



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

“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 Tuesday, October 19, 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/788567781> or calling [1 866 899 4679](tel:18668994679) beginning at 10:20 a.m. or any time during the meeting. Access Code: 788-567-781

New to GoToMeeting: Get the app now and be ready when your meeting starts  
<https://global.gotomeeting.com/install/788567781>

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

Documents:

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

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

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE LICENSURE APPROVALS.PDF](#)

- b. 2021-2022 Regional SNAP Employment And Training Agreement

Documents:

[2021-2022 REGIONAL SNAP EMPLOYMENT AND TRAINING AGREEMENT.PDF](#)

- c. HVMHC - Letter Of Need

Documents:

5. ACTION ITEMS:

- a. Accounts Payable  
Mike Zorn

Documents:

[ACCOUNTS PAYABLE.PDF](#)

6. INFORMATIONAL ITEMS:

- a. Workforce Development Inc. (WDI) Update  
Jinny Rietmann, Executive Director

Documents:

[WORKFORCE DEVELOPMENT, INC. \(WDI\) UPDATE.PDF](#)  
[WDI - GOODHUE COUNTY PROFILE.PDF](#)

- b. COVID-19 Update

Documents:

[COVID-19 UPDATE.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- b. Goodhue County Flu Vaccination Clinics

Documents:

[GOODHUE COUNTY FLU VACCINATION CLINICS.PDF](#)

- c. Advisory Panel To The MN Attorney General - Distribution And Allocation Of Opioid Settlement Funds

Documents:

[ADVISORY PANEL TO THE MN ATTORNEY GENERAL-DISTRIBUTION AND ALLOCATION OF OPIOID SETTLEMENT FUNDS.PDF](#)

- d. South Country Health Alliance (SCHA) Press Release

Documents:

[SOUTH COUNTRY HEALTH ALLIANCE \(SCHA\) PRESS RELEASE.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be November 16, 2021 At 10:30 AM

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

**GOODHUE COUNTY  
HEALTH & HUMAN SERVICES BOARD MEETING  
MINUTES OF SEPTEMBER 21, 2021**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:33 A.M., Tuesday, September 21, 2021, online via GoToMeeting.

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

**STAFF AND OTHERS PRESENT:**

Kris Johnson, Mike Zorn, Lisa Woodford, Jessica Seide, Ruth Greenslade, Maggie Cichosz, Brooke Hawkenson, Kayla Matter, Maddy Schwartz, Zach Wegner, Jake Pfeifer, Gina Johnson, Sami Wilson, Heidi Befort, Katie Kosmach, Natalie Littfin, and Victoria Tidjani.

**AGENDA:**

On a motion by S. Johnson and seconded by N. Pagel, the Board unanimously approved the September 21, 2021 Agenda.

**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 August 17, 2021.

**INTRODUCTION OF NEW AND PROMOTED EMPLOYEES**

**CONSENT AGENDA:**

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

**ACTION ITEMS:**

On a motion by L. Flanders and seconded by P. Drotos, the Board unanimously approved payment of all accounts as presented.

On a motion by S. Johnson and seconded by N. Pagel, the Board unanimously approved the personnel request as presented.



Goodhue County Health & Human Services Board  
Meeting Minutes of September 21, 2021

INFORMATIONAL ITEMS:

COVID-19 HHS Board Update- Kris Johnson and Maggie Cichosz

FYI & REPORTS:

Child Protection Report  
HHS Staffing Report  
Quarterly HHS Trend Report

ANNOUNCEMENTS/COMMENTS:

Pivoting to the Future: Opportunity, Complexity, and Working Together  
Thursday, September 23, 2021 9:00 a.m. to 1:00 p.m.  
Free to all attendees; CEUs available  
Virtual event - Register: [www.health.state.mn.us/chc](http://www.health.state.mn.us/chc)

ADJOURN:

On a motion by T. Greseth and seconded by S. Johnson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:11 am.

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	October 19, 2021	<b>Staff Lead:</b>	Katie Bystrom
<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:**

Jacklyn Schiell                      Zumbrota

**Child Care Licensures:**

Samantha Lexvold and Sharon Taylor                      Red Wing

Number of Licensed Family Child Care Homes: 75

**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>	October 19, 2021	<b>Staff Lead:</b>	Kathy Rolfer
<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 Regional Contract for Additional Employment and Training Services for Supplemental Nutrition Assistance Program (SNAP) Customers.		

**BACKGROUND:**

The Department of Human Services (DHS) has continued to offer additional employment and training funding for SNAP customers. Each county grant amounts are small so it has made sense for counties that wish to seek these funds to come together and contract with the state and regional employment and training service provider – Workforce Development Inc.

This is now our sixth year collaborating for this additional funding. Wabasha County has agreed to continue to act as the fiscal agent.

The Workforce Development Inc. will utilize the available funds of \$8,950.50 10-1-2021 through 9-30-2022 designated for direct program expenses and \$789.75 designated for administration, and \$1137 designated for support services for the four counties – Wabasha, Mower, Houston, and Goodhue.

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

AGREEMENT FOR PROVISION OF  
SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP)

The Wabasha County Board of Commissioners through its designated agency, the Wabasha County Department of Human Services, 625 Jefferson Avenue, Wabasha, MN 55981-1589 (651) 565-3351, acting as Fiscal Agent for the counties of Goodhue, Houston, Mower and Wabasha or any successor organization developed with at least one of the participating counties hereinafter referred to as the "Counties" and the Workforce Development, Inc., 2070 College View Road E., Rochester, MN 55901 (507) 292-5166, hereinafter referred to as the "Contractor" enter into this agreement for the period of October 1, 2021 through September 30, 2022.

WITNESSETH

WHEREAS, M.S. 256D.051 requires counties to provide a SNAP Program to eligible persons and allows counties to subcontract for duties under subd.2 of M.S. 256D.051, and

WHEREAS, the Job Training Program, under WIA, administered by the Workforce Development, Inc. is knowledgeable regarding M.S. 256S.051 and of the methods and techniques involved in providing the services in M.S. 256D.051;

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth, the Counties and Contractor agree as follows;

Available Funds \$8,950.50 10-01-2021 through 09-30-2022 designated for **direct program expenses**; \$789.75 (7.5% **admin**) and \$1137 designated for **support services** for the four counties.

I. Services to be Provided

- A. SNAP Orientation
- B. Employability assessment and development plan
- C. Job search classes
- D. Referrals to available employment assistance programs/agencies

II. Delivery

The Contractor agrees to the following:

- A. The SNAP Program services will be made available at the Workforce Development, Inc. office locations in each county.
- B. The services available for regular WIOA participants may be available for SNAP participants, depending on the funding.
- C. WDI is a registered SNAP Employment and Training provider for SE MN with funding for SNAP 100% and SNAP 50/50. Referrals for SNAP

Employment and Training may be eligible for additional program services depending on their needs and available funding. Through the career planning process, WDI staff will determine the best program fit and encourage co-enrollment to provide additional services to benefit the customer.

- D. The program will be a minimum of 20 hours per week and a maximum of 32 hours per week for period of eligibility.
- E. Upon referral of a SNAP registrant, the Contractor will provide an orientation to the SNAP Program and notify the Counties of attendance.
- F. An employment plan with all the required SNAP activities and individual responsibilities will be prepared by the Contractor and submitted to the participant each month. This employment plan will prescribe the necessary activities to be undertaken during the month by the participant in order to continue receiving monthly SNAP benefits. A copy will be sent to the Counties.
- G. The Contractor agrees that to protect itself, as well as the Counties, under the indemnity agreement, it will at all times have and keep in force a professional liability insurance policy with limits of \$1,000,000.00.
- H. To facilitate interagency cooperation, the Counties and Contractor shall be considered adjunct agencies for the purpose of meeting the training requirements of the SNAP Program. Participant referral information and related contracts to provide training services and participation information shall be communicated between program related personnel involved with this program. Program participants will be apprised of the service agreement between the Counties and Contractor.

### III. County's Responsibilities

- A. Refer all persons eligible for the SNAP program to the Workforce Development, Inc. by completing a WF1 referral. The program is in a voluntary status. Referrals will be made noting the participants opportunity for employment services at no cost to the participant.
- B. The Counties will reimburse the Contractor for invoiced costs for SNAP enrollments for staff services, including orientation, assessment, preparation of an Employment Plan, individualized counseling, Job Search instruction, and vocational assessment, referrals to other agencies, job referrals and direct marketing contracts with employers. Actual costs for services will be billed each month up to \$8950.50 direct program, \$789.75 administration, and \$1,137 support funds for this program year. This

includes the time spent sending notices to the participants and the Counties, in addition to tracking the participants' compliance.

- C. Complete any state mandated Information System forms or reports for SNAP registrants at time of registration.
- D. Inform Contractor prior to referring any participant who is unable to communicate in the English language. The Contractor will then arrange for an interpreter.

IV. Contractor Responsibility

- A. The Contractor agrees that during the existence of this agreement that it will indemnify and hold harmless the Counties from any and all liability which may be claimed against the Contractor (1) by reason of any reimbursable cost resulting from an eligible client suffering injury, death, or property loss while participating in services from the Contractor or while being transported to/from said premises in any vehicle owned, operated, chartered, or otherwise contracted for by the Contractor or (2) by reason of any said client causing injury/damage to another person or property during any time when the Contractor has undertaken or is furnishing the service called for under this agreement.
- B. The Contractor agrees to comply with the Civil Rights Act of 1964 (Titles VI and VII); Rehabilitation Act of 1973 (Section 504); and Minnesota Human Rights Act (Chapter 363).

V. Financial Arrangements and Reporting Procedures

- A. The Contractor agrees to furnish the following reports to the Counties:
  - 1. Verification that the participant kept their initial appointment as scheduled.
  - 2. A copy of the employment plan.
  - 3. Monthly communication with the Counties verifying each participant's program participation.
  - 4. Any Management Information Systems forms or subsequent reports for SNAP required by the Counties.

VI. Other Conditions of the Contract

A. The Contractor shall allow personnel of the Counties, Minnesota Department of Human Services, and the Minnesota Department of Employment and Economic Development, access to the Contractor's records at reasonable hours in order to exercise their responsibility to monitor the services and audit the financial records.

B. Audit and Records Disclosure:

The Contractor agrees to maintain records at 2070 College View Road E., Rochester, MN 55901 for a period of six years to allow persons from the Minnesota Department of Human Services and the Minnesota Department of Employment and Economic Development, or their designees, access to records at reasonable times for audit purposes.

C. The use or disclosure, by a party, of information concerning a client in violation of the Data Privacy Act or for any purpose not directly connected with the administration of the County's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client his/her responsible parent or guardian.

D. This contract may be cancelled by either party, upon 30 days notice, in writing, delivered by mail, or in person.

E. Alteration to or waivers of provisions of this contract shall be valid only if they are in writing and duly signed by both parties.

F. In the event there is a revision of state regulations which might affect this agreement, all parties will review the contract and renegotiate those provisions necessary to bring it into compliance with the new regulations.

G. Subcontractors are subject to all requirements outlined in this agreement.

H. The Counties agrees to provide for a Fair Hearing and Grievance Procedure in conformance with Minnesota Statutes, Sections 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services.

VII. Non-Discrimination Statement: The CONTRACTOR will comply with:

A. Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, which generally prohibits

discrimination on the grounds of race, color, or national origin, and applies to any program or activity receiving federal financial aid.

- B. Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, which generally prohibits discrimination because of race, color, religion, sex, or national origin and applies to all employers, including State and local governments, public and private employment agencies and labor organizations. Any employment and training program sponsor or contractor, which falls within one of these definitions, would, of course, be covered by Title VII.
- C. The Rehabilitation Act of 1973, as amended, which generally prohibits discrimination on the basis of handicap in all federally funded programs.
- D. The Age Discrimination in Employment Act of 1967, as amended which generally prohibits discrimination on the basis of age against persons 40 years of age and over.
- E. The Equal Pay Act of 1963 amended the Fair Labor Standards Act and which generally provides that an employer may not discriminate on the basis of sex by paying employees of different sexes differently for doing the same work.
- F. Title IX of the Education Amendments of 1972, as amended, generally provides that no person shall, on the basis of sex, be excluded from participation, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any interscholastic, intercollegiate, club or intramural athletics offered and no recipient shall provide any such athletics separately on such basis.
- G. The Age Discrimination Act of 1975, as amended, prohibits unreasonable discrimination on the basis of age in programs or activities receiving federal financial assistance.
- H. The Americans with Disabilities Act of 1990 (P.L.101-336), as amended, which prohibits discrimination based on disabilities in the areas of employment, public services, transportation, public accommodations and telecommunications.

IX Affirmative Action: The Contractor certifies that it has received a Certificate of Compliance from the Commissioner of Human Rights pursuant to Minnesota Statutes, Section 363.073.

- A. The Contractor agrees to comply with the requirements the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (Public Law 91-646), which provides for fair and equitable treatment of persons displaced as a result of federal or federally assisted programs.



- B. The Contractor agrees that program participants shall not be employed in the construction, operation or maintenance of that part of any facility, which is used for religious instructions or worship.
- C. The Contractor agrees to comply with the provisions of Chapter 15, Title 5 of the United States Code with regard to political activity.
- D. The Contractor further understands and agrees that it shall be bound by the Minnesota Government Data Practices Act (Minnesota Statutes 13.03-13.04) with respect to “data on individuals”, (as defined in 13.02, subd. 5 of that statute) which it collects, receives, stores, uses, creates or disseminates pursuant to this agreement. The Contractor provides assurances to the Counties that it will comply with Health Information Portability and Accountability Act (HIPPA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be: appropriately safeguarded; any misuse of IIHI will be reported to the Counties; secure satisfactory assurances from any subcontractor; grant individuals access and ability to amend their IIHI; make available an accounting of disclosures; release applicable records to the Department of Human Services if requested; and upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.
- E. The Contractor agrees to comply with all applicable standards, orders, or requirements issued under section 306 of the Clear Air Act (42 U.S.C. 1857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15).

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties related to the subject matter hereof, as well as any previous agreements presently in effect between the Counties and the Contractor.

IN WITNESS WHEREOF, The Counties and Contractor have executed this contract as of the day and year first above mentioned:

FOR  
WABASHA CO.  
BOARD OF COMMISSIONERS

By \_\_\_\_\_  
Board Chair

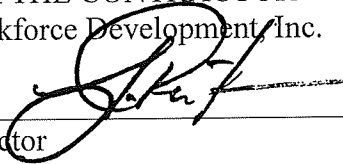
By \_\_\_\_\_  
Director

Date \_\_\_\_\_

By \_\_\_\_\_  
County Attorney

Date \_\_\_\_\_

FOR THE CONTRACTOR  
Workforce Development, Inc.

  
\_\_\_\_\_  
Director

Date \_\_\_\_\_

FOR  
MOWER CO. BOARD OF COMMISSIONERS

By \_\_\_\_\_  
Board Chair

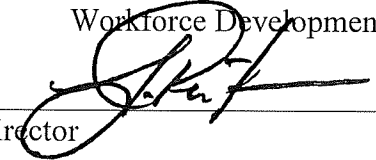
By \_\_\_\_\_  
Director

Date \_\_\_\_\_

By \_\_\_\_\_  
County Attorney

Date \_\_\_\_\_

FOR THE CONTRACTOR  
Workforce Development, Inc.

  
Director

Date \_\_\_\_\_

FOR  
HOUSTON CO. BOARD OF COMMISSIONERS

By \_\_\_\_\_  
Board Chair

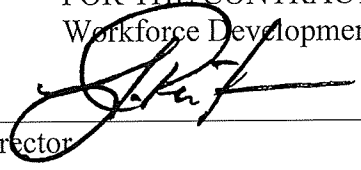
By \_\_\_\_\_  
Director

Date \_\_\_\_\_

By \_\_\_\_\_  
County Attorney

Date \_\_\_\_\_

FOR THE CONTRACTOR  
Workforce Development, Inc.

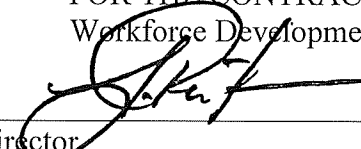
  
Director

Date \_\_\_\_\_

FOR  
GOODHUE CO. BOARD OF COMMISSIONERS

FOR THE CONTRACTOR  
Workforce Development, Inc.

By \_\_\_\_\_  
Board Chair

  
\_\_\_\_\_  
Director

By \_\_\_\_\_  
Director

Date \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
County Attorney

Date \_\_\_\_\_

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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	October 19, 2021	<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 Statement of Need Letter – Outpatient 245G Licensed Treatment Program		

**BACKGROUND:**

Goodhue County Health and Human Services received the attached letter from Erik Sievers, Executive Director at Hiawatha Valley Mental Health Center (HVMHC), with a request of a letter of need to offer outpatient substance use disorder treatment services for children, adolescent, and adults in Goodhue County. Under the Minnesota rules, Counties are allowed to comment on the need for chemical dependency treatment services in their county.

HVMHC is pursuing becoming a Certified Community Behavioral Health Clinic (CCBHC) which GCHHS Board has previously supported including approving a [Letter of Support](#) in May of 2021. This is an additional step needed in the process, which will allow HVMHC to offer an outpatient treatment program for children, adolescents and adults in Goodhue County.

Our local knowledge, community assessments including the most [recent Goodhue County Community Health Assessment](#) and experience tells us that there is a need for additional 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.



420 East Sarnia Street, Suite 2100  
Winona, MN 55987

P: (507) 454-4341  
(800) 657-6777  
F: (507) 453-6267

[info@hvmhc.org](mailto:info@hvmhc.org)  
[www.hvmhc.org](http://www.hvmhc.org)

July 2, 2021

Nina Arneson, Director of Goodhue County Health and Human Services  
426 West Avenue  
Goodhue, MN 55066

Re: Intent to Open SUD Program in Goodhue County-Request for Support

Dear Nina Arneson,

As you are aware, Hiawatha Valley Mental Health Center (HVMHC) is pursuing becoming a Certified Behavioral Health Clinic and you have previously provided your written support for this. A step towards that is for our agency to become a 245G licensed treatment program in Goodhue County. The below describes our proposed program, proposed population and what we need from you and Goodhue County to proceed.

***The description of proposed treatment program:***

It is our desire to provide an outpatient program to include individual and group counseling, education, and treatment coordination when clinically indicated.

