

Goodhue County

Minnesota

COUNTY BOARD ROOM
RED WING, MN

JULY 18, 2023
10:30 A.M.

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

Lay Board member Nina Pagel will be participating
remotely from 19 Seaview Ave.
Northcote, Auckland 1010 NZ

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 294 677 034 088
Passcode: bNzyTk

Or call in (audio only)

+1 872-240-890,,326762190#

Phone Conference ID: 326 762 190#

1. Call Annual HHS Board Meeting To Order
2. Review And Approve HHS Board Annual Meeting Agenda
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

Documents:

[JUNE 20 2023 HHS BOARD MINUTES.PDF](#)

4. Reappointment Of HHS Lay Board Member - Nina Pagel

Documents:

5. Annual Election Of Officers- Chair, Vice Chair, And Secretary
 - a. The HHS Director Calls For Nominations Of Chair
 - b. The NEW HHS Board Chair Calls For Nominations Of Vice Chair
 - c. The NEW HHS Board Chair Calls For Nominations Of Secretary
 1. The NEW HHS Board Chair Takes Over The Meeting After Being Elected And Finishes The Agenda Including Election Of Vice Chair And Secretary

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

- a. SCHA Delegation Agreement Amendment

Documents:

[SCHA DELEGATION AGREEMENT AMENDMENT.PDF](#)

- b. Temporary Assistance For Needy Families (TANF) Family Home Visiting Grant

Documents:

[TANF FAMILY HOME VISTING CONTINUED GRANT.PDF](#)

7. INFORMATIONAL ITEMS:

- a. Community Health Improvement Plan
Ruth Greenslade

Documents:

[2023 CHIP PRESENTATION.PDF](#)

[2023 CHIP SUMMARY.PDF](#)

[2023 CHIP FULL REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. Adjourn Annual Meeting

Next Meeting: Tuesday, August 15, 2023 at 10:30 A.M.

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

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF JUNE 20, 2023**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:36 A.M., Tuesday, June 20, 2023, in the Goodhue County Board Room and online via GoToMeeting.

Linda Flanders, Todd Greseth, Susan Betcher attending in person. Susan Johnson attending via Teams due to a health issue. Brad Anderson, and Nina Pagel attending via Teams with prior notice:

- Brad Anderson attending from 1 Main Street Carrickmacross, Co. Monaghan A81 R127 Ireland
- Nina Pagel attending from 19 Seaview Ave. Northcote, Auckland 1010 NZ

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Kayla Matter, Jessica Seide, Tom Day, Jessica Ahlbrecht, and Jessica Schleck.

AGENDA:

On a motion by B. Anderson and seconded by L. Flanders, the Board approved the June 20, 2023, Agenda amending moving item 5c to 3a - MN Merit System Withdrawal Request.

MEETING MINUTES:

On a motion by S. Betcher and seconded by S. Johnson, the Board approved the Minutes of the H&HS Board Meeting on May 16, 2023.

On a motion by B. Anderson and seconded by L. Flanders, the Board approved the request to Withdraw from the Minnesota Merit System.

CONSENT AGENDA:

On a motion by L. Flanders and seconded by S. Betcher, the Board approved all items on the consent agenda.

ACTION ITEMS:

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

Goodhue County Health & Human Services Board
Meeting Minutes of June 20, 2023

On a motion by S. Betcher and seconded by L. Flanders, the Board approved to table the request for increased vacation accrual for more research to be completed.

INFORMATIONAL ITEMS:

Toward Zero Death (TZD) presentation given by Jessica Seide

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
2022 HVMHC Annual Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by S. Betcher and seconded by S. Johnson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:20 am.



Goodhue County
Health and Human Services

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

Oath of Office

I, Nina Pagel, having been officially appointed a Member of the Goodhue County Health and Human Services Board, effective July 18, 2023,

Do solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Minnesota,

and that I will faithfully and impartially perform the duties of the Office to which I have been appointed, to the best of my knowledge and ability, so help me God.

Nina Pagel

Date

Subscribed and sworn to before me this 18th day of July, 2023 at Red Wing, Minnesota.

GCHHS Board Chair

Date

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



REQUEST FOR BOARD ACTION

Requested Board Date:	July 18, 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:	Approval of Third Amendment to 2020 South Country Health Alliance Delegation Agreement		

BACKGROUND:

The 2020 Delegation Agreement between South Country Health Alliance (SCHA) and Goodhue County outlines the responsibilities of both parties.

This Amendment updates the amount of the payments made for the Community Care Connector and the Community Care Connector Case Aide position.

RECOMMENDATION: HHS recommends approval of the Third Amendment of SCHA Delegation Agreement.

Third Amendment to 2020 Delegation Agreement

This Third Amendment to the 2020 Delegation Agreement is entered into by and between Goodhue County (“Delegated Entity”) and South Country Health Alliance (“SCHA”) as of January 1, 2023.

The parties agree to amend Exhibit D of the 2020 Agreement by deleting it in its entirety and replacing it with Exhibit D as Amended January 1, 2023.

This amendment reflects changes in rates for procedure code T1017 (Transition Coordination for all MSC+ and SCC) and the Community Care Connector / Case Aide Positions.

The parties have executed this Third Amendment to the 2020 Delegation Agreement as of the effective date stated above.

DELEGATED ENTITY: Goodhue County By: _____ Print Name: _____ Title: _____ Date: _____	SOUTH COUNTRY HEALTH ALLIANCE By: _____ Print Name: _____ Title: _____ Date: _____
--	---

2023 COST REIMBURSEMENT
COUNTY: Goodhue

CONNECTOR NAME:	Dana Syverson		
		28	
AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES			
	% FTE	77.8%	
2023 Connector Annual Salary	\$ 84,240.00	\$	65,520.00
Taxes		7.65%	5,012.28
PERA		7.50%	4,914.00
Annual Insurance	\$ 9,046		7,035.78
Total 2023 Connector Reimbursable Costs		\$	82,482.06

CASE AIDE NAME:	Denise Smith		
		17	
AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES			
	% FTE	42.5%	
2023 Case Aide Annual Salary	\$ 66,996.80	\$	28,473.64
Taxes		7.65%	2,178.23
PERA		7.50%	2,135.52
Annual Insurance	\$ 9,605		4,082.13
Total 2023 Case Aide Reimbursable Costs		\$	36,869.52

Total Salaries	\$	93,993.64
Total Taxes	\$	7,190.51
Total PERA	\$	7,049.52
Total Insurance	\$	11,117.90
Combined Total 2023 Reimbursable Costs	\$	119,351.58

Prepared by: Kayla Matter
Date: 6/8/2023

EXHIBIT D

As amended January 1, 2023

2023 Rates

1. Non-Elderly Waiver (EW) Community Well and Skilled Nursing Facility Members

Procedure Code: G9005

- Care Coordination Activity for:
 - SeniorCare Complete (SCC) and MSC+ Non-EW Community Well and Skilled Nursing Facility SNBC (AbilityCare, SingleCare, SharedCare) \$24.01/15 Minute Unit

2. Transition Coordination for all MSC+ and SCC

\$16.63/15 Minute Unit

Procedure Code: T1017

3. Elderly Waiver SCC and MSC+ Members

- Care Coordination Activity \$25.46/15 Minute Unit
- Case Management Aide Activity \$9.39/15 Minute Unit

4. Community Care Connector and Community Care Connector Case Aide Position

- Twenty-eight (28) average Connector weekly hours dedicated to South Country Connector duties
- Seventeen (17) average Connector Case Aide weekly hours dedicated to South Country Connector Case Aide duties

Connector \$82,482.06 Annually

Connector Case Aide \$36,869.52 Annually

Payment will be made bi-annually on or about mid-September and mid-February.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	July 18, 2023	Staff Lead:	Mary Nelson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of TANF (Temporary Assistance for Needy Families) Grant Project Continued Agreement from the Minnesota Department of Health (MDH).		

BACKGROUND:

Temporary Assistance for Needy Families (TANF) is a four year block grant from the Minnesota Department of Health (MDH). Funds from that grant are used to decrease dependence on government benefits through services such as family home visiting, nutrition counseling services at Special Supplemental Nutrition Program Women, Infants, and Children (WIC), and group teen pregnancy prevention efforts. Goodhue County Health and Human Services use TANF funds to help support our family home visiting program.

In order for Goodhue County Health and Human Services to utilize these funds while working with families the families must meet the following eligibility requirements: families must be receiving Minnesota Family Investment Program (MFIP) Minnesota’s TANF program or have their income at or below 200% of the federal poverty guidelines; all members of the family must be U.S citizens or eligible non-citizens; and families must also consist of a pregnant woman, a child under the age of 18, or a child under the age of 19 if that child is a full time secondary student. The home visitor maintains records of eligibility in their documentation.

Family home visiting offers a variety of benefits. These visits can provide pregnancy and/or postpartum education and support, breastfeeding support, child development information and tools, infant weight checks, infant and child safety information, attachment and bonding support, parenting information, and connecting families to resources.

The total grant amount is for \$193,356 and the grant is effective starting on July 1, 2023 and expires on June 30, 2027. These funds will be used to supplement the salary and benefits of our nursing staff.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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Minnesota Department of Health

Grant Project Agreement Cover Sheet

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

ATTACHMENT: Grant Project Agreement

CONTACT FOR MDH: Leah Hegg, 651-201-5695, leah.hegg@state.mn.us

Grantee SWIFT Information	Grant Project Agreement Information	Program & Funding Information
Name of MDH Grantee: Goodhue County Health and Human Services	Grant Project Agreement Number: 231198	MDH Program Name: TANF
Grantee SWIFT Vendor Number: 0000197327 SWIFT Vendor Location Code: 001	Effective Date: 7/1/2023, OR the date all signatures are collected and the agreement is fully executed, whichever is later. Expiration Date: 6/30/2027	Total State Grant Funds: \$0.00 Total Federal Grant Funds: \$193,356 Total Grant Funds (all funds): \$193,356

Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the sub-award is being shared with you per [2 CFR § 200.332](#). Please keep a copy of this cover sheet with the grant project agreement.

Grantee Unique Entity Identifier (UEI) Name and Number	UEI Name: Goodhue, County of UEI Number: EUJSNVR85T71
Grantee's Approved Indirect Cost Rate for the Grant	10%
Is this award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	Provide family home visiting, teen pregnancy prevention, and/or WIC nutritional services to families at or below 200 percent of federal poverty guidelines who are at risk of child abuse and neglect.
Name of Federal Awarding Agency	Department of Health and Human Services
Assistance Listing Name and Number (formerly <i>Catalog of Federal Domestic Assistance</i> , "CFDA")	Assistance Listing Name: Temporary Assistance for Needy Families Assistance Listing Number: 93.558
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	2501MNTANF
Federal Award Date (Date MDH received federal grant)	10/1/2022
Total Amount of Federal Award Received by MDH	\$17,114,000
Amount of funding from this federal award MDH is issuing to Grantee:	\$193,356

Minnesota Department of Health

Grant Project Agreement

This Grant Project Agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health (“MDH”) and Goodhue County Health and Human Services, an independent organization, not an employee of the State of Minnesota, address 426 West Avenue, Red Wing, MN 55066, (“Grantee”).

