



# 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  
SEPTEMBER 18, 2018  
10:30 A.M.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
  - a. Annual Meeting Minutes  
Documents:  
[ANNUAL MEETING MINUTES 7-2-18.PDF](#)
4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:
  - a. Child Care Licensure Approvals  
Documents:  
[CHILD CARE APPROVALS.PDF](#)
  - b. Evidence Based Home Visiting Grant  
Documents:  
[EVIDENCE BASED HOME VISITING GRANT.PDF](#)
  - c. PHDoc Maintenance And Support Agreement  
Documents:  
[PHDOC AGREEMENT.PDF](#)
  - d. Toward Zero Deaths (TZD) Agreement  
Documents:  
[TZD AGREEMENT.PDF](#)
  - e. TriMin Agreement  
Documents:

[TRIMIN AGREEMENT.PDF](#)

f. 2018 & 2019 Goodhue County HHS Building Lease

Documents:

[HHS BUILDING LEASES.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[JUNE ACCOUNTS PAYABLE.PDF](#)  
[JULY ACCOUNTS PAYABLE.PDF](#)  
[AUGUST ACCOUNTS PAYABLE.PDF](#)

b. Reclassification Request

Nina Arneson

Documents:

[RECLASSIFICATION REQUEST OSS TO CASE AIDE.PDF](#)

6. INFORMATIONAL ITEMS:

a. Toward Zero Deaths (TZD)

Jessica Seide & Jessica Schleck

Documents:

[TZD HHS BOARD PRESENTATION.PDF](#)

b. DAANES Report

Abby Villaran

Documents:

[DAANES REPORT.PDF](#)

c. The Opioid Epidemic: Counties On The Frontline

Abby Villaran

Documents:

[THE OPIOID EPIDEMIC - COUNTIES ON THE FRONTLINE - VIDEO.PDF](#)

d. 2nd Quarter 2018 Fiscal Report

Mike Zorn

Documents:

[2ND QUARTER 2018 FISCAL REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Placement Reports

Documents:

[PLACEMENT REPORT-JULY-AUGUST.PDF](#)

b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT AUGUST 2018.PDF](#)

c. HHS Staffing Update

Documents:

[HHS STAFFING UPDATE.PDF](#)

d. Trend Report

Documents:

[TREND REPORT.PDF](#)

e. WIC Loving Support Award

Documents:

[WIC LOVING SUPPORT AWARD.PDF](#)

f. MDH- Health Department Issues Back-To-School Warning On Nicotine And E-Cigarettes

Documents:

[MDH NEWS RELEASE - HEALTH DEPARTMENT ISSUES BACK-TO-SCHOOL WARNING ON NICOTINE AND E-CIGARETTES.PDF](#)

g. MDH-Despite Uptick MN's Adult Obesity Rate Growing Slower Than Upper Midwest States

Documents:

[MDH NEWS RELEASE - DESPITE UPTICK MNS ADULT OBESITY RATE GROWING SLOWER THAN UPPER MIDWEST STATES.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

a. 2018 Community Health Conference

**CREATING HEALTHY COMMUNITIES BRINGS US TOGETHER**

October 10-12, 2018

Brainerd, MN

9. ADJOURN

a. Next Meeting Will Be October 16, 2018 At 10:30 A.M.

**PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES**

**GOODHUE COUNTY**  
**ANNUAL HEALTH & HUMAN SERVICES BOARD MEETING**  
**MINUTES OF JULY 2, 2018**

The Goodhue County Health and Human Services Board convened their annual meeting at 10:34 a.m. on Monday, July 2, 2018, at the Cannon Valley Fairgrounds in Cannon Falls, Minnesota.

**BOARD MEMBERS PRESENT:**

Brad Anderson, Jason Majerus, Paul Drotos, Susan Johnson, Barney Nesseth and Nina Pagel.

Ron Allen was absent.

**STAFF AND OTHERS PRESENT:**

Nina Arneson, Lisa Woodford, Andrea Benck, Scott Arneson and members of the community.

**MEETING AGENDA:**

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the Annual Meeting Agenda for July 2, 2018.

**MEETING MINUTES:**

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved the Minutes of the June 19, 2018 H&HS Board Meeting.

**ACTION ITEMS**

On a motion by P. Drotos and seconded by B. Anderson, the Board unanimously approved the Re-Appointment of HHS Lay Board Member Susan Johnson.

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved the Appointment of Nina Pagel as a HHS Lay Board Member.

**OATH OF OFFICE:**

Board Chair J. Majerus read the Oath of Office for Susan Johnson to be officially re-appointed a Member of the Goodhue County Health and Human Services Board, effective

July 2, 2018 for a 2 year term. Susan Johnson and Board Chair J. Majerus then signed the official Oath of Office.

Board Chair J. Majerus read the Oath of Office for Nina Pagel to be officially appointed a Member of the Goodhue County Health and Human Services Board, effective July 2, 2018 for a 1 year to finish Mary Lindahl's term due to her resignation. Nina Pagel and Board Chair J. Majerus then signed the official Oath of Office.

#### ELECTION OF OFFICERS:

J. Majerus, HHS Board Chair, sought nominations for the HHS Board Chair. B. Nesseth nominated B. Anderson and seconded by P. Drotos. J. Majerus called to cast unanimous ballot, the Board unanimously approved B. Anderson as new HHS Board Chair.

Board Chair B. Anderson put a call for nominations of the Vice Chair. J. Majerus nominated B. Nesseth and seconded by B. Anderson. B. Anderson called to cast unanimous ballot, the Board unanimously approved B. Nesseth as new HHS Vice Chair.

Board Chair B. Anderson put a call for nominations of the Secretary. J. Majerus nominated S. Johnson and seconded by B. Nesseth. B. Anderson called to cast unanimous ballot, the Board unanimously approved S. Johnson as new HHS Secretary.

#### ADJOURN ANNUAL MEETING:

On a motion by P. Drotos and seconded by N. Pagel, the Board unanimously approved adjournment of this session of the Annual Health & Human Services Board Meeting at or around 10:41 a.m.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Kris Johnson
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve Child Care Licensure Actions		

**BACKGROUND:**

**Child Care Relicensures:**

- Suzanne Gora, Red Wing
- Fay Crouse, Kenyon
- Holly Stoppel, Wanamingo
- Sara Quinn, Wanamingo
- Cherie Chaska, Red Wing
- Wanda Feldman, Red Wing
- Erin Lorenson, Lake City
- Michelle Walters, Pine Island
- Elizabeth Burt, Wanamingo
- Karen Kieffer, Dennison
- Wendy Rauk, Nerstrand
- Jodie Peterson, Kenyon
- United Lutheran Church- Adventures in Learning Preschool, Red Wing

**Child Care Licensures:**

- Kimberly Harvey, Red Wing

Number of Licensed Family Child Care Homes: 90

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

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Brooke Hawkenson
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve the Evidence Base Home Visiting Grant Memorandum of Agreement		

**BACKGROUND:**

Goodhue County along with Rice, Doge-Steele, Freeborn, Wabasha, and Winona are collaborating to bring an Evidence Base Home Visiting Model to our region. Our 7 county collaborative received a grant from the state of Minnesota to implement an evidence based service model May of 2018. Our collaborative will be using the model Health Families America and was affiliated with Healthy Families America as of June 1<sup>st</sup> 2018. Going forward our collaborative will be known as Healthy Families of SE MN. The purpose of Evidence Based Family home visiting is to offer more intense family home visiting to families in need. This model is aimed at preventing child abuse and neglect and giving parents resources and skills they need to have a healthy family unit. The memorandum of understanding clarifies the duties and responsibilities of our collaborative partners for the implementation of our Evidence Based Home Visiting grant.

**RECOMMENDATION:**

The HHS Department recommends approval as requested.

## **Evidence Based Home Visiting Grant Memorandum of Agreement**

This Memorandum of Agreement is made and entered into by and between Rice County Community Health Services and 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, collectively referred to as “Partners.”

WHEREAS, evidence-based home visiting models serve families in need and are intended to be implemented at the community level as part of a coordinated, integrated system of early childhood services;

WHEREAS, the Minnesota Department of Health provides grant awards for planning or implementation of a new or expanded evidence-based home visiting model;

WHEREAS, Rice County Community Health Service and 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 desire to partner in implementing an Evidence Based Home Visiting (EBHV) grant from the Minnesota Department of Health, and

WHEREAS, the grant period for the Minnesota Department of Health EBHV grant is effective from May 17, 2018 to December 31, 2022, and

WHEREAS, the EBHV grant dollars have been awarded to partners Rice County Community Health Service, 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,

WHEREAS, the Partners desire to work collaboratively to implement policies and services for the use of those EBHV grant dollars;

WHEREAS, the Partners have formed this Agreement for the specific goal outlining the responsibilities of each Partner.

NOW, THEREFORE, all Partners hereto agree as follows:

**1. TERM**

- a. This Agreement shall be effective concurrently with the EBHV grant from the Minnesota Department of Health, which period is May 17, 2018 to December 31, 2022.

**2. GRANT IMPLEMENTATION/COMPLIANCE**

- a. All partners shall implement the EBHV Grant from the Minnesota Department of Health, for the grant period May 17, 2018 to December 31, 2022.
- b. All partners will cooperate and collaborate in implementing EBHV grant activities as outlined in the Grant Agreement and Work Plan, between Rice County Community Health Service and



the Minnesota Department of Health, attached as Exhibit A and incorporated into this Agreement by reference.

- c. All partners shall comply with all Grantee Duties and Responsibilities as indicated in the EBHV Grant Agreement as outlined in Exhibit A.

### 3. DUTIES OF PARTNERS

#### a. Rice County.

- i. Rice County Community Health Services will act as the fiscal agent for purposes of this Agreement and agrees to:
  - Accept all responsibilities associated with the implementation of the grant agreement.
  - Perform financial transactions as part of grant agreement, if applicable.
  - Provide for strict accountability of all funds, report all receipts and disbursements, and annually provide a full and complete audit report.
  - Provide the records necessary to describe the financial condition of the grant agreement.
  - Provide Partners with the records necessary to describe the financial condition of the EBHV grant agreement
  - Retain fiscal records consistent with the agent's records retention schedule.
- ii. Rice County Community Health Services is designated as the “applicant agency” by the Minnesota Department of Health.
- iii. Rice County Community Health Service will submit financial invoices to the State of Minnesota for all partner agencies quarterly, with the first invoice due to MDH by October 20, 2018. During the last 3 months of the grant (October – December 2022) invoicing will be done monthly. Once payment is obtained by Rice County Community Health Service, each of the partner agencies will receive reimbursement by Rice County Community Health Service

#### b. Goodhue County.

- i. Goodhue County Health and Human Services shall hire and maintain a Program Coordinator to oversee and coordinate policy development, practices, and overall data collection related to this regional evidence based home visiting project.
- ii. The Program Coordinator shall be an employee of Goodhue County. Therefore, Goodhue County Health and Human Services will assume responsibility for the actions of the Program Coordinator while providing services under this EBHV grant project, and will provide liability insurance for claims arising from services provided by the Program

Coordinator. Goodhue County shall also assume all liability for workers' compensation, unemployment compensation, indemnification for third-party claims, payroll arrangements, withholding taxes, and providing benefits, for the Program Coordinator. A portion of these costs may be reimbursable through the EBHV grant.

c. All Partners

- i. All partner organizations will provide home visiting staff as outlined in the individual partner EBHV budgets to perform local home visiting activities. Staff will be employed directly by each county.
- ii. 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 will each provide an itemized invoice for grant activities to Rice County Community Health Service by the 10th day of the first month for each quarter for activities occurring during the previous quarter.
- iii. The last three months of the grant period - October 2022, November 2022 and December 2022 - itemized invoices for grant activities will be submitted monthly to Rice County Community Health Service. Rice County Community Health Services will supply the form to use for invoicing and tracking to all partner agencies.
- iv. The first invoicing to Rice County Community Health will be due October 10, 2018. Modifications greater than 10 percent of any budget line items shall require approval by Rice County Community Health, in consultation with MDH.
- v. All partner agencies shall seek third party reimbursement for evidence based home visiting program services provided to Medicaid-enrolled families. Earned program income generated by grant-supported activities shall be reinvested in EBHV program for each partner and may be used for allowable costs. Earned program income generated by grant-supported activities shall be reported as required by the Minnesota Department of Health on quarterly reports.

4. FUNDING.

- a. As part of this EBHV grant, each partner developed a budget, which was included in the approved regional project funding from Minnesota Department of Health. Each partner is eligible to receive up to the amount designated within each of those individual budgets, within each of the four budget periods. The final approved amounts from Minnesota Department of Health for the total time are as follows:

Rice County Community Health Service: \$1,122,833.00

Dodge-Steele Community Health Services: \$458,142.00

Freeborn County Public Health: \$977,463.00

Goodhue County Health and Human Services: \$839,793.00

Wabasha County Community Health Service: \$236,293.00

Winona County Community Services: \$ 596,530.00

## 5. PROGRAM POSITION FUNDING/TERMINATION OF AGREEMENT

- a. All Partners to this agreement understand that the program coordinator position, and any other positions that partner agencies employ to carry out the work of this EBHV grant, will be supported by funding received through the Evidence Based Home Visiting Grant agreement between Rice County Community Health Service and the State of Minnesota.
- b. Rice County Community Health or any other Partner has no obligation to fund the coordinator position.
- c. Should Rice County Community Health Service not receive funding from the State of Minnesota for the EBHV grant, this Agreement and partner obligations under this Agreement shall immediately terminate upon notice that funding has not been provided by the State. Upon Notice that no funding has been provided, Rice County Community Health or any Partner will have no obligation to provide any funds for the Program Coordinator position.
- d. If only a reduction in grant funding occurs and not a complete lack of funding, Partners shall meet to discuss options associated with the reduction in Grant funding and how best to proceed with a reduction in funding. Majority vote shall determine how the reduction will be implemented and each Partner shall have only one vote.
- e. No partner agency shall be required to pay county funds to continue the grant project if grant funding is reduced or eliminated by the state.
- f. This agreement may be cancelled by any of the parties, at any time, with or without cause, upon thirty (30) days' notice in writing, delivered by mail or in person.
- g. The Agreement shall terminate automatically without any action of the part of any Partner on December 31, 2022.

## 6. GENERAL PROVISIONS.

- a. Compliance with Laws/Standards. The Partners agree to abide by all federal, state, and local laws; statutes, ordinances, rules and regulations now in effect or hereafter adopted pertaining to this Agreement or to the facilities, programs, and staff for which the Agreement is responsible.
- b. Indemnification. Each party to this Agreement shall be liable for the acts of its own officers, employees or agents and the results thereof to the extent authorized or limited by law and shall not be responsible for the acts of any other party, its officers, employees or agents. The provisions of the Municipal Tort Claims Act, Minnesota Statute Chapter 466 and other applicable laws govern liability of the Parties. To the full extent permitted by law, actions by the Parties, their respective officers, employees, and agents pursuant to this Agreement are intended to be and

shall be construed as a “cooperative activity.” It is the intent of the Parties that they shall be deemed a “single governmental unit” for the purpose of liability, as set forth in Minnesota Statutes § 471.59, subd. 1a(a). For purposes of Minnesota Statutes § 471.59, subd. 1a(a) it is the intent of each party that this Agreement does not create any liability or exposure of one party for the acts or omissions of any other party.

Each County, further, that in order to protect itself, as well as the County under the indemnity agreement set forth above, will, at all times during the term of this Agreement, have and keep in force automobile insurance, general liability insurance, and workers’ compensation insurance having liability limits which satisfy the requirements of Minn. Statute Chapter 466, entitled “Tort Liability of Political Subdivisions”, and other applicable statutes requiring insurance coverage.

- c. Records Retention and Data Practices. The Partners agree that records created pursuant to the terms of this Agreement will be retained in a manner that meets their respective entity’s records retention schedules that have been reviewed and approved by the State in accordance with Minnesota Statutes § 138.17. The Parties further agree that records prepared or maintained in furtherance of the agreement shall be subject to the Minnesota Government Data Practices Act.
- d. Timeliness. The Partners agree to perform all obligations under this Agreement in a timely manner and keep each other informed about any delays that may occur.
- e. Amendments. Any changes, amendments, or modifications to this Agreement may only be by, and are effective only when reduced to writing and approved and signed by all Partners hereto.

**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

**PARTNER: RICE COUNTY COMMUNITY HEALTH SERVICE**

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
Sara Folsted, County Administrator Date

BY: \_\_\_\_\_  
Deb Purfeerst, Rice County CHS Administrator Date

**APPROVED AS TO FORM**

BY: \_\_\_\_\_  
County Attorney Date

**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

PARTNER: DODGE-STEELE COMMUNITY HEALTH SERVICES

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
County Administrator Date

BY: \_\_\_\_\_  
Dodge-Steele Community Health Representative Date

**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

PARTNER: GOODHUE COUNTY HEALTH AND HUMAN SERVICES

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
County Administrator or H&HS Representative/Date

**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

PARTNER: FREEBORN COUNTY

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
County Administrator Date

BY: \_\_\_\_\_  
Freeborn Public Health Representative Date



**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

PARTNER: WABASHA COUNTY COMMUNITY HEALTH SERVICE

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
County Administrator Date

BY: \_\_\_\_\_  
Wabasha Community Health Representative / Date

**IN TESTIMONY WHEREOF** the Parties have duly executed this agreement by their duly authorized officers.

PARTNER: WINONA COUNTY COMMUNITY SERVICES

BY: \_\_\_\_\_  
Board Chair Date

ATTEST:

BY: \_\_\_\_\_  
County Administrator Date

BY: \_\_\_\_\_  
Winona County Community Services Representative/Date

## Minnesota Department of Health Grant Award Cover Sheet

You have received a grant award from the Minnesota Department of Health (MDH). Information about the grant award, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this cover sheet.

DATE: 5/14/18

**ATTACHMENT:** Grant Project Agreement

**CONTACT FOR MDH:** Meredith Martinez, Systems Unit Supervisor, 651-201-5015,  
[Meredith.martinez@state.mn.us](mailto:Meredith.martinez@state.mn.us)

Grantee SWIFT Information	Grant Agreement Information	Funding Information
Name of MDH Grantee: Rice County Community Health Board	Grant Agreement/Project Agreement Number:	Total Grant Funds (all funding sources): \$4,231,054
Grantee SWIFT Vendor Number: 0000197343	Period of Performance Start Date: May 1, 2018	Total State Grant Funds: \$4,231,054
SWIFT Vendor Location Code: 001	Period of Performance End Date: December 31, 2022	Total Federal Grant Funds: \$0

### Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the award is being shared with you per 2 CFR 200.331. Please keep a copy of this cover sheet with the grant project agreement.

Grantee Data Universal Numbering System (DUNS) Name and Number	DUNS Name: Rice, County of (Inc) DUNS Number: 014331219
Grantee's Approved Indirect Cost Rate for the Grant	n/a
Is The Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	Evidence-based home visiting models to serve families in need

**Minnesota Department of Health  
Community Health Board Grant Project Agreement**

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health ( "STATE") and Rice County Community Health Board, an independent organization, not an employee of the State of Minnesota, address 320 Third Street NW, Faribault, MN 55021, ("GRANTEE").

1. Under Minnesota Statutes 144.0742, the STATE is empowered to enter into a contractual agreement for the provision of statutorily prescribed public health services;
2. The STATE and the GRANTEE have entered into Master Grant Contract number 12-700-00095 ("Master Grant Contract") effective January 1, 2015 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. The STATE, pursuant to Minnesota Statutes Minnesota Session Laws 2017, First Special Session, Chapter 6, Article 18, Section 3, Subdivision 2 is empowered to support community health boards, tribal nations and nonprofits providing evidence-based home visiting models identified by the STATE in their communities; and
4. The GRANTEE represents that it is duly qualified and willing to perform the duties described in this grant project agreement to the satisfaction of the STATE. Pursuant to Minnesota Statutes Section 16B.98, subdivision 1, the GRANTEE agrees to minimize administrative costs as a condition of this grant.

NOW, THEREFORE, it is agreed:

1. ***Incorporation of Master Grant Contract.*** All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

2. ***Term of Agreement.***

2.1 ***Effective date.*** This grant project agreement shall be effective on May 1, 2018, or the date the STATE obtains all required signatures under Minnesota Statutes 16B.98, Subd. 5(a), whichever is later. The GRANTEE must not begin work until this contract is fully executed and the State's Authorized Representative has notified the GRANTEE that work may commence.

2.2 ***Expiration date.*** December 31, 2022, or until all obligations have been fulfilled to the satisfaction of the STATE, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. ***Grantee's Duties and Responsibilities.*** The GRANTEE shall:

3.1 ***Work Plan.*** Complete the duties set forth in Exhibit A-Work Plan, which is attached and when approved, incorporated into this grant project agreement. Any changes to the Work Plan require prior written approval from the STATE'S Authorized Representative. Approved changes to the Work Plan will be incorporated into this grant project agreement. An amendment to the grant project agreement will be required if the changes alter the fundamental GRANTEE'S duties and responsibilities.

3.2 ***Target.*** After the end of the first year of the contract, if the GRANTEE'S caseload of family slots (see Work Plan) falls below and stays below 85 percent for one month, the GRANTEE must notify the STATE within 30 days. The STATE will work with the GRANTEE to determine how to achieve and maintain the target caseload.

**3.3 Billing Third Parties.** GRANTEE must seek third party reimbursement for Evidence Based home Visiting (EBHV) program services provided to Medicaid-enrolled families. Earned program income generated by grant supported activities must go back into the GRANTEE's EBHV program, may be used for allowable costs only and must be reported to the STATE as required on Quarterly Reports.

**3.4 Informed Consent for Release of Individual Level Data.** GRANTEE must have a process that asks clients for written informed consent to provide the STATE with their individual level data including personal identifiers for the purpose of evaluating the EBHV program. GRANTEE must inform the clients that a client's decision to not grant consent will not in any way impact the client's family's access to services. The STATE agrees to protect not public data as outlined in Exhibit B which is attached and incorporated into this agreement.

**3.5 Evaluation.** GRANTEE will participate in the STATE's EBHV program evaluation and reporting activities. GRANTEE must provide the STATE with data on clients and families served by the EBHV program for evaluation purposes at a time and in a format required by the STATE. GRANTEE will provide the STATE with individual level data including personal identifiers in accordance with the level of informed consent given by the client. GRANTEE will provide the STATE with aggregate data on clients served by the grant program, including clients that do not grant informed consent to release any individual level data to the STATE.

**4. Consideration and Payment.**

**4.1 Consideration.** The STATE will pay for all services performed by the GRANTEE under this grant project agreement as follows:

*(a) Compensation.* The GRANTEE will be paid according to the breakdown of costs contained in Exhibit C, which is attached and incorporated into this agreement.

*(b) Total Obligation.* The total obligation of the STATE for all compensation and reimbursements to the GRANTEE under this grant project agreement will not exceed \$4,231,054 as follows:

<u>Budget Period</u>	<u>Amount</u>
May 1, 2018 to June 30, 2019	\$1,002,179
July 1, 2019 to June 30, 2020	\$914,409
July 1, 2020 to June 30, 2021	\$916,053
July 1, 2021 to December 31, 2022	\$1,398,413

*(c) Budget Modifications.* Modifications greater than 10 percent of any budget line item in the most recently approved budget (listed in 4.1(a) or incorporated in Exhibit C) requires prior approval from the STATE and must be indicated on submitted reports. Failure to obtain prior approval for modifications greater than 10 percent of any budget line item may result in denial of modification request and/or loss of funds. Modifications equal to or less than 10 percent of any budget line item are permitted without prior approval from the STATE provided that such modification is indicated on submitted reports and that the total obligation of the STATE for all compensation and reimbursements to the GRANTEE shall not exceed the total obligation listed in 4.1(b) or Exhibit C.

**4.2 Terms of Payment.**

(a) *Invoices.* The State will promptly pay the GRANTEE after the GRANTEE presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule: Quarterly, by the 20<sup>th</sup> day of the following month with the exception of the last three months of the grant period (October 2022, November 2022, and December 2022) being submitted monthly by the 20<sup>th</sup> day of the following month.

(b) *Federal Funds.* Payments under this grant project agreement will be made from federal funds obtained by the STATE through Title V, Section 511 (42 U.S.C. §711), CFDA number 93.870 of the Social Security Act as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010, including public law and all amendments. The Notice of Grant Award (NGA) number is X10MC29483 and X10MC31149. The GRANTEE is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements. If at any time federal funds become unavailable, this agreement shall be terminated immediately upon written notice of by the STATE to the GRANTEE. In the event of such a termination, GRANTEE is entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

5. **Conditions of Payment.** All services provided by GRANTEE pursuant to this grant project agreement must be performed to the satisfaction of the STATE, as determined in the sole discretion of its Authorized Representative. Further, all services provided by the GRANTEE must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations.

6. **Ownership of Equipment.** Disposition of all equipment purchased under this grant project agreement shall be in accordance with Code of Federal Regulations, Title 45, Part 74, Subpart C or, for Notice of Grant Awards issued on or after December 26, 2014, in accordance with Code of Federal Regulations, Title 2, Subpart A, Chapter II, Part 200. For all equipment having a current per unit fair market value of \$5,000 or more, the STATE shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

7. **Authorized Representatives.**

7.1 *STATE's Authorized Representative.* The STATE's Authorized Representative for purposes of administering this grant project agreement is Meredith Martinez, Systems Unit Supervisor, P.O. Box 64882, St. Paul, MN 55101, 651-201-5015, [Meredith.martinez@state.mn.us](mailto:Meredith.martinez@state.mn.us), or his/her successor, and has the responsibility to monitor the GRANTEE's performance and the final authority to accept the services provided under this grant project agreement. If the services are satisfactory, the STATE's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2 *GRANTEE's Authorized Representative.* The GRANTEE's Authorized Representative is Debra Purfeerst, CHS Administrator, 320 Third Street NW, Suite 1, Faribault, MN 55021, 507-332-5914, and [dpurfeerst@co.rice.mn.us](mailto:dpurfeerst@co.rice.mn.us), or his/her successor. The GRANTEE's Authorized Representative has full authority to represent the GRANTEE in fulfillment of the terms, conditions, and requirements of this agreement. If the GRANTEE selects a new Authorized Representative at any time during this grant project agreement, the GRANTEE must immediately notify the STATE.

**8. Termination.**

**8.1 Termination by the STATE.** The STATE or GRANTEE may cancel this grant project agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

**8.2 Termination for Cause.** If the GRANTEE fails to comply with the provisions of this grant project agreement, the State may terminate this grant project agreement without prejudice to the right of the STATE to recover any money previously paid. The termination shall be effective five business days after the STATE mails, by certified mail, return receipt requested, written notice of termination to the GRANTEE at its last known address.

**8.3 Termination for Insufficient Funding.** The STATE may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written (e-mail, facsimile or letter) notice to the GRANTEE. The STATE is not obligated to pay for any work performed after notice and effective date of the termination. However, the GRANTEE will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota legislature, or other funding source, not to appropriate funds. The STATE must provide the GRANTEE notice of the lack of funding within a reasonable time of the STATE receiving notice of the same.

**9. Publicity.** Any publicity given to the program, publications, or services provided from this grant project agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the GRANTEE or its employees individually or jointly with others, or any subgrantees shall identify the STATE as a sponsoring agency and shall not be released, unless such release is approved in advance in writing by the STATE'S Authorized Representative. If federal funding is being used for this grant project agreement, the federal program must also be recognized.

[Remainder of this page intentionally left blank.]

APPROVED:

1. GRANTEE

*The Grantee certifies that the appropriate persons(s) have executed the project agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.*

By: Stam R. Baum

Title: Chairperson

Date: 5/8/18

By: Sara Solstad

Title: County Administrator

Date: 5-8-18

2. STATE AGENCY

*Project Agreement approval and certification that STATE funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.*

By: Dawn Ueleen

Title: Accounting Supervisor Principal

Date: 5/17/18

*Distribution:*

- MDH (Original fully executed Grant Project Agreement)
- Grantee
- State Authorized Representative



**Exhibit A: Work Plan**

**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](mailto:dpurfeerst@co.rice.mn.us), 507.332.5914

**Proposed target caseload:** MDH Recommendation 126 families after year 2. We are estimating to serve 75 families after year 1, and 160 families after year 2 based on HFA caseload weightings and projected revenues.

**Date submitted:** April 6, 2018



<p><b>3.All staff providing HFA services will receive required training for HFA model implementation by September 2018</b></p> <p>(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)</p>	<ul style="list-style-type: none"> <li>Select and hire regional program coordinator in consultation with other partnering agencies</li> </ul>	<p><i>Goodhue County Dep. Director in consultation with other regional directors</i></p>	<p>June - July 2018</p>
	<ul style="list-style-type: none"> <li>Review training needs with individual counties</li> </ul>	<p><i>Regional Program Coordinator and agency supervisors</i></p>	<p>July - Sept 2018</p>
	<ul style="list-style-type: none"> <li>Obtain approval from HFA for any prior trained staff who may meet this criteria</li> </ul>	<p><i>Regional Program Coordinator and agency supervisors</i></p>	<p>July - Sept 2018</p>
	<ul style="list-style-type: none"> <li>Schedule Trainings with HFA for Core Integrated Strategies &amp; Core Survey Training</li> </ul>	<p><i>Regional Program Coordinator</i></p>	<p>July - Sept 2018</p>
	<ul style="list-style-type: none"> <li>Arrange central location for training</li> <li>If there are openings for others, notify those using HFA model of space availability</li> </ul>	<p><i>Partnering agency staff</i></p>	<p>July - Sept 2018</p>
	<ul style="list-style-type: none"> <li>Staff and supervisors will attend HFA training related to job duties</li> <li>Schedule curriculum training with GKI</li> <li>Arrange central location for training</li> <li>If there are openings for others notify those using GGK curriculum of space availability</li> </ul>	<p><i>Regional Program Coordinator</i></p>	<p>July-Sept 2018</p>
<ul style="list-style-type: none"> <li>Staff and supervisors will attend GGK training related to job duties</li> </ul>	<p><i>Partnering Agency Staff</i></p>	<p>July - Sept 2018</p>	



<p><b>5.Preliminary policies/procedures based on best practice standards will be developed by October 2018 and finalized by May 2019</b></p>	<ul style="list-style-type: none"> <li>Standards of best practice review and associated policy and procedure development monthly meetings</li> </ul>	<p><i>Regional Program Coordinator and sups</i></p>	<p>Aug 2018 - May 2019</p>
<p><b>6.Referral network established by October 2018</b></p>	<ul style="list-style-type: none"> <li>Set up meetings with identified referral sources to discuss the HFA program and referral process to the program.</li> </ul>	<p><i>Agency Supervisors</i></p>	<p>July – Oct 2018</p>
	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p><i>Agency Supervisors</i></p>	<p>July- Oct 2018</p>
	<ul style="list-style-type: none"> <li>Develop a referral network for incoming referrals to the program</li> </ul>	<p><i>Agency Supervisors</i></p>	<p>July - Oct 2018</p>
<p><b>7.Establish Regional Advisory Board within six months of funding</b></p>	<ul style="list-style-type: none"> <li>Invite and select representation for the advisory board, with representation from public health, community resources, early childhood education, and</li> </ul>	<p><i>Regional Coordinator</i></p>	<p>September – Oct 2018</p>

<p><b>8. Plan for Reflective Practice implementation in place by October 2018</b></p> <p><b>GOAL:</b> Serve 75 Prenatal and Postpartum Families via the HFA home visiting model within the seven county region by July 1, 2019, expanding to full caseload of 160 families by July 1, 2020.</p> <p><b>Objectives:</b></p> <p>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.</p>	<p>families enrolled in the project.</p> <ul style="list-style-type: none"> <li>• Set up schedule of meetings/locations for quarterly meetings and begin meeting</li> </ul>	<p><i>Regional Coordinator</i></p>	<p>Nov 2018 and quarterly onward</p>
	<ul style="list-style-type: none"> <li>• Develop a plan and secure provider for provision of reflective practice and infant mental health consultation</li> </ul>	<p><i>Regional Coordinator</i></p>	<p>July - Oct 2018</p>
	<ul style="list-style-type: none"> <li>• Draft and execute contract for reflective practice and infant mental health case consultation</li> </ul>	<p><i>Regional Coordinator</i></p>	<p>July -Oct 2018</p>
	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<p><i>Regional Program Coordinator and sups</i></p>	<p>July 2018 onward</p>

<p><b>2. Quality Improvement committee with representation from partnering agencies in place by Jan 2019</b></p>	<ul style="list-style-type: none"> <li>• QI committee will be developed comprised of representatives from all partnering agencies</li> <li>• QI meetings every 1-2 months in person, conference call or Vidyo to include best practices considerations.</li> <li>• Team will review data and develop and implement QI projects to improve services, fidelity, data collection, reporting, and programming</li> <li>• SE Regional FHV Project will be represented on CQI Learning Collaborative and attend 2 meetings per year</li> </ul>	<p><i>Regional Program Coordinator and reps from all partnering agencies</i></p>	<p>Jan 2019 onward</p>
		<p><i>QI committee</i></p>	<p>Jan 2019 onward</p>
		<p><i>QI committee</i></p>	<p>Jan 2019 onward</p>
		<p><i>Agency staff and regional coordinator</i></p>	<p>Jan 2019 onward</p>
<p><b>3. Reflective practice will be implemented upon initiation of HFA home visiting</b></p>	<ul style="list-style-type: none"> <li>• Supervisors will provide 1:1 reflective practice meetings with HFA home visitors weekly using principles covered in Integrated Strategies</li> <li>• Provision of reflective practice for supervisors and IMH case consultation 2 hrs per month</li> </ul>	<p><i>Agency supervisors</i></p>	<p>September 2018 onward</p>
		<p><i>Agency sups with contracted provider</i></p>	<p>October 2018 onward</p>

<p><b>4.Data collection and documentation methods in place upon initiation of HFA home visiting</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Consult and receive assistance from accredited HFA agencies or Conduent (PHDoc software vendor) to streamline and add consistency to HFA data documentation, as needed</li> <li>• FHV benchmark and demographic data collected during HVs and documented in data collection forms in PH-Doc on a timely basis</li> <li>• SE Regional FHV Project will be represented at PHDoc HFA Workgroup mtgs</li> </ul>	<p><i>Regional Program Coordinator and agency supervisors</i></p>	<p>Sept 2018 onward</p>
<p><b>5.Secure data submission quarterly per MDH and HFA program timelines</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><i>Regional Program Coordinator &amp; HFA Supervisors</i></p>	<p>Sept 2018 onward</p>
		<p><i>Home visiting staff</i></p>	<p>Sept 2018 onward</p>
		<p><i>Reg Coordinator or agency supervisor</i></p>	<p>Jan 2019 onward</p>
		<p><i>Reg Coordinator and agency sups</i></p>	<p>Quarterly data collection and submission as directed by MDH timelines after EBFHV begins</p>



<p><b>6. Consistent One Step Screening process implemented in all seven counties to determine eligibility and offer home visiting services by Sept 2018</b></p>	<ul style="list-style-type: none"> <li>• HFA required data will be reported according to Best Practice Standards</li> <li>• Screening questionnaire will be administered at WIC site to prenatal and postpartum women (may be self-administered)</li> <li>• 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</li> </ul>	<p><i>Reg Coordinator and agency sups</i></p> <p><i>Agency staff</i></p> <p><i>Agency supervisors</i></p>	<p>As directed by HFA</p> <p>Sept 2018 onward</p> <p>Sept 2018 onward</p>
<p><b>7. Implementation of HFA home visiting by September 2018</b></p>	<ul style="list-style-type: none"> <li>• Parent Survey Visit will be scheduled if family is choosing EBFHV and Parent Survey completed at hv</li> <li>• Parent Survey Visitor reviews Parent Survey with supervisor and Family Home Visitor if accepting HFA home visiting</li> <li>• Parent Survey Visitor will document in PH-Doc (electronic health record)</li> </ul>	<p><i>Agency survey and hv staff</i></p> <p><i>Agency staff</i></p> <p><i>Parent survey staff</i></p>	<p>Sept 2018 onward</p> <p>Sept 2018 onward</p> <p>Sept 2018 onward</p>

<p><b>8.FHV services will be integrated with the Early Childhood system upon initiation of home visiting</b></p>	<ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul>	<p><i>Agency hv staff</i></p>	<p>Sept 2018 onward</p>
<p><b>9.Ongoing Intensive FHV under HFA model practice with consistent progression to target caseload by July 2019</b></p>	<ul style="list-style-type: none"> <li>Referral strategies and screening processes will be integrated with data gathering to support program growth to target caseload size</li> </ul>	<p><i>Agency staff</i></p>	<p>Sept 2018 onward</p>
<p><b>9.Ongoing Intensive FHV under HFA model practice with consistent progression to target caseload by July 2019</b></p>	<ul style="list-style-type: none"> <li>Referral strategies and screening processes will be integrated with data gathering to support program growth to target caseload size</li> </ul>	<p><i>Regional coordinator and agency supervisor</i></p>	<p>Sept 2018 - July 2019</p>



<p><b>GOAL:</b> Achieve HFA Model Accreditation as a multi-county single site by the fall of 2021.</p> <p><b>Objectives:</b></p> <p><b>1. Apply for accreditation and complete regional site visit from HFA peer review team by the fall of 2020</b></p> <p><b>2. Fully achieve status as an accredited HFA model by the fall of 2021</b></p>	<ul style="list-style-type: none"> <li>• Complete application and payment for accreditation</li> <li>• Host a regional site visit from HFA peer review team</li> <li>• Continue all best practices maintaining fidelity to HFA model under a consistent set of regional operational policies and procedures</li> <li>• Work with HFA program staff to obtain full accreditation status</li> </ul>	<p><i>HFA Supervisors &amp; Regional Program Coordinator</i></p> <p><i>HFA Supervisors &amp; Regional Program Coordinator</i></p> <p><i>All agency supervisors, staff &amp; Regional Program Coordinator</i></p> <p><i>All agency supervisors, staff &amp; Regional Program Coordinator</i></p>	<p>Fall 2020</p> <p>Fall 2020</p> <p>Fall 2020 onward</p> <p>Fall 2021</p>
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## Exhibit B

### Family Home Visiting Data Agreement

1. **Data.** The data provided by GRANTEE to STATE under this Grant Project Agreement includes not public family home visiting data under Minnesota Statutes section 145A.17 subd. 3(e) [the "Data"].
2. STATE shall use the Data exclusively for evaluation of the Family Home Visiting Program, for the creation of legislatively-mandated reports, for federal reporting requirements and for other purposes required or permitted by law.
3. STATE is responsible for ensuring proper handling and safeguarding of the Data by its employees, subcontractors, and authorized agents.
4. STATE will take all necessary and appropriate actions to ensure the privacy and security of the Data, and any not public data derived from the Data, during and after the term of this Grant Project Agreement as provided in Section 7, below. At a minimum, the STATE's actions must include the following:
  - 4.1 STATE shall not share the Data with any person who is not employed by the STATE or an agent or subcontractor of the STATE.
  - 4.2 STATE shall not share any Data with any agents or employees of STATE or subcontractors who do not have a need to know the Data in order to perform their job duties.
  - 4.3 STATE shall ensure employees, agents and subcontractors are trained in and comply with all applicable laws pertaining to the Data.
  - 4.4 STATE and its agents and subcontractors shall comply with Minnesota Statutes section 13.05, subdivision 3, which requires the use and dissemination of private and confidential data on individuals shall be limited to that necessary for the administration and management of programs specifically authorized by the legislature or local governing body or mandated by the federal government.
  - 4.5 STATE shall not use any of the Data for any purpose other than performing the STATE's duties under this Grant Project Agreement or for any purpose specifically authorized by law or federal requirements.
  - 4.6 STATE must follow and meet all current requirements of the State of Minnesota network and security policies to ensure compliance with the Minnesota Government Data Practices Act with respect to the Data.
  - 4.7 STATE must maintain adequate physical security for all facilities and equipment to protect against unauthorized personnel gaining access to STATE's equipment maintaining the Data. STATE must ensure compliance of all personnel who have

access to the Data. STATE must deploy security technology that will maintain a sufficient level of security at all times.

- 4.8 STATE will ensure it complies with all state and federal policies, procedures, and laws related to proper data practices, information policy, and use of the not public data.
  - 4.9 Any output documents, whether paper or electronic, must be transported, handled, and stored only by authorized employees, agents, or subcontractors of STATE.
  - 4.10 STATE will ensure its employees, agents, and subcontractors authorized to use the Data understand and follow policies and procedures for the appropriate and authorized use of the systems used to maintain the Data and for protection of the Data.
  - 4.11 STATE is responsible for approving all persons who have access to the systems used to maintain the Data and use of the Data. STATE is responsible for restricting any person's access who does not meet STATE's security requirements as having a need to know.
  - 4.12 The computer system and network used to store and access the Data must provide adequate security to prohibit unauthorized access to the Data. No unauthorized devices can be permitted to access, modify, use, or destroy any of the Data.
  - 4.13 When destroying or disposing of the Data, STATE must employ methods of destruction that ensure that the contents of the Data cannot be determined.
5. **Summary data.** Notwithstanding any other provision of this Grant Project Agreement, STATE may release Summary Data of the Data in a form that does not identify any individual and that does not allow anyone to ascertain the identity of any individual who is a subject of the Data, or as otherwise authorized by law.
  6. **Notification of Privacy and Security Incidents.** STATE must follow industry best practices to detect and immediately, or in any event no more than 24-hours after detection, notify GRANTEE's Authorized Representative of any known or potential Privacy or Security Incident regarding the Data provided by the GRANTEE under this Grant Project Agreement of which STATE becomes aware. For purposes of this Grant Project Agreement, "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. "Privacy Incident" means violation of the Minnesota Government Data Practices Act and/or other applicable data privacy or protection laws, statutes, rules, regulations, or standards including, but not limited to, improper and/or unauthorized use or disclosure of not public data and incidents in which the confidentiality of the Data has been compromised in any way.
    - 6.1 STATE acknowledges its responsibility under Minnesota Statutes section 13.055 to notify data subjects if their data has been breached as specified and defined in that section; and the obligation to notify the Minnesota Legislative Auditor as required by Minnesota Statutes section 3.971, subdivision 9. STATE will be responsible for making the determinations to notify and for preparing notifications to data subjects of

Security or Privacy Incidents, unless otherwise required by law.