***The population we desire and intend to serve includes the following:***

HVMHC plans to provide services to children, adolescents and adults ages 12 and above. Children and adolescent services will be separated from and scheduled at other times from adult services due to the risk of maltreatment resulting from a disparity in ages, judgment, experience, etc. HVMHC will provide services to individuals of all genders. HVMHC will provide services to all individuals whose mental functioning allows them to have the ability to understand treatment materials. HVMHC will provide services to all individuals whose physical functioning allows them to access the treatment spaces and have the physical ability to participate in treatment services. HVMHC will provide services to all individuals whose emotional and behavioral functioning is stable and who have the emotional and behavioral ability to participate in treatment services.

Individuals who are assessed as dually diagnosed for substance abuse and mental health will receive treatment services from staff trained in dual diagnosis treatment, following the policies in place for this program. A need for other specialized programs of care for clients has not been identified.



420 East Sarnia Street, Suite 2100  
Winona, MN 55987

P: (507) 454-4341  
(800) 657-6777  
F: (507) 453-6267

[info@hvmhc.org](mailto:info@hvmhc.org)  
[www.hvmhc.org](http://www.hvmhc.org)

I am requesting that you submit a written statement to the Commission of Health and Human Services within 60 days of receiving this letter regarding the counties support of the opening of the treatment program at HVMHC. It is my understanding that your written statement need to include your rational for the determination.

If you have any questions, concerns, or need any additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Erik Sievers", written in a cursive style.

Erik Sievers, Executive Director  
Hiawatha Valley Mental Health Center  
[eriks@hvmhc.org](mailto:eriks@hvmhc.org) or 507-453-6202





Goodhue County  
**Health and Human Services**

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

October, 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 Hiawatha Valley Mental Health Center (HVMHC)

Dear Commissioner Harpstead:

I am writing to provide this **Statement of Need** for HVMHC to offer outpatient 245G treatment services at 2835 S Service Dr #103, Red Wing, MN 55066 in Goodhue County. This service will be available as a part of the HVMHC's Certified Community Behavioral Health Clinic (CCBHC) services. This is based on the need for additional services in Goodhue County.

**Hiawatha Valley Mental Health Center (HVMHC)**

[www.hvmhc.org](http://www.hvmhc.org)

Please feel free to contact me for additional information at [nina.arneson@co.goodhue.mn.us](mailto: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: Erik Sievers, HVMHC Executive Director  
Abby Villaran, GCHHS Social Services Supervisor  
Katie Bystrom, GCHHS Social Services Supervisor  
Kris Johnson, GCHHS Deputy Director

Promote, Strengthen and Protect the Health  
of Individuals, Families and Communities!  
Equal Opportunity Employer  
[www.co.goodhue.mn.us/HHS](http://www.co.goodhue.mn.us/HHS)



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



**REQUEST FOR BOARD ACTION**

<b>Requested Board Date:</b>	October 19, 2021	<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 September 2021 HHS Warrant Registers		

**BACKGROUND:**

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

	Date of Warrant		Check No.	Series	Total Batch
IFS	September 2, 2021	ACH	34279	34285	\$ 1,854.82
IFS	September 2, 2021		458260	458282	\$ 17,308.71
IFS	September 10, 2021	ACH	34295	34307	\$ 59,149.91
IFS	September 10, 2021		458334	458370	\$ 33,734.36
IFS	September 17, 2021	ACH	34332	34343	\$ 18,825.91
IFS	September 17, 2021		458418	458446	\$ 15,289.05
IFS	September 24, 2021	ACH	34356	34369	\$ 5,911.37
IFS	September 24, 2021		458495	458530	\$ 25,989.68
SSIS	September 30, 2021	ACH	34399	34417	\$ 58,886.82
SSIS	September 30, 2021		458574	458631	\$ 202,158.11
IFS	September 30, 2021	ACH	34418	34453	\$ 2,223.13
IFS	September 30, 2021		458632	45862	\$ 75.00
Total					\$441,406.87

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

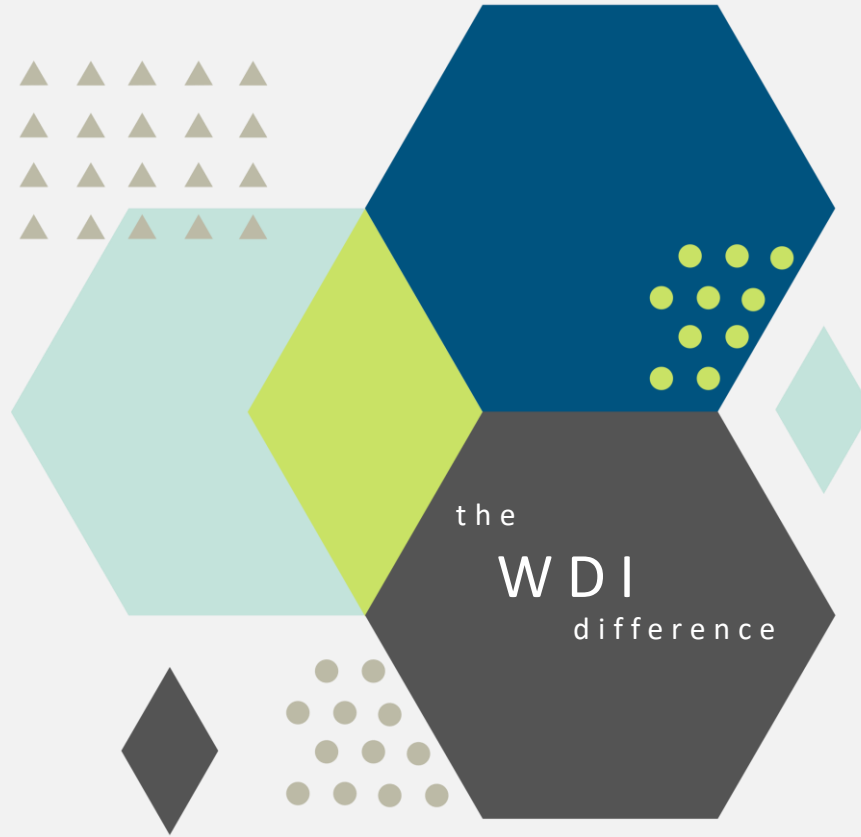
Promote, Strengthen and Protect the Health  
of Individuals, Families and Communities!  
Equal Opportunity Employer  
[www.co.goodhue.mn.us/HHS](http://www.co.goodhue.mn.us/HHS)



# Workforce

DEVELOPMENT, INC.

*The Workforce Development Board  
of Southeast Minnesota*



## Workforce Development, Inc.

Serving career seekers & employers  
throughout Southeast Minnesota

*Celebrating Over 30 Years of Excellence in Southeast Minnesota*

Albert Lea • Austin • Caledonia • Faribault • Kasson • Owatonna • Preston • Red Wing • Rochester • Wabasha





# OUR MISSION & VISION

Our mission is to develop and advance the workforce of Southeast Minnesota.

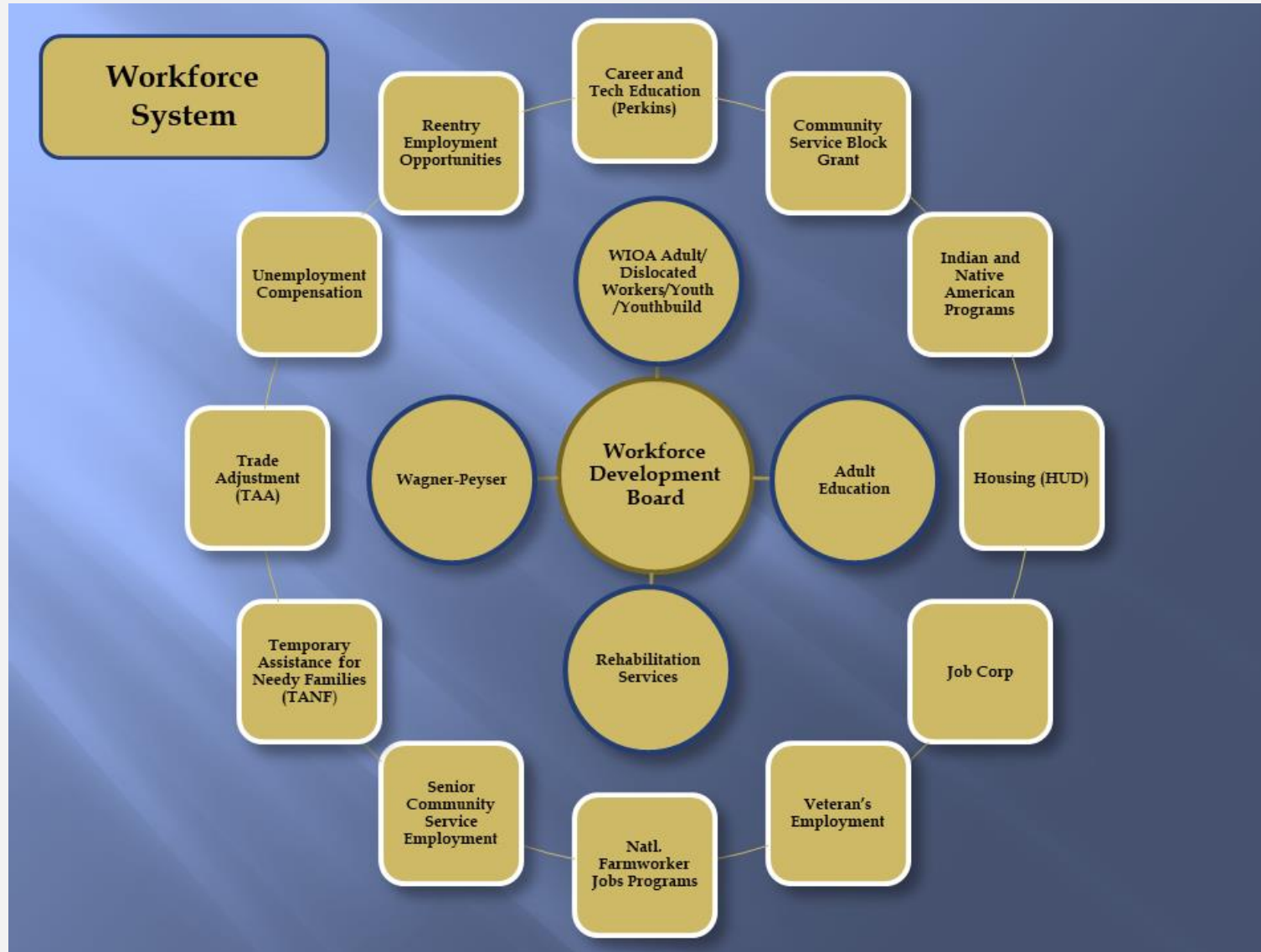
Our vision is to develop and advance the workforce of Southeast Minnesota by acting as:

- A champion for workers
- A convening agent bringing partners together to solve workforce problems
- A change agent to promote and facilitate innovation and creative solutions
- The agency accountable to the individuals, businesses and communities we serve, providing measurable change

**Workforce**  
DEVELOPMENT, INC.

*The Workforce Development Board  
of Southeast Minnesota*

# Workforce Innovation and Opportunity Act (WIOA)

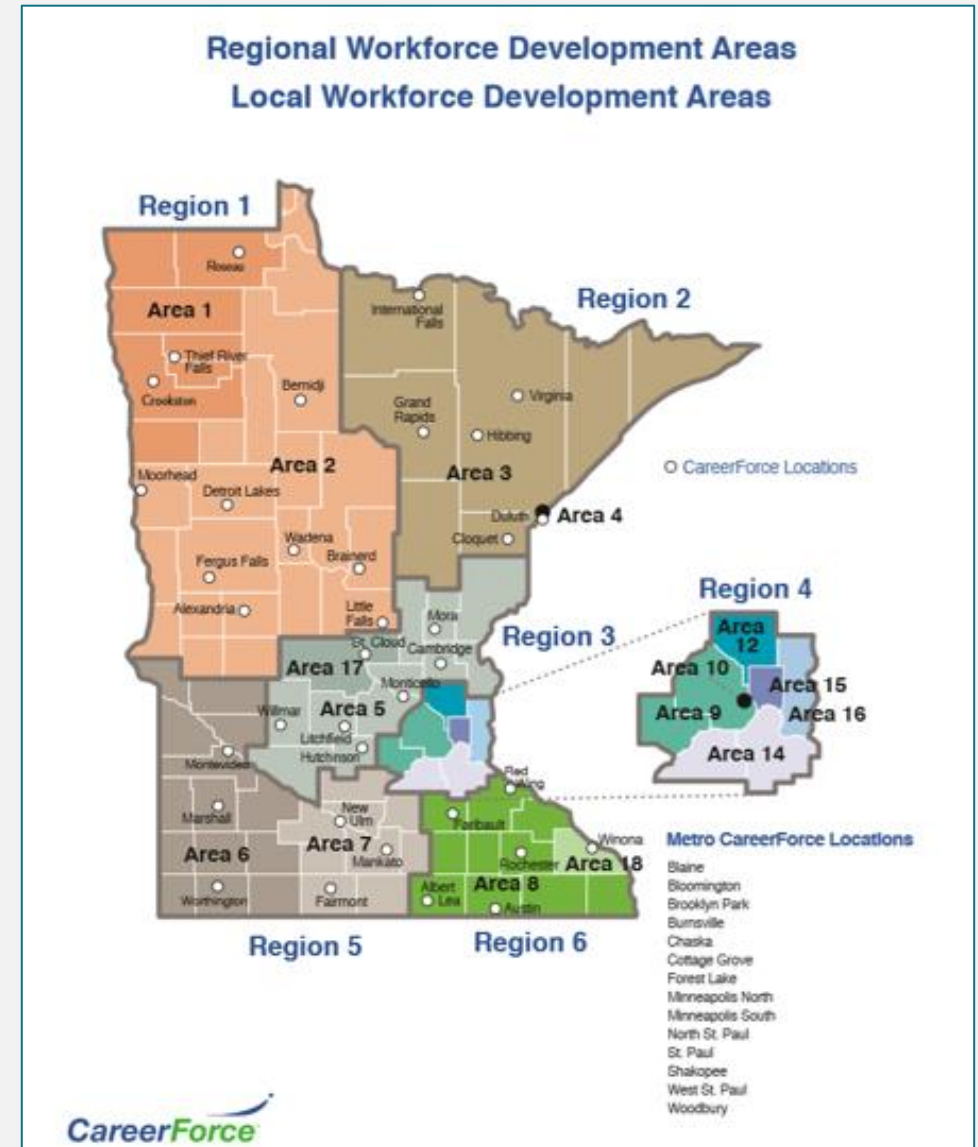




# WORKFORCE SERVICE AREAS

WDI serves 10 counties in Southeast Minnesota. Six of our ten locations include Minnesota CareerForce Centers where multiple agencies deliver related services for job seekers and employers. Service areas include:

- Albert Lea
- Austin
- Caledonia
- Faribault
- Kasson
- Owatonna
- Preston
- Red Wing
- Rochester
- Wabasha

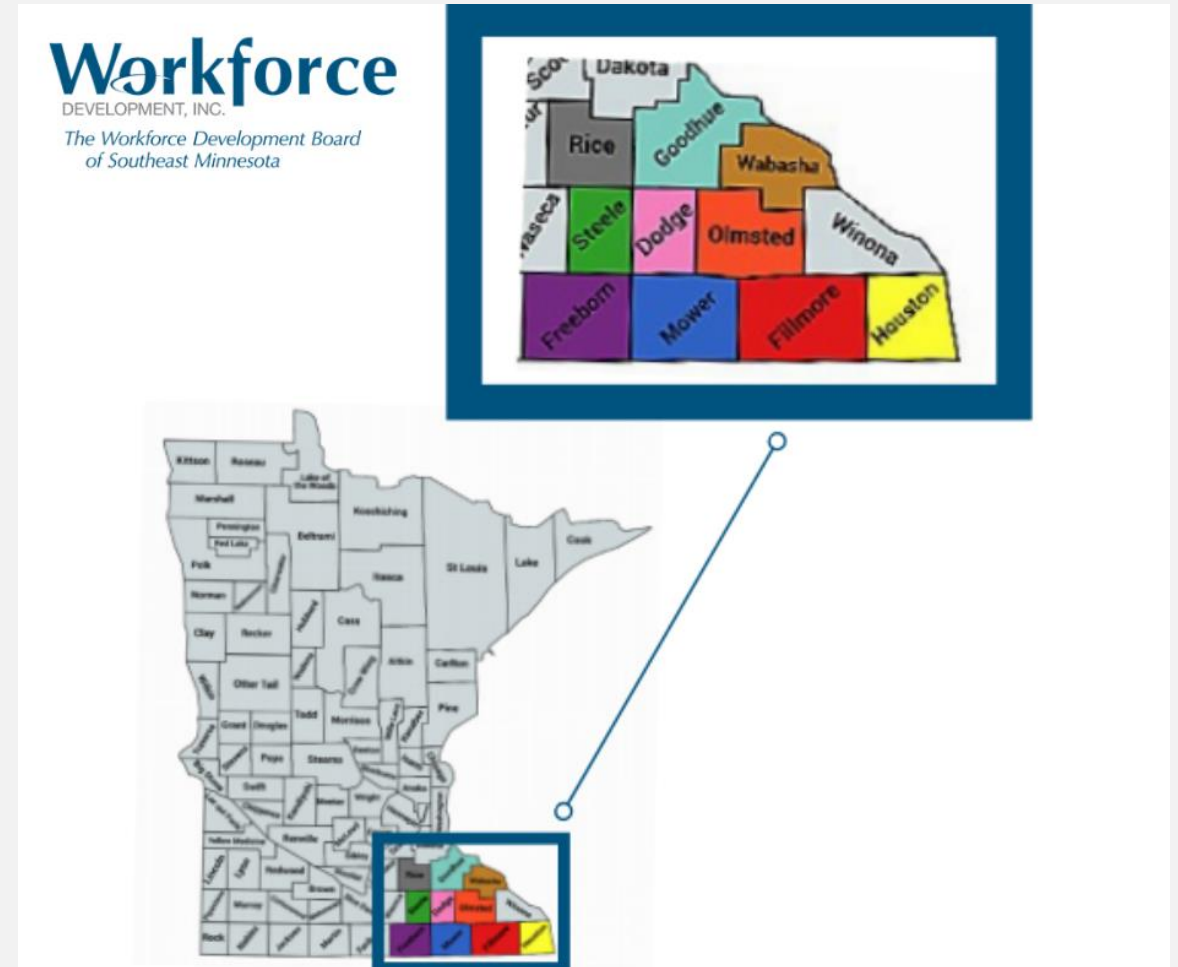


# Workforce Development, Inc. (WDI) Service Areas

Service areas include:

