



GOODHUE COUNTY MINNESOTA

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

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN

JANUARY 17, 2023
10:30 A.M.

VIRTUAL OPTION MEETING NOTICE

The Goodhue County Health and Human Services Board will be conducting a board meeting pursuant to Minn. Stat. 13D.02 on January 17, 2023 at 10:30 a.m. in the County Board Room.

The public may attend in person or monitor the meeting from a remote site by logging into <https://meet.goto.com/802129485> or calling 1 866 899 4679 OR 1 571 317 3116 any time during the meeting. Access Code: 802 129 485

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

Documents:

[DECEMBER 20 2022 HHS BOARD MINUTES.PDF](#)

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

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. 2023 HHS Per Diem Rates

Documents:

[HHS PER DIEM RATES 2023.PDF](#)

- c. 2023 Merit Compensation For HHS Employees

Documents:

[HHS MERIT COMPENSATION PLAN 2023.PDF](#)

d. 2023 HHS Budget

Documents:

[HHS 2023 BUDGET.PDF](#)

e. Regional CREST And Mobile Crisis Cooperative Agreements

Documents:

[REGIONAL CREST AND MOBILE CRISIS COOPERATIVE AGREEMENTS.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Child Protection 2023 On-Call Compensation

Nina Arneson

Documents:

[CHILD PROTECTION 24-7 ONCALL WAGE ADJUSTMENT 2023.PDF](#)

c. Personnel Request - Nurse Replacement And Family Health Team Adjustments

Documents:

[REPLACEMENT OF PUBLIC HEALTH NURSE.PDF](#)

6. INFORMATIONAL ITEMS:

a. Family Health Presentation

Brooke Hawkenson

Documents:

[FAMILY HEALTH PRESENTATION JAN 2023.PDF](#)

b. Goodhue County Public Health Family Home Visits Draft Video

[GOODHUE COUNTY PUBLIC HEALTH FAMILY HOME VISITS DRAFT VIDEO](#)

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

c. Public Health System Transformation Legislative Report

Documents:

[PH SYSTEM TRANSFORMATION REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be February 21, 2023

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF DECEMBER 20, 2022**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:30 A.M., Tuesday, December 20, 2022, in the Goodhue County Board Room and online via GoToMeeting.

Brad Anderson, Linda Flanders, Todd Greseth, Susan Johnson, Susan Betcher, Nina Pagel, and Jason Majerus

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Ruth Greenslade, Kathy Rolfer, Katie Bystrom, Kari Frazier, Kelsey Crosby, Natalie Littfin, Jennifer George, Bobbie Sinn, Ember Griebing, Katie Kosmach, Carly Tousignant, Anthony Learnmann, Nicole Jude, Mark Knowles, and Jamie Arntson.

AGENDA:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved the December 20, 2022, Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by B. Anderson, the Board unanimously approved the Minutes of the H&HS Board Meeting on November 15, 2022.

CONSENT AGENDA:

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

ACTION ITEMS:

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

INFORMATIONAL ITEMS:

2020-2025 HHS Strategic Plan Update presented by Ruth Greenslade

Goodhue County Health & Human Services Board
Meeting Minutes of December 20, 2022

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
12/14/22 County, City, Tribal, and State Health and Human Services Worker Day

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by S. Betcher and seconded by N. Pagel, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:28 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2023	Staff Lead:	Katie Bystrom
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

Child Care Licensures:

- Heidi Serna & Ashley Laduke Red Wing
- Bryana Lothert Kenyon

Negative Licensing Action:

- Shannon Callstrom- order to pay fine

Number of Licensed Family Child Care Homes: 68

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

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 Equal Opportunity Employer
www.co.goodhue.mn.us/HHS





Goodhue County
Health and Human Services

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

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: January 3, 2023
RE: 2023 Per Diem Rates

On December 8, 2022, the County Goodhue County Board set 2023 County per diem payment at \$100.00 per day for County Commissioners and \$100.00 per day for unelected members of Boards and Commissions. This will be also utilized for the HHS Board Members meetings.

This is to request the HHS Board adopt the rate set by Goodhue County Board.

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of Individuals, Families and Communities!
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 3, 2023	Staff Lead:	Nina Arneson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve CY 2023 Minnesota Merit System Compensation Plan for Goodhue County HHS Department		

BACKGROUND:

The Minnesota Merit System has presented all Merit System Counties with its recommended Compensation Plan for CY 2023. Goodhue County Health & Human Services will be adopting within the minimums and maximums of the Minnesota Merit System Plan as recommended by the Minnesota Merit System.

For CY 2023, Goodhue County has adopted 3.00% COLA for all non-union employees. Attached is the GCHHS Compensation plan as of December 24, 2022 with Goodhue County's 3.00% COLA increase as approved by the Goodhue County Board.

RECOMMENDATION: The HHS Department recommends approving the CY 2023 HHS Minnesota Merit System Compensation Plan based on the action of the Goodhue County Board meeting on December 8, 2022 for all non-union employees.

GOODHUE COUNTY HEALTH & HUMAN SERVICES COMPENSATION PLAN
Effective December 24 2022
For 2023

	1	2	3	4	5	6	7	8	9	10	
Office Support Specialist 78 COUNTY	2977	3110	3245	3401	3551	3718	3886	4043	4224	4278	
Bi-Weekly	1374.12	1435.19	1497.46	1569.84	1638.89	1716.14	1793.63	1866.00	1949.31	1974.27	24.68 Top
Hourly	17.18	17.94	18.72	19.62	20.49	21.45	22.42	23.33	24.37	24.68	0.60 HHS Adjust
Merit 6	2801	2926	3054	3197	3338	3494	3653	3819	4001	4174	24.08 Merit Max

	1	2	3	4	5	6	7	8	
Office Support Specialist SR 80 COUNTY	3635	3804	3982	4158	4349	4514	4716	4772	
Bi-Weekly	1677.63	1755.71	1837.84	1919.13	2007.07	2083.61	2176.79	2202.46	27.53 Top
Hourly	20.97	21.95	22.97	23.99	25.09	26.05	27.21	27.53	0.59 HHS Adjust
Merit 6	3418	3575	3743	3908	4091	4268	4463	4669	26.94 Merit Max

	1	2	3	4	5	6	7	8	9	
Accounting Technician 80 COUNTY	3638	3807	3976	4161	4344	4540	4749	4981	5194	
Bi-Weekly	1679.06	1757.26	1834.98	1920.55	2004.70	2095.50	2191.64	2298.96	2397.13	29.96 Top
Hourly	20.99	21.97	22.94	24.01	25.06	26.19	27.40	28.74	29.96	0.50 HHS Adjust
Merit 7 2016 Merit Evaluation	3575	3743	3908	4091	4268	4463	4669	4899	5107	29.46 Merit Max

	1	2	3	4	5	6	7	8	9	10	
Case Aide 81 COUNTY	3970	4152	4351	4539	4735	4968	5192	5349	5528	5582	
Bi-Weekly	1832.49	1916.28	2008.02	2095.02	2185.34	2293.14	2396.30	2468.67	2551.39	2576.47	32.21 Top
Hourly	22.91	23.95	25.10	26.19	27.32	28.66	29.95	30.86	31.89	32.21	0.72 HHS Adjust
Merit 5	3653	3819	4001	4174	4358	4561	4776	4994	5217	5458	31.49 Merit Max

	1	2	3	4	5	6	7	8	9	10	
HHS Systems Application Specialist 81 COUNTY	3970	4152	4351	4539	4735	4968	5192	5349	5528	5582	
Bi-Weekly	1832.49	1916.28	2008.02	2095.02	2185.34	2293.14	2396.30	2468.67	2551.39	2576.47	32.21 Top
Hourly	22.91	23.95	25.10	26.19	27.32	28.66	29.95	30.86	31.89	32.21	0.72 HHS Adjust
Merit 5 ISSS (Information Systems Specialist Sr)	3653	3819	4001	4174	4358	4561	4776	4994	5217	5458	31.49 Merit Max

	1	2	3	4	5	6	7	8	
Support Enforcement Aide 81 COUNTY	3952	4124	4320	4501	4713	4934	5174	5221	
Bi-Weekly	1824.05	1903.56	1994.00	2077.43	2175.36	2277.21	2387.86	2409.72	30.12 Top
Hourly	22.80	23.79	24.93	25.97	27.19	28.47	29.85	30.12	0.66 HHS Adjust
Merit 8	3743	3908	4091	4268	4463	4669	4899	5107	29.46 Merit Max

	1	2	3	4	5	6	7	8	9	
HHS Administrative Aide 82 COUNTY	4344	4518	4726	4958	5170	5411	5652	5899	6201	
Bi-Weekly	2004.70	2085.04	2181.06	2288.26	2386.07	2497.31	2608.44	2722.53	2861.93	35.77 Top
Hourly	25.06	26.06	27.26	28.60	29.83	31.22	32.61	34.03	35.77	0.61 HHS Adjust
Merit 7 Adopted 11/2015	4268	4463	4669	4899	5107	5344	5581	5826	6095	35.16 Merit Max

	1	2	3	4	5	6	7	8	9	
Office Services Supervisor 82 COUNTY	4279	4475	4681	4912	5119	5357	5596	5841	6110	
Bi-Weekly	1974.87	2065.19	2160.50	2266.87	2362.66	2472.48	2582.76	2695.91	2819.98	35.25 Top
Hourly	24.69	25.81	27.01	28.34	29.53	30.91	32.28	33.70	35.25	0.09 HHS Adjust
Merit 7 Adopted 1/2020	4268	4463	4669	4899	5107	5344	5581	5826	6095	35.16 Merit Max

	1	2	3	4	5	6	7	8	9	
Eligibility Worker 82 COUNTY	4454	4646	4853	5067	5288	5508	5719	5973	6230	
Bi-Weekly	2055.68	2144.34	2239.66	2338.77	2440.62	2542.36	2639.34	2756.76	2875.60	35.95 Top
Hourly	25.70	26.80	28.00	29.23	30.51	31.78	32.99	34.46	35.95	0.79 HHS Adjust
Merit 7	4268	4463	4669	4899	5107	5344	5581	5826	6095	35.16 Merit Max

GOODHUE COUNTY HEALTH & HUMAN SERVICES COMPENSATION PLAN
Effective December 24 2022
For 2023

	1	2	3	4	5	6	7	8	9	10	
Child Support Officer 82 COUNTY	4424	4617	4829	5052	5297	5523	5768	5907	6152	6230	
Bi-Weekly	2041.78	2130.91	2228.60	2331.76	2444.90	2549.01	2662.15	2726.33	2839.59	2875.60	35.95 Top
Hourly	25.52	26.64	27.86	29.15	30.56	31.86	33.28	34.08	35.49	35.95	0.79 HHS Adjust
Merit 6	4091	4268	4463	4669	4899	5107	5344	5581	5826	6095	35.16 Merit Max

	1	2	3	4	5	6	7	8	9	
Child Support Lead Worker 83 COUNTY	4726	4958	5170	5410	5650	5899	6171	6458	6743	
Bi-Weekly	2181.06	2288.38	2386.07	2496.72	2607.48	2722.53	2848.03	2980.66	3112.34	38.90 Top
Hourly	27.26	28.60	29.83	31.21	32.59	34.03	35.60	37.26	38.90	0.46 HHS Adjust
Merit 8 Adopted 1/2018	4669	4899	5107	5344	5581	5826	6095	6380	6663	38.44 Merit Max

	1	2	3	4	5	6	7	8	9	
Lead Eligibility Worker 83 COUNTY	4786	5021	5238	5477	5722	5973	6247	6541	6813	
Bi-Weekly	2209.11	2317.50	2417.33	2527.62	2640.76	2756.76	2883.21	3018.81	3144.31	39.30 Top
Hourly	27.61	28.97	30.22	31.60	33.01	34.46	36.04	37.74	39.30	0.86 HHS Adjust
Merit 8 Adopted 9/4/2007	4669	4899	5107	5344	5581	5826	6095	6380	6663	38.44 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Registered Nurse 83 MERIT	4786	5021	5238	5477	5722	5973	6247	6541	6813	7146	7273	7801	8157	
Bi-Weekly	2209.11	2317.50	2417.33	2527.62	2640.76	2756.76	2883.21	3018.81	3144.31	3297.98	3356.69	3600.33	3764.57	47.06 Top
Hourly	27.61	28.97	30.22	31.60	33.01	34.46	36.04	37.74	39.30	41.22	41.96	45.00	47.06	1.03 HHS Adjust
Merit 4	4669	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	46.03 Merit Max

	1	2	3	4	5	6	7	8	
Fiscal Officer 83 COUNTY	4983	5083	5319	5553	5803	6068	6460	6813	
Bi-Weekly	2299.67	2345.90	2454.77	2562.80	2678.08	2800.49	2981.37	3144.31	39.30 Top
Hourly	28.75	29.32	30.68	32.03	33.48	35.01	37.27	39.30	0.86 HHS Adjust
Merit 9 Adopted 1/2012	4899	5107	5344	5581	5826	6095	6380	6663	38.44 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Financial Assistance Supervisor I 84 MERIT	5052	5298	5523	5781	6038	6298	6591	6900	7206	7464	7703	8056	8155	
Bi-Weekly	2331.76	2445.38	2549.01	2668.33	2786.70	2906.86	3041.99	3184.60	3325.79	3445.11	3555.40	3717.98	3763.62	47.05 Top
Hourly	29.15	30.57	31.86	33.35	34.83	36.34	38.02	39.81	41.57	43.06	44.44	46.47	47.05	1.02 HHS Adjust
Merit 5	4669	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	46.03 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	
Public Health Educator 84 MERIT	5019	5240	5478	5719	5970	6309	6599	6894	7217	7539	7900	
Bi-Weekly	2316.55	2418.28	2528.10	2639.57	2755.33	2911.73	3045.79	3181.75	3330.78	3479.70	3646.20	45.58 Top
Hourly	28.96	30.23	31.60	32.99	34.44	36.40	38.07	39.77	41.63	43.50	45.58	1.57 HHS Adjust
Merit 8	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	44.01 Merit Max

GOODHUE COUNTY HEALTH & HUMAN SERVICES COMPENSATION PLAN
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For 2023

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Public Health Nurse 84 MERIT	5019	5240	5478	5719	5970	6309	6599	6894	7217	7539	7900	8178	8526	
Bi-Weekly	2316.55	2418.28	2528.10	2639.57	2755.33	2911.73	3045.79	3181.75	3330.78	3479.70	3646.20	3774.55	3935.23	49.19 Top
Hourly	28.96	30.23	31.60	32.99	34.44	36.40	38.07	39.77	41.63	43.50	45.58	47.18	49.19	1.08 HHS Adjust
Merit 4	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	8339	48.11 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Social Worker 84 MERIT	4971	5199	5460	5691	5952	6220	6493	6798	7097	7380	7689	7801	
Bi-Weekly	2294.21	2399.50	2520.01	2626.50	2747.25	2870.85	2996.82	3137.54	3275.52	3406.13	3548.75	3600.33	45.00 Top
Hourly	28.68	29.99	31.50	32.83	34.34	35.89	37.46	39.22	40.94	42.58	44.36	45.00	0.99 HHS Adjust
Merit 6	4669	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	44.01 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Care Coordinator 84 MERIT	4971	5199	5460	5691	5952	6220	6493	6798	7097	7380	7689	7801	
Bi-Weekly	2294.21	2399.39	2520.01	2626.50	2747.25	2870.85	2996.82	3137.54	3275.52	3406.13	3548.75	3600.33	45.00 Top
Hourly	28.68	29.99	31.50	32.83	34.34	35.89	37.46	39.22	40.94	42.58	44.36	45.00	0.99 HHS Adjust
Merit 6	4669	4899	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	44.01 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Accounting Supervisor 85 MERIT	5410	5650	5899	6171	6458	6743	7057	7373	7720	8078	8442	8816	
Bi-Weekly	2496.72	2607.48	2722.53	2848.03	2980.66	3112.34	3256.86	3402.80	3563.01	3728.44	3896.49	4068.82	50.86 Top
Hourly	31.21	32.59	34.03	35.60	37.26	38.90	40.71	42.54	44.54	46.61	48.71	50.86	0.63 HHS Adjust
Merit 6 Adopted 6/2021	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	8339	8707	50.23 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Social Services/Waiver HHS Team Leader 85 MERIT	5410	5650	5899	6171	6458	6743	7057	7373	7720	8078	8442	8816	
Bi-Weekly	2496.72	2607.48	2722.53	2848.03	2980.66	3112.34	3256.86	3402.80	3563.01	3728.44	3896.49	4068.82	50.86 Top
Hourly	31.21	32.59	34.03	35.60	37.26	38.90	40.71	42.54	44.54	46.61	48.71	50.86	0.63 HHS Adjust
Merit 5 Adopted 1/2018	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	8339	8707	50.23 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Financial Assistance Supervisor II 85 MERIT	5194	5411	5652	5899	6169	6458	6744	7057	7370	7723	8077	8442	8858	
Bi-Weekly	2397.13	2497.31	2608.44	2722.53	2847.08	2980.66	3112.82	3256.86	3401.38	3564.43	3727.73	3896.49	4088.31	51.10 Top
Hourly	29.96	31.22	32.61	34.03	35.59	37.26	38.91	40.71	42.52	44.56	46.60	48.71	51.10	0.87 HHS Adjust
Merit 5 Adopted 12/2015	5107	5344	5581	5826	6095	6380	6663	6971	7281	7629	7979	8339	8707	50.23 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	
Public Health Nursing/Community Health Supervisor 86 MERIT	5973	6247	6537	6848	7165	7483	7844	8200	8575	8924	9288	
Bi-Weekly	2756.76	2883.21	3017.27	3160.83	3306.78	3453.67	3620.41	3784.54	3957.58	4118.73	4286.54	53.58 Top
Hourly	34.46	36.04	37.72	39.51	41.33	43.17	45.26	47.31	49.47	51.48	53.58	1.16 HHS Adjust
Merit 6	5826	6095	6380	6663	6971	7281	7629	7979	8339	8707	9086	52.42 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Social Service Supervisor 87 MERIT	6733	7029	7355	7679	8050	8418	8805	9186	9589	9819	10236	10360	
Bi-Weekly	3107.59	3244.02	3394.84	3543.99	3715.37	3885.08	4063.71	4239.48	4425.83	4531.84	4724.37	4781.42	59.77 Top
Hourly	38.84	40.55	42.44	44.30	46.44	48.56	50.80	52.99	55.32	56.65	59.05	59.77	1.32 HHS Adjust
Merit 5	6241	6513	6815	7115	7461	7799	8158	8511	8888	9280	9696	10132	58.45 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Deputy Health & Human Services Director (DHHS) 88 MERIT	7146	7463	7818	8178	8549	8922	9312	9720	10148	10594	11100	11594	12080	
Bi-Weekly	3297.98	3444.64	3608.29	3774.55	3945.69	4117.78	4297.95	4486.20	4683.73	4889.33	5122.86	5350.93	5575.31	69.69 Top
Hourly	41.22	43.06	45.10	47.18	49.32	51.47	53.72	56.08	58.55	61.12	64.04	66.89	69.69	1.53 HHS Adjust
Merit 4	6971	7281	7629	7979	8339	8707	9086	9484	9901	10334	10831	11311	11814	68.16 Merit Max

