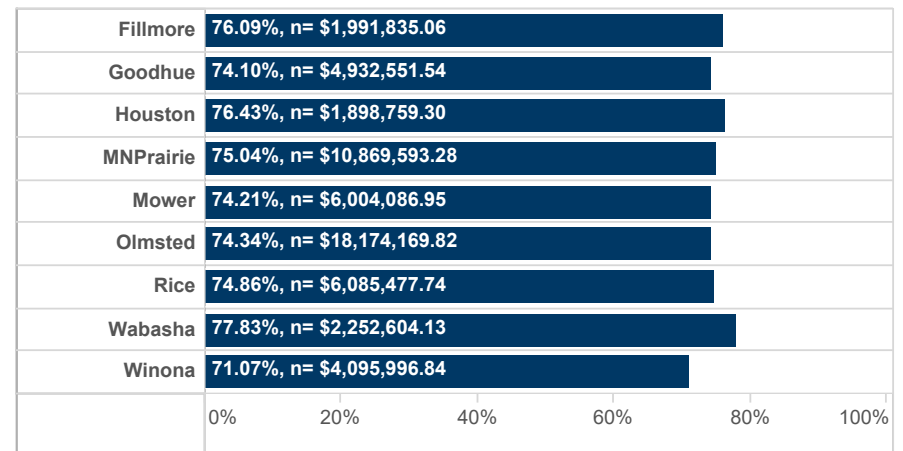
PIP Decision

No PIP required - After an unprecedented statewide decline in performance on this measure, the Human Services Performance System has suspended 2022 PIPs.

County, State and Regional Performance



2022 Performance for MACSSA Region 10



Racial Data for Percent of current child support paid.

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

Purpose

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

No Data Available

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

Goodhue County 2022 Performance by Race and Ethnicity for *Percent of Current Child Support Paid*