- Dodge – Kasson
- Fillmore – Preston
- Freeborn - Albert Lea\*
- Goodhue - Red Wing\*
- Houston – Caledonia
- Mower - Austin\*
- Olmsted - Rochester\*
- Rice - Faribault\*
- Steele - Owatonna\*
- Wabasha - Wabasha

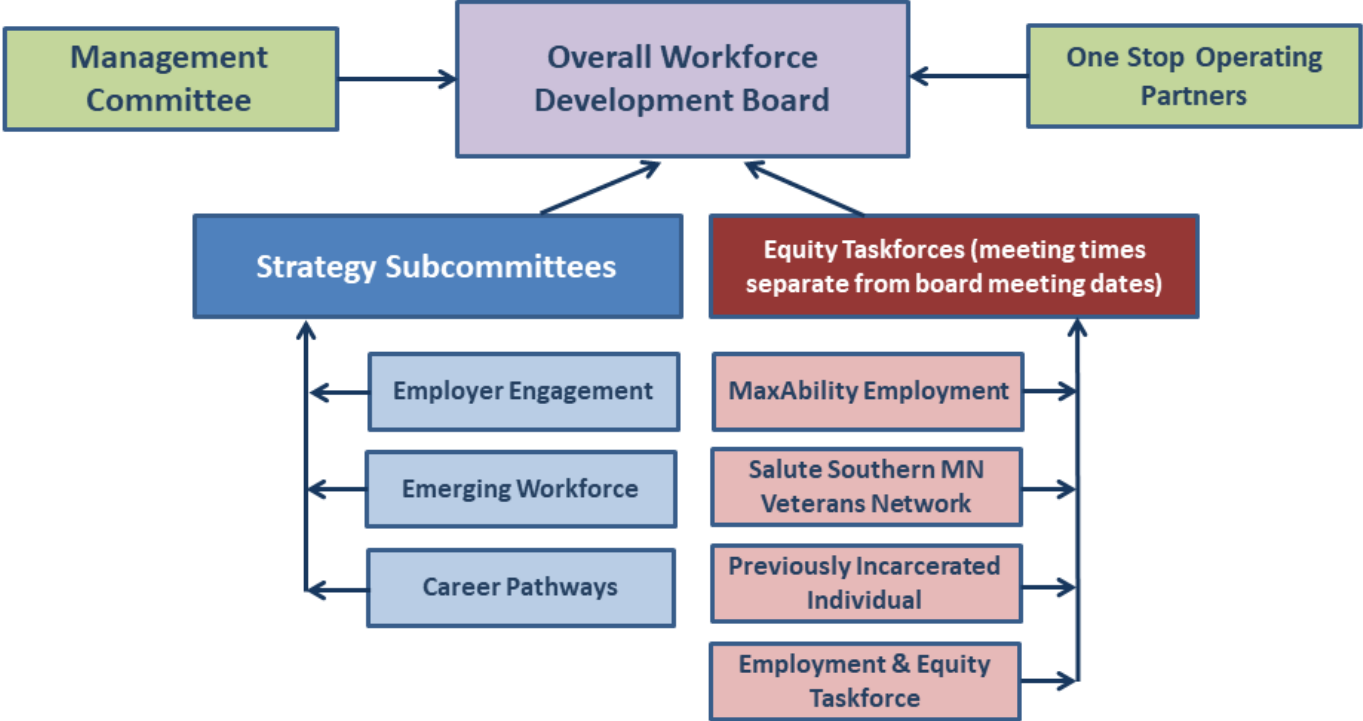
\*These Workforce Development, Inc. offices are located within a CareerForce site.



# WDB COMMITTEE STRUCTURE



## SE MN Workforce Development Board Committee Structure

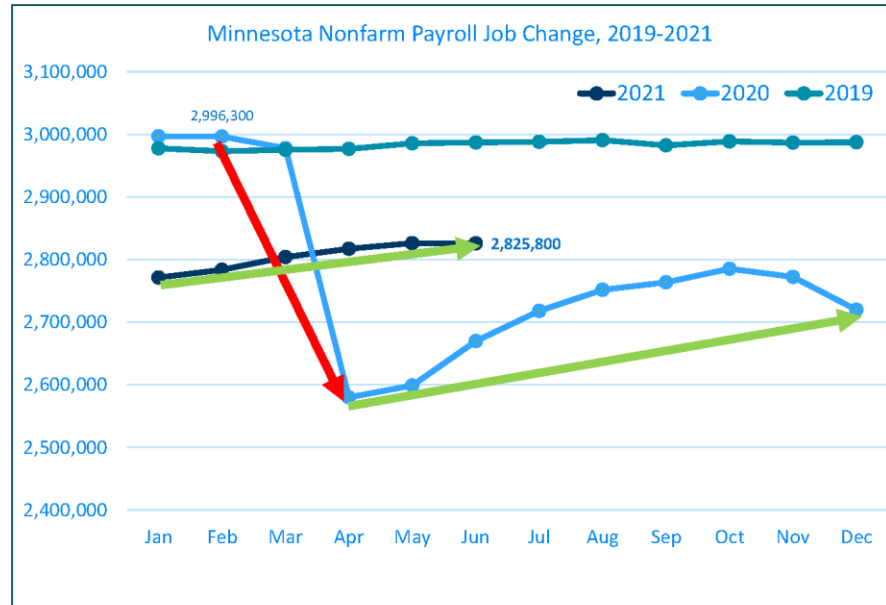




# CURRENT EMPLOYMENT STATISTICS

## Current Employment Statistics

- This was a recession unlike any other recession
  - This is now a recovery unlike any other recovery...
- Minnesota lost **-416,300 jobs** from Feb. 2020 to April 2020
- Minnesota has since regained **+265,800 jobs** from April 2020 to July 2021
  - 64% of jobs lost have been regained
  - At 95% of Feb. 2020 employment peak
- Impacts were not even across regions, industries, occupations, or demographics



# LOCAL AREA UNEMPLOYMENT STATISTICS

## Local Area Unemployment Statistics

- The state’s unemployment rate was back to **3.9%** in July 2021
  - Peaked at 11.3% in May 2020 (highest on record – back to 1976)
- Back to **117,762 unemployed workers** in July 2021
  - Down from a peak of 348,262 workers in May 2020
  - Up from 96,795 unemp. workers in July 2019 (3.1%)
- Back up to **3,030,031 available workers** in July 2021
  - Down from a peak of 3,178,494 workers in June 2020
  - Down -87,050 workers from Feb. 2020
- Southwest is now down the most
- Twin Cities and Northeast got hit hardest, but Northeast has bounced back more this summer
- Northwest has seen their labor force increase!

County Unemployment Rates, July 2021  
(Not seasonally adjusted)

Tracking Our Economic Recovery: Labor Market Information Key Results

	June 2021 Workers	Year-Over-Year Labor Force Change	
Southwest	213,436	-8,857	-4.0%
Twin Cities	1,701,861	-52,879	-3.0%
Central	387,122	-11,199	-2.8%
Southeast	282,821	-7,867	-2.7%
Northeast	160,969	-2,070	-1.3%
Northwest	304,379	1,198	0.4%

Source: DEED LAUS program

# LABOR FORCE PROJECTIONS

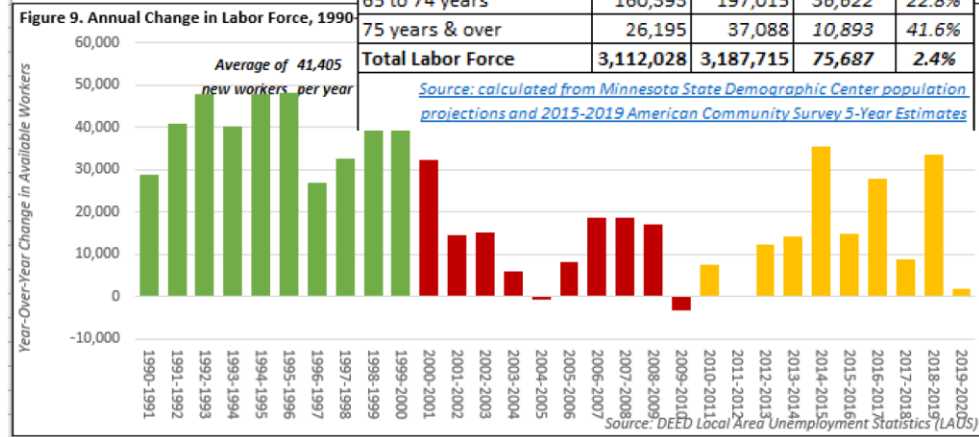
## Labor Force Projections

- The state's labor force growth has slowed down
  - From an average of more than 41,000 new workers per year
  - To an average of 15,500 new workers per year (2010s)
- Projected to slow down to about 7,500 new workers per year over the next decade
  - Immigrants accounted for nearly half of labor force growth from 2010-2019
  - Almost all of the state's labor force growth is projected to occur in the Twin Cities metro area (+6.1%)
  - Northeast = -5.7%
  - Southwest = -3.8%
  - Southeast = -2.2%
  - Northwest = -2.0%
  - Central = -0.8%

**Table 15. Labor Force Projections, 2020-2030**

Minnesota	2020 Labor Force Projection	2030 Labor Force Projection	2020-2030 Change	
			Numeric	Percent
16 to 19 years	171,577	169,441	-2,137	-1.2%
20 to 24 years	343,952	380,357	36,404	10.6%
25 to 44 years	1,240,067	1,296,630	56,563	4.6%
45 to 54 years	604,985	613,819	8,834	1.5%
55 to 64 years	564,859	493,365	-71,494	-12.7%
65 to 74 years	160,393	197,015	36,622	22.8%
75 years & over	26,195	37,088	10,893	41.6%
<b>Total Labor Force</b>	<b>3,112,028</b>	<b>3,187,715</b>	<b>75,687</b>	<b>2.4%</b>

*Source: calculated from Minnesota State Demographic Center population projections and 2015-2019 American Community Survey 3-Year Estimates*



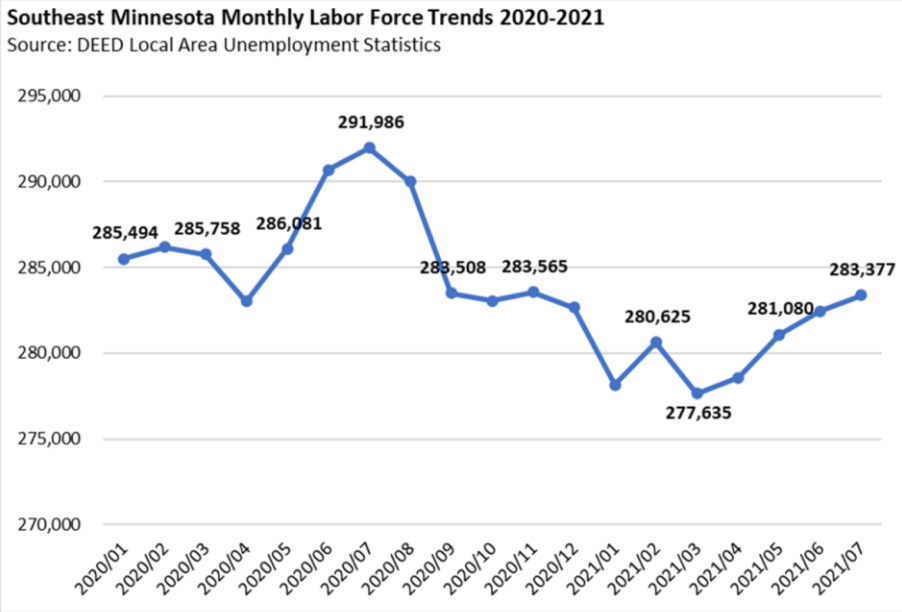
# LABOR FORCE TRENDS

## Labor Force Trends (2020-2021)

From start to peak (June 2020) labor force increased by 6,492 (+2.3%)

From peak to most recent labor force dropped by 8,609 (-2.9%)

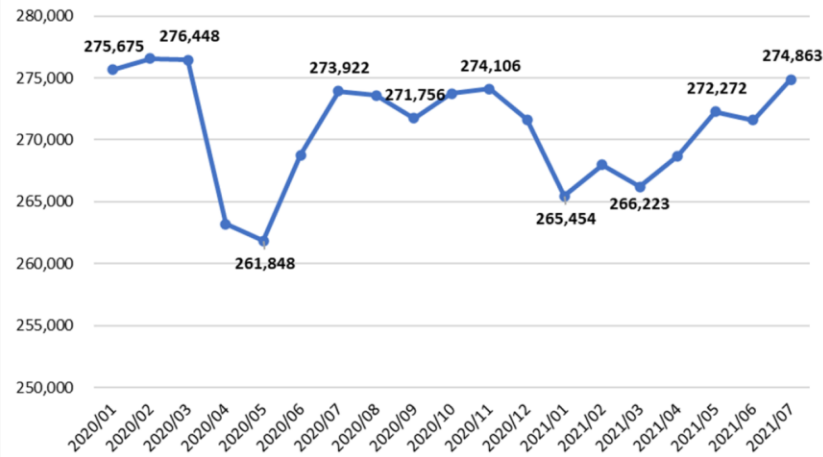
Overall labor force dropped by 2,117 (-0.7%)



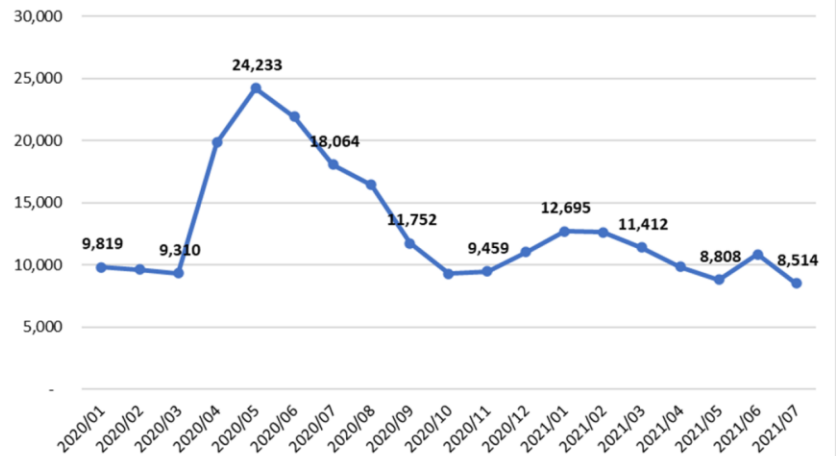
# EMPLOYMENT & UNEMPLOYMENT TRENDS

## Employment and Unemployment Trends (2020-2021)

**Southeast Minnesota Monthly Employment Trends 2020-2021**  
Source: DEED Local Area Unemployment Statistics

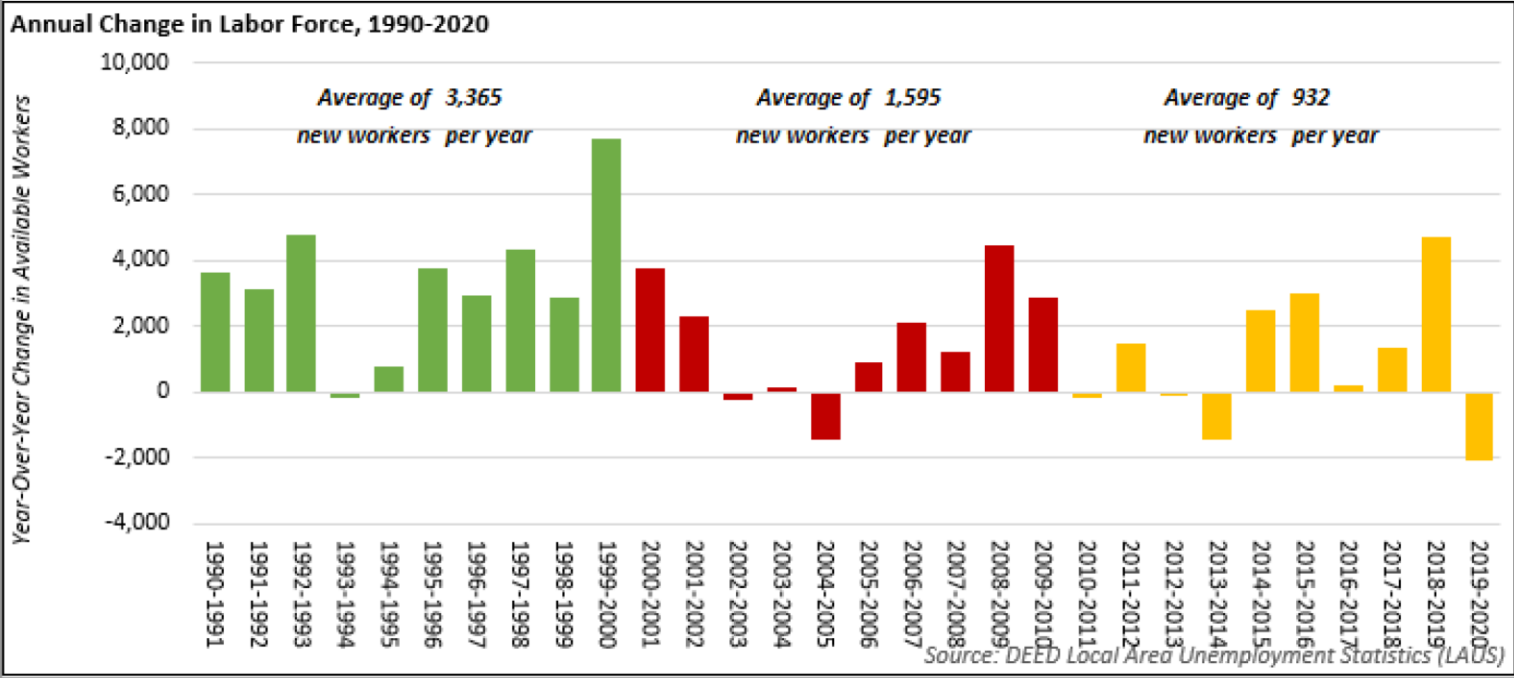


**Southeast Minnesota Monthly Unemployment Trends 2020-2021**  
Source: DEED Local Area Unemployment Statistics



# SOUTHEAST MINNESOTA LABOR FORCE TRENDS

## Southeast Minnesota Labor Force Trends 1990-2020



# SOUTHEAST MINNESOTA LABOR FORCE PROJECTIONS

## Labor Force Projections - Southeast Minnesota (2020-2030)

Losses of 16-19 years  
and 45-64 year olds

Large gains of 25-44  
and 65-74

Overall a loss of 6,116  
(-2.2%)

Labor Force Projections, 2020-2030				
Region 10	2020 Labor Force Projection	2030 Labor Force Projection	2020-2030 Change	
			Numeric	Percent
16 to 19 years	17,287	15,562	-1,725	-10.0%
20 to 24 years	36,462	38,428	1,966	5.4%
25 to 44 years	100,054	102,738	2,684	2.7%
45 to 54 years	50,941	49,823	-1,117	-2.2%
55 to 64 years	52,914	40,385	-12,529	-23.7%
65 to 74 years	15,421	18,693	3,272	21.2%
75 years & over	2,971	4,304	1,333	44.9%
<b>Total Labor Force</b>	<b>276,050</b>	<b>269,934</b>	<b>-6,116</b>	<b>-2.2%</b>

*Source: calculated from Minnesota State Demographic Center population projections and 2015-2019 American Community Survey 5-Year Estimates*

# SUMMARY

## Summary

- **This was a recession, and now a recovery, unlike any other**
- **Minnesota's labor force has undergone significant shifts**
  - Participation is down
  - Strangely, the labor market is almost as tight as it was pre-pandemic
  - Women and BIPOC workers have faced more immediate and lingering issues
- **Certain industries were hit harder than others**
  - Leisure & Hospitality, Other Services, Educational Services
  - Finance & Insurance, Agriculture, Retail Trade
- **Job levels are projected to get back to Feb. 2020 levels by the end of 2022**
  - Long-term projections are still toward growth, but there are labor force constraints
  - It's important to align jobseekers to jobs



# OUR SERVICES



## ✓ Welfare Reform

*Individuals determined eligible under the Minnesota Family Investment Program (MFIP) or Diversionary Work Program (DWP) are referred to WDI for Employment Services*

- 60-month program
- Must have a child 18 years old or younger living at home
- Services Include
  - Skills/Interest Assessments
  - Classroom Training Assistance
  - Support Services
  - On-The-Job Training
  - Job Search Assistance
  - Job Identification and Placement

## ✓ Youth Services

- Ages 14-24
- Pre-Employment Transition Student, Minnesota Youth Program, WIOA In- and Out-of-School Youth
- YouthBuild
- Scholarship Program
- Youth Work Experiences
- Goals
  - Credential completion
  - Employment

## ✓ Employer Services

- River Region Manufacturing
- Employer Outreach Services
- Work Experience or On the Job Training site Opportunities

## Meet Your Career Planner Today!

Our professional Career Planners are ready to help you on your employment path with support, training, and special vocational programs that are all designed to ensure your success.