Recitals

1. MDH is empowered to enter into this grant project agreement under Minn. Stat. §§ [144.05](#) and [144.0742](#) .;
2. MDH and Grantee have entered into Master Grant Contract number 12-700-00074 (“Master Grant Contract”) effective January 1, 2020 or subsequent Master Grant Contracts and amendments and supplements thereto;
3. Grantee represents that it is duly qualified and willing to perform the activities described in accordance with the terms of this grant project agreement. Pursuant to [Minn. Stat. § 16B.98](#), subd 1, Grantee agrees to minimize administrative costs as a condition of this grant project agreement.

Grant Project Agreement

NOW, THEREFORE, it is agreed:

1. Incorporation of Master Grant Contract

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

2. Term of Agreement

2.1. *Effective date*

July 1, 2023, or the date MDH obtains all required signatures under [Minn. Stat. § 16B.98](#), subd. 5(a), whichever is later. Per [Minn. Stat. § 16B.98](#), subd. 7, no payments will be made to the Grantee until this grant project agreement is fully executed. Grantee must not begin work until this grant project agreement is fully executed and MDH’s Authorized Representative has notified Grantee that work may commence.

2.2. *Expiration date*

June 30, 2027, or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first, except for the requirements specified in this grant project agreement with completion dates which extend beyond the termination date specified in this sentence.

3. Activities

3.1. *MDH’s Activities*

MDH activities, in accordance with the Minnesota Department of Administration's Office of Grants Management's policies and federal regulations, may include but are not limited to financial reconciliations, site visits, programmatic monitoring of activities performed, and grant activity evaluation.

3.2. *Grantee's Activities*

Grantee, who is not a state employee, shall conduct the activities specified in Exhibit A, which is attached and incorporated into this grant agreement.

4. **Award and Payment**

MDH will award funds to Grantee for all activities performed in accordance with this grant project agreement.

4.1. *Grant Award*

Reimbursement will be in accordance with the agreed-upon budget contained in Exhibit B, which is attached and incorporated into this grant agreement.

4.2. *Budget Modifications*

Grantee may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantee must obtain prior written approval from MDH for line-item modifications greater than 10 percent. Grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both. The total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation listed under "Total Obligation."

4.3. *Total Obligation*

The total obligation of MDH for all compensation and reimbursements to Grantee under this grant project agreement will not exceed \$193,356.

4.4. *Terms of Payment*

4.4.1. *Invoices*

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the activities actually performed and MDH's Authorized Representative accepts the invoiced activities. Invoices must be submitted at least quarterly or according to a schedule agreed upon by the Parties. The final invoice is due 30 calendar days after the expiration date of the grant agreement.

4.4.2. *Federal Funds*

Payments under this grant project agreement will be made from federal funds obtained by MDH through Title Temporary Assistance to Needy Families, Assistance Listing (formerly known as CFDA) number 93.558 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, including public law and all amendments. The Notice of Grant Award (NGA) number is 2501MNTANF. Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Grantee's failure to comply with federal requirements.

5. **Conditions of Payment**

All activities performed by Grantee pursuant to this grant agreement must be performed in accordance with the terms of this grant agreement, as determined in the sole discretion of MDH's Authorized Representative. Furthermore, all activities performed by Grantee must be in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. MDH will not pay Grantee for work that MDH determines is noncompliant with the terms and

conditions of this grant agreement or performed in violation of federal, state, or local law, ordinance, rule, or regulation.

6. Ownership of Equipment and Supplies

6.1. **Equipment.** "Equipment" is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. MDH shall have the right to require transfer of all Equipment purchased with grant funds (including title) to MDH or to an eligible non-State party named by MDH. MDH may require the transfer of Equipment if the grant program is transferred to another grantee. At the end of this grant agreement, grantee must contact MDH's Authorized Representative for further instruction regarding the disposition of Equipment.

6.2. **Supplies.** "Supplies" is defined as all tangible personal property other than those described in the definition of Equipment. Grantee must notify MDH's Authorized Representative regarding any remaining Supplies with an aggregate market value of \$5,000 or more for further instruction regarding the disposition of those Supplies. For the purpose of this section, Supplies includes but is not limited to computers and incentives.

7. Authorized Representatives

7.1. MDH's Authorized Representative

MDH's Authorized Representative for purposes of administering this grant project agreement is Jennifer Lippert, Family Home Visiting Section Manager, 625 Robert St N, St. Paul, MN 55155, 651-201-3640, jennie.lippert@state.mn.us, or their successor, and has the responsibility to monitor Grantee's performance and the final authority to accept the activities performed under this grant project agreement. If the activities performed are satisfactory, MDH's Authorized Representative will certify acceptance on each invoice submitted for payment.

7.2. Grantee's Authorized Representative

Grantee's Authorized Representative is Nina Arneson, Community Health Services Administrator, 426 West Avenue, Red Wing, MN 55066, 651-385-6115, nina.arneson@co.goodhue.mn.us, or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a new Authorized Representative at any time during this grant project agreement, Grantee must immediately notify MDH's Authorized Representative.

8. Termination

8.1. Termination by the MDH or Grantee

MDH or Grantee may cancel this grant project agreement at any time, with or without cause, upon 30 days written notice (e.g., by mail, email, or both) to the other party.

8.2. Termination for Cause

If Grantee fails to comply with the provisions of this grant project agreement, MDH may terminate this grant project agreement without prejudice to the right of MDH to recover any money previously paid. The termination shall be effective five business days after written notice (e.g., mail, email or both) of termination to Grantee.

8.3. *Termination for Insufficient Funding*

MDH may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota Legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written notice to Grantee; e.g., mail, email, or both. MDH is not obligated to pay for any work performed after notice and effective date of the termination. However, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed to the extent that funds are available. MDH will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. MDH must provide the Grantee notice of the lack of funding within a reasonable time of MDH receiving notice of the same.

9. **Publicity**

Any publicity given to the program, publications, or activities performed resulting from this grant agreement, including but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees, must identify MDH as the sponsoring agency. If publicity is not specifically authorized under this grant agreement, Grantee must obtain prior written approval from MDH's Authorized Representative. As federal funding is being used for this grant project agreement, the federal program must also be recognized.

10. **Clerical Error**

Notwithstanding Clause "Assignment, Amendments, Waiver, and Grant Agreement Complete" of this grant agreement, MDH reserves the right to unilaterally fix clerical errors, defined as misspellings, minor grammatical or typographical mistakes or omissions, that do not have a substantive impact on the terms of the Grant Agreement without executing an amendment. MDH must inform Grantee of clerical errors that have been fixed pursuant to this paragraph within a reasonable period of time.

11. **Telecommunications Certification**

By signing this agreement, Grantee certifies that, consistent with Section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, [Pub. L. 115-232](#) (Aug. 13, 2018), and [2 CFR § 200.216](#), Grantee will not use any funding covered by this grant agreement to procure or obtain, or to extend, renew, or enter into any contract to procure or obtain, any equipment, system, or service that uses "covered telecommunications equipment or services" (as that term is defined in Section 889 of the Act) as a substantial or essential component of any system or as critical technology as part of any system. Grantee will include this certification as a flow down clause in any contract related to this grant agreement.

12. **Voter Registration Services Requirement**

If this grant agreement will disburse any state funds (as indicated on the Award Cover Sheet); AND Grantee is a local unit of government, city, county, township, or non-profit organization, then Grantee is required to comply with [Minn. Stat. § 201.162](#) by providing voter registration services for its employees and for the public served by the grantee.

[Signatures on following page]

APPROVED:

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: Sarah Martin Digitally signed by Sarah Martin
Date: 2023.07.10 14:58:09
-05'00'

SWIFT Contract & Initial PO: 231198_3000103483

2. Grantee

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

Signature: _____

Title: HHS Director

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

3. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: _____
(with delegated authority)

Title: _____

Date: _____

Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.

Exhibit A – TANF Family Home Visiting Grantee Activities

Grantee shall:

1. Use TANF Family Home Visiting funds to provide eligible families with 1) non-medical home visiting services; 2) WIC nutrition clinic services; and/or 3) group teen pregnancy prevention programs.
2. Not use TANF Family Home Visiting funds for cash payments to recipients or to reimburse families or individuals for childcare or for transportation.
3. Not use TANF Family Home Visiting funds for any medical services including family planning services. Family planning services include counseling and education as part of a clinical visit (or visits) related to obtaining contraceptives; medical services such as a pap smear or physical; and contraceptive supplies.
4. Ensure that families receiving TANF-funded family home visiting or WIC nutrition services meet the following eligibility criteria:
 - a. Family is receiving federally funded Minnesota Family Investment Program (MFIP) OR
 - b. Family has an income at or under 200 percent of federal poverty guidelines AND all members of the family are either U.S. citizens or eligible non-citizens AND family consists of one of the following:
 - i. Pregnant woman
 - ii. Child under the age of 18 OR
 - iii. Child under 19 if a full-time secondary student
 - c. Documentation of eligibility criteria must be maintained in family case files and reviewed annually.
5. Be aware that TANF funding used for group teen pregnancy prevention activities does not need to meet the eligibility criteria listed in 4a and 4b.
6. Ensure that administrative costs do not exceed 10 percent (except for federally negotiated rate) to meet federal requirements of the Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards.
7. Ensure that no more than forty-nine percent (49%) of the total annual award of TANF funds is used for WIC services. There is no limitation on the portions of the budget that can be used for Family Home Visiting and Teen Pregnancy Prevention.
8. Be required to bill for third-party reimbursement of TANF grant activities if their agency is eligible to do so. Third-party reimbursement shall be reported to MDH-FHV in the format and scheduled determined by the grant manager.
9. Submit a two-year budget and work plan which once approved by MDH become incorporated into this grant agreement by reference. The budget and work plan shall be submitted to MDH in Spring 2025 for the third and fourth years of this grant cycle.

Exhibit B – Grantee’s Budget

The summary budget is shown for reference only and is non-binding.

	A	B	C
1	Budget Summary for July 1, 2023 - June 30, 2024		
2			
3	Contact person:	Kayla Matter	
4	Applicant Agency	Goodhue County HHS	
5	Phone	651-385-6117	
6	E-mail	kayla.matter@co.goodhue.mn.us	
7	Enter your indirect rate	10.00%	
8	These amounts will fill in from the Primary Budget tab.		The totals will calculate automatically.
9	Category	July 1, 2023 - June 30, 2024	Total
10	Salaries and Fringe Benefits	\$ 42,334	\$ 42,334
11	Contractual Services	\$ -	\$ -
12	Travel	\$ 464	\$ 464
13	Supplies and Expenses	\$ -	\$ -
14	Other	\$ 1,141	\$ 1,141
15	Subtotal	\$ 43,939	\$ 43,939
16	Indirect*	\$ 4,400	\$ 4,400
17	Total	\$ 48,339	\$ 48,339

Certificate Of Completion

Envelope Id: A457FA4B172B4F52B6C72FEAE4855BD3	Status: Sent
Subject: Complete with DocuSign: Grant_CFH_231198_REQ8776_Goodhue_TANF	
Source Envelope:	
Document Pages: 9	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Melissa Petersen
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	625 Robert St. N
	PO Box 64975
	St. Paul, MN 55164
	Melissa.Petersen@state.mn.us
	IP Address: 156.98.136.27

Record Tracking

Status: Original	Holder: Melissa Petersen	Location: DocuSign
6/13/2023 3:05:47 PM	Melissa.Petersen@state.mn.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health	Location: DocuSign

Signer Events

Signature	Timestamp
Nina Arneson	Sent: 7/10/2023 3:48:09 PM
nina.arneson@co.goodhue.mn.us	Viewed: 7/11/2023 6:35:51 AM
HHS Director	
Security Level: Email, Account Authentication (None)	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

