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
April 17, 2018
10:30 a.m.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
    a. April 17, 2018 Board Meeting Agenda

        Documents:

        APRIL 2018 AGENDA.PDF
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
    a. March 20, 2018 Board Minutes

        Documents:

        MARCH 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
5. INTRODUCTION OF NEW & PROMOTED STAFF
6. ACTION ITEMS:
    a. Accounts Payable

        Documents:

        ACCOUNTS PAYABLE.PDF

    b. Personnel Request - Nina Arneson

        Documents:

        PERSONNEL REQUEST.PDF

c. Fraud Prevention Agreement - Mike Zorn

Documents:

FRAUD PREVENTION AGREEMENT.PDF

7. INFORMATIONAL ITEMS:

a. Out Of Home Placements - Kris Johnson

Documents:

OUT OF HOME PLACEMENT 2017 BOARD REPORT.PDF

b. 1st Quarter 2018 Fiscal Report - Mike Zorn

Documents:

1ST QUARTER 2018 FISCAL REPORT.PDF

c. 1st Qtr 2018 Additional Staffing Revenue Report - Mike Zorn

Documents:

1ST QTR 2018 ADDITIONAL STAFFING REVENUE REPORT.PDF

8. FYI-MONTHLY REPORTS:

a. Placement Report

Documents:

PLACEMENT REPORT.PDF

b. Child Protection Report

Documents:

CHILD PROTECTION REPORT.PDF

c. HHS Staffing Report

Documents:

HHS STAFFING UPDATE.PDF

d. DHS County Single Audit Reports

Documents:

DHS COUNTY SINGLE AUDIT REPORTS.PDF

9. ANNOUNCEMENTS/COMMENTS:

a. Make It OK - Community Conversation - May 15, 2018

Documents:

MAKE IT OK - COMMUNITY CONVERSATION - MAY 15, 2018.PDF

10. ADJOURN

a. Next Meeting Will Be May 15, 2018 At 10:30 A.M.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

April 17, 2018
10:30 a.m.
County Board Room
Red Wing, MN

AGENDA

1. **CALL TO ORDER**
2. **REVIEW AND APPROVE** April 17, 2018 board meeting agenda
3. **REVIEW AND APPROVE** March 20, 2018 board minutes

4. **REVIEW AND APPROVE** the following items on the **CONSENT AGENDA**:
   a) Child Care Licensure Approvals

5. **Introduction of New Employees**

6. **ACTION ITEMS:**
   a) Accounts Payable
   b) Personnel Request – Nina Arneson
   c) Fraud Prevention Agreement – Mike Zorn

7. **INFORMATIONAL ITEMS:**
   a) Out of Home Placements Report – Kris Johnson
   b) 1st Quarter 2018 Fiscal Report – Mike Zorn
   c) 1st Quarter Additional Staffing Revenue Report – Mike Zorn

8. **FYI-MONTHLY REPORTS:**
   a) Placement Report
   b) Child Protection Report
   c) HHS Staffing Report
   d) DHS County Single Audit Reports

9. **ANNOUNCEMENTS / COMMENTS:**
   a) Make It OK - Community Conversation - May 15, 2018
      - Red Wing High School - Courtyard Café (Door 40)
      - FREE DINNER at 5:30pm
      - Program starts at 6:15pm

10. **ADJOURN:**
    a) Next Meeting will be May 15, 2018

GOODHUE COUNTY

HEALTH & HUMAN SERVICES BOARD MEETING

MINUTES OF MARCH 20, 2018

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:45 A.M., Tuesday, March 20, 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, Jennifer Prins, Brooke Hawkenson, Kris Johnson, Charley Nelson, and RE Reporter Sarah Hanson

AGENDA:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved the March 20, 2018 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by P. Drotos, the Board unanimously approved the Minutes of the H&HS Board Meeting on February 20, 2018.

CONSENT AGENDA:

On a motion by S. Johnson and seconded by M. Lindahl, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion P. Drotos and seconded by B. Anderson, the Board unanimously approved supporting the Phase I of the Planning Study for the Three Rivers Grant Application and directed the director to follow up with language similar to Wabasha County's support letter as shared by the director.

INFORMATIONAL ITEMS:

Charley Nelson shared a presentation about Every Hand Joined.

FYI & REPORTS:

Placement Report

Child Protection Report
2017 Perfect Fiscal Performance
SHIP Community Partners in Senate District 21

ANNOUNCEMENTS/COMMENTS:

S. Johnson requested that if a meeting is to follow the HHS Board meeting that would be announced at the beginning so it is understood that there is a time schedule to follow.

ACCOUNTS PAYABLE:

On a motion by B. Anderson and seconded by J. Majerus, 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 11:40 a.m.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	April 17, 2018	**Staff Lead:**	Kris Johnson
Consent Agenda:	☒ Yes ☐ No	**Attachments:**	☐ Yes ☒ No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

Child Care Licensures:

- Jennifer Schuchard Lake City

Number of Licensed Family Child Care Homes: 91

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

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	April 17, 2018	**Staff Lead:**	Mike Zorn
Consent Agenda:	☐ Yes ☒ No	**Attachments:**	☐ Yes ☒ No
Action Requested:	Approve March 2018 HHS Warrant Registers		

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

	Date of Warrant		Check No. Series		Total Batch
IFS	March 2, 2018	ACH	24814	24818	$1,031.30
IFS	March 2, 2018		437207	437242	$17,871.63
IFS	March 9, 2018	ACH	24834	24837	$807.60
IFS	March 9, 2018		437304	437339	$50,513.47
IFS	March 16, 2018	ACH	24838	24840	$542.50
IFS	March 16, 2018		437340	437367	$47,765.50
IFS	March 23, 2018	ACH	24867	24876	$5,273.79
IFS	March 23, 2018		437477	437503	$20,241.46
SSIS	March 30, 2018	ACH	24877	24898	$43,078.34
SSIS	March 30, 2018		437504	437566	$310,922.52
IFS	March 30, 2018	ACH	24899	24952	$4,092.83
IFS	March 30, 2018		437567	437577	$25,671.91
IFS	March 30, 2018	ACH	24984	24992	$2,759.34
IFS	March 30, 2018		437688	437773	$42,001.50
				total	$ 527,812.85

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	April 17, 2018	**Staff Lead:**	Nina Arneson
Consent Agenda:	☒ Yes ☐ No	**Attachments:**	☒ Yes ☐ No
Action Requested:	Approve 2 NEW Grant Funded County Provisional Evidence-Based Family Home Visiting positions - Public Health Nurse and Regional Program Coordinator		

BACKGROUND:

The Goodhue County Personnel Committee requested this request to be brought forward directly to the GCHHS Board on April 17, 2018.

Please see the attached for the request details.

RECOMMENDATION: GCHHS Department recommends approval as requested.

Goodhue County
Health and Human Services

DATE: April 11, 2018

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, GCHHS Director

RE: 2 NEW Provisional Grant Funded Positions - Public Health Nurse and Regional Program Coordinator - The Southeastern Minnesota Family Home Visiting Project

BACKGROUND:

On December 19, 2017, GCHHS Board reviewed and approved the GCHHS Department's request to apply for a Regional Family Home Visiting Grant with 6 other SE Minnesota Counties. https://www.co.goodhue.mn.us/AgendaCenter/ViewFile/Item/6020?fileID=13400 .

On March 23, 2018 Deb Purfeerst, Rice County Public Health Director informed as the lead agency for the project, she had received an award notice from Minnesota Department of Health (MDH). The MDH had awarded $4,231,054 for "*The Southeastern Minnesota Family Home Visiting Project*". This is less than requested and budgets and work plans are being adjusted accordingly by all 7 counties. Our project is one of 12 implementation awards in the state. MDH also awarded 4 planning grants.

Applicant	5/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/20 to 6/30/21	7/1/21 to 12/31/22	Total Budget (4.5 years)*	Recommended Families	Recommended Avg Cost/client (Year 3)	Original Cost/family
Rice	$943,734	$915,375	$939,217	$1,432,729	$4,231,054	126	$ 7,454	$ 7,454

The regional grant application outlined the use of the "*Healthy Families America*" model to implement an evidence based model into the southeastern portion of the state. Evidence-Based Family Home Visiting has proven to have improved maternal and child health outcomes, a reduction in child injuries, abuse, neglect, maltreatment, and domestic violence. Family Home Visiting is also shown to have improved school readiness, parent child attachment and bonding, as well as economic self-sufficiency for families. Studies have also shown that return on investment with high quality home visiting could be as high as 5:1.

The Southeast Minnesota Family Home Visiting Project funding is from May 1, 2018 to December 31, 2022. The budget for this grant work includes funding for 1 FTE Family Home Visitor/Public Health Nurse in Goodhue County, and 1 FTE Regional Program Coordinator (Public Health Nurse or Health Educator or Social Worker).

These 2 new requested positions are grant funded, provisional county positions. If the grant funding ends, these position will end also. These two positions are solely grant funded, no county levy dollars involved.

	2018	2018
Public Health Nurse	Single Health	Family Health
Rate Step 1	$25.35	$25.35
Gross	$52,728	$52,728
PERA/FICA/Medicare/Life	$8,051	$8,051
Health Coverage/H.S.A.	$9,935	$28,436
Total Cost	$70,714	$89,215

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Moving forward immediately to post for 1 FTE Family Home Visitor/Public Health Nurse, and 1 FTE Regional Program Coordinator (Public Health Nurse or Health Educator or Social Worker) utilizing the MN Merit system. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. When hiring Public Health Nurses (PHN) and if warranted based on education, experience and skills, allow the HHS Department to utilize the compensation range up to the Step 4 as grant funding is available. No county levy dollars. This is due to the Public Health Nurse market, workforce shortage and the past PHN hiring challenges.

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

March 21, 2018

Deb Purfeerst
Rice County Community Health Services
320 NW 3rd Street
Faribault, MN 55021

Dear Deb Purfeerst:

We are pleased to inform you that your organization's application for the Evidence Based Home Visiting Grant Program has been approved for funding. Your agency's final award for the period of May 1, 2018 through December 31, 2022 will be based on any required revisions to your budget and work plan.

Family Home Visiting Section staff will be contacting you within the next 7-10 calendar days to discuss any necessary changes to your work plan and budget. These changes must be completed no later than the second week of April in order to prepare a grant agreement between your organization and the Minnesota Department of Health. The grant agreement will outline your obligations, as detailed in your application, and permit reimbursement of expenditures. The work plan and budget will need to be attached to the agreement. If you have questions prior to hearing from us next week, please contact Health.FHVgrants@state.mn.us.

Grant activities may not begin until the grant agreement is completely executed by all parties. Any expenses incurred before your agreement is fully executed will not be reimbursed.

We look forward to working with you.

Sincerely,

Joan Brandt

Joan Brandt
Division Director, Community and Family Health
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

SOUTHEAST MINNESOTA FAMILY HOME VISITING PROJECT
Evidence-Based Family Home Visiting Grant Proposal
Cover Page and Table of Contents

Form A: Southeast Minnesota Family Home Visiting Project

General Applicant Information
Applicant Legal Name: Rice County Community Health Services
Business Address (street, city, state, zip): 320 NW 3rd Street, Faribault MN 55021
Minnesota Tax Identification Number: 8027280
Federal Tax Identification Number: 41-6005882
SWIFT Vendor ID Numbers (if you have one): 0000197343

Director of Applicant Agency Information
Name: Deb Purfeerst
Business Address (street, city, state, zip): 320 NW 3rd Street, Faribault MN 55021
Phone Numbers: 507-332-5914
Email: dpurfeerst@co.rice.mn.us

Financial Contact for this Application
Name: Deb Purfeerst (Director) or Jena Peterson (Accountant)
Phone Numbers: 507-332-5914 or 320-360-6364
Email: dpurfeerst@co.rice.mn.us or jenapeterson2016@gmail.com

Contact Person for this Application
Name: Deb Purfeerst
Business Address (street, city, state, zip): 320 NW 3rd Street, Faribault MN 55021
Email: dpurfeerst@co.rice.mn.us

Requested Funding

Total Amount Requested $6,044,363.00

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant: Deb Purfeerst

Date of Signature: 1/31/2018

ABSTRACT: SOUTHEAST MINNESOTA FAMILY HOME VISITING (FHV) PROJECT

Annotation: The Southeast Minnesota FHV Project is a collaborative proposal from seven public health agencies located in southeastern Minnesota. Our goal is to provide evidence-based family home visiting services to an identified target population within the seven counties of Dodge, Freeborn, Goodhue, Rice, Steele, Wabasha, and Winona, utilizing the Healthy Families America Model. Currently all seven public health agencies provide "model influenced" family home visiting services, however this project would enable us to move to an evidence-based family home visiting model with a targeted population of low income pregnant and postpartum families, thus meeting an unmet need for evidence-based family home visiting within this region of Minnesota.
Primary Applicant Name: Rice County Community Health Service
Partnering Entities: Dodge-Steele Community Health Services, Freeborn County Public Health, Goodhue County Health and Human Services, Wabasha County Community Health Service, and Winona County Community Services
Communities served: Eligible populations under the Healthy Families America family home visiting model, residing in the seven southeast Minnesota counties listed above, targeting low income prenatal and postpartum families.
Type of grant: Implementation Start-up
Problem: Currently evidence-based family home visiting programs serving prenatal families within the identified seven county area in southeast Minnesota are nearly nonexistent. This seven county area has a combined population size of 292,276 (2017 MN County Health Tables - 2016 data), including 3,028 births in 2016.

Financial stressors in this region are concerning. The percentage of people living at or below 200% of poverty exceeds the State of Minnesota percentage of 26.6 % in five of the seven counties, with two of the counties having significantly higher poverty rates: Freeborn at 34.9% and Winona at 32.2 %.

Each of the seven counties have unique populations and families with high risk needs. Race and ethnicity of mothers in this region is predominately white/non-Hispanic, however three of the seven counties (Freeborn, Rice and Steele), had populations of Hispanic mothers higher than the state average in 2016. In addition, Rice County had a higher than state average of mothers identifying as African American, and a 21.6% rate of birth to foreign born mothers, higher than the state rate of 19.2%. Four of the seven counties have preterm birth rates above the state average (Freeborn, Goodhue, Rice and Winona); three of the seven counties have low birth weight rates above the state average (Steele, Freeborn, and Winona); and Goodhue and Rice counties have higher than the state average of women receiving inadequate or no prenatal care.

Teen birth rates for 15 - 19 year olds in this region are also high. Four of the seven counties (Freeborn, Goodhue, Steele and Wabasha) had teen birth rates higher than the state teen birth rate of 13.9 for the 2014 -2016 time period (the most recent data available in the 2017 MN County Health tables), and of particular concern, two of the seven counties had teen birth rates significantly higher (Freeborn 24.1 and Steele 23.8). In addition, ALL seven counties have smoking rates during pregnancy above the state average.