	1	2	3	4	5	6	7	8	9	
Health & Human Services Director 90 COUNTY	9039	9236	9647	10083	10542	11010	11504	12225	12898	
Bi-Weekly	4171.98	4262.77	4452.45	4653.78	4865.56	5081.39	5309.57	5642.34	5952.77	74.41 Top
Hourly	52.15	53.28	55.66	58.17	60.82	63.52	66.37	70.53	74.41	1.62 HHS Adjust
Merit 7	8888	9280	9696	10132	10596	11067	11560	12074	12617	72.79 Merit Max

GOODHUE COUNTY HEALTH & HUMAN SERVICES



426 WEST AVENUE
RED WING, MN 55066-2473
(651) 385-3232
FAX: (651) 385-3191

MEMORANDUM

DATE: January 3, 2023

TO: Goodhue County Health & Human Services Board

FROM: Nina Arneson, Director
Mike Zorn, Deputy Director
Kayla Matter, Accounting Supervisor

RE: 2023 HHS Final Budget

The 2023 HHS budget was approved at the December 20, 2022 County Board Meeting. The levy request represents an increase in levy of \$243,107 (3.00%) over the 2022 approved levy. The 2022 levy had a 3.00% increase. The overall 2023 budget increased \$1,076,296 (5.71%) over the 2021 budget.

	2020	2021	2022	2023
Budget	\$17,871,630	\$18,294,386	\$18,833,946	\$19,910,242
County Levy	\$7,844,244	\$7,844,244	\$8,079,571	\$8,322,678
Increase Levy	\$399,493	\$0.00	\$235,327	\$243,107

Budget Considerations.

- The current budget represents a 3.00% general wage adjustment for employees for 2023.
- Step increases have been factored in where appropriate based on a positive performance evaluation.

Sources of Budget Financing

	2020	2021	2022	2023
State Revenue	15.31%	15.61%	15.84%	18.18%
Federal Revenue	28.36%	28.98%	29.21%	29.11%
Misc Services, charges & fees	12.44%	12.53%	12.05%	10.91%
County Property Tax Levy	43.89%	42.88%	42.90%	41.80%
	100.00%	100.00%	100.00%	100.00%

An Equal Opportunity Employer

Goodhue County



USER-SELECTED BUDGET REPORT

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated Annual

Page Break Option: 1 1 - Page Break by Fund
2 - Page Break by Dept
3 - Page Break by Program
4 - Page Break by Service

Column Selection: 1 0 0 0 0

Column 2023
Headings: Budget

Line Spacing: 1 1 - Single Spaced
2 - Double Spaced

Year:
Months:

Print Subtotal By Fund N
Print Subtotal By Dept N
Print Subtotal By Program N
Print Subtotal By Service N
Print Subtotal By Object Range N

Report Basis 1 1 - Cash
2 - Modified Accrual
3 - Full Accrual

Include on the Report: 1 1 - All G/L Accounts
2 - Only G/L Accounts with Budget
Amts.
3 - Only G/L Accounts without Budget
Amts.
4 - Only Budget Accounts with zero
Amts.
5 - Only Active G/L Accounts

Include Zero Dollar Accts: N
Round Amounts: Y
Save Report: N

Comment:

Fund Range From 11 Thru 11

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>		<u>Account Description</u>	<u>2023 Budget</u>
400	Dept	Health & Human Services General	
	11-400-000-0000-5001	Current Real & Personal Property Taxes	8,322,678 -
	11-400-000-0000-5207	PILT-Wildlife Management	4,000 -
	11-400-000-0000-5208	PILT-Gross Shelter Rent	7,500 -
	11-400-000-0000-5209	PILT-30% Rental Reimbursement Taxes	60 -
	11-400-000-0000-5948	Transfers In - Inter Fund	1,080 -
420	Dept	Income Maintenance-Economic Assistance	
	11-420-600-0010-5949	Use of Fund Balance-Income Maintena	84,100 -
	11-420-600-0010-6101	Salaries & Wages - Permanent	741,084
	11-420-600-0010-6106	Per Diem in Lieu of Salaries	1,200
	11-420-600-0010-6107	Salaries & Wages - Department Heads	60,361
	11-420-600-0010-6151	Group Health Insurance	57,280
	11-420-600-0010-6152	HSA Contribution	36,923
	11-420-600-0010-6153	Family Insurance Supplement	37,451
	11-420-600-0010-6154	Life Insurance	612
	11-420-600-0010-6155	Dental Insurance-County Paid	2,853
	11-420-600-0010-6156	Accident Insurance-County Paid	669
	11-420-600-0010-6161	PERA	60,108
	11-420-600-0010-6171	FICA	49,690
	11-420-600-0010-6173	Workmans Compensation	3,605
	11-420-600-0010-6174	Mandatory Medicare	11,621
	11-420-600-0010-6201	Telephone	4,640
	11-420-600-0010-6202	Cell Phone	2,800
	11-420-600-0010-6203	Postage	21,804
	11-420-600-0010-6206	Data Cards	1,300
	11-420-600-0010-6241	Advertising	1,200
	11-420-600-0010-6243	Association Dues/Memberships	2,884
	11-420-600-0010-6244	Subscriptions	250
	11-420-600-0010-6268	Software Maintenance Contracts	62,207
	11-420-600-0010-6274	Audit Fees	3,000
	11-420-600-0010-6283	Oth Profess,Tech & Merit Services	48,000
	11-420-600-0010-6302	Copies/Copier Maintenance	9,000
	11-420-600-0010-6331	Mileage	1,600
	11-420-600-0010-6332	Meals & Lodging	300
	11-420-600-0010-6335	Motor Pool Vehicle Usage	1,500
	11-420-600-0010-6342	Rent/Lease Income Maintenance	122,439

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-420-600-0010-6345	Postage Meter	3,300
11-420-600-0010-6351	Liability Insurance	9,874
11-420-600-0010-6357	Conferences/Schools/Training	8,500
11-420-600-0010-6358	Other Charges	843
11-420-600-0010-6382	Data Processing Charges Goodhue Co	17,300
11-420-600-0010-6401	Printing Services	200
11-420-600-0010-6405	Office Supplies	10,000
11-420-600-0010-6432	Other Furniture & Equipment	6,000
11-420-600-0010-6480	Equipment/Furniture<\$5,000	27,129
11-420-600-0010-6663	Vehicles Purchased	11,815
11-420-600-0020-6101	Salaries & Wages - Permanent	1,416,729
11-420-600-0020-6104	Salaries & Wages-Overtime	43,400
11-420-600-0020-6151	Group Health Insurance	103,743
11-420-600-0020-6152	HSA Contribution	48,030
11-420-600-0020-6153	Family Insurance Supplement	119,450
11-420-600-0020-6154	Life Insurance	1,140
11-420-600-0020-6155	Dental Insurance-County Paid	2,549
11-420-600-0020-6156	Accident Insurance-County Paid	614
11-420-600-0020-6161	PERA	109,510
11-420-600-0020-6171	FICA	90,528
11-420-600-0020-6174	Mandatory Medicare	21,172
11-420-600-0020-6332	Meals & Lodging	400
11-420-610-0000-5290	DHS-State Periodic Data Match	13,628 -
11-420-610-0000-5353	93.558 TANF Co Wide Admin	112,000 -
11-420-610-0000-5830	Maxis MFIP Recoveries	10,000 -
11-420-610-0010-6387	Public Assistance Fraud Investigator	1,500
11-420-610-0100-6025	County Share Of State & Fed Disb	7,500
11-420-620-0000-5830	Maxis GA/GRH Recoveries	22,000 -
11-420-620-0000-6020	Group Residential Housing/GRH Recov	20,000
11-420-620-0100-6025	Central Disb County Share	1,500
11-420-620-0600-6020	Co Burials Payment For Recipients	40,000
11-420-621-0000-5830	Recoveries Gamc County Share	100 -
11-420-630-0000-5312	10.561 FS Direct Admin FSPFNS Aid	345,000 -
11-420-630-0000-5830	Maxis Food Stamp Recovery	8,000 -
11-420-630-0100-6025	Central Disb County Share	6,000
11-420-640-0000-5289	DHS-St Incent MA C/S Ins & Health Bc	20,000 -
11-420-640-0000-5290	DHS-IVD C/S State Incentives	20,000 -

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-420-640-0000-5355	93.563 IVD Federal Admin Reimb	725,000 -
11-420-640-0000-5356	93.563 IVD Federal Incentive Income	100,000 -
11-420-640-0000-5379	93.778 Fed MA C/S Medical Incentive	18,000 -
11-420-640-0000-5401	Child Support Service Fees	4,500 -
11-420-640-0000-5848	Admin Recovery Genetic Testing	800 -
11-420-640-0010-6101	Salaries & Wages - Permanent	603,084
11-420-640-0010-6151	Group Health Insurance	67,893
11-420-640-0010-6152	HSA Contribution	21,000
11-420-640-0010-6153	Family Insurance Supplement	24,143
11-420-640-0010-6154	Life Insurance	542
11-420-640-0010-6155	Dental Insurance-County Paid	681
11-420-640-0010-6156	Accident Insurance-County Paid	171
11-420-640-0010-6161	PERA	45,231
11-420-640-0010-6171	FICA	37,391
11-420-640-0010-6173	Workmans Compensation	912
11-420-640-0010-6174	Mandatory Medicare	8,745
11-420-640-0010-6201	Telephone	1,280
11-420-640-0010-6203	Postage	4,544
11-420-640-0010-6241	Advertising	800
11-420-640-0010-6268	Software Maintenance Contracts	65,687
11-420-640-0010-6277	Spec Costs (Sheriff Sop, Pat, Rop)	7,500
11-420-640-0010-6283	Oth Profess,Tech & Merit Service	7,000
11-420-640-0010-6285	Child Support Genetic Testing	700
11-420-640-0010-6302	Copies/Copier Maintenance	2,800
11-420-640-0010-6331	Mileage	900
11-420-640-0010-6332	Meals & Lodging	100
11-420-640-0010-6335	Motor Pool Vehicle Usage	200
11-420-640-0010-6342	Rent/Lease Child Support	31,469
11-420-640-0010-6345	Postage Meter	688
11-420-640-0010-6351	Liability Insurance	4,964
11-420-640-0010-6357	Conferences/Schools/Training	3,500
11-420-640-0010-6382	Data Processing Charges	3,000
11-420-640-0010-6385	Cs Federal Offset Fee	8,000
11-420-640-0010-6386	County Attorney Fees	65,000
11-420-640-0010-6405	Office Supplies	3,600
11-420-640-0010-6432	Other Furniture & Equipment	2,000
11-420-640-0010-6480	Equipment/Furniture<\$5,000	1,608

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

		2023
<u>Account Number</u>	<u>Account Description</u>	<u>Budget</u>
11-420-650-0000-5288	DHS-State Share MA Access	93,850 -
11-420-650-0000-5378	93.778 IGR Federal Share MA Access	93,850 -
11-420-650-0000-5381	93.778 Fed MA Admin Aid	705,000 -
11-420-650-0000-5830	Ma Recovery County Share	20,000 -
11-420-650-0010-6009	Ma Access Mileage	164,450
11-420-650-0010-6011	Ma Access Parking	1,400
11-420-650-0010-6012	Ma Access Meals	350
11-420-650-0010-6013	Ma Access Lodging	2,000
11-420-650-0010-6014	Ma Access Interpreter	3,500
11-420-650-0010-6016	MA Access Three Rivers	16,000
11-420-650-0100-6020	Nh < 65 Asst Living/Resid Care (90/10)	150,000
11-420-650-0400-5240	DHS-MA Cost Eff & Med Part B Ins St	364,000 -
11-420-650-0400-5379	93.778 IGR MA Cost Eff Insurance Fed	286,000 -
11-420-650-0400-6020	Cost Eff Insur Payments	650,000
11-420-710-0000-5366	93.658 Federal IVE IM Admin	10,000 -
430 Dept	Health and Social Services	
11-430-700-0000-5289	DHS-Vulnerable Children & Adults St	394,706 -
11-430-700-0000-5292	DHS-MA LTSS MNChoices/State S57	307,125 -
11-430-700-0000-5367	93.658 Federal SSIS Project Reimb	35,000 -
11-430-700-0000-5370	93.667 SS Block Grant Title XX F56	215,971 -
11-430-700-0000-5383	93.778 MA LTSS MNChoices-Fed F67	375,000 -
11-430-700-0010-5404	Psych Evaluations Court Services M13	10,500 -
11-430-700-0010-6101	Salaries & Wages - Permanent	670,287
11-430-700-0010-6106	Per Diem in Lieu of Salaries	1,180
11-430-700-0010-6107	Salaries & Wages - Department Heads	72,743
11-430-700-0010-6151	Group Health Insurance	35,989
11-430-700-0010-6152	HSA Contribution	37,462
11-430-700-0010-6153	Family Insurance Supplement	55,636
11-430-700-0010-6154	Life Insurance	475
11-430-700-0010-6155	Dental Insurance-County Paid	3,973
11-430-700-0010-6156	Accident Insurance-County Paid	918
11-430-700-0010-6161	PERA	56,897
11-430-700-0010-6171	FICA	47,036
11-430-700-0010-6173	Workmans Compensation	5,101
11-430-700-0010-6174	Mandatory Medicare	11,000
11-430-700-0010-6201	Telephone	5,280
11-430-700-0010-6202	Cell Phone	13,000

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-430-700-0010-6203	Postage	3,012
11-430-700-0010-6206	Data Cards	1,800
11-430-700-0010-6241	Advertising	1,500
11-430-700-0010-6243	Association Dues/Memberships	2,800
11-430-700-0010-6268	Software Maintenance Contracts	90,000
11-430-700-0010-6274	Audit Fees	2,900
11-430-700-0010-6283	Oth Profess, Techn & Merit Service	57,000
11-430-700-0010-6302	Copies/Copier Maintenance	7,000
11-430-700-0010-6331	Mileage	23,000
11-430-700-0010-6332	Meals & Lodging	550
11-430-700-0010-6333	Other Travel Expense	300
11-430-700-0010-6335	Motor Pool Vehicle Usage	34,000
11-430-700-0010-6342	Rent/Lease Social Services	115,450
11-430-700-0010-6345	Postage Meter	456
11-430-700-0010-6351	Liability Insurance	12,140
11-430-700-0010-6357	Conferences/Schools/Training	15,000
11-430-700-0010-6358	Other Charges	750
11-430-700-0010-6363	Csp Program and Activities Expense	3,000
11-430-700-0010-6382	Data Processing Charges Goodhue Co	11,000
11-430-700-0010-6405	Office Supplies	10,000
11-430-700-0010-6432	Other Furniture & Equipment	4,100
11-430-700-0010-6480	Equipment/Furniture<\$5,000	15,473
11-430-700-0010-6663	Vehicles Purchased	11,351
11-430-700-0020-6101	Salaries & Wages - Permanent SSTS	2,221,275
11-430-700-0020-6104	Salaries & Wages - Overtime SSTS	57,600
11-430-700-0020-6151	Group Health Insurance SSTS	85,197
11-430-700-0020-6152	HSA Contribution SSTS	99,750
11-430-700-0020-6153	Family Insurance Supplement SSTS	211,602
11-430-700-0020-6154	Life Insurance SSTS	1,573
11-430-700-0020-6155	Dental Insurance-County Paid SSTS	10,018
11-430-700-0020-6156	Accident Insurance-County Paid SSTS	2,327
11-430-700-0020-6161	PERA SSTS	169,746
11-430-700-0020-6171	FICA SSTS	140,323
11-430-700-0020-6174	Mandatory Medicare SSTS	32,817
11-430-700-0020-6332	Meals & Lodging	1,650
11-430-700-3810-5380	93.778 MA Non-Waivered SSTS Admi	135,000 -
11-430-710-0000-5240	DHS Indian Child Welfare Act (ICWA)	5,000 -