MDH FiM with Delegated Authority to Execute Grants/Contracts

Signing Group: MDH FiM with Delegated Authority to Execute Grants/Contracts
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
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Seth Rasmussen
Seth.Rasmussen@state.mn.us
Sarah Jane Martin
sarah.martin@state.mn.us
Char Paulson
char.paulson@state.mn.us
Christina Mish
Christina.Mish@state.mn.us
Signing Group: MDH Encumbrance Officers
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Catherine Biringer
catherine.biringer@state.mn.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

FHV Grants
health.fhvgrants@state.m.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
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Witness Events	Signature	Timestamp
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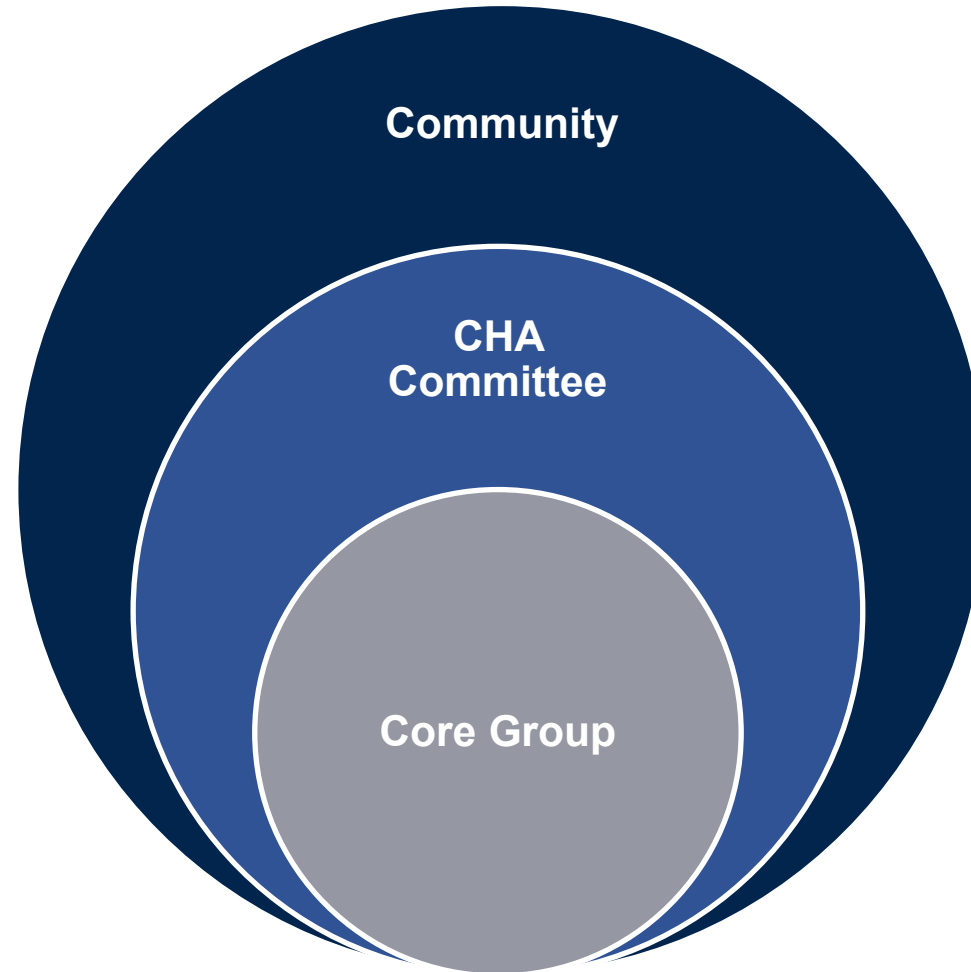
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2023-2025 Community Health Improvement Plan



THE PARTNERSHIP



CORE GROUP

Partnering for the health of Goodhue County, Minnesota



The seal of Goodhue County, Minnesota, is circular with a blue border. It features a central map of the county with a handshake over it, the year 1853, and an American flag. The words "AGRICULTURE" and "RECREATION" are at the top, and "INDUSTRY" and "HISTORY" are at the bottom. The text "GOODHUE COUNTY" is in the center.



The United Way logo consists of the words "United Way" in white on a blue background, next to a circular icon with a hand holding a person under a sun.

United Way of Goodhue,
Wabasha & Pierce Counties

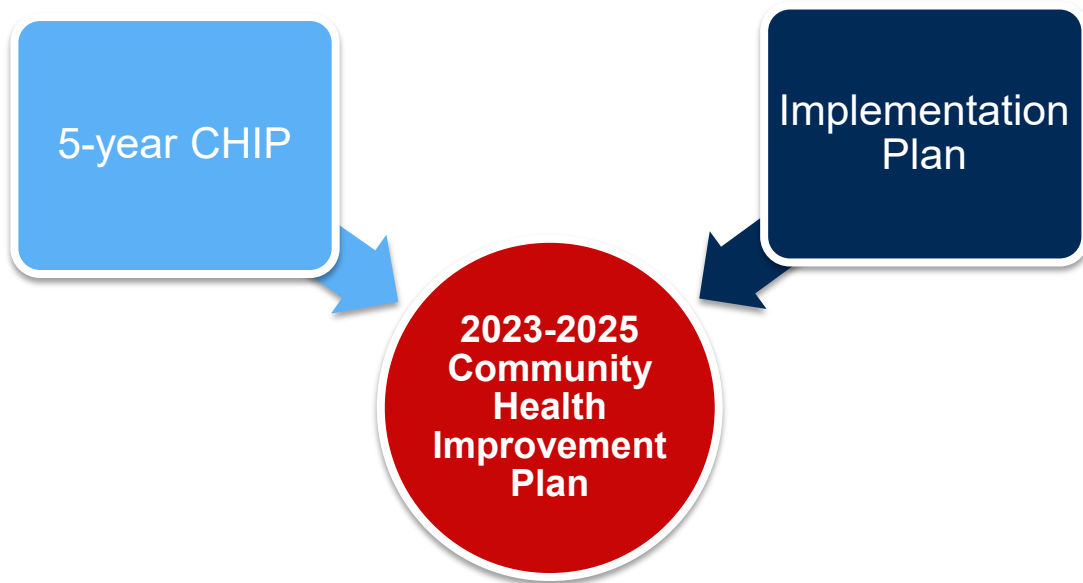


The Mayo Clinic Health System logo features a stylized "M" and "C" in a shield shape, followed by the text "MAYO CLINIC HEALTH SYSTEM" in white on a blue background.



The City of Red Wing logo features the text "City of RED WING" in white, with a large red wing graphic behind the word "RED".

FURTHER ALIGNMENT

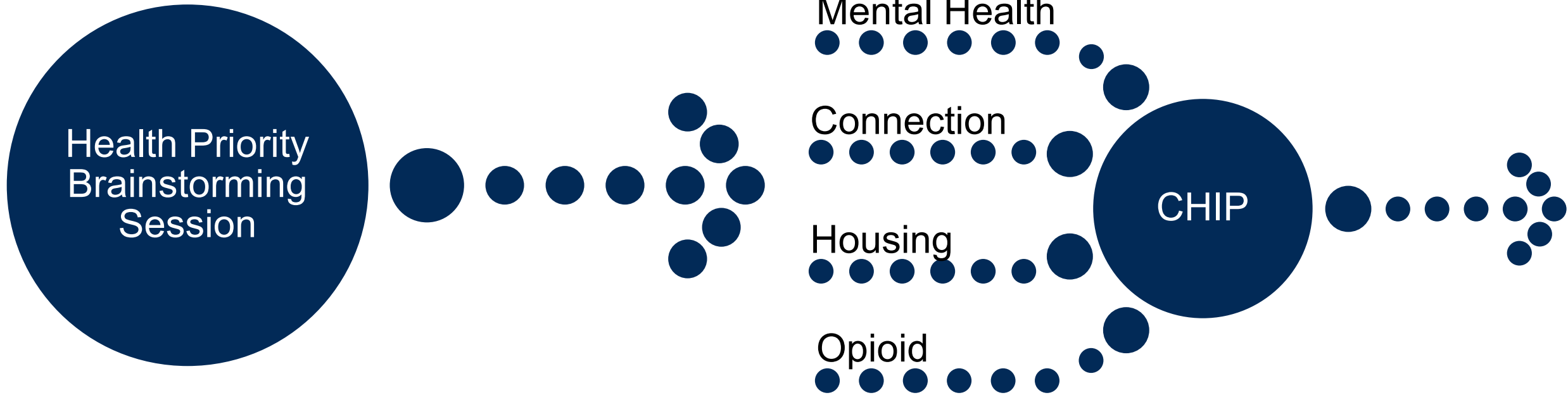


In the past, local public health led the community health improvement plan process every five years, and Mayo Clinic Health System wrote an implementation plan every three years. The 2023-2025 Community Health Improvement Plan is a joint effort and will continue on a three year cycle.

Community Health Needs Assessment

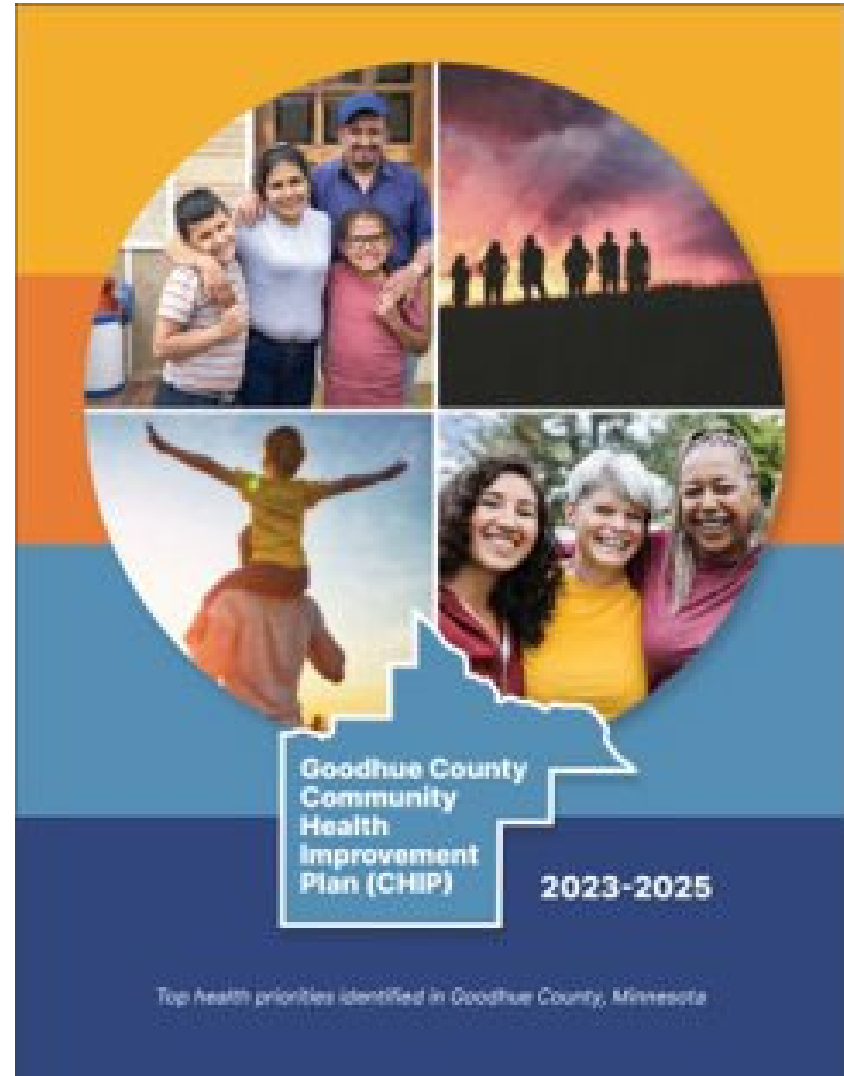


THE PROCESS



THE PLAN

The Community Health Improvement Plan or CHIP is an action plan for the community to improve health.



