



Dakota County

Community Services Committee of the Whole

Agenda

Tuesday, September 17, 2024

1:00 PM

Conference Room 3A, Administration
Center, Hastings

If you wish to speak to an agenda item or an item not on the agenda, please notify the Clerk to the Board via email at CountyAdmin@co.dakota.mn.us
Emails must be received by 7:30am on the day of the meeting.
Instructions on how to participate will be sent to anyone interested.

1. Call To Order And Roll Call

Note: Any action taken by this Committee of the Whole constitutes a recommendation to the County Board.

2. Audience

Anyone in the audience wishing to address the Committee on an item not on the Agenda or an item on the Consent Agenda may send comments to CountyAdmin@co.dakota.mn.us and instructions will be given to participate during the meeting. Verbal comments are limited to five minutes.

3. Approval Of Agenda (Additions/Corrections/Deletions)

3.1 Approval Of Agenda (Additions/Corrections/Deletions)

4. Consent Agenda

4.1 Approval Of Minutes Of Meeting Held On July 23, 2024

4.2 *Public Health* - Authorization To Accept Minnesota Department Of Health Eliminating Health Disparities Additional Grant Funds And Amend 2024 Public Health Budget

4.3 *Public Health* - Authorization To Execute Contract Amendment With Greenleaf Integrative Strategies, LLC For Consultation Services

4.4 *Public Health* - Authorization To Execute Licensing Agreements With Independent School Districts For Space For Emergency Public Health Activities

4.5 *Social Services-Housing & Community Resources* - Authorization To Execute Contracts For Apartment Services And Execute Contract Amendment For Housing Services

- 4.6 *Social Services-Adult Services* - Authorization To Execute Joint Powers Agreements With Dakota County Law Enforcement Agencies For Social Services Public Safety Embedded Social Worker Partnerships
- 4.7 *Social Services-Adult Services* - Ratification Of Minnesota Department Of Human Services Adult Mental Health Initiative And Community Support Program Grant Application, And Authorization To Accept Grant Funds, Execute Grant Agreement, And Add 8.0 Grant-Funded Full-Time Equivalents
- 4.8 *Social Services-Adult Services* - Ratification Of Minnesota Department Of Human Services Mobile Crisis Services Grant Application, And Authorization To Accept Grant Funds And Execute Grant Agreements

5. Regular Agenda

- 5.1 *Employment and Economic Assistance* - Update From Dakota-Scott Workforce Development Board And Proclamation Of September 2024 As Workforce Development Month In Dakota County
- 5.2 *Public Health* - Update On Opioid Response, And Authorization To Allocate Opioid Settlement Funds For Trainings And Procurement Of Nasal Naloxone, Execute Related Contract Amendments, And Amend 2024 Public Health And 2024 Non-Departmental Budgets

6. Community Services Director's Report

7. Future Agenda Items

8. Adjournment

- 8.1 Adjournment

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Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3652

Agenda #: 3.1

Meeting Date: 9/17/2024

Approval Of Agenda (Additions/Corrections/Deletions)



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3654

Agenda #: 4.1

Meeting Date: 9/17/2024

Approval Of Minutes Of Meeting Held On July 23, 2024



Dakota County

Community Services Committee of the Whole

Minutes

Tuesday, July 23, 2024

1:00 PM

Conference Room 3A, Administration
Center, Hastings

1. Call To Order And Roll Call

Present: Commissioner Slavik, Commissioner Atkins, Chairperson Halverson, Commissioner Droste, Commissioner Workman and Commissioner Hamann-Roland

Absent: Commissioner Holberg

Also in attendance were Tom Novak, Interim County Manager; Lucie O'Neill, Assistant County Attorney; Marti Fischbach, Community Services Division Director; Colleen Collette, Administrative Coordinator.

The meeting was called to order at 1:03 p.m. by the Chair, Commissioner Laurie Halverson.

The audio of this meeting is available upon request.

2. Audience

Chair, Commissioner Laurie Halverson, asked if there was anyone in the audience who wished to address the Community Services Committee on an item not on the agenda or an item on the consent agenda. No one came forward and no comments were submitted to CountyAdmin@co.dakota.mn.us.

3. Approval Of Agenda (Additions/Corrections/Deletions)

3.1 Approval Of Agenda (Additions/Corrections/Deletions)

Motion: Mary Hamann-Roland

Second: William Droste

On a motion by Commissioner Hamann-Roland, seconded by Commissioner Droste, the agenda was unanimously approved. The motion carried unanimously.

Ayes: 6

4. Consent Agenda

Motion: Joe Atkins

Second: Mike Slavik

Chair, Commissioner Halverson stated that staff requested to move item 4.5 (Ratification Of Grant Application To Health Resources And Services Administration For Healthy Tomorrow's Partnership For Children Program Grant, And Authorization To Accept Grant Funds, Execute Grant Agreement, And Amend 2024 Public Health Budget) to the Regular Agenda for discussion.

On a motion by Commissioner Atkins, seconded by Commissioner Slavik, the consent agenda, with item 4.5 pulled as noted, was unanimously approved as follows:

4.1 Approval Of Minutes Of Meeting Held On June 11, 2024

Motion: Joe Atkins

Second: Mike Slavik

4.2 Authorization To Execute Grant Agreement For State Dislocated Worker Program Services And Execute Related Contracts

Motion: Joe Atkins

Second: Mike Slavik

WHEREAS, the Workforce Innovation and Opportunity Act (WIOA) requires each Workforce Development Area (WDA) to submit an annual plan describing how employment and training services will be provided to eligible program participants; and

WHEREAS, by Resolution No. 23-302 (July 18, 2023), the Dakota County Board of Commissioners authorized the execution of a grant agreement with DEED for employment and training programs in the Dakota-Scott WDA for the State Dislocated Worker (DW) program in the amount of \$1,384,786 for the period of July 1, 2023 through June 30, 2024, based on the allocation formula used by DEED, and execution of contracts with DEED Job Service and HIRED for the period of July 1, 2023 through June 30, 2024; and