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-430-710-0000-5241	Local Homeless Prev Aid St Shared S55	76,255 -
11-430-710-0000-5289	Child Protection State Grant S04	158,263 -
11-430-710-0000-5290	Child Protection Opioid Grant S06	47,488 -
11-430-710-0000-5401	Out-Of-Home Placement Fees I	20,000 -
11-430-710-3020-6020	Child Protection Opioid Response	47,488
11-430-710-3110-6020	Mental Health Screenings	19,815
11-430-710-3150-6020	Interpretation Services	500
11-430-710-3390-6020	GCED Edu Assist Settling IV Special E	538,725
11-430-710-3410-5401	Ehm Fees M1	2,500 -
11-430-710-3410-6020	Electric Home Monitoring	2,000
11-430-710-3440-6020	Local Homeless Prevent Housing Serv	76,255
11-430-710-3460-5291	STAY Funds State Match S06	11,090 -
11-430-710-3460-5372	93.674 Federal Grant - Stay/Self F04	44,360 -
11-430-710-3460-6020	Stay/Self Federal Grant	55,450
11-430-710-3620-5832	GCED Family Based Couns M3	60,000 -
11-430-710-3620-6020	Family Based Counseling	90,000
11-430-710-3621-6021	SS Sex Offender Therapy	4,000
11-430-710-3624-6020	Fernbrook Contract	12,000
11-430-710-3640-5289	DHS-Alternative Response State 27%	6,473 -
11-430-710-3640-5352	93.556 Alternative Response IVB2 44%	4,136 -
11-430-710-3640-5364	93.645 Alternative Response IVB1 29%	7,373 -
11-430-710-3640-6020	Family Assessment Response	49,000
11-430-710-3660-5832	GCED Family Group Decision N	10,000 -
11-430-710-3660-6020	Family Group Decision Making	20,000
11-430-710-3670-5289	DHS-Parental Support Outreach State	33,724 -
11-430-710-3670-5361	93.590 Children's Trust Funds F09	21,562 -
11-430-710-3670-6020	Parental Support Outreach	55,286
11-430-710-3710-6020	Child Shelter-SS	18,000
11-430-710-3800-6057	Rule 4 Trmt Foster Care - SS	100,000
11-430-710-3810-5289	NS Care for Children Fiscal FC S03	75,000 -
11-430-710-3810-5366	93.658 Foster Care IV-E Federal F01	80,000 -
11-430-710-3810-5367	93.658 Foster Care IV-E SSTS Admin	50,000 -
11-430-710-3810-5402	Foster Care Fees (Iv-E) M1	5,000 -
11-430-710-3810-6057	Regular Foster Care-Ss	500,000
11-430-710-3810-6058	Regular Foster Care-Ss-Cs Expenses	37,000
11-430-710-3810-6063	Foster Parent Training	500
11-430-710-3810-6064	Background Check/Daycare & Foster C	1,200

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-430-710-3814-6056	Emergency Foster Care Provider	8,000
11-430-710-3814-6057	Emergency Foster Care	5,000
11-430-710-3830-6020	Foster Care Rule 8 - SS	140,000
11-430-710-3831-6020	Foster Care - Rule 8 CS	70,000
11-430-710-3850-6020	Dept Of Corr Group Facility Ss	295,000
11-430-710-3852-6020	Dept Of Corr Group Facility Cs	200,000
11-430-710-3880-6020	Extend Foster Care-Ind Living 18-20	100,000
11-430-710-3890-6020	Short Term Foster Care	2,500
11-430-710-3930-5381	93.778 IGR MA Fed CW/TCM I	500,000 -
11-430-710-3930-5832	GCED Child Gen Case Mgmt I	214,330 -
11-430-710-3970-5366	93.658 FSC LCTS IV-E Admin F07	52,800 -
11-430-710-3970-5379	93.778 MA FSC LCTS Admin F07	107,200 -
11-430-710-3970-6020	Gc Family Services Collaborative	160,000
11-430-720-3110-5290	DHS-State Child Care BSF Admin	7,500 -
11-430-720-3110-5362	93.575 Federal Child Care BSF Admin	9,500 -
11-430-720-3110-5402	Recoveries Daycare State-County Share	2,000 -
11-430-720-3110-6024	Day Care Overpayment Recovery	1,500
11-430-720-3110-6026	Bsf County Match	23,802
11-430-720-3120-5289	DHS-Child Care MFIP Admin State	8,500 -
11-430-720-3120-5362	93.575 Child Care MFIP Admin Federæ	8,500 -
11-430-720-3140-6069	Other Child Care Fee	50,000
11-430-720-3370-5289	DHS-MFIP Employment Services TAN	22,822 -
11-430-720-3370-5353	93.558 MFIP Employment Services TA	262,452 -
11-430-720-3370-6020	Pmts For Recipients-Stride/Mfip Emp&	243,842
11-430-720-3980-5401	Daycare Licensing Application Fee M5	2,000 -
11-430-730-3021-6020	Drug Tests-RS Eden	25,000
11-430-730-3050-6020	Payments For Recipients Rule 25 Assæ	1,000
11-430-730-3590-5289	DHS-State Share CCDTF Admin	35,000 -
11-430-730-3590-6020	Purchase Of Serv State Of Mn Ccdtf	100,000
11-430-730-3712-5401	Detox Fees/Rule 25 M9	65,000 -
11-430-730-3712-6020	Detox Costs	100,000
11-430-740-3030-5289	DHS-Adult CSP/Rule 78/IMD Alt S	190,750 -
11-430-740-3030-5290	DHS-Adult MH Initiative Olmsted St S	54,401 -
11-430-740-3080-6020	Mh Assessments	88,500
11-430-740-3160-6020	Transportation MH Proact/GCED	20,000
11-430-740-3161-6020	Transportation-MH Client-Gas Cards	5,000
11-430-740-3180-6020	Client Flex Funds ADMHI	12,000

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-430-740-3300-5289	DHS-Childrens MH Screening S	72,450 -
11-430-740-3320-6020	Child MH Mobile Crisis Services	9,940
11-430-740-3340-6050	DD SILS & Center Based Supp Emplo	20,000
11-430-740-3370-6050	Comm Based Supp Empl-Not Armhs Txx	22,000
11-430-740-3430-6020	Housing Subsidy	4,000
11-430-740-3520-6020	Adult Outpatient Psychotherapy	60,000
11-430-740-3540-6050	TXX Medication Management	25,000
11-430-740-3580-6020	CSG/SOC Grant - System of Care Grant	61,224
11-430-740-3720-6020	Recipients-Living In State/Private Hosp	200,000
11-430-740-3722-6020	Sex Offender Prgm State Oper Serv	60,000
11-430-740-3830-5366	93.658 Foster Care IV-E Rule 5 F28	2,000 -
11-430-740-3830-6020	Rule 5 Social Services	340,000
11-430-740-3831-6020	Rule 5 Court Services	6,000
11-430-740-3890-5289	DHS-MH Respite Services S63	30,127 -
11-430-740-3890-6020	Respite MH Child - Fernbrook	30,127
11-430-740-3900-5832	GCED Child Rule 79 Case Mgmt	100,000 -
11-430-740-3900-6025	Non Fed Share Mh-Tcm Cont Vend/Fe	160,000
11-430-740-3910-5240	DHS-State MH Case Mgmt Adult	3,000 -
11-430-740-3910-5381	93.778 IGR MA Fed MH Case Mgmt A	175,000 -
11-430-740-3910-5401	Adult MH-TCM SCHA/MEDICA	550,000 -
11-430-740-3910-6020	Adult Rule 79 Case Mgmnt	2,500
11-430-740-3930-5401	Healthy Pathways M13	60,000 -
11-430-750-3160-6050	Transportation Dd Proact Txx	28,000
11-430-750-3340-5289	DHS-DD SILS Program S34	37,036 -
11-430-750-3340-6050	Txx Purchase Of Service-Sils	43,572
11-430-750-3350-5289	DHS-DD Family Support Program	93,108 -
11-430-750-3350-6083	Family Support Program Subsidy	93,108
11-430-750-3381-6020	Community Based Employment	65,000
11-430-750-3382-6020	Center Based Employment	30,000
11-430-760-0000-5289	Adult Protection State Grant S48	8,575 -
11-430-760-3022-6020	Caregiver Support Faith in Action	1,854
11-430-760-3580-5240	DHS-Consumer Support Grant E	4,000 -
11-430-760-3930-5381	93.778 IGR MA VA/DD-TCM Adlt 18+	65,000 -
11-430-760-3950-6050	Guardianship/Conservatorship Txx	180,000
11-430-760-3980-5401	Adult Foster Care Licensing & Bg M	1,500 -
463 Dept	Quality Assurance-Health Svcs	
11-463-463-0000-5290	DHS-Alternative Care Waiver	11,000 -

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

		2023
<u>Account Number</u>	<u>Account Description</u>	<u>Budget</u>
11-463-463-0000-5291	DHS-Billable Waivers/State	291,100 -
11-463-463-0000-5292	DHS-HHS Staff Waiver CM State	275,000 -
11-463-463-0000-5381	93.778 IGR Billable Waivers/Federal	418,900 -
11-463-463-0000-5382	93.778 IGR DHS HHS Staff Waiver CM	275,000 -
11-463-463-0000-5402	SCHA Programs	325,000 -
11-463-463-0000-5428	Spenddown Fees From Client	15,000 -
11-463-463-0000-5429	SCHA/Elderly Waiver/Care Coordination	135,000 -
11-463-463-0000-5859	SCHA/CCC Reimbursement	93,000 -
11-463-463-0000-6010	Billable Service Options Items	550,000
11-463-463-0000-6020	Contracted Case Management	160,000
11-463-463-0000-6101	Salaries & Wages - Permanent	1,330,133
11-463-463-0000-6102	Salaries & Wages-Part Time w/ Benefits	84,240
11-463-463-0000-6151	Group Health Insurance	55,481
11-463-463-0000-6152	HSA Contribution	60,420
11-463-463-0000-6153	Family Insurance Supplement	141,383
11-463-463-0000-6154	Life Insurance	951
11-463-463-0000-6155	Dental Insurance-County Paid	5,433
11-463-463-0000-6156	Accident Insurance-County Paid	1,256
11-463-463-0000-6161	PERA	106,078
11-463-463-0000-6171	FICA	87,691
11-463-463-0000-6174	Mandatory Medicare	20,508
11-463-463-0000-6202	Cell Phone	900
11-463-463-0000-6206	Data Cards	1,680
11-463-463-0000-6245	State Required Registration or License	400
11-463-463-0000-6283	Other Professional & Tech Fees	700
11-463-463-0000-6331	Mileage	17,000
11-463-463-0000-6332	Meals & Lodging	2,000
11-463-463-0000-6333	Other Travel Expense	50
11-463-463-0000-6335	Motor Pool Vehicle Usage	5,500
11-463-463-0000-6357	Conferences/Schools/Training	2,000
466 Dept	Healthy Communities/Behaviors	
11-466-450-0000-5280	MDH-Local Public Health Grant	53,555 -
11-466-450-0000-5284	MDH-State Follow Along Program FAP	2,100 -
11-466-450-0000-5289	DHS-Medical Assistance-State	3,000 -
11-466-450-0000-5291	DHS-MA FHV FFS State	2,000 -
11-466-450-0000-5347	93.251 EHDI & BD Followup	600 -
11-466-450-0000-5353	93.558 TANF Grant - Federal Funds	47,462 -

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-466-450-0000-5379	93.778 IGR Medical Assistance-Federal	3,000 -
11-466-450-0000-5381	93.778 IGR FHV FFS Federal	2,000 -
11-466-450-0000-5389	93.994 MCH Block Grant	41,276 -
11-466-450-0000-5410	Daycare/Nurse Consultation Fees	4,500 -
11-466-450-0000-5431	SCHA/BCBS FHV Billing	50,000 -
11-466-450-0000-5434	Family Home Visiting Local Grant	140,000 -
11-466-450-0000-5435	SCHA/MA & PHN Clinic	70,000 -
11-466-450-0000-5832	Local Follow Along Program (FSC)	20,000 -
11-466-450-0000-6101	Salaries & Wages - Permanent	312,387
11-466-450-0000-6102	Salaries & Wages-Part Time w/ Benefits	60,159
11-466-450-0000-6152	HSA Contribution	16,380
11-466-450-0000-6153	Family Insurance Supplement	41,278
11-466-450-0000-6154	Life Insurance	270
11-466-450-0000-6155	Dental Insurance-County Paid	2,352
11-466-450-0000-6156	Accident Insurance-County Paid	536
11-466-450-0000-6161	PERA	27,941
11-466-450-0000-6171	FICA	23,098
11-466-450-0000-6174	Mandatory Medicare	5,402
11-466-450-0000-6202	Cell Phone	960
11-466-450-0000-6232	Publications & Brochures	1,200
11-466-450-0000-6245	State Required Registration or License	300
11-466-450-0000-6283	Other Professional Fees	4,000
11-466-450-0000-6331	Mileage	7,500
11-466-450-0000-6332	Meals & Lodging	1,200
11-466-450-0000-6335	Motor Pool Vehicle Usage	1,500
11-466-450-0000-6357	Conferences/Schools/Training	4,500
11-466-450-0000-6405	Office Supplies	450
11-466-450-0000-6407	Grant Supplies	1,850
11-466-458-0000-5292	DHS-CTC Outreach/State	44,261 -
11-466-458-0000-5382	93.778 IGR CTC Outreach/Federal	44,261 -
11-466-458-0000-6101	Salaries & Wages - Permanent	45,997
11-466-458-0000-6102	Salaries & Wages-Part Time w/ Benefits	1,230
11-466-458-0000-6151	Group Health Insurance	6,038
11-466-458-0000-6152	HSA Contribution	1,470
11-466-458-0000-6153	Family Insurance Supplement	608
11-466-458-0000-6154	Life Insurance	44
11-466-458-0000-6155	Dental Insurance-County Paid	59

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-466-458-0000-6156	Accident Insurance-County Paid	14
11-466-458-0000-6161	PERA	3,542
11-466-458-0000-6171	FICA	2,928
11-466-458-0000-6174	Mandatory Medicare	685
11-466-458-0000-6203	Postage/Freight	2,200
11-466-458-0000-6283	Other Professional Fees	100
11-466-458-0000-6331	Mileage	100
11-466-458-0000-6335	Motor Vehicle Pool	400
11-466-458-0000-6357	Conferences/Schools/Training	150
11-466-458-0000-6402	Copy Machine Paper & Toner	2,400
11-466-458-0000-6405	Office Supplies	80
11-466-458-0000-6407	Grant Supplies	3,300
11-466-462-0000-5310	10.557 WIC Grant	170,236 -
11-466-462-0000-6021	BF Consulting Contracts	3,000
11-466-462-0000-6024	BF Peer	5,000
11-466-462-0000-6101	Salaries & Wages - Permanent	100,618
11-466-462-0000-6151	Group Health Insurance	161
11-466-462-0000-6152	HSA Contribution	7,305
11-466-462-0000-6153	Family Insurance Supplement	12,817
11-466-462-0000-6154	Life Insurance	54
11-466-462-0000-6155	Dental Insurance-County Paid	1,153
11-466-462-0000-6156	Accident Insurance-County Paid	263
11-466-462-0000-6161	PERA	7,546
11-466-462-0000-6171	FICA	6,238
11-466-462-0000-6174	Mandatory Medicare	1,459
11-466-462-0000-6202	Cell Phone	1,400
11-466-462-0000-6245	State Required Registration or License	100
11-466-462-0000-6248	Insurance (Work.Comp., Liability)	800
11-466-462-0000-6283	Other Professional Fees	150
11-466-462-0000-6331	Mileage	400
11-466-462-0000-6332	Meals And Lodging	150
11-466-462-0000-6335	Motor Pool Vehicle Usage	850
11-466-462-0000-6357	Conferences/Schools/Training	1,000
11-466-462-0000-6405	Office Supplies	200
11-466-462-0000-6407	Grant Supplies	2,000
11-466-466-0000-5218	Indian Casino Aid	18,718 -
11-466-466-0000-5280	MDH-Local Public Health Grant	111,229 -

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-466-466-0000-5289	MN DHS - Community Living Infrastruc	45,000 -
11-466-466-0000-5290	MN DHS - CLI Direct Assistance	338,775 -
11-466-466-0000-5359	93.391 CDC Partner Crisis Response I	5,000 -
11-466-466-0000-5850	Miscellaneous Refunds & Reimburserr	40,700 -
11-466-466-0000-6020	MN DHS CLI Direct Assistance	338,775
11-466-466-0000-6023	Special Projects CHA-CHIP + RHAG	9,500
11-466-466-0000-6024	Contracts	55,440
11-466-466-0000-6101	Salaries & Wages - Permanent	309,310
11-466-466-0000-6151	Group Health Insurance	12,209
11-466-466-0000-6152	HSA Contribution	7,950
11-466-466-0000-6153	Family Insurance Supplement	17,706
11-466-466-0000-6154	Life Insurance	206
11-466-466-0000-6155	Dental Insurance-County Paid	340
11-466-466-0000-6156	Accident Insurance-County Paid	86
11-466-466-0000-6161	PERA	23,198
11-466-466-0000-6171	FICA	19,177
11-466-466-0000-6174	Mandatory Medicare	4,485
11-466-466-0000-6244	Subscriptions	200
11-466-466-0000-6331	Mileage	500
11-466-466-0000-6332	Meals & Lodging	260
11-466-466-0000-6333	Other Travel Expenses	50
11-466-466-0000-6335	Motor Pool Vehicle Usage	205
11-466-466-0000-6342	Land & Building Lease/Rent	200
11-466-466-0000-6357	Conferences/Schools/Training	3,000
11-466-466-0000-6405	Office Supplies	380
11-466-468-0000-5336	20.600 TZD Grant (Toward Zero Death)	20,647 -
11-466-468-0000-6101	Salaries & Wages - Permanent	17,902
11-466-468-0000-6151	Group Health Insurance	1,610
11-466-468-0000-6152	HSA Contribution	300
11-466-468-0000-6154	Life Insurance	11
11-466-468-0000-6161	PERA	1,343
11-466-468-0000-6171	FICA	1,110
11-466-468-0000-6174	Mandatory Medicare	260
11-466-468-0000-6202	Cell Phone	120
11-466-468-0000-6331	Mileage	661
11-466-468-0000-6332	Meals & Lodging	447
11-466-468-0000-6335	Motor Pool Vehicle Usage	342

