



GOODHUE COUNTY MINNESOTA

TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

Goodhue County Health & Human Services (GCHHS)

AGENDA County Board Room Red Wing, MN February 20, 2018 10:30 a.m.

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

- a. January 16, 2018 HHS Board Minutes

Documents:

JANUARY 2018 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. SCHAs Delegation Agreement Amendment

Documents:

SCHA DELEGATION AGREEMENT AMENDMENT.PDF

5. ACTION ITEMS:

- a. Accounts Payable

Documents:

ACCOUNTS PAYABLE.PDF

6. INFORMATIONAL ITEMS:

- a. 2017 Fiscal Year End Report

Mike Zorn

Documents:

2017 FISCAL YEAR END REPORT.PDF

- b. 2017 Community Health Improvement Plan Annual Report
Ruth Greenslade

Documents:

2017 CHIP ANNUAL REPORT.PDF

- c. 2017 Child Protection Report
Kris Johnson

Documents:

2017 CHILD PROTECTION REPORT.PDF

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

PLACEMENT REPORT.PDF

- b. Child Protection Report

Documents:

CHILD PROTECTION UPDATE.PDF

- c. HHS Staffing Update

Documents:

HHS STAFFING UPDATE.PDF

- d. Quarterly Trend Report

Documents:

HHS QUARTERLY TREND REPORT.PDF

- e. 2017 MDH Food, Pools, & Lodging Services In Goodhue County

Documents:

2017 MDH FOOD, POOLS, LODGING SERVICES IN GOODHUE COUNTY.PDF

8. ANNOUNCEMENTS/COMMENTS:

- a. News Release

Governor Dayton appointed Jan Malcolm to serve as Minnesota's Commissioner of Health

[HTTPS://MN.GOV/GOVERNOR/NEWSROOM/?ID=1055-325388](https://mn.gov/governor/newsroom/?ID=1055-325388)

9. ADJOURN

- a. Next Meeting Will Be March 20, 2018 At 10:30 A.M.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF JANUARY 16, 2018**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:05 A.M., Tuesday, January 16, 2018, in the Goodhue County Board Room located in Red Wing, Minnesota.

BOARD MEMBERS PRESENT:

Ron Allen, Brad Anderson, Paul Drotos, Susan Johnson, Mary Lindahl, Jason Majerus, and Barney Nesseth.

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Alison Hammond, June Rodgers, Aeriell Meyer, Jennifer George, Amber Gabrielson, Brooke Hawkenson, Katie Tang, Cheri Baldwin, Jane Possehl, Kristin Kraabel, and RE Reporter Sarah Hanson.

AGENDA:

On a motion by P. Drotos and seconded by R. Allen, the Board unanimously approved the January 16, 2018 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the Minutes of the H&HS Board Meeting on December 19, 2017.

CONSENT AGENDA:

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

INTRODUCTION OF NEW & PROMOTED STAFF

ACTION ITEMS:

On a motion R. Allen and seconded by S. Johnson, the Board unanimously approved the Mental Health Bonding Resolution.

Goodhue County Health & Human Services Board

Meeting Minutes of January 16, 2018

FYI & REPORTS:

Placement Report

Child Protection Report

HHS Staffing Update

Ability to Meet Minimum Expectations- The Current State of Local Public Health in MN

School Based Mental Health Grant Letters of Support

ANNOUNCEMENTS/COMMENTS:

ACCOUNTS PAYABLE:

On a motion by M. Lindahl and seconded by B. Anderson, the Board unanimously approved payment of all accounts as presented.

ADJOURN:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 10:30 a.m.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	February 20, 2018	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

Allison Bartlette	Goodhue
Krista Becker	Red Wing
Jennifer Beighley	Zumbrota

Child Care Licensures:

Number of Licensed Family Child Care Homes: 90

Negative Licensing Action: Tricia Callstrom- Family Child Care License Revoked

Allison Bartlette 404 9th St. N. Goodhue was voted "Provider of the Year" by the Goodhue County Licensed Family Child Care Association.

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

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



REQUEST FOR BOARD ACTION

Requested Board Date:	February 20, 2018	Staff Lead:	Nina Arneson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve 2018 SCHA Delegation Agreement Amendment		

BACKGROUND:

South Country Health Alliance (SCHA) and Goodhue County Health and Human Services (GCHHS) Delegation Agreement Amendment covers all the services SCHA entrusts to GCHHS to execute for the Goodhue County SCHA members. These services are provided by the Public Health Nurses, Social Workers and Case Aides to assure SCHA members' needs are met through Medicare, Medicaid and Elderly Waiver programs.

This agreement continues to be an excellent integrated partnership between SCHA and GCHHS.

RECOMMENDATION: The Department recommends approval as requested.

**AMENDMENT to EXHIBIT D
of
2017 DELEGATION AGREEMENT**

Goodhue County 2018 Rates

Effective January 1, 2018, Exhibit D of the 2017 Delegation Agreement is replaced in its entirety with this Exhibit D.

1. Non-Elderly Waiver Community Well and Nursing Home Members	<u>Rate</u>
<ul style="list-style-type: none"> • Care Coordination Activity for: <ul style="list-style-type: none"> ○ SeniorCare Complete (SCC) and MSC+ Non-EW Community Well and Nursing Home ○ AbilityCare, SingleCare/SharedCare Community Well and Nursing Home 	\$24.01/15 Minute Unit
2. Relocation Service Coordination for all MSC+ and SCC	\$15.53/15 Minute Unit
3. Elderly Waiver Members	
<ul style="list-style-type: none"> • Care Coordination Activity for SCC and MSC+ Elderly Waiver Members 	\$25.46/15 Minute Unit
<ul style="list-style-type: none"> • Case Management Aide (Paraprofessional) Activity for SCC and MSC+ Elderly Waiver Members 	\$9.39/15 Minute Unit
4. County Community Care Connector Position	
<ul style="list-style-type: none"> • Average Connector Weekly Hours dedicated to SCHA duties 	\$58,767.07 Annually
<ul style="list-style-type: none"> • Average Case Aide Weekly Hours dedicated to SCHA duties 	\$33,429.69 Annually

Payment will be made bi-annually on or about mid-June and mid-December 2018.

5. Please reference the Care Coordination HCPC/ Service/ Rate Limits Form billed to Health Solutions for additional information, **EXHIBIT E**.

The parties have executed this Amendment to the Delegation Agreement as of the effective date stated above.

<p>DELEGATED ENTITY</p> <p>Goodhue County</p> <p>By: _____</p>	<p>SOUTH COUNTRY HEALTH ALLIANCE</p> <p>By: _____</p>
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 20, 2018	Staff Lead:	Mike Zorn
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve January 2018 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for January 2018:

Date of Warrant		Check No.		Total Batch	
			Series		
IFS	January 5, 2018	ACH	24383	24388	\$2,390.72
IFS	January 5, 2018		436226	436238	\$5,236.65
IFS	January 12, 2018	ACH	24406	24419	\$9,688.77
IFS	January 12, 2018		436298	436375	\$54,303.20
IFS	January 19, 2018	ACH	24420	24423	\$2,142.59
IFS	January 19, 2018		436376	424272	\$17,852.16
SSIS	January 26, 2018	ACH	24471	24499	\$210,354.18
SSIS	January 26, 2018		436465	436531	\$313,579.66
IFS	January 26, 2018	ACH	24500	24548	\$7,411.55
IFS	January 26, 2018		436532	436536	\$34,311.33
IFS	January 26, 2018	ACH	24595	24605	\$2,561.49
IFS	January 26, 2018		436585	436679	\$23,138.70
				Total	<u>\$682,971.00</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.



Goodhue County
Health and Human Services

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

DATE: February 20, 2018
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Mike Zorn, Deputy Director
RE: Fourth Quarter 2017 - Year End Fiscal Report

In CY 2017, the Goodhue County Health & Human Services Agency did not have a very good financial year.

- We expended 112% (\$16,900,120) of our budget (\$15,106,526) 100% of the way through the year.
- We have collected 102% (\$15,362,428) of our anticipated revenue (\$15,106,526), 100% of the way through the year.

Resultantly, we were in the red with a net income of negative \$1,537,692. This was what we were expecting given three program areas that we were concerned about all year and how it would affect our year-end final 2017 budget.

If it were not for three budget areas being considerably over budget, HHS would have had another great year.

- Children in Out of Home Placement (OHP) over budget (\$944,941)
 - State or Private Hospital over budget (\$767,700)
 - Consolidated Chemical Dependency Treatment Fund (CCDTF) over budget (\$205,345)
- (\$1,917,986)

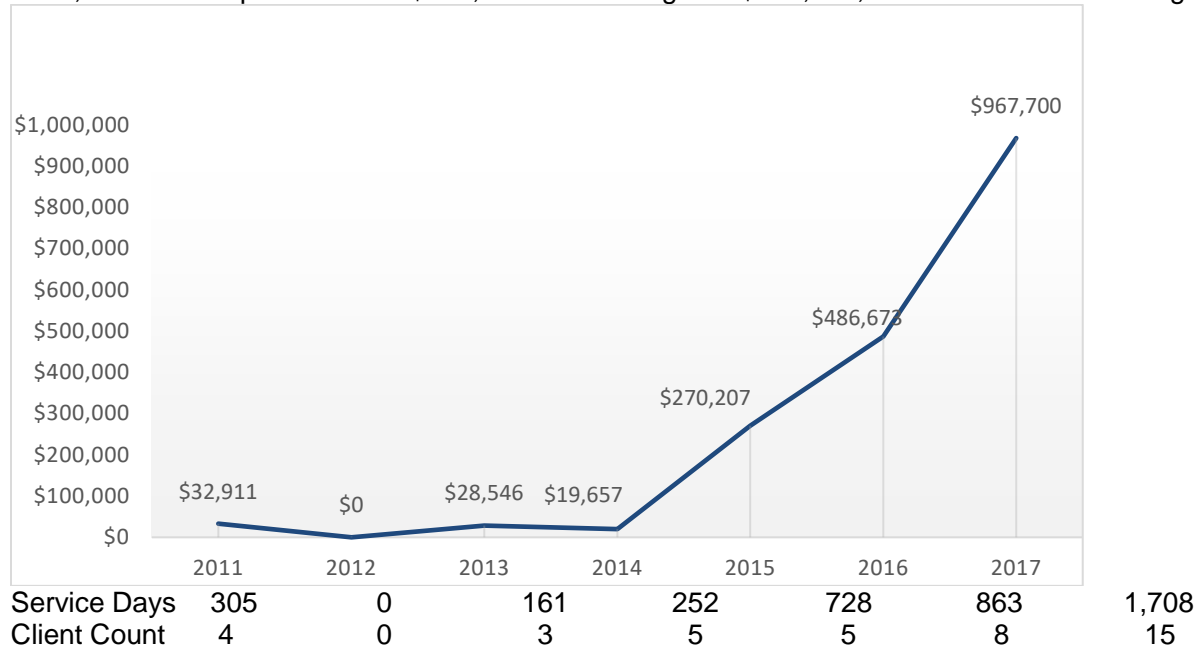
Children in Out of Home Placement:

We did not have a good year financially in the Children in Out-of-Home Placement (OHP) budget; we expended 172.97% (\$2,239,941) of our budget (\$1,295,000), 100% of the way through the year, which resulted in being over budget of \$944,941. There is a state and national trend of increasing OHP costs.



State Hospital Costs:

We also did not have a good year financially with recipients living in state and private hospitals. For 2017, HHS had expenditures of \$967,700 with a budget of \$200,000; this was 484% over budget.



The breakdown of the 15 clients and 1,708 days for 2017 is the following:
 1-335 days; 1-351 days; 1-273 days; 1-174 days; 3-84-101 days; 4-51-70 days; 4-4-31 days.

This County Cost Share relates to Goodhue County residents who are some of the most ill, dangerous, and in need of the most intensive inpatient mental health services. These residents are often times court ordered to receive this treatment at Anoka-Metro Regional Treatment Center.

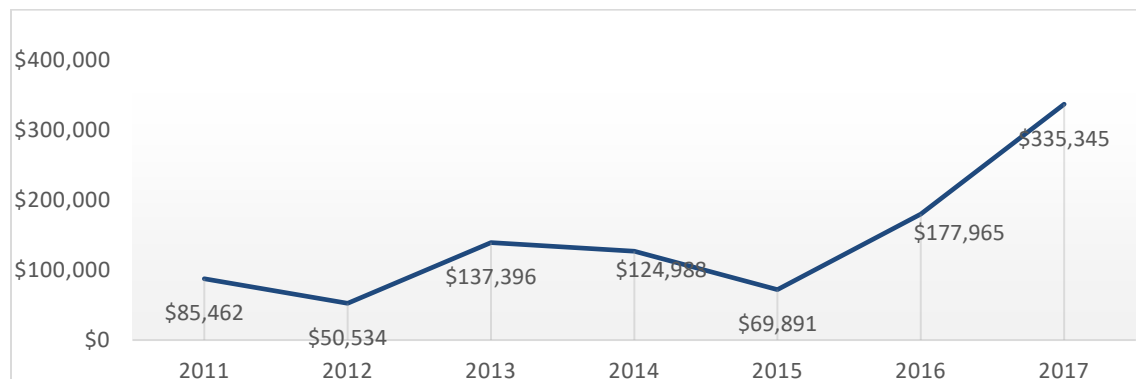
What caused this are 1) legislative change for counties to cover 100% of the costs, and 2) clients not having any other place to go to – clients are “stuck” in Anoka.

Mental Health Services effective July 1, 2017 (SFY18) per diem rates are the following:

- Anoka-Metro Regional Treatment Center \$1,390; SFY17 \$1,375
- Child and Adolescent Behavioral Services \$3,933; SFY17 \$3,562
- Community Behavioral Health Hospitals \$1,465; SFY17 \$1,866

Consolidated Chemical Dependency Treatment Fund (CCDTF):

The third program that did not have a good year financially was the CCDTF. For 2017, HHS had expenditures of \$335,345 with a budget of \$130,000; this was 258% over budget. Each county and tribe is responsible for the following: 1. Rule 25 assessment 2. Determination of financial eligibility 3. Placement of a person who needs Chemical Dependency (CD) treatment services. The county share of CCDTF costs is 22.95%. This also has been a state cost shift as the county share had been 15%. For SFY17 (7/1/16-6/30/17) Goodhue County CCDTF claims were \$1,551,767.



On agency salaries, benefits and overhead line items, we have expended 99.0% of our budget 100% of the way through the year. During 2017, we had five resignations, four retirements and two promotions.

Going forward, our Cash Operating Fund Balance Assigned for Health & Human Services Expenditures (\$4,653,331) is at 28.64% of our 2018 budget (\$16,246,035) (per fund balance policy goal is 30-40%) on December 31, 2017.

Some of the uncertainties that will have an impact on HHS department are the continued outcomes of the recommendations from the Governor's Taskforce for the Protection of Children which now includes the new response timelines. We do not know what will take place with the Affordable Care Act (ACA) at the federal level and/or MNsure in Minnesota. We know there will be changes with children residential treatment centers' reclassification as institute for mental diseases (IMDs), 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, and consolidated chemical dependency treatment fund.

During 2018, HHS will continue to work on public health accreditation, 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. We believe we are positioned as well as one can expect in terms of dealing with uncertainties and increasing service and workload demands. We expect to continue to reconfigure work duties and assigning staff to areas that have more program and service need in order to achieve greater efficiencies and outcomes. Our department's professional staff, desire to serve the public and team spirit coupled with the dollars that we have in reserve, should help us greatly in managing the work and services the next biennium.

