



GOODHUE COUNTY MINNESOTA

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

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

ONLINE VIA GOTOMEETING

APRIL 20, 2021

10:30 A.M.

WEB ACCESS: [HTTPS://GLOBAL.GOTOMEETING.COM/JOIN/600611925](https://global.gotomeeting.com/join/600611925)

CALL IN NUMBER: [1 866 899 4679](tel:18668994679)

ACCESS CODE: 600-611-925

VIRTUAL MEETING NOTICE

"Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02a are not practical or prudent. Therefore, meetings that are governed by the Open Meeting Law will temporarily be conducted by telephone or other electronic means pursuant to Minn. Stat. 13D.021."

Goodhue County Health and Human Services Board will conduct a board meeting pursuant to this section on April 20, 2021 at 10:30 a.m. via GoToMeeting platform. The board and staff will attend the meeting via GoToMeeting by video or phone. The public is welcome to monitor the meeting by logging into <https://global.gotomeeting.com/join/600611925> or calling 1-866-899-4679 beginning at 10:20 a.m. or any time during the meeting. Access Code: 600-611-925

New to GoToMeeting: Get the app now and be ready when your meeting starts
<https://global.gotomeeting.com/install/600611925>

[Tips for the Virtual Meeting](#)

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

Documents:

[MARCH 2021 HHS BOARD MINUTES.PDF](#)

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

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. Letter Of Need Request - Nystrom & Associates, Ltd

Documents:

[LETTER OF NEED REQUEST.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Child Abuse Prevention Month Proclamation
Maggie Cichosz

Documents:

[CHILD ABUSE PREVENTION MONTH.PDF](#)

6. INFORMATIONAL ITEMS:

a. Southeast Regional Crisis Center (SERCC) Update
Nicole Mucheck, Executive Director and Tim Hunter, Regional Programs Coordinator

Documents:

[SOUTHEAST REGIONAL CRISIS CENTER \(SERCC\) PRESENTATION.PDF](#)

b. COVID-19 Update
Nina Arneson

Documents:

[4-2021 COVID-19 HHS BOARD UPDATE.PDF](#)

c. 2018 MN County Human Services Cost Report
Mike Zorn

Documents:

[HHS 2018 MINNESOTA COUNTY HUMAN SERVICES COST REPORT.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. MDH-Public Health System Development In MN: 2021 Report To The Legislature

Documents:

[2021 MDH PUBLIC HEALTH SYSTEM LEGISLATIVE REPORT.PDF](#)

c. DHS Cash Assistance And SNAP Timeliness Measures- Goodhue County

Documents:

[GOODHUE REPORT CASH AND SNAP 4-2021.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be May 18, 2021

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF MARCH 16, 2021**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:45 A.M., Tuesday, March 16, 2021, online via GoToMeeting.

Brad Anderson, Paul Drotos, Linda Flanders, Todd Greseth, Susan Johnson, Jason Majerus, and Nina Pagel.

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Scott Arneson, Jessica Seide, Maggie Cichosz, Ruth Greenslade, Heather Arndt, and Brooke Hawkenson.

AGENDA:

On a motion by N. Pagel and seconded by B. Anderson, the Board unanimously approved the March 16, 2021 Agenda.

MEETING MINUTES:

On a motion by J. Majerus and seconded by B. Anderson, the Board unanimously approved the Minutes of the H&HS Board Meeting on February 16, 2021.

CONSENT AGENDA:

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

ACTION ITEMS:

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 S. Johnson and seconded by P. Drotos, the Board unanimously approved to send COVID-19 Vaccine Site Thank You letters to those involved.

INFORMATIONAL ITEMS:

COVID-19 HHS Board update- Nina Arneson

FYI & REPORTS:

CD Placement Report
Child Protection Report
CY20 DHS Perfect Performance Financial Reporting

Goodhue County Health & Human Services Board
Meeting Minutes of March 16, 2021

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by S. Johnson and seconded by B. Anderson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:32 a.m.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	April 20, 2021	Staff Lead:	Katie Bystrom
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Lola Meyers Cannon Falls
- Ashley Schutz Pine Island
- Amy Wendt Zumbrota
- Vicki Kirk Red Wing
- Ronda Swenning Red Wing
- Suzanne Gora Red Wing

Child Care Licensures:

Number of Licensed Family Child Care Homes: 76

Negative licensing actions: Casey Piekarski, Kenyon – DHS issued Order of License Denial

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

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



REQUEST FOR BOARD ACTION

Requested Board Date:	April 20, 2021	Staff Lead:	Abby Villaran
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Statement of Need Letter – Outpatient Substance Use Disorder Treatment Services for Adults and Adolescent		

BACKGROUND:

On February 3 2021, Goodhue County Health and Human Services received the attached letter from Kevin Evenson, Director of Substance Use Disorder Treatment Services at Nystrom & Associates, Ltd., with a request of a letter of need for a new outpatient substance use disorder treatment services for adults and adolescent. Under the Minnesota rules, Counties are allowed to comment on the need for chemical dependency treatment services in their county.

Nystrom & Associates, Ltd. is opening a new 245G counseling program in Goodhue County which will be located at 145 Tyler Road S, Red Wing, MN 55066, and would like to provide substance use disorder treatment services for adults and adolescents who have co-occurring disorders.

These service would include Rule 25 assessments, treatment coordination, comprehensive assessments, group therapy, psychoeducational groups, individual counseling, peer recovery support, and outpatient setting. Their program would also have a family component.

Our local knowledge, community assessments including the most [recent Goodhue County Community Health Assessment](#) and experience tells us that there is a need for this type of chemical dependency treatment services in Goodhue County.

Attached, please also find a draft letter for such request stating that there is a need in Goodhue County. Please know this letter is not considered an endorsement of the agency by GCHHS.

RECOMMENDATION: The GCHHS Department recommends approval as requested.

NYSTROM & ASSOCIATES, LTD.

Brighton Professional Building
1900 Silver Lake Road Suite #110
New Brighton, MN 55112
Phone (651) 628-9566 Fax (651) 628-0411
www.nystromcounseling.com

March 2, 2021

Nina Arneson, Director of Goodhue Health and Human Services
426 West Avenue
Red Wing, MN 55066
nina.arneson@co.goodhue.mn.us

Dear Becky,

Nystrom & Associates, Ltd. is requesting a letter of support from Goodhue County. We would like to open an outpatient 245G counseling program at 124 Tyler Road S, Red Wing MN 55066. We would be providing substance use disorder treatment services for adults and adolescents who have co-occurring disorders. The services we plan to deliver include Rule 25 assessments, treatment coordination, comprehensive assessments, group therapy, psychoeducational groups, individual counseling, peer recovery support, and outpatient milieu. Our program would also have a family component. We would be providing outpatient programming at the American Society of Addiction Medicine (ASAM) Levels 0.5, 1.0, and 2.1.

Redwing Minnesota is located in Goodhue County and covers 41 square miles of land. The population of the city is 16,000 people. Goodhue County covers 780 square miles and its population is 46,000 people.

The Department of Human Services has stated Substance Use Disorders affect 10% of the nation's individuals and that puts over 4,600 individuals in Goodhue County having a substance use disorder. The Department of Human Services has also stated only 10% of these individuals are getting the necessary services they need to move this disease into remission. That leaves 90% of these individuals untreated.

Using the Minnesota Department of Human Services treatment provider locator. I found two programs operating in Redwing. Common Ground and Midwest Recovery, Inc. If these programs were serving up to 100 Substance Use Disorder clients, this would still result in approximately 4,400 clients still needing to be served in Redwing.

We are wanting to make our programs more accessible to those individuals in this area of the state. Our experience in treating individuals with substance use disorders and mental health issues is central to our mission and we have a proven track record in treating both disorders.

I would expect to receive referrals from Rule 25 Assessors 25, Courts 10, Child Protection Services 10, Jails 10, Churches 10, Employee Assistance Programs 15, Self-referrals 10, Residential Programs 50, Mental Health Professionals 25, Primary Care 20, Tribes 5, Probation 15, and Department of Public Safety 20. While this is more than likely not an all-inclusive list, I believe it is a pretty good estimate for the first year. Our facility will allow us to increase capacity and grow with increasing numbers.

Nystrom & Associates, Ltd. is currently in the process of building a residential program in Big Lake Minnesota so we will be able to provide most of the American Society of Addiction Medicine (ASAM) levels of care to those we are serving, moving to a longitudinal system of care.

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New Brighton, MN 55112
Phone (651) 628-9566 Fax (651) 628-0411
www.nystromcounseling.com

There is an epidemic afflicting our states residents, it is substance use disorders. According to the Center for Disease Control, deaths resulting from this epidemic are still rising and more treatment programs are needed to offer services to those in need.

I hope you will be able to approve our request and give us the letter of support from Goodhue County.

Please let me know if you need any additional information to fulfill our request. We will promptly respond with any information you need.

Thank you.

Sincerely,

Kevin J. Evenson, Director of Substance Use Disorder Treatment Services
1900 Silver Lake Road, Suite 110, New Brighton, MN 55112
KEvenson@nystromcounseling.com



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

April , 2021

Jodi Harpstead, Commissioner of Department of Human Services
MH-CD Licensing Division
PO Box 6242
St. Paul, 55164-0242

Re: Statement of Need for Nystrom & Associates, Ltd.

Dear Commissioner Harpstead:

I am writing to provide this **Statement of Need** to open an outpatient 245G counseling program at 124 Tyler Road S, Red Wing MN 55066 in Goodhue County which would also provide substance use disorder treatment services for adults and adolescents who have co-occurring disorders. This is based on the need for additional services in Goodhue County.

Nystrom & Associates, Ltd.

www.nystromcounseling.com

Please feel free to contact me for additional information at nina.arneson@co.goodhue.mn.us or 651-385-6115.

Thank you and have a great day!

Sincerely,

Nina Arneson, M.S.
Goodhue County Health and Human Services Director

Cc: Kevin J. Evenson, Nystrom & Associates, Ltd., Director of Substance Use Disorder Treatment Services
Abby Villaran, GCHHS Social Services Supervisor
Katie Bystrom, GCHHS Social Services Supervisor
Kris Johnson, GCHHS Deputy Director

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



REQUEST FOR BOARD ACTION

Requested Board Date:	April 20, 2021	Staff Lead:	Mike Zorn
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve March 2021 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: March 2021

		Check No.			
Date of Warrant		Series		Total Batch	
IFS	March 5, 2021	ACH	32932	32943	\$27,255.15
IFS	March 5, 2021		455433	455470	\$20,444.23
IFS	March 12, 2021	ACH	32963	32974	\$5,357.34
IFS	March 12, 2021		455528	455557	\$19,342.27
IFS	March 19, 2021	ACH	32988	33000	\$6,341.11
IFS	March 19, 2021		455615	455648	\$76,994.30
IFS	March 26, 2021	ACH	33092	33119	\$15,532.36
IFS	March 26, 2021		455784	455845	\$16,966.87
SSIS	March 26, 2021	ACH	33010	33029	\$50,972.34
SSIS	March 26, 2021		455694	455735	\$173,725.10
IFS	March 26, 2021	ACH	33030	33059	\$12,215.56
IFS	March 26, 2021		455736	455744	\$103,552.81
				total	<u>\$ 528,699.44</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	April 20, 2021	Staff Lead:	Maggie Cichosz
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Issue Proclamation in Recognition of Child Abuse Prevention Month - April 2021		

BACKGROUND:

Child Abuse Prevention Month recognizes the importance of communities working together to help families thrive and prevent child maltreatment. This recognition helps inform the public about child and family well-being, and the need to form partnerships to implement effective strategies that support families and prevent child abuse and neglect.

Adverse Childhood Experiences (ACEs) describes a traumatic experience in a person’s life occurring before the age of 18 ACEs can include physical abuse, sexual abuse, emotional abuse, mental illness of a household member, substance use by a household member, incarceration of a household member, domestic violence towards a caregiver, and more. ACEs cumulatively impacts health and wellbeing. As the number of ACEs increases, the risk for health problems increases in a strong and graded fashion. Preventing ACEs could potentially reduce a large number of health conditions. ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress. Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children.

ACEs are preventable. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.

RECOMMENDATION: The HHS Department recommends that the HHS Board issues the attached proclamation in recognition of Child Abuse Prevention Month.