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-466-468-0000-6357	Conferences/Schools/Training	300
11-466-468-0000-6401	Printing Services	150
11-466-468-0000-6407	Grant Supplies	400
11-466-468-0000-6414	Food & Beverages	150
11-466-472-0000-5282	MDH-SHIP Grant	177,598 -
11-466-472-0000-6024	Contracts/Special Projects	37,781
11-466-472-0000-6101	Salaries & Wages - Permanent	65,969
11-466-472-0000-6102	Salaries & Wages-Part Time w/ Benefits	30,449
11-466-472-0000-6151	Group Health Insurance	5,768
11-466-472-0000-6152	HSA Contribution	3,750
11-466-472-0000-6154	Life Insurance	108
11-466-472-0000-6155	Dental Insurance-County Paid	340
11-466-472-0000-6156	Accident Insurance-County Paid	86
11-466-472-0000-6161	PERA	7,231
11-466-472-0000-6171	FICA	5,978
11-466-472-0000-6174	Mandatory Medicare	1,398
11-466-472-0000-6278	Consultant Fees	500
11-466-472-0000-6331	Mileage & Transportation	1,800
11-466-472-0000-6332	Meals & Lodging	400
11-466-472-0000-6335	Motor Pool Vehicle Usage	700
11-466-472-0000-6342	Land & Building Lease/Rent	75
11-466-472-0000-6357	Conferences/Schools/Training	500
11-466-472-0000-6401	Printing Services	1,925
11-466-472-0000-6405	Office Supplies	331
11-466-472-0000-6407	Grant Supplies	2,800
11-466-472-0000-6414	Food & Beverages	500
467 Dept Disaster Preparedness		
11-467-467-0000-5342	93.268 Immunizations & Vaccines Coop	150,000 -
11-467-467-0000-5346	93.069 PHEP (EP Grant)	37,783 -
11-467-467-0000-6102	Salaries & Wages-Part Time w/ Benefits	50,987
11-467-467-0000-6154	Life Insurance	54
11-467-467-0000-6161	PERA	3,824
11-467-467-0000-6171	FICA	3,161
11-467-467-0000-6174	Mandatory Medicare	739
11-467-467-0000-6283	Other Professional Fees	150,000
11-467-467-0000-6331	Mileage & Transportation	80
11-467-467-0000-6335	Motor Pool Vehicle Usage	367

USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>		<u>Account Description</u>	<u>2023 Budget</u>
11-467-467-0000-6357		Conferences/Schools/Training	75
471	Dept	Infectious Disease	
	11-471-471-0000-5280	MDH-Local Public Health Grant	41,196 -
	11-471-471-0000-5349	93.354 Public Health Emerg Response	34,500 -
	11-471-471-0000-5407	Immunizations-Private	1,800 -
	11-471-471-0000-6020	Non-Billable Medical Supplies	500
	11-471-471-0000-6023	CDCP Workforce Development Grant	34,500
	11-471-471-0000-6101	Salaries & Wages - Permanent	68,416
	11-471-471-0000-6151	Group Health Insurance	8,051
	11-471-471-0000-6152	HSA Contribution	1,500
	11-471-471-0000-6154	Life Insurance	54
	11-471-471-0000-6161	PERA	5,131
	11-471-471-0000-6171	FICA	4,242
	11-471-471-0000-6174	Mandatory Medicare	992
	11-471-471-0000-6331	Mileage	900
	11-471-471-0000-6335	Motor Pool Vehicle Usage	400
	11-471-471-0000-6357	Conferences/Schools/Training	200
	11-471-471-0000-6405	Office Supplies	60
	11-471-471-0000-6431	Drugs & Medicine	2,000
	11-471-471-0000-6435	Infection Control	600
479	Dept	PHS Administration	
	11-479-478-0000-6173	Workmans Compensation	2,188
	11-479-478-0000-6201	Telephone	1,440
	11-479-478-0000-6202	Cell Phone	360
	11-479-478-0000-6203	Postage/Freight	2,294
	11-479-478-0000-6241	Advertising	450
	11-479-478-0000-6243	Association Dues/Memberships	1,400
	11-479-478-0000-6244	Subscriptions	65
	11-479-478-0000-6246	Adm/Processing Fees	225
	11-479-478-0000-6268	Software Maintenance Contracts	11,502
	11-479-478-0000-6278	Consultant Fees	390
	11-479-478-0000-6283	Other Professional & Tech Fees	5,200
	11-479-478-0000-6302	Copies/Copier Maintenance	1,920
	11-479-478-0000-6331	Mileage	30
	11-479-478-0000-6342	Land & Building Lease/Rent	31,469
	11-479-478-0000-6345	Postage Meter	347

Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2023 Budget</u>
11-479-478-0000-6351	Insurance	5,799
11-479-478-0000-6405	Office Supplies	700
11-479-478-0000-6414	Food & Beverages	92
11-479-478-0000-6420	Other General Supplies	110
11-479-478-0000-6480	Equipment/Furniture<\$5,000	22,822
11-479-478-0000-6998	Transfers Out - Inter Fund	7,500
11-479-479-0000-5948	Transfers In - Inter Fund	22,822 -
11-479-479-0000-6101	Salaries & Wages - Permanent	181,000
11-479-479-0000-6107	Salaries & Wages - Department Heads	21,668
11-479-479-0000-6151	Group Health Insurance	15,787
11-479-479-0000-6152	HSA Contribution	7,635
11-479-479-0000-6153	Family Insurance Supplement	8,701
11-479-479-0000-6154	Life Insurance	143
11-479-479-0000-6155	Dental Insurance-County Paid	476
11-479-479-0000-6156	Accident Insurance-County Paid	112
11-479-479-0000-6161	PERA	15,200
11-479-479-0000-6171	FICA	12,565
11-479-479-0000-6173	Workmans Compensation	9,391
11-479-479-0000-6174	Mandatory Medicare	2,939
11-479-479-0000-6201	Telephone	3,360
11-479-479-0000-6202	Cell Phone	1,050
11-479-479-0000-6203	Postage/Freight	5,346
11-479-479-0000-6241	Advertising	1,050
11-479-479-0000-6243	Association Dues/Memberships	3,100
11-479-479-0000-6244	Subscriptions	150
11-479-479-0000-6268	Software Maintenance Contracts	26,947
11-479-479-0000-6278	Consultant Fees	910
11-479-479-0000-6283	Other Professional & Tech Fees	10,000
11-479-479-0000-6302	Copies/Copier Maintenance	6,200
11-479-479-0000-6331	Mileage	70
11-479-479-0000-6332	Meals & Lodging	500
11-479-479-0000-6342	Land & Building Lease/Rent	76,954
11-479-479-0000-6345	Postage Meter	809
11-479-479-0000-6351	Insurance	13,530
11-479-479-0000-6357	Conferences/Schools/Training	400
11-479-479-0000-6405	Office Supplies	1,000
11-479-479-0000-6414	Food & Beverages	300

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Goodhue County



USER-SELECTED BUDGET REPORT

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>		<u>2023 Budget</u>
Final Totals		Revenue	19,910,242 -
		Expend.	19,910,242
		Net	0

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



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2023	Staff Lead:	Abby Villaran
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Regional CREST & Mobile Crisis Grant Cooperative Agreements.		

BACKGROUND:

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

The Mobile Crisis grant is from January 1, 2023 through December 31, 2024. The Grant includes an on-going State grant amount of \$1,363,343.00 between the two years.

Additional funding is also needed from each county in order to maintain service levels.

The Goodhue County HHS costs are included in the GCHHS 2023 approved budget.

County	2023	2024
Fillmore	\$21,470	\$21,470
Goodhue	\$47,352	\$47,352
Houston	\$18,988	\$18,988
MNPrairie	\$78,194	\$78,194
Mower	\$40,904	\$40,904
Olmsted	\$163,550	\$163,550
Wabasha	\$22,034	\$22,034
Winona	\$51,818	\$51,818

RECOMMENDATION: HHS Department recommends approval as requested.

**COOPERATIVE AGREEMENT
ADULT & CHILDREN’S MOBILE CRISIS GRANT COOPERATIVE AGREEMENT
2023-2024**

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

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

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

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

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

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

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

1. The purpose of this Agreement is to jointly agree that Participating Counties will integrate the Mobile Crisis Grant (Grant) resources into CREST, from January 1, 2023 to December 31, 2024.
2. The Grant includes an ongoing amount of \$1,363,343.00 between the two years.
3. The Participating Counties have agreed to the need to maintain Mobile Crisis Services at full capacity. In order to maintain that capacity when either DHS has reduced the grant award or when service expenses have increased, each Participating County has agreed to pay the amounts listed below to maintain full capacity of Mobile Crisis Services. The amounts listed below for the Participating Counties are based on the relative proportion of each Participating County’s population as certified by the Minnesota State Demographic Center’s annual estimate, except in years the United States census is published. Each summer population estimates for the previous year are released which will be used to determine the following two year’s contributions. Olmsted County will invoice each Participating County sometime after July 1st of each year.

County	2023	2024
Fillmore	\$21,470	\$21,470
Goodhue	\$47,352	\$47,352
Houston	\$18,988	\$18,988
MNPrairie	\$78,194	\$78,194
Mower	\$40,904	\$40,904
Olmsted	\$163,550	\$163,550

Wabasha	\$22,034	\$22,034
Winona	\$51,818	\$51,818

4. If there is underspending from 2023, Participating Counties can carry that amount over and their 2024 invoice will reflect that. If there is underspending from 2024, Participating Counties will review the underspend as part of the December 2024 Regional Directors' Meeting and jointly determine how to address the underspend on or before the January 2025 Regional Directors' Meeting. If a refund is the decision, Olmsted County will issue said refund in the first quarter 2025.
5. Olmsted County will act as the fiscal host for the Grant and shall receive a flat administrative fee of \$48,500 for calendar year 2023 and \$49,500 for calendar year 2024 to act as fiscal host for the Grant.
6. Allocations occurring in future calendar years may be added to this Agreement via written addendum.
7. If the State requests that allocated funds distributed be returned, Participating Counties shall return such funds allocated for crisis services.
8. Each Participating County authorizes Olmsted County to be the entity to contract directly with provider agencies for key roles in the development and provision of mobile crisis services. Upon completion and signature of any contracts, Olmsted County shall provide a copy to each Participating County upon request.
9. Each Participating County who receives grant dollars passed through Olmsted County agrees to indemnify and hold harmless Olmsted County for any determinations by any authority that grant dollars used by or received by the Participating County were not used and/or must be repaid to the State or Federal government. The affected Participating County agrees to pay any necessary amounts, including any penalties, interest, or fees of any kind, on the time schedule determined by the State or Federal government to the payee determined by the State or Federal government. If Olmsted County, solely in its own discretion, agrees to be an intermediary in any repayments for the affected Participating County, that County agrees to cooperate fully with Olmsted County and to not delay any necessary payments. The affected Participating County agrees to reimburse Olmsted County for any reasonable costs incurred by Olmsted County related to assisting the affected Participating County or caused by complying with requests of the granting authority related to funds received by that Participating County.
10. Olmsted County may not advance pass-through or expense reimbursement grant dollars to any other county. Each Participating County acknowledges that it will not receive any grant funds from Olmsted County until Olmsted County has received the funds from the grantor. Olmsted County will make reasonable efforts to disburse funds to each Participating County as soon as practicable through Olmsted County's normal accounts payable processes.
11. Each Participating County acknowledges that if the grant terms require provision of documentation by the fiscal support entity for any purpose including securing reimbursement from the grantor that it must provide the documentation to Olmsted County on the schedule established by Olmsted County so that sufficient processing time is available to pass the information through to the grantor. Olmsted County will make reasonable efforts to gather and pass on required documentation, but staff absences or workload may delay this process. Olmsted

County is not responsible for any interest or fees due to delayed pass through of funds which result from the Participating County's failure to provide documentation on a timely basis. Olmsted County is not responsible for requesting, editing, reviewing, changing, or verifying any information provided to it by Participating Counties for this grant unless specifically stated elsewhere in this Agreement.

12. Participating Counties may audit records related to CREST and Mobile Crisis and services provided under this Agreement. Participating Counties agree to cooperate with any records disclosure request made by any Participating County, or the State Auditor related to an audit of this program. Parties agree to be bound by the requirements of the Minnesota Government Data Practices Act as it applies to any data which may be created in the course of this program.
13. Each Participating County shall maintain at their own expense general liability, professional liability and error and omissions insurance coverage, or equivalent coverage, at levels appropriate to cover the activities of that Participating County or its subcontractors, agents, or employees under this Agreement.
14. Participating Counties shall save and hold harmless all other Participating Counties and its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of Participating Counties or its subcontractors, agents, or employees under this Agreement.
15. The failure of any Participating County to enforce any provisions of this Agreement shall not constitute a waiver by such County of that or any other provision.
16. The Participating Counties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
17. The term of this Agreement shall be from January 1, 2023 through December 31, 2024 and/or shall remain in effect until one of the following occurs: 1) a new Agreement is signed by all Participating Counties 2) the term of this Agreement is extended via an Addendum or 3) the Participating Counties choose to terminate the Agreement in accordance with the termination language below.
18. The Participating Counties may also terminate this Agreement effective upon mailing of 30 days of written notice to other affected parties, under any of the following conditions:
 - a. If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the parties' discretion be modified to accommodate a reduction in funds.
 - b. If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.

- c. If any Participating County chooses to opt out of providing CREST-funded Rule 12 adult mental health services, which will require at least 60-day notice to the other Participating Counties. In this event, the remaining Participating Counties shall jointly determine whether to terminate this Agreement or redistribute the CREST funds amongst the remaining Participating Counties.

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

- 19. Participating Counties shall individually sign and return this Agreement to Olmsted County Health, Housing and Human Services, Contract Management Unit, 2117 Campus Drive S.E., Suite 200, Rochester, MN 55904.
- 20. Each Participating County shall provide the Contract Management Unit with a copy of the fully signed Cooperative Agreement.
- 21. This Agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This Agreement supersedes all prior negotiations, understanding, agreements, and representations. There are no oral or written understandings, agreements or representations not specified herein. Furthermore, no waiver, consent, modification, or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

COUNTY OF GOODHUE

By: _____
Title: Chairperson of the HHS Board

Dated: _____

ATTESTED TO:

By: _____
Title: HHS Director

Dated: _____

**COOPERATIVE AGREEMENT
CREST INITIATIVE
2023-2024**

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

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

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

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

WHEREAS, CREST membership is comprised of: representatives from each Participating County including one representative from the 3 counties which make up the Minnesota Prairie County Alliance and one representative from the Department of Human Services, Mental Health Division; and

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

WHEREAS, the Minnesota Department of Human Services allocates Adult Mental Health Initiative Grant funding to Olmsted County, who is the authorized fiscal host of the CREST Region.

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

1. The purpose of this Agreement is to jointly agree that Participating Counties will continue integrating State financial resources into CREST for Calendar Years 2023 and 2024, from January 1, 2023 to December 31, 2024. The total of the State funded allocation for calendar years 2023 and 2024 is \$4,595,908.00.
2. As fiscal host, Olmsted County may apply for and receive the Adult Mental Health Initiative Funding Grant on behalf of CREST related to adult mental health services provided in Participating Counties.
3. Olmsted County on behalf of CREST may apply for and receive grants related to adult mental health services provided in Participating Counties. If grant funds are received, this Agreement shall be amended to add the additional grant fund amount to the \$4,595,908.00 total.
4. CREST funds will be allocated as determined by the regional management team throughout the 8 participating CREST County agencies and reviewed quarterly.

5. If the State requests that allocated funds distributed through CREST be returned, Participating Counties shall return such funds.
6. Olmsted County shall receive \$160,000.00 to act as fiscal host for these CREST funds. Fiscal host duties shall include, but are not limited to:
 - a. Establishing an account to ensure proper record keeping of all the receipts and expenditures
 - b. Performing all CREST accounting and fiscal reporting duties, including:
 - 1) Review of documentation of expenses to ensure that the expense is allowable, including but not limited to both the type of expense and timing of the expense within the proper grant period, subject to the following restrictions:
 - a) All expenditures must be for services, or items necessary for the delivery of those services.
 - b) "Capital" purchases are prohibited. Capital purchases are defined as something which has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000 and is 1) land, buildings (facilities), equipment, and intellectual property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; or 2) additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations of the items listed above that materially increase their value or useful life (not ordinary repairs and maintenance). Exceptions to the prohibition of capital purchases will be considered on a case-by-case basis.
 - c) The budgets, expenditures, and programs are subject to periodic review by the Commissioner of DHS.
 - d) Expenditures shall be reported by Olmsted County to DHS on the quarterly SEAGR report (DHS-2557) and on the BRASS-Based Grant Fiscal Report (DHS-2895).
 - e) Olmsted County will submit DHS Form 2895 to DHS on behalf of the Region.
 - 2) Implement CREST-specific contracts with existing and potential providers of CREST-funded services.
 - 3) Ensure that the contracted providers are billing eligible insurance before accessing CREST grant funding.
 - 4) Ensure that participating Counties cooperate with Olmsted County on following DHS Policy 08-10 which involves Monitoring Contracts, Risk Assessment and Fiscal Reconciliation of those contracts over \$50,000.
 - 5) Ensure that Participating Counties and contracted providers are completing all required data reporting, including the Adult AMHI Reporting Tool.

