



# Quarterly Trend Report

## Quarter 4, 2023

Goodhue County Health & Human Services  
February 2024



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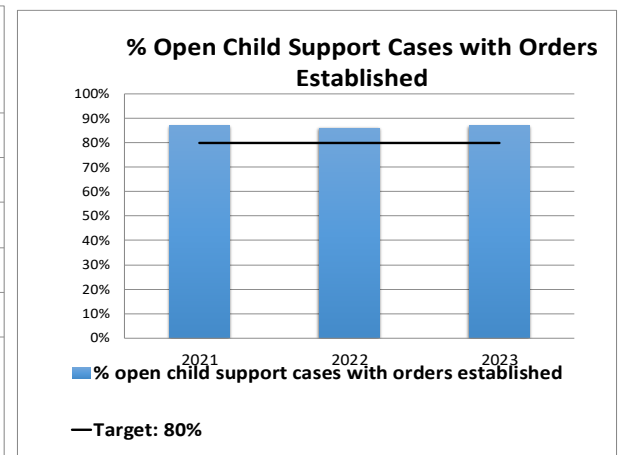
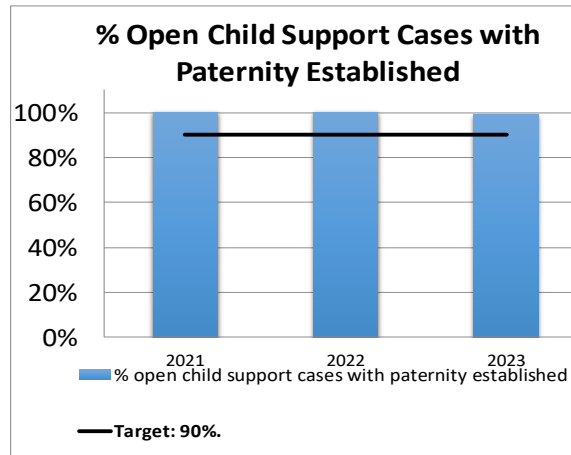
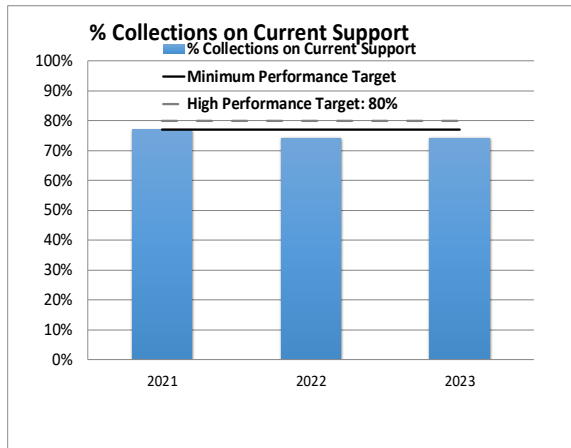
- 18. County Cars
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## Purpose/Role of Program

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 2023, 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 paternitys established during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100.
- **RIGHT:** This is a measure of counties’ work toward ensuring children receive financial support from both parents. Through our role in the Child Support program, we help ensure that parents contribute to their children’s economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

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

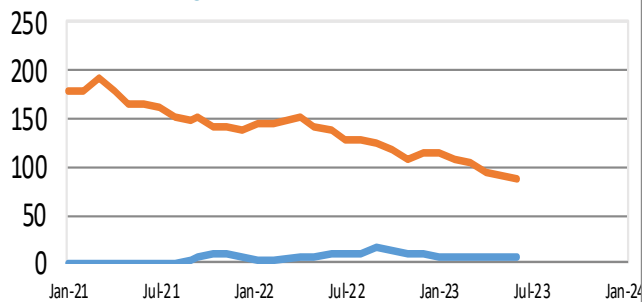
\*\*Child Support data is provided annually by DHS, 10/1-9/30



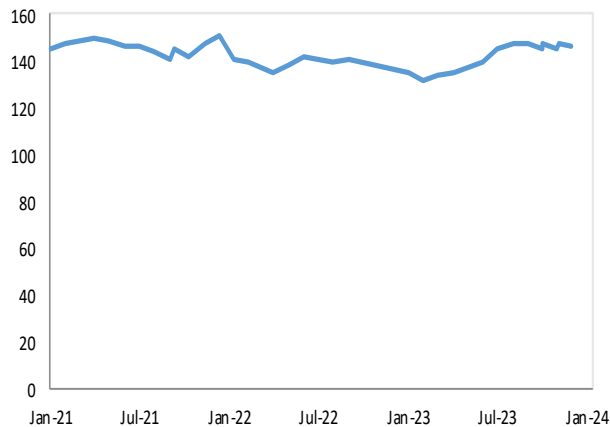
## Purpose/Role of Program

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.

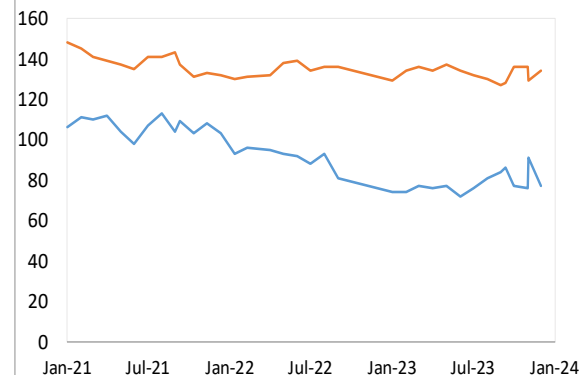
# Minnesota Family Investment Program  
Households and # Diversionary Work  
Program Households



# Housing Support Households



# General Assistance Households  
# of MN Supplemental Aid Households



## 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 a slight decrease in DWP, a bigger decrease in MFIP as more people are finding employment. Also eligibility factors for these two case programs.