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Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
Phone (651) 385-3200 • Fax (651) 267-4879

Proclamation

In Recognition of Child Abuse Prevention Month - April 2021

- WHEREAS,** Goodhue County's future prosperity and quality of life depend on the healthy development of the children residing in the communities across our county; and
- WHEREAS,** All children deserve to have a safe, stable, nurturing homes and communities they need to foster their healthy growth and development; and
- WHEREAS,** Adverse childhood experiences is a serious public health issues with wide-ranging societal consequences, as data show the link between abuse and neglect of children and a wide range of costly medical, emotional, psychological, and behavioral uses into adulthood; and
- WHEREAS,** Preventing adverse childhood experiences is a community responsibility that affects both the current and future quality of life of a community; and
- WHEREAS,** The COVID-19 pandemic has had, and will continue a profound impact on children, families, and communities; and
- WHEREAS,** Communities that promote family functioning and resiliency, social support systems, concrete supports, nurturing and attachment, and knowledge of parenting and child development all are known protective factors, which prevent child maltreatment and help to strengthen families; and,
- WHEREAS,** Effective child abuse prevention strategies succeed because of partnerships created among individuals and families, human service agencies, schools, faith communities, health care providers, civic organizations, law enforcement agencies, and the business community; and
- WHEREAS,** We acknowledge that we must work together as a community to increase awareness about adverse childhood experiences and contribute to promote the social and emotional well-being of children and families in a safe, stable, and nurturing environment; and
- WHEREAS,** Prevention remains the best defense for our children and families

NOW, THEREFORE, BE IT RESOLVED,

We will continue our efforts to prevent and mitigate the effects of adverse childhood experiences. We will accomplish this through comprehensive community education, and the promotion of positive social norms that protect children and families.

We ask ALL residents of Goodhue County to dedicate ourselves to the task of improving the quality of life for all children and families by building social connections to children and families in our community.

The Goodhue County Health and Human Services Board proclaims April 2021 as Child Abuse Prevention Month in honor of those Goodhue County residents that have prevented child abuse and neglect by strengthening the protective factors of children and families.



Southeast Regional Crisis Center

24/7 Mental Health Services

Introduction to SERCC

Crisis Response Services in Southeast Minnesota

Introductions

Nicole Mucheck

- Executive Director of SERCC
- Nexus Family Healing
 - Operational Partner

Tim Hunter

- Regional Programs Coordinator
- CREST Adult Mental Health Initiative

A Collaborative Effort

The Southeast Regional Crisis Center will become a reality in June 2021 due to an unprecedented collaboration of 10 southeast Minnesota counties, Mayo Clinic, Olmsted Medical Center, the local NAMI chapter, payors and partners (such as South Country Health Alliance, Blue Cross, Ucare, and Medica), and law enforcement.

Crisis Response Services

1. Review continuum of Crisis Response Services in Southeast MN
2. Discuss referral and admissions processes for new walk-in center
3. Virtual walk-through of center
4. Q/A and Contact information



CRISIS RESPONSE

24/7 Mental Health Services

Why Mental Health Crisis Response and Why Now?

- **Suicide is the 10th leading cause of death in the U.S.**
- **There are more than twice as many deaths by suicide than homicide.**
- Individuals in crisis continue to wait days, weeks and months for admission to an appropriate facility.
- From 2007-2014, Minnesota's hospitals experienced a **49% increase** in all mental health emergency department visits, which included substance abuse, for all ages.
- Nearly **8%** of Minnesota's adolescents ages 12 to 17 – more than 26,000 young people – experience a major depressive episode per year, and of those, **only 54%** receive treatment.
- On average, more than **500,000 adults** in Minnesota have a mental illness, yet **only 48 %** receive treatment.

Southeast Minnesota Mental Health Crisis Response Services

- **The Right Care**

- Serving individuals of all ages with access to short term residential services for those aged 10 and older.
- Professional mental health expertise with mental health practitioners and professionals to offer recovery oriented, trauma focused crisis intervention
- Removal of the “no funds” barrier
- Families and caregivers integrated into treatment and stabilization

- **At The Right Time**

- Available 24/7
- Rapid Response with Immediate and Appropriate Care

- **In The Right Place**

- Integrated community-based approach and location
- Safe, calm, welcoming environment
- Care Coordination and Increased Levels of Care as needed



Five Step Approach

1. Someone to talk to
 - Regional Crisis Call Center
2. Someone to respond
 - Mobile Response Team
3. A place to go
 - SERCC – crisis receiving and stabilization clinic
4. A place to stay
 - SERCC – short term residential placement for adults and children
5. Continued support
 - SERCC & Mobile Response Teams – crisis stabilization services

Someone to Talk to



The Regional Southeast Minnesota Crisis Call Center 1-844-274-7472

- If you or someone you know is or maybe experiencing a mental health crisis, please contact the Southeast Minnesota Mobile Response Crisis Line.
- Any person or organization may make a referral to the crisis line, it is open 24/7 for calls to access mental health response services.
- Crisis line professionals triage calls to determine the risk level to determine whether to dispatch mobile crisis staff or to make appropriate referrals to higher levels of intervention.
- The Southeast Minnesota Mobile Response Teams are dispatched at the discretion of the hotline based on the crisis assessment completed by phone.

Someone to Respond



Mobile Crisis Response Teams

The Southeast Minnesota Region is clinically staffed with 3 mobile treatment teams that are available 24/7, 365 days a year to provide face to face help to adults or children who are at risk of harm to self or others.

The 3 Mobile Response Teams are provided by:

- Zumbro Valley Health Center
- South Central Human Relations Center
- Hiawatha Valley Mental Health Center

These Mobile Response teams provide services to the following Southeast Minnesota Counties:

- Dodge
- Steele
- Waseca
- Mower
- Olmsted
- Fillmore
- Goodhue
- Wabasha
- Winona
- Houston

A Place to Go



SERCC - Crisis Receiving and Stabilization

Opening June 2021, the Southeast Regional Crisis Center (SERCC) will offer a responsive and trauma informed approach to crisis intervention for those individuals that do not meet the level of intervention of immediate hospitalization.

A Place to Go



SERCC - Crisis Receiving and Stabilization

The Crisis Center will offer face-to-face, short-term, intensive mental health services. These services are designed for those individuals experiencing a mental health crisis. These services help the recipient to:

- Cope with immediate stressors and lessen his/her suffering
- Identify and use available resources and recipient's strengths
- Avoid unnecessary hospitalization and loss of independent living
- Develop action plans
- Begin to return to his/her baseline level of functioning
- Make referrals and implement plans for higher level of placement as needed

A Place to Go



SERCC - Crisis Receiving and Stabilization

Referrals to the Crisis Center Clinic will come in a variety of ways including:

- Walk-ins
- Outside Organization Referrals
- Mobile Response
- Law Enforcement
- EMS/Hospital

A Place to Stay



SERCC - Short-term Residential Facility

Those individuals that present to the Crisis Center Clinic and are determined to not be stable within the 23-hour timeframe of the clinic may be referred to the Short-Term Crisis Stabilization Residential Units.

Services within the Short-Term Residential include:

- 16 Beds for Children and Adults
- Separate Units for Children and Adults
- 24/7 individualized and therapeutic supervision
- Group and Individual Counseling
- 24/7 Nursing staff
- Psychiatric appointments available
- Certified Peer Support Specialists
- Care Coordination and supported planning for discharge to appropriate levels of care

A Place to Stay



Residential Admission Policies

- Age range for residential services
 - Adult 18+
 - Children 10-18
- All genders
- SERCC assessment for admission
 - Nursing/physical health
 - Mental health
 - Active and current aggression
 - Active and current elopement
- Community based setting

Continued Support



SERCC and Mobile Response Teams - Stabilization Supports

Crisis Stabilization Services would be provided and organized following discharge for the Southeast Regional Crisis Center and provided by the 3 Mobile Response teams.

Crisis Stabilization Services would include:

- Therapeutic Support following crisis services
- Navigation and follow up with care coordination efforts
- Prevention and psychoeducation
- Ongoing Consultation and support

A Needed Addition to Crisis Response



- builds on existing hotline and mobile units
- 24/7 mental health services
- new walk-in center
- fills a service gap in the community
- 10-county Southeast MN area

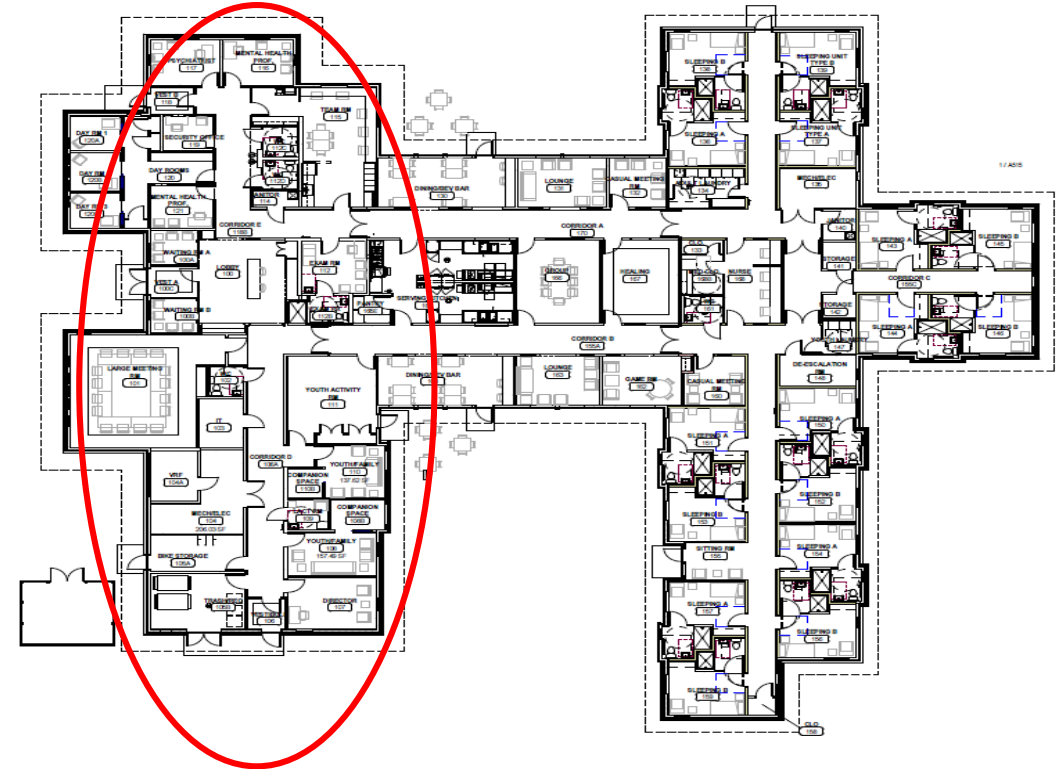
SERCC Virtual Walk-Through



SERCC Center Services

West Wing

- Immediate assessment, intervention, and crisis planning for individuals and families experiencing a mental health crisis
- Rapid Access
 - Psychotherapy
 - Diagnostic Assessments
 - Psychiatry
 - Peer-support
 - Groups
- Care Coordination for individuals not needing residential level care





Southeast Regional Crisis Center

24/7 Mental Health Services

Questions

What's next?

- Opening June 2021
 - Join our e-newsletter for opening news, virtual walk-throughs, and more.
- Nicole Mucheck | SERCC Executive Director
 - nmucheck@serccnexus.org
 - Mobile: (612) 368-2950
 - Mailing: 505 US 169 N, Suite 500, Plymouth, MN 55441
- Tim Hunter | Regional Program Coordinator
 - hunter.timothy@co.Olmsted.mn.us
 - Mobile: (507) 328-6645
 - Mailing: 505 US 169 N, Suite 500, Plymouth, MN 55441



Southeast Regional Crisis Center

24/7 Mental Health Services

Introduction to SERCC

Crisis Response Services in Southeast Minnesota

Goodhue County Health and Human Services Board

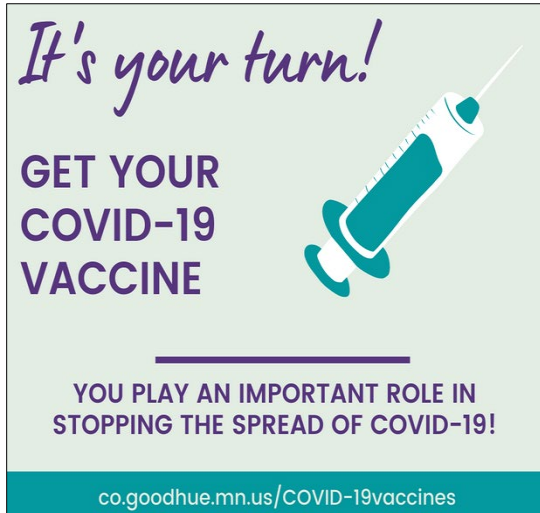
4-20-2021 COVID-19 Update

- **Introduction**, Nina Arneson, HHS Director
- **Case and Vaccine Data**, Maggie Cichosz, Child & Family Collaborative Coordinator / Assistant PIO
- **Vaccine and Virus**, Brooke Hawkenson, Family Health Supervisor
- **Public Health Key Messages**, Heather Arndt, HHS Emergency Preparedness Coordinator
- **Vaccine Clinics**, Ruth Greenslade, Healthy Communities Supervisor
- **COOP - GCHHS**, Kris Johnson, Deputy Director & Mike Zorn, Deputy Director

To register online for an appointment with Goodhue County Vaccine Clinics visit:

<https://co.goodhue.mn.us/1407/Register-for-Your-Vaccine>

or call 651-385-2000 to register.