WHEREAS, the funding allocation for the State DW program for July 1, 2024 through June 30, 2025, is \$1,407,141 (\$1,066,613 Dakota County; \$340,528 Scott County); and

WHEREAS, a Request for Proposals (RFP) was issued on March 1, 2024, in which one joint proposal was received from HIRED/DEED Job Service for services; and

WHEREAS, on June 21, 2024, the Dakota-Scott Workforce Development Board approved the execution of the grant agreement with DEED in an amount not to exceed \$1,407,141 and execution of contracts with DEED Job Service and HIRED for the period of July 1, 2024 through June 30, 2025.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes execution of a grant agreement with the Minnesota Department of Employment and Economic Development (DEED) to provide State Dislocated Worker (DW) Program Services in an amount not to exceed \$1,407,141 for the period of June 1, 2024 through July 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes execution of a contract with DEED in an amount not to exceed \$200,000 and with HIRED in an amount not to exceed \$200,000 for the

period of June 1, 2024 through July 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contracts, consistent with the amount budgeted, to alter the contracts amount and the contracts term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

This item was approved and recommended for action by the Board of Commissioners on 7/30/2024.

4.3 Authorization To Execute Grant Agreement For Workforce Innovation And Opportunity Act Adult Services And Dislocated Worker Services And Execute Related Contracts

Motion: Joe Atkins

Second: Mike Slavik

WHEREAS, Workforce Innovation and Opportunity Act (WIOA) requires each Workforce Development Area (WDA) to submit an annual plan describing how employment and training services will be provided to eligible program participants; and

WHEREAS, by Resolution No. 18-049 (January 23, 2018), the Dakota County Board of Commissioners authorized the execution of a restated and amended joint powers agreement between Dakota County and Scott County for delivery of employment services; and

WHEREAS, by Resolution No. 23-301 (July 18, 2023), the Dakota County Board of Commissioners authorized execution of a grant agreement with the Minnesota Department of Employment and Economic Development (DEED) for employment and training programs in the Dakota-Scott Workforce WDA for the WIOA Adult in the amount of \$345,851 and WIOA Dislocated Worker (DW) programs in the amount of 539,023 for the period of July 1, 2023 through June 30, 2024, based on the allocation formula used by DEED; and

WHEREAS, the Dakota County Board of Commissioners authorized execution of contracts with DEED Job Service and HIRED for the period of July 1, 2023 through June 30, 2024, based on a solicitation that was issued in 2019; and

WHEREAS, a solicitation was issued on March 8, 2024, in which a thorough review of proposals was completed; and

WHEREAS, the funding allocation for WIOA Act Adult is \$343,056 (\$260,036 for Dakota County and \$83,020 for Scott County) and WIOA DW programs is \$563,755 (\$427,326 for Dakota County and \$136,429 for Scott County) for the period of July 1, 2024 through June 30, 2025; and

WHEREAS, on April 19, 2024, the Dakota-Scott Workforce Development Board approved the execution of the grant agreement and execution of contracts with DEED Job Service and HIRED for the period of July 1, 2024 through June 30, 2025.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes execution of a grant agreement with the Minnesota Department of Employment and Economic Development for employment and training programs in the Dakota-Scott Workforce Development Area for the Workforce Innovation and Opportunity Act Adult in an amount of \$343,056 (\$260,036 for Dakota County and \$83,020 for Scott County) and Workforce Innovation and Opportunity Act Dislocated Worker program in the amount of \$563,755 (\$427,326 for Dakota County and \$136,429 for Scott County) for the period of July 1, 2024 through June 30, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes execution of contracts with DEED Job Service in an amount not to exceed \$160,000 for the period of June 1, 2024 through July 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes execution of a contract with HIRED in an amount not to exceed \$160,000 for the period of June 1, 2024 through July 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby

authorized to amend said contracts, consistent with the amount budgeted, to alter the contracts amount and the contracts term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

This item was approved and recommended for action by the Board of Commissioners on 7/30/2024.

4.4 Ratification Of Unified Local Youth Plan Submission For Workforce Innovation And Opportunity Act Youth Program 2024 And Authorization To Accept Funds, Execute Grant Agreement And Execute Related Contracts

Motion: Joe Atkins

Second: Mike Slavik

This item was approved and recommended for action by the Board of Commissioners on 7/30/2024.

5. Regular Agenda

4.5 Ratification Of Grant Application To Health Resources And Services Administration For Healthy Tomorrow's Partnership For Children Program Grant, And Authorization To Accept Grant Funds, Execute Grant Agreement, And Amend 2024 Public Health Budget

Motion: Mary Hamann-Roland

Second: Joe Atkins

This item was pulled from the Consent agenda for discussion.

Coral Ripplinger, Public Health Director, presented on this item and stood for questions.

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions; and

WHEREAS, the Dakota County Public Health Department (DCPH) has been awarded the Healthy Tomorrow's Partnership for Children Program (HTPCP) grant through the Health Resources and Services Administration (HRSA); and

WHEREAS, HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable; and

WHEREAS, the grant is a four-year grant with \$50,000 awarded annually (totaling \$200,000 for the entire grant period); and

WHEREAS, the HTPCP grant focuses on funding “innovative, community-based initiatives to improve the health status of infants, children, adolescents and families in rural and other underserved communities by increasing their access to preventive care and services”; and

WHEREAS, DCPH’s goal with this funding is: to strengthen the healthcare ecosystem in Dakota County by supplementing capacity to provide preventive care for families through collective work and enhanced coordination between DCPH, local healthcare organizations, and school districts.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby ratifies the submission of the Healthy Tomorrow’s Partnership for Children Program grant application to the Health Resources and Services Administration (HRSA) in the amount of \$200,000 for the period of March 1, 2024 through February 29, 2028; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept grant funds, and execute a grant agreement with HRSA in the amount of \$200,000 for the period of March 1, 2024 through February 29, 2028, subject to approval by the County Attorney’s Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney’s Office as to form; and

BE IT FURTHER RESOLVED, That, if awarded, the 2024 Public Health Budget is hereby amended as follows:

Expense

Public Health Budget	<u>\$ 50,000</u>
Total Expense	\$ 50,000

Revenue

HRSA Grant	<u>\$ 50,000</u>
Total Revenue	\$ 50,000

This item was approved and recommended for action by the Board of Commissioners on 7/30/2024.