## Where Do We Go From Here?

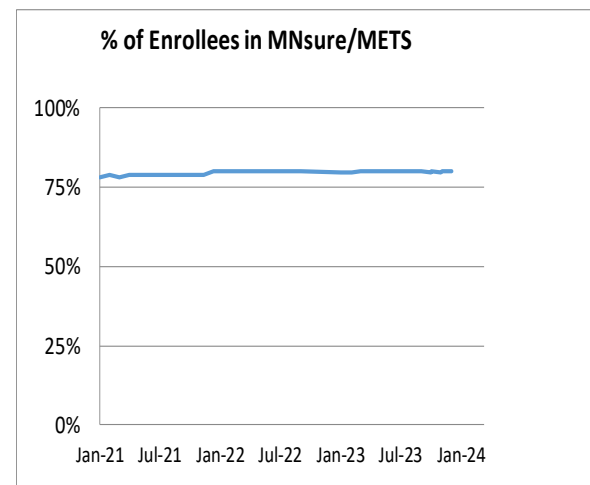
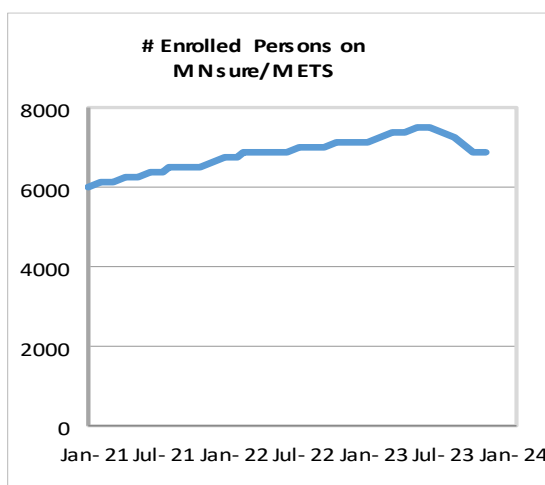
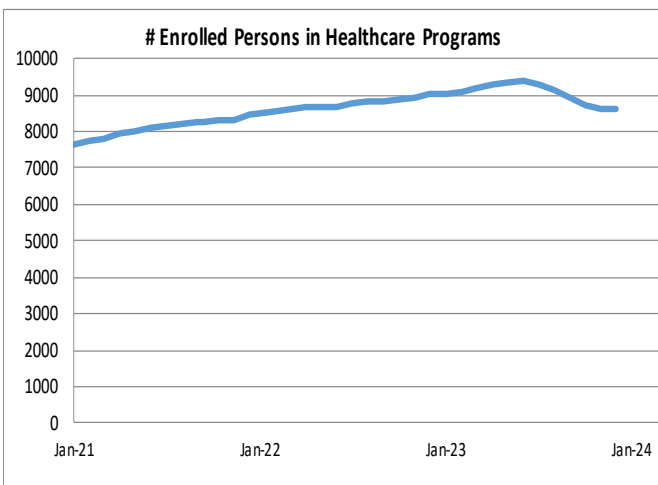
**LEFT, CENTER & RIGHT:** Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



# Economic Assistance *Healthcare*

## 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. The Peacetime emergency ended effective July 1, 2023. Renewals have resumed for enrollees this may result in a decrease of persons enrolled.
- **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 with the Peacetime emergency ended July 1, 2023, we may see a decrease in these number.

### Where Do We Go From Here?

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

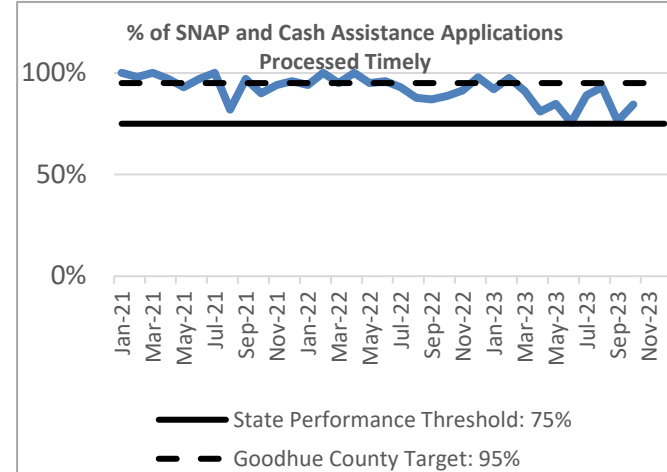
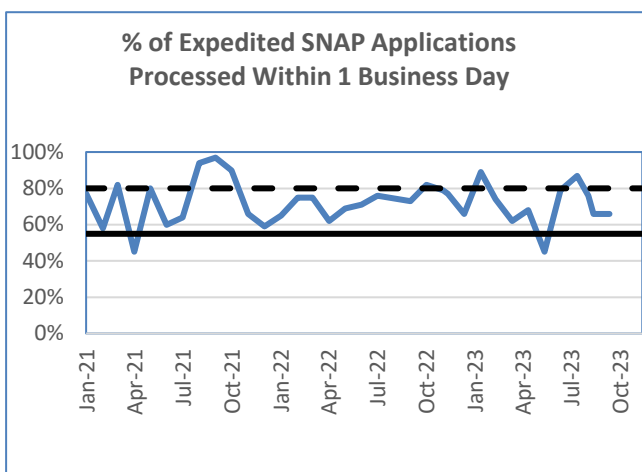
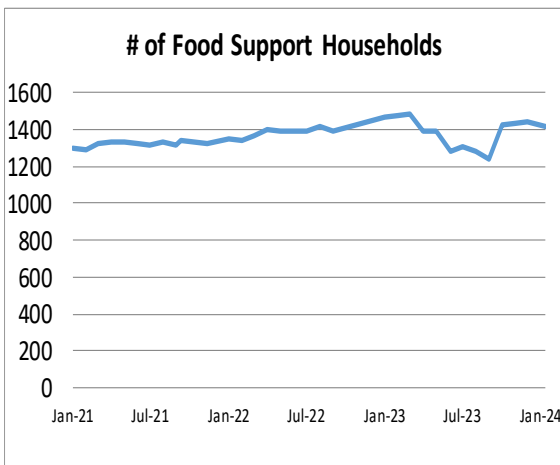
**The state of MN declared the Peacetime emergency ends effective July 1, 2023. This means that Healthcare renewals will restart. They will be sent out from DHS to enrollees starting in May 2023 for July 1<sup>st</sup> renewals.**

**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 Peacetime emergency 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 2023 state average performance of 55%. This trend continues thru March of 2023. Expect that GCHHS Expedited processing will remain steady.
- **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, 2021 and 2022.

- **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.