Goodhue County



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2017 Thru: 12/2017
Percent of Year: 100%

11 Fund
Health & Human Service Fund
479 Dept
PHS Administration

<u>Account Numbe</u>	<u>Description</u>	<u>Status</u>	<u>12/2017 Amount</u>	<u>Selected Months</u>	<u>2017 Budget</u>	<u>% Of Budget</u>
FINAL TOTALS:	655 Accounts	Revenue	3,437,195.58 -	15,362,428.18 -	15,106,526.00 -	102
		Expend.	1,486,562.51	16,900,119.83	15,106,526.00	112
		Net	1,950,633.07 -	1,537,691.65	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2016	THRU 12/17	2017	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$9,419.50	\$3,493.00	\$10,000.00	35%	100%
11-430-710-3710-6020	CHILD SHELTER -SS	\$10,007.93	\$43,625.12	\$2,500.00	1745%	100%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS	\$130.20		\$1,000.00	0%	100%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE		\$1,023.00	\$0.00	0%	100%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE		\$22,120.00	\$0.00	0%	100%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$110,712.05	\$127,894.52	\$145,000.00	88%	100%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$368,862.09	\$576,606.30	\$360,000.00	160%	100%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$22,424.14	\$47,707.73	\$15,000.00	318%	100%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$7,437.70	\$8,118.00	\$7,000.00	116%	100%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$13,788.25	\$14,979.55	\$0.00	0%	100%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$4,096.68	\$28,068.23	\$1,000.00	2807%	100%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$7,081.06	\$5,613.16	\$12,000.00	47%	100%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$600,488.62	\$292,278.05	\$405,000.00	72%	100%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$65,507.89	\$107,377.06	\$60,000.00	179%	100%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$23,854.49	\$33,381.95	\$15,000.00	223%	100%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$2,219.01	\$5,380.29	\$1,500.00	359%	100%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$447,370.26	\$875,123.87	\$230,000.00	380%	100%
11-430-740-3831-6020	RULE 5 CS	\$88,689.80	\$47,150.81	\$30,000.00	157%	100%
	TOTAL OUT OF HOME PLACEMENT	\$1,782,089.67	\$2,239,940.64	\$1,295,000.00	173.0%	100%
	Over/(Under) Budget for percent of year	\$1,094,132.00	\$944,940.64	\$1,295,000.00	100%	100%
	Percent Over/(Under) Budget	-\$687,957.67			72.97%	

December	72.97%
November	66.56%
October	57.53%
September	51.72%
August	42.43%
July	37.43%
June	28.53%
May	22.39%
April	15.93%
March	10.42%
February	5.34%
January	3.40%
Over/Under Budget 2016	62.88%

Goodhue County
STATEMENT OF REVENUES AND EXPENDITURES



As Of 12/2017 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	199,319.23	2,547,237.59	2,620,429.00	97	100
TOTAL SALARIES	199,319.23	2,547,237.59	2,620,429.00	97	100
OVERHEAD					
AGENCY OVERHEAD	45,528.91	282,639.81	287,983.00	98	100
TOTAL OVERHEAD	45,528.91	282,639.81	287,983.00	98	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	11,401.51	11,220.00	102	100
TOTAL CAPITAL EQUIPMENT	0.00	11,401.51	11,220.00	102	100

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	49,361.75	601,588.80	675,971.00	89	100
TOTAL SALARIES	49,361.75	601,588.80	675,971.00	89	100
OVERHEAD					
AGENCY OVERHEAD	13,666.36	174,002.27	180,434.00	96	100
TOTAL OVERHEAD	13,666.36	174,002.27	180,434.00	96	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	216,578.80	2,895,950.66	2,853,270.00	101	100
TOTAL SALARIES	216,578.80	2,895,950.66	2,853,270.00	101	100
OVERHEAD					
AGENCY OVERHEAD	47,104.14	492,650.91	482,028.00	102	100
TOTAL OVERHEAD	47,104.14	492,650.91	482,028.00	102	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	10,954.40	10,780.00	102	100
TOTAL CAPITAL EQUIPMENT	0.00	10,954.40	10,780.00	102	100

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	224,927.53	2,560,884.83	2,534,172.00	101	100
TOTAL SALARIES	224,927.53	2,560,884.83	2,534,172.00	101	100
OVERHEAD					
AGENCY OVERHEAD	48,475.46	289,295.04	311,828.00	93	100
TOTAL OVERHEAD	48,475.46	289,295.04	311,828.00	93	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	690,187.31	8,605,661.88	8,683,842.00	99	100
TOTAL SALARIES	690,187.31	8,605,661.88	8,683,842.00	99	100
OVERHEAD					
AGENCY OVERHEAD	154,774.87	1,238,588.03	1,262,273.00	98	100
TOTAL OVERHEAD	154,774.87	1,238,588.03	1,262,273.00	98	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	22,355.91	22,000.00	102	100
TOTAL CAPITAL EQUIPMENT	0.00	22,355.91	22,000.00	102	100

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2017 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	844,962.18	9,866,605.82	9,968,115.00	99	100

2017

Goodhue County Community Health Improvement Plan Annual Report



Prepared by
Goodhue County Health and Human Services
February 2018

INTRODUCTION

A community health improvement plan is a long-term plan, describing how the local health department and a broad set of community partners are addressing needs identified in the last community health assessment. Goodhue County is fortunate to have many organizations working to address **Family and Parenting**, **Mental Health and Chemical Health**, **Unhealthy Eating and Lack of Exercise**, and **Economic Health**. These areas can only be improved by the whole community working together. Completing and monitoring the plan, with community stakeholders and partners, is a responsibility of Goodhue County Health and Human Services under Minnesota Statutes §145A and is required by the Public Health Accreditation Board.

The [2014-2018 Community Health Improvement Plan](http://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan) is available online at <http://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan>.

This 2017 Community Health Improvement Plan Annual Report covers **January 2017 to December 2017**.

The purpose of this annual report is twofold:

- communicate **progress**
- make **revisions**

Communicate Progress

This report communicates the **progress** that organizations working on the county's top health issues have made in implementing strategies in the 2014-2018 CHIP. Strategies are being implemented in collaboration with stakeholders, partners, and the community. The Progress Notes column underlined text reflects 2017 activity. For older progress notes, see the [2014 Annual Report](#), [2015 Annual Report](#), and [2016 Annual Report](#) available on the Goodhue County Health and Human Services website.

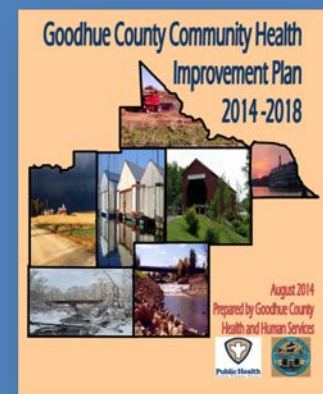
Make Revisions

The annual report also provides an opportunity to revise the 2014-2018 CHIP. Revisions can be based on the feasibility and effectiveness of the strategies and/or changing priorities, resources, or community assets. Under each data dashboard, the process objectives from the 2014-2018 CHIP, as revised by last year's annual report, are shown with action plans outlining activities. The 2017 Annual Report contains ~~struck~~ or underlined text to show new revisions.

A section at the end of each action plan describes the participation of partners in monitoring the CHIP and the process for reviewing each action plan. Goodhue County Health and Human Services extends its sincere appreciation to our partners and stakeholders who serve on the Community Health Assessment Committee or any team taking action on the 2014-2018 strategies.

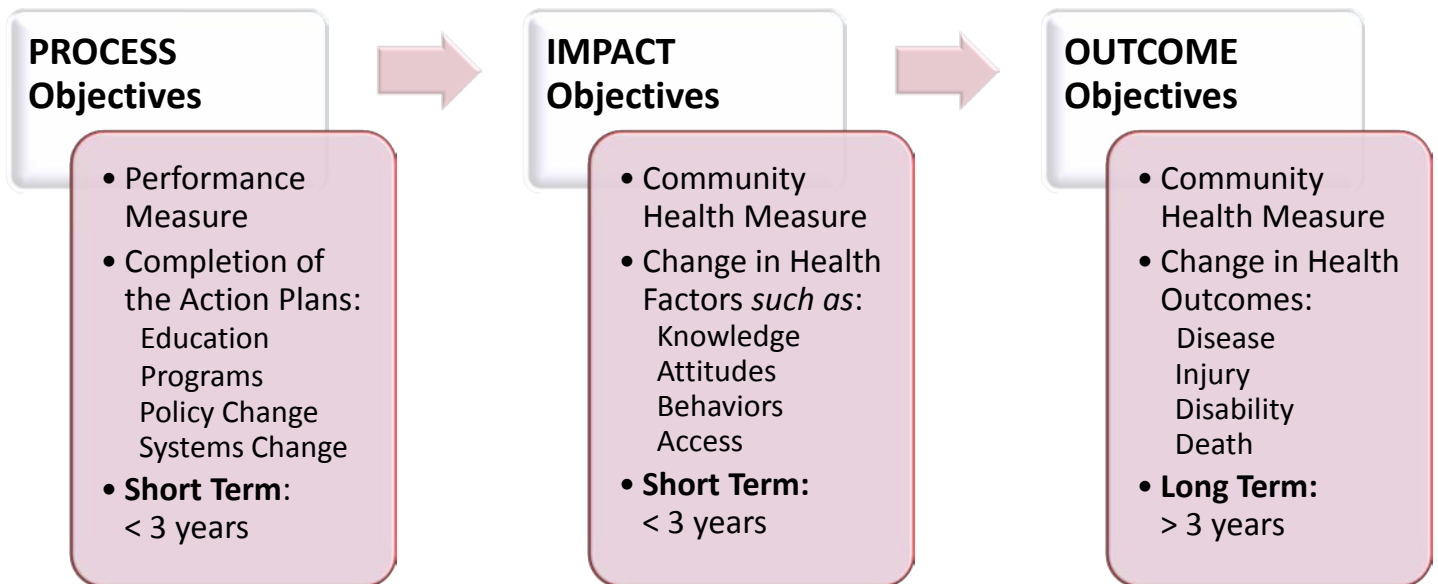
ON THE WEB

To download the 2014-2018 community health improvement plan or 2014, 2015, or 2016 annual reports, visit <http://www.co.goodhue.mn.us/982/Community-Health-Improvement-Plan>



ABOUT THE OBJECTIVES

The annual report contains data dashboards in each action plan with **three kinds of objectives** from the 2014-2018 CHIP:



Process Objectives measure how much the community has done to address each strategic issue. These objectives are about whether we have completed the planned activities from the action plans: education, programs, policy change, etc.

Impact Objectives measure overall community health factors. The work of the action plans is supposed to contribute to changes in health factors. While there are many influences on our county’s health factors, action plan activities are designed to have an impact on factors such as behaviors, access to care, etc.

Outcome Objectives measure overall community health outcomes. By making an impact on health factors, eventually the work of the action plans may contribute to long-term changes in health outcomes: death, disease, injury, etc.

Type of Objective	Measure	Baseline	Trend	Target	Status
Outcome Objective	# of suicides (MDH Center for Health Statistics)	8 deaths, 2011	6 deaths, 2012 6 deaths, 2013 7 deaths, 2014 8 deaths, 2015 6 deaths, 2016	Decrease #	—

The dashboards contain the **Measures** and **Targets**. The **Baseline** column shows data included in the 2014-2018 CHIP and the **Trend** column shows any more recent values unless data were unavailable. The **Status** column reads “+” for indicators improving (moving in direction of target or meeting target), “stable” for no change, and “-” for indicators getting worse (moving in opposite direction of target). In some cases, baseline data was not available, data is not updated annually, or objectives are not measurable. Organizations involved in writing and/or implementing the action plans could gather data or continue to revise objectives for next year’s annual report.

FAMILY AND PARENTING

Type of Objective	Measure	Baseline	Trend	Target	Status
Outcome Objective	% of children assessed as developmentally ready for Kindergarten (data only available for Red Wing)	81%, 2013	68%, 2014 85%, 2015 82%, 2016 <u>83%, 2017</u>	90%	+
Outcome Objective	% of low birthweight babies (MDH Center for Health Statistics).	4.0%, 2008-2012	<u>2.9%, 2013</u> 5.3%, 2014 3.9%, 2015 4.9%, 2016	Decrease %	Stable
Process Objective	% of children or families participating in home visiting programs <u>who engage in long-term service (3 or more visits)</u>	Data unavailable	<u>83%, 2016</u> <u>82%, 2017</u>	Increase %	Stable
Process Objective	# of meetings among organizations who participated in writing the family and parenting action plan	Data unavailable	1 meeting, 2014 1 meeting, 2015 1 meeting, 2016 <u>0 meetings, 2017</u>	1-4 per year	-

OBJECTIVE 1 (Process Objective): By December 31, ~~2015~~ **2018**, increase the percentage of children or families in Goodhue County participating in home visiting programs who engage in long-term service (3 or more visits). “Home visiting programs” here includes visits with a nurse, social worker, teacher, or other professional intended to promote school readiness or children’s intellectual development, prevent child abuse and neglect, promote positive parenting, or improve health outcomes (see 2014-2018 CHIP Appendix C). According to the 2012 American Community Survey, there are 5,665 family households with children under age 18 in Goodhue County.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Educate childcare providers and clinic and hospital staff in Goodhue County with outreach events/presentations about how and when to refer a child to the Birth to Three program and/or other home visiting programs.	12/31/18	Staff Time	Goodhue County Education District, Red Wing Public School District, & Region 10 Interagency Early Intervention Committee (IEIC)	Referral Mechanisms in place	<u>In progress. Goodhue County Education District, Red Wing Public School District, & Region 10 Interagency Early Intervention Committee have been going with Jane Schwartau (GCHHS Child and Teen Checkups) to educate providers at Cannon Falls, Zumbrota, and Pine Island clinics, and Cannon Falls Hospital. Goodhue County Education District Birth to Three social worker went to a countywide childcare association monthly meeting.</u>
Send letter on how to refer to Birth to Three to licensed family childcare providers and clinic.	12/31/17	Staff Time Copying Postage	Goodhue County Education District	Increase childcare referrals and maintain clinic referrals to Birth to Three.	<u>Completed. A letter went to licensed childcare providers in 2017.</u>
Develop written plans and procedures for carrying out the Early Head Start model.	11/30/14	Staff Time	Three Rivers Community Action, Inc.	Written plans and procedures	Completed in 2014.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Develop and implement an Early Head Start (EHS) home visiting model to serve families in Goodhue County.	08/31/15	Director Time Fiscal Officer Time Staff Time Staff Training	Three Rivers Community Action, Inc.	10 families enrolled in EHS in Three Rivers' service area	Completed in 2016.
Begin referring families to Early Head Start.	12/31/18	Staff Time	Red Wing Public School District	Referrals to Early Head Start received from Birth to Three	<u>Not started.</u>
All Family Home Visiting nurses in the Public Health division at Goodhue County Health and Human Services will be trained in an evidence-based curriculum.	10/31/14	Training Staff Time Mileage	Goodhue County Health and Human Services	Staff receive Certificate of Completion	Completed in 2014.
Promote Family Home Visiting with nurse visit to PSOP-Red Wing Youth Outreach teen mom group to weigh babies.	12/31/18	Staff Time Equipment	Goodhue County Health and Human Services	PSOP teen moms accepting family home visiting services	<u>Not started. Will do in 2018.</u>
Meet with other local public health agencies to determine resources required for GCHHS to implement evidence-based model	12/31/17	Staff Time Mileage	Goodhue County Health and Human Services	Know resources required and decide whether/how to offer Healthy Families America model (more intensive home visiting)	<u>In progress. In 2017 GCHHS worked with seven other counties on applying for a grant to start evidence-based home visiting. Head Start worked with Hispanic Outreach to apply for the same grant, to expand evidence-based Early Head Start by 40 families. Applications were due in February 2018, with grant funding to start by May 2018 if awarded. GCHHS Family Home Visiting is currently evidence-informed; an evidence-based model would require each family to receive more visits.</u>
Conduct goal setting meetings and create Parent Support Outreach Program (PSOP) priorities and tracking system.	12/01/14	Staff Time Data on PSOP cases to date	Goodhue County Health and Human Services	Tangible PSOP program goals that can be shared with team	Completed in 2014.
Hire intern for 4th quarter of 2014 to manage PSOP cases and participate in goal setting and planning.	Intern start date 09/01/14	Staff time, supervision time for intern	Goodhue County Health and Human Services	Intern will manage caseload of 15-25 cases during her internship	Completed in 2014.
Hire full-time social worker to manage PSOP cases 2015-2017 with South Country Health Alliance community reinvestment funds.	New hire start date by 03/01/15	Staff time, supervision time. Grant funding.	Goodhue County Health and Human Services	Staff works toward program outcomes and evaluation in grant application	Completed in 2015.
<u>Promote Vroom App, a free app to help families learn to promote brain development with no special materials required</u>	<u>12/31/18</u>	<u>Staff time, promotional materials</u>	<u>Red Wing Public School District, GCHHS</u>	<u>Families use Vroom App</u>	<u>In progress. Began in November 2017 with promotions to childcares, family ed, etc. In 2018 GCHHS will do more promotions.</u>

