



# GOODHUE COUNTY MINNESOTA

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

## GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM  
RED WING, MN  
FEBRUARY 19, 2019

**10:30 A.M. (OR IMMEDIATELY FOLLOWING THE COUNTY BOARD MEETING)**

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

- a. January 2019 HHS Board Minutes

Documents:

[JANUARY 2019 HHS BOARD MINUTES.PDF](#)

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. Mobile Crisis Grant Cooperative Agreement

Documents:

[MOBILE CRISIS GRANT.PDF](#)

- c. 2019 GCHHS Employee Appreciation Day Proclamation

Documents:

[GOODHUE COUNTY HEALTH AND HUMAN SERVICES EMPLOYEE APPRECIATION DAY.PDF](#)

5. ACTION ITEMS:

- a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. Personnel Requests

Documents:

[PERSONNEL REQUESTS.PDF](#)  
[REPLACEMENT - CASE AIDE 2-2019.PDF](#)  
[FAMILY SERVICES COLLABORATIVE COORDINATOR 2-2019.PDF](#)

6. INFORMATIONAL ITEMS:

- a. 2018 Fiscal Year End Report  
Mike Zorn

Documents:

[2018 FISCAL YEAR END REPORT.PDF](#)

- b. Tobacco Free Living Update  
David Anderson

Documents:

[TOBACCO FREE LIVING UPDATE.PDF](#)  
[MN T21 MAP.PDF](#)

- c. Child Protection Update  
Kris Johnson

Documents:

[CHILD PROTECTION REPORT 2018 YEAR END.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

- b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- c. Quarterly Trend Report

Documents:

[QUARTERLY TREND REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be March 19, 2019 At 10:30 A.M.

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

**GOODHUE COUNTY  
HEALTH & HUMAN SERVICES BOARD MEETING  
MINUTES OF JANUARY 22, 2019**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:45 A.M., Tuesday, January 22, 2019, in the Goodhue County Board Room located in Red Wing, Minnesota.

**BOARD MEMBERS PRESENT:**

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

**STAFF AND OTHERS PRESENT:**

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Kris Johnson, Ruth Greenslade, Kayla Matter, Katie Carlson, Kristina Streich, Melissa Cushing, and Steve O'Keefe.

**AGENDA:**

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the January 22, 2019 Agenda, with P. Drotos request to remove 4e (2019 HHS budget) out of consent agenda for discussion.

**MEETING MINUTES:**

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved the Minutes of the H&HS Board Meeting on December 18, 2018.

**CONSENT AGENDA:**

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

**INTRODUCTION OF NEW & PROMOTED STAFF**

**ACTION ITEMS:**

On a motion by P. Drotos and seconded by S. Johnson, the Board unanimously approved the 2019 HHS Budget with a discussion noting the continued reduced state funding and costs shifts to counties for health and human services.

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

On a motion by J. Majerus and seconded by P. Drotos, the Board unanimously approved the reclassification request of Case Aide to Eligibility Worker.

On a motion by P. Drotos and seconded by B. Anderson, the Board unanimously approved the Live Well Goodhue County Grant Changes.

On a motion by P. Drotos and seconded by S. Johnson, the Board unanimously approved the Child Protection 24/7 On-Call Wage Adjustment.

INFORMATIONAL ITEMS:

Presentation given on the 2018-2023 Goodhue County Community Health Improvement Plan (CHIP) by Ruth Greenslade.

FYI & REPORTS:

Placement Report  
Child Protection Report  
2017 DHS MN Child Maltreatment Report  
2017 DHS MN Out of Home and Permanency Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by S. Safe and seconded by J. Majerus, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:45 a.m.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 19, 2019	<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:**

- Michele Seifert                      Kenyon
- Stephanie Brezina                    Kenyon

**Child Care Licensures:**

Number of Licensed Family Child Care Homes: 82

**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>	February 19, 2019	<b>Staff Lead:</b>	Abby Villaran
<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 Adult and Children’s Mobile Crisis Grant Cooperative Agreement		

**BACKGROUND:**

The Minnesota Department of Human Services (DHS) has continued mental health Mobile Crisis grant funding for the CREST Initiative Counties - Dodge, Fillmore, Goodhue, Houston, Mower, Steele, Wabasha, Waseca and Winona. This grant is for the Crisis Response of Southeast Minnesota with a partnership between Zumbro Valley Health Center, South Central Human Relations, and Hiawatha Valley Mental Health Center.

The Mobile Crisis grant is from January 1, 2019 through December 31, 2020. The Grant includes an ongoing State allocation in the amount of \$1,010,000.00 split evenly over two years. Additional funding is also needed from each county in order to maintain service levels. Various service levels were considered, and in the end, the total amounts include five counties at level 1 and three counties at level 2 which included Goodhue County at level 2. In order to offer level 1 services which majority of the initiative supported, MNPrairie County Alliance has agreed to cover the difference for this grant period for the level 1 services.

The Goodhue County HHS costs are included in the GCHHS 2019 approved budget.

County	2019	2020
Fillmore	\$22,861	\$25,403
Goodhue	\$45,319	\$45,319
Houston	\$20,479	\$22,756
MNPrairie	\$96,943	\$120,560
Mower	\$42,628	\$47,368
Olmsted	\$166,649	\$185,180
Wabasha	\$20,654	\$20,654
Winona	\$49,467	\$49,467

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

**COOPERATIVE AGREEMENT  
ADULT & CHILDREN’S MOBILE CRISIS GRANT COOPERATIVE AGREEMENT  
2019-2020**

WHEREAS, Fillmore County, Goodhue County, Houston County, Mower County, Olmsted County, Minnesota Prairie County Alliance, Wabasha County, and Winona County (“Participating Counties”) have agreed to integrate State financial resources into the CREST Initiative (“CREST”); and

WHEREAS, CREST was established in 1995 under the authority of the County Mental Health Authorities, in accordance with M.S. 245.465 and the Commissioner of Human Services; and

WHEREAS, Participating Counties adopted the CREST Compact Council Operating Procedures and By-Laws developed on July 16, 2004; and

WHEREAS, CREST is responsible for allocating State financial resources to provide Adult Mental Health Initiative services in Participating Counties; and

WHEREAS, by integrating Rule 12 State Operated Services financial resources into CREST, Participating Counties are therefore allowed maximum flexibility in using such resources in a manner best suited to client and regional needs; and

WHEREAS, in December 2013 the Minnesota Department of Human Services (DHS) awarded Participating Counties an Adult & Children’s Mobile Crisis Services Grant (“Grant”);

NOW THEREFORE, in consideration of the mutual promises and consideration contained herein among Participating Counties and the authority provided in Minn. Stat. 471.59, Participating Counties agree as follows:

1. The purpose of this Agreement is to jointly agree that Participating Counties will integrate the Mobile Crisis Grant (Grant) resources into CREST, from January 1, 2019 to December 31, 2020.
2. The Grant includes an ongoing amount of \$1,010,000.00 split evenly over the two years.
3. The Participating Counties have agreed to the need to maintain Mobile Crisis Services at full capacity. In order to maintain that capacity when DHS has reduced the grant award, each Participating County has agreed to pay the amounts listed below to recoup the grant award reduction. Olmsted County will invoice each Participating County after July 1<sup>st</sup> of each year.

County	2019	2020
Fillmore	\$22,861	\$25,403
Goodhue	\$45,319	\$45,319
Houston	\$20,479	\$22,756
MNPrairie	\$96,943	\$120,560
Mower	\$42,628	\$47,368
Olmsted	\$166,649	\$185,180
Wabasha	\$20,654	\$20,654
Winona	\$49,467	\$49,467

*If there is underspending from 2019, Participating Counties can carry that amount over and their 2020 invoice will reflect that. If there is underspending from 2020, Olmsted County will issue a refund prior to March of 2021.*



4. Olmsted County will act as the fiscal host for the Grant and shall receive an administrative fee of \$45,000.00 each year to act as fiscal agent for the Grant.
5. Allocations occurring in future calendar years may be added to this Agreement via written addendum.
6. If the State requests that allocated funds distributed be returned, Participating Counties shall return such funds allocated for crisis services.
7. Each Participating County authorizes Olmsted County to be the entity to contract directly with provider agencies for key roles in the development and provision of mobile crisis services. Upon completion and signature of any contracts, Olmsted County shall provide a copy to each Participating County upon request.
8. Each Participating County who receives grant dollars passed through Olmsted County agrees to indemnify and hold harmless Olmsted County for any determinations by any authority that grant dollars used by or received by the Participating County were not used and/or must be repaid to the State or Federal government. The affected Participating County agrees to pay any necessary amounts, including any penalties, interest, or fees of any kind, on the time schedule determined by the State or Federal government to the payee determined by the State or Federal government. If Olmsted County, solely in its own discretion, agrees to be an intermediary in any repayments for the affected Participating County, that County agrees to cooperate fully with Olmsted County and to not delay any necessary payments. The affected Participating County agrees to reimburse Olmsted County for any reasonable costs incurred by Olmsted County related to assisting the affected Participating County or caused by complying with requests of the granting authority related to funds received by that Participating County.
9. Olmsted County may not advance pass-through or expense reimbursement grant dollars to any other county. Each Participating County acknowledges that it will not receive any grant funds from Olmsted County until Olmsted County has received the funds from the grantor. Olmsted County will make reasonable efforts to disburse funds to each Participating County as soon as practicable through Olmsted County's normal accounts payable processes.
10. Each Participating County acknowledges that if the grant terms require provision of documentation by the fiscal support entity for any purpose including securing reimbursement from the grantor that it must provide the documentation to Olmsted County on the schedule established by Olmsted County so that sufficient processing time is available to pass the information through to the grantor. Olmsted County will make reasonable efforts to gather and pass on required documentation but staff absences or work load may delay this process. Olmsted County is not responsible for any interest or fees due to delayed pass through of funds which result from the Participating County's failure to provide documentation on a timely basis. Olmsted County is not responsible for requesting, editing, reviewing, changing, or verifying any information provided to it by Participating Counties for this grant unless specifically stated elsewhere in this Agreement.
11. Participating Counties may audit records related to CREST and Mobile Crisis and services provided under this Agreement. Participating Counties agree to cooperate with any records disclosure request made by any Participating County or the State Auditor related to an audit of this program. Parties agree to be bound by the

requirements of the Minnesota Government Data Practices Act as it applies to any data which may be created in the course of this program.

12. Participating Counties shall save and hold harmless all other Participating Counties and its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of Participating Counties or its subcontractors, agents, or employees under this Agreement.
13. The failure of any Participating County to enforce any provisions of this Agreement shall not constitute a waiver by such County of that or any other provision.
14. The Participating Counties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
15. The term of this Agreement shall be from January 1, 2019 through December 31, 2020 and/or shall remain in effect until one of the following occurs: 1) a new Agreement is signed by all Participating Counties 2) the term of this Agreement is extended via an Addendum or 3) the Participating Counties choose to terminate the Agreement in accordance with section 17 below.
16. The Participating Counties may also terminate this Agreement effective upon mailing of 30 days of written notice to other affected parties, under any of the following conditions:
  - a. If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the parties' discretion be modified to accommodate a reduction in funds.
  - b. If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.
  - c. If any Participating County chooses to opt out of providing CREST-funded Rule 12 adult mental health services, which will require at least 60 days notice to the other Participating Counties. In this event, the remaining Participating Counties shall jointly determine whether to terminate this Agreement or redistribute the CREST funds amongst the remaining Participating Counties.

Any such termination of the Agreement shall not reduce or negate any obligations or liabilities of any party already accrued prior to such termination.

17. Participating Counties shall individually sign and return this Agreement to Olmsted County Health, Housing and Human Services, Contract Management Unit, Attention: Jill Schmidt, 2117 Campus Drive S.E., Suite 200, Rochester, MN 55904.

18. Each Participating County shall provide the Jill Schmidt of the Contract Management Unit with a copy of the fully signed Cooperative Agreement.

19. This Agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This Agreement supersedes all prior negotiations, understanding, agreements, and representations. There are no oral or written understandings, agreements or representations not specified herein. Furthermore, no waiver, consent, modification, or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

COUNTY OF Goodhue

By: \_\_\_\_\_  
Title: Chairperson of the County Board

Dated: \_\_\_\_\_

ATTESTED TO:

By: \_\_\_\_\_  
Title: GCHHS Director

Dated: \_\_\_\_\_

APPROVED AS TO FORM AND EXECUTION:

By: \_\_\_\_\_  
Title: Lead County Attorney

Dated: \_\_\_\_\_



Goodhue County  
***Health and Human Services***

Goodhue County Health & Human Services Board's Proclamation

**Goodhue County Health & Human Services  
Employee Appreciation Day**

March 14, 2019

**WHEREAS**, Health & Human Services are core functions of county government in Goodhue County and in Minnesota; and

**WHEREAS**, Goodhue County Health and Human Services is committed to promote, strengthen, and protect the health of individuals, families and communities; and

**WHEREAS**, Goodhue County recognizes this important work rest on the dedication, skills and professionalism of Goodhue County Health and Human Services Employees; and

**WHEREAS**, Goodhue County Health & Human Services Employees work with numerous legislative, program, customer, community and service demands and because of their commitment to the citizens of Goodhue County and healthier future; and

**NOW, THEREFORE**, we, the Goodhue County Health and Human Services Board hereby proclaim our gratitude and recognition of Goodhue County Health & Human Services Employees for their dedication, skills, professionalism and outstanding work, and declare March 14, 2019 as the Goodhue County Health and Human Services Day in Goodhue County.