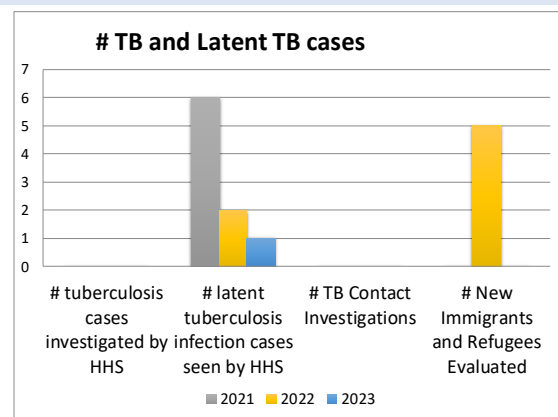
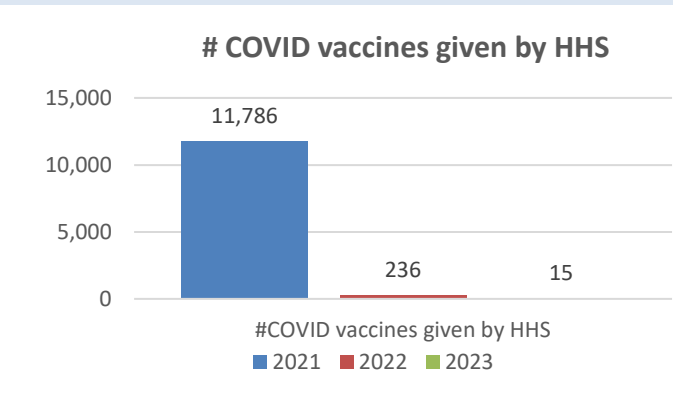
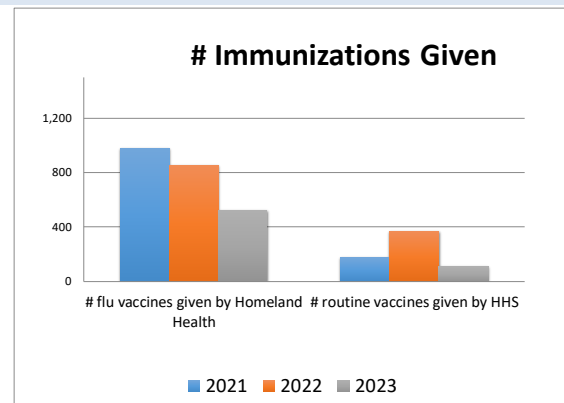


# Public Health

## 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:** 345 routine immunizations were given from January 2023 through December 2023. Homeland Health administered 517 flu vaccines, Spartan Nash administered 235, and HHS administered 109 flu vaccines in 2023.
- MIDDLE:** HHS' last COVID-19 clinic at the local detention center was March 2023. There were 8 pandemic doses and 7 COVID routine vaccines given in 2023.
- RIGHT:**
  - 1 LTBI case in 2023
  - 1 Perinatal Hep B in 2023
  - 0 Refugee health referrals in 2023

### Where Do We Go From Here?

**LEFT:** The COVID-19 vaccination efforts of 2021 were unparalleled. We scheduled public booster clinics through January 28, 2022; jail vaccination clinics through March of 2023. HHS continues to send immunization reminders to all one-year-olds in Goodhue Co., as well as through Child/Teen Check-up mailings. Public health is starting to prepare for the school and community flu clinics this fall.

**Middle:** Uninsured and underinsured children and adults, will continue to be offered Moderna COVID-19 vaccines through the MnVFC and UUAV program. Free COVID tests also continue to be offered to HHS staff, community members and partners. COVID tests are being provided to GCHHS by MDH emergency preparedness

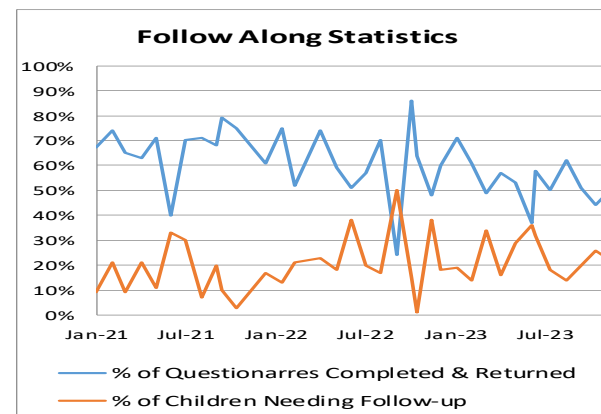
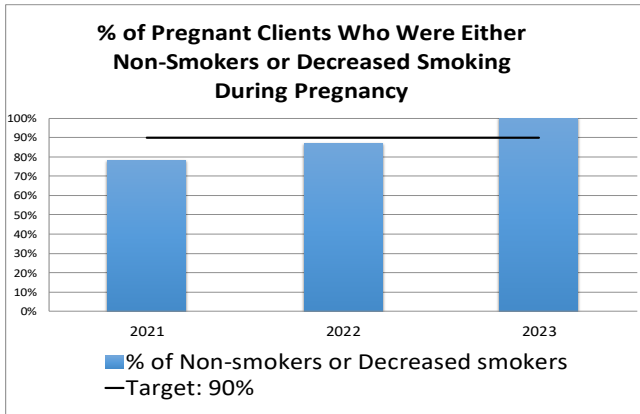
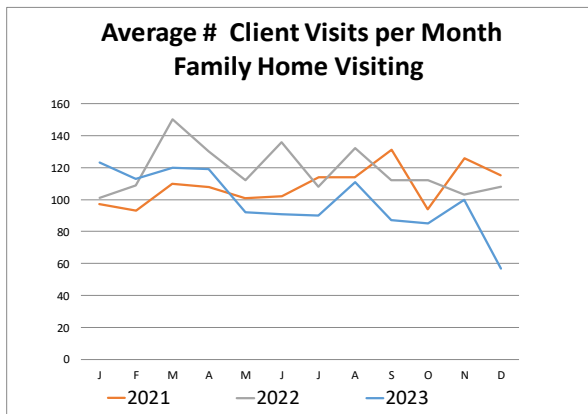
**RIGHT:** DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active TB cases. Mayo clinic will monitor patients who have insurance to cover the treatment; unless they are likely to be non-compliant in which case, they'll be referred them to HHS. As of May 2023, the LTBI medication program is under "Open enrollment", and there are no reports of LTBI medication shortage.



