



# Goodhue County

## Minnesota

### GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM  
RED WING, MN

FEBRUARY 21, 2023  
10:30 A.M.

#### VIRTUAL OPTION MEETING NOTICE

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Microsoft Teams meeting

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The Goodhue County Health and Human Services Board will be conducting a board meeting pursuant to Minn. Stat. 13D.02 on February 21, 2023 at 10:30 a.m. in the County Board Room.

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

Documents:

[JANUARY 2023 HHS BOARD MINUTES.PDF](#)

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

a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

b. Infrastructure Grant Cooperative Agreement

Documents:

[REGIONAL DATA PROJECT COOPERATIVE AGREEMENT.PDF](#)

c. Community Health Board Annual Concurrence Letter

Documents:

[COMMUNITY HEALTH BOARD ANNUAL CONCURRENCE LETTER.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

6. INFORMATIONAL ITEMS:

a. CHNA Presentation

Maggie Cichosz and Stephanie Olson

[COMMUNITY HEALTH NEEDS ASSESSMENT 2022](#)

Documents:

[2022 CHNA PRESENTATION.PDF](#)

b. 4th Quarter 2022 Fiscal Report

Kayla Matter

Documents:

[HHS 4TH QTR 2022 FISCAL REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

c. Trend Report

Documents:

[TREND REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be March 21, 2023

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

**GOODHUE COUNTY  
HEALTH & HUMAN SERVICES BOARD MEETING  
MINUTES OF JANUARY 17, 2023**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:38 A.M., Tuesday, January 17, 2023 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, Kris Johnson, Mike Zorn, Lisa Woodford, Kayla Matter, and Brooke Hawkenson

**AGENDA:**

On a motion by L. Flanders and seconded by S. Johnson, the Board approved the January 17, 2023 Agenda.

**MEETING MINUTES:**

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

**CONSENT AGENDA:**

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

**ACTION ITEMS:**

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

On a motion by S. Johnson and seconded by N. Pagel, the Board approved Child Protection 2023 On-Call Compensation.

On a motion by B. Anderson and seconded by L. Flanders, the Board approved the Personnel request to replace a Public Health Nurse, to Step 4 at this time and make Family Health Team Adjustments.

Goodhue County Health & Human Services Board  
Meeting Minutes of January 17, 2023

INFORMATIONAL ITEMS:

Family Health Presentation given by Brooke Hawkenson and Kris Johnson

FYI & REPORTS:

Child Protection Report  
HHS Staffing Report  
Public Health System Transformation Legislative Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by B. Anderson and seconded by S. Johnson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:48 am.

DRAFT

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 21, 2023	<b>Staff Lead:</b>	Katie Bystrom
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve Child Care Licensure Actions		

**BACKGROUND:**

**Child Care Relicensures:**

- Tonia Smith                      Zumbrota
- Carrie Cordes                    Red Wing
- Ronda Swenning                Red Wing
- Ernest Valenzuela                Goodhue

**Child Care Licensures:**

Number of Licensed Family Child Care Homes: 67

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



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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 21, 2023	<b>Staff Lead:</b>	Kris Johnson
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve Regional Data Project Cooperative Agreement		

**BACKGROUND:**

The Minnesota Department of Health (MDH) is facilitating a grant for counties in Minnesota to create and administer pilot projects that will build the capacity of the Public Health system. Goodhue County HHS is part of two projects—one internal project to build data capacity, and one regional project.

For the regional project, the infrastructure grant goal is to increase data capacity in the Southeast Minnesota Region by piloting different data projects. GCHHS is involved with two of the three regional projects:

- **Building data capacity regarding opioids** and
- **Evaluating family home visiting programs.**

The purpose of this Agreement is to jointly agree that Participating Counties will participate in the MDH infrastructure grant from July 1, 2022 through June 30, 2023.

Each Participating County will be paid \$3,000.00 upon signing this Agreement and then an additional per project amount upon completion of the infrastructure project. The per project amount will be determined jointly between MDH and Olmsted County based on the number of data projects completed and the number of Participating Counties who took part in each data project. Participating Parties agree to attend quarterly infrastructure grant meetings to determine the data projects. Participating Parties agree to participate in evaluation activities after each data project.

**RECOMMENDATION:** Goodhue County HHS Recommends Approval as Requested.

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**COOPERATIVE AGREEMENT**  
**MINNESOTA DEPARTMENT OF HEALTH (MDH) INFRASTRUCTURE GRANT**  
**2022-2023**

WHEREAS, Dodge County, Fillmore County, Freeborn County, **Goodhue County**, Houston County, Mower County, Olmsted County, Rice County, Steele County, Wabasha County, and Winona County (“Participating Counties”) have agreed to participate in the MDH Infrastructure grant to increase data capacity; and

NOW THEREFORE, in consideration of the mutual promises and consideration contained herein among Participating Counties agree as follows:

1. The purpose of this Agreement is to jointly agree that Participating Counties will participate in the MDH infrastructure grant from July 1, 2022 through June 30, 2023.
2. The infrastructure grant goal is to increase data capacity in the Southeast Minnesota Region by piloting different data projects. Each Participating County will be paid \$3,000.00 upon signing this Agreement and then an additional per project amount upon completion of the infrastructure project. The per project amount will be determined jointly between MDH and Olmsted County based on the number of data projects completed and the number of Participating Counties who took part in each data project.
3. Participating Parties agree to attend quarterly infrastructure grant meetings to determine the data projects.
4. Participating Parties agree to participate in evaluation activities after each data project.
5. As fiscal host, Olmsted County has applied for and received the infrastructure grant funds.
6. Olmsted County, as fiscal host for these funds shall:
  - a. Establish an account to ensure proper record keeping of all the receipts and expenditures.
  - b. Perform all accounting and fiscal reporting duties, including:
    - 1) Review of documentation of expenses to ensure that the expense is allowable, including but not limited to both the type of expense and timing of the expense within the fund period.
    - 2) Ensure that Participating Counties cooperate with Olmsted County regarding monitoring, assessment and fiscal reconciliation of the infrastructure project.
    - 3) Ensure that Participating Counties are completing all required data reporting.
7. Each Participating County who receives funds passed through Olmsted County agrees to indemnify and hold harmless Olmsted County for any determinations by any authority that funds used by or received by the Participating County were not used and/or must be repaid to the State or Federal government. The affected Participating County agrees to pay any necessary amounts, including any penalties, interest, or fees of any kind, on the time schedule determined by the State or Federal government to the payee determined by the State or Federal government. If Olmsted County, solely in its own discretion, agrees to be an intermediary in



any repayments for the affected Participating County, that County agrees to cooperate fully with Olmsted County and to not delay any necessary payments. The affected Participating County agrees to reimburse Olmsted County for any reasonable costs incurred by Olmsted County related to assisting the affected Participating County or caused by complying with requests of the granting authority related to funds received by that Participating County.

8. Olmsted County will make reasonable efforts to disburse budgeted funds to each Participating County as soon as practicable through Olmsted County's normal accounts payable processes.
9. Participating Counties may audit records related to services provided under this Agreement. Participating Counties agree to cooperate with any records disclosure request made by any Participating County or the State Auditor related to an audit of this program.
10. Parties agree to be bound by the requirements of the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as it applies to all data provided by Participating Counties under this Agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated under this Agreement. To the extent that a function or activity of this Agreement involves the use of "protected health information" (45 CFR 164.501), including, but not limited to: providing health care services; health care claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; re- pricing; or otherwise as provided by 45 CFR § 160.103, Participating Counties are a business associate of Olmsted County for purposes of the Health Insurance Portability and Accountability Act of 1996.
11. Participating Counties shall save and hold harmless all other Participating Counties and its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of Participating Counties or its subcontractors, agents, or employees under this Agreement.
12. The failure of any Participating County to enforce any provisions of this Agreement shall not constitute a waiver by such County of that or any other provision.
13. The Participating Counties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
14. The term of this Agreement shall be from July 1, 2022 through June 30, 2023 and/or shall remain in effect until one of the following occurs: 1) a new Agreement is signed by all Participating Counties 2) the term of this Agreement is extended via an Addendum or 3) the Participating Counties choose to terminate the Agreement in accordance with section 15 below.

15. The Participating Counties may also terminate this Agreement effective upon mailing of 90 days of written notice to other affected parties, under any of the following conditions:
- a. If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the parties' discretion be modified to accommodate a reduction in funds.
  - b. If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.
  - c. If any Participating County chooses to opt out of the infrastructure project, it will provide written notice to the other Participating Counties at least 90 days prior to the proposed termination date. In this event, the remaining Participating Counties shall jointly determine whether to terminate this Agreement or redistribute the funds amongst the remaining Participating Counties.

Any such termination of the Agreement shall not reduce or negate any obligations or liabilities of any party already accrued prior to such termination.

16. Participating Counties shall individually sign and return this Agreement by the due date specified by Contract Management to: Olmsted County Health, Housing, and Human Services – Contracting Division, 2117 Campus Drive S.E., Rochester, MN 55904. Funds cannot be disbursed to the Participating County until the signed agreement has been received by Contract Management
17. Upon request, Olmsted County shall provide each Participating County with a copy of the fully signed Cooperative Agreements.
18. This Agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This Agreement supersedes all prior negotiations, understanding, agreements, and representations. There are no oral or written understandings, agreements or representations not specified herein. Furthermore, no waiver, consent, modification, or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

COUNTY OF GOODHUE

By: \_\_\_\_\_  
Title: Chairperson of the HHS Board

Dated: \_\_\_\_\_

ATTESTED TO:

By: \_\_\_\_\_  
Title: Director, Goodhue County HHS

Dated: \_\_\_\_\_

APPROVED AS TO FORM AND EXECUTION:

By: \_\_\_\_\_  
Title: Goodhue County Attorney

Dated: \_\_\_\_\_

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 21, 2023	<b>Staff Lead:</b>	Ruth Greenslade
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approval Public Health Emergency Preparedness (PHEP) Local Concurrence Letter		

**BACKGROUND:**

The Minnesota Department of Health (MDH) is required to obtain annual concurrence from local health departments and tribal officials regarding the general approach of the activities MDH is using to make sustainable progress in achieving public health preparedness through the use of federal Public Health Emergency Preparedness (PHEP) funds. These strategies for moving forward in 2023-2024 (Budget Period 5) recognize ongoing COVID-19 response work, demobilization, recovery, and a return to more normal preparedness work. Budget Period 5 (BP5) begins July 1, 2023 and ends June 30, 2024.

CDC requires the concurrence be sent on agency letterhead and signed by an authorized agency representative. Goodhue County Health and Human Services is a recipient of the PHEP funds and attached please find our county letter to meet this concurrent requirement. MDH requested the letter on 2/6/23 with a due date of 2/24/23.

**RECOMMENDATION:** HHS Department recommends approval as requested.



## Goodhue County **Health and Human Services**

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

February 21, 2023

To Whom It May Concern:

Minnesota Department of Health (MDH) priorities for Budget Period 5 (BP5), July 1, 2023 – June 30, 2024, of the five-year project period (2019-2024) are:

- 1) Continuing COVID-19 response and recovery activities,
- 2) Incorporating lessons learned during the COVID-19 response by updating plans, policies, and/or procedures,
- 3) Developing staff through participation in select training and exercises, and
- 4) Developing strategies to move public health emergency preparedness work forward during Budget Period 5 and the next five-year project period (2024-2029).

Community Health Board (CHB) duties for BP5 again will include recurring, base, and funding level-based tiered duties. The recurring and base grant-related activities will be completed by all CHBs. CHBs at the X, Y, and Z funding levels will select a tiered number of activities.

The BP5 CHB Grant Duties were developed through regional conversations with local public health emergency preparedness coordinators, information from LPH reporting, CDC priorities, and input from MDH Division of Emergency Preparedness and Response staff. The duties were reviewed by a group of LPH representatives and the SCHSAC PHEP Oversight Work Group will review the duties before they are finalized.

The Recurring duties are the activities that occur every year or regularly, such as reports, work plans, integrated preparedness plan (IPP, formerly called the multi-year exercise and training plans (MYTEP), updating contact information, attending MDH-sponsored preparedness trainings, and responding to Health Alert Messages (HANs).

The Base and Tiered (funding level-based) duties will continue COVID-19 response work and again emphasize recovery activities. CHBs will address gaps identified through hot washes in after action reports, assess the public health incident management structure, and participate in MDH trainings including Psychological First Aid (PFA), MN Responds system administrators, and potentially an in-person NIMS/ICS training (if MDH is able to offer it). There will be a unique opportunity to participate in a climate-change focused TTX developed and facilitated by the University of Minnesota School of Public Health. CHBs will develop and/or revise plans for social media, risk communication, responder safety and health, and pandemic influenza. Finally, CHBs will continue regular communication with volunteers to help keep them engaged.

I certify that my community health board concurs with the general approach to public health emergency preparedness as outlined by MDH.

Nina Arneson, MS, GCHHS Director  
Goodhue County Health and Human Services

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 21, 2023	<b>Staff Lead:</b>	Kayla Matter
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve January 2023 HHS Warrant Registers		

**BACKGROUND:**

This is a summary of Goodhue County Health and Human Services Warrant Registers for: January 2023.