- 6.2 STATE shall make all reasonable efforts, in cooperation with GRANTEE's Authorized Representative, to mitigate any harmful effects resulting from any Privacy or Security Incident(s) and protect the Data from further unauthorized disclosure.
  - 6.3 Following notification to GRANTEE's Authorized Representative, STATE shall immediately provide to GRANTEE's Authorized Representative, and update as it becomes available, all information pertaining to the Privacy or Security Incident including but not limited to:
    - i. The identification of each individual, who receives services by the GRANTEE, and whose data was accessed or acquired during the Privacy or Security Incident(s);
    - ii. A brief description of the Incident(s);
    - iii. The date(s) of any Incident(s) and the date(s) of the discovery of any Incident(s);
    - iv. The number of individuals whose data was accessed or acquired during the Incident(s);
    - v. A description of the types of GRANTEE-provided not public data involved in the Incident(s); and
    - vi. A detailed description of the STATE's mitigation efforts and efforts to protect against further Incident(s).
  - 6.4 STATE shall cooperate with and assist GRANTEE and, if necessary, the Minnesota Legislative Auditor, in the investigation of any Privacy or Security Incident(s) and any other obligations set forth in this Grant Project Agreement or Minnesota Statute Chapter 13, including section 13.055, subd. 2. STATE agrees to provide written notification to any individual who is the subject of the Data and whose private or confidential data was, or, in the discretion of the STATE, reasonably believed to have been accessed or acquired during an Incident(s).
7. Termination; Maintenance of Data. Upon cancellation, expiration, or other termination of this Grant Project Agreement, STATE must continue to maintain the Data provided by GRANTEE or derived from the Data provided by GRANTEE in accordance with all applicable state and federal laws including all applicable state data retention schedules.

## Exhibit C : Budget Summary for May 1, 2018 - December 31, 2022

Evidence Based Home Visiting Grant

Contact person:

Applicant Agency

Phone

E-mail

Enter your indirect rate as a decimal (ex: .10)

Southeast MN EBFHV  
 Deb Purfeerst  
 Rice County Community Health  
 507-332-5914  
 dpurfeerst@co.rice.mn.us

Enter your amounts in the white cells only. The totals will calculate automatically.

Category	May 1, 2018 - June 30, 2019	July 1, 2019 - June 30, 2020	July 1, 2020 - June 30, 2021	July 1, 2021 - Dec 31, 2022	Total
Salaries and Fringe Benefits	\$193,342	\$185,932	\$192,410	\$295,483	\$867,167
Contractual Services	\$3,310	\$3,060	\$3,060	\$4,590	\$14,020
Travel	\$13,035	\$8,144	\$10,944	\$11,404	\$43,527
Supplies and Expenses	\$15,465	\$17,215	\$16,965	\$22,124	\$71,769
Other_Misc	\$11,146	\$3,751	\$3,751	\$5,627	\$24,275
Other_Partner	\$742,251	\$674,497	\$666,210	\$1,025,263	\$3,108,221
Subtotal	\$978,549	\$892,599	\$893,340	\$1,364,491	\$4,128,979
Indirect*	\$ 23,630	\$ 21,810	\$ 22,713	\$ 33,922	\$ 102,075
<b>Total</b>	<b>\$ 1,002,179</b>	<b>\$ 914,409</b>	<b>\$ 916,053</b>	<b>\$ 1,398,413</b>	<b>\$ 4,231,054</b>

\*Indirect totals are calculated by applying your specified indirect rate to your subtotal. If you calculate your indirect rate differently you will need to replace the formula or manually type in indirects.



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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mary Heckman
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve the PH-Doc Maintenance and Support Contract		

**BACKGROUND:**

PH-Doc is the software the Public Health division uses for their electronic documentation system. MN Counties Computer Cooperative (MCCC) is our managing entity for the County owners/users of PH-Doc. There are 37 agencies that are a part of this contract between Conduent and MCCC. In 2019 Avenu Insights & Analytics will purchase the division of Conduent that supports PH-Doc.

This contract renewal is for January 1, 2019 – December 31, 2021. The cost of maintenance is the same as 2018, \$26,480. This is included in our 2019 budget.

**RECOMMENDATION:** Goodhue County HHS Department recommends approval as requested.

**PH-DOC MAINTENANCE AND SUPPORT AGREEMENT**

**Conduent State & Local Solutions, Inc.**

**Minnesota Counties Computer Cooperative**

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This Public Health Documentation System ("PH-Doc") Maintenance and Support Agreement (this "Agreement") is made and jointly entered into by and between the Minnesota Counties Computer Cooperative ("MnCCC") by and through the MnCCC Board located at 100 Empire Drive Suite 201, St Paul, MN 55103 (hereinafter referred to as "Purchaser"), and **Conduent State & Local Solutions, Inc.**, located at 12410 Milestone Center Drive, Germantown, MD 20876 (hereinafter referred to as "Vendor").

WHEREAS, the Purchaser requires **Software Support** and services to be provided for PH - Doc and the members of the PH-Doc usergroup, as further described in Exhibit A.

WHEREAS, Vendor desires to and is capable of providing the necessary software/services/materials/goods/equipment as stated in Exhibit A, and

NOW, THEREFORE, in consideration of the mutual promises and agreements contained herein the parties agree as follows:

**1. CONTRACT TERM/DURATION**

This Agreement shall be effective on January 1, 2019, and shall continue through December 31, 2021, unless otherwise extended or terminated by the parties in accordance with the provisions of this Agreement ("Term"). This Agreement will automatically be extended for up to two additional one-year periods (January 1, 2022, through December 31, 2022, and January 1, 2023 through December 31, 2023) unless either party delivers written notice to the other party of an intention not to renew at least one (1) year prior to the then current expiration of the Agreement.

**2. VENDOR'S OBLIGATIONS**

General Description. Vendor shall provide maintenance and support for the Software as described in Exhibit A. Purchaser will pay Vendor in accordance with the service fees set forth in Exhibit B (User Group & Service Fees). Both Exhibit A and Exhibit B are attached to and incorporated into this Agreement.

3. Prices. Vendor represents and warrants that any and all prices set forth in this Agreement and any and all prices in addition which Vendor may charge under the terms of this Agreement do not and will not violate any existing Federal, State or Municipal law or regulation concerning price discrimination, price fixing and/or any other illegal conduct. Vendor agrees to indemnify, exonerate, and hold Purchaser harmless from any such violation now and throughout the term of this Agreement. Prices quoted shall not be subject to increase, beyond the increases specifically identified in this Agreement, throughout the period of time covered by this Agreement unless specifically agreed to by the parties in writing.

3.1 CPI. Beginning January 1, 2020, the annual increase for each calendar year will be established by the following formula:

CPI-U is the Consumer Price Index for All Urban Consumers published monthly by the United States Bureau of Labor Statistics (BLS). The "Inflation Amount" for purposes of

this Agreement will be the "Percent change from previous, Annual avg." for the last full calendar year published by the BLS as of June 1 of the year immediately preceding the applicable calendar year as set forth in the monthly CPI Detailed Report under Table 24, Historical Consumer Price Index for All Urban Consumers (CPI-U): U.S. city average, all items. For reference, as of October 22, 2015, the "Percent change from previous, Annual avg," for 2014 was 1.6%.

The annual increase for each calendar year will be the Inflation Amount+ 1% (the "Adjustment Percentage").

Examples: To set the Inflation Amount for 2020, the "Percent change from previous, Annual avg." published as of June 1, 2019, for the full year of 2018, will be used. The Adjustment Percentage for 2020 will be the Inflation Amount+ 1 %. To set the Inflation Amount for 2021, the "Percent change from previous, Annual avg." published as of June 1, 2020, for the full year of 2019, will be used. The Adjustment Percentage for 2021 will be the Inflation Amount+ 1 %.

Each year, the Adjustment Percentage will be set during the CHS user group meeting held in June during the MCCC annual conference, six (6) months prior to the beginning of the next calendar year.

If the Inflation Amount in 2019 or beyond is less than -1 % or greater than 3 %, Vendor and Purchaser will mutually agree in writing upon an equitable Adjustment Percentage prior to the CHS user group meeting in June where the Adjustment Percentage is set for the following year. If Vendor and Purchaser cannot agree on an Adjustment Percentage prior to the June CHS meeting, the Adjustment Percentage will be the Inflation Amount+ 1 %.

#### 4.

- 4.1 Implementation. Vendor shall complete the requirements of this Agreement in accordance with the Statement of Work (hereinafter referred to as Exhibit A).
- 4.2 Conformance to Specifications. Vendor shall perform its obligations under this Agreement so as to meet or exceed the standards and specifications set out in Exhibit A.
- 4.3 Timeliness.
  - a. Time is of the essence, and the failure of Vendor to deliver the specified goods, services and/or other deliverable or work product in accordance with Exhibit A shall constitute a material breach of this Agreement, which shall entitle Purchaser to terminate this Agreement by delivery of written notice to Vendor; provided, however, Vendor will have a period of not less than thirty (30) days from receipt of notice of material breach to cure the breach before Purchaser may terminate this Agreement.
  - b. It is understood and acknowledged by the parties to this Agreement that in the course of this project Exhibit A may be amended from time to time, upon consultation and written agreement of the parties. Notwithstanding this, it is understood that time is of the essence with regard to the Vendor's performance of obligations under this Agreement and the Vendor is expected to diligently proceed with completion of all such obligations in accordance with the then-current Exhibit A.
  - c. Vendor expressly agrees that extension of time will not be granted for delays caused by Vendor or Vendor's staff, such as equipment breakdown,

inadequate or insufficient staff, failure of Vendor to place orders for equipment or materials or permits or licenses sufficiently in advance to insure delivery when needed, or other causes reasonably within Vendor's control. Vendor further agrees that it will not be allowed extra compensation for costs incurred by it because of accelerated operations to maintain Exhibit A. Vendor agrees that the prices named in this Agreement include allowance for all hindrances and delays from any cause during the performance of the work.

#### 4.4 Reports/Evaluations

- a. In order to assist Purchaser in its obligation to evaluate and monitor Vendor's performance, Vendor shall allow personnel of Purchaser access to the work site.
- b. Vendor shall maintain and upon request furnish Purchaser with program and financial information, including evaluation and performance criteria and reports which are reasonably required for effective administration and evaluation of services.
- c. Vendor shall, upon reasonable notice, meet with Purchaser's personnel to assist Purchaser in evaluation of services and performance under this Agreement.

4.5 Vendor's Personnel. Vendor shall provide Purchaser with such information regarding the qualifications of its staff, including professionals, volunteers, and others, as is required by Purchaser to verify that present and subsequent services are being rendered by competent, trained, and properly licensed or certified personnel.

4.6 Vendor shall comply with all federal, state and local laws and ordinances and regulations applicable to its obligations under this Agreement.

#### 4.7 Indemnification.

- a. Any and all claims that arise or may arise against Vendor, its agents, servants or employees as a consequence of any act or omission on the part of Vendor or its agents, servants, or employees while engaged in the performance of this Agreement shall in no way be the obligation or responsibility of Purchaser (MnCCC) or its participating members. Vendor shall indemnify, hold harmless and defend Purchaser and its members, and their respective agents, officers, employees and other representatives against any and all liability, loss, costs, damages, expenses, claims or actions, including attorney's fees which Purchaser, its agents, officers or employees may hereafter sustain, incur or be required to pay, arising out of or by reason of any negligent act or omission of Vendor, its agents, servants or employees, in the execution, performance, or failure to adequately perform Vendor's obligations pursuant to this Agreement.
- b. Vendor warrants and represents that any data or programs provided to MnCCC shall be original, copyrightable works of authorship created by Vendor and its employees, and shall be free, at the time of shipment, of any

computer virus, malware or other disabling code. "Virus and malware" shall be defined as any harmful or hidden programs or data incorporated therein with malicious or mischievous intent (the "Virus"). Vendor shall indemnify and hold MnCCC harmless from all losses, damages, judgments, settlements, attorney's fees, costs and expenses incurred by MnCCC as a result of any conflicting ownership claims and/or resulting from any Virus introduced by Vendor, and shall indemnify MnCCC for the resultant cost of: (i) curtailing the spread of said Virus; (ii) correction of all affected system(s) used for the benefit of MnCCC (and temporary replacement of those affected system(s) which can be corrected during period of correction). In addition, Vendor shall, at its option, immediately replace all system(s) which cannot be corrected or cured within a reasonable period of time or shall immediately reestablish the affected system(s) to be functionally equivalent to that which existed prior to the introduction of the Virus.

- 4.8 Designated Representative. Vendor designates Mary Thompson as Vendor's representative with respect to this Agreement, such person(s) shall have complete authority to transmit instructions, receive information, interpret and define the Vendor's policies and decisions with respect to services covered by this Agreement.
- 4.9 Vendor shall not enter into any subcontract for performance of any services contemplated under this agreement, nor assign any interest in the agreement without the prior written approval of the Purchaser. Any assignment may be made subject to such conditions and provisions as the Purchaser may impose. If specifically authorized by the Purchaser, Vendor is responsible for the performance of all subcontractors and shall compensate said subcontractors pursuant to the requirements of Minnesota Statute § 471.425.
- 4.10 Insurance Vendor shall furnish Purchaser an original standard ACORD form type certificate of insurance for any type of insurance required to be carried by Vendor under this Agreement, or required in order to comply with any State or federal law or regulation applicable to this Agreement before work commences. Insurance must be authorized to do business in the State of Minnesota. The certificate of coverage must be provided to Purchaser within thirty (30) days after the Effective Date or prior to commencement of any work covered by that insurance under this Agreement, whichever occurs first. Vendor shall provide at least ten (10) business day's prior written notice to Purchaser of any pending or proposed cancellation and shall include Purchaser and User Group members as additional insureds for claims caused by the negligent acts or omissions of Vendor in relation to commercial general liability and business automobile liability, which may be met through a blanket additional insured basis. Purchaser shall have the right to terminate this Agreement with notice and pursue available legal remedies if Vendor does not provide the required ACORD certificates, or is otherwise not in compliance with the insurance requirements in this Section, Vendor shall require its agents and subcontractors to also carry and maintain the insurance required under this Section.

Specifically, unless otherwise required by law or regulation, Vendor shall maintain and furnish satisfactory evidence of the following insurance coverage, standards, and rights:

- (a) Workers' Compensation Insurance: Vendor will provide Workers' Compensation insurance for all Vendor employees and, in case any work is subcontracted, Vendor will require each subcontractor to provide any applicable required Workers Compensation insurance in accordance with

the statutory requirements of the state of Minnesota. Employer's Liability Coverage minimum limits shall be in each case, the greater of the minimum coverage requirements of Minnesota law, or any of the following:

- a. Bodily Injury by Accident: \$500,000 each accident.
- b. Bodily Injury by Disease: \$500,000 each employee.
- c. Bodily Injury by Disease: \$500,000 policy limit.

(b) Commercial General Liability: Vendor will maintain insurance protecting Vendor and Purchaser from claims for damages for bodily injury, including death, as well as from claims for property damage including loss of use which may arise from operations under this Agreement, by Vendor employees providing services under this Agreement. Unless otherwise specified within this Agreement, the Vendor insurance minimum amounts will be \$1,500,000 per occurrence and \$3,000,000 general aggregate - combined single limit. In addition, the coverage for bodily injury and property damage, products and completed operations liability, blanket contractual liability, and personal and advertising injury should be included,

(c) Commercial Automobile Liability: If any business vehicles are used by Vendor for business purposes during this Agreement, Vendor will maintain business automobile liability insurance, Unless otherwise specified within this Agreement, the minimum insurance coverage amount for Commercial Automobile Liability will be one million and five hundred thousand dollars ( \$1,500,000) per accident or occurrence combined single limit for bodily injury and property damage, In addition, the coverage for owned, hired, and non-owned vehicles should be included.

(d) Professional Errors and Omissions Liability Insurance: Unless otherwise specified within this Agreement, Vendor insurance minimum limits will be as \$2,000,000 per claim and \$4,000,000 annual aggregate. This coverage shall include loss, due to the negligent acts, errors, or omissions of Vendor in providing the Services.

(e) Vendor must include legal defense within the liability policy limits; and shall obtain insurance policies from an insurance company having an "AM BEST" rating of A-VIII or better,

4. 11 INDEPENDENT PARTIES, This Agreement shall not constitute, create, give effect to, or otherwise imply a joint venture, partnership, or other business organization of any kind. Vendor and Purchaser are independent parties and neither shall act as an agent for or partner of the other party for any purpose, and the employees and agents of the independent parties shall not be deemed the employees or agents of the other. Each party shall be solely responsible for its own debts and payment of all compensation owed to its employees, including payment of any taxes related to employment and workers' compensation insurance. Each party shall be solely responsible for payments to any lower-tier subcontractors, consultants, or other persons providing goods or services to that party. Each party shall be responsible for its own federal, state, and local income, sales, use, and other taxes, Nothing in this Agreement shall give either party any right to make commitments of any kind for or on behalf of the other without the prior written consent of the other party. Purchaser and Vendor explicitly understand and agree that the members of the User Group are not parties to this Agreement, but that the members of the User Group are the intended recipients and third party beneficiaries of the Services.

4.11

## 5. PURCHASER'S OBLIGATIONS

5.1 Purchaser shall provide full information as to requirements for the project.

5.2 Purchaser shall assist the Vendor by placing at its disposal all available written public data pertinent to the project, including existing reports and other public data affecting the project.

- 5.3 Purchaser shall guarantee access to the project site and make all provisions for the Vendor to enter upon public property as required by the Vendor to perform the services under this Agreement.
- 5.4 Purchaser shall give prompt written notice to the Vendor whenever the Purchaser observes or otherwise becomes aware of any defect in the project.
- 5.5 Purchaser shall act promptly on all studies, reports, proposals and other documents presented by the Vendor for approval and authorization.
- 5.6 Any liability of Purchaser or its participating members shall be governed by the provisions of the Municipal Tort Claims Act, Minn. Stat. Ch. 466, and other applicable laws. Nothing in this Agreement shall constitute a waiver by Purchaser of any defenses, statute of limitations or exceptions on liability.
- 5.7 Designated Representative. Purchaser designates MnCCC Executive Director, as Purchaser's initial representative with respect to the Vendor's services to be performed under this Agreement; such person shall have complete authority to transmit instructions, receive information, interpret and define the Purchaser's policies and decisions with respect to products and services covered by this Agreement. Purchaser's representative shall be free at any time to appoint a successor and/or to delegate certain duties or responsibilities hereunder, by providing Vendor with written notice thereof.
- 5.8 Purchaser agrees to arrange for, coordinate, and assist authorized Vendor personnel (and third parties authorized by Vendor) access to Purchaser and User Group member physical facilities (including data processing facilities) and data communications infrastructure, as well as Purchaser and User Group member information, data, and other resources that are necessary or reasonably appropriate to permit Vendor to perform the Services. Access to resources shall include Purchaser and User Group member professional personnel, administrative personnel, and other employees at reasonable times and hours. The Purchaser, upon request by the Vendor, will attempt to resolve any access issues.
- 5.9 Purchaser agree to consider and evaluate network and operating system environment updates to the current version reasonably recommended by the Vendor for provision of the Services. Vendor may provide recommendations to Purchaser regarding upgrading network and operating system environments; however any upgrade to the network or operating system environments will be determined by Purchaser. Proposed upgrades to the network and operating systems environments will be determined by Purchaser.
- 5.10 Purchaser agrees to cooperate with Vendor as more specifically set forth in Exhibit A as required or reasonably necessary for Vendor to perform the Services. The parties understand and agree that the failure of Vendor to perform the Services with respect to any member of the user group that is caused, in whole or in part, by the inability of Vendor to gain access to the facilities, personnel, or data of a User Group member (as required under this section or Exhibit A) shall not be deemed to be a default under Section 4 of this agreement
- 5.11 Each party shall designate a Project Manager who will have the lead responsibility for coordinating the Services, including communication with the other and other activities as more specifically set forth in Exhibit A.

**6. CONFLICTING TERMS**

6.1 If there is any conflict between this Agreement and Exhibit A, this Agreement shall govern.

6.2 Vendor shall promptly notify Purchaser of any discrepancy between this Agreement and Exhibit A, and any conditions at the site, or any errors, or omissions, or instructions, which may be discovered in the course of the work. Purchaser will make a determination in writing whether any error or discrepancy exists. Any adjustment or work done without this determination shall be at the Vendor's own risk and expense.

**7. WARRANTIES/GUARANTEES**

Vendor warrants that the Services will be performed by Vendor in a lawful (including compliance with all applicable federal and Minnesota statutes and regulations), professional, and workmanlike manner, using personnel generally deemed acceptable in the information technology industry to perform the Services that those Vendor personnel are assigned to perform. Purchaser may request that Vendor remove and replace any Vendor personnel providing Services if, in the reasonable opinion of Purchaser with reasons provided to Vendor, those Vendor personnel do not possess the skills and experience necessary to provide that portion of the Services in which those personnel are engaged or are otherwise unsuitable. If, after discussion with Vendor and an opportunity for remediation (except in extreme circumstances), Purchaser determines that the Vendor personnel should be replaced, Vendor will promptly replace the affected personnel at no cost to Purchaser.

**EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, VENDOR DISCLAIMS ALL WARRANTIES OF ANY KIND, INCLUDING BUT NOT LIMITED TO, ANY EXPRESS WARRANTIES NOT INCORPORATED INTO THIS AGREEMENT AND ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE IMPOSED BY LAW OR WHICH COULD OTHERWISE ARISE IN CONNECTION WITH PERFORMANCE BY VENDOR UNDER THIS AGREEMENT.**

7.1

**8. PAYMENT**

8.1 Compensation. Purchaser shall pay for Software Programs and Annual Service Agreements at the rates specified Exhibit A.

8.2 Invoices. Vendor shall, within fifteen (15) working days following the last day of each quarter in which maintenance and support related products and/or services were provided, submit an invoice and request for payment on an invoice form acceptable to Purchaser. Vendor shall, within fifteen (15) working days following the last day of each month that additional services were provided, submit an invoice and request for payment on an invoice form acceptable to Purchaser. Vendor shall, within fifteen (15) working days following the acceptance of any milestone deliverables, submit an invoice and request for payment on an invoice form acceptable to Purchaser.

8.3 The invoice shall itemize the following:

- 1) the hours of services or Software Programs rendered, listed by classification;
- 2) the date such services were provided;
- 3) a general description of the Products or Services provided;
- 4) the name of client receiving services;
- 5) the amount and type of all reimbursable expenses being charged; and
- 6) the dates of the performance period covered by the invoice.



- 8.4 Time of Payment. Purchaser shall, after acceptance, make payment to Vendor within thirty (30) days from the dates specified in Exhibit A. If the invoice is incorrect, or there is an issue with acceptance, defects, or some item is otherwise improper, Purchaser will notify Vendor within ten (10) days of receipt and/or testing. Purchaser shall in such case, make payment within thirty (30) days of correction and receipt of the corrected invoice from Vendor.
- 8.5 Right to Withhold Payment. Purchaser may withhold payment of the whole or part of any amount due to or claimed by the Vendor to such extent as may be necessary to protect Purchaser from loss on account of:
- a. defective work not remedied or guarantees not met;
  - b. failure of Vendor to complete any part of its work in accordance with any identified Milestone(s), binding agreement and/or completion schedules established in or made a part of this Agreement;
  - c. claims filed or reasonable evidence indicating probable filing of claims; and/or
  - d. damage to another Vendor.
- In the event Purchaser withholds payment, then no interest or other penalty shall accrue against Purchaser for non-payment of disputed claims.
- 8.6 Required System Revisions. Any required system development, revision or conversion effort will be performed in accordance with predetermined, pre-approved in writing and uniformly applied work plans. In the event Vendor is notified of specific deficiencies, which prevent acceptance of work completed, required changes will be determined in accordance with the following guidelines:
- Purchaser shall bear all costs of modifications necessitated by Purchaser's revision of system requirements, as requested by Purchaser in writing, but only to the extent such costs represent additional Vendor effort, as approved by User Group.
- 8.7 Unauthorized Claims. Purchaser shall not pay any claim which is not specifically authorized by this Agreement. Payment of a claim shall not preclude Purchaser from questioning the propriety of the claim. Purchaser reserves the right to offset any overpayment or disallowance of claim by reducing future payments.
- 8.8 Payment Upon Early Termination. In the event this Agreement is terminated before the completion of services, Purchaser shall pay Vendor for services provided in a satisfactory manner, a sum based upon the actual time spent on a prorated basis, less any credits or offsets for damages attributable to Vendor's performance and/or its failure to perform as agreed.

## **9. PAYMENT LIMITATION DUE TO NON-APPROPRIATION OF FUNDS**

Non-appropriation. Notwithstanding any provision to the contrary, this Agreement may be immediately terminated by either party in the event sufficient funds from MnCCC, State, or Federal sources are not appropriated, obtained and continued at least at the level relied on for the performance of this Agreement, and the non-appropriation of funds did not result from any act of bad faith on the part of Purchaser (MnCCC). In the event of such termination, Vendor shall be entitled to payment, determined on a pro-rata basis, for services satisfactorily performed.

## **10. CONTRACT ASSIGNMENT**

Vendor shall not assign nor transfer or delegate any right or obligation under this Agreement

without the prior written consent of Purchaser.

## **11. INDEPENDENT VENDOR STATUS**

At all times and for all purposes hereunder, Vendor shall be an independent contractor and is not an employee of Purchaser (MnCCC) for any purpose. No statement contained in this Agreement shall be construed so as to find Vendor, its assigns, employees, or servants, to be an employee of Purchaser, and they shall not be entitled to any of the rights, privileges, or benefits of employees of Purchaser, including, but not limited to, wages, benefits, workers' compensation, health/death benefits, and indemnification for third-party personal injury/property damage claims, which shall all be the sole liability of Vendor.

## **12. OWNERSHIP, PROPRIETARY CONSIDERATIONS AND DATA SECURITY**

Vendor agrees to ensure confidentiality of all work performed pursuant to this Agreement, including source code development and all Purchaser/Vendor documentation as would conform with actual Agreement language for this project pertaining to the system design to avoid pirating of this information and subsequent software license disputes. Purchaser shall solely own any data, databases, custom Software Programs, interfaces or other deliverables as work product developed under this Agreement, and Vendor hereby irrevocably assumes and conveys full title therein to Purchaser and its successors and assigns.

12.1 Except for Vendor's internal work papers, Purchaser and Vendor agree that all materials and information developed under this Agreement shall become the sole property of Purchaser.

12.2 Any materials and information not developed under this Agreement, which Vendor considers to be proprietary and confidential, shall be plainly and prominently marked by Vendor as "Trade Secret", "Proprietary", or "Confidential", and shall not be utilized or incorporated into any Software, work product or other deliverable hereunder, except with Purchaser's prior written consent, and provision to Purchaser of a perpetual paid-up, royalty free, transferable, sublicensable, and unrestricted license to use such materials and information in connection with the Software to be developed hereunder.

12.3 Purchaser will use reasonable means to ensure that Vendor's confidential information is safeguarded and held in confidence. Purchaser agrees not to reproduce or distribute Vendor's proprietary material to non-Purchaser agencies without prior written permission from Vendor. Purchaser's obligation pursuant to this Article shall not apply to any material, data or information not plainly and prominently marked with the restrictive legends as set forth in subsection b, above.

12.4 Vendor agrees to protect the security of and to keep confidential all data received or produced under the provisions of this Agreement, and shall not disclose them without the prior written consent of Purchaser. Vendor further agrees to follow all applicable state and federal laws, rules and policies.

12.5 Procedures and software created by Vendor pursuant to this Agreement, or modifications made to existing software to meet the specifications herein shall be proprietary to the Purchaser. Purchase grants to Vendor an exclusive right and license to use, reproduce, license, sublicense, perform, release, display, create derivative works of, and otherwise modify the software, improvements, enhancements and modifications (including source code) for any purpose including (without limitation) for internal use and for sale and use (including sale of sublicenses to governmental and commercial entities) outside of the State of Minnesota.

- 12.6 Vendor shall not disclose to any party any information identifying, characterizing, or relating to any risk, threat, vulnerability, weakness or problem regarding data security in computer systems of Purchaser's licensed users, or to any safeguard, countermeasure, contingency plan, policy or procedure for data security contemplated or implemented by Purchaser, without express written authorization of Purchaser. The provisions 10.4, 10.5, and 10.6, shall survive the expiration or other termination of this Agreement.

### **13. PROGRAM LEVEL DOCUMENTATION & SOURCE CODE PROTECTION**

Vendor acknowledges and agrees that program level documentation, including source code is required to support Vendor's application software developed pursuant to this Agreement, and that Purchaser needs to be insured the on-going ability to access and maintain the application programs. Accordingly, Vendor shall provide the Purchaser with a copy of a current version of the proposed system source code upon Purchaser's acceptance of each deliverable as specified in Exhibit A, and otherwise within twenty (20) business days of Purchaser's written request.

### **14. CHANGE ORDERS**

Without invalidating this Agreement, Purchaser may order changes in the work, including additions, modifications, or deletions. Price and time will be adjusted accordingly as the parties may agree. All such changes in the work shall be in writing and signed by the Vendor and Purchaser and attached to the Agreement. The Vendor must not provide work that is not specified in the Agreement without first obtaining a signed change order.

### **15. TERMINATION OF AGREEMENT**

- 15.1 Termination for Insolvency. Purchaser may, upon service of Notice of Termination on Vendor, terminate this Agreement immediately in the event of the insolvency of Vendor. Vendor shall be deemed to be insolvent if:

- 1) Vendor has ceased to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition for bankruptcy has been filed, and whether or not insolvent within the meaning of the Federal Bankruptcy Law; or
- 2) a voluntary petition to have Vendor declared bankrupt has been filed; or
- 3) a Receiver or Trustee for Vendor has been appointed; or
- 4) Vendor has executed a general assignment for the benefit of creditors.

- 15.2 Termination for Nonperformance. Purchaser may terminate all or any part of this Agreement following service of written Notice of Termination on Vendor for nonperformance of this Agreement under the following circumstances:

Vendor fails to perform any of the provisions of this Agreement; or

Vendor fails to perform installation of the software or equipment or fails to perform services under this Agreement within the time specified in this Agreement (or as specified in any authorized extension thereof); or

Vendor so fails to make progress as to endanger performance of this Agreement in accordance with this Agreement's terms.

Before Purchaser can terminate this Agreement for nonperformance, Purchaser

must provide Vendor an opportunity to cure such failure(s) within a period of thirty (30) days (or such longer period as Purchaser may authorize in writing) after receipt of Notice of Termination from Purchaser.

**16. PROCEDURE UPON TERMINATION**

After Vendor receives a Notice of Termination, except as otherwise directed by Purchaser, Vendor shall:

- 1) Stop work under this Agreement on the date and to the extent specified in the Notice of Termination; and
- 2) Reconfirm and document the transfer of title, and deliver to Purchaser all completed work and work in process; and
- 3) Complete performance of such part of the work as shall not have been terminated by the Notice of Termination; and
- 4) Vendor shall submit to Purchaser, in the form and with any certifications as may be prescribed by Purchaser, its proposed final invoice. Such invoice shall be submitted promptly, but in no event later than three (3) months from the date of termination specified in the Notice of Termination. Said final invoice is subject to provisions 6 and 7 of this Agreement.
- 5) In the event Vendor fails to submit its final invoice, Purchaser may determine, based upon the information available to Purchaser, the amount, if any, due to Vendor and such determination shall be final.

**17. REMEDIES**

In the event Purchaser terminates this Agreement in whole or in part due to Vendor's failure to perform, insolvency or breach, Purchaser may (following any agreed upon period of time for Vendor to cure) procure, upon such terms and in such manner as Purchaser may deem appropriate, products and/or services similar to those so terminated, and Vendor shall be liable to Purchaser for any excess costs for such similar goods or services. Vendor shall continue the performance of this Agreement of and to the extent not terminated. If this contract is terminated for Default for Nonperformance, the Vendor will provide Purchaser will all source code developed prior to default.

The rights and remedies of Purchaser provided in this Section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

Failure or neglect of the Purchaser to require compliance with any term or condition of this Agreement shall not be deemed a waiver of such term or condition.

**18. GOVERNING LAW; JURISDICTION AND VENUE**

This Agreement shall be governed by and construed in accordance with the internal substantive and procedural laws of the State of Minnesota, without giving effect to the privileges of conflict of laws. All proceedings related to this Agreement shall be venued in the State of Minnesota, County of Ramsey, and Vendor hereby irrevocably submits for the jurisdiction and venue of such courts.

**19. DOCUMENTS**

It is specifically agreed to by and between the parties that this Agreement also includes the following document incorporated by reference herein:

**Exhibit A (Statement of Work)**

**Exhibit B (User Group & Service Fees)**

## 20. NOTICES

All notices or demands required or permitted to be given or made hereunder shall be in writing and shall be deemed to have been given if made by hand delivery with signed receipt, or when mailed by first class registered or certified mail, postage prepaid, addressed to Purchaser and Vendor at their respective addresses designated below.

MnCCC  
100 Empire Drive Suite 201  
St Paul, MN 55103

Conduent State & Local Solutions, Inc.  
12410 Milestone Center Drive  
Germantown, MD 20876

## 21. FORCE MAJEURE.

Neither party will be liable for any failure or delay in the performance of its obligations under this Agreement, if any, to the extent that failure is caused, directly or indirectly, without fault by the party, by fire, flood, earthquake, extreme weather, elements of nature or acts of God; labor disruptions or strikes; acts of war, terrorism, riots, civil disorders, rebellions or revolutions; quarantines, embargoes, or other governmental action; or any other cause beyond the reasonable control of the non-performing party. Any event meeting one or more of these criteria is referred to in this Agreement as a "force majeure event."

Upon the occurrence of a force majeure event, the non-performing party will be excused from any further performance or observance of the affected obligation(s) for as long as the force majeure circumstances prevail and that party continues to attempt to recommence performance to the extent possible without delay. Any party delayed in performance by a force majeure event will immediately notify the other party by telephone or other means (to be confirmed in writing within five (5) business days after initial notification) and describe in reasonable detail the circumstances causing the delay. Any force majeure event asserted by a non-performing party that remains in effect for more than thirty (30) days may require the parties to equitably modify Exhibit A to account for any delay caused by a force majeure event. Either party may terminate this Agreement without penalty in the event that the other party's performance is delayed for sixty (60) days or more by a force majeure event.

## 22. LIMITATION OF LIABILITY.

Except for liability related to infringement of intellectual property rights, MGDPA, or other violations of applicable federal or Minnesota law, or liability for tort claims resulting in bodily injury or real or tangible personal property damage, or for any claims based on gross negligence or any reckless or willful act or omission as adjudged by a court of competent jurisdiction, **NEITHER PARTY SHALL BE LIABLE, UNDER ANY CIRCUMSTANCES FOR ANY ANTICIPATORY OR LOST PROFIT, SPECIAL, CONSEQUENTIAL, PUNITIVE, EXEMPLARY, INCIDENTAL, OR INDIRECT DAMAGES OF ANY KIND (COLLECTIVELY "NON-DIRECT DAMAGES") RESULTING FROM THE PERFORMANCE OR NON-PERFORMANCE OF ITS OBLIGATIONS UNDER THIS AGREEMENT EVEN IF THOSE NON-DIRECT DAMAGES ARE ATTRIBUTED TO BREACH OF THIS AGREEMENT, TORT, NEGLIGENCE, OR OTHER CAUSE; OR EVEN IF UNDER APPLICABLE LAW THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF NON-DIRECT DAMAGES.**

**IN ADDITION, THE TOTAL CUMULATIVE, AGGREGATE LIABILITY OF VENDOR TO PURCHASER FOR ANY AND ALL CLAIMS, DAMAGES, CAUSES OF ACTION, EXPENSES OF ACTION, AND LIABILITIES OF ANY KIND, WHETHER IN CONTRACT, TORT, OR OTHERWISE, WILL NOT EXCEED DOUBLE THE AMOUNT OF THE MOST RECENT ANNUAL FEE FOR SERVICES RECEIVED BY VENDOR UNDER THIS AGREEMENT. IN ADDITION, THE TOTAL CUMULATIVE, AGGREGATE LIABILITY OF PURCHASER TO VENDOR FOR ANY AND ALL CLAIMS, DAMAGES, CAUSES OF ACTION, EXPENSES OF ACTION, AND LIABILITIES OF ANY KIND, WHETHER IN CONTRACT, TORT, OR OTHERWISE, WILL NOT EXCEED THE TOTAL AMOUNT PAID TO (OR INVOICED AND UNPAID) TO VENDOR FOR PRODUCTS OR SERVICES PROVIDED TO AND ACCEPTED BY PURCHASER UNDER THIS AGREEMENT.**

IN WITNESS WHEREOF, the agreements and covenants contained in this Agreement, Purchaser by resolution of its Board has caused this Agreement to be signed in duplicate and/or counterpart originals, all of which when taken together shall constitute a single original agreement, by the Chair of said Board as of the 12 day of July, 2018, and as executed and agreed by Vendor, each warranting that they are empowered and authorized to execute the same.

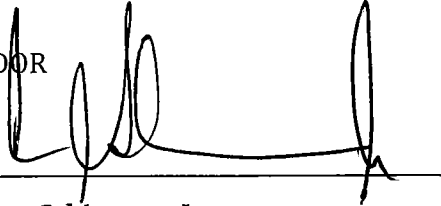
PURCHASER

By:   
MnCCC Board Chair

By:   
MnCCC Executive Director

By:   
CHS User Group Chair

VENDOR

By:   
**Lou Schiavone, Jr.**  
**Authorized Vice President**

# SCHEDULE A

## Statement of Work

### 1. Services and System Components Supported

- A. Under this Agreement, Conduent will provide the Services described in this Schedule A to the MnCCC and the members of the User Group.
- B. As part of Maintenance, Conduent shall support and maintain the following parts of the System:
- a) Dailies — time management/reporting system
  - b) Electronic chart records for the following:
    - Individuals — documents services provided
    - Employees — documents immunizations, certifications, reviews
    - Organizations — documents inspections, investigations, licensing
    - Community Events — documents planning, education, health fairs, clinics, outbreaks
  - c) Immunizations with interface to Minnesota Immunization Information Connection ("MIIC")
  - d) Referrals In/Out
  - e) Health Insurance Portability and Accountability Act ("HIPAA") consent screens for Release of Information ("ROI") and Minnesota Release of Authorization ("MRA")
  - f) Reporting for federal, state mandated, managerial, and outcomes, including the SQL builder for custom queries
  - g) Population groups for identifying groups of clients, employees, organizations, and community events for outcome reporting
  - h) Letters/Forms using a rich text control to merge chart components into a MS Word document
  - i) Home page with dashboard reporting capability
  - j) Master code tables — statistical, documentation, immunizations, and copy phrases
  - k) System code tables configured to define the agency with mapping to structured codes needed for Health Information Exchange ("HIE"), including the following:
    - Mapping - Logical Observation Identifiers Names and Codes ("LOINC"),
    - Systematized Nomenclature of Medicine Clinical Terms ("SNOMED CT") and HL7
    - Sending HL7 Admit Discharge Transfer ("ADT") messages to Clinical Data Repository (CDR) Sending HL7 Observation Results ("ORU") messages (vital signs, smoking status, pain scale, MRA consent, Quality of Life form responses) to Clinical Data Repository (CDR)
    - Sending HL7 Pharmacy dispensing information ("RDS") message (Medication lists to Clinical Data Repository (CDR)
    - Transitions of Care ("TOC"), Information sent to public health agency when patient is admitted or discharged from provider. Patient Correlation done from the Patient List (PNP list)
  - l) Medicare processing including Outcome and Assessment Information Set ("OASIS") assessments
  - m) Medications including interfaces with RxTerms (a drug interface terminology derived from RxNorm code system from the National Library of Medicine) and



- PEPID (a Medical Information Resources company) for medication reconciliation and drug interactions
- n) Allergy reconciliation based on most common products based on the RxNorm code system
  - o) The following interfaces:
    - Requests for external documents from HIE partners
    - Availability of Health Level Seven International ("HL7") Clinical Document Architecture ("CDA") documents for viewing as HTML, XML or PDF, Parsed documents can be viewed across documents and across organizations,
    - Use of Nationwide Health Information Network ("NwHIN") specifications to provide agencies the ability to share clinical data
    - Import of birth records from the Minnesota Department of Health Vital Statistics
  - p) Accounts receivable including HIPAA 5010 compliant claiming and electronic remittances
  - q) Chart audit trails for users showing charts accessed and audit logging for chart changes
  - r) Agency alerts
  - s) Report queue that allows the ability to schedule processes and reports
  - t) Client Visits module (which allows staff to take laptops into the field), including a download / upload synchronization log
  - u) Dailies standalone module (which allows employee time entry)
  - v) Scheduling module used to schedule staff with clients from assignment sheets, including the following:
    - Production of a weekly schedule
    - Produces progress reports
    - Allows for time entry
  - w) Security module, including the following:
    - Security groups control access for employees in the System
    - Password Reset
  - x) Ability to save files to chart attachments folder
  - y) Tasks
  - z) Electronic timecard functionality which includes timecard verification, expense authorization and file export to CGI Payroll System.
  - aa) Environmental Health Processing for the assessment, licensing and tracking establishments
  - bb) Inventory tracking
  - cc) DIRECT Mail

Conduent will support CHS user group approved enhancements (from technical hours, participatory enhancements from approved work requests that are added part of the system.