3 Health Priorities Goodhue County 2023-2025

Community
Health
Improvement
Plan (CHIP)

#1



Support Mental
Wellbeing through
Mental Health
Care and Social
Connection

#2



Advocate for
More
Housing

#3



Address Chemical
Health in Youth
and Reduce
Overdose
Deaths

#1 Health Priority:

Support mental wellbeing
through mental health care
and social connection

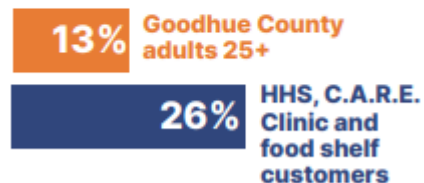
Result 1: All community members have access to mental health supports and know how to use them

Indicators:

- Percentage of people who delayed mental health care in the past year
- Average number of mentally unhealthy days
- Suicide (number and rate)

The percentage of people who delayed mental health care in the past year

(Goodhue County CHNA Survey, 2021)



The average number of mentally unhealthy days for adults 25+ was

3.8 out of 30 days. This is up from 2.5 days in 2015. For Goodhue County Health & Human Services, C.A.R.E. Clinic and food shelf customers surveyed in 2021, it was **9.1 out of 30 days**

(Goodhue County CHNA Survey, 2021)



Suicide was the #9 cause of death in Goodhue County in 2015-2019. 9 people died by suicide in Goodhue County in 2019. *(MDH, 2021) (MHMD-01)*

☆ LHI

Action Plan: Access to Mental Health Supports

Strategies:

Suicide Prevention
Training/
Community
Education
Programs

Peer-Led Groups

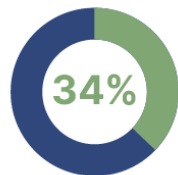
Employee Friendly
Workplace
Certification
Program

Result 2: All community members feel connected and valued by others

Indicators:

- Percentage of students who feel adults in their community care about them
- Percent of adults who usually or always get social or emotional support

Goodhue County Students*



feel that adults in their community don't care about them at all or care very little.

*(Minnesota Student Survey, 2022)

Goodhue County Adults

71%

Adults 25+ usually or always get the social and emotional support they need.

46%

HHS, C.A.R.E. Clinic, and food shelf customers usually or always get the social and emotional support they need.

(Goodhue County CHNA Survey, 2021)

Action Plan: Social Connection

Strategies:

Support and
expand the
Honoring Dakota
Project

Educate the
community about
Positive Childhood
Experiences

#2 Health Priority:

Advocate for more housing

Result 1: Everyone, regardless of income and background, will have a safe, stable and healthy place to live

Indicators:

- Percent of cost-burdened renters
- Rental vacancy rate



Percentage of households that pay 30% or more of their income on housing:

44% of renter-occupied households and

23% of owner-occupied households with a mortgage in Goodhue County.

(ACS, 2016-2020)

Action Plan: Housing

Strategies:

Advocate for additional affordable and supportive housing units

Prepare a community education and engagement campaign to shift the narrative around the importance of a robust housing market that meets the needs of all community members

#3 Health Priority:

Address chemical health in youth
and reduce overdose deaths

Result 1: Youth stay substance free

Indicators:

- Percent of 9th grade students who report drinking one or more alcoholic beverages in the last 30 days
- Percent of 11th grade students who report using prescription drugs without a doctor's prescription or differently than how a doctor told them to use it

9% males and 15% females in 9th grade reported drinking one or more alcoholic beverages in the last 30 days.

This alcohol was most often from parties (14%), down from 42% in 2019, or from friends (25%) and parents (31%). (MSS, 2022)



6% of Goodhue County 11th graders reported used prescription drugs without a doctor's prescription or differently than how a doctor told them to use it, this is up from 2.5% in 2019.

(MSS, 2022)

Action Plan: Youth stay substance free

Strategies:

Educate students, caregivers, and educators on substances, risk factors and protective factors

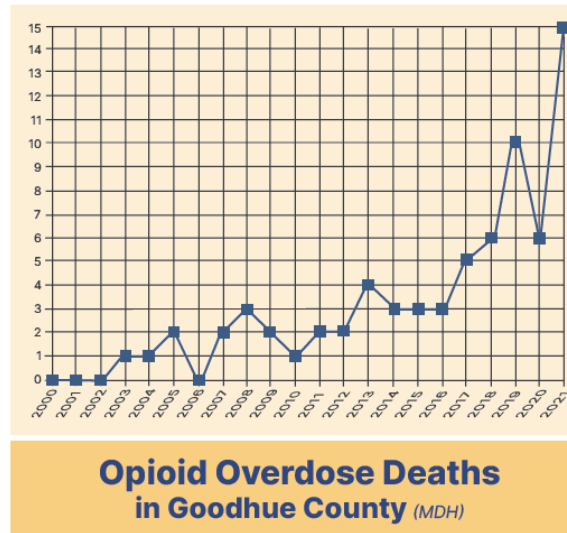
Expand access to youth mentoring programs

Reduce barriers for youth to participate in healthy activities

Result 2: All community member know how to prevent fatal overdoses

Indicators:

- Number of opioid overdose deaths in Goodhue County



Action Plan: Prevent Fatal Overdoses

Strategies:

Expand knowledge about opioids and harm reduction through community education

Increase access to Naloxone and fentanyl test strips

QUESTIONS?



**Goodhue County
Community
Health
Improvement
Plan (CHIP)**

2023-2025

Top health priorities identified in Goodhue County, Minnesota

Executive Summary

The Community Health Improvement Plan (CHIP)

is a guiding document which supports active engagement by community members and organizations in improving the health of Goodhue County. It is intended to be a framework for measurable change in addressing the needs identified in the last community health needs assessment.

This 2023 to 2025 plan is based on the 2022 Goodhue County Community Health Needs Assessment (CHNA). A copy of this assessment can be accessed at co.goodhue.mn.us/chna.

The CHIP is the responsibility of Goodhue County Health and Human Services (GCHHS) under Minnesota Statutes §145A and is required by the Public Health Accreditation Board. The CHIP reflects the results of a collaborative planning process between GCHHS and the community. It is a commitment by the community to improve the health of Goodhue County by advocating for and directing resources towards health priorities.

Three chosen priorities for 2023-2025 are:

- Support mental wellbeing through mental health care and social connection,
- Advocate for more housing, and
- Address chemical health in youth and reduce overdose deaths.

The Goodhue County Community Health Assessment Committee is responsible for advancing this work. The health priorities were chosen based on feedback from community members, community agencies, and other key stakeholders. The data from the 2022 CHNA informed these conversations and was kept at the center of the development of the strategies found in the CHIP.

This plan is about improving the health of the community together and achieving the Community Health Assessment Committee's vision. That vision is equitable opportunity for all Goodhue County residents to experience optimal health across the dimensions of wellbeing (physical, social, mental, spiritual, economic, environmental, occupational, and intellectual).

3 Health Priorities Goodhue County 2023-2025

Community Health Improvement Plan (CHIP)

#1



Support Mental Wellbeing through Mental Health Care and Social Connection

#2



Advocate for More Housing

#3



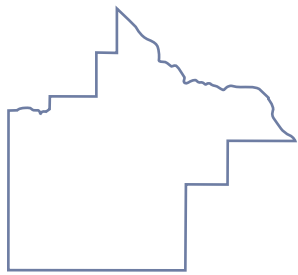
Address Chemical Health in Youth and Reduce Overdose Deaths

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■ Executive Summary	2		#1 Health Priority: Support Mental Wellbeing through Mental Health Care and Social Connection	10
■ 3 Health Priorities	3		#2 Health Priority: Advocate for More Housing	12
■ Goodhue County Description	4		#3 Health Priority: Address Chemical Health in Youth and Reduce Overdose Deaths.....	14
■ MAPP Overview	5		■ List of Annexes.....	16
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■ Implementation and Monitoring of the Plan.....	9			

Goodhue County, Minnesota

This Community Health Improvement Plan is about improving the health of all community members in the geographic area of Goodhue County, which is located in southeast Minnesota.



Goodhue County's estimated population is 47,582 (2020 US Census), an increase of 1,399 or 3% since the 2010 Census.

According to US Census 2020 Population Estimates retrieved from the 2022 County Health Rankings,

- 91.5% of the population is non-Hispanic white
- 3.6% is Hispanic
- 1.5% is American Indian and Alaskan Native
- 1.4% is Black or African American
- 0.8% is Asian, and
- 0.1% is Native Hawaiian/ Other Pacific Islander

Goodhue County has 10 cities and 21 townships.

The county is on the Highway 52 corridor between the Twin Cities and Rochester, including the towns of Cannon Falls, Zumbrota, and Pine Island. The Mississippi River town of Red Wing, on U.S. Highway 61, is the county seat. Other rural communities include Goodhue, Kenyon, Wanamingo, Bellechester, Dennison, and Lake City. Most of Lake City and a portion of Pine Island are in neighboring counties.

Households with children under 18 make up 28% of households in Goodhue County (ACS 2017-2021).

School districts include Cannon Falls, Goodhue, Kenyon-Wanamingo, Pine Island, Red Wing, and Goodhue County Education District, plus portions of seven others including Zumbrota-Mazzeppa and Lake City.

A major demographic shift is underway.

In 2018, children aged 0 to 14 were out-numbered by retirees aged 65 and above for the first time in Goodhue County's

history, according to State Demographic Center estimates. In 2013, 18% of Goodhue County residents were over age 65, but the State Demographic Center projects that by 2028, 25% will be over age 65. Our population is becoming older. Goodhue County's population is expected to decline from 2023 to 2033.

An estimated 9% of the population in Goodhue County lives below the poverty line (ACS 2017-2021), and households in Goodhue County had a median income of \$71,414, lower than the state at \$77,706.

(U.S. Census Bureau QuickFacts, 2017-2021)

The county has 780 square miles, much of it prime farmland in active production.

Outside of agriculture, the economy of Goodhue County is specialized in manufacturing, and other large industries include health care and retail. From 2019 to 2021, employment in Goodhue Co. is still down from the pandemic recession *(Minnesota DEED County Profile).*

MAPP Overview

The Community Health Assessment Committee utilized the MAPP model. Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

Public health systems can be defined as all public, private, and voluntary entities that contribute to the public's health and wellbeing throughout the community.

The CHIP involves Phase 3 of the MAPP process, Continuously Improve the Community. This phase provides a framework to prioritize health issues, and develop shared goals, long-term measures, data-driven action, and create a structure to monitor and evaluate the impact on CHIP priorities.



Aligning with state and national frameworks

Overview of process for determining priority health issues

Goodhue County Health and Human Services (GCHHS) and Mayo Clinic Health System (MCHS) have long been partners in the work of community health assessment and improvement planning, but this year, with grant funds from the Minnesota Department of Health, we have been able to further align our work. A consultant helped develop an action plan template for this CHIP that meets the requirements of both local public health and the hospital system.