	<u>Families with < 3 visits</u>	<u>Families with 3-12 visits</u>	<u>Families with 13 or more visits</u>	<u>Total</u>
<u>Parent Support Outreach Program</u>	30	26	13	69
<u>Head Start</u>	0	208	0	208
<u>Early Head Start</u>	0	0	10	10
<u>Family Home Visiting</u>	49	60	6	115
<u>Birth to Three</u>	0	0	46	46
<u>Total*</u>	79	294	75	448

	<u>Families with < 3 visits</u>	<u>Families with 3-12 visits</u>	<u>Families with 13 or more visits</u>	<u>Total</u>
<u>Parent Support Outreach Program**</u>	26	14	6	46
<u>Head Start</u>	0	208	0	208
<u>Early Head Start</u>	0	0	15	15
<u>Family Home Visiting</u>	49	69	3	121
<u>Birth to Three</u>	0	0	44	44
<u>Total*</u>	75	291	68	434

*Totals include duplicates (families that participated in more than one home visiting program)

**2016 PSOP numbers are for July-December 2016

OBJECTIVE 2 (Process Objective): By December 31, 2018, improve connectedness among organizations who participated in writing this action plan and any other organizations (e.g. community health clinics) that could be brought on board to more effectively implement this strategy.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Organizations will meet in-person 1-4 times per year.	12/31/2018	Staff time Meeting room	Goodhue County Health and Human Services Healthy Communities Supervisor	Meeting minutes	<u>In progress. Did not meet in 2017; will meet February and November 2018.</u>
Establish ongoing Early Childhood Family Education (ECFE) class for PSOP parents.	12/31/2018	Training Staff time	Goodhue County Health and Human Services, Red Wing Public School District	Sustainable ongoing collaboration to offer ECFE for PSOP parents	<u>In progress. Third class at Red Wing to be offered in spring 2018!</u>

PLANS FOR SUSTAINING ACTION

Goodhue County Education District, Red Wing Public School District, Three Rivers Community Action, Inc., Goodhue County Health and Human Services, and Interagency Early Intervention Committee (IEIC) all have separate sources of ongoing funding for home visiting programs.

The Parent Support Outreach Program utilized a 3-year grant from South Country Health Alliance in the amount of \$274,920 for 2015-2017. The Goodhue County Health and Human Services Board voted in 2017 to make this PSOP worker a permanent county position. Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation (“special projects”) including up to \$1955 in 2015 were used to provide resources (e.g. safety kits for families, updated instructional videos) for Family Home Visiting.

GCHHS and Head Start are applying for an Evidence-Based Home Visiting Grant from the Minnesota Department of Health.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

The Community Health Assessment Committee reviewed family and parenting indicators including the outcome objectives from this action plan in March 2017. Although Family and Parenting did not make the final top 10, the 2017 Community Health Assessment #1 Top Health Issue was Income/Poverty. Many of the Home Visiting programs prioritize serving low income families.

Representatives from Goodhue County Education District, Red Wing Public School District, Three Rivers Community Action, Inc., Goodhue County Health and Human Services, and Interagency Early Intervention Committee (IEIC) including Ruth Greenslade, Brooke Hawkenson, Krista Early, Deanna Voth, Kris Johnson, ~~Kari Fritz~~, Jodi Barlow, Rene Arendt, Jane Payton, and Min Martin-Oakes meet at least once a year to review the action plan, communicate progress and make revisions. Ruth Greenslade facilitates. The group did not meet in 2017, but planned meetings for February and November 2018. Everyone provided progress updates and revisions at the February 2018 meeting with follow-up email correspondence.

MENTAL HEALTH AND CHEMICAL HEALTH

Type of Objective	Measure	Baseline	Trend	Target	Status
Outcome Objective	# of suicides (MDH Center for Health Statistics)	8 deaths, 2011	6 deaths, 2012 6 deaths, 2013 7 deaths, 2014 8 deaths, 2015 6 deaths, 2016	Decrease #	—
Impact Objective	# psychiatric hospital admissions per year for ages 14+ (Minnesota Hospital Association).	6.1 per 1000, 2012	6.4 per 1000, 2015	Decrease #	+
Impact Objective	% of people with a history of mental illness who agree people are generally caring and sympathetic to people with mental illness (Goodhue County Community Health Needs Assessment Survey)	56%, 2015			Data unavailable
Process Objective	# people reached with a 20-60 minute Make it OK presentation by a trained presenter	1260 people, 2014	+395 people, 2015 +241 people, 2016 +212 people, 2017 <u>2108 people total</u>	3000 total	+
Process Objective	awareness of mental illness	Data unavailable	Data unavailable	Increase	Data unavailable
Process Objective	# community events, public screenings, and/or government presentations per year	<u>2 events, screenings, and presentations in 2014 (1 event, 1 presentation)</u>	<u>3 events in 2015</u> <u>4 events in 2016</u> <u>10 events in 2017</u> <u>1 screening 2017</u>	<u>15 total 2014-2018</u>	



Make it OK Ambassador Training Jan. 2018



Make it OK campaign bus ad in Goodhue County in 2017

OBJECTIVE 1 (Process Objective): By December 31, 2018, reach 3,000 people with a 20-60 minute Make it OK presentation by a trained presenter. If each of these people tells five other people, the campaign will really reach 15,000 people through word of mouth.

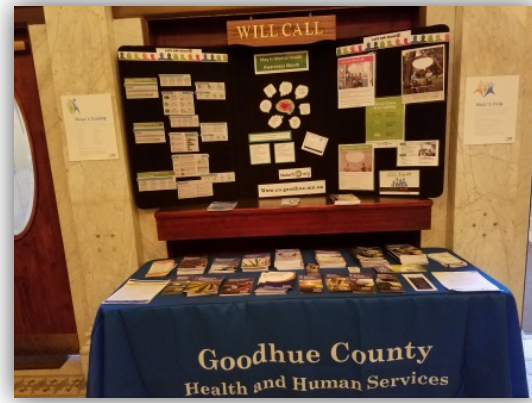
Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Recruit 20-30 new presenters.	12/31/18	One-on-one meetings, email, staff time and phone calls	Make it OK Volunteer Coordinator, Make it OK Advisory Committee	Trained presenters	<u>In progress. Michaela Read's contract as Make it OK Volunteer Coordinator was extended through the end of 2017. She recruited 13 potential volunteers at the screening of <i>Inside Out</i> at the Sheldon Theater in Red Wing, Minnesota State College Southeast in Red Wing, Cannon Falls First Thursday Fun Fest, and Prairie Island Community Health Fair.</u>
Trainings for new presenters will be held annually.	12/31/18	Make it OK Train the Trainer DVD or set up county wide training and staff time, Meeting Room, invitations, reminders	Make it OK Volunteer Coordinator, Make it OK Advisory Committee	More trained presenters to accomplish presentation goals, meeting minutes	<u>In progress. In January 2018, we will train 15 volunteers.</u>
Presentations within the schools.	12/31/18	Staff time, Make it OK Toolkit, Meeting Room	Make it OK Volunteer Coordinator, Make it OK Advisory Committee	Reach Goodhue County residents in schools	<u>In progress. In 2017, Michaela Read presented the Make it OK presentation to 50 students in Red Wing. In 2018, we will provide presentations to students in Zumbrota and Goodhue.</u>
Presentations within worksites.	12/31/18	Make it Ok Toolkit, staff time, Meeting Room	Make it OK Advisory Committee	Reach Goodhue County residents in worksites	<u>In progress. In May 2017, Michaela Read presented to 7 people at the Live Well Goodhue County Workplace Wellness Collaborative to promote presentations within worksites.</u>
<u>Presentations to boards and community groups in 2018.</u>	<u>12/31/18</u>	<u>Make it Ok Toolkit, staff time, Meeting Room</u>	<u>Goodhue County Health and Human Services, trained volunteer presenters</u>	<u>Reach Goodhue County residents within the community</u>	<u>Not started.</u>
Create a presence within faith communities in Goodhue county.	12/31/18	Email, Bulk mailing, one-on-one meetings, staff time	Make it OK Volunteer Coordinator	Reach Goodhue County residents within the community	<u>In progress. In 2017 Michaela Read and volunteer Anita Otterness presented to Trinity, Wanamingo, Holden, and Dale Lutheran Churches and Red Wing's United Lutheran church.</u>
Have a Make it OK Sunday.	12/31/18	Buy in from the faith communities, staff time	Make it OK Volunteer Coordinator, Make it OK Advisory Committee	Bring awareness to the campaign	<u>Completed in 2017.</u>
<u>Ask advisory Committee, past presenters, and newly trained volunteers to complete 2018 Commitment Cards</u>	<u>12/31/18</u>	<u>Staff time to distribute and collect commitment cards</u>	<u>Goodhue County Health and Human Services</u>	<u>75% will return commitment cards agreeing to a 2018 commitment such as giving a presentation</u>	<u>Not started.</u>

OBJECTIVE 2 (Process Objective): ~~By~~ Between August 2014 and December 31, 2018, raise awareness of mental illnesses in Goodhue County through annual media campaigns and at least 15 total community events, screenings, community conversations, and government presentations.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Participate in 10 community events per year such as Trunk or Treat, Holiday Stroll, Goodhue County Fairs, Prairie Island Health Fair.	12/31/18	Staff time, Promotional Items, Make it OK Toolkit	Make it OK Advisory Committee, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	<u>In progress. In 2017, Make It OK had information at 10 community events: Goodhue County Fair in Zumbrota, Inside Out Screening, SE Tech, Cannon Falls First Thursday Fun Fest, Prairie Island Indian Community Health Fair, Youth Mental Health First Aid at Christ Episcopal, Ladies Night at Runnings, Project Community Connect, SWAT Salon Natural Remedies Event, and YMCA Turkey Trot</u>
Annual October and May Media Campaigns including media such as newspaper ads, billboards, radio spots, television, etc.	12/31/18	Staff time, Advertising	Make it OK Advisory Committee, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	<u>In progress. In 2017, we decorated the United Way window in the month of May, and we had an article in the United Way Newsletter. In April we had 5 articles published and 1 letter to the editor in the Republican Eagle. We had bus advertisements April and May throughout Goodhue County: Pine Island, Zumbrota, Cannon Falls and Red Wing. We had table tops/fliers at downtown Red Wing businesses: Mandy's, Midwest Vision Center, American Legion, and Josephson's. We were in the local Chamber of Commerce newsletter for 4 weeks. We had fliers and were mentioned at the 31st Annual Women's Professional Event at Minnesota State College Southeast. We shared Facebook posts on the GCHHS page and partners' pages. We provided over 80 fliers to be put in UW's Pack for the Weekend backpacks.</u>
Public screenings of mental health related shows/movies such as: tpt documentaries, any "identify the stigma" movies, <i>A Beautiful Mind</i> , <i>Call Me Crazy: A Five Film</i> , <i>Inside Out</i> , etc.	12/31/18	Staff Time, Publicity, Locations, Refreshments	Make it OK Advisory Committee, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	<u>In progress. Screening of <i>Inside Out</i> at Sheldon Theater in Red Wing was attended by 102 people in May 2017.</u>
<u>Host a community conversation with meal, speaker, panel discussion, and table exhibitors</u>	<u>5/15/18</u>	<u>Staff time, Space, Meal, Speaker, Panelists, Table Exhibitors, Publicity</u>	<u>Make it OK Advisory Committee, Goodhue County Health and Human Services</u>	<u>100 people attend and complete event evaluation cards</u>	<u>In progress. Planning is underway to host this event at Red Wing High School in May 2018.</u>
Collaborate with or present to local governmental organizations, such as Goodhue County Commissioners, City Councils, Red Wing Human Rights Commission.	12/31/18	Staff Time, Pledge Boards	Make it OK Advisory Committee, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	<u>In progress. No new presentations in 2017.</u>



Make it OK window display at United Way office in Red Wing in 2017



Make it OK display at Inside Out screening in 2017

PLANS FOR SUSTAINING ACTION

The Make It OK campaign in Goodhue County will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation (“special projects”) including \$3473 in 2014, \$0 in 2015, up to \$3293 in 2016, up to \$4000 in 2017, and up to \$4,000 in 2018. A grant in the amount of \$30,030 from the Red Wing Shoe Foundation will be used for a contracted Make it OK volunteer coordinator 2016-2017 and other costs of training and preparing volunteers to give the Make it OK presentation in 2018. To sustain action, Goodhue County Health and Human Services will look for further funding sources.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

The Community Health Assessment Committee reviewed mental health indicators including the CHIP outcome and income objectives from this action plan in March 2017. The 2017 Community Health Assessment Top Health Issues include #2 Mental Health and #5 Access to Mental Health Services.

In 2017 The Make it OK Advisory Committee participants included Beth Breeden, Ruth Greenslade, Pam Horlitz, Lee Finholm, Mike Melstad, Carrie Heimer, Maureen Nelson, Cindy Craig, Carol Sweasy, Mandy Arden, Angela Langer, Dawn Wetttern, Anita Otterness, Michaela Read, Jessica Seide, Phil Martin, Julie Birk-Betcher, Laurel Achen and Martha Harris. The committee meets as needed a couple times throughout the year to plan upcoming activities within this action plan. Jessica Seide facilitates the committee. Jessica Seide and Michaela Read communicated progress on the action plan for this annual report via email correspondence. The Make it OK Advisory Committee reviewed the progress and discussed revisions to the action plan activities for 2018.



Make it OK screening of movie *Inside Out* at Sheldon Theater in 2017 with Make it OK pledge boards and evaluation ballot box.