## 2. Items Not Included in Services

The Services do not include any of the following:

- a) Installation of the System, operating software, utilities, or other software applications on hosting hardware. Conduent may provide installation recommendations and services on a time and materials basis, upon request.

- b) Acquisition of MIRTH physical appliances for User Group members or annual subscription and maintenance renewal for the MIRTH appliances.
- c) Any work that would require a Change Request, as defined in this Schedule A.
- d) Support for computer hardware, computer operating systems, or computer operations, including (but not limited to) the following:
  - Personal Computer (PC) Hardware and Operating Systems; and Third-Party Hardware and Software (i.e. Microsoft Windows7, Windows10 and SQL; Novell; FTP; SQL Anywhere).
  - Peripherals (i.e. printers, scanners, and other peripherals.)
  - Microsoft Windows Server
  - Microsoft Windows Internet Information Services ("IIS") for distributions and help text
  - Microsoft SQL Servers
  - Network and Telecommunications Hardware and Software.
  - PC Software Products such as spreadsheets, word processing, report writing, etc.
  - Upgrades for 3rd party tools including Active X, Amyuni, eDraw, and PepID
  - Actual exchanges of data (operations/communications)
  - Individual client data manipulation, security, journaling, sizing, configuration, backup and recovery, memory management, or database management.

### **3. Hardware and Operating Software**

- a) Support for the System includes support of the System in the Windows,NET environment with database compatibility with SQL Server 2008R2, 2012, 2014 and 2016.

- Acquire and install all future Windows operating system version/release levels and appropriate service packs and hot fixes on a schedule that is agreed upon by Conduent and MnCCC. Conduent will only support the Windows operating system versions and release levels that are supported by Microsoft.
- b) The Windows operating systems supported under this Agreement are Windows 7 (32-bit and 64-bit) and Windows 10. Support for any new Windows operating system will be contingent upon agreement between Conduent and MnCCC and a written amendment to this Schedule A.
  - c) MnCCC will continue to acquire and pay the cost of the each of the following, as required to maintain the Services for the listed appliances:
    - Mirth appliance annual subscription and maintenance renewal, including the Mirth Connect annual platinum subscription, Mirth M1000 annual maintenance and support for each User Group member's Mirth appliance (either physical or virtual), and the two Mirth appliances at Conduent facility in Waite Park.
    - PEPID annual subscription and maintenance renewal.
    - Altova MapForce annual subscription and maintenance renewal.
  - d) Services are explicitly conditioned on up-to-date MS Word software. User Group members will acquire and install all future Microsoft Office Word version/release levels and appropriate service packs and hot fixes on a schedule that is agreed upon by Conduent and MnCCC. Support for any new version of Microsoft Office products will be contingent upon agreement between Conduent and MnCCC and a written amendment to this Schedule A.

#### **4. Maintenance — Technical Hours**

The Services include up to one thousand four hundred and forty-five (1445) hours per year for the following:

- a) System analysis, programming, program testing, and user instructions ("Technical Hours").
- b) Program changes and enhancements: Conduent will evaluate and report on possible major program changes or enhancements; however, Conduent will make changes or enhancements to the System only upon request from MnCCC. Time spent on program changes and enhancements will be applied to the Technical Hours.
- c) Support for PH-Doc databases in the SQL server environment. Allow hours from "Maintenance - Technical hours" to be transferred to "Maintenance - Telephone Support" through mutual agreement between Conduent and through the approval of the User group or Advisory Committee. A maximum of twenty percent (20%) of the total annual Technical Hours may be carried over to the next year.

#### **5. Maintenance — Telephone Support**

Conduent will provide telephone support as part of the Services, as follows:

- a) Up to one thousand four hundred forty-five (1445) hours per year for telephone consultation ("Telephone Support Hours").
- b) Telephone support will be available during normal business hours: 8:00 a.m. to 5:00 p.m., Central Time, Monday through Friday, except Conduent holidays.
- c) Conduent will provide a return call to User Group members within six (6) hours (during normal business hours) after receipt of a telephone request for assistance.
- d) For any User Group member that identifies a request as "Critical," Conduent will provide a return call within two (2) hours (during normal business hours) after receipt of a telephone request for assistance. A "Critical" request is a situation where the System is unable to function.
- e) If a User Group member requests a basic SQL (structured query language) statement or query support, and the statement or support can be accomplished in thirty (30) minutes or less, Conduent will provide that statement or support and count the time spent on that task against the Telephone Support Hours. If Conduent determines that the basic SQL statement or query support will require more than thirty (30) minutes to accomplish, then Conduent will inform MnCCC that the support will require a change request.
- f) If a User Group member requests Webex training, and Conduent estimates that the requested training will take one (1) hour or less, then Conduent will provide that training and count the time spent on that training against the Telephone Support Hours. If Conduent determines that the requested WebEx training will take longer than one (1) hour, then Conduent will inform MnCCC user group member that the support will require a change request.
- g) Allow hours from "Maintenance – Telephone Support hours" to be transferred to Maintenance - Technical through the mutual agreement between Conduent and the User group or Advisory Committee. A maximum of twenty percent (20%) of the total annual Telephone Support Hours may be carried over to the next year.

## **6. Maintenance — Health Information Exchange**

The following apply to the use of the MnCCC Health Information Exchange Fund ("HIE Fund"):

- a) The HIE Fund will pay for the purchase of the MIRTH physical appliances for the User Group members, as well as annual support and maintenance for the MIRTH appliances, except as provided in this Section,

Conduent will provide a total of four hundred (400) hours of assistance during the Three-year term of this Agreement ("HIE Hours") for general maintenance to the Mirth appliances utilizing the VPN between Conduent and a User Group member's MIRTH appliance.

- b) If the contract renews for an additional two-year term, Conduent will provide a total of two hundred (200) hours of assistance for general

maintenance to the Mirth appliance utilizing the VPN between Conduent and a User Group member's MIRTH appliance.

HIE Hours may be used to cover distribution of patches made available by the Mirth Corporation, reconfiguration for network changes, management of exchange certificates and assistance in troubleshooting.

- c) If an individual User Group member requests support of the MIRTH appliances, and Conduent determines that the requested support will require more than ten (10) hours of effort by Conduent, then Conduent will inform MnCCC that the support will require a change request.

## **7. Additional Services supplied within this Agreement**

- a) Additional Services provided under Maintenance include:
- Project management and account management
  - Weekly Conduent staff project meetings
  - Estimates and design of statements of work for enhancements
  - Second level consultation and conference calls for support of the User Group members
  - Enhancement Focus group meeting/ prep and attendance by Conduent staff
  - User group meeting/prep and attendance by Conduent staff
  - Weekly project management meetings with the CHS user group project manager.
  - Training class recordings and distribution of the recording
  - Monthly targeted WebEx training for the CHS User group. This training will occur once a month at a time mutually set by Conduent and MnCCC. WebEx Training Sessions will be recorded and made available to the User Group via the Conduent website. WebEx training is NOT part of the Technical Hours or Telephone support hours except as otherwise stated in 5(f) of this Schedule.
  - Alpha software testing support, including preparation and file setup at Conduent offices for up to three User Group members for each major distribution as requested by the user group.
  - BETA testing support and rework with distribution
  - Time spent with an individual User Group member with respect to beta testing or discussions regarding approved program changes and enhancements
  - Peer review of enhancements
  - Rework/fixes documentation and distribution
  - Attend conferences as requested by MnCCC
  - Attend industry standard seminars and meetings (e.g. HL7, HIPAA, MDH, Sybase, PowerBuilder)
- b) Periodic reporting of Technical Hours, Telephone Support Hours the HIE Hours (in hour and minute format) used on an aggregate basis and on a per User Group member basis.

- c) Conduent will maintain a copy of program backups for the current and one previous release of the System as part of the Services, Any changes made by MnCCC or a User Group Member will not be included in this backup.
- d) Conduent will deliver to MnCCC a copy of the updated source code for the System annually, when a phase is delivered, or as reasonably requested by MnCCC. Time spent on this service will be applied to the Technical Hours.
- e) Conduent shall provide an annual update to the International Classification of Diseases (ICD) code file (or its replacement, if approved by the User Group). If Conduent determines that the layout of the file has been altered, and will require programming and analysis to alter the program. Conduent will advise MnCCC of any changes needed in the form of a change request. MnCCC will pay any cost associated with obtaining the ICD File.

#### **8. Excess Hours for Services — Technical Hours and Telephone Support Hours**

Conduent may perform additional services related to the System on a time-and-materials basis, as follows:

- a) If MnCCC or a User Group member requests and Conduent performs any system analysis, programming, program testing, or user instructions in excess of the one thousand four hundred forty-five (1445) Technical Hours, those Services will be performed on a time and materials basis at the hourly rates set forth in Schedule B.
- b) If MnCCC or a User Group member requests and Conduent performs any telephone consultation or troubleshooting in excess of the one thousand four hundred and forty-five (1445) Telephone Support Hours, those Services will be performed on a time and materials basis at the hourly rates set forth in Schedule B. All requests for Services in excess of Technical Hours or Telephone Support Hours must be in writing; however, a change request will not be required.
- c) Conduent will invoice MnCCC for all excess hours at the end of each calendar year

#### **9. Optional Services — Change Requests**

- a) MnCCC or any User Group member may request any of the following services that are related to the System but are not part of the maintenance and support services provided under this Agreement:
  - Programming of enhancements to the System requiring work in excess of programming services using Technical Hours.
  - On-site visits, on-site troubleshooting, systems consultation, and training of new personnel requested by a User Group member.
  - Installation services
  - Training services requiring work in excess of time allowed under Telephone Support Hours.

- Telephone consultation or technical support after business hours or on weekends or holidays.
  - Any changes to the System required to sustain HIE (including changes to firewalls, exchanging security certificates, and other services) requiring work in excess of time allowed under HIE Hours,
  - Certification of new operating systems (e.g, Windows 8, SQL Server 2012, Windows Server 2012).
  - Upgrades to developer tools, including PowerBuilder and imbedded SQL database.
  - Other services related to the System requested by MnCCC.
- b) If services under this Section are requested by MnCCC or a User Group member, Conduent will provide MnCCC with a change request that includes a statement of work, schedule, pricing, and other provisions related to the services ("Change Request").
- c) Prior to the provision of any services under a Change Request, that Change Request must be approved in writing by: (i) Conduent; (ii) the MnCCC Executive Director; and (iii) either the affected individual User Group member (the User Group member requesting the services) or the User Group Chair (for changes requested by the User Group).

## SCHEDULE B

### User Group & Service Fees

#### 1. USER GROUP

The User Group consists of the following community health agencies in Minnesota:

Anoka County Community Health and Environmental Services  
Beltrami County Health and Human Services  
Blue Earth County Human Services  
Carver County Public Health  
Cass County Public Health Services  
City of Bloomington Public Health  
Clay County Public Health  
Dakota County Health Services  
Dodge County Public Health  
Fillmore County Public Health  
Freeborn County Public Health  
Goodhue County Public Health Services  
Houston County Public Health  
Kandiyohi County Public Health  
McLeod County Public Health Nursing  
Meeker County Public Health  
Minnesota Visiting Nurse Agency  
Morrison County Public Health  
Mower County Health and Human Services  
Polk-Norman-Mahnomen Public Health  
Olmsted County Public Health Services  
Otter Tail County Public Health  
Ramsey County Public Health  
Rice County Public Health Nursing Services  
Scott County Public Health  
Sherburne County Public Health  
Sibley County Public Health & Human Services  
Stearns County Human Services  
Steele County Public Health Nursing  
Todd County Public Health  
Wabasha County Public Health  
Wadena County Public Health  
Waseca County Public Health  
Washington County Public Health  
Wilkin County Public Health  
Winona County Community Health Service  
Wright County Public Health

Any new agencies shall be added to the user group via a change order.



## 2. FEES FOR SYSTEM MAINTENANCE AND SUPPORT SERVICES

Beginning January 1, 2019, then annual increase for each calendar year will be established by the following formula:

CPI-U is the Consumer Price Index for All Urban Consumers published monthly by the United States Bureau of Labor Statistics (BLS). The "Inflation Amount" for purposes of this Agreement will be the "Percent change from previous, annual avg." for the last full calendar year published by the BLS as of June 1 of the year immediately preceding the applicable calendar year as set forth in the monthly CPI Detailed Report under Table 24, Historical. Consumer Price Index for All Urban Consumers (CPI-U): U. S. city average, all items. For reference, as of October 22, 2015, the "Percent change from previous, Annual avg." for 2014 is 1.6%,

The annual increase for each calendar year will be the Inflation Amount + 1% (the "Adjustment Percentage").

- Examples: To set the Inflation Amount for 2019, the "Percent change from previous, Annual avg." published as of **June 1, 2018**, for the full year of 2017, will be used, The Adjustment. Percentage for 2019 will be the Inflation Amount + 1%. To set the Inflation Amount for 2020, the "Percent change from previous, Annual avg." published as of June 1, 2019, for the full year of 2018, will be used, The Adjustment Percentage for 2020 will be the Inflation Amount + 1%.
- Each year, the Adjustment Percentage will be set during the CHS user group meeting held in June during the MnCCC annual conference, six (6) months prior to the beginning of the next calendar year.

If the inflation Amount in 2018 or beyond is less than -1% or greater than 3%, **Conduent and MnCCC** will mutually agree in writing upon an equitable Adjustment Percentage prior to the CHS user group meeting in June where the Adjustment Percentage is set for the following year. If **Conduent** and MnCCC cannot agree on an Adjustment Percentage prior to the June **CHS meeting**, the Adjustment Percentage will be the Inflation Amounts + 1%

The current annual Maintenance and Support agreement for 2018 is \$810,714.68. The annual Maintenance and Support for 2019 is \$835,846.83.

MnCCC shall pay Conduent the following amounts for the maintenance and support services for the System each quarter during the Term;

	2018	2019
1 <sup>st</sup> Quarter	\$202,678.67	\$208,961.71
2 <sup>nd</sup> Quarter	\$202,678.67	\$208,961.71
3 <sup>rd</sup> Quarter	\$202,678.67	\$208,961.71
4 <sup>th</sup> Quarter	\$202,678.67	\$208,961.71

Conduent will invoice MnCCC at the beginning of each calendar quarter. In the event that this Agreement is extended in accordance with the provisions of Section 2, Term, the amounts payable by MnCCC to Conduent shall increase based on the following:

## 3. FEE FOR CHANGE REQUEST SERVICES

- a) Services provided pursuant to an approved Change Request under Section 9 of the SOW will be performed at the following time & materials hourly rates based on the annual increase for the time & materials hourly rate for each calendar year will be the Adjustment Percentage as established under Schedule B, User Group & Service Fees, Section 2, Fees for System Maintenance and Support Services.

- b) The hourly rate for 2019 will be \$160 plus the inflation amount plus 1%.
- c) The following discounts will be applied to the rates in paragraph (a) of this Section:
  - Change Requests that entail commitment of 100 to 199 Hours: 5% Rate Discount
  - Change Requests that entail commitment of 200 to 500 Hours: 10% Rate Discount
  - Change Requests that entail commitment above 500 Hours: 15% Rate Discount
- d) Applicable discounts must be included in each Change Request, based on the estimate of hours provided by Conduent; however, the discount rate will only be applied based on the actual hours invoiced by Conduent for a Change Request.
- e) Time for services under Section 9 of the SOW will be calculated in quarter hour increments.
- f) Conduent will invoice for services under Section 9 of the SOW monthly.
- g) Travel time will be billed at a rate of \$75/hour. Any other travel expenses incurred in performing services under Section 9 of the SOW will be billed at actual costs with supporting receipts or other documentation
- h) Meeting expenses held at Conduent offices will be billed back to MnCCC.

**4. Schedule B, Business Associate Agreement is added in its entirety in order to enable Conduent to act as a Business Associate of the covered entity of the MnCCC CHS User Group members to comply with the Health Insurance Portability and Accountability Act (HIPAA) and MN laws governing Protected Health Information (PHI) of Individuals.**

## BOARD RATIFICATION STATEMENT

The Board of \_\_\_\_\_ has ratified the PH-DOC MAINTENANCE AND SUPPORT AGREEMENT between Conduent State & Local Solutions Inc. and the Minnesota Counties Computer Cooperative (MnCCC) on behalf of the Community Health Services (CHS) User Group for the maintenance and support of the PH-Doc Software. The Agreement will be effective January 1, 2019 through December 31, 2021 with up to two automatic additional one-year extensions unless the CHS User Group votes not to extend the contract and requires MnCCC to provide at least one-year notice to Conduent. This Agreement commits the participating members for the term of the contract and the financial obligations associated with this project.

Signed: \_\_\_\_\_

Board Chair

Date: \_\_\_\_\_

Attest: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Ruth Greenslade
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Authorize execution of 2019 Towards Zero Deaths (TZD) Safe Roads grant agreement		

**BACKGROUND:**

The Minnesota Department of Public Safety, Office of Traffic Safety (OTS) awarded Goodhue County Health and Human Services a Towards Zero Deaths (TZD) Safe Roads grant for the period from October 1, 2018 through September 30, 2019.

The purpose of the TZD Safe Roads grant is to continue coalition work toward the goal of zero traffic deaths and serious injuries on Minnesota’s roads. Research shows that education, media campaigns, or public information efforts on their own are not effective in changing traffic safety behaviors. To be effective, these initiatives must be paired with a larger activity, such as enhanced enforcement. The perception of a high likelihood of receiving a citation for violating traffic laws has a strong impact on driver and passenger behaviors. The TZD Safe Roads grant program uses a data-driven, interdisciplinary approach, integrating education with enforcement, engineering, and emergency medical and trauma services (the “4Es”).

Goodhue County Health and Human Services has received TZD Safe Roads funds since October 1, 2010. For the year October 1, 2018 to September 30, 2019 the grant will be \$18,238.

The Department of Public Safety has requested a resolution from grantees. The Resolution of Authorization Execution of Agreement assures the governing body supports participating in the proposed project. The resolution authorizes the Goodhue County Health and Human Services Director to sign the grant agreement.

**RECOMMENDATION:** Goodhue County HHS Department recommends approval as requested.



<b>Minnesota Department of Public Safety (“State”)</b> Office of Traffic Safety 445 Minnesota Street, Suite 1620 St. Paul, Minnesota 55101	<b>Grant Program:</b> 2019 Toward Zero Deaths (TZD) Safe Roads  <b>Project No.:</b> 19-06-03 <b>Grant Agreement No.:</b> A-SAFE19-2019- GOODHUPH-024
<b>Grantee:</b> Goodhue County Goodhue County Health & Human Services 426 West Avenue Red Wing, Minnesota 55066-2540	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 10/01/2018 <b>Expiration Date:</b> 09/30/2019
<b>Grantee’s Authorized Representative:</b> Nina Arneson, Director Goodhue County Health & Human Services 426 West Avenue Red Wing, Minnesota 55066-2540 Phone: (651)385-6115 Email: nina.arneson@co.goodhue.mn.us	<b>Grant Agreement Amount:</b> Original Agreement \$18,238.00 Matching Requirement \$ 0.00
<b>State’s Authorized Representative:</b> Gordy Pehrson, Grant Coordinator 445 Minnesota Street, Suite 1620 St. Paul, Minnesota 55101 Phone: (651) 201-7072 Email: gordy.pehrson@state.mn.us	Federal Funding: CFDA 20.600 FAIN: 18X9204020MN18 State Funding: None Special Conditions: None

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant agreement.

**Term:** Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, subd. 7, whichever is later. Once this grant agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant agreement. Expiration date is the date shown above or until all obligations have been satisfactorily fulfilled, whichever occurs first.

The Grantee, who is not a state employee will:

Perform and accomplish such purposes and activities as specified herein and in the Grantee’s approved 2019 TZD Safe Roads Application (“Application”) which is incorporated by reference into this grant agreement and on file with the State at Office of Traffic Safety, 445 Minnesota Street, Suite 1620, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the 2019 TZD Safe Roads Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<https://app.dps.mn.gov/EGrants>), which are incorporated by reference into this grant agreement.

**Budget Revisions:** The breakdown of costs of the Grantee’s Budget is contained in Exhibit A, which is attached and incorporated into this grant agreement. As stated in the Grantee’s Application and Grant Program Guidelines, the Grantee will submit a written change request for any substitution of budget items or any deviation and in accordance with the Grant Program Guidelines. Requests must be approved prior to any expenditure by the Grantee.

**Matching Requirements:** (If applicable.) As stated in the Grantee’s Application, the Grantee certifies that the matching requirement will be met by the Grantee.



**Payment:** As stated in the Grantee’s Application and Grant Program Guidance, the State will promptly pay the Grantee after the Grantee presents an invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services and in accordance with the Grant Program Guidelines. Payment will not be made if the Grantee has not satisfied reporting requirements.

**Certification Regarding Lobbying:** (If applicable.) Grantees receiving federal funds over \$100,000.00 must complete and return the Certification Regarding Lobbying form provided by the State to the Grantee.

**1. ENCUMBRANCE VERIFICATION**

*Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Grant Agreement No. A-SAFE19-2019-GOODHUPH-024  
PO No. 3-55554

**3. STATE AGENCY**

By: \_\_\_\_\_  
(with delegated authority)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**2. GRANTEE**

*The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.*

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: DPS/FAS  
Grantee  
State’s Authorized Representative

Organization: Goodhue County Health and Human Services

A-SAFE19-2019-GOODHUPH-024

## Budget Summary

<b>Budget</b>			
<b>Budget Category</b>	<b>State Reimbursement</b>	<b>Local Match</b>	
Salary & Fringe			
Coordinator Salary and Bene	\$14,560.00	\$0.00	
<b>Total</b>	<b>\$14,560.00</b>	<b>\$0.00</b>	
Contracted Services: Victim Impact Speaker			
Impact Speaker	\$297.00	\$0.00	
<b>Total</b>	<b>\$297.00</b>	<b>\$0.00</b>	
In-State Travel			
In- State Travel	\$1,000.00	\$0.00	
<b>Total</b>	<b>\$1,000.00</b>	<b>\$0.00</b>	
Supplies			
Events and Presentations	\$325.00	\$0.00	
<b>Total</b>	<b>\$325.00</b>	<b>\$0.00</b>	
Print, Copy, Postage			
Printing,postage TZD materi	\$350.00	\$0.00	
<b>Total</b>	<b>\$350.00</b>	<b>\$0.00</b>	
Phone, Internet			
Coordinator Phone	\$100.00	\$0.00	
<b>Total</b>	<b>\$100.00</b>	<b>\$0.00</b>	
Indirect Costs			
10% salary and fringe	\$1,456.00	\$0.00	
<b>Total</b>	<b>\$1,456.00</b>	<b>\$0.00</b>	
Other Costs			
Light Refreshments for meet	\$150.00	\$0.00	
<b>Total</b>	<b>\$150.00</b>	<b>\$0.00</b>	
<b>Total</b>	<b>\$18,238.00</b>	<b>\$0.00</b>	

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Be it resolved that Goodhue County enter into a grant agreement with the  
*(Name of Agency)*  
Minnesota Department of Public Safety, for traffic safety projects during the period from  
October 1, 2018 through September 30, 2019.

The Goodhue County Health and Human Services Director is hereby authorized to execute  
*(Title of Agency Authorized Official)*  
such agreements and amendments as are necessary to implement the project on behalf of

Goodhue County  
*(Name of Agency)*

I certify that the above resolution was adopted by the Health and Human Services Board  
*(Executive Body)*  
of Goodhue County on September 18, 2018 .  
*(Name of Agency)* *(Date)*

SIGNED:

WITNESSETH:

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Date)*



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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mike Zorn
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve contract for Computer Management for Human Services (CMHS) Support for Agency Collection System (ACS) and Social Welfare System (SWS)		

**BACKGROUND:**

TriMin System, Inc. is a provider of software support for Goodhue County Health and Human Services Agency Collection System (ACS) and Social Welfare System (SWS) programs. Attached please find a renewal service agreement for 2019-2021.

**RECOMMENDATION:** Goodhue County HHS recommends approval as requested.

**AGREEMENT TO PROVIDE PROFESSIONAL SERVICES BETWEEN  
MINNESOTA COUNTIES COMPUTER COOPERATIVE**

**And**

**TRIMIN SYSTEMS, INC.**

**January 1, 2019**

This Agreement dated and to be effective as of the date set forth above by and between the Minnesota Counties Computer Cooperative (MnCCC), a joint powers organization, 100 Empire Drive, Suite 201, St. Paul, Minnesota, 55103, for the benefit of and use by its participating end user members ("MnCCC") and TriMin Systems, Inc., 2277 Highway 36 West, Suite 250, Roseville, Minnesota, 55113 ("TriMin").

**WITNESSETH**

**WHEREAS**, MnCCC wishes to retain professional services to obtain computer programming and technical assistance for the maintenance and support of computer software system known as IFSpi, solely owned by MnCCC; and

**WHEREAS**, TriMin has and will be expected to render substantial service hereunder.

**NOW THEREFORE**, in consideration of the mutual promises and agreements contained herein, and for other good and valuable consideration, the parties agree as follows:

**I. Systems to be Supported**

TriMin agrees to provide computer programming, technical assistance, and related services to support and maintain the systems and systems components of the Integrated Financial System Platform Independent version (IFSpi), which for purposes of these and related agreements includes the Cash Drawer module, in exchange for MnCCC's payment of certain fees pursuant to the support fee summary attached and incorporated by reference as **Attachment A**.

**II. Definition of Included Support Services**

The fees paid by MnCCC under this Agreement and identified in **Attachment A** shall fully compensate TriMin for the following Services:

**A. General IFSpi Support Activities**

These activities are in support of all IFSpi users:

1. Track IFSpi support incidents and report out to Joint IFSpi Committee (JIC) per the IFSpi Service Level Agreement (SLA) attached and incorporated by reference as **Attachment B**.
2. Provide supporting documentation for JIC meetings (up to 6 times per year) with respect to IFSpi bugs/fixes and open Enhancement Requests (including categories Approved, Completed, New, Committee, Tabled, Denied, Withdrawn and Study statuses).
3. Provide any IFSpi revisions necessitated by changes in applicable Minnesota statutes, laws or regulations. MnCCC will advise TriMin of any requested changes to IFSpi as necessitated by changes in Minnesota statutes, laws, or regulations and provide sufficient details to support TriMin in making the

changes. Further, these changes will be subject to the same enhancement scope limitation as listed in section III-H.

**B. Level 1 Support**

Logging of, and responding to, email and phone support requests from IFSpi users regarding IFSpi application usage. Each support request to be logged as to nature of the request/issue and county/agency/department that originated the request. Level 1 support will resolve basic user issues for the IFSpi users and escalate more complex issues to Level 2 support. Also described in **Attachment B**.

**Level 1 support will be performed by TriMin for participating MnCCC counties and agencies and other applicable independent users as approved by MnCCC, and only these users are to be charged for Level 1 support. See Attachment C.**

**C. Level 2 Support**

Engage with IFSpi users on more complex support issues as escalated from Level 1 support. Will resolve issues that can be addressed via ad hoc training, provide alternate approaches to resolving issue, or by documenting the issue more fully so that it can be addressed by Level 3 support as an MnCCC bug, or enhancement request. Level 2 support will provide direction to IFSpi users and to Level 3 support in terms of whether or not the IFSpi functionality is working as designed, or appearing to be a “bug” in the code that needs to be addressed by Level 3. If it is determined that the code is functioning as designed, then the IFSpi user will be instructed to submit an enhancement request to MnCCC (via their logical support organization). Level 2 support will also perform functional application testing prior to new release of updates to applications.

**Level 2 support will be performed by TriMin and chargeable to MnCCC as listed in Attachment C. These fees are included and part of this contract pricing. No additional charges will be allowed without prior authorization by MnCCC.**

**D. Level 3 Support**

Perform IFSpi code analysis, programming, testing and project management related to bugs as escalated from Level 2 support.

Level 3 support will also include the following:

1. Estimating of IFSpi Functional Enhancement Requests, based on the documented requirements as submitted by MnCCC and Level 2 support.
2. Technical Design of approved Functional Enhancement Requests, with review and sign-off by MnCCC prior to coding activities on projects over 20 hours.
3. Project Management, Coding and Technical testing of Functional Enhancements.
4. On-going design, development, technical testing and deployment as described in “IFSpi Infrastructure Modernization” Section II-E below.

**Level 3 support will be performed by TriMin and chargeable to MnCCC. These fees are included and part of this contract pricing. No additional charges will be allowed without prior authorization by MnCCC.**

#### **E. Installation Support**

For counties/agencies not able or interested in performing their own IFSpi product updates or installation of new releases, or who do not have another provider (i.e. MSCC), TriMin will perform the installations as part of this optional support element. A minimum hourly fee will be charged per installation per the fee table in **Attachment A**.

Installation support will be performed by TriMin and chargeable only to counties who choose this option.

#### **F. IFSpi Analyst Services**

In addition to Level 2 Support activities, the TriMin staff assigned the IFSpi Analyst work load will proactively engage in the following:

1. On-going updates to IFSpi end user documentation. TriMin to develop and manage a "plan" for on-going user documentation updates that will be prioritized and based on analysis of frequent support topics and the need to replace legacy (green screen) documentation over time.
2. Develop training materials and training videos for use by IFSpi community. Provide web and/or "live" training quarterly at events mutually agreed upon with MnCCC.
3. Serve as primary liaison to the Joint IFS Committee (JIC), JIC Subcommittees and work directly with MnCCC and individual MnCCC end users as appropriate, to fully define and document requirements for IFSpi functional enhancements prior to submission to Level 3 for estimates, or coding activities.
4. Provide communication from MnCCC to Level 3 technical staff regarding functional requirements for IFSpi and Cash Drawer and support end users needs and desires with respect to the software.

**IFSpi Analyst role will be performed by TriMin and chargeable to MnCCC. These fees are included and part of this contract pricing. No additional charges will be allowed without prior authorization by MnCCC.**

#### **G. IFSpi Infrastructure Modernization**

With the specific activity as agreed to and approved by MnCCC, Level 3 support will work continuously on the underlying architecture of IFSpi with the goal of remaining current with respect to the "code stack" that supports the functional capabilities of IFSpi, and which will take up to 3,000 person hours to complete. The code stack refers to, but is not limited to: security layer, web browser, web server, framework, software and scripting language, web services and other interfaces. In addition to this activity, also includes new capabilities to support a more automated installation of product updates and new releases, and on-going technical documentation of same. Technical documentation requirements to be defined with MnCCC and prioritized along with code update activity. Examples of technical documentation:

1. Detailed documentation on the database structure and core application design, interfaces and Microsoft AD integration.
2. Documentation on all application module usage and code levels, including any registrations or licensing. Develop a plan to keep these current, patched and up to date.

TriMin will develop and maintain an IFSpi Infrastructure Modernization report document, to include: descriptions of specific modernization activities – including the rationale for why it was needed and hours logged by resource to support activities.

The IFSpi infrastructure modernization fund is to include 3,000 person hours during this agreement, initially allocated at 1,000 hours for each calendar year, with bi-monthly report out on specific progress made against approved plans and hours logged. Should 1,000 hours not be sufficient for the demand/needs in

this area, then additional hours may be authorized by MnCCC during a calendar year, including the allocation of hours from future years, and/or new hours chargeable at time and materials rates, per **Attachment A**.

Should TriMin fail to utilize 1,000 hours in support of IFSpi infrastructure modernization during a given calendar year, then any unused hours will be rolled into the next calendar year(s). During year 3 of this agreement, if the balance of hours required for IFSpi infrastructure support, based on actual activity in year 1 and year 2, is projected to be greater than remaining hours required to support known modernization activities then hours may be shifted to IFSpi functional enhancement activity to “consume” available hours. At this contract’s end (December 31, 2021) any unused hours will not be recoverable.

**IFSpi modernization will be performed by TriMin only and associated costs are included in this Agreement.**

#### **H. Additional Requirements**

1. TriMin must obtain written permission from MnCCC to add any plug ins or third party code incorporated into the IFSpi system. This includes, but is not limit to, any “Freeware” or “Shareware”. Once approved, those plugins will be maintained and updated as part of this Agreement without any additional fees, unless a special support addendum is executed and attached to this Agreement. TriMin will continue to provide MnCCC a detailed list specifying all third party code and plugins, used in the existing IFSPI application. The listing to be updated and provided to MnCCC annually, or more frequently if any significant changes made. MnCCC acknowledges and agrees that pre-existing plug ins and third party code incorporated into the IFSpi system are accepted, and shall remain subject to support hereunder.
2. TriMin shall provide current, full and detailed database and application design and programming documentation for all parts of the IFS application including 3<sup>rd</sup> party add ons, per provision in Section II – G above.
3. TriMin shall follow the MnCCC policy on submission of source code and documentation to MnCCC.
4. TriMin shall maintain and provide to MnCCC annually, or more frequently as requested by MnCCC, the following Version Control documents:
  - i. County/Agency Listing – identifying version level of IFSpi and Cash Drawer (if installed) for each county/agency.
  - ii. The latest release notes documentation to include functions added to IFSpi and Cash Drawer in latest release.

#### **I. Service Level Agreement, Priorities and Escalation – See Attachment B.**

#### **J. Virus, Malware, Unapproved and/or Unauthorized Code**

1. The current business practice in today’s world is the electronic distribution of application software, data, help files, etc. from TriMin. This can be achieved either via an electronic download of information through the internet, or through the receipt of electronic media (e.g. DVD, CD, tape, etc.). It is imperative that TriMin take responsibility for delivering their electronic files with no virus, malware or unapproved/unauthorized code to MnCCC. TriMin warrants and represents that any data, programs, hardware or firmware provided, or sourced, by TriMin to MnCCC shall be free, at the time of shipment, of any computer virus, malware, unapproved and/or unauthorized code.
2. “Virus, Malware, Unapproved and/or Unauthorized Code” shall be defined as any harmful or hidden programs or data incorporated therein with malicious or mischievous intent, including any code, program or device that would shut off or otherwise allow unrestricted access and use by MnCCC, its members and other licensees. This would also include, but not limited to, the entering of any illegal,

virus, malware, unapproved and/or any unauthorized code containing or triggering any copyright, insane, mentally disturbing, vulgar, adult or porn type, virus, malware, trojans, bugs, tracking or reporting code or device, or politically motivating data into MnCCC and / or member systems or networks.

#### **K. Compliance with Laws**

The parties shall each abide by all Federal, State or local laws, statutes, ordinances, rules and regulations now in effect, or here after adopted, pertaining to this Agreement or the subject matter of this Agreement. This shall include obtaining all licenses, permits or other rights required for the provision of services contemplated by this Agreement. This Agreement shall be governed by and construed in accordance with the internal substantive and procedural laws of the State of Minnesota, without giving effect to the principles of conflict of laws. All proceedings related to this Agreement, to be commenced by TriMin or MnCCC, shall be venued in the applicable federal or state courts located in Ramsey County, Minnesota, and TriMin and MnCCC each hereby irrevocably consents to the jurisdiction and venue of such courts.

#### **L. Ownership, Proprietary Considerations and Data Security**

1. TriMin agrees to ensure confidentiality of all work performed pursuant to this Agreement, including source code development and all MnCCC/TriMin documentation pertaining to the system design to avoid pirating of this information and subsequent software license disputes. TriMin shall assign to MnCCC, and MnCCC shall solely own any data, databases, programs, or interfaces developed by TriMin as a result of this Agreement.
2. MnCCC and TriMin agree that all materials and information developed under this Agreement shall become the sole property of MnCCC.
3. TriMin agrees to protect the security of and to keep confidential all data received or produced under the provisions of this Agreement, and shall not disclose them without the prior written consent of MnCCC.
5. Procedures and software created by TriMin pursuant to this Agreement, or modifications made to existing software to meet the specifications herein, shall be proprietary to MnCCC. TriMin shall not disclose or otherwise make said software available to third parties, or utilize in any other non-related applications without prior written consent of MnCCC.
6. TriMin shall not disclose to any party any information identifying, characterizing, or relating to any risk, threat, vulnerability, weakness or problem regarding data security in users' computer systems, or to any safeguard, countermeasure, contingency plan, policy or procedure for data security contemplated or implemented by MnCCC and/or MnCCC members, without express written authorization of the other party. The provisions of this Section, shall survive the expiration or termination of this Agreement.

#### **III. Items Not Included**

This Agreement does not include support for non-IFSpi issues. Below are some examples of items not included in this support agreement, which will be identified and disclosed by TriMin to MnCCC as non-included services, in order to provide an opportunity for MnCCC (and in certain cases, MnCCC's end user) to accept or decline such services in writing and prior to initial performance by TriMin in each case:

- A. Any third party software (fees or support), this does not include any 3rd party code or plugins used in the application.
- B. Server migrations and server setup.
- C. Operating System updates or troubleshooting (IBM i or Windows servers).

- D. Applying application server and/or web server updates.
- E. Networking issues internal to county or agency.
- F. Local PC operating system support or troubleshooting.
- G. Remote connection issues.
- H. IFSpi functional enhancements greater than 20 hours, without additional approval and funding by MnCCC.
- I. Other support for non-IFSpi / non-Cash Drawer applications or county systems.
- J. Future third party fees (if any) for what is currently "freeware" embedded within IFSpi (i.e. Crystal Reports viewer, xls converter, PDF viewer, etc.).

#### IV. Billings of Charges and Costs

- A. TriMin shall bill MnCCC the charges and costs for all support services, and at the rates set forth in **Attachment A**.

The minimum fee to be paid to TriMin for support services for IFSpi support over the duration of this Agreement shall be \$650,000 in 2019, \$674,400 in 2020, and \$699,576 in 2021, with support fees as defined in **Attachment A**. Any expenditure in addition to those specified above must be pre-authorized in writing by MnCCC. Additional services will be provided at the hourly rates and specifications defined in Sections C and D below.

Calendar quarter shall mean three (3) consecutive calendar months and the quarter shall commence with, respectively, the months of January, April, July, and October, of each calendar year. TriMin shall invoice MnCCC, and MnCCC shall invoice and collect quarterly support fees from its users.

- B. Invoices pursuant to Section III-A, above, shall be billed in advance to MnCCC on a quarterly basis and shall be paid by MnCCC within sixty (60) days of the date of the invoice, other than any portion(s) disputed in good faith by MnCCC.
- C. The chargeable hourly rates by TriMin during the duration of this Agreement for project management, technical work and training personnel shall be those as defined in **Attachment A**.
- D. For any and all services pre-authorized by MnCCC, the breakdown of the actual hours worked shall be reported by TriMin to MnCCC, which reserves the right to inspect TriMin's time records to substantiate charges and costs.
- E. Direct Support (projects outside of this support Agreement) will also be available to users at the annual rates specified in **Attachment A**. Direct Support services will be billed to MnCCC, who will then bill the requesting county. Both requesting county and MnCCC to sign any related Statement of Work (SOW).
- F. For services pre-authorized and performed pursuant to this Agreement, TriMin is authorized to bill for time incurred in actual travel, and for all transportation and overnight expenses except automobile mileage as per the US General Services Administrative Schedule.
- G. Non-payment and remedies of TriMin: In the event that MnCCC does not pay TriMin within sixty (60) days of the date of the invoice (other than any portion disputed in good faith), TriMin shall have the option to terminate its obligation to render further services to MnCCC upon at least ninety (90) days' written notice thereof.

**V. Representations, Warranties and Indemnifications of the Parties**

- A. Each party represents and warrants that it has the right to enter into this agreement.
- B. Except as expressly provided in this Agreement, neither party makes any warranty, either express or implied, with respect to the IFSpi computer software system or software supports services provided herein, their quality, merchantability, or fitness for a particular purpose. Except as expressly provided in this Agreement, there are no warranties, either express or implied, regarding the IFSpi computer software system or software support services provided hereunder, and any and all such warranties are hereby disclaimed and negated. No oral or written information or advice given by either party or its employees shall create a warranty or make any modification, extension or addition to this warranty.
- C. In no event whatsoever shall either party be liable to the other or to third parties for any damages caused, in whole or in part, by the use of the IFSpi computer software system or the software support services provided hereunder, or for any lost revenues, lost profits, lost saving or other direct or indirect, incidental, special, statutory or consequential damages incurred by any person, even if advised of the possibility of such damages or claims.
- D. TriMin further represents, warrants and agrees as follows:
  - 1. TriMin represents and warrants that any modifications, enhancements, or related products furnished pursuant to Section I above will be designed and developed in a skilled, ethical, professional and lawful manner, and are designed to and will meet the functional and performance specifications and standards to be agreed upon by the parties and will execute on the IBM iSeries, Current Microsoft Server and SQL, PC networks, and Websphere Application server (or mutually agreed upon future modernizations).
  - 2. TriMin further warrants that these services will not alter or diminish the underlying performance of the existing IFSpi software system.
  - 3. TriMin represents and warrants that the modifications or enhancements and related products are, or shall be when completed and delivered hereunder, original work products, that are each hereby irrevocably assigned to and shall be owned by MnCCC; that neither the modifications, enhancements, and related products nor any of their elements nor the use thereof shall violate or infringe upon any patent, copyrights, trade secret or other third party legal rights.
  - 4. TriMin will provide true, correct and complete copies of the IFSpi source code to MnCCC and at no charge at least twice per calendar year, and at other times upon MnCCC's reasonable request. MnCCC will provide TriMin with written media, logistics, and delivery instructions.
  - 5. TriMin agrees to perform background checks on any new hires that may provide services to MnCCC during the term of this Agreement, and to have all employees providing services hereunder as of or after January 1, 2019, bonded to work on a financial system by a bonding company authorized by the State of Minnesota. If MnCCC desires to increase the bonding amount beyond the amount TriMin has secured then any additional fees associated with the increase in bonding amount will be paid for by MnCCC over and above the fees listed in section IV above.
- E. MnCCC further represents, warrants and agrees as follows:
  - 1. MnCCC represents, warrants, and covenants that it will provide the cooperation and assistance of its personnel, as reasonably required, and as would be necessary for the completion of TriMin's services hereunder, to the extent that the services are being rendered for MnCCC and for the



- MnCCC activity or system involved.
2. MnCCC represents and warrants that it will make prompt and full disclosure to TriMin of any unpublished information it receives regarding the government requirements and regulations related to the government program which the system services, in order to assist TriMin with its ongoing contractual obligations to monitor Minnesota legislative and administrative activities, and to update IFSpi, in order to accommodate applicable changes in Minnesota laws.