It's your turn!

**GET YOUR
COVID-19
VACCINE**

YOU PLAY AN IMPORTANT ROLE IN
STOPPING THE SPREAD OF COVID-19!

co.goodhue.mn.us/COVID-19vaccines

WHAT YOU CAN DO ONCE YOU HAVE BEEN FULLY VACCINATED	
Activity	
Visit inside a home or private setting without a mask with other fully vaccinated people of any age	✓
Visit inside a home or private setting without a mask with one household of unvaccinated people who are not at risk for severe illness	✓
Travel domestically without a pre- or post-travel test	✓
Travel domestically without quarantining after travel	✓
Travel internationally without a pre-travel test depending on destination	✓
Travel internationally without quarantining after travel	✓
Visit indoors, without a mask, with people at increased risk for severe illness from COVID-19.	✗
Attend medium or large gatherings	✗

cdc.gov/coronavirus

Find My Vaccine:

<https://mn.gov/covid19/vaccine/find-vaccine/index.jsp>

Sign up on the Vaccine Connector to get notified when you can get your COVID-19 vaccine!

<https://vaccineconnector.mn.gov/>

Information and Resources:

- <https://co.goodhue.mn.us/COVID-19>
- <https://www.facebook.com/gchhs>
- <https://www.health.state.mn.us/diseases/coronavirus>
- <https://mn.gov/covid19>
- [Goodhue County Covid-19 Community Update – 4/15/2021](#)
- [Sign-up for Goodhue County Covid-19 Community Updates](#)

Goodhue County Health & Human Services

Minnesota County Human Service Cost Report for Calendar Year 2018

Mike Zorn, HHS Deputy Director

April 20, 2021

Background

Going back to 1989, the Department of Human Services (DHS) has been providing counties with a report called Minnesota County Human Service Cost Report. It provides cost and revenue tables for all programs and provides trend and per capita comparisons.

We have a few dates that make our county per capita comparisons not comparing apples to apples to other counties.

Background

- ▶ In 1999, the Zumbro Valley Mental Health Center Red Wing office integrated with Goodhue County Social Services. In the per capita costs from 1999 to 2013, all of those costs would be included in our human service cost report.
- ▶ In August of 2010, the Goodhue County Public Health and Goodhue County Social Services integrated to form Goodhue County Health & Human Services. The funds and accounting for the two departments were not integrated until January 1, 2011.
- ▶ On April 1, 2014 the Goodhue County Mental Health Center closed and mental health services were purchased.

Background

- ▶ The cost reports for Goodhue County since 2011 now also include a majority of the public health costs. What we need to keep in mind is that there are a few counties that have integrated their Public Health and Social Services funds into one fund, but majority are integrated only by name and not funds.

Background

- ▶ The end result is that our HHS Department's numbers for costs are being compared to other counties Human Services Departments' costs only, which does not provide apples to apples comparison.
- ▶ Although the numbers increased as expected from 2010, this is actually one of the financial benefits of being a true integrated department. In our HHS setting more staff are providing services as HHS staff in which costs can be shared and revenues can be maximized.
- ▶ Page 12 of this report shows the Least Admin Cost/Capita Ranking. In 2010 the last year HS was by itself that ranking was 14th. In 2011 our first year of HHS we ranked 49th and has since been decreasing.

Program Areas for Human Services Costs

▶ **Support Programs Aid**

- Minnesota Supplemental Aid (MSA)
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Support Enforcement (Title IV-D)
- Group Residential Housing (GRH)

Program Areas for Human Services Costs

▶ Health Program Aid

- Medical Assistance (MA)

▶ Social Service Programs

- Children's Services
- Child Care
- Chemical Dependency (CD)
- Mental Health
- Developmental Disabilities (DD)
- Adult Services

Goodhue County Total Human Services Costs

(Table 1)

2016

2017

2018

Support Program Aid	\$6,473,799	\$6,509,233	\$6,399,932
Health Program Aid	\$51,863,812	\$52,712,274	\$61,947,879
Social Service Programs	\$34,300,663	\$38,126,010	\$38,460,434
Total HS Costs	\$92,638,274	\$97,347,517	\$106,808,245

Goodhue County Total Human Services Revenue Shares (Table 1)

2016

2017

2018

Federal	\$44,624,746	\$46,191,649	\$51,267,605
State	\$40,473,699	\$42,449,287	\$48,344,633
County	\$5,732,766	\$6,607,238	\$4,886,954
Misc	\$1,807,064	\$2,099,343	\$2,309,053
Total	\$92,638,274	\$97,347,517	\$106,808,245

TOTAL HUMAN SERVICE COSTS AND REVENUE SHARES

TABLE 1

COUNTY	TOTAL HUMAN SERVICE COSTS				TOTAL HUMAN SERVICE REVENUE SHARES				
	SUPPORT	HEALTH	SOCIAL SERVICES	TOTAL	FEDERAL	STATE	COUNTY	MISC	TOTAL
1 Aitkin	3,338,360	37,807,112	11,496,142	52,641,614	25,866,470	24,011,022	2,251,004	513,119	52,641,614
2 Anoka	53,995,773	506,910,109	247,626,889	808,532,771	397,561,004	374,885,793	32,632,391	3,453,584	808,532,771
3 Becker	5,868,462	73,800,347	26,031,079	105,699,888	50,910,878	47,354,321	6,633,520	801,168	105,699,888
4 Beltrami	14,112,617	142,541,442	56,970,500	213,624,560	103,063,902	96,255,978	13,203,814	1,100,866	213,624,560
5 Benton	8,864,582	72,783,038	29,334,944	110,982,563	54,106,231	51,271,013	5,010,174	595,145	110,982,563
6 Big Stone	993,327	14,550,695	5,860,330	21,404,352	10,348,969	9,838,383	827,061	389,939	21,404,352
7 Blue Earth	12,245,273	94,217,076	58,159,512	164,621,861	77,270,579	76,590,927	7,180,266	3,580,089	164,621,861
8 Brown	3,749,490	38,983,625	22,637,691	65,370,806	31,313,014	29,943,627	2,926,867	1,187,298	65,370,806
9 Carlton	7,812,762	76,380,546	40,999,383	125,192,691	59,827,969	55,783,381	7,432,124	2,349,216	125,192,691
10 Carver	7,427,961	88,012,677	57,620,730	153,061,367	71,266,796	69,098,668	8,525,609	4,170,294	153,061,367
11 Cass	10,772,437	83,482,481	25,577,958	119,832,876	60,042,856	54,015,254	4,941,688	833,078	119,832,876
12 Chippewa	2,524,559	24,364,682	12,745,844	39,635,086	19,579,295	17,609,454	2,103,009	343,328	39,635,086
13 Chisago	5,414,632	69,402,988	39,038,237	113,855,857	54,612,867	52,295,134	5,953,157	994,699	113,855,857
14 Clay	16,901,993	115,558,730	61,755,294	194,216,007	95,397,415	88,735,768	8,714,993	1,367,831	194,216,007
15 Clearwater	1,842,918	20,489,450	5,025,610	27,357,978	13,027,347	12,367,645	1,724,942	238,044	27,357,978
16 Cook	942,886	10,431,659	4,148,557	15,523,102	7,044,773	6,762,446	1,347,401	368,482	15,523,102
18 Crow Wing	11,234,073	121,704,932	50,690,439	183,629,444	86,808,465	84,077,352	10,822,888	1,920,739	183,629,444
19 Dakota	54,484,205	520,160,714	304,584,299	879,229,218	429,782,714	408,420,550	34,794,668	6,231,286	879,229,218
21 Douglas	5,680,714	55,423,876	23,168,576	84,273,165	40,708,984	39,142,842	3,549,119	872,221	84,273,165
23 Fillmore	2,601,805	34,422,440	14,997,024	52,021,268	25,877,518	24,482,605	1,496,810	164,334	52,021,268
24 Freeborn	6,195,032	57,607,917	25,515,444	89,318,393	43,292,810	40,697,931	4,288,298	1,039,354	89,318,393
25 Goodhue	6,399,932	61,947,879	39,460,434	106,808,245	51,267,605	48,344,633	4,886,954	2,309,053	106,808,245
26 Grant	1,202,300	12,147,628	6,443,219	19,793,147	8,870,028	9,142,026	977,070	804,023	19,793,147
27 Hennepin	391,012,107	2,578,839,426	1,226,340,478	4,196,192,011	2,005,099,026	1,891,144,767	282,715,368	17,232,849	4,196,192,011
28 Houston	2,503,087	26,383,312	14,125,600	43,011,998	21,154,565	19,923,043	1,446,782	487,608	43,011,998
29 Hubbard	4,238,776	42,103,070	14,537,320	60,879,165	29,944,905	27,640,313	2,524,223	769,725	60,879,165
30 Isanti	6,690,502	59,806,994	31,518,080	98,015,577	46,019,886	45,519,878	5,589,953	885,860	98,015,577
31 Itasca	13,361,588	101,812,144	53,040,326	168,214,056	78,896,634	74,957,730	13,701,975	657,717	168,214,056
32 DVHHS	3,926,066	41,803,923	23,984,591	69,714,580	31,492,937	33,369,607	2,727,439	2,124,597	69,714,580
33 Kanabec	3,900,280	33,855,714	14,580,465	52,336,459	25,248,286	23,723,681	2,667,302	697,191	52,336,459
34 Kandiyohi	10,096,667	85,728,849	38,057,841	133,883,357	65,030,111	60,718,612	6,786,413	1,348,221	133,883,357
35 Kittson	705,129	10,165,918	4,128,079	14,999,125	7,189,197	6,969,055	737,181	103,693	14,999,125
36 Koochiching	2,911,568	35,223,372	10,865,153	49,000,093	24,147,567	22,771,652	1,630,293	450,581	49,000,093
37 Lac Qui Parle	1,114,372	18,343,296	7,300,307	26,757,975	12,978,671	12,543,179	935,696	300,429	26,757,975
38 Lake	1,450,583	18,277,790	13,193,688	32,922,061	14,118,553	16,375,955	2,015,044	412,509	32,922,061
39 Lake of the Woods	621,765	7,415,089	3,807,545	11,844,399	5,623,537	5,537,904	598,223	84,735	11,844,399
40 Le Sueur	3,696,705	36,053,591	22,966,168	62,716,464	29,721,395	28,440,186	3,950,857	604,027	62,716,464
42 SWHHS	12,097,218	145,250,965	65,579,651	222,927,833	107,466,628	103,021,017	9,318,730	3,121,458	222,927,833
43 McLeod	3,913,041	51,981,470	27,653,907	83,548,418	39,896,885	38,530,574	4,149,566	971,392	83,548,418
44 Mahnommen	1,443,670	23,632,269	4,571,681	29,647,619	14,467,307	13,854,244	1,067,500	258,568	29,647,619