- a) Participating Counties will complete and submit to Olmsted County on a quarterly basis the Adult AMHI Reporting Tool within 15 days of the end of the quarter.
7. Each Participating County who receives grant dollars passed through Olmsted County agrees to indemnify and hold harmless Olmsted County for any determinations by any authority that grant dollars used by or received by the Participating County were not used and/or must be repaid to the State or Federal government. The affected Participating County agrees to pay any necessary amounts, including any penalties, interest, or fees of any kind, on the time schedule determined by the State or Federal government to the payee determined by the State or Federal government. If Olmsted County, solely in its own discretion, agrees to be an intermediary in any repayments for the affected Participating County, that County agrees to cooperate fully with Olmsted County and to not delay any necessary payments. The affected Participating County agrees to reimburse Olmsted County for any reasonable costs incurred by Olmsted County related to assisting the affected Participating County or caused by complying with requests of the granting authority related to funds received by that Participating County.
8. Olmsted County will make reasonable efforts to disburse budgeted funds to each Participating County and/or contracted provider as soon as practicable through Olmsted County's normal accounts payable processes.
9. Each Participating County acknowledges that it has received a copy of the *2021-2022 Minnesota Department of Human Services County Grant Contract* for AMHI and CSP funding and will comply with all grant provisions in the document.
10. If the grant terms require provision of documentation by the fiscal support entity for any purpose including securing reimbursement from the grantor that it must provide the documentation to Olmsted County on the schedule established by Olmsted County so that sufficient processing time is available to pass the information through to the grantor. Olmsted County will make reasonable efforts to gather and pass on required documentation but staff absences or work load may delay this process. Olmsted County is not responsible for any interest or fees due to delayed pass through of funds which result from the Participating County's failure to provide documentation on a timely basis. Olmsted County is not responsible for requesting, editing, reviewing, changing, or verifying any information provided to it by Participating Counties for this grant unless specifically stated elsewhere in this Agreement.
11. Participating Counties may audit records related to CREST and services provided under this Agreement. Participating Counties agree to cooperate with any records disclosure request made by any Participating County or the State Auditor related to an audit of this program. Parties agree to be bound by the requirements of the Minnesota Government Data Practices Act as it applies to any data which may be created in the course of this program.

12. Each Participating County shall maintain at their own expense general liability, professional liability and error and omissions insurance coverage, or equivalent coverage, at levels appropriate to cover the activities of that Participating County or its subcontractors, agents, or employees under this Agreement.
13. Participating Counties shall save and hold harmless all other Participating Counties and its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of Participating Counties or its subcontractors, agents, or employees under this Agreement.
14. The failure of any Participating County to enforce any provisions of this Agreement shall not constitute a waiver by such County of that or any other provision.
15. The Participating Counties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
16. The term of this Agreement shall be from January 1, 2023 through December 31, 2024 and/or shall remain in effect until one of the following occurs: 1) a new Agreement is signed by all Participating Counties 2) the term of this Agreement is extended via an Addendum or 3) the Participating Counties choose to terminate the Agreement in accordance with section 15 below.
17. The Participating Counties may also terminate this Agreement effective upon mailing of 90 days of written notice to other affected parties, under any of the following conditions:
 - a. If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the parties' discretion be modified to accommodate a reduction in funds.
 - b. If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.
 - c. If any Participating County chooses to opt out of providing CREST-funded adult mental health services, it will provide written notice to the other Participating Counties at least 90 days prior to the proposed termination date. In this event, the remaining Participating Counties shall jointly determine whether to terminate this Agreement or redistribute the CREST funds amongst the remaining Participating Counties.

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

18. Participating Counties shall individually sign and return this Agreement by the due date specified by Contract Management to: Olmsted County Health, Housing, and Human Services, Contract Management Team, 2117

Campus Drive S.E., Rochester, MN 55904. Funds cannot be disbursed to the Participating County until the signed agreement has been received by Contract Management

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

COUNTY OF GOODHUE

By: _____
Title: Chairperson of the HHS Board

Dated: _____

ATTESTED TO:

By: _____
Title: HHS Director

Dated: _____

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



REQUEST FOR BOARD ACTION

Requested Board Date:	January 19, 2023	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve December 2022 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: December 2022.

	Date of Warrant		Check No.			Total Batch
			Series			
IFS	December 2, 2022	ACH	38345	38362	\$	54,232.52
IFS	December 2, 2022		465220	465262	\$	23,128.91
IFS	December 9, 2022	ACH	38391	38404	\$	102,523.26
IFS	December 9, 2022		465310	465351	\$	47,245.75
IFS	December 16, 2022	ACH	38431	38449	\$	6,750.12
IFS	December 16, 2022		465434	465471	\$	23,497.32
IFS	December 21, 2022	ACH	38471	38482	\$	113,285.28
IFS	December 21, 2022		465527	465568	\$	101,226.57
IFS	December 27, 2022		465598	465599	\$	66.50
IFS	December 30, 2022		465711	465721	\$	9,598.80
SSIS	December 30, 2022	ACH	38494	38516	\$	68,111.06
SSIS	December 30, 2022		465600	465648	\$	218,894.38
IFS	December 30, 2022	ACH	38517	38589	\$	22,454.74
IFS	December 30, 2022		465649	465710	\$	69,509.03
					Total	\$ 860,524.24

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	January 3, 2023	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve a 3.00% general wage adjustment for the 24/7 child protection on-call assignment compensation.		

BACKGROUND:

On December 20, 2016, the GCHHS Board approved a State mandated child protection 24/7 Assignment Plan for Goodhue County Health and Human Services, with a modification for the HHS Board to approve any annual wage adjustments. *“The on-call rate will be adjusted based on the annual general adjustment approved by Goodhue County Board, if any.”*

On December 8, 2022, the Goodhue County Board approved a 3.00% general wage adjustment for non-union employees, which includes all GCHHS employees.

This is to request, a 3.00% general wage adjustment for the 24/7 child protection on call assignment compensation. This has been factored into the 2023 GCHHS approved budget.

Child Protection On Call Hourly Rates:

	2020 Hourly Rate	2021 Hourly Rate	2022 Hourly Rate	2023 Hourly Proposed Rate
Child Protection Holiday (CPH)	\$3.57	\$3.66	\$3.74	\$3.85
Child Protection On-Call (CPO)	\$2.45	\$2.51	\$2.57	\$2.65

Below is a summary of the total annual cost of having the State mandated child protection 24/7 assignment plan that was implemented January 1, 2017. 2017 total cost \$15,266.52; 2018 total cost \$15,651.77

Child Protection On Call Annual Cost

3.00% COLA Increase 2019

		2019	Hours	Total Cost
Holidays	12	\$3.47	24.00	\$999.36
Weekend Days	104	\$2.38	24.00	\$5,940.48
Working Days	249	\$2.38	15.50	\$9,185.61
Total Days	365			\$16,125.45

Increase over the 2018 Budget

\$473.68

2.75% COLA Increase 2020

		2020	Hours	Total Cost
Holidays	12	\$3.57	24.00	\$1,028.16
Weekend Days	104	\$2.45	24.00	\$6,115.20
Working Days	250	\$2.45	15.50	\$9,493.75
Total Days	366			\$16,637.11

Increase over the 2019 Budget

\$511.66

2.50% COLA Increase 2021

		2021	Hours	Total Cost
Holidays	12	\$3.66	24.00	\$1,054.08
Weekend Days	104	\$2.51	24.00	\$6,264.96
Working Days	249	\$2.51	15.50	\$9,687.35
Total Days	365			\$17,006.39

Increase over the 2020 Budget

\$369.28

2.25% COLA Increase 2022

		2022	Hours	Total Cost
Holidays	12	\$3.74	24.00	\$1,077.12
Weekend Days	105	\$2.57	24.00	\$6,476.40
Working Days	248	\$2.57	15.50	\$9,879.08
Total Days	365			\$17,432.60

Increase over the 2021 Budget

\$426.21

3.00% Proposed COLA Increase 2023

		2023	Hours	Total Cost
Holidays	12	\$3.85	24.00	\$1,108.80
Weekend Days	105	\$2.65	24.00	\$6,678.00
Working Days	248	\$2.65	15.50	\$10,186.60
Total Days	365			\$17,973.40

Increase over the 2022 Budget

\$540.79

RECOMMENDATION: The GCHHS Department recommends approval as requested.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2023	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	<ul style="list-style-type: none"> • Approve – Replacement of 1.0 FTE Public Health Nurse (PHN) & • Approve – FTEs adjustments within the Family Health Team 		

BACKGROUND:

The following requests will be brought forward for the Goodhue County Personnel Committee’s review on January 17, 2023 at 8:00 am:

- 1. Replace 0.8 FTE PHN position with a 1.0 FTE position (either RN or PHN)**
- 2. Adjust FTEs within HHS Family Health Team (no change in the total FTEs)**
 - a. Change 1.0 FTE Nurse provisional position to permanent position
 - b. Decrease 1.0 FTE WIC Coordinator position to 0.9 FTE
 - c. Decrease 1.0 FTE PHN position to 0.9 FTE

Please see the attached Personnel Committee memo. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our January 17, 2023 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County Health and Human Services

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

DATE: January 12, 2023

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, GCHHS Director

RE: **Replacement of 1 FTE Public Health Nurse & Family Health Team Adjustments**

BACKGROUND:

Goodhue County Health and Human Services is requesting to replace a Public Health Nurse (PHN) position within our Family Health Team in Public Health Division. On March 31st, 2023 we will have a Public Health Nurse (PHN) retire from our agency after 32 years of service to Goodhue County, and Goodhue County residents. We would like to use this opportunity to adjust our current staffing within the Family Health Team.

Current staffing composition:

Position	FTE	Funding Source	Permanent or Provisional
Supervisor	1.0	MDH, grants, county levy	Perm
PHN-WIC	1.0	MDH, federal WIC grant, County levy	Perm
PHN	1.0	MDH, grant, county levy, 3 rd party billing	Perm
PHN	1.0	MDH, grant, county levy, 3 rd party billing, DPC	Perm
RN	1.0	Minnesota Evidence Based Family Home Visiting Grant (EB-FHV) grant	Provisional
RN-Disease Prevention & Control	1.0	MDH, grants, county levy	Perm
Office Support Spec.	1.0	MDH, grants, county	Perm
PHN—Retiring	.6	MDH, grants, county levy, 3rd party billing	Perm
Open position	.2	MDH, federal WIC grant	Perm
Total	7.8		Perm - 6.8 Prov - 1.0

The retiring PHN is a .6 FTE position. We also currently have a .2 FTE WIC position open when our Registered Dietician resigned, and that position has not been filled, so we are considering that we have .8 FTE to fill.

.6 FTE PHN + .2 FTE (WIC opening) = .8 FTE available to fill

(It should be noted that Goodhue County Child and Family Services Collaborative (GCC&FS) has funded .2 FTE to support the retiring PHN to implement the Follow Along Program. Funding from the GCC&FS is not guaranteed funding, so that funding is not reflected in the staffing plans.)

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In 2017 GCHHS joined a regional group to apply for a Minnesota Evidence Based Family Home Visiting grant known as the Strong Foundations grant. Effective 1/1/2023 GCHHS received \$140,000 which funds 1.0 FTE to provide evidence based family home visiting (FHV) services to approximately 33 families in Goodhue County. During the first round of 5-year grant cycle, GCHHS used the funds to pay for 1.0 FTE RN who provided the specific evidence based curriculum required by the grant. Other nurses continued to provide family home visiting through a traditional evidence informed model. Evidence informed models have fewer requirements to ensure fidelity to the model, whereas the evidence-based model funded by this program has extensive reporting and fidelity requirements, which are in place to increase the likelihood of successful outcomes.

GCHHS has received another 5-year grant to support Evidence Base Family Home Visiting (Strong Foundations). We seek to have three nurses share the responsibilities of the Evidence Based FHV program. This allows more staff to learn and utilize a program with higher rates of proven successful outcomes, and it divides this particular grant funding among three staff instead of one.

When GCHHS received the grant in 2017, the position was added as a provisional role because the funding was not guaranteed. As we begin a new 5-year grant funding cycle, we would like the position to be permanent for several reasons:

1. Our professionals from HHS Finance Division - Mike Zorn, and Kayla Matter have determined that there is adequate funding to support the position with 3rd party billing, other MDH grant funds, and other non-county levy sources. This is true, even if the Family Home Visiting grant would not be renewed in the beginning in 2029, we have adequate funds to support the position.
2. Provisional positions are more difficult to fill. Our last RN position remained open for one year, as nurses are particularly difficult to hire in the current hiring environment.
3. Our professionals have expressed significant concern about the status of being provisional. The provisional status does not also support staff retention and/or satisfaction.

Proposed staffing composition:

Position	FTE	Funding Source	Permanent or Provisional
Supervisor	1.0	MDH, grants, county levy	Perm
PHN-WIC	.9	MDH, federal WIC grant, county levy	Perm
PHN	.9	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
PHN	1.0	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant, DPC	Perm
RN	1.0	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
PHN or RN – Retirement Replacement	1.0	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
RN-DP&C	1.0	MDH, grants, county levy	Perm
Office Support Spec.	1.0	MDH, grants, county levy	Perm
Total	7.8		Perm - 7.8

We have also heard from our staff that part-time positions are desired. We hear this often on self-evaluations as well as our staff satisfaction survey. We would like to provide our staff with this opportunity. When we look at replacing a retirement this is a good time to also look at our staffing needs. Our team feels that we are able to accommodate part-time positions and we would like to continue to be able to offer that to our staff.

We would like to adjust - “re-arrange” our FTEs to accommodate more part time positions. We are asking to move our 1.0 FTE WIC Coordinator position to 0.9 FTE. We would also like to move one of our 1.0 FTE Home visiting staff to 0.9 FTE while increasing our 0.8 FTE position to full-time.

This proposal is cost neutral, and overall represents a cost saving.

	2023	2023	2023	2023	
Proposed Staffing	Current RN 1 FTE Permanent step 5	Current PHN .9 FTE (1872 Hrs) Permanent step 13	Current PHN .9 FTE (1872 Hrs) Permanent step 8	Replacement PHN 1 FTE Permanent step 2	
Rate	\$33.01	\$49.19	\$39.77	\$30.23	
Gross	\$68,661.00	\$92,084.00	\$74,450.00	\$62,879.00	
PERA/FICA/Medicare/Life	\$10,457.00	\$14,005.00	\$11,334.00	\$9,581.00	Proposed Cost
Total Cost	\$79,118.00	\$106,089.00	\$85,784.00	\$72,460.00	\$343,451.00
				Savings from restructure	\$43,156.00
The provisional position is grant funded, but the evidence based Family Home Visiting duties are being shared amongst 3 nurses. Even if the grant funding were to go away there is enough of savings from the restructure and insurance billing to fund and make the provisional position permanent				Local Public Health Grant Increase (balance left to allocate)	\$12,438.00
				Family Home Visiting SCHA Billing 2022	\$51,127.00
It would take approximately 5-6 years to get to the same cost as the .8 FTE				Family Home Visiting Fee For Service MA	\$5,882.00
				Family Health SCHA Nursing Billing 2022	\$64,757.00
					\$177,360.00

RECOMMENDATION:

The HHS Department recommends approving the following:

- 1. Replace 0.8 FTE PHN position with a 1.0 FTE position (either RN or PHN)**
- 2. Adjust FTEs within HHS Family Health Team (no change in the total FTEs)**
 - a. Change 1.0 FTE Nurse provisional position to permanent position
 - b. Decrease 1.0 FTE WIC Coordinator position to 0.9 FTE
 - c. Decrease 1.0 FTE PHN position to 0.9 FTE



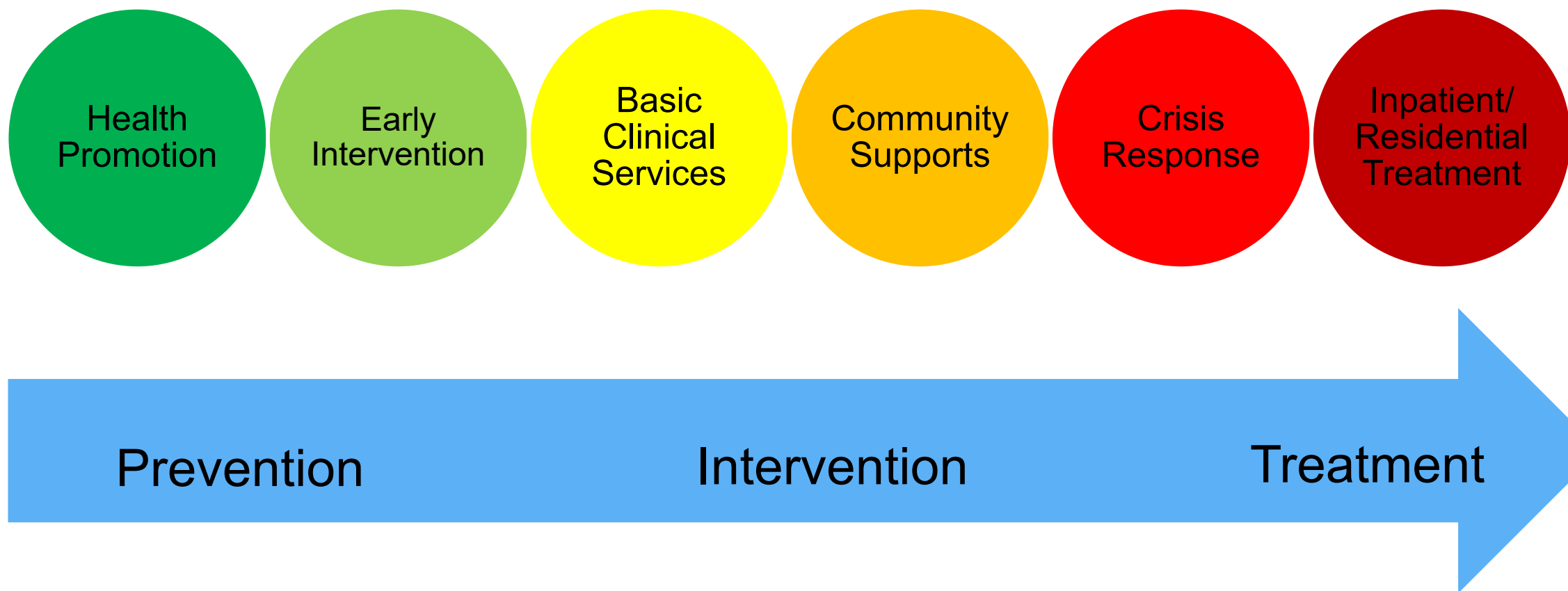
Family Health Division



WHAT IS FAMILY HEALTH?