With this strengthened partnership, GCHHS and MCHS facilitated the Community Assessment Committee in determining priority issues. Data from the top four health issues in the 2022 CHNA were reviewed, themes were identified, and then priority health statements were developed by looking at who is affected, the impact of the issue of overall health, and the factors that contribute to the issue. The CHA Core Group (representatives from GCHHS, MCHS, United Way, and City of Red Wing) then reviewed the developed statements and edited them to provide clarity.

Photo by Kirsten Ford / Focus Design

Hospital quality metrics are a set of standards that quantify inpatient hospital processes and patient outcomes. These include staffing ratios, measures of whether patients got the recommended care for their conditions, as well as patient reports of care they experienced in the hospital.

Healthy Minnesota 2022 priorities:

- Assure that the opportunity to be healthy is available everywhere and for everyone
- Design places and systems for health and well-being
- Make it possible for all to participate in decisions that shape health and well-being

Healthy People 2030 identifies national public health priorities. It provides 10-year, measurable public health objectives.

2023-2025 Goodhue County CHIP Indicators are aligned with Healthy People 2030 Objectives.

Reduce the suicide rate

	National Data Suicides per 100,000 population age adjusted to the 2000 standard population	Goodhue County Data Suicides per 100,000 population, crude death rate
2019	13.9	19.4
2020	13.5	21.0
2021	14.1	14.6

Reduce the proportion of families that spend more than 30% of income on housing

National Disparities by Race/Ethnicity, 2017 (disaggregated data is unavailable at the county level)	National Disparities by Disability, 2017 (disaggregated data is unavailable at the county level)
45% Hispanic	42% people with disabilities
44% Black	33% people without disabilities
30% White	35% total U.S. population

Reduce overdose deaths including opioids

	National Data Deaths per 100,000 population age adjusted to the 2000 standard population	Goodhue County Data Deaths per 100,000 population, crude death rate
2019	15.5	21.6
2020	21.4	12.6
2021	24.7	31.3

National Data and Evidence-Based Resources can be found online at health.gov/healthypeople.

Implementation and monitoring of the plan

The action plans in the appendices identify the assets or resources that will be used to address each priority. Assets and resources can include things like strong community, local coalitions, and social capital as well as the resources the hospital system plans to commit to address the health needs. Each action plan also identifies the roles of the local health department and other partners. A column in the action plan tables identifies a “Strategy Lead” for each activity.

- The local health department, Goodhue County Health and Human Services (GCHHS) will share the action plans with strategy leads to update on a quarterly basis.
- Strategy leads will revise the Action Plan accordingly, for each action they are leading. Strategy leads will provide progress notes for activities to track the status of the effort as well as the most recent performance measure data available to track the results of the actions taken. They may also add, revise, or delete activities.
- GCHHS staff will prepare a CHIP Annual Report for the Community Health Assessment (CHA) Committee. The CHIP Annual Report will share the revision history, progress notes, pictures, and most recent data for performance measures and indicators.



Photo by AndreyPopov / iStock



#1 Health Priority:

Support mental wellbeing through mental health care and social connection

Overview

Mental Health and Mental Disorders was the #1 health issue identified in the 2022 CHNA, and Social Connection and Inclusion was #4. Both access to mental health care and feeling connected and included are factors that impact mental well-being. Barriers such as complex intake processes, lack of providers, insurance coverage, transportation, stigma, lack of education, racism, bullying, and community cohesion made this a priority health issue.

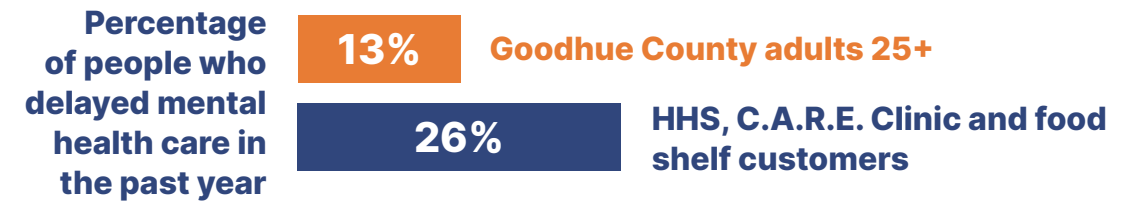
Why this is important

Ensuring that individuals have access to mental health care and social connections can improve lives and communities. For many, removing barriers to services and supports can dramatically reduce or eliminate the risk of suicide, legal issues, family conflict, unemployment, and substance abuse.

In Goodhue County, 13% of adults 25+ delayed mental health care in 2021. And when we look at a lower income population (GCHHS, C.A.R.E. Clinic, and food shelf customers) we see that number rise to 26%. Similarly, those in this population have more mentally unhealthy days (9.1 out 30 days) compared to the general adult population age 25+ (2.8 out of 30 days). However, all Goodhue County residents have experienced an increase in mentally unhealthy days from 2015 to 2021.

Positive relationships at home, at work, and in the community can have a major impact on a person's health and wellbeing, but some people don't get support they need. In Goodhue County, 34% of students feel that adults in their community don't care about them at all or care very little and 15% report being bullied for their race or ethnicity at least one in the last 30 days.

Healthy People 2030 says that interventions to help people get the social and community support they need are critical for improving health and well-being.



(Goodhue County CHNA Survey, 2021)



Suicide was the #9 cause of death in Goodhue County in 2015-2019. 9 people died by suicide in Goodhue County in 2019.

(MDH, 2021) (MHMD-01)

The average number of mentally unhealthy days for adults 25+ was 3.8 out of 30 days.

This is up from 2.5 days in 2015. For Goodhue County Health & Human Services, C.A.R.E. Clinic and food shelf customers surveyed in 2021, it was **9.1 out of 30 days**

(Goodhue County CHNA Survey, 2021)

What we're going to do about it

Result 1: All community members have access to mental health supports and know how to use them.

Indicators:

- Percentage of people who delayed mental health care in the past year
- Average number of mentally unhealthy days
- Suicide (number and rate)

Strategies:

- Provide Suicide prevention training/ community education programs
- Expand Peer-led Groups
- Create an Employee Friendly Workplace Certification Program

Result 2: All community members feel connected and valued by others.

Indicators :

- Percent of Goodhue County students who feel that adults in their community care about them
- Percent of adults who usually or always get the social or emotional support they need.

Strategies:

- Support and expand the Honoring Dakota Project
- Educate the community about Positive Childhood Experiences



The full action plan can be found online at co.goodhue.mn.us/chip.



#2 Health Priority:

Advocate for more housing

Overview

Housing & Homes was the #2 health issue identified in the 2022 CHNA. Having a safe and affordable home can help improve health, but quality rental homes are scarce and expensive. Advocating for more housing is about supporting housing projects and educating the community about the importance of affordable, accessible and stable housing to their community's long-term health.

Why this is important

All Goodhue County residents should have a safe, secure place to call home. We need more housing in our communities that can provide stability, choices for low-income renters, and homeownership and wealth-building opportunities for generations to come. We need affordable housing opportunities for those of all abilities and needs. Having quality housing in a thriving community is associated with improved physical and mental health.

According to the Frameworks Institute, "The federal government spends about \$200 billion each year to help Americans buy or rent their homes [in the form of tax breaks and loan guarantees]. Right now, very little of this money goes primarily to people with lower incomes, who are most in need of support."^[1] The result is that people with lower incomes end up spending more of their money on housing. In Goodhue County, 44% of renter-occupied households and 23% of owner-occupied households with a mortgage pay 30% or

[1] Levay, K., Volmert, A., and Kendall-Taylor, N. (2018). Finding a frame for affordable housing: Findings from reframing research on affordable housing and community development. Washington, DC: FrameWorks Institute.



Percentage of households that pay 30% or more of their income on housing:

44% of renter-occupied households and 23% of owner-occupied households with a mortgage in Goodhue County.

(ACS, 2016-2020)

In Real Life Based on the overall median gross rent, a household renting in Red Wing needs to earn roughly \$35,000 per year to avoid being cost-burdened by housing payments. Based on the overall median gross mortgage, a household owning a home in Red Wing needs to earn roughly \$54,500 to avoid being cost-burdened by housing payments. (Red Wing Report Card 2020)

Rental Vacancy Rates The rental vacancy rates for affordable and subsidized rental properties (0.9% for Red Wing) and market rate rental properties (4% for the county) are low. We want the vacancy rate to be 5% to meet demand. With more units, businesses can attract more employees, people will be healthier, and Red Wing can grow economically stronger.

(Comprehensive Housing Needs Analysis for Goodhue County, 2020 / Red Wing Report Card 2022)

more of their income on housing. Spending so much income on housing puts residents at a disadvantage in other areas of life, because they have less to spend on things like health and education.

Goodhue County has a large disparity in home ownership, with 76% of white households and only 41% for households of all other races owning their own homes. This racial disparity is also seen in homelessness, as 34% of active clients on the coordinated entry list (a list of people who meet the criteria to be considered homeless) between June 2020-May 2021 were people of color, despite only making up less than 10% of the total population of Goodhue County.

When communities oppose housing developments, it has an impact on safe, affordable housing options. It means much of the housing stock that needs to be replenished, updated or expanded — housing that would help ease the cost burdens — never gets built. There is opportunity to change the narrative about why housing matters, what "affordable housing" means, why housing is a shared public concern, and what needs to be done to fix this problem. Reframing the conversation about housing means changing the way we invite a more thoughtful public conversation about new housing projects.

What we're going to do about it

Result: Everyone, regardless of income and background, will have a safe, stable, and healthy place to live.

Indicators:

- Percent of cost-burdened renters (spending more than 30%)
- Rental vacancy rate

Strategies:

- Advocate for additional affordable and supportive housing units
- Prepare a community education and engagement campaign to shift the narrative around the importance of a robust housing market that meets the needs of all community members

The full action plan can be found online at co.goodhue.mn.us/chip.



hudson-hintze / unsplash

#3 Health Priority:

Address chemical health in youth and reduce overdose deaths

Overview

Drug & Alcohol Use was the #3 health issue identified in the 2022 CHNA. Substance use disorders are linked to many health issues, and overdoses can lead to emergency department visits and deaths. Focusing on chemical health in youth is a preventative approach to the development of substance use disorders. However, people are dying now and there is also an immediate need to address the critical care aspects of drug and alcohol use. The two-prong approach can help ensure a thriving and healthy community.

Why this is important

The earlier in life a young person starts using alcohol or other drugs, the greater their lifetime risk of misuse or addiction. Prevention and early intervention can reduce the effect of substance use in Goodhue County. Substance use disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Working to educate and support youth to prevent the use and misuse of drugs can make an impact of their social and health outcomes later in life.