# OUR SERVICES



## Dislocated Worker

*Workers that have lost their jobs due to no fault of their own*

*Eligible for unemployment insurance*

*Individuals 18 years and older*

*Active-duty individuals who are looking for re-entry back to the workforce*

*Training and support funding*

- *Career Planning*
- *Skills and Interest Inventories*
- *Job Search Assistance*



## WIOA

- *Unemployed and Under-Employed Individuals*
- *Individuals 18 years and older*
- *Must be income-eligible*
- *Veterans*
- *Training and Support Funding*
  - *Career Planning*
  - *Skills and Interest Inventories*
  - *Job Search Assistance*



## Special Grants & Services

- *Bridges to Careers (formerly Bridges to Healthcare)*
- *Career Pathways Programming*
  - *IT*
  - *Entrepreneurship*
  - *Construction/Trades*
  - *Public Service*
  - *Manufacturing*
- *National Emergency Grants/Dislocated Worker: Opioid and COVID relief*
- *Specialized programming for targeted populations*

# ADDITIONAL RESOURCES

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*All WDI services are free – contact us today!*

- ✓ Assessments
- ✓ Career Planning
- ✓ Skills Training
- ✓ Job Search Guidance & Resources
- ✓ Training Preparation
- ✓ Education Preparation
- ✓ Scholarships
- ✓ Other Area Resource Connections



# NAVIGATING WORKFORCE CHALLENGES



## Being Competitive

- *Wages/Benefits- research – not “nibbling around the edges”*
- *Find out who your competition is*
- *Engage in the community and reach out to atypical candidates*
- *Internships, Work Experience opportunities, grow your own*
- *Education, not just for current positions but for future positions or even other careers –*
- *<https://www.minnpost.com/other-nonprofit-media/2021/07/facing-a-white-collar-worker-shortage-american-companies-look-for-a-blue-collar-solution/>*



## Embracing changing dynamics

- *Find out where your regional growth will be coming from – in SEMN it's with our immigrant population*
- *Market your ability to change*
- *Change/enhance workplace culture – Yes, it's really the THING!*
- *Equity – assess your organization for inclusivity and equity, ask the hard questions*
- *Address the changing priorities of the workforce*
- *Generational differences*
- *Flexibility*
- *Encouragement of Work/Life Balance*



## Retention, Retention, Retention

- *Conduct “Stay Events”*
- *Record turnover rates*
- *Changing priorities*
- *Ask your employees what they want, and then follow through*
- *Education, encourage growth and opportunity within*
- *Clearly indicate the impact your business is making on the community*
- *Figure out what your company's “sticking point” is, and MASTER it.*

# CHALLENGES FOR GOODHUE CO.



- Lack of childcare options
- Lack of reliable transportation
- Covid fears and anxiety
- Uncertainty with K-12 Education student schedules between in person & distance learning and the rapid changes required of children and parents
- People taking time to reflect on work and their options around training and career change
- Increased numbers of Dislocated Workers with people running out of Unemployment Compensation and ending of Pandemic Unemployment
- Difficulties for single parents in consistently managing “regular” production schedules or hours that are out of the scope of available childcare

**With so many open jobs, the competition for a quality workforce is fierce. Employers need to consider multiple ways to secure and retain employees, benefits, increased wages, flexible scheduling, job sharing, part-time options, on-site childcare, transportation solutions, student loan repayment, schedule flexibility are a few.**

# FOR GOODHUE CO.

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- Develop deep, braided, and mutually beneficial partnerships and collaborations to:
  - Address community and career seeker needs
  - Address employer needs
- Become ingrained in the student and faculty community at MN State Southeast Technical
- Build upon existing, expand, and create additional Career Pathways opportunities focused on in-demand, family sustaining careers
- Work in sync to impact community and co-design strategies to address employer and worker needs



# THANK YOU!

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 Jinny Rietmann, Executive Director

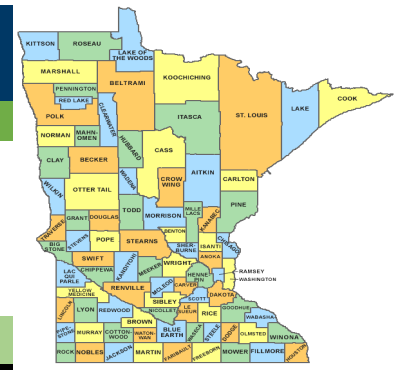
 [jrietmann@wdimn.org](mailto:jrietmann@wdimn.org)

 507.292.5165



# Goodhue Co.

Goodhue Co. is a part of Economic Development Region 10, which is located in the Southeast Planning Region.



## POPULATION CHARACTERISTICS

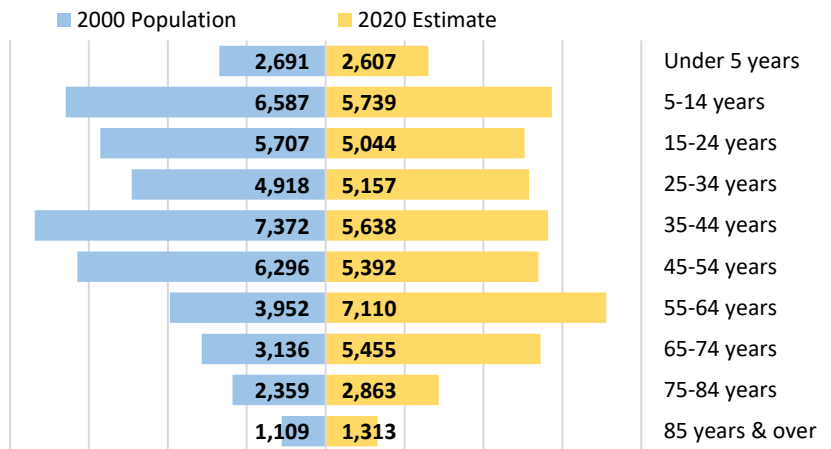
Goodhue Co.'s population increased this decade, ranking as the 39th fastest growing of the 87 counties in the state from 2010 to 2020. It is now the 21st largest in the state. Goodhue Co.'s population has an older median age than the state and a larger percentage of people aged 65 years and older. The population is aging, especially as the Baby Boom generation moves through the population pyramid (see Figure 1).

Current population:	<b>46,318 people</b>	Median Age:	<b>43.0 years</b>
Population change, 2010-2020	135 people 0.3% increase	state:	38.3 years

	Number	Percent
Under 5 years	2,607	5.6%
5-14 years	5,739	12.4%
15-24 years	5,044	10.9%
25-34 years	5,157	11.1%
35-44 years	5,638	12.2%
45-54 years	5,392	11.6%
55-64 years	7,110	15.4%
65-74 years	5,455	11.8%
75-84 years	2,863	6.2%
85 years & over	1,313	2.8%
<b>Total Population</b>	<b>46,318</b>	<b>100.0%</b>

Source: U.S. Census Bureau, Population Estimates

Figure 1. Population Pyramid, 2000-2020



Goodhue Co. enjoyed a natural increase - more births than deaths from 2010 to 2019, but also experienced net out-migration - meaning more people moved out than moved in. Despite suffering domestic out-migration, Goodhue Co. welcomed net international in-migration - gaining new Minnesotans from foreign countries (see Table 2).

Table 2. Components of Population Change, 2010-2019

	Total Population Change	April 1, 2010 to July 1, 2019					
		Natural Increase	Vital Events		Net Migration		
			Births	Deaths	Total	International	Domestic
Goodhue Co.	156	346	4,745	4,399	-162	110	-272
State of Minnesota	335,705	250,488	637,356	386,868	88,161	114,414	-26,253

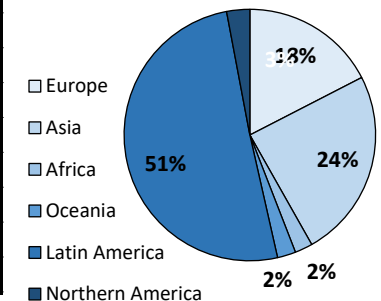
Source: U.S. Census Bureau, Population Estimates Program

Compared to the state, Goodhue Co. has a smaller percentage of foreign-born residents. From 2010 to 2018, Goodhue Co. saw an increase in the number of foreign-born residents, which was faster than the statewide increase.

	Goodhue Co.		Change 2010-2019		Minnesota	
	Number	Percent	Number	Percent	Percent	Change
<b>Foreign-born Population</b>	<b>1,313</b>	<b>2.8%</b>	<b>320</b>	<b>32.2%</b>	<b>8.5%</b>	<b>28.9%</b>
Europe	229	17.4%	81	54.7%	9.9%	4.5%
Asia	320	24.4%	92	40.4%	37.5%	30.3%
Africa	30	2.3%	-18	-37.5%	25.5%	72.0%
Oceania	31	2.4%	2	6.9%	0.5%	37.2%
Americas:	703	53.5%	163	30.2%	26.6%	10.0%
Latin America	664	50.6%	163	32.5%	24.1%	12.2%
Northern America	39	3.0%	0	0.0%	2.5%	-7.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey

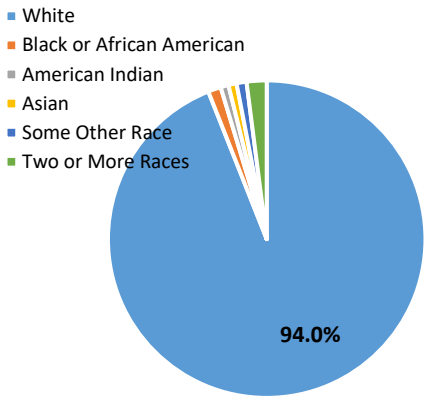
Figure 2. Place of Birth for the Foreign Born Population, 2019





Goodhue Co.'s population was becoming more racially diverse over time. Since 2000, the county's white population increased and the number of people of other races increased (see Table 4).

**Figure 3. Population by Race, 2019**



	Goodhue Co.			Minnesota	
	Number	Percent	Change from 2000-2019	Percent	Change from 2000-2019
<b>Total</b>	<b>46,246</b>	<b>100.0%</b>	<b>4.8%</b>	<b>100.0%</b>	<b>13.1%</b>
White	43,474	94.0%	2.0%	82.8%	4.7%
Black or African American	606	1.3%	116.4%	6.4%	107.6%
American Indian or Alaska Native	374	0.8%	-13.8%	1.0%	5.5%
Asian or Other Pac. Islanders	383	0.8%	45.6%	4.9%	87.8%
Some Other Race	468	1.0%	101.7%	1.9%	58.1%
Two or More Races	941	2.0%	208.5%	3.0%	99.9%
Hispanic or Latino origin	1,547	3.3%	227.1%	5.4%	108.9%

Source: U.S. Census Bureau, 2015-2019 American Community Survey

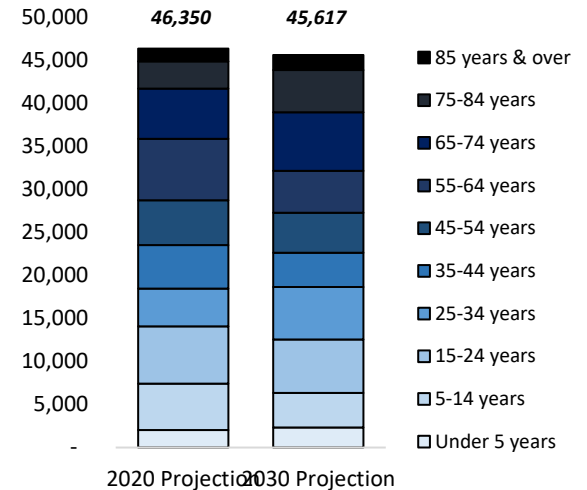
**POPULATION PROJECTIONS**

According to the Minnesota State Demographic Center, Goodhue Co.'s population is expected to decline from 2020 to 2030, with a rate of change that is slower than the projected statewide growth rate (5.0%). Despite the decline, the number of people aged 65 years and older is expected to increase over the next decade (see Figure 4 and Table 5).

Goodhue Co.	2020 Projection	2030 Projection	Numeric Change	Percent Change
Under 5 years	2,016	2,347	331	16.4%
5-14 years	5,413	3,985	-1,428	-26.4%
15-24 years	6,652	6,216	-436	-6.6%
25-34 years	4,400	6,119	1,719	39.1%
35-44 years	5,032	3,958	-1,074	-21.3%
45-54 years	5,212	4,677	-535	-10.3%
55-64 years	7,143	4,874	-2,269	-31.8%
65-74 years	5,858	6,788	930	15.9%
75-84 years	3,153	4,903	1,750	55.5%
85 years & over	1,471	1,750	279	19.0%
<b>Total Population</b>	<b>46,350</b>	<b>45,617</b>	<b>-733</b>	<b>-1.6%</b>

Source: Minnesota State Demographic Center

**Figure 4. Projections by Age Group, 2020-2030**



**EDUCATIONAL ATTAINMENT**

Goodhue Co. has a higher percentage of adults (18 years & over) with at least a high school diploma than the state (92.4%), and a lower percentage of people with at least some college experience. Goodhue Co. also has a higher percentage of people with an Associate's degree and a lower percentage of people with a Bachelor's degree or higher.

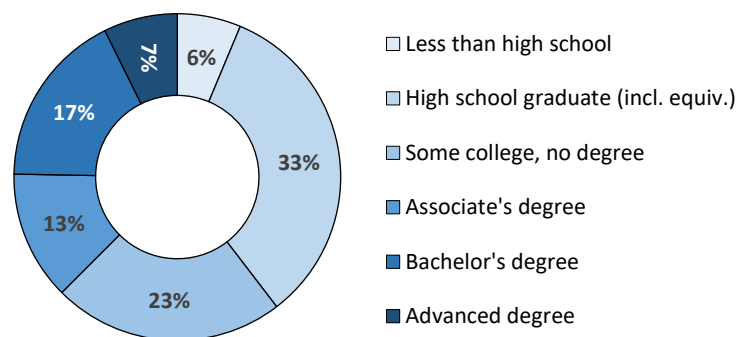
**Percentage of the adult population (18 years & over) with at least a high school diploma:**

**93.7%**

**College-educated: 60.4%**  
state: 67.1%

**Associate's Degree: 12.8%**  
**Bachelor's Degree: 17.4%**  
**Advanced Degree: 7.3%**

**Figure 5. Educational Attainment, 2019**



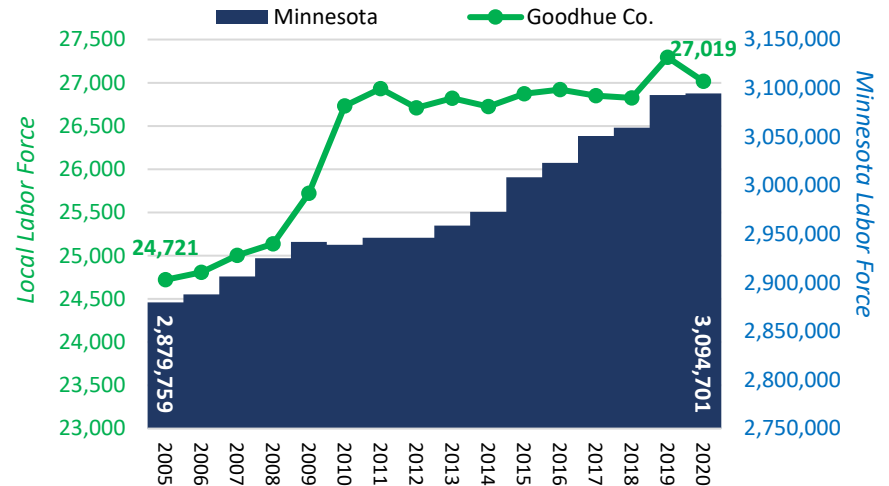
Source: U.S. Census Bureau, 2015-2019 American Community Survey

LABOR FORCE TRENDS

At 5.4%, Goodhue Co. had a lower unemployment rate than the state in 2020. Due to the pandemic recession Goodhue Co.'s unemployment rate increased compared to 3.1% in 2019, and was lower than the 7% rate posted in 2010. The number of unemployed workers actively seeking work in Goodhue Co. increased over the past year, and is down compared to 2010.