Ayes: 6

5.1 Update On Housing Business Plan And Affordable Housing Aid Spending Options And Authorization To Accept State And Local Affordable Housing Aid Funds

Motion: Joe Atkins

Second: Mike Slavik

Marti Fischbach, Community Services Division Director, and Madeline Kastler, Social Services Deputy Director, presented on this item and stood for questions. Tony Schertler, Dakota County Community Development Agency Executive Director, also contributed to the discussion.

WHEREAS, in 2021, the Dakota County Board of Commissioners reconvened the Housing Leadership Workgroup to assess the outcomes of the County's Housing Business Plan and make recommendations for future housing initiatives and investments in Dakota County; and

WHEREAS, the workgroup was made up of faith leaders, law enforcement, people who have experienced homelessness, nonprofit partners, Dakota County Commissioners, and staff from the Dakota County Community Development Agency (CDA) and the County; and

WHEREAS, the workgroup recommended investments in three main areas to support the next phase of the Dakota County Housing Business Plan that staff presented to the County Board on October 19, 2021: shelter, homelessness prevention, and affordable housing; and

WHEREAS, staff returned to the County Board throughout 2022 and 2023 with additional information and further defined recommendations in each of the three investment areas; and

WHEREAS, the 2024 County Budget included initial investments utilizing the new State and Local Affordable Housing Aid, including Emergency Rental Assistance, Apartment Services, Prevention and Navigation Services, Family Voucher Program, and Permanent Supportive Housing and Rapid Re-Housing Services; and

WHEREAS, on March 27, 2024, Community Services and the CDA proposed an expanded set of Affordable Housing Aid investments during a Board Workshop at which the County Board requested that additional eligible activities that can be launched quickly be brought back for formal consideration; and

WHEREAS, on April 16, 2024, Community Services proposed expansion of the Emergency Rental Assistance program by adding \$1,500,000 to the 2024 Social Services Budget; and

WHEREAS, by Resolution No. 24-215 (April 23, 2024), the Dakota County Board of Commissioners authorized \$428,000 of Affordable Housing Aid funds be allocated toward emergency rental assistance and requested that staff return after the legislative session ends to provide an overview of Affordable Housing Aid uses and propose eligible activities that can be launched quickly; and

WHEREAS, it is a Board Priority for Community Services and the Dakota County CDA to develop a 5-year plan for allocating Affordable Housing Aid in alignment with Dakota County's refreshed Housing Business Plan; and

WHEREAS, this presentation will provide an update on the eligible uses of the Affordable Housing Aid funding and will also include several funding scenarios based on these eligible uses for feedback from the Board of Commissioners; and

WHEREAS, in 2024, Dakota County will receive a total of \$516,862 in State Affordable Housing Aid and \$4,103,737.26 in Local Affordable Housing Aid, as certified by the Minnesota Department of Revenue.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept \$516,862 in 2024 State Affordable Housing Aid and \$4,103,737.26 in 2024 Local Affordable Housing Aid, as certified by the Minnesota Department of Revenue.

This item was approved and recommended for action by the Board of Commissioners on 7/30/2024.

Ayes: 6

5.2 Update On Medical Assistance

From Employment & Economic Assistance, Nadir Abdi, Director, and Dani Kaup, Supervisor, presented on this item and stood for questions. This item was on the agenda for informational purposes only. No staff direction was given.

Information only; no action requested.

6. Community Services Director's Report

Marti Fischbach, Community Services Division Director, referred the Committee to the written report that was provided. She also introduced the new Community Services Deputy Director, Gil Acevedo, who is currently a Deputy Director in Social Services. His first day in his new role will be August 19.

7. Future Agenda Items

Chair, Commissioner Laurie Halverson, asked the Committee if anyone had a topic they would like to hear more about at an upcoming Community Services Committee of the Whole meeting. No topics were brought forward.

8. Adjournment

8.1 Adjournment

Motion: Mary Hamann-Roland

Second: Joe Atkins

On a motion by Commissioner Mary Hamann-Roland, seconded by
Commissioner Joe Atkins, the meeting was adjourned at 2:58 p.m.

Ayes: 6

Respectfully submitted,

Colleen Collette, Administrative Coordinator
Community Services Division

DRAFT



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3713

Agenda #: 4.2

Meeting Date: 9/17/2024

DEPARTMENT: Public Health

FILE TYPE: Consent Action

TITLE

**Authorization To Accept Minnesota Department Of Health Eliminating Health Disparities
Additional Grant Funds And Amend 2024 Public Health Budget**

PURPOSE/ACTION REQUESTED

Authorize acceptance of the Minnesota Department of Health (MDH) Eliminating Health Disparities (EHD) additional grant funds and amendment to the 2024 Public Health Budget.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

The Dakota County Board of Commissioners has approved the Minnesota Department of Health Eliminating Health Disparities Initiative (MDH-EHDI) grant since the onset of the MDH-EHDI program in Minnesota over ten years ago. The purpose of the MDH-EHDI grant is to eliminate health disparities in refugee and other non-U.S. born populations. The grant supports the refugee health program and follow-up Tuberculosis (TB) case management in the Disease Prevention and Control (DPC) Unit. Public Health nurses contact all newly arriving refugees to assist with completion of a health exam. This includes evaluations by a healthcare provider for tuberculosis and follow-up tuberculosis treatment and case management when indicated.

MDH distributes legislative funds to eliminate health disparities in refugee and other non-U.S. born populations. MDH establishes specific criteria to distribute the funds and Dakota County will receive \$22,833 for the state fiscal year 2024. The EHDI grant cycle is five years. The current grant cycle began July 1, 2021, and ends June 30, 2026. Each year MDH notifies Dakota County of its annual allocation during this five-year grant term. Public Health expects stable funding for the full five years.