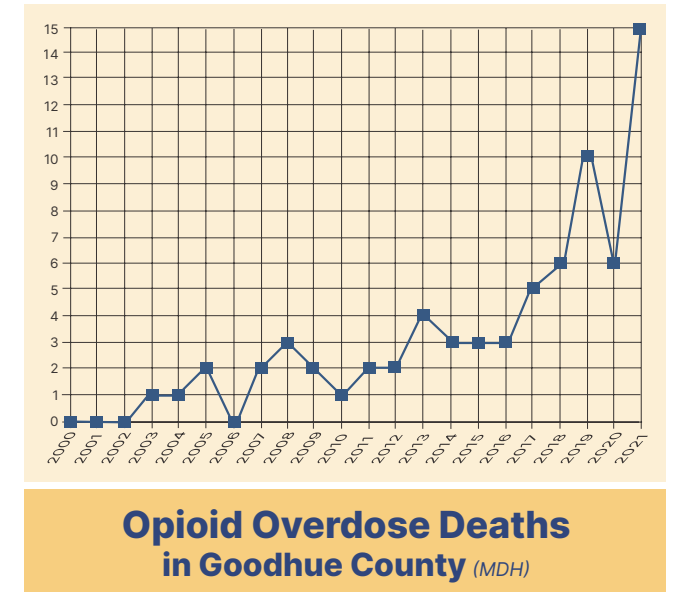
In Goodhue County, 15% of 9th grade females and 9% of 9th grade males reported drinking one or more alcoholic beverages in the last 30 days. In 2022 6% of 11th grade students used prescription drugs without a doctor's prescription without a doctor's prescription or differently than how a doctor told them to use it; this is up from 2.5% in 2019. In addition, Goodhue County has recently seen a spike in our overdose deaths. In 2021, 15 residents died from an opioid overdose which was up from six in 2020 and only three in 2016.

Overdose deaths are preventable. There are tools that reduce the risk of dying from an overdose. For every drug overdose that results in death, there are many more nonfatal overdoses, each one with its own emotional and monetary toll. Saving a person from a fatal overdose may be the first step in connecting them with the treatment, services, and supports they need to address their substance use disorder.

9% males and 15% females in 9th grade reported drinking one or more alcoholic beverages in the last 30 days. This alcohol was most often from parties (14%), down from 42% in 2019, or from friends (25%) and parents (31%). (MSS, 2022)

The proportion of overdose deaths involving synthetic opioids increased 205% from 2011-2013 to 2017-2019 in Southeast Minnesota and more involve multiple drugs. (MDH, 2022)

6% of Goodhue County 11th graders reported used prescription drugs without a doctor's prescription or differently than how a doctor told them to use it, this is up from 2.5% in 2019. (MSS, 2022)



What we're going to do about it

Result 1: Youth stay substance free.

Indicators:

- Percent of 9th grade students who report drinking one or more alcoholic beverages in the last 30 days.
- Percent of 11th grade students who report using prescription drugs without a doctor's prescription or differently than how a doctor told them to use it.

Strategies:

- Educate students, caregivers, and educators on substances, risk factors, and protective factors
- Expand access to youth mentoring programs
- Reduce barriers for youth to participate in healthy activities

Result 2: All community members know how to prevent fatal overdoses.

Indicator:

- Number of opioid overdose deaths in Goodhue County

Strategies:

- Expand knowledge about opioids and harm reduction through community education
- Increase access to Naloxone and fentanyl test strips

The full action plan can be found online at co.goodhue.mn.us/chip.

List of Annexes

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Action Plan #1:

Support mental wellbeing through mental health care and social connection

Action Plan #2:

Advocate for more housing

Action Plan #3:

Address chemical health in youth and reduce overdose deaths



Goodhue County Community Health Assessment (CHA) Committee Members

Ana Bass Red Wing Housing and Redevelopment Authority

Kelly Braaten South Country Health Alliance

Maggie Cichosz* facilitator, Goodhue County Health and Human Services – Public Health Division

Rosalie Eisenreich (SE MN Center for Independent Living)

Ruth Greenslade* facilitator, Goodhue County Health and Human Services – Public Health Division

Kris Johnson Goodhue County Health and Human Services

Susan Johnson Goodhue County Health and Human Services Board

Sara Kern Hope Coalition

Jessica Kitzmann Red Wing Housing and Redevelopment Authority

Gene Leifeld Community Member, Zumbrota

Michelle Leise City of Red Wing

Odey Vazquez Luna Goodhue County Health and Human Services – Public Health Division

Julie Malyon C.A.R.E. Clinic

Maureen Nelson United Way of Goodhue, Wabasha, & Pierce Counties

Stephanie Olson Mayo Clinic Health System

Anita Otterness Community Member, Goodhue

Maddy Schwartz Goodhue County Health and Human Services – Public Health Division

Jackie Sill Workforce Development, Inc.

Laura Smith, case aide, Goodhue County Health and Human Services – Public Health Division

Bryan Soper Red Wing YMCA

Gary Sprynczynatyk Blue Cross Minnesota

Dawn Tommerdahl Three Rivers Community Action

Abby Villaran Goodhue County Health and Human Services – Social Services Division

Dawn Wettern Red Wing Community Education & Recreation

* facilitator

The CHA Committee thanks the numerous other community members who participated in the development of this plan and who will help carry the work forward.

Partnering for the health of Goodhue County, Minnesota



United Way of Goodhue,
Wabasha & Pierce Counties



This report was made possible in part by a Minnesota Department of Health Rural Health Assessment Grant using federal funds from the Centers for Disease Control and Prevention.



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Health
Improvement
Plan (CHIP)**

2023-2025

Top health priorities identified in Goodhue County, Minnesota

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is a guiding document which supports active engagement by community members and organizations in improving the health of Goodhue County. It is intended to be a framework for measurable change in addressing the needs identified in the last community health needs assessment.

This 2023 to 2025 plan is based on the 2022 Goodhue County Community Health Needs Assessment (CHNA). A copy of this assessment can be accessed at co.goodhue.mn.us/chna.

The CHIP is the responsibility of Goodhue County Health and Human Services (GCHHS) under Minnesota Statutes §145A and is required by the Public Health Accreditation Board. The CHIP reflects the results of a collaborative planning process between GCHHS and the community. It is a commitment by the community to improve the health of Goodhue County by advocating for and directing resources towards health priorities.

Three chosen priorities for 2023-2025 are:

- **Support mental wellbeing through mental health care and social connection,**
- **Advocate for more housing, and**
- **Address chemical health in youth and reduce overdose deaths.**

The Goodhue County Community Health Assessment Committee is responsible for advancing this work. The health priorities were chosen based on feedback from community members, community agencies, and other key stakeholders. The data from the 2022 CHNA informed these conversations and was kept at the center of the development of the strategies found in the CHIP.

This plan is about improving the health of the community together and achieving the Community Health Assessment Committee's vision. That vision is equitable opportunity for all Goodhue County residents to experience optimal health across the dimensions of wellbeing (physical, social, mental, spiritual, economic, environmental, occupational, and intellectual).

3 Health Priorities Goodhue County 2023-2025



#1



Support Mental Wellbeing through Mental Health Care and Social Connection

#2



Advocate for More Housing

#3



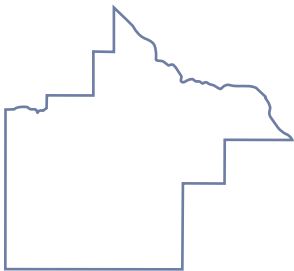
Address Chemical Health in Youth and Reduce Overdose Deaths

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Goodhue County, Minnesota

This Community Health Improvement Plan is about improving the health of all community members in the geographic area of Goodhue County, which is located in southeast Minnesota.



Goodhue County's estimated population is 47,582 (2020 US Census), an increase of 1,399 or 3% since the 2010 Census.

According to US Census 2020 Population Estimates retrieved from the 2022 County Health Rankings,

- 91.5% of the population is non-Hispanic white
- 3.6% is Hispanic
- 1.5% is American Indian and Alaskan Native
- 1.4% is Black or African American
- 0.8% is Asian, and
- 0.1% is Native Hawaiian/ Other Pacific Islander

Goodhue County has 10 cities and 21 townships.

The county is on the Highway 52 corridor between the Twin Cities and Rochester, including the towns of Cannon Falls, Zumbrota, and Pine Island. The Mississippi River town of Red Wing, on U.S. Highway 61, is the county seat. Other rural communities include Goodhue, Kenyon, Wanamingo, Bellechester, Dennison, and Lake City. Most of Lake City and a portion of Pine Island are in neighboring counties.

Households with children under 18 make up 28% of households in Goodhue County (ACS 2017-2021).

School districts include Cannon Falls, Goodhue, Kenyon-Wanamingo, Pine Island, Red Wing, and Goodhue County Education District, plus portions of seven others including Zumbrota-Mazeppa and Lake City.

A major demographic shift is underway.

In 2018, children aged 0 to 14 were out-numbered by retirees aged 65 and above for the first time in Goodhue County's

history, according to State Demographic Center estimates. In 2013, 18% of Goodhue County residents were over age 65, but the State Demographic Center projects that by 2028, 25% will be over age 65. Our population is becoming older. Goodhue County's population is expected to decline from 2023 to 2033.

An estimated 9% of the population in Goodhue County lives below the poverty line (ACS 2017-2021), and households in Goodhue County had a median income of \$71,414, lower than the state at \$77,706.

(U.S. Census Bureau QuickFacts, 2017-2021)

The county has 780 square miles, much of it prime farmland in active production.

Outside of agriculture, the economy of Goodhue County is specialized in manufacturing, and other large industries include health care and retail. From 2019 to 2021, employment in Goodhue Co. is still down from the pandemic recession *(Minnesota DEED County Profile)*.

MAPP Overview

The Community Health Assessment Committee utilized the MAPP model. Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Public health systems can be defined as all public, private, and voluntary entities that contribute to the public's health and wellbeing throughout the community.

The CHIP involves Phase 3 of the MAPP process, Continuously Improve the Community. This phase provides a framework to prioritize health issues, and develop shared goals, long-term measures, data-driven action, and create a structure to monitor and evaluate the impact on CHIP priorities.





Overview of process for determining priority health issues

Goodhue County Health and Human Services (GCHHS) and Mayo Clinic Health System (MCHS) have long been partners in the work of community health assessment and improvement planning, but this year, with grant funds from the Minnesota Department of Health, we have been able to further align our work. A consultant helped develop an action plan template for this CHIP that meets the requirements of both local public health and the hospital system.

With this strengthened partnership, GCHHS and MCHS facilitated the Community Assessment Committee in determining priority issues. Data from the top four health issues in the 2022 CHNA were reviewed, themes were identified, and then priority health statements were developed by looking at who is affected, the impact of the issue of overall health, and the factors that contribute to the issue. The CHA Core Group (representatives from GCHHS, MCHS, United Way, and City of Red Wing) then reviewed the developed statements and edited them to provide clarity.

Aligning with state and national frameworks

Hospital quality metrics are a set of standards that quantify inpatient hospital processes and patient outcomes. These include staffing ratios, measures of whether patients got the recommended care for their conditions, as well as patient reports of care they experienced in the hospital.

Healthy Minnesota 2022 priorities:

- Assure that the opportunity to be healthy is available everywhere and for everyone
- Design places and systems for health and well-being
- Make it possible for all to participate in decisions that shape health and well-being

Healthy People 2030 identifies national public health priorities. It provides 10-year, measurable public health objectives.

2023-2025 Goodhue County CHIP Indicators are aligned with Healthy People 2030 Objectives.

Reduce the suicide rate

	National Data Suicides per 100,000 population age adjusted to the 2000 standard population	Goodhue County Data Suicides per 100,000 population, crude death rate
2019	13.9	19.4
2020	13.5	21.0
2021	14.1	14.6

Reduce the proportion of families that spend more than 30% of income on housing

National Disparities by Race/Ethnicity, 2017 (disaggregated data is unavailable at the county level)	National Disparities by Disability, 2017 (disaggregated data is unavailable at the county level)
45% Hispanic	42% people with disabilities
44% Black	33% people without disabilities
30% White	35% total U.S. population

Reduce overdose deaths including opioids

	National Data Deaths per 100,000 population age adjusted to the 2000 standard population	Goodhue County Data Deaths per 100,000 population, crude death rate
2019	15.5	21.6
2020	21.4	12.6
2021	24.7	31.3

National Data and Evidence-Based Resources can be found online at health.gov/healthypeople.