<b>27,019</b> available workers
Labor Force change, 2005-2020 2,298 workers 9.3% increase
<b>5.4%</b> unemployment rate
6.2% state
<b>1,459</b> unemployed workers

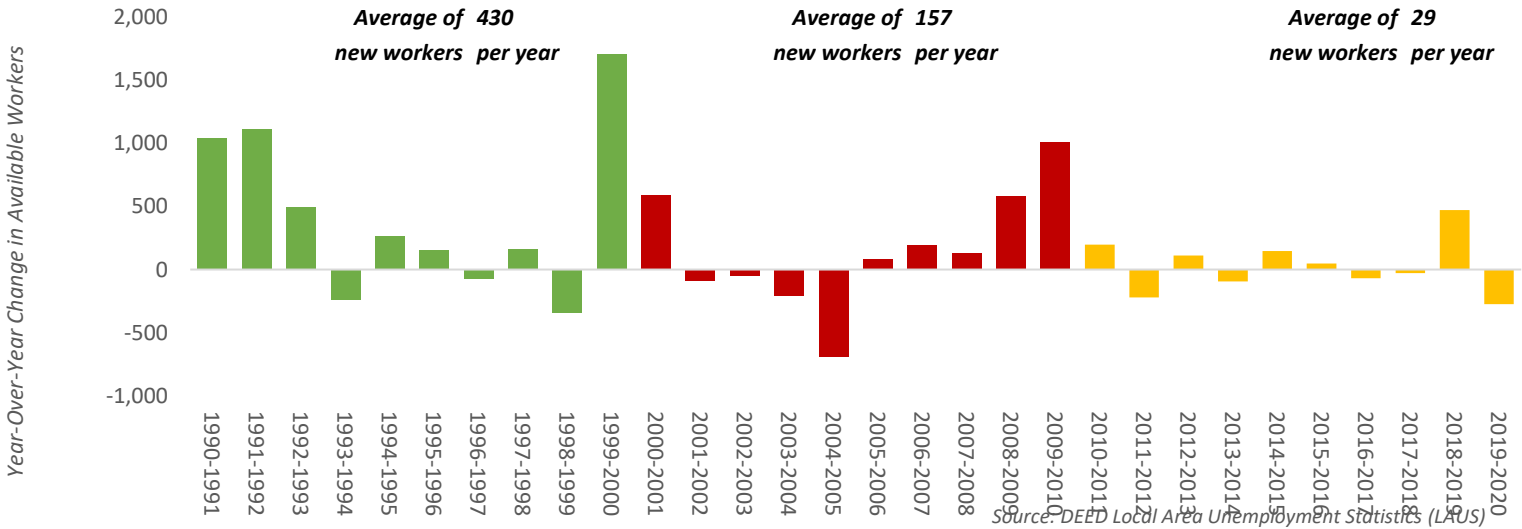
Figure 6. Annual Labor Force Estimates



Source: DEED Local Area Unemployment Statistics

Labor force growth has slowed in recent years. After experiencing a net gain of workers from 1990 to 2000, Goodhue Co. averaged an annual gain of new workers from 2000 to 2010, and most recently a gain of new workers since 2010 (see Figure 7). Moving forward, Goodhue Co. is expected to see a labor force decline from 2020 to 2030 (see Table 6).

Figure 7. Annual Change in Labor Force, 1990-2020



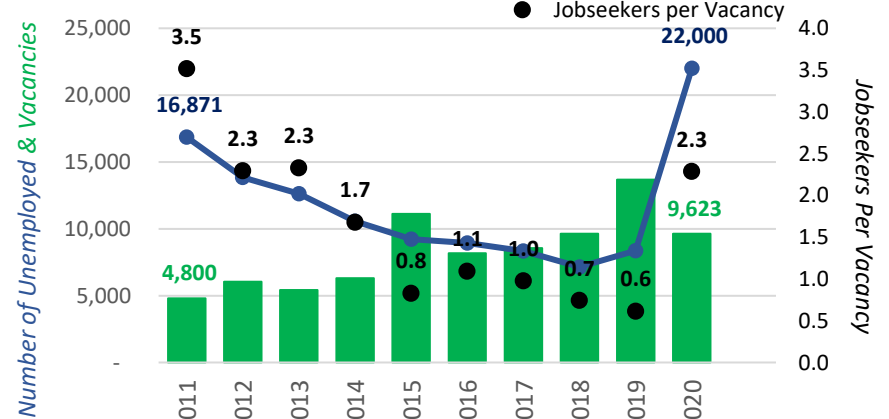
Source: DEED Local Area Unemployment Statistics (LAUS)

	Labor Force Projection	
	2020	2030
16 to 24 years	4,405	4,242
25 to 54 years	13,031	13,144
55 to 64 years	5,304	3,619
65 years & over	2,008	2,426
<b>Total Labor Force</b>	<b>24,748</b>	<b>23,431</b>

Source: Minnesota State Demographic Center

The labor market has grown extremely tight in recent years, with typically less than 1 jobseeker per vacancy until the pandemic recession intervened in early 2020, and the number of unemployed workers spiked. However, even by the fourth quarter of 2020, job vacancies recovered quickly bringing back challenges in finding new workers (see Figure 8).

Figure 8. Jobseekers Per Vacancy, 2011-2020



Source: DEED Job Vacancy Survey, LAUS program

**LABOR FORCE CHARACTERISTICS**

Goodhue Co. had a lower labor force participation rate than the state. The labor force in Goodhue Co. is less racially diverse than the state (where 84.8% of workers are white alone), but is becoming more diverse over time.

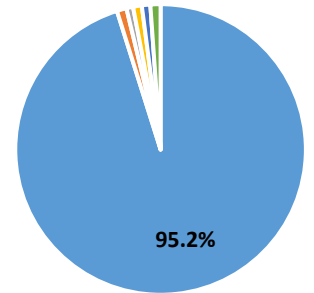
**Table 7. Employment Characteristics, 2019**

	Goodhue Co.			Minnesota		Goodhue Co.	
	In Labor Force (available workers)	Labor Force Partic. Rate	Unemp. Rate	Labor Force Partic. Rate	Unemp. Rate	Male	Female
<b>Total Labor Force</b>	<b>25,072</b>	<b>67.5%</b>	<b>3.4%</b>	<b>69.7%</b>	<b>3.6%</b>	<b>13,303</b>	<b>11,784</b>
16 to 19 years	1,219	56.7%	7.6%	53.2%	11.0%	579	640
20 to 24 years	1,990	86.0%	4.7%	84.6%	6.0%	1,015	975
25 to 44 years	9,687	89.9%	3.5%	88.8%	3.2%	5,222	4,464
45 to 54 years	5,208	87.3%	2.9%	87.6%	2.7%	2,735	2,475
55 to 64 years	5,317	74.2%	2.2%	73.0%	2.8%	2,736	2,582
65 to 74 years	1,363	28.2%	3.6%	27.9%	2.2%	815	546
75 years & over	304	7.7%	0.7%	6.6%	2.4%	201	102

**Employment Characteristics by Race & Hispanic Origin**

	In Labor Force	Labor Force Partic. Rate	Unemp. Rate	Minnesota Labor Force Partic. Rate	Minnesota Unemp. Rate
White alone	23,862	67.7%	3.1%	69.3%	3.0%
Black or African American	270	60.8%	23.3%	71.3%	8.8%
American Indian & Alaska Native	186	56.5%	5.9%	58.9%	12.6%
Asian or Other Pac. Islanders	243	75.2%	0.0%	71.2%	4.3%
Some Other Race	236	76.9%	0.0%	77.7%	6.1%
Two or More Races	283	57.2%	16.6%	73.6%	7.4%
Hispanic or Latino	662	69.8%	7.4%	76.5%	6.1%

**Figure 9. Labor Force by Race, 2019**



- White alone
- Black or African American
- American Indian & Alaska Native
- Asian or Other Pac. Islanders
- Some Other Race
- Two or More Races

**Employment Characteristics by Disability**

With Any Disability	1,079	51.5%	4.3%	53.0%	8.6%
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**Employment Characteristics by Educational Attainment**

	In Labor Force	Labor Force Partic. Rate	Unemp. Rate	Minnesota Labor Force Partic. Rate	Minnesota Unemp. Rate
Population, 25 to 64 years	20,219	84.6%	3.0%	84.5%	3.0%
Less than H.S. Diploma	678	67.1%	5.1%	66.3%	4.2%
H.S. Diploma or Equivalent	5,951	82.0%	2.6%	78.5%	2.6%
Some College or Assoc. Degree	7,889	85.4%	2.7%	85.3%	3.0%
Bachelor's Degree or Higher	5,692	89.0%	0.8%	90.0%	1.7%

Source: 2015-2019 American Community Survey, 5-Year Estimates

A smaller percentage of workers in Goodhue Co. worked in the same county in which they live compared to the state. Goodhue Co. also had a longer average commute time than the state.

**Table 8. Commuting Characteristics, 2019**

	Goodhue Co.		Minnesota	
	Number	Percent	Number	Percent
Worked in state of residence	23,416	98.2%	2,837,697	97.6%
Worked in county of residence	14,736	61.8%	1,846,247	63.5%
Worked out of county of residence	8,680	36.4%	991,449	34.1%
Worked outside state of residence	429	1.8%	69,779	2.4%

**MEANS OF TRANSPORTATION TO WORK**

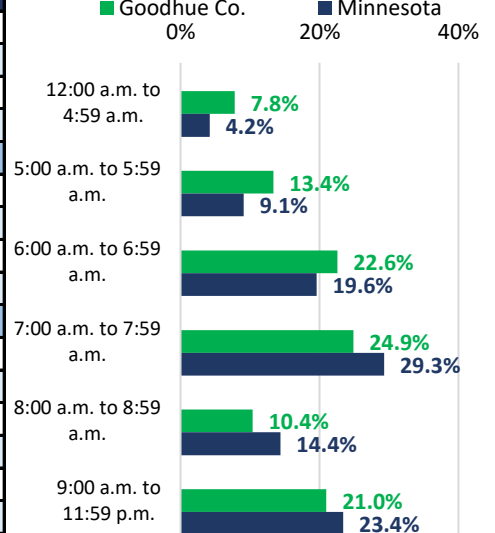
Car, truck, or van	21,222	89.0%	2,506,244	86.2%
Public transportation (excl. taxicab)	358	1.5%	101,762	3.5%
Other method (walk, bike, taxi, etc.)	954	4.0%	125,021	4.3%
Worked at home	1,311	5.5%	171,541	5.9%

**TRAVEL TIME TO WORK**

Less than 10 minutes	5,794	24.3%	456,474	15.7%
10 to 19 minutes	5,914	24.8%	872,243	30.0%
20 to 29 minutes	3,815	16.0%	645,460	22.2%
30 to 44 minutes	3,934	16.5%	575,680	19.8%
45 to 59 minutes	2,385	10.0%	194,801	6.7%
60 or more minutes	2,027	8.5%	162,819	5.6%

<b>Mean travel time to work (minutes)</b>	<b>24.4 minutes</b>	<b>23.7 minutes</b>
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**Figure 10. Time Leaving Home to go to Work, 2019**



Source: 2015-2019 American Community Survey, 5-Year Estimates

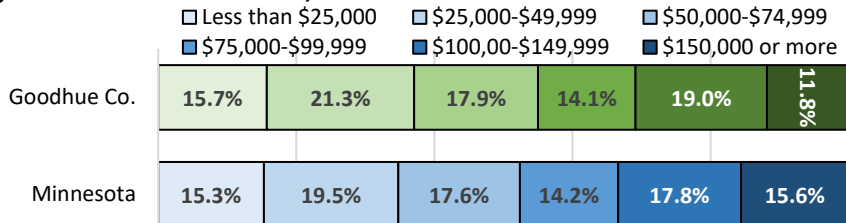
**INCOMES, COST OF LIVING, & HOUSING**

Goodhue Co. had a lower median household income than the state, and a higher percentage of households with incomes below \$50,000. Overall, Goodhue Co. had the 18th highest median household income of the 87 counties in the state.

<b>Median Household Income</b>	<b>\$66,800</b>
state	\$71,306
<b>Median Family Income</b>	<b>\$87,116</b>
state	\$89,842
<b>Per Capita Income</b>	<b>\$34,803</b>
state	\$37,625

Source: 2015-2019 American Community Survey

Figure 11. Household Incomes, 2019



Source: 2015-2019 American Community Survey 5-Year Estimates

Goodhue Co. also had a lower cost of living than the state, with a required hourly wage of \$14.8 for a single person living alone to meet a basic needs cost of living, and an hourly wage requirement of \$17.01 for a typical family with 2 adults and 1 child (see Table 9).

Table 9. Basic Needs Cost of Living Estimates, 2020

Single Adult, 0 children	Single Yearly Cost of Living	Hourly Wage Required	Monthly Costs						
			Child Care	Food	Health Care	Housing	Transportation	Other	Taxes
Goodhue Co.	\$30,784	\$14.80	\$0	\$349	\$163	\$603	\$829	\$260	\$361
State of Minnesota	\$32,964	\$15.85	\$0	\$355	\$153	\$832	\$704	\$325	\$378
Typical Family: 2 Adults (1 working full-time, 1 part-time), 1 child	Family Yearly Cost of Living	Hourly Wage Required	Monthly Costs						
			Child Care	Food	Health Care	Housing	Transportation	Other	Taxes
Goodhue Co.	\$53,080	\$17.01	\$417	\$796	\$519	\$793	\$974	\$435	\$489
State of Minnesota	\$58,800	\$18.85	\$546	\$810	\$549	\$1,069	\$819	\$515	\$592

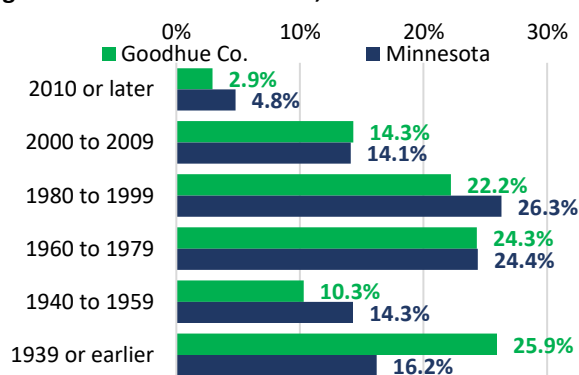
Source: DEED Cost of Living tool

Goodhue Co. had a lower median house value than the state, having the 16th highest value of the 87 counties in 2019. Goodhue Co.'s housing stock was older than the state's, with a lower percentage of units built since 2000 (see Figure 12).

Table 10. Estimated Value of Owner-occupied Housing Units, 2019	Goodhue Co.		Minnesota
	Total	Percent	Percent
<b>Total</b>	<b>14,644</b>	<b>100.0%</b>	<b>100.0%</b>
Less than \$50,000	749	5.1%	4.6%
\$50,000 to \$99,999	897	6.1%	7.8%
\$100,000 to \$149,999	2,234	15.3%	12.3%
\$150,000 to \$199,999	3,266	22.3%	17.9%
\$200,000 to \$299,999	4,045	27.6%	28.1%
\$300,000 to \$499,999	2,431	16.6%	21.5%
\$500,000 or more	1,022	7.0%	7.9%
<b>Median (dollars)</b>	<b>\$204,100</b>		<b>\$223,900</b>

Source: 2015-2019 American Community Survey, 5-Year Estimates

Figure 12. Year Structure Built, 2019



**Median monthly owner costs, owner-occupied units with a mortgage** **\$1,483**

state \$1,580

**Percentage of households with a mortgage spending 30% or more of their income on housing costs** **23.7%**

state 21.8%

**Median monthly rent costs** **\$862**

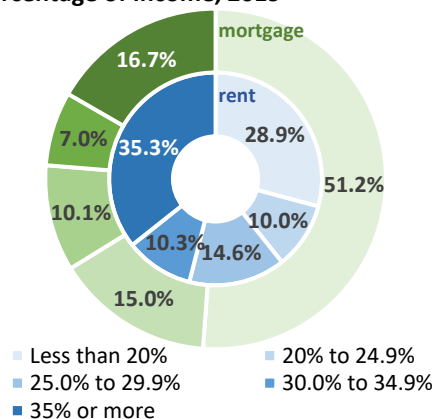
state \$977

**Percentage of renters spending 30% or more of their household income on rent** **45.6%**

state 45.1%

Source: 2015-2019 American Community Survey, 5-Year Estimates

Figure 13. Housing Costs as a Percentage of Income, 2019



**OCCUPATIONS**

At \$21.13 in 2021, wages were lower in Region 10 than the state. Overall, Region 10 had the 3rd highest median hourly wage level of the 13 economic development regions in the state. Wages were highest for management occupations (\$44.47) and lowest for food preparation and serving related jobs (\$12.72) (see Table 11).