Child maltreatment rates and out of home placement rates are also concerning in this region. Most recent data available show three of the seven counties have child maltreatment report rates above the state rate of 24.7 (Freeborn 29.1; Rice 28.6 and Winona 39.6), and the rate of children per 1,000 in out of home care exceeds the state average of 10.6 in Freeborn (14.5) and Rice (13.5).

These combined concerns of poverty, diversity, preterm birth outcomes, teen birth rates, and maltreatment/out of home placement rates demonstrate the need for an evidence-based family home visiting model targeting prenatal/postpartum low-income families in this region.

Purpose: The purpose of the Southeast Minnesota Family Home Visiting Project is to establish a regional evidence-based family home visiting model of service within seven counties in southeastern Minnesota, using the Healthy Families America model. We are projecting to serve 90 prenatal or postpartum families after the first year of grant implementation, expanding to approximately 180 families after the second year, based on the tiered caseload requirements of the Healthy Families America model.

Major Goals/Objectives:

Establish and fully implement evidence-based family home visiting to a target population of pregnant/postpartum at risk families in the southeast MN region via the Healthy Families America (HFA) model within one year of grant funding.

1. Application for HFA affiliation completed and approved by June 2018
2. Project recruits for and hires all necessary staff by July 2018
3. All staff providing HFA services receive required training by September 2018
4. Policies/procedures based on best practice standards developed by October 2018 and finalized by May 2019
5. Referral network, plan for reflective practice and regional advisory board established by October 2018

Serve 90 prenatal and postpartum families via the HFA model within the seven county region by July 1, 2019, expanding to 180 families by July 1, 2020.

1. All agencies work with regional coordinator to implement HFA best practices with recruitment and enrollment of families into project by Sept 2018
2. Quality Improvement committee in place by Jan 2019
3. Reflective practice, required data collection, and documentation methods in places upon initiation of HFA home visiting
4. Secure data submission processes in place by Sept 2018
5. Implement of HFA home visiting by September 2018 with consistent progression to target caseload by July 2019

Achieve HFA model accreditation as a multi-county single site by Fall 2021.

1. Apply for accreditation and complete regional site visit from HFA peer review team by Fall 2020
2. Fully achieve status as an accredited HFA model by Fall 2021

Methodology: The Southeast Minnesota Family Home Visiting Project will apply for affiliation and attain accreditation with Healthy Families America, as a multi-county single site program, in order to attain the goals/objectives above.

PURPOSE, GOALS AND OBJECTIVES: SOUTHEAST MINNESOTA FHV PROJECT

Purpose: The purpose of the Southeast Minnesota Family Home Visiting Project is to establish a regional evidence-based family home visiting model of service within seven counties in southeastern Minnesota, using the Healthy Families America model. We are projecting to serve 90 prenatal/postpartum families at the end of the first year of grant implementation, expanding to 180 families after the second year, based on the tiered caseload requirements of the Healthy Families America model.

Goal/Objectives:

Establish and implement evidence-based family home visiting services to a target population of pregnant/postpartum at risk families in our southeast MN region via the Healthy Families America (HFA) model within one year of grant funding.

1. Application for HFA affiliation completed and approved by June 2018
2. All agencies will recruit and hire necessary staff for the HFA model by July 2018.
3. All staff providing HFA services will receive required training for HFA model implementation by September 2018.
4. All staff providing family home visiting will receive HFA required orientation and other trainings within 1 year of hire.
5. Preliminary policies/procedures based on best practice standards will be developed by October 2018 and finalized by May 2019.
6. Referral network established by October 2018.
7. Regional Advisory Board established within six months of funding.
8. Plan for reflective practice implementation in place by October 2018.

Serve 90 prenatal and postpartum families via the HFA model within the identified seven county region by July 1, 2019, expanding to 180 families by July 1, 2020.

1. All partner agencies will work with regional coordinator to implement HFA best practices, with recruitment and enrollment of families into project by September 2018.
2. Quality improvement committee in place by January 2019.
3. Reflective practice implemented upon initiation of HFA home visiting.
4. Data collection/documentation methods in place upon initiation of HFA home visiting.
5. Secure data submission quarterly per MDH and HFA program timelines.
6. Consistent one-step screening implemented in all seven counties to determine eligibility and offer home visiting services by September 2018.
7. Implementation of HFA home visiting by September 2018.
8. Family home visiting services integrated with the early childhood system upon initiation of home visiting.
9. Ongoing intensive home visiting under HFA model practice with consistent progression to target caseload by July 2019.
10. Stable program funding and sustainability maintained September 2018 onward.

Achieve HFA Model Accreditation as a multi-county single site program by the fall of 2021.

1. Apply for accreditation and complete regional site visit from HFA peer review team by the fall 2020.
2. Fully achieve status as an accredited HFA model by the fall of 2021.

Proposed Community, Population and Geographic Area to be Served

The Southeast Minnesota Family Home Visiting Project is a proposed regional partnership between seven public health agencies, planning to become affiliated and accredited as a Healthy Families America (HFA) multi-county single site program.

We are a contiguous group of southeast Minnesota rural counties with a long standing history of collaboration and relationship. We share a common vision and value around strategies to serve families with evidence-based family home visiting, and we share a common electronic health record system of documentation (PH-Doc). All partnering counties are experienced in providing ongoing family home visiting as HFA "model influenced" services, however none of the counties have had the resources or capacity to implement a model with fidelity as a single site. Many of the partnering agencies already share resources, have joint community health boards (Dodge-Steele), or have successfully partnered on regional grant projects in the past. Based on this history, we feel this regional collaboration will be successful and constitutes a reasonable area for service delivery. A collaborative regional approach will allow sharing of support and resources, and having a shared regional program coordinator will assure opportunity for success with consistency and fidelity to the HFA model.

The proposed project includes the seven county geographical area of Dodge, Freeborn, Goodhue, Rice, Wabasha, and Winona counties. This seven county area has a combined population size of 292,276 (2017 MN County Health Tables - Demographics Table 1), including 3,028 births in 2016.

Financial stressors in this region are concerning. The percentage of people living at or below 200% of poverty exceeds the State of Minnesota percentage of 26.6 % in five of the seven counties, with two of the counties showing significantly higher poverty rates: Freeborn at 34.9% and Winona at 32.2 %. (2017 MN County Health Tables - Demographics Table 6 (2011 -2015 American Community Survey)).

According to 2017 Minnesota County Health Tables natality information (2016 data), race and ethnicity of mothers in this region is predominantly white/non-Hispanic, however three of the seven counties have percentages of Hispanic mothers higher than the state average of 6.97% (Freeborn County 15%, Rice County 12.5%, and Steele County 9.7%). In addition, in Rice County nearly 15% of mothers identified race as African American, compared to the state percentage of 12%. Rice County also had a 21.6% rate of birth to foreign born mothers, higher than the state rate of 19.2%. This region is also experiencing more recent changes related to the increasing number of immigrant/refugee families moving into the area. Rice and Steele counties have had significant increases in WIC families served who speak Somali, and Freeborn County has had significant increases in families speaking Karen.

According to the same data source, four of the seven counties had preterm birth percentages in 2016 above the state average of 6.9% (Freeborn 9.6% , Goodhue 7.6%, Rice 7.1%, and Winona 8.2%) and three of the seven counties had low birth weight percentages above the state average of 4.9% (Steele 5.5%, Freeborn 5%, and Winona 5.4%). Other significant prenatal data findings are that both Goodhue and Rice

Counties have a 11.4% rate of inadequate or no prenatal care, higher than the state average (10.9%), and four of the seven counties have lower percentages of women with adequate or better prenatal care than the state average of 78.5% (Dodge 61.3% , Goodhue 70.3%, Wabasha 58.0% and Winona 77.7%).

For the time period of 2014 - 2016, four of the seven counties (Freeborn, Goodhue, Steele and Wabasha) had teen birth rates higher than the state average for the 15 - 19 age group, according to 2017 MN County Health Tables - Natality Table 7. In particular, Freeborn's teen birth rate of 24.1 and Steele's rate of 23.8 was significantly higher than the state teen birth rate of 13.9. In addition, ALL seven counties had smoking rates during pregnancy above the state average.

Child maltreatment rates and out of home placement rates are also quite concerning in this region. The most recent data available from the 2017 Minnesota County Health Demographics Tables (2015 data) show three of the seven counties had child maltreatment report rates above the state rate of 24.7 (Freeborn 29.1; Rice 28.6 and Winona 39.6), and the rate of children per 1,000 in out of home care exceeds the state average of 10.6 in Freeborn (14.5) and Rice (13.5).

All of the seven partner agencies currently operate and co-locate with WIC programs, serving low income prenatal and postpartum women. According to the Minnesota Department of Health WIC program report " Maternal Prenatal Participation in Minnesota WIC for Infants Born During CY 2016" , the cumulative number of prenatal women served in calendar year 2016 by the seven counties was 1,046 women (Dodge 71; Freeborn 160; Goodhue 143; Rice 287; Steele 157; Wabasha 77; Winona 151). Based on the existing partnerships and referral systems already in place between each public health agency and their respective WIC program, we feel we have a strong capacity to generate our projected target caseload size for evidence-based family home visiting initiated in the prenatal or postpartum period.

We believe the strongest asset available in this region to serve high risk families is the existing family home visiting staff from within the partnering agencies. Staff are knowledgeable regarding existing community resources available to support families with diverse socio-economic needs, and we have significant experience serving our priority population -- low income prenatal and postpartum families. All of the involved agencies have established relationships with local community resources, and are expert in locating and assisting clients with referrals to programs and resources as needed, such as housing, food shelves, family planning, health care, domestic violence centers, and early education programs such as Early Childhood Family Education (ECFE), Early Childhood Special Education (ECSE), Head Start, etc.

We intend to serve families in greatest need of family home visiting services with enrollment during the prenatal or postpartum period. Our focus will be low-income families, young parents under the age of 21, immigrant/refugee families with limited English skills, families with histories of child abuse or neglect, histories of substance abuse, or those socially isolated due to other factors such as military deployment, or incarceration.

Selection of Proposed Evidence-Based Home Visiting Model

The Southeast Minnesota Evidence Based Family Home Visiting Project will implement the Healthy Families America (HFA) model of family home visiting. Multiple contacts have been made with program staff, Christi Peoples, regarding use of this model and designation as a multi-county single site program, in addition to discussion of training needs, since a number of staff from partnering counties have previously attended HFA trainings. (See documentation in appendix of contacts with HFA staff).

Rice County Community Health Services, as the primary applicant, has received formal board approval in support of this proposed regional evidence-based family home visiting project, including designation as the primary applicant and fiscal host for this grant proposal. In addition, all partner agencies have garnered administrative support and board approval for inclusion in this regional project. (See documentation in appendix).

We feel the specific needs of at-risk families in our rural region will best be met by use of the HFA model. The HFA model allows for both prenatal and postpartum enrollment, and use of paraprofessional staff. All of our agencies currently serve prenatal and postpartum, low-income women through WIC programs embedded within our agencies. This close relationship has allowed for a streamlined referral process for prenatal and postpartum families interested in ongoing family home visiting services. Our region is currently experiencing a nursing shortage, and bilingual nurses are a scarcity. Being able to utilize both paraprofessionals and nurses for family home visiting will help ensure full staffing capacity, and in those counties with more diverse populations there is a greater likelihood of hiring bilingual paraprofessional staff who will be more representative of the community being served.

The HFA model focuses on reducing child maltreatment and childhood injuries as well as promoting early learning. As indicated previously, maltreatment rates and children in out of home placements are a high concern area in our region, as well as high poverty levels. In addition, early learning opportunities are critical for children living in families with higher needs, and all of our partnering agencies cite school readiness as an ongoing concern among our early childhood school partners.

Gaps in our service area include nearly nonexistent evidence-based family home visiting initiated within the prenatal period, yet data indicate over 3,000 births in this region in 2016, with over 1,000 low-income women served prenatally through WIC programs within these seven counties. All of the agencies partnering in this regional grant application currently offer "evidence influenced" family home visiting, however not an evidence-based model. Six of the seven counties have limited early head start home visiting occurring within their counties, however they report typically not serving prenatal clients and they limit enrollment to those at 100% of poverty or less. Other home visiting services are limited in number, intensity, and are not evidence-based.

Funding for this grant proposal would definitely fill a gap and a demonstrated unmet need, by enabling 90 prenatal/postpartum families to be served within this region by the end of the first year of funding with evidence-based family home visiting, expanding to

180 families by the end of year two. The HFA model is clearly appropriate for use with our target population and within our region.

One of the strengths of our project is that we will be able to easily identify and refer eligible families for enrollment in the HFA model, based on current systems in place. All partner agencies have robust referral systems in place, strong community linkages, and are well experienced in "evidence-influenced" family home visiting. Having WIC programs embedded within the structure of all of our agencies will help streamline the ability to screen and refer to home visiting services. In addition, many of the partnering counties have staff with past HFA training, and currently use those principles and the Growing Great Kids curriculum which approved by HFA. Trainings through HFA and Great Kids Inc. were completed prior to becoming HFA affiliated which demonstrates our baseline knowledge and commitment to this model.

All of the partnering agencies use the same electronic health record (PH-Doc). PH-Doc already has the capacity to collect HFA data. In addition, there is an ongoing PH-Doc HFA workgroup that meets regularly, which helps to ensure current and functional HFA data collection forms are embedded and kept up to date in the PH-Doc software.

Our partnering agencies along with a few other public health agencies from southern Minnesota have been meeting on a monthly basis over the past 18 months. MDH has attended these meetings to review HFA standards, and policies and procedures. As a result of these meetings the partnering agencies have developed assurances that staff from these agencies will collaborate and share written policies and procedures, thus streamlining some of the start-up processes. We also have strong relationships with three affiliated/accredited HFA programs in southern Minnesota and been assured their willingness to provide technical assistance.

Challenges in maintaining quality and fidelity of the model are possible due to the rigorous data collection requirements, however, we feel confident that our PH-Doc software and computer consortium partners are a key strategy in dealing with this. In addition, staff from all of the partnering agencies already collect and report family home visiting data regularly to the Minnesota Department of Health, and have supervisory staff in place that are knowledgeable of those data collection requirements. Another challenge could be establishing and operating under a standard set of HFA policies and procedures for all seven counties, however, we believe our existing relationships and our plan for a part-time regional program coordinator will ensure success.

We have strong administrative support within all partnering agencies to move forward with regionally based evidence-based home visiting, we believe the HFA model is the best option to support our prenatal and postpartum families in need and fill the family home visiting gaps in our region, and we have existing home visiting staff who are excited and ready to move forward.

Organizational Capacity

All seven public health agencies involved in this collaborative grant proposal have been providing family home visiting services for more than 30 years within their respective counties. Promoting healthy communities and healthy behaviors is a core public health responsibility, and we are well equipped and extremely motivated to move into a model of evidence-based family home visiting.

None of the partnering agencies have implemented an evidence-based family home visiting program, however ALL of them have transformed their current family home visiting programs into evidence-influenced practices.