In 2024, MDH has allocated an additional \$100,000 to Dakota County for the MDH-EHDI grant for the TB Program. Additional funding will be used to offset program staffing and program expenses related to case management of TB cases, contact investigations, and new arrival follow-up; staff time on TB training and education; reimbursement of TB medical evaluations; and patient expenses as related to care and isolation requirements (living expenses).

OUTCOMES**How much?**

Dakota County Public Health (DCPH) will contact all newly arriving refugees to Dakota County and assist refugees with referrals for a general health assessment, evaluation, and treatment with a licensed healthcare provider within 90 days of date of entry to Minnesota. Dakota County has seen an average of 18 new Minnesotan arrivals per month of 2024 in the Refugee Health Program and has been managing approximately 20 active TB cases to date within this calendar year 2024, surpassing an average of 9 cases per year since 2018.

How well?

DCPH will provide follow-up within 30 days to all refugees' post-health assessment to determine acute diseases identified. The DPC unit attempts contact and case management for 100 percent of all referrals of new MN arrivals and new TB active and latent cases to ensure appropriate support and referrals are done to meet the health needs of this population.

Are we better off?

DCPH will provide intensive TB case management including Directly Observed Therapy (DOT) for active TB Dakota County residents identified through the health assessment and diagnostics within community-based providers and hospitals. DCPH will also provide case management and follow up to those new arrivals and Dakota County residents who test positive for TB exposure and need treatment to prevent the disease. These interventions are critical to controlling the spread of TB and preventing new cases of TB from developing within the Dakota County community.

RECOMMENDATION

Staff recommends authorization to accept the MDHI-EHDI additional grant funds in the amount of \$100,000 for the period of July 1, 2024 through December 31, 2024, and to amend the 2024 Public Health Budget.

EXPLANATION OF FISCAL/FTE IMPACTS

The grant has \$0 associated County cost. The 2024 Social Services Budget is requested to be amended to reflect additional MDHI-EHDI funds in the total of \$100,000.

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Current budget | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amendment Requested | | <input type="checkbox"/> New FTE(s) requested |

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, the Dakota County Board of Commissioners has approved the Minnesota Department of Health Eliminating Health Disparities Initiative (MDH-EHDI) grant since the onset of the MDH-EHDI program in Minnesota over ten years ago; and

WHEREAS, the purpose of the MDH-EHDI grant is to eliminate health disparities in refugee and other non-U.S. born populations; and

WHEREAS, the grant supports the refugee health program and follow-up Tuberculosis (TB) case management in the Disease Prevention and Control (DPC) Unit; and

WHEREAS, Public Health nurses contact all newly arriving refugees to assist with completion of a health exam; and

WHEREAS, this includes evaluations by a healthcare provider for tuberculosis and follow-up tuberculosis treatment and case management when indicated; and

WHEREAS, MDH distributes legislative funds to eliminate health disparities in refugee and other non-U.S. born populations; and

WHEREAS, MDH establishes specific criteria to distribute the funds and Dakota County will receive \$22,833 for the state fiscal year 2024; and

WHEREAS, the EHDI grant cycle is five years; and

WHEREAS, the current grant cycle began July 1, 2021, and ends June 30, 2026; and

WHEREAS, each year MDH notifies Dakota County of its annual allocation during this five-year grant term; and

WHEREAS, Public Health expects stable funding for the full five years; and

WHEREAS, in 2024, MDH has allocated an additional \$100,000 to Dakota County for the MDH-EHDI grant for the TB Program; and

WHEREAS, additional funding will be used to offset program staffing and program expenses related to case management of TB cases, contact investigations, and new arrival follow-up; staff time on TB training and education; reimbursement of TB medical evaluations; and patient expenses as related to care and isolation requirements (living expenses).

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept Eliminating Health Disparities (EHDI) grant funds in the amount of \$100,000 for the period of July 1, 2024 through December 31, 2024; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, The 2024 Public Health Budget is hereby amended as follows:

ExpenseProgram Expense \$ 25,000**Total Expense** **\$ 25,000****Revenue**

EHDI Grant Revenue \$100,000

Use of Fund Balance (\$ 75,000)**Total Revenue** **\$ 25,000****PREVIOUS BOARD ACTION**

None.

ATTACHMENTS

Attachment: None

BOARD GOALS☒ A Great Place to Live☐ A Healthy Environment☐ A Successful Place for Business and Jobs☐ Excellence in Public Service**CONTACTS**

Department Head: Coral Ripplinger

Author: Gina Pistulka



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3659

Agenda #: 4.3

Meeting Date: 9/17/2024

DEPARTMENT: Public Health

FILE TYPE: Consent Action

TITLE

Authorization To Execute Contract Amendment With Greenleaf Integrative Strategies, LLC For Consultation Services

PURPOSE/ACTION REQUESTED

Authorize execution of contract amendment with Greenleaf Integrative Strategies, LLC for Consultation Services.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. Ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

A request for proposal was issued for a Trauma Responsive Department consultant on September 15, 2023, per Dakota County Policy 2751 and Policy 2740. Dakota County Public Health (DCPH) selected Greenleaf Strategies, LLC to provide consultant services and executed a contract for the period of February 1, 2024 through June 30, 2025 (Attachment: Solicitation Summary). DCPH would like to add \$105,000 to the original not to exceed contract amount of \$45,000 for a new not to exceed amount of \$150,000 and extend the current contract end date through December 31, 2025, with Greenleaf Integrative Strategies, LLC.

Greenleaf Integrative Strategies, LLC provides consultation, facilitation, and coordination services to create a comprehensive workplan and meet the goal of DCPH becoming a Trauma Responsive Department. The extension will provide DCPH and Greenleaf Integrative Strategies, LLC with adequate time to complete a discovery and assessment phase, offer leadership consultation and executive coaching, provide staff education and technical assistance, and utilize data integration to complete the workplan.