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Goodhue County Health and Human Services Board Chair

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Date

*"Promote, Strengthen and Protect the Health of Individuals, Families, and Communities"*  
*Equal Opportunity Employer*

[www.co.goodhue.mn.us](http://www.co.goodhue.mn.us)

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 19, 2019	<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 January HHS Warrant Registers		

**BACKGROUND:**

This is a summary of Goodhue County Health and Human Services Warrant Registers for January 2019:

Date of Warrant		Check No.		Total Batch	
		Series			
IFS	January 4, 2019	ACH	27072	27073	\$273.16
IFS	January 4, 2019		442700	442720	\$5,397.78
IFS	January 11, 2019	ACH	27099	27106	\$9,900.52
IFS	January 11, 2019		442829	442867	\$31,284.49
IFS	January 18, 2019	ACH	27114	27126	\$65,190.83
IFS	January 18, 2019		442907	442951	\$34,870.57
SSIS	January 25, 2019	ACH	27169	27195	\$222,645.10
SSIS	January 25, 2019		442957	443021	\$304,456.01
IFS	January 25, 2019	ACH	27196	27254	\$4,267.52
IFS	January 25, 2019		443022	443028	\$10,832.49
IFS	January 25, 2019	ACH	27289	27296	\$2,265.53
IFS	January 25, 2019		443076	443114	\$24,185.16
				Total	<u>\$715,569.16</u>

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

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	February 19, 2019	<b>Staff Lead:</b>	Nina Arneson
<b>Consent Agenda:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Attachments:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Action Requested:</b>	Approve the following two requests – Case Aide Replacement and Family Services Collaborative (FSC) Coordinator		

**BACKGROUND:**

The following two requests will be brought forward for the Goodhue County Personnel Committee’s review on February 19, 2019 at 8:00 am.

- **Case Aide Replacement – FTE Change**
- **Family Services Collaborative (FSC) Coordinator – Provisional, FSC funded position**

Please see attached two memos. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our February 19, 2019 Health and Human Services Board meeting.

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



# Goodhue County Health and Human Services

DATE: February 14, 2019

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, HHS Director

RE: **Case Aide Replacement – Social Services Division – Adult Services**

**BACKGROUND:**

The Goodhue County Health and Human Services Social Services Team has a Case Aide who will be retiring effective May 2, 2019. This will create a Case Aide vacancy.

The Case Aide performs a variety of tasks to support individuals requesting a Rule 25 (Chemical Dependency) Assessment and making sure they receive this service in a timely fashion. This position also completes necessary documentation to determine eligibility for Chemical Dependency Consolidated Funds. Additionally, this position has a lot of contact with community providers, individuals and families and helps navigate the process for those seeking chemical dependency treatment.

This position has been at 0.75 FTE and we would respectfully request it increase to 1.0 FTE. This would give additional support to Case Managers in the entire Adult Services Unit and increase efficiency, allowing Case Managers to focus on other tasks to potentially increase revenue.

As HHS continues to look at the needs of the agency we are forming a Support Staff Team instead of each division having their own support staff. By having a Support Staff Team the Support Lead knows what each staff's duties are, who backs them up and who needs help, which will make HHS more efficient and productive. Increasing this position to 1.0 FTE is part of this succession plan to fully utilize our support staff where needed in the agency.

The current rate of pay for the retiring County Agency Case Aide is \$ 28.75 per hour. The starting pay (step 1) for a Case Aide position is \$ 20.65 per hour.

Case Aide	2019 Single Health step 1	2019 Family Health step 1	Current Case Aide
Rate	\$20.65	\$20.65	\$28.75
Gross	\$42,952.00	\$42,952.00	\$44,850.00
PERA/FICA/Medicare/Life	\$8,291.00	8,291.00	
Health Coverage/H.S.A.	\$10,638.00	\$23,426.00	
	\$61,881.00	\$74,669.00	

**RECOMMENDATION:**

The HHS Department recommends approving the following:

1. Moving forward immediately to post for 1 Case Aide (1 FTE) utilizing the MN Merit system. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Hire after GCHHS Board's review and approval.





## Goodhue County Health and Human Services

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DATE: February 14, 2019

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, HHS Director

RE: **NEW Provisional Position – Family Services Collaborative (FSC) Coordinator**

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### **BACKGROUND:**

In 1993, the Minnesota State Legislature created the Family Services Collaborative and Children's Mental Health Collaborative structure to offer an innovative way for counties to address the complex needs of children in their counties. The legislature also provided \$8 million in funding to establish these local collaborative initiatives to better the lives of children and their families by encouraging the integration and reform of services. Collaboratives participate in the Local Collaborative Time Study (LCTS) to collect money, and in turn, these funds are used to address service needs in the community.

The Goodhue County Family Services Collaborative (FSC) includes membership from school districts, local mental health agencies, Three Rivers Community Action Program, GCHHS, the United Way, law enforcement, and Goodhue County Court Services. The Goodhue County FSC has historically used LCTS funds to enhance mental health services in schools. In the early 2000s, some concerns were raised at the state level about how FSC funds had been spent, and a few collaboratives in the state had to pay back some funds. The Goodhue County FSC began saving a fund balance in order to have enough reserves to pay back funds if needed, while maintaining services. This fund balance has increased to nearly \$400,000, and it appears that the issues leading to some collaboratives needing to repay funds has been resolved. These have been confirmed by a state audit.

The FSC has identified priority service gaps for mental health services including mental health education, mental wellness, and access mental health services. In order to address these gaps, the FSC has decided to hire a coordinator, utilizing the FSC fund balance to fully fund this position.

Under the direction of the Family Services Collaborative Steering Committee, the purpose of this position is to coordinate various children's and family mental health initiatives and interventions in Goodhue County. These initiatives include, but are not limited to, Adverse Childhood Experiences (ACEs) training, Mental Health Coalition, and Psychological First Aid. This position will assist in the administration of the Family Services Collaborative, and will seek and apply for grants to further mental health programming efforts for children and/or families. This position provides public health expertise to community organizations for development of data-driven, evidence-based policies.

Goodhue County Health and Human Services would provide administrative supervision and oversight to the FSC coordinator, who would be hired under the job description of Public Health Educator. This provisional position would be fully funded by the Family Services Collaborative for two years. The goal would be for the FSC to locate additional funds, through a combination of grants and additional FSC funds, so that the position could continue on a provisional basis as long as this outside funding is available. Goodhue County HHS would provide in-kind support in the form of office space and administrative supervision. The starting pay (step 1) for a Public Health Educator position is \$26.11 per hour.

<b>Public Health Educator</b>	<b>2019 Single Health step 1</b>	<b>2019 Family Health step 1</b>
Rate	\$26.11	\$26.11
Gross	\$54,309.00	\$54,309.00
PERA/FICA/Medicare/Life	\$8,291.00	8,291.00
Health Coverage/H.S.A.	\$10,638.00	\$23,426.00
	\$73,238.00	\$86,026.00

**RECOMMENDATION:**

The HHS Department recommends approving the following:

1. Moving forward immediately to post for 1 Public Health Educator (1 FTE) utilizing the MN Merit system. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Hire Public Health Educator after GCHHS Board's review and approval.



Goodhue County  
**Health and Human Services**

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

**DATE:** February 19, 2019  
**TO:** Goodhue County Health and Human Services (HHS) Board  
**FROM:** Mike Zorn, Deputy Director  
**RE:** Fourth Quarter 2018 - Year End Fiscal Report

In CY 2018, the Goodhue County Health & Human Services Agency overall had an outstanding financial year.

- We expended 101% (\$16,452,257) of our budget (\$16,313,640) 100% of the way through the year.
- We had collected 110% (\$17,892,636) of our anticipated revenue (\$16,313,640), 100% of the way through the year.

Resultantly, we were in the black with a net income of positive \$1,440,379. The program areas that we were concerned about all year and how it would affect our year-end final 2018 budget.

The budget areas that we have been concerned with the past couple years had the following effect on our 2018 budget.

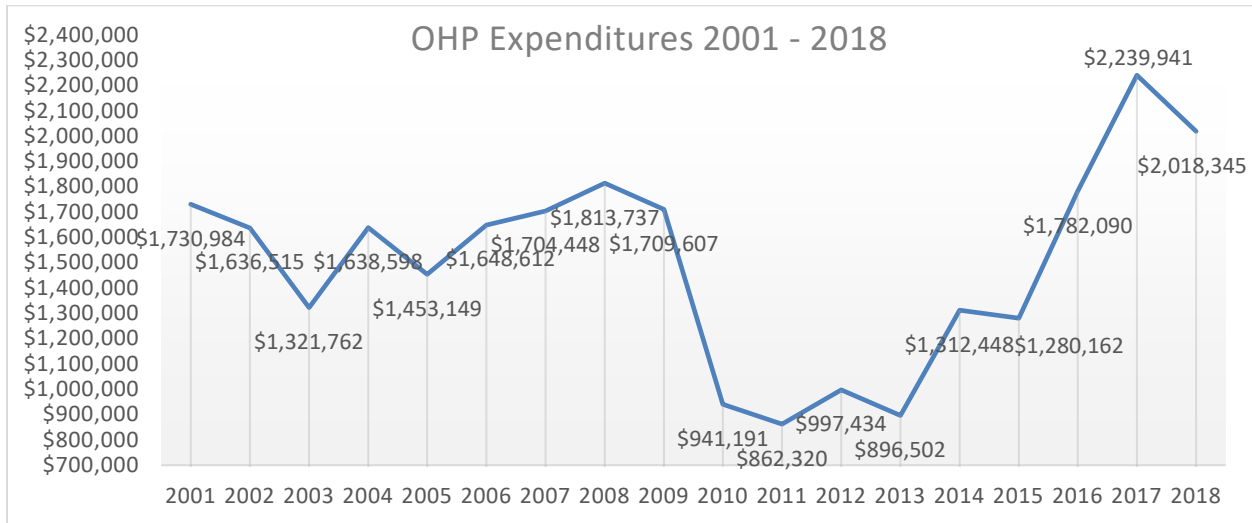
- Children in Out of Home Placement (OHP) over budget (\$373,845)
  - State or Private Hospital under budget \$354,635
  - Consolidated Chemical Dependency Treatment Fund (CCDTF) over budget (\$44,005)
- Additional areas of concern:
- State Sex Offender Program over budget (\$45,403)
  - Other Child Care over budget (\$49,493)

Revenue from South Country Health Alliance (SCHA) during 2018 were the following:

Billable medical services	\$1,138,006
Other SCHA reimbursement	<u>\$ 91,530</u>
Total SCHA Revenue	\$1,229,536

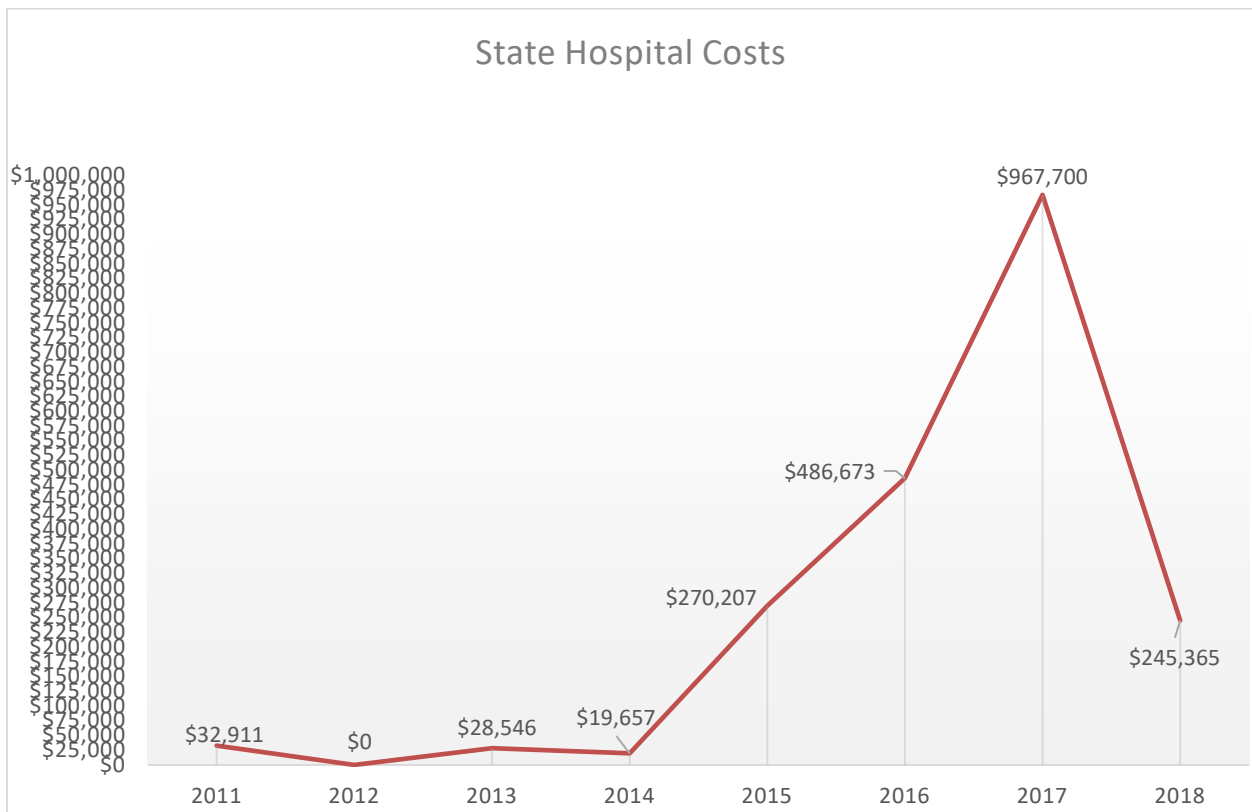
**Children in Out of Home Placement:**

The upward trend of increasing Out-of-Home Placement costs since 2013 turned downward in 2018. We expended 122.7% (\$2,018,345) of our budget (\$1,644,500), 100% of the way through the year, which still resulted in being over budget of \$373,845. In 2017 we were 72.97% over budget, in 2018 22.73% over budget. There still is a state and national trend of increasing OHP costs. We as an agency are working very hard to bring something different, innovative to our county to address this need. Two examples of such services are Collaborative Intensive Bridging Services (CIBS) and Evidenced Based Family Home Visiting Program. Detailed information on these two programs were presented in the third quarter 2018 fiscal report.