## **VI. Other Conditions**

### **A. Entire Agreement**

**Requirement of a Writing:** It is understood and agreed that the entire agreement of the parties is contained herein, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreement presently in effect between the parties relating to the subject matter hereof.

Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the authorized representatives of the parties.

### **B. Non-Assignment**

TriMin shall not assign any interest in the Agreement without the prior written consent of MnCCC thereto, provided, however, that claims for money due or to become due to TriMin from MnCCC under this Agreement may be assigned to a bank, trust company, or other financial institutions without such approval.

### **C. Conflicts of Interest**

TriMin covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance under this Agreement. TriMin further covenants that in the performance of this Agreement, no persons having any such conflicting interest shall be employed.

### **D. Subcontracting**

None of the work or services covered by this Agreement, and properly authorized by MnCCC, shall be subcontracted without prior written approval of MnCCC. TriMin shall provide MnCCC with written notification requesting the use of subcontract resource ahead of engaging the resource. MnCCC shall respond in writing, in a timely manner, with approval or denial of request.

Said written consent shall not be unreasonably withheld in the event that TriMin shall reasonably request the authority to delegate or subcontract or consult regarding services to be provided hereunder and shall do so in writing except in the event of emergency, and shall request such authority only as to qualified personnel or entities, all of which shall be without any release of the full responsibility and liability of TriMin hereunder to MnCCC.

Furthermore, such third party subcontractor(s) shall produce an expressed agreement acknowledging receipt of a copy of this Agreement and such third party's agreement to be bound by its provisions, as well as any nondisclosure agreements or other obligations in force between TriMin and MnCCC.

**E. Expenses Incurred**

No payment shall be made under this Agreement for any expenses incurred in a manner contrary to any provision contained herein or in a manner inconsistent with any federal, state, or local law, rule, or regulation.

**F. Independent Contractor**

For the purpose of this Agreement, TriMin is an independent contractor. Any and all employees, members, or associates or other persons, while engaged in the work or services required to be performed by TriMin under this Agreement, shall be considered employees of TriMin; and any and all claims that may or might arise on behalf of said employees or other persons as a consequence of any act or omission on the part of said employees or TriMin, shall in no way be the obligation, liability or responsibility of MnCCC.

**G. Insurance.** TriMin, for the benefit of itself and MnCCC, at all times during the term of this Agreement, shall maintain and keep in full force and effect the following:

1. A single limit, combined limit, or excess umbrella automobile liability insurance policy, if applicable, covering agency-owned, non-owned, and hired vehicles used regularly in the provision of services under this Agreement, in an amount of not less than one million five hundred thousand dollars (\$1,500,000) per accident for combined single limit.
2. A single limit or combined limit or excess umbrella general liability insurance policy of an amount of not less than one million dollars (\$1,000,000) for property damage arising from one (1) occurrence, one million dollars (\$1,000,000) for total bodily injury including death and/or damages arising from one (1) occurrence, and one million dollars (\$1,000,000) for total personal injury and/or damages arising from one (1) occurrence. Such policy shall also include contractual liability coverage.
3. Statutory Worker's Compensation Insurance.
4. Professional liability (errors and omissions) insurance in an amount of not less than two million dollars (\$2,000,000).
5. TriMin will provide MnCCC with certificates of insurance by the end of the first month of the Agreement. The certificate of insurance shall provide that the insurance carrier will notify MnCCC in writing at least thirty (30) days prior to any reduction, cancellation, or material alteration in TriMin's required minimum insurance coverage. MnCCC shall be named as an additional insured party in each policy.

**H. Local Alterations**

For the system supported under this Agreement, the version maintained by TriMin shall be designated the "Base System". The parties to this Agreement agree to accept the base system and modifications to the base system as approved by the MnCCC. TriMin shall not be liable for claims arising from any and all versions that include local alterations. The term "Local Alterations" shall include, but not be limited to, any software modification, and any modification to system operations contrary to those specified in the system documentation.

**I. Data Practices**

All data collected, created, received, maintained, disseminated or used for any purposes in the course

of TriMin's performance of this Agreement is governed by the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13, and any other applicable state statutes and rules adopted to implement the Act as well as other applicable state and federal laws, including those on data privacy. TriMin agrees to abide by these statutes, rules and regulations currently in effect and as they may be amended. TriMin designates Director of Services, as its "responsible authority" pursuant to the Minnesota Government Data Practices Act for purposes of this Agreement, the individual responsible for the collection, reception, maintenance, dissemination, and use of any data on individuals and other government data including summary data. Any replacement of TriMin's responsible authority will be effective on MnCCC's receipt of written notice thereof given by TriMin.

**J. Force Majeure**

TriMin shall not be held responsible for delay or failure to perform when such delay or failure is due to any of the following uncontrollable circumstances: fire, flood, epidemic, strikes, wars, acts of God, unusually severe weather, acts of public authorities, or delays or defaults caused by public carriers.

**K. Severability**

The provisions of this Agreement are severable. If any paragraph, section, subdivision, sentence, clause, or other phrase of this Agreement is, for any reason, held to be contrary to the law or contrary to any rule or regulation having the force and effect of law, such decision shall not affect the remaining provisions of this Agreement.

**L. Governing Laws**

The internal laws of the State of Minnesota shall govern as to the interpretation, validity, and effect of this Agreement, without regard for applicable conflicts of law principles.

**M. Non-Discrimination**

In carrying out the terms of this Agreement, TriMin shall not discriminate against any employee, applicant for employment, or other person, supplier, or contractor, because of race, color, religion, sex, marital status, national origin, disability, or public assistance.

**N. Document Examination**

All books, records, documents and accounting procedures and practices of TriMin relative to this Agreement are subject to examination by MnCCC, and either the legislative auditor or the state auditor as appropriate in accordance with the provisions of Minn. Stat. Section 16B.06, Subd. 4.

**VII. Term and Termination**

The term of this Agreement shall be January 1, 2019, to December 31, 2021, inclusive, unless earlier terminated prior to expiration as provided by herein.

This Agreement may be terminated prior to expiration by MnCCC or by TriMin for default, and by written notice of default given by the non-breaching party, and to be effective upon expiration of a designated cure period of not less than thirty (30) days', unless the party alleged to be in default has cured such default(s) within such thirty (30) day cure period.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed intending to be bound thereby.

TriMin Systems

By: [Signature]  
Title: VP - Director of Services  
Date: 8/6/2018

MnCCC

By: [Signature]  
Title: Chair  
Date: August 9, 2018

MnCCC

By: 

Title: Executive Director

Date: 8/7/2018

MnCCC

By: 

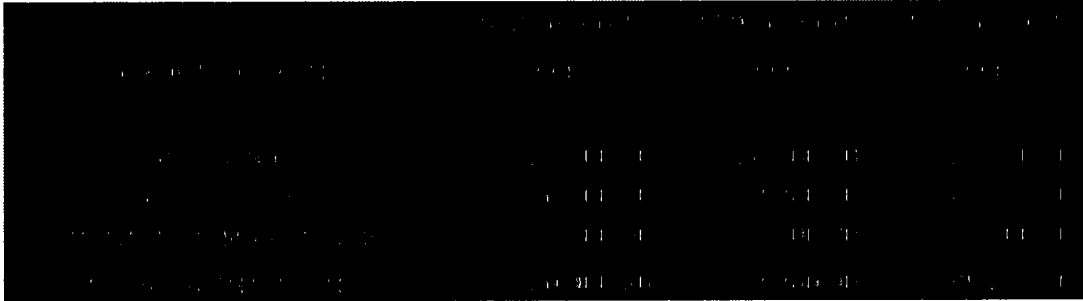
Title: JIC Chair

Date: 8-10-18

**ATTACHMENT A**

**IFSPI Support Agreement 2019 – 2021**

**Fee Summary – Annual**



**IFS Analyst role fees are included in Level 2/3 Support in the Fee Summary above, as the IFS Analyst role is primarily responsible for Level 2 Support, in addition to other duties for IFS Analyst role as listed earlier in this document.**

<b>IFSpi Release Update Fees</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Hourly Rates	\$165	\$170	\$175

## ATTACHMENT B

### Service Level Agreement (SLA) Obligations and Procedures – IFSpi Support

This Attachment defines the SLA requirements referenced in the master agreement.

#### Severity Levels, Prioritization, and Response Time Requirements

- Each Support request will be logged into TriMin's support tracking system (JIRA) and assigned a unique tracking number.
- New Support Requests will be given a label regarding Severity:
  - Severity 1: Critical Business Impact** - IFSpi system is not accessible
  - Severity 2: Significant Business Impact** – An IFSpi component is unavailable to users
  - Severity 3: Some Business Impact** - IFSpi system is fully available, but a significant issue is causing delays or workarounds
  - Severity 4: Minimal Business Impact** - IFSpi system is fully available, but minor issue requires assistance
- Highest priority will be given to Severity 1 issues, with Severity 2, 3, and 4 in descending priority sequence.
- End user will assign severity, TriMin can adjust severity label with MnCCC approval.
- Response Time Goals:

**Severity 1** – Within 1 hour for initial response, with all available TriMin resources to support until IFSpi system is up and running again. TriMin resources will work 7 days a week, 24 hours a day until the issue is solved. TriMin will provide regular updates to the client personnel on the status and resolution of the issue. MnCCC and the effected client personnel shall be notified if the issue is not resolved in 4 hours. The notification shall include an expected time to resolution. This update shall occur every 4 hours until the issue is resolved.

**Severity 2** – Within 2 hours for initial response, subject to Severity 1 priorities, with all available resources to support issue resolution until the issue is solved. Regular updates (at least at every 20 hour work interval) will be provided by TriMin to client designated staff. Escalation to designated MnCCC and client-personnel is required after 20 working hours if the issue has not been resolved. TriMin will work on these issues during normal business hours.

**Severity 3** – Within 4 hours for initial response, subject to Severity 1 and 2 priorities. Regular updates (at least at every 40 hour work interval) will be provided by TriMin to client designated staff. Escalation to designated MnCCC and client-personnel is required after 60 working hours if the issue has not been resolved. TriMin will work on these issues during normal business hours.

**Severity 4** – within 8 hours for initial response, subject to Severity 1, 2 and 3 priorities. TriMin will work on during normal business hours. These issues are expected to be resolved within a commercially reasonable time. No escalation of these types of issues is required unless the issue has not been resolved within 3 months. After 3 months escalation of the issue must be made to MnCCC, and the affected client designated staff.

## Hours of Service

TriMin Support for IFSpI will be staffed and available from 8:00 A.M. to 4:30 P.M. central time, Monday through Friday, excluding TriMin holidays.

## Boundaries of Service

The focus of TriMin's support is the IFSpI application and while many other factors can affect the availability and performance of IFSpI, TriMin will engage and assist in problem determination until an acceptable resolution is reached. Issues not covered by IFSpI support may include:

- Internal county/agency IT responsible systems
- Another vendor/application support not related to IFSpI
- IBM core operating systems, except as related to IBM standard updates that IFSpI must operate under/or with.
- Microsoft core operating systems, except as related to Microsoft standard updates that IFSpI must operate under/or with.
- Billable services from TriMin (for a project outside of IFSpI Support Agreement)

### Examples of services not covered under the IFSpI Support Agreement:

- 3<sup>rd</sup> party software fees or support unless the 3<sup>rd</sup> party software is part of the IFSpI application.
- Server migrations and server setup.
- Operating System updates or troubleshooting (IBM or Windows servers), except as related to Microsoft or IBM standard updates that IFSpI must operate under / or with.
- Applying OS updates to application and/or web server updates.
- Networking issues internal to county or agency.
- PC issues or PC troubleshooting, except as related to Microsoft or IBM standard updates that IFSpI must operate under / or with.
- Remote connection issues.
- Issues controlled by State of MN.
- Issues caused or initiated by county/agency that impact IFSpI or Cash Drawer that require TriMin assistance to resolve (i.e. user error - approving budget prematurely and needing to manually "fix" data).
- Support for non-IFSpI / non-Cash Drawer applications or county systems.
- Future 3<sup>rd</sup> party fees (if any) for what is currently "freeware" embedded within IFSpI (i.e. Crystal Reports viewer, xls converter, PDF viewer, etc.) These must be identified ASAP and a written report supplied to MnCCC within 90 days of contract signing.

## Customer Responsibilities

- IFSpI Users will support their own requests for support with timely communication during and after problem resolution.
- IFSpI users will provide a high speed remote access capability to TriMin, as needed, to help resolve support issues. TriMin agrees to follow the individual agencies / counties requirements for this connectivity.
- IFSpI users will work with their local IT staff to rule out local issue before contacting TriMin.



- IFSpi users are encouraged to consult the TriMin IFS Portal and/or IFS Golden for additional help information.
- Users need to supply as much detail of the issue to the TriMin help desk as possible. Examples of information needed is:
  - Knowing if they are running IE in compatibility mode, and what IE version they are on.
  - Knowing if the issue is isolated, or happening multiple time and to different IFSpi users.
  - If the problem can readily be recreated, knowing the specific steps that cause the issue.
  - Knowing if any changes have occurred in the local system/network environment (new levels of operating system, or hardware, or web server, etc.).
  - If any local diagnostics were run, being able to share them with TriMin.
  - Sharing screen shots of issue, or error code.

### **Reporting**

- TriMin will provide MnCCC approved reports to MnCCC concerning the following aspects of IFSpi Support, These reports shall be supplied bi-monthly or on a schedule mutually agreed to by MnCCC, and TriMin
  - Volume of Support Issues (new vs. resolved).
  - Resolution Type for Support Issues.
  - Volume of Issues by reporting agencies.
  - Trends in support.
  - Severity 1, 2, 3, 4 issues reported/resolved.
  - "Bugs" fixed/pending.
  - Enhancements completed/pending.
  - Modernization activities status and hours usage.

**ATTACHMENT C**

**Levels of support will be maintained by the JIC Contract Committee and a list will be provided to TriMin upon commencement of the contract and when any changes are made.**

## BOARD RATIFICATION STATEMENT

The Board of \_\_\_\_\_ has ratified the Professional Services Agreement between TriMin Systems Inc. and the Minnesota Counties Computer Cooperative (MnCCC) for the maintenance and support of IFS. The Agreement will be effective January 1, 2019 through December 31, 2021. This Agreement commits the participating members for the term of the contract and the financial obligations associated with this agreement.

Signed: \_\_\_\_\_  
Board Chair

Date: \_\_\_\_\_

Attest: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**RULES AND REGULATIONS**

**OF THE**

**JOINT IFS COMMITTEE**

Adopted June 2013  
Amended June 2018

## Introduction

Membership in the Minnesota Counties Computer Cooperative (MnCCC) is defined as a Minnesota county or other Minnesota governmental subdivision that is eligible to enter into a joint powers agreement under Minnesota Statute 471.59, and that has ratified and executed the Joint Powers Agreement and has paid those membership Dues and other Charges established by MnCCC from time to time.

The MnCCC Board may adopt Rules and Regulations to govern the business and operation of User Groups. Such Rules and Regulations shall be considered supplementary and cannot conflict with or be inconsistent with MnCCC Bylaws and may at any time be modified, replaced or repealed. The Board shall also adopt, maintain, and from time to time update a set of core contract principles and minimum standards that must be included within any software or service agreements. Any deviation from such core principals or minimum standards will require the Board's prior written consent.

In accordance with Article V, Section 1, of the Minnesota Counties Computer Cooperative Bylaws, the following supplemental rules and regulations governing the business of JIC are promulgated.

### Joint IFS Committee (JIC)

**Mission:** To develop and maintain integrated data systems that support agencies in complying with the duties and obligations of auditor/treasurer and health and human services departments, and to be in a position to exchange information with our partners.

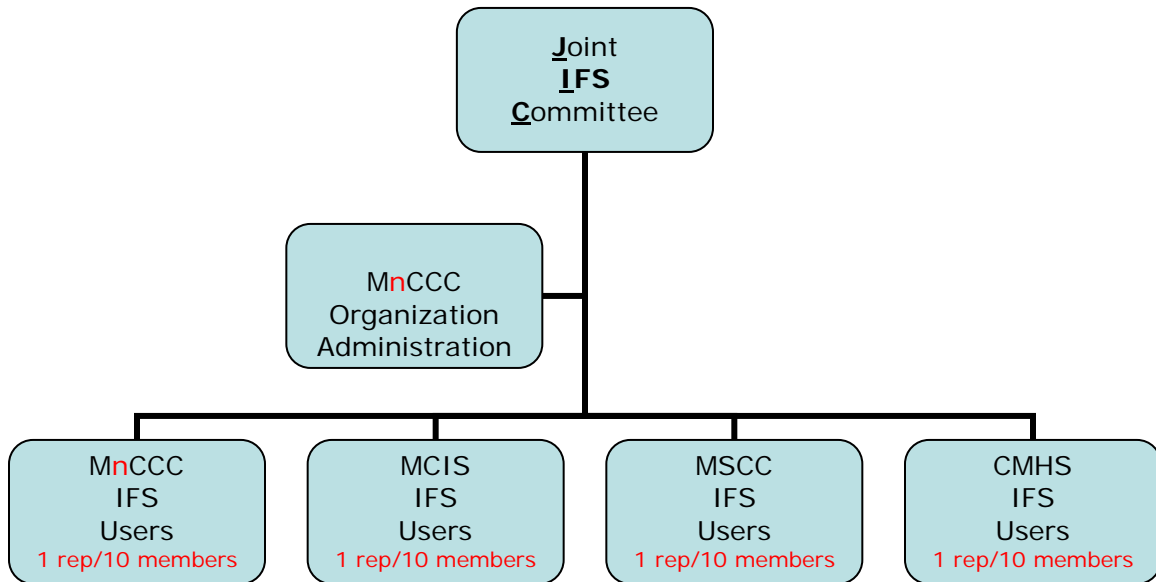
**Vision:** Create, implement and enhance an effective and efficient financial software system through active cooperation of the membership.

### JIC shall:

- Provide direction to the MnCCC Executive Committee regarding vendor selection and vendor contracts
- Determine and approve modifications or enhancements to existing software applications
- Identify the need for and requirements of new applications
- Conduct business necessary to the operation of the group
- Share financial obligations and ownership as defined in Bylaws
- Share knowledge
- Sustain membership
- Ensure compliance with rules and regulations related to financial data
- Improve efficiencies for users
- Participate in the administration and functions necessary to sustain the group and software systems
- Develop software systems to meet the needs of JIC and all IFS users

- Actively solicit representation and input from all members
- Maintain integrity of the software

The structure and relationship between JIC and the MnCCC Joint Powers Organization shall be as illustrated below and allowed by MnCCC By-laws Article V, Section 1.



**Article I**  
**Purpose**

The Joint IFS Committee, hereafter referred to as JIC, exists to collectively oversee the Integrated Financial System, hereafter referred to as IFS or IFSpi, financial software system collectively owned by IFS Users that are members of IFS User Groups that agree to cooperate for the purpose of providing coordination, ensuring continuity of software maintenance and county financial operations using IFS. The purpose of these JIC Rules and Regulations is to define the manner in which JIC shall operate, the rights, privileges and obligations of each IFS User Group and their respective members to JIC, to provide direction to the staff of MnCCC and to conduct business necessary to the operation of JIC as directed by the elected representatives serving on JIC.

**Article II**  
**Definitions**

1. **JIC** shall mean the Joint IFS Committee.
2. **IFS/IFSpi** shall mean the financial software system collectively owned and managed through JIC.

3. **IFS User Groups** shall mean organizations established by commonality among IFS Users governed by by-laws with formalized processes to collectively evaluate Change Requests or Development Projects that relate to IFS.
4. **JIC Representatives** shall mean individuals elected and/or alternates appointed or elected to represent their IFS User Group on JIC.
5. **JIC Members** shall mean JIC Representatives and ex officio members
6. **Change/Enhancement Requests** shall mean requests to modify and/or enhance IFS.
7. **Development Project** shall mean significant changes that would go beyond the scope and/or funding available through the services agreements in effect at the time of the Development Project.
8. **Enhancement Fund** shall mean funds being held by MnCCC under the direction of JIC.
9. **CMHS** shall mean Computer Management for Human Services, an organization of IFS users representing all Human Service IFS users.
10. **MnCCC** shall mean Minnesota Counties Computer Cooperative, a joint powers organization representing Auditor-Treasurer IFS users and also acting in an administrative capacity under the terms of these Rules and Regulations.
11. **MSCC** shall mean Mid-State Computer Cooperative, an organization of IFS users representing Auditor-Treasurer IFS users.
12. **MCIS** shall mean Minnesota Counties Information Systems, a joint powers organization representing Auditor-Treasurer IFS users.

### **Article III** **Organization and Structure**

**Section 1.** Each IFS user group shall conduct business in accordance with their by-laws and negotiate agreements separately with vendors for installation, training and other support services on behalf of their respective members. It is the intention of the IFS user groups that their respective vendors shall perform said services in support of these Rules and Regulations and in a manner consistent with the cooperative intent of these Rules and Regulations.

**Section 2.** Each IFS user group shall elect annually one (1) JIC Representative for each ten (10) entities represented from among their voting members in the following number. These elected JIC Representatives shall be the voting members of JIC. Each IFS user group shall appoint or elect at least one alternate from among their voting members.

**Section 3.** JIC shall have three officers: Chair, Vice Chair, and Recording Officer. At the annual business meeting in June, JIC shall elect from among the JIC Representatives a Recording Officer and a Vice Chair. The Vice Chair from the previous year shall move to the Chair position. The Vice Chair and Chair positions shall rotate between an Auditor-Treasurer and Human Service voting member. If for any reason the Recording Officer or Vice Chair cannot finish their term, the Chair shall call for an election at the earliest available meeting, or by electronic means, if deemed necessary. If for any reason the Chair cannot finish their term, the Vice Chair shall move to the Chair position and call for an election for the Vice Chair at the earliest available

meeting, or by electronic means if deemed necessary. The Chair may appoint JIC Representatives to fill these positions at any time for temporary absences.

**Section 4.** The Chair shall preside over all JIC meetings. The Vice Chair shall preside over JIC meetings in the absence of the Chair.

**Section 5.** The Recording Officer shall be responsible for taking minutes at all JIC meetings.

**Section 6.** The Chair shall be responsible to call meetings. The Chair shall provide JIC members with a written agenda and meeting minutes from the prior meeting ten (10) days prior to a scheduled meeting date. Any Advisory Committee meeting minutes shall also be included.

**Section 7.** The Chair shall have the ability to establish Advisory Committees from among JIC Representatives and members of IFS User Groups as deemed necessary and authorized by JIC. One of the Advisory Committee members shall be assigned to lead the Advisory Committee and shall appoint a recording officer from among the Advisory Committee members. Minutes of these Advisory Committee meetings shall be forwarded to the current JIC Chair.

**Section 8.** In accordance with MnCCC Information Services Support Group-ISSG, a Technical Liaison shall serve on JIC as a non-voting member in an advisory capacity. This individual will serve as a communication link between MnCCC's Finance and General Government User Group and County IT staff. # This Technical Liaison will find an alternate if ~~is~~ unable to attend a JIC meeting.

#### **Article IV** **JIC Fees and Expenses**

**Section 1.** MnCCC shall act as fiscal agent for JIC. Fees established under these Rules and Regulations, or by action of JIC, shall be held by MnCCC and be under the sole direction of JIC Representatives. No funds may be used for any purpose other than those directed by JIC Representatives. No individual or collective IFS User Group approval shall be required for such expenditures.

**Section 2.** Subject to review and change by JIC Representatives during the duration of each IFS User Group and their respective member's participation in these Rules and Regulations, each IFS user group shall pay to the MnCCC organization the current membership, (as of approval of this document \$1500.00) for each elected representative position on JIC regardless if the representative position is vacant or filled. This amount is payable to MnCCC and covers the administrative costs associated with JIC. Each IFS User Group shall distribute these fees to their respective members as directed within their user group.

**Section 3.** JIC shall establish a fee for purchase of the IFS/IFSpi software. Any governmental entity wishing to acquire IFS/IFSpi software shall pay this fee to the MnCCC organization.



**Section 4.** If, within two (2) years of termination in accordance with Article VII Sections 1 & 2, a former IFS User Group member chooses to rejoin an IFS User Group and execute the current services agreement and obtain the current release of the IFS/IFSpi software, a fee equal to the amount that would have been paid had they remained a member of the IFS User Group shall be payable to the JIC Enhancement Fund. Additional fees may be considered and assessed by JIC should there be any extenuating circumstances with IFS User Group member's data and records resulting from the termination.

## **Article V** **Business Rules**

**Section 1.** JIC shall meet a minimum of four (4) times each year.

**Section 2.** A quorum shall exist when at least two (2) Auditor-Treasurer representatives from two (2) IFS User Groups and two (2) Human Service representatives are present at a duly called meeting. A quorum shall be required to conduct business at a JIC meeting.

**Section 3.** Change/Enhancement requests may be submitted by any IFSpi user to TriMin. TriMin will assign an enhancement number and post the request to an updated list on the IFSpi portal. TriMin will contact the IFSpi user submitting the request to verify the details of the request. Enhancement requests will be recommended for approval, denial, or forwarded to another Advisor Committee by the Enhancement Committee. The Enhancement Committee will present their recommendations to JIC for all enhancement requests submitted. JIC will approve to implement, deny, or send to an Advisory Committee enhancement requests that have been presented. Change Requests can also be initiated from within JIC. JIC Representatives shall set priorities for the next quarter.

**Section 4.** Development Projects shall be considered by JIC from time to time. JIC Representatives shall be responsible for disseminating information about the Development Projects under consideration to their respective IFS User Group, present Development Project proposals at their respective IFS User Group meetings, provide information to and answer questions about the Development Project proposal, obtain the consensus of their respective IFS User Group on the Development Project proposal, and take the appropriate action at the JIC meeting based on direction from their respective IFS User Group's consensus. Costs for a Development Project may be split in a variety of methods including, but not limited to:

- Payment out of the Enhancement Fund

- Payment by IFS User Group members equally split

- Payment by IFS User Group members based on population

- Payment by one IFS User Group if for their sole benefit of their respective members, but made available to all IFS User Group members.

- Any combination of the above methods of cost distribution or another developed by JIC or IFS User Groups or their respective members and approved by JIC Representatives.

**Section 5.** JIC Representatives shall be the final authority to allow or disallow Change/Enhancement Requests and/or Development Projects.

**Section 6.** IFS User Group members shall agree to these Rules and Regulations as long as they are using the IFS/IFSpi software.

**Section 7.** Changes to the Rules and Regulations of the Joint IFS Committee will require a sixty (60) day notice to the full membership before they can be put to a vote.

**Section 8.** Each IFS user group agrees to pay the dues established by the MnCCC Joint Powers Organization as provided for in Article IV, Section 2. In addition, the Maintenance and Support Contract shall be ratified by the Governing Board of each member agency within 90 days after signing by the MnCCC Joint Powers Organization and the JIC Chair. Voting rights and enhancement rights will be placed on hold for agencies without a ratification statement on file after the 90-day period unless this is waived by the JIC Chair due to extenuating circumstances. Member agencies may not submit requests for participatory enhancements without a contract ratification on file with the MnCCC Joint Powers Organization. Member agencies must promptly pay their assigned rates for Maintenance and Support when billed by the MnCCC Joint Powers Organization.

#### **Article VI** **Ownership**

JIC, on behalf of the IFS User Groups and their respective members, agrees to designate the MnCCC Joint Powers Organization as the owner of IFS/IFSpi for purposes of establishing ownership and copyright on behalf of JIC and the IFS User Groups and their respective members for the duration of the arrangement between JIC and the IFS User Groups and their respective members and MnCCC in an administrative capacity as outlined in these Rules and Regulations.

#### **Article VII** **Termination**

**Section 1. IFS User Group Member Termination.** Termination of Services Agreement with the current vendor, termination of membership in an IFS User Group, and termination of use of IFS/IFSpi software shall release the individual IFS User Group member from these Rules and Regulations forfeiting all interest in and rights to IFS/IFSpi software. The IFS User Group Member will retain the right and license to use the IFS software system in its current form at the time of termination. They will not be entitled to any further upgrades or enhancements unless they have already paid for the upgrades prior to termination.


**Section 2. IFS User Group Member Termination Notification.** An individual IFS User must send a written notification to their respective IFS User Group who will notify MnCCC by April 1<sup>st</sup> in

order to terminate use of IFS/IFSpi software at midnight on December 31<sup>st</sup> of that same year. Other notifications may be required by the IFS User and the current vendor.

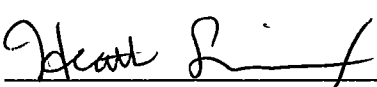
**Section 3. IFS User Group Termination.** Termination of participation in these Rules and Regulations by an IFS User Group and their respective members shall be allowed when all respective members of the IFS User Group have executed termination as set forth in Article VII, Sections 1 and 2. Should an IFS User Group terminate under this Section, a respective IFS User Group member can choose to become a member of another IFS User Group that is participating in these Rules and Regulations.

**Section 4. IFS User Group Termination Notification.** An IFS User Group must send written notification to MnCCC by April 1<sup>st</sup> in order to terminate participation in this agreement at midnight on December 31<sup>st</sup> of that same year.

Upon approval by majority vote of all IFS users that have ratified the current contract and approval by the MnCCC Board, these Rules and Regulations shall become effective and replace any previous versions.

Signature:  Date: 8/7/2018  
Printed Name: John Thompson  
Minnesota Counties Computer Cooperative (MnCCC)  
Board Chair

Signature:  Date: 8/7/2018  
Printed Name: Lisa C. Meredith  
Minnesota Counties Computer Cooperative (MnCCC)  
Executive Director

Signature:  Date: 8/7/2018  
Printed Name: Heather Lemieux  
JIC Chair

**GOODHUE COUNTY  
HEALTH & HUMAN SERVICES (H&HS)**



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mike Zorn
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve 2018 - 2019 HHS Building Leases		

**BACKGROUND:**

The HHS Department along with County Finance have reviewed and updated the lease between the Goodhue County Board of Commissioners and the Health and Human Services Board for the following building/location:

- HHS Citizen's Building, 426 West Avenue, Red Wing, MN

Our goal was to streamline the lease process with other county functions and maximize reimbursement back to the county.

Attached please find 2018 and 2019 updated leases.

**RECOMMENDATION:** The HHS Department recommends approval as requested.

## 2018 LEASE AGREEMENT

This Agreement is made by and between the Goodhue County Board of Commissioners, Government Center, Red Wing, Minnesota, hereinafter referred to as "Lessor", and the Goodhue County Health & Human Services Board, hereinafter referred to as "Lessee".

1. The Lessor grants and the Lessee accepts a Lease of the following described premises in the City of Red Wing, County of Goodhue, Minnesota 55066, to wit:

Approximately twenty-seven thousand five hundred (27,500) square feet of office space in all levels of the Citizen's Building located at 426 West Avenue.

2. The term of the Lease will be from January 1, 2018 through December 31, 2018. This lease hereby supersedes all prior leases.
3. As rent for said premises, the Lessee agrees to pay to the Lessor the annual amount of \$359,900 for CY 2018. Lease is to be paid in quarterly installments of \$89,975.00.
4. Lessor will be responsible for and pay all utilities (water, sewer, gas, electric, garbage, etc.) for the premises as well as janitorial and maintenance services.
5. This Lease may be terminated by the Lessor or by the Lessee for any reason at any time upon giving one-hundred twenty-(120)-day written notice to the other party.

### 6. Insurance/Liability

- 6.1 It shall be the duty of the Lessor to insure the building against damage from fire, tornado, civil disorder or any cause whatsoever. It is expressly understood that Lessee assumes by this Lease no liability for such damages, except as provided in this Lease.
- 6.2 Lessor and Lessee agree that each party will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of any others and the results thereof. The Lessee's liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section 3.736 and other applicable law.
- 6.3 Lessee agrees that Lessor assumes by this Lease no liability for the loss of Lessee's personal property resulting from fire, tornado, civil disorder, theft or any cause whatsoever, except as may be attributed to Lessor's negligence, acts or omissions by a court of law.

### 7. Maintenance and Repairs

- 7.1 It shall be the duty of the Lessor to maintain, at its own expense, in working condition, all appurtenances within the scope of this Lease including the maintenance of proper plumbing, wiring, heating and cooling devices and ductwork.

- 7.2 Lessor shall, at its' own expense, make such necessary repairs so as to continue to provide all such service appurtenances as are required by this Lease provided, however, that Lessor shall not be responsible for repairs upon implements or articles which are the personal property of Lessee, nor shall the Lessor bear the expense of repairs to the Leased Premises necessitated by damage caused by Lessee beyond normal wear and tear.
8. Pursuant to Minnesota Statutes 1988, Section 16B.06, Subdivision 4, the books, records, documents and accounting procedures and practices of Lessor relevant to this Lease shall be subject to examination by the State and/or Legislative Auditor, during normal business hours and after reasonable notice to Lessor.
9. Lessor agrees that in exercising its management responsibilities of the leased premises, including particular and maintenance, repair, alterations and construction relating thereto, it shall comply with all applicable laws, rules, ordinances, and regulations as issued by any political subdivision having jurisdiction and authority in connection with said property.
10. Lessee agrees to observe reasonable precautions to prevent waste of heat, electricity, water, air-conditioning or any other utility or service.
- 11 The Lessor agrees to provide and maintain the Leased Premises with accessibility and facilities meeting code requirements to handicapped persons.

IN WITNESS WHEREOF, the parties have set their hands on the date(s) indicated below intending to be bound thereby.

LESSOR: County of Goodhue

\_\_\_\_\_  
Goodhue County Board Chair

\_\_\_\_\_  
Goodhue County Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

LESSEE: Goodhue County Health & Human Services

\_\_\_\_\_  
Health & Human Services Board Chair

\_\_\_\_\_  
Health & Human Services Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## 2019 LEASE AGREEMENT

This Agreement is made by and between the **Goodhue County Board of Commissioners, Government Center, Red Wing, Minnesota**, hereinafter referred to as "Lessor", and the **Goodhue County Health & Human Services Board**, hereinafter referred to as "Lessee".

1. The Lessor grants and the Lessee accepts a Lease of the following described premises in the City of Red Wing, County of Goodhue, Minnesota 55066, to wit:

Approximately twenty-seven thousand five hundred (27,500) square feet of office space in all levels of the Citizen's Building located at 426 West Avenue.

2. The term of the Lease will be from January 1, 2019 through December 31, 2019. This lease hereby supersedes all prior leases.
3. As rent for said premises, the Lessee agrees to pay to the Lessor the annual amount of \$368,538 for CY 2019. Lease is to be paid in quarterly installments of \$92,134.50.
4. Lessor will be responsible for and pay all utilities (water, sewer, gas, electric, garbage, etc.) for the premises as well as janitorial and maintenance services.
5. This Lease may be terminated by the Lessor or by the Lessee for any reason at any time upon giving one-hundred twenty-(120)-day written notice to the other party.

6. Insurance/Liability

6.1 It shall be the duty of the Lessor to insure the building against damage from fire, tornado, civil disorder or any cause whatsoever. It is expressly understood that Lessee assumes by this Lease no liability for such damages, except as provided in this Lease.

6.2 Lessor and Lessee agree that each party will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of any others and the results thereof. The Lessee's liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section 3.736 and other applicable law.

6.3 Lessee agrees that Lessor assumes by this Lease no liability for the loss of Lessee's personal property resulting from fire, tornado, civil disorder, theft or any cause whatsoever, except as may be attributed to Lessor's negligence, acts or omissions by a court of law.

7. Maintenance and Repairs

7.1 It shall be the duty of the Lessor to maintain, at its own expense, in working condition, all appurtenances within the scope of this Lease including the maintenance of proper plumbing, wiring, heating and cooling devices and ductwork.

- 7.2 Lessor shall, at its' own expense, make such necessary repairs so as to continue to provide all such service appurtenances as are required by this Lease provided, however, that Lessor shall not be responsible for repairs upon implements or articles which are the personal property of Lessee, nor shall the Lessor bear the expense of repairs to the Leased Premises necessitated by damage caused by Lessee beyond normal wear and tear.
8. Pursuant to Minnesota Statutes 1988, Section 16B.06, Subdivision 4, the books, records, documents and accounting procedures and practices of Lessor relevant to this Lease shall be subject to examination by the State and/or Legislative Auditor, during normal business hours and after reasonable notice to Lessor.
9. Lessor agrees that in exercising its management responsibilities of the leased premises, including particular and maintenance, repair, alterations and construction relating thereto, it shall comply with all applicable laws, rules, ordinances, and regulations as issued by any political subdivision having jurisdiction and authority in connection with said property.
10. Lessee agrees to observe reasonable precautions to prevent waste of heat, electricity, water, air-conditioning or any other utility or service.
- 11 The Lessor agrees to provide and maintain the Leased Premises with accessibility and facilities meeting code requirements to handicapped persons.

IN WITNESS WHEREOF, the parties have set their hands on the date(s) indicated below intending to be bound thereby.

LESSOR: County of Goodhue

\_\_\_\_\_  
Goodhue County Board Chair

\_\_\_\_\_  
Goodhue County Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

LESSEE: Goodhue County Health & Human Services

\_\_\_\_\_  
Health & Human Services Board Chair

\_\_\_\_\_  
Health & Human Services Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mike Zorn
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve June 2018 HHS Warrant Registers		

**BACKGROUND:**

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

Date of Warrant		Check No.		Total Batch	
			Series		
IFS	June 1, 2018	ACH	25423	25432	\$2,957.79
IFS	June 1, 2018		438765	438862	\$27,801.50
IFS	June 8, 2018	ACH	25455	25457	\$48,474.56
IFS	June 8, 2018		438939	438964	\$27,428.62
IFS	June 15, 2018	ACH	25487	25499	\$3,841.93
IFS	June 15, 2018		439072	439123	\$13,986.75
IFS	June 22, 2018	ACH	25500	25507	\$11,593.53
IFS	June 22, 2018		439124	439145	\$22,348.29
SSIS	June 29, 2018	ACH	25520	25550	\$63,098.68
SSIS	June 29, 2018		439215	439273	\$236,399.79
IFS	June 29, 2018	ACH	25551	25601	\$4,779.33
IFS	June 29, 2018		439287	439285	\$70,477.16
IFS	June 29, 2018	ACH	25602	25612	\$22,827.83
IFS	June 29, 2018		439286	439369	\$32,523.35
				total	<u>\$ 457,931.44</u>

**RECOMMENDATION:** Goodhue County HHS Recommends Approval as Presented.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mike Zorn
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve July 2018 HHS Warrant Registers		

**BACKGROUND:**

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

Date of Warrant		Check No.			Total Batch
			Series		
IFS	July 6, 2018	ACH	25713	25719	\$9,693.08
IFS	July 6, 2018		437443	437477	\$15,417.26
IFS	July 13, 2018	ACH	25737	25750	\$7,646.12
IFS	July 13, 2018		439529	439579	\$20,577.60
IFS	July 20, 2018	ACH	25751	25760	\$2,967.77
IFS	July 20, 2018		439580	439628	\$16,193.58
SSIS	July 27, 2018	ACH	25779	25808	\$56,710.41
SSIS	July 27, 2018		439692	439753	\$234,466.79
IFS	July 27, 2018	ACH	25809	25865	\$5,593.78
IFS	July 27, 2018		439754	439767	\$36,998.35
IFS	July 27, 2018	ACH	25900	25907	\$2,102.38
IFS	July 27, 2018		439799	439894	\$45,196.46
				total	<u>\$453,563.58</u>

**RECOMMENDATION:** Goodhue County HHS Recommends Approval as Presented.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Mike Zorn
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Action Requested:</b>	Approve August 2018 HHS Warrant Registers		

**BACKGROUND:**

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

	Date of Warrant		Check No. Series		Total Batch
IFS	August 3, 2018	ACH	25948	25952	\$ 1,702.20
IFS	August 3, 2018		439972	440004	\$ 14,551.11
IFS	August 10, 2018	ACH	25953	25957	\$ 1,706.19
IFS	August 10, 2018		440005	440046	\$ 97,024.93
IFS	August 17, 2018	ACH	25976	25993	\$ 8,562.25
IFS	August 17, 2018		440169	440243	\$ 129,691.55
IFS	August 24, 2018	ACH	26012	26022	\$ 3,935.83
IFS	August 24, 2018		440303	440325	\$ 28,012.55
SSIS	August 31, 2018	ACH	26129	26160	\$ 325,518.50
SSIS	August 31, 2018		440449	440514	\$ 198,467.40
IFS	August 31, 2018	ACH	26067	26128	\$ 7,171.76
IFS	August 31, 2018		440444	440448	\$ 39,347.91
IFS	August 31, 2018	ACH	26056	26066	\$ 7,929.16
IFS	August 31, 2018		440350	440443	\$ 41,584.41
				total	<u>\$ 905,205.75</u>

**RECOMMENDATION:** Goodhue County HHS Recommends Approval as Presented.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	September 18, 2018	<b>Staff Lead:</b>	Nina Arneson
<b>Consent Agenda:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve MN Merit System Reclassification Request from Office Support Specialist to Case Aide.		