## 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 80 visits per month. Home Visits are no longer being offered virtually and we are only seeing families in person. 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 and with many social and religious events happening in December, it is not unusual for the number of visits completed that month to be less than previous months. Some families may want weekly visits; other may only want to be seen once per month. The number of visits we make per month is very fluid and depends on many contributing factors.

**CENTER:** The percent of pregnant clients who were either non-smokers or decreased smoking during pregnancy is an annual number that we track. We know that smoking during pregnancy can cause babies to be born early or to have low birth weight-making it more likely that they will be sick and need to stay in the hospital longer. We also know that smoking during and after pregnancy is a risk factor for sudden infant death syndrome (SIDS). For those reasons, we educate all families we work with to quit smoking and provide written information to the families we visit as well as to families who do not participate in our services. Our goal is to have at least 90% of pregnant clients be either non-smokers or to decrease their smoking during pregnancy and in 2023 we are pleased to report that 100% of pregnant clients we worked with reported being non-smokers.

**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 50%. 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.

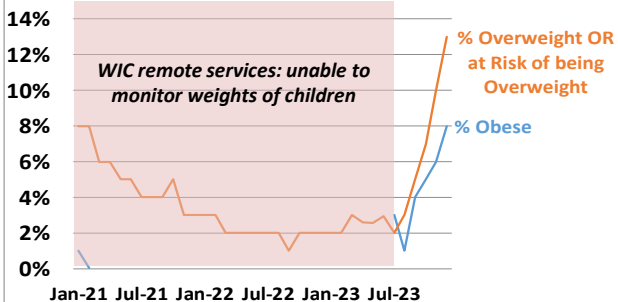




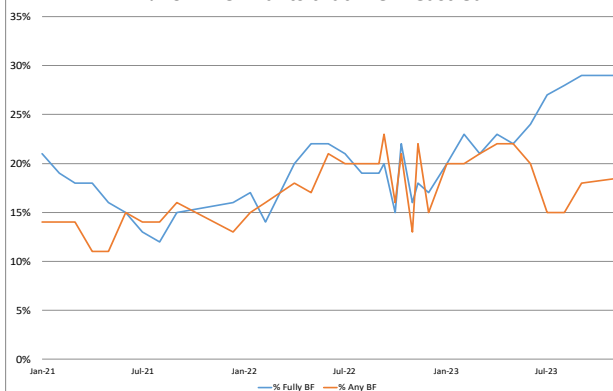
## Purpose/Role of Program

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.

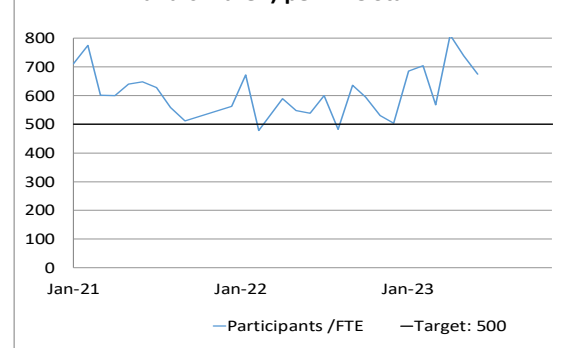
% WIC Children **Obese** and **Overweight/At Risk** is similar to the state average, but was unable to be monitored from March 2020-July 2023.



### % of WIC Infants that Are Breastfed



### Ratio Total WIC Clients (women, infants, and children) per WIC Staff



## Story Behind the Baseline

- LEFT:** WIC promotes a healthy weight. The rates of obesity and overweight or at risk among Goodhue County WIC children 2 up to 5 years of age are stable and similar to the state average. Due to Covid-19, we were doing remote services until mid-Aug 2023. Please interpret the data on obesity and at risk for overweight with caution. Data will become more accurate now that we are back to in person services.
- CENTER:** The statewide WIC goal is to increase breastfeeding of infants 0-12 months. Breastfeeding initiation has increased; however, duration of breastfeeding continues to be an issue. WIC measures babies who are totally breastfed and babies who are receiving breastmilk and formula. Exclusively breastfed babies tend to breastfeed longer. Babies receiving **any** breastmilk are still getting the benefits of breastfeeding.
- RIGHT:** Looks at staffing ratio to determine adequate staffing.

## Where Do We Go From Here?

- LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- CENTER:** We continue to work on increasing rates of initiation and duration with breastfeeding, including collaboration with a breastfeeding coalition.
- RIGHT:** Outreach Activities include building rapport with clients to foster person-to-person referrals (the majority of our referrals), communication with health care providers, participation in health/resource fairs.

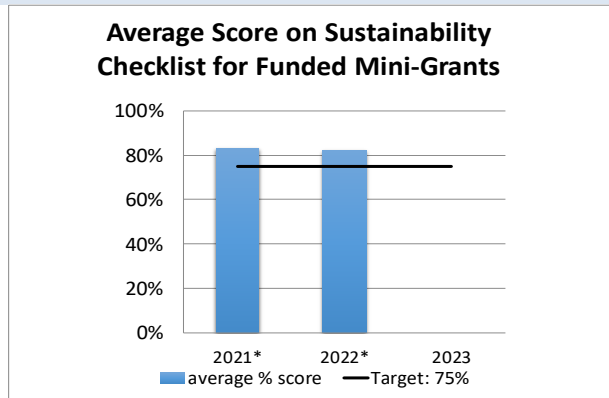
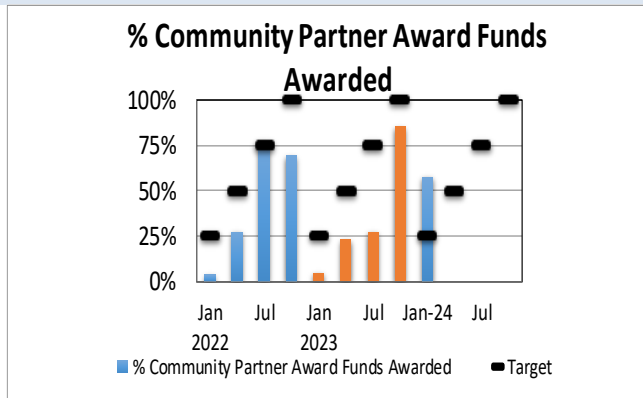
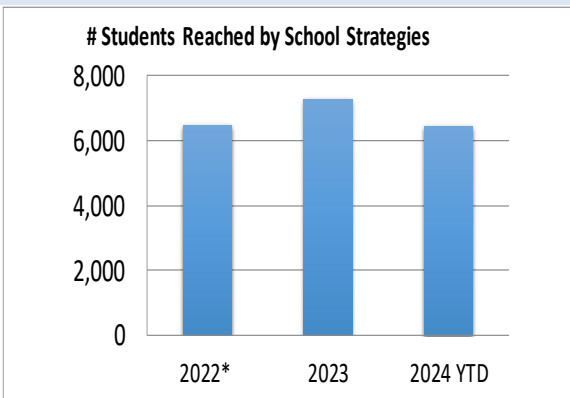


# Public Health

## 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, Zumbrota-Mazeppa 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.