OUTCOMES

How Much?

- Evaluation of the initiative will include number of staff educated, consultations provided, and policies and procedures that were modified

How Well?

- Qualitative and/or quantitative feedback from staff on experience, satisfaction, and percent of

knowledge gained
Is Anyone Better Off?

- Changes in staff well-being, job satisfaction, retention rates, client experience/outcomes will be recorded

RECOMMENDATION

Staff recommends authorization to execute a contract amendment for Trauma Responsive Department Consultant services with Greenleaf Strategies, LLC to add \$105,000 to the original not to exceed contract amount of \$45,000 for a new not to exceed amount of \$150,000 and extend the current contract end date through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost. This contract is funded utilizing COVID Recovery grant funds and is included in the 2024 Public Health Budget and will be included in the 2025 County Manager's Recommended Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amount due.

- ☒ None ☐ Current budget ☐ Other
☐ Amendment Requested ☐ New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. Ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, a request for proposal was issued for a Trauma Responsive Department consultant on September 15, 2023, per Dakota County Policy 2751 and Policy 2740; and

WHEREAS, Dakota County Public Health (DCPH) selected Greenleaf Strategies, LLC to provide consultant services and executed a contract for the period of February 1, 2024 through June 30, 2025; and

WHEREAS, DCPH would like to add \$105,000 to the original not to exceed contract amount of \$45,000 for a new not to exceed amount of \$150,000 and extend the current contract end date through December 31, 2025, with Greenleaf Integrative Strategies, LLC; and

WHEREAS, Greenleaf Integrative Strategies, LLC provides consultation, facilitation, and coordination services to create a comprehensive workplan and meet the goal of DCPH becoming a Trauma Responsive Department; and

WHEREAS, the contract extension will provide DCPH and Greenleaf Integrative Strategies, LLC with adequate time to complete a discovery and assessment phase, offer leadership consultation and executive coaching, provide staff education and technical assistance, and utilize data integration to

complete the workplan.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract amendment with Greenleaf Integrative Strategies, LLC to add \$105,000 to the original not to exceed contract amount of \$45,000 for a new not to exceed amount of \$150,000 and extend the current contract end date through December 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract(s), consistent with the amount budgeted, to alter the contract(s) amount and the contract(s) term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amount due.

PREVIOUS BOARD ACTION

None.

ATTACHMENTS

Attachment: Solicitation Summary

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger

Author: Alex Groten

Solicitation Summary

Date of Solicitation: 9/15/2023

Number of Proposals Received: 1

Review Team Agencies: Dakota County Public Health

Services Description: Responsive Trauma Department Consultant to provide consultation, facilitation, and coordination services to create a comprehensive workplan to make Dakota County Public Health a Trauma Responsive Department

Primary Deliverables:

The consultant will provide a set of deliverables that include:

- A completed comprehensive Trauma Informed Organization Assessment
- A recommended written initiative workplan which would include recommendations, objectives, order of operations, strategies, timeline, and progress measures. A technical assistance schedule should also be provided
- A formal final report documenting the work that was completed with a written process of this pilot project as guide for SHIP planning with future organizations who wish to become trauma responsive.
- Focus group guidance/facilitation including staff presentations on the assessment findings and plan

Solicitation Selection Criteria:

- Experience in planning, facilitation, and group management skills including focus groups, consensus workshops, strategic planning sessions, navigation of difficult conversations and power dynamics
- Experience in developing, and evaluating local public health programs, and policies including the development of a clear plan and timeline for an evaluation process
- Knowledge of trauma informed organizational change, community resilience, and experience helping organizations become trauma informed.
- Knowledge of community health initiatives, social determinants of health, health equity, systemic racism, and evidence of intercultural humility and cultural agility
- Appropriate and qualified staff to perform all tasks related to this project, including any proposed subcontractors
- Ability to demonstrate strong project management skills and navigating work across multiple working groups.
- Excellent written and verbal communication skills; experienced in public speaking. Ability to present information and ideas accurately, effectively, and concisely.

Evaluation Results:

After a thorough review and interview session, the review panel recommended to award the contract to Greenleaf Integrative to provide the Responsive Trauma Department Consultant services.

Rationale of Recommended Vendor:

Greenleaf Initiative was the only applicant for this current solicitation process. A dedicated review team systematically evaluated the candidate against predefined criteria directly relevant to the requirements of the position. Greenleaf consistently demonstrated a high level of proficiency, meeting all specified criteria with excellence.

An in-depth interview was conducted to gain a more comprehensive understanding of the candidate's previous experience and typical operating procedures. Greenleaf's performance during these interviews exceeded expectations, showcasing a profound understanding of the challenges associated with the role and a strong potential for success.

Acknowledging the significance of promoting inclusion, diversity, equity, and access (IDEA) within our organization, the decision-making process also involved a review by County-level "Inclusion, Diversity, Equity, and Access" leads. Greenleaf's values align seamlessly with IDEA principles, as confirmed by the leads. Their commitment to fostering an inclusive and equitable work environment directly aligns with our department and county-level goals for creating trauma-responsive systems.

Greenleaf emerged as the most suitable candidate, meeting both technical proficiency requirements and aligning with our core values.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3658

Agenda #: 4.4

Meeting Date: 9/17/2024

DEPARTMENT: Public Health

FILE TYPE: Consent Action

TITLE

Authorization To Execute Licensing Agreements With Independent School Districts For Space For Emergency Public Health Activities

PURPOSE/ACTION REQUESTED

Authorize execution of license agreements with Independent School District (ISD) 191 (Burnsville), ISD 192 (Farmington), ISD 194 (Lakeville), ISD 197 (West St. Paul-Mendota Heights-Eagan), and ISD 200 (Hastings) for space at school sites for emergency public health activities as determined by the Dakota County Public Health Department (Public Health) in its role of preventing and controlling communicable disease.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

In a public health emergency, the Dakota County Public Health Department is charged with establishing Point of Dispensing (POD) sites for situations requiring mass distribution of prophylaxis (medications or vaccines) or medical material distribution (testing or test supplies) to prevent or lessen the severity of infectious disease. The PODs were previously referred to as mass dispensing/clinic sites. Establishment of these sites is critical in supplying medications to County residents in the event of a public health emergency.

