

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



REQUEST FOR BOARD ACTION

Requested Board Date:	October 20, 2026	Staff Lead:	Nina Arneson
Consent Agenda:	☐ Yes ☒ No	Attachments:	☒ Yes ☐ No
Action Requested:	Review and approve: • 1FTE Social Services Supervisor • 1FTE Children Mental Health (CMH) Case Manager		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee's review on October 20th, 2026 at 7:45 am:

- **Hire 1 FTE Social Services Supervisor**
- **Hire 1 FTE Children Mental Health (CMH) Case Manager**

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County
Health and Human Services

426 West Avenue
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DATE: October 20, 2026
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, GCHHS Director
RE: **Hire 1.0 FTE Social Services Supervisor**
Hire 1.0 FTE Children's Mental Health Case (MHC) Manager

Providing services and supports for children and families is evolving and growing in complexity. This request for additional staffing is 2 FTEs driven by the following key factors.

1. **Significant increases** in service complexity, new statewide mandates, and rapidly expanding caseloads that exceed current capacity.
2. **Implementation of Minnesota African American Family Preservation Child Welfare Disproportionality Act (MAAFPA)** in 2027 will require intensive case management, frequent oversight, and expanded support for families meeting disproportionality criteria.
3. The State unfunded **change to Minnesota delinquency age** will add 20-40 new cases annually for GCHHS requiring multidisciplinary coordination.
4. Children's Mental Health cases are at historic **highs and increasingly complex - particularly for children with autism, low cognitive functioning, and aggressive behaviors** - requiring substantial crisis intervention and intensive care coordination.
5. Home and Community Based Services (HCBS) caseloads are also growing alongside major program and documentation changes and change with requests from the Prairie Island Indian Community for case management and service payments further increase workload.
6. Compounding these demands, **staff turnover and extended PFML leaves** are stretching supervisory capacity and limiting support for new staff, with supervisors and even the Deputy Director covering cases. Despite investments in early intervention and additional CMH staffing, current resources are insufficient to meet mandated responsibilities or stabilize caseloads.

For these reasons, adding a Social Services Supervisor and a third Children's Mental Health Case (CHM) Manager is essential to ensure adequate oversight, maintain service quality, and meet the needs of increasingly complex cases.

Here are some additional details of these key factors for this request including sources of funding for this request:

- The implementation of MAAFPA in 2027 will create an increase in the need for more intensive services and direct support of families who meet the disproportionality criteria.

MAAFPA also requires frequent case review and oversight. GCHHS did receive \$100,000 for MAAFPA implementation in 2027, and MACSSA is advocating that this allocation will be yearly. [Minnesota African American Family Preservation Child Welfare Disproportionality Act | Minnesota Department of Children, Youth, and Families](#)

- The increase of the age of delinquency from age 10 to age 13 will increase the number of children that must be served by GCHHS. Our local plan is to convene a multidisciplinary team, consisting of GCHHS, Court Services, County Attorneys, Law Enforcement and others at least twice per month. Current estimates are that there will be 20-40 ten- and eleven- and twelve-year-olds who will be screened and referred for services and/or opened for case management per year. This mandate is unfunded at this time. [Raising the age of delinquency | Minnesota Department of Children, Youth, and Families](#)
- Children's Mental Health cases are growing in complexity, and Goodhue County is at an all-time high in CMH case management cases, managed between GCHHS and Fernbrook Family Center, an agency that provides contracted case management. An especially complicated trend is the increase in the number of children with autism, low IQs (many below 70) and a tendency toward aggression. Children with these issues are enormously difficult to maintain at home, and they often require crisis intervention. In the past 5 years, Goodhue County has had several children boarding in hospitals for days, weeks or even months while staff make great effort to find community-based services or out-of-home treatment programs. The combination of low IQ and aggression rules out the vast majority of treatment options in Minnesota.
- HCBS has seen a major increase in the oversight, documentation requirements, and changes in programs. Many of these children are on waivers because of the complexity of their disabilities, but it is difficult for HCBS Care Coordinators to provide intensive care coordination for these children when they are also learning numerous new programs and requirements. Furthermore, the number of HCBS cases is also growing as the population ages, so caseloads are growing in size, in addition to growing in complexity.
- Prairie Island Indian Community has historically managed cases independently without any request or referral for county services. This has changed, and PIIC is requesting more case management and payment of services, including out-of-home placements. Counties are required to pay for services made by tribal entities if requested, but PIIC has not often requested this. Due to increases in cases and the complexity of those cases, PIIC is now requesting payment, which will also require support and oversight of those cases.
- Staff turnover and the new paid family medical leave laws have made it more difficult to meet the needs of the families we serve. We support our staff caring for themselves and family members utilizing PFML, but it also poses a great challenge to get the work covered.