**BACKGROUND:**

Minnesota Merit System reclassification request was brought to the Goodhue County Personnel committee on July 19, 2018 below are the minutes from this meeting.

Ms. Arneson brought forth a request to reclassify the current Office Support Specialist to Case Aide. The incumbent has taken on tasks above and beyond the duties of the Office Support Specialist position including supervised visitation, billing and case management. The Minnesota Merit System has reviewed the additional job duties performed by the individual and agrees that reclassification is appropriate. *C/ Majerus indicated support for the request. C/ Anderson agreed.*

**RECOMMENDATION:** GCHHS Department recommends approval as requested.



## Goodhue County Health and Human Services

---

**DATE:** July 19, 2018  
**TO:** Goodhue County Personnel Committee  
**FROM:** Nina Arneson, GCHHS Director  
**RE:** **MN Merit System Reclassification Request**

---

### **BACKGROUND:**

Since the Health and Human Services integration in 2010, GCHHS has experienced significant changes, some gradual and some immediate with our operations, systems, job duties, responsibilities and etc. These changes have also required some staff to perform different work duties based on the department's changing needs. A supervisor and an employee review an employee's position description each year as a part of the performance evaluation in order to come to one of the following conclusions:

- An accurate reflection of the current responsibilities and performance standards
- Revised to reflect changes in position
- Rewritten because it is three years old

If there are substantial changes that have taken place then the HHS department may request a review which may result to a Minnesota Merit System's recommendation of reclassification or a confirmation that the job description and classification is still in the scope of the duties the employee is performing. With our Department's continued integration work, this is something that we are expecting to continue and it may result in additional Minnesota Merit System reclassification recommendations.

Currently we have an Office Support Specialist who works in our Child Protection Unit. This position was newly created to assist our Social Workers with paper work and documentation. As the position progressed based on the agency needs, she has increased her work with customers to the point where she is working more as a Case Aide than an Office Support Specialist in the following areas:

1. Supervised Visitation: Schedules visits with parents and foster parents, providing transportation for children for supervised visitation, performing the supervised visits, managing issues that may arise during visits with children, parents or foster parents.
2. Children's Mental Health Billing: tracking and coordinating the collection of revenue for health and human services expenses. This requires working with case managers, supervisors and accounting, as well as in depth knowledge of billing requirements.
3. Statistical Reports for Children's Mental Health Case Management: Tracking, recording, and monitoring contacts with children in placement and running reports regarding placements

With this information, the Minnesota Merit System recommended a reclassification to a Case Aide which the department also supports.

Current Classification Office Support Specialist step (2) \$15.70: Salaries & Benefits less Health \$37,666. This position is not eligible for federal reimbursements through our time studies.

Reclassification Case Aide step (1) \$20.05: Salaries & Benefits less Health \$48,085 an increase of \$10,419.

This new classification will be eligible to participate in the Federal Social Services Time Study (SSTS), and the reimbursement for SSTS/LTSS would on average generate about \$9,136 for being in the Social Services Fund Report (SSFR) cost pool as a participant in that time study. Additional targeted case management (TCM) funding would also be generated by monitoring and ensuring compliance with case managers' caseload for Targeted Case Management (TCM) visits.

This reclassification change will not increase GCHHS County Levy for 2019.

**RECOMMENDATION:**

The GCHHS Department recommends approval for this reclassification, effective; a day after review and approval has been received from Goodhue County Health and Human Services Board.



# MINNESOTA TOWARD **ZERO** DEATHS

# Toward Zero Deaths

*September 18, 2018*

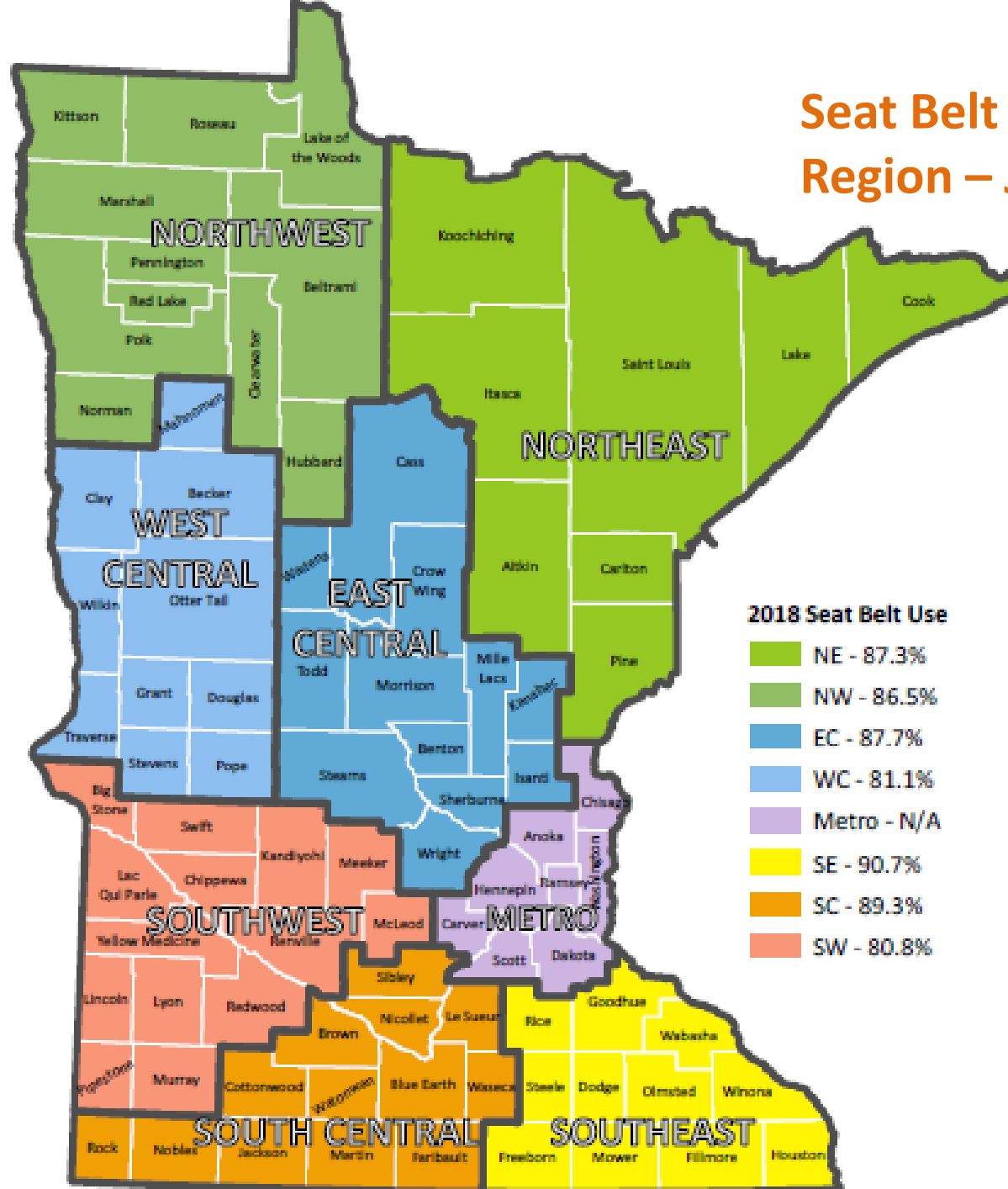
*Goodhue County Health and Human Services Board*

*Jessica Schleck, Southeast TZD regional coordinator*

*Jessica Seide, Goodhue County TZD Safe Roads coordinator*



# Seat Belt Use by TZD Region – June 2018





# Vision

To reduce fatalities and serious injuries on Minnesota's roads to zero



# Mission

To move Southeast Minnesota toward **zero** deaths on our roads using education, enforcement, engineering and emergency medical & trauma services.



# TZD Cornerstone

~~Five~~  
Four “E” approach:

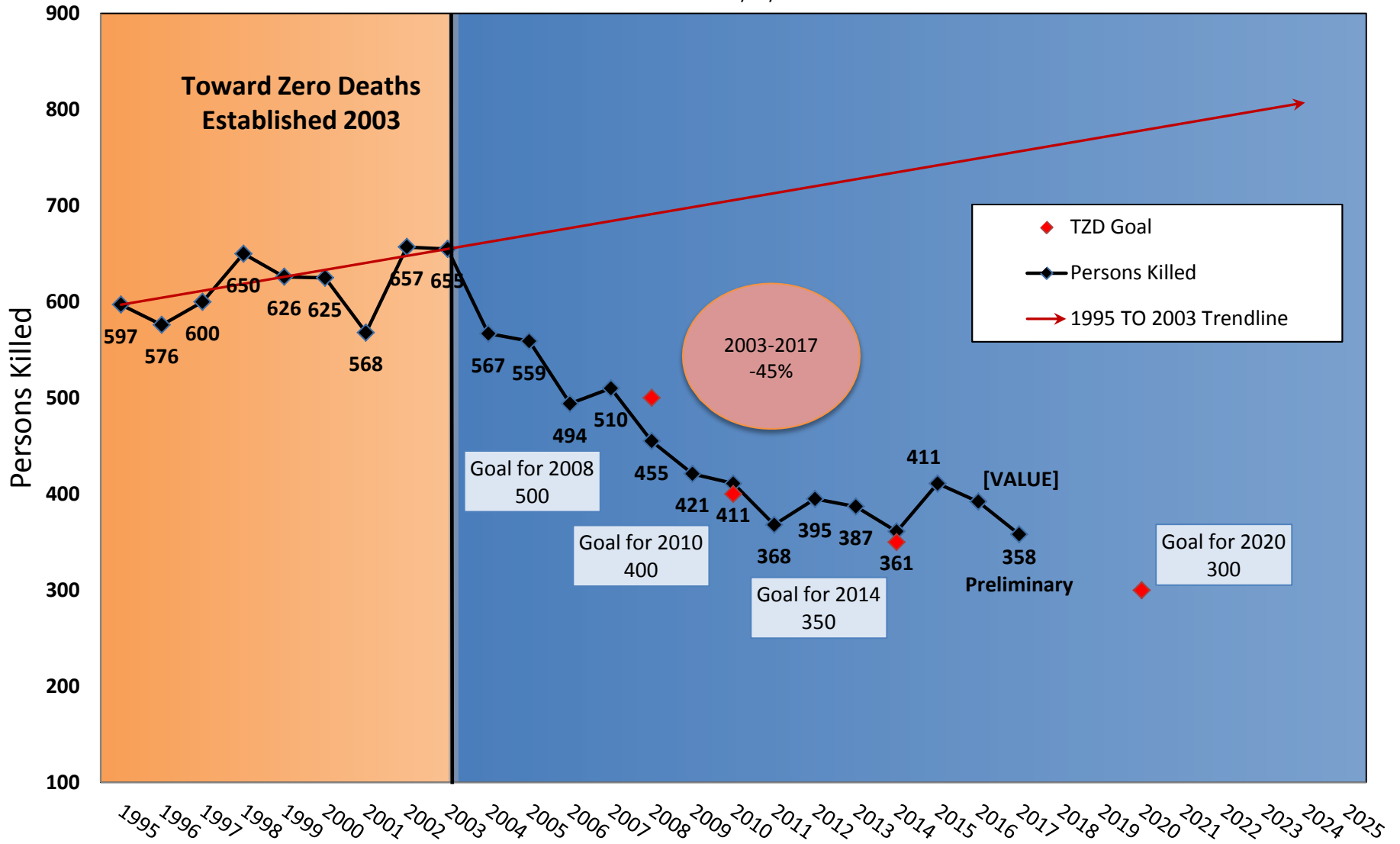


- Enforcement
- Engineering
- Education & Outreach
- Emergency Medical & Trauma Services
- **Everyone Else!**

(Legislators, Judicial, Media)

# Minnesota Roadway Fatalities

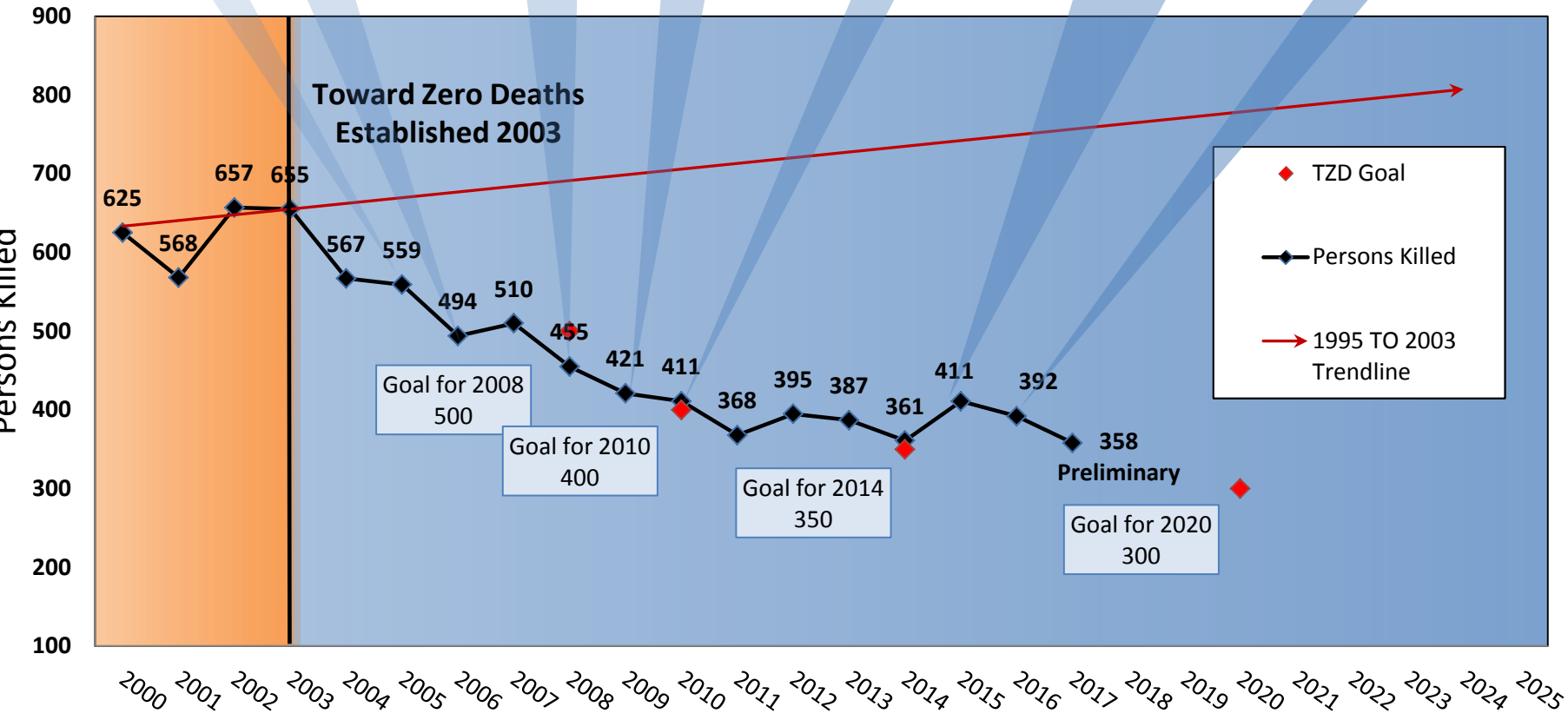
Source: MnDOT 2/20/2018



# Minnesota Roadway Fatalities

Source: MnDOT 2/20/2018

- 2005 Statewide Trauma System & 0.08 BAC for DWI
- 2006 Cell Phone Ban (Under 18 and Provisional Drivers)
- 2008 Texting Prohibited While Driving & Expanded GDL Laws
- 2009 Primary Seat Belt, Booster Seat, Expanded GDL Laws
- 2010 Driver License Sanctions Ignition Interlock
- 2014 Additional Work Zone Speeding Fines; Increased Hours of Practice for Teen Drivers & Require Driver Educators to Offer Parent Training
- 2015 Increased fine for texting and driving second offense



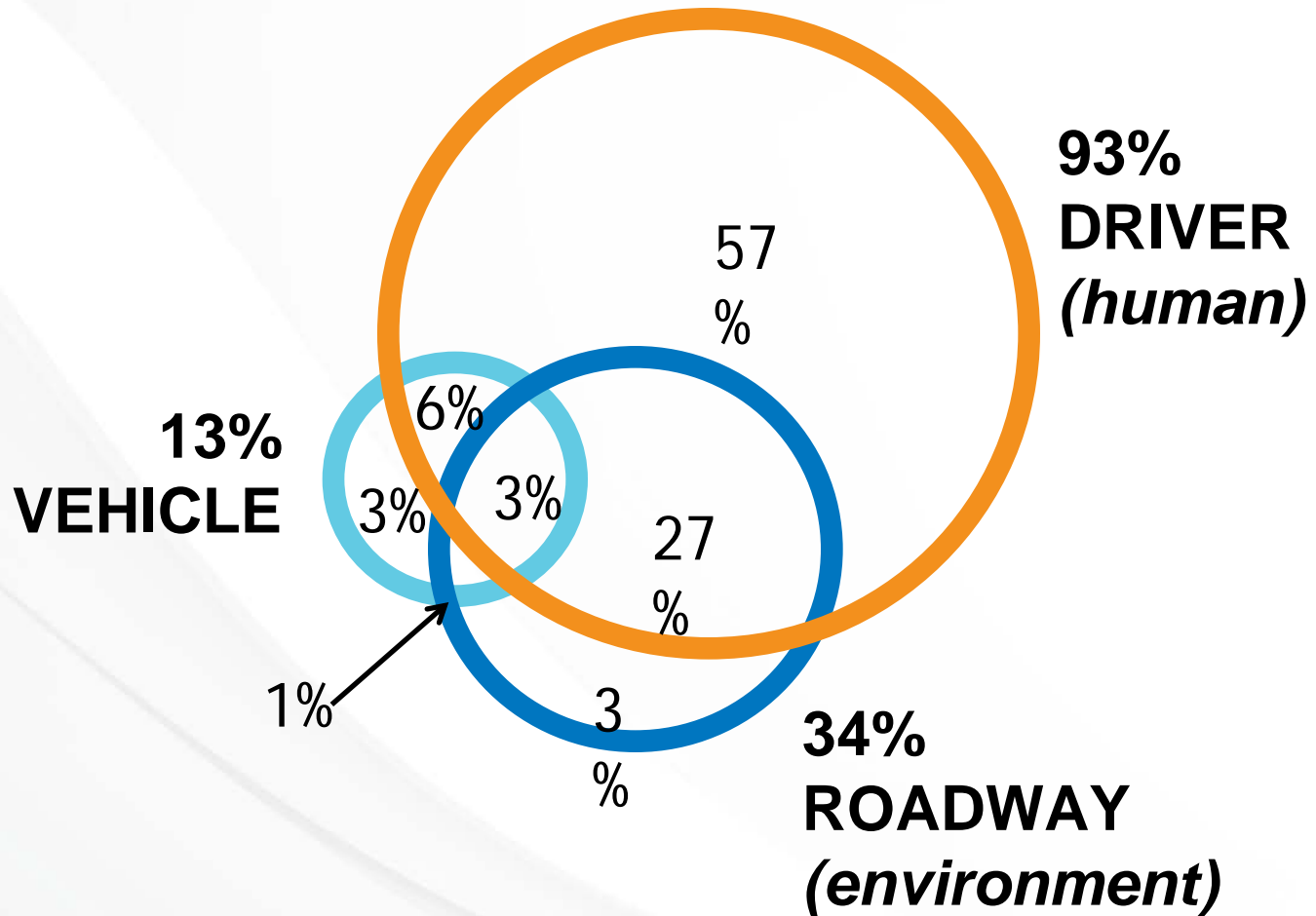
# Year-to-Date Traffic-Related Deaths

As of Sept. 5, 2018 there were **225** traffic-related deaths on

Minnesota roads, compared to **233** deaths at this time last year.



# Factors Contributing to Crashes

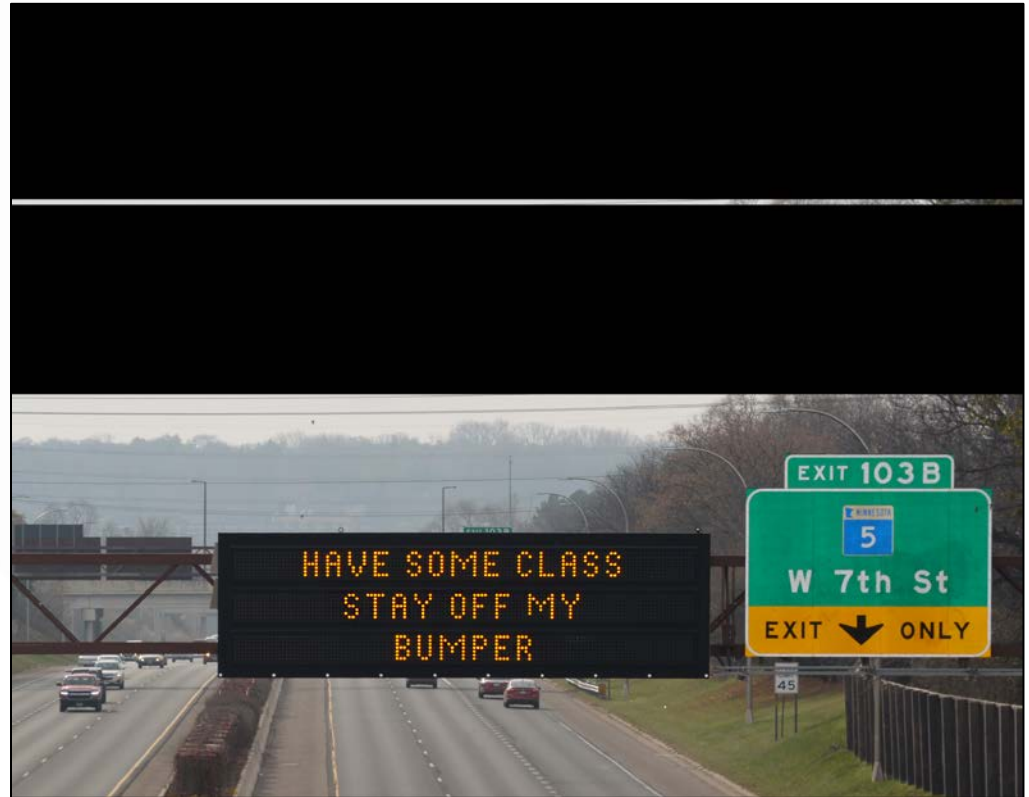


Source: Treat, 1979 as cited in Highway Safety Manual

# How to Change a Culture

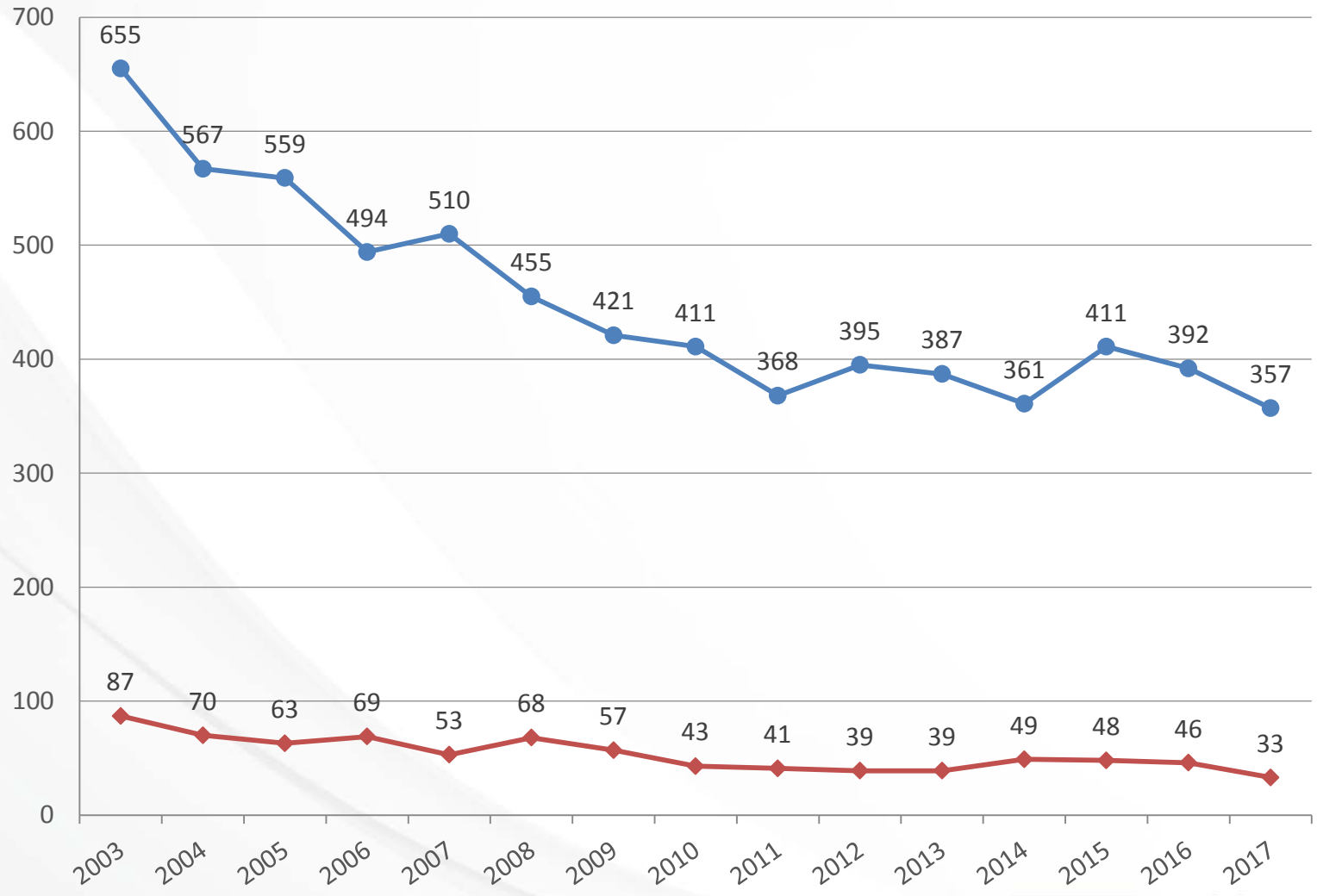
*“Progress occurs when courageous, skilled leaders seize the opportunity to change things for the better.”*

**– Harry S. Truman**





# Southeast Fatalities, 2003-2017



\*2017 data are preliminary

● Minnesota    ◆ Southeast Region



**TOWARD  
ZERO  
DEATHS**

# Goal: **Zero Deaths**



*Zero is attainable — but it will take all of us working together to get there!*

# TZD Goal for 2020:

- 300 or fewer traffic-related deaths
- 850 or fewer traffic-related serious injuries





MINNESOTA  
TOWARD **ZERO** DEATHS

# Goodhue County Toward Zero Deaths Safe Roads Grant

*Jessica Seide, Goodhue County TZD Safe Roads coordinator*





# MINNESOTA TOWARD ZERO DEATHS

## Goodhue County Team



- Goodhue County Sheriff's Office
- Cannon Falls PD
- Kenyon PD
- Zumbrota PD
- Red Wing PD
- Goodhue PD
- Goodhue County Health and Human Services
- Goodhue County Public Works





# MINNESOTA TOWARD **ZERO** DEATHS

## 4 Focus Areas

- Speed
- Seat Belt Use
- Distracted Driving
- Impaired Driving





# MINNESOTA TOWARD **ZERO** DEATHS

## Speed

- Greater potential for loss of vehicle control.
- Increased stopping distance.
- Less time available for driver response for crash avoidance.
- Increased crash severity — the faster the speed, the more violent the crash.





# MINNESOTA TOWARD ZERO DEATHS

## Speed Enforcement







# MINNESOTA TOWARD **ZERO** DEATHS

## Seat Belt Use

- A record percentage of Minnesotans buckle up — [94 percent](#)
- Yet each year **more than half** of the motorists killed in crashes aren't belted
- More than 150 deaths and more than 400 serious injuries annually.





# MINNESOTA TOWARD ZERO DEATHS





# MINNESOTA TOWARD **ZERO** DEATHS

## Distracted Driving

- Distracted driving is a factor in one in four crashes
- At least 70 deaths and 350 serious injuries a year
- Numbers are vastly underreported





# MINNESOTA TOWARD ZERO DEATHS





# MINNESOTA TOWARD **ZERO** DEATHS

## Impaired Driving

- One in seven Minnesota drivers has a DWI on record.
- Accounts for more than 100 deaths each year
- Nearly 30,000 motorists arrested for DWI





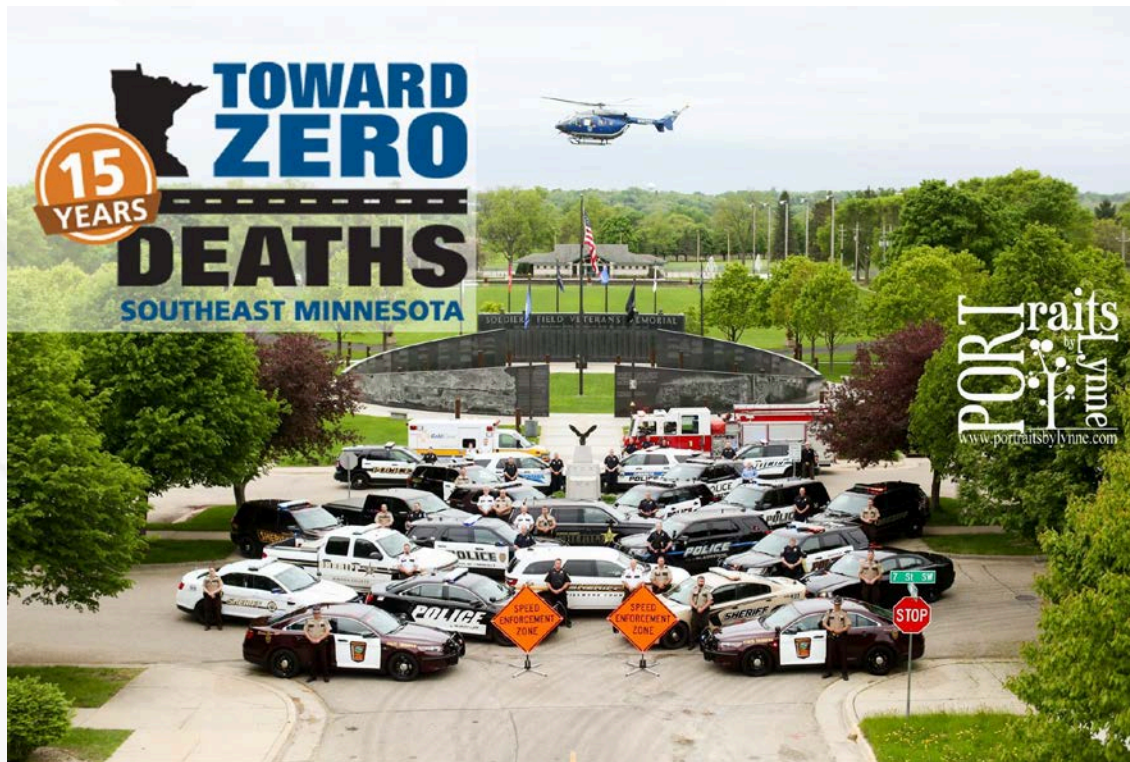
# MINNESOTA TOWARD ZERO DEATHS

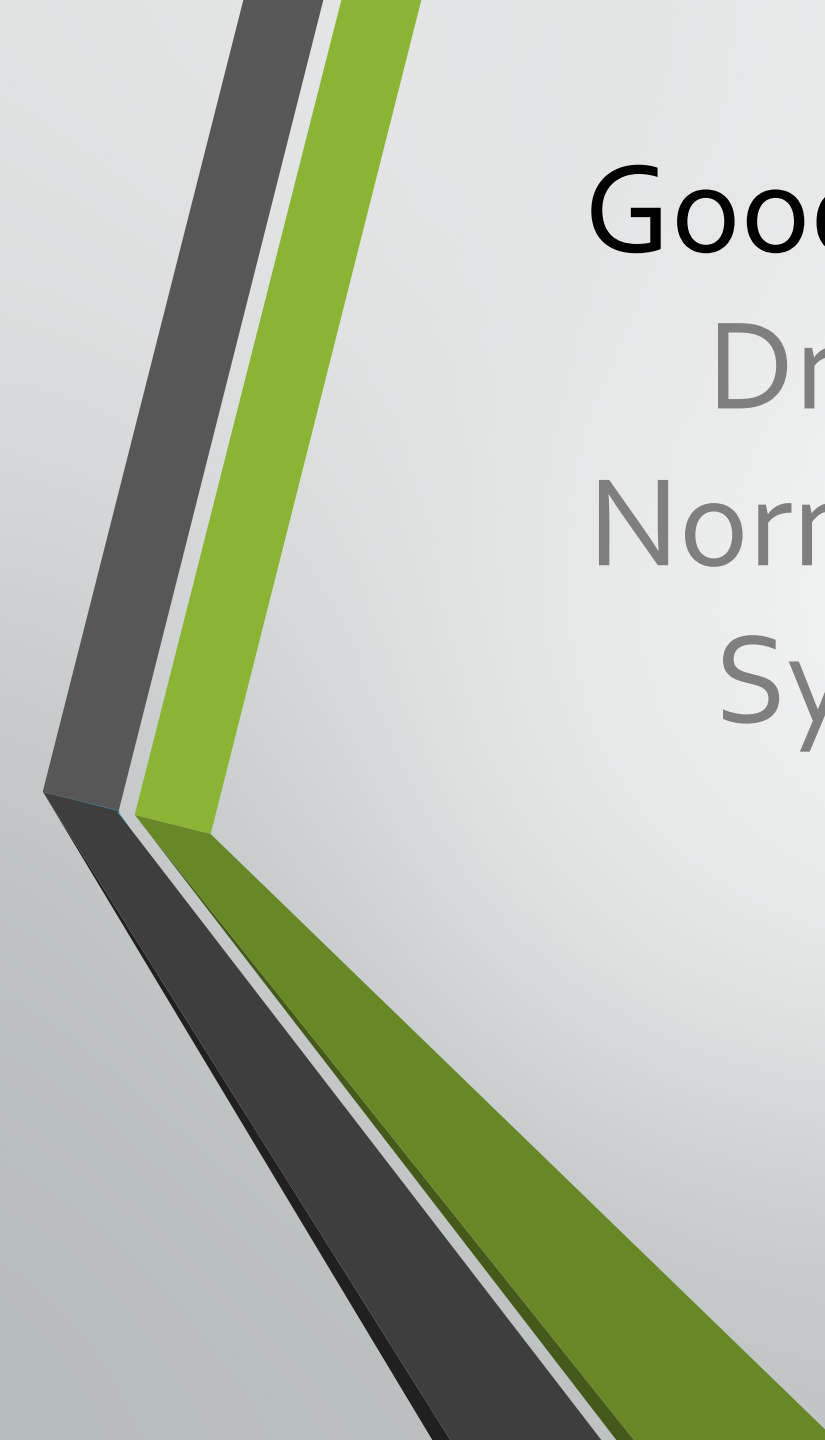


**TOWARD  
ZERO  
DEATHS**

MINNESOTA  
**TOWARD ZERO DEATHS**

**Thank you!!!**





# Goodhue County 2017 Drug Alcohol Abuse Normative Evaluation Systems (DAANES)

Annual Update

September 18, 2018

Abby Villaran, LMFT, Social Services Supervisor

Goodhue County Health and Human Services



# CLIENT #s AND FUNDING

- 439 Goodhue County residents participated in CD treatment in 2017.
- ✓ 388 Goodhue County residents participated in CD treatment in 2016.
- ✓ 310 Goodhue County residents participated in CD treatment in 2015.
- ✓ 233 Goodhue County residents participated in CD treatment in 2014.
- ✓ 316 Goodhue County residents participated in CD treatment in 2013.
  
- The majority of those, 53%, participated in outpatient programs in 2017.
- ✓ Of those 47.4%, participated in outpatient programs in 2016.
- ✓ The majority of those, 59%, participated in outpatient programs in 2015.
- ✓ The majority of those, 52%, participated in outpatient programs in 2014.
- ✓ The majority of those, 63%, participated in outpatient programs in 2013.
  
- The statewide average for outpatient was 57.7% in 2017.
  
- 50.6% of the Goodhue County participants were funded by the consolidated fund compared to 42.4% statewide.
  
- 49.4% of Goodhue County participants used other funding (insurance, private pay) – statewide 57.6% accessed those funding streams.

## WHO IS RECEIVING TREATMENT SERVICES?

- Average age of participants was 33.7 years
- 3.2% were under age 18-statewide average is 4.3%
- 65.4% were male and 34.6% female
- 82.5% identified “white” as their race/ethnicity
- 83.2% identified as single, never married or divorced
- 43.5% graduated from high school
- 25.1% were employed – FT, PT or Seasonal

# WHO IS RECEIVING TREATMENT SERVICES?

## Continued

- 13.2% had Child Protection Involvement (statewide average 10.2%)
- 5.9% were pregnant (statewide average 4.7%)
- 61.5% were under Court Jurisdiction
- Mental Illness was ranked highest (45.6%) as a treatment barrier
- 62.3% ranked their Recovery Environment as an “extreme problem or serious problem”
- Very few were Veterans
- 11.2 % reported being homeless – no fixed address

# DRUG CHOICE & TREATMENT

- Methamphetamine 38% (statewide 24.6%)
- Alcohol 31.4% (statewide 35.8%)
- Marijuana / Hashish 12.3% (statewide 13.6%)
- Heroin 10% (statewide 14.2%)
  
- Goodhue County residents most frequently attended treatment services at:
  - ✓ Common Ground (Red Wing, MN)
  - ✓ Fountain Center (Albert Lea, MN)
  - ✓ Oakridge Meridian Behavioral Health, (Rochester, MN)
  - ✓ Douglas Place Treatment Center, (East Grand Fork, MN)
  - ✓ Empower CTC (Rochester, MN)



**Questions?**

**Thank You.**

The summary report can be view at [www.goodhue.mn.us](http://www.goodhue.mn.us)  
under HHS Board Meetings, September 18, 2018

**m** DEPARTMENT OF  
HUMAN SERVICES

April 9, 2017

Dear Social Services Director:

Enclosed are the Drug and Alcohol Abuse Normative Evaluation System (DAANES) county reports for calendar year 2017. These reports present information on residents of your county who were admitted to substance user disorder treatment programs in Minnesota. There is a separate report for each treatment environment (hospital inpatient, short-term residential, long-term residential, outpatient, and methadone) and a county total report. Each report has both county figures and comparable statewide figures. The information presented in the reports are based on data entered by substance user disorder providers using the web-based DAANES system.

If you have any questions regarding the information presented in these reports, please call me at (651) 431-2630 or email me at [carl.haerle@state.mn.us](mailto:carl.haerle@state.mn.us).