By Resolution No. 19-849 (November 19, 2019), and Resolution No. 20-241 (May 19, 2020), the Dakota County Board of Commissioners authorized execution of licensing agreements with ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 from the date of execution through December 31, 2024. The current licensing agreements for mass clinic sites with ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 have never been invoked.

ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 have space that could be utilized by Public Health to set up a POD in the event of a public health emergency and training events. The license agreements for each district are equivalent in nature and have been adjusted to all be on the same renewal cycle.

Representatives from the school districts have agreed to the terms presented and will recommend execution of the license agreements (Attachment: Licensing Agreement).

OUTCOMES

How much?

Public Health is required to plan and prepare for the distribution of prophylaxis (medication or vaccine) or medical material distribution (testing or test supplies) to prevent or lessen the severity of infectious disease for all residents of Dakota County.

How well?

Public Health must be prepared to act quickly to set up a POD to provide prophylaxis to Dakota County residents in order to ensure they are protected pre- or post-exposure from an infectious disease during a public health emergency.

Is anyone better off?

Multiple POD locations distributed across the county ensure access to life-saving prophylaxis for residents across the county during a public health emergency.

RECOMMENDATION

Staff recommends that the Dakota County Board of Commissioners authorize the Community Services Director to execute the license agreements with ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 to license space at school sites for emergency public health activities from the date of execution through December 31, 2030.

EXPLANATION OF FISCAL/FTE IMPACTS

If the license agreements are activated, reimbursement to the school districts for incidentals would come from the existing Public Health Budget or would be submitted to the Federal Emergency Management Agency if a public health emergency is officially declared.

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Current budget | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amendment Requested | | <input type="checkbox"/> New FTE(s) requested |

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, in a public health emergency, the Dakota County Public Health Department (Public Health) is charged with establishing Point of Dispensing (POD) sites for situations requiring mass distribution of prophylaxis (medications or vaccines) or medical material distribution (testing or test supplies) to prevent or lessen the severity of infectious disease; and

WHEREAS, the PODs were previously referred to as mass dispensing/clinic sites and establishment of these sites is critical in supplying medications to County residents in the event of a public health emergency; and

WHEREAS, by Resolution No. 19-849 (November 19, 2019), and Resolution No. 20-241 (May 19,

2020), the Dakota County Board of Commissioners authorized execution of licensing agreements with ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 from the date of execution through December 31, 2024; and

WHEREAS, the current licensing agreements for mass clinic sites with ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 have never been invoked; and

WHEREAS, ISD 191, ISD 192, ISD 194, ISD 197, and ISD 200 have space that could be utilized by Public Health to set up a POD in the event of a public health emergency and training events; and

WHEREAS, the license agreements for each district are equivalent in nature and have been adjusted to all be on the same renewal cycle; and

WHEREAS, representatives from the school districts have agreed to the terms presented and will recommend execution of the license agreements.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute license agreements with Independent School District 191, Independent School District 192, Independent School District 194, Independent School District 197, and Independent School District 200 for use of space for public health emergency activities from the date of execution through December 31, 2030, subject to approval by the County Attorney's Office as to form.

PREVIOUS BOARD ACTION

19-849; 11/19/19

20-241; 5/19/20

ATTACHMENTS

Attachment: Licensing Agreement

BOARD GOALS

☒ A Great Place to Live

☐ A Successful Place for Business and Jobs

☒ A Healthy Environment

☐ Excellence in Public Service

CONTACTS

Department Head: Coral Ripplinger

Author: Lia Roberts

**LICENSE
COUNTY OF DAKOTA PUBLIC HEALTH DEPARTMENT USE OF
INDEPENDENT SCHOOL DISTRICT [REDACTED] SCHOOLS**

This License Agreement is made by and between INDEPENDENT SCHOOL DISTRICT [REDACTED], a public body corporate and politic (“Licensor”) and the County of Dakota, a political subdivision of the State of Minnesota in its role as the Dakota County Community Health Board (“Licensee”) to allow Licensee to license space at multiple school sites (“Sites”).

RECITALS

- A. Licensor owns Sites within Dakota County; and
- B. Licensee has responsibility to prevent and control communicable diseases and to provide assistance for other types of emergencies in Dakota County, pursuant to Minnesota Statutes Chapter 145A, and wishes to use space in multiple Sites for providing services to the general public or to Licensor’s students and staff for emergencies; and
- C. Licensor has agreed to grant a License to Licensee to use portions of the Sites on an as needed basis, upon the terms and conditions stated herein.

In consideration of the foregoing premises and the covenants herein, Licensor hereby grants a license to Licensee and Licensee accepts such license, subject to the following terms and conditions:

1. License Granted. Licensor hereby grants to Licensee the non-exclusive use of portions of various Licensor owned Sites which are currently identified on Exhibit A (“Licensed Space”) subject to the conditions set forth in License:
 - (a) Licensed Space shall be available for scheduled use by Licensee generally during hours and at times they will not interfere with Licensor’s own uses of the Licensed Space or as mutually agreed upon by the parties at the time of need. Such hours shall be determined as part of the request for use of space guidelines referenced in Section 3.
 - (b) Licensee may bring public health materials, equipment, and supplies into the Licensed Space such as medications, vaccine, coolers, alcohol wipes, etc. and other items such as cell phones, radios and computers. Licensee shall be solely responsible for care and maintenance of its materials, equipment, and supplies.
 - (c) Licensee may have use of Licensor furnishings and equipment such as tables, chairs, TVs, copiers or other available school district equipment as mutually agreed upon during the request for use of space referenced in Section 3.
 - (d) Licensee shall have use of the Licensed Space rent-free; however, Licensee shall replace or reimburse Licensor for any of Licensor’s supplies that may be used by the Licensee in the conduct of the Permitted Use activities. Licensee shall also reimburse Licensor for copier and

fax costs and long distance telephone charges that may occur as a result of Permitted Use activities.