Currently, we have many case managers with large caseloads and supervisors managing multiple cases (making them less available to support and train new staff) and the Deputy Director is training new CP staff due to numerous PFML leaves in various units.

The investments the agency had made in early intervention have been helpful. Our collaboration with Goodhue County Education District allows us to offer support when disabilities or delays are identified at the early childhood level.

Hiring two Children's Mental Health case managers at GCHHS to support families with intensive needs has allowed for more immediate wraparound services. Even with these additional services, we are having great difficulty keeping up with the new mandates and meeting the needs of these children. Both of these case managers are managing complex cases and providing extensive services that are hopefully helping to prevent out of home placement by providing support to the families.

To improve our capacity to meet the needs of these children, we are requesting the following:

- 1. An additional 1.0 FTE Social Services Supervisor.**
 - a. This addition will allow the Supervisor of Child Protection (CP) Case Management to provide more intensive supervision of the case managers who are working on MAAFPAs cases.
 - b. An additional supervisor will allow for the creation of Children's Mental Health/Child Welfare Unit that could also focus on service development and would allow much more extensive collaboration with contracted CMH case management providers.
 - c. This will also allow the Supervisor of CP Assessment/PSOP additional time to oversee the multidisciplinary team review of juvenile delinquency cases in youth ages 10-12.
- 2. An additional 1.0 FTE Children's Mental Health (CMH) Case Manager**, for a total of three CMH case managers. This will allow GCHHS to assign CMH Case Managers to the influx of children with highly intense needs.

Positions Cost Overview:

- 1.0 FTE Social Services Supervisor with benefits (\$129,447 – \$148,866)
- 1.0 FTE Children's Mental Health Case Manager (\$98,837 - \$118,256)
** both estimates include hiring at step 1 and lowest-highest health plan costs*

BUDGET CONSIDERATIONS:

- **MAAFPA Allocation Usage**

Goodhue County is receiving a minimum of \$100,000 for calendar year 2027 through the statewide distribution of the Minnesota African American Family Preservation and Child Welfare Disproportionality Grant Allocation. These funds are specifically authorized for staffing and service **expansion** related to MAAFPAs implementation, including supervision and case management activities needed to support families meeting the criteria.
- **Increased CMH Case Management Revenue**

The addition of a third CMH case manager allows another 12 cases of case management. GCHHS will then be able to bill for Medical Assistance eligible children and reduce contracted case management paid to a provider. A conservative estimate to the positive impact to our budget is a total of \$124,128.
- **Social Services Time Study (SSTS) Reimbursement**

Both positions are eligible for SSTS reimbursement. Based on historical patterns, we receive approximately 15% reimbursement for the entire costs of these positions. This will further offset ongoing personnel costs for both positions.

- **Juvenile Ages 10-12**

There is a chance that the legislature could allocate funding to support the additional needs in this area. One option that is under consideration is to increase the age of eligibility for Parent Support Outreach Services from age 10 to age 12. This would allow PSOP case management, which is often billable to Child Welfare Targeted Case Management. This may also increase the direct PSOP allocation that comes from the state.

- **Office Space and Equipment**

If approved, GCHHS would need to create an additional office space within the current building. We will work with County Maintenance to explore cost-effective options and determine the most practical configuration.

- **Budget Considerations Summary**

The total annual cost of adding these two positions is estimated between \$228,284 and \$267,122, depending on health plan selection. These costs are significantly offset by the following funding sources:

- MAAFPA Allocation (CY2027 one-time funding): \$100,000
- Increased CMH Case Management Revenue/Contract Reduction: \$124,128
- SSTs Reimbursement: Approximately 15% of total personnel costs

These resources allow us to add critical staffing with minimal levy impact. After applying these offsets, assuming the most expensive option of health insurance, there would be a net levy impact of \$2,926.

Costs associated with office modifications, furnishings, and equipment are not included in the net levy impact calculation, however all related expenses will be managed within the existing GCHHS budget.