**State Hospital Costs:**

We did have a good year financially with recipients living in state and private hospitals. For 2018, HHS had expenditures of \$245,365 this was \$354,635 under budget.



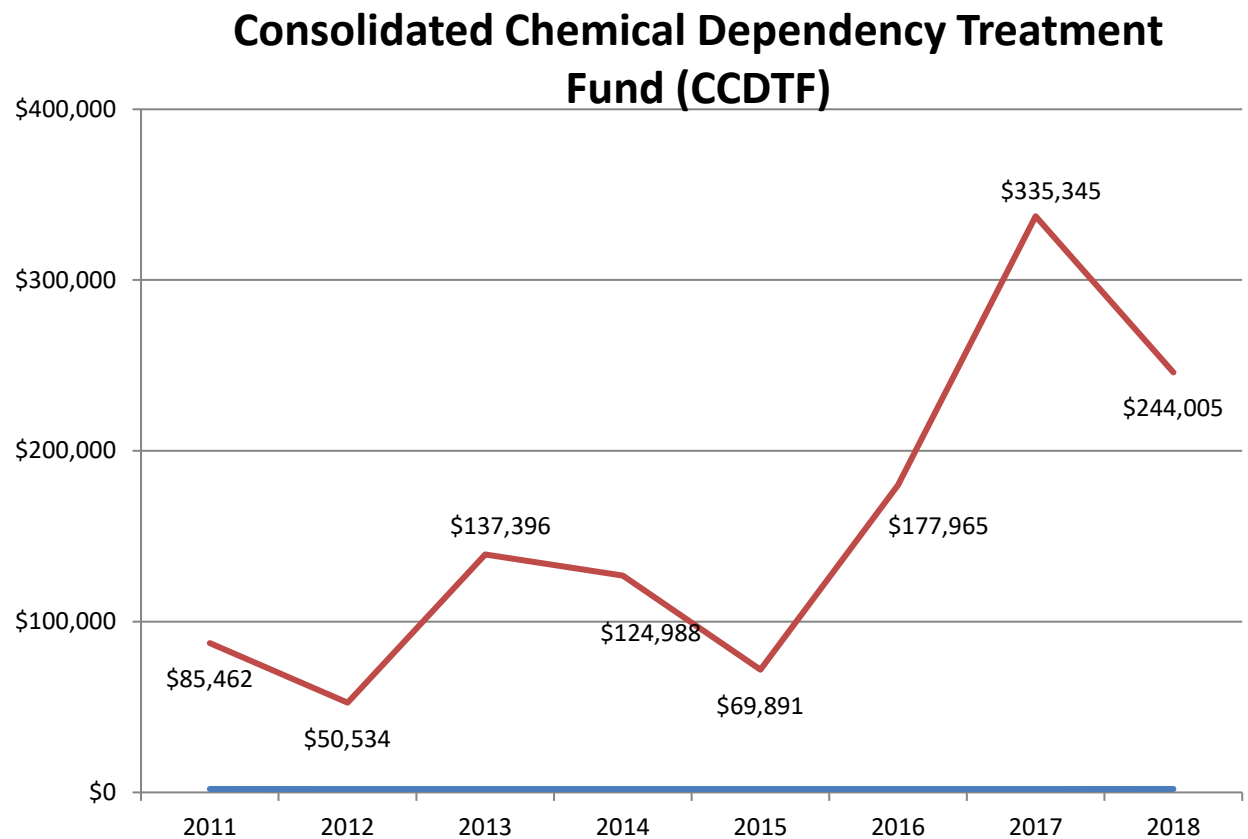
**Consolidated Chemical Dependency Treatment Fund (CCDTF):**

For 2018, HHS had expenditures of \$244,005 this was \$44,005 over budget. These costs have also turned downward in 2018. Each county and tribe is responsible for the following: 1. Rule 25 assessment 2. Determination of financial eligibility 3. Placement of a person who needs Chemical Dependency (CD) treatment services. The county share of CCDTF costs is 22.95%. This also has been a state cost shift as the county share had been 15%. For SFY18 (7/1/17-6/30/18) Goodhue County CCDTF claims were \$1,533,773.

DHS is in the process of Substance Use Disorder (SUD) Reform.

Substance use disorder reform (SUD) seeks to transform the service continuum from an acute episodic model to a chronic and longitudinal model that includes ongoing recovery support services. The person-centered changes will seek to provide the right level of service at the right time and treat addictions like other chronic health conditions. DHS is currently seeking federal approval to add Comprehensive Assessment, peer support services, withdrawal management, and treatment coordination to the Medicaid benefit set. This will include approval of rates for the services.

7/1/20 Rule 25 (chemical use assessment) will no longer exist, but the CCDTF program will continue. The reform will provide Direct Access, which will allow clients to have a choice of Comprehensive Assessment (CA) Provider and Treatment (TX) Provider. We continue to learn more as DHS releases SUD Reform information to counties.



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

On agency salaries, benefits and overhead line items, we have expended 97.0% of our budget 100% of the way through the year. During 2018, we had two resignations, one death, five promotions, six replacements, two new hires for Family Home Visiting grant, four new hires for levy neutral staffing solutions and one reclassification.

### **Staffing Revenues Additional Staff:**

All agency staff have done an **outstanding** job of generating additional revenue so that additional staff could be hired without an increase in county levy funding.

For the fourth quarter report, total staffing revenue generated is 118% (\$4,757,522) 100% through the year of the total 2018 budget of \$4,027,109 for these revenue categories.

### **Fund Balance**

Going forward, our Cash Operating Fund Balance Assigned for Health & Human Services Expenditures (\$6,325,964) is at 37.34% of our 2019 budget (\$16,942,054) (per fund balance policy goal is 30-40%) on December 31, 2018.

### **Future:**

Some of the uncertainties that will have an impact on HHS department are the continued outcomes of the recommendations from the Governor's Taskforce for the Protection of Children, which now includes the new response timelines. We do not know what will take place with the Affordable Care Act (ACA) at the federal level and/or MNsure in Minnesota. We do not know what the outcome will be with our county-based purchasing health plan with South Country Health Alliance (SCHA). We know there will be changes with children residential treatment centers' reclassification as institute for mental diseases (IMDs), chemical dependency services and mobile crisis funding which may have increased financial implications to the counties. We will continue to have uncertainties regarding out of home placements, state hospital costs, consolidated chemical dependency treatment fund, and Substance Use Disorder Reform (SUD).

During 2019, HHS will continue to work on public health accreditation, workforce development, controlling public assistance costs, quality improvements, and working with our local, regional and state community members and partners to focus on improving health and reducing costs. We believe we are positioned as well as one can expect in terms of dealing with uncertainties and increasing service and workload demands. We expect to continue to reconfigure work duties and assigning staff to areas that have more program and service need in order to achieve greater efficiencies and outcomes. Our department's professional staff, desire to serve the public and team spirit coupled with the dollars that we have in reserve, should help us greatly in managing the work and services the next biennium.

# Goodhue County



## REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2018 Thru: 12/2018

Percent of Year: 100%

11 Fund  
Health & Human Service Fund  
479 Dept  
PHS Administration

<u>Account Numbe</u>	<u>Description</u>	<u>Status</u>	<u>12/2018 Amount</u>	<u>Selected Months</u>	<u>2018 Budget</u>	<u>% Of Budget</u>
11-479-479-0000-6173	Workmans Compensation		.00	12,264.00	12,221.00	100
11-479-479-0000-6174	Mandatory Medicare		99.19	1,318.75	1,102.00	120
11-479-479-0000-6201	Telephone		228.52	2,844.82	3,000.00	95
11-479-479-0000-6202	Cell Phone		54.86	798.98	1,050.00	76
11-479-479-0000-6203	Postage/Freight		.00	0.00	1,600.00	0
11-479-479-0000-6241	Advertising		.00	235.55	0.00	0
11-479-479-0000-6243	Association Dues/Memberships		1,384.60	1,384.60	2,000.00	69
11-479-479-0000-6244	Subscriptions		.00	147.00	0.00	0
11-479-479-0000-6268	Software Maintenance Contracts		.00	17,072.28	23,730.00	72
11-479-479-0000-6278	Consultant Fees		175.00	700.00	700.00	100
11-479-479-0000-6283	Other Professional & Tech Fees		93.51	7,020.77	8,656.00	81
11-479-479-0000-6302	Copies/Copier Maintenance		.00	3,920.84	6,800.00	58
11-479-479-0000-6304	Other Machinery & Equipment Maint		.00	685.20	0.00	0
11-479-479-0000-6331	Mileage		.00	96.47	70.00	138
11-479-479-0000-6332	Meals & Lodging		.00	1,305.99	500.00	261
11-479-479-0000-6335	Motor Pool Vehicle Usage		.00	223.80	0.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,894.75	75,579.00	75,579.00	100
11-479-479-0000-6351	Insurance		.00	8,370.54	8,201.00	102
11-479-479-0000-6357	Conferences/Schools/Training		.00	349.24	400.00	87
11-479-479-0000-6405	Office Supplies		18.88	1,904.65	1,600.00	119
11-479-479-0000-6414	Food & Beverages		.00	405.11	158.00	256
11-479-479-0000-6432	Other Furniture & Equipment		.00	4,711.95	0.00	0
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	25,119.90	19,600.00	128
479 Dept	TOTALS PHS Administration	Revenue	.00	26,511.04 -	27,100.00 -	98
		Expend.	38,511.60	360,098.14	336,332.00	107
		Net	38,511.60	333,587.10	309,232.00	108
11 Fund	TOTALS Health & Human Service Fund	Revenue	3,741,219.95 -	17,892,635.56 -	16,313,640.00 -	110
		Expend.	1,157,615.28	16,452,256.95	16,313,640.00	101
		Net	2,583,604.67 -	1,440,378.61 -	.00	0
FINAL TOTALS:	619 Accounts	Revenue	3,741,219.95 -	17,892,635.56 -	16,313,640.00 -	110
		Expend.	1,157,615.28	16,452,256.95	16,313,640.00	101
		Net	2,583,604.67 -	1,440,378.61 -	.00	0

ACCOUNT #	DESCRIPTION	ACTUAL 2017	ACTUAL THRU 12/18	BUDGET 2018	% OF BUDGET	% OF YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$3,493.00	\$7,227.50	\$5,000.00	145%	100%
11-430-710-3710-6020	CHILD SHELTER -SS	\$43,625.12	\$15,934.80	\$30,000.00	53%	100%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS			\$1,000.00	0%	100%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE	\$1,023.00	\$1,541.85	\$2,000.00	77%	100%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE	\$22,120.00	\$9,460.15	\$15,000.00	63%	100%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$127,894.52	\$85,855.43	\$150,000.00	57%	100%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$576,606.30	\$541,489.76	\$460,000.00	118%	100%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$47,707.73	\$40,176.87	\$45,000.00	89%	100%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$8,118.00	\$7,898.00	\$8,000.00	99%	100%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$14,979.55	\$5,256.63	\$15,000.00	35%	100%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE			\$1,500.00	0%	100%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$28,068.23	\$114,247.92	\$9,000.00	1269%	100%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$5,613.16	\$20,563.80	\$9,000.00	228%	100%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$292,278.05	\$551,557.87	\$330,000.00	167%	100%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$107,377.06	\$172,200.81	\$60,000.00	287%	100%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$33,381.95	\$24,454.15	\$24,000.00	102%	100%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$5,380.29	\$5,163.69	\$1,000.00	516%	100%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$875,123.87	\$415,316.13	\$425,000.00	98%	100%
11-430-740-3831-6020	RULE 5 CS	\$47,150.81		\$54,000.00	0%	100%
	<b>TOTAL OUT OF HOME PLACEMENT</b>	<b>\$2,239,940.64</b>	<b>\$2,018,345.36</b>	<b>\$1,644,500.00</b>	<b>122.7%</b>	<b>100%</b>
	<b>Over/(Under) Budget for percent of year</b>	<b>\$1,295,000.00</b>	<b>\$373,845.36</b>	<b>\$1,644,500.00</b>	<b>100%</b>	<b>100%</b>
	<b>Percent Over/(Under) Budget</b>	<b>-\$944,940.64</b>			<b>22.73%</b>	

December	<b>22.73%</b>
November	<b>21.67%</b>
October	<b>20.89%</b>
September	<b>20.76%</b>
August	<b>19.40%</b>
July	<b>18.87%</b>
June	<b>17.44%</b>
May	<b>24.39%</b>
April	<b>15.57%</b>
March	<b>14.44%</b>
February	<b>13.50%</b>
January	<b>4.35%</b>
Over/Under Budget 2017	<b>72.97%</b>