TOTAL HUMAN SERVICE COSTS AND REVENUE SHARES

TABLE 1

TOTAL HUMAN SERVICE COSTS

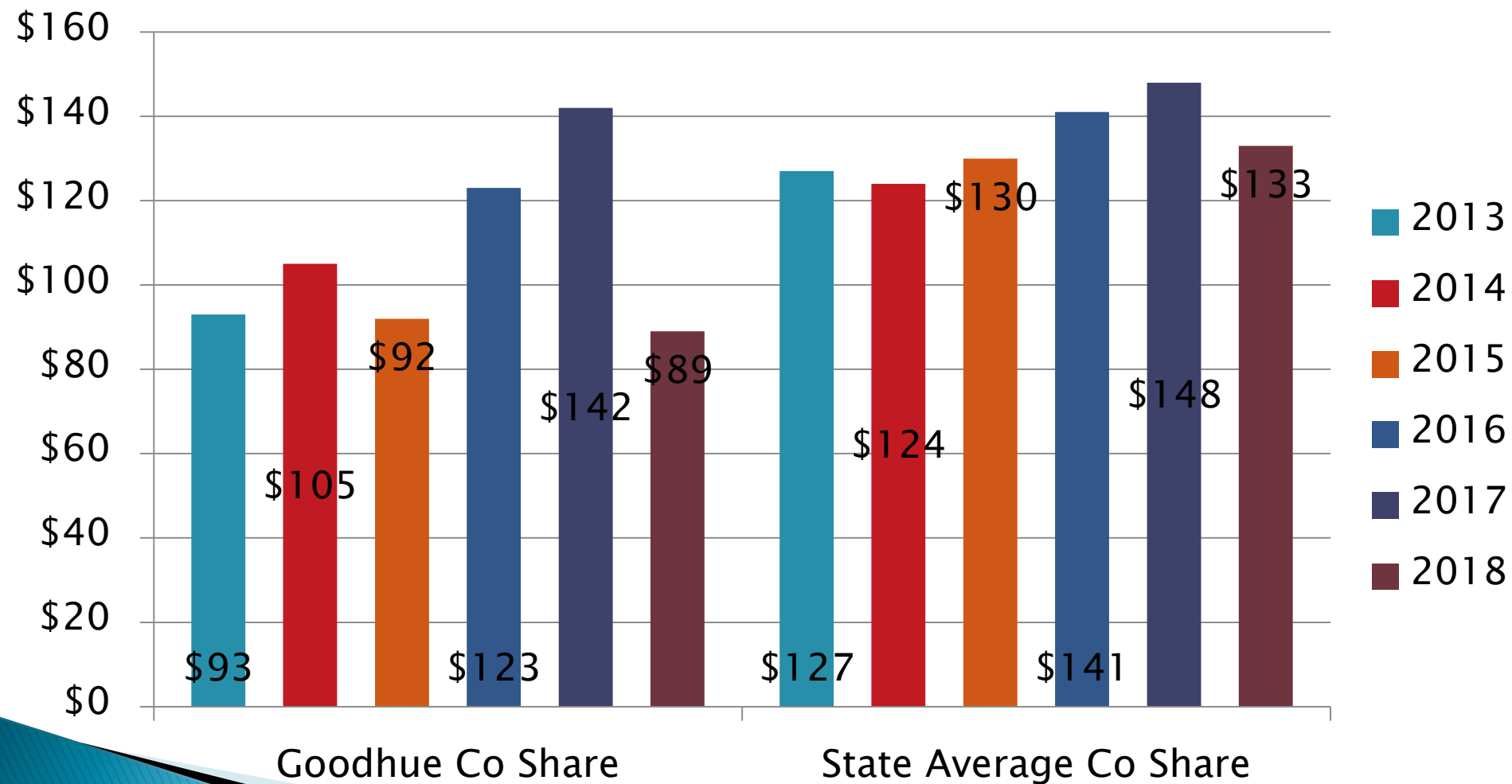
TOTAL HUMAN SERVICE REVENUE SHARES

COUNTY	TOTAL HUMAN SERVICE COSTS				TOTAL HUMAN SERVICE REVENUE SHARES				
	SUPPORT	HEALTH	SOCIAL SERVICES	TOTAL	FEDERAL	STATE	COUNTY	MISC	TOTAL
45 Marshall	1,493,796	16,891,784	7,858,089	26,243,649	12,441,039	12,146,983	1,182,932	472,695	26,243,649
46 Faribault Martin	7,274,667	70,584,991	35,111,860	112,971,518	54,412,952	51,964,626	5,730,894	863,045	112,971,518
47 Meeker	3,309,287	36,313,766	19,802,765	59,425,818	28,701,320	27,244,244	2,673,027	807,227	59,425,818
48 Mille Lacs	4,844,467	66,635,442	25,999,489	97,479,398	47,317,661	44,875,107	4,046,339	1,440,291	97,479,398
49 Morrison	6,110,811	65,300,368	27,901,117	99,312,295	48,533,410	45,501,898	4,020,892	1,256,095	99,312,295
50 Mower	9,133,572	74,517,871	41,171,597	124,823,040	61,916,018	58,170,601	3,776,743	959,678	124,823,040
52 Nicollet	5,504,709	40,109,970	22,429,013	68,043,691	32,860,630	29,889,823	4,401,667	891,571	68,043,691
53 Nobles	4,197,538	37,193,154	13,662,645	55,053,337	26,750,804	24,554,845	3,014,931	732,756	55,053,337
54 Norman	1,317,964	17,000,013	5,949,785	24,267,762	12,136,766	11,255,219	458,232	417,545	24,267,762
55 Olmsted	30,744,470	196,876,222	142,278,851	369,899,543	170,718,545	160,598,076	31,494,775	7,088,147	369,899,543
56 Otter Tail	9,618,978	112,702,276	45,165,225	167,486,479	79,938,070	77,758,079	8,663,323	1,127,007	167,486,479
57 Pennington	2,881,600	23,817,874	11,540,694	38,240,168	18,335,828	17,491,531	1,956,197	456,611	38,240,168
58 Pine	6,952,947	60,113,471	20,741,205	87,807,623	43,513,637	40,065,649	3,268,927	959,410	87,807,623
60 Polk	9,392,049	75,454,221	31,567,300	116,413,570	56,576,514	54,527,521	4,040,938	1,268,596	116,413,570
61 Pope	1,549,645	20,494,340	7,950,177	29,994,162	14,304,246	13,980,340	1,251,372	458,203	29,994,162
62 Ramsey	191,238,129	1,389,894,190	527,895,912	2,109,028,231	1,043,619,132	965,867,027	84,802,754	14,739,318	2,109,028,231
63 Red Lake	767,904	7,383,991	2,371,908	10,523,803	5,242,597	4,760,125	258,265	262,815	10,523,803
65 Renville	2,952,752	29,433,733	15,000,459	47,386,944	22,893,864	21,385,935	2,597,044	510,101	47,386,944
66 Rice	10,130,743	82,960,724	54,141,830	147,233,298	71,789,353	68,388,360	6,076,588	978,996	147,233,298
68 Roseau	2,108,125	26,995,403	10,208,837	39,312,366	18,911,476	18,357,825	1,536,896	506,369	39,312,366
69 St. Louis	56,190,136	448,617,018	215,021,708	719,828,862	342,593,182	325,179,718	46,298,373	5,767,590	719,828,862
70 Scott	12,004,515	148,506,666	79,928,381	240,439,562	117,713,913	111,822,714	7,988,108	2,914,828	240,439,562
71 Sherburne	10,213,110	104,343,392	53,413,340	167,969,842	82,785,279	77,220,008	6,351,118	1,613,437	167,969,842
72 Sibley	2,228,553	24,401,766	12,670,246	39,300,566	18,550,610	17,665,618	2,595,723	488,615	39,300,566
73 Stearns	33,160,931	259,364,756	100,774,299	393,299,987	195,134,629	180,353,777	16,889,593	1,121,988	393,299,987
74 MNPrairie	14,611,822	106,077,147	57,689,131	178,378,100	86,016,783	80,252,280	9,933,356	2,175,681	178,378,100
75 Stevens	1,234,483	14,162,435	8,024,077	23,420,995	11,113,610	10,575,956	1,327,272	404,157	23,420,995
76 Swift	2,128,356	20,685,830	11,085,270	33,899,456	15,784,846	15,154,182	2,487,777	472,651	33,899,456
77 Todd	3,980,787	58,916,303	19,271,462	82,168,551	40,068,113	38,277,453	3,326,383	496,602	82,168,551
78 Traverse	1,050,871	10,244,464	2,968,946	14,264,281	6,867,435	6,491,946	747,086	157,813	14,264,281
79 Wabasha	2,601,454	29,310,957	13,836,718	45,749,128	22,567,439	21,240,061	1,600,138	341,490	45,749,128
80 Wadena	3,507,904	39,217,111	15,413,447	58,138,462	28,153,252	26,880,557	2,243,765	860,887	58,138,462
82 Washington	22,950,043	236,712,634	134,531,889	394,194,565	189,136,466	183,174,213	19,788,496	2,095,390	394,194,565
83 Watonwan	1,916,879	20,512,734	11,174,767	33,604,380	15,577,369	14,936,727	2,399,424	690,861	33,604,380
84 Wilkin	1,710,665	13,450,421	7,013,607	22,174,692	10,746,681	9,882,061	1,368,794	177,156	22,174,692
85 Winona	7,930,814	66,667,749	45,385,672	119,984,234	57,195,005	54,973,497	7,337,564	478,169	119,984,234
86 Wright	11,037,355	138,179,378	76,052,394	225,269,126	110,225,906	104,632,602	9,358,286	1,052,332	225,269,126
87 Yellow Medicine	1,491,524	23,192,763	9,754,342	34,438,629	16,390,931	15,996,414	1,679,875	371,409	34,438,629
TOTALS	1,209,763,567	9,863,046,560	4,687,897,434	15,760,707,561	7,613,669,893	7,189,461,746	833,560,042	124,015,880	15,760,707,561

Goodhue County Total Human Services Comparative Data – Per Capita (Table 24)

	HHS	HHS	HHS	HHS	HHS	HHS
	2013	2014	2015	2016	2017	2018
Least Admin Cost/Capita Ranking	37	37	31	30	27	28
Goodhue Admin Cost/Capita	\$165	\$169	\$167	\$180	\$184	\$191
State Average Admin Cost/Capita	\$169	\$174	\$185	\$196	\$208	\$215
Least Total Cost/Capita Ranking	15	14	12	9	13	14
Goodhue Total Cost/Capita	\$1,685	\$1,819	\$1,899	\$1,983	\$2,091	\$2,295
State Average Total Cost/Capita	\$2,170	\$2,354	\$2,463	\$2,499	\$2,601	\$2,800
Least County Portion of Total Cost/Capita Ranking	17	25	17	32	38	17
Goodhue County Portion of Total Cost	\$93	\$105	\$92	\$123	\$142	\$89
State Average County Portion of Total Cost	\$127	\$124	\$130	\$141	\$148	\$133

County Portion of Total Cost Per Capita



What Does This Mean?

- ▶ The Goodhue County Per Capita Admin Cost is \$191 which ranks us 28th lowest out of 87 counties.
- ▶ What this tells us is that Goodhue County's Per Capita Admin Cost is \$191 for Human Services and Public Health which ranks us 28th lowest out of 87 counties when compared this expense against other counties' Human Services only Per Capita Admin Cost except for other HHS agencies that are also included in this report.
- ▶ Other numbers are that Goodhue County is ranked 14th lowest in total human services cost per capita and 17th lowest County portion of Total Cost at \$89.

Total Human Services Per Capita (Per Capita Ranking by Total Cost)

Region 10 Counties (Table 24)

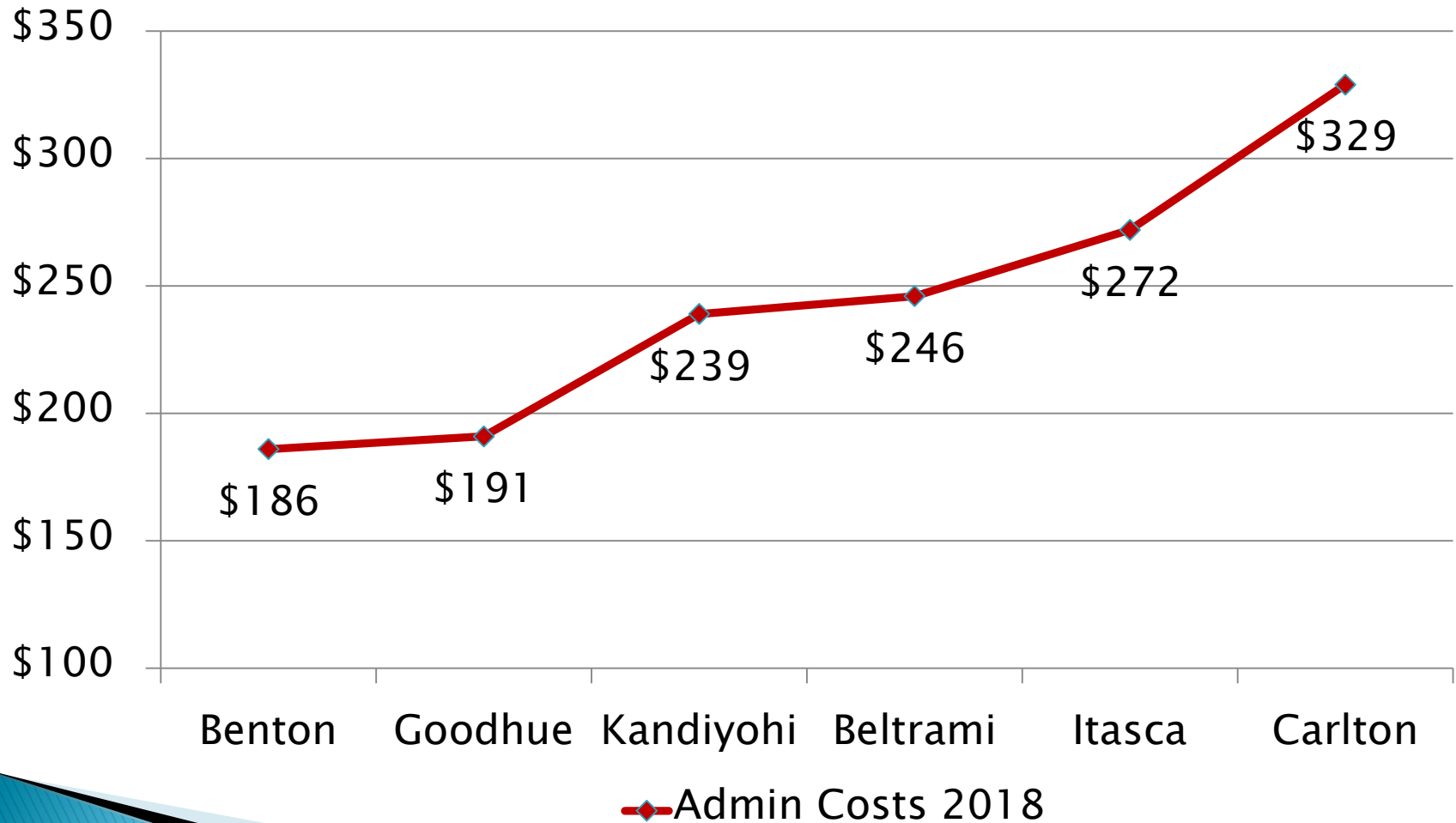
County	HHS	Total Cost Per Capita	Admin Cost 2018	County Portion of Total Cost	Per Capita Ranking
Wabasha	No	\$2,116	\$143	\$61	9
Rice	No	\$2,219	\$159	\$78	12
Goodhue	Yes	\$2,295	\$191	\$89	14
Houston	No	\$2,305	\$165	\$66	15
MNPrarie	No	\$2,331	\$196	\$114	17
Olmsted	No	\$2,349	\$301	\$191	18
Winona	Yes	\$2,362	\$174	\$130	19
Fillmore	No	\$2,470	\$113	\$59	24
Freeborn	No	\$2,929	\$215	\$125	39
Mower	No	\$3,119	\$171	\$77	50