- (e) Licensee shall restore the Licensed Space to the condition found prior to use and pay for any damage to Licensors' real or personal property caused as a result of Licensee activities.
 - (f) Licensee shall remove all medical waste and hazardous waste from the Licensed Space after each use. Licensee may use the Licensors' waste receptacles for non-medical waste and non-hazardous waste.
 - (g) The Licensors may elect to document additional expenses incurred by the Licensors associated with Permitted Use activities, such as custodial overtime, and submit a breakdown of those expenses to the Licensee at the conclusion of the Permitted Use. The Licensee shall work with the Licensors to submit those expenses for reimbursement through funding sources, if any, that are made available to offset such costs of the related emergency.
 - (h) Licensors and Licensee may periodically agree to modify the approved sites listed in Exhibit A. Such modifications shall require the approval of the Licensors' authorized representative and the Licensee's authorized representative, and shall be reduced to writing, signed by the parties hereto, and attached as an Exhibit to this License.
 - (i) Licensee shall provide all personnel necessary to carry out the emergency public health activities contemplated by this license agreement, except as provided in Paragraph 5.
2. Permitted Use. Licensee shall use the Licensed Space only for emergency public health activities as determined by the Licensee's Public Health Department in its role of preventing and controlling communicable diseases or assisting in other types of emergencies. Licensee may not commit or permit any act or omission which results in the violation of law or government regulation relating to the Licensors' property. Licensee shall not permit any conduct or condition which may unduly disturb or endanger other occupants of the Site, or interfere with Licensors' use of its facilities.
3. Request for Use of Licensed Space. Licensee shall complete and deliver the Request Form shown on the attached Exhibit B via courier, email or fax to Licensors' liaison with a copy to the Superintendent for District 200 for use of the Licensed Space, as able, given the circumstances of the event. Licensee shall make telephone contact with Licensors' liaison to give notice that a Request Form is being delivered or sent. Emergency request for use of space after hours, weekends or holidays shall be submitted to Licensors' liaison at the after hours contact number in Paragraph 18 with a concurrent phone call to submit the Request Form.
4. Review and Approval of Request. Licensors shall review a request made under Paragraph 3 to assure that use of the Licensed Space at the time requested does not interfere with Licensors' legal obligations to meet the needs of the students and communities it serves. After such determination has been made, Licensors will grant permission for use of the Licensed Space, sign the authorization for use on the Request Form and notify Licensee's contact person via telephone followed by a fax or email copy of the approved Request Form – as soon as possible but no later than 24 hours after receipt of the Request Form. If a requested site is not available, the Licensors shall make every effort to offer a suitable alternative site, as mutually agreed upon, for use by the Licensee. Licensors further agrees to provide the names, titles and 24/7 contact information of Licensors' personnel (3-deep)

with the authority to approve emergency requests for use of Licensor's space. The Licensor shall provide the Licensee with 24/7 contact information (phone numbers, faxes, emails, and addresses) for the primary contact and the designated back-ups. Upon activation of this Agreement, the Licensee shall provide Licensee 24/7 contact information (3-deep) to the Licensor on the Request Form (Exhibit B) and during initial phone contact. Both parties agree to update the other as contact information changes.

5. Access and Supervision at Sites. Licensor shall provide Licensee information on procedures for accessing and complying with security and safety at the Sites. Licensee shall not disseminate security and safety information to third parties and shall maintain data provided to it, in a manner consistent with Minnesota Government Data Practices Act. Licensor shall provide personnel to ensure that Licensee's personnel can access the facility and needed space within it, as well as a contract person to whom to refer facility questions or concerns during use of the space. Licensee shall be responsible for supervision of all activities conducted in and around the Licensed Space.
6. Common Area Use. Licensee shall have use and access to stairways, elevators, and corridors necessary for accessing the Licensed Space. Licensee may also have access and use of public rest rooms, sidewalks and parking lots at the Sites.
7. Periodic Access to the Sites. The Licensee may conduct periodic visits to the Licensed Space at times other than the requested times of use, provided that such visits are coordinated with Licensor and that notification is given to the Licensor in advance of such visits.
8. Term. The term of this license shall be for the period commencing upon the date of the signatures of the parties through December 31, 2028, unless terminated earlier by law or according to the provisions herein.
9. Right to Cancel. Licensor and Licensee each shall have the right to terminate this license with no penalty provided written notice is delivered to the other party thirty days prior to the termination date.
10. Option to Renew. Licensee may renew this License for up to two additional five-year terms provided Licensee gives written notice to Licensor at least 90 days before the Term ends.
11. Condition of Licensed Space. Subject to the terms of paragraph 13 of this License, Licensee agrees that by executing this License it is accepting the Licensed Space in its condition "as-is", and that Licensor has made and makes no representation or warranty of any kind about the condition of the Licensed Space or its fitness for any use and that Licensor has no obligation hereunder to make repairs or replacements to the Licensed Space or any part thereof.
12. Alterations by Licensee. Licensee may not make any changes, additions or improvements to the Licensed Space other than temporary movement of existing furnishings, without the prior written consent of Licensor (which may be withheld in Licensor's absolute discretion). Any change, addition or improvement to the Licensed Space approved by Licensor shall be at Licensee's sole cost and expense. Any furnishing temporarily moved by the Licensee shall be restored to their original location(s) at the end of the Licensee's use of the facility. Any addition or improvement to the Licensed Space shall be restored to its original condition at the end of Licensee's use of the facility.

13. Liability and Insurance. Each party agrees that it will be responsible for the acts or omissions of its officials, agents, and employees, and the results thereof, in carrying out the terms of this license agreement, to the extent authorized by law and shall not be responsible for the acts or omissions of the other party and the results thereof. The liability of each party shall be governed by the applicable provisions of Minn. Stat. Ch. 466 and other applicable state and federal law.