**Goodhue County**  
STATEMENT OF REVENUES AND EXPENDITURES

As Of 12/2018      Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 600 INCOME MAINTENANCE</b>					
SALARIES					
SALARIES & BENEFITS	180,226.24	2,592,372.13	2,764,220.00	94	100
<b>TOTAL SALARIES</b>	<b>180,226.24</b>	<b>2,592,372.13</b>	<b>2,764,220.00</b>	<b>94</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	38,535.77	279,976.17	314,269.00	89	100
<b>TOTAL OVERHEAD</b>	<b>38,535.77</b>	<b>279,976.17</b>	<b>314,269.00</b>	<b>89</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	29,860.54	24,480.00	122	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>29,860.54</b>	<b>24,480.00</b>	<b>122</b>	<b>100</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 640 CHILD SUPPORT AND COLLECTIONS</b>					
SALARIES					
SALARIES & BENEFITS	45,966.40	677,504.73	730,667.00	93	100
<b>TOTAL SALARIES</b>	<b>45,966.40</b>	<b>677,504.73</b>	<b>730,667.00</b>	<b>93</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	14,904.97	190,365.23	188,913.00	101	100
<b>TOTAL OVERHEAD</b>	<b>14,904.97</b>	<b>190,365.23</b>	<b>188,913.00</b>	<b>101</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>100</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM 700 SOCIAL SERVICES PROGRAM</b>					
SALARIES					
SALARIES & BENEFITS	215,006.05	3,032,393.56	3,147,431.00	96	100
<b>TOTAL SALARIES</b>	<b>215,006.05</b>	<b>3,032,393.56</b>	<b>3,147,431.00</b>	<b>96</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	39,648.77	301,517.19	334,400.00	90	100
<b>TOTAL OVERHEAD</b>	<b>39,648.77</b>	<b>301,517.19</b>	<b>334,400.00</b>	<b>90</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	28,689.52	23,520.00	122	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>28,689.52</b>	<b>23,520.00</b>	<b>122</b>	<b>100</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>PROGRAM PUBLIC HEALTH</b>					
SALARIES					
SALARIES & BENEFITS	197,878.04	2,748,919.22	2,626,488.00	105	100
<b>TOTAL SALARIES</b>	<b>197,878.04</b>	<b>2,748,919.22</b>	<b>2,626,488.00</b>	<b>105</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	38,251.23	286,477.26	282,148.00	102	100
<b>TOTAL OVERHEAD</b>	<b>38,251.23</b>	<b>286,477.26</b>	<b>282,148.00</b>	<b>102</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>100</b>

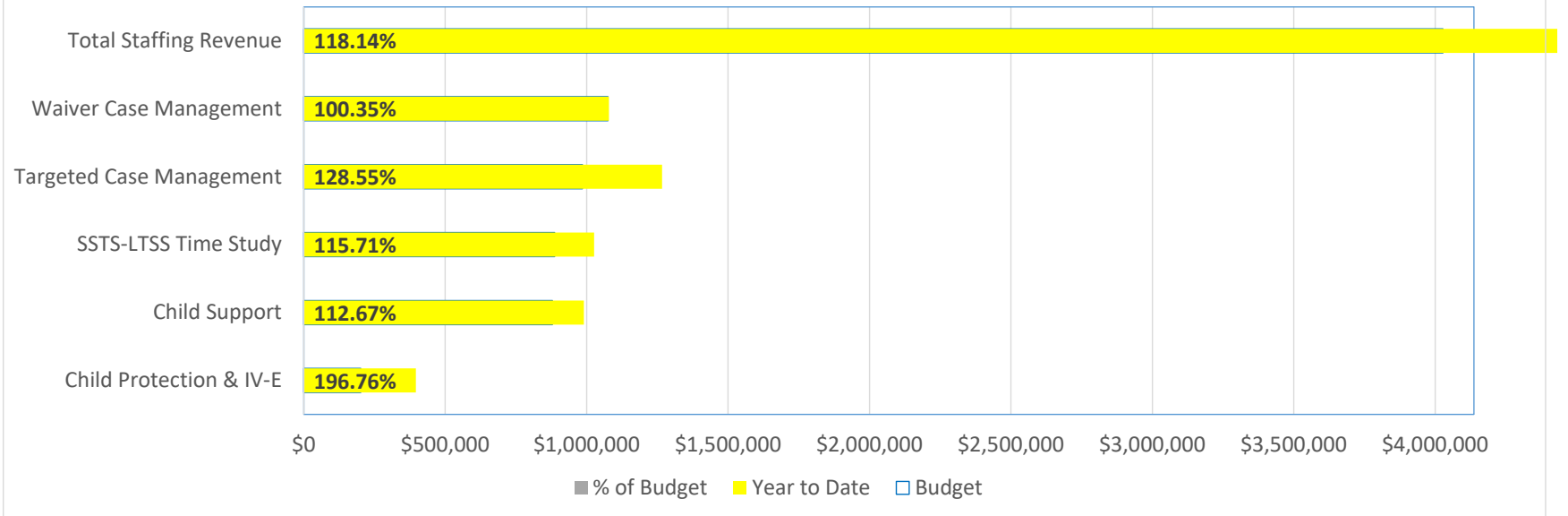
DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>FUND 11 HEALTH &amp; HUMAN SERVICE FUND</b>					
SALARIES					
SALARIES & BENEFITS	639,076.73	9,051,189.64	9,268,806.00	98	100
<b>TOTAL SALARIES</b>	<b>639,076.73</b>	<b>9,051,189.64</b>	<b>9,268,806.00</b>	<b>98</b>	<b>100</b>
OVERHEAD					
AGENCY OVERHEAD	131,340.74	1,058,335.85	1,119,730.00	95	100
<b>TOTAL OVERHEAD</b>	<b>131,340.74</b>	<b>1,058,335.85</b>	<b>1,119,730.00</b>	<b>95</b>	<b>100</b>
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	58,550.06	48,000.00	122	100
<b>TOTAL CAPITAL EQUIPMENT</b>	<b>0.00</b>	<b>58,550.06</b>	<b>48,000.00</b>	<b>122</b>	<b>100</b>

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
<b>FINAL TOTALS</b>	<b>770,417.47</b>	<b>10,168,075.55</b>	<b>10,436,536.00</b>	<b>97</b>	<b>100</b>

## STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2018 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,122.11 -	33,307.84 -	25,000.00 -	133	100
11-420-640-0000-5290 CS ST Incentives	0.00	15,091.51 -	18,000.00 -	84	100
11-420-640-0000-5355 CS Fed Admin	38,500.00 -	809,282.20 -	705,835.00 -	115	100
11-420-640-0000-5356 CS Fed Incentive	0.00	112,517.77 -	112,000.00 -	100	100
11-420-640-0000-5379 CS Fed MA Incentive	1,273.27 -	19,984.71 -	18,000.00 -	111	100
11-430-700-0000-5292 State LTSS	0.00	335,941.00 -	277,000.00 -	121	100
11-430-700-0000-5383 Fed LTSS	0.00	398,506.00 -	330,000.00 -	121	100
11-430-700-3810-5380 Fed MA SSTS	0.00	135,704.00 -	144,730.00 -	94	100
11-430-710-0000-5289 Child Protection	0.00	181,477.53 -	133,294.00 -	136	100
11-430-710-3810-5366 FC IV-E	0.00	195,912.00 -	58,000.00 -	338	100
11-430-710-3810-5367 IV-E SSTS	0.00	93,346.00 -	70,000.00 -	133	100
11-430-710-3930-5381 CW-TCM	533.00 -	357,458.00 -	340,000.00 -	105	100
11-430-730-3050-5380 Rule 25 SSTS	0.00	62,498.00 -	65,000.00 -	96	100
11-430-740-3830-5366 IV-E Rule 5	0.00	18,680.00 -	10,000.00 -	187	100
11-430-740-3900-5381 Child MA MH-TCM	657.00 -	12,989.50 -	25,000.00 -	52	100
11-430-740-3900-5401 SCHA Child MH-TCM	0.00	7,985.00 -	10,000.00 -	80	100
11-430-740-3910-5240 St Adult MH-TCM	895.50 -	3,826.40 -	0.00	0	100
11-430-740-3910-5381 MA Adult MH-TCM	18,697.03 -	201,433.11 -	178,000.00 -	113	100
11-430-740-3910-5401 SCHA Adult MH-TCM	42,984.00 -	512,651.00 -	370,000.00 -	139	100
11-430-740-3930-5401 SCHA Pathways	4,458.32 -	85,513.23 -	32,000.00 -	267	100
11-430-760-3930-5381 Adult VA/DD-TCM	4,928.08 -	84,373.98 -	30,000.00 -	281	100
11-463-463-0000-5290 St AC Waiver	655.52 -	10,367.82 -	25,000.00 -	41	100
11-463-463-0000-5291 St MA Waivers	42,600.56 -	467,537.40 -	285,000.00 -	164	100
11-463-463-0000-5381 Fed MA Waivers	43,208.96 -	479,108.51 -	305,000.00 -	157	100
11-463-463-0000-5402 SCHA Waivers	980.45 -	408,168.77 -	380,000.00 -	107	100
11-463-463-0000-5429 SCHA Care Coord	13,559.02 -	180,997.84 -	190,000.00 -	95	100
TOTAL HHS Staffing Revenues	216,052.82 -	5,224,659.12 -	4,136,859.00 -	126	100
		<b>Less State Billable Options</b>	<b>(232,578.00)</b>	<b>(49,678.00)</b>	
		<b>Less Fed Billable Options</b>	<b>(234,559.00)</b>	<b>(60,072.00)</b>	
			<b>4,757,522.00</b>	<b>4,027,109.00</b>	<b>118 100</b>

HHS Staffing Revenue Q4/2018  
100% of Year





## Tobacco-Free Living Update

Supported by the Statewide Health Improvement Partnership,  
Minnesota Department of Health

### **Community Meetings**

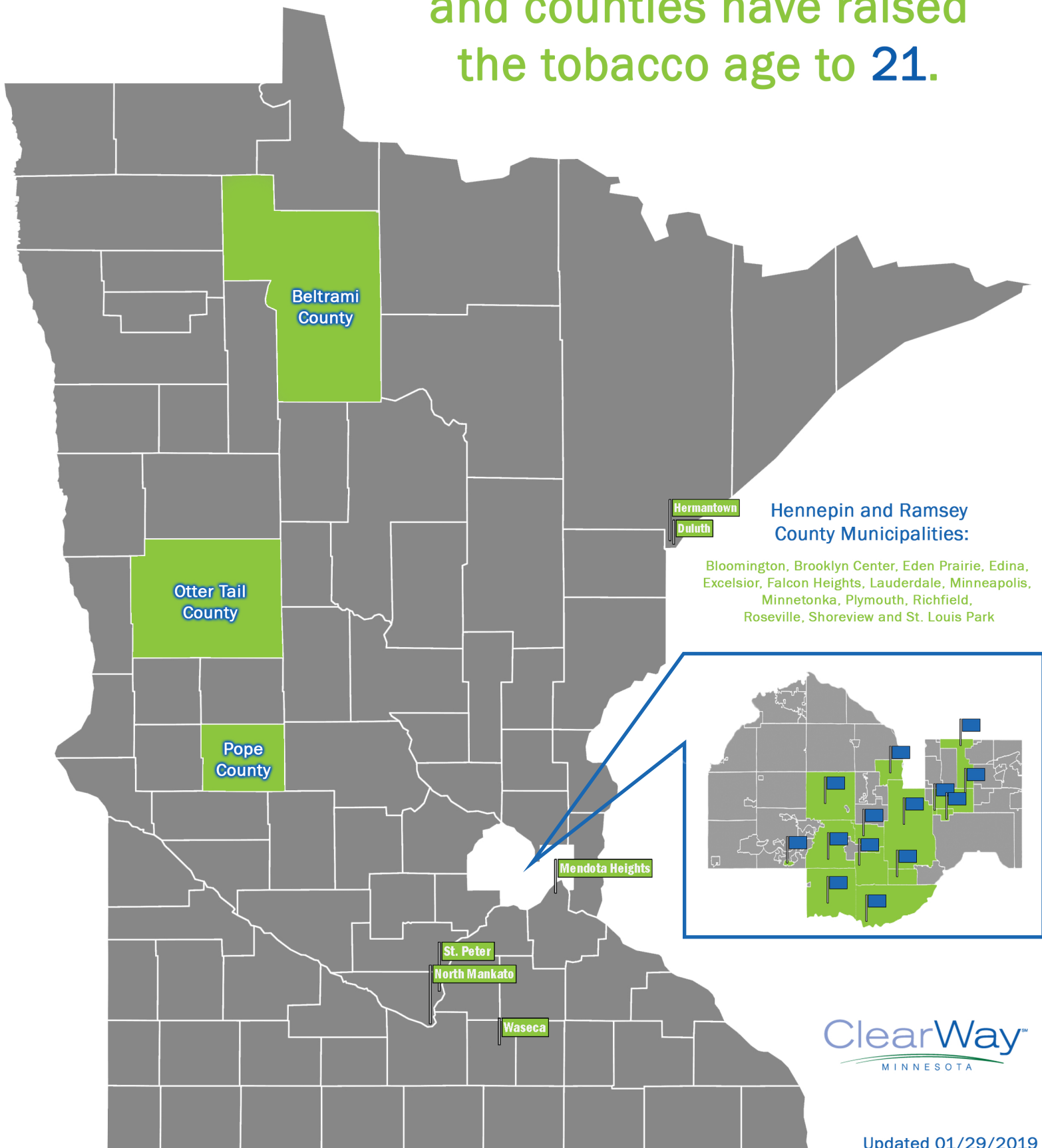
- E-cigarettes, Vapes & JUULs – What Parents Should Know  
Tuesday, March 5<sup>th</sup> from 6:00-7:00 pm at Zumbrota-Mazeppa High School
- E-cigarettes, Vapes & JUULs – What Schools Should Know  
Monday, March 25<sup>th</sup> from 2:00-3:00 pm at Kenyon-Wanamingo High School
- E-cigarettes, Vapes & JUULs – What Parents Should Know  
Tuesday, April 2<sup>nd</sup> from 6:00-7:00 pm at First Lutheran in Kenyon

The focus of the community meetings will be on educating parents and staff about e-cigarettes, what they look like, the health risks and the resources available. Additional information will be shared about the best practices that would strengthen their current city ordinance, including:

- Tobacco 21,
- Restricting sales of flavored tobacco products,
- Raising the minimum price of tobacco products,
- Restricting price discounts,
- Proximity to youth-oriented facilities and other tobacco retailers
- Providing education to retailers

# Tobacco **21** Policies in Minnesota

Twenty-three Minnesota cities and counties have raised the tobacco age to **21**.