All of the agencies have staff trained on many of the required Healthy Families America (HFA) trainings, such as Core Integrated Strategies and Core Parent Survey Training. In addition, all of the partners are using an evidence-based curriculum," Growing Great Kids," which their staff have been trained in. Most of the partnering agencies are already using reflective practice techniques, and Freeborn County contracts for group reflective practice sessions, facilitated by Fernbrook Family Center, for supervisory staff on a regular basis.

Supervisory staff from the partnering agencies have met regularly with MDH staff for nearly two years, to learn more about the HFA model and to review HFA best practice standards, subsequently implementing many of those strategies within their agencies.

This core base of knowledge and experience will strongly support our capacity to move into a regional HFA program. In addition, our strategy to use a regional program coordinator will strengthen our capacity to expedite processes and procedures in a consistent manner throughout the region, and we will be able to support each other across county lines, as needed.

Most of the agencies will need to hire additional staff to support this work if our proposal is funded. We feel confident that all partnering agencies will be able to recruit and hire staff within two months. We envision HFA training would occur shortly after that and will be provided within our region, since we will have a significant number of staff attending, and will have the capacity to host regional site trainings.

Because all of the partnering agencies already have strong referral systems in place, and since we have over 3,000 births per year in this region, and over 1,000 prenatal women served by our WIC programs, we feel confident that we can reach and maintain 85% of our targeted caseload size of serving 90 families after year one, increasing to 180 families after year two.

Recruitment efforts will be built upon many of our current public health programs, in addition to our well established referral systems with local health care providers and hospitals for postpartum visits, thus we do not anticipate problems recruiting families.

We do not intend to use a formal incentive program for retention purposes, however all of the agencies have access to supplies such as children's books, locally made quilts, safety supplies, etc. that we have successfully shared with families in the past to encourage ongoing participation with family home visiting, and we would continue to implement these types of practices to help with retention.

Staff are allowed flexibility in scheduling visits for working parents who may want to participate but can only do so before or after traditional "9 to 5" hours. In addition, this could provide more opportunity to engage working fathers in home visiting services.

Our past experience has shown that families who are engaged prenatally in home visiting services are more likely to be retained in extended family home visiting, thus supporting our decision to initiate services prenatally when possible. If necessary, waitlists will be utilized, however all partnering agencies perform other types of home visiting services, which will then help meet the needs and desires of our families that may not be suited for the an evidence-based home visiting model.

Rice County Community Health Services intends to serve as fiscal host for this project. Administratively our agency has numerous years of experience in successful grant management and reporting for multiple federal, state, and local grants, which strongly supports our ability to successfully implement this grant and complete our objectives. We have accounting personnel in place who have assisted in grant management work for more than 10 years, including internal infrastructure to support timely and accurate invoicing and grant reporting. Currently all grant budgets are tracked monthly utilizing our integrated financial system (IFS), and reviewed monthly by supervisors, the Agency Director, and accounting staff. A similar system would be in place to manage this grant.

Goodhue County intends to house our regional program coordinator. This position will be hired by Goodhue County with input from all other counties. The position is intended to be full time, with half of the time devoted to parent survey work in Wabasha and Goodhue counties and the other half of the time devoted to regional grant coordination work, including policy work and data collection. Goodhue County has a long history of successful grant management and has supports and guidance available for the regional program coordinator including administrative assistance and easy access to the Goodhue County Deputy Director as well as the Family Health Supervisor.

All of the partnering agencies individually manage various grants and have experience in third-party billing, thus supporting the level of expertise and experience necessary to manage this type of grant, including successfully meeting invoicing, reporting and data collection deadlines. As indicated in our work plan, all agencies will be expected to maximize third party reimbursement when possible and not supplant funds. Revenues from third party reimbursements will be tracked by all agencies, and will be used to offset any invoicing for this grant. In addition, all partnering agencies report regularly to the Minnesota Department Of Health (MDH) on family home visiting data through the Family Home Visiting Reporting and Evaluation System (FHVRES) system, and have done so on a timely basis.

We do not anticipate any challenges with prompt reporting or invoicing, however a regional approach allows us the opportunity for shared resources and expertise as needed, to ensure timeliness and accuracy.

Linkages and Collaboration

The majority of family home visiting within our region is currently conducted by the same collaborating public health agencies partnering in this grant proposal. All involved public health agencies have a long history of serving families with ongoing family home visiting services, and all of the partners have transitioned over the last few years into "evidence -influenced' models of practice. Unfortunately, we have not had the financial resources to escalate into an accredited model of family home visiting practice.

In 2016, 571 families were seen by our partnering seven public health agencies for ongoing home visiting services, based on family home visiting report data submitted to MDH, demonstrating our vast experience and capacity in family home visiting.

In addition to aforementioned public health family home visiting services, there are also other home visiting services within our region. Early Head Start programs serve six of the seven counties, however, they serve minimal numbers of families with home visiting; are restricted to visiting those 100% of poverty or less; and rarely serve families during the prenatal period. For example, the Goodhue-Rice-Wabasha Early Head Start program currently is limited to serving only 10 families, and over the past year they have not served any families prenatally.

A "peer support", in-home mentoring program is operated by the Exchange Club for Family Unity in Rice, Steele, Dodge, and Freeborn counties, however, their service is not targeted to prenatal or postpartum families, and they do not utilize an evidence-based model.

Early Childhood Family Education (ECFE) programs in our region offer short-term home visiting (usually one to three visits) for families with children under age 3. The focus for visits is school readiness, literacy and community engagement. School districts also offer Early Childhood Special Education (ECSE) home visiting for children that qualify with developmental concerns, focused on special education goals. These two services are not evidence-based or provided in the prenatal period.

Fernbrook Family Center provide home visits in five of the seven counties in our region. This service is primarily diagnostic, fee for service, and a therapeutic mental health service. Fernbrook is a strong collaborative partner with many of our agencies, providing reflective practice consultation for some, and also an identified Infant mental health consulting agency, however, they do not provide targeted prenatal/postpartum evidence-based home visiting on a preventive health promotion level.

As evidenced above, there is a large identified gap in our region's current continuum of home visiting services for evidence-based models, targeting low-income prenatal or postpartum families. Based on the population size of our region, it is unlikely that there would be overlap in family home visiting services, however, standard practice for all partnering agencies is that upon initiation of services, an assessment is completed which includes a comprehensive review of services families receive, which helps prevent any potential duplication of home visiting.

All collaborating partners have well established relationships with local health care providers, school districts, and early childhood providers. This includes a system to receive referrals for prenatal and postpartum families and processes designed to assure timely follow-up and service. We also have well established inter-departmental county relationships with human services, housing and community corrections, which allows timely response to requests for assistance linking families to services, typically being able to meet immediately with those families, due to shared campus space.

Because of our core public health responsibility to promote healthy communities and healthy behaviors, we have significant experience working within our communities supporting families. Staff actively collaborate with local groups and agencies such as family service collaboratives, faith-based organizations, businesses, homeless response teams, child protection teams, community action agencies, early intervention committees, Head Start policy councils, maternal child health committees, and mental and chemical health collectives. We also frequently co-facilitate programs to provide support and education for teen parents and families with young children, and partnering agencies with diverse populations have strong collaborative relationships with programs and grassroots organizations serving immigrant/refugee populations.

Such widespread collaborative and inter-departmental relationships increase the likelihood that referrals are made for prenatal or postpartum families in need of additional support and education. These well-established community relationships will be valuable in facilitating outreach, promotion and referrals for the target population in our grant proposal, and the same programs and supports will be called upon to offer additional supports and services to families we will serve.

Given the vast number of collaborative relationships that each of the partnering public health agencies have with community partners and organizations, we are confident in our ability to develop and implement the Healthy Families America model in our region. Our strong relationships and history of trusted home visiting make us the perfect fit to provide this service and meet this unmet regional need.

Start-up of an evidence-based model of family home visiting initiated in the prenatal/ postpartum period will significantly enhance the local early childhood system within all seven counties in our region. This proposed evidence-based family home visiting project is strongly linked to the current early childhood systems within our counties due to our existing relationships and collaborative histories with other service providers and organizations who work with the targeted populations. In addition, we all routinely screen children birth to age 3 via our Follow Along programs to ensure accomplishment of developmental milestones, and will continue to make frequent referrals to additional community supports and other early childhood community based programs to enhance early learning opportunities.

Implementation Plan for the Proposed Evidence-Based Home Visiting Model

Upon notice of a successful application, the Southeast Minnesota Family Home Visiting (SE FHV) project would immediately begin recruiting and hiring for additional staff needed, and immediate work would begin with HFA program staff, and an application submitted for affiliation as a multi county single site program.

All partnering agencies have existing processes to recruit and hire staff. Job descriptions are in place, all governing boards are supportive, and job postings would be placed shortly after the grant were awarded. Retaining well-trained staff and providing high-quality supervision will be vital to program success. Utilizing existing supervisory staff, and hiring a regional program coordinator, will assure staff are well supported. The use of reflective supervision and ongoing training will build staff confidence, job satisfaction, and reduce burnout. Home visitors will have weekly meetings with supervisors to review cases, problem-solve and receive the individualized support and encouragement needed to successfully establish long term relationships with families. Supervisors will also have dedicated time on a monthly basis to receive mentoring in reflective practice to ensure proficiency and consistency with reflective practice. We feel confident that we will be able to hire and retain competent staff, and maintain the infrastructure needed for optimal program oversight and staff supervision.

Once affiliation is granted, HFA staff will assist our regional program coordinator to arrange required trainings and technical assistance for program implementation. All partnering counties have staff who have attended many of the HFA required trainings, however not as an affiliated model, so we anticipate both existing and new FHV staff will need to complete most of the HFA required trainings. (A training variance has been granted for Freeborn County due to past trainings attended and consistent model practices). The regional project coordinator will work with HFA to arrange trainings within our region shortly after all staff have been hired (see work plan for more details), and is the key contact for HFA to arrange required trainings.

Training requirements for the HFA model include implementation training for the regional program coordinator, and HFA role specific training for direct service staff and supervisors. HFA role specific trainings include Core Integrated Strategies and Parent Survey. In addition, training on Growing Great Kids Curriculum (our project's chosen curriculum) will be required. HFA required orientation training will be covered with staff prior to direct contact with participants and prior to direct supervision of staff. Wrap around training topics will also be covered periodically to assure staff trained in areas such as cultural competency, reporting child abuse, home safety, managing crisis situations, responding to mental health, substance abuse, or domestic violence issues, drug-exposed infants, and services in their community. Annually staff will receive at least one training related to characteristics of the population being served with intent to increase one's ability to practice cultural humility. Staff will also be trained on ASQ-3, ASQ SE-2, depression screens, and any assessment/evaluation tools used.

The regional program coordinator, as well as supervisory staff, will play an important role in implementing and maintaining the fidelity of the HFA model for the SE MN FHV project. The program coordinator will assist with developing, reviewing, and educating staff on policies and procedures for our project. These written policies and procedures

will help maintain program integrity and help ensure that we are implementing the model with fidelity. Trainings will be held with supervisors and staff regularly to review policies and procedures, as we move forward with HFA accreditation, we will continue to formalize our practices, ensuring that we are implementing the HFA model with fidelity.

High quality reflective practice for all home visitors and supervisors is critical to the success of the HFA model, as well as the availability of infant mental health case consultation. We intend to contract with an agency experienced in reflective practice and infant mental health consultation for these services. Currently partners are involved with an existing group reflective practice via a contract with Fernbrook Family Center. Our SE MN FHV project is hoping to expand this work with Fernbrook, in addition to infant mental health consultation. If Fernbrook is not available to provide these services, we plan to explore utilization of other regional mental health consultants and / or local mental health professionals for provision of reflective practice for supervisors and infant mental health case consultation. Ideally reflective practice meetings and case consultation will be face to face, but if needed, we could consider the option of video conferencing. Supervisors will be trained on reflective practice techniques and will provide weekly meetings with staff using those principles.

Recruiting and retaining families in need of family home visiting (fhv) services critical to program success. We intend to reach and engage families in need of fhv by offering an opportunity to be screened for fhv to prenatal/postpartum families at our WIC program sites. Positively screened families who express a desire for fhv, will then be offered a home visit, where a parent survey would be completed to help determine eligibility for evidence based home visiting. In addition to internal processes, community wide education about the project will occur, with encouragement and acceptance of referrals from any sources. Continuity of care via consistent staffing will be a priority in order to allow for trust and relationship building, thus ensuring retention of families. Not only will family home visitors deliver curricula, but they will be a source of support to families during crisis or stress as well as an engaged community referral expert. Home visitors will be expected to be flexible related to family's needs and requests, reliable and punctual with visits, and trustworthy and respectful of privacy and cultural practices, which will help strengthen relationships and encourage retention.

All staff will receive training relating to cultural sensitivity and humility and culturally sensitive practice will be embedded into our reflective practice strategy. Whenever possible, use of staff or interpreters with similar cultural languages and backgrounds will be utilized. Interpreters utilized will have received training related to ethical interpreter practices and data privacy. In the situation of challenged interpreter availability, language line or video interpreting may be utilized. Written materials reflecting recipient language preference also will be used when possible. Identified languages of high prevalence in our region include Spanish, Somali, Karen, and ASL.

Our regional home visitor staffing plan is exhibited in the table following this section. We are projecting the need overall for 12.83 FTE staff for our 7 county SE MN FHV project. This includes 22 individuals, of which 15 are existing staff and 7 to be hired staff. Our staffing plan is intended to serve a target caseload size of 90 after the first year and 180 families after the second year (based on HFA caseload weightings). The staffing ratio of supervisor to nonsupervisory staff is 2.25 FTE supervisory staff to 12.83

nonsupervisory FTE. This ratio is comparable to HFA staffing standards, and we feel necessary to meet HFA program needs for supervision, reflective practice, and overall model fidelity. Staffing ratio of home visitors (excluding parent survey visitor staff) to clients is 8.33 FTE home visitors to caseload size of 180 families, or an average of 22 - 23 families per 1.0 FTE home visitor. This is also in alignment with HFA model standards for suggested staffing and caseload assignments.

Widespread community knowledge of our project and an easily accessible and consistent referral process are important to ensure ongoing referrals to our project. All partnering agencies have extensive experience and history engaging with referral sources, promoting services, and accepting referrals. Regular face to face meetings will occur with public health staff, and community partners such as social services, early childhood, and primary health care providers to maintain positive connections. All partnering agencies have well-established, simple intake processes to accept referrals, including intake via phone or fax, and we are all co-located with WIC, which is a strength of our referral base and promotes seamless service for families. Follow-up processes for referrals are already built within all agencies to ensure that they are apprised of referral outcomes and in order to maintain a fluid referral process. Extensive knowledge of community resources is also important to ensure successful referrals to local programs such as health care, early education, WIC, food shelves, mental health, housing programs, shelter programs, etc. We expect that all home visiting staff will be "experts" regarding local resources, and resource lists are regularly updated and maintained. In addition, it is expected that active assistance in accessing resources is utilized, with subsequent follow-up to ensure connections have been made. The level of assistance offered or needed will vary with each family, and could range from assisting with a phone call to accompanying a family to an appointment to ensure they are connected and receiving the assistance needed to best support the family. A system will also be in place to track and follow-up on referrals.