Implementation and monitoring of the plan

The action plans in the appendices identify the assets or resources that will be used to address each priority. Assets and resources can include things like strong community, local coalitions, and social capital as well as the resources the hospital system plans to commit to address the health needs. Each action plan also identifies the roles of the local health department and other partners. A column in the action plan tables identifies a “Strategy Lead” for each activity.

- The local health department, Goodhue County Health and Human Services (GCHHS) will share the action plans with strategy leads to update on a quarterly basis.

- Strategy leads will revise the Action Plan accordingly, for each action they are leading. Strategy leads will provide progress notes for activities to track the status of the effort as well as the most recent performance measure data available to track the results of the actions taken. They may also add, revise, or delete activities.

- GCHHS staff will prepare a CHIP Annual Report for the Community Health Assessment (CHA) Committee. The CHIP Annual Report will share the revision history, progress notes, pictures, and most recent data for performance measures and indicators.





Photo by DisabilityArt / iStock

#1 Health Priority:

Support mental wellbeing through mental health care and social connection

Overview

Mental Health and Mental Disorders was the #1 health issue identified in the 2022 CHNA, and Social Connection and Inclusion was #4. Both access to mental health care and feeling connected and included are factors that impact mental wellbeing. Barriers such as complex intake processes, lack of providers, insurance coverage, transportation, stigma, lack of education, racism, bullying, and community cohesion made this a priority health issue.

Why this is important

Ensuring that individuals have access to mental health care and social connections can improve lives and communities. For many, removing barriers to services and supports can dramatically reduce or eliminate the risk of suicide, legal issues, family conflict, unemployment, and substance abuse.

In Goodhue County, 13% of adults 25+ delayed mental health care in 2021. And when we look at a lower income population (GCHHS, C.A.R.E. Clinic, and food shelf customers) we see that number rise to 26%. Similarly, those in this population have more mentally unhealthy days (9.1 out of 30 days) compared to the general adult population age 25+ (2.8 out of 30 days). However, all Goodhue County residents have experienced an increase in mentally unhealthy days from 2015 to 2021.

Positive relationships at home, at work, and in the community can have a major impact on a person's health and wellbeing, but some people don't get support they need. In Goodhue County, 34% of students feel that adults in their community don't care about them at all or care very little and 15% report being bullied for their race or ethnicity at least one in the last 30 days.

Healthy People 2030 says that interventions to help people get the social and community support they need are critical for improving health and well-being.

Percentage of people who delayed mental health care in the past year

13%

Goodhue County adults 25+

26%

HHS, C.A.R.E. Clinic and food shelf customers

(Goodhue County CHNA Survey, 2021)



Suicide was the #9 cause of death in Goodhue County in 2015-2019. 9 people died by suicide in Goodhue County in 2019.

(MDH, 2021) (MHMD-01)

The average number of mentally unhealthy days for adults 25+ was

3.8 out of 30 days.

This is up from 2.5 days in 2015.

For Goodhue County Health & Human Services, C.A.R.E. Clinic and food shelf customers surveyed in 2021, it was **9.1 out of 30 days**

(Goodhue County CHNA Survey, 2021)

What we're going to do about it

Result 1: All community members have access to mental health supports and know how to use them.

Indicators:

- Percentage of people who delayed mental health care in the past year
- Average number of mentally unhealthy days
- Suicide (number and rate)

Strategies:

- Provide Suicide prevention training/ community education programs
- Expand Peer-led Groups
- Create an Employee Friendly Workplace Certification Program

Result 2: All community members feel connected and valued by others.

Indicators :

- Percent of Goodhue County students who feel that adults in their community care about them
- Percent of adults who usually or always get the social or emotional support they need.

Strategies:

- Support and expand the Honoring Dakota Project
- Educate the community about Positive Childhood Experiences



The full action plan can be found online at co.goodhue.mn.us/chip.



Photo by andreas / iStock

#2 Health Priority:

Advocate for more housing

Overview

Housing & Homes was the #2 health issue identified in the 2022 CHNA. Having a safe and affordable home can help improve health, but quality rental homes are scarce and expensive. Advocating for more housing is about supporting housing projects and educating the community about the importance of affordable, accessible and stable housing to their community's long-term health.

Why this is important

All Goodhue County residents should have a safe, secure place to call home. We need more housing in our communities that can provide stability, choices for low-income renters, and homeownership and wealth-building opportunities for generations to come. We need affordable housing opportunities for those of all abilities and needs. Having quality housing in a thriving community is associated with improved physical and mental health.

According to the Frameworks Institute, "The federal government spends about \$200 billion each year to help Americans buy or rent their homes [in the form of tax breaks and loan guarantees]. Right now, very little of this money goes primarily to people with lower incomes, who are most in need of support."^[1] The result is that people with lower incomes end up spending more of their money on housing. In Goodhue County, 44% of renter-occupied households and 23% of owner-occupied households with a mortgage pay 30% or

[1] Levay, K., Volmert, A., and Kendall-Taylor, N. (2018). Finding a frame for affordable housing: Findings from reframing research on affordable housing and community development. Washington, DC: FrameWorks Institute.



Percentage of households that pay 30% or more of their income on housing:

44% of renter-occupied households and 23% of owner-occupied households with a mortgage in Goodhue County.

(ACS, 2016-2020)

In Real Life Based on the overall median gross rent, a household renting in Red Wing needs to earn roughly \$35,000 per year to avoid being cost-burdened by housing payments. Based on the overall median gross mortgage, a household owning a home in Red Wing needs to earn roughly \$54,500 to avoid being cost-burdened by housing payments. *(Red Wing Report Card 2020)*

Rental Vacancy Rates The rental vacancy rates for affordable and subsidized rental properties (0.9% for Red Wing) and market rate rental properties (4% for the county) are low. We want the vacancy rate to be 5% to meet demand. With more units, businesses can attract more employees, people will be healthier, and Red Wing can grow economically stronger.

(Comprehensive Housing Needs Analysis for Goodhue County, 2020 / Red Wing Report Card 2022)

more of their income on housing. Spending so much income on housing puts residents at a disadvantage in other areas of life, because they have less to spend on things like health and education.

Goodhue County has a large disparity in home ownership, with 76% of white households and only 41% for households of all other races owning their own homes. This racial disparity is also seen in homelessness, as 34% of active clients on the coordinated entry list (a list of people who meet the criteria to be considered homeless) between June 2020-May 2021 were people of color, despite only making up less than 10% of the total population of Goodhue County.

When communities oppose housing developments, it has an impact on safe, affordable housing options. It means much of the housing stock that needs to be replenished, updated or expanded — housing that would help ease the cost burdens — never gets built. There is opportunity to change the narrative about why housing matters, what “affordable housing” means, why housing is a shared public concern, and what needs to be done to fix this problem. Reframing the conversation about housing means changing the way we invite a more thoughtful public conversation about new housing projects.

What we’re going to do about it

Result: Everyone, regardless of income and background, will have a safe, stable, and healthy place to live.

Indicators:

- Percent of cost-burdened renters (spending more than 30%)
- Rental vacancy rate

Strategies:

- Advocate for additional affordable and supportive housing units
- Prepare a community education and engagement campaign to shift the narrative around the importance of a robust housing market that meets the needs of all community members

The full action plan can be found online at co.goodhue.mn.us/chip.



HUDSON-HINTZE / UNSPLASH

#3 Health Priority:

Address chemical health in youth and reduce overdose deaths

Overview

Drug & Alcohol Use was the #3 health issue identified in the 2022 CHNA. Substance use disorders are linked to many health issues, and overdoses can lead to emergency department visits and deaths. Focusing on chemical health in youth is a preventative approach to the development of substance use disorders. However, people are dying now and there is also an immediate need to address the critical care aspects of drug and alcohol use. The two-prong approach can help ensure a thriving and healthy community.

Why this is important

The earlier in life a young person starts using alcohol or other drugs, the greater their lifetime risk of misuse or addiction. Prevention and early intervention can reduce the effect of substance use in Goodhue County. Substance use disorders can make daily activities difficult and impair a person’s ability to work, interact with family, and fulfill other major life functions. Working to educate and support youth to prevent the use and misuse of drugs can make an impact of their social and health outcomes later in life.

In Goodhue County, 15% of 9th grade females and 9% of 9th grade males reported drinking one or more alcoholic beverages in the last 30 days. In 2022 6% of 11th grade students used prescription drugs without a doctor’s prescription without a doctor’s prescription or differently than how a doctor told them to use it; this is up from 2.5% in 2019. In addition, Goodhue County has recently seen a spike in our overdose deaths. In 2021, 15 residents died from an opioid overdose which was up from six in 2020 and only three in 2016.

Overdose deaths are preventable. There are tools that reduce the risk of dying from an overdose. For every drug overdose that results in death, there are many more nonfatal overdoses, each one with its own emotional and monetary toll. Saving a person from a fatal overdose may be the first step in connecting them with the treatment, services, and supports they need to address their substance use disorder.

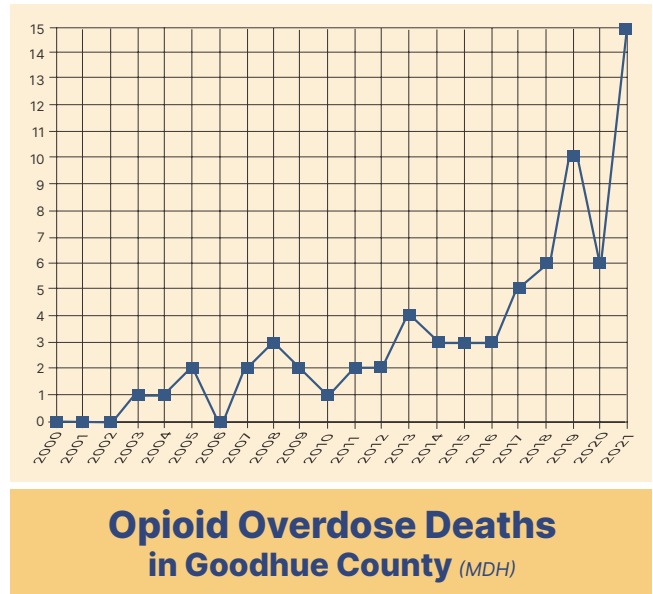
9% males and 15% females in 9th grade reported drinking one or more alcoholic beverages in the last 30 days. This alcohol was most often from parties (14%), down from 42% in 2019, or from friends (25%) and parents (31%). (MSS, 2022)

The proportion of overdose deaths involving synthetic opioids increased 205% from 2011-2013 to 2017-2019 in Southeast Minnesota and more involve multiple drugs. (MDH, 2022)



6% of Goodhue County 11th graders reported used prescription drugs without a doctor's prescription or differently than how a doctor told them to use it, this is up from 2.5% in 2019.

(MSS, 2022)



What we're going to do about it

Result 1: Youth stay substance free.

Indicators:

- Percent of 9th grade students who report drinking one or more alcoholic beverages in the last 30 days.
- Percent of 11th grade students who report using prescription drugs without a doctor's prescription or differently than how a doctor told them to use it.

Strategies:

- Educate students, caregivers, and educators on substances, risk factors, and protective factors
- Expand access to youth mentoring programs
- Reduce barriers for youth to participate in healthy activities

Result 2: All community members know how to prevent fatal overdoses.