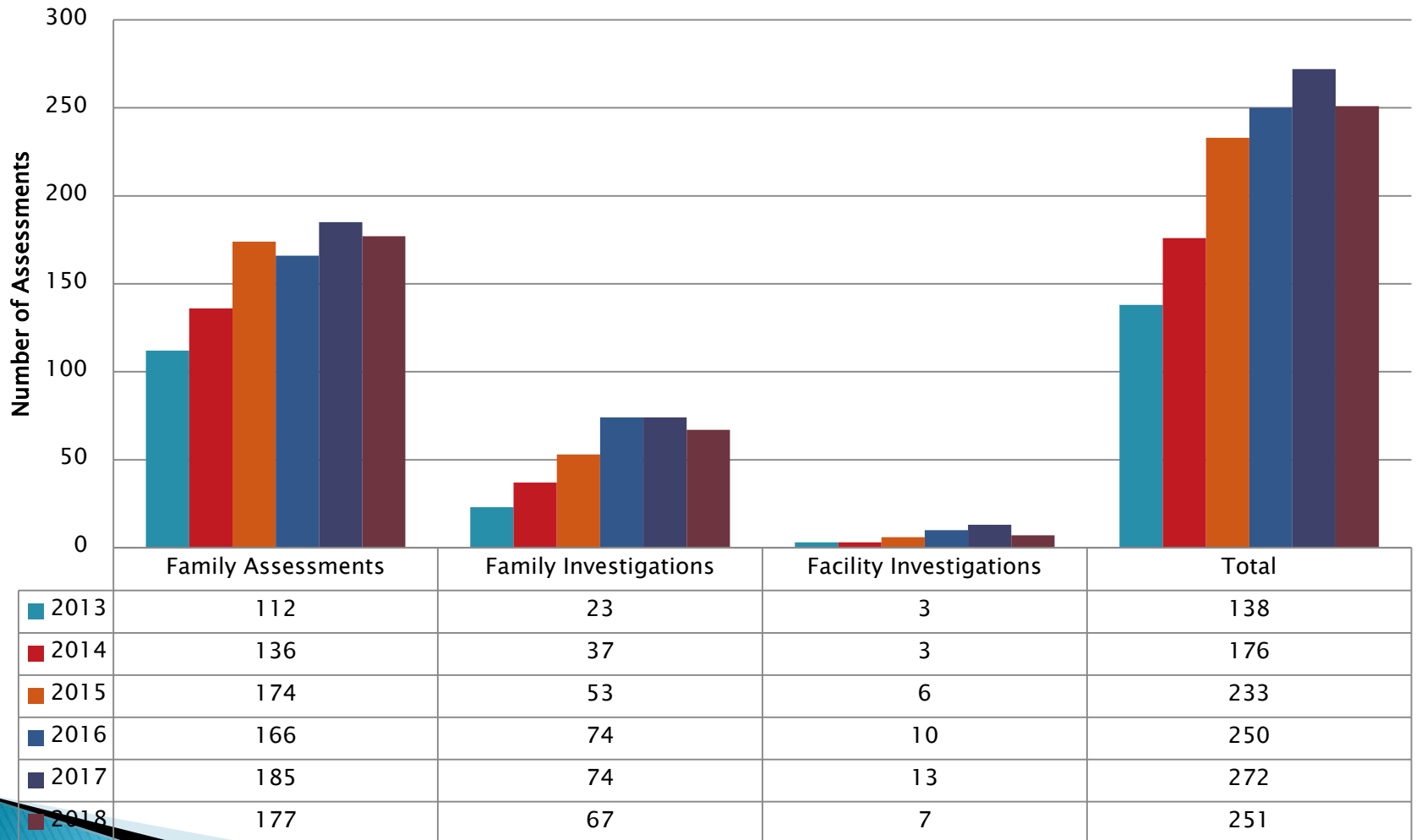


# Child Protection Year End Report 2018

Kris Johnson  
Social Services Supervisor – Child & Family

# Assessments/Investigations by year

## Child Protection Assessments/Investigations 2013–2018



# Placements by maltreatment type

Primary Maltreatment Type	Number of Children	Percentage of Children
Physical Abuse	13	11%
Sexual Abuse (incl threatened sex abuse)	4	4%
Neglect–Serious Endangerment	1	1%
Neglect–Drugs (chronic severe use, access to drugs/alcohol, prenatal exposure)	53	46%
Neglect–Inadequate Supervision	11	10%
Neglect–Inadequate provision of basic needs, abandonment	10	9%
Neglect–Inadequate provision of education	1	1%
Neglect–exposure to domestic violence	8	7%
Mental Health Placement of Child	13	11%
Total	114	100%



# Permanency Outcomes in 2018

Permanency Status	Number of Children	Percentage of Children
Reunification	35	31%
Transfer of Legal Custody to Relative	4	4%
Termination of Parental Rights / Adoption	4	4%
Transfer of Custody to Agency	2	2%
Reached Age of Majority	6	5%
Living with Other Relatives	3	3%
Remain in care at end of 2018	60	53%
Total	114	100%

# Delayed Permanency

- ▶ When children are placed out of the home, federal statute requires that they are in a permanent living situation within 12 months
- ▶ Goodhue County is on a Performance Improvement Plan with DHS due to delays in establishing permanency
  - The State of Minnesota is not achieving federal standards and is at risk of a large financial penalty
  - Goodhue County would be fined for the percentage of cases that are out of compliance

# Reasons for Delayed Permanency

The Goodhue County Children's Justice Initiative Team examined this issue and determined the following concerns:

- ▶ Parents not understanding timeframes/ disengaged
- ▶ Difficulty in addressing mental health/substance use within timeframes
- ▶ Inadequate services, delays in obtaining services
- ▶ Court scheduling issues
- ▶ Inadequate staffing (especially attorneys)
- ▶ Difficulty finding permanency homes

# Performance Thresholds

## Monthly Face to Face visits by Case Worker

- Monthly contact with 90% of children in foster care
- ▶ **Current Performance:**
  - 2018: 90.4% through end of November, 2018
  - 2017: 94% of children in foster care
  - 2016: 95% of children in foster care
  - 2015: 94% of children in foster care
  - 2014: 89.8% of children in foster care
  - 2012–2014 average: 87%
- If County can demonstrate 90% compliance, half of the withheld money (\$15,800) will be allocated in February, 2019.
- **State data is not available at this time**

# Performance Thresholds

## Timely face to face contact with alleged child victim

- Must meet with 90% of child victims within 24 hours for Investigations and 5 days for Family Assessments
- Current performance:
  - 2018: 96.7% as of mid-December, 2018
  - 2017: 93%
  - 2016: 91%
  - 2015: 87%
  - 2014: 88.5%
  - 2012–2014 average: 77.9%
- If County demonstrates 90% compliance, half of the withheld money (\$15,800) will be allocated in February, 2019.
- **State data is not available yet**

# Overtime/Comp Time

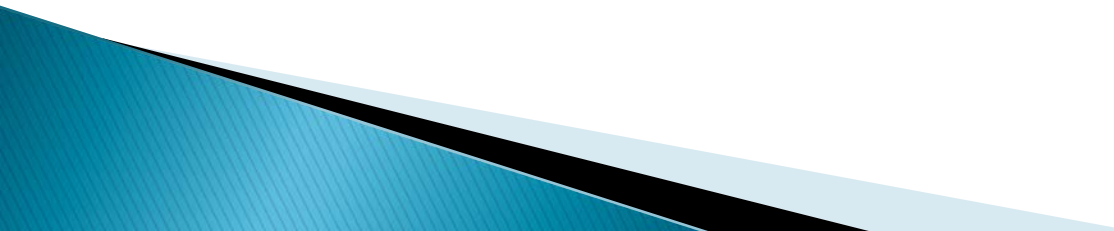
- ▶ Social Services spent \$71,294.22 in 2018 (up from \$65,229 in 2017)
  - On call mandate explains some of this increase
  - Meeting timeliness guidelines requires workers to work evenings, see clients on weekends

# Staffing

Addition of lead worker (Jan. 2018) allowed improved focus on intake process

Additional staff has allowed more time to pursue IV-E funding, which has a net increase of **\$73,613** in 2018

# Summary

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



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



**Monthly Report  
CD Placements**

CONSOLIDATED FUNDING LIST FOR FEBRUARY 2019

**In-Patient Approval:**

- #01004794R – 25 year old male – one previous treatment – Riverplace, Anoka
- #01123365R – 39 year old female – two previous treatments – Vinland Center, Loretta
- #04138561R – 22 year old male – numerous previous treatments – Common Ground Recovery House, Winona
- #01812826R – 39 year old male – three previous treatments – Twin Town Treatment Center, St. Paul
- #01341792 – 27 year old female – no previous treatment – MN Adult & Teen Challenge, Rochester
- #01697824R – 40 year old female – three previous treatments – New Life Treatment Center, Woodstock
- #02260430R – 42 year old female – four previous treatments – The Heights, St. Paul
- #01535172R – 25 year old male – two previous treatments – Twin Town Treatment Center, St. Paul
- #02705026R – 55 year old male – numerous previous treatments – Transformation House, Anoka
- #01948411R – 22 year old female – one previous treatment – Meadow Creek, Pine City
- #02294913R – 19 year old male – four previous treatments – MN Adult & Teen Challenge, Rochester

**Outpatient Approvals:**

- #00154220R – 49 year old male – one previous treatment – New Beginnings, St. Paul
- #01110718R – 36 year old male – four previous treatments – Fountain Center, Faribault
- #03312616R – 28 year old female – three previous treatments – Valhalla Place, Woodbury
- #04922005R – 45 year old male – one previous treatment – Common Ground, Rochester
- #02977433R – 33 year old male – two previous treatments – MN Adult & Teen Challenge Rochester
- #02148742R – 52 year old male – one previous treatment – Midwest Recovery, Red Wing
- #02519766 – 41 year old female – no previous treatment – Midwest Recovery, Red Wing
- #02726626R – 15 year old female – one previous treatment – Divine Hope Counseling, Willmar
- #01864890R – 22 year old male – one previous treatment – Midwest Recovery, Red Wing

**Halfway House Approvals:** None

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

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



**Monthly Update  
Child Protection Assessments/Investigations**

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>January</b>	18	18	21	25	21
<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	17	
<b>October</b>	30	18	28	28	
<b>November</b>	20	22	19	22	
<b>December</b>	17	15	16	19	
<b>Total</b>	<b>236</b>	<b>247</b>	<b>273</b>	<b>256</b>	<b>21</b>

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

# Quarterly Trend Report

## Quarter 4 (October-December) 2018

Goodhue County Health and Human Services  
February 19, 2019



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16 Child Protection

17 Child Care Licensing

18 Children's Programs



## **Administrative:**

19 County Cars

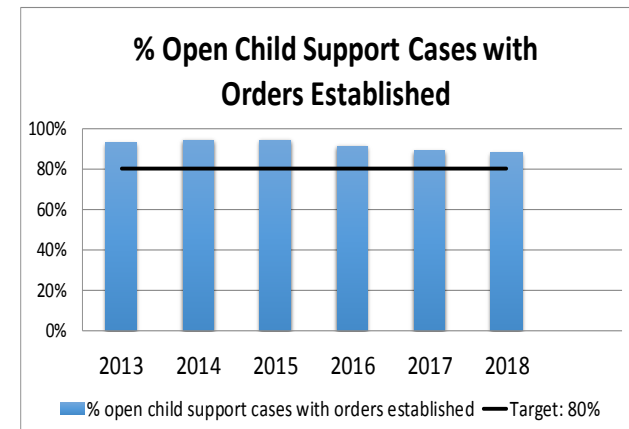
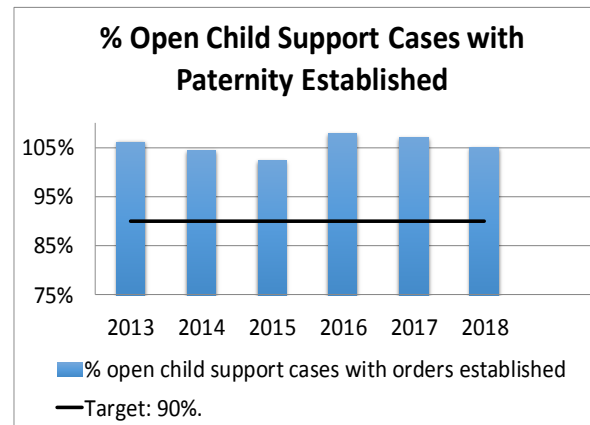
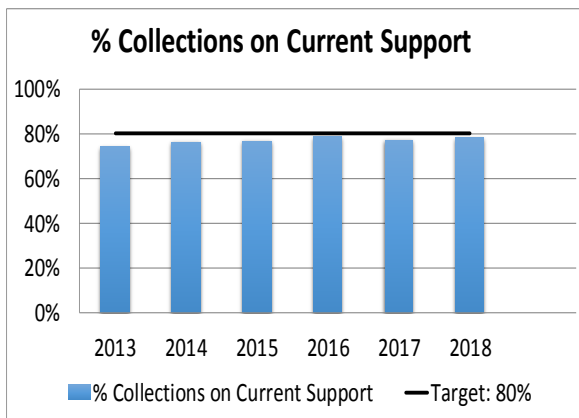


## Goodhue County Health & Human Services

# Economic Assistance *Child Support*

### 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

- **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.