		Date of Warrant		Check No.		Total Batch
				Series		
IFS	January 6, 2023	ACH	38641	38656		\$37,292.36
IFS	January 6, 2023		465791	465289		\$23,705.96
IFS	January 13, 2023	ACH	38669	38675		\$5,350.65
IFS	January 13, 2023		465871	465887		\$51,973.91
IFS	January 20, 2023	ACH	38697	38705		\$2,033.21
IFS	January 20, 2023		465945	465970		\$18,243.60
IFS	January 27, 2023	ACH	38870	38905		\$7,668.72
IFS	January 27, 2023		466127	466194		\$28,273.18
SSIS	January 27, 2023	ACH	38757	38778		\$78,656.38
SSIS	January 27, 2023		466023	466066		\$154,287.53
IFS	January 27, 2023	ACH	38779	38821		\$16,226.00
IFS	January 27, 2023		466067	466074		\$354,668.79
					<b>Total</b>	<b>\$778,380.29</b>

**RECOMMENDATION:** Goodhue County HHS Recommends Approval as Presented.

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# 2022 Goodhue County Community Health Needs Assessment



# WHAT IS HEALTH?

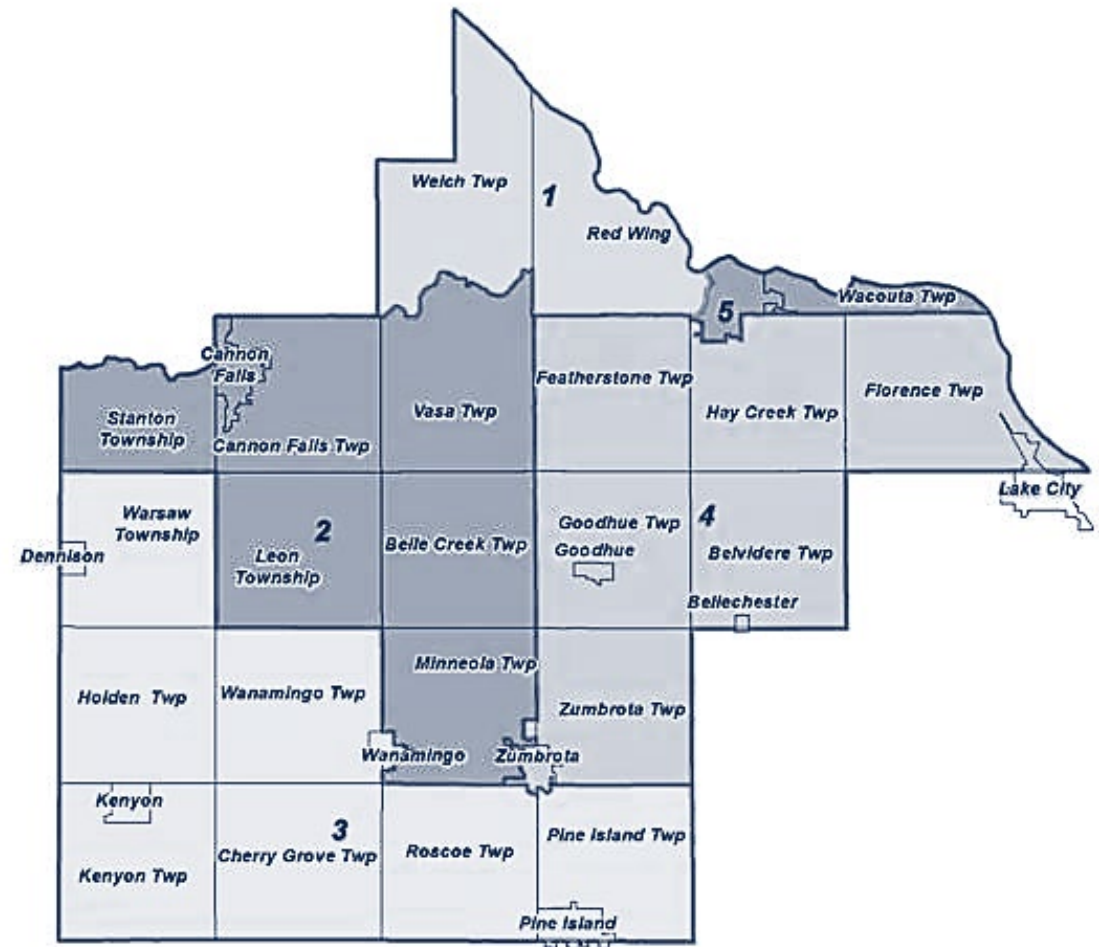


# Where Health Happens



# WHY & HOW DO WE DO AN ASSESSMENT?

- The 2022 Goodhue County Community Health Needs Assessment is an effort to take stock of the health of all people in our county on a regular basis.
- Writing a community health needs assessment is a strategic planning process for improving community health.



# THE PARTNERSHIP

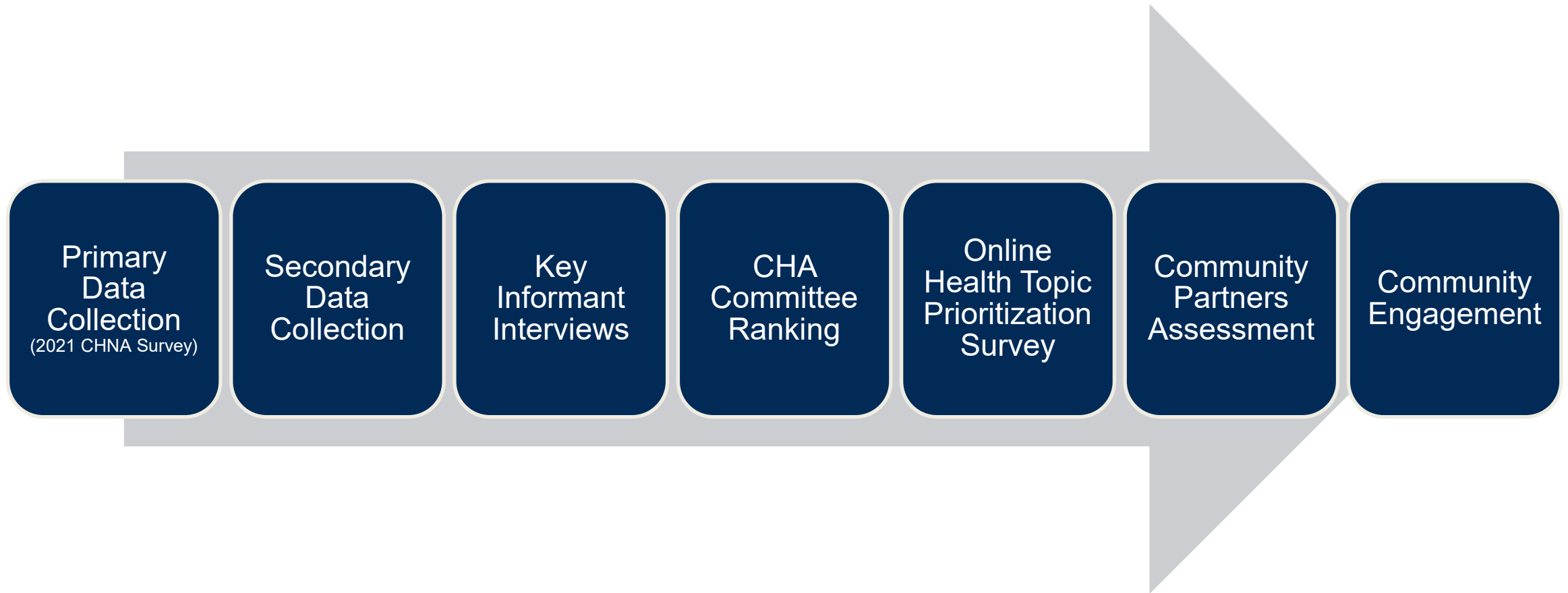


# FURTHER ALIGNMENT



In the past, local public health conducted a community health assessment every five years, and Mayo Clinic Health System every three years. The 2022 Goodhue County Community Health Needs Assessment (CHNA) is a joint effort and will continue on a three year cycle.

# THE PROCESS



# DATA COLLECTION

- **318** completed surveys from Goodhue County residents in the 2021 CHNA survey random mailed sample
- **130** completed surveys from HHS, C.A.R.E. Clinic, and food shelf customers in the 2021 CHNA survey convenience sample
- **10+** secondary data sources
- **21** key informant interviews
- **1100** responses to the online health topic prioritization survey
- **32** organizations participated in community partners assessment
- **699** participated in the tabling activity at community engagement events



# THE RESULTS





■ Health Conditions
 ■ Health Behaviors
 ■ Systems and Settings
 ■ Social Determinants of Health

**The Top 10 Health Issues that were identified in this assessment are complex challenges that do not have any simple solutions.**

- 4 out of the 5 social determinants of health as defined by the Centers of Disease Control and Prevention (CDC) are in the top 10, and are connected to all aspects of health.
- There are other important issues not in the top 10, but the top ten are our strategic priorities to focus efforts and partnerships in the next three years.



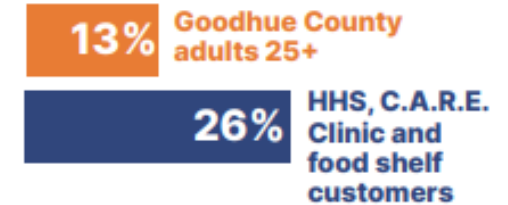
**Suicide was the #9 cause of death in Goodhue County in 2015-2019.** 9 people died by suicide in Goodhue County in 2019. (MDH, 2021) (MHMD-01)  
 ☆ LHI

**The average number of mentally unhealthy days for adults 25+ was 3.8 out of 30 days.** This is up from 2.5 days in 2015. For Goodhue County Health & Human Services, C.A.R.E. Clinic and food shelf customers surveyed in 2021, it was **9.1 out of 30 days**  
 (Goodhue County CHNA Survey, 2021)

**#1**

**Mental Health & Mental Disorders**

**The percentage of people who delayed mental health care in the past year**  
 (Goodhue County CHNA Survey, 2021)



**16%** surveyed reported **seriously considering suicide in the past year, up from 12% in 2019.**  
 (Minnesota Student Survey (MSS), 2022) (MHMD-02)

**Pay 30% or more of their income on housing**

**44%** of renter-occupied households and

**23%** of owner-occupied households with a mortgage in Goodhue County.

*(ACS, 2016-2020)*

**13%**  
**of households in Goodhue County have at least one of the following housing problems:**

- overcrowding
- high housing costs
- lack of kitchen facilities, or
- lack of plumbing facilities

*(County Health Rankings, 2022)*



123

The number people assessed in Goodhue County in 2020 who **did not have stable housing and were placed on the Coordinated Entry List.\***

*(2021, Red Wing Study on Homelessness and Housing Insecurity)*

**Home ownership rate in Goodhue County**

**76%** for white households

**41%** for all other races

*(ACS, 2013-2017)*

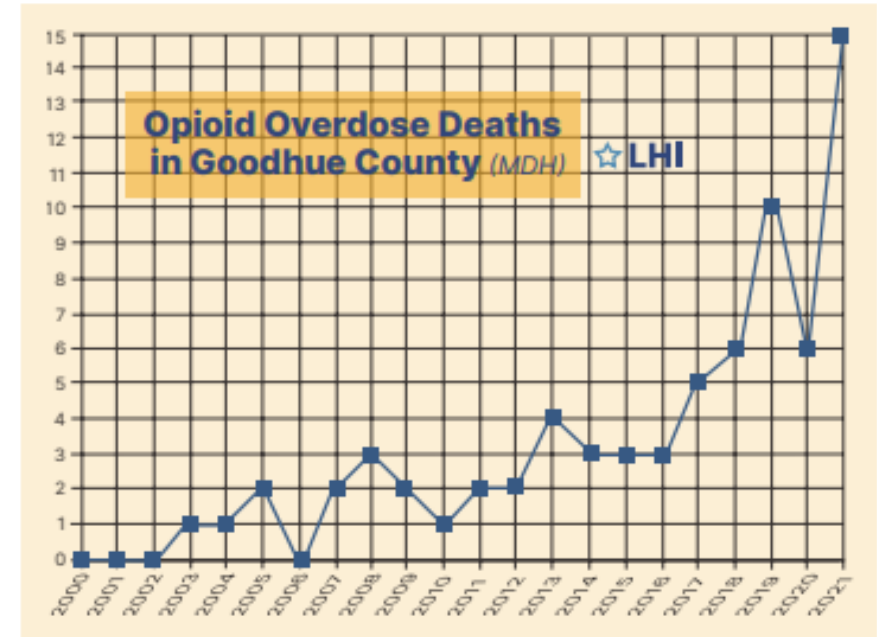
**9% males and 15% females in 9th grade** reported **drinking one or more alcoholic beverages in the last 30 days**. This alcohol was most often from parties (14%), down from 42% in 2019, or from friends (25%) and parents (31%). (MSS, 2022)



Goodhue County residents who **received chemical dependency treatment in 2021**, most sought treatment for:

- Alcohol: 172 residents**
- Meth: 167 residents**
- Heroin/other opiates: 80**
- Marijuana: 48**
- Other substances: 11**

(Drug and Alcohol Abuse Normative Evaluation System, DAANES, 2021)



**#4**



**Social Connection & Inclusion**

**71%**

Adults 25+ usually or always get the social and emotional support they need.

