

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	June 16, 2026	<b>Staff Lead:</b>	Kris Johnson
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve grant application and fiscal host Children’s Mental Health Initiative (CMHI) Proposal.		

**BACKGROUND:**

The federal Rural Health Transformation Program (RHTP) was created by [H.R.1 \(Section 71401 of Public Law 119-21\)](#) on July 4, 2025. It is a federal initiative to help states support rural communities in improving health care access, quality, and outcomes by transforming the health care delivery ecosystem.

The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. The federal program will grant up to \$50 billion to states over five budget periods. Minnesota has outlined their initiatives online (learn more about [Minnesota's Rural Health Transformation Program](#)).

This RFP supports the planning and development of regional Child and Adolescent Mental Health Initiatives. These initiatives will serve as a mechanism for regional collaboration to build effective community-based mental health services for children and adolescents across Minnesota.

Goodhue County Health and Human Services would like to lead an effort to apply for the Rural Health Transformation Program (RHTP) grant to develop a Children’s Mental Health Initiative for the SE Region. There is definite interest in our region to develop and participate in a CMHI, but every other county director has stated that they don’t have the capacity to lead it.

**We are hopeful that early intervention through evidence-based services (such as [Incredible Years Evidence-Based Early Intervention Programs | Incredible Years](#) ) could provide a meaningful way to support families earlier before mental health crises develop and more serious (and costly) interventions are needed. [Parental Nurturance Moderates the Etiology of Youth Resilience - PMC](#)**

The RFP asks us to create a 5-year plan (based on Fiscal Years, so technically Year 1 ends October 2026, but we have until Sept 2027 to spend the funds). They will only allocate the first year of funds because they don’t know the exact amount of Minnesota’s allocation for years 2-5. For this grant, counties that apply at this time will be eligible for renewal for funding of years 2-5. If counties don’t apply this year, there is the possibility of competitive grant opportunities in the future.

This project has six broad goals:

**Goal 1: Collect baseline information about availability of services across continuum of care**

In year 1, we will hire two local contractors to conduct Needs Assessment (NA) of the children’s mental health continuum of care in the East Hub counties. The consultants will gather input from diverse

community members with both direct/indirect lived experience as well as professional experience with mental health crises.

**Goal 2: Center people with lived experience by obtaining information from children, youth, young adults, and families, and build mechanisms for continuous feedback.** As stated in Goal 1, the needs assessment will obtain information from people with lived experience while also building mechanisms for feedback.

**Goal 3: Build CMHI Structure to facilitate collaboration, data sharing and joint problem solving.** The Southeast AMHI already has a strong structure, and counties in the region are prepared to collaborate in a similar structure, with the goal of hiring a coordinator in year 2.

**Goal 4: Strengthen county capacity for tracking data and outcomes by providing RBA training and coaching.** This project will provide Results Based Accountability training to enhance capacity to collect and track outcomes in service utilization. Data regarding grant-funded early intervention services will be tracked for the entire region, including number of participants, satisfaction with services, and outcomes over time, along with the grant required measures.

**Goal 5: Expand Early Intervention Supports and Services:** Using the Needs Assessment results, identify priorities and provide support to expand the continuum of care with a focus on early intervention supports that build protective factors: Parental monitoring and nurturance, positive communication and connectedness between parents and adolescents, are all associated with lower likelihood of poor mental health and suicide in adolescents. These early interventions can occur in communities or in homes, reducing transportation and access barriers. Beginning in Year 2, a portion of the grant funding will be provided for direct early intervention services. Data sharing agreements will allow counties to share information and collect data from participants about their participation, satisfaction, and outcomes. An RFP process will be used to select agencies that provide early intervention services.

**Goal 6: Secure and align sustainable funding:** Identify and advocate for new funding sources (such as FFPSA, MA) for early intervention services that traditionally have no consistent pay source. This project can provide data that supports the preventive capacity of early intervention services, which could lead to more funding opportunities.

**Budget:**

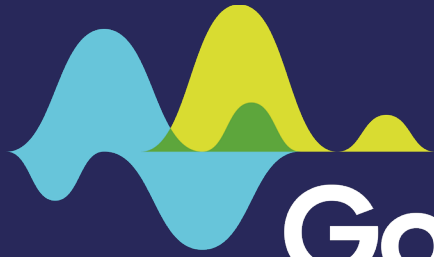
In year 1, the primary costs would be to hire contractors to conduct the needs assessment, and funds to offset staff costs for the GCHHS Deputy Director to coordinate the project. The project allows the fiscal host to collect 6% of the overall budget for fiscal host reimbursement.

In Years 2-5, we propose hiring a CMHI Coordinator, and we are looking closely at the possibility of hiring a .5 FTE Public Health Planner in Goodhue County to coordinate the CMHI for the region. Alternately, a private agency could subcontract to hire and supervisor the coordination.

In years 2-5, funds would also be utilized to offer early intervention services, and to provide data management training and support to study the effectiveness of the early intervention.

Funding is allocated one year at a time, so all planning for years 2-5 will be contingent on federal and state allocations.

**RECOMMENDATION:** GCHHS Department recommends approval as requested including to serve as fiscal host for this grant opportunity. If funds are awarded in Year 2, GCHHS will return to the GCHHS Board to request approval for any hiring requests.



**Goodhue  
County**  
MINNESOTA

# **Rural Health Transformation Program**

## **Children's Mental Health Initiative (CMHI) Proposal**

# Background

- [H.R.1](#) amended section 2105 of the Social Security Act. The bill, signed into law on 7/4/2025, made major changes to public assistance programs such as Medicaid and SNAP.
- These changes will lead to significant cuts to those programs, and loss of coverage for the Minnesotans who rely on them.
- To encourage innovative forms of care delivery in rural areas, the legislation created a [Rural Health Transformation Program](#) as a one-time effort to fund rural health priorities over the next five years.

# Children's Mental Health Initiatives

- Non-metro counties can apply to develop **Children's Mental Health Initiatives**, which facilitates regional collaboration to build effective community-based mental health services for children and adolescents.
- The ten counties in the Southeast Region (Goodhue, Wabasha, Winona, Freeborn, Houston, Olmsted, Dodge, Waseca, Steele, Mower) would be part of the proposal, with a focus on the five eastern counties in the first year.
- The RFP asks us to create a 5-year plan (based on Fiscal Years, so technically Year 1 ends October 2026, but we have until Sept 2027 to spend the funds). They will only allocate the first year of funds because they don't know the exact amount of Minnesota's allocation for years 2-5.
- **The counties that apply at this time will be eligible for renewal for funding of years 2-5.** If counties don't apply this year, there is the possibility of competitive grant opportunities in the future.

# Southeast Minnesota proposal

- Year 1—conduct a joint needs assessment with HVMHC facilitated by subcontractors.
  - .25 FTE data support and training from county partner
- Years 2-5 grant funds would provide
  - .5 FTE CMHI Coordinator
    - Ideally a county based Public Health Planner, or
    - Sub-contracted Planner through a private agency
  - Designated grant funds to provide **early intervention services** to build protective factors in families and reduce likelihood of mental health crisis.
- Data collection to determine satisfaction and outcomes

# Goodhue County as fiscal host

- Goodhue County HHS would serve as fiscal host and would facilitate needs assessment in year 1
  - Grant funds would reimburse staff time and administrative time
- CMHI Coordinator would lead efforts in years 2-5, if funding continues.
  - Funds would be designated for .5 FTE planner, and to pay for direct services provided to children and families in 10 county are.