Sustainability of this project is important. All partnering agencies practice consistent third party billing via private and public sources, which is critical to sustaining services during and beyond the grant period. In addition, the enhanced reimbursement of $140.00 for prenatal/postpartum nurse visits associated with evidence-based practices will be maximized when possible, since this helps reserve grant dollars to support work that is non-reimbursable by third party sources.

A regional advisory council will be established to provide ongoing input and oversight for the SE MN FHV project. All partnering agencies have connections with potential partners who could be invited to serve on this council. We expect that the council would meet quarterly, and will include representatives from public health, community resources, early childhood education, and families enrolled in the project.

SE MN FHV Project Regional Home Visitor Staffing Plan

Home Visitor, Supervisor, Other Staff Position	Home Visiting Model	FTE amount funded from EBHV grant (proposed)	Number of Family Slots (caseload) added if EBHV grant is funded	Total number of family slots to be served by this HV position	Existing Staff (Y/N)	Staff planning to hire (Y/N)
Dodge-Steele: HFA Supervisor/Parent Survey Visitor	HFA	0.5	N/A	N/A	N	Y
Dodge-Steele: HFA Family Home Visitor	HFA	1.0	25	25	N	Y
Freeborn: HFA Supervisor	HFA	0.5	N/A	N/A	Y	N
Freeborn: 2 @ 0.25 FTE HFA Family Home Visitor Nurses	HFA	0.5	10	10	Y	N
Freeborn: 4 @ 0.5 FTE HFA Family Home Visitor Paraprofessionals	HFA	2.0	40	40	Y	N

Freeborn: HFA Parent Survey Visitor	HFA	0.5	N/A	N/A	Y	N
Goodhue: HFA Supervisor	HFA	0.5	N/A	N/A	Y	N
Goodhue: HFA Family Home Visitor-PHN	HFA	1.0	25	25	N	Y
Goodhue: Regional Program Coordinator/HFA Parent Survey Visitor	HFA	1.0	N/A	N/A	N	Y
Rice: HFA Supervisor	HFA	0.5	N/A	N/A	Y	N
Rice: HFA Family Home Visitors (2 @ 1 FTE) paraprofessionals	HFA	2.0	40	40	N	Y
Rice: HFA Parent Survey Visitor	HFA	0.5	N/A	N/A	Y	N
Rice: HFA Family Home Visitor - RN	HFA	.33	10	10	Y	N

Wabasha: HFA Family Home Visitor-PHN	HFA	0.5	15	15	Y	N
Winona: HFA Supervisor	HFA	.25	N/A	N/A	Y	N
Winona: HFA Family Home Visitor	HFA	1.0	25	25	N	Y
Winona: HFA Parent Survey Visitor	HFA	.25	N/A	N/A	Y	N

Data Collection and Reporting

The Southeast Minnesota Family Home Visiting project will collect and submit evaluation data via our electronic health record system (PH-Doc), which is used by all of our partners. That data will then be transmitted securely, as required to the Minnesota Department of Health (MDH) File Transfer Site. All evaluation and reporting measures required by both MDH and Healthy Families America (HFA) will be collected and transmitted according to timelines established by those entities, and will be submitted in a secure manner.

Currently all seven of the public health entities involved in this regional collaboration collect and transmit individual-level data to the Minnesota Department of Health (MDH) on family home visiting clients and services. This includes data related to both short-term and ongoing family home visiting services. This data is collected by home visitors and documented in our electronic health record (PH-Doc) and then transferred securely on a quarterly basis into the Minnesota Department of Health Family Home Visiting Reporting and Evaluation System (FHVRES).

Family home visiting evaluation measures and demographic data will be collected during home visits and documented in data collection forms embedded in our PH-Doc electronic health record by home visitors. To assure data collection accuracy, agencies use tracking tools and supervisory review to ensure that required data measurements are collected and documented, and prior to quarterly data uploads there is supervisory staff review of the data to ensure accuracy. Home visiting staff are expected to document visit interactions as soon as possible after home visits to ensure documentation accuracy, and this information will be reviewed during weekly consultations between home visitors and supervisors. Laptops or tablets are available for all home visitors for documentation purposes, and can be used on home visits. Alternative options may include paper forms for data collection, if it is not feasible to utilize a laptop or tablet in the home setting.

Quality assurance related to HFA model fidelity will require the use of consistent data gathering measures in areas such as: referral response and enrollment timelines, visit frequency, caseload level totals specific to each family home visitor, and frequency and length of reflective practice. Technical assistance and consultation from our HFA Implementation Specialist and other public health partners collecting HFA data and Minnesota Family Home Visiting Evaluation Measures will be used to help streamline and ensure consistency in all data collection processes. In addition, necessary data collection forms are embedded within our PH-Doc software, thus helping to ensure complete and accurate data collection.

All family home visitors and supervisory staff have an important role to play in data collection and reporting. We expect staff to report and document with accuracy, and supervisory staff to devote the necessary time and attention to teach those skills to home visiting staff and provide appropriate oversight to ensure accuracy. In addition, our regional program coordinator will serve as an expert consultant in this area, and will assist county supervisory staff with regional data collection and submission processes to ensure data quality and integrity.

We feel confident in our ability to collect and submit required data measures, based on our history of successful family home visiting data submission to MDH, and our strong relationships with other HFA model programs already using PH-Doc for required data collection. Required data collection forms have already been built and integrated into the PH-Doc system that we currently utilize, and our computer consortium has an ongoing workgroup devoted to HFA data collection, which our regional coordinator will regularly attend to ensure that we are utilizing best practices and all technology resources available.

All of the entities involved in this collaborative arrangement have established policies and procedures in place related to data privacy, safety and security. This includes compliance with state and federal privacy rules related to protected health information, including all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Government Data Practices Act. All agencies have immediate legal consultation available through their county attorney offices via their responsible authority/Data Practices Compliance Officer, in addition to having a designated privacy officer within their public health department.

All partnering agencies use an authorization consent form, which is signed by clients prior to obtaining information and data. This consent also requires clients to identify the level of family home visiting data which they allow to be shared with MDH, and gives authorization to share information with others who may be involved in care coordination and services. In addition, at initiation of services, clients receive a "Notice of Privacy Practices" which explains privacy practices and client rights. Staff receive training upon hire and annually on data privacy, HIPAA regulations, and internal data privacy policies and procedures. Agencies currently track any FHV clients who do not grant informed consent to release their individual-level data to the State of Minnesota, and only aggregate level data is reported for those families.

Security systems are in place in all partnering agencies to ensure safeguarding of health care records and data, including strong password protections, built in electronic health record data protections, daily data system backups, and secure offsite data storage plans and processes. In addition, policies and procedures are in place in all agencies to ensure protection of private data and staff access to data limited to job related purposes.

We do not anticipate any barriers to data collection processes, however HFA required data measures will be new, since we have not been affiliated as an HFA model in the past, so this will be a learning process. However, as mentioned previously, the HFA required data collection forms are already embedded within our software system, and we have strong relationships with staff from other HFA model programs using PH-Doc who can offer technical assistance as needed, as well as the HFA Implementation Specialist for any technical assistance related to data collection or reporting processes.

Continuous Quality Improvement

Community Health Boards in Minnesota are required to have quality improvement plans, as part of the Minnesota Local Public Health Assessment and Planning process. All seven partner agencies involved in this grant proposal have quality improvement plans in place, which are regularly reviewed and updated. These plans establish a framework for quality improvement in an effort to build a culture of continuous quality improvement throughout the organizations.

All partnering agencies value quality improvement, have identified it as a priority, and have systems in place to assure a culture of quality improvement. In addition, we are committed to use of continuous quality improvement methods to improve outcomes for family home visiting services.

In Rice County, a Quality Improvement (QI) Council has been in place since 2014. Engaging in continuous quality improvement is expected at all levels across the department. QI council membership represents a cross section of the agency, and meetings are held at least quarterly, with regular updates and trainings for staff. Rice has worked in partnership with the Minnesota Department of Health (MDH) over the last three years to administer QI maturity surveys to staff on a periodic basis to measure changes agency-wide related to QI culture.

Goodhue County's quality improvement vision is to improve the value of services provided to customers and communities of Goodhue County through a structured quality improvement process. A multidisciplinary QI committee is in place and QI projects use data and models to track progress, in addition to tracking on an annual QI project calendar. QI and process improvement are incorporated into organization-wide culture, and training is provided to all staff, and incorporated into job descriptions and annual performance evaluations.

In Wabasha County, a Quality Improvement (QI) Council has also been in place since 2014. Meetings are held at least quarterly, with regular training and updates to all staff. Wabasha County has recently worked on QI projects to improve referral forms and processes, to update task lists, and to improve staff onboarding.

Winona County's Strategic Plan 2015-2018 includes the Community Health Quality Improvement Plan. Winona County has implemented the LEAN process, and staff participate in the QI committee and identify QI initiatives. Within the family home visiting unit, staff are working to develop specific QI projects related to documentation and data collection in PH-Doc.

Dodge-Steele Community Health Board also has a Quality Improvement Plan in place, and have QI committees that were established in 2015. Committee members and staff submit potential quality improvement projects. When a QI project is initiated and a new process or policy deemed a positive outcome, the process or policy is implemented. A project that is currently being worked on is aligning PH-Doc coding between the two public health departments.

Freeborn County CHB has had a Quality Improvement Committee since 2012. All staff have been trained on QI and strongly encouraged to participate in the process. The QI Committee meets monthly to review QI project requests and to monitor progress on

current projects. Updates are provided to all staff regularly. Freeborn has also worked with MDH to administer the QI Maturity Index annually to track progress.

Specific quality improvement activities take place in all partnering agencies, including activities such as the use of random customer satisfaction surveys with a numeric scoring and review process; use of performance management data grids for measuring and monitoring program metrics; quarterly chart audits using a uniform review tool; regular shadowing of home visits for peer review and supervision; and QI projects using the Plan-Do-Study-Act (PDSA) cycle. These activities all assist in evaluating and improving agency performance. Some of our agencies have also had staff involved in MDH Community of Practice quality improvement learning collaboratives, and we plan to increase staff involvement with the MDH FHV CQI Learning Collaborative in 2018.

Currently all agencies involved in the SE Minnesota Evidence-based Family Home Visiting (SE MN EHV) project are providing "evidence influenced" family home visiting (fhv), however if funded as a regional project we would become Healthy Families America (HFA) affiliated and accredited, which requires rigorous QI processes to improve home visiting outcomes.

Our agencies currently collect and submit family home visiting data on a regular basis to the MDH. This experience with data collection related to fhv outcomes, in addition to our ongoing QI practices and foundational understanding, will ensure a smooth transition for work related to HFA required quality improvement activities. In addition, as we move forward with the HFA accreditation process, we will develop a written standard of expectations regarding services, quality, and outcomes.

All staff involved with this project will be expected to be a part of QI activities. We believe everyone involved has an important part to play in QI. Agencies will allow adequate time, in addition to supervisor support and guidance, to ensure ongoing work on QI activities. QI activities will be included in expected duties for all staff engaged in fhv, thus embedded within their daily work. In addition, regular interactions between the agency supervisors with FHV staff will include conversation and review related to quality improvement. The regional program coordinator will also be charged with establishing a QI team, and being actively engaged with the MDH FHV CQI Learning Collaborative.

Currently all partners within this collaborative use the same electronic health record - PH-Doc, to capture fhv outcomes data. This data, in addition to data recorded on additional spreadsheets managed by agency supervisors, will be tracked and reviewed quarterly by supervisors and the regional program manager. If insufficient progress is being made, there will be group analysis regarding potential barriers, with subsequent corrective action plans made. A cycle of continuous quality improvement cycle will be used to ensure that data is used to drive decision making.

SOUTHEAST MINNESOTA FAMILY HOME VISITING PROJECT

WORK PLAN

Name of Community Health Board, Non-Profit or Tribal Nation (Primary Applicant):

Rice County Community Health Board

Name(s) of partner applicants:

Dodge-Steele County Community Health
Freeborn County Public Health
Goodhue County Health and Human Services
Wabasha County Community Health
Winona County Community Services

Contact person for Work Plan:
Deb Purfeerst, dpurfeerst@co.rice.mn.us, 507.332.5914

Proposed target caseload: Caseload size 180 families (90 families after year one, 180 families by the end of year two, based on HFA caseload weighting)

Date submitted: January 31, 2018

GOALS/SMART OBJECTIVES	ACTIVITIES	PERSON RESPONSIBLE	TIME PERIOD
GOAL: Establish and implement EBFHV to a target population of pregnant/post partum at risk families in our southeast MN region via the HFA model within one year of grant funding. **Objectives:**			
1.Application for HFA affiliation completed and approved by June 2018	• Complete and submit application with payment for HFA affiliation as a multi-county single site program	*Agency Directors*	May 2018
	• Receive technical assistance from HFA Implementation specialist as needed to ensure affiliation is granted	*Agency Directors*	May 2018
2. All partnering agencies will recruit and hire necessary staff for the HFA model by July 2018.	• Begin job posting and complete hiring processes for all positions needing to be hired	*All agencies with positions "to be hired"*	May - July 2018
	• Goodhue County will advertise for Regional Program Coordinator via the Merit System and other sites, and conduct interviews	*Goodhue County Deputy Director and supervisory staff*	May-July 2018

	• Select and hire regional program coordinator in consultation with other partnering agencies	*Goodhue County Dep. Director in consultation with other regional directors*	June - July 2018
3.All staff providing HFA services will receive required training for HFA model implementation by September 2018 (Regional Program Coordinator/ Agency Sups/FHV staff will be trained with Core Integrated Strategies Training; Regional Program Coordinator/Agency Sups/Parent Survey Visitors will be trained with Core Survey Training; Agency Sups/FHV staff will be trained with Growing Great Kids Curriculum Training)	• Review training needs with individual counties • Obtain approval from HFA for any prior trained staff who may might this criteria • Schedule Trainings with HFA for Core Integrated Strategies & Core Survey Training • Arrange central location for training • If there are openings for others notify those using HFA model of space availability • Staff and supervisors will attend HFA training related to job duties • Schedule curriculum training with GKI • Arrange central location for training • If there are openings for others notify those using GGK curriculum of space availability • Staff and supervisors will attend GGK training related to job duties	*Regional Program Coordinator and agency supervisors* *Regional Program Coordinator and agency supervisors* *Regional Program Coordinator* *Partnering agency staff* *Regional Program Coordinator* *Partnering Agency Staff*	July - Sept 2018 July - Sept 2018 July - Sept 2018 July - Sept 2018 July-Sept 2018 July - Sept 2018