**46%**

HHS, C.A.R.E. Clinic, and food shelf customers usually or always get the social and emotional support they need.  
*(Goodhue County CHNA Survey, 2021)*

**#5**



**Education Access & Quality**



**24%** of Goodhue County

students reported missing 3 or more days of school in the last 30 days. *(MSS, 2022)*

**#6**



**Health Care Access & Quality**

Among the general population of adults 25+ the most commonly reported reasons for delaying medical care:

**32%** thinking the issue was not serious enough

**30%** the cost of care

**#7**



**Economic Stability**

- **9%** of Goodhue County population lives below the poverty line.
- For non-Hispanic whites, the rate is **8%**
- Poverty rates are higher among people of color:
  - 47%** For Black or African Americans
  - 26%** For American Indians
  - 22%** For people of two or more races
  - 16%** For Asians

**#8**



**Physical Activity**

**#9**

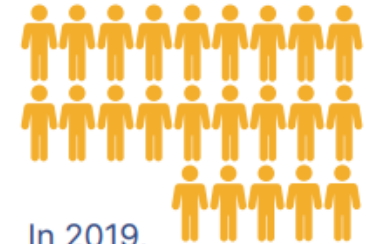
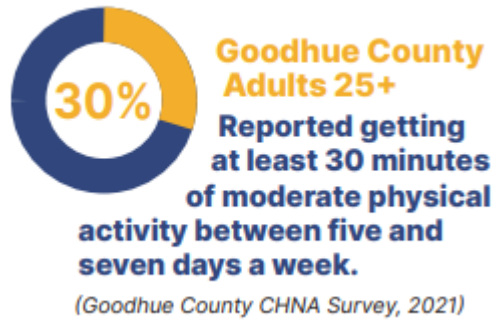


**Health Communication**

**#10**



**Violence Prevention**



**In 2019, 23 out of every 1,000 children in Goodhue County were subject to maltreatment.**

*(MDH)*

# HOW HAS THE LIST CHANGED?

2022 TOP HEALTH ISSUES		
1	2017: 2 	Mental Health & Mental Disorders
2	2017: 8 	Housing and Homes
3	2017: 4 	Drug and Alcohol Use
4	2017: - 	Social Connection & Inclusion
5	2017: - 	Education Access and Quality
6	2017: 7 	Health Care Access and Quality
7	2017: 1 	Economic Stability
8	2017:- 	Physical Activity
9	2017:- 	Health Communication
10	2017:- 	Violence Prevention

# WHAT'S NEXT?



# Community Health Improvement Plan (CHIP)

- The Community Health Improvement Plan (CHIP) is a guiding document which supports active engagement by community members and organizations in improving the health of Goodhue County.
- It is intended to be a framework for measurable change in addressing the needs identified in the last community health needs assessment.
- The 2023 to 2025 plan will be based on the 2022 Goodhue County Community Health Needs Assessment (CHNA)

# 2023-2025 CHIP Priorities



Support mental wellbeing through mental health care and social connection



Advocate for more housing



Address chemical health in youth and reduce overdose deaths

# QUESTIONS?



Goodhue County  
**Health and Human Services**

426 West Avenue  
Red Wing, MN 55066  
(651) 385-3200 • Fax (651) 267-4877

**DATE:** February 21, 2023  
**TO:** Goodhue County Health and Human Services (HHS) Board  
**FROM:** Kayla Matter, Accounting Supervisor  
Mike Zorn, Deputy Director  
**RE:** Fourth Quarter 2022 - Year End Fiscal Report

After two strong years during the Pandemic, 2022 continued to be yet another **Outstanding** financial year.

- We expended 97% (\$18,203,938) of our budget (\$18,833,946) 100% of the way through the year.
- We had collected 114% (\$21,415,209) of our anticipated revenue (\$18,833,946), 100% of the way through the year.

Resultantly, we were in the black with a net income of positive **\$3,211,271.**

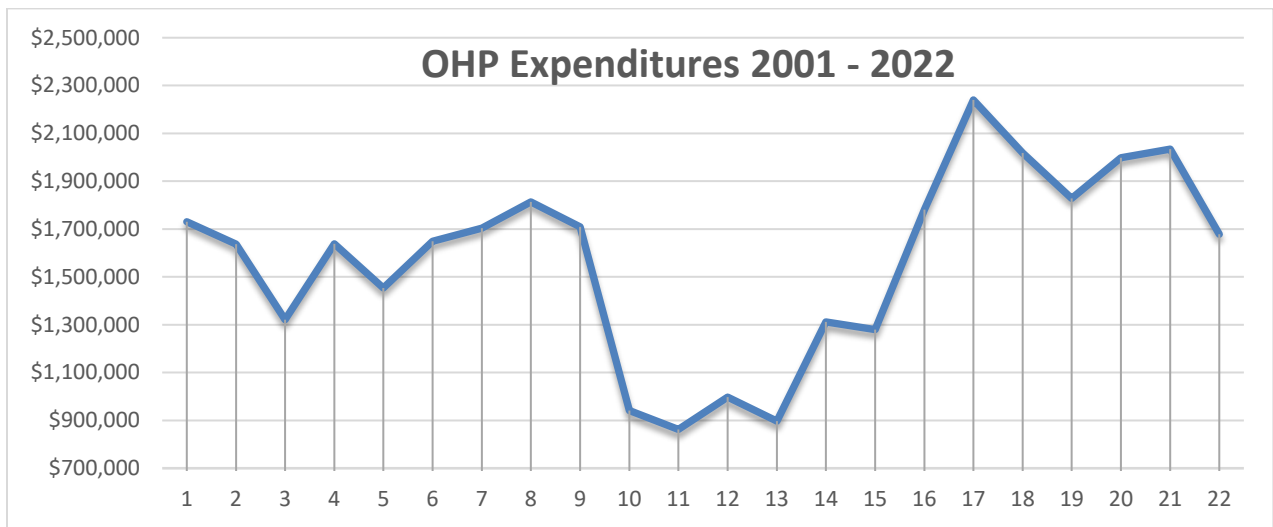
Revenue from South Country Health Alliance (SCHA) who is an important county partner and provider were the following:

2022 SCHA Revenue \$2,005,250  
2021 SCHA Revenue \$1,955,298  
2020 SCHA Revenue \$1,580,383

**Children in Out of Home Placement:**

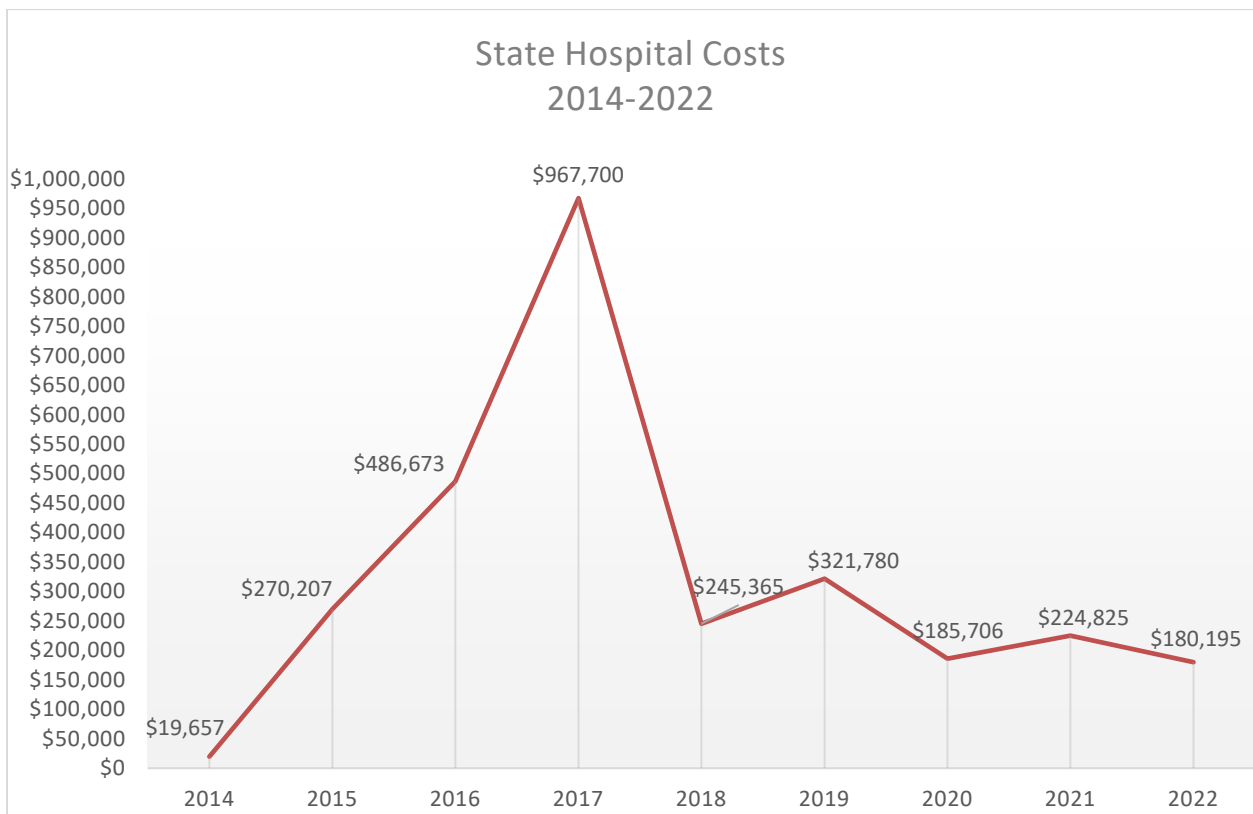
There has been an upward trend of increasing Out-of-Home Placement costs since 2013. In 2022, we fortunately came in under budget expending 93.6% (\$1,678,128) of our budget (\$1,792,000), 100% of the way through the year, which resulted in being under budget \$113,871 or 6.35%.

In 2021, we were 13.49% over budget, 2020 we were 11.51% over budget, 2019 we were 1.86% over budget and in 2018 we were 22.73% over budget. There still is a state and national trend of increasing OHP costs, whereas in Goodhue County we are now seeing a decrease and then increase again. We as an agency continue to work very hard to bring something different and innovative to our county to address this need. Two examples of such services are Collaborative Intensive Bridging Services (CIBS) which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA) and Strong Foundations Family Home Visiting Program.



**State Hospital Costs:**

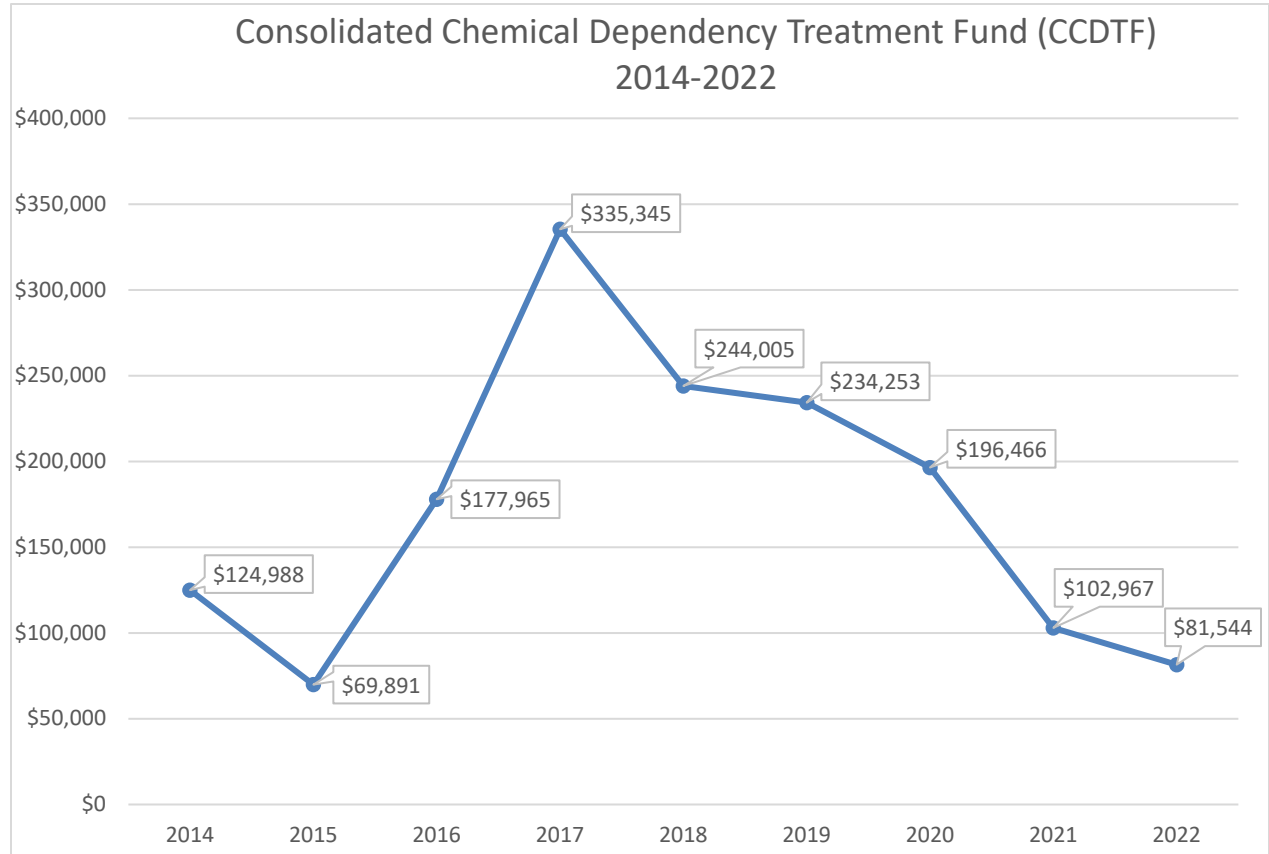
We did see a slight decrease in cost from 2021 with recipients living in state and private hospitals. For 2022, HHS had expenditures of \$180,195. There is a continued state crisis with mental health. HHS staff have been very diligently working to find placements for these clients when they have been deemed to be discharged, as that is when the daily rate becomes substantial.



