

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



REQUEST FOR BOARD ACTION

Requested Board Date:	July 1, 2026	Staff Lead:	Ruth Greenslade
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Cooperative Agreement among Southeast Minnesota Local Public Health Association Region 7 counties for Regional Data Model		

BACKGROUND: The southeast counties received a Minnesota Department of Health (MDH) Regional Data Model grant, effective July 1, 2026 through June 30, 2031. This continues a project that began as an MDH [Infrastructure Fund Innovation Project](#) pilot in 2023.

Olmsted County is the fiscal host for the [Southeast Minnesota regional data model](#) and employs a full-time public health strategist, two part-time epidemiologists, one part-time health informatics coordinator, and a part time program manager. Their staff are trained in epidemiology, data analysis and visualization, and project management.

This project helps our county fulfill [Foundational Public Health Responsibilities](#), specifically **Assessment and surveillance**. As [defined](#) by MDH, this means collecting and using data about the population’s health. This includes:

- trends in behaviors, diagnoses, hospitalizations, and deaths among groups

With the exception of one home visiting dashboard, this project does NOT include:

- data on health department performance
- clinical data on individual clients/patients

Staff from all the southeast counties—Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Rice, Steele, Wabasha, and Winona—participate by attending meetings, sharing how they’ve used the data, and evaluating the dashboards. Many dashboards are updated quarterly, providing smaller health departments with easier access to real-time local data in a cost-effective way through collaboration.

- As part of this Cooperative Agreement, Olmsted County maintains dashboards on
- Opioids
 - Minnesota Student Survey
 - Mental Health and Substance Use (e.g. suicide ideation and overdose hospitalizations and deaths)
 - Falls
 - Natality
 - Mortality
 - Information for Home Visiting Evaluation (IHVE).

Certain dashboards are private for local health department use and require two-factor authentication, while other data is public. [View Southeast Minnesota regional data model public dashboards here.](#)

RECOMMENDATION: Goodhue County HHS Department recommends approval as requested.

COOPERATIVE AGREEMENT
SOUTHEAST MINNESOTA LOCAL PUBLIC HEALTH ASSOCIATION REGION 7
MINNESOTA DEPARTMENT OF HEALTH (MDH) REGIONAL DATA MODEL GRANT
2026-2031

WHEREAS, the Southeast Minnesota Local Public Health Association Region 7 counties; 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 the need for epidemiology and data analysis support and;

WHEREAS, the Region 7 counties were awarded a Minnesota Department of Health (MDH) Regional Data Model grant for five (5) years, effective July 1, 2026 through June 30, 2031 and;

WHEREAS, Olmsted County will act as the fiscal host for the grant and

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

1. The term of this Agreement shall be from July 1, 2026 through June 30, 2031 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 the Termination language of this Agreement.
2. The purpose of this Agreement is to jointly agree to the Regional Data Model grant from MDH in the amount of \$200,000.00 each of the five years, for a grant award total of \$1,000,000.00.
3. As fiscal host, Olmsted County has applied for, will receive and manage the grant funds and will be reimbursed a fiscal host fee of 15% each grant year.
4. 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.
5. The grant goal is to increase epidemiology and data analysis capacity in Region 7. Olmsted County has the following team members on staff within Public Health toward that goal: a full-time Public Health Strategist; two part-time epidemiologists; one part time health informatics coordinator, and a part-time program manager/grant owner who are qualified and specifically trained in epidemiology, data

analysis and visualization, and project management. If staffing levels change, Participating Counties will be updated regarding if and how that change will impact capacity.

6. Services provided to Participating Counties via this grant included:
 - a. Grant Management:
 - 1) Oversee grant staff providing regional data support work.
 - 2) Oversee and manage grant budget.
 - 3) Approve final workplans for MDH.
 - 4) Lead data sharing agreements with local public health and/or MDH.
 - 5) Assessing and expansion or contraction of services provided in the Regional Data Model as needs and requests arise.
 - b. Regional Data Model project and program management:
 - 1) Regional communications related to the Regional Data Model.
 - 2) Support to Regional Data Model counties with data summarization and presentation when requested.
 - 3) Coordinate regional and county one-on-one meetings.
 - 4) Education and utilization regarding data products produced.
 - 5) Point of contact for access and troubleshooting dashboards.
 - 6) Documentation and tutorials.
 - c. Epidemiology/Data Analysis:
 - 1) Securing and storing line list population health data on behalf of the region in accordance with data sharing agreements and data privacy statutes.
 - 2) Epidemiological analysis and visualization on population health datasets including but not limited to:
 - a) Vital Records (Mortality and Natality).
 - b) National Syndromic Surveillance Program (NSSP): mental health, substance use, falls, etc.
 - c) Minnesota Student Survey.
 - d) Information for Home Visiting Evaluation.
 - e) Opioid: Hospital Discharge data, OD Map, Office of Emergency Services, pharmacological data, DAANES, etc.
 - f) Rochester Epidemiology Project clinical data.
 - g) Additional data analysis as datasets become available and/or requested.
 - d. Informatics:
 - 1) Data lake implementation and maintenance for regional dashboards.

- 2) Regionally uniform electronic clinical record data used for population health trends.
- e. Additional epidemiology and data analysis services may be provided as staff capacity allows.
7. Participating Counties agree to attend, as needed, grant meetings to discuss epidemiology and data projects.
8. Participating Counties agree to participate in evaluation activities, as needed.
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. Participating Counties 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. Participating Counties agree to comply with all federal, state, county and local laws, regulations, ordinances, rules and certifications pertaining to the obligations under the Agreement during the term of this Agreement.
14. 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.
15. Participating Counties may terminate this Agreement effective upon 90 days 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 agree that any material alterations, variations, modifications, or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing, duly signed by each party, and attached to the original of this Agreement.
- 17. 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.
- 18. Upon request, Olmsted County shall provide each Participating County with a copy of the fully signed Cooperative Agreements.
- 19. 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: _____

Dated: _____

Title: Director of Health and Human Services