Total Human Services Per Capita (Per Capita Ranking by Total Cost) (Table 24)

Health & Human Services Counties

County	Population	Total Cost Per Capita	Admin Cost 2018	County Portion of Total Cost	Per Capita Ranking
Goodhue	46,540	\$2,295	\$191	\$89	14
Benton	40,452	\$2,744	\$186	\$111	33
Kandiyohi	42,924	\$3,119	\$239	\$142	49
Carlton	35,923	\$3,485	\$329	\$174	60
Itasca	45,191	\$3,722	\$272	\$247	67
Beltrami	46,834	\$4,561	\$246	\$261	77

HHS Counties Admin Per Capita Cost 2018 (Table 24)



**TOTAL HUMAN SERVICES COMPARATIVE DATA - PER CAPITA
PER CAPITA RANKING BY TOTAL COST**

TABLE 24

COUNTY	2018 POPULATION (estimate)	TOTAL COST	AID / PURCHASED COST	ADMIN COST	COUNTY PORTION OF TOTAL COST	PER CAPITA RANKING
1 Aitkin	15,898	3,312	3,055	258	119	54
2 Anoka	357,851	2,259	2,116	143	86	13
3 Becker	34,420	3,071	2,835	236	170	45
4 Beltrami	46,834	4,561	4,316	246	261	77
5 Benton	40,452	2,744	2,558	186	111	33
6 Big Stone	5,000	4,281	3,927	354	135	75
7 Blue Earth	67,785	2,429	2,210	218	93	21
8 Brown	25,325	2,581	2,356	226	98	28
9 Carlton	35,923	3,485	3,156	329	174	60
10 Carver	105,970	1,444	1,255	190	72	1
11 Cass	29,470	4,066	3,843	223	146	73
12 Chippewa	11,965	3,313	3,013	299	152	55
13 Chisago	55,955	2,035	1,892	142	96	7
14 Clay	63,963	3,036	2,866	170	118	43
15 Clearwater	8,815	3,104	2,898	206	165	46
16 Cook	5,390	2,880	2,464	416	240	38
18 Crow Wing	64,975	2,826	2,629	197	149	35
19 Dakota	428,558	2,052	1,911	140	74	8
21 Douglas	38,041	2,215	2,071	144	81	11
23 Fillmore	21,063	2,470	2,357	113	59	24
24 Freeborn	30,495	2,929	2,714	215	125	39
25 Goodhue	46,540	2,295	2,104	191	89	14
26 Grant	5,975	3,313	2,891	422	151	56
27 Hennepin	1,261,104	3,327	3,039	289	201	57
28 Houston	18,659	2,305	2,140	165	66	15
29 Hubbard	21,350	2,851	2,680	171	103	36
30 Isanti	39,932	2,455	2,273	182	128	22
31 Itasca	45,191	3,722	3,451	272	247	67
32 DVHHS	21,227	3,284	3,007	277	109	53
33 Kanabec	16,213	3,228	3,003	226	145	51
34 Kandiyohi	42,924	3,119	2,881	239	142	49
35 Kittson	4,260	3,521	3,310	211	145	62
36 Koochiching	12,630	3,880	3,674	206	109	71
37 Lac Qui Parle	6,662	4,017	3,742	274	120	72
38 Lake	10,590	3,109	2,856	253	173	47
39 Lake of the Woods	3,801	3,116	2,814	302	128	48
40 Le Sueur	28,432	2,206	2,049	157	125	10
42 SWHHS	73,459	3,035	2,831	203	112	42
43 McLeod	35,959	2,323	2,141	182	106	16
44 Mahanomen	5,526	5,365	5,058	308	150	78

**TOTAL HUMAN SERVICES COMPARATIVE DATA - PER CAPITA
PER CAPITA RANKING BY TOTAL COST**

TABLE 24

COUNTY	2018 POPULATION (estimate)	TOTAL COST	AID / PURCHASED COST	ADMIN COST	COUNTY PORTION OF TOTAL COST	PER CAPITA RANKING
45 Marshall	9,384	2,797	2,498	300	103	34
46 Faribault Martin	33,471	3,375	3,130	245	168	59
47 Meeker	23,189	2,565	2,381	184	102	28
48 Mille Lacs	26,080	3,738	3,528	210	136	69
49 Morrison	33,191	2,992	2,793	199	102	41
50 Mower	40,017	3,119	2,848	171	77	50
52 Nicollet	34,189	1,990	1,782	209	115	6
53 Nobles	22,021	2,500	2,328	172	121	25
54 Norman	6,518	3,723	3,472	251	54	68
55 Olmsted	157,446	2,349	2,049	301	191	18
56 Otter Tail	58,735	2,852	2,659	192	132	37
57 Pennington	14,276	2,679	2,446	232	112	31
58 Pine	29,490	2,978	2,788	190	93	40
60 Polk	31,627	3,681	3,408	273	101	66
61 Pope	11,046	2,715	2,502	213	96	32
62 Ramsey	552,232	3,819	3,564	255	141	70
63 Red Lake	3,981	2,644	2,364	279	38	30
65 Renville	14,674	3,229	2,979	250	158	52
66 Rice	66,364	2,219	2,060	159	78	12
68 Roseau	15,313	2,567	2,383	184	79	27
69 St. Louis	200,261	3,594	3,302	292	210	64
70 Scott	146,111	1,646	1,506	139	48	3
71 Sherburne	96,208	1,746	1,610	136	55	5
72 Sibley	15,022	2,616	2,362	255	154	29
73 Stearns	159,258	2,470	2,322	147	93	23
74 MNPrairie	76,513	2,331	2,135	196	114	17
75 Stevens	9,680	2,420	2,204	216	127	20
76 Swift	9,374	3,616	3,254	362	240	65
77 Todd	24,587	3,342	3,164	178	114	58
78 Traverse	3,316	4,302	3,999	303	186	76
79 Wabasha	21,624	2,116	1,973	143	61	9
80 Wadena	13,774	4,221	3,939	282	144	74
82 Washington	261,512	1,507	1,401	107	69	2
83 Watonwan	10,962	3,066	2,714	352	208	44
84 Wilkin	6,293	3,524	3,268	256	192	63
85 Winona	50,798	2,362	2,188	174	130	19
86 Wright	136,510	1,650	1,533	117	62	4
87 Yellow Medicine	9,809	3,511	3,210	301	152	61
TOTAL (STATEWIDE)	5,629,416	2,800	2,584	215	133	

Human Services Administrative Cost Trends

Region 10 Counties (Table 20)

County	HHS	2015 Admin Costs	2016 Admin Costs	2017 Admin Costs	2018 Admin Costs	% change 2015 to 2018
Fillmore	No	\$2,247,171	\$2,145,968	\$2,175,640	\$2,370,827	6%
Goodhue	Yes	\$7,778,427	\$8,421,451	\$8,570,318	\$8,894,431	14%
Freeborn	No	\$5,734,844	\$6,185,376	\$6,504,806	\$6,554,553	14%
Wabasha	No	\$2,564,289	\$2,722,981	\$2,750,638	\$3,094,348	21%
Mower	No	\$5,605,860	\$6,155,254	\$6,270,573	\$6,859,723	22%
Olmsted	No	\$38,650,461	\$40,709,819	\$44,487,541	\$47,366,232	23%
Houston	No	\$2,373,893	\$2,779,701	\$2,809,678	\$3,086,488	30%
Rice	No	\$8,017,420	\$8,717,855	\$9,680,914	\$10,527,469	31%
MNPrarie	No	\$11,138,308	\$12,546,726	\$13,804,836	\$15,019,205	35%
Winona	Yes	\$6,502,768	\$7,196,562	\$8,125,778	\$8,833,357	36%

Human Services Administrative Cost Trends

Health & Human Services Counties (Table 20)

County	2015 Admin Costs	2016 Admin Costs	2017 Admin Costs	2018 Admin Costs	% Change 2015 to 2018
Itasca	\$11,810,912	\$11,549,189	\$12,044,793	\$12,281,177	4%
Benton	\$6,853,323	\$7,055,968	\$7,217,144	\$7,505,299	10%
Goodhue	\$7,78,427	\$8,421,451	\$8,570,318	\$8,894,431	14%
Kandiyohi	\$8,821,891	\$8,631,626	\$9,339,570	\$10,239,454	16%
Carlton	\$9,555,562	\$10,606,296	\$11,025,427	\$11,815,888	24%
Beltrami	\$8,889,242	\$10,058,676	\$10,349,360	\$11,509,604	29%