**Consolidated Chemical Dependency Treatment Fund (CCDTF):**

For 2022, HHS had expenditures of \$81,544. These costs have continued downward since 2017 and with Substance Use Disorder reform should start to see these costs flatten out.

For SFY 22 (7/1/21-6/30/22) Goodhue County CCDTF claims were \$1,199,131.  
For SFY 21 (7/1/20-6/30/21) Goodhue County CCDTF claims were \$1,179,759.  
For SFY 20 (7/1/19-6/30/20) Goodhue County CCDTF claims were \$1,751,019.



**Other Program areas we have been monitoring in 2022**

**County Burials:**

We expended 194% (\$54,321) of our budget (\$28,000). We had 24 county burials in 2022, 11 county burials in 2021, and 19 county burials in 2020.

**Salaries, Benefits, Overhead and Capital Equipment:**

On agency salaries, benefits and overhead line items, we had expended 97% of our budget 100% of the way through the year. During 2022, HHS had two retirements, seven promotions, thirteen resignations, one voluntary demotion, and three new positions (Two, 2-year provisional eligibility workers, 3-year provisional ARPA funded Early Intervention Social Worker)

## **Staffing Revenues Additional Staff:**

All agency staff have again done an **Outstanding** job of generating additional revenue so that additional staff could be hired without an increase in county levy funding.

For the fourth quarter report, total staffing revenue generated is 123%; \$5,689,754 100% through the year of the total 2022 budget of \$4,629,350 for these revenue categories. This generated an additional \$1,060,404 over budget.

As with any position(s) that are retiring/resigning we review our agencies needs and look to see if our needs are the same or if they have changed over time with any position(s) when looking whether to replace/change/re-classify or not replace that position(s).

## **Fund Balance**

Going forward, our Cash Operating Fund Balance Assigned for Health & Human Services Expenditures is \$7,897,234, which is 39.66% of our 2023 budget \$19,910,242 (per Goodhue County Comprehensive Fund Balance Policy is to maintain a goal of 30-40% in all other funds) on December 31, 2022. HHS currently has Committed Fund Balance of \$150,550, Assigned Fund Balance Programs of \$8,855,000. Total cash balance as of 12-31-22 is \$16,902,784.

## **Future:**

- Over the last few years, we have had an impact due to the COVID-19 pandemic and some additional personnel expenses. This had resulted in a decrease in some of our normal operating expenses (travel, in-person trainings, etc.), which we expect to start to move back to the normal range.
- DHS has again changed policy on county-based purchasing plans. At this point we do not know the affect it will have on South Country Health Alliance (SCHA). Hopefully DHS and the State Legislation will continue to look at the procurement process for county-based purchasing health plans. As of late 2022, the county-based health plans are appealing the district court order granting summary judgement to the Minnesota Department of Human Services and denying the plans' motion. Beginning January 1, 2023, we now have two health plans which are South Country Health Alliance and Blue Plus.
- We know there will be continued changes with chemical dependency services and mobile crisis funding which may have increased financial implications to the counties.
- We will continue to have uncertainties regarding out of home placements, state hospital costs, consolidated chemical dependency treatment fund, and Substance Use Disorder Reform (SUD).
- We will continue to learn about the Targeted Case Management (TCM) redesign updates as they come out. This will be changing in regards to how agencies bill and are paid, and is expected to (maybe) happen in 2025.
- Our agency is working hard to maximize the additional grant funding dollars that we have been rewarded. We have multiple COVID related funding grants that will continue for the next 1-3 years, and are involving multiple units for the best way to utilize these funds while we have them.

During 2023, HHS will continue to work on workforce development, controlling public assistance costs, quality improvements, and working with our local, regional and state community members and partners to focus on improving health and reducing costs.

# Goodhue County



## REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2022 Thru: 12/2022

Percent of Year: 100%

11 Fund  
Health & Human Service Fund

11 Fund	TOTALS Health & Human Service Fund	Revenue	4,525,019.22-	21,415,209.64-	18,833,946.00-	114
		Expend.	1,769,863.35	18,203,938.15	18,833,946.00	97
		Net	2,755,155.87-	3,211,271.49-	.00	0
FINAL TOTALS:	656 Accounts	Revenue	4,525,019.22-	21,415,209.64-	18,833,946.00-	114
		Expend.	1,769,863.35	18,203,938.15	18,833,946.00	97
		Net	2,755,155.87-	3,211,271.49-	.00	0



Goodhue County HHS Out of Home Placement

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2021	THRU 12/22	2022	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$489.00	\$2,408.00	\$7,000.00	34%	100%
11-430-710-3710-6020	CHILD SHELTER -SS	\$2,925.00	\$33,800.00	\$18,000.00	188%	100%
11-430-710-3711-6020	FOSTER CARE CHILD SHELTER - CS		\$138.48			100%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE		\$0.00			100%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE		\$0.00			100%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$103,668.18	\$224,605.99	\$70,000.00	321%	100%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$508,636.82	\$475,462.48	\$500,000.00	95%	100%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$39,563.56	\$45,918.32	\$37,000.00	124%	100%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,942.00	\$5,811.00	\$8,000.00	73%	100%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$13,712.72	\$18,887.00	\$5,000.00	378%	100%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE		\$0.00			100%
11-430-710-3830-6020	FOSTER CARE - RULE 8 SS	\$102,064.22	\$55,339.22	\$140,000.00	40%	100%
11-430-710-3831-6020	FOSTER CARE - RULE 8 CS	\$3,491.10	\$3,690.18	\$70,000.00	5%	100%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$229,719.38	\$298,955.53	\$275,000.00	109%	100%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$166,684.72	\$46,725.50	\$200,000.00	23%	100%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$159,822.19	\$134,567.64	\$113,500.00	119%	100%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$2,123.45	\$1,730.12	\$2,500.00	69%	100%
11-430-740-3830-6020	RULE 5 SS	\$670,648.75	\$319,900.42	\$340,000.00	94%	100%
11-430-740-3831-6020	RULE 5 CS	\$22,236.70	\$10,188.83	\$6,000.00	170%	100%
	<b>TOTAL OUT OF HOME PLACEMENT</b>	<b>\$2,033,727.79</b>	<b>\$1,678,128.71</b>	<b>\$1,792,000.00</b>	<b>93.6%</b>	<b>100%</b>
	<b>Over/(Under) Budget for percent of year</b>	<b>\$1,795,000.00</b>	<b>-\$113,871.29</b>	<b>\$1,792,000.00</b>	<b>100%</b>	<b>100%</b>
	<b>Percent Over/(Under) Budget</b>	<b>-\$238,727.79</b>			<b>-6.35%</b>	

December	-6.35%
November	2.63%
October	-7.81%
September	-8.86%
August	-0.05%
July	-7.73%
June	-6.75%
May	-5.19%
April	-4.21%
March	-4.01%
February	-2.75%
January	-0.95%
Over/Under Budget 2021	13.49%

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 12/2022

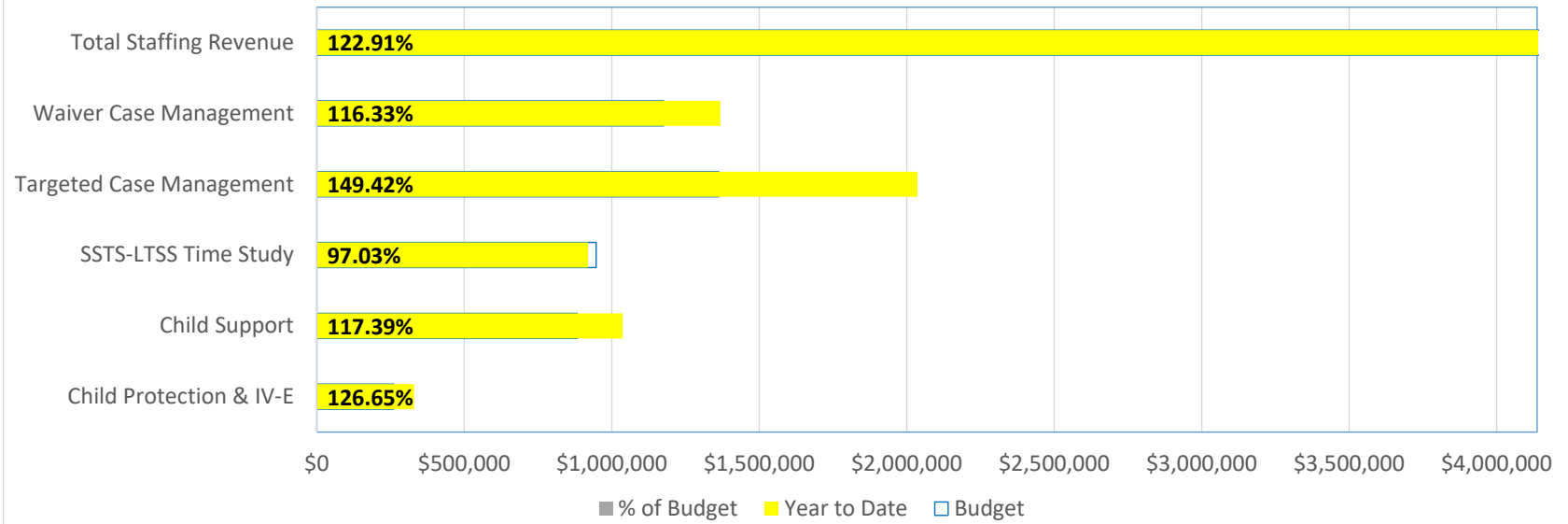
Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 600 INCOME MAINTENANCE</b>					
SALARIES					
SALARIES & BENEFITS	219,249.18	2,840,873.24	2,918,358.00	97	100
<b>TOTAL SALARIES</b>	<b>219,249.18</b>	<b>2,840,873.24</b>	<b>2,918,358.00</b>	<b>97</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	81,377.60	495,791.80	430,336.00	115	100
<b>TOTAL OVERHEAD</b>	<b>81,377.60</b>	<b>495,791.80</b>	<b>430,336.00</b>	<b>115</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,815.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>11,815.00</b>	<b>0</b>	<b>100</b>
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 640 CHILD SUPPORT AND COLLECTIONS</b>					
SALARIES					
SALARIES & BENEFITS	43,506.42	665,743.01	740,821.00	90	100
<b>TOTAL SALARIES</b>	<b>43,506.42</b>	<b>665,743.01</b>	<b>740,821.00</b>	<b>90</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	39,151.40	238,996.29	227,093.00	105	100
<b>TOTAL OVERHEAD</b>	<b>39,151.40</b>	<b>238,996.29</b>	<b>227,093.00</b>	<b>105</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>100</b>
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 700 SOCIAL SERVICES PROGRAM</b>					
SALARIES					
SALARIES & BENEFITS	290,548.32	3,598,269.58	3,783,531.00	95	100
<b>TOTAL SALARIES</b>	<b>290,548.32</b>	<b>3,598,269.58</b>	<b>3,783,531.00</b>	<b>95</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	158,608.14	501,805.74	466,083.00	108	100
<b>TOTAL OVERHEAD</b>	<b>158,608.14</b>	<b>501,805.74</b>	<b>466,083.00</b>	<b>108</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	11,351.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>11,351.00</b>	<b>0</b>	<b>100</b>
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>FUND 11 PUBLIC HEALTH</b>					
SALARIES					
SALARIES & BENEFITS	257,238.97	3,315,001.35	3,384,550.00	98	100
<b>TOTAL SALARIES</b>	<b>257,238.97</b>	<b>3,315,001.35</b>	<b>3,384,550.00</b>	<b>98</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	57,606.80	322,471.30	323,669.00	100	100
<b>TOTAL OVERHEAD</b>	<b>57,606.80</b>	<b>322,471.30</b>	<b>323,669.00</b>	<b>100</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>100</b>
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>FUND 11 HEALTH &amp; HUMAN SERVICE FUND</b>					
SALARIES					
SALARIES & BENEFITS	810,542.89	10,419,887.18	10,827,260.00	96	100
<b>TOTAL SALARIES</b>	<b>810,542.89</b>	<b>10,419,887.18</b>	<b>10,827,260.00</b>	<b>96</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	336,743.94	1,559,065.13	1,447,181.00	108	100
<b>TOTAL OVERHEAD</b>	<b>336,743.94</b>	<b>1,559,065.13</b>	<b>1,447,181.00</b>	<b>108</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	23,166.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>23,166.00</b>	<b>0</b>	<b>100</b>
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
<b>FINAL TOTALS</b>	<b>1,147,286.83</b>	<b>11,978,952.31</b>	<b>12,297,607.00</b>	<b>97</b>	<b>100</b>

## STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2022 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,272.60-	28,645.00-	20,000.00-	143	100
11-420-640-0000-5290 CS ST Incentives	0.00	13,168.61-	20,000.00-	66	100
11-420-640-0000-5355 CS Fed Admin	44,000.00-	872,395.00-	725,000.00-	120	100
11-420-640-0000-5356 CS Fed Incentive	0.00	102,482.00-	100,000.00-	102	100
11-420-640-0000-5379 CS Fed MA Incentive	1,585.17-	19,871.26-	18,000.00-	110	100
11-430-700-0000-5292 State LTSS	0.00	307,787.00-	307,125.00-	100	100
11-430-700-0000-5383 Fed LTSS	0.00	375,808.00-	375,000.00-	100	100
11-430-700-3810-5380 Fed MA SSTS	0.00	140,896.00-	135,000.00-	104	100
11-430-710-0000-5289 Child Protection	0.00	178,225.00-	178,225.00-	100	100
11-430-710-3810-5366 FC IV-E	0.00	144,035.00-	80,000.00-	180	100
11-430-710-3810-5367 IV-E SSTS	0.00	62,631.00-	70,000.00-	89	100
11-430-710-3930-5381 CW-TCM	304.00	573,064.69-	500,000.00-	115	100
11-430-730-3050-5380 Rule 25 SSTS	0.00	31,858.00-	60,000.00-	53	100
11-430-740-3830-5366 IV-E Rule 5	0.00	7,322.00-	2,000.00-	366	100
11-430-740-3910-5240 St Adult MH-TCM	0.00	6,876.83-	3,000.00-	229	100
11-430-740-3910-5381 MA Adult MH-TCM	683.01-	228,526.89-	175,000.00-	131	100
11-430-740-3910-5401 SCHA Adult MH-TCM	64,622.68-	1,086,607.53-	550,000.00-	198	100
11-430-740-3930-5401 SCHA Pathways	5,427.52-	69,976.24-	70,000.00-	100	100
11-430-760-3930-5381 Adult VA/DD-TCM	252.27-	71,561.40-	65,000.00-	110	100
11-463-463-0000-5290 St AC Waiver	9,990.19-	37,704.69-	11,000.00-	343	100
11-463-463-0000-5292 St MA CM Waivers	29,340.61-	350,199.16-	275,000.00-	127	100
11-463-463-0000-5382 Fed MA CM Waivers	29,340.59-	349,957.85-	275,000.00-	127	100
11-463-463-0000-5402 SCHA Waivers	29,556.31-	321,301.82-	385,000.00-	83	100
11-463-463-0000-5429 SCHA Care Coord	15,661.25-	210,812.53-	135,000.00-	156	100
11-463-463-0000-5859 SCHA/CCC	0.00	98,040.91-	95,000.00-	103	100
<b>TOTAL HHS Staffing Revenues</b>	<b>232,428.20-</b>	<b>5,689,754.41-</b>	<b>4,629,350.00-</b>	<b>123</b>	<b>100</b>

HHS Staffing Revenue Q4/2022  
100% of Year



<b>Fund Balance Report - Other Special Revenue Funds (Cash Basis)</b>	
<b>As of December 31, 2022</b>	
	HHS
Fund Balance - Cash on Hand 12/31/22	<b>\$16,902,784.00</b>
<u>Less: Restricted Fund Balance</u>	
<u>Less: Committed Fund Balance</u>	
Petty cash and change funds	-\$550.00
Out-of-Home Placement Budget Deficits	-\$150,000.00
<u>Less: Assigned Fund Balance</u>	
HHS: Two enclosed office buildouts	-\$36,000.00
HHS: Two Provisional Eligibility Workers 2 Years	-\$174,000.00
HHS: 2023 Gross Projected Ballpark Pay Study Implementation to County Wage Scale	-\$325,000.00
HHS: State Hospitals Budget Deficits	-\$500,000.00
HHS: 2023 Gross Social Services/Waivers Staffing Redesign unbudgeted 9 months	-\$770,000.00
HHS: Future Technology Upgrades/Projects	-\$800,000.00
HHS: Potential State/Federal Funding Cuts	-\$1,250,000.00
HHS: Emergency Preparedness	-\$1,250,000.00
HHS: Mental Health	-\$1,250,000.00
HHS: Chemical Dependency	-\$1,250,000.00
HHS: Foster Care Budget Deficits	-\$1,250,000.00
Assigned For Health & Human Services Expenditures	\$7,897,234.00
Per Fund Balance Policy - Goal is 30-40%	39.66%
2023 Original Budget	\$19,910,242.00
	30% \$5,973,072.60
	35% \$6,968,584.70
	40% \$7,964,096.80
Committed Fund Balance Total	\$150,550.00
Assigned Fund Balance Programs Total	\$8,855,000.00
Assigned for Health & Human Services Expenditures	\$7,897,234.00
	<b>\$16,902,784.00</b>

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



**Monthly Update  
Child Protection Assessments/Investigations**

Month	2021	2022	2023
January	20	16	16
February	17	16	
March	15	20	
April	24	19	
May	26	20	
June	22	18	
July	19	16	
August	17	13	
September	17	29	
October	12	23	
November	33	14	
December	23	8	
<b>Total</b>	<b>245</b>	<b>212</b>	<b>16</b>

Promote, Strengthen and Protect the Health  
of Individuals, Families and Communities!  
Equal Opportunity Employer  
[www.co.goodhue.mn.us/HHS](http://www.co.goodhue.mn.us/HHS)





Goodhue County  
**Health and Human Services**

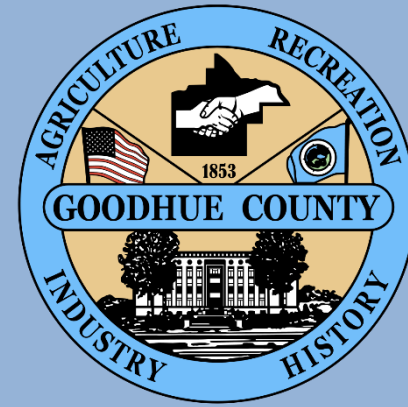
426 West Avenue  
Red Wing, MN 55066  
(651) 385-3200 • Fax (651) 267-4882

**TO:** Goodhue County Health and Human Services Board  
**FROM:** Nina Arneson, GCHHS Director  
**DATE:** February 14, 2023  
**RE:** 2023 February Staffing Report

Effective Date	Status	Name	Position	Notes
1/30/2023	Backfill	Molly Matthees	Support Enforcement Aide	Replacing Jennifer George

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!  
Equal Opportunity Employer  
[www.co.goodhue.mn.us/HHS](http://www.co.goodhue.mn.us/HHS)





# Quarterly Trend Report

## Quarter 4, 2022

Goodhue County Health & Human Services

February 21, 2023





# Table of Contents

## **Economic Assistance**

3 Child Support

4 Cash Assistance

5 Healthcare

6 SNAP

## **Public Health**

7 Disease Prevention & Control

8 Family Health

9 WIC

10 Live Well Goodhue County

11 Healthy Communities

12 Waiver Management Team

## **Social Services**

13 Adult Protection

14 Mental Health

15 Child Protection

16 Child Care Licensing

17 Children's Programs

## **Administrative**

18 County Cars

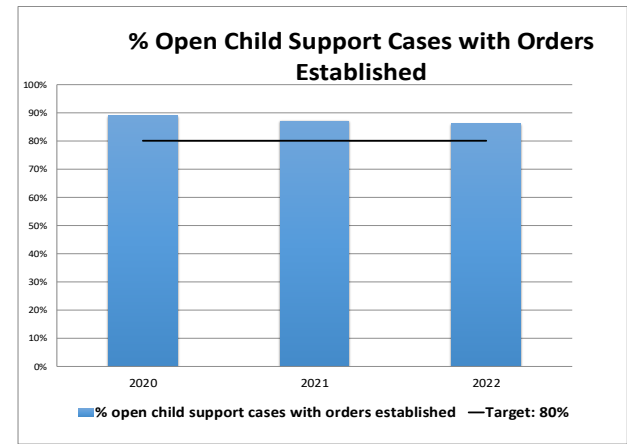
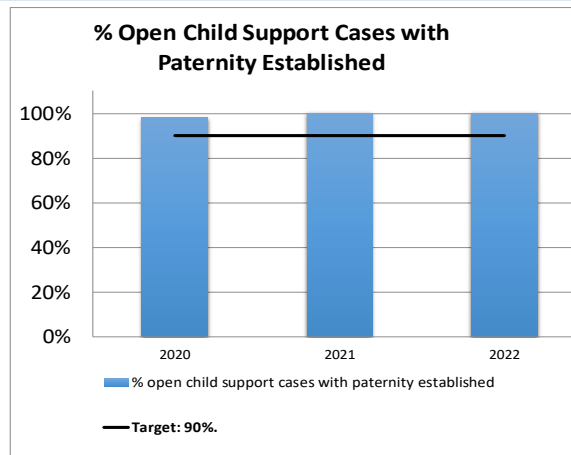
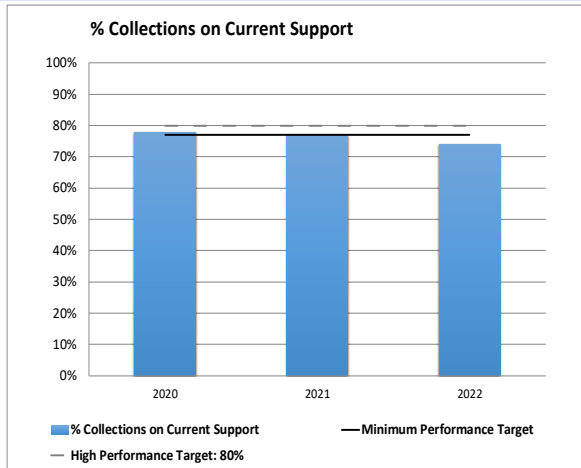
19 SERCC



## 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 paternities established during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100.
- RIGHT:** This is a measure of counties’ work toward ensuring children receive financial support from both parents. Through our role in the Child Support program, we help ensure that parents contribute to their children’s economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

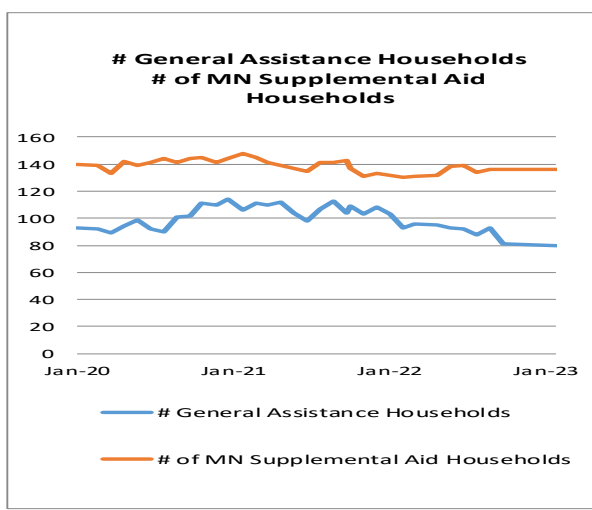
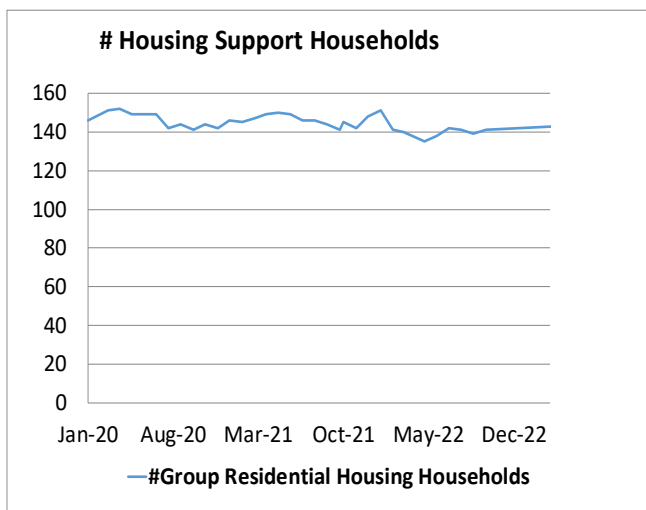
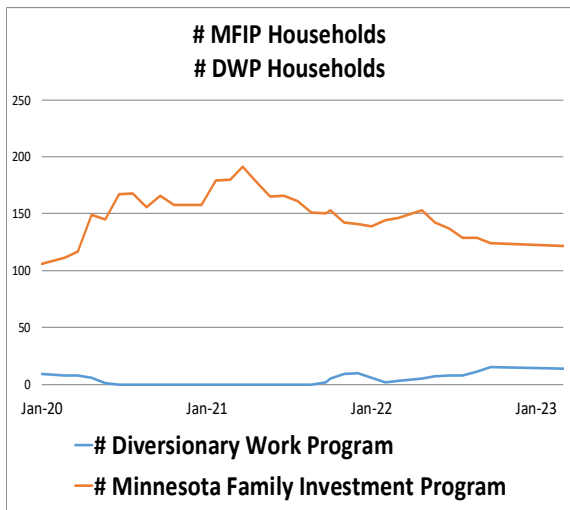
- LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers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

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



## 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 1<sup>st</sup>, 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.