Family Health is intended to strengthen and preserve the health of individuals and families. The focus is on support, prevention, and education to promote and maintain a healthy family unit.

Mental Health Continuum of Care



Thinking Upstream



Protective Factors

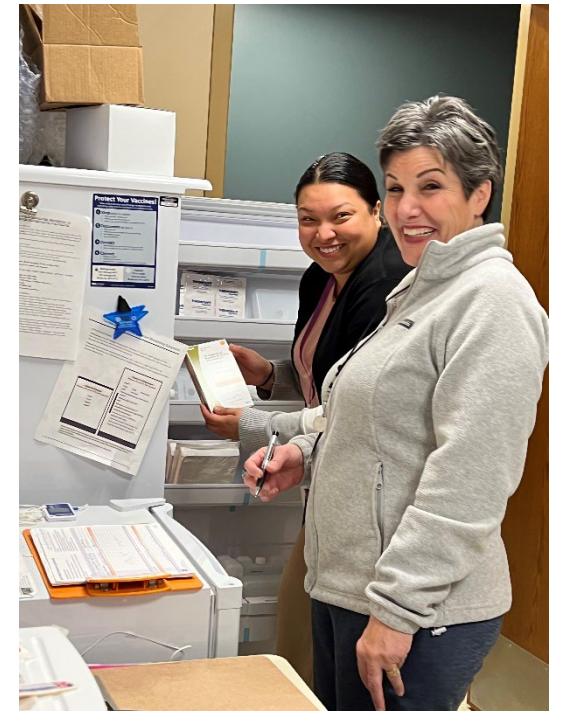
“Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families. These attributes serve as buffers, helping parents find resources, support, or coping strategies that allow them to parent effectively, even under stress. ”

- Parental Resilience
- Social Connections
- Concrete support
- Knowledge of parenting and child development
- Social and emotional competence in children
- Nurturing and attachment

<https://www.preventchildabusenc.org/>

Family Health Staff

- 1 Family Health Supervisor
- 6 nursing staff
- 1 Support Staff
- Totaling 7.8 FTEs



Programs Within Family Health

- Family Home Visiting
- Women, Infants, and Children (WIC)
 - Peer Breastfeeding Program
- Follow Along Program (FAP)
- Child and Teen Checkups (C&TC)
- Car Seats
- Lead Case Management
- Early Hearing Detection and Intervention/Birth Defects
- Daycare Nursing Consultation
- Head Start Nursing Consultation
- Family Support Grant
- Disease Prevention and Control
 - Immunizations
 - TB/LTBI case management
 - Refugee Health
 - Hepatitis B case management

Spotlight—Family Home Visiting

- Every \$1 invested in family home visiting offers a return on investment ranging from \$1.75 to \$5.70 due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses.
- Story from a GCHHS Home Visiting Nurse:
 - *A mom with mental health issues and a history of trauma was feeling overwhelmed with caring for her daughter and starting to have thoughts of harming her. This mom was able to confide in her home visiting nurse and the nurse connected her with resources to keep her daughter safe. Mom now receives weekly therapy, feels connected to her daughter, and have identified a strong support system.*



Return on Investment for Home Visiting Services

\$1.43

return per \$1 invested

Every \$1 dollar spent on HFA produces an estimated Return on Investment (ROI) of \$1.43 in benefits for families and society.

For some families, ROI is even higher. A seven year study on HFA found an ROI of \$3.16 (**\$5.11** in 2022 dollars) for families involved with child welfare.

Communities

These benefits mean that, for every \$1 invested in Healthy Families America, communities get a return of \$1.43, and even greater benefits (\$3.16) for families involved with Child Welfare

What is HFA's Return on Investment (ROI)?

A recent study estimates HFA's ROI at \$1.43.² This means that every \$1 dollar spent on HFA produces an estimated \$1.43 in benefits for families and society. In other words, HFA produces more benefits than the cost of providing the services. For some families, ROI is even higher.

A 7-year study found an ROI of \$3.16 for families involved with Child Welfare.

Family Health funding Sources

- Maternal Child Health Grant (Title V)- \$42,934.00 per year
- Temporary Assistance for Needy Families Grant (TANF) \$47,462.00 per year
- Women, Infants, and Children Grant (WIC) \$148,340 but based on per participant and invoiced quarterly
- Child and Teen Check Ups Grant (C&TC) \$107,113.00
- Evidence Based Family Home Visiting/Strong Foundations Grant \$140,000.00
- Goodhue County Child and Family Collaborative (FAP) \$24,505.00
- Minnesota Department of Health (FAP, EHDI/BD) \$4,875
- 3rd Party Reimbursements- \$121,766.00
- County levy- Budgeted for \$25,982 not utilized

Family Health is budgeted to utilized \$25,982 of county levy funds annually. For the past 2 years Family Health has not had to utilize an county levy funds. This is due to a number of different reasons, COVID-19 and not traveling due to virtual visits is part of that picture.

Benefits of Home Visiting

Research in early brain development indicates that experiences in the first few years of a child's life are the most critical and can have far-reaching consequences. FHV services that are grounded in empirically based research and target those most at risk have been shown to successfully mitigate adverse childhood experiences and change the life trajectory of a child and her/his family. FHV is an effective upstream intervention that serves as a key link to other early childhood interventions and community supports, such as health care, mental health, early intervention, early care and education, and other services that promote healthy child development and collectively make a difference in the lives of children and their families.

The provision of services to pregnant and parenting teens is a priority for many FHV programs, given strong evidence of poor outcomes for these individuals and their families. Such outcomes include higher rates of prematurity, low birthweight, developmental delays, lower high-school graduation rates, and an increased risk of lifelong, intergenerational poverty.

Notable benefits to Minnesota families who have received early intervention through home visiting services include:

- Improved maternal and newborn health;
- Reduction of child injuries, abuse, neglect and/or maltreatment;
- Improvements in school readiness and parent-child relationships;
- Reduction of domestic violence; and
- Economic self-sufficiency of families.

Families are central to the healthy physical, social and emotional development of infants and young children. However, many Minnesota families face challenges that impact the development of their children during the critical early years of life. Stressors such as poverty and adverse experiences disproportionately affect children and families in economically, socially and environmentally disadvantaged communities. Frequent exposure to these stressors and adverse experiences lead to the likelihood of individuals facing health disparities later in life.

Family home visiting (FHV) is a voluntary, home-based service ideally delivered prenatally through the early years of a child's life. It provides social, emotional, health-related and parenting support and information to families, and links them to appropriate resources. By participating in home visiting, some examples of services a family may receive are:

- Connections/referrals for pregnant women to prenatal care;
- Early support to parents in their role as a child's first teacher;
- Help in creating a safe and healthy environment for a young child to thrive in; and
- Parenting skills and support that decrease the risk of child abuse.

Depending on the goals identified by a family and based on developmental and risk assessments, a family may work with a home visitor from the prenatal period through a child's third birthday. Some programs serve families with children up to age five years. Through consistent and planned home visits, parents and caregivers learn how to improve their family's health and provide better opportunities for their children.

Child Opportunity Index

Goodhue	Pop	COI Score	COI Level	City	# Clients
55009	8,030	82	High	Cannon Falls	3
55018	997	89	High	Dennison	
55026	455	82	High	Frontenac	
55027	3,031	84	High	Goodhue	4
55041	7,601	76	Moderate	Lake City	4
55066	18,564	55	Low	Red Wing	49
55089	1,814	76	Moderate	Welch	
55106				St Paul	1
55904				Rochester	2
55946	3,178	79	Moderate	Kenyon	12
55963	4,988	79	Moderate	Pine Island	2
55983	1,588	77	Moderate	Wanamingo	
55992	4,693	76	Moderate	Zumbrota	5
Total					82

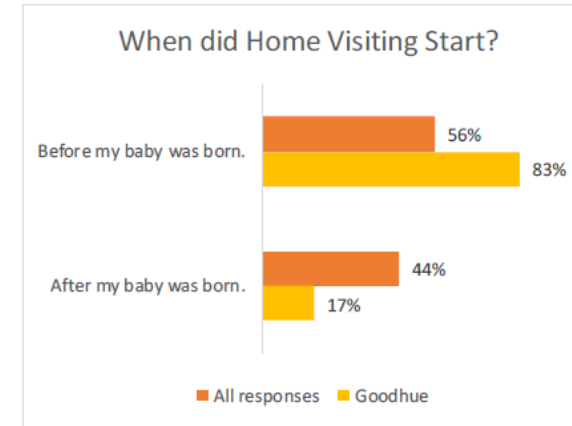
Child Opportunity Index Based on Zip Code					
Based on 2015 census data					
2022 zip codes					
COI score is nation-normed, COI level is state-normed					
Clients from June 1, 2018 through current (Nov 1 2022)					

Neighborhoods matter. Children who live in neighborhoods with quality early childhood education and schools, safe housing, access to healthy food, parks and playgrounds and clean air are more likely to grow into healthy, productive adults than children who don't. The [Child Opportunity Index \(COI\)](#) measures and maps the quality of resources and conditions that matter for children to develop in a healthy way in the neighborhoods where they live.

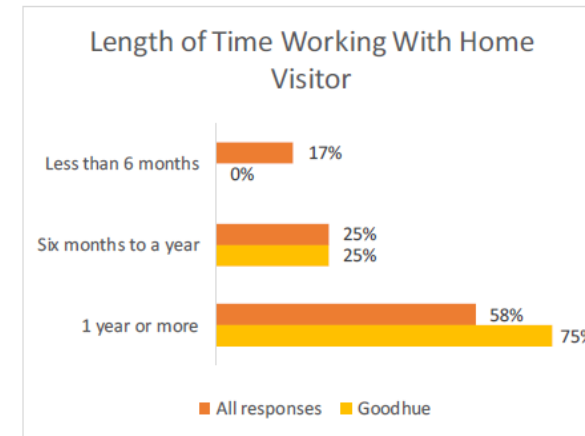
Since the Healthy Families of SE MN began we have served 450 families and 82% of those families have been in zip codes that are designated as low, very low, and moderate

Goodhue County EBFHV Family Satisfaction Results: Visit Info.

Q3 - My participation in family home visiting began:	All responses		Goodhue	
	Number	Pct.	Number	Pct.
Before my baby was born.	58	56%	10	83%
After my baby was born.	46	44%	2	17%
Total	104	100%	12	100%

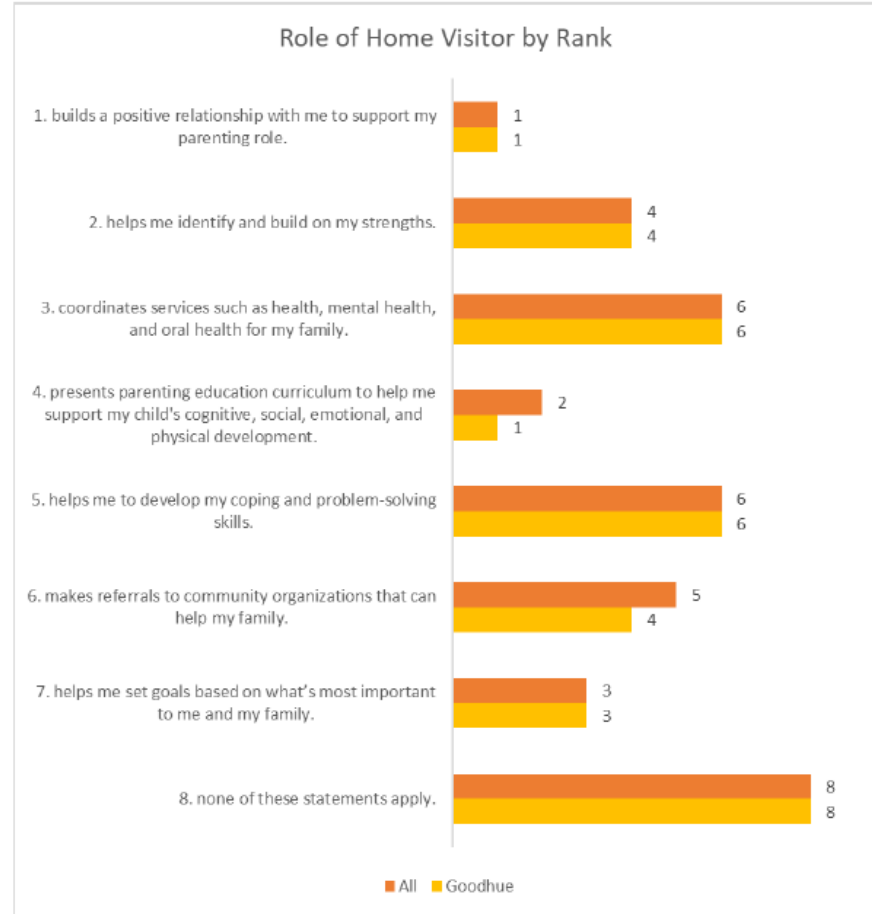


Q5 - How long have you worked with a home visitor?	All responses		Goodhue	
	Number	Pct.	Number	Pct.
Less than 6 months	18	17%	0	0%
Six months to a year	26	25%	3	25%
1 year or more	60	58%	9	75%
Total	104	100%	12	100%



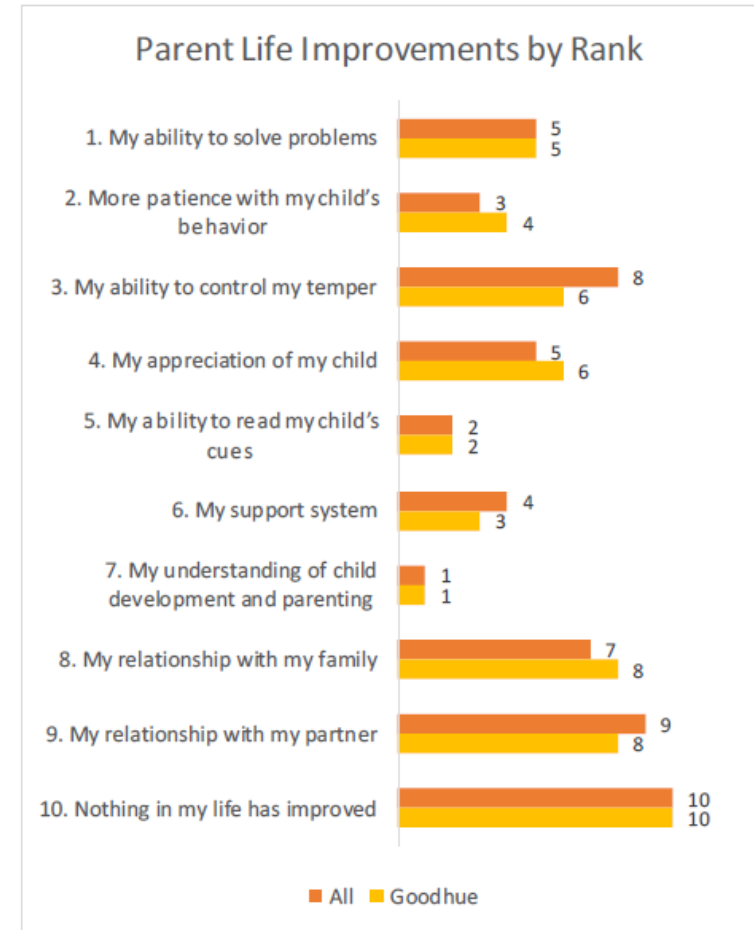
Goodhue County EBFHV Family Satisfaction Results: Home Visitor

Q22 - Choose up to 3 statements that best reflect the role of the home visitor in working with you and your family. My home visitor:	All responses		Goodhue		RANK	
	Number	%	Number	%	All	Goodhue
1. builds a positive relationship with me to support my parenting role.	90	87%	11	92%	1	1
2. helps me identify and build on my strengths.	55	53%	6	50%	4	4
3. coordinates services such as health, mental health, and oral health for my family.	32	31%	5	42%	6	6
4. presents parenting education curriculum to help me support my child's cognitive, social, emotional, and physical development.	70	67%	11	92%	2	1
5. helps me to develop my coping and problem-solving skills.	32	31%	5	42%	6	6
6. makes referrals to community organizations that can help my family.	43	41%	6	50%	5	4
7. helps me set goals based on what's most important to me and my family.	64	62%	7	58%	3	3
8. none of these statements apply.	0	0%	0	0%	8	8



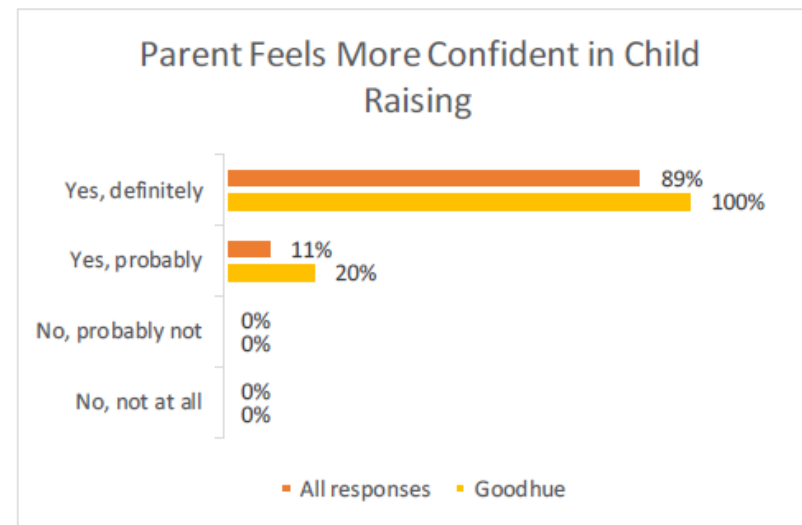
Goodhue County EBFHV Family Satisfaction Results: Parent Perspective