\*2022 grant year =11/1/21-10/31/22, \*2023 grant year=11/1/2022-10/31/2023, \*2024=11/1/24-10/31/2024

### Where Do We Go From Here?

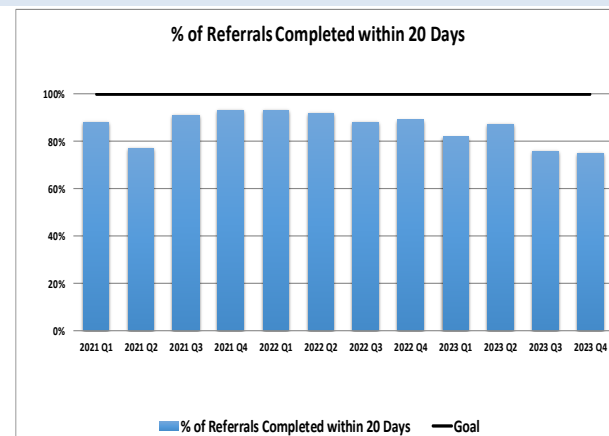
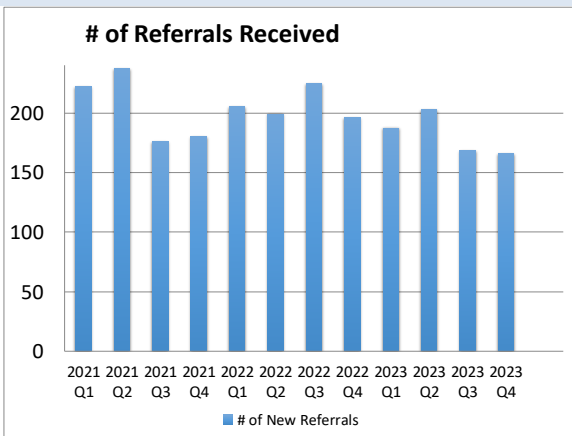
- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all County schools. This year the focus is working with school wellness committees, Safe Routes to School, well-being, physical activity, vaping prevention, and increasing access to healthy foods.
- **CENTER:** Community Partner Awards 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 2024 partners in November. This survey consists of nine questions that are scored to help identify how sustainable the partner’s project is.



# 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:** Referrals remain have remained at a higher level over the past 2 years. This means more residents are choosing to remain in their homes longer with services and supports rather than going into institutional care.
- **CENTER:** 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 completing additional visits. Staff are working with individuals, their families and other informal supports on creative and innovative ways to meet their needs while remaining in a community setting.
- **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

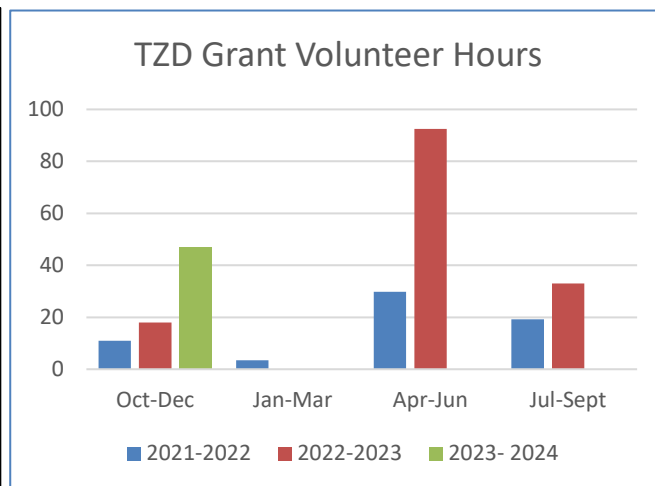
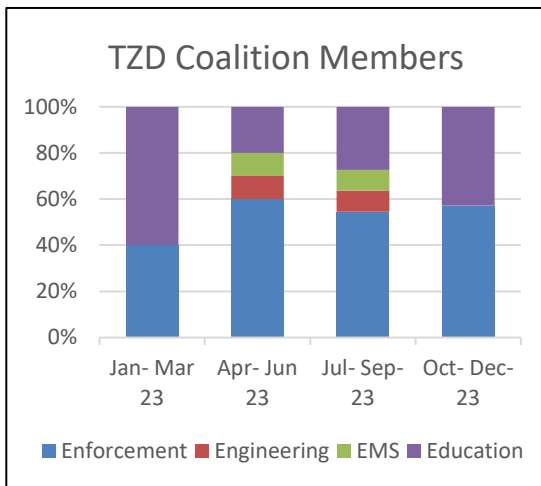
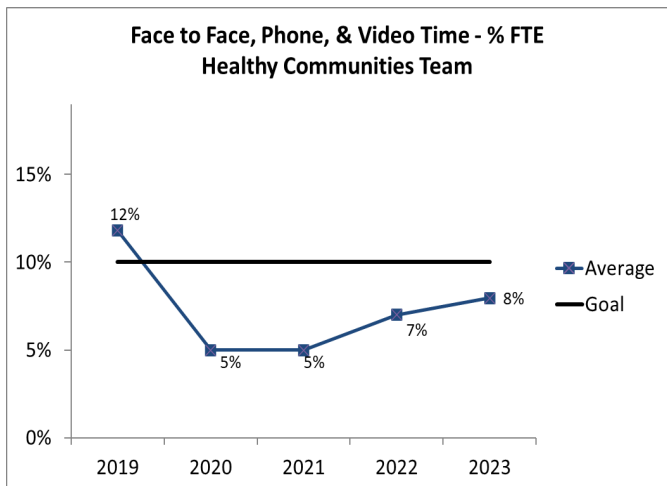
### Where Do We Go From Here?