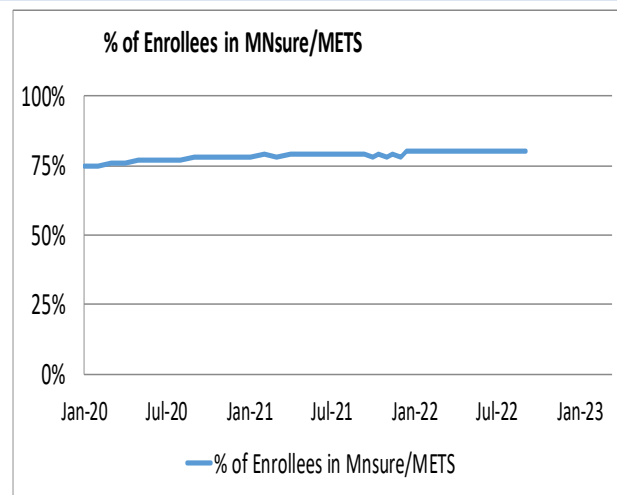
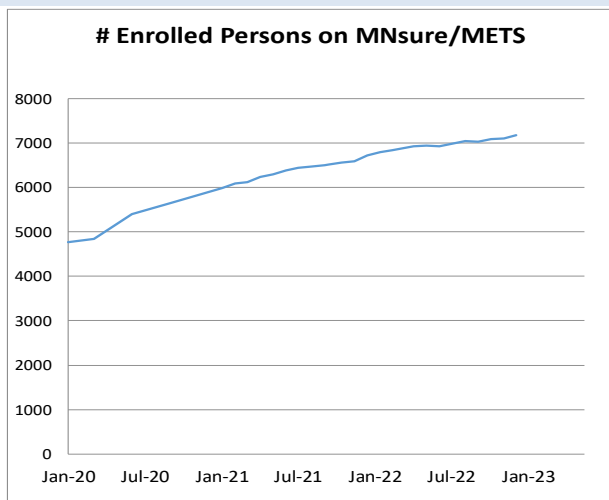
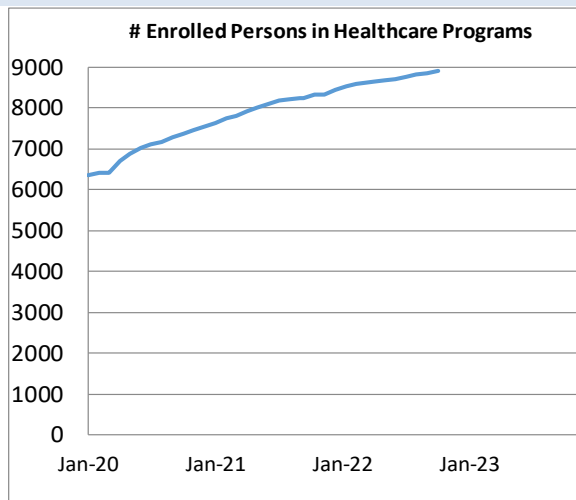
## Where Do We Go From Here?

**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. 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. The provisions included not closing healthcare cases for many and stopping healthcare renewals.

## Where Do We Go From Here?

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

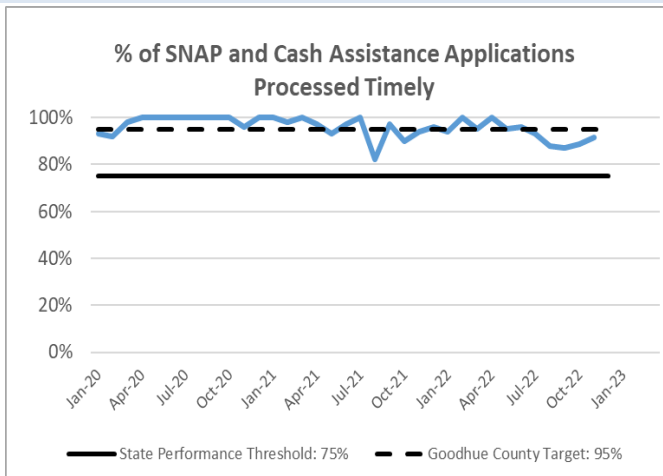
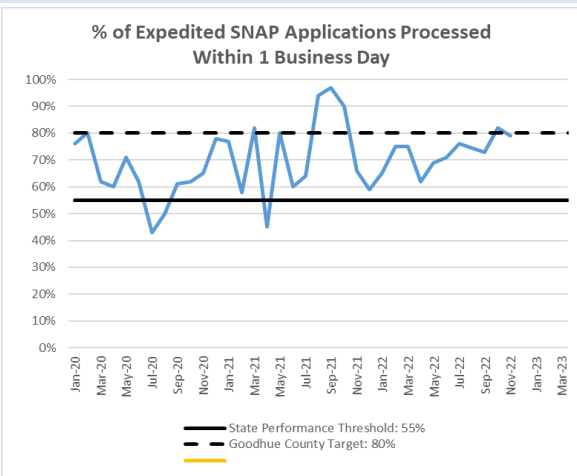
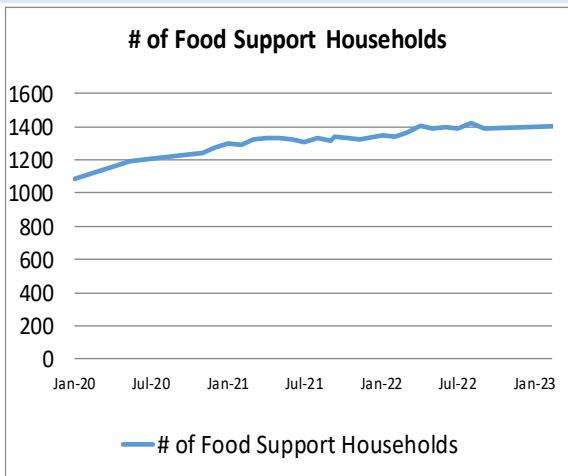
**The state of MN declared the Peacetime emergency ends effective July 1, 2023. This means that Healthcare renewals will restart. They will be sent out from DHS to enrollees starting in May 2023 for July 1<sup>st</sup> renewals.**

**CENTER & RIGHT:** The METS system (MNSURE) has made many improvements that have enhanced applicant and worker experience with the MNsure system. The METS system holds the most healthcare cases in the Income Maintenance Unit.



## 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 1346 households in January 2023. 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 January of 2023.
- 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.

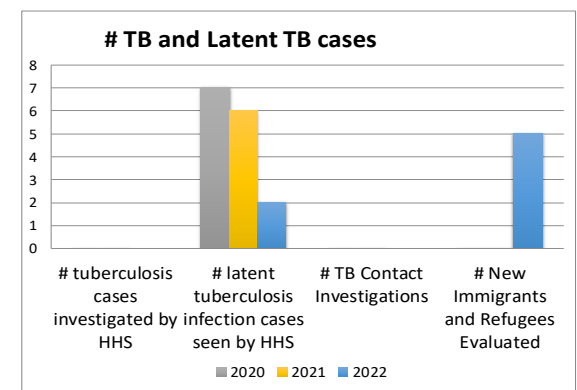
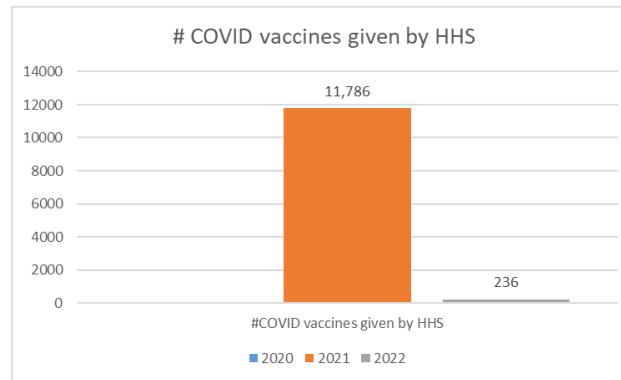
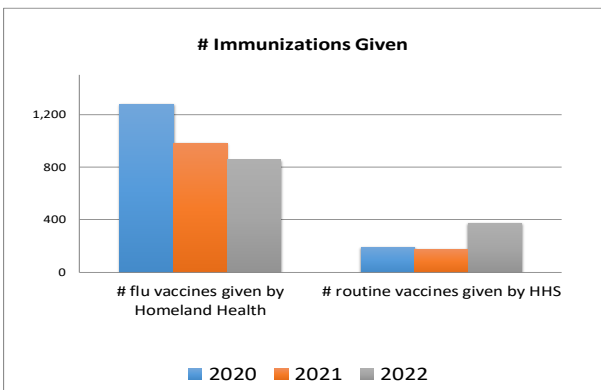
- LEFT:** Continue to make accessing services easy for all county residents who need help with food support.
- CENTER:** Continue to identify expedited applications and process applications timely.
- RIGHT:** Continue to support our dedicated workers and utilize experienced, skilled staff in training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



# 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:** There were 368 routine immunizations given in 2022. Routine immunizations continue to be appointment based; however, if an individual or family comes in and DP&C nurses are available, they will immunize without an appointment.
- MIDDLE:** HHS is providing COVID-19 vaccines at the local detention center. Two nurses go once a month and gave 236 COVID immunizations in 2022. Incentives are and will continue to be provided for first doses. (Free COVID-19 vaccines are accessible to individuals through local pharmacies or through the C.A.R.E. Clinic.)
- RIGHT:** DP&C continues to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis. There have been no active TB cases in Goodhue County, but we continue to monitor for 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. The United States is currently experiencing a shortage of Rifampentine (RPT), and clients may only have the option of 6-9-month treatments Isoniazid, instead of 3-4 months. Longer treatment regimens will have LTBI Cases open longer. Refugee Health clients are eligible for HHS to provide immunizations no cost, and referrals for Health Screens.

### Where Do We Go From Here?

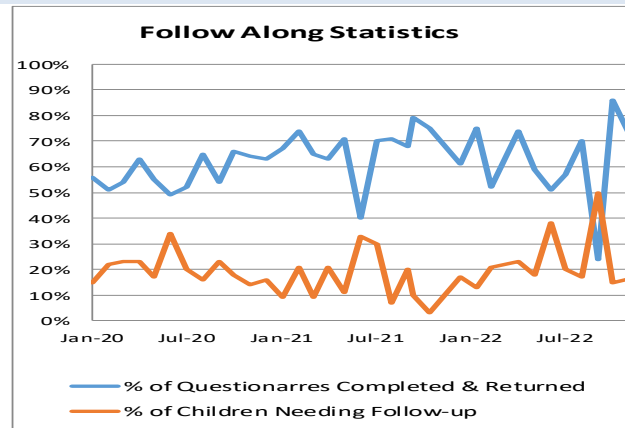
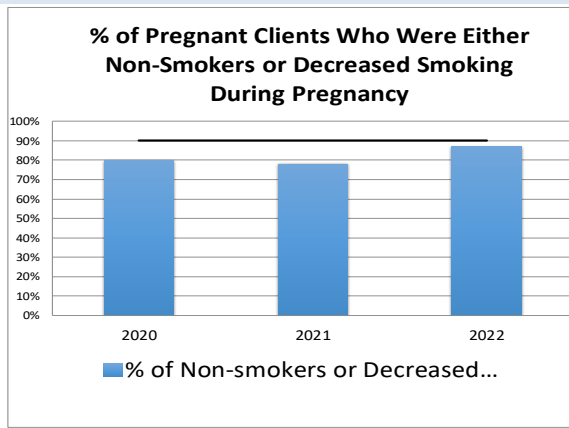
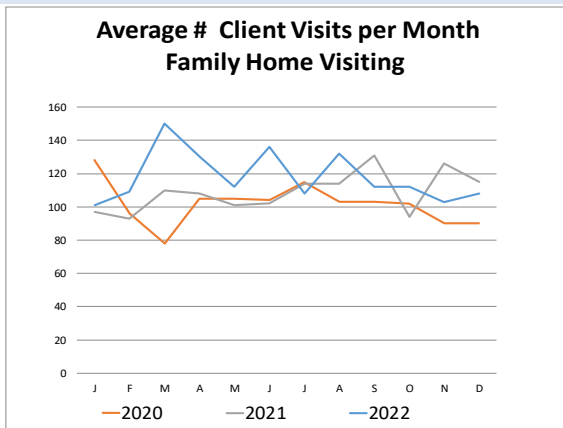
- LEFT:** The COVID-19 vaccination efforts of 2021 were unparalleled. We scheduled public booster clinic through January 28, 2022; jail vaccination clinics will continue monthly. For other vaccinations, SE MN Immunization Registry sent a reminder recall to the 16-18 months olds in SE MN. HHS continues 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 108 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 2022 we are below our target rate of 90%. We know that smoking during pregnancy can cause a 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.