Q23 - Which areas of your life have improved since beginning with family home visiting? Please check all that apply.	All responses		Goodhue		RANK	
	Number	%	Number	%	All	Goodhue
1. My ability to solve problems	56	54%	5	42%	5	5
2. More patience with my child's behavior	67	64%	7	58%	3	4
3. My ability to control my temper	34	33%	4	33%	8	6
4. My appreciation of my child	56	54%	4	33%	5	6
5. My ability to read my child's cues	69	66%	9	75%	2	2
6. My support system	66	63%	8	67%	4	3
7. My understanding of child development and parenting	87	84%	11	92%	1	1
8. My relationship with my family	48	46%	1	8%	7	8
9. My relationship with my partner	24	23%	1	8%	9	8
10. Nothing in my life has improved	1	1%	0	0%	10	10

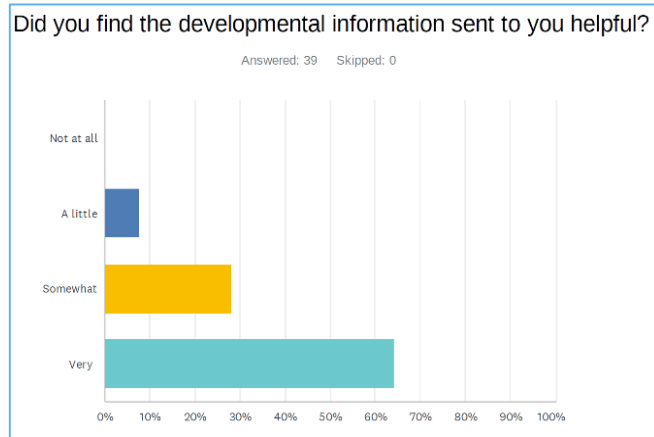


Goodhue County EBFHV Family Satisfaction Results: Parent Perspective

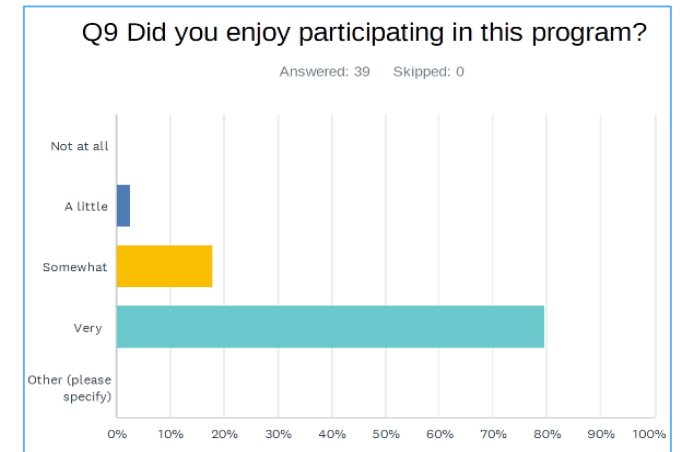
Q14 - I am more confident that I can do a good job of raising my child because I participate in a family visiting program.	All responses		Goodhue	
	Number	Pct.	Number	Pct.
Yes, definitely	93	89%	10	100%
Yes, probably	11	11%	2	20%
No, probably not	0	0%	0	0%
No, not at all	0	0%	0	0%
Total	104	100%	12	120%



Follow Along Program Satisfaction Survey Results



- The support from everyone involved.
- Glad we have this resource
- It's fun! Different activities and helpful
- I like having ample time to work on the questionnaire at home with my child. Doing it in the doctors office is always such a hectic rush.
- The helpful information
- Seeing how much my child can do already.
- It was nice to see activities to try with my daughter
- Keep an eye on how my daughter was developing
- I like the developmental information the most because it is very helpful to determine whether my child is on track or not.
- It just helps me monitor how well my child is progressing in their development.
- Knowing what skills we could work on with our child



A Follow Along Program survey was completed in November 2022 with a 27% return rate.

Expand capacity across the continuum



Have a strong and focused presence on prevention, health promotion, protective factors, early intervention



Bolster our basic clinical services and community support



Ensure adequate crisis services

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



**Monthly Update
Child Protection Assessments/Investigations**

Month	2020	2021	2022
January	16	20	16
February	30	17	16
March	19	15	20
April	15	24	19
May	21	26	20
June	10	22	18
July	12	19	16
August	17	17	13
September	18	17	29
October	25	12	23
November	21	33	14
December	14	23	8
Total	218	245	212

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS





Goodhue County
Health and Human Services

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

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: January 17, 2023
RE: 2023 January Staffing Report

Effective Date	Status	Name	Position	Notes
1/9/2023	Backfill	Leslie Otterness	Office Support Specialist	Replacing Katie Kosmach

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Equal Opportunity Employer
www.co.goodhue.mn.us/HHS





Senator Paul Utke, Chair
Health and Human Services Finance and Policy Committee
Minnesota Senate
3403 Minnesota Senate Building
St. Paul, MN 55155

Senator Melissa Wiklund, Ranking Member
Health and Human Services Finance and Policy Committee
Minnesota Senate
107 Minnesota Senate Building
St. Paul, MN 55155

Representative Tina Liebling, Chair
Health Finance and Policy Committee
Minnesota House of Representatives
477 State Office Building
St. Paul, MN 55155

Representative Joe Schomacker, Ranking Member
Health Finance and Policy Committee
Minnesota House of Representatives
209 State Office Building
St. Paul, MN 55155

December 30, 2022

RE: Transforming Minnesota’s Public Health System for the 21st Century: Report to the Legislature

Dear Senator Utke, Representative Liebling, Senator Wiklund, and Representative Schomacker:

The State Community Health Services Advisory Committee (SCHSAC) was established by state statute in 1976 and has continued to be an excellent forum for state and local public health officials from across the state to work together to prevent disease, protect our residents, and promote health for all communities.

The members of SCHSAC have been pleased to have the support of the Legislature and the Administration to address the need and the opportunity to transform our governmental public health systems to meet the current and future needs of our communities.

SCHSAC members are actively engaged in the transformation efforts that the 2021 legislative initiative made possible. We are making steady progress in this deep redesign process. The challenges of the COVID epidemic have revealed both new opportunities as well as areas of our public health systems that need attention.

We are pleased that the process being used by the Minnesota Department of Health recognizes the broad range of communities, from deep rural to regional centers to the urban core of the Metro area, that our state-local public health system serves. Within a broad state framework, each local public health organization must be able to tailor their services to address the health needs of its residents that vary by age, disability, and access to services as well as the ethnic, cultural, and racial diversity within its communities.

Thanks to Legislature’s support and direction, we have had meaningful, deep engagement. We are delineating Minnesota’s foundational public health services and building structures that can meet local needs while enabling counties and local public health agencies to be active partners in addressing broad state public health goals and challenges. We seek a flexible state-local partnership that will ensure that Minnesota communities are thriving and have what they need to be healthy.

The progress we have made to date is a step forward, with more to come.

Sincerely,

Sheila Kiscaden, SCHSAC Chair, 2021-2022
Commissioner, Olmsted County Board of Commissioners

Tarryl Clark, SCHSAC Chair, 2023-2024
Commissioner, Stearns County Board of Commissioners



December 30, 2022

Senator Paul Utke, Chair
Health and Human Services Finance and Policy
Committee
Minnesota Senate
3403 Minnesota Senate Building
St. Paul, MN 55155

Senator Melissa Wiklund, Ranking Member
Health and Human Services Finance and Policy
Committee
Minnesota Senate
2107 Minnesota Senate Building
St. Paul, MN 55155

Representative Tina Liebling, Chair
Health Finance and Policy Committee
Minnesota House of Representatives
477 State Office Building
St. Paul, MN 55155

Representative Joe Schomacker, Ranking Member
Health Finance and Policy Committee
Minnesota House of Representatives
209 State Office Building
St. Paul, MN 55155

RE: Transforming Minnesota's Public Health System for the 21st Century – Legislative Report

Dear Legislative Leaders,

I am writing on behalf of the Local Public Health Association of Minnesota (LPHA) to express our support for the attached legislative report entitled "Transforming Minnesota's Public Health System for the 21st Century". LPHA works statewide to build capacity within city, county and tribal health departments to improve and protect the health of the population of Minnesota. We support our local public health agencies by providing leadership, professional development, networking, and advocacy on their behalf.

This report is a result of comprehensive partnership and joint work between local public health departments, local government elected officials in the State Community Health Services Advisory Committee (SCHSAC), and the Minnesota Department of Health. As a member of this partnership, LPHA is committed to collaborative decision making and deep engagement required for system change to be successful.

This report highlights the important role of our public health system in keeping Minnesota healthy. Currently, capacity of Minnesota's local health departments varies widely across the state. This report highlights our current strengths and opportunities for improvement in the future so our public health system is always ready to serve our communities and achieve equitable health outcomes.

Thank you for your attention to this report and continued support of the public health system in our state. We look forward to continuing to work with you to advance prevention strategies that promote the public's health.

Sincerely,

Sarah Grosshuesch, Chair



Transforming Minnesota's Public Health System for the 21st Century

REPORT TO THE LEGISLATURE

12/30/2022

Transforming Minnesota's Public Health System for the 21st Century: Report to the Legislature

Minnesota Department of Health
Center for Public Health Practice
PO Box 64975
St. Paul, MN 55164-0975
651-201-3880
health.ophp@state.mn.us
www.health.state.mn.us

As requested by Minnesota Statute 3.197: This report cost approximately \$2,000 to prepare, including staff time, printing, and mailing expenses.

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

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Introduction

In the 2021 legislative session, the Minnesota Legislature allocated resources to support the first steps of public health system transformation.¹ The bill language directed the Minnesota Department of Health (MDH) to assess the current state of the governmental public health system, give grants to community health boards to test new models for public health service delivery, develop recommendations for long term system change, and report back to the Legislature in 2023. This progress report represents the shared analysis, action, and recommendations of MDH, the State Community Health Services Advisory Committee (SCHSAC), and the Local Public Health Association (LPHA).

Minnesota's public health system operates within a framework established nearly 50 years ago. It is strained beyond its capacity to address complex community health needs and keep pace with rapid social, economic, and technological change. Efforts to strengthen Minnesota's public health system have been ongoing for several years.² The experience of the COVID-19 pandemic heightened the urgency of that work—though it did slow our progress. Despite the persistent challenge presented by the pandemic, state and local leaders took important steps to advance a long-term change effort that is well overdue. During the past two years we have:

- Built an unprecedented joint leadership approach between MDH, LPHA, and SCHSAC
- Initiated projects to assess the current capacity of the public health system and the policy environment in which it operates
- Invested in local jurisdictions to test new approaches to public health practice³
- Initiated conversations with Minnesota's tribal nations, to consult with them about public health system transformation and strengthening tribal public health infrastructure

This report proposes a vision for Minnesota's future, describes the current state of Minnesota's state and local governmental public health system, and makes the case for continued investment in modernizing and transforming this system to better meet the needs of all of Minnesota's communities.

¹ Laws of Minnesota 2021, 1st Spec. Sess. chapter 7, article 3, section 45.

² For examples, see:

- [Updating Minnesota's Blueprint for Public Health](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2010-12_f_updatingblueprint.pdf)
(https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2010-12_f_updatingblueprint.pdf)
- [From Information to Action: Using Data to Improve the Public Health System](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2016-12_pisc-infotoaction.pdf)
(https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2016-12_pisc-infotoaction.pdf)
- [Strengthening Public Health Workgroup: Final Report to SCHSAC](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-05_strengtheningPH.pdf)
(https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-05_strengtheningPH.pdf)
- [SCHSAC Strengthening Public Health in Minnesota Action Plan](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-09_strengthen-actionplan.pdf)
(https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2018-09_strengthen-actionplan.pdf)

³ For more information about these projects, visit the MDH website: [Infrastructure Fund and projects](https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html)
(<https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html>)

A vision for Minnesota's future

Healthy, vibrant communities

Minnesota's quality of life depends on healthy, vibrant communities. The communities where people live provide the building blocks for long-term health and wellbeing, including protection from the spread of infectious diseases and environmental threats, clean water, strong schools, sustaining jobs, community connectedness, and access to health care and other important community support. These conditions shape the daily individual choices that affect health. Minnesota's governmental public health system, working together with community partners, plays an important part in creating and sustaining healthy communities so that the individuals and families that live there can reach their full health potential.

The communities where people live provide the building blocks for long-term health and well-being.

When some people and populations are not as healthy as they could be, it is typically because of inequities in these conditions. Individual and collective experiences of trauma and social exclusion also play a role. The governmental public health system has a responsibility to address these root causes of poor health outcomes, including social determinants of health, adverse childhood experiences (also called ACEs), systemic racism, and other forms of exclusion. Only in addressing these conditions in addition to controlling a wide range of infectious disease, environmental threats and risk factors for a host of chronic diseases, will we create a state in which everyone has an equal opportunity to achieve their best health outcomes.

This is the challenge of the 21st century. The people of Minnesota need a public health system equipped and prepared to take action.

A strong foundation for health, from border to border

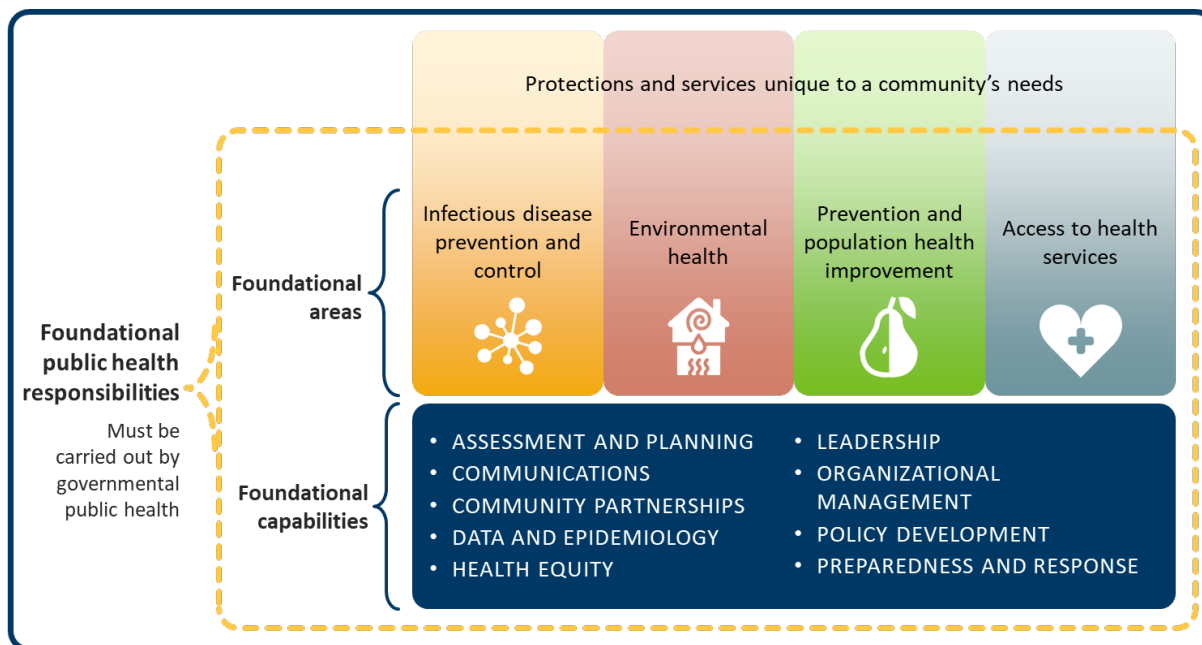
Minnesota's public health leaders want a statewide public health system in which the most critical activities to prevent, detect, and contain a wide range of threats to health are in place from border to border. No matter where someone lives, they should have the same public health protections—and the same opportunity to achieve their best health. Minnesota's statewide public health system must be able to:

- Diagnose the health of each community by listening to people who live there—and then use data, evidence, and offer solutions;
- Investigate everything that affects health to prevent health problems before they start; and
- Rapidly detect and contain the spread of particular health threats like infectious diseases and environmental contaminants
- Convene and cooperate with community partners to respond to community health needs and priorities.

No matter where someone lives, they should have the same public health protections, and the same opportunity to achieve their best health.

State and local public health leaders developed a draft framework (**Figure 1**) of foundational public health responsibilities to illustrate what people living in Minnesota should expect from their state and local public health partnership for public health. Informed by a national movement to transform public health to meet the demands of a changing world, it represents the essential work governmental public health must do for all people in Minnesota. At the same time, it recognizes important activities above and beyond the foundation that public health professionals carry out to address the unique needs of different communities. As the field of public health evolves, Minnesota should strive to be on the leading edge of continuous improvement.

Figure 1. A framework for governmental public health in Minnesota



This framework outlines a set of foundational public health responsibilities that are grounded by a core value: **where you live should not determine your level of public health protection.** It envisions a seamless public health system because diseases, disasters, and the environment do not stop at governmental, geographic, or population boundaries. Finally, the framework allows for flexibility within a set of shared expectations—it sets a standard but achieving this foundation for Minnesota does not mean every jurisdiction has to use the same approach to get there.