4.**All staff providing fhv will receive HFA required orientation and other trainings within 1 year of hire**	• Orientation topics are covered with staff prior to direct contact with participants and prior to direct supervision of staff.	*Partnering Agency Staff*	Sept 2018 onward
	• Wrap around training topics will be covered at 3, 6 and 12 months after affiliation	*Partnering Agency Sups and staff*	Sept 2018 onward
	• All staff will receive at least one training with intent to increase one's ability to practice cultural humility.	*Partnering Agency Sups and staff*	Sept 2018 onward
	• Staff will be trained before administering the ASQ-3 and ASQ SE-2, depression screens, or any other evaluation tools or screening /assessment instruments used by our project site.	*Partnering Agency Sups and staff*	Sept 2018 onward
	• Explore ongoing training opportunities for program staff	*Regional Program Coordinator and sups*	Sept 2018 onward
	• Consider need for Stop Gap training and cross county coverage as contingency plan for staffing shortages	*Regional Program Coordinator and sups*	Sept 2018 onward

5.Preliminary policies/procedures based on best practice standards will be developed by October 2018 and finalized by May 2019	• Standards of best practice review and associated policy and procedure development monthly meetings	*Regional Program Coordinator and sups*	Aug 2018 - May 2019
6.Referral network established by October 2018	• Set up meetings with identified referral sources to discuss the HFA program and referral process to the program.	*Agency Supervisors*	July – Oct 2018
	• Review and / or develop list of current resources for outgoing referrals on behalf of the target population and update as needed. Reach out to referral sites to ensure most up-to-date referral materials.	*Agency Supervisors*	July- Oct 2018
	• Develop a referral network for incoming referrals to the program	*Agency Supervisors*	July - Oct 2018
7.Establish Regional Advisory Board within six months of funding	• Invite and select representation for the advisory board, with representation from public health, community resources, early childhood education, and	*Regional Coordinator*	September – Oct 2018

	families enrolled in the project. • Set up schedule of meetings/locations for quarterly meetings and begin meeting	*Regional Coordinator*	Nov 2018 and quarterly onward
8.Plan for Reflective Practice implementation in place by October 2018 **GOAL:** **Serve 90 Prenatal and Postpartum Families via the HFA home visiting model within the seven county region by July 1, 2019, expanding to full caseload of 180 families by July 1, 2020.** **Objectives:** **1. All Partner agencies will work with Regional Program Coordinator to implement HFA best practices with recruitment and enrollment of families into project by Sept 2018.**	• Develop a plan and secure provider for provision of reflective practice and infant mental health consultation • Draft and execute contract for reflective practice and infant mental health case consultation • Review, and educate staff on HFA Best Practice Standards for SE MN FHV Project to assure model fidelity and implement project policies and procedures, prioritizing sentinel standards	*Regional Coordinator* *Regional Coordinator* *Regional Program Coordinator and sups*	July - Oct 2018 July -Oct 2018 July 2018 onward

2. Quality Improvement committee with representation from partnering agencies in place by Jan 2019	• QI committee will be developed comprised of representatives from all partnering agencies	*Regional Program Coordinator and reps from all partnering agencies*	Jan 2019 onward
	• QI meetings every 1-2 months in person, conference call or Vidyo to include best practices considerations.	*QI committee*	Jan 2019 onward
	• Team will review data and develop and implement QI projects to improve services, fidelity, data collection, reporting, and programming	*QI committee*	Jan 2019 onward
	• SE Regional FHV Project will be represented on CQI Learning Collaborative and attend 2 meetings per year	*Agency staff and regional coordinator*	Jan 2019 onward
3.Reflective practice will be implemented upon initiation of HFA home visiting	• Supervisors will provide 1:1 reflective practice meetings with HFA home visitors weekly using principles covered in Integrated Strategies	*Agency supervisors*	September 2018 onward
	• Provision of reflective practice for supervisors and IMH case consultation 2 hrs per month	*Agency sups with contracted provider*	October 2018 onward

4.Data collection and documentation methods in place upon initiation of HFA home visiting	• HFA model fidelity will be supported through consistent data gathering measures such as referral response and timelines, visit frequency, caseload level totals and retention, and frequency of reflective practice.	*Regional Program Coordinator and agency supervisors*	Sept 2018 onward
	• Consult and receive assistanc e from accredited HFA agencies or Conduent (PHDoc software vendor) to streamline and add consistency to HFA data documentation, as needed	*Regional Program Coordinator & HFA Supervisors*	Sept 2018 onward
	• FHV benchmark and demographic data collected during HVs and documented in data collection forms in PH-Doc on a timely basis	*Home visiting staff*	Sept 2018 onward
	• SE Regional FHV Project will be represented at PHDoc HFA Workgroup mtgs	*Reg Coordinator or agency supervisor*	Jan 2019 onward
5.Secure data submission quarterly per MDH and HFA program timelines	• Evaluation data will be compiled for the 7 county region and submitted in one transmission securely via the PH-Doc system to the MDH file transfer site.	*Reg Coordinator and agency sups*	Quarterly data collection and submission as directed by MDH timelines after EBFHV begins

	• HFA required data will be reported according to Best Practice Standards	*Reg Coordinator and agency sups*	As directed by HFA
6.Consistent One Step Screening process implemented in all seven counties to determine eligibility and offer home visiting services by Sept 2018	• Screening questionnaire will be administered at WIC site to prenatal and postpartum women (may be self-administered) • Screening questionnaire will be reviewed and if screen positive, home visiting service options will be explained and offered. Evidence Based HFA will be one of the FHV options	*Agency staff* *Agency supervisors*	Sept 2018 onward Sept 2018 onward
7.Implementation of HFA home visiting by September 2018	• Parent Survey Visit will be scheduled if family is choosing EBFHV and Parent Survey completed at hv • Parent Survey Visitor reviews Parent Survey with supervisor and Family Home Visitor if accepting HFA home visiting • Parent Survey Visitor will document in PH-Doc (electronic health record)	*Agency survey and hv staff* *Agency staff* *Parent survey staff*	Sept 2018 onward Sept 2018 onward Sept 2018 onward

	• Family Home Visitor assigned and home visiting services provided following HFA Best Practice Standards and Policies/ Procedures, including documentation of visits and required data collection	*Agency hv staff*	Sept 2018 onward
8.FHV services will be integrated with the Early Childhood system upon initiation of home visiting	• FHV and Parent Survey services will be offered in a manner that positively links families to local supports such as primary medical and dental care, Early Childhood Family Education, WIC, Follow Along Program, Help Me Grow, fiscal and nutritional supports, local library, and social service assets.	*Agency staff*	Sept 2018 onward
9.Ongoing Intensive FHV under HFA model practice with consistent progression to target caseload by July 2019	• Referral strategies and screening processes will be integrated with data gathering to support program growth to target caseload size	*Regional coordinator and agency supervisor*	Sept 2018 - July 2019

10.Maintain stable program funding and sustainability September 2018 onward	• All partnering agencies practice consistent billing and accounting practices including third party billing and use of enhanced Medical Assistance reimbursement of $140.00 for prenatal/postpartum nurse visits, as well as other available funding to support home visiting • Develop a comprehensive summary of the overall home visiting budgets for each partnering agency including all major home visiting funding sources • All grant invoicing and fiscal reporting will be submitted to RICE as the fiscal host, and RICE submits to MDH for reimbursement and redistribution of funds with intent to maximize third party reimbursement when possible and not supplant funds.	*Agency Directors/accounting staff/support staff* *Agency Directors and Accounting staff* *Agency accounting staff and RICE staff for fiscal host duties*	September 2018 onward September-Nov 2018 September 2018 onward

GOAL: **Achieve HFA Model Accreditation as a multi-county single site by the fall of 2021** **Objectives:**			
1.Apply for accreditation and complete regional site visit from HFA peer review team by the fall of 2020	• Complete application and payment for accreditation • Host a regional site visit from HFA peer review team	*HFA Supervisors & Regional Program Coordinator* *HFA Supervisors & Regional Program Coordinator*	Fall 2020 Fall 2020
2.Fully achieve status as an accredited HFA model by the fall of 2021	• Continue all best practices maintaining fidelity to HFA model under a consistent set of regional operational policies and procedures • Work with HFA program staff to obtain full accreditation status	*All agency supervisors, staff & Regional Program Coordinator* *All agency supervisors, staff & Regional Program Coordinator*	Fall 2020 onward Fall 2021

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	April 17, 2018	**Staff Lead:**	Mike Zorn
Consent Agenda:	☐ Yes ☒ No	**Attachments:**	☒ Yes ☐ No
Action Requested:	Approve 2018 Goodhue County Sheriff's Department Fraud Prevention Agreement		

BACKGROUND:

Back in June 2017 County Administration, County Sheriff's and Health and Human Services began discussions about developing a local contract for fraud investigations with the Goodhue County Sheriff's Office in addition to our current regional fraud investigator. During the 2018 County Budget process, the County Board approved funding for a local, county fraud prevention work and soon thereafter, the GCHHS Department began working towards an agreement with Goodhue County Sheriff's Department and County Attorney's Office.

On February 5, 2018 there was a fraud contract discussion meeting with Goodhue County Attorney's Office, Goodhue County Sheriff's Office and Goodhue County Health & Human Services. At this meeting, all parties reviewed a draft of the fraud contract, discussed what the current regional Fraud Prevention Investigation (FPI) contract provides, what Goodhue County did regarding fraud before the implementation of a regional FPI contract and what do we want to do as a county regarding fraud.

On March 5, 2018, there was another fraud contract meeting with representatives from Wabasha County Sheriff's Office, Goodhue County Attorney's Office, Goodhue County Sheriff's Office, and Goodhue County Health & Human Services. At this meeting, we reviewed the 2017 cases of fraud referrals for Goodhue County and the region. We discussed establishing guidelines for Criminal Referral versus Administrative Disqualification Hearing (ADH). Our discussion involved collaborating with each other in addition to the current Regional Fraud Prevention Program. It was discussed what our current and future process for referral of fraud would be.

The process that we agreed to at the meeting would be that HHS would continue to refer fraud referrals to the Regional Fraud Investigator. The Regional Fraud Investigator would continue to go through the fraud procedures and determine the case action. Case actions could be No Change; Negative Action; Waive the Administrative Disqualification Hearing; or have an Administrative Disqualification Hearing. If the case looked like it had fraudulent intent or the

Fraud Investigator needed additional support in investigating the case then that case would be referred to the Goodhue County Sheriff's Office for investigation and for that office to determine if the case would then be referred to the Goodhue County Attorney's Office for potential criminal prosecution.

The next update to the HHS Board we are looking either at a Committee of the Whole (COW) or during the HHS Board Meeting on August 21, 2018. In attendance, we will have representative(s) from MN Office of Inspector General Financial Fraud and Abuse Investigative Division, Wabasha County Sheriff's Regional Fraud Investigator, Goodhue County Sheriff's Office, Goodhue County Attorney's Office and Goodhue County Health & Human Services.

RECOMMENDATION: The GCHHS Department recommends approval of the above contract, and to track and monitor the referrals that are generated to the Goodhue County Sheriff's Office and Goodhue County Attorney's Office over a 3-6 month period and report to the GCHHS Board.

AGREEMENT BETWEEN
GOODHUE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
AND GOODHUE COUNTY SHERIFF'S DEPARTMENT

This agreement is between the Goodhue County Health and Human Services Department (hereafter referred to as the "Department") and Goodhue County Sheriff's Department (hereafter referred to as "Contractor") for Fraud Prevention Investigations (FPI).

Period of Agreement: April 1, 2018 through December 31, 2018. This agreement shall be automatically renewed for successive years unless either party hereto gives notice of termination or modification as stated herein.

WHEREAS, the Contractor represents that it is duly qualified and willing to perform the services set forth herein; and

WHEREAS, the Department has a cooperative agreement with Contractor to provide FPI services;

WHEREAS, the Department wishes to purchase services from the Contractor; and

NOW, THEREFORE, in consideration of the mutual understanding and agreements set forth, the Department and the Contractor agree as follows:

I. SCOPE OF SERVICES AND SPECIFIC DUTIES

HHS DUTIES.
HHS will:

1.1 Cooperate with the STATE and the FPI SHERIFF'S DEPARTMENT in fulfilling goals and objectives of the FPI Program pursuant to the FPI Guidelines, United States laws, federal regulations, State of Minnesota (State or state) laws, applicable Department rules and county ordinances.

1.2 Cooperate with the SHERIFF'S DEPARTMENT in monitoring fraud referrals, completed investigations and case actions taken because of fraud prevention investigations.

1.3 Cooperate with the SHERIFF'S DEPARTMENT and the STATE in submission of narrative, financial and/or statistical reports either as required in FPI Guidelines or as requested by the STATE.

1.4 Ensure that eligibility workers under its control make FPI referrals to the investigator representing the SHERIFF'S DEPARTMENT,

cooperate with case action reporting requirements and participate in funded FPI program related training.

1.5 Evaluate FPI referral rates among HHS eligibility workers in order to help identify fraud detection training needs.

1.6 Refer for criminal prosecution public assistance recipients and providers who have committed intentional program violations (IPV) or, when HHS agency attorney declines such prosecutions or the HHS agency decides not to pursue criminal prosecution of an IPV, pursue administrative disqualification of a provider or recipient in lieu of criminal prosecution in compliance with Minnesota Statutes, section §256.046.

SHERIFF'S DEPARTMENT DUTIES.

The SHERIFF'S DEPARTMENT will:

2.1 Provide FPI services and to provide to the Goodhue County Attorney's office, when applicable, and the Department, in writing, the findings of the investigation of cases referred by the Department.

2.2 To make available, for court appearances, deposition and office conferences, those personnel who can contribute to the criminal or civil prosecution of such cases.

2.3 To serve, upon request of the Court or the Goodhue County Attorney's Office, complaints, subpoenas and all other legal documents relating to the programs administered by the Department, and in furtherance of the aforementioned criminal or civil prosecutions.

2.4 Use qualified investigative staff to provide FPI services.

2.5 FPI activities will be conducted in such a manner that meets the standards, policies and guidelines as published by the Minnesota Department of Human Services.

2.6 Assist HHS in the identification and disqualification of individuals through the administrative disqualification hearing process when a completed fraud prevention investigation identifies an intentional program violation and no criminal action is contemplated.

2.7 Work in cooperation with the Minnesota Department of Human Services, Office of Inspector General, Financial Fraud and Abuse Investigative Division and the Regional FPI contract in submission of narrative, financial and/or statistical reports either

as required in FPI Guidelines or as requested by the STATE.

2.8 Work in cooperation with the Goodhue County Attorney's Office to have an understanding of the documentation required for Fraud Prevention and Backend Fraud Investigation necessary for prosecutions.

II. COST OF PURCHASED SERVICES

The total amount to be paid directly to Contractor for investigative services for one full year equivalent will be $90,000.00 for the contract period billed quarterly which is an equivalent monthly rate of $7,500.00 prorated based on the actual start date of this agreement.

III. STANDARDS TRAINING AND LICENSES

The Contractor shall remain licensed and operate in accordance with Minnesota Statutes §326.32 to §326.339 during the term of this Agreement.

All investigators will receive special training in public assistance eligibility and fraud investigation, including field experience.