- **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 services to the people we serve. With our redesign, hiring additional assessors will increase our timeliness on



### 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. The increase in 2022 average (7%) and 2023 (8%) shows we are getting back to our regular Healthy Communities work that was put on hold for COVID.
- 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?

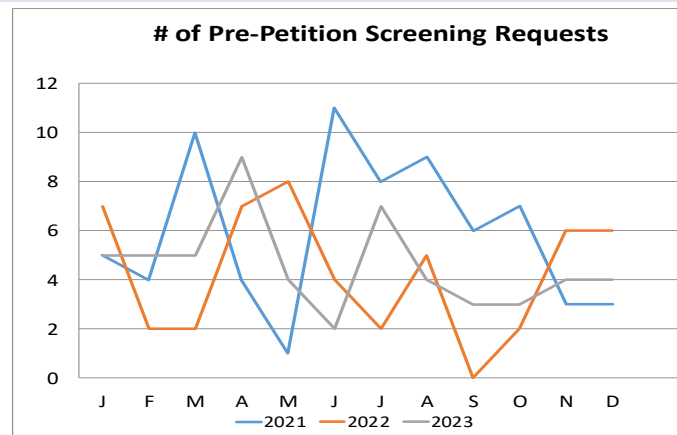
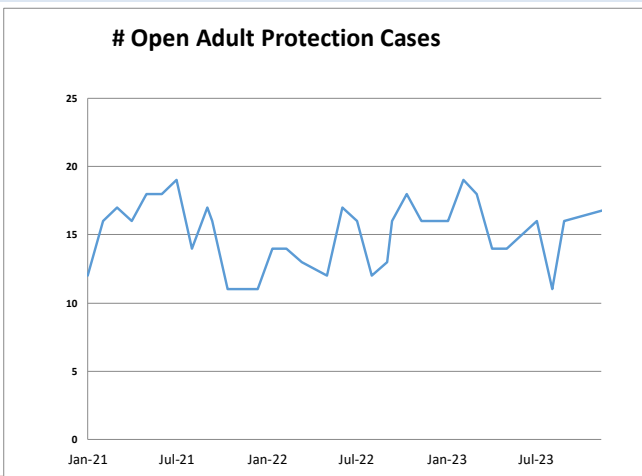
- LEFT:** We will continue to discuss this measure at Healthy Communities team meetings quarterly. Staff will receive reports on their individual percentage of face-to-face time.
- CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency 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.



# 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.*

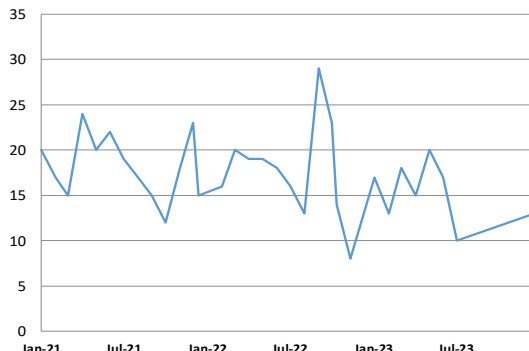


# Social Services Child Protection

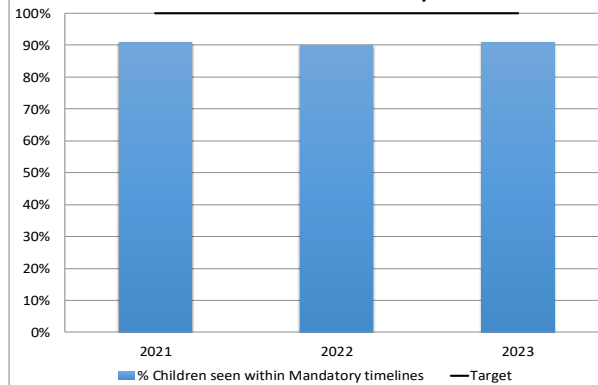
## Purpose/Role of Program

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.

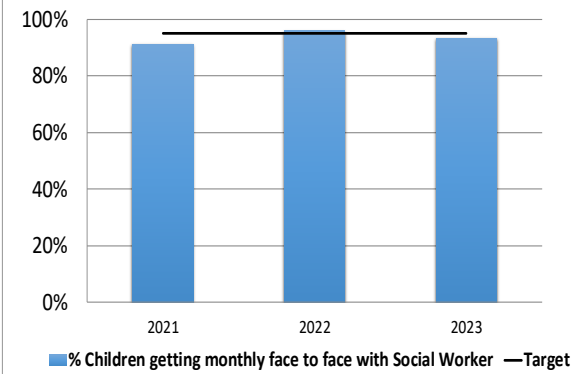
# of Assessments/Investigations



% Children Seen Within Mandatory Timelines



% Children Getting Monthly Face to Face with Social Worker



## Story Behind the Baseline

- **LEFT:** We received fewer reports that met the screening criteria for a child protection assessment or investigation in 2023, but our voluntary service cases increased. Many of these child welfare assessments involved truancy, but also included situations when youth were involved with delinquency or substance use. We have also been able to offer Parent Support Outreach Services when a report does not meet screening criteria for a child protection assessment or investigation. Parent Support Outreach and child welfare response are voluntary service options, and our team works tirelessly to make sure that families have access to services to address these concerns.
- **CENTER:** We continue to meet the former compliance target of 90% but fell short of the 100% compliance target. Reviewing the data for timeliness showed that for the children and youth that were not seen within the required timelines, most were seen within four hours of that mark. Illness of the identified youth and holiday visits out of the area impacted our ability to meet this threshold.
- **RIGHT:** We met the 95% performance target for 2022 but fell short in 2023. Removing the ability to record virtual meetings as a face-to-face contact impacted this result because we monitored a child placed out of state with their non-custodial parent virtually for a portion of 2023 until the permanent transfer of legal and physical custody was completed in March.

## Where Do We Go From Here?

- **LEFT :** Our assessment team ended the year with one resignation and one internal transfer. We are excited about the expansion of our child welfare and PSOP services and hopeful about the hiring of two new assessment workers. Interventions like The Incredible Years in home parent coaching, Fernbrook Family Center's parenting support group, and increasing access to PSOP will provide parents with the tools they need to maintain their children's safety in the community.
- **CENTER:** We continue to strive to reach the performance standard of 100%. Workers will continue to accommodate the child's health needs as well as their need for class attendance and participation, even though it does impact this performance measure.
- **RIGHT:** We have been able to achieve the recommended caseload size for each ongoing case manager and believe that will help us meet this target in the future.