Minnesota’s tribes, as sovereign nations, also have an important role to play in Minnesota’s governmental public health system. They determine what is foundational for health in their communities. MDH will consult with tribes through the MDH Office of American Indian Health as we move in partnership to build this foundation for health across Minnesota.

A committed, equal partnership for change

Achieving the vision outlined in this report will be a long-term effort requiring ongoing partnership, investment, and accountability. Productive and positive relationships and co-equal roles among MDH, local health departments, and community health boards in designing the transformed system will be essential for success.

During the past two years MDH, LPHA, and SCHSAC have invested in our partnership and built an unprecedented joint leadership approach. We must work together to achieve our goals. Together, we have created a Joint Leadership Team to guide this effort (see [Appendix: Joint Leadership Team members](#)).

This team is committed to shared leadership between state and local public health leaders and local elected officials to strengthen the statewide public health system together. The Joint Leadership Team recognizes the need to engage community voices from around the state to ensure the transformation we seek will meet communities' needs. In addition, Minnesota's tribes are sovereign nations that also carry out important public health functions; the Joint Leadership Team will consult with them through MDH's Office of American Indian Health as this effort moves forward. Each partner in our statewide public health system brings unique and important perspectives to the table, and only together can we create a path forward.

We are all equally committed to transforming our public health system for all Minnesotans.

This team—the Minnesota Department of Health, the Local Public Health Association, and the State Community Health Services Advisory Committee—is committed to sharing leadership at the state and local levels to strengthen the statewide public health system together.

Sustained investment in public health

State, federal, and local governments will need to take further action for Minnesota to have a strong foundation for health. State and federal governments should provide the resources to assure foundational public health responsibilities are in place across the state, while allowing flexibility for communities to address additional local priorities.

With the initial legislative investment in 2021, MDH, LPHA and SCHSAC made important progress on our goals. MDH, in consultation with SCHSAC and LPHA, invested in several local jurisdictions to plan and test new approaches to carrying out foundational public health responsibilities. This is where the first steps are being taken toward a transformed public health system: local jurisdictions are testing new models for providing critical public health functions in health communications and data analysis, and building stronger community partnerships to meet local health priorities.⁴ Over time, the lessons learned from these projects will help us develop more detailed recommendations about how best to structure and fund foundational public health responsibilities across the state.

The partnership leading this work will need time, resources, and flexibility for planning, relationship building, and continuing to test different models for implementing foundational public health responsibilities. This work is urgent: today's public health system is a patchwork of capacity and expertise that leaves too many communities behind.

⁴ For more information about the projects testing these new approaches, visit the MDH website: [Infrastructure Fund and projects](https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html) (<https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html>)

Minnesota's public health system today

Public health impacts community health

The work of public health directly impacts community and economic vitality: investments in public health now save money later, and create stronger, economically vibrant communities. The public health professionals in public service today use data, science, and deep connection with communities to design and target interventions that improve individual, family, and community health.

From conducting scientific research to educating about health, people working in public health help to assure the community conditions in which people can be healthy. That can mean changing policies to reduce the impacts of opioid or alcohol abuse, developing school nutrition programs to ensure kids have access to healthy food, or setting safety standards to protect workers. Public health, when it is adequately resourced, organized, and supported, saves money, improves quality of life, and helps communities thrive—and the children and families that live there.

Public health capacity and expertise varies across our state

Today, there is unequal capacity to carry out many of these foundational public health activities across local health jurisdictions in Minnesota. As a result, not all communities in Minnesota enjoy the same access to basic health protections.

The University of Minnesota Center for Public Health Systems developed a comprehensive assessment to measure the extent to which foundational public health responsibilities are implemented in Minnesota. Both MDH and local health jurisdictions participated in this survey in fall 2022. At the time this report is published, the data collected is still under review, but preliminary data presented below shows significant differences in capacity and expertise both at MDH and across local health jurisdictions.

This preliminary data is a reasonable illustration of the varied capacity and expertise to deliver foundational public health responsibilities (**Figure 2**). Instead of a solid foundation of public health capacity across the state, what we have instead is a patchwork: areas of strength (shown below in dark indigo) scattered in between too many areas where foundational public health responsibilities are minimally implemented or are not implemented at all (dark pink or orange-yellow).

These findings are not surprising: Minnesota has not fully funded nor required MDH or local jurisdictions to implement these foundational public health responsibilities. There are many reasons a particular jurisdiction may or may not be fully implementing these responsibilities, including limited and narrowly focused funding sources, workforce-related challenges, and changing expectations of local health jurisdictions, among others.

Public health leaders across the state work tirelessly on behalf of their communities with the tools, resources, and community supports available to them. Deeper analysis of this data is ongoing, and the University of Minnesota will produce a final report by June 2023.

Figure 2. Health jurisdiction ability to assure foundational public health responsibilities in Minnesota, 2022

Each square in the figure at right represents a local health jurisdiction or the Minnesota Department of Health.

Dark indigo squares signal that a local health department, or in some cases its community partners, has the capacity and expertise to substantially implement the corresponding foundational responsibility. The lighter the square, the less the jurisdiction has capacity in that responsibility:

- Substantially implemented
- Partially implemented
- Minimally implemented
- Not implemented
- Data under review

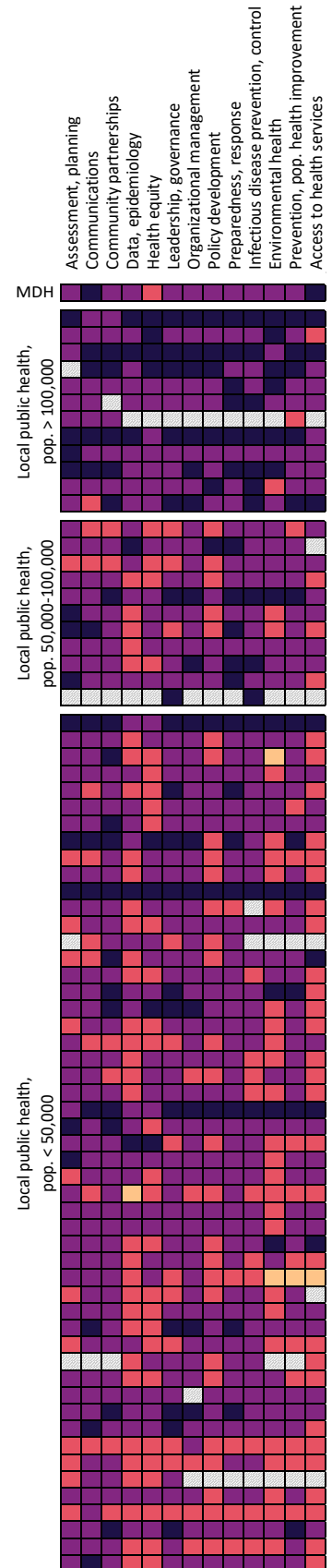
The capacity to carry out foundational public health responsibilities varies widely across Minnesota’s local health jurisdictions.

As a result, communities across Minnesota do not have the same access to basic health protections.

Methods: In summer 2022, the University of Minnesota Center for Public Health Systems asked MDH and Minnesota local health jurisdictions assess their own ‘capacity’ and ‘expertise’ for the activities that were being delivered in their jurisdiction—not just their agency’s ability to deliver them. Public health agencies rated on a scale from 1 to 4 for capacity (1 = Absent, 4 = Full) and expertise (1 = Absent, 4 = Expert). Analyzed together, capacity and expertise composites describe a “level of implementation” for individual activities. All local health jurisdictions and MDH divisions participated in the assessment for a 100% response rate.

The foundational responsibilities, aligned with the framework on p. 6 of this report and noted at right are:

- Capabilities: Assessment and planning, communications, community partnerships, data and epidemiology, health equity, leadership and governance, organizational management, policy development, preparedness and response.
- Areas: Infectious disease prevention and control, environmental health, prevention and population health improvement, access to services.



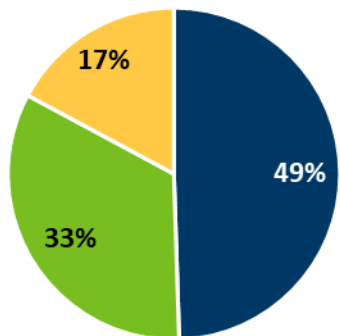
A system under strain

While the world has changed since 1976, the basic structure of Minnesota's public health system has not. Minnesota's public health workforce is doing everything it can to meet 21st century challenges with the tools of a 1976 system, and it is stretched as far as it can go.

The hallmark of our state's governmental public health system is its partnership between levels of government. The Local Public Health Act (Minn. Stat. § 145A) that was passed in 1976 took significant steps to address fragmentation across the state (previously made up of more than 2,100 local boards of health) while assuring flexibility for communities to tailor their local public health department to their community and its needs. At the state level, MDH was charged with creating an organized system of programs and services to protect and improve the health of all Minnesotans.

Decisionmakers and public health leaders implemented this approach to assure better coordination and communication between different levels of government. Today, nearly 50 years later, this partnership of governments strives to work together in a system of community health services. However, this does not operate as an integrated system, but rather as a collection of separate entities under considerable strain from expanded expectations and reduced resources.

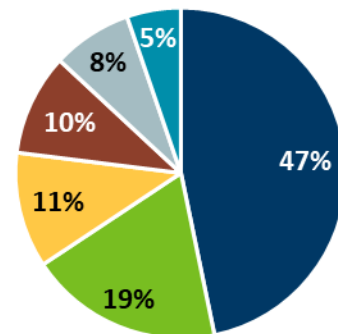
Figure 3. Minnesota local public health system funding sources, 2021



- Locally-generated funds
- Federal funds
- State funds

Source: Minnesota Department of Health. (2022). Expenditures summary for Minnesota's local public health system in 2021 (<https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2021finance.pdf>).

Figure 4. Projected sources of MDH budget authority, 2022-2023 biennium



- Federal
- General fund
- Medical education and research cost fund
- Licensing and fees
- Other state funds
- Health care access fund

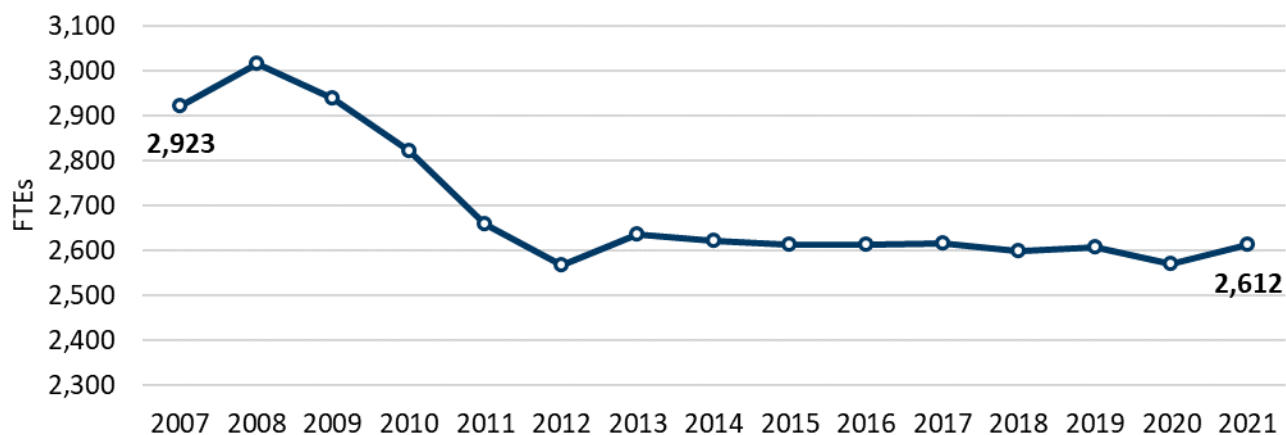
Source: Minnesota Department of Health. (2021). Budget (<https://www.health.state.mn.us/about/budget.html>).

Within the current system, public health professionals across Minnesota work hard every day to protect, maintain, and improve health for everyone in our state. Over time, the expectations of state and local governments have significantly expanded while budgets have tightened. Years of budget cuts at the federal and state levels were never replaced. Today, Minnesota’s disparate public health agencies function within rules established nearly 50 years ago and resources from a variety of narrowly-focused, issue-specific funding sources. Federal and state funding for the core infrastructure of public health has all but disappeared over many decades, leaving state and local agencies dependent on episodic and targeted funding or local property taxes (**Figures 3 and 4**). In some places, local jurisdictions have filled the gap, but not every jurisdiction can do that.

Specific areas have long caused concern among public health officials, including the system’s ability to collect, analyze, and use data so that public health professionals can act more quickly and target resources more strategically. In some cases, available data is years old—far from being actionable in real time. Minnesota counts on public health for timely, accurate, and credible data, but there are large gaps in the availability of local data and expertise to interpret and share it. In many cases, software and technology is outdated, and many systems lack interoperability. As a result, Minnesota health departments, community members, partners, and elected officials endure costly inefficiencies and base decisions on old or less relevant information that doesn’t reflect the local context.

Minnesota’s public health system is not only struggling to make ends meet financially but is also relying on a smaller workforce to carry the full weight of public health responsibilities. Total full-time employees (FTEs) fell sharply from 2008 to 2012 and remains low by historic standard despite a small bump during the COVID-19 pandemic (**Figure 5**).

Figure 5. Total FTEs in Minnesota’s local public health system, 2007-2021



Source: Minnesota Department of Health. (2022). Workforce summary for Minnesota's local public health system in 2021 (<https://www.health.state.mn.us/communities/practice/lphact/annualreporting/docs/2021staffing.pdf>).

In the context of this system stretched beyond its capacity, health problems have become more complex, requiring new expertise and cross-sector collaboration to address. Mental health and well-being is a top priority in every region of the state—an issue that is affected by a complex set of individual, social, environmental, and

economic factors.⁵ Social and economic conditions that affect health—like housing, employment, income, availability of transportation and childcare—affect health outcomes and involve multiple systems and sectors, requiring multiple partners and new expertise to affect change.

A public health system that does not adapt to the world around it is a public health system that cannot meet the needs of the communities it serves. As we move into the future, we want a public health system that all communities can rely on to protect their health and well-being. In order to imagine a new future with greater possibilities Minnesota's public health system must adapt to the world as it is and the world as it will be.

A call to action

The joint leadership of Minnesota's state and local governmental public health system, including MDH, SCHSAC, and LPHA, wants to create a public health system that works for every community, including a solid foundation for health from border to border. We want to see all local health jurisdictions reporting their ability to assure foundational public health responsibilities through a variety of organizational models so that we know they have the tools they need to do their part in creating healthy, vibrant communities. We want an integrated, coordinated, efficient system that leverages our strengths and achieves equitable outcomes.

Shared recommendations

It is our strong recommendation that the Minnesota Legislature continue to support this effort with ongoing engagement, resources, and accountability.

- The Joint Leadership Team leading this effort should be directed to continue to build a public health system that works for every community and provide regular briefings to the Legislature.
- State and federal governments should provide the resources to assure foundational public health responsibilities are in place across the state, while allowing flexibility for communities to address local priorities. This will require action by Congress and by the Minnesota Legislature.
- Continue to support planning, relationship building, and testing new models as we work toward an integrated statewide public health system that best meets its obligations to the people of Minnesota.

It is long past time to create a statewide public health system equipped to protect all Minnesotans, achieve equitable health outcomes, and adapt to 21st century conditions. Today, we have a unique opportunity to

We can create a public health system that works for every community, including a solid foundation for health from border to border.

We strongly recommend the Legislature continue to support this effort with ongoing engagement, resources, and accountability.

⁵ For more information on locally-identified priority health issues, visit the MDH website: [Priority health issues identified by community health boards in Minnesota in 2020](https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/2020priorityhealthissues.pdf) (https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/2020priorityhealthissues.pdf)

reshape the future of public health in Minnesota. Partners across Minnesota's public health system are coming together with new energy and a deep commitment to creating a stronger foundation for community health for everyone in Minnesota.

Shared commitment

Minnesotans deeply value health—not only their own, but the health of their families, neighbors, and communities. We want Minnesota to be a place where every community thrives and everyone can reach their full potential. No community or individual in Minnesota should be denied the opportunity for health. Without a true system of public health capabilities that can reach every community, too many communities are being left behind, and health inequities along geographic and demographic lines will continue to persist.

To make our vision a reality, we are committed to shared leadership between state and local public health leaders and local elected officials, including shared decision-making about investments in our system. Here, we make these commitments explicit and call for continued action to assure a statewide public health system that is strong, durable, and achieves equitable outcomes. Realizing this vision will take courage to change some of our current models and practices, resources to shore up the foundation, meaningful, effective relationships, and time. Together, we can continue to lead Minnesota into the future. This is a mission each partner is deeply committed to. With continued engagement and support from the Minnesota Legislature, we know we will succeed.

Appendix: Joint Leadership Team members, 2022

In alphabetical order:

Local Public Health Association (LPHA)

- Sarah Grosshuesch (Wright), 2022 LPHA Chair
- Kari Oldfield, LPHA Director
- Sarah Reese (Polk, Norman, Mahnomen), 2021 LPHA Chair
- Maggie Rothstein (Aitkin, Itasca, Koochiching), 2022 LPHA Chair-Elect

Minnesota Department of Health (MDH)

- Chelsie Huntley, Director, MDH Community Health Division
- Jan Malcolm, Commissioner of Health
- Mary Manning, Assistant Commissioner, MDH Health Improvement Bureau
- Kim Milbrath, Section Manager, MDH Center for Public Health Practice
- Halkeno Tura, Director, MDH Center for Health Equity

State Community Health Services Advisory Committee (SCHSAC)

- Tarryl Clark (Stearns), Incoming SCHSAC Chair
- Steve Gardner (Kandiyohi-Renville), SCHSAC member
- Sheila Kiscaden (Olmsted), SCHSAC Chair
- Jim McDonough (Ramsey), SCHSAC Executive Committee alternate