Attend any training provided and required by Minnesota Department of Human Services Financial Fraud and Abuse Investigation Division to obtain access to the State FPI Computer Program.

The Contractor shall comply with all applicable federal and state statutes and regulations as well as local ordinances and rules now in effect or hereafter adopted.

IV. STATE AUDITS

Under Minn. Stat. §16.C.05, subd. 5, the books, records, documents, and accounting procedures and practices of the Sheriff's department and its employees, agents, or subcontractors relevant to this contract shall be made available and subject to examination by HHS and STATE, including the FPI contracting Agency/Division, Legislative Auditor, and State Auditor for a minimum of six years from the end of this Agreement.

V. SAFEGUARD OF CLIENT INFORMATION

For the purposes of executing its responsibilities and to the extent set forth in this Agreement, the Contractor shall be considered part of the welfare system as defined in Minnesota Statutes, Section §13.46, Subdivision 1. The Contractor's employees and agents shall have access to private or confidential data maintained by the counties to the extent necessary to carry out its responsibilities under this Agreement. The Contractor agrees to comply

with all of the requirements of the Minnesota Government Data Practices Act in providing services under this Agreement.

VI. EQUAL EMPLOYMENT OPPORTUNITY. CIVIL RIGHTS AND NONDISCRIMINATION

The Provider agrees to comply with the Civil Rights Act of 1964 and 1991 as amended; Title VII, 42 B.SC. 2000e et seq as amended, including Executive Order No. 13672; Title VI, 42 U.S.C. 2000d et seq as amended; Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101, et seq. and 28 C.F.R. § 35.101-35.190 as amended; Title IX of the Education Amendments of 1972 as amended; and Sections 503 and 504 of the Rehabilitation Act of 1973 as amended and all other Federal regulations which prohibit discrimination in any program receiving federal financial assistance and the Minnesota Human Rights Act, Minnesota Statutes, § 363A.Ol et seq.

All contractors doing business with the county adhere to the Department's policy to the principles of Equal Employment Opportunity and Affirmative Action. Such agencies as required by law are to have on file with the State of Minnesota an approved Affirmative Action Plan and must submit for the county's file, the Certificate of Approval.

VII. FAIR HEARING AND GRIEVANCE PROCEDURES

The Contractor agrees to participate in Fair Hearings, Disqualification Procedures, and Grievance Hearings in conformance with and in conjunction with procedures as established by the administrative rules of the Minnesota Department of Human Services.

VIII. CONDITIONS OF THE PARTIES' OBLIGATIONS

It is understood and agreed that in the event the funding to Goodhue County HHS from state and federal sources is not obtained and continued at an aggregate level sufficient to allow for the purchase of the indicated quantity of services, the obligations of each party hereunder shall be terminated.

Contractor shall neither assign nor transfer any rights or obligations under this Contract without the prior written consent of Goodhue County HHS.

IX. MODIFICATION OF AGREEMENT

Any amendments of this Agreement shall be in writing and shall be executed by the same parties who executed the original contract or their successors in office.

This Agreement may be canceled by either party at any time, with or without cause, upon thirty (30) days written notice to the other party.

In the event of such a cancellation, Contractor shall be entitled to payment, determined on a pro-rata basis for work or services satisfactorily performed.

X. MERGER

Entire Agreement: It is understood and agreed that the entire Agreement of the parties is contained in Numbers I through X. This Agreement supersedes all oral agreements and negotiations relating to this Contract including any previous agreements pertaining to the services described herein. All items referred to in this Agreement are incorporated or attached and are deemed to be part of this Agreement.

IN WITNESS WHEREOF, Goodhue County Health and Human Services Department and the Contractor have executed this agreement as of the day and year first written above.

Contractor, having signed this Agreement and the Goodhue County Board Health and Human Services Board having duly approved this Contract on _____and pursuant to such approval and the proper county officials having signed this Agreement, the parties hereto agree to be bound by the provisions herein set forth.

COUNTY OF GOODHUE, STATE OF MINNESOTA
GOODHUE COUNTY HEALTH AND HUMAN SERVICES
BOARD

By_____ Dated_____
GOODHUE COUNTY HHS BOARD CHAIR

ATTESTED TO:

By_____ Dated_____
GOODHUE COUNTY HHS DIRECTOR

BY_____ Dated_____
GOODHUE COUNTY SHERIFF

By_____ Dated_____
GOODHUE COUNTY ATTORNEY

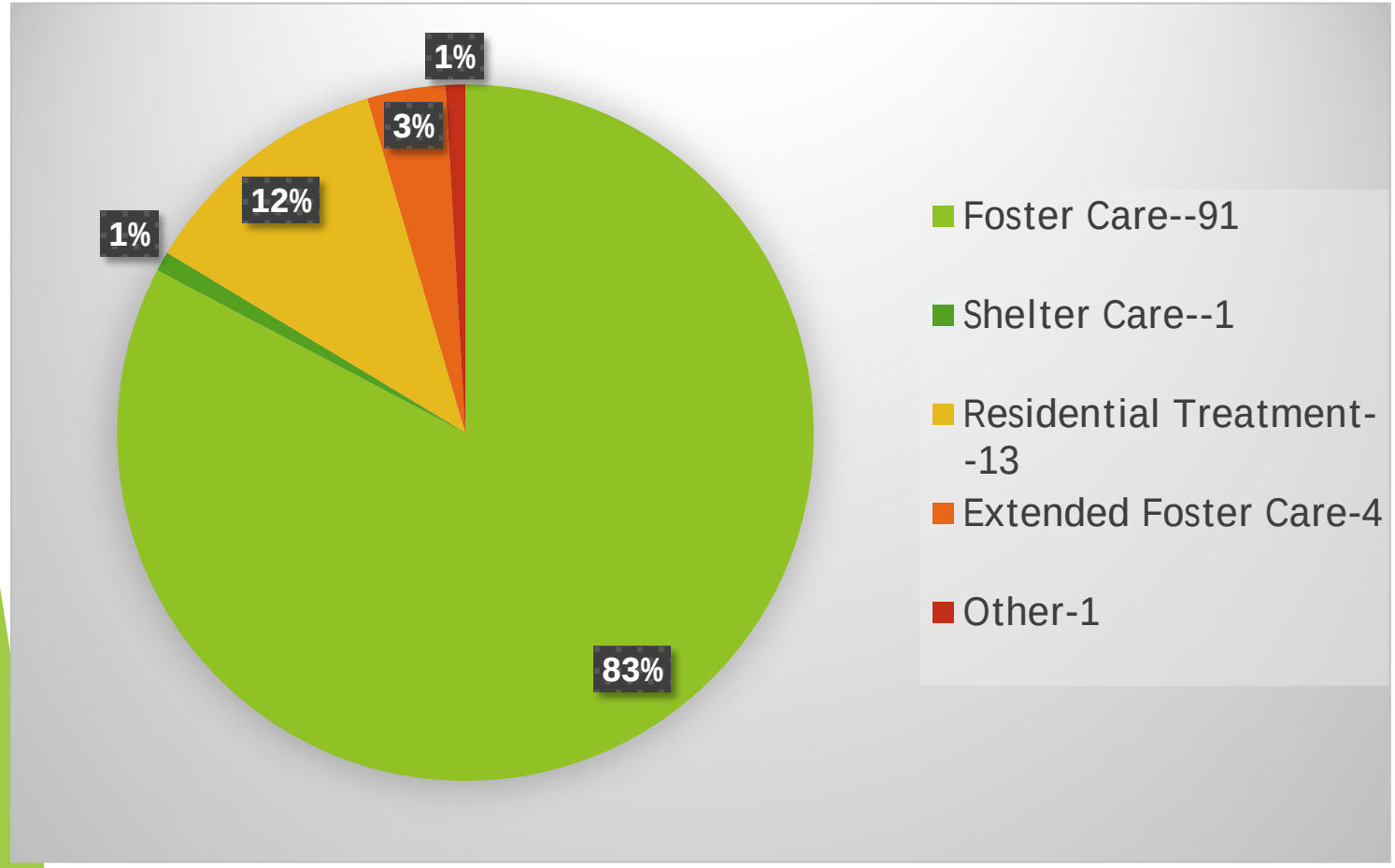
Out of Home Placement Summary 2017

Kris Johnson, Social Services Supervisor

Goodhue County Health and Human Services

2017 Children in Placement

sorted by placement type



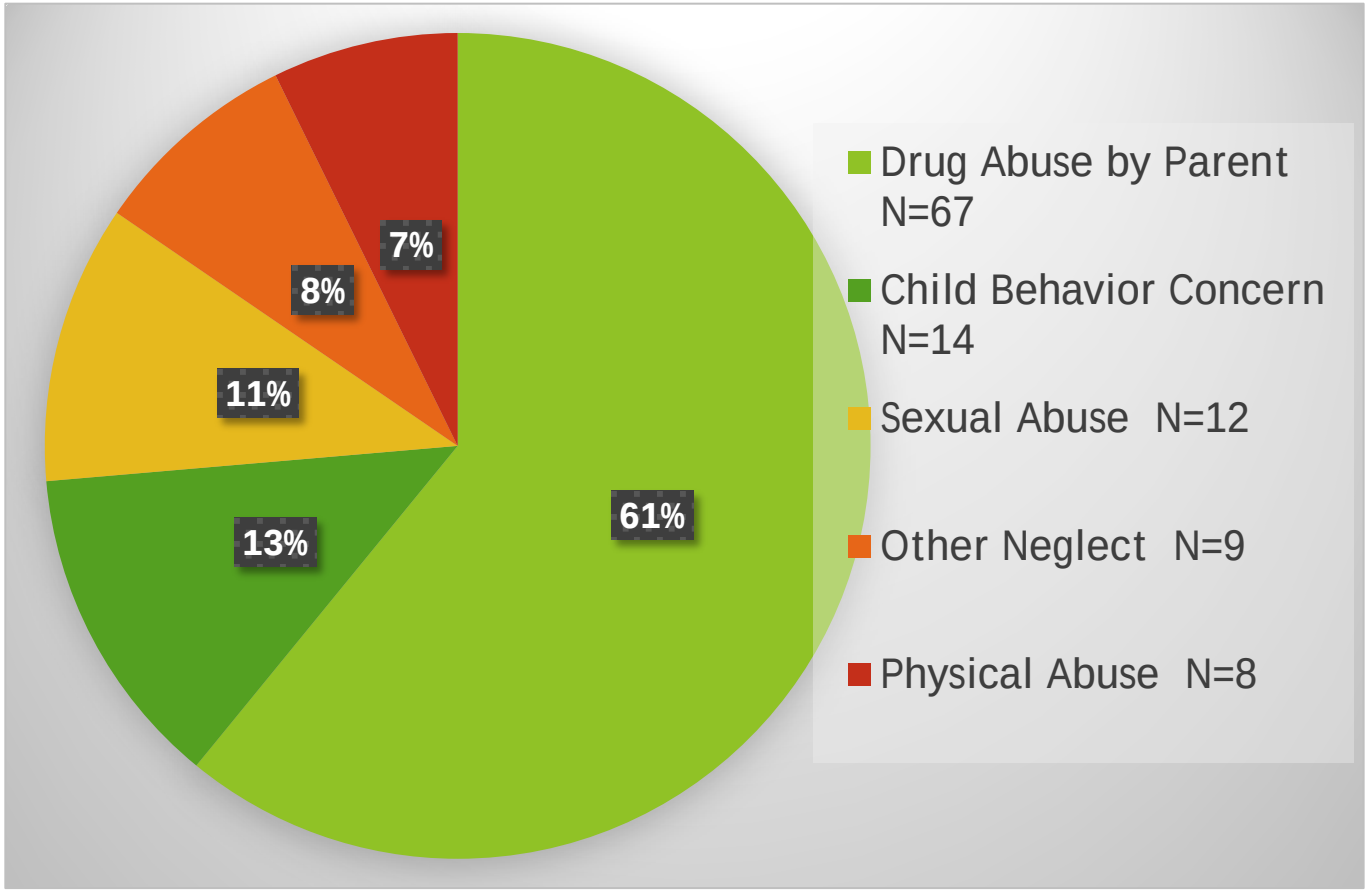
The length of time in placement varied from 1 day to the entire year.

Foster care, either in licensed relative foster homes or non-relative homes, was the most popular type of placement, but residential treatment is far more costly.

Total number of children=110

2017 Children in Placement

sorted by primary reason for placement

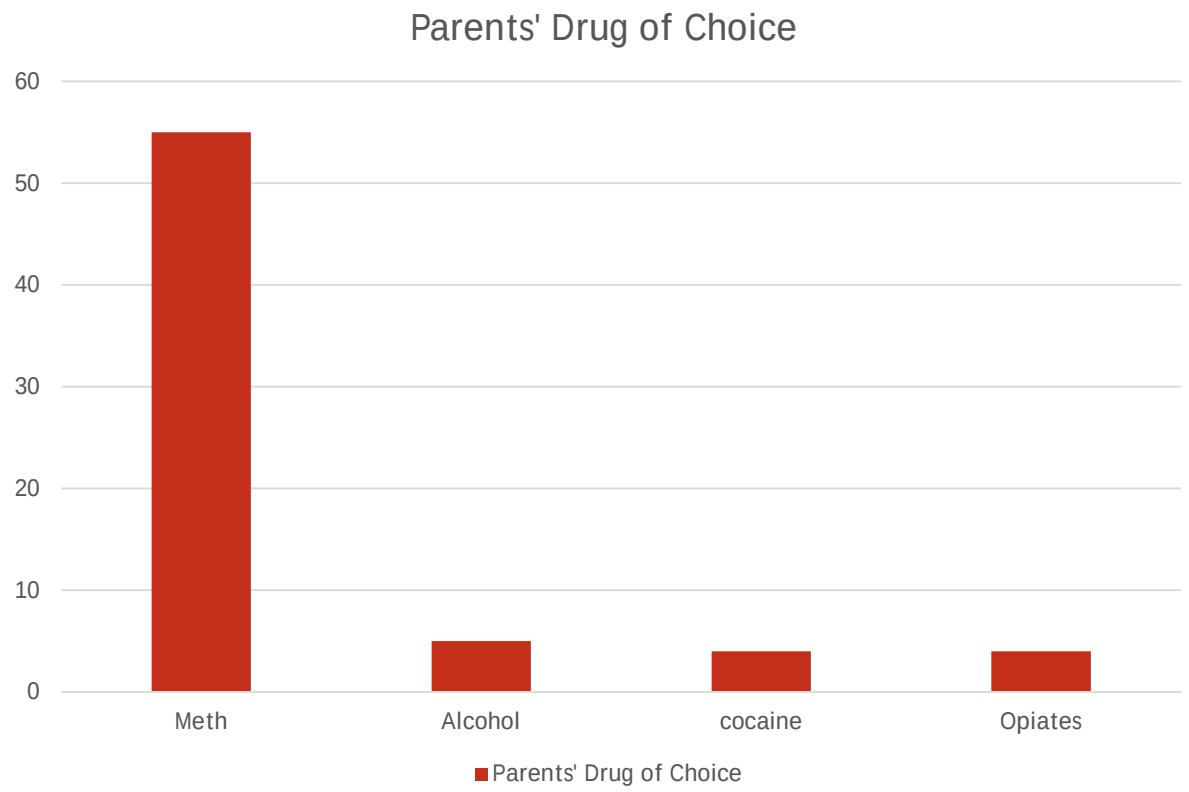


Goodhue County data is similar to trends throughout the state. In 2016, parental drug use was the leading cause of out of home placement in Minnesota.