Indicator:

- Number of opioid overdose deaths in Goodhue County

Strategies:

- Expand knowledge about opioids and harm reduction through community education
- Increase access to Naloxone and fentanyl test strips

The full action plan can be found online at co.goodhue.mn.us/chip.

List of Annexes

The full action plans can be found online at co.goodhue.mn.us/chip.

Action Plan #1:

Support mental wellbeing through mental health care and social connection

Action Plan #2:

Advocate for more housing

Action Plan #3:

Address chemical health in youth and reduce overdose deaths



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The CHA Committee thanks the numerous other community members who participated in the development of this plan and who will help carry the work forward.

Partnering for the health of Goodhue County, Minnesota



United Way of Goodhue,
Wabasha & Pierce Counties



This report was made possible in part by a Minnesota Department of Health Rural Health Assessment Grant using federal funds from the Centers for Disease Control and Prevention.

Priority Health Issue 1: Support Mental Wellbeing through Mental Health Care and Social Connection

Assets / Resources:

Several organizations are currently providing or are interested in expanding mental health supports and social connection in Goodhue County, such as SE MN NAMI, the SE MN Suicide Prevention Coalition, the Minneapolis VA, Winona Health, Fernbrook Family Center, Hiawatha Valley Mental Health Center, Mayo Clinic Health System, Crisis Response and the Southeast Regional Crisis Center (SERCC), SEMCIL, Goodhue County Health and Human Services, Live Well Goodhue County, United Way of Goodhue, Wabasha & Pierce Counties, Workforce Development Inc., and Goodhue County Child and Family Collaborative. Many of these organization are looking at both evidence-based and innovative ways of increasing access to training, education, therapy, group supports, and making systems-level changes to improve the community's mental health. Businesses are a resource to provide education and ensure workers are aware of community services and supports. In 2022, the Goodhue County Board of Commissioners allocated funds from the American Rescue Plan Act (ARPA) to support mental health projects and programs of the Mental and Chemical Health Coalition of Goodhue County.

Challenges / Barriers:

Challenges and barriers include stigma and public perception, lack of mental health education and awareness of signs of mental illness, lack of awareness of existing resources available, complicated eligibility, insurance, and intake process, and workforce recruitment barriers (such as low insurance reimbursements, low wages, credentialing challenges, competing with Twin Cities and Rochester, and no local 4-year college).

Collaborative Partnerships:

The Mental and Chemical Health Coalition of Goodhue County formed in 2018 to improve mental health and reduce duplication. It is convened by the Community Health Assessment Committee, Goodhue County Child and Family Collaborative, Live Well Goodhue County, Mayo Clinic Health System, Fernbrook Family Center, Hiawatha Valley Mental Health Center, C.A.R.E. Clinic, and University of Minnesota Extension. This coalition, in collaboration with other groups, such as Winona Health, the SE MN Suicide Prevention Coalition and the Goodhue Community Health Awareness Coalition, will be essential in moving the strategies laid out in this plan forward.

The Honoring Dakota Project is a collaborative project that includes partners from Prairie Island Indian Community, City of Red Wing, Goodhue County Health and Human Services, Goodhue County Child & Family Collaborative, Red Wing Arts, and Thrive Unltd. This project is addressing social connection through a process of community conversations and events that provides education, builds relationships, and creates a space for healing.

Result: All community members have access to mental health supports and know how to use them

Indicator(s):

- Percentage of people who delayed mental health care in the past year
- Average number of mentally unhealthy days
- Suicide (number and rate)

Strategies	Timeframe	Strategy lead	Performance measures (<i>how much, how well, is anyone better off?</i>)
Suicide Prevention Training/Community Education Programs	2023-2025	Mental and Chemical Health Coalition	<i># participants</i> <i>#/% trainings that incorporate SERCC and Mobile Crisis</i> <i>% participants who use training to connect people to mental health care</i>
Peer-led Groups	2023-2025	Mental and Chemical Health Coalition	<i># new groups created</i> <i>% new groups sustained</i> <i>Average mentally healthy days for group participants</i>
Employee Friendly Workplace Certification Program	2023-2025	Live Well Goodhue County; Workforce Development Inc.	<i>#/% employers completing certification</i> <i>Average mentally healthy days for employees</i> <i>% employees who delay mental health care</i>

Result: All community members feel connected and valued by others

Indicator(s):

- **Percent of Goodhue County students who feel that adults in their community care about them**
- **Goodhue County Adults 25+ who always have the social and emotional support they need**

Strategies	Timeframe	Strategy lead	Performance measures (how much, how well, is anyone better off?)
Support and expand the Honoring Dakota Project	2023-2025	Honoring Dakota Project Team	<i># of people who attend events \$ of funds secured</i>
Educate the community about Positive Childhood Experiences	2023-2025	Goodhue County Child & Family Collaborative	<i># of people trained % of people trained who report an increase in knowledge</i>

Priority Health Issue 2: Advocate for More Housing

Assets / Resources:

Existing relationships and collaboration between local nonprofits, shelter providers, housing developers, Housing and Redevelopment Authorities, city staff, county staff, and community housing groups reflect a strong dedication to addressing homelessness and local housing needs. The support of some local government leaders and their use of strategic plans, comprehensive plan updates, and local studies to address housing needs are other assets, providing additional data on community housing needs, future demographic changes, and future demand for housing needs. Dedicated and engaged community members of diverse backgrounds who are passionate about addressing housing needs and advocating for the needs of the homeless population also add to these efforts. Current opportunities for housing and program development are an asset due to large amounts of state and federal funds for housing and enough contractors and vendors.

Challenges / Barriers:

One challenge to addressing this goal is community pushback and lack of awareness on housing needs. This includes the “Not in my backyard” community opposition that prevents local housing developments from moving forward on a local level. In recent years, this has led to more opposition than community support at City Council/other community meetings regarding new housing developments. Major employers are also missing from this conversation. Representation of the local workforce affected by the lack of affordable options should be added to these efforts.

Other challenges and barriers include the high costs of housing development, housing rehabilitation, and program development. With an increase in housing, there will also be an increased need for other community infrastructure to support a growing population including roadways, healthcare, businesses, and other community resources. We will also need more public transportation as housing development moves further from city centers. The high cost of living, high rent, and low wage jobs in the community will continue to be challenges and barriers to be addressed in order for everyone, regardless of income and background to have a safe, stable, and healthy place to live.

Collaborative Partnerships:

Partnerships with local housing agencies, developers, nonprofits, shelter providers, the Goodhue County Homeless Response Team, Hands for Hope, and community members will have a large role in this health priority. GCHHS will work with the United Way of Goodhue, Wabasha, & Pierce Counties, developers including the HRA’s, Habitat for Humanity, and Three Rivers Community Action, housing providers, shelter providers, other nonprofits, city staff from across Goodhue County, and community members.

The Mental and Chemical Health Coalition of Goodhue County, the Goodhue County Homeless Response Team, and Hands for Hope will be informed of local opportunities for advocacy and community education.

Result: Everyone, regardless of income and background, will have a safe, stable, and healthy place to live

Indicator(s):

- **Percent of cost-burdened renters (spending 30% or more of their income on housing)**
- **Rental vacancy rate (among all units, rental vs owned, rental type)**

Strategies	Timeframe	Strategy lead	Performance measures (<i>how much, how well, is anyone better off?</i>)
Advocate for additional affordable and supportive housing units	2023-2025	Varies (GCHHS Housing Resource Specialist, developer, UWGWP Executive Director etc.)	<i># partners making public comments</i> <i>% formally supported opportunities approved</i> <i># affordable and/or supportive units created through formally supported opportunities</i>
Prepare a community education campaign to shift the narrative around the importance of a robust housing market that meets the needs of all community members	2023-2025	City of RW Community Engagement Facilitator, GCHHS Housing Resource Specialist	<i># Q & A articles / # people reached</i> <i># social media posts / # people reached</i> <i># radio interviews/ # listening audience</i>

Priority Health Issue 3: Address Chemical Health in Youth & Reduce Overdose Deaths

Assets / Resources:

Goodhue County has many opportunities for youth to participate in healthy activities that support building strong connections and staying substance free. Programs like RiseUp Red Wing, 4-H, athletics, faith-based groups, and more are already serving youth in our county and providing them with substance-free opportunities to engage with their peers and caring adults.

As part of the national Opioid Settlement, Goodhue County will be receiving funding for the next 18 years to address the opioid epidemic. A consultant has been hired to assess community needs and wants around how best to use these funds to prevent opioid misuse. Additionally, there are several places, such as pharmacies, where Naloxone is already accessible

Challenges / Barriers:

There is currently no one organization or group in Goodhue County that is focused on youth substance prevention. Previous efforts, such as the Chemical Health Initiative, have disbanded and had mixed success. Agencies have limited capacity and resources to work on this priority health issue.

Another challenge is that there is a significant amount of stigma around drug use. Harm reduction methods are not well-known or accepted within the community. There is also increased access to fentanyl as it is often laced in other substances.

Collaborative Partnerships:

The Mental and Chemical Health Coalition (which is convened by Goodhue County Health & Human Services, Mayo Clinic Health System, Goodhue County Child & Family Collaborative, Fernbrook Family Center, Hiawatha Valley Mental Health Center, University of Minnesota- Extension, C.A.R.E Clinic and Live Well Goodhue County) is in the best position to address this priority health issue. While chemical health is newly added to this group, they have the structure and partners at the table to make progress on the strategies.

Collaborating with youth-serving organizations will also be essential for impacting this priority issue. Youth preventions starts by building protective factors for youth, such as strong connections with caring adults, developing a sense of belonging, and providing opportunities for positive social involvement.

Result: Youth stay substance free			
Indicator(s):			
<ul style="list-style-type: none"> • Percent of 9th grade students who report drinking one or more alcoholic beverages in the last 30 days. • Percent of 11th grade students who report using prescription drugs without a doctor's prescription or differently than how a doctor told them to use it. 			
Strategies	Timeframe	Strategy lead	Performance measures (how much, how well, is anyone better off?)
Educate students, caregivers, and educators on substances, risk factors, and protective factors	2023-2025	The Mental & Chemical Health Coalition of Goodhue County	<i># of people reached through education campaigns</i> <i>% of students, caregivers, and educators who report an increase in knowledge about chemical health</i>
Expand access to youth mentoring programs	2023-2025	RiseUp Red Wing	<i># of youth who have a mentor</i> <i>% of youth in mentoring programs that report having a strong connection with their mentor</i>
Reduce barriers for youth to participate in healthy activities	2023-2025	Goodhue County Child & Family Collaborative	<i>\$ given to support youth participating in activities</i> <i>% of youth who report participating in extracurricular activities</i>

Result: All community members know how to prevent fatal overdoses.

Indicator(s): Number of opioid overdose deaths in Goodhue County

Strategies	Timeframe	Strategy lead	Performance measures (how much, how well, is anyone better off?)
Expand knowledge about opioids and harm reduction through community education	2023-2025	The Mental & Chemical Health Coalition of Goodhue County	<i># of people reached through education campaigns</i> <i>% of participants who report an increased knowledge about opioids and harm reduction</i>
Increase access to Naloxone and fentanyl test strips	2023-2025	The Mental & Chemical Health Coalition of Goodhue County	<i># of people trained in Naloxone usage</i> <i># of Naloxone and fentanyl test strips access points in Goodhue County</i> <i>% of people trained who report knowing where to find and how to use Naloxone.</i>