UNHEALTHY EATING HABITS AND LACK OF EXERCISE

Type of Objective	Measure	Baseline	Trend	Target	Status
Outcome Objective	% adults who are obese	29.5%, 2011	30.8%, 2012 <u>38%, 2015¹</u>	Decrease %	—
Impact Objective	% male 9th graders who eat the recommended 2-4 servings of vegetables per day	24%, 2013	<u>21%, 2016</u>	Increase %	—
Impact Objective	% female 9th graders who eat the recommended 2-4 servings of vegetables per day	25%, 2013	<u>25%, 2016</u>	Increase %	Stable
Impact Objective	% adults with no leisure time physical activity	20.1%, 2011	22.2%, 2012 <u>23.9%, 2015¹</u>	Decrease %	—
Process Objective	# low-income teens and adults attending a nutrition class	Data unavailable	44, FY2015 112, FY 2016 <u>58, FY 2017</u>	Increase #	+
Process Objective	# child care providers who have adopted new best practices in physical activity	0, 2014	5, 2015 <u>0, 2016</u> <u>2, 2017</u>	Increase #	+
Process Objective	# worksites with <u>new</u> wellness action plans based on assessments	Data unavailable	4, 2015 <u>4, 2016</u> <u>3, 2017</u>	Increase #	Stable

OBJECTIVE 1 (Process Objective): By December 31, 2018, increase the number of low-income adults, especially parents with children 18 and under, attending a nutrition class

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Offer six-session class for 8-12 participants at Goodhue County Education District on including more fruits and vegetables in the	April 31, 2016	Staff time Volunteer time Food Equipment Room with	Regional SNAP-Educator, University of Minnesota Extension, Goodhue County Education District	Knowledge and Behavioral evaluations of participants: Increase consumption of fruits and vegetable and cook more at	Completed in 2015 and repeated in 2016

¹ 2015 data is from the mailed Community Health Needs Assessment survey, while 2011, 2012 data is from BRFSS.

diet.		sink Incentives		home	
Offer six-session class for 8-12 participants at ProAct on basic food preparation and healthy vending choices.	31, <u>2018</u>	Staff time Volunteer time Food Equipment Room with sink Incentives	Regional SNAP-Ed Educator, University of Minnesota Extension	Knowledge and Behavioral evaluations of participants	<u>Completed in 2014 and repeated classes in 2015, 2016, and 2017. In progress for 2018. Offered 3 series of nutrition/cooking classes to 30 participants at ProAct from June to December 2017. More weekly classes start on January 18th 2018.</u> -
Offer I CAN Prevent Diabetes (ICPD) class (participants meet weekly for 16 weeks and monthly for 8 months) for low-income pre-diabetic patients of C.A.R.E. Clinic and Mayo Clinic Health System, and opened to Goodhue County residents.	Dec. 31, 2018	Staff time Volunteer time Food Equipment Room with sink Incentives	University of Minnesota Extension Community Engagement Specialist, Mayo Clinic Health System –Red Wing 2 Health Coaches, C.A.R.E. Clinic Live Well Goodhue County Coordinator, Goodhue County Health and Human Services	Knowledge and Behavioral evaluations of participants	<u>Classes started in May 2016 and ended in April 2017.</u> <u>There were 16 total registered but could only take 10 because of requirements for 50% to meet low income guidelines. 10 started the class in 2016 and unfortunately, one had to drop because of other serious health issues. One of them moved to Arizona after completing all 16 weekly sessions and 3 biweekly sessions. Most people made it to April 2017 and graduated from this course and have kept their weight off. The class met again in October 2017 and will meet again in October 2018.</u> <u>Next ICPD course is scheduled to start in April 2018</u>
Offer one-day Let's Cook Healthy Cooking workshop for group home staff.	December 31, 2017	Staff time Volunteer time Food Equipment Room with sink Incentives	University of Minnesota Extension	Knowledge and Behavioral evaluations of participants	<u>Not started yet. Working with ProAct staff to share the program with group homes.</u>
Offered 2 courses at Jordan Tower and a Cooking	<u>December 2017</u>	<u>Staff time</u> <u>Volunteer</u>	<u>University of Minnesota</u>	<u>Knowledge and Behavioral</u>	<u>Completed in 2017.</u> <u>Back to the Kitchen: Health Cooking Series: 10</u>

Matters Farmers Market tour		<u>time</u> <u>Food</u> <u>Equipment</u> <u>Room with sink</u> <u>Incentives</u>	<u>Extension</u> <u>Jordan Tower staff as chef</u>	<u>evaluations of participants</u>	<u>participants.</u> <u>Senior Eating Well: 10 participants</u> <u>Cooking Matters Farmers Market Tour with \$10 challenge: 9 participants</u>
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The action plan for Objective 1 includes hands-on cooking classes. Above, left, and right are pictures from some 2017 classes.



OBJECTIVE 2 (Process Objective): By October, 31, 2018 increase the number of child care providers/programs who have adopted new best practices in physical activity

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
By October 31, 2015, implement approved Live Well Goodhue County Child Care work plan.*	Oct. 31, 2015	Staff time Trainer time Child care provider time Curriculum, equipment, etc.	Goodhue County Health and Human Services	Written policies from child care providers/programs reflecting new best practices.	Completed in 2015.
By October 1, 2016, implement approved Live Well Goodhue County Child Care work plan.*	Oct. 1, 2016	Staff time Trainer time Child care provider time Curriculum, equipment, etc.	Goodhue County Health and Human Services	Learn what the barriers to participating are and build relationships with family/in-home child care providers.	Revised. The original 2016 work plan to recruit family providers to partner on approved policy, system and environmental changes was unsuccessful and Live Well Goodhue County reorganized their work plan to learn what the barriers to participating are and building relationships. Time was identified as the biggest barrier. The majority of the family providers do not employ additional staff which does not allow them to take the time to evaluate their program, to implement new programming or make policy, system or environmental changes.
By October 31, 2017, implement approved Live Well Goodhue County Child Care work plan.*	October 31, 2017	Staff time Trainer time Child care provider time Curriculum, equipment, etc.	Goodhue County Health and Human Services	Sponsor Learning About Nutrition through Activities (LANA) training at the Early Childhood Professional Forum in February. Providers who participate in the training will collaborate with Live Well Goodhue County on additional PSE changes by October.	Completed in 2017 <u>Four providers participated in the Learning About Nutrition through Activities (LANA) training on Saturday, February 25, 2017. Of those four, only one was from Goodhue County: Family Child Care by Michelle in Pine Island. A second provider, who opened a new site and who had been trained in LANA was recruited. Both providers applied for mini-grant funding to implement the program.</u>
By October 31, 2018, implement approved Live Well Goodhue County Child Care work plan.*	October 31, 2018	Staff time <u>Trainer time</u> <u>Child care provider time</u> <u>Curriculum, equipment, etc.</u>	<u>Goodhue County Health and Human Services</u>	<u>Recruit family child care providers from Kenyon and Wanamingo to participate in a Breastfeeding Support Initiative</u> <u>Provide training – Breastfeeding Support in Child Care Programs at the Early Childhood Professional Forum in February.</u> <u>Encourage providers to adopt best practices and to apply for Breastfeeding Friendly Child Care recognition.</u>	<u>In progress: Kenyon and Wanamingo each have five family child care sites. All providers were sent an introduction letter, explaining our community-wide initiative, and a survey to help us determine the level of support they provide.</u> <u>Breastfeeding Support in Child Care Programs Training will be offered at the Early Childhood Professional Forum on Saturday, February 24th 2018</u>

OBJECTIVE 3 (Process Objective): By October 31, 2018 increase the number of worksites with wellness action plans based on assessments.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
By October 31, 2015, implement approved Live Well Goodhue County Worksite Wellness work plan.*	Oct. 31, 2015	Staff time Worksite wellness committee time	Goodhue County Health and Human Services	Written wellness action plans from worksites	Completed in 2015.
By October 31, 2016, implement approved Live Well Goodhue County Worksite Wellness work plan.*	Oct. 31, 2016	Staff time Worksite wellness committee time	Goodhue County Health and Human Services	Written wellness action plans from worksites	Completed in 2016.
By October 31, 2017, implement approved Live Well Goodhue County Worksite Wellness work plan.*	Oct. 31, 2017	Staff time Worksite wellness committee time	Goodhue County Health and Human Services	Written wellness action plans from worksites	<u>Completed in 2017.</u> <u>The goal for 2017 was to recruit 3-6 manufactures in Red Wing to participate in a new workplace wellness collaborative. Only one manufacturer, SCS Elevator Products, participated. Three additional worksites were recruited: Three Rivers Community Action, Fernbrook Family Center, and Mayo Clinic Health System Professional and Community Center. An alumni collaborative was offered, this was designed so past participants could continue to implement different strategies. Eight worksites participated in this collaboration.</u>
By October 31, 2018, implement approved Live Well Goodhue County Worksite Wellness work plan.*	Oct. 31, 2018	Staff time Worksite wellness committee time	Goodhue County Health and Human Services	<u>Businesses in Kenyon and Wanamingo will be recruited to participate in an initiative that will focus on Breastfeeding Support and explore the additional strategy areas. Worksites will adopt policies, implement systems and install Mother's Rooms, if needed.</u> <u>Past participants will assist in the redesigning of the alumni collaborative so worksites stay engaged and continue to implement effective strategies.</u>	<u>In progress: Worksites have been identified and will be invited to a Lunch, Learn and Launch Event in Kenyon on February 14th 2018. Live Well Goodhue County will provide technical assistance as worksites review current supports, while updating and implementing new policies, systems and environmental changes to support young mothers. All participating worksites will be encouraged to develop a comprehensive workplace wellness program after completing the Breastfeeding Support strategy.</u> <u>Initial Alumni Collaborative meeting has been scheduled for Thursday, February 1st. Additional meetings will be scheduled.</u>

PLANS FOR SUSTAINING ACTION

PLANS FOR SUSTAINING ACTION

University of Minnesota Extension receives a Supplemental Nutrition Assistance Program Education (SNAP-Ed) grant from United States Department of Agriculture to fund staff time and expenses.

The University of Minnesota SNAP-Ed program will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation (“special projects”) including \$375 in 2014 and \$125 in 2015. Purchases could include incentives of crock pots (about \$35 each), and those attending at least 4 sessions would be eligible for a drawing to win a crock pot.

ProAct will provide room with sink, food, and equipment for class at ProAct.

Goodhue County Education District will provide room with sink, food, and equipment for class at River Bluff Education Center.

C.A.R.E. Clinic and Mayo Clinic Health System will refer eligible participants to I CAN Prevent Diabetes class.

Goodhue County Health and Human Services has a Statewide Health Improvement Program (SHIP) grant from the Minnesota Department of Health from November 1, 2013 to October 31, 2015, renewed for November 1, 2015 to October 31, 2020, to fund staff time and expenses.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

The Community Health Assessment Committee reviewed unhealthy eating and physical inactivity indicators including the CHIP outcome and income objectives from this action plan in March 2017. The 2017 Community Health Assessment Top Health Issues include #3 Obesity/Overweight, #6 Eating Habits, #9 Chronic Conditions, and #10 Food Insecurity.

The Live Well Goodhue County Community Leadership Team includes Dianne Aisenbrey, Elizabeth Scott, Gene Leifeld, Gina Johnson, Kirsten Ford, Laura Prink, David Anderson, Lucy Richardson, Michelle Leise, Mike Melstad, Mike Redmond, Pam Horlitz, Pastor Karl Rydholm, Jessica Seide, Ruth Greenslade, Kanko Akakpovi, Kim Wojcik, Jessica Wheeler, and Yaneth Santiago. The committee’s regular meeting schedule is quarterly to hear updates from the Live Well Goodhue County Coordinator and provide input. The group is co-chaired by David Anderson and Pam Horlitz. David Anderson and Kanko Akakpovi have lead roles and communicated progress and made revisions to the action plan for this annual report via email correspondence. The Community Leadership Team reviewed the revisions and provided input that led to selecting the 2018 focus on breastfeeding support in childcares and worksites in Kenyon.



The action plan for objective 2 includes increasing the number of child care providers/programs who have adopted new best practices in physical activity and eating healthy. Here are pictures from 2017 Sponsor Learning about Nutrition through Activities (LANA) training at the Early Childhood Professional Forum in February.



ECONOMIC HEALTH

Type of Objective	Measure	Baseline	Trend	Target	Status
Outcome Objective	% individuals living below 200% of the federal poverty level	24.52%, 2008-2012	26.13%, 2009-2013 27.42%, 2011-2015	Decrease %	—
Impact Objective	GINI Index Score for inequities in income per capita	Not available	0.43, 2011-2015	Decrease	—
Process Objective	% families in public housing family units in Red Wing completing Bridge to Benefits to find out if they qualify for the Earned Income Tax Credit (EITC) and public programs that can help low-income families meet basic needs	0%, 2014	52%, 2015	100%	+

OBJECTIVE 1 (Process Objective): By December 31, 2015, trained volunteers will help 100% of families in public housing family units in Red Wing complete Bridge to Benefits to find out if they qualify for the Earned Income Tax Credit (EITC) and public programs that can help low-income families meet basic needs.

Activity	Target Date	Resources Required	Lead Person/Organization Responsible	Anticipated Product or Result	Progress Notes
Identify 2-5 volunteers (such as residents in public housing, attendees at community forum on poverty, or from Get Connected on the United Way site).	12/31/14	Staff time List of attendees Get Connected site	Colleen Clark	List of volunteers	Completed in 2014.
Train volunteers.	04/30/15	Trainers (Children's Defense Fund) Meeting Room	Maureen Nelson, United Way	Sign-in sheet from training	Completed in 2015.
Schedule (e.g. one-on-one appointments or walk-in times) for volunteers and individuals in all 19 public housing units in Red Wing to complete Bridge to Benefits as a pilot.	12/31/15	Computer Internet Access Printer/Paper Meeting Room Volunteer Time	Red Wing Housing and Redevelopment Authority	Schedule showing volunteer times	Completed in 2015.
Incentivize completion of resident survey with a \$5 gas gift card. Incentivize completion of the Bridge to Benefits tool with a \$10 gas gift card and incentivize following up (by turning in forms) with another \$5 gas gift card.	12/31/15	\$5 and \$10 Gas Gift Cards (up to \$500 total)	United Way/Volunteers Three Rivers Community Action, Inc.	Receipts and record of individual completion and follow-up	Completed in 2015.
Offer a second training for housing property managers and nonprofit organizations.	9/17/2015	Trainers (Children's Defense Fund) Meeting Room	Colleen Clark	Sign-in sheet from training	Completed in 2015.

OBJECTIVE 2 (Process Objective): By December 31, 2018, Red Wing Housing and Redevelopment Authority will implement a new process to have 100% of Jordan Towers tenants complete the Bridge to Benefits screening tool at lease up.

Activity	Target Date	Resources Required	Lead Person/Organization Responsible	Anticipated Product or Result	Progress Notes
Invite residents of Jordan Towers to complete screening at pilot event.	12/31/16	Staff time	Red Wing HRA	Screened tenants, completed applications for assistance	Completed in 2016.
Implement new process to have Jordan Towers tenants complete the Bridge to Benefits screening tool at lease up.	12/31/18	Staff time	Red Wing HRA	Screened tenants, completed applications for assistance	In progress.

PLANS FOR SUSTAINING ACTION

United Way and Red Wing HRA will provide staff time, rooms, computers, printers, and paper. The Bridge to Benefits pilot will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation (“special projects”) including \$80 in 2014 and \$420 in 2015 for \$5 and \$10 gift card incentives and other reasonable expenses. Used \$50 in 2015 and have inventory of 3 remaining \$10 gift cards and a \$5 gift card.

The online benefit screening tool called Bridge to Benefits is sustained through Children’s Defense Fund. It screens low income families for potential eligibility for Medical Assistance, WIC, SNAP, Energy Assistance, Child Care Assistance, the Free and Reduced School Meal Program, Earned Income Tax credit (EITC) and Working Family Credit (WFC). The address is www.bridgetobenefits.org.

PARTICIPATION OF PARTNERS IN MONITORING CHIP & PROCESS FOR REVIEWING ACTION PLAN

The Community Health Assessment Committee reviewed economic health indicators in March 2017. The 2017 Community Health Assessment Top Health Issues include #1 Income/Poverty and #7 Underinsured/Uninsured and #8 Safe and Affordable Housing.