Total number of children=110

2017 Out of Home Placement Cases

Parents' Drug of Choice



While opiate use has increased, methamphetamine is much more significant in Goodhue County child protection at this time.

Methamphetamine—55

Alcohol—5

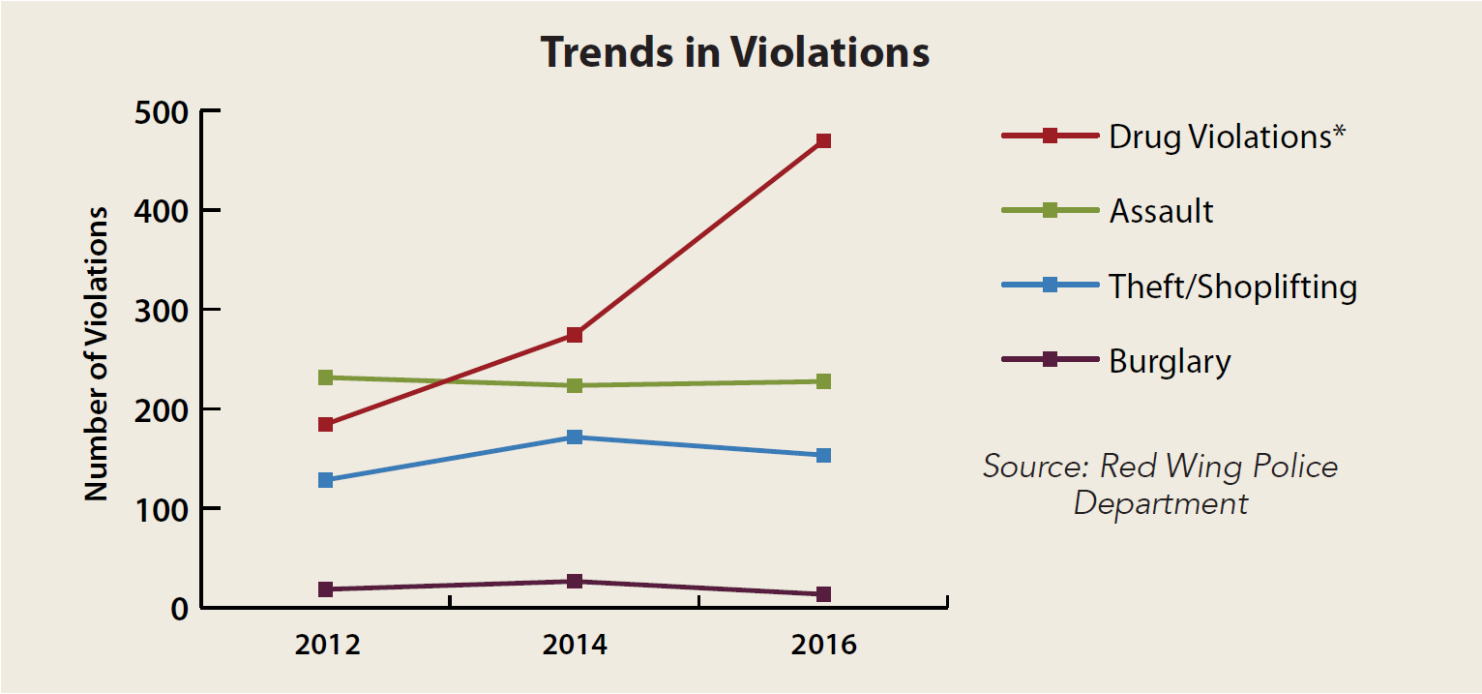
Cocaine—4

Opiates-4

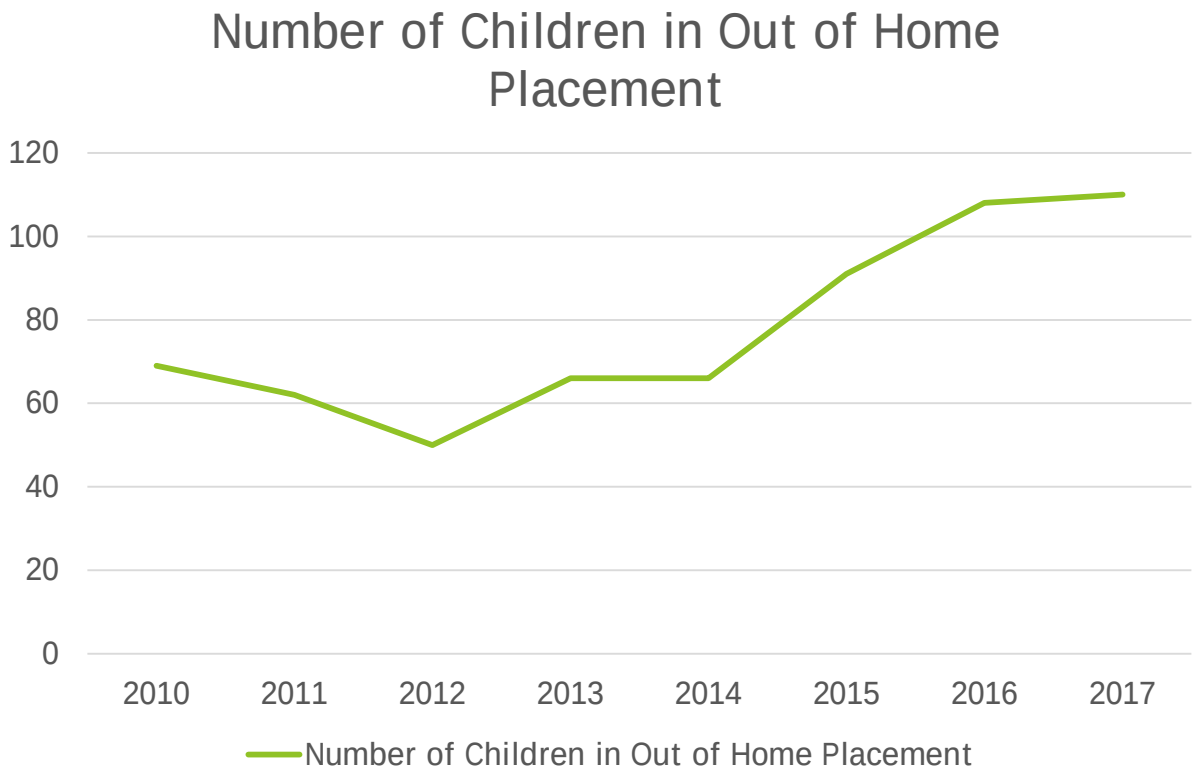
Some parents may abuse more than one drug. For this data, the primary drug of choice was identified.

Trends in Red Wing
Drug arrests

- Drug arrests have increased significantly in the past 2 years in Red Wing.
  - Source—Red Wing 2040 Report Card



Out of Home Placement Trends 2010-2018



There was a significant increase in placements from 2014 to 2016, which was consistent with the Increase in drug arrests in Red Wing.

In addition, there were some legislative changes in the children protection process that increased our workload during this time.

Where do we go from here?

- Prevention programs such as Parent Support Outreach Program (PSOP) and Family Home Visiting have been shown to reduce abuse and neglect—including neglect from parental drug abuse—when utilized extensively.
- We are working with neighboring counties to develop a program that has been shown to reduce the number of days in residential treatment.
- We are working with Fernbrook Family Center and Hiawatha Valley Mental Health Center to increase community based programming for children with mental health issues. We expect that one or both organizations will receive a DHS grant to offer school based mental health services throughout the county.
- Goodhue County has started a pilot program for Treatment Court.
- We will continue to partner with community agencies to prevent child abuse, neglect, and drug abuse.
- Questions? Thank you!

Goodhue County
Health and Human Services

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

DATE: April 17, 2018

TO: Goodhue County Health and Human Services (HHS) Board

FROM: Mike Zorn, Deputy Director

RE: First Quarter 2018 Fiscal Report

In the first quarter of CY 2018, Goodhue County Health & Human Services Agency had the following budget financial summary.

- We expended 27% ($4,397,931) of our budget ($16,313,640) 25% of the way through the year. Last year at this time, we expended 27%.
- We have collected 14% ($2,356,761) of our anticipated revenue ($16,313,640), 25% of the way through the year. Last year at this time, we collected 14%.

Children in Out of Home Placement:
We have expended 39.4% ($648,600) of our budget ($1,644,500), 25% of the way through the year, which resulted in being over budget 14.44% or $237,475. This continues to be a state and national trend of increasing OHP costs.

State Hospital Costs:
We have expended 30% ($182,235) of our budget ($600,000). Last year at this time, we expended $213,510. We continue to anticipate this given the state crisis with mental health, the situation with Anoka-Metro Regional Treatment Center where clients do not have any other place to go.

Good news is that one of our long-term clients that was there has now relocated outside of Anoka-Metro Regional Treatment Center.

Consolidated Chemical Dependency Treatment Fund (CCDTF):
As we seen at the September 2017 Board meeting, when reviewing the DAANES report for 2016 Chemical Dependency Treatment is also increasing. The County share of Consolidated Chemical Dependency Treatment Fund (CCDTF) had significantly increased in 2017 compared to 2016. For the first quarter, we have expended 34% ($68,328) of our budget ($200,000).

Salaries, Benefits, Overhead and Capital Equipment:
On agency salaries, benefits, overhead and capital equipment line items, we have expended 23% of our budget 25% of the way through the year.

The 2018 budget driving force continues to be costs associated with OHP, State Hospitals and Chemical Dependency.

Goodhue County

REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2018 Thru: 03/2018

Percent of Year: 25%

11 Fund
Health & Human Service Fund

479 Dept
PHS Administration

Account Numbe	Description	Status	03/2018 Amount	Selected Months	2018 Budget	% Of Budget
11-479-479-0000-6202	Cell Phone		72.59	228.88	1,050.00	22
11-479-479-0000-6203	Postage/Freight		.00	0.00	1,600.00	0
11-479-479-0000-6243	Association Dues/Memberships		.00	0.00	2,000.00	0
11-479-479-0000-6268	Software Maintenance Contracts		.00	0.00	23,730.00	0
11-479-479-0000-6278	Consultant Fees		175.00	175.00	700.00	25
11-479-479-0000-6283	Other Professional & Tech Fees		175.06	1,413.08	8,656.00	16
11-479-479-0000-6302	Copies/Copier Maintenance		636.17	1,373.74	6,800.00	20
11-479-479-0000-6331	Mileage		.00	103.55	70.00	148
11-479-479-0000-6332	Meals & Lodging		.00	25.62	500.00	5
11-479-479-0000-6335	Motor Pool Vehicle Usage		27.60	27.60	0.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,894.75	18,894.75	75,579.00	25
11-479-479-0000-6351	Insurance		.00	8,370.54	8,201.00	102
11-479-479-0000-6357	Conferences/Schools/Training		110.00	110.00	400.00	28
11-479-479-0000-6405	Office Supplies		450.78	450.78	1,600.00	28
11-479-479-0000-6414	Food & Beverages		105.00	176.74	158.00	112
11-479-479-0000-6432	Other Furniture & Equipment		1,038.45	1,038.45	0.00	0
11-479-479-0000-6480	Equipment/Furniture<$5,000		22,377.90	22,377.90	19,600.00	114
479 Dept	TOTALS PHS Administration	Revenue	20,886.04 -	20,886.04 -	27,100.00 -	77
		Expend.	64,927.98	123,804.68	336,332.00	37
		Net	44,041.94	102,918.64	309,232.00	33
11 Fund	TOTALS Health & Human Service Fund	Revenue	745,912.30 -	2,356,760.58 -	16,313,640.00 -	14
		Expend.	1,382,180.94	4,397,931.25	16,313,640.00	27
		Net	636,268.64	2,041,170.67	.00	0
FINAL TOTALS:	567 Accounts	Revenue	745,912.30 -	2,356,760.58 -	16,313,640.00 -	14
		Expend.	1,382,180.94	4,397,931.25	16,313,640.00	27
		Net	636,268.64	2,041,170.67	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL 2017	ACTUAL THRU 3/18	BUDGET 2018	% OF BUDGET	% OF YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	$3,493.00	$3,148.00	$5,000.00	63%	25%
11-430-710-3710-6020	CHILD SHELTER -SS	$43,625.12	$4,002.40	$30,000.00	13%	25%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS			$1,000.00	0%	25%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	$1,023.00	$143.38	$2,000.00	7%	25%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	$22,120.00	$3,085.62	$15,000.00	21%	25%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	$127,894.52	$13,905.57	$150,000.00	9%	25%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	$576,606.30	$136,288.84	$460,000.00	30%	25%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	$47,707.73	$6,173.07	$45,000.00	14%	25%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	$8,118.00	$1,914.00	$8,000.00	24%	25%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	$14,979.55	$866.88	$15,000.00	6%	25%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE			$1,500.00	0%	25%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	$28,068.23	$25,644.06	$9,000.00	285%	25%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	$5,613.16	$190.77	$9,000.00	2%	25%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	$292,278.05	$170,415.61	$330,000.00	52%	25%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	$107,377.06	$22,738.43	$60,000.00	38%	25%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	$33,381.95	$10,695.08	$24,000.00	45%	25%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	$5,380.29	$1,782.60	$1,000.00	178%	25%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	$875,123.87	$247,605.34	$425,000.00	58%	25%
11-430-740-3831-6020	RULE 5 CS	$47,150.81		$54,000.00	0%	25%
	TOTAL OUT OF HOME PLACEMENT	$2,239,940.64	$648,599.65	**$1,644,500.00**	**39.4%**	25%
	Over/(Under) Budget for percent of year	$1,295,000.00	$237,474.65	**$411,125.00**	25%	25%
	Percent Over/(Under) Budget	**-$944,940.64**			**14.44%**	

	December	
	November	
	October	
	September	
	August	
	July	
	June	
	May	
	April	
	March	**14.44%**
	February	**13.50%**
	January	**4.35%**
Over/Under Budget	2017	**72.97%**