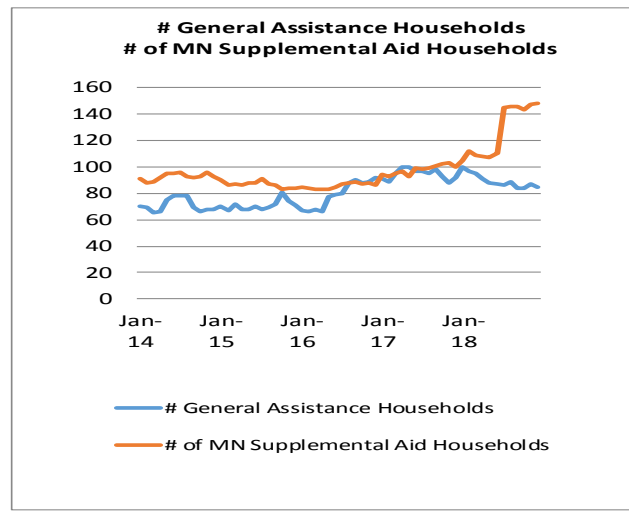
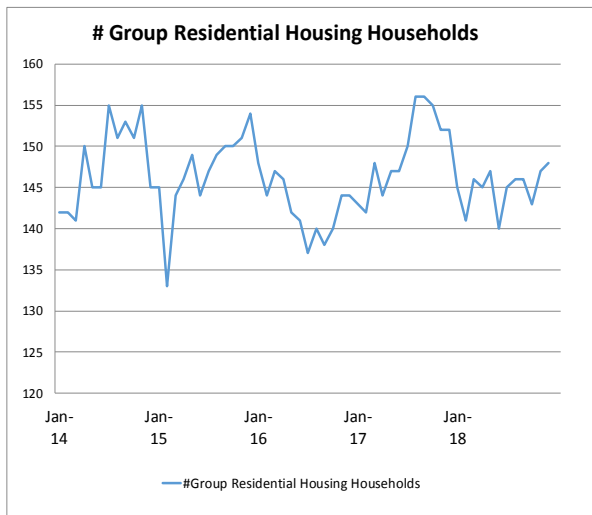
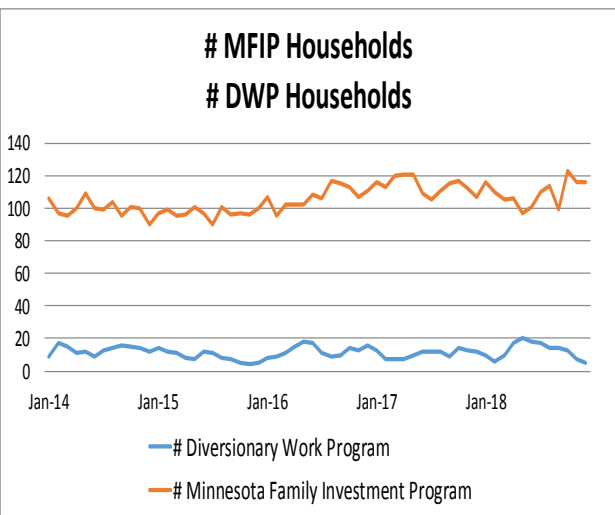
### Where Do We Go From Here?

- **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?

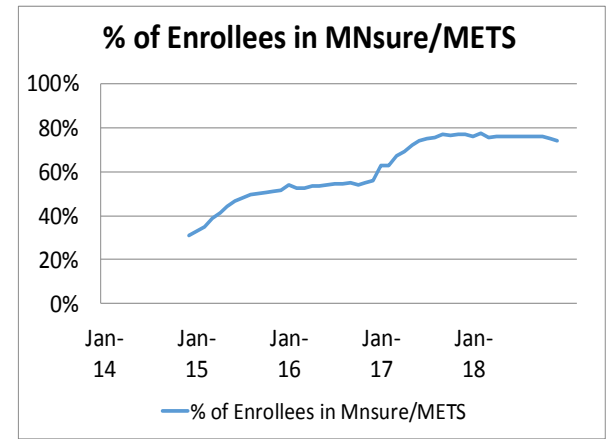
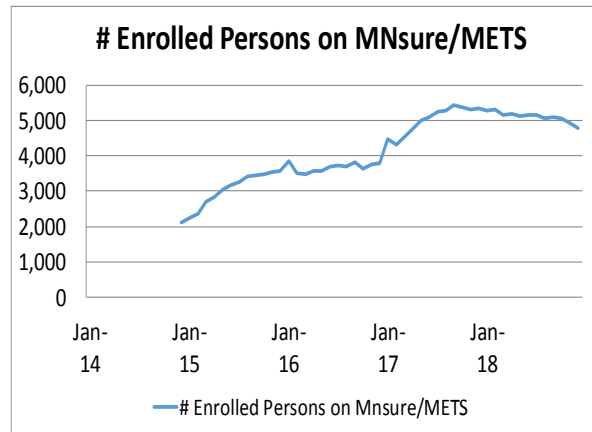
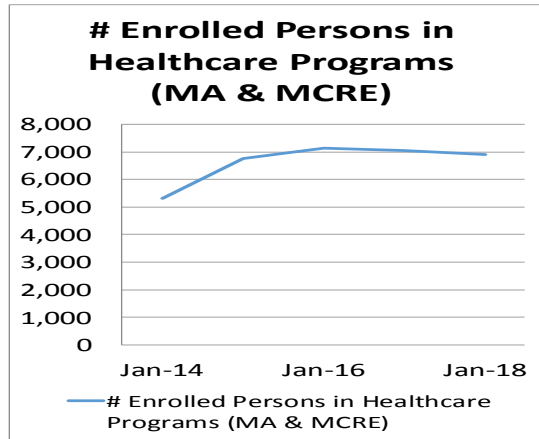
**LEFT, CENTER & RIGHT:** Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



# Economic Assistance *Healthcare*

## 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 (MNsured/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 increased over the years as more people enroll and those on the legacy system (MAXIS) transfer to MNsure/METS. With transfer basically complete, numbers are now leveling off.

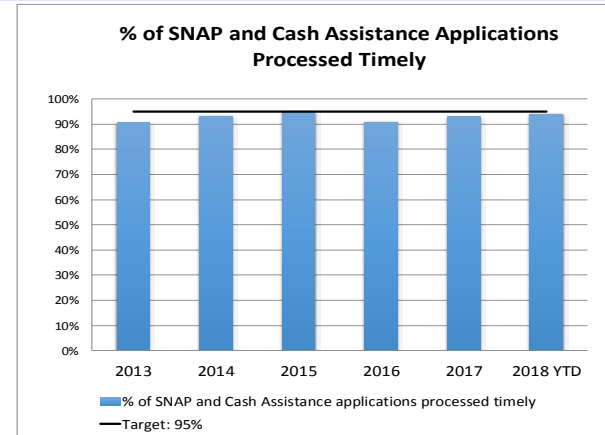
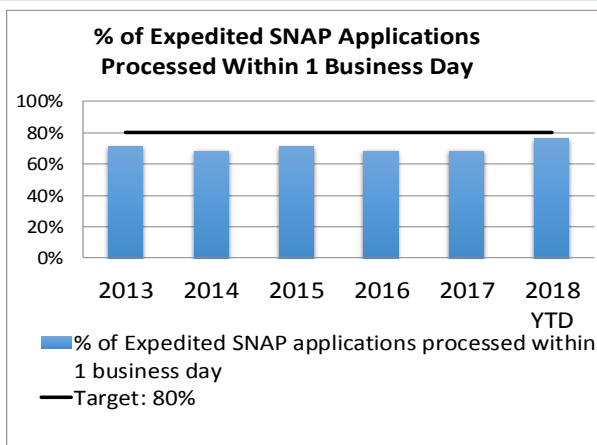
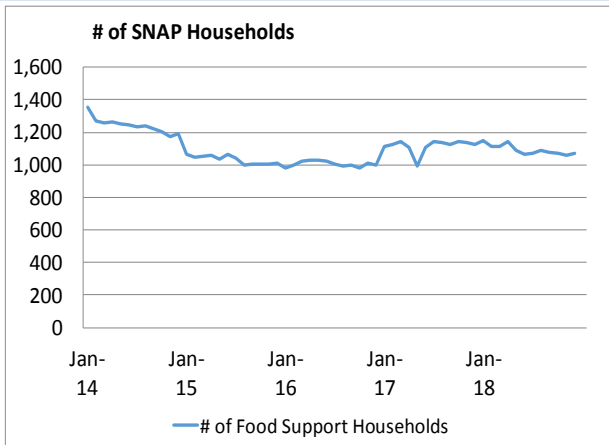
### Where Do We Go From Here?

- **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 continues to be very challenging due to METS’ technical and system issues, program complexities, changing policies, and inadequate supports 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.



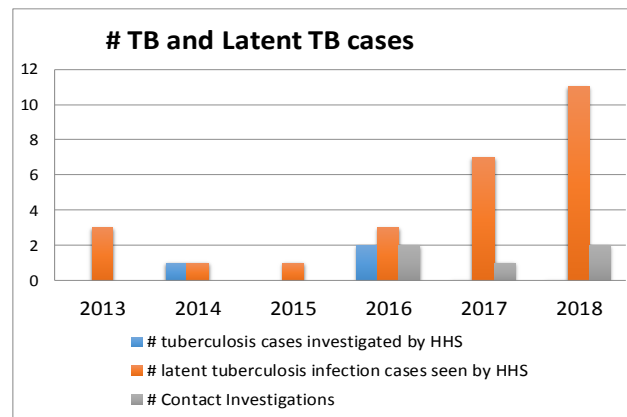
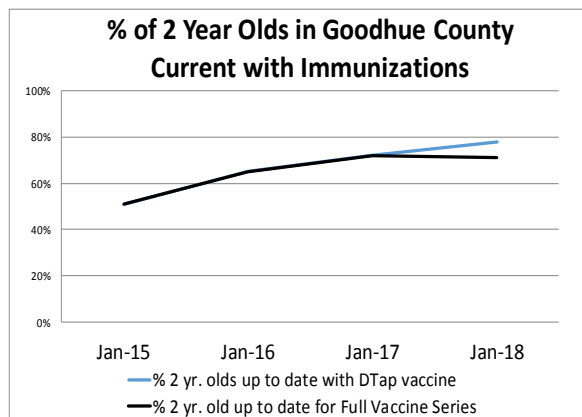
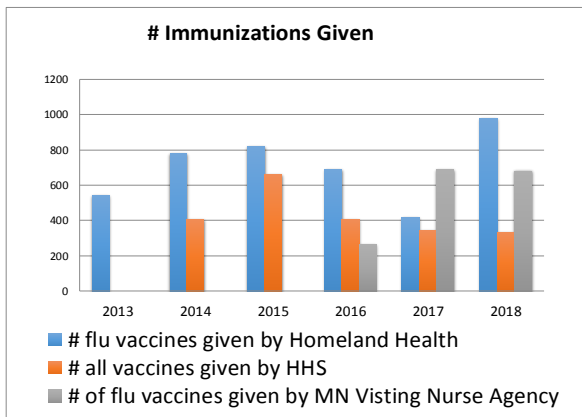


# Public Health

## *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.



### Story Behind the Baseline

- LEFT:** In addition to providing routine immunizations to children and adults who are uninsured, GCHHS organized flu vaccination clinics at 13 public schools and 1 parochial school. 920 students and staff were vaccinated by 2 private vaccinating companies doubling last year's numbers. 9 flu clinics open to the public were held in each school district totaling 575 vaccinations. HHS and HR set up flu clinics for Goodhue County employees, which were available at Public works, the Government Center, and biometric screenings. 139 were vaccinated compared to 103 in 2017. HHS provided free flu vaccinations at the Care Clinic and Project Community Connect homeless event.
- CENTER:** Children in Goodhue County who are up-to-date by age 2 for all routine immunizations increased from 71% in Jan. 2018 to 75% in Nov. 2018.
- RIGHT:** GCHHS saw an increase in the number of Latent (non-infectious) TB cases in 2018. HHS provides medications to prevent them from becoming active, infectious TB. 7 of the 11 were foreign-borne. No active TB cases were reported. 4 suspect cases were ruled out following further medical evaluation.

### 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.

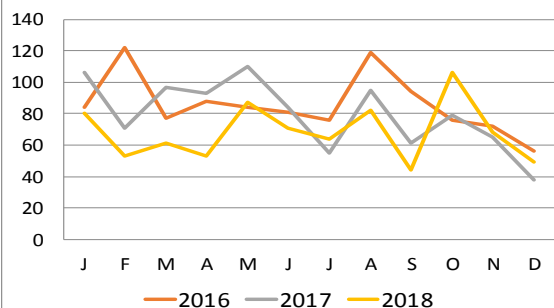


## *Family Home Visiting and Follow Along*

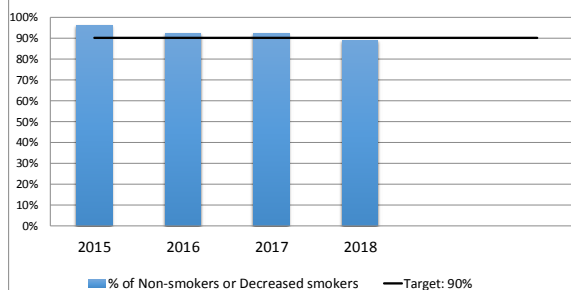
### Purpose/Role of Program

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.

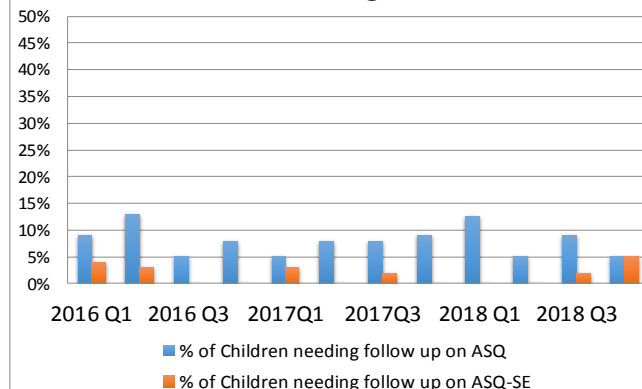
**Average # Client Visits per Month  
Family Home Visiting**



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



**Follow Along Statistics**



### Story Behind the Baseline

- **LEFT:** Our quarterly average is approximately 63 visits per month.
- **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.