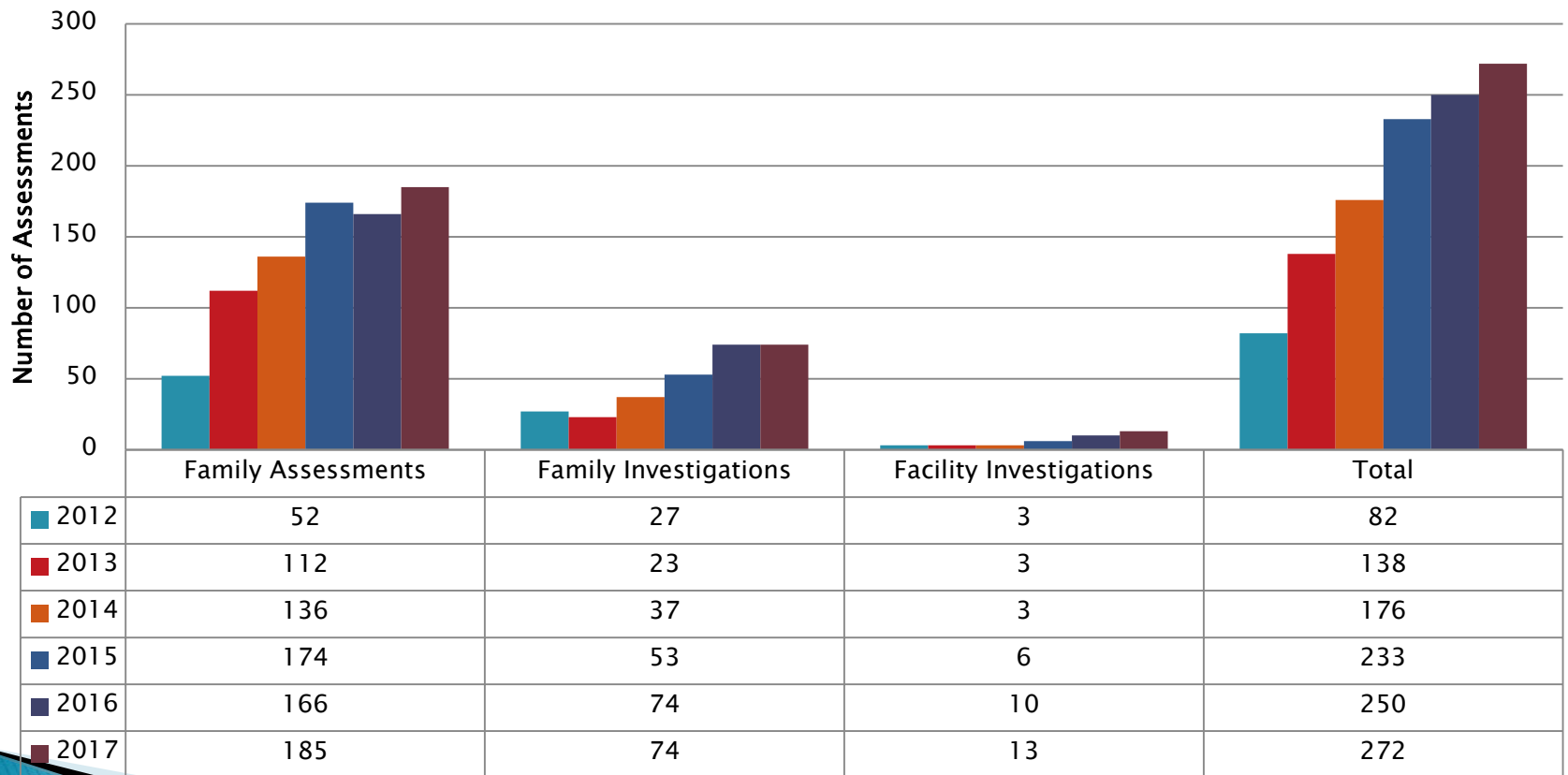
The Economic Health/Bridge To Benefits Action Team included Colleen Clark, Jennifer Cook, Jessica Wheeler, Katherine Cross, Maureen Nelson, Randal Hemmerlin, and Ruth Greenslade. Ruth Greenslade facilitated the meetings. The committee met frequently to do the pilot in 2015 and has not met since January 2016. Revisions in this annual report were completed by Ruth Greenslade.

Child Protection Year End Report 2017

Kris Johnson
Social Services Supervisor – Child & Family

Assessments/Investigations Increased

Child Protection Assessments/Investigations 2011–2017



Allegations by category

- ▶ Neglect 42%
 - Drug issues–parental use, prenatal exposure
 - Educational neglect
 - Inadequate supervision
- ▶ Sexual Abuse 36%
 - Predatory offender living with children
 - Sexual abuse by caregiver/sibling
- ▶ Physical Abuse 16%
 - Physical abuse by caregiver
- ▶ Threatened Injury 6%
 - Domestic violence in presence of children

Neglect-by category

▶ Inadequate Supervision	24.4%
▶ Failure to Protect from Serious Endangerment	17.7%
▶ Access to alcohol/controlled substance	16.6%
▶ Chronic/severe use of a controlled substance	14.4%
▶ Prenatal Exposure to controlled substance	13.3%
▶ Inadequate provision of physical needs	12.2%
▶ Educational Neglect	7.7%
▶ Failure to provide medical care	5.5%
▶ Environmental Hazards	4.4%
▶ Disregard for Safety	3.3%
▶ Abandonment	1.1%
▶ Meth Related hazards	1.1%
▶ Other	1.1%

* Total is over 100% -cases can have more than 1 allegation

Prenatal use of meth/opiates

- ▶ Prenatal use of drugs at a serious and persistent level during pregnancy often results in civil commitment to a locked facility
- ▶ When baby is born after mother is committed, the baby rarely tests positive for drugs, so there is no automatic basis for child protection involvement
- ▶ Child Welfare case (with possible court involvement) is opened to provide services for 6–12 months
 - Out of home placement
 - Placement with mom and baby in facility, or
 - Community monitoring

Placements

- 91 children in placement in 2017 through Social Services
 - 67% of placements were due to parental alcohol/drug use
 - Large majority of drug cases involve methamphetamine
 - Opioid crisis hasn't fully reached us yet
 - Complexity of addressing safety in drug cases
 - Criminal activity in home is high—drug dealing, prostitution, guns in home, safety concerns for kids and workers
 - Meth using parents often have challenging needs; children raised in these households have challenging needs
 - Difficult to measure improvement when relapse rate is high
 - Minnesota doesn't have enough facilities to meet children's mental health needs—placements out of state, children in multiple facilities
 - This is enormously time consuming for staff and will increase as our mandates and oversight increase

Performance Thresholds

Monthly Face to Face visits by Case Worker

- Monthly contact with 90% of children in foster care
- ▶ **Current Performance:**
 - 2017: our data shows approximately 92%
 - 2016: 95% of children in foster care
 - 2015: 94% of children in foster care
 - 2014: 89.8% of children in foster care
 - 2012–2014 average: 87%
- If County can demonstrate 90% compliance, half of the withheld money (\$15,800) will be allocated in February, 2018.
- **State data is not available at this time**

Performance Thresholds

Timely face to face contact with alleged child victim

- Must meet with 90% of child victims within 24 hours for Investigations and 5 days for Family Assessments
- Current performance:
 - 2017: our data shows approx. 92%
 - 2016: 91%
 - 2015: 87%
 - 2014: 88.5%
 - 2012–2014 average: 77.9%
- If County demonstrates 90% compliance, half of the withheld money (\$15,800) will be allocated in February, 2018.
- **State data is not available yet**

Change in timeliness requirements

- ▶ Previous guidelines allowed counties to have up to 24 hours to screen a report before timelines started
 - Report received at 11:00am Tuesday
 - Screen by 11:00am Wednesday
 - See child by 11:00am Thursday in investigation, 11:00am Monday in Family Assessment
- ▶ Beginning 7-1-18 counties do not have 24 hours to screen
 - Report received 11:00am Tuesday
 - See child by 11:00am Wednesday in investigation, 11:00am Sunday in Family Assessment

Change in timeliness requirements

- ▶ Child protection reports require diligent screening practices, time to consult if needed, time to collect additional information
- ▶ Typical screening occurs at 8:30 most mornings
- ▶ With new requirements, screening will often have to occur as soon as report comes in
 - Staff availability will be a major concern
 - Timeliness will be much more difficult to achieve
 - Could require increased use of on-call staff, resulting in increased overtime, burnout

Overtime/Comp Time

- ▶ Social Services spent \$65,229 on overtime wages in 2017
 - On call mandate explains some of this increase
 - Challenging caseloads, increase in cases, new mandates have also led to additional staff time

Staffing

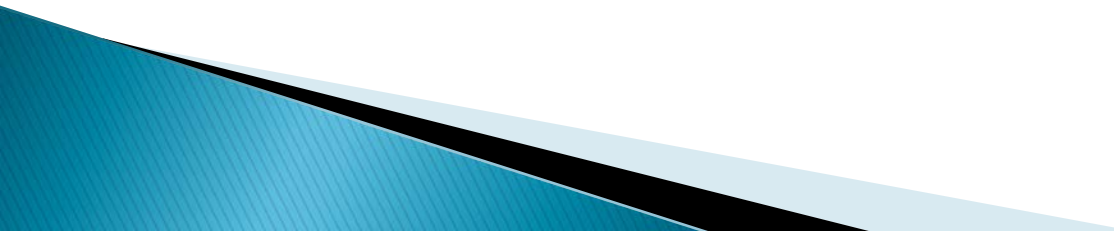
Addition of lead worker (Jan. 2018) allows additional focus on intake process

- ▶ allows foster care licenser to spend additional time on recruitment, support of foster parents, funding issues

Addition of support staff (March, 2017) has been helpful to meet mandates, complete more thorough documentation

If caseloads continue to increase and/or law changes continue, we may need additional staff to assure safety

Summary

- ▶ Child safety always has been and will continue to be our top priority.
 - ▶ Our dedicated staff make this work possible
 - ▶ Questions? Thank you!
- 

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



**Monthly Report
CD Placements**

CONSOLIDATED FUNDING LIST FOR FEBRUARY 2018

In-Patient Approval:

- #00134714R – 29 year old female – one previous treatment – Tapestry, St Paul
- #02059654R – 33 year old male – one previous treatment – MN Adult & Teen Challenge, Rochester
- #00631221R – 33 year old male – numerous previous treatments – Douglas Place, East Grand Forks
- #05528175R – 22 year old female – one previous treatment – Wayside Recovery, Minneapolis
- #02276787R – 37 year old male – one previous treatment – Oakridge, Rochester
- #05164125R – 58 year old female – one previous treatment – Cochran Programs, Hastings
- #02957151 – 19 year old female – no previous treatment – MN Adult & Teen Challenge, Minneapolis
- #01976732R – 35 year old male – four previous treatments – CARE - Anoka
- #03183194 – 35 year old male – no previous treatment – Fountain Centers, Albert Lea
- #01864890R – 21 year old male – two previous treatments – Cedar Ridge, Stillwater

Outpatient Approvals:

- #01453217R – 23 year old male – one previous treatment – Common Ground, Red Wing

Halfway House Approvals:

None

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



**Monthly Update
Child Protection Assessments/Investigations**

	2015	2016	2017	2018
January	18	18	21	25
February	11	26	22	
March	23	16	17	
April	24	32	17	
May	24	21	31	
June	7	17	28	
July	14	18	21	
August	17	19	33	
September	31	25	20	
October	30	18	28	
November	20	22	19	
December	17	15	16	
Total	236	247	273	

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities!

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities!



Goodhue County
Health and Human Services

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

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: February 20, 2018
RE: 2018 February HHS Staffing Report

Following the updated Goodhue County hiring policy, below are GCHHS new hires for February 2018:

Outgoing Employee	Rate of Pay*	Classification	New Employee	Rate of Pay*	Step	Hire Date
Katie Tang	\$40.79	Care Coordinator	Lisa Richardson	\$25.11	1	1/29/2018
New Position	N/A	County Agency Social Worker	Rebecca Davis	\$25.11	1	2/26/2018
Jane Possehl	\$32.61	Child Support Officer	Leah Grave	\$22.34	1	2/26/2018

*Rate of pay does not include additional compensation factors such as FICA, Medicare, pension and individual benefit elections which are confidential.

Quarterly Trend Report

Quarter 4 (October-December) 2017

Goodhue County Health and Human Services
February 20, 2018



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Social Services:

13 Adult Protection

14 Mental Health

15 Rule 25

16 Child Protection

17 Child Care Licensing

18 Children's Programs



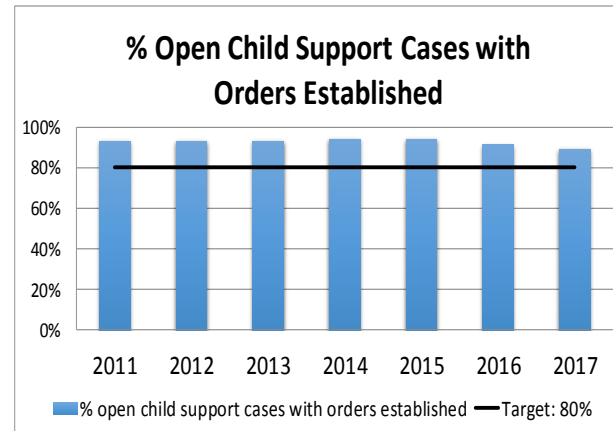
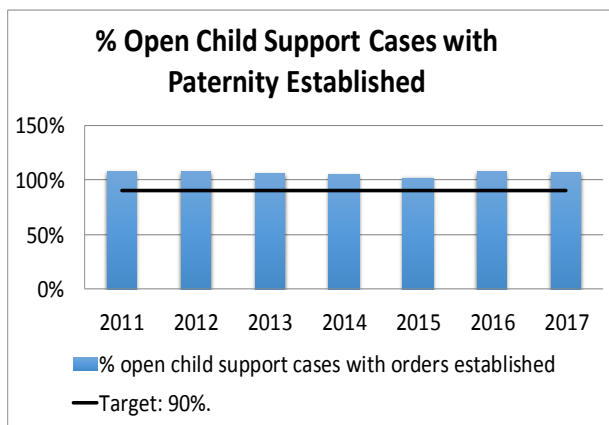
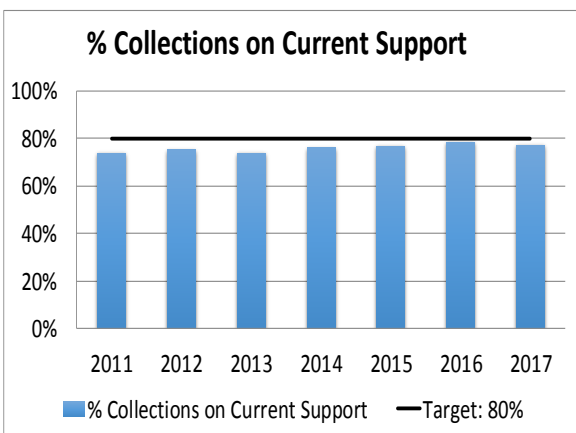
Administrative:

19 County Cars



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 also works with employers and other payors, financial institutions, other states and many 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 included below are 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.
- **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.

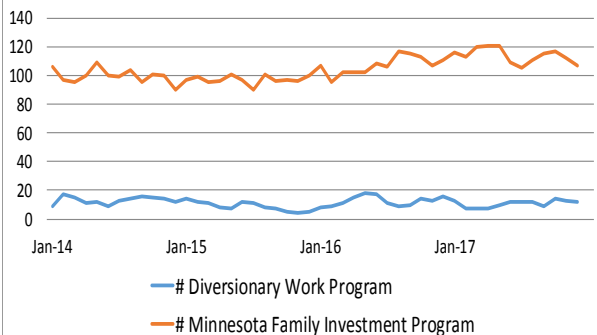
- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers and utilize experienced, skilled staff in training new staff as staff retire.
- **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.



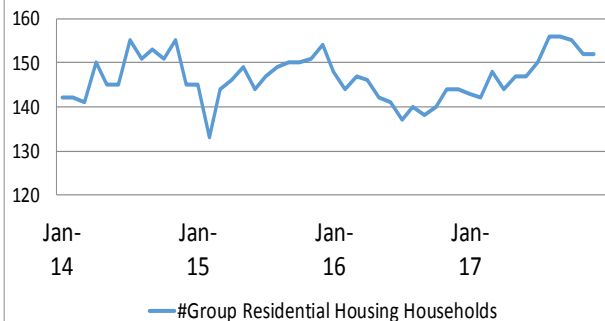
Purpose/Role of Program

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.

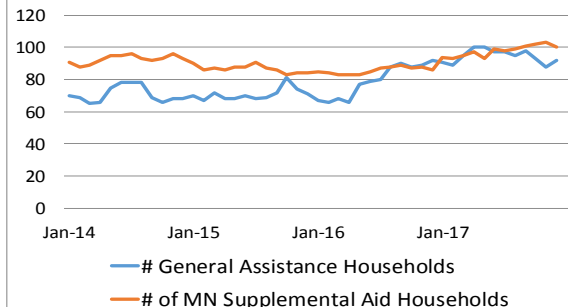
**# MFIP Households
DWP Households**



**# Group Residential Housing
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.

Where Do We Go From Here?