Goodhue County

STATEMENT OF REVENUES AND EXPENDITURES

As Of 03/2018 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	202,317.90	611,629.41	2,764,220.00	22	25
TOTAL SALARIES	202,317.90	611,629.41	2,764,220.00	22	25
OVERHEAD					
AGENCY OVERHEAD	46,342.00	63,641.56	314,269.00	20	25
TOTAL OVERHEAD	46,342.00	63,641.56	314,269.00	20	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER $5,000	0.00	5,898.79	24,480.00	24	25
TOTAL CAPITAL EQUIPMENT	0.00	5,898.79	24,480.00	24	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	53,572.74	154,692.03	730,667.00	21	25
TOTAL SALARIES	53,572.74	154,692.03	730,667.00	21	25
OVERHEAD					
AGENCY OVERHEAD	19,956.05	45,884.37	188,913.00	24	25
TOTAL OVERHEAD	19,956.05	45,884.37	188,913.00	24	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER $5,000	0.00	0.00	0.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	230,575.12	682,109.98	3,147,431.00	22	25
TOTAL SALARIES	230,575.12	682,109.98	3,147,431.00	22	25
OVERHEAD					
AGENCY OVERHEAD	50,431.99	93,868.67	334,400.00	28	25
TOTAL OVERHEAD	50,431.99	93,868.67	334,400.00	28	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER $5,000	0.00	5,667.45	23,520.00	24	25
TOTAL CAPITAL EQUIPMENT	0.00	5,667.45	23,520.00	24	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
PROGRAM PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	216,936.46	646,896.35	2,626,488.00	25	25
TOTAL SALARIES	216,936.46	646,896.35	2,626,488.00	25	25
OVERHEAD					
AGENCY OVERHEAD	62,857.85	89,763.38	282,148.00	32	25
TOTAL OVERHEAD	62,857.85	89,763.38	282,148.00	32	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER $5,000	0.00	0.00	0.00	0	25
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	703,402.22	2,095,327.77	9,268,806.00	23	25
TOTAL SALARIES	703,402.22	2,095,327.77	9,268,806.00	23	25
OVERHEAD					
AGENCY OVERHEAD	179,587.89	293,157.98	1,119,730.00	26	25
TOTAL OVERHEAD	179,587.89	293,157.98	1,119,730.00	26	25
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER $5,000	0.00	11,566.24	48,000.00	24	25
TOTAL CAPITAL EQUIPMENT	0.00	11,566.24	48,000.00	24	25

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
FINAL TOTALS	882,990.11	2,400,051.99	10,436,536.00	23	25

Goodhue County
Health and Human Services

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

DATE: April 17, 2018

TO: Goodhue County Health and Human Services (HHS) Board

FROM: Mike Zorn, Deputy Director

RE: 2018 Additional Staffing Hired Revenue Update Report

BACKGROUND:

At the November 21, 2017 HHS Board meeting the Board approved to hire four new positions from the presentation "Staffing Solutions with County Levy Neutral" HHS presented at the October 17, 2017 Committee of the Whole.

The creation of Lead Workers and additional staff allows HHS to maximize more revenue opportunities from non-County levy sources.

The HHS board requested that we provide regular updates on tracking these revenue sources.

The process of hiring these additional staff has taken some time, the final position hired started on April 11, 2018, and all the new staff are being trained on case management procedures.

These revenue sources do fluctuate on when HHS receives the funds. Some revenue case management is billed monthly, some is billed quarterly and the time study and administration reimbursement is usually reimbursed two months after the end of a quarter.

A Statement of Revenues and Expenditures is attached that shows the detail chart of accounts and account descriptions with current quarter revenue and year to date revenue along with the 2018 Budget.

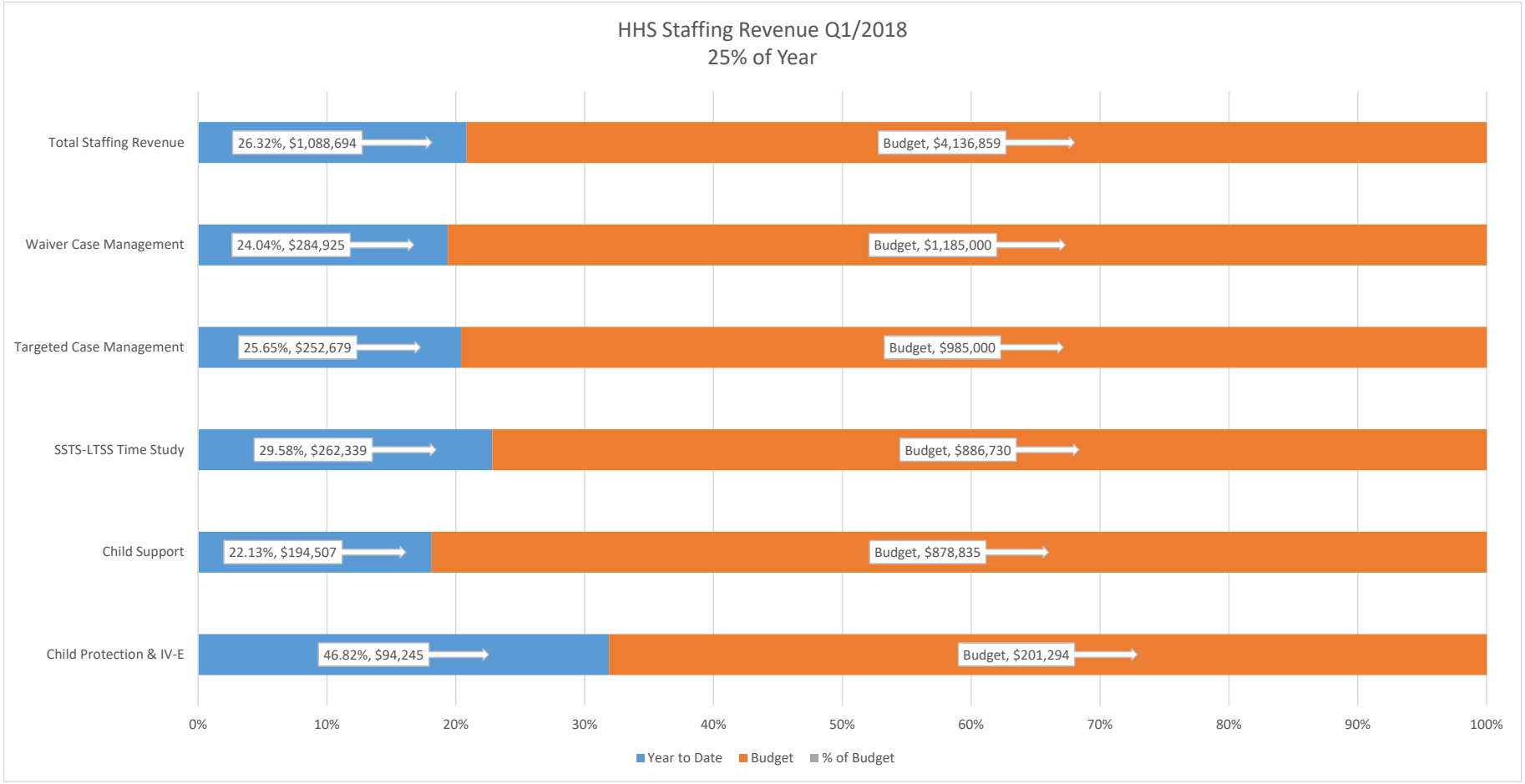
A graph of the Revenues to Budget by revenue categories is attached showing Year to Date revenue percent to budget and revenue dollar amount along with the total 2018 budget.

For this first quarter report, total staffing revenue is 26.32% ($1,088,694) 25% through the year of the total 2018 budget of $4,136,859 for these revenue categories.

Goodhue County

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT QUARTER	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	6,973.14 -	6,973.14 -	25,000.00 -		25
11-420-640-0000-5290 CS ST Incentives	5,535.00 -	5,535.00 -	18,000.00 -		25
11-420-640-0000-5355 CS Fed Admin	148,115.20 -	148,115.20 -	705,835.00 -		25
11-420-640-0000-5356 CS Fed Incentive	29,700.00 -	29,700.00 -	112,000.00 -		25
11-420-640-0000-5379 CS Fed MA Incentive	4,183.88 -	4,183.88 -	18,000.00 -		25
11-430-700-0000-5292 State LTSS	86,225.00 -	86,225.00 -	277,000.00 -		25
11-430-700-0000-5383 Fed LTSS	102,283.00 -	102,283.00 -	330,000.00 -		25
11-430-700-3810-5380 Fed MA SSTS	34,897.00 -	34,897.00 -	144,730.00 -		25
11-430-710-0000-5289 Child Protection	48,183.53 -	48,183.53 -	133,294.00 -		25
11-430-710-3810-5366 FC IV-E	33,848.00 -	33,848.00 -	58,000.00 -		25
11-430-710-3810-5367 IV-E SSTS	22,539.00 -	22,539.00 -	70,000.00 -		25
11-430-710-3930-5381 CW-TCM	88,944.00 -	88,944.00 -	340,000.00 -		25
11-430-730-3050-5380 Rule 25 SSTS	16,395.00 -	16,395.00 -	65,000.00 -		25
11-430-740-3830-5366 IV-E Rule 5	12,213.00 -	12,213.00 -	10,000.00 -		25
11-430-740-3900-5381 Child MA MH-TCM	3,194.00 -	3,194.00 -	25,000.00 -		25
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	0.00	10,000.00 -		25
11-430-740-3910-5240 St Adult MH-TCM	1,762.40 -	1,762.40 -	0.00		25
11-430-740-3910-5381 MA Adult MH-TCM	34,972.41 -	34,972.41 -	178,000.00 -		25
11-430-740-3910-5401 SCHA Adult MH-TCM	92,800.00 -	92,800.00 -	370,000.00 -		25
11-430-740-3930-5401 SCHA Pathways	22,320.60 -	22,320.60 -	32,000.00 -		25
11-430-760-3930-5381 Adult VA/DD-TCM	8,685.39 -	8,685.39 -	30,000.00 -		25
11-463-463-0000-5290 St AC Waiver	1,770.52 -	1,770.52 -	25,000.00 -		25
11-463-463-0000-5291 St MA Waivers	75,411.37 -	75,411.37 -	285,000.00 -		25
11-463-463-0000-5381 Fed MA Waivers	77,514.08 -	77,514.08 -	305,000.00 -		25
11-463-463-0000-5402 SCHA Waivers	100,530.11 -	100,530.11 -	380,000.00 -		25
11-463-463-0000-5429 SCHA Care Coord	29,698.50 -	29,698.50 -	190,000.00 -		25
TOTAL HHS Staffing Revenues	1,088,694.13 -	1,088,694.13 -	4,136,859.00 -	26	25


HHS Staffing Revenue Q1/2018
25% of Year
Total Staffing Revenue
26.32%, $1,088,694
Budget, $4,136,859
Waiver Case Management
24.04%, $284,925
Budget, $1,185,000
Targeted Case Management
25.65%, $252,679
Budget, $985,000
SSTS-LTSS Time Study
29.58%, $262,339
Budget, $886,730
Child Support
22.13%, $194,507
Budget, $878,835
Child Protection & IV-E
46.82%, $94,245
Budget, $201,294
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Year to Date
Budget
% of Budget

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)

Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR APRIL 2018

In-Patient Approval:

#05569784 – 21 year old male – no previous treatment – Cedar Ridge, Stillwater.

#01765090R – 23 year old male – numerous previous treatments – Oakridge, Rochester.

#04958589R – 23 year old male – two previous treatments – Fountain Centers, Albert Lea.

#02188133R – 38 year old female – numerous previous treatments – Burkwood, Hudson WI.

#02614838R – 35 year old male – numerous previous treatments – Cochran Recovery, Hastings.

#02357991R – 22 year old female – one previous treatment – Recovery Plus, St. Cloud.

Outpatient Approvals:

#02117037R – 19 year old male – one previous treatment – Common Ground, Red Wing.

#00292019 – 49 year old male – no previous treatment – Common Ground, Red Wing.

#02434077 – 46 year old male – no previous treatment – Midwest Recovery, Red Wing.

#00718359R – 34 year old female – two previous treatments – Common Ground, Red Wing.

#02904955R – 37 year old male – one previous treatment – Common Ground, Red Wing.

Halfway House Approval:

None

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

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	21
March	23	16	17	27
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**	

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: April 17, 2018

RE: 2018 April HHS Staffing Report

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

Outgoing Employee	Rate of Pay*	Classification	New Employee	Rate of Pay*	Step	Hire Date
Cheryl Baldwin	$37.22	County Agency Social Worker	Jannau Passow	$25.11	1	4/11/18

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

DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Internal Audits Office
P.O. Box 64964
St. Paul, MN 55164-0964

March 28, 2018

Chairperson, Board of County Commissioners
Goodhue County Government Center
509 W. 5th St. Box 408
Red Wing, MN 55066

Dear Chairperson:

The Minnesota Department of Human Services (DHS) is now conducting its review of county single audit reports for the year ended December 31, 2016. This review is the result of federal regulations imposed on state and local governments by the Single Audit Act as amended in 1996 and 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Our letter to you, dated March 13, 2017, identified the procedures DHS and County Boards use to comply with these federal regulations.

DHS is responsible for monitoring the resolution of audit findings that impact human services federal programs and is also responsible for verifying the resolution of cross cutting audit findings for the counties in Minnesota. A cross cutting finding is a finding that affects the federal programs of more than one state agency. Resolution of any other findings which may appear in your report is the responsibility of the state agency administering the federal programs affected by those findings. All single audit findings that affect federal programs must be resolved no later than six months after the audit report is accepted by the Federal Audit Clearinghouse per 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. These reviews are performed by DHS annually.

If a county audit report includes human services or cross cutting audit findings, DHS will request that the County Board submit a written corrective action plan describing how the county intends to resolve the finding. If no human services or cross cutting findings appear in the audit report, DHS will confirm in a management letter to the Board that no corrective action plan is required to be submitted.

DHS has reviewed the audit report of Goodhue County for the year ended December 31, 2016. Our review found that there are no unresolved human services or cross cutting audit findings requiring a corrective action plan at this time. Therefore, no corrective action plan will be requested.

If you have any questions concerning this letter please contact me at (651) 431-3622 or by email at margaret.brotherton@state.mn.us.

Sincerely,

Margaret Brotherton

Margaret Brotherton
Single Audit Coordinator

cc: Nina Arneson, Director
Goodhue County Social Services

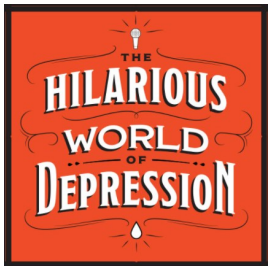
Make It Ok Community Conversation

Join us for a community conversation about mental illness and reducing the stigma. This event will feature a panel conversation with health care, mental health, school and community leaders. The panel will discuss local strategies to reduce the stigma and improve mental health care in Goodhue County.

Tuesday, May 15th 2018

- **Red Wing High School**
- **Courtyard Café (Door 40)**
- **FREE DINNER at 5:30pm**
- **Program starts at 6:15pm**

Don't miss Minnesota Public Radio's host John Moe!



His podcast, The Hilarious World of Depression – which USA Today named one of the best new podcasts of 2016 – looks at depression through the eyes of comedians and artists who live with a mental illness.

MakeItOK.org

For more information call

Jessica at 651-385-6174

Recommended for ages 12 and up