Sincerely,



Carl C. Haerle  
DAANES System Administrator  
Alcohol and Drug Abuse Division

Enclosures

# DAANES

**GOODHUE COUNTY**

**County Total  
Admission Summary  
1/ 1/2017 TO 12/31/2017**

**County Counts**  
N = 439

**Statewide Counts**  
N = 57154

<b>CD TREATMENT ENVIRONMENT</b>	<b>NUMBER</b>	<b>PERCENT</b>	<b>NUMBER</b>	<b>PERCENT</b>
Hospital Inpatient	3	0.7	1161	2.0
Short-term Residential (under 30 days)	87	19.8	9941	17.4
Long-term Residential (over 30 days)	117	26.7	13089	22.9
Non-residential	208	47.4	28920	50.6
Methadone	24	5.5	4043	7.1

<b>ADMISSIONS BY MONTH</b>	<b>NUMBER</b>	<b>PERCENT</b>	<b>NUMBER</b>	<b>PERCENT</b>
January	38	8.7	5015	8.8
February	29	6.6	4653	8.1
March	42	9.6	5399	9.4
April	44	10.0	4796	8.4
May	33	7.5	5052	8.8
June	31	7.1	4865	8.5
July	25	5.7	4570	8.0
August	41	9.3	4976	8.7
September	33	7.5	4445	7.8
October	40	9.1	4889	8.6
November	41	9.3	4425	7.7
December	42	9.6	4069	7.1

<b>FUNDING SOURCE NOTED AT ADMISSION</b>	<b>NUMBER</b>	<b>PERCENT</b>	<b>NUMBER</b>	<b>PERCENT</b>
CCDTF clients	222	50.6	24242	42.4
MCO MHCP clients	77	17.5	17767	31.1
Other funding sources	140	31.9	15145	26.5

<b>LEGAL STATUS</b>	<b>NUMBER</b>	<b>PERCENT</b>	<b>NUMBER</b>	<b>PERCENT</b>
Emergency/court hold order	3	0.7	148	0.3
Criminal court order	78	17.8	8143	14.2
Court commitment--CD	32	7.3	2854	5.0
Civil court order	6	1.4	777	1.4
Juvenile court placement	4	0.9	760	1.3
None	260	59.2	38516	67.4
Unknown	56	12.8	5956	10.4

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

SOURCES OF REFERRAL (Up to 2 per client)	County Counts N = 439		Statewide Counts N = 57154	
	NUMBER	PERCENT	NUMBER	PERCENT
Self/family/relative/friend	208	47.4	29136	51.0
School	0	0.0	179	0.3
Employer/EAP	0	0.0	387	0.7
Law enforcement	6	1.4	460	0.8
Courts	57	13.0	6782	11.9
Probation/parole	140	31.9	16724	29.3
DUI/DWI	13	3.0	853	1.5
Pre-petition screening/diversion program	0	0.0	110	0.2
Corrections	16	3.6	1064	1.9
Health care facility/professional	26	5.9	3277	5.7
CD treatment facility	59	13.4	9436	16.5
Detox center	5	1.1	761	1.3
Mental health center	6	1.4	1090	1.9
Other residential facility	10	2.3	920	1.6
County SS agency--CD services	68	15.5	7987	14.0
County SS agency--child protection	20	4.6	2388	4.2
County SS agency--other services	8	1.8	827	1.4
AA/other support group	0	0.0	75	0.1
Community professional/agency	2	0.5	349	0.6
Information & referral agency	2	0.5	267	0.5
Tribal agency	11	2.5	986	1.7
Other	29	6.6	5108	8.9

SPECIALTY COURT REFERRED	NUMBER	PERCENT	NUMBER	PERCENT
Yes	60	13.7	7159	12.5
No	350	79.7	47403	82.9
Unknown	29	6.6	2592	4.5

CONDITIONS SURROUNDING ADMISSION	NUMBER	PERCENT	NUMBER	PERCENT
Treatment to avoid jail	38	8.7	4154	7.3
Condition of probation/parol	157	35.8	17827	31.2
To retain driver license/license plates	7	1.6	458	0.8
To retain custody of children	11	2.5	1077	1.9
To regain custody of children	22	5.0	2126	3.7
To avoid losing relationship	11	2.5	3820	6.7
To maintain employment/school enrollment	1	0.2	592	1.0
To retain professional license	1	0.2	67	0.1
To retain government benefits	0	0.0	23	0.0
Alcohol/drug induced financial pressures	19	4.3	2188	3.8
Other	113	25.7	14420	25.2
None	59	13.4	10402	18.2
Unknown	0	0.0	0	0.0



## GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

COUNTY RESIDENT ADMISSIONS BY FACILITY	N = NUMBER	439 PERCENT
3 R's Nuway Counseling Center	3	0.7
Adolescent Treatment Center - Winnebago	5	1.1
Anthony Louis Center - Woodbury	1	0.2
Beauterre Recovery Institute	5	1.1
C.A.R.E. - Anoka	2	0.5
C.A.R.E. - Fergus Falls	2	0.5
C.A.R.E. - Prairie Lakes Youth Program	1	0.2
C.A.R.E. - St. Peter	2	0.5
Cedar Ridge	3	0.7
Central Minnesota Teen Challenge - Brainerd	7	1.6
Common Ground - Red Wing	71	16.2
Common Ground - Rochester	9	2.1
Common Ground - Winona	5	1.1
Common Ground Crossroads Program Olmsted County Adult Detention Center	1	0.2
CRC Wisconsin RD LLC Burkwood Treatment Center	9	2.1
Dakota County Receiving Center, Inc. - Cochran Recovery Services	12	2.7
Douglas Place Treatment Center, LLC	14	3.2
EmPower CTC - Rochester	13	3.0
Evergreen Recovery	1	0.2
Fairview Health Services Minneapolis Adult CD	1	0.2
Faith Family Recovery Center LLC - Hastings	7	1.6
Family Restoration Services - Minneapolis	7	1.6
Five Stars Recovery Center - Residential	3	0.7
Five Stars Recovery Center - Stoughton	1	0.2
Fountain Center - Albert Lea	18	4.1
Fountain Center - Fairmont	1	0.2
Fountain Center - Faribault	5	1.1
Fountain Center - Rochester	2	0.5
Hazelden Center for Youth & Families	1	0.2
Hazelden Fellowship Club	5	1.1
Hazelden Recovery Services - Center City	1	0.2
HCMC Addiction Medicine	1	0.2
Hiawatha Valley Mental Health Center - Winona	3	0.7
House of Hope, Inc. - Mankato 1429	4	0.9
House of Hope, Inc. III	2	0.5
Huss Center for Recovery - People Inc. 2120 Park	1	0.2
Journey Home	2	0.5
Kinnic Falls Alcohol and Drug Abuse Services	1	0.2
Lake Shore Treatment Center LLC	1	0.2
Living Free Recovery Services	1	0.2

# DAANES

**GOODHUE COUNTY  
County Total**

1/ 1/2017 TO 12/31/2017

COUNTY RESIDENT ADMISSIONS BY FACILITY	N =	439
	NUMBER	PERCENT
Mash Ka Wisen Treatment Center Inpatient Program	2	0.5
Mayo Clinic Addiction Services Generose IB	11	2.5
Meadow Creek	9	2.1
Minnesota Adult & Teen Challenge - Rochester Mens	9	2.1
Minnesota Teen Challenge - Men's Program	4	0.9
Minnesota Teen Challenge - Women's Program	5	1.1
Nehemiah Family Services - Dodge Center	1	0.2
New Beginnings Minnesota at Minnetonka	1	0.2
New Beginnings Minnesota at St Anthony Park	1	0.2
New Beginnings Minnesota at Waverly	2	0.5
New Beginnings Women's Program	2	0.5
New Directions for Change	1	0.2
North Star Regional MICD IOP	1	0.2
Northland Recovery Center	1	0.2
NuWay Counseling Center - 2118	4	0.9
Nystrom and Associates, LTD- Bloomington	1	0.2
Oakridge Meridian Behavioral Health	18	4.1
Omada Behavioral Health Services - Northfield	8	1.8
On Belay House - Plymouth	1	0.2
Park Avenue Center - Nicollet Ave	1	0.2
Passage Home	4	0.9
Pathway House - 2nd Street	8	1.8
Pathway House - 6th Avenue	4	0.9
Pauls Place	1	0.2
Phoenix Recovery Programs Inc. - Maplewood	1	0.2
Pride Institute, Inc. - Eden Prairie	1	0.2
Progress Valley I	1	0.2
Project Turnabout - Granite Falls	3	0.7
Recovery Plus Adult Program	3	0.7
Regions Hospital Alcohol and Drug Abuse Program	1	0.2
Restoration Counseling and Community Services, LLC St. Paul	2	0.5
Restoration Counseling and Community Services, LLC Women's Program	2	0.5
River Ridge, LLC - Burnsville Outpatient	1	0.2
Riverplace Counseling Center - Anoka	4	0.9
Riverplace Counseling Center - Elk River, Inc.	4	0.9
Rochester Metro Treatment Center	5	1.1
RS Eden/Eden House - Males	6	1.4
Specialized Treatment Services - Central	1	0.2
St Paul NuWay Counseling Center	5	1.1
St. Joseph's Hospital - CD Program	1	0.2

# DAANES

## GOODHUE COUNTY County Total

1/ 1/2017 TO 12/31/2017

### COUNTY RESIDENT ADMISSIONS BY FACILITY

	N =	439
	NUMBER	PERCENT
St. Paul Metro Treatment Center New Season	2	0.5
Stage by Staige	2	0.5
Stage by Staige Jail	1	0.2
Tapestry, LLC	9	2.1
The Gables, Inc.	6	1.4
The Haven Halfway House, LLC - St. Cloud	1	0.2
The Wayside House Inc. - St Louis Park	2	0.5
Transformation House II	4	0.9
Twin Town Treatment Center	10	2.3
Unity Hospital Inpatient Substance Abuse Services	3	0.7
Valhalla Place - Brooklyn Park	1	0.2
Valhalla Place - Minneapolis	3	0.7
Valhalla Place - Woodbury	11	2.5
Vinland National Center	4	0.9
Wellcome Manor Family Services	1	0.2
West Hills Lodge Women's Program	2	0.5
Zumbro Valley Health Center Pacing Recovery Effectively Program	1	0.2
Zumbro Valley Health Center Recovery Basics Outpatient Program	1	0.2

GOODHUE COUNTY

County Total  
Admission Summary  
1/ 1/2017 TO 12/31/2017

County Counts  
N = 439  
Statewide Counts  
N = 57154

SEX	NUMBER	PERCENT	NUMBER	PERCENT
Male	287	65.4	36910	64.6
Female	152	34.6	20244	35.4

AGE	NUMBER	PERCENT	NUMBER	PERCENT
Under 18	14	3.2	2473	4.3
18 - 24	91	20.7	10051	17.6
25 - 34	155	35.3	20135	35.2
35 - 44	106	24.1	12065	21.1
45 - 54	41	9.3	7983	14.0
55+	32	7.3	4447	7.8
Average Age	33.7	Years	34.5	Years

RACE/ETHNICITY	NUMBER	PERCENT	NUMBER	PERCENT
White	362	82.5	38827	67.9
African American	18	4.1	6725	11.8
Hispanic	11	2.5	3194	5.6
Native American	36	8.2	5674	9.9
Asian	*	*	802	1.4
Other	12	2.7	1932	3.4

\* Frequency less than 5 admissions

TRIBAL ENROLLMENT	NUMBER	PERCENT	NUMBER	PERCENT
Bois Forte	0	0.0	252	0.4
Fond du Lac	0	0.0	377	0.7
Grand Portage	0	0.0	39	0.1
Leech Lake	0	0.0	747	1.3
Lower Sioux	1	0.2	100	0.2
Mille Lacs Band	0	0.0	392	0.7
Prairie Island	18	4.1	40	0.1
Red lake	0	0.0	753	1.3
Shakopee	0	0.0	25	0.0
Upper Sioux	0	0.0	56	0.1
White Earth	0	0.0	1167	2.0
Other	9	2.1	978	1.7
Not enrolled	395	90.0	51117	89.4
Unknown	16	3.6	1111	1.9

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

County Counts  
 N = 439

Statewide Counts  
 N = 57154

MARITAL STATUS

	NUMBER	PERCENT	NUMBER	PERCENT
Single, never married	298	67.9	39077	68.4
Divorced	67	15.3	7400	12.9
Separated	16	3.6	1816	3.2
Widowed	3	0.7	581	1.0
Married	39	8.9	5868	10.3
Cohabiting	9	2.1	1610	2.8
Unknown	7	1.6	802	1.4

USUAL LIVING SITUATION

	NUMBER	PERCENT	NUMBER	PERCENT
Alone	98	22.3	14212	24.9
With spouse/partner only	60	13.7	7760	13.6
With minor children only	22	5.0	2406	4.2
With spouse/partner & children	52	11.8	6408	11.2
With one parent	52	11.8	6650	11.6
With both parents	47	10.7	4852	8.5
With foster parents	0	0.0	142	0.2
With relatives	39	8.9	5177	9.1
With friends	29	6.6	3733	6.5
With others	25	5.7	4000	7.0
Unknown	15	3.4	1814	3.2

USUAL RESIDENCE

	NUMBER	PERCENT	NUMBER	PERCENT
Homeless - no fixed address	49	11.2	7173	12.6
Dependent living - supervised setting	150	34.2	17532	30.7
Independenct living	206	46.9	28752	50.3
Children living with their family	27	6.2	2801	4.9
Unknown	7	1.6	896	1.6

VETERAN STATUS

	NUMBER	PERCENT	NUMBER	PERCENT
No	425	96.8	54714	95.7
Yes, no combat	4	0.9	1212	2.1
Yes, served in combat zone	1	0.2	433	0.8
Unknown	9	2.1	795	1.4

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

County Counts  
 N = 439  
 Statewide Counts  
 N = 57154

EDUCATION LEVEL	NUMBER	PERCENT	NUMBER	PERCENT
Did not complete high school	95	21.6	13456	23.5
High school graduate/GED	191	43.5	20997	36.7
Associate degree/certificate	39	8.9	5054	8.8
Some college no degree	87	19.8	11432	20.0
College graduate	17	3.9	3731	6.5
Graduate/professional degree	4	0.9	1127	2.0
Unknown	6	1.4	1357	2.4

SCHOOL/JOB TRAINING ENROLLMENT	NUMBER	PERCENT	NUMBER	PERCENT
Not enrolled	407	92.7	52128	91.2
Enrolled full time	15	3.4	2830	5.0
Enrolled part time	9	2.1	1092	1.9
Unknown	8	1.8	1104	1.9

LABOR FORCE STATUS	NUMBER	PERCENT	NUMBER	PERCENT
Employed full-time (35+ hrs/week)	78	17.8	9870	17.3
Employed part-time (< 35 hrs/week)	26	5.9	4062	7.1
Occasional/seasonal work	6	1.4	784	1.4
Sheltered employment	0	0.0	24	0.0
Homemaker	6	1.4	451	0.8
Student	11	2.5	2621	4.6
Retired	3	0.7	684	1.2
Disabled	25	5.7	3639	6.4
Inmate of institution	2	0.5	920	1.6
Unemployed--looking for work	129	29.4	13759	24.1
Unemployed--not looking for work	123	28.0	15949	27.9
Other	18	4.1	2503	4.4
Unknown	12	2.7	1888	3.3

SOURCE OF INCOME	NUMBER	PERCENT	NUMBER	PERCENT
Disability benefits	32	7.3	4590	8.0
Job	133	30.3	16343	28.6
Retirement/pension	1	0.2	684	1.2
Spouse/parents	33	7.5	5013	8.8
Relatives/friends	15	3.4	1308	2.3
Savings or investments	7	1.6	757	1.3
Public assistance	41	9.3	6772	11.8
Other	41	9.3	3062	5.4
None	117	26.7	15729	27.5
Unknown	19	4.3	2896	5.1

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

	County Counts N = 439		Statewide Counts N = 57154	
	NUMBER	PERCENT	NUMBER	PERCENT
<b>UNDER JURISDICTION OF COURT</b>				
Yes	270	61.5	29985	52.5
No	155	35.3	25311	44.3
Unknown	14	3.2	1858	3.3
<b>ARRESTS PAST 30 DAYS</b>				
None	383	87.2	49672	86.9
One	47	10.7	5901	10.3
Two	4	0.9	398	0.7
Three or more	4	0.9	246	0.4
Unknown	1	0.2	937	1.6
<b>LICENSE REVOCATION DUE TO DWI</b>				
Currently under revocation	121	27.6	14329	25.1
Revoked during past 12 months	9	2.1	1630	2.9
Revoked at least once in lifetime	65	14.8	9464	16.6
Never revoked	121	27.6	16300	28.5
Not applicable	86	19.6	9931	17.4
Unknown	37	8.4	5500	9.6
<b>CLIENT IN JAIL/PRISON PAST 30 DAYS</b>				
Yes	90	20.5	11448	20.0
No	340	77.4	43970	76.9
Unknown	9	2.1	1736	3.0
<b>CHILD PROTECTION INVOLVEMENT</b>				
Yes	58	13.2	5852	10.2
No	165	37.6	18674	32.7
No children	207	47.2	31189	54.6
Unknown	9	2.1	1439	2.5
<b>PREGNANCY STATUS (WOMEN ONLY)</b>				
Pregnant	9	5.9	948	4.7
Not pregnant	143	94.1	19296	95.3

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

County Counts  
 N = 439

Statewide Counts  
 N = 57154

LIFETIME DETOX ADMISSIONS	NUMBER	PERCENT	NUMBER	PERCENT
None	206	46.9	31079	54.4
One	107	24.4	10403	18.2
Two	40	9.1	5152	9.0
Three or more	82	18.7	9937	17.4
Unknown	4	0.9	583	1.0

LIFETIME CD TREATMENT ADMISSIONS	NUMBER	PERCENT	NUMBER	PERCENT
None	72	16.4	11486	20.1
One	92	21.0	11839	20.7
Two	81	18.5	8963	15.7
Three or more	193	44.0	24122	42.2
Unknown	1	0.2	744	1.3

SELF-HELP GROUP PARTICIPATION	NUMBER	PERCENT	NUMBER	PERCENT
Yes	174	39.6	22720	39.8
No	256	58.3	32160	56.3
Unknown	9	2.1	2274	4.0

INTERACTION WITH FAMILY/FRIENDS	NUMBER	PERCENT	NUMBER	PERCENT
Yes	391	89.1	49861	87.2
No	23	5.2	4276	7.5
Unknown	25	5.7	3017	5.3



GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

County Counts                      Statewide Counts  
 N = 439                              N = 57154

CHEMICAL HEALTH SEVERITY RATINGS

INTOXICATION/WITHDRAWAL POTENTIAL	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	310	70.6	37834	66.2
Minor Problem	88	20.0	11948	20.9
Moderate Problem	29	6.6	5714	10.0
Serious Problem	2	0.5	439	0.8
Extreme Problem	0	0.0	42	0.1
Unable to assess	10	2.3	1177	2.1

BIOMEDICAL	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	204	46.5	24936	43.6
Minor Problem	186	42.4	24888	43.5
Moderate Problem	39	8.9	5456	9.5
Serious Problem	0	0.0	489	0.9
Extreme Problem	0	0.0	37	0.1
Unable to assess	10	2.3	1348	2.4

EMOTIONAL/BEHAVIORAL/COGNITIVE	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	11	2.5	2305	4.0
Minor Problem	58	13.2	10807	18.9
Moderate Problem	336	76.5	39262	68.7
Serious Problem	23	5.2	3313	5.8
Extreme Problem	1	0.2	87	0.2
Unable to assess	10	2.3	1380	2.4

READINESS FOR CHANGE	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	29	6.6	3945	6.9
Minor Problem	104	23.7	12827	22.4
Moderate Problem	165	37.6	24320	42.6
Serious Problem	108	24.6	12725	22.3
Extreme Problem	23	5.2	1950	3.4
Unable to assess	10	2.3	1387	2.4

RELAPSE/CONTINUED USE POTENTIAL	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	0	0.0	95	0.2
Minor Problem	7	1.6	781	1.4
Moderate Problem	85	19.4	11217	19.6
Serious Problem	147	33.5	20562	36.0
Extreme Problem	190	43.3	23137	40.5
Unable to assess	10	2.3	1362	2.4

GOODHUE COUNTY

County Total  
 Admission Summary  
 1/ 1/2017 TO 12/31/2017

County  
 Counts  
 N = 439

Statewide  
 Counts  
 N = 57154

CHEMICAL HEALTH SEVERITY RATINGS

RECOVERY ENVIRONMENT

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	5	1.1	902	1.6
Minor Problem	19	4.3	2870	5.0
Moderate Problem	90	20.5	12278	21.5
Serious Problem	129	29.4	18491	32.4
Extreme Problem	182	41.5	21070	36.9
Unable to assess	14	3.2	1543	2.7

HISTORY OF INJECTION USE

	NUMBER	PERCENT	NUMBER	PERCENT
Within past 30 days	48	10.9	5795	10.1
Within past 6 months	43	9.8	5675	9.9
Within past 12 months	21	4.8	1721	3.0
More than 12 months ago	37	8.4	3650	6.4
Never injected	267	60.8	36020	63.0
Unknown	23	5.2	4293	7.5

PRIMARY SUBSTANCE OF ABUSE

	NUMBER	PERCENT	NUMBER	PERCENT
Alcohol	138	31.4	20476	35.8
Cocaine powder	4	0.9	941	1.6
Crack	3	0.7	1113	1.9
Marjuana/Hashish	54	12.3	7770	13.6
Heroin	44	10.0	8094	14.2
Non-prescription Methadone	0	0.0	71	0.1
Other Opiates/Synthetics	20	4.6	3175	5.6
PCP	0	0.0	53	0.1
Other Hallucinogens/Psychedelics	1	0.2	104	0.2
Methamphetamine	167	38.0	14081	24.6
Other Amphetamines	2	0.5	161	0.3
Other Stimulants	1	0.2	61	0.1
Benzodiazepines	1	0.2	489	0.9
Other Tranquilizers	0	0.0	3	0.0
Barbiturates	0	0.0	8	0.0
Other Sedative/Hypnotic/Anxiolytic	0	0.0	56	0.1
Ketamine	0	0.0	1	0.0
Ecstasy/other club drugs	2	0.5	22	0.0
Inhalants	0	0.0	48	0.1
Over-the-counter Medications	0	0.0	59	0.1
Other	0	0.0	86	0.2

# DAANES

**GOODHUE COUNTY**

**County Total  
Admission Summary  
1/ 1/2017 TO 12/31/2017**

**COUNTY  
N = 439**

**USE OF PRIMARY SUBSTANCE IN THE PAST 30 DAYS**

FREQUENCY OF USE	ALCOHOL %	COCAINE POWDER %	CRACK %	HEROIN %	METHADONE NON-Rx %
No use past 30 days	51.4	75.0	66.7	34.1	0.0
1 to 10 days	21.7	0.0	33.3	15.9	0.0
11 to 20 days	13.8	25.0	0.0	25.0	0.0
21 to 30 days	13.0	0.0	0.0	25.0	0.0

FREQUENCY OF USE	OTHER OPIATES %	MARIJUANA %	PCP %	HALLUCI- NOGENS %	METHAMPHET- AMINE %
No use past 30 days	35.0	53.7	0.0	100.0	58.1
1 to 10 days	15.0	14.8	0.0	0.0	21.6
11 to 20 days	25.0	13.0	0.0	0.0	9.6
21 to 30 days	25.0	18.5	0.0	0.0	10.8

FREQUENCY OF USE	AMPHET- AMINES %	STIMULANTS %	BENZODI- AZEPINES %	TRANQUIL- IZERS %	BARBITU- RATES %
No use past 30 days	50.0	0.0	100.0	0.0	0.0
1 to 10 days	50.0	0.0	0.0	0.0	0.0
11 to 20 days	0.0	0.0	0.0	0.0	0.0
21 to 30 days	0.0	100.0	0.0	0.0	0.0

FREQUENCY OF USE	SEDATIVES %	KETAMINE %	ECSTASY %	INHALANTS %	OVER-THE- COUNTER %
No use past 30 days	0.0	0.0	100.0	0.0	0.0
1 to 10 days	0.0	0.0	0.0	0.0	0.0
11 to 20 days	0.0	0.0	0.0	0.0	0.0
21 to 30 days	0.0	0.0	0.0	0.0	0.0

FREQUENCY OF USE	OTHER DRUGS %
No use past 30 days	0.0
1 to 10 days	0.0
11 to 20 days	0.0
21 to 30 days	0.0

DAANES

GOODHUE COUNTY

County Total  
Admission Summary  
1/ 1/2017 TO 12/31/2017

STATEWIDE  
N = 57154

USE OF PRIMARY SUBSTANCE IN THE PAST 30 DAYS

FREQUENCY OF USE	ALCOHOL %	COCAINE POWDER %	CRACK %	HEROIN %	METHADONE NON-Rx %
No use past 30 days	44.0	50.1	38.3	43.1	26.8
1 to 10 days	24.5	26.6	26.5	18.5	26.8
11 to 20 days	13.8	11.8	14.4	11.3	18.3
21 to 30 days	17.7	11.6	20.8	27.0	28.2

FREQUENCY OF USE	OTHER OPIATES %	MARIJUANA %	PCP %	HALLUCI- NOGENS %	METHAMPHET- AMINE %
No use past 30 days	50.0	46.8	49.1	66.3	58.1
1 to 10 days	14.9	24.8	34.0	25.0	21.1
11 to 20 days	10.7	11.8	7.5	5.8	9.4
21 to 30 days	24.4	16.7	9.4	2.9	11.3

FREQUENCY OF USE	AMPHET- AMINES %	STIMULANTS %	BENZODI- AZEPINES %	TRANQUIL- IZERS %	BARBITU- RATES %
No use past 30 days	55.9	68.9	47.4	66.7	62.5
1 to 10 days	23.6	16.4	20.9	0.0	12.5
11 to 20 days	11.2	11.5	12.3	0.0	25.0
21 to 30 days	9.3	3.3	19.4	33.3	0.0

FREQUENCY OF USE	SEDATIVES %	KETAMINE %	ECSTASY %	INHALANTS %	OVER-THE- COUNTER %
No use past 30 days	60.7	100.0	81.8	54.2	33.9
1 to 10 days	14.3	0.0	18.2	37.5	25.4
11 to 20 days	8.9	0.0	0.0	4.2	11.9
21 to 30 days	16.1	0.0	0.0	4.2	28.8

FREQUENCY OF USE	OTHER DRUGS %
No use past 30 days	60.5
1 to 10 days	15.1
11 to 20 days	8.1
21 to 30 days	16.3

GOODHUE COUNTY

County Total  
Discharge Summary for Admissions  
from 1/ 1/2017 to 12/31/2017

County Counts  
N = 316

Statewide Counts  
N = 43341

DISCHARGES BY MONTH OF ADMISSION	NUMBER	PERCENT	NUMBER	PERCENT
January	32	84.2	4303	85.8
February	26	89.7	4036	86.7
March	38	90.5	4452	82.5
April	34	77.3	3873	80.8
May	25	75.8	4136	81.9
June	22	71.0	3852	79.2
July	20	80.0	3579	78.3
August	31	75.6	3725	74.9
September	19	57.6	3213	72.3
October	27	67.5	3296	67.4
November	25	61.0	2688	60.7
December	17	40.5	2188	53.8

REASON FOR DISCHARGE	NUMBER	PERCENT	NUMBER	PERCENT
Completed program	190	60.1	21585	49.8
Patient left without staff approval	72	22.8	11387	26.3
Patient conduct (behavioral)	30	9.5	3941	9.1
Expiration of civil commitment	0	0.0	37	0.1
Transferred to other program	15	4.7	3337	7.7
Assessed as inappropriate	1	0.3	763	1.8
Lost financial support	0	0.0	220	0.5
Incarcerated	1	0.3	713	1.6
Death	1	0.3	52	0.1
Other	6	1.9	1306	3.0

AVERAGE LENGTH OF SERVICE (DAYS)

Residential completers	49.8	Days	46.5	Days
Residential non-completers	19.1	Days	26.2	Days
Residential all clients	39.4	Days	39.0	Days

AVERAGE LENGTH OF SERVICE (HOURS)

Outpatient completers	137.5	Hours	123.5	Hours
Outpatient non-completers	53.2	Hours	61.8	Hours
Outpatient all clients	98.8	Hours	86.4	Hours

AVERAGE LENGTH OF SERVICE (HOURS)

Methadone completers	0.0	Hours	119.9	Hours
Methadone non-completers	25.9	Hours	61.4	Hours
Methadone all clients	25.9	Hours	62.9	Hours

GOODHUE COUNTY

County Total  
 Discharge Summary for Admissions  
 from 1/ 1/2017 to 12/31/2017

County Counts  
 N = 316

Statewide Counts  
 N = 43341

CHEMICAL HEALTH SEVERITY RATINGS

INTOXICATION/WITHDRAWAL POTENTIAL

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	238	75.3	31085	71.7
Minor Problem	48	15.2	6497	15.0
Moderate Problem	15	4.7	2648	6.1
Serious Problem	1	0.3	400	0.9
Extreme Problem	0	0.0	118	0.3
Unable to assess	14	4.4	2593	6.0

BIOMEDICAL

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	161	50.9	21407	49.4
Minor Problem	121	38.3	15836	36.5
Moderate Problem	18	5.7	3217	7.4
Serious Problem	3	0.9	438	1.0
Extreme Problem	0	0.0	104	0.2
Unable to assess	13	4.1	2339	5.4

EMOTIONAL/BEHAVIORAL/COGNITIVE

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	16	5.1	2671	6.2
Minor Problem	103	32.6	12359	28.5
Moderate Problem	154	48.7	22725	52.4
Serious Problem	28	8.9	3001	6.9
Extreme Problem	1	0.3	287	0.7
Unable to assess	14	4.4	2298	5.3

READINESS FOR CHANGE

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	44	13.9	5974	13.8
Minor Problem	80	25.3	10785	24.9
Moderate Problem	98	31.0	11447	26.4
Serious Problem	58	18.4	8708	20.1
Extreme Problem	23	7.3	4241	9.8
Unable to assess	13	4.1	2186	5.0

RELAPSE/CONTINUED USE POTENTIAL

	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	5	1.6	682	1.6
Minor Problem	41	13.0	4694	10.8
Moderate Problem	53	16.8	7680	17.7
Serious Problem	111	35.1	14513	33.5
Extreme Problem	93	29.4	13560	31.3
Unable to assess	13	4.1	2212	5.1

GOODHUE COUNTY

County Total  
 Discharge Summary for Admissions  
 from 1/ 1/2017 to 12/31/2017

County Counts  
 N = 316

Statewide Counts  
 N = 43341

CHEMICAL HEALTH SEVERITY RATINGS

RECOVERY ENVIRONMENT	NUMBER	PERCENT	NUMBER	PERCENT
No Problem	10	3.2	1620	3.7
Minor Problem	27	8.5	4844	11.2
Moderate Problem	68	21.5	8653	20.0
Serious Problem	93	29.4	13741	31.7
Extreme Problem	104	32.9	12055	27.8
Unable to assess	14	4.4	2428	5.6

DSM CD DIAGNOSIS

DSM CD DIAGNOSIS	NUMBER	PERCENT	NUMBER	PERCENT
Alcohol dependent	102	32.3	15518	35.8
Alcohol abuse	3	0.9	815	1.9
Tranquilizer/sedative/hypnotic dependent	2	0.6	365	0.8
Tranquilizer/sedative/hypnotic abuse	0	0.0	19	0.0
Cannabis dependent	29	9.2	5098	11.8
Cannabis abuse	1	0.3	308	0.7
Cocaine or crack dependent	7	2.2	1535	3.5
Cocaine or crack abuse	1	0.3	35	0.1
Hallucinogen dependent	1	0.3	93	0.2
Hallucinogen abuse	0	0.0	10	0.0
Opiate/synthetic dependent	43	13.6	7577	17.5
Opiate/synthetic abuse	0	0.0	101	0.2
Inhalant dependent	1	0.3	47	0.1
Inhalant abuse	0	0.0	1	0.0
Amphetamine dependent	122	38.6	11204	25.9
Amphetamine abuse	2	0.6	378	0.9
Phencyclidine (PCP) dependent	0	0.0	0	0.0
Phencyclidine (PCP) abuse	0	0.0	0	0.0
Polysubstance dependent	2	0.6	218	0.5
Other psychoactive substance dependent	0	0.0	12	0.0
Other psychoactive substance abuse	0	0.0	0	0.0
Unknown	0	0.0	7	0.0

## GOODHUE COUNTY

County Total  
 Discharge Summary for Admissions  
 from 1/ 1/2017 to 12/31/2017

MEDICATIONS/THERAPIES PROVIDED (mark all that apply)	County Counts N = 316		Statewide Counts N = 43341	
	NUMBER	PERCENT	NUMBER	PERCENT
Methadone	15	4.7	2597	6.0
Other opioid replacement therapy	10	3.2	1909	4.4
Antabuse	0	0.0	123	0.3
Naltrexone	3	0.9	755	1.7
Other anti-craving medication	4	1.3	971	2.2
Anti-depressant medication	85	26.9	10908	25.2
Anti-anxiety medication	67	21.2	9756	22.5
Other medications	34	10.8	4014	9.3
Acupuncture	10	3.2	887	2.0

DISCHARGE USUAL RESIDENCE	NUMBER	PERCENT	NUMBER	PERCENT
Homeless - no fixed address	22	7.0	2516	5.8
Dependent living - supervised setting	155	49.1	21501	49.6
Independenct living	114	36.1	15391	35.5
Children living with their family	10	3.2	1258	2.9
Unknown	15	4.7	2675	6.2

ENVIRONMENT CONDUCIVE TO RECOVERY	NUMBER	PERCENT	NUMBER	PERCENT
Yes	202	63.9	24789	57.2
No	32	10.1	4933	11.4
Unknown	82	25.9	13619	31.4

DISCHARGE LABOR FORCE STATUS	NUMBER	PERCENT	NUMBER	PERCENT
Employed full-time (35+ hrs/week)	63	19.9	7792	18.0
Employed part-time (< 35 hrs/week)	19	6.0	3374	7.8
Occasional/seasonal work	6	1.9	382	0.9
Sheltered employment	0	0.0	6	0.0
Homemaker	5	1.6	251	0.6
Student	10	3.2	1979	4.6
Retired	2	0.6	518	1.2
Disabled	14	4.4	2279	5.3
Inmate of institution	1	0.3	723	1.7
Unemployed--looking for work	70	22.2	9355	21.6
Unemployed--not looking for work	88	27.8	11341	26.2
Other	8	2.5	922	2.1
Unknown	30	9.5	4419	10.2



GOODHUE COUNTY

County Total  
 Discharge Summary for Admissions  
 from 1/ 1/2017 to 12/31/2017

County Counts  
 N = 316

Statewide Counts  
 N = 43341

DISCHARGE SCHOOL ENROLLMENT	NUMBER	PERCENT	NUMBER	PERCENT
Not enrolled	279	88.3	37191	85.8
Enrolled full time	10	3.2	1958	4.5
Enrolled part time	3	0.9	671	1.5
Unknown	24	7.6	3521	8.1
SELF-HELP GROUP PARTICIPATION	NUMBER	PERCENT	NUMBER	PERCENT
Yes	230	72.8	28105	64.8
No	64	20.3	10588	24.4
Unknown	22	7.0	4648	10.7
INTERACTION WITH FAMILY/FRIENDS	NUMBER	PERCENT	NUMBER	PERCENT
Yes	246	77.8	32928	76.0
No	22	7.0	2867	6.6
Unknown	48	15.2	7546	17.4
ARRESTS PAST 30 DAYS	NUMBER	PERCENT	NUMBER	PERCENT
None	283	89.6	38997	90.0
One	13	4.1	1920	4.4
Two	1	0.3	190	0.4
Three or more	6	1.9	382	0.9
Unknown	13	4.1	1852	4.3
VICTIM OF ABUSE	NUMBER	PERCENT	NUMBER	PERCENT
No	155	49.1	23006	53.1
Yes physical only	51	16.1	5896	13.6
Yes sexual only	13	4.1	1636	3.8
Yes physical and sexual	38	12.0	6243	14.4
Unknown	59	18.7	6560	15.1
PERPETRATOR OF ABUSE	NUMBER	PERCENT	NUMBER	PERCENT
No	217	68.7	32229	74.4
Yes physical only	29	9.2	3557	8.2
Yes sexual only	4	1.3	283	0.7
Yes physical and sexual	5	1.6	305	0.7
Unknown	61	19.3	6967	16.1

GOODHUE COUNTY

County Total  
Discharge Summary for Admissions  
from 1/ 1/2017 to 12/31/2017

County Counts                      Statewide Counts  
N = 316                              N = 43341

TREATMENT BARRIERS (mark all that apply)	NUMBER	PERCENT	NUMBER	PERCENT
Hearing impairment	1	0.3	298	0.7
Visual impairment	8	2.5	1061	2.4
Physical handicap	4	1.3	520	1.2
Developmental disability	1	0.3	413	1.0
Mental illness	144	45.6	20426	47.1
Speech pathology	1	0.3	151	0.3
Learning disability	6	1.9	1329	3.1
Brain injury	4	1.3	1331	3.1
English not primary language	0	0.0	409	0.9
Functional illiteracy	1	0.3	210	0.5

REFERRALS AT DISCHARGE (mark all that apply)	NUMBER	PERCENT	NUMBER	PERCENT
Additional CD treatment	185	58.5	24437	56.4
CD aftercare/support professionally led	132	41.8	17250	39.8
CD aftercare/support group self-help	185	58.5	25457	58.7
CD board and lodging	85	26.9	11090	25.6
Non-CD supportive housing	9	2.8	1414	3.3
Domestic abuse treatment program	2	0.6	674	1.6
Individual counseling/therapy	145	45.9	21567	49.8
Family counseling/therapy	21	6.6	4108	9.5
Detox	4	1.3	690	1.6
Medical care/services	40	12.7	6665	15.4
Vocational program	4	1.3	1127	2.6
Legal assistance	12	3.8	1066	2.5
Law enforcement/corrections	60	19.0	7714	17.8
Court/court services	29	9.2	5113	11.8
County social service - CD services	37	11.7	6295	14.5
County social service - other services	18	5.7	2944	6.8
VA/veterans service organizations	0	0.0	118	0.3

PAYMENT SOURCES FOR TREATMENT	NUMBER	PERCENT	NUMBER	PERCENT
Self-pay	44	13.9	4190	9.7
Private Insurance non-managed care	36	11.4	4756	11.0
Private Insurance managed care	18	5.7	4379	10.1
CCDTF (Consolidated CD Treatment Fund)	149	47.2	17264	39.8
MHCP (MA, GAMC, MinnesotaCare)	109	34.5	18623	43.0
Medicare	3	0.9	497	1.1
County funds (non-CCDTF)	10	3.2	1334	3.1
Free care (no charge)	0	0.0	386	0.9
Other	8	2.5	2166	5.0

# The Opioid Epidemic: Counties on the Frontline - Video

By NACO – National Association of Counties

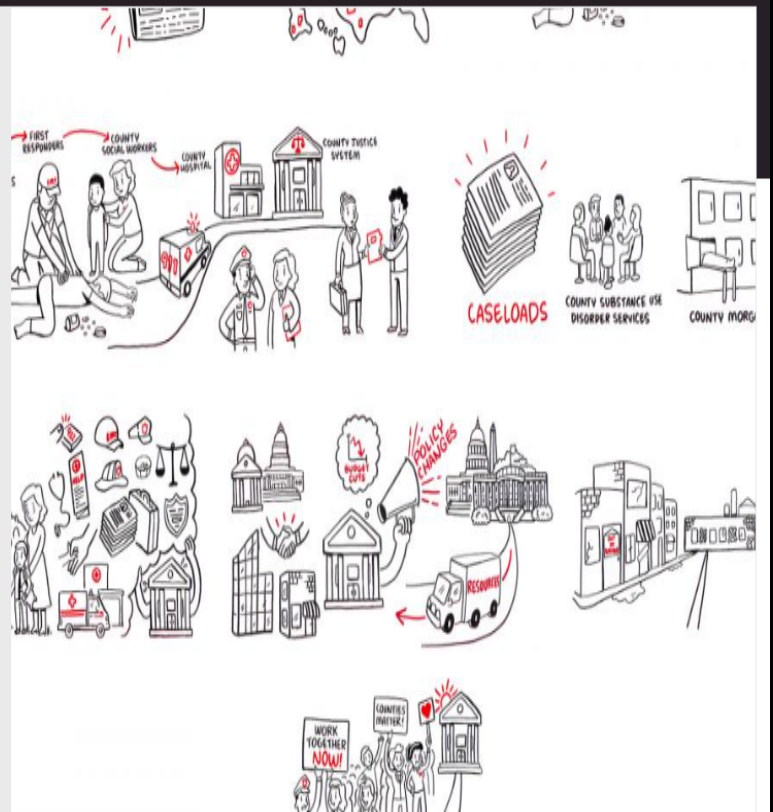
<http://www.naco.org/resources/opioid-epidemic-counties-frontline>

[https://youtu.be/3MEEvqbW\\_Z4](https://youtu.be/3MEEvqbW_Z4)

## THE OPIOID EPIDEMIC: COUNTIES ON THE FRONTLINE

Counties are on the frontline of ensuring the health and safety of our residents affected by this crisis.

Watch Video →





Goodhue County  
**Health and Human Services**

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

**DATE:** September 18, 2018  
**TO:** Goodhue County Health and Human Services (HHS) Board  
**FROM:** Mike Zorn, Deputy Director  
**RE:** Second Quarter 2018 Fiscal Report

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

- We expended 51% (\$8,375,718) of our budget (\$16,313,640) 50% of the way through the year. Last year at this time, we expended 56%.
- We have collected 53% (\$8,608,124) of our anticipated revenue (\$16,313,640), 50% of the way through the year. Last year at this time, we collected 47%.

**Children in Out of Home Placement:**

We have expended 67.4% (\$1,109,016) of our budget (\$1,644,500), 50% of the way through the year, which resulted in being over budget 17.44% or \$286,766. This continues to be a state and national trend of increasing OHP costs.

**State Hospital Costs:**

We have expended 22% (\$134,922) of our budget (\$600,000). This figure has been reduced by \$90,305 client refund HHS received from DHS that was receipted back into this account. Last year at this time, we expended \$511,432. 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.

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 second quarter, we have expended 72% (\$143,399) of our budget (\$200,000).

**Salaries, Benefits, Overhead and Capital Equipment:**

On agency salaries, benefits, overhead and capital equipment line items, we have expended 49% of our budget 50% of the way through the year.

**Staffing Revenues Additional Staff:**

For the second quarter report, total staffing revenue is 58.03% (\$2,400,474) 50% through the year of the total 2018 budget of \$4,136,859 for these revenue categories.