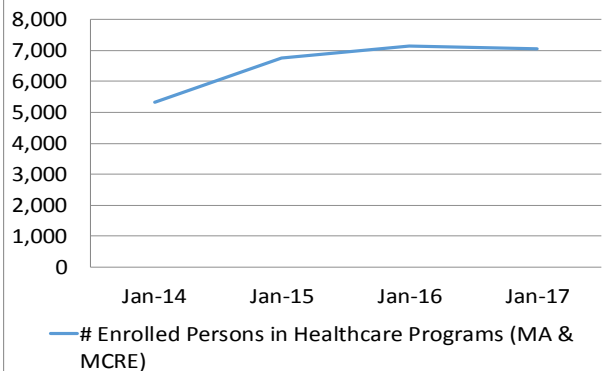
LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



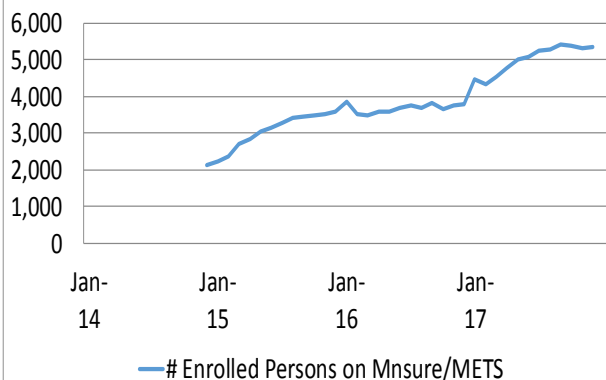
Purpose/Role of Program

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.

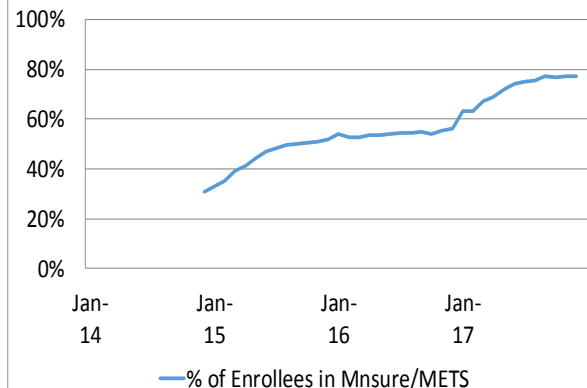
Enrolled Persons in Healthcare Programs (MA & MCRE)



Enrolled Persons on MNsure/METS



% of Enrollees in MNsure/METS



Story Behind the Baseline

- **LEFT:** The number of enrollees on healthcare for Medical Assistance (MA) and MinnesotaCare (MCRE) has remained stable over the past year since the significant increases of Affordable Care Act (ACA) implementation.
- **CENTER & RIGHT:** The number of healthcare recipients enrolled through the MNsure/METS system has continued to increase as more people enroll and those on the legacy system (MAXIS) transfer to MNsure/METS. This trend will continue, however, at a slower pace.

Where Do We Go From Here?

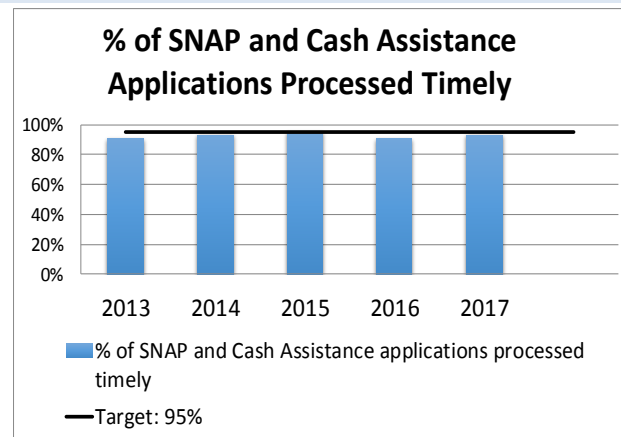
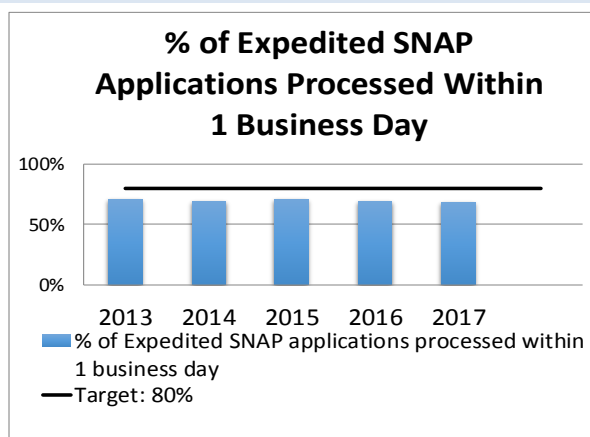
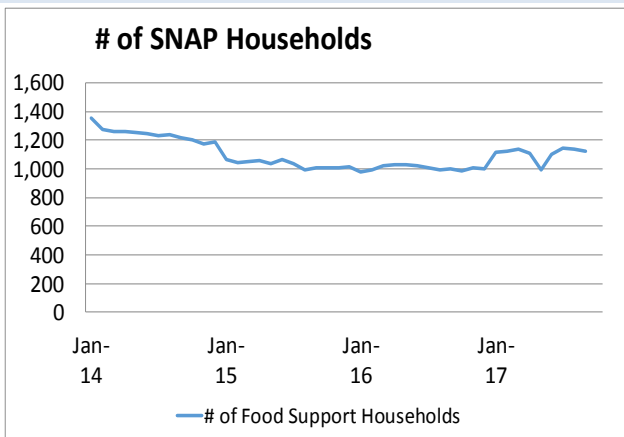
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

CENTER & RIGHT: We continue to work closely with MNsure and DHS in order to improve the applicant and worker experience with the MNsure system. This has been very challenging due to METS’ technical and system issues, program complexities, changing policies, and inadequate supports from the state. Most recently our county has moved forward in adding workers in order to try to better manage the work, but much more work is still needed from the state .



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 considering 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?

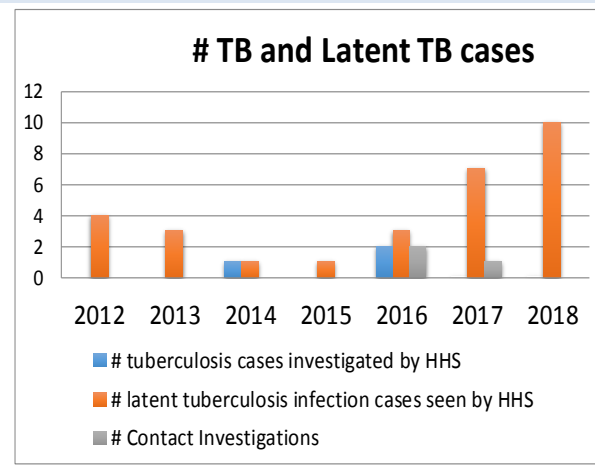
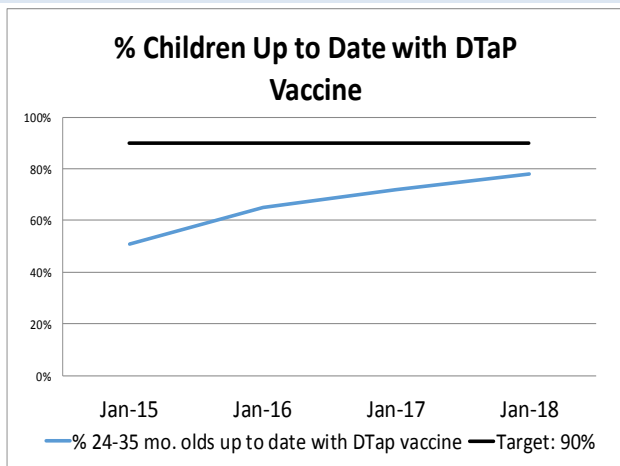
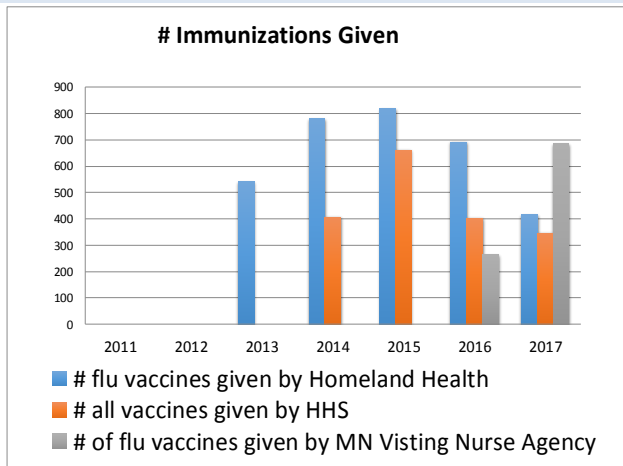
- **LEFT:** The number of households receiving food benefits in Goodhue County has decreased over the recent years. This follows the state trend. There are a number of factors contributing to this decrease including change in program rules, stronger economy and increased fraud prevention efforts.
- **CENTER:** Efficient and timely processing of expedited applications helps ensure that people's basic need for food is met. In 2016, 68.5% of expedited SNAP applications processed within one business day; this percentage was above the 55% state performance threshold and less than Goodhue County's target of 80%.
- **RIGHT:** SNAP & Cash Assistance are a way to help people meet their basic needs. Timely processing of applications is one measure of how well counties are able to help people meet their basic needs. In 2016, 90.8% of SNAP and Cash Assistance applications processed timely; this percentage was above the 75% state performance threshold and less than Goodhue County's target of 95%.

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



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:** HHS gave 345 immunizations in 2017, including 100 flu shots. An additional 1,102 were given at clinics set up with two vaccinating companies-551 flu shots at 9 community clinics, 103 to Goodhue County employees. In addition, 448 flu shots were given to students and staff during school hours at 5 schools (Goodhue, Kenyon, Zumbrota, Mazeppa, Pine Island) compared to 274 in 4 schools in 2016. 38.6% of Goodhue County residents age 6 months and older received the flu shot, up from 33.95% in 2010. Providing flu clinics during and after school will hopefully increase these rates.
- CENTER:** Although immunization rates for 2 year olds who get immunized on time are improving, the fourth DTaP(Diphtheria/tetanus/pertussis) is often received late, which decreases the series rate.
- RIGHT:** GCHHS has seen an increased number of Latent (not active)TB cases for whom we provide preventative medication. Of the 10 cases seen in 2017, 6 were foreign-borne from countries with high TB incidence. HHS DP&C staff also investigates residents who are contacts of TB cases in other counties.

Where Do We Go From Here?

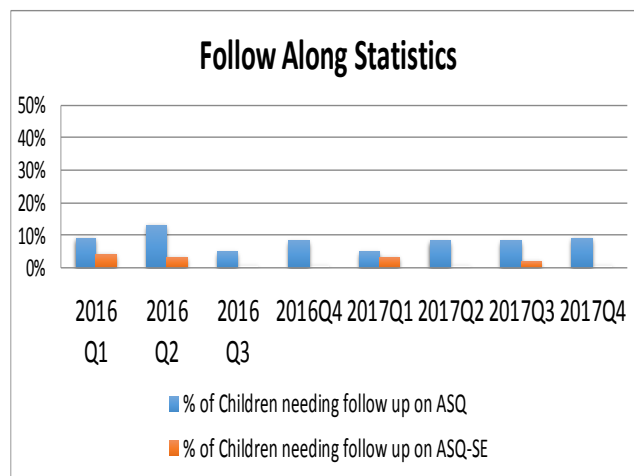
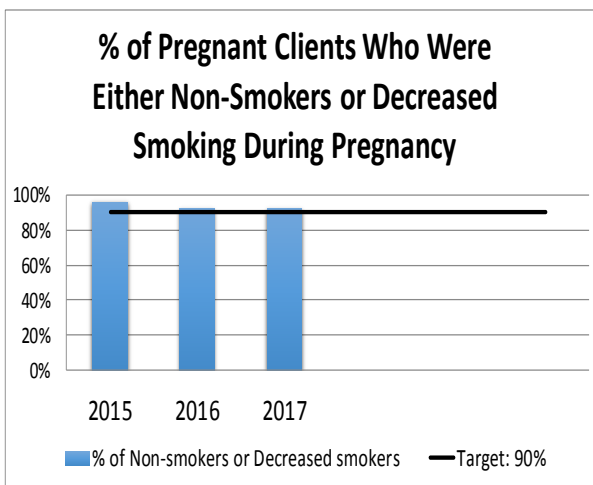
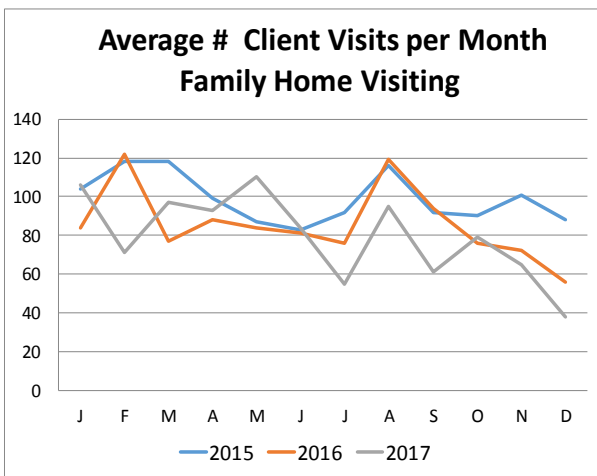
- LEFT:** Student flu clinics will be offered to more schools. A survey of county employees will be done to evaluate ways to increase the number of employees who get flu shots.
- CENTER:** In 2014, HHS did a quality improvement project, lead by MDH, to develop strategies to increase DTaP immunization rates in children. HHS partnered with Mayo Clinic Health System in Red Wing to send 2 reminder postcards to their patients before they reached age 2. Rates improved 10%. More strategies need to be explored.



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:** Our quarterly average has decreased to approximately 70 visits per month. This may be due to a decrease in births this quarter in the county. December visits were down in December due to staffing transitions.
- **CENTER:** Smoking during pregnancy can cause 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. Smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS).
- **RIGHT:** Follow Along Program monitors the development of the children enrolled by sending the parents validated screening questionnaires. Of the questionnaires returned to us, this data shows us how many children are not meeting developmental milestones and therefore require more follow up by a public health nurse and also a possible referral to Early Childhood Special Education for an assessment.

Where Do We Go From Here?

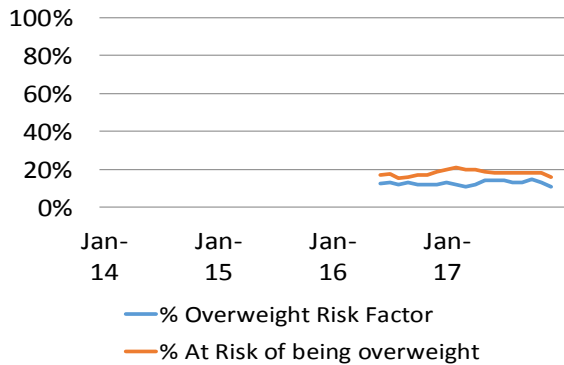
- **LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- **CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources 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.



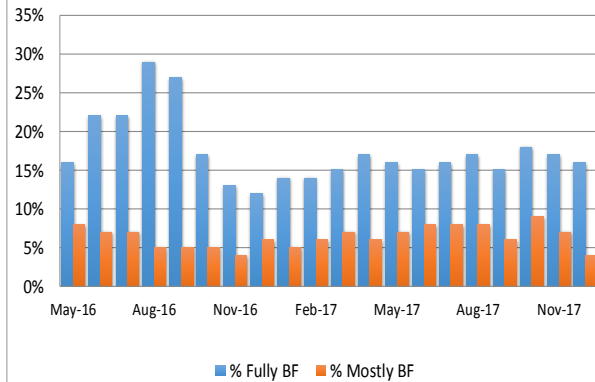
Purpose/Role of Program

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.