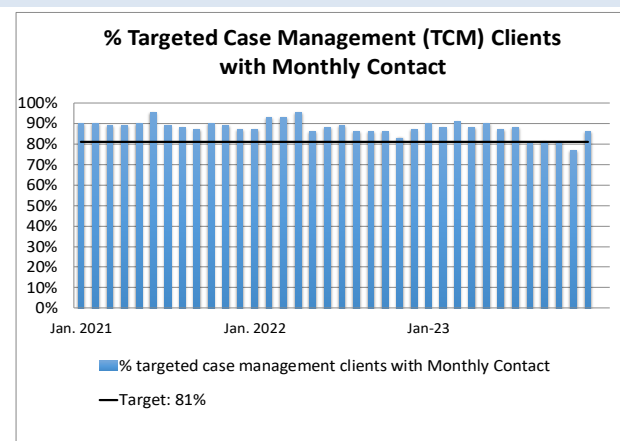
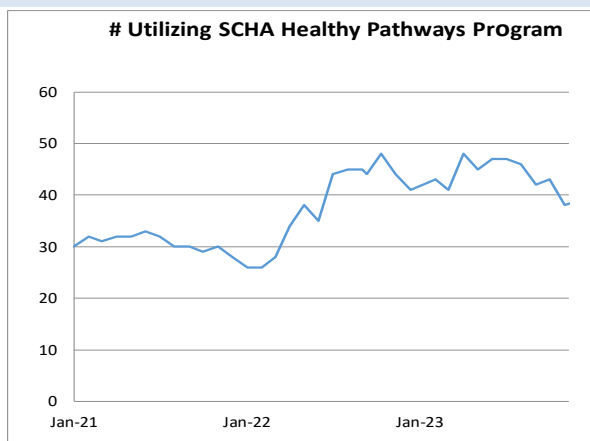
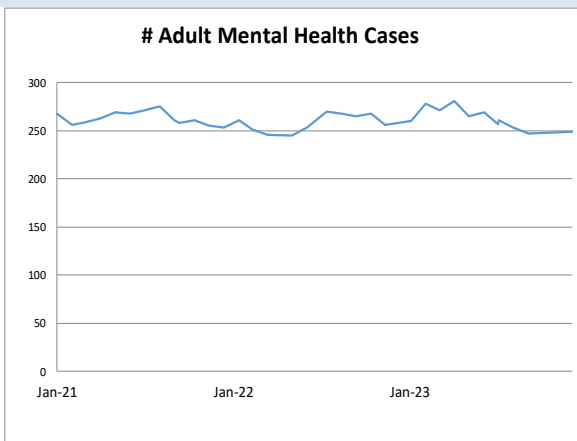


# Social Services

## Adult Mental Health

### Purpose/Role of Program

Counties are required to provide Adult Mental Health (AMH) case management to clients who meet the eligibility criteria. AMH case management is funded by a combination of county, state and federal funds, including Medical Assistance/PMAP funding. We know that offering voluntary services can minimize crisis situations that may involve pre-petition screening for civil commitment, Emergency Room visits, detox stays, and incarceration (all of which may be intrusive and costly).



### Story Behind the Baseline

- **LEFT:** Caseloads continue to be tracked with each referral. We have had some changes in our team this year with roles and medical leaves.
- **CENTER:** Healthy Pathways (HP) is a South Country Health Alliance (SCHa) program focusing on providing early intervention to persons exhibiting mental illness to avoid crisis (such as incarceration or civil commitment). We have not been able to offer as much HP as we are so heavy on crisis/civil commitment cases. We don't have staffing capacity to do more prevention type work, despite knowing that this really important also. We are hopeful of doing more outreach/crisis prevention with our new, provisional position (from ARPA funds).
- **RIGHT:** With guidance from DHS, we have been able to have phone or video contact with clients and still bill for TCM due to COVID. We know that face to face contact is best so we are striving to see clients in person, safely, when possible. In 2021, we had increased client contact and billing revenue over 2020 and prior years. This is due to the social workers and support staff being very diligent.

### Where Do We Go From Here?

- **LEFT, CENTER & RIGHT:** Staff ensure clients receive monthly contact which allows quality services with prevention focus, along with maximizing revenue for continued services.
- During COVID, services have been more challenging for our clients to participate in. Telehealth has been a good option for some but not others.

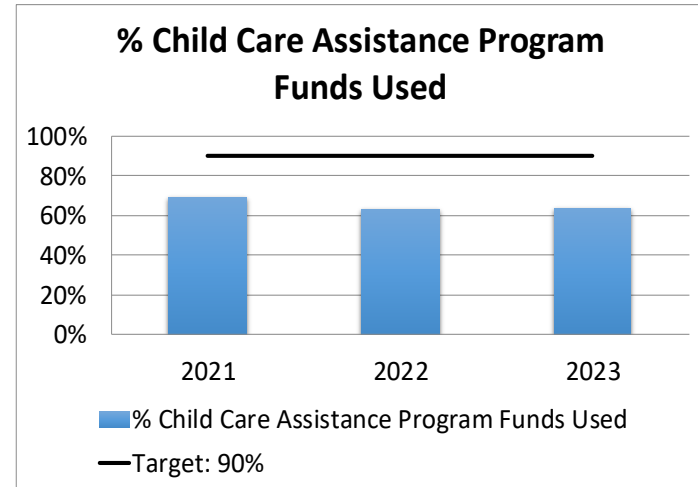
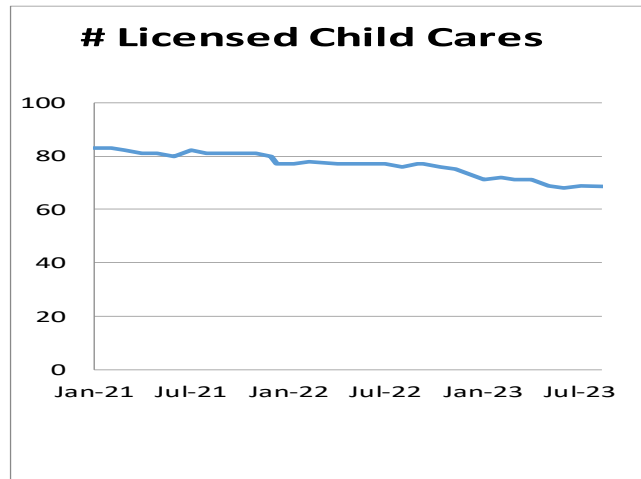