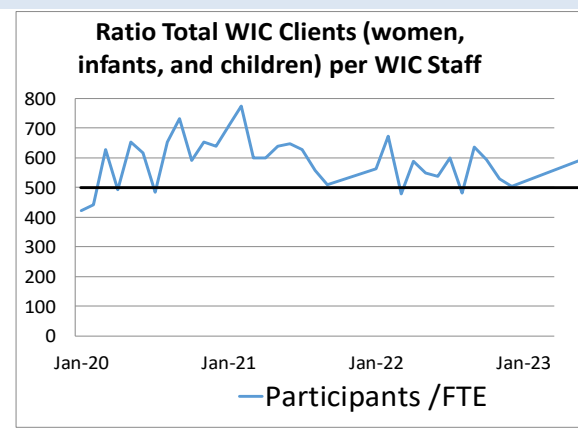
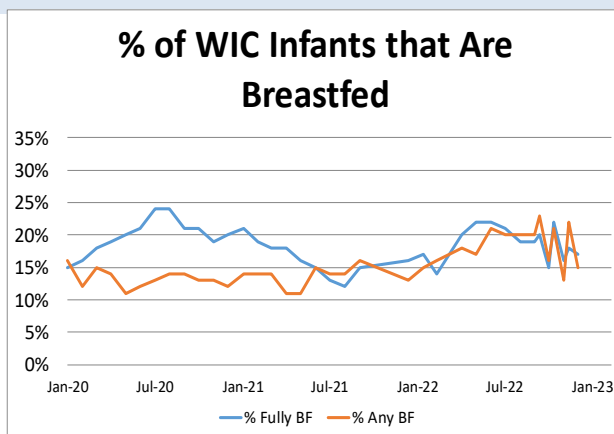
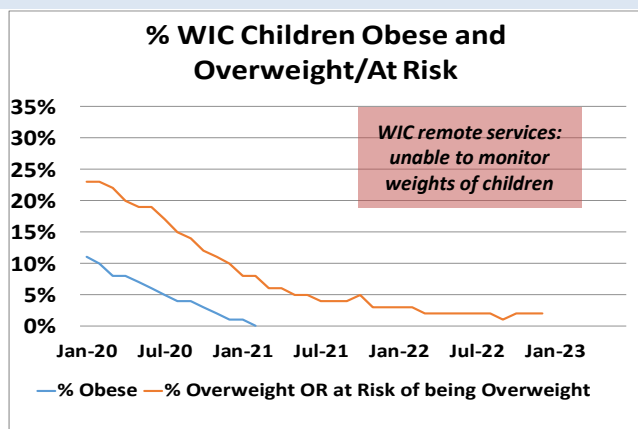
### Where Do We Go From Here?

- 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.



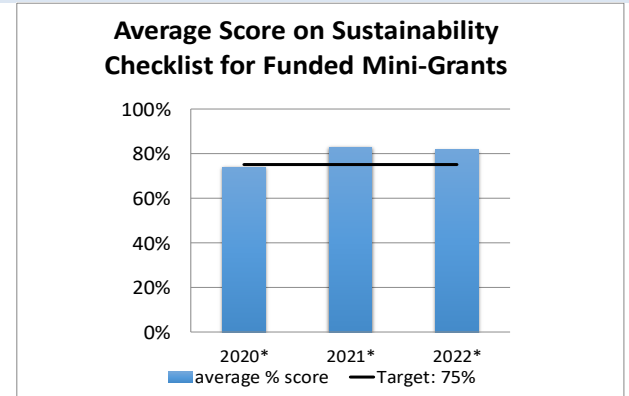
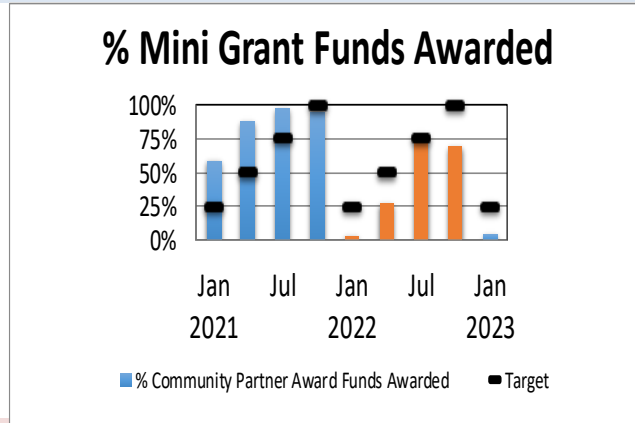
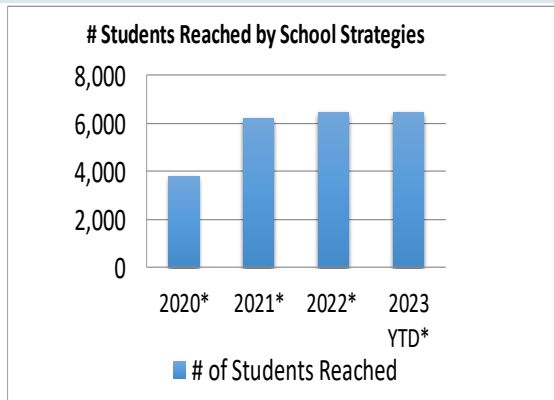


# Public Health

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

\*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

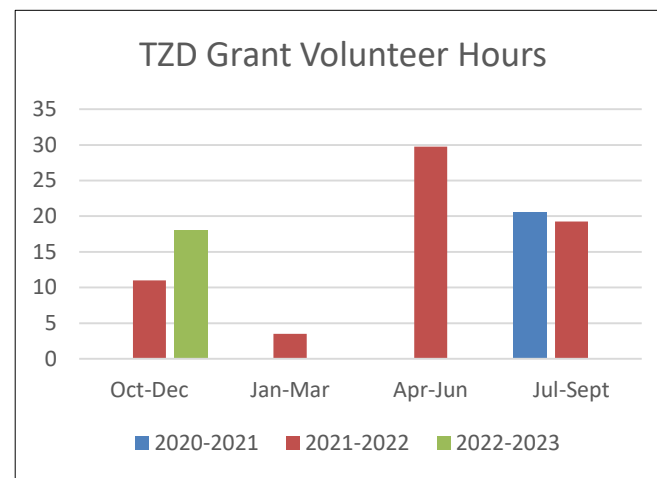
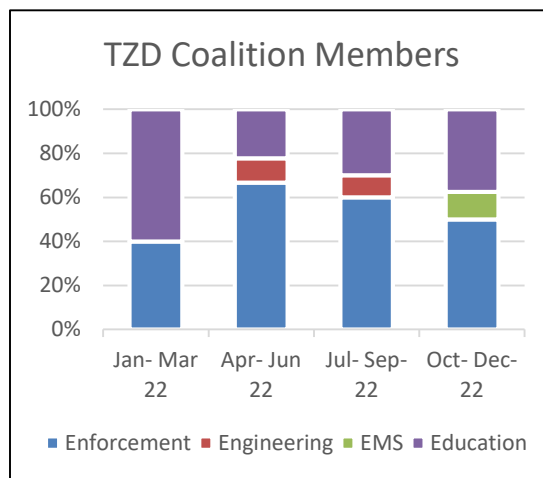
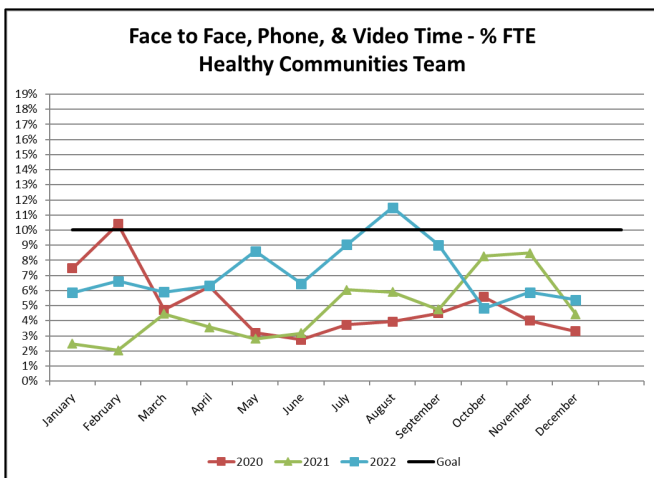
### Where Do We Go From Here?

- **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 the 2022 average (7% for the year) is above 2020-2021.
- **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. The TZD Coordinator was on leave for 2 months during the first quarter of this grant.

### Where Do We Go From Here?

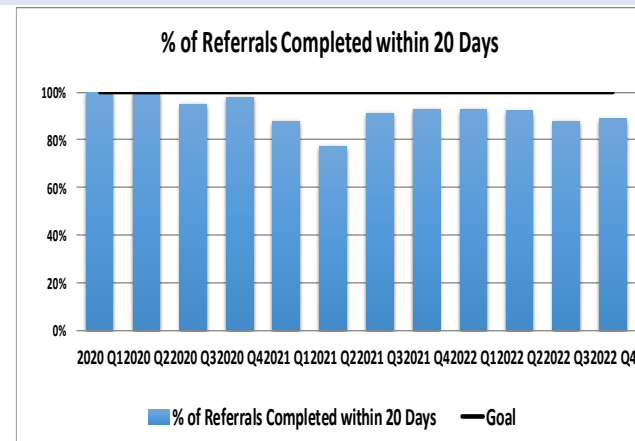
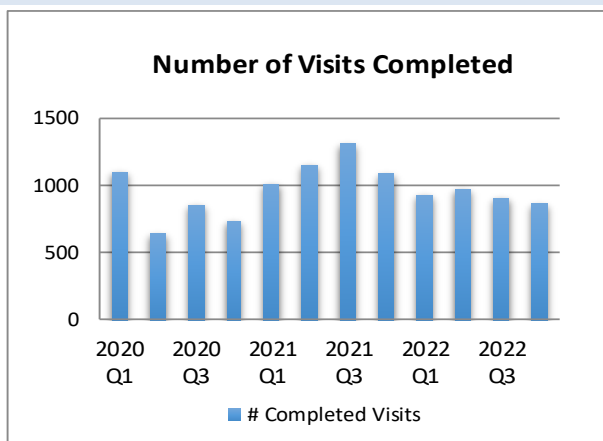
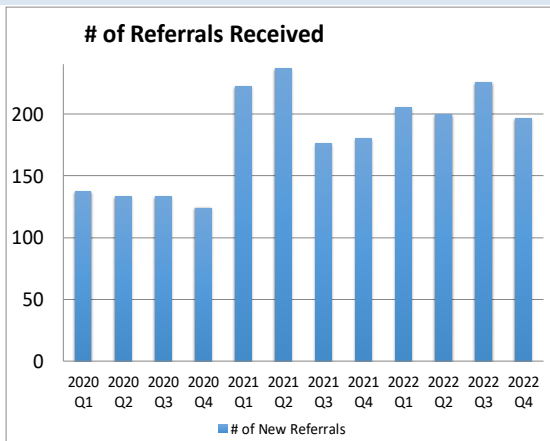
- **LEFT:** We will discuss this measure at a Healthy Communities team meeting before the end of next quarter. We will ensure that all staff are recording their community time.
- **CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical services (EMS).
- **RIGHT:** A lot of coalition members are new due to turnover. The coordinator has really focused on relationship building with new coalition members.



# 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?

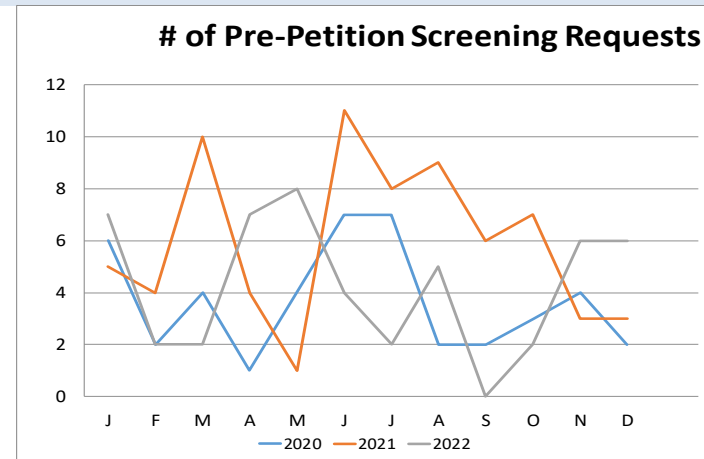
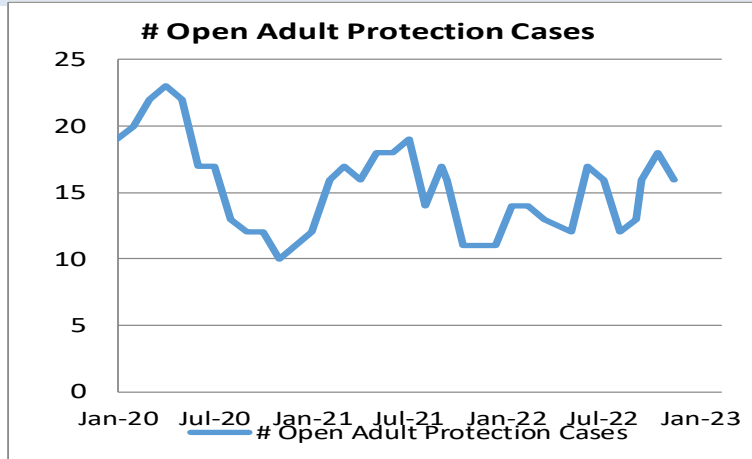
- **Left:** Continue to receive referrals from our providers and the community and conduct initial assessments as quickly as possible. We will continue to educate the public about services we provide and how to access services so residents receive the support they need.
- **Center:** Visits equal revenue,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