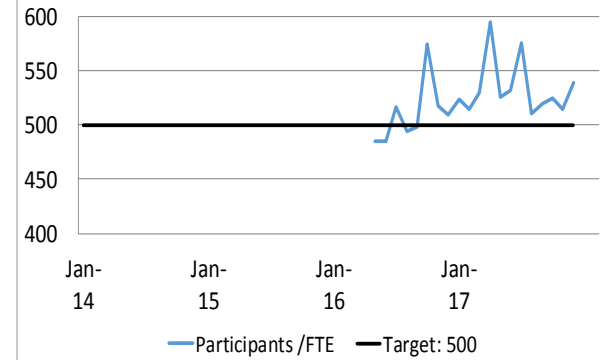
% of WIC Children with a Nutritional Risk Factor



% of WIC Infants that Are Breastfed



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



Story Behind the Baseline

- LEFT:** Obesity is a nationwide problem. This shows WIC participants who are on the program with a risk factor of being overweight and the percentage of being at-risk of being overweight. Goal is to decrease these percentages and to prevent those who are at-risk from becoming overweight.
- CENTER:** Statewide WIC goal is to increase breastfeeding. Breastfeeding initiation has increased however duration of breastfeeding continues to be an issue. Graph depicts infants who are receiving no formula from WIC (fully) and those receiving a smaller amount of formula (mostly).
- 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:** Breastfeeding is discussed with all pregnant women and they are offered breastfeeding peer services. We try to see babies soon after discharge to provide breastfeeding support and appropriate resource referrals i.e: Lactation Consultants, Maternal Health Nurse.
- 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.

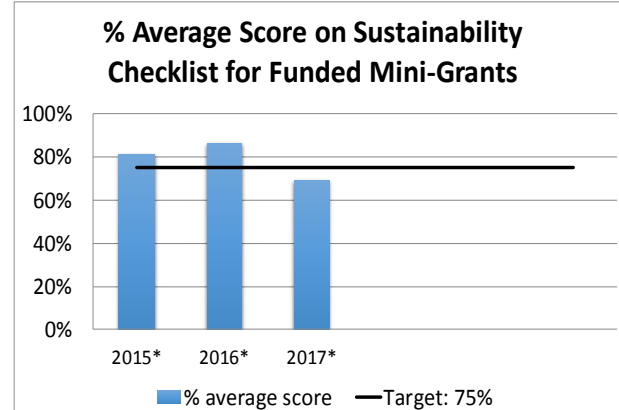
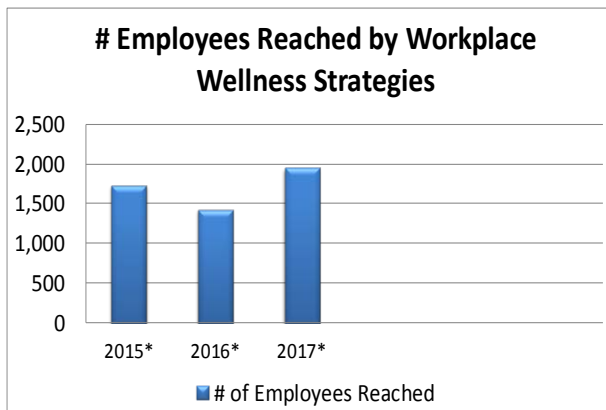
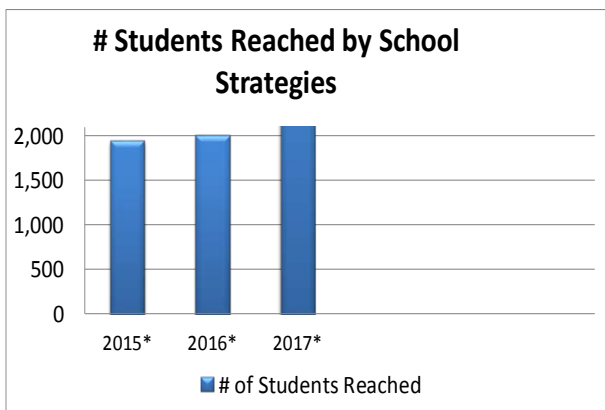


Public Health

Live Well Goodhue County

Purpose/Role of Program

The mission of Live Well Goodhue County is to improve the health of our residents by making it easier to walk, bike, eat nutritious foods and avoid the use of and exposure to tobacco products. We accomplish this by partnering with child care providers, schools, businesses, communities and health care providers. We are funded by the Minnesota Statewide Health Improvement Program of the Minnesota Department of Health.



Story Behind the Baseline

- **LEFT:** During Year 2 of SHIP 4, we partnered with the following schools: Red Cottage Montessori, Sunnyside Elementary, Burnside Elementary, Twin Bluff Middle School, Red High School, Goodhue School District, Cannon Falls Elementary School, Zumbrota Primary and Middle/High School on strategies to increase physical activity and/or access to healthy food options.
- **CENTER:** During Year 2 Ship 4, we partnered with the following workplaces: Bic Graphic, Goodhue School District, Pine Island School District, Cannon Falls Schools District, Zumbrota-Mazeppa School district, Fernbrook Family Center, Three Rivers Community Action, SCS Elevator Inc., Star Tech Computing, GCHHS, Goodhue County Justice Center, Mayo Clinic Health System in Red Wing, Pro Act Inc., and the City of Zumbrota.
- **RIGHT:** Year 2 Partners were surveyed in December. 23 of 35 partners completed the survey. Their sustainability score came to an average of 69%. This year 66% of our partners completed the survey compared to 35% of Year 1 Partners.

Where Do We Go From Here?

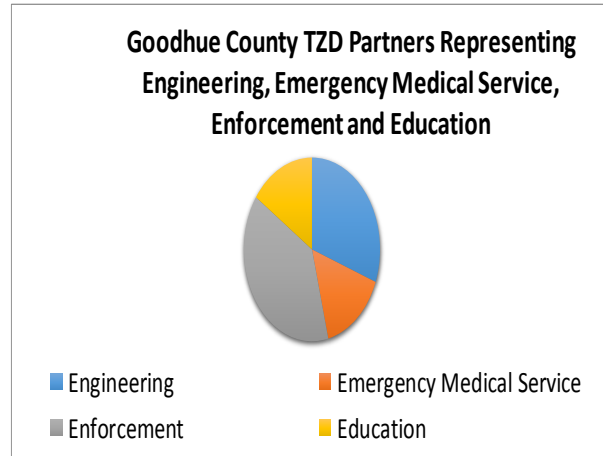
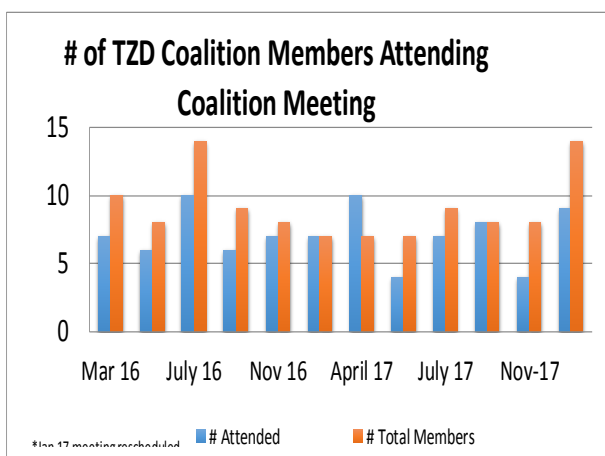
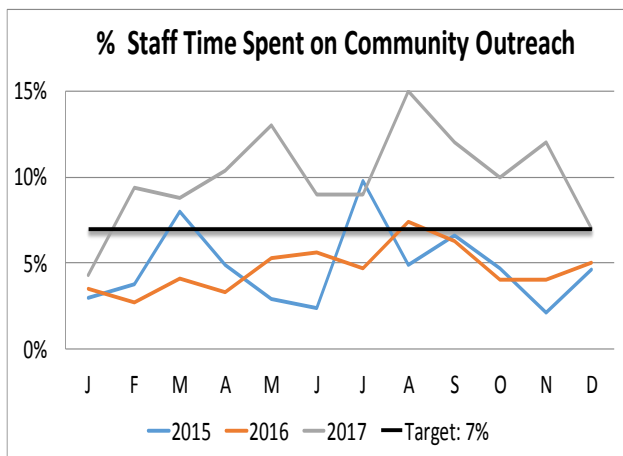
- **LEFT:** Live Well Goodhue County has received funding for Years 3 and 4 of SHIP 4. Strategy focus for Year 3 will be healthy snacks during the school day and active classrooms. All schools will be invited to partner with us in these areas or if they wish to work on another initiative, they may apply for a mini-grant. We will continue to partner with Goodhue and Zumbrota-Mazeppa School Districts on Safe Routes to School.
- **CENTER:** During Year 2 we plan to implement a Breastfeeding Support Initiative in the Kenyon/Wanamingo area. Worksites will be invited to partner with us to develop, implement and adopt policies and systems to support employees and install lactation rooms. All past worksites will be invited to join our Alumni Collaboration.
- **Right:** Sustainability is a key component of the Statewide Health Improvement Partnership. Live Well Staff will continue to encourage partners to develop written plans that will assure the initial work done is sustained. At the end of Year 3, partners, will once again be surveyed.

*2015 grant year=11/1/14-10/31/15. *2016 grant year= 11/1/15-10/31/16. *2017 grant year=11/1/16-10/31/17



Purpose/Role of Program

Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Four Corners Partnership, Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. 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.



Story Behind the Baseline

- **LEFT:** Staff time spent face to face with the community has increased through Live Well Goodhue County and Live Healthy Red Wing work in 2017.
- **CENTER:** Many of our coalition members are active members who provide many hours of volunteer time outside of meetings. Many of our members work within enforcement and work overnight shifts. Daycare, work and other issues make them unavailable to attend our coalition meetings.
- **RIGHT:** Our goal is to maintain a balance of representation from each “E” because a combination of strategies and approaches are often most effective.

Where Do We Go From Here?

- **LEFT:** We implemented a new time of monthly upcoming event sharing as a way to know what events are happening. Staff decided it works and to keep doing it.
- **CENTER & RIGHT:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical and trauma services (the “4Es”). Look into new programs, ideas and initiatives that are engineering specific.

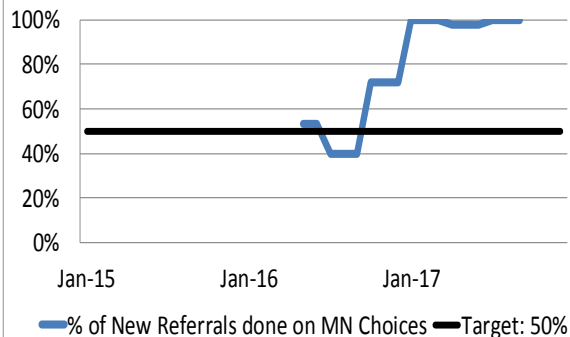


Public Health *Waiver Management Team*

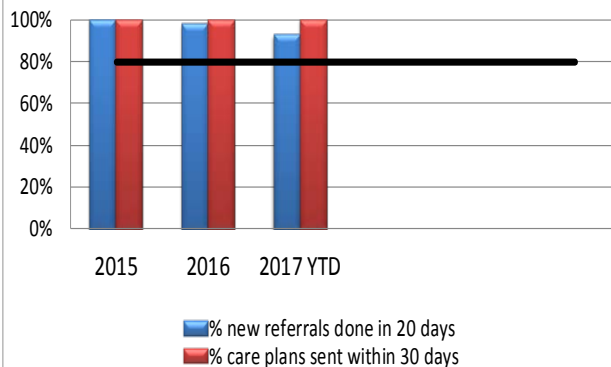
Purpose/Role of Program

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.

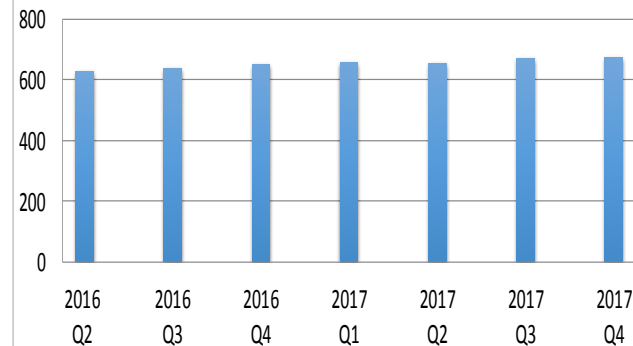
% of New Referrals Done on MNChoices



**% of Care Plans Sent Within 30 Days of Assessment
% of New Referrals Done in 20 Days**



of Clients Receiving Home and Community Based Services



Story Behind the Baseline

- **LEFT:** As of 2017, we should be completing all assessments MNChoices. 2nd quarter of 2017-98% of referrals were done MNChoices and 3rd quarter 100% of reassessments were completed MNChoices. 4th quarter of 2017 100% reassessments and assessments done MNChoices.
- **CENTER:** The Department of Human Services (DHS) requires that assessments be done within 20 days of referral. DHS and South Country Health Alliance require care plans to be mailed to clients within 30 days of assessment; we continue to be at 100%. 2nd quarter of 2017 -100% of referrals were completed in 20 days, and 100% of care plans were mailed in 30 days. 4th quarter -100% care plans sent in 30 days and referrals done in 20 days.
- **RIGHT:** The number of clients receiving Community Based Services 1st quarter of 2017 was 657; 2nd quarter was 654; 3rd quarter was 668; 4th quarter was 673.

Where Do We Go From Here?

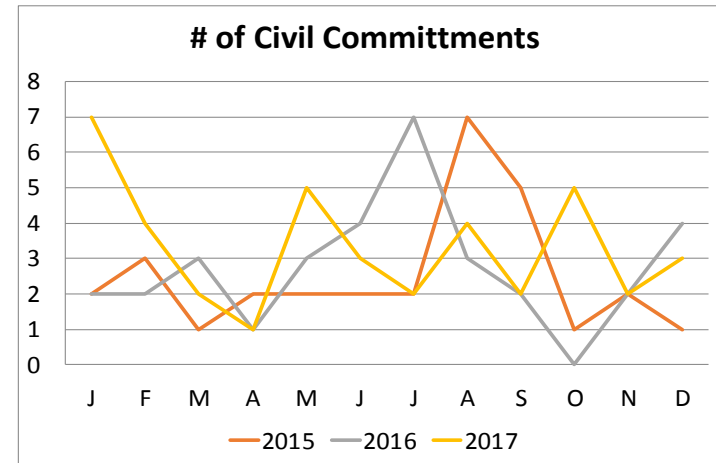
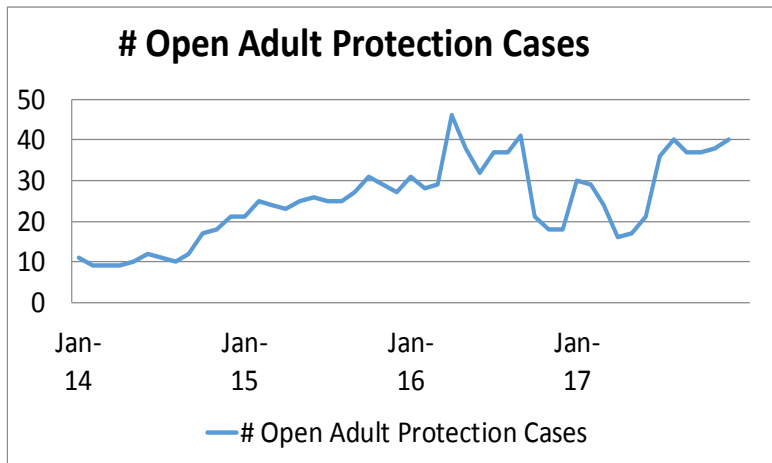
- **LEFT & CENTER:** We are working on all of these areas as performance measures for the Waiver Team.



Social Services *Adult Protection*

Purpose/Role of Program

Counties are required by law to investigate reports of maltreatment to vulnerable adults who reside in the community, while the state investigates reports of vulnerable adults who reside in facilities. Adult Protection is funded by county, state, and federal dollars.



Story Behind the Baseline

- **RIGHT:** Commitments continue to increase, and the resources for clients who need inpatient treatment are becoming more scarce. Some clients have experienced very long waits for an inpatient mental health bed.