# Social Services

## Child Care Licensing and Funding

### Purpose/Role of Program

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



### Story Behind the Baseline

- **LEFT :** The number of licensed child cares has remained stable. Statewide and locally, the number of family child care 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. As the state implements a licensing hub, which will move all family child care licensing to an on-line format, providers are going to rely on county licensors for technical support as well as the support they currently receive. The implementation of the hub is going to require a weekly supervisor and licensor training commitment of 2-6 hours.
- **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.

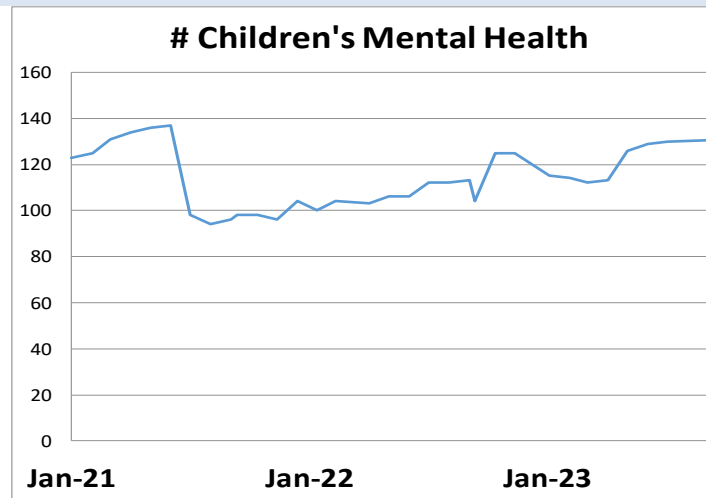
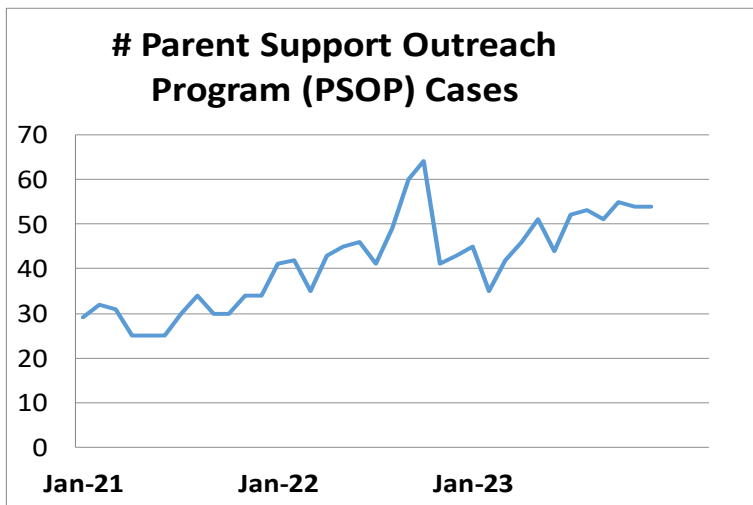
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## Purpose/Role of Program

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 availability 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.

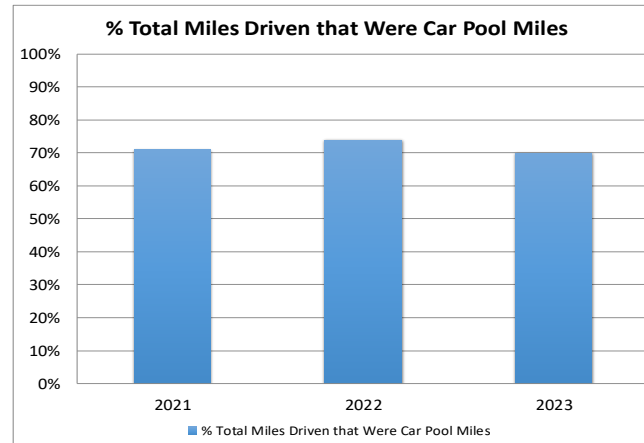


## Goodhue County Health & Human Services

# 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.



## 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.

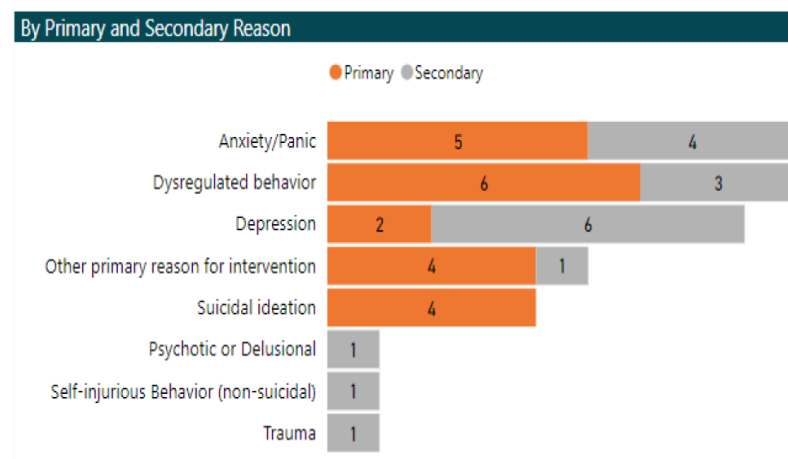
Mobile Response			Crisis Clinic		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning	# Enrollments	Unique People Served	Individuals Returning
18	17	18%	7	7	(Blank)
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)	Total Diagnostic Assessments	Total Psychiatric Notes	Total Psychotherapy Sessions
18	5	13	(Blank)	7	14
			Enrollments w/ Psychiatric	Enrollments w/ Psychotherapy	
			4	6	

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
8	4	4	7.75	(Blank)
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
8	4	4	6.00	1.14

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	3	(Blank)
13	0	0	*2022-present only	



## SERCC Data

**ABOVE:** Goodhue County fourth quarter data for 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