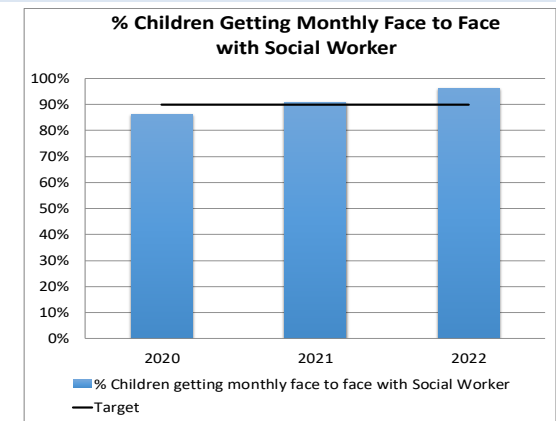
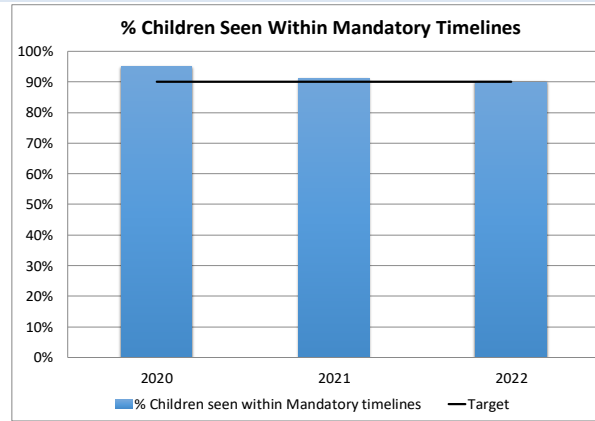
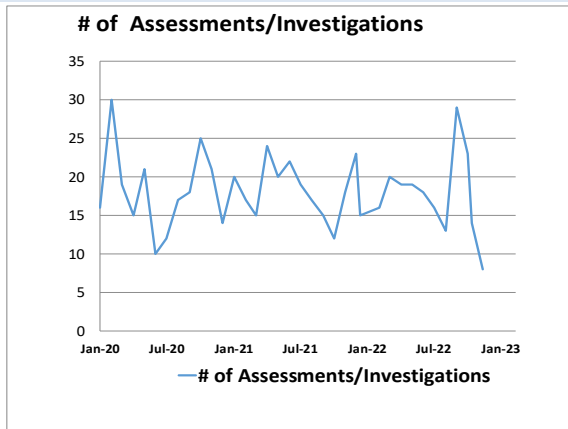
*\*Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better represents our work, as not all screenings result in commitments requested.*



# 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:** We saw a dramatic increase in child protection reports when the school year began, but saw a significant decline in accepted child protection reports at the end of the year. We did accept 18 new child welfare assessments in both November and December. Many of these child welfare assessments involved truancy, but also included situations when youth were involved with delinquency or substance use. While a child welfare response is one of our voluntary service options, our team works tirelessly to make sure that families have access to services to address these concerns.
- **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 for the third quarter and believe that will continue through the fourth quarter when the data is updated.

## Where Do We Go From Here?

- **LEFT :** We have continued to provide in-home parent coaching for families at risk of out of home placement whose children are between the ages of 6-12. We worked with graduate students from the University of Minnesota to develop an evaluation plan to assess the impact of this program. Surveys are sent to participants following the completion of each skill block. The feedback we have received from participants indicates that the skills are being used in the home and that families are grateful for this support. It is too early to know if this program reduces the recurrence of maltreatment reports, but that is a measure we will be monitoring. Two of our assessment workers accepted positions outside of GCHHS that meet their schedule and commute needs better and we are anxious to be fully staffed again.
- **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. .



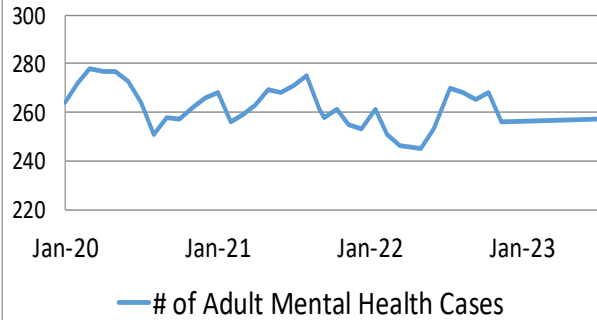
# Social Services

## Adult Mental Health

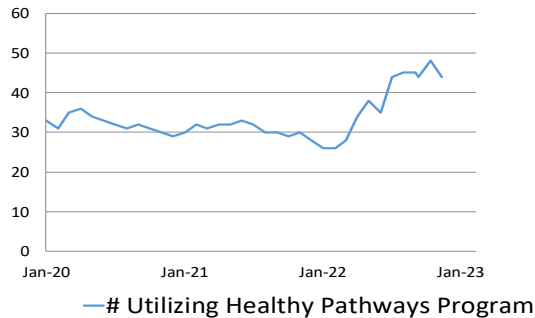
### Purpose/Role of Program

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).

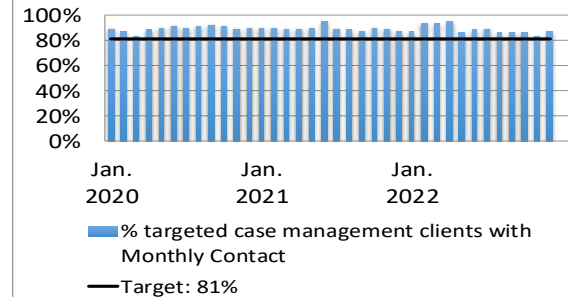
### # Adult Mental Health Cases



### # Utilizing SCHA Healthy Pathways Program



### % Targeted Case Management (TCM) Clients with Monthly Contact



### Story Behind the Baseline

- LEFT:** Caseloads continue to be tracked with each referral. 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.

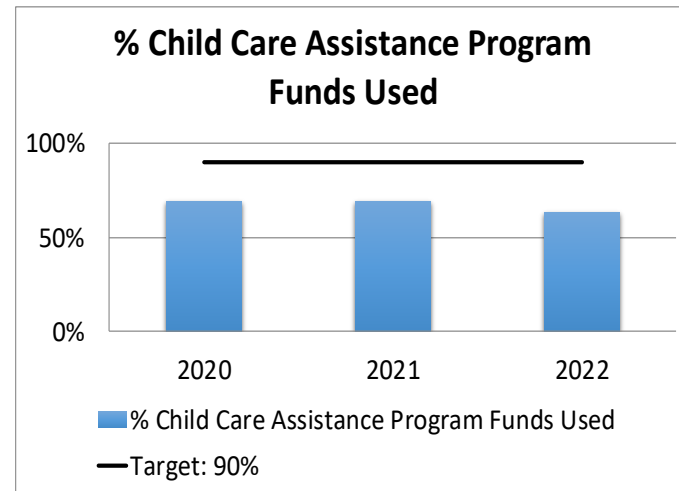
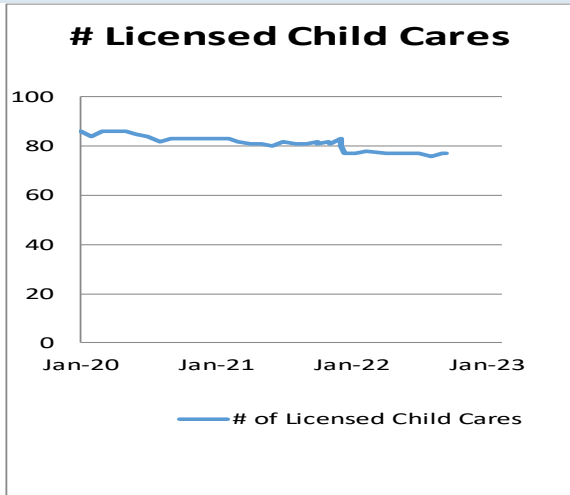


# Social Services

## 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 existing and 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. Utilization of CCAP funding also illustrates some of the challenges families face due to the shortage of child care spots for infants. A family may qualify for CCAP, but is often unable to locate a provide with an opening for their child or locate a provider that elects to participate in the CCAP program. Payments are sent out the month after care has been provided, which creates challenges for the child care providers as small business owners. Rates are dictated by the child care assistance program and are not matching what providers need to charge.

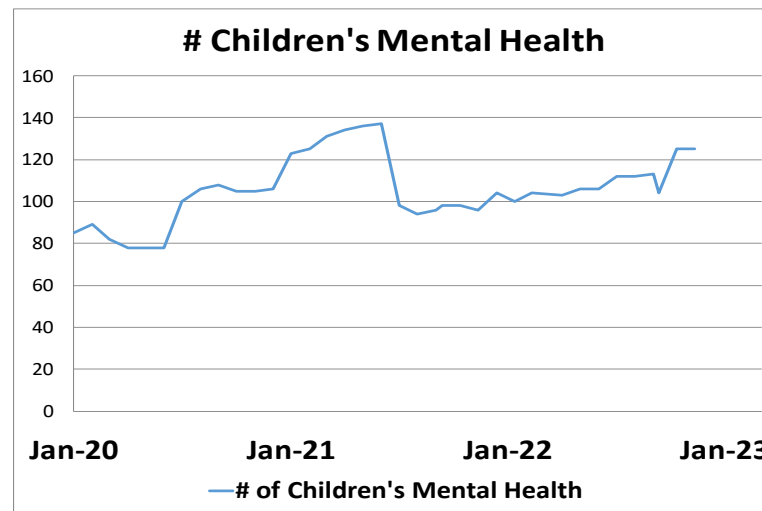
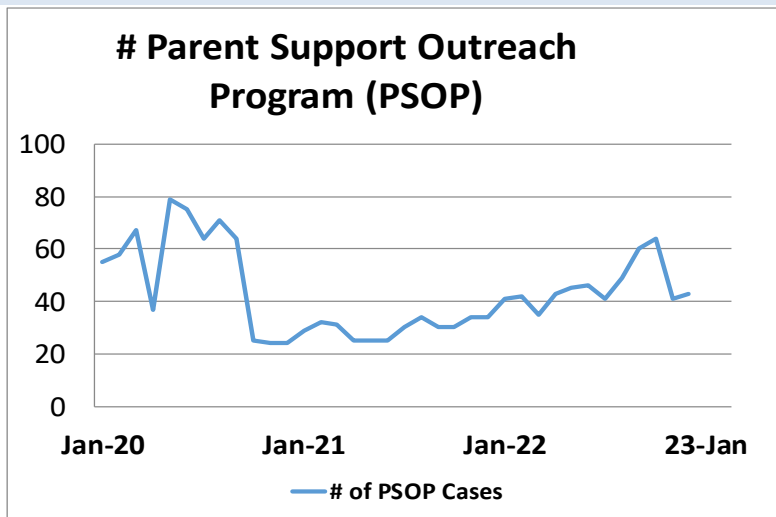
### Where Do We Go From Here?

- 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. Social Services continues to assist families with the child care assistance application to ensure that all children have access to quality child care.



## 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. Day treatment has started serving youth and they celebrated their first successful completion recently!

### 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.

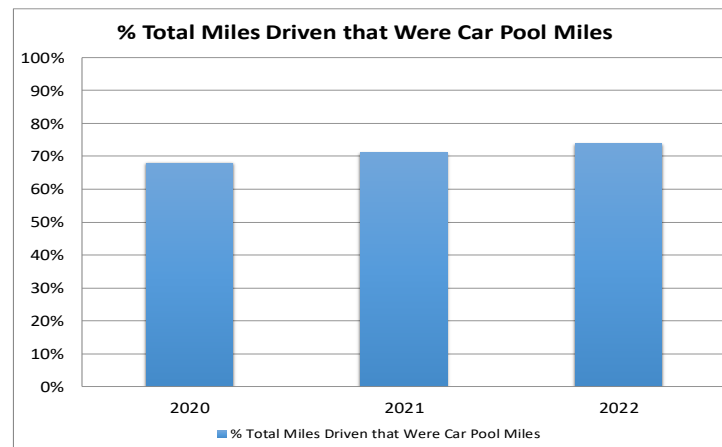




# Health & Human Services *County Cars*

## 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 70% of miles traveled on county HHS business. 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). Accounting staff calculate this percentage based on personal miles turned in.

### 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.



# *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.

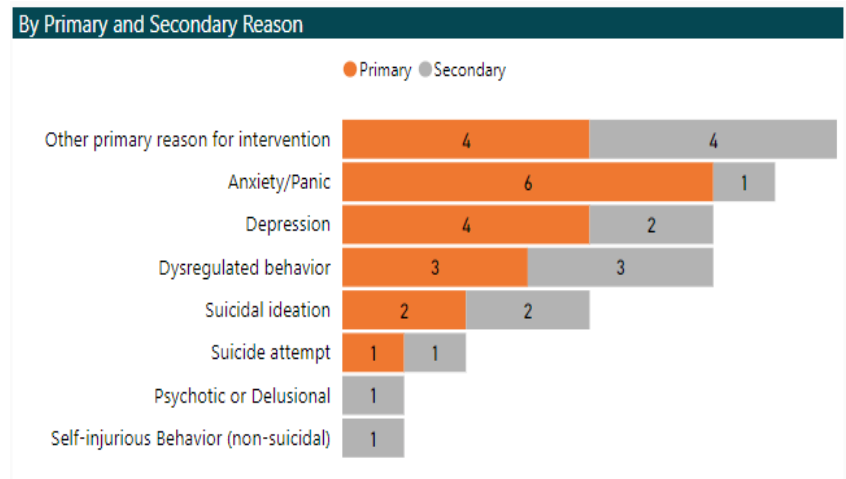
Mobile Response			Crisis Clinic		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning	# Enrollments	Total Diagnostic Assessments	
16	20	5%	8	3	
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)	Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
15	7	8	8	3	6

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
5	3	3	4.00	(Blank)
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
5	2	2	5.00	0.12

Stabilization			Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments	61	(Blank)
12	0	0	*2022-present only	



**ABOVE:** This is fourth quarter data for Goodhue County provided by SERCC.

**Southeast Regional Crisis Center**

[www.crisisresponsesoutheastmn.com](http://www.crisisresponsesoutheastmn.com)

Direct Phone: 507-322-3019

Fax Number: 507-242-3130

**Crisis Hotline**

1-844-274-7472