**Table 11. Occupational Employment Statistics, 2021**

Occupational Group	Region 10				State of Minnesota		
	Median Hourly Wage	Estimated Regional Jobs	Share of Total Jobs	Regional Location Quotient	Median Hourly Wage	State-wide Jobs	Share of Total Jobs
<b>Total, All Occupations</b>	<b>\$21.13</b>	<b>231,950</b>	<b>100.0%</b>	<b>1.0</b>	<b>\$23.00</b>	<b>2,708,760</b>	<b>100.0%</b>
Management	\$44.47	10,040	4.3%	0.7	\$54.22	164,530	6.1%
Business & Financial Operations	\$31.11	9,040	3.9%	0.6	\$35.24	179,670	6.6%
Computer & Mathematical	\$42.07	4,370	1.9%	0.5	\$44.89	98,240	3.6%
Architecture & Engineering	\$35.77	2,590	1.1%	0.6	\$38.90	54,880	2.0%
Life, Physical & Social Science	\$32.57	1,360	0.6%	0.6	\$35.48	26,120	1.0%
Community & Social Service	\$25.05	4,230	1.8%	0.9	\$24.21	55,630	2.1%
Legal	\$32.89	840	0.4%	0.5	\$41.02	19,760	0.7%
Education, Training & Library	\$24.41	13,240	5.7%	1.0	\$24.64	159,060	5.9%
Arts, Design, Entertainment & Media	\$21.50	2,060	0.9%	0.7	\$25.72	36,260	1.3%
Healthcare Practitioners & Technical	\$36.88	33,220	14.3%	2.1	\$36.90	188,210	6.9%
Healthcare Support	\$16.22	15,580	6.7%	1.2	\$15.52	157,140	5.8%
Protective Service	\$23.99	3,250	1.4%	0.9	\$24.18	42,520	1.6%
Food Preparation & Serving Related	\$12.72	17,370	7.5%	1.0	\$13.34	195,120	7.2%
Building, Grounds Cleaning & Maint.	\$15.11	7,320	3.2%	1.1	\$16.14	74,550	2.8%
Personal Care & Service	\$14.39	4,440	1.9%	1.0	\$14.57	51,660	1.9%
Sales & Related	\$15.31	20,270	8.7%	0.9	\$16.83	250,430	9.2%
Office & Administrative Support	\$19.02	24,450	10.5%	0.8	\$20.93	338,050	12.5%
Farming, Fishing & Forestry	\$17.88	370	0.2%	1.0	\$18.14	4,230	0.2%
Construction & Extraction	\$27.22	8,730	3.8%	1.0	\$29.84	102,390	3.8%
Installation, Maintenance & Repair	\$23.34	8,370	3.6%	1.0	\$25.45	98,840	3.6%
Production	\$19.15	23,850	10.3%	1.4	\$19.82	202,240	7.5%
Transportation & Material Moving	\$18.44	16,980	7.3%	0.9	\$18.83	209,210	7.7%

Source: DEED Occupational Employment Statistics, Qtr. 1 2021

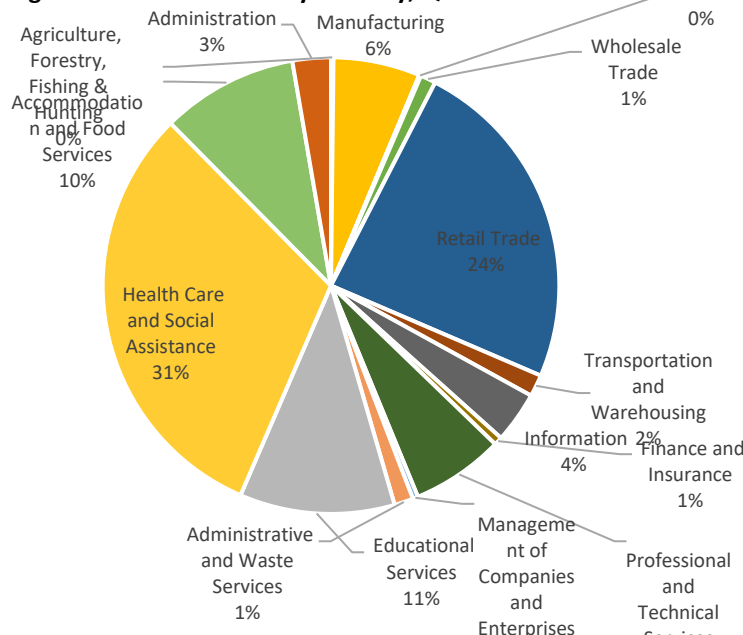
**JOB VACANCY SURVEY**

Goodhue Co. is a part of Region 10, which includes Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona County. There were 9623 job vacancies posted by employers in the 2nd Quarter of 2020, indicating extensive opportunity in the region, with openings across several occupations and industries (see Figure 14).

**Table 12. Region 10 Job Vacancy Survey Results, Qtr. 2 2020**

Occupational Group	Number of Vacancies	Wage Offer
<b>Total, All Occupations</b>	<b>9,623</b>	<b>\$15.20</b>
Management	226	\$29.16
Business & Financial Operations	45	\$24.93
Computer & Mathematical	54	\$25.44
Architecture & Engineering	47	\$29.69
Life, Physical & Social Sciences	91	\$18.76
Community & Social Service	105	\$15.97
Education, Training & Library	461	\$17.93
Healthcare Practitioners & Technical	815	\$19.87
Healthcare Support	998	\$12.50
Protective Service	115	\$14.95
Food Preparation & Serving Related	915	\$12.18
Building, Grounds Cleaning & Maint.	435	\$14.77
Personal Care & Service	928	\$17.79
Sales & Related	1,119	\$12.57
Office & Administrative Support	647	\$14.78
Construction & Extraction	861	\$15.84
Installation, Maintenance & Repair	448	\$17.09
Production	203	\$16.27
Transportation & Material Moving	586	\$17.72

**Figure 14. Job Vacancies by Industry, Qtr. 2 2020**



Source: DEED Job Vacancy Survey, Qtr. 2 2020



OCCUPATIONS IN DEMAND

Table 13. Southeast Occupations in Demand, 2020

Less than High School	High School or Equivalent	Some College or Assoc. Deg.	Bachelor's Degree or Higher
Home Health and Personal Care Aides \$28,180	Nursing Assistants \$34,626	Registered Nurses \$76,167	Pharmacists \$144,197
Retail Salespersons \$26,360	Emergency Medical Technicians and Paramedics \$39,334	Veterinary Technologists and Technicians \$35,768	Physicians, All Other; and Ophthalmologists, Except Pediatric NA
Heavy and Tractor-Trailer Truck Drivers \$45,900	Licensed Practical and Licensed Vocational Nurses \$48,401	Surgical Technologists \$59,643	Substitute Teachers, Short-Term \$39,037
Construction Laborers \$46,802	Automotive Service Technicians and Mechanics \$42,494	Computer Network Support Specialists \$62,932	Nurse Practitioners \$124,871
Janitors and Cleaners, Except Maids and \$30,833	Hairdressers, Hairstylists, and Cosmetologists \$26,439	Civil Engineering Technologists and Technicians \$65,812	Market Research Analysts and Marketing Specialists \$52,769
Secretaries and Administrative Assistants, \$36,994	Medical Assistants \$43,323	Web Developers and Digital Interface Designers \$57,164	Software Developers and Software Quality Assurance Analysts and \$99,331
Stockers and Order Fillers \$30,903	Farm Equipment Mechanics and Service Technicians \$46,627	Agricultural and Food Science Technicians \$40,741	Clinical, Counseling, and School Psychologists \$81,964
Operating Engineers and Other Construction \$59,556	Electricians \$62,918	Calibration Technologists and Technicians and Engineering \$55,848	Pediatricians, General \$208,174
Graders and Sorters, Agricultural Products \$29,190	Health Information Technologists, Medical Registrars, Surgical Assistants, and \$91,349	Medical Equipment Repairers \$67,813	Rehabilitation Counselors \$41,342
First-Line Supervisors of Retail Sales Workers \$41,483	Outdoor Power Equipment and Other Small Engine Mechanics \$34,413	Electro-Mechanical and Mechatronics Technologists and \$56,901	Education Administrators, Kindergarten through Secondary \$97,625

Source: DEED Occupations in Demand

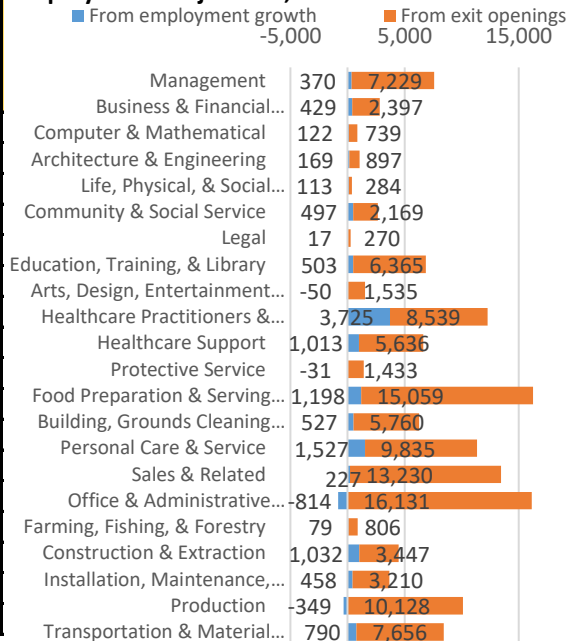
Goodhue Co. is a part of the Southeast planning region, which is projected to see a 4.6% increase in employment levels over the next decade. In addition to new jobs created, there will be a much larger number of exit openings (see Figure 15).

Table 14. Regional Industry Employment Projections, 2018-2028

Southeast Planning Region	Estimated Employment 2018	Projected Employment 2028	Percent Change 2018-2028
<b>Total, All Industries</b>	<b>273,458</b>	<b>285,010</b>	<b>4.2%</b>
Natural Resources & Mining	3,253	3,457	6.3%
Utilities	1,204	1,147	-4.7%
Construction	9,146	10,359	13.3%
Manufacturing	38,571	38,221	-0.9%
Wholesale Trade	7,274	7,451	2.4%
Retail Trade	26,683	26,685	0.0%
Transportation & Warehousing	7,905	8,578	8.5%
Information	3,484	3,352	-3.8%
Finance & Insurance, Real Estate	7,657	7,664	0.1%
Professional Services & Mgmt. of Companies	6,816	7,069	3.7%
Administrative & Waste Services	8,526	9,229	8.2%
Educational Services	20,851	21,190	1.6%
Health Care & Social Assistance	64,634	72,782	12.6%
Leisure & Hospitality	23,658	24,140	2.0%
Other Services, Ex. Public Admin	9,197	9,073	-1.3%
Public Administration	14,438	14,635	1.4%

Source: DEED 2018-2028 Employment Outlook

Figure 15. Regional Occupational Employment Projections, 2018-2028



**ECONOMIC CHARACTERISTICS**

Due to the pandemic recession, after losing jobs over the past year, Goodhue Co. had the 20th largest economy of the 87 counties in the state. Goodhue Co. was the 81st fastest growing in the past year and the 66th fastest growing since 2015. From 2015 to 2020, employers in Goodhue Co. cut jobs, but lagged the state's -2.4% change.

**1,330** business establishments

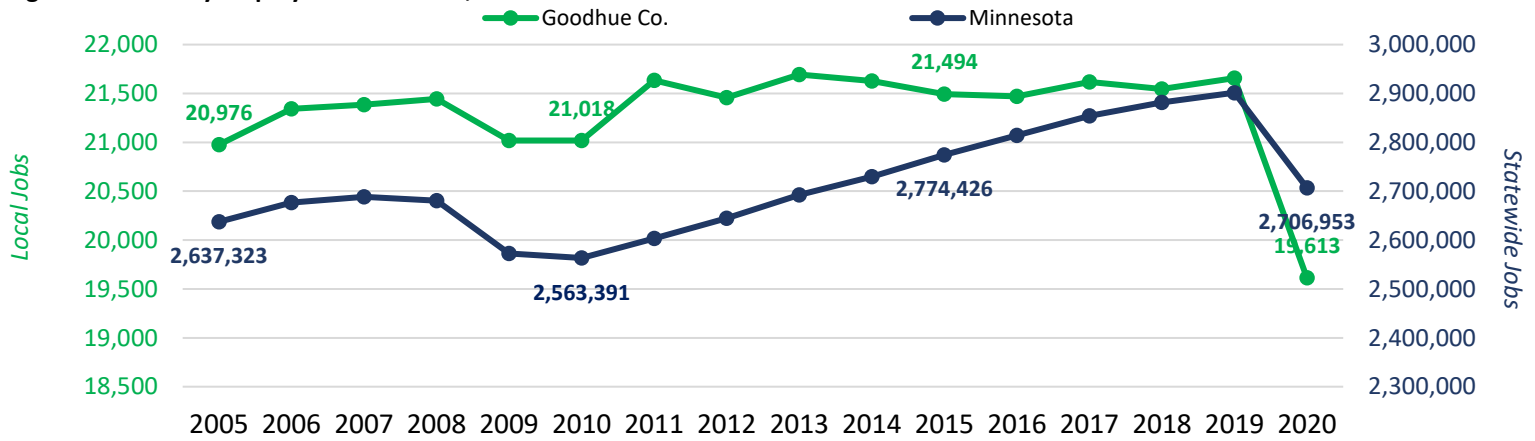
**\$51,861** annual average wage

**19,613** jobs

**\$1,017,155,626** total industry payroll

Job change, 2015-2020  
-1,881 jobs  
-8.8% decline

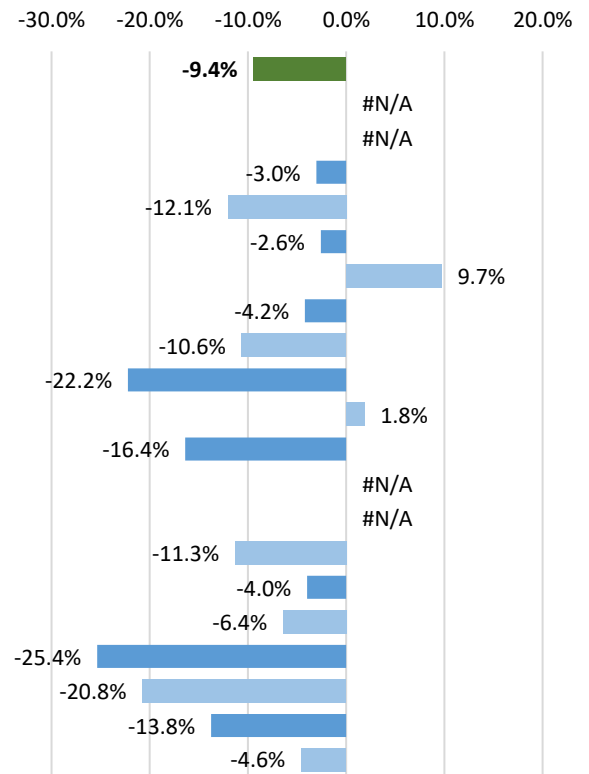
Figure 16. Industry Employment Statistics, 2005-2020



Source: DEED QCEW program

Table 3. Goodhue Co. Industry Employment Statistics, 2020	Number of Jobs	Percent of Total Jobs	Average Annual Wage
<b>Total, All Industries</b>	<b>19,613</b>	<b>100.0%</b>	<b>\$51,861</b>
Agriculture, Forestry, Fish & Hunt	#N/A	#N/A	#N/A
Mining	#N/A	#N/A	#N/A
Construction	865	4.4%	\$62,115
Manufacturing	4,131	21.1%	\$59,742
Utilities	717	3.7%	\$150,310
Wholesale Trade	779	4.0%	\$63,067
Retail Trade	2,035	10.4%	\$32,318
Transportation & Warehousing	596	3.0%	\$43,959
Information	105	0.5%	\$48,121
Finance & Insurance	388	2.0%	\$62,912
Real Estate & Rental & Leasing	97	0.5%	\$40,954
Professional & Technical Services	#N/A	#N/A	#N/A
Management of Companies	#N/A	#N/A	#N/A
Admin. Support & Waste Mgmt. Svcs.	470	2.4%	\$56,337
Educational Services	1,284	6.5%	\$48,160
Health Care & Social Assistance	2,910	14.8%	\$49,947
Arts, Entertainment, & Recreation	1,145	5.8%	\$42,089
Accommodation & Food Services	1,523	7.8%	\$18,191
Other Services	545	2.8%	\$28,098
Public Administration	1,208	6.2%	\$56,978

Figure 2. Change in Jobs, 2019-2020



Source: DEED Quarterly Census of Employment & Wages (QCEW)

**For more information on Goodhue Co.'s population, labor force, and economic trends, contact:**

**Mark Schultz** | Regional Analyst, Southeast & South Central  
 CareerForce Winona | 1250 Homer Road, Suite 200 | Winona MN 55987  
 Office: 507-205-6068 | E-mail: mark.schultz@state.mn.us  
 web: [www.mn.gov/deed/data/regional-lmi/](http://www.mn.gov/deed/data/regional-lmi/)

Data updated: September 1, 2021

## Goodhue County Health and Human Services Board

10-19-2021 COVID-19 Update

- Nina Arneson, HHS Director
- Maggie Cichosz, Community Engagement Specialist / Assistant PIO
- Kris Johnson, HHS Deputy Director



### WHERE CAN I GET A COVID-19 VACCINE!



#### Goodhue County COVID-19 Information and Resources:

- [Goodhue County COVID-19 Webpage](#)
- [Goodhue County Health & Human Services Facebook Page](#)
- Goodhue County COVID-19 Hotline: (651) 385-2000
- Financial Support/Social Services: (651) 385-3200
- WIC Program: (651) 385-6120

#### Statewide COVID-19 Information and Resources:

- [Minnesota Department of Health COVID-19 Webpage](#)
- [Governor Walz's COVID-19 Response Webpage](#)
- [Minnesota Testing Webpage](#)
- [Minnesota Vaccine Webpage](#)
- [Minnesota Vaccine Connector](#)
- [Minnesota Unemployment Benefits](#)
- [Statewide Hotlines](#)



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



**Monthly Update  
Child Protection Assessments/Investigations**

<b>Month</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>January</b>	21	16	20
<b>February</b>	20	30	17
<b>March</b>	34	19	15
<b>April</b>	20	15	24
<b>May</b>	23	21	26
<b>June</b>	16	10	22
<b>July</b>	16	12	19
<b>August</b>	19	17	17
<b>September</b>	25	18	17
<b>October</b>	29	25	
<b>November</b>	24	21	
<b>December</b>	21	14	
<b>Total</b>	<b>268</b>	<b>218</b>	<b>177</b>

Promote, Strengthen and Protect the Health  
of Individuals, Families and Communities!  
Equal Opportunity Employer  
[www.co.goodhue.mn.us/HHS](http://www.co.goodhue.mn.us/HHS)





**HOMELAND HEALTH**  
SPECIALISTS

## Flu Vaccination Clinics

The best protection you can get and give is a flu shot.

Did you know 1 in 5 Americans get the flu each year? Don't let the flu stop you!

Stop by the Goodhue County-sponsored flu vaccination clinic.

Family members are welcome. Minimum age is 6 months & up.

### **Pine Island Public School**

October 13th, 3:15 - 6:00pm

### **Zumbrota-Mazeppa High School**

November 1st, 3:30 - 6:00pm

### **Cannon Falls Middle/High School**

October 18th, 3:00 - 6:00pm

### **Kenyon Wanamingo Elementary**

November 11th, 3:00 - 6:00pm

### **Goodhue Public School**

October 18th, 3:30 - 6:00pm

### **Kenyon Wanamingo Middle/High**

November 11th, 3:00 - 6:00pm

### **Cannon Falls Elementary School**

October 19th, 3:30 - 6:30pm

### **Twin Bluff School**

November 16th, 3:00 - 6:00pm

### **Red Wing High School**

October 26th, 3:00 - 6:00pm

Register Here:



[https://my.primary.health/r/goodhue-community-flu?registration\\_type=default](https://my.primary.health/r/goodhue-community-flu?registration_type=default)



# OPIOID SETTLEMENT DISCUSSION

SEPTEMBER 17, 2021  
AMC BOARD OF DIRECTORS

This summer marks the settlement of long-standing legal battles between drug companies accused of manufacturing and perpetuating the opioid crisis and the individuals and communities who were devastated by it. Minnesota is estimated to receive over \$300 million from the settlements to be used on prevention and abatement work, with a portion of the funds specifically dedicated to local governments.