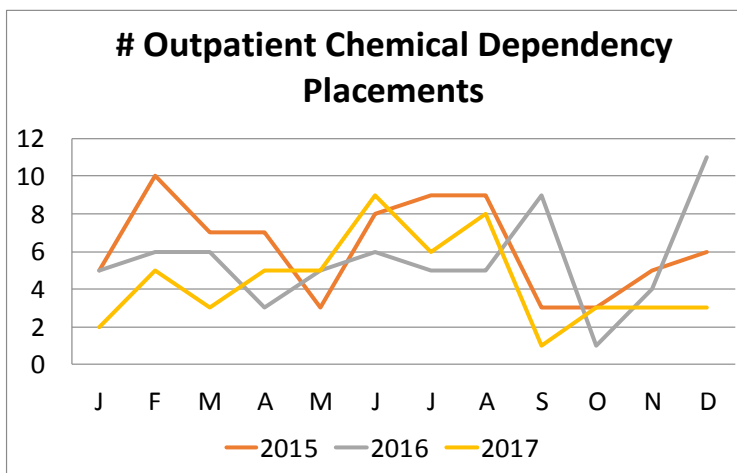
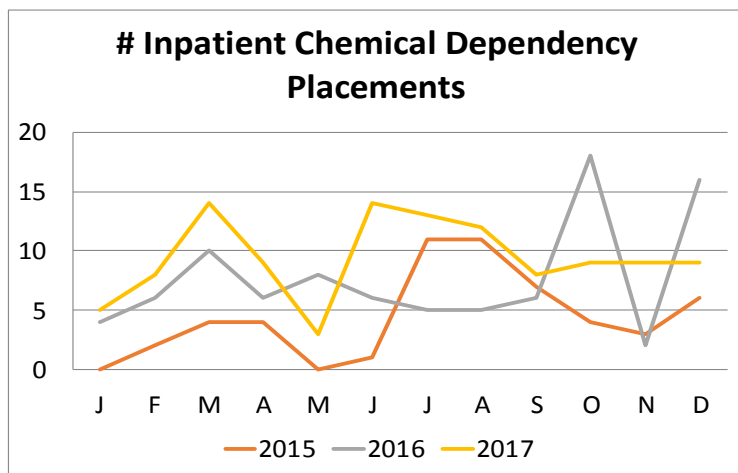
Where Do We Go From Here?

- **LEFT:** In adult protection, DHS has offered more guidance and training, so we are working on standardizing our approach to adult protection assessments.
- **CENTER:** We are utilizing more community based programs, such as the new Healthy Pathways program, with the hope of decreasing the need for inpatient hospitalization and residential treatment.



Purpose/Role of Program

Counties are required to administer the consolidated fund, which is a combined funding source for chemical dependency assessments and treatment that includes local, state and federal dollars. We conduct Rule 25 assessments to determine the client's level of treatment that is needed. The Rule 25 assessor also provides case management for a large caseload of clients who are in treatment.



Story Behind the Baseline

- **LEFT & RIGHT:** Rule 25 assessments have increased dramatically. We are seeing a large increase in methamphetamine abuse, as well as an increase in clients seeking treatment for heroin addiction. These clients tend to require longer stays in treatment and aftercare.
- Many clients seeking treatment are dual diagnosed with mental health issues. These clients often need specialized dual diagnosis treatment programs and more intensive aftercare.
- We are completing more assessments on child protection clients with highly complex issues, creating increased need for programs that are family friendly to facilitate visits, or programs where children can reside with parents.

Where Do We Go From Here?

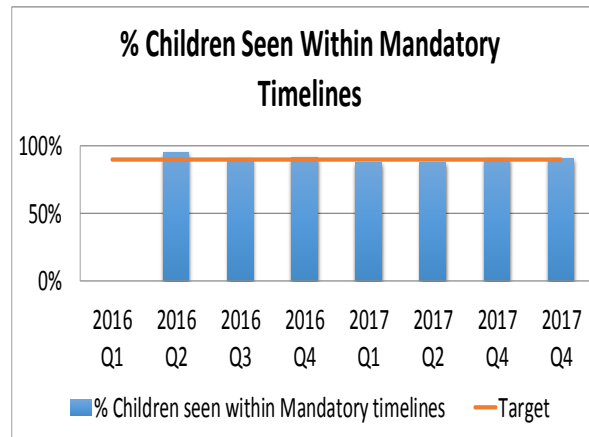
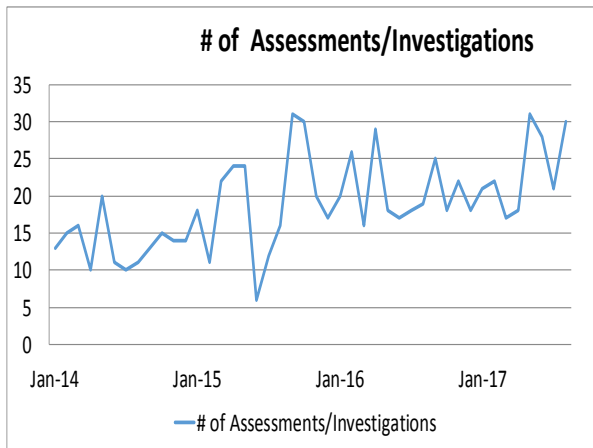
- **LEFT & RIGHT:** Our Rule 25 assessors are well trained in the assessment process and do a great job collaborating with county staff, probation, treatment programs, etc.



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: The trend for assessments/investigations in 2017 once again exceeded the previous year.

CENTER: According to our calculations, our Q3 and Q4 percentages were approximately 90% with an estimated 92% average for the year.

RIGHT: According to our calculations, our Q3 and Q4 percentages were approximately 92% with an estimated 92% average for the year.

Where Do We Go From Here?

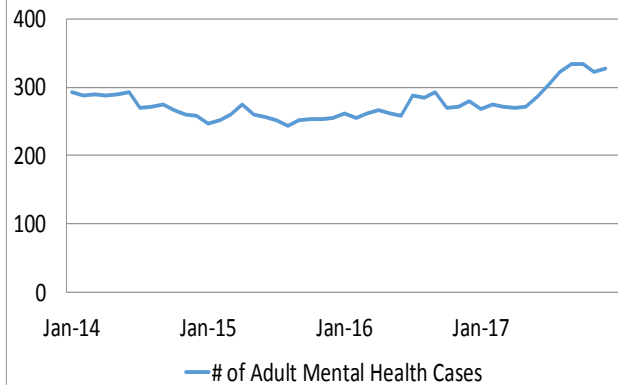
- **LEFT, CENTER & RIGHT:** The assessments/investigations in 2017 exceeded 2016.
- It appears (based on our calculations) that we met both performance measures. The official calculations from DHS will be announced in February.



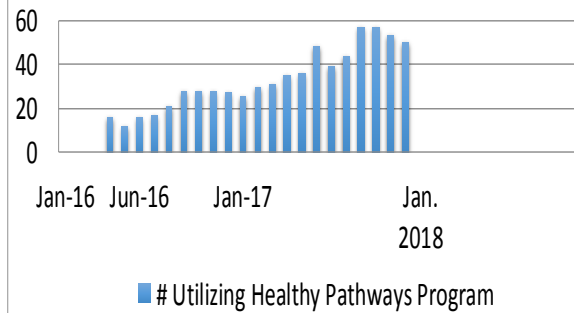
Purpose/Role of Program

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 funding.

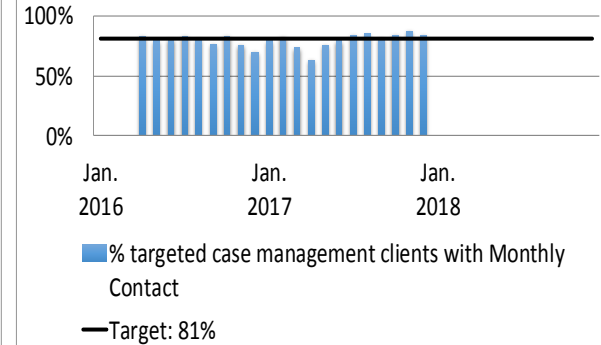
Adult Mental Health Cases



Utilizing SCHA Healthy Pathways Program



% Targeted Case Management (TCM) Clients with Monthly Contact



Story Behind the Baseline

- **LEFT:** The AMH caseload has become more manageable since the addition of 2 case managers in 2014, but caseloads are still above the state recommended guideline of 30/worker. We are seeing an increase in referrals again.
- **CENTER:** Healthy Pathways is a newer 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).
- **RIGHT:** Staff are making strong efforts to meet with clients on a monthly basis, and currently approximately 80% of mental health clients have monthly contact. There were several holidays and vacations in November/December which contributed to lower % of contacts.

Where Do We Go From Here?

- **LEFT, CENTER & RIGHT:** Support staff closely monitor staff activity to maximize billing and ensure that most clients have monthly contact.

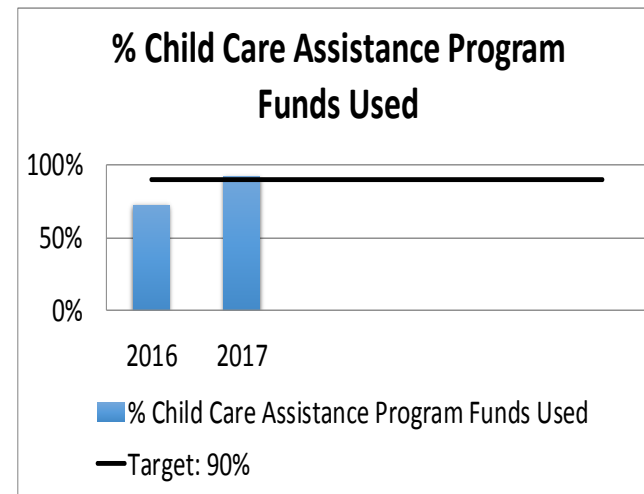
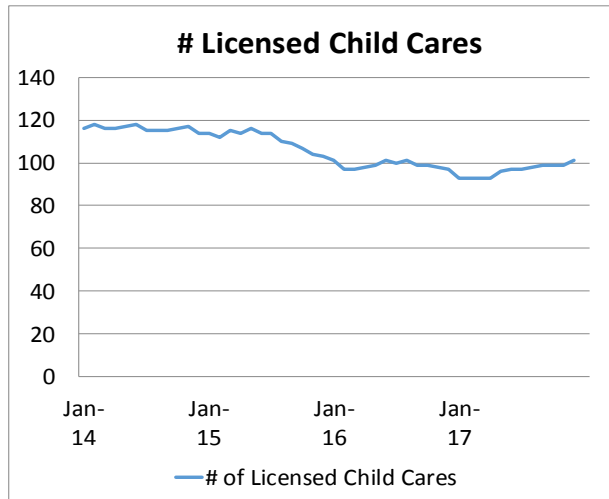


Social Services

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 care homes in Goodhue County has increased slightly. We are hopeful that this trend will continue. When families are able to find child care, they are able to work and be more self sufficient. The lack of flexible child care is an ongoing barrier for working families and impacts self sufficiency.
- **RIGHT**: Our utilization of Child Care Assistance has increased and is now above 90%. This is a positive change due to multiple factors, including some legislative changes, more usage of summer child care programs, increased staff time to facilitate referrals, more college students using the program, and more families overall who have applied for the program.

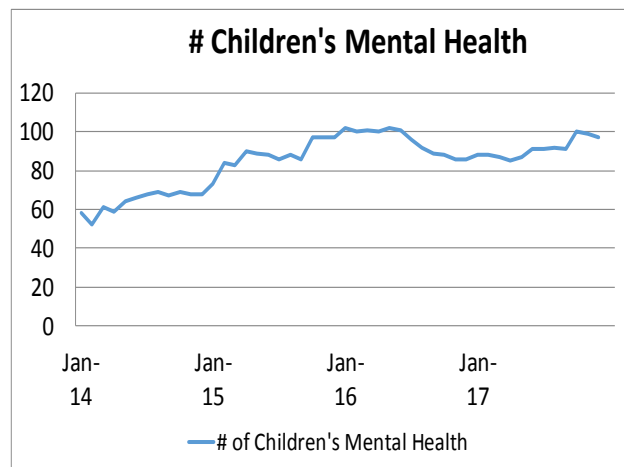
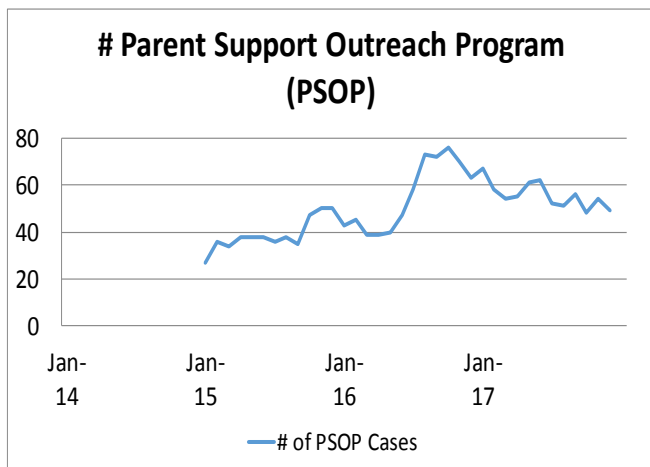
Where Do We Go From Here?

- **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.



Purpose/Role of Program

The Parent Support Outreach Program (PSOP) started in Goodhue County in July, 2013, and is currently funded by a small DHS grant and by the Community Investment Grant from South Country Health Alliance. 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:** The Parent Support Outreach Program (PSOP) continues to be well utilized, and we have expanded our efforts to include Early Childhood Family Education classes and a Teen Parent's support group.
- **RIGHT:** Fernbrook continues to provide Children's Mental Health case management.

Where Do We Go From Here?

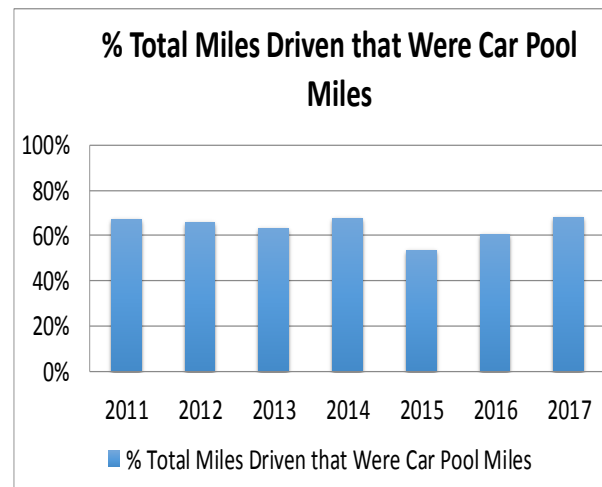
- **LEFT:** PSOP continues to be a vital service for families. Having a permanent PSOP worker is allowing us to increase and expand those services.
- **RIGHT:** We continued to work closely with Fernbrook to ensure that program is widely utilized and effective.



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:** Years 2011 – 2013 were Social Service miles only. In 2014 Public Health was added. 2015-present includes all of Health and Human Services. 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).

Where Do We Go From Here?

- **CENTER:** A team from all divisions did a quality improvement project November 2016– July 2017. They implemented a new way to edit reservations in the car reservation program. Data showed HHS as a department makes 70% of the county's car reservations but only 48% of the cars are parked at HHS. The county is looking to add an additional car and it would be parked at HHS because we've proven need. Project concluded in July.

MDH Activities in Goodhue County – 2017

**Establishments Licensed by
MDH in Goodhue County:**

258

**Plans Reviewed
by MDH in
Goodhue County:**

24

**Inspections
Conducted by MDH
in Goodhue County:**

277

MDH Contacts for Goodhue County:

Matthew Finkenbinder (matthew.finkenbinder@state.mn.us) 507-206-2744

Heather Flueger (heather.flueger@state.mn.us) 507-206-2723

**Complaints Investigated by MDH
in Goodhue County:**

10

MDH Food, Pools & Lodging Services Statewide Activities - 2017

Program Area	MN Statute	MN Rule
Food Code	157	4626
Lodging	157.011, 327.10, 327.70	4625
Manufactured Home Parks/ Recreational Camping Areas	327.10-327.28	4630
Public Pools	157, 144.1222	4717
Youth Camps	157, 144.71-144.74	4630

Plans Reviewed By MDH:

630

Establishments Licensed by MDH:

14,749

**Number of Complaints Investigated by
MDH:**

683

Inspections Conducted by MDH:

16,716

**FPLS Includes 85 Staff Located in 8 Offices Throughout
Minnesota**