HUMAN SERVICES AID, PURCHASED SERVICES AND ADMINISTRATIVE COST TRENDS

TABLE 20

HUMAN SERVICES AID AND PURCHASED SERVICES

HUMAN SERVICES ADMIN COSTS

COUNTY	HUMAN SERVICES AID AND PURCHASED SERVICES					HUMAN SERVICES ADMIN COSTS				
	2015	2016	2017	2018	% CHANGE 2015 TO 2018	2015	2016	2017	2018	% CHANGE 2015 TO 2018
1 Aitkin	41,988,870	42,695,852	43,063,149	48,566,979	16%	3,810,143	3,794,407	3,921,472	4,074,835	13%
2 Anoka	648,239,366	651,991,316	699,334,428	757,291,889	17%	48,013,043	48,226,670	49,656,953	51,240,882	7%
3 Becker	82,844,549	85,515,815	92,382,531	97,592,658	18%	7,151,370	7,854,586	7,946,919	8,107,230	13%
4 Beltrami	178,421,429	179,574,196	182,115,873	202,114,955	13%	8,889,242	10,058,676	10,349,360	11,509,604	29%
5 Benton	90,087,077	92,019,437	92,968,018	103,477,264	15%	6,853,323	7,055,968	7,217,144	7,505,299	10%
6 Big Stone	14,124,867	15,691,211	16,285,796	19,636,474	39%	1,631,112	1,730,245	1,696,593	1,767,878	8%
7 Blue Earth	126,822,521	131,016,247	140,396,654	149,817,873	18%	11,248,776	13,141,427	14,020,949	14,803,987	32%
8 Brown	51,249,978	52,606,251	54,302,227	59,655,030	16%	4,957,478	5,440,943	5,401,544	5,715,776	15%
9 Carlton	94,141,182	95,074,231	94,698,027	113,376,803	20%	9,555,562	10,606,296	11,025,427	11,815,888	24%
10 Carver	106,863,698	112,308,273	123,733,678	132,968,966	24%	15,902,414	17,216,452	19,673,624	20,092,401	26%
11 Cass	101,722,238	104,149,289	108,049,873	113,263,062	11%	6,208,374	6,230,165	6,396,337	6,569,814	6%
12 Chippewa	32,567,786	33,213,436	34,286,135	36,054,709	11%	3,205,435	3,293,981	3,432,480	3,580,376	12%
13 Chisago	86,155,282	91,283,136	98,521,232	105,892,317	23%	6,844,172	7,471,297	7,670,809	7,963,540	16%
14 Clay	149,330,053	161,220,723	169,167,247	183,339,262	23%	9,371,049	10,090,786	10,901,027	10,876,745	16%
15 Clearwater	22,214,126	23,918,895	22,761,921	25,541,618	15%	1,790,491	1,927,252	1,877,607	1,816,360	1%
16 Cook	10,603,357	10,601,162	9,768,673	13,283,204	25%	1,532,216	1,755,821	1,956,484	2,239,898	46%
18 Crow Wing	150,753,915	153,180,974	156,325,247	170,846,174	13%	12,386,561	12,577,798	12,528,071	12,783,271	3%
19 Dakota	694,482,966	717,628,151	749,181,275	819,095,935	18%	49,775,685	52,255,934	56,111,601	60,133,283	21%
21 Douglas	70,113,862	74,057,251	73,524,899	78,800,974	12%	5,166,869	5,366,382	5,982,875	5,472,191	6%
23 Fillmore	38,062,001	40,753,187	40,993,878	49,650,441	30%	2,247,171	2,145,968	2,175,640	2,370,827	6%
24 Freeborn	71,973,516	72,934,317	74,644,495	82,763,840	15%	5,734,844	6,185,376	6,504,806	6,554,553	14%
25 Goodhue	80,716,855	84,216,824	88,777,200	97,913,814	21%	7,778,427	8,421,451	8,570,318	8,894,431	14%
26 Grant	13,740,450	15,746,413	15,112,711	17,273,790	26%	1,652,277	2,005,840	2,320,218	2,519,357	52%
27 Hennepin	3,377,963,432	3,318,379,071	3,502,648,318	3,832,241,043	13%	287,381,066	312,335,558	341,800,698	363,950,968	27%
28 Houston	32,420,816	35,110,827	35,911,257	39,925,510	23%	2,373,893	2,779,701	2,809,678	3,086,488	30%
29 Hubbard	50,102,771	51,709,144	55,354,489	57,225,550	14%	3,833,942	3,912,800	3,975,349	3,653,615	-5%
30 Isanti	74,418,010	78,790,563	84,809,466	90,763,317	22%	6,183,085	6,469,564	7,088,217	7,252,260	17%
31 Itasca	133,673,929	142,162,638	149,173,271	155,932,879	17%	11,810,912	11,549,189	12,044,793	12,281,177	4%
32 DVHHS	53,037,176	55,008,901	57,483,900	63,838,853	20%	4,720,725	4,722,210	5,494,425	5,875,727	24%
33 Kanabec	41,108,166	44,831,224	43,399,732	48,679,889	18%	3,343,230	3,311,213	3,547,938	3,656,570	9%
34 Kandiyohi	101,883,223	108,250,432	113,723,869	123,643,903	21%	8,821,891	8,631,626	9,339,570	10,239,454	16%
35 Kittson	10,513,881	11,893,030	12,094,449	14,100,629	34%	663,785	759,026	797,872	898,496	35%
36 Koochiching	35,715,160	37,540,153	34,944,075	46,397,799	30%	2,400,389	2,518,952	2,553,042	2,602,295	8%
37 Lac Qui Parle	20,438,349	21,665,966	20,856,737	24,929,876	22%	1,462,836	1,585,652	1,688,797	1,828,099	25%
38 Lake	26,821,835	26,245,612	27,075,397	30,246,618	13%	2,219,964	2,400,859	2,465,139	2,675,445	21%
39 Lake of the Woods	8,871,280	8,657,616	9,503,195	10,696,088	21%	904,722	1,030,104	1,101,998	1,148,311	27%
40 Le Sueur	50,740,638	51,534,255	51,828,092	58,259,766	15%	3,912,930	4,370,951	4,156,223	4,456,698	14%
42 SWHHS	166,615,482	176,587,273	175,883,669	207,994,647	25%	13,286,374	14,497,952	15,802,771	14,933,187	12%
43 McLeod	65,857,530	70,168,531	72,630,864	76,992,210	17%	5,772,411	6,105,126	6,281,733	6,556,208	14%
44 Mahanomen	17,841,707	23,262,050	27,049,112	27,947,859	57%	1,787,412	1,743,382	1,880,984	1,699,760	-5%

HUMAN SERVICES AID, PURCHASED SERVICES AND ADMINISTRATIVE COST TRENDS

TABLE 20

HUMAN SERVICES AID AND PURCHASED SERVICES

HUMAN SERVICES ADMIN COSTS

COUNTY	HUMAN SERVICES AID AND PURCHASED SERVICES					HUMAN SERVICES ADMIN COSTS				
	2015	2016	2017	2018	% CHANGE 2015 TO 2018	2015	2016	2017	2018	% CHANGE 2015 TO 2018
45 Marshall	19,059,708	20,060,604	20,276,571	23,424,536	23%	2,452,869	2,757,078	2,924,116	2,819,113	15%
46 Faribault Martin	87,442,040	93,809,384	95,258,028	104,772,619	20%	7,048,884	7,623,874	7,983,101	8,198,900	16%
47 Meeker	45,669,870	49,497,706	49,467,809	55,169,089	21%	3,735,867	3,923,845	4,162,459	4,258,729	14%
48 Mille Lacs	75,484,222	78,578,707	79,303,276	92,004,257	22%	4,691,494	4,914,575	5,156,488	5,475,141	17%
49 Morrison	74,097,217	81,957,674	87,330,254	92,696,025	25%	5,417,887	5,937,867	5,988,755	6,616,271	22%
50 Mower	93,617,144	101,872,890	105,261,886	117,963,317	26%	5,605,860	6,155,254	6,270,573	6,859,723	22%
52 Nicollet	53,802,733	54,518,795	57,964,898	60,911,546	13%	5,815,956	6,355,582	6,747,587	7,132,145	23%
53 Nobles	43,762,148	47,047,198	45,612,823	51,265,910	17%	3,301,477	3,725,651	3,579,432	3,787,427	15%
54 Norman	19,249,707	21,062,691	22,181,048	22,630,796	18%	1,501,928	1,584,815	1,615,378	1,636,966	9%
55 Olmsted	283,986,989	291,797,864	305,405,180	322,533,311	14%	38,650,461	40,709,819	44,487,541	47,366,232	23%
56 Otter Tail	128,843,345	136,497,610	144,867,349	156,200,615	21%	9,094,905	10,171,925	10,583,040	11,285,864	24%
57 Pennington	28,948,061	31,400,073	32,939,617	34,925,877	21%	2,533,446	2,745,596	3,048,882	3,314,291	31%
58 Pine	69,815,319	69,333,003	75,219,729	82,203,419	18%	4,253,054	4,977,844	5,098,444	5,604,204	32%
60 Polk	88,123,773	93,833,251	98,742,843	107,789,687	22%	8,145,930	8,615,979	8,953,625	8,623,883	6%
61 Pope	27,292,030	27,796,363	26,827,225	27,640,111	1%	2,375,070	2,340,615	2,350,876	2,354,051	-1%
62 Ramsey	1,755,050,172	1,742,079,729	1,834,032,480	1,968,164,454	12%	128,342,777	136,537,997	142,037,420	140,863,777	10%
63 Red Lake	8,004,318	8,054,944	8,043,716	9,412,324	18%	1,075,571	1,076,516	1,156,883	1,111,479	3%
65 Renville	36,112,852	38,629,524	39,325,197	43,713,575	21%	3,480,089	3,609,078	3,652,867	3,673,369	6%
66 Rice	119,054,702	123,714,752	130,117,267	136,705,829	15%	8,017,420	8,717,855	9,680,914	10,527,469	31%
68 Roseau	27,118,961	29,748,858	29,681,103	36,497,668	35%	2,500,525	2,739,713	3,000,125	2,814,698	13%
69 St. Louis	569,741,507	587,446,991	598,268,555	661,267,434	16%	49,942,809	50,120,536	54,787,001	58,561,428	17%
70 Scott	176,048,650	185,302,602	197,448,572	220,083,721	25%	16,156,268	17,764,625	19,159,070	20,355,841	26%
71 Sherburne	126,921,199	133,294,112	142,905,640	154,863,006	22%	11,115,102	11,361,768	12,623,773	13,106,836	18%
72 Sibley	29,543,503	31,004,839	32,291,620	35,476,091	20%	3,085,543	3,316,904	3,568,020	3,824,475	24%
73 Stearns	284,935,815	316,550,851	341,103,007	369,837,486	30%	19,896,010	21,563,798	22,731,827	23,462,501	18%
74 MNPrairie	141,688,922	146,298,911	155,737,892	163,358,895	15%	11,138,308	12,546,726	13,804,836	15,019,205	35%
75 Stevens	17,330,660	19,385,941	19,212,429	21,330,154	23%	1,627,002	1,906,083	1,961,772	2,090,841	29%
76 Swift	26,937,694	28,109,965	29,316,894	30,504,391	13%	2,729,762	2,934,809	3,196,436	3,395,065	24%
77 Todd	63,917,217	69,942,101	70,562,546	77,785,811	22%	4,006,912	4,148,332	4,424,709	4,382,740	9%
78 Traverse	9,369,788	9,984,270	10,022,389	13,260,876	41%	1,051,792	1,044,524	992,996	1,003,405	-5%
79 Wabasha	37,114,190	40,556,467	40,619,764	42,654,780	15%	2,564,289	2,722,981	2,750,638	3,094,348	21%
80 Wadena	47,032,935	50,517,200	54,681,886	54,250,238	15%	3,507,094	3,660,499	3,858,400	3,898,223	11%
82 Washington	313,769,502	315,141,358	341,648,975	366,270,550	17%	22,513,130	24,072,810	25,441,781	27,924,015	24%
83 Watonwan	23,837,710	26,119,730	26,884,193	29,748,905	25%	3,042,986	3,167,611	3,388,753	3,855,475	27%
84 Wilkin	18,045,528	19,290,076	19,917,682	20,563,694	14%	1,366,901	1,676,842	1,587,943	1,610,998	18%
85 Winona	95,936,835	99,127,809	105,558,775	111,150,877	16%	6,502,768	7,196,562	8,125,778	8,833,357	36%
86 Wright	176,509,102	182,062,847	191,173,222	209,302,554	19%	13,629,076	14,811,505	15,472,060	15,966,572	17%
87 Yellow Medicine	26,299,162	27,420,801	24,985,240	31,489,541	20%	2,629,640	2,739,934	2,938,807	2,949,088	12%
TOTAL (STATEWIDE)	12,494,778,362	12,731,842,163	13,344,962,685	14,547,858,434	16%	1,016,932,445	1,085,555,910	1,159,460,583	1,212,849,127	19%

Questions?

The complete 89 page report for 2018 can be found at

<https://edocs.dhs.state.mn.us/lfservers/Public/DHS-4179P-ENG>

Thank You

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



**Monthly Update
Child Protection Assessments/Investigations**

Month	2019	2020	2021
January	21	16	20
February	20	30	17
March	34	19	15
April	20	15	
May	23	21	
June	16	10	
July	16	12	
August	19	17	
September	25	18	
October	29	25	
November	24	21	
December	21	14	
Total	268	218	52

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Public health system development in Minnesota

REPORT TO THE LEGISLATURE

04/08/2021

Public health system development in Minnesota: Report to the Legislature

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*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.
Printed on recycled paper.*

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Introduction

This report on the State of Minnesota's local public health system has been published every two years since 1992. State statute requires this report on how the state's local public health system is meeting its responsibility to deliver core public health activities to the people of Minnesota.

Previous versions of this report, and a host of other Minnesota Department of Health (MDH) publications and testimony have repeatedly raised alarm, by painting a precarious picture of local health departments that do not have sufficient funding or staff to carry out core activities. Local health directors have long predicted that their departments would be overwhelmed by even a small infectious diseases outbreak.

The coronavirus pandemic is testing Minnesota's public health departments to a degree we dared not imagine. In many ways, local health departments have risen to the occasion. However, a lack of basic infrastructure has slowed response and led to frustration. This year's report will capture early lessons from the coronavirus pandemic, and provide an update on the state of Minnesota's local public health system.

Harvesting early lessons from 2020

Minnesota's public health workforce has shown leadership, skill, dedication, and compassion throughout a pandemic that has lasted far longer and turned far worse than any anticipated. When COVID-19 reached Minnesota in early 2020, local health departments ramped up to mount and sustain intense effort that continues today. The response showcases important strengths and validates longstanding concerns about the local public health infrastructure (e.g., communications, data systems and technology, community relationships). Indeed, past versions of this report characterize the infrastructure as insufficient to support even routine operations, let alone enable a coordinated, statewide pandemic response tailored to each of Minnesota's unique geographic and cultural communities.

To harvest early lessons from Minnesota's local public health response to COVID-19, MDH reached out to select state, local and tribal public health decision-makers, leaders and staff. Meetings tapped an eagerness to share and repeated familiar concerns. MDH also conducted brief individual interviews in several Minnesota communities with a cross-section of local leaders (e.g., representing businesses, law enforcement, education, health care and community-based organizations). Comments showcase the multi-faceted and too-often overlooked contributions of local public health in Minnesota. These collective insights are woven throughout the report.

Community leaders rely on their local health departments

Three dominant themes emerged when talking with local leaders about how they count on their local health departments.

- Local public health provides leadership and localized expertise.
- Local public health simplifies and tailors state guidance.
- Local public health brings people and organizations together to work as a community.

Interviewees' thoughts, below, reflect these overarching themes.