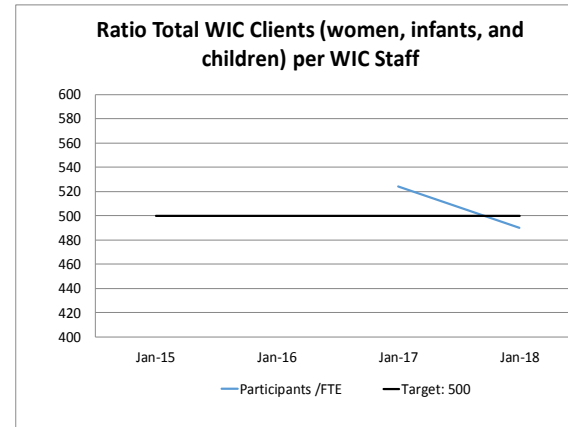
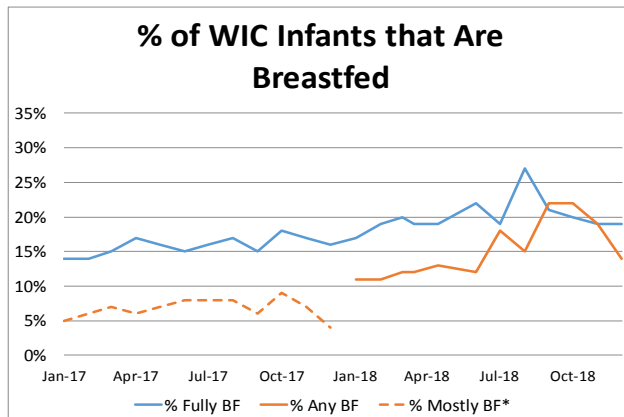
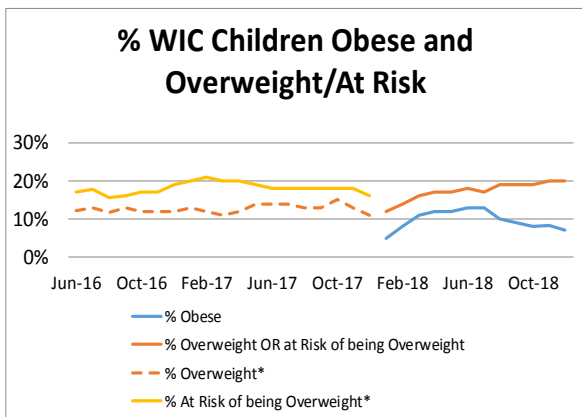
### Where Do We Go From Here?

- **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.



## 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.

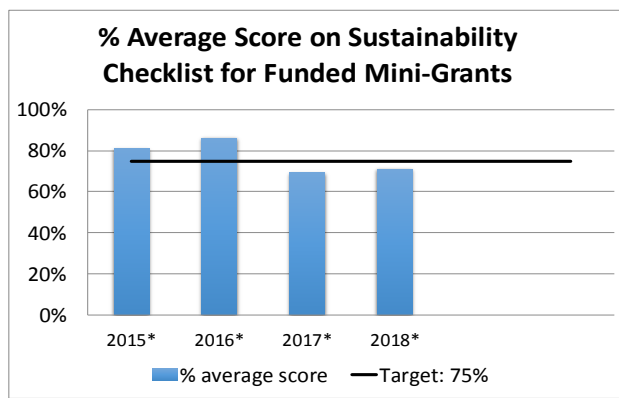
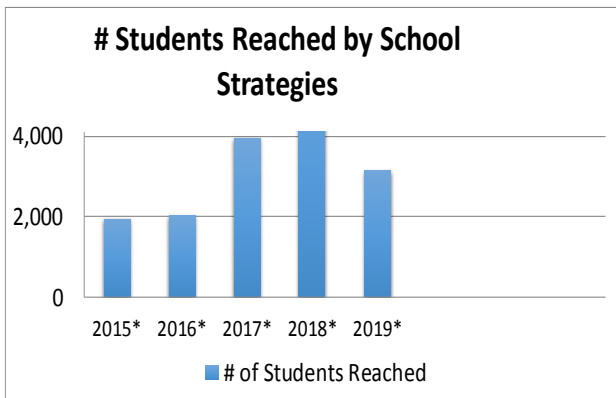


# Public Health

## *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.



### Story Behind the Baseline

- **LEFT:** October was the end of Year 3 of SHIP 4. We will continue to strengthen our partnerships with Cannon Falls School District, Goodhue School District, Red Wing High School, four classrooms at Red Wing Twin Bluff Middle School, and Zumbrota Primary and Middle/High School, while recruiting additional districts or schools to work with us.
- **CENTER:** October was the end of Year 3 of SHIP 4. During the year we provided funds for initiatives with Amesbury Truth, Fernbrook Family Services, Goodhue County and ProAct, Inc. We will continue to partner with these workplaces if they wish to continue developing strategies to improve the health of their employees.
- **RIGHT:** During Year 3 of SHIP 4, 71% of 2018 partners implemented either a policy system or environmental change.

### Where Do We Go From Here?

- **LEFT:** November was the beginning of a new year for Live Well Goodhue County. We will continue to support current partners while strengthening relationships with school districts and/or schools in hopes of gaining new partners.
- **CENTER:** November was the beginning of a new year for Live Well Goodhue County. Our focus for this year is to develop a workplace wellness collaborative with our Senior Living Facilities while continuing to collaborate with previous partners. The Live Well Goodhue County staff continues to offer technical assistance and mini-grant opportunities to former workplace partners.
- **Right:** We will be developing a new system that better reflects the sustainability of the initiative our partners implement.

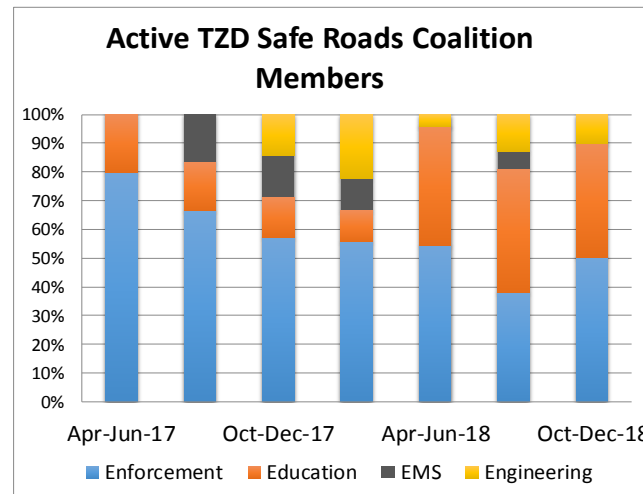
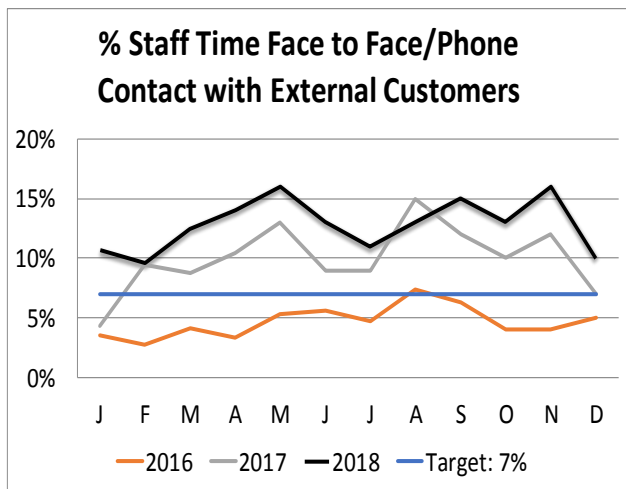
\*2015 grant year=11/1/14-10/31/15. \*2016 grant year= 11/1/15-10/31/16. \*2017 grant year=11/1/16-10/31/17 \*2018 grant year =11/1/17-10/31/18  
\*2019 grant year=11/1/18 - 10/31/19



### Purpose/Role of Program

**Healthy Communities Unit** promotes healthy behaviors and health equity with programs such as 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.
- **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.
- **RIGHT:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical and trauma services (the “4Es”). Look into new programs, ideas and initiatives that are engineering specific.

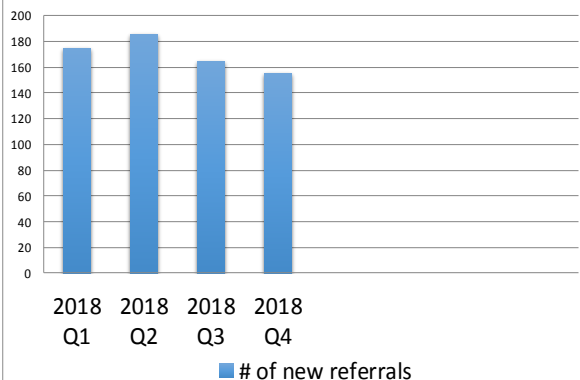


# Public Health *Waiver Management Team*

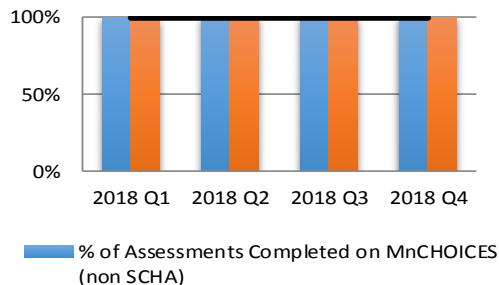
## Purpose/Role of Program

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

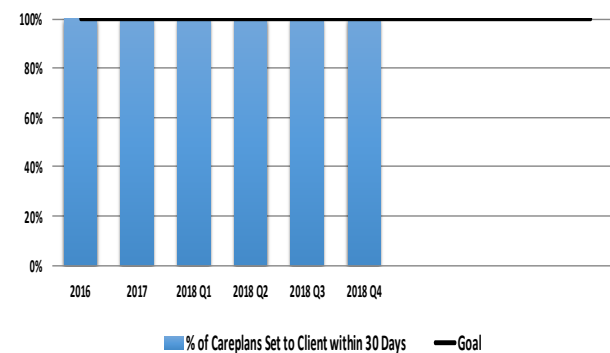
**# of Referrals Received**



**% of Assessments Completed on MnCHOICES (non SCHA)  
% of Assessments Completed Within 365 Days of Last Assessment**



**% of Careplans Sent to Client Within 30 Days**



### 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. 3<sup>rd</sup> quarter we received 164 referrals. Referrals were down this quarter related to less county of residence and under 65 nursing home screens. 4<sup>th</sup> quarter we received 155 referrals. County of Residence screens were down again and DD referrals were down which is typical for this time of year.
- CENTER:** All non-SCHA assessments and reassessments are required to be completed on MnCHOICES. 100% of assessments during the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</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>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</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 within 30 days of the assessment or reassessment. In the 1<sup>st</sup> quarter 2018, 99% of care plans were sent within 30 days. In the 2<sup>nd</sup>

### Where Do We Go From Here?

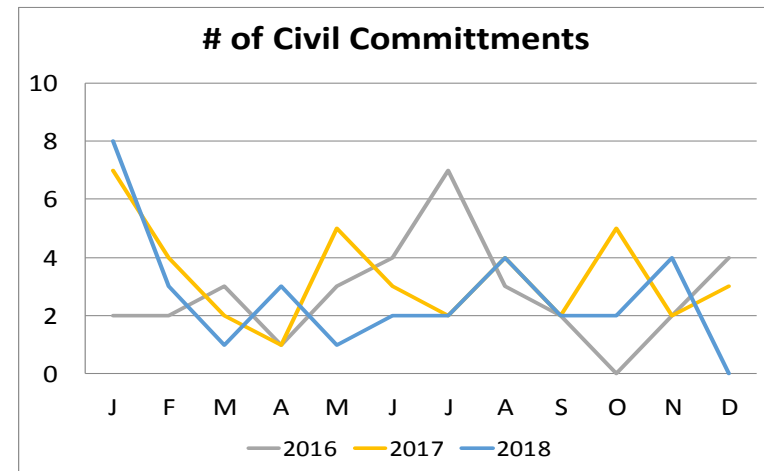
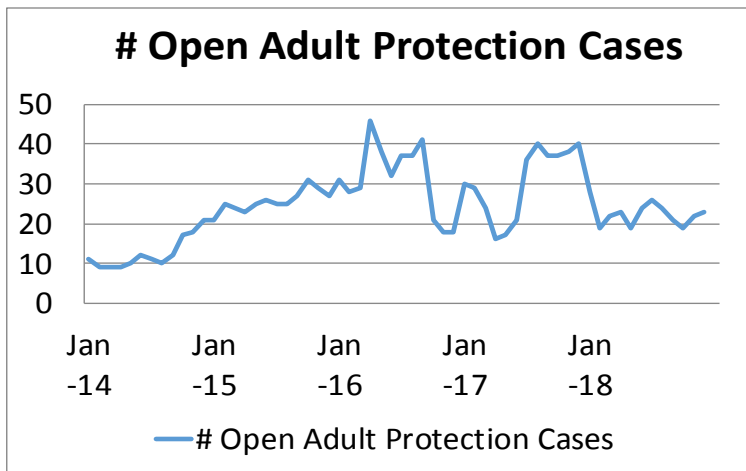
- CENTER & RIGHT:** We are working toward 100% (or continued 100%) compliance with completing MnCHOICES assessments, doing assessments within 365 days and sending out care plans in 30 days.