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: 06/2018

Percent of Year: 50%

11 Fund  
Health & Human Service Fund  
479 Dept  
PHS Administration

Account Numbe	Description	Status	06/2018 Amount	Selected Months	2018 Budget	% Of Budget
11-479-479-0000-6202	Cell Phone		71.25	446.30	1,050.00	43
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		3,444.00	7,986.76	23,730.00	34
11-479-479-0000-6278	Consultant Fees		175.00	350.00	700.00	50
11-479-479-0000-6283	Other Professional & Tech Fees		171.10	4,152.04	8,656.00	48
11-479-479-0000-6302	Copies/Copier Maintenance		187.55	1,817.64	6,800.00	27
11-479-479-0000-6331	Mileage		.00	52.32	70.00	75
11-479-479-0000-6332	Meals & Lodging		273.43	350.28	500.00	70
11-479-479-0000-6335	Motor Pool Vehicle Usage		9.90	73.20	0.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,894.75	37,789.50	75,579.00	50
11-479-479-0000-6351	Insurance		.00	8,370.54	8,201.00	102
11-479-479-0000-6357	Conferences/Schools/Training		.00	110.00	400.00	28
11-479-479-0000-6405	Office Supplies		32.19	992.96	1,600.00	62
11-479-479-0000-6414	Food & Beverages		.00	240.38	158.00	152
11-479-479-0000-6432	Other Furniture & Equipment		.00	1,038.45	0.00	0
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	22,377.90	19,600.00	114
479 Dept	TOTALS PHS Administration	Revenue	.00	22,761.04 -	27,100.00 -	84
		Expend.	45,308.18	207,870.52	336,332.00	62
		Net	45,308.18	185,109.48	309,232.00	60
11 Fund	TOTALS Health & Human Service Fund	Revenue	4,338,173.47 -	8,608,124.42 -	16,313,640.00 -	53
		Expend.	1,434,575.76	8,375,717.65	16,313,640.00	51
		Net	2,903,597.71 -	232,406.77 -	.00	0
FINAL TOTALS:	585 Accounts	Revenue	4,338,173.47 -	8,608,124.42 -	16,313,640.00 -	53
		Expend.	1,434,575.76	8,375,717.65	16,313,640.00	51
		Net	2,903,597.71 -	232,406.77 -	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2017	THRU 6/18	2018	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$3,493.00	\$4,996.50	\$5,000.00	100%	50%
11-430-710-3710-6020	CHILD SHELTER -SS	\$43,625.12	\$4,002.40	\$30,000.00	13%	50%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS			\$1,000.00	0%	50%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	\$1,023.00	\$142.38	\$2,000.00	7%	50%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	\$22,120.00	\$3,085.62	\$15,000.00	21%	50%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$127,894.52	\$28,329.35	\$150,000.00	19%	50%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$576,606.30	\$261,935.03	\$460,000.00	57%	50%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$47,707.73	\$15,775.54	\$45,000.00	35%	50%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$8,118.00	\$3,872.00	\$8,000.00	48%	50%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$14,979.55	\$1,607.31	\$15,000.00	11%	50%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE			\$1,500.00	0%	50%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$28,068.23	\$57,817.50	\$9,000.00	642%	50%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$5,613.16	\$8,739.83	\$9,000.00	97%	50%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$292,278.05	\$307,342.48	\$330,000.00	93%	50%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$107,377.06	\$56,505.44	\$60,000.00	94%	50%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$33,381.95	\$15,937.75	\$24,000.00	66%	50%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$5,380.29	\$2,740.40	\$1,000.00	274%	50%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$875,123.87	\$336,186.11	\$425,000.00	79%	50%
11-430-740-3831-6020	RULE 5 CS	\$47,150.81		\$54,000.00	0%	50%
	<b>TOTAL OUT OF HOME PLACEMENT</b>	<b>\$2,239,940.64</b>	<b>\$1,109,015.64</b>	<b>\$1,644,500.00</b>	<b>67.4%</b>	<b>50%</b>
	<b>Over/(Under) Budget for percent of year</b>	<b>\$1,295,000.00</b>	<b>\$286,765.64</b>	<b>\$822,250.00</b>	<b>50%</b>	<b>50%</b>
	<b>Percent Over/(Under) Budget</b>	<b>-\$944,940.64</b>			<b>17.44%</b>	

December	
November	
October	
September	
August	
July	
June	17.44%
May	24.39%
April	15.57%
March	14.44%
February	13.50%
January	4.35%
Over/Under Budget 2017	72.97%

Over/Under Budget

# Goodhue County

## STATEMENT OF REVENUES AND EXPENDITURES



As Of 06/2018      Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 600 INCOME MAINTENANCE</b>					
SALARIES					
SALARIES & BENEFITS	197,685.47	1,319,228.47	2,764,220.00	48	50
<b>TOTAL SALARIES</b>	<b>197,685.47</b>	<b>1,319,228.47</b>	<b>2,764,220.00</b>	<b>48</b>	<b>50</b>
OVERHEAD					
AGENCY OVERHEAD	75,559.65	155,973.64	314,269.00	50	50
<b>TOTAL OVERHEAD</b>	<b>75,559.65</b>	<b>155,973.64</b>	<b>314,269.00</b>	<b>50</b>	<b>50</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	1,512.98	7,411.77	24,480.00	30	50
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>1,512.98</b>	<b>7,411.77</b>	<b>24,480.00</b>	<b>30</b>	<b>50</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 640 CHILD SUPPORT AND COLLECTIONS</b>					
SALARIES					
SALARIES & BENEFITS	56,708.72	347,234.54	730,667.00	48	50
<b>TOTAL SALARIES</b>	<b>56,708.72</b>	<b>347,234.54</b>	<b>730,667.00</b>	<b>48</b>	<b>50</b>
OVERHEAD					
AGENCY OVERHEAD	43,607.97	100,236.98	188,913.00	53	50
<b>TOTAL OVERHEAD</b>	<b>43,607.97</b>	<b>100,236.98</b>	<b>188,913.00</b>	<b>53</b>	<b>50</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>50</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 700 SOCIAL SERVICES PROGRAM</b>					
SALARIES					
SALARIES & BENEFITS	239,229.13	1,496,052.28	3,147,431.00	48	50
<b>TOTAL SALARIES</b>	<b>239,229.13</b>	<b>1,496,052.28</b>	<b>3,147,431.00</b>	<b>48</b>	<b>50</b>
OVERHEAD					
AGENCY OVERHEAD	50,290.70	168,063.11	334,400.00	50	50
<b>TOTAL OVERHEAD</b>	<b>50,290.70</b>	<b>168,063.11</b>	<b>334,400.00</b>	<b>50</b>	<b>50</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	1,453.64	7,121.09	23,520.00	30	50
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>1,453.64</b>	<b>7,121.09</b>	<b>23,520.00</b>	<b>30</b>	<b>50</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM PUBIC HEALTH</b>					
SALARIES					
SALARIES & BENEFITS	212,366.76	1,375,508.51	2,626,488.00	52	50
<b>TOTAL SALARIES</b>	<b>212,366.76</b>	<b>1,375,508.51</b>	<b>2,626,488.00</b>	<b>52</b>	<b>50</b>
OVERHEAD					
AGENCY OVERHEAD	41,589.05	154,538.76	282,148.00	55	50
<b>TOTAL OVERHEAD</b>	<b>41,589.05</b>	<b>154,538.76</b>	<b>282,148.00</b>	<b>55</b>	<b>50</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	50
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>50</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>FUND 11 HEALTH &amp; HUMAN SERVICE FUND</b>					
SALARIES					
SALARIES & BENEFITS	705,990.08	4,538,023.80	9,268,806.00	49	50
<b>TOTAL SALARIES</b>	<b>705,990.08</b>	<b>4,538,023.80</b>	<b>9,268,806.00</b>	<b>49</b>	<b>50</b>
OVERHEAD					
AGENCY OVERHEAD	211,047.37	578,812.49	1,119,730.00	52	50
<b>TOTAL OVERHEAD</b>	<b>211,047.37</b>	<b>578,812.49</b>	<b>1,119,730.00</b>	<b>52</b>	<b>50</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	2,966.62	14,532.86	48,000.00	30	50
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>2,966.62</b>	<b>14,532.86</b>	<b>48,000.00</b>	<b>30</b>	<b>50</b>

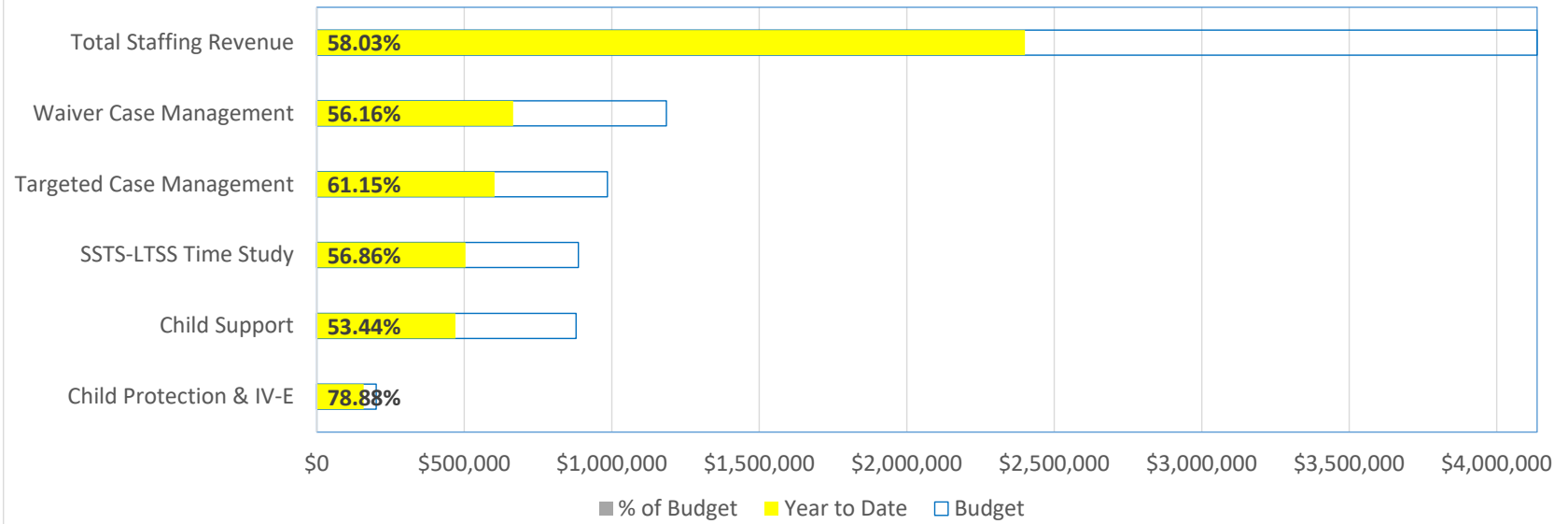
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>FINAL TOTALS</b>	<b>920,004.07</b>	<b>5,131,369.15</b>	<b>10,436,536.00</b>	<b>49</b>	<b>50</b>

## STAFFING 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	11,899.91 -	18,873.05 -	25,000.00 -	█	50
11-420-640-0000-5290 CS ST Incentives	3,593.00 -	9,128.00 -	18,000.00 -	█	50
11-420-640-0000-5355 CS Fed Admin	222,839.00 -	370,954.20 -	705,835.00 -	█	50
11-420-640-0000-5356 CS Fed Incentive	29,700.00 -	59,400.00 -	112,000.00 -	█	50
11-420-640-0000-5379 CS Fed MA Incentive	7,139.95 -	11,323.83 -	18,000.00 -	█	50
11-430-700-0000-5292 State LTSS	78,752.00 -	164,977.00 -	277,000.00 -	█	50
11-430-700-0000-5383 Fed LTSS	93,419.00 -	195,702.00 -	330,000.00 -	█	50
11-430-700-3810-5380 Fed MA SSTS	31,891.00 -	66,788.00 -	144,730.00 -	█	50
11-430-710-0000-5289 Child Protection	0.00	48,183.53 -	133,294.00 -	█	50
11-430-710-3810-5366 FC IV-E	58,076.00 -	91,924.00 -	58,000.00 -	█	50
11-430-710-3810-5367 IV-E SSTS	21,602.00 -	44,141.00 -	70,000.00 -	█	50
11-430-710-3930-5381 CW-TCM	89,520.00 -	178,464.00 -	340,000.00 -	█	50
11-430-730-3050-5380 Rule 25 SSTS	16,185.00 -	32,580.00 -	65,000.00 -	█	50
11-430-740-3830-5366 IV-E Rule 5	6,467.00 -	18,680.00 -	10,000.00 -	█	50
11-430-740-3900-5381 Child MA MH-TCM	3,194.00 -	6,388.00 -	25,000.00 -	█	50
11-430-740-3900-5401 SCHA Child MH-TCM	7,985.00 -	7,985.00 -	10,000.00 -	█	50
11-430-740-3910-5240 St Adult MH-TCM	870.00 -	2,632.40 -	0.00	█	50
11-430-740-3910-5381 MA Adult MH-TCM	46,577.83 -	81,550.24 -	178,000.00 -	█	50
11-430-740-3910-5401 SCHA Adult MH-TCM	149,060.00 -	241,860.00 -	370,000.00 -	█	50
11-430-740-3930-5401 SCHA Pathways	28,107.79 -	50,428.39 -	32,000.00 -	█	50
11-430-760-3930-5381 Adult VA/DD-TCM	24,358.72 -	33,044.11 -	30,000.00 -	█	50
11-463-463-0000-5290 St AC Waiver	3,216.87 -	4,987.39 -	25,000.00 -	█	50
11-463-463-0000-5291 St MA Waivers	126,415.00 -	201,826.37 -	285,000.00 -	█	50
11-463-463-0000-5381 Fed MA Waivers	129,929.61 -	207,443.69 -	305,000.00 -	█	50
11-463-463-0000-5402 SCHA Waivers	63,746.55 -	164,276.66 -	380,000.00 -	█	50
11-463-463-0000-5429 SCHA Care Coord	57,234.82 -	86,933.32 -	190,000.00 -	█	50
<b>TOTAL HHS Staffing Revenues</b>	<b>1,311,780.05 -</b>	<b>2,400,474.18 -</b>	<b>4,136,859.00 -</b>	<b>58</b>	<b>50</b>



HHS Staffing Revenue Q2/2018  
50% of Year



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



**Monthly Report**

**CD Placements**

**CONSOLIDATED FUNDING LIST FOR JULY - AUGUST 2018**

**In-Patient Approval:**

- #03895767R – 40 year old male – two previous treatment – Oakridge, Rochester
- #00253149R – 30 year old male – five previous treatments – Cambridge Medical Center
- #00401084R – 33 year old male – numerous previous treatments – MN Adult & Teen Challenge, Mpls
- #02263549R – 35 year old female – two previous treatments – NuWay House, St. Paul
- #01309100 – 32 year old male – no previous treatment – Huss Recovery, Minneapolis
- #00181937 – 37 year old male – no previous treatment – Vinland Center, Loretto
- #00181950R – 30 year old male – five previous treatments – MN Adult & Teen Challenge, Minneapolis
- #03077200R – 52 year old male – two previous treatments – MN Adult & Teen Challenge, Rochester

**Outpatient Approvals:**

- #00755114R – 63 year old male – two previous treatments – Midwest Recovery, Red Wing
- #04728977 – 46 year old male – no previous treatment – Alliance Clinic, Minneapolis
- #00669065R – 28 year old female – one previous treatment – Valhalla Place, Woodbury
- #02817441 – 14 year old male – no previous treatment – Fountain Centers, Rochester
- #05098458 – 37 year old female – one previous treatment – Common Ground, Red Wing
- #04384577R – 28 year old male – three previous treatments – Empower CTC, Rochester
- #03384811R – 57 year old male – two previous treatments – Midwest Recovery, Red Wing
- #03295646R – 34 year old male – one previous treatment – Alliance Wellness Center, Bloomington
- #05621258 – 26 year old female – no previous treatment – Midwest Recovery, Red Wing
- #00314650 – 28 year old male – no previous treatment – Common Ground, Winona

**Halfway House Approvals: None**

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



**Monthly Report**

**CD Placements**

**CONSOLIDATED FUNDING LIST FOR SEPTEMBER 2018**

**In-Patient Approval:**

- #00134714R – 28 year old female – three previous treatments – Transformation House, Anoka
- #00055988R – 27 year old male – one previous treatment – Passages, St. Cloud
- #01563479R – 38 year old male – four previous treatments – Twin Town Treatment Center, St. Paul
- #00631221R – 34 year old male – multiple previous treatments – Oakridge, Rochester
- #01140632R – 42 year old female – four previous treatments – RS Eden, Minneapolis
- #04677996R – 34 year old male – one previous treatment – Oakridge, Rochester
- #02381770R – 38 year old male – three previous treatments – Pathway House, Rochester

**Outpatient Approvals:**

- #01374397R – 34 year old male – numerous previous treatments – Valhalla Place, Woodbury
- #00245847 – 35 year old male – no previous treatment – Midwest Recovery, Red Wing
- #05634804R – 34 year old female – one previous treatment – Common Ground, Red Wing
- #03644191R – 26 year old male – numerous previous treatments – Valhalla Place, Woodbury
- #00530542 – 26 year old female – no previous treatment – Common Ground, Red Wing
- #05667287R – 29 year old male – one previous treatment – Common Ground, Red Wing
- #01176364R – 32 year old male – numerous previous treatments – Valhalla Place, Woodbury
- #01346417R – 59 year old male – one previous treatment – Midwest Recovery, Red Wing
- #01844567R – 41 year old female – one previous treatment – Midwest Recovery, Red Wing
- #00896300R – 26 year old male – four previous treatments – Common Ground, Winona
- #02447621 – 19 year old male – no previous treatment – Midwest Recovery, Red Wing

**Halfway House Approvals: None**

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



**Monthly Update  
Child Protection Assessments/Investigations**

	2015	2016	2017	2018
<b>January</b>	18	18	21	25
<b>February</b>	11	26	22	21
<b>March</b>	23	16	17	27
<b>April</b>	24	32	17	22
<b>May</b>	24	21	31	19
<b>June</b>	7	17	28	23
<b>July</b>	14	18	21	22
<b>August</b>	17	19	33	11
<b>September</b>	31	25	20	
<b>October</b>	30	18	28	
<b>November</b>	20	22	19	
<b>December</b>	17	15	16	
<b>Total</b>	<b>236</b>	<b>247</b>	<b>273</b>	<b>168</b>

**Note:** We are at 168 assessments for the year. Last year as of 8-31-2018 we were at 190. While it is important to note that we are entering a traditionally busy time of year, the trend is encouraging.

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

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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:** September 18, 2018  
**RE:** 2018 September Staffing Report

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

Outgoing Employee	Rate of Pay*	Classification	New Employee	Rate of Pay*	Step	Hire Date
New Grant Position		Public Health Nurse	Jeanne Freier	\$28.88	4	7-18-18
New Grant Position		Registered Nurse	Mara Luhmann	\$24.17	1	9-4-18
Erica Malles	\$27.89	Child Support Officer	Bobbie Sinn	\$22.34	1	8-27-18

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

# Quarterly Trend Report

## Quarter 2 (April-June) 2018

Goodhue County Health and Human Services  
August 21, 2018



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## **Economic Assistance:**

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4 Cash Assistance

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6 SNAP



## **Public Health:**

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11 Healthy Communities

12 Waiver Management Team



## **Social Services:**

13 Adult Protection

14 Mental Health

15 Rule 25

16 Child Protection

17 Child Care Licensing

18 Children's Programs



## **Administrative:**

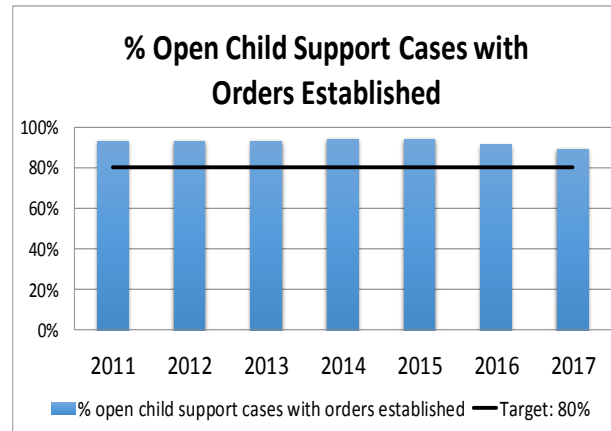
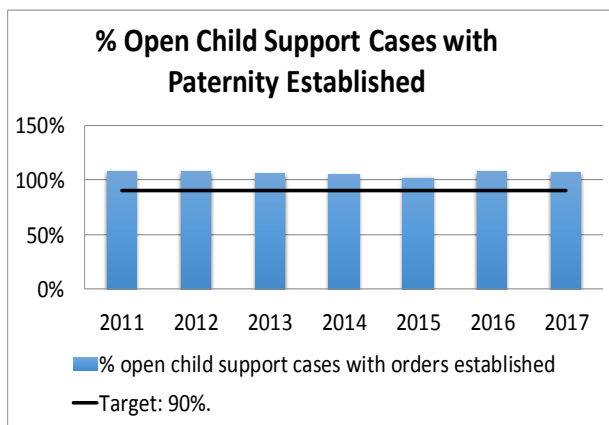
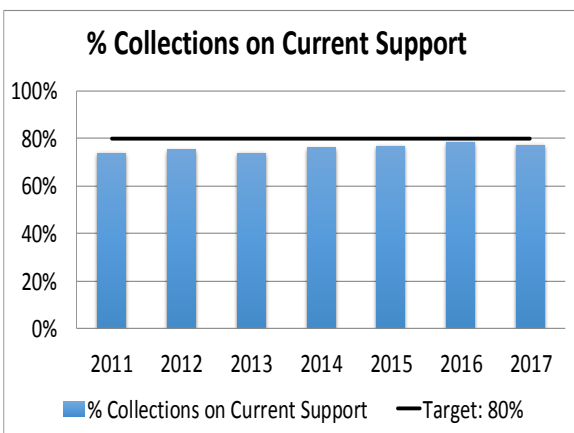
19 County Cars





## Purpose/Role of Program

Minnesota’s Child Support Program benefits children by enforcing parental responsibility for their support. The Minnesota Department of Human Services' Child Support Division supervises the Child Support Program. County child support offices administer it by working with parents to establish and enforce support orders. The child support staff also works with employers and other payors, financial institutions, other states and many more to implement federal and state laws for the program. The program costs for the Child Support Program are financed by a combination of federal and state money. The measures included below are measures the federal office uses to evaluate states for competitive incentive funds.



## Story Behind the Baseline

## Where Do We Go From Here?

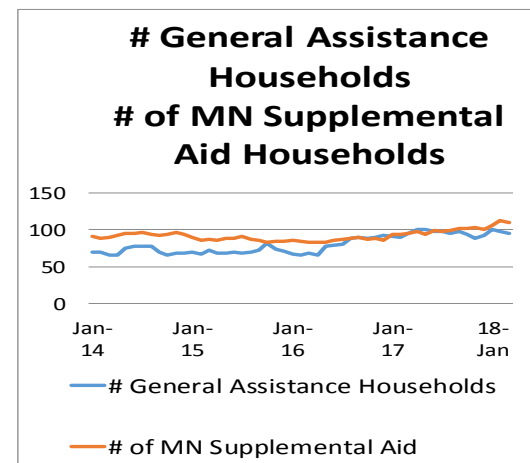
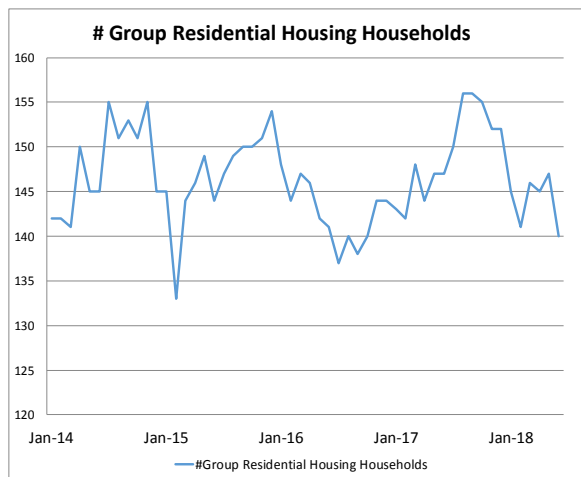
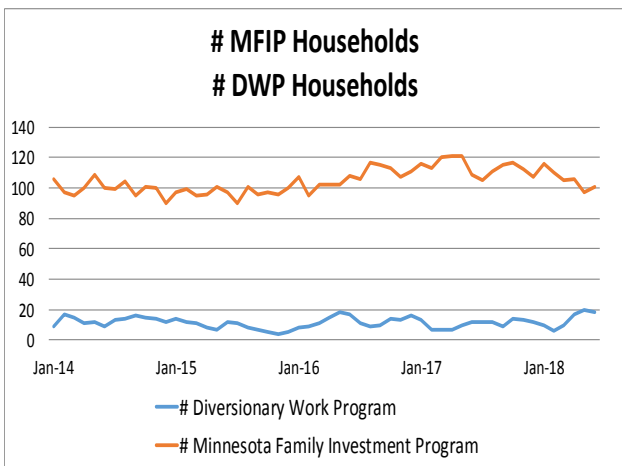
- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternities established during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100.
- **RIGHT:** This is a measure of counties’ work toward ensuring children receive financial support from both parents. Through our role in the Child Support program, we help ensure that parents contribute to their children’s economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers and utilize experienced, skilled staff in training new staff as staff retire.
- **RIGHT:** Continue to work closely with Goodhue County Attorney’s Office and share information between courts, tribal nations, and other states that impact the ability to collect support across state boundaries.



## Purpose/Role of Program

The cash assistance programs administered at the county are entitlement programs that help eligible individuals and families meet their basic needs until they can support themselves. Eligibility for these programs is determined by Eligibility Workers and is based on an applicant's financial need. The programs are administered by county agencies under the supervision of the state Department of Human Services. The program costs for the cash programs are financed by federal and/or state money (depending on the specific program). The MFIP and DWP program are time-limited and include work requirements and access to employment services. Income Maintenance staff work closely with local job counselors.



## Story Behind the Baseline

**LEFT, CENTER & RIGHT:** These figures demonstrate steady volumes of services for the MFIP, DWP, GRH, General Assistance and MN Supplemental Aid Households.

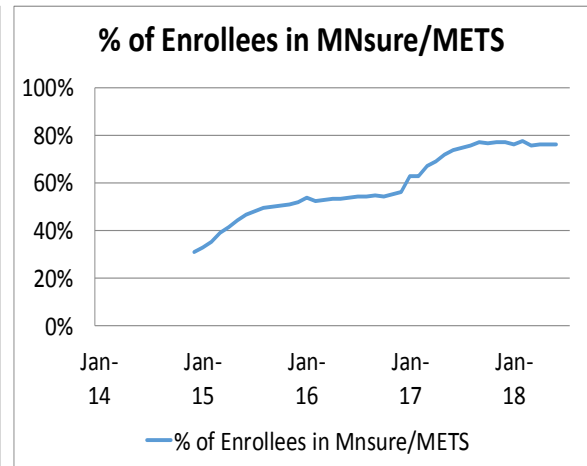
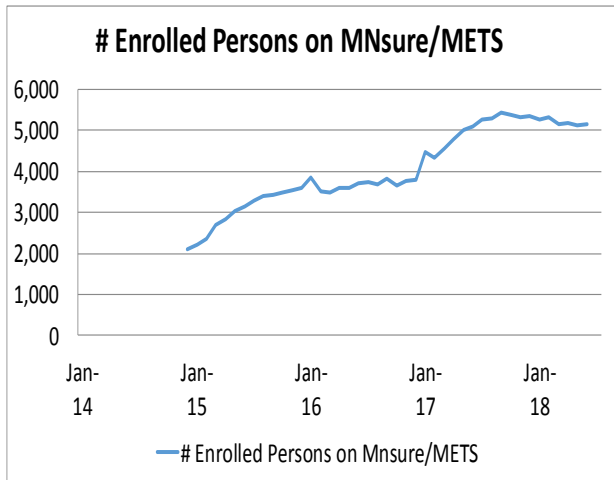
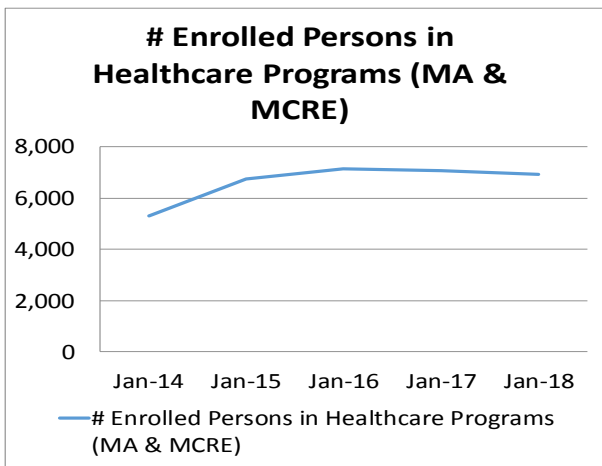
## Where Do We Go From Here?

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



## Purpose/Role of Program

Minnesota has several health care programs that provide free or low-cost health care coverage. These programs may pay for all or part of the recipient’s medical bills. The healthcare programs administered by the county agencies are done so under the supervision of the state Department of Human Services. Eligibility for the healthcare programs is determined via a combination of system determination (MNsure/METS/MAXIS) and Eligibility Workers. Eligibility is based on varying factors including income and assets. Funding for the healthcare programs is a combination of federal and state money.



### Story Behind the Baseline

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

### Where Do We Go From Here?

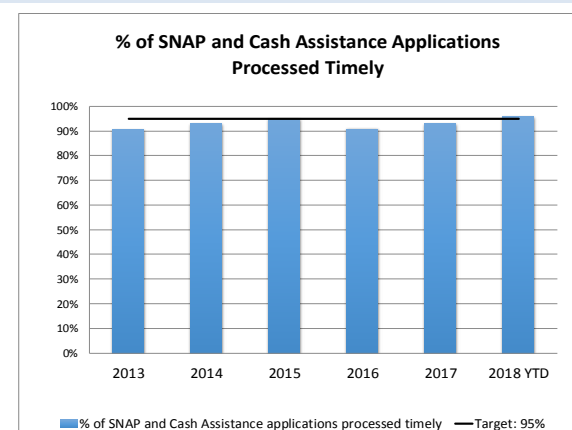
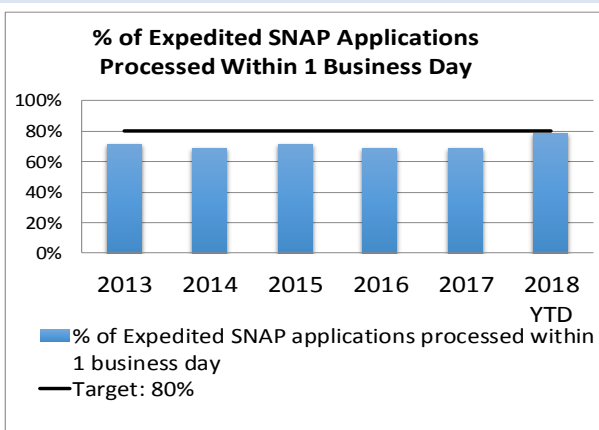
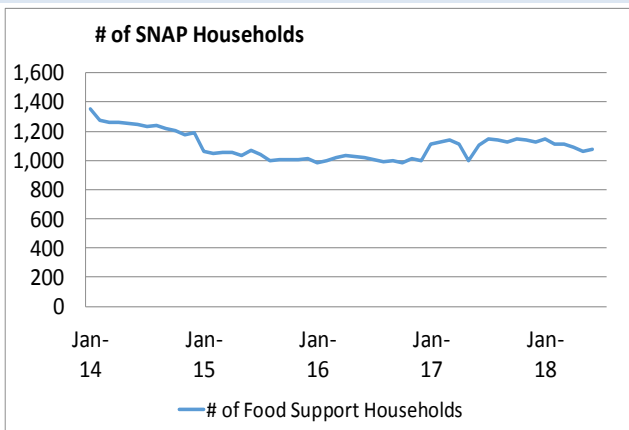
**LEFT:** Continue to make accessing services easy for all county residents needing assistance with healthcare.

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



## Purpose/Role of Program

SNAP is a federal entitlement program that increases the food purchasing power of low-income households. Eligibility for this program is determined by Eligibility Workers and is based on an applicant’s financial need. The benefit level is determined by considering household income, household size, housing costs and more. SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to meet a crisis. This program is administered by county agencies under the supervision of the state Department of Human Services. The program costs for the SNAP program are financed by a combination of federal and state money. The program includes work requirements for some recipients.



## Story Behind the Baseline

## Where Do We Go From Here?

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

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



## Goodhue County Health & Human Services

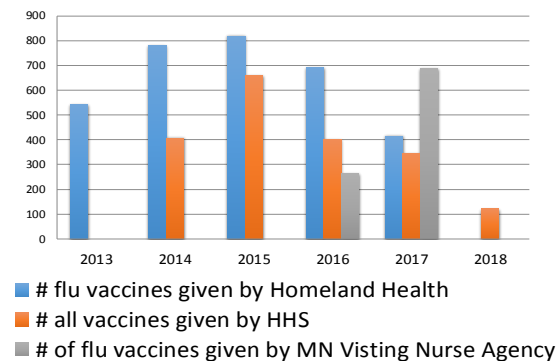
# Public Health

## *Disease Prevention and Control (DP&C)*

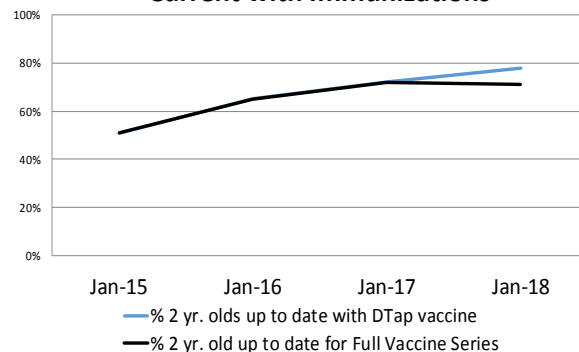
### Purpose/Role of Program

Disease Prevention and Control activities include evaluating, promoting, and providing immunizations. HHS investigates and monitors treatment of active and latent tuberculosis cases. Minnesota Department of Health monitors and investigates all other reportable infectious diseases and disease outbreaks. DP&C notifies medical providers and the public when outbreaks occur and provides education about preventing communicable diseases.

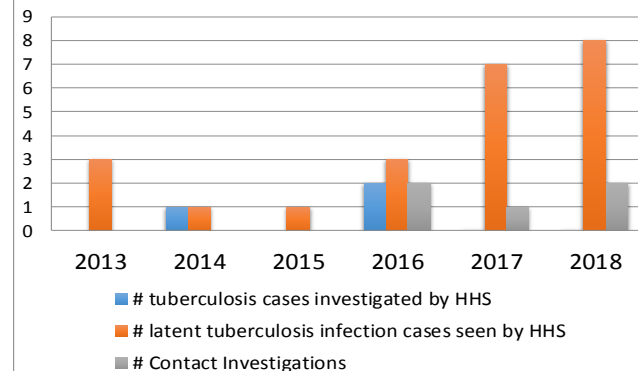
#### # Immunizations Given



#### % of 2 Year Olds in Goodhue County Current with Immunizations



#### # TB and Latent TB cases



### Story Behind the Baseline

- LEFT:** GCHHS continues to vaccinate infants, children, teens, and adults who are uninsured. Spring and summer tend to be less busy and walk-in immunization clinics change from weekly to monthly. In August weekly clinics will resume as more school and flu shots are given. GCHHS organizes school, employee and community flu clinics around the county which are conducted by private vaccinating companies starting in September.
- CENTER:** The percentage of children up-to-date on immunizations remains consistent.
- RIGHT:** GCHHS investigates tuberculosis cases and evaluates contacts of TB cases. Medications are obtained from MDH and are provided to patients diagnosed with active or inactive (latent) TB. A new TB protocol was developed to meet accreditation requirements.

### Where Do We Go From Here?

- LEFT:** GCHHS organized 23 flu clinics with 2 private vaccinating companies to provide flu vaccinations to students and staff in all Goodhue County Schools during the school day, in addition to community flu clinics at the schools that take place after school. A graduate school nurse is conducting a study of flu vaccinations rates and flu illness at Cannon Falls schools. It will be their first time participating in the student flu clinics. GCHHS has set up additional times for Goodhue County employees to receive their flu shots including at the Health Check 360 screenings.
- CENTER:** GCHHS will continue to work with providers and regional partners on strategies to improve immunization rates such as reminder letters, parent education, and promotional activities.
- RIGHT:** GCHHS is responsible for prevention and control of tuberculosis in Goodhue County. We work with MDH and assist with other disease investigations or outbreaks.

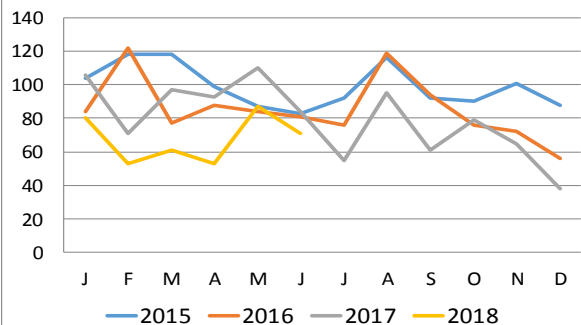


## *Family Home Visiting and Follow Along*

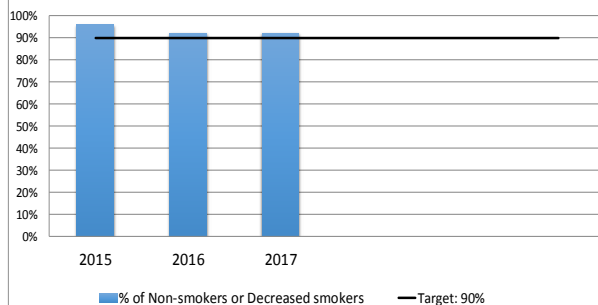
### Purpose/Role of Program

Family home visiting is a health promotion program that provides comprehensive and coordinated nursing services that improve pregnancy outcomes, teach child growth and development, and offer family planning information, as well as information to promote a decrease in child abuse and domestic violence. Prenatal, postpartum, and child health visits provide support and parenting information to families.

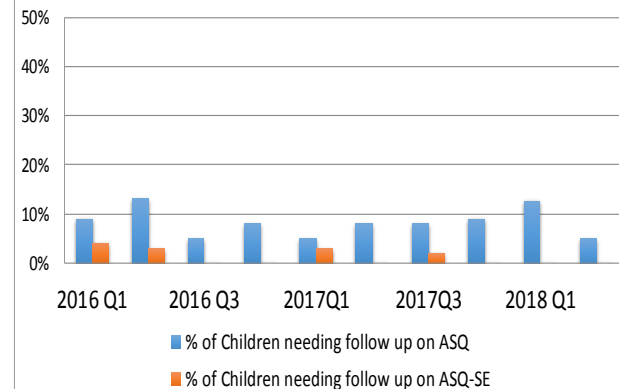
**Average # Client Visits per Month  
Family Home Visiting**



**% of Pregnant Clients Who Were Either Non-Smokers or Decreased Smoking During Pregnancy**



**Follow Along Statistics**



### Story Behind the Baseline

- **LEFT:** Our quarterly average has decreased to approximately 68 visits per month. This decrease in visits is likely due to the decreased birth rate at this time.
- **CENTER:** Smoking during pregnancy can cause baby to be born early or to have low birth weight – making it more likely the baby will be sick and have to stay in the hospital longer. Smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS).
- **RIGHT:** Follow Along Program monitors the development of the children enrolled by sending the parents validated screening questionnaires. Of the questionnaires returned to us, this data shows us how many children are not meeting developmental milestones and therefore require more follow up by a public health nurse and also a possible referral to Early Childhood Special Education for an assessment.

### Where Do We Go From Here?

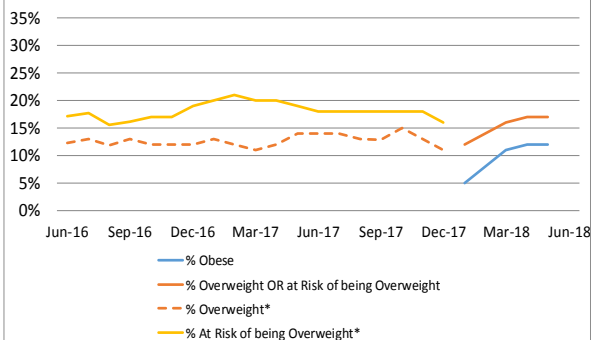
- **LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- **CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources to assist with smoking cessation.
- **RIGHT:** We will continue to monitor the development of children and refer as appropriate. This will assist children with staying on task for meeting developmental milestones and getting early intervention services as soon as possible to make sure they are school ready.



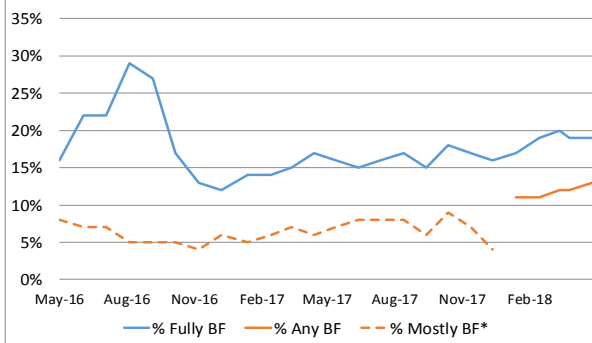
## Purpose/Role of Program

WIC is a nutrition education and food supplement program for pregnant and postpartum women, infants and children up to age 5. Eligibility is based on family size and income. WIC participants are seen regularly by a Public Health Nurse who does a nutrition and health assessment, provides nutrition education and refers to appropriate resources. WIC is federally funded.

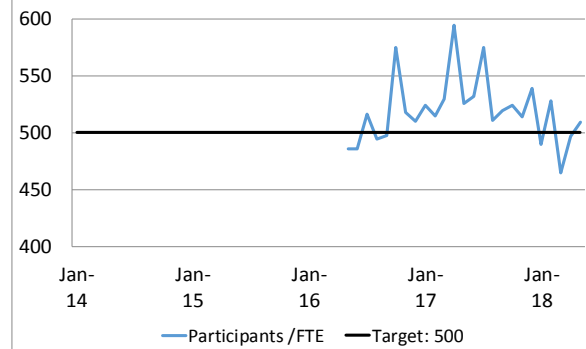
### % WIC Children Obese and Overweight/At Risk



### % of WIC Infants that Are Breastfed



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



## Story Behind the Baseline

- LEFT:** WIC promotes a healthy weight. The rates of obesity and overweight or at risk among Goodhue County WIC children 2 up to 5 years of age are stable and similar to the state average. \*In 2018, WIC added a measure for obesity and combined the measures for overweight and at risk into one. *(Data will be skewed until old data is phased out.)*
- CENTER:** The statewide WIC goal is to increase breastfeeding of infants 0-12 months. Breastfeeding initiation has increased; however, duration of breastfeeding continues to be an issue. \*Starting in 2018, WIC is measuring babies who are totally breastfed and babies who are receiving breastmilk and formula. Exclusively breastfed babies tend to breastfeed longer. Babies receiving **any** breastmilk are still getting the benefits of breastfeeding.
- RIGHT:** Looks at staffing ratio to determine adequate staffing.