State and local leaders will decide the future of those funds over the next few months. This booklet outlines the parameters of the settlement and reviews plans adopted by two states with state-administered, but county-delivered systems similar to Minnesota.

The opioid settlement is important for Minnesota county leaders to understand because of the past and ongoing impact of substance use disorders (SUD) on county residents and county services. Regardless of where Minnesota leaders direct substance use disorder abatement and prevention work, they will depend on counties to actualize the vision. The settlement creates an opportunity for counties and the state to work collaboratively on mapping a unified vision that utilizes current systems infrastructure to deliver a robust prevention and abatement plan.

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# National Opioid Settlement: Executive Summary<sup>i</sup>

Nationwide settlements have been reached to resolve all Opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors: McKesson, Cardinal Health and AmerisourceBergen (“Distributors”), and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively, “J&J”). These settlements will provide substantial funds to states and subdivisions for abatement of the Opioids epidemic across the country and will impose transformative changes in the way the settling defendants conduct their business.

If the proposed settlements are fully adopted by states and subdivisions nationwide:

- The Distributors will pay a maximum of \$21 billion over 18 years, while J&J will pay a maximum of \$5 billion over no more than nine years, with approximately \$22.8 billion in settlement proceeds payable to state and local subdivisions.<sup>ii</sup> Of the funds going directly to participating states and subdivisions, at least 85% must be used for abatement of the Opioid Epidemic, with the overwhelming bulk of the proceeds restricted to funding future abatement efforts by state and local governments.
- The Distributors will make an initial deposit of funds into escrow by the end of September 2021, with additional deposits by J&J and the Distributors in early Summer of 2022.
- Funds can begin to flow to states and local governments as early as April 2022, depending on when a settling state meets certain requirements. The J&J agreement also offers opportunities for significant acceleration of payments if states and subdivisions meet specified participation levels.
- The settlements will allow for a broad range of approved abatement uses by state and local governments. Developed in consultation with the nation’s leading public health experts, the list of pre-approved uses includes a wide range of intervention, treatment, education, and recovery services so that state and local governments can decide what will best serve their communities. It is anticipated that entire communities will benefit from the effects of the opioid-remediation efforts funded by the settlements and the injunctive relief the settlements provide.
- In addition to billions of dollars for abatement, the agreements also provide for injunctive relief that requires important changes to the Distributors’ and J&J’s conduct to better protect our nation’s health and welfare. This reform package includes the creation of a groundbreaking clearinghouse through which the Distributors will be required to account not only for their own shipments, but also the shipments of the other distributors, in order to detect, stop, and report suspicious Opioids orders. In addition, J&J (which ceased marketing Opioids in 2015 and ceased selling Opioids in 2020) will not market or sell any Opioid products in the next ten years and has agreed to cease lobbying concerning prescription opioids for ten years. J&J also has agreed to make the clinical trial data for its discontinued Opioids available for medical research.

- Less than 10% of the settlement proceeds will be earmarked to compensate private lawyers who have been prosecuting Opioids cases on behalf of state and local governments for several years without compensation and have incurred substantial out of pocket costs, including taking hundreds of depositions, reviewing millions of pages of documents, and collecting and analyzing nationwide data about the way prescription opioids were distributed. Compensation will occur through an application procedure overseen by court-appointed arbiters. An additional sum is provided to settling states that did not hire outside counsel, to use towards furthering the abatement goal and to defray their investigation and litigation costs.

These are not class action “opt out” settlements. Instead, these settlements require that a critical mass of both state and local governments “opt in” over the next six months. The extent of this participation will determine whether the settlement agreements take effect. The Distributors and J&J on the one hand, and the states and subdivisions on the other, each have options to walk away if they are not satisfied with levels of participation. Participation levels also affect how much money settling parties will receive because about half of the abatement funds are in the form of “incentive payments” and certain other settlement provisions also provide incentives for higher levels of participation. Put simply, the greater the level of participation, the more funds will ultimately be paid out for abatement.

The Tribes, the Distributors, and J&J are also working toward resolution of Tribal Opioids claims through mediations under the auspices of the MDL court.

The agreements with the Distributors and J&J are the culmination of almost three years of intense negotiations among representatives of the State Attorneys General, the court-appointed Plaintiffs’ Executive Committee and Negotiation Committee comprised of lawyers in the National Prescription Opiate MDL who represent subdivisions, and counsel to the Distributors and J&J, facilitated by Judge Dan Polster (who oversees the federal MDL litigation) and by the Special Masters appointed by the MDL Court.

The agreements, if adopted, will not settle or release any claims brought by private parties, including private individuals, private hospitals, or private third-party payers.

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<sup>i</sup> “Executive Summary.” National Opioid Settlement. Accessed September 3, 2021. <https://nationalopioidsettlement.com/executive-summary/>.

<sup>ii</sup> West Virginia previously settled with the Distributors in an unrelated settlement. A portion of the Distributors’ settlement funds (\$491 million) is treated as a credit toward potential settlements with West Virginia subdivisions and with Tribes. For J&J’s agreement, a portion of the settlement funds (\$270 million) is treated as a credit for Oklahoma (which obtained a trial verdict against J&J), the Tribes, and other litigation cost for non-participating entities.



## Attorney General Ellison, States Reach \$26B Agreement With Major Opioid Manufacturer, Distributors

*Agreement to potentially bring more than \$300M to Minnesota over 18 years for opioid epidemic treatment and prevention; also requires data transparency, industry changes to ensure crisis never happens again*

**July 21, 2021 (SAINT PAUL)** — Minnesota Attorney General Keith Ellison today joined a large multistate coalition in announcing a historic \$26 billion agreement with major opioid manufacturer Johnson & Johnson and the nation's three major pharmaceutical distributors — Cardinal, McKesson, and AmerisourceBergen — that will bring much-needed relief to communities in Minnesota and across the country that have been devastated by the opioid crisis.

Minnesota's share of this agreement could be as much as \$337 million over 18 years, with significant payments frontloaded in the first five years. The spending of State of Minnesota funds from the agreement will be overseen by the State's Opioid Epidemic Response Advisory Council.

The agreement also requires data transparency and significant industry changes that will help prevent this type of crisis from ever happening again. The agreement would resolve investigations and claims against these companies of the nearly 4,000 states and local governments across the country that have filed lawsuits in federal and state courts.

"There is no amount of money that can ever make up for the death and destruction these companies caused in the pure pursuit of profit. No amount of money can bring back the nearly 5,000 lives we lost in Minnesota or fully restore the communities devastated in every part of our state," Attorney General Ellison said. "But it is still critically important to hold these companies financially accountable for their role in creating and extending the opioid crisis, and this agreement does that and more. I'm especially pleased it requires them to turn over data that will help us learn what they did to us, and puts in place controls to ensure that they can never do it again. I will continue to fight to make transparency part of any and all future agreements with opioid companies.

"We have worked hard for many years to secure this agreement. I await the final terms, but assuming they are acceptable, I encourage every Minnesota community to sign onto this agreement so that we can continue the process of healing and accountability," Attorney General Ellison concluded.

Following today's agreement, states have 30 days to sign onto the deal and local governments in the participating states will have until January 1, 2022 to join to secure a critical mass of participating states and local governments. States and their local governments will receive maximum payments if each state and its local governments join together in support of the agreement.

## Funding Overview

- The three distributors collectively will pay up to \$21 billion over 18 years.
- Johnson & Johnson will pay up to \$5 billion over nine years with up to \$3.7 billion paid during the first three years.
- The total payments will be determined by the overall degree of participation by both litigating and non-litigating state and local governments.
- The substantial majority of the money is to be spent on opioid treatment and prevention.
- Each state's share of the funding has been determined by agreement among the states using a formula that takes into account the impact of the crisis on the state – the number of overdose deaths, the number of residents with substance use disorder, and the number of opioids prescribed – and the population of the state.

## Injunctive Relief Overview

The 10-year agreement will result in court orders requiring Cardinal, McKesson, and AmerisourceBergen to:

- Establish a centralized independent clearinghouse to provide all three distributors and state regulators with aggregated data and analytics about where drugs are going and how often, eliminating blind spots in the current systems used by distributors.
- Use data-driven systems to detect suspicious opioid orders from customer pharmacies.
- Terminate customer pharmacies' ability to receive shipments, and report those companies to state regulators, when they show certain signs of diversion.
- Prohibit shipping of and report suspicious opioid orders.
- Prohibit sales staff from influencing decisions related to identifying suspicious opioid orders. Require senior corporate officials to engage in regular oversight of anti-diversion efforts.

The 10-year agreement will result in court orders requiring Johnson & Johnson to:

- Stop selling opioids.
- Not fund or provide grants to third parties for promoting opioids.
- Not lobby on activities related to opioids.
- Share clinical trial data under the Yale University Open Data Access Project.

## Human Toll of the Opioid Crisis

In 2020 alone, opioid overdose deaths nationally rose to a record 93,000, a nearly 30 percent increase over the prior year. According to the Minnesota Department of Health Drug Overdose Dashboard, 4,821 Minnesotans died of opioid overdoses from 2000-19.

The crisis is far from over today: preliminary reports show 654 opioid-involved deaths in Minnesota in 2020, a 59% increase from 2019.

Emergency room visits for opioid-involved overdoses increased from 1,618 in 2016 to 3,990 in 2020. Native Americans in Minnesota are seven times more likely than white people to die of a drug overdose, and African Americans are twice as likely.



## Tracking Opioid Settlement Plans – County-Administered States

CA, CO, NC, ND, NY, OH, PA, VA; hybrid models in MD, NV, and WI

### California

There is not yet a finalized plan in place in CA; negotiations are ongoing. The League of California Cities released a [statement](#) stating that 20 city and county litigants have been working with the AG for a year to create an intrastate allocation plan. The statewide working group has “prioritized payment of settlement funds directly to local governments rather than through a state-mandated grant of application process.” The California State Association of Counties also released a [statement](#) that seems less sure, and brings up the AG’s legislative effort to cut local governments out of the discussion.

### Colorado – Best Practice

The [Colorado Memorandum of Agreement](#) allocates funds as follows: 10% directly to the State; 20% directly to Local Governments; 60% directly to Regions; and, 10% to an Infrastructure Fund. The counties formed their own regions, working with already developed relationships and systems. They will use the Colorado Blueprint as the list of approved fund uses. The money will be distributed by the national formula, which uses raw numbers and will result in a rural/metro disparity; the 10% infrastructure fund is designed to help bolster funds of the smaller counties and regions.

### North Carolina – Best Practice

The [North Carolina Memorandum of Agreement](#) was created between the AG and the Association of County Commissioners. It allocates 15% of funds to the State, 80% to Local Governments, and 5% to a County Incentive Fund. The Incentive Fund is for any county with at least 30,000 people that signs on to the settlement. The MOA also delineates approved uses for the money, which are divided into two options. Option A includes evidence-based, high-impact strategies that may already be deployed at a county level such as recovery housing, reentry programs, Naloxone distribution, etc. Option B is meant to incentivize regional collaboration and includes more multidisciplinary options like expanding treatment for OUD and co-occurring MH and SUD conditions, comprehensive wrap-around services, workforce development, etc.

### North Dakota

The governor signed HB 1003 in April 2021, stating that the opioid settlement funds will reside in the AG’s “refund fund.” \$2M from the opioid-related lawsuits will be transferred to the Department of Human Services for the purpose of “defraying the expenses of an opioid addiction prevention and treatment program during the biennium beginning July 1, 2021, and ending June 30, 2023.” The DHS will consult with the AG on the use of program funding, and this is considered a one-time funding item.

### New York – Best Practices

[NY Assembly Bill A6395B](#) establishes an Opioid Settlement Fund, approved uses from the funds, and an advisory board who will decide how the money is allocated. Some approved uses include SUD prevention programs, public education campaigns, SUD treatment and recovery

services with an emphasis on continuum of care services, harm reduction counseling, etc. The advisory board consists of 19 members, 7 of whom will be nominated by an association of counties that represents at least 90% of NY counties. They will “provide recommendations on how funding received by the opioid settlement fund ... shall be *allocated by the legislature.*” Annually, beginning on November 1<sup>st</sup>, 2021, the board will recommend to the legislature how funds will be appropriated.

### **Ohio – Best Practices**

The [OneOhio Memorandum of Understanding](#) allocates 30% of funds to Local Governments, 55% to The Foundation, and 15% to the State. The Foundation will be a 501(c)(3) nonprofit foundation with a governing board and an Expert Panel. OH counties will be divided into regions, who will then create their own regional governance and elect one person to sit on The Foundation Board. The Board will consist of 29 members, with 19 regional representatives. This Board will appoint the Expert Panel, who will “utilize experts in addiction, pain management, public health, and other opioid related fields to make recommendations” for use of the funds.

All funds must be used according to the “Approved Purposes” definition in the MOU, and includes expanding SUD treatment, supporting recovery, etc. Local governments are allowed to use the money for past expenses, so long as they were made in line with the Approved Purposes definition. Of note, the MOU *does* allow for state-level programs to receive funds from The Foundation, following a Board vote.

### **Pennsylvania**

As of August 2, 2021, two District Attorneys in PA, serving Philadelphia and Allegheny County, have filed suit against the AG, asking a judge to rule that the AG can’t force them to drop their suits. Both brought lawsuits independently against the drug companies and distributors, and they don’t believe that the current global settlement is enough to sign on. There does not seem to be an allocation plan in place, besides mention of an “intrastate allocation agreement.”

### **Virginia**

The [Opioid Abatement and Settlement Fund Allocation Memorandum of Understanding](#) creates parameters using the national “default” allocation plan. 15% of funds go to *Participating Political Subdivisions* (“Subdivision Share”), 70% will go to the Virginia Opioid Abatement Fund and to other Approved Uses, and 15% will go to the Commonwealth of Virginia. Of the 70% portion, 55% will go into the fund and 15% will go directly to Participating Political Subdivisions (“Direct Subdivision Abatement Share”). If a subdivision does not sign on to the settlement, they *do not get money*. Their share will be “reallocated ratably to the Participating Political Subdivisions.” The MOU also establishes an Authority for the Opioid Abatement Fund for disbursement of grants, donations or other assistance. The Authority will be governed by a Board of Directors consisting of 11 members, 5 of whom will represent local subdivisions.

## HYBRID STATES

### Maryland

MD established the Opioid Restitution Fund in 2019, separate from the general fund. The Maryland Stop Overdose Strategy includes \$4M in grants to support local prevention and enforcement efforts as well as treatment plans. The strategy also includes town halls in the state's hardest hit areas, and information gathered there will be used to identify gaps in resources and funding. Any new initiatives will be funded by the Opioid Restitution Fund.

### Nevada

As of August 24, 2021, NV will *not* be signing on to the global settlement. They do, however, have an allocation [agreement](#) for funds they have already won and will potentially win in the future. Under this agreement, 43.86% would go to the State, 38.77% to Local Governments, and 17.37% for "Medicaid Match." The Medicaid Match would be allocated to counties as follows: 45% to Clark County, 14% to Washoe County, and 21% to the remaining counties by population.

### Wisconsin

[2021 Wisconsin Act 57](#) holds that 30% of the funds will go to the State, and 70% will go to *litigating* local governments. Funds will not be distributed to subdivisions that did not file suit. Local governments must hold the money received in fund separate from the general fund, and they may combine their opioid funds if they wish to work regionally.



## Corporate Accountability: Fighting the Opioid Epidemic in North Carolina

### WHAT IT IS

The NC Memorandum of Agreement (NC MOA) governs how North Carolina would use the proceeds of any future national settlement or bankruptcy resolution with drug distributors Cardinal, McKesson, and AmerisourceBergen and opioid manufacturers Johnson & Johnson and Purdue Pharma. These potential settlements and resolutions could bring as much as \$850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic.

### WHAT IT DOES

**Dedicates all funds to addressing the opioid epidemic.**

**Enables North Carolina to maximize resources to abating the crisis.** For North Carolina to receive the maximum payout under national settlements and bankruptcy resolutions, all relevant parties – including the state itself, all 100 counties, and all large- and medium-sized municipalities – must sign on to the NC MOA and the national settlement agreements. To maximize resources flowing to communities on the front lines of the epidemic, the NC MOA would direct settlement funds as follows:

- 15 percent to the state, which the General Assembly would appropriate to address the epidemic.
- 80 percent to local governments, including all 100 counties and 17 municipalities.
- An additional five percent to an incentive fund to encourage counties and municipalities to sign on to the agreement.

**Ensures high levels of transparency and accountability.** The agreement offers a high level of transparency into how local governments use the funds, including special revenue funds subject to audit, annual financial and impact reports, and a public dashboard showing how they are using settlement funds to address the epidemic.

### WHY IT MATTERS

**Personal Cost.** The opioid epidemic has taken the lives of more than 16,000 North Carolinians, torn families apart, and ravaged communities from the mountains to the coast. Just as we began to make progress in combatting the epidemic, the COVID-19 pandemic caused a new wave of isolation, despair, drug misuse, and overdose death. Individuals, families, and entire communities continue to suffer and struggle.

**Accountability.** The opioid epidemic was created and fueled by irresponsible marketing and inadequate monitoring on the part of opioid makers and distributors. Settlements with the big three drug distributors and Johnson & Johnson, and a resolution of the Purdue Pharma bankruptcy proceedings, have the potential to bring as much as \$850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic.

**United Front to Heal North Carolina.** The NC MOA is an important step forward in our collective effort to hold these companies accountable for their behavior and to secure and direct much-needed resources to communities across the state as they work to address the epidemic and its aftermath.

Click [here](#) to access an FAQ on this topic.

Click [here](#) to access the memorandum of agreement.