# 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.

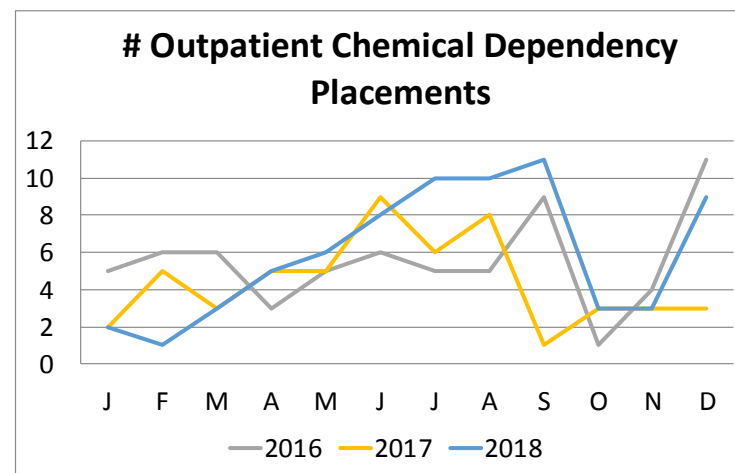
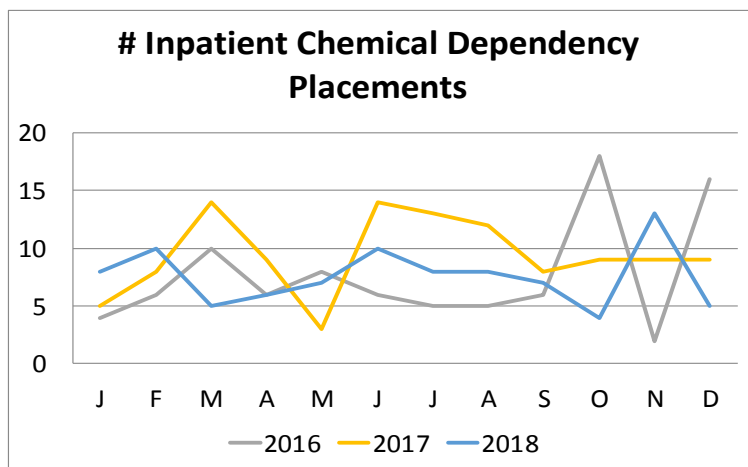
### Where Do We Go From Here?

- **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.



### 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.



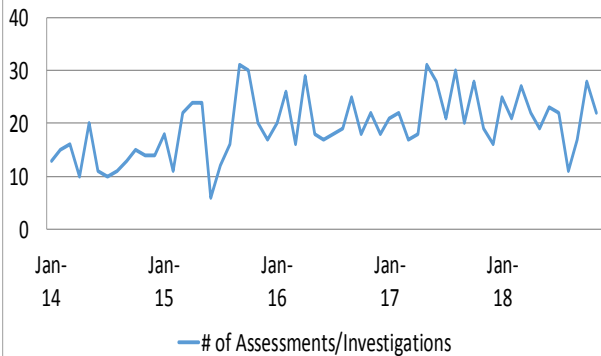


# Social Services *Child Protection*

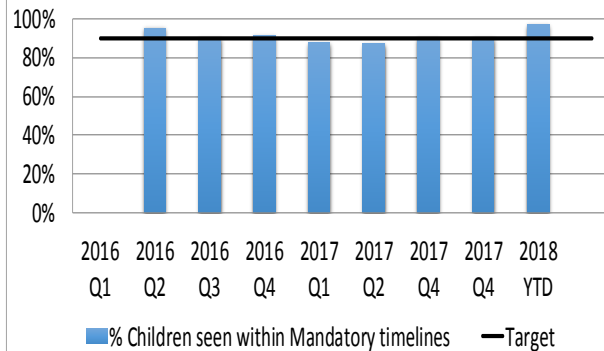
## Purpose/Role of Program

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.

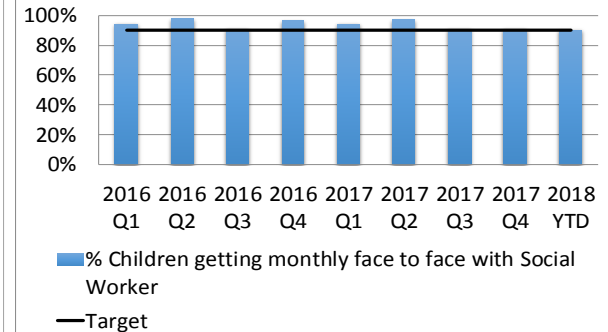
**# of Assessments/Investigations**



**% Children Seen Within Mandatory Timelines**



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



### Story Behind the Baseline

**LEFT:** For the first time in many years, the total number of assessments and investigations decreased slightly. This is consistent with trends throughout the state showing that reports are “leveling off.”

**CENTER:** DHS has changed how this data is collected, and we can only get this information in “year to date” format instead of separate numbers for each quarter. As of mid-December, Goodhue County is at 96.7% of children were seen within timeframes.

**RIGHT:** This data is also available only in “year to date” format. As of the end of November, 90% of children were seen within timeframes.

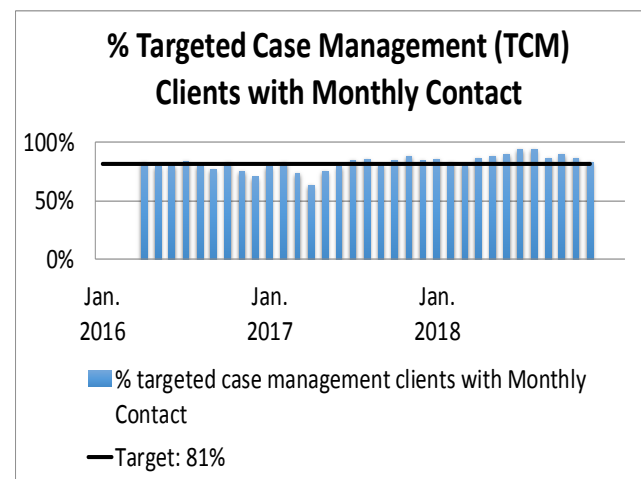
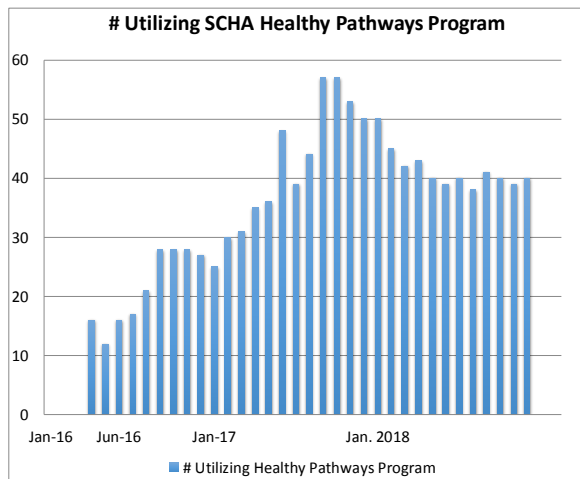
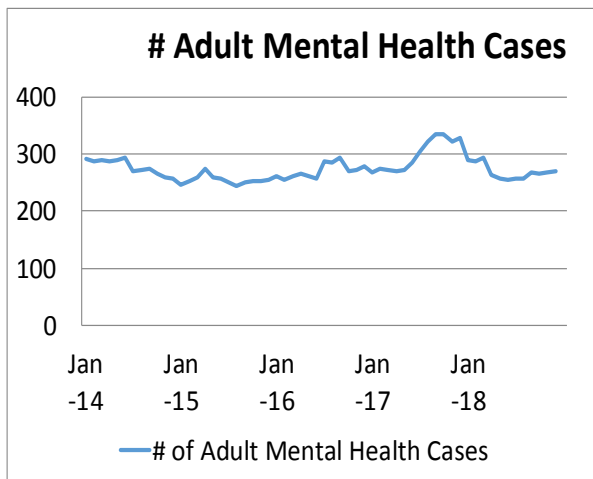
### Where Do We Go From Here?

- **LEFT :** The slight downturn in child protection reports brought some welcome relief to the staff. We will continue to watch statewide trends in 2019.
- **CENTER:** It should be noted that in July, 2018 the mandate for timeliness changed, and counties are now required to see children within 24 hours or 5 days of when the report was received, instead of when the report was screened. So far, Goodhue County has been able to keep up with the timeframes, in part due to the present workload.
- **RIGHT:** Goodhue County continues to meet this standard.



## 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.

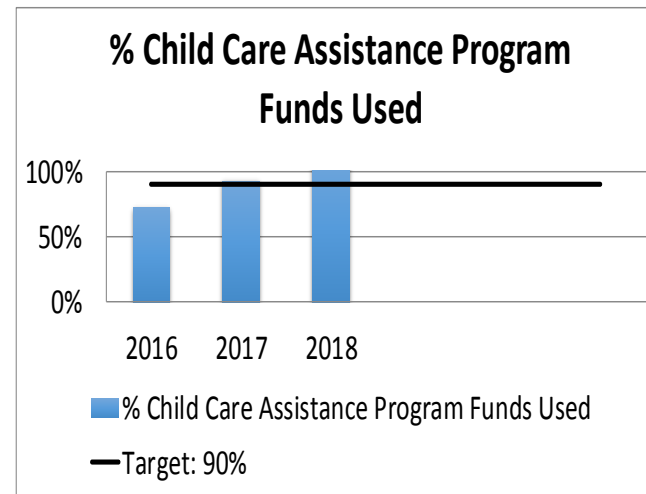
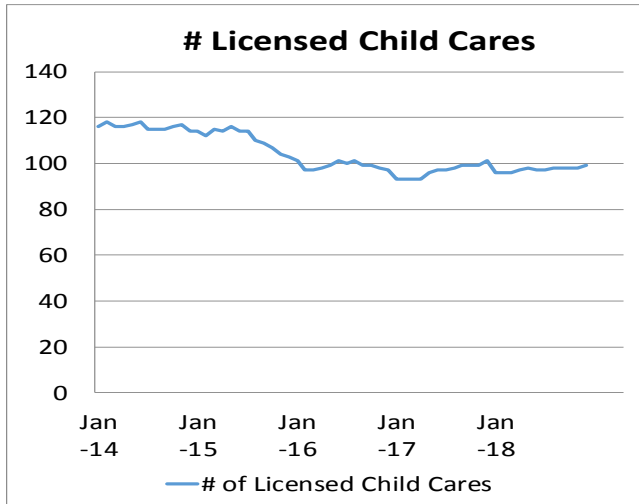


# Social Services

## 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 has remained relatively steady in 2018.
- **RIGHT**: Our utilization is currently above our allotment. 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. In 2018 there was enough underspending in some counties to offset overspending in other counties. Therefore, Goodhue County’s overspending was fully covered by the State. The history of spending patterns will dictate the next year’s allotment, so Goodhue County’s allotment is likely to increase in 2019.

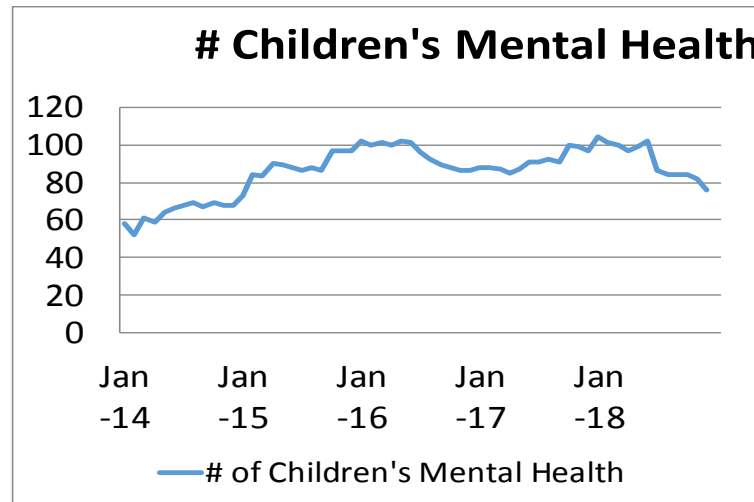
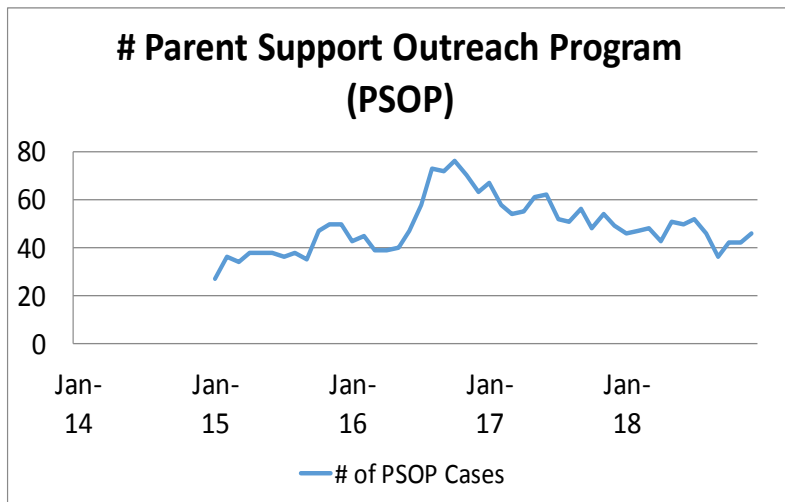
### Where Do We Go From Here?

- **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.

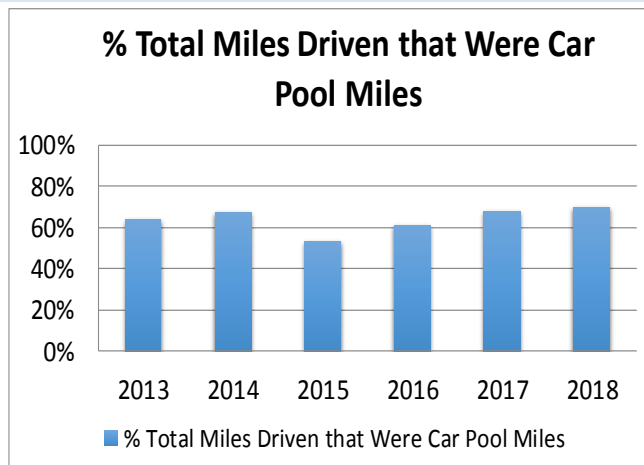
## Where Do We Go From Here?

- **LEFT:** PSOP has become a vital part of our service array for families with young children. Evidence demonstrates that when counties heavily utilize PSOP, child protection reports decrease. Goodhue County's strong utilization of PSOP could explain, in part, the decrease in child protection assessments/investigations.
- **RIGHT:** We continued to work closely with Fernbrook to ensure that program is widely utilized and effective.



## 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:** 2013 was 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.