Public health system development in Minnesota: Report to the Legislature

“It would be hard to exaggerate the degree to which we have become dependent on local public health to lead the pandemic effort.” (Director, local chamber of commerce in northern Minnesota)

“[Local public health] brings an understanding of our local situation. They have a direct connection to MDH and can get advice, recommendations and resources. Local public health lives here, works here, understands local people and problems. And it’s their job—partnering and working with everyone.” (Central Minnesota sheriff)

“The health department takes guidance and makes it relatable for us....so it isn’t just a Twin Cities perspective, but a local perspective.” (City manager and director of economic development, southwest Minnesota)

“Public health played a lead role in pulling together [a multidisciplinary group of local leaders that] knit different facets of our community together so it’s not business vs. health community, with businesses wanting to take risks and public health urging everyone not to. We worked together to figure out how to balance... the health perspective and business perspective. It has worked really well.” (Resort owner)

Public information and communication

Overall, local public health departments made great strides in communications during 2020, with significantly enhanced social media, mass media, engagement of trusted messengers, and use of multiple languages and formats. The demand for information has been overwhelming, and local health departments feel the pressure to communicate nuanced public health guidance to multiple audiences that want quick, easily digestible, visual pieces of information. Local public health departments recognize the need to be even more proactive and more sophisticated in reaching multiple audiences, and more unified and consistent in statewide public health messaging. Misinformation and lack of trust continue as major challenges.

Data systems and technology

Minnesota counts on public health for timely, accurate and credible data. Yet there are large gaps in availability of local data, and local expertise to interpret and present data. In many cases, software and technology is outdated. Many systems lack interoperability and have reached the limits of capacity. As a result of these limitations, Minnesota health departments, community members, partners, and elected officials endure costly inefficiencies, and base decisions on old or less relevant information that doesn’t reflect the local context.

Community engagement and trust

COVID-19 requires health departments to work intensively with many sectors and many communities, especially those that have been historically marginalized or underserved (communities of color, indigenous, immigrants and refugees, disability, and LGBTQ communities). Some local health departments drew on deep community connections and trusted relationships that they had already cultivated and earned. Other departments faced the pandemic with more tenuous relationships and fewer community connections. A pervasive and basic lack of trust hampered Minnesota’s ability to navigate the rapidly changing context and widespread misinformation of this pandemic, and will further stymie the routine work of public health in the years ahead. All Minnesotans

should feel heard and respected by the departments that serve them, so that public health in Minnesota can work more aggressively and effectively to assure equal opportunity for health among all Minnesotans.

They are with us at every food distribution, answering questions on testing and vaccination. People are misinformed, confused, scared. [It] helps to have a professional who knows. Public health people have such heart. But they need to be more bicultural. More bilingual. This is a barrier for us. We have to have an interpreter and it takes a long time. There is lack of trust.
(Community project coordinator, Metro Community Action Partnership)

Skepticism taxes the public health workforce

In addition to the long hours and insurmountable demands, local leaders have faced public scrutiny and, in some places, lack of support from their leadership. This response has taken an emotional toll on the local public health workforce with potential long-term ramifications. While Minnesota data do not yet indicate a “mass exodus” from the field, we anticipate the response effort will have an impact in local public health leadership and staff turnover.

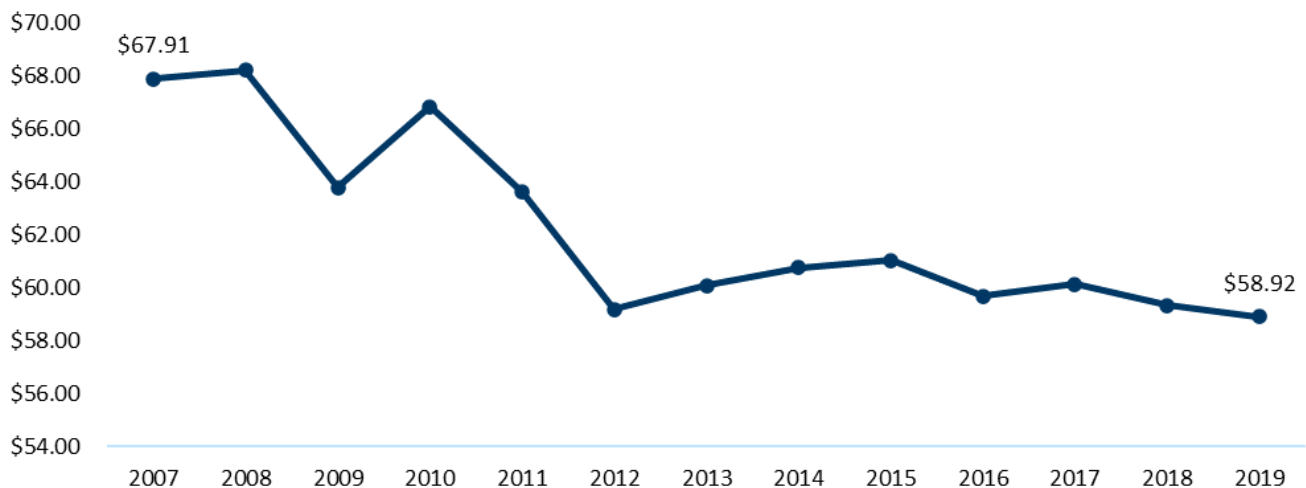
Current state of the system

The pandemic illustrates the grave issues with local public health funding, workforce, and capacity that many local public health leaders have previously voiced in reporting to MDH,^{1,2} and during workgroups convened to improve the public health system.³ These issues have been detailed in prior versions of this legislative report.^{4,5}

Eroding investment in local public health

Minnesota’s investment in local public health has not kept pace with inflation or need. Inflation-adjusted, per capita local public health expenditures fell sharply from 2007 to 2012 and remain far below pre-recession levels at approximately \$59 per capita (Figure 1).

Figure 1. Per capita expenditures across Minnesota’s local public health system, 2007-2019

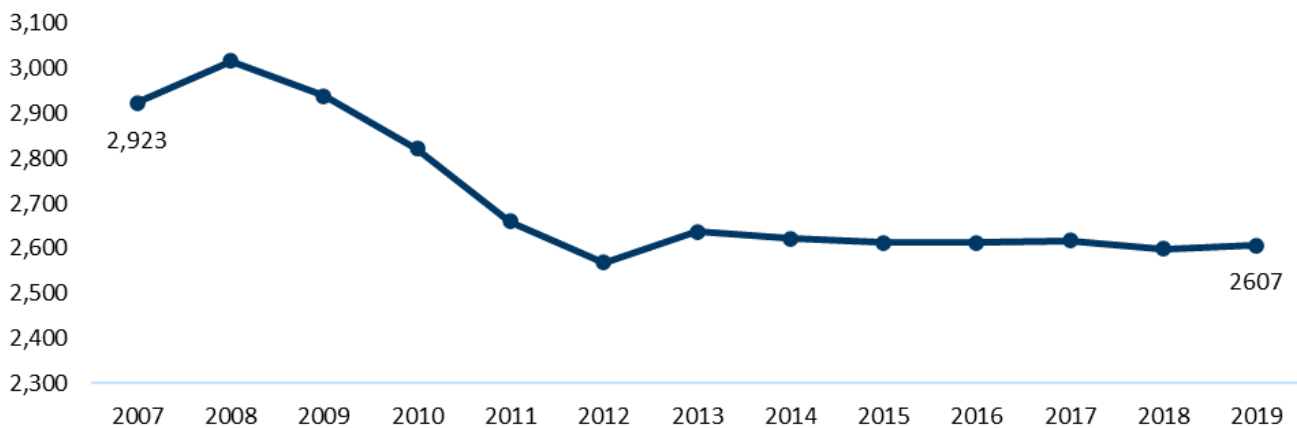


Most local public health funding is generated at the local level (e.g., reimbursements and fees for services, local tax levy, and other local funds). State funds account for 16 percent of total expenditures, and federal funds account for 33 percent.⁶

Shrinking local public health workforce

Between 2007 and 2018, the local public health system lost 325 FTEs, equivalent to 11 percent of the state’s local public health workforce. Total FTEs fell sharply from 2008 to 2012 and remains low by historic standard (Figure 2).⁷

Figure 2. Total FTEs in Minnesota’s local public health system, 2007-2019



Uneven workforce composition and distribution

Regardless of population size served, all community health boards are expected to carry out foundational responsibilities; yet in many cases, small, rural community health boards lack sufficient staff with necessary skills.⁸

- Only seven community health boards (14 percent) have epidemiologists, and all but one of these community health boards are located in the metro region.
- Total FTEs employed by community health boards range from 6 FTEs to 366 FTEs, with a median of 34 FTEs. Ten community health boards (20 percent) employed fewer than 15 total FTEs.
- The five largest community health boards by population accounted for 38 percent of all FTEs in Minnesota’s local public health system—more FTEs than the combined total of the 37 smallest community health boards in the state.

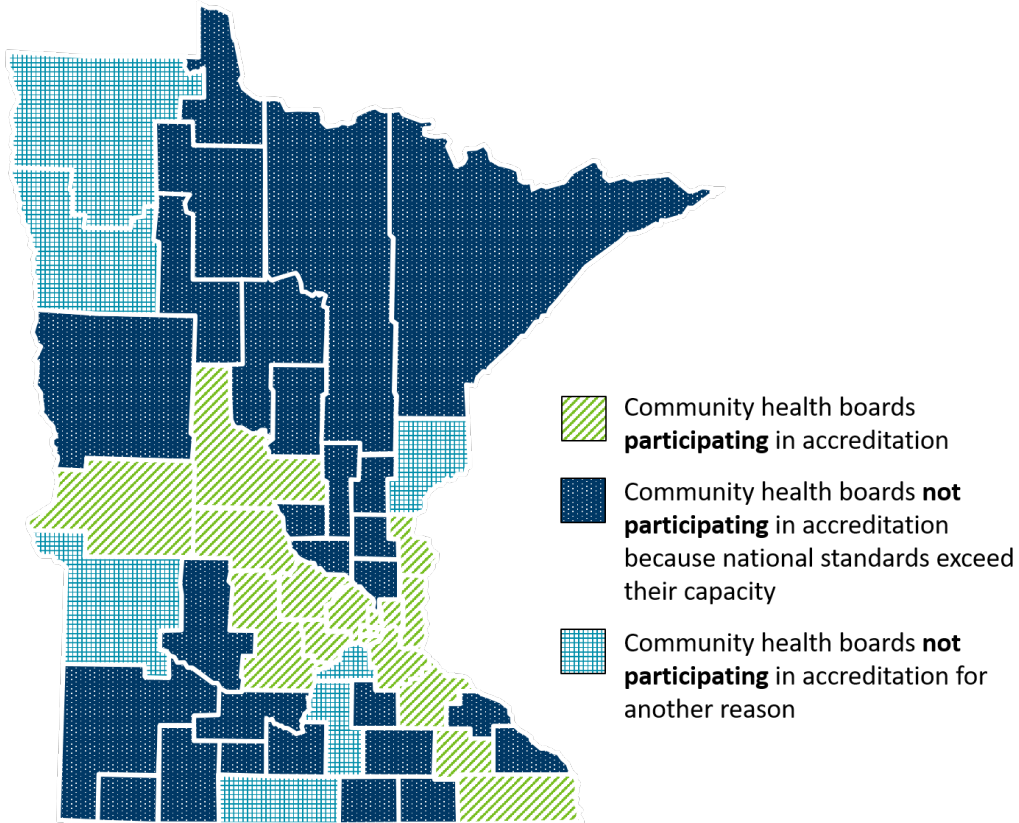
Public health accreditation standards out of reach

The Minnesota Department of Health helps local health departments seek and maintain public health accreditation to ensure that Minnesota’s public health system meets and exceeds national Public Health Accreditation Board standards.⁹ Ten of Minnesota’s 51 community health boards (20 percent) have achieved voluntary national accreditation. Some of Minnesota’s non-accredited health departments are in the process or

planning to apply (18 percent), but most are undecided, or have decided not to pursue national accreditation (62 percent).

These community health boards aren't merely dismissing the accreditation standards. Not a single community health board reports to MDH that the standards are inappropriate. The leading reason community health boards provide for not pursuing accreditation—as reported by 26 community health boards that serve more than 1.8 million Minnesotans (29 percent of the state population)—is that *the accreditation standards exceed their capacity* (Figure 4).¹⁰

Figure 4. Minnesota community health boards participating in accreditation, 2018



Going forward

2020 raised expectations and heightened visibility of Minnesota's public health system. Stakes are high with large and lasting implications for the economy and quality of life. Early lessons and demands from the COVID-19 pandemic necessitate bold action to shore up the foundational public health infrastructure, and to position Minnesota to meet public health challenges in the years ahead.