## Where Do We Go From Here?

- LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- CENTER:** Breastfeeding is discussed with all pregnant women and they are offered breastfeeding peer services. We try to see babies soon after discharge to provide breastfeeding support and appropriate resource referrals i.e: Lactation Consultants, Maternal Health Nurse.
- RIGHT:** Outreach Activities include building rapport with clients to foster person-to-person referrals (the majority of our referrals), communication with health care providers, newspaper articles, participation in health/resource fairs. Although caseloads have decreased families that we are serving seem to have more issues/needs than we have seen in the past.



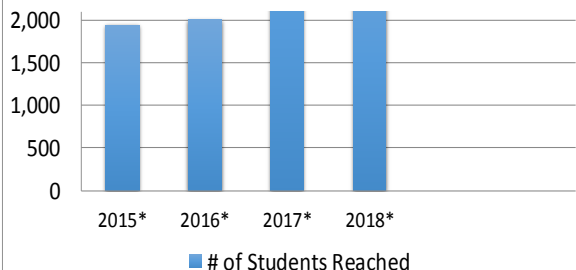
# Public Health

## Live Well Goodhue County

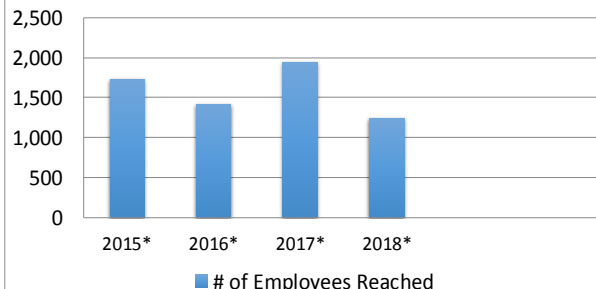
### Purpose/Role of Program

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

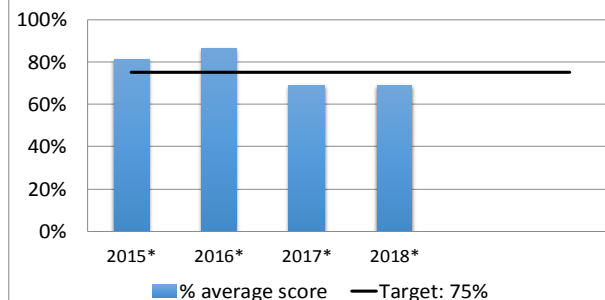
#### # Students Reached by School Strategies



#### # Employees Reached by Workplace Wellness Strategies



#### % Average Score on Sustainability Checklist for Funded Mini-Grants



### Story Behind the Baseline

- **LEFT:** Our current partners are Cannon Falls School District, Goodhue School District, Red Cottage Montessori, Red Wing High School, Red Wing Twin Bluff and Zumbrota Primary and Middle/High School. St. John’s Lutheran School has put our partnership on hold.
- **CENTER:** Our current partners are Accra Home Health, Amesbury Truth, Fernbrook Family Center, Goodhue County, Pro Act, Inc., Star Tech Computing, Three Rivers Community Action, and Zumbrota-Mazeppa School District. Southeastern Minnesota Oral & Maxillofacial Surgery decided not to pursue a partnership at this time.
- **RIGHT:** Sustainability is determined at the end of each Live Well Goodhue County year.

### Where Do We Go From Here?

- **LEFT:** With the 2017/18 school year ending in June, Live Well Goodhue County staff will continue to work with current partners while developing new relationships with potential new partners.
- **CENTER:** The Live Well Goodhue County staff continues to offer mini-grant opportunities for workplaces. The staff is in the planning stage for our next year and will be recruiting new workplaces to join our collaborative.
- **RIGHT:** Sustainability is a key component of the Statewide Health Improvement Partnership. Live Well Staff will continue to encourage partners to develop written plans that will assure the initial work done is sustained. A survey will be sent to our partners in November, 2018.

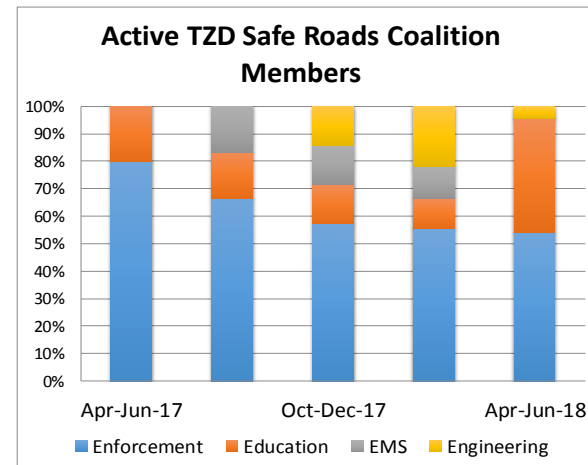
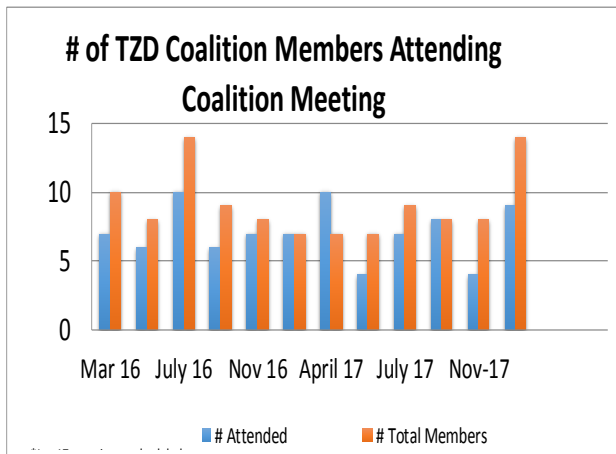
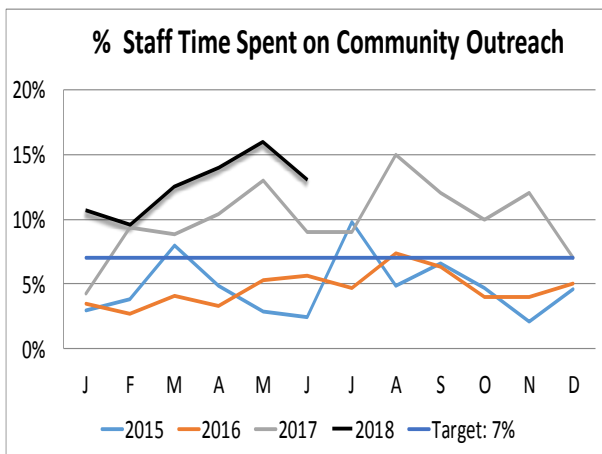
\*2015 grant year=11/1/14-10/31/15. \*2016 grant year= 11/1/15-10/31/16. \*2017 grant year=11/1/16-10/31/17 \*2018 grant year =11/1/17-10/31/18





## Purpose/Role of Program

Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Four Corners Partnership, Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. Staff engage the community in developing and implementing strategies. Towards Zero Deaths is based on the belief that even one traffic-related death on our roads is unacceptable. TZD uses an interdisciplinary, data-driven approach to reduce traffic fatalities and is funded by a grant from the Minnesota Department of Public Safety.



## Story Behind the Baseline

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

## Where Do We Go From Here?

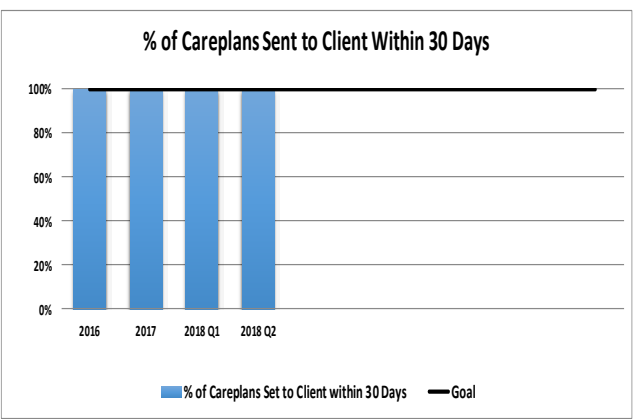
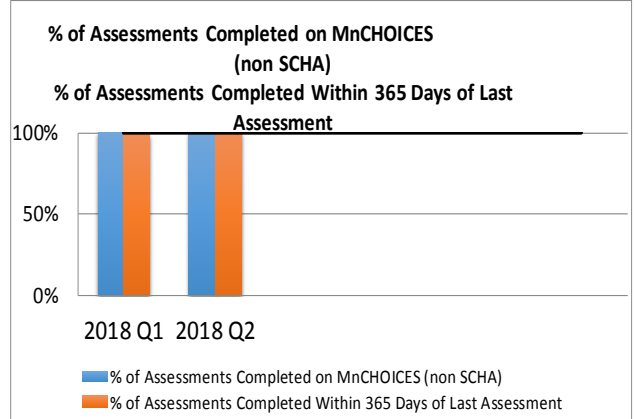
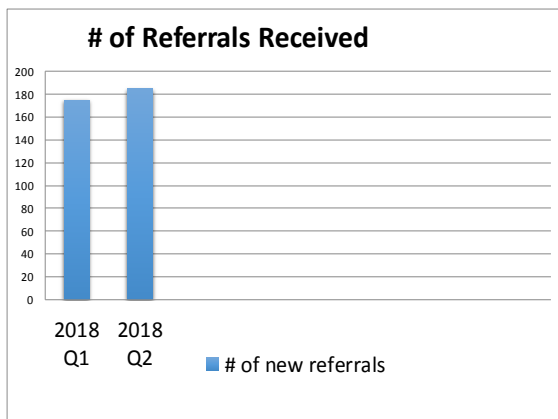
- **LEFT:** We implemented a new time of monthly upcoming event sharing as a way to know what events are happening. Staff decided it works and to keep doing it.
- **CENTER & RIGHT:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency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



# Public Health *Waiver Management Team*

## Purpose/Role of Program

Home and Community Based Services are provided to residents of counties in Minnesota to help keep them in their homes or the least restrictive environment safely.



### Story Behind the Baseline

- **LEFT:** Home and Community-based services include all waiver programs: Elderly Waiver (EW), Community Access for Disability Inclusion (CADI), Community Alternative Care (CAC), Brain Injury (BI), and Developmental Disability (DD). This also includes: Person Care Assistant (PCA), Alternative Care (AC), Consumer Support Grant (CSG), and Family Support Grant (FSG) programs. Referrals are received for all of these programs through the waiver management team and then assigned an assessor to determine eligibility and need for services. In the 1<sup>st</sup> quarter of 2018 175 referrals were received in the 2<sup>nd</sup> quarter 185 were received.
- **CENTER:** All non-SCHA assessments and reassessments are required to be completed on MnCHOICES. 100% of assessments during the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2018 were completed on MnCHOICES. The Department of Human Services and SCHA require that all reassessments be completed within 365 days from their previous assessment. In the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2018, 100% were completed in this time frame.
- **RIGHT:** The Department of Human Services and SCHA require all care plans be sent

### Where Do We Go From Here?

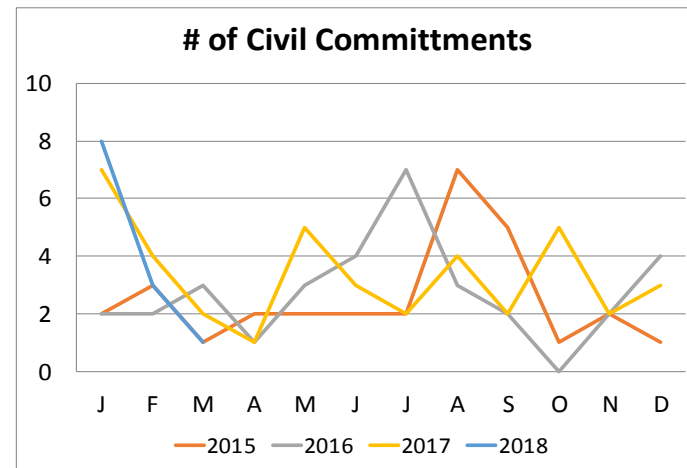
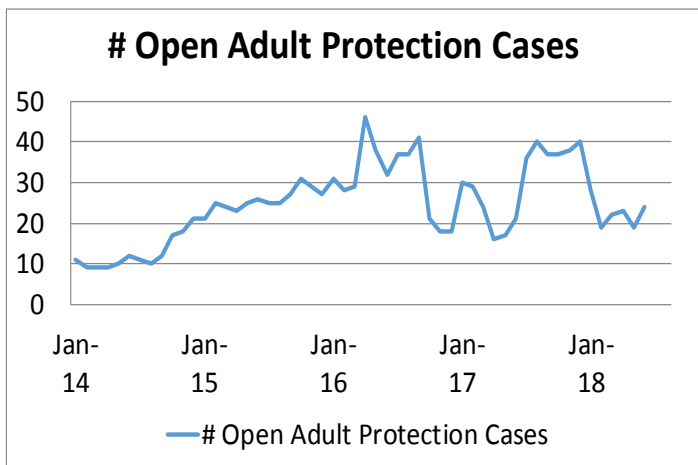
- **CENTER & RIGHT:** We are working toward 100% (or continued 100%) compliance with completing MnCHOICES assessments, doing assessments within 365 days and sending out care plans in 30 days.



# Social Services *Adult Protection*

## Purpose/Role of Program

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



### Story Behind the Baseline

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

### Where Do We Go From Here?

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

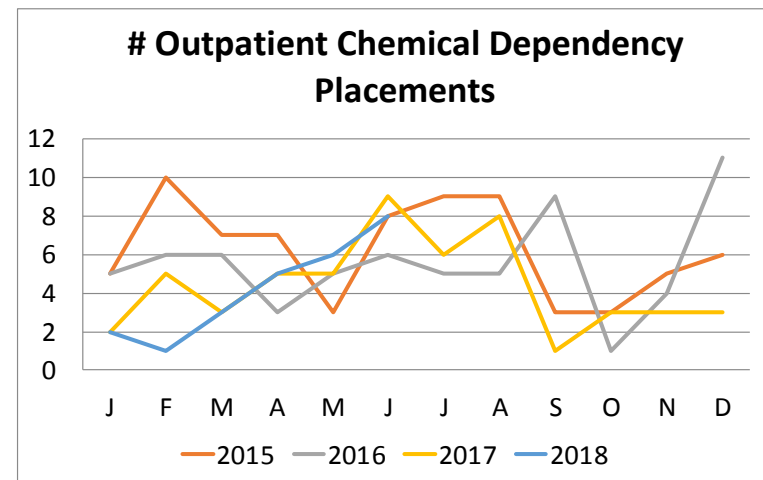
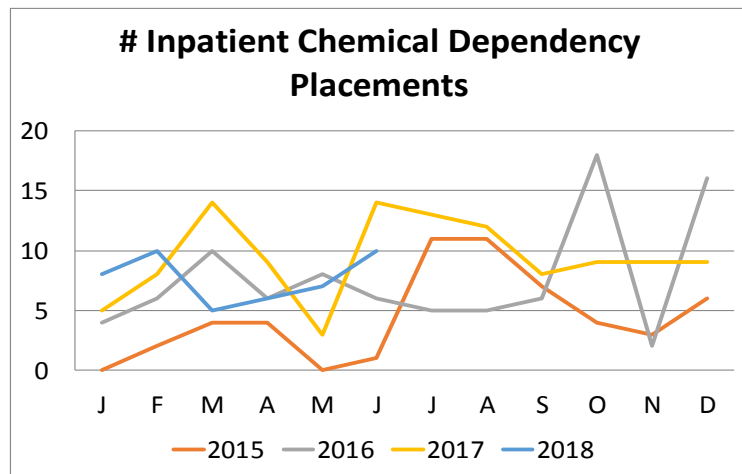


## Goodhue County Health & Human Services

# Social Services Rule 25

### Purpose/Role of Program

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



### Story Behind the Baseline

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

*\*These numbers do not include clients seen that have a PMAP that pays for their assessment and treatment.*

### Where Do We Go From Here?

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

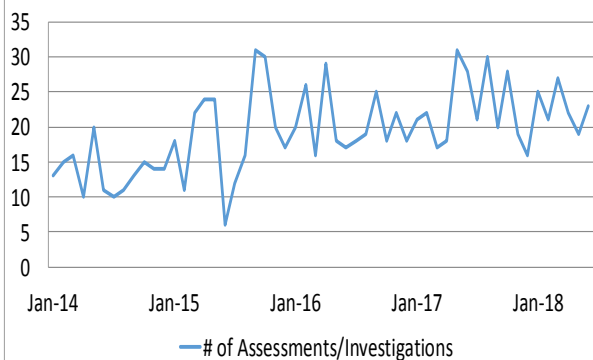


# Social Services Child Protection

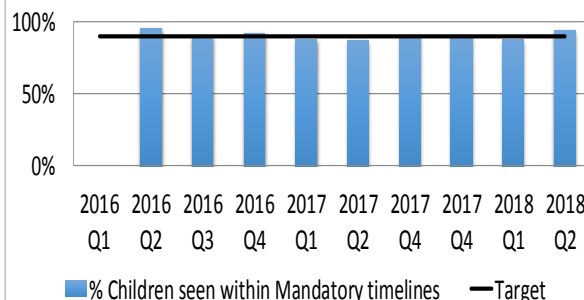
## Purpose/Role of Program

Counties are required by state law to respond to reports of child maltreatment, conduct assessments/investigations, and provide ongoing services and support to prevent future maltreatment. Child protection is funded by county, state and federal dollars.

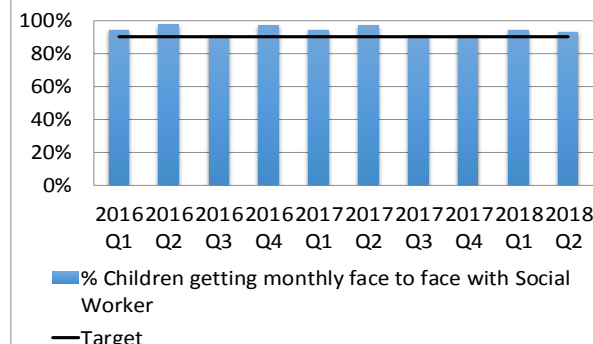
### # of Assessments/Investigations



### % Children Seen Within Mandatory Timelines



### % Children Getting Monthly Face to Face with Social Worker



## Story Behind the Baseline

**LEFT:** The trend is assessments and investigations continues to climb.

**CENTER:** According to our calculations, we are slightly under the 90% requirement.

**RIGHT:** According to our calculations, we are at 94% for the year to date.

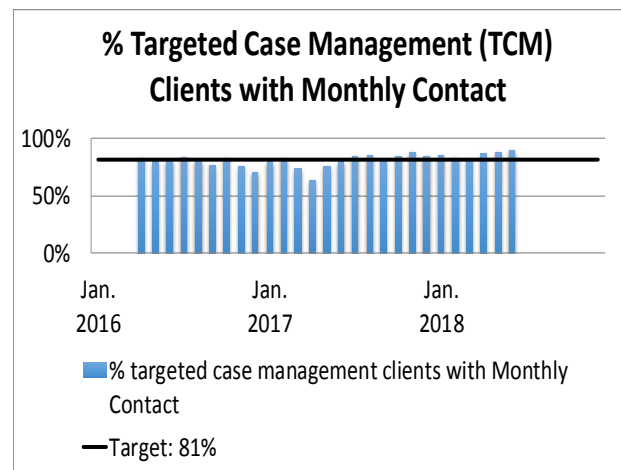
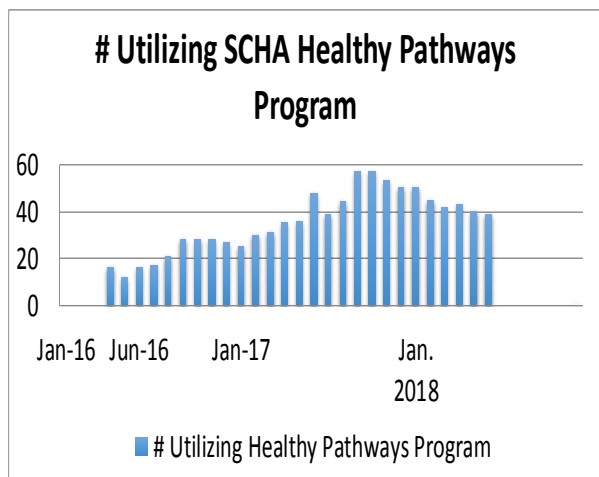
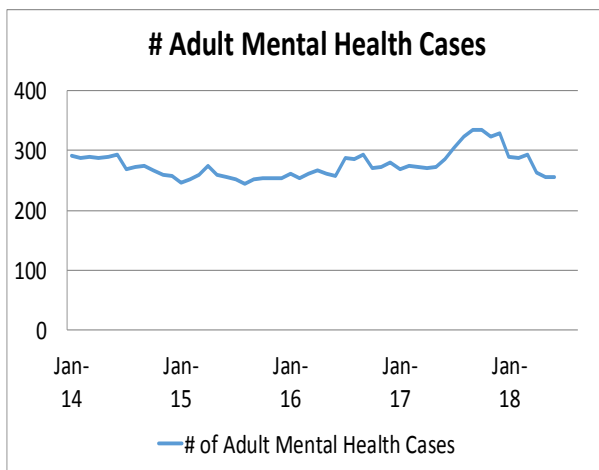
## Where Do We Go From Here?

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



## Purpose/Role of Program

Counties are required to provide Adult Mental Health (AMH) case management to clients who meet the eligibility criteria. AMH case management is funded by a combination of county, state and federal funds, including Medical Assistance funding.



## Story Behind the Baseline

- **LEFT:** The AMH caseload has become more manageable since the addition of 2 case managers in 2014, but caseloads are still above the state recommended guideline of 30/worker. We are seeing an increase in referrals again.
- **CENTER:** Healthy Pathways is a newer South Country Health Alliance (SCHA) program focusing on providing early intervention to persons exhibiting mental illness to avoid crisis (such as incarceration or civil commitment).
- **RIGHT:** Staff are making strong efforts to meet with clients on a monthly basis, and currently approximately 80% of mental health clients have monthly contact. There were several holidays and vacations in November/December which contributed to lower % of contacts.

## Where Do We Go From Here?

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

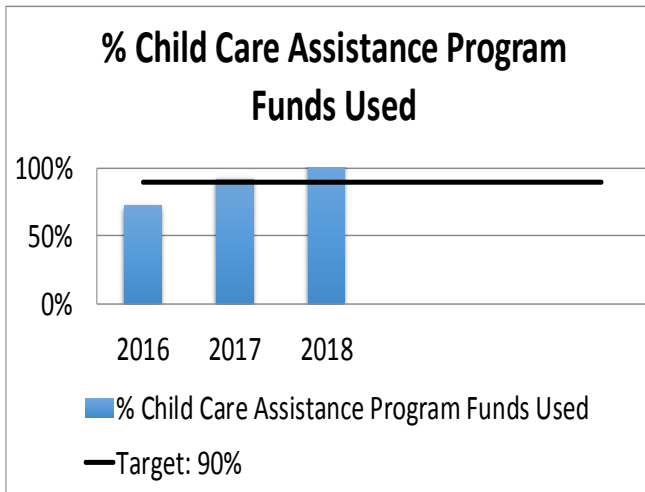
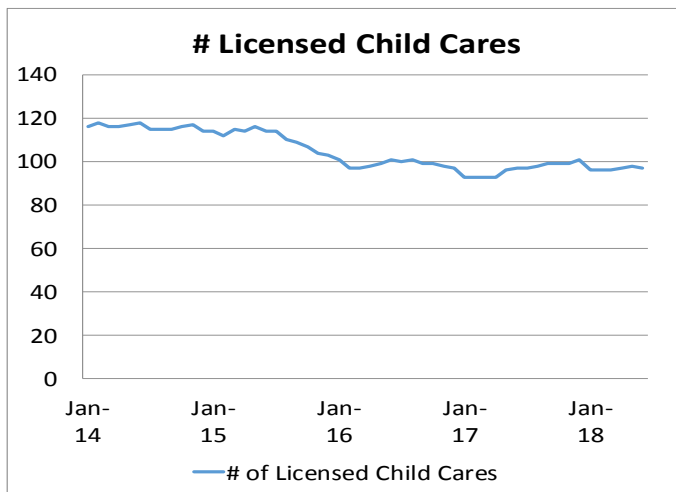


# Social Services

## Child Care Licensing and Funding

### Purpose/Role of Program

Counties are required to license private daycare homes. Counties also administer the Child Care Assistance Program (CCAP) which is a funding source for child care for low income families. Counties receive a yearly CCAP grant that is calculated based on a number of factors including population, number of families receiving public assistance, etc. The goal is for counties to spend 90-100% of their CCAP grant.



### Story Behind the Baseline

- **LEFT** : The number of licensed child care homes continue to decline. Lack of child care is a serious issue in the county and throughout the state. This impacts many areas, including a family's ability to maintain work and independence.
- **RIGHT**: Our utilization is currently above our allotment for the first time in several years. The goal is to remain between 90-100% of our allotment, but few counties are able to hit this target due to many factors that are out of the county's control. We will watch this trend to determine how to move forward.

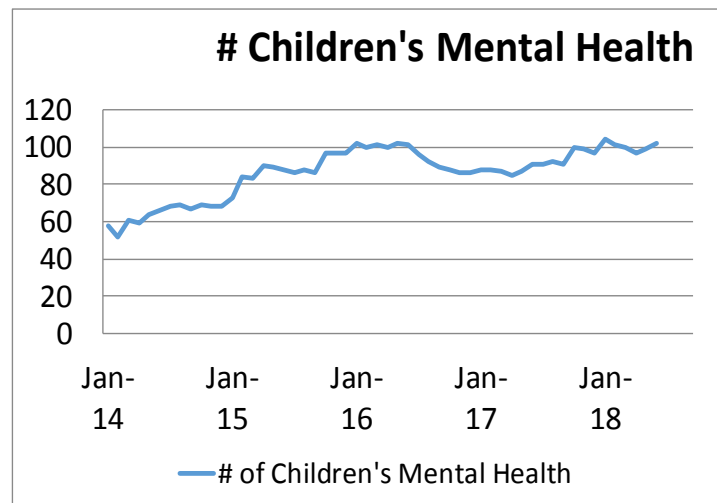
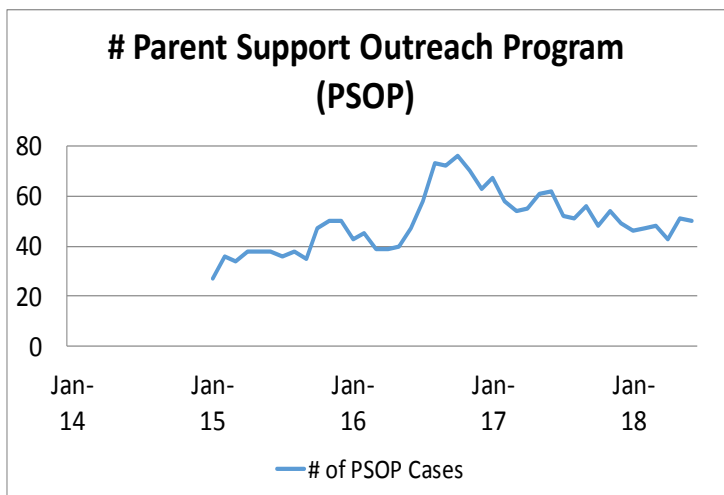
### Where Do We Go From Here?

- **LEFT & RIGHT**: The shortage of flexible child care is a major issue in most communities and is often a barrier for parents to be able to work. We will continue to discuss this concern with community partners and encourage more individuals and agencies to consider providing child care. This is a vital service to increase self sufficiency and reduce dependency on public assistance.



### Purpose/Role of Program

The Parent Support Outreach Program (PSOP) started in Goodhue County in July, 2013, and is currently funded by a small DHS grant and by the Community Investment Grant from South Country Health Alliance. Children's Mental Health case management is mandated to be provided by counties. Goodhue County contracts with Fernbrook Family Center to provide CMH services.



### Story Behind the Baseline

- **LEFT:** The Parent Support Outreach Program (PSOP) continues to be well utilized, and we have expanded our efforts to include Early Childhood Family Education classes and a Teen Parent's support group.
- **RIGHT:** Fernbrook continues to provide Children's Mental Health case management.

### Where Do We Go From Here?

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

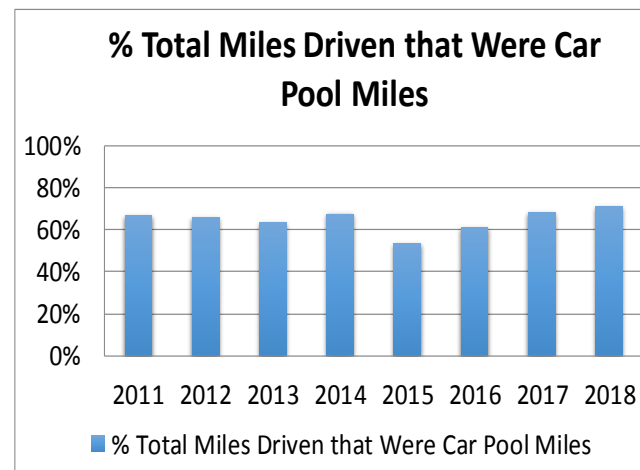




# Health & Human Services *County Cars*

## Purpose/Role of Program

All mileage is turned in whenever Goodhue County Health and Human Services staff drive for work. The cost to the county for driving a county car is lower than the rate employees are reimbursed for driving their own car. The majority, more than half, of miles driven by our HHS department are car pool miles.



## Story Behind the Baseline

- **CENTER:** Years 2011 – 2013 were Social Service miles only. In 2014 Public Health was added. 2015-present includes all of Health and Human Services. Many factors determine whether someone uses a county car, including preference, demand for county cars (all checked out), what cars are available (4 wheel drive), weather, destination, needing to transport bulky items, and employee's residence (whether it is faster to drive to a meeting than first go to Red Wing to get a car).

## Where Do We Go From Here?

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



**United States  
Department  
of  
Agriculture** Nina Arneson, CHS Administrator  
Goodhue County Health and Human Services  
426 West Avenue  
Red Wing, MN 55066

Food and  
Nutrition  
Service

August 7, 2018

Midwest Region

Dear Nina,

77 W. Jackson Blvd.  
20<sup>th</sup> Floor  
Chicago, IL  
60604-3591

Congratulations! We are pleased to announce that Goodhue County Health and Human Services is a recipient of the Gold Loving Support Award of Excellence 2018.

The Loving Support Award of Excellence was established by the U.S. Department of Agriculture, Food and Nutrition Service, Special Supplemental Nutrition Program for Women, Infants and Children, to recognize local WIC agencies that provide exemplary breastfeeding programs and support services in their local communities.

You are among the 90 awardees this year. A total of 78 WIC local agencies received Gold award certificates and 12 WIC local agencies received Premiere award certificates. This award is valid for a four year period; however you may apply for an award of higher achievement after one year from the date of this award.

As we celebrate National WIC Breastfeeding Week, we would like to take the opportunity to thank you for the work that you do each day to support and promote breastfeeding in your community.

Find enclosed a certificate of excellence. If you would like assistance in promoting your achievement our public affairs staff is happy to assist you. Please contact Penny Weaver at [penny.weaver@fns.usda.gov](mailto:penny.weaver@fns.usda.gov).

JULIE MIKKELSON  
Division Director  
Special Nutrition Programs

Cc: Kate Franken



United States  
Department of  
Agriculture

# Goodhue County Health & Human Services

is recognized with the

*Gold*

WIC Loving Support Award of Excellence  
for  
Exemplary Breastfeeding Support and Practices



loving support®

MAKES BREASTFEEDING WORK

*Jim Eueylich*

Regional Administrator, USDA Food and Nutrition Service

8/8/18

Date

# Health department issues back-to-school warning on nicotine and e-cigarettes

As students return to school, the Minnesota Department of Health is issuing a health advisory regarding the latest evidence that early nicotine use increases the risks of addiction for youth now and later in life.

Nicotine primes the adolescent brain for addiction. Those exposed to nicotine are more likely to use other harmful substances, such as illicit drugs and cigarettes. Because their brains are still developing, kids and teens can become addicted to nicotine more easily than adults.

In 2017, Minnesota high-school tobacco use spiked to 26 percent; the first increase in 17 years. Much of this increase was due to e-cigarettes, with high-school e-cigarette use increasing by 50 percent in the last three years. Currently 19 percent of high school students report use.

“Given the alarming spike in e-cigarette use among Minnesota youth, we need a full-court press to prevent another generation from getting hooked on nicotine,” said Minnesota Health Commissioner Jan Malcolm. “We need to do everything we can to address this escalating risk of addiction for youth, but we can’t do this alone. This work requires the participation of parents, educators, health care providers, retailers and policy makers.”

Nearly all e-cigarettes contain nicotine, and research shows that young adults who smoke or who use e-cigarettes are much more likely to binge drink than non-smokers. Recent studies have identified similar patterns between use of nicotine and use of other drugs, such as marijuana, cocaine, and methamphetamines. What’s more, use of e-cigarettes has also been shown to predict future cigarette use among youth who have never smoked cigarettes. In fact, multiple research studies have demonstrated e-cigarette users are twice as likely to become cigarette smokers.

“Far too many teens are being introduced at an early age to e-cigarettes,” said Minnesota Education Commissioner Brenda Cassellius. “Nicotine negatively impacts learning, memory, and attention. As students start their new school year, I encourage educators, parents, and health care providers to come together and raise awareness about the dangers of e-cigarettes on our youth, so we can quickly address these troubling trends and put a full-stop to them.”

A specific product called JUUL, which looks like a USB or flash drive, now dominates more than 70 percent of the e-cigarette market. These products are easily hidden, emit limited odor, and the aerosol dissipates quickly. The JUUL pods, which are often flavored like candy or fruit, contain the same amount of nicotine as a pack of cigarettes.

All tobacco use, including e-cigarette use and vaping, are prohibited by state law in public schools. It is illegal for retail merchants to sell e-cigarette products to youth under age 18.

In April, the Minnesota Department of Health and the Minnesota Department of Education sent a joint letter and toolkit to school districts across the state, warning them of the dangers of e-cigarettes and vaping products and providing them with resources for addressing the issue in schools. The letter explained how e-cigarettes have led to the first increase in teen tobacco use in nearly two decades and urges schools to alert parents and increase awareness and education about the products.

Many Minnesota communities are already taking action to keep e-cigarettes and other tobacco products out of kids’ hands. Eleven cities have raised the minimum age to buy tobacco to age 21, and some have restricted flavored tobacco products to adult-only tobacco shops.

More information, including the new health advisory and the school toolkit, can be found at [E-cigarettes and Other Vaping Products](#).

**-MDH-**

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*Media inquiries:*

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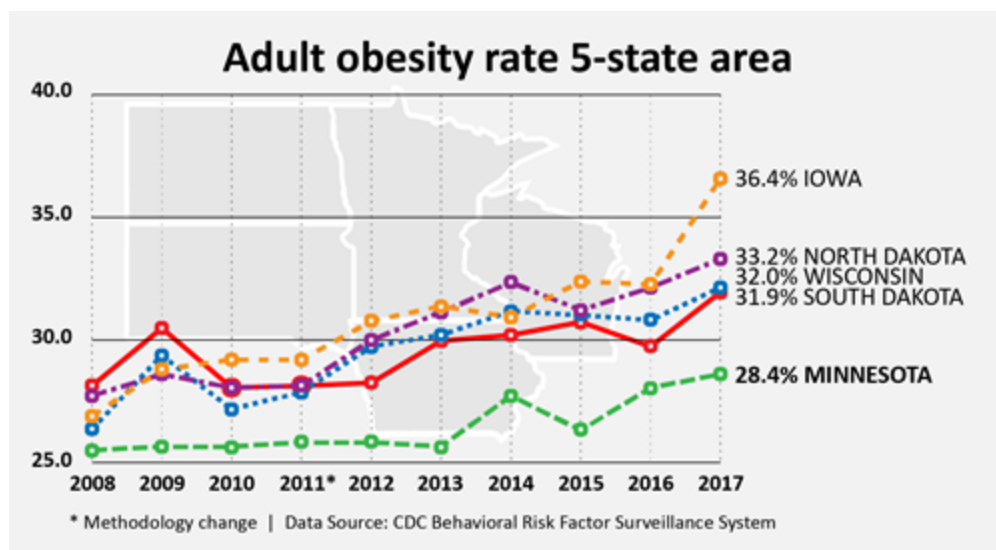
# Despite uptick, Minnesota's adult obesity rate growing slower than Upper Midwest States

## Minnesota alone in Midwest staying below 30 percent

Minnesota's adult obesity rate rose to 28.4 percent in 2017 but continued to outperform neighboring states with a slower rate of increase.

The Minnesota adult obesity rate increased 0.7 percentage points between 2016 and 2017. Minnesota also continued a recent trend of being lower than Iowa, North Dakota, South Dakota and Wisconsin. Minnesota is now the last state in the Midwest, a 12-state census region, with an obesity rate below 30 percent. The national rate also rose to 30.1 percent, according to data released today by the Centers for Disease Control and Prevention (CDC). Minnesota's obesity rate has remained well under the national obesity rate since 2007.

CDC released 2017 state- and territory-specific data on adult obesity prevalence using self-reported information from the Behavioral Risk Factor Surveillance System (BRFSS). The Minnesota Department of Health (MDH) uses these data to inform the public about the prevalence of obesity in the state, track changes over time and support planning of public health interventions to reduce obesity.

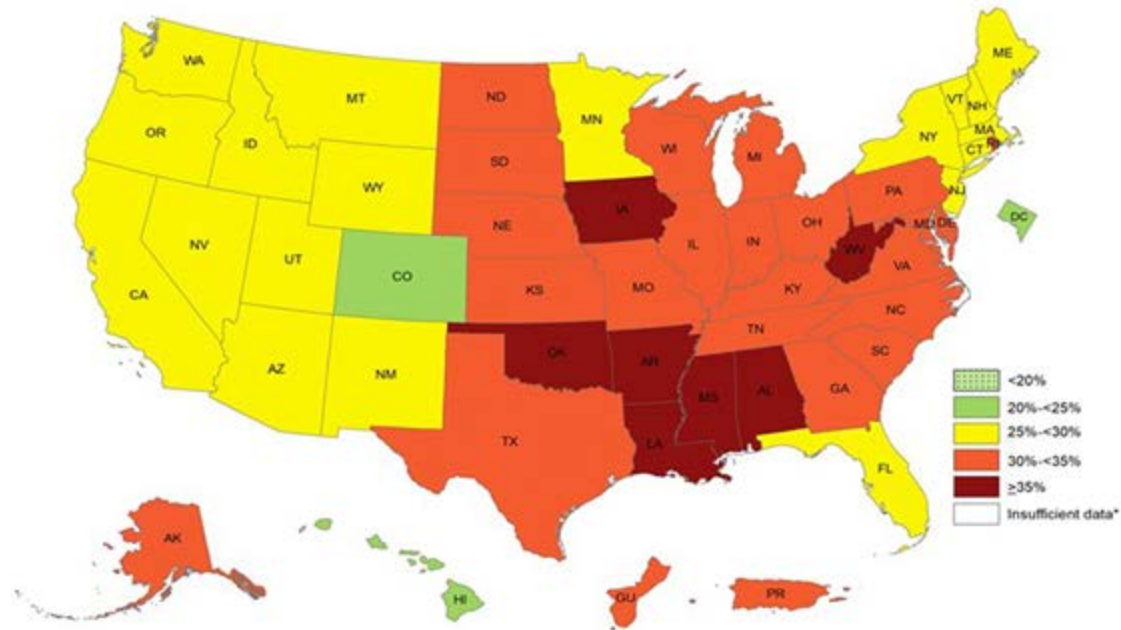


MDH researchers analyzed CDC data from 2017 and found that physical activity and diet continue to have a significant influence on Minnesota's obesity rates. According to 2017 BRFSS data, Minnesotans who reported some physical activity in the past 30 days had a lower obesity rate than those who did not. Lower obesity rates were also found for those who reported eating at least one serving of fruit and one serving of vegetables per day.

"The latest information from the CDC emphasizes that we have more work to do in our state," said Minnesota Commissioner of Health Jan Malcolm. "At the same time, it shows that Minnesota is outperforming our neighbors. Plus, our analysis shows healthy eating and physical activity make a difference. This underscores the value of our Statewide Health Improvement Partnership (SHIP) and other initiatives that increase opportunities for people around the state to eat healthier and move more." MDH has integrated the 2017 CDC data into [Minnesota's Public Health Data Access](#) portal.

## Prevalence<sup>†</sup> of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2017

<sup>†</sup>Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Source: Behavioral Risk Factor Surveillance System

\*Sample size < 50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%

Following national trends, Minnesota's obesity rate increased starting in 1995, rising to 26.3 percent in 2007. Since then, the state's rate ranged from 25.2 percent to 28.4 percent, whereas the national rate steadily rose above 30 percent. In 2015-2017, non-Hispanic Black and Hispanic Minnesotans have higher rates of obesity

compared to non-Hispanic Whites (30.4 percent, 33.3 percent and 27.5 percent, respectively).

People who are obese face an increased risk for a range of serious diseases and health conditions, including high blood pressure, Type 2 diabetes, stroke, coronary heart disease and cancer. Preventing obesity requires changes in the food and physical environments, personal behavior and social norms. Research estimates that obesity cost the state \$2.8 billion in 2009 dollars.

SHIP, which is active in all 87 counties and 10 tribal nations, spends \$17.5 million per year from Minnesota's Health Care Access Fund to support grant funding for local efforts to create healthier communities. From August 2016 to September 2017, SHIP communities worked with more than 4,000 partner sites across Minnesota.

SHIP works across Minnesota to implement locally led strategies that expand access to healthy food and physical activity in neighborhoods, schools, worksites and health care settings. It also supports state initiatives to improve and expand bike and pedestrian infrastructure and national efforts to promote walking and walkable communities.

-MDH-

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