# Colorado Opioid Framework

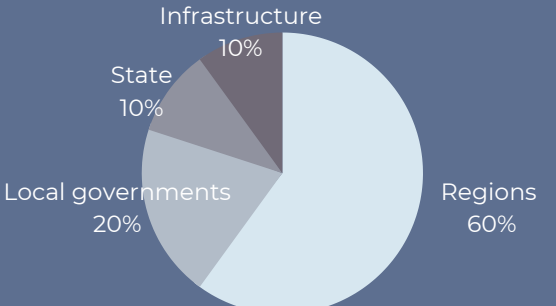
Too many Colorado families and communities have been devastated by opioid overdoses and addiction. According to the Centers for Disease Control and Prevention, more than 1,500 Coloradans died from an opioid overdose in 2020. Over the last 20 years, more than 7,600 Coloradans have died from an accidental opioid overdose, and thousands more have struggled with addiction.

The opioid epidemic is an ongoing crisis in our state, which is why Attorney General Phil Weiser and the Colorado Department of Law are committed to collaborative problem solving and sustainable solutions. In August 2021, after announcing several historic settlements with major drug manufacturers and distributors, the office announced a groundbreaking framework for distributing nearly \$400 million in opioid settlement dollars throughout the state for addiction treatment, recovery, and prevention programs.

## Distribution of settlement proceeds

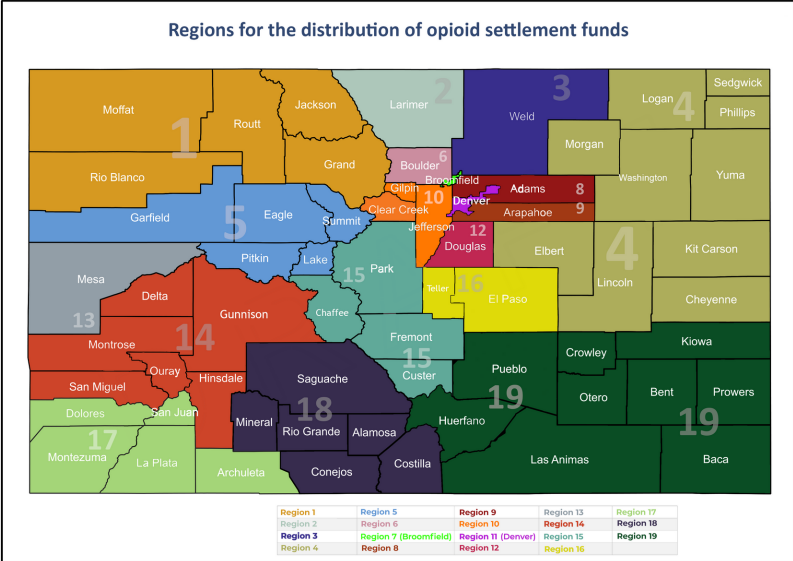
- Proceeds from the settlements include:
- \$300 million from Johnson & Johnson and three major drug distributors
  - At least \$50 million from Purdue Pharma and the Sacklers
  - \$25 million from Mallinckrodt
  - \$10 million from McKinsey & Company.

These dollars will be distributed to 19 regions, local governments, the state, and infrastructure needs as follows:



A General Abatement Fund Council will provide oversight of the regional and infrastructure funds and each region must create its own Regional Governance Council.

The General Abatement Fund Council will be comprised of 13 members, including 6 appointed by Colorado Counties, Inc. and the Colorado Municipal League, 6 appointed by the Attorney General, and one non-voting chairperson.





# Strategies to Address the Opioid Epidemic

The blueprint draws on a survey that asked experts to prioritize 20 potential investments they could make to address the opioid epidemic.<sup>7</sup> The investments are organized into four domains: prevention, treatment and recovery, harm reduction, and criminal justice.

In the survey, Colorado experts were asked how they would allocate a hypothetical \$100 million over five years to address the opioid epidemic. Local decision-makers can use this table to apply the same concept to their hypothetical share of a settlement.

Decision-makers can use the tool below as they consider what programs already exist in their communities and what gaps remain. See page 8 for more on how to use this guide.

## PREVENTION

		Insert Your Allocation Here
<b>Prescription Drug Monitoring Program (PDMP)</b>	Developing Colorado's Prescription Drug Monitoring Program to improve usability and increase utilization via electronic health records or other methods	\$
<b>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b>	Workforce training and funding to implement evidence-based secondary prevention approaches that identify and intervene with problematic use, abuse, and dependence on substances	\$
<b>Provider Education</b>	Trainings for practitioners on non-opioid pain treatments, non-addictive chronic pain therapies, and guidelines for opioid prescribing best practices	\$
<b>Community Development</b>	Funding for community development, schools, child care, family services, and job training to combat drug use	\$
<b>Primary Prevention</b>	Evidence-based primary prevention programs and strategies, including family and youth programming, to promote protective factors and reduce risk factors, as well as adult education programs and public communications campaigns	\$
<b>Drug Take Back and Storage</b>	Expand universal drug take-back programs to allow drugs to be returned to any pharmacy on any day and distribute secure containers for prescription drugs	\$

## CRIMINAL JUSTICE

		Insert Your Allocation Here
<b>Law Enforcement</b>	Increased funding and training for local police, drug task forces, and interdiction efforts	\$
<b>Community Corrections</b>	Developing or expanding drug or family courts and other pre-arraignment or law enforcement diversion programs	\$
<b>Jail-Based Addiction Treatment</b>	Expansion of addiction treatment in jails and prisons	\$
<b>Post-Incarceration Social Programs</b>	Programs for reintegrating people recovering from substance use disorders into communities following incarceration	\$

## TREATMENT AND RECOVERY

Insert Your Allocation Here

<b>Substance Use Disorder Treatment Expansion</b>	Expansion of the full spectrum of substance use disorder treatment: detox, inpatient/residential and outpatient treatment, and medication-assisted treatment	\$
<b>Recovery Supports</b>	Developing programs to improve access to housing and health care (other than for substance use disorders); employment opportunities and job training; community-based services, including peer supports and other resources aimed at promoting recovery	\$
<b>Rural/Frontier and Underserved Treatment Programs</b>	Expand treatment options in rural, frontier, and underserved areas, including mobile programs and telehealth/telemedicine programs	\$
<b>Research and Evaluation</b>	Funding for research into treatment outcomes, evaluation of program effectiveness, and the impact of policy interventions in Colorado	\$

## HARM REDUCTION

Insert Your Allocation Here

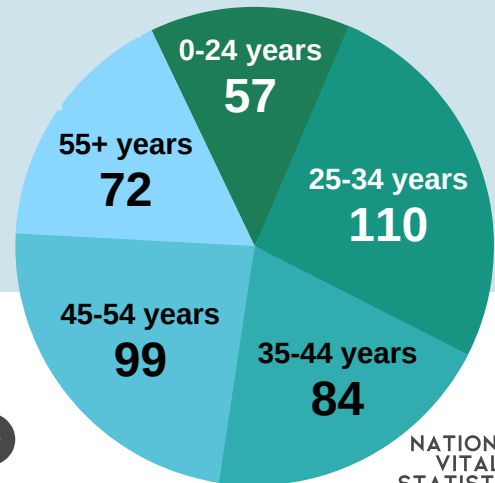
<b>Overdose Surveillance</b>	Drug death and nonfatal overdose surveillance, including funding for law enforcement, medical examiners, and coroners to improve accuracy and timeliness of autopsy drug-testing	\$
<b>HIV And Hepatitis Treatment</b>	Screening, early detection, vaccines, and treatment for HIV, hepatitis, and other medical issues occurring among people who inject drugs	\$
<b>Overdose-Reversal Drugs</b>	Increased naloxone distribution and training	\$
<b>Drug Checking</b>	Production and distribution of testing strips for fentanyl and other adulterants, and other drug-checking services	\$
<b>Syringe Exchanges</b>	Establishing, running, and expanding existing syringe exchange programs, including syringe disposal	\$
<b>Family Support</b>	Support services for children and families affected by substance use disorders, including training for professionals such as teachers, law enforcement, and others	\$

# OPIOID MISUSE PREVENTION

## Report from Wright County Public Health

In early 2018, Wright County was one of two counties awarded the opportunity to use Statewide Health Improvement Partnership (SHIP) funds to pilot projects focused on the opioid crisis. Since then, Wright County Public Health has built relationships with local coalitions and organizations to address barriers, bridge gaps, and create awareness around the dangers of opioid misuse.

OPIOID OVERDOSE DEATHS IN MINNESOTA BY YEARS OF AGE, 2017



NATIONAL VITAL STATISTICS SYSTEM

### 2018, WRIGHT COUNTY

# 160,161

CONTROLLED SUBSTANCES  
PRESCRIBED

# 134,286

COUNTY RESIDENTS

### OPIOID ACTION TEAM

Key stakeholders from local health care systems convene to coordinate opioid misuse prevention efforts. To date, they've developed prescribing guidelines, identified traits of opioid use disorder, shared practices for managing chronic pain without long-term opioids, and created patient education tools. Currently, they are working to expand medication-assisted treatment providers.

### SBIRT

Wright County Public Health staff co-located in schools and family home visitors utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) practices to identify substance use disorders in clients and refer them to services. SBIRT is an evidence-based practice designed to identify substance use and reduce the harms and societal costs associated with risky use.

### PUBLIC AWARENESS

To shed light on the community impact of opioid misuse, presentations have been provided to civic organizations, elected officials, and the community. In March 2019, a forum focusing on opioid misuse in rural communities was held. Keynote speaker Dr. Chris Johnson detailed the history of the opioid crisis and recognized the medical industry's role in the crisis.

### MEADA

Mentorship, Education, and Drug Awareness (MEADA) is a local coalition whose mission is to educate youth, families, and the larger community on the dangers of substance use and abuse by creating awareness and fostering mentorship. Multiple sectors are involved, including law enforcement, schools, public health, health systems, and community members. Learn more at [meada.net](http://meada.net).



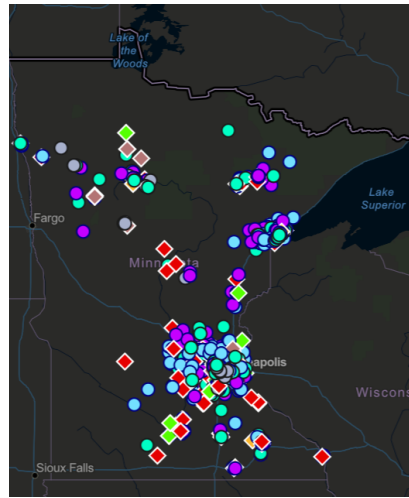
# CURRENT WORK

## NEONATAL ABSTINENCE SYNDROME PREVENTION

Neonatal abstinence syndrome (NAS) is drug withdrawal that occurs in infants after in utero exposure to opioids and some other substances. To systemically prevent future cases of NAS, Public Health is partnering with healthcare systems to ensure a standard substance use screening process for pregnant women and newborn babies that is preceded by proper immediate treatment and long-term follow-up.

## NALOXONE

In 2020, a core group of public health nurses and social workers from Wright County Health & Human Services will be trained to carry and administer naloxone. To expand this effort, Public Health will also be working with local worksites, faith-based organizations, and other partners to train Wright County community members.



## OVERDOSE DATA

Wright County Sheriff's Office uses the Overdose Detection Mapping Application Program (OD Map) to track overdose data. The data can be analyzed for trends and used to inform law enforcement if there is a spike in overdoses. Currently, overdoses are untracked if the individual is brought directly to an emergency department. Healthcare systems and the Sheriff's Office are working to establish a process for overdoses to be tracked even when there is no involvement of law enforcement.

## MEDICATION-ASSISTED TREATMENT POST-INCARCERATION

There is an increased risk of overdose after an individual leaves incarceration. To help prevent these overdoses, representatives from local healthcare systems, the Wright County Jail, and Wright County Health & Human Services are in conversation to ensure inmates receive MAT after incarceration. This partnership would establish a system where a jail social worker refers interested inmates to an MAT provider post-incarceration. The social worker follows-up with the former inmate to ensure they could access MAT. Expansion would include a more robust screening, brief intervention, and referral to treatment system in the jail that would result in MAT not only after incarceration, but during incarceration as well.

## DRUG DISPOSAL WITH LOCAL LAW ENFORCEMENT

Connections with local law enforcement and senior centers have led to an expansion of drug disposal efforts through a partnership with Meals on Wheels. Beginning in 2020, Buffalo Police Department officers will accompany Meals on Wheels deliveries every six months to remove unused and unwanted medications from the homes of local seniors. Next steps involve expanding this model to other municipalities the county.

## PEER-TO-PEER

A collaboration with the Minnesota Department of Health through the Overdose Data to Action grant from the Centers for Disease Control & Prevention will soon allow WCPH to share knowledge and experience to assist other local health departments across the nation through a peer-to-peer education model.

## DRUG-FREE COMMUNITIES

MEADA will apply for the 2020 Drug-Free Communities Grant through the Substance Abuse and Mental Health Services Administration. This five-year grant allows community-based coalitions to address youth substance use in their schools and communities. Wright County will focus on alcohol, tobacco/vaping, and marijuana use.

## NOTES

***Advisory Panel to the Attorney General on  
Distribution and Allocation of Opioid Settlement Funds***

Membership

An advisory panel of local, state, and community providers with experience and expertise in public health and delivery of services to individuals and families impacted by the opioid epidemic. The panel will be facilitated by the Office of Collaboration and Dispute Resolution and include ex officio members from the Minnesota Attorney General's Office, state agencies, the Association of Minnesota Counties, the League of Minnesota Cities, the Coalition of Greater Minnesota Cities, and the Minnesota Indian Affairs Council.

Purpose

To recommend to the Minnesota Attorney General's Office and Minnesota's local governments a proposed structure for the distribution and use of opioid settlement funds in Minnesota. The panel will review the current Minnesota opioid remediation structure, the requirements of the opioid settlements, and other opioid remediation models put in place by other states. The panel will be tasked with providing recommendations on the following components of the state's plan for settlement fund distribution:

- Allocation of funds between state and local governments, including shared funding structures.
- Purposes for which funds can be used.
- Accountability measures, including grantmaking, reporting and auditing requirements.

Goals and Expectations

The panel will meet at least once a week via remote meeting technology. The goal of the panel is to have a set of recommendations prepared by **November 5, 2021**. Panelists will be asked to review materials and be prepared before each meeting. The panel's work may continue past this date in order to finalize details or address new issues that may arise in the course of intrastate agreement negotiations.

**Advisory Panel to the Attorney General on Distribution and Allocation of Opioid Settlement Funds**

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>	<b>Role</b>
Nina	Arneson	Goodhue County Human Services	Panelist
Suzanne	Arntson	Scott County Human Services	Panelist
Rep. Dave	Baker	Opioid Epidemic Response Advisory Council (OERAC)	Panelist
Anne	Barry	Ramsey County Human Services	Panelist
Julie	Bauch	Hennepin County Public Health	Panelist
Dr. Heather	Bell	OERAC	Panelist
Matthew	Durose	Coalition of Greater MN Cities-Mankato Public Safety	Panelist
Sarah	Grosshuesch	OERAC	Panelist
Dr. Peter	Hayden	Turning Point	Panelist
Marc	Johnigan	Twin Cities Recovery	Panelist
Mark	Kinde	MN Dept. of Health (MDH)	Panelist
Larry	Kleindl	Kandiyohi County Human Services	Panelist
Dave	Lee	Carlton County Human Services	Panelist
Mary	Manning	MN Dept. of Health (MDH)	Panelist
Gertrude	Matemba-Mutasa	Dept. of Human Services (DHS)	Panelist
Gretchen	Musicant	City of Minneapolis	Panelist
Kathy	Nevins	OERAC	Panelist
Sarah	Reese	Polk County Public Health	Panelist
Paula	Stocke	St. Louis County-PHHS Director	Panelist
Jamie	Verbrugge	League of MN Cities/City of Bloomington	Panelist
Patricia	Beety	League of Minnesota Cities	Ex Officio
Dana	Farley	MDH/OERAC	Ex Officio
Shannon	Geshick	MN Indian Affairs Council	Ex Officio
Kristy	Graume	DHS	Ex Officio
Carly	Melin	AGO	Ex Officio
Julie	Ring	AMC	Ex Officio
Angie	Thies	AMC	Alternate
Elizabeth	Wefel	Coalition of Greater MN Cities	Ex Officio



## NEWS | South Country Health Alliance

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Chris Gartner / Communications Manager

Phone: 507-431-3021 / Email: [cgartner@mnscha.org](mailto:cgartner@mnscha.org)

Web: <http://mnscha.org/>

For Immediate Release

### **South Country Plan Earns Highest Rating from Medicare**

The Centers for Medicare and Medicaid Services (CMS) recently released the 2022 Medicare Plan Finder information showing South Country Health Alliance's SeniorCare Complete (HMO SNP) plan earned a 5 out of 5-star rating, which is the highest rating possible. CMS scores how well plans perform in several categories, including quality of care and customer service. An overall star rating summarizes the plan's performance as a whole. A plan can get a rating between 1 and 5 stars. A 5-star rating is considered excellent. Only 74 of 471 similar plans across the United States earned a 5-star rating for 2022.

SeniorCare Complete is part of the Minnesota Senior Health Options (or MSHO) program, which integrates Medicare and Medicaid benefits into one seamless plan. People age 65 and older who have Medicare Parts A and B and Medical Assistance can voluntarily enroll in the plan if they live in the South Country service area. They can enroll in SeniorCare Complete when they become eligible for Medicaid or during the Medicare Open Enrollment which runs from October 15th through December 7<sup>th</sup>, 2021. For more information about SeniorCare Complete, call 1-866-567-7242 or visit [www.mnscha.org](http://www.mnscha.org). SeniorCare Complete covers medical, dental, and prescription benefits along with care coordination and other services.

"We've always been a highly rated plan but always strive to do better. A 5-star rating validates the hard work and dedication of our team and providers to improving the health and member experience of our senior members. It is a tremendous accomplishment, and I'm very proud of the work we've done and will continue to do," says Leota Lind, CEO of South Country.

South Country Health Alliance is a county-owned health plan. We are part of the community. Just like our members, their health providers, and the many partners we work with. We're transparent, accountable, and local. With a deep knowledge of the resources available locally, and a mission that drives us to work harder to connect everyone to better health.

For more information about South Country or SeniorCare Complete visit the plan website [www.mnscha.org](http://www.mnscha.org).

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### **About South Country Health Alliance**

South Country Health Alliance is a county-based purchasing health plan owned by 8 Minnesota counties—Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca—in a joint effort to support accessible, quality health care through partnerships with community services and local health care providers for Minnesota Health Care Program enrollees.

SCHA began enrolling members in November 2001 and now has more than 30,000 members. The health plan offers seven programs to meet the health care needs of Minnesota Health Care Program enrollees in its service area.