End notes

- ¹ Minnesota Department of Health. (2017). *Ability to Meet Minimum Expectations: The Current State of Local Public Health in Minnesota*. Online: https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2017-11_capassessment-summ.pdf
- ² Minnesota Department of Health. (2019). *2018 Local Public Health Act performance measures: Data book*. Online: <https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2018databook.pdf>
- ³ Minnesota Department of Health. (2018). *Strengthening Public Health Workgroup: Final Report to the State Community Health Services Advisory Committee*. Online: https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-05_strengtheningPH.pdf
- ⁴ Minnesota Department of Health. (2019). *Public Health System Development in Minnesota: Report to the Legislature*. Online: <https://www.leg.mn.gov/docs/2019/mandated/190494.pdf>
- ⁵ Minnesota Department of Health. (2017). *Public Health System Development in Minnesota: Report to the Legislature*. Online: <https://www.health.state.mn.us/communities/practice/resources/publications/docs/1701legreport.pdf>
- ⁶ Minnesota Department of Health. (2021). Expenditures summary for Minnesota's local public health system in 2019.
- ⁷ Minnesota Department of Health. (2021). Workforce summary for Minnesota's local public health system in 2019.
- ⁸ Minnesota Department of Health. (2021). Workforce summary for Minnesota's local public health system in 2019.
- ⁹ 2020-2021 *Governor's biennial budget recommendations*. Online: <https://mn.gov/mmb-stat/documents/budget/2020-21-biennial-budget-books/governors-revised-march/health-department.pdf>, p. 109.
- ¹⁰ Minnesota Department of Health. (2019). *2018 Local Public Health Act performance measures: Data book*. <https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2018databook.pdf>, p. 18.

Goodhue County Performance Report

Cash Assistance and SNAP Timeliness Measures April 2021

Reporting Period:
Jan. 1, 2020 – Dec. 31, 2020



For more information contact:
Minnesota Department of Human Services
Human Services Performance Management System
DHS.HSPM@state.mn.us | (651) 431-5780

About the Cash Assistance and SNAP Timeliness Performance Report

Report Overview

This report for the Human Services Performance Management system (referred to as the Performance Management system) compares county performance to the thresholds established for the system. A threshold is defined as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as part of the remedies process defined in statute. For counties below the threshold, an official PIP notification—with instructions for accessing PIP forms, PIP completion directions, and available technical assistance—will be provided with the report.

This report contains data on both the Expedited Supplemental Nutrition Assistance Program (SNAP) measure and the cash assistance and SNAP application timeliness measure including:

- The county's Jan. 1, 2020 – Dec. 31, 2020 performance
- Performance data trends for recent years
- A performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region

Supplemental information about the Performance Management system can be found on CountyLink, www.dhs.state.mn.us/HSPM, including:

- A description of how performance is assessed for counties with 20 or fewer people or events in a measure
- A description of how race and ethnicity data are reported
- Information about the Performance Management system's history, outcomes, mission, vision, and Council

About the Performance Data by Race and Ethnicity

Overview of Performance Data by Race and Ethnicity

This report provides performance data for counties grouped by race and ethnicity where there were 30 or more people of a group included in the denominator. The data is that of the case applicant; other household members may have a different race and/or ethnicity that is not reported here.

Hispanic or Latino ethnicity is reported separately from race. People are counted once by Hispanic ethnicity and again with their reported race so groups added together exceed the total number of applications.

MAXIS data includes immigrant subgroups, but this report does not include these metrics. Instead, the major racial and ethnic groups are included to reduce the occurrence of small number exclusions. More detailed data about performance by immigrant subgroups may be available upon request. If you would like to request a more detailed report on your county's performance by race and ethnicity, please submit a request to DHS.HSPM@state.mn.us.

Purpose

The racial and ethnic data is included in this report for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. As the Performance Management reports evolve, we intend to add additional demographic data to help counties better understand their performance and improve outcomes for all Minnesotans. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial and ethnic group do not have a graph of performance for these groups available in this report.

Economic Supports

- Economic Supports training: <https://mn.gov/dhs/partners-and-providers/training-conferences/economic-supports-cash-food/>
- Economic Supports news, initiatives, and reports: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/economic-supports-cash-food/>
- Economic Supports policies and procedures: <https://mn.gov/dhs/partners-and-providers/policies-procedures/economic-supports-cash-food/>

SNAP

- Supplemental Nutrition Assistance Program (SNAP) Resources: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141151

Contacts

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Percent of SNAP and Cash Assistance Applications Processed Timely

What is this measure?

This measure looks at the difference between the application date and the date of the first issuance made for each program approved on the application. The included programs are regular SNAP, Minnesota Family Investment Program, Diversionary Work Program, Refugee Cash Assistance, Minnesota Supplemental Aid, General Assistance, and Group Residential Housing. Applications made the day before a weekend or state-recognized holiday take into account the non-working days. Denials are not included.

Why is this measure important?

Cash and food 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.

What affects performance on this measure?

- Service factors that may influence this measure include the complexity of program rules and eligibility requirements, agency case management models, aging technology and systems that are not integrated (MAXIS, MMIS, etc.), the quality and timeliness of information sharing between service areas, such as employment services, child care assistance, child support and child welfare services, location of offices and number of offices
- Staff factors that may influence this measure include staff training, the number of staff, agency culture, staffing structure, availability of translators, and staff to participant ratios
- Participant factors that may influence this measure include literacy levels, availability to participate in an interview, access to a telephone, housing stability, ability to provide documentation, access to transportation, and complicated reporting requirements
- Environmental or external factors that may influence this measure include the local economy and increased applications during economic downturns

Percent of SNAP and Cash Assistance Applications Processed Timely

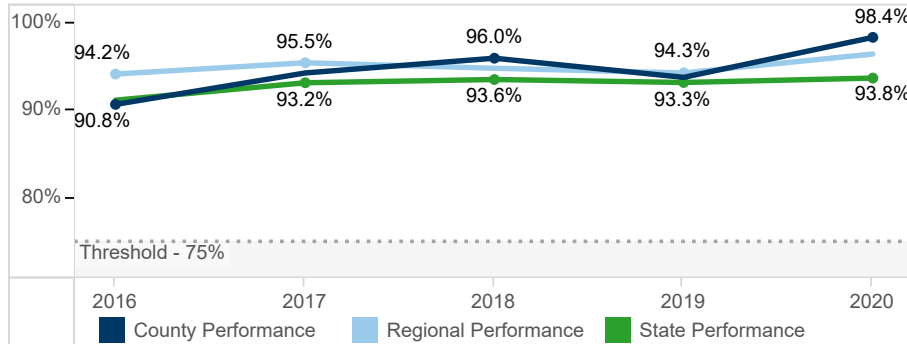
Goodhue County Performance by Year

	2016	2017	2018	2019	2020
County Performance	90.8%	94.3%	96.0%	93.8%	98.4%
Denominator	422	441	426	454	493

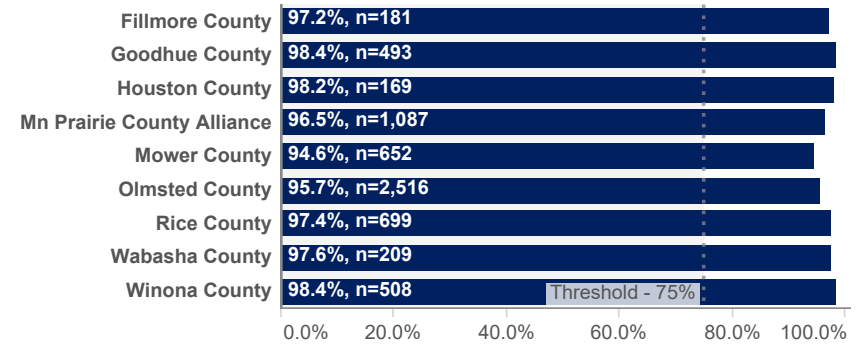
**Goodhue County
PIP Decision**

No PIP Required - Performance is equal to or above the threshold of 75%.

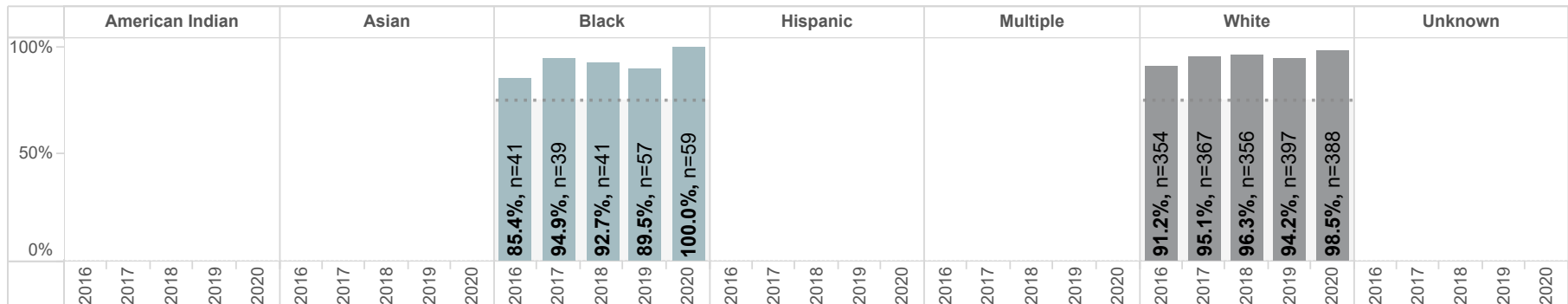
County, State and Regional Performance Trends



2020 Performance for MACSAA Region 10



County Performance by Race and Ethnicity



*The dotted line on each graph indicates the measure threshold of 75%.

Percent of Expedited SNAP Applications Processed within One Business Day

What is this measure?

The difference between the application date and the date the first benefit payment is issued for expedited SNAP applications. It compares total approved expedited SNAP applications in a month to those processed within one business day. Applications submitted on a Friday or the day before a state-recognized holiday are considered timely if payment was issued on the first working day following the weekend or holiday. The measure does not include denied applications.

Why is this measure important?

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 overcome a crisis. Efficient and timely processing of these applications help ensure that people's basic need for food is met.

What affects performance on this measure?

- Service factors that may influence this measure include program complexity and changing policy, a complicated application, and challenges associated with online ApplyMN applications
- Staff factors that may influence this measure include staff training levels, staff-to-participant ratios, staff knowledge of policies, high turnover, and competition for resources between programs
- Participant factors that may influence this measure include participant completion of the mandatory interview, the number of migrant and seasonal farm workers making applications, delays due to incomplete applications, availability of advocates to assist with completing applications, and difficulty obtaining required documentation
- Environmental or external factors that may influence this measure include balancing error reduction with timeliness, emphasis on fraud that may result in conflicts between access and timeliness of service, increased applications during economic downturns, and availability of community resources such as food shelves, and natural disasters that result in increased applications

Percent of Expedited SNAP Applications Processed within One Business Day

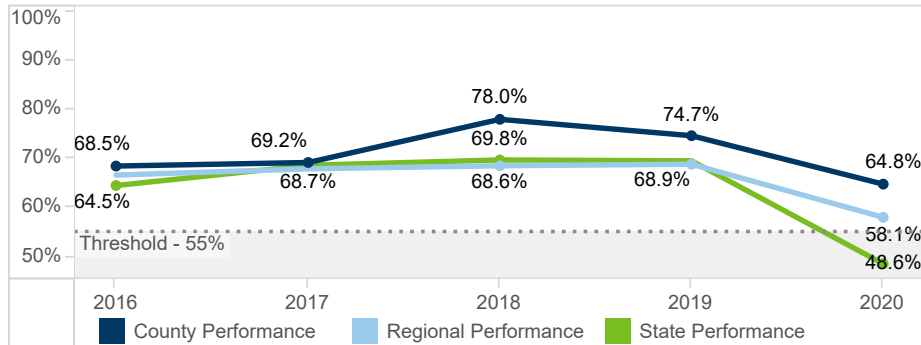
Goodhue County Performance by Year

	2016	2017	2018	2019	2020
County Performance	68.5%	69.2%	78.0%	74.7%	64.8%
Denominator	308	312	273	316	253

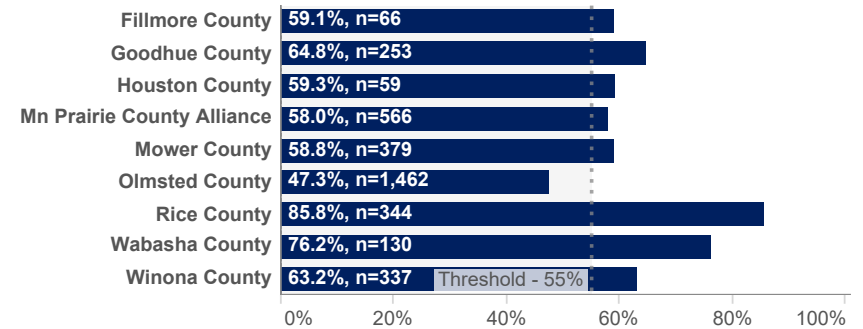
**Goodhue County
PIP Decision**

No PIP Required – Performance is equal to or above the threshold of 55%.

County, State and Regional Performance Trends



2020 Performance for MACSSA Region 10



County Performance by Race and Ethnicity