Licensors and Licensee warrant that they are able to comply with the foregoing requirements through insurance or a self-insurance program. Licensee accepts responsibility for insuring its personal property or equipment used in the performance of this License.

14. Revocation. Licensee acknowledges that this instrument is a license and not a lease, and that due to the nature of the Licensed Space and Licensee's Permitted Use therein, Licensors grants rights to Licensee under this License specifically and only on the basis that Licensors is entitled to terminate this License and revoke Licensee's right to use the Licensed Space under Section 10 without legal process and without reinstatement rights and/or time periods.
15. No Ouster. Use of the Licensed Space by Licensors or its employees, or any other party at the direction of the Licensors, will not be construed as altering or diminishing Licensee's rights or obligations under this license.
16. Surrender. Prior to the expiration or termination of the license, Licensee must remove its personal property and repair any damage caused by such removal. Licensee must leave the Licensed Space in substantially the same condition in which Licensee is required to maintain the Licensed Space, excepting only reasonable wear and tear.
17. Notices. Any and all notices permitted or required to be given in writing by either party to the other must be sent by hand delivery, overnight mail, certified or registered mail, postage prepaid to the address of the parties set forth below. Such notice will be effective two (2) days after deposit in the United States mail.

To Licensors: [REDACTED] or successor
Superintendent
Independent School District 200
1000 West 11th Street
Hastings, Minnesota 55033
Telephone: W-651-480-7001

To Licensee: Marti Fischbach or successor
Dakota County Community Services Director
1 Mendota Rd. West. Suite 500
Hastings, MN 55033
Telephone: W-651-554-5742

18. Liaisons. To assist the Licensors and Licensee in the day-to-day exercise of the license, one or more liaisons shall be designated by the Licensors and Licensee. Licensors and Licensee agree to keep each other continually informed of the identity of their respective liaisons. At the time of the execution of this License, the following persons are the designated liaisons:

Licensors_Liaison: _____, Building and Grounds Director
Email: _____@ISD.k12.mn.us
Phone Number: 651-437-_____
(cell) 24/7 Phone: 651-555-_____

Licensors_Liaison: _____, Community Education
Email: _____@ISD.k12.mn.us
Phone: 651-480-7672
24/7 Phone: 507-581-6945

19. Minnesota Law. This License will be construed and enforced in accordance with the laws of the State of Minnesota.

This License shall be effective and operative after the fixing of the signatures for the County of Dakota and Independent School District _____.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates indicated below.

INDEPENDENT SCHOOL DISTRICT _____

COUNTY OF DAKOTA

By: _____

By: _____

Title: _____

Title: Dakota County Manager

Date of Signature: _____

Date of Signature: _____

Approved as to form:

/s/ Suzanne W. Schrader

Assistant County Attorney/Date

File: KS-2024-

EXHIBIT A
Licensed Space

Site name	Site Address	Primary or Back- up Site	Contact Person
ISD # _____	Address Here	Primary	

Exhibit B
ISD Public Schools License Agreement
Dakota County Public Health Department
EMERGENCY REQUEST FORM

RESPONSE NEEDED BY: Date: _____ Time: _____

BUILDING NEEDED BY: Date: _____ Time: _____

SITE (S) REQUESTED			
√	1. Site	2. Date (s) & Hours of use	3. Space requested including exterior doors

4. Additional details of the request: <i>(See also attached documents for floor plan and resource request details)</i>
a. Space and room requests – details:
b. Equipment, supplies, and materials requests:
c. Other requests:

5. Describe Emergency Use Purpose:

6. REQUEST SENT from Dakota County Public Health Department			
Name:		Authorized Signature	
Title:		Date:	Time:
Phone 1:	Phone 2:	Fax:	Email:
Comments:			

Send to: ISD _____ School Contact:	TO ASSURE TIMELY RESPONSE Copy to:
Name, Title	Name, Title
Department	Department
Address	Address
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

7. APPROVAL from ISD 200			
Verbal Approval Given to Licensee Representative:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Time: _____
Name		Approval Signature	
Title		Date	Time
Phone 1	Phone 2	FAX	Email
Comments:			



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3703

Agenda #: 4.5

Meeting Date: 9/17/2024

DEPARTMENT: Social Services-Housing & Community Resources

FILE TYPE: Consent Action

TITLE

Authorization To Execute Contracts For Apartment Services And Execute Contract Amendment For Housing Services

PURPOSE/ACTION REQUESTED

Authorize execution of contracts for apartment services and execution of a contract amendment for housing services

SUMMARY

The Social Services Department provides contracted services across the housing service continuum. Staff recommends that the following three service contracts be renewed for services beginning January 1, 2025: Residential Transitions, Inc. and DARTS for On-Site Apartment Services and Extended Stay America Management, LLC for Emergency Hotel Shelter.

To ensure high-quality services, Dakota County has scheduled a routine contract Request for Proposal (RFP) process every five years. On May 9, 2023, staff issued an RFP for apartment services. A review committee from Social Services reviewed and scored proposals from four vendors (Attachment: 2023 Solicitation Summary).

Staff recommends Board authorization to execute contracts for apartment services and a contract amendment for housing services with the vendors for the amounts and terms listed in the Resolution.

OUTCOMES

All Contractors will report the following information to Dakota County on a quarterly basis, based on the specific requirements of the contract:

1. **How much?** Number of clients served
2. **How well?** Process measures, budget vs actual expenditures
3. **Is anyone better off?** Outcomes for clients served

RECOMMENDATION

Staff recommends Board authorization to execute contracts for apartment services and execute a contract amendment for housing services with the vendors for the amounts and terms listed in the Resolution.

EXPLANATION OF FISCAL/FTE IMPACTS

Funding for these contracts will be included in the 2025 County Manager's Recommended Budget.

The contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- ☐ None ☒ Current budget ☐ Other
☐ Amendment Requested ☐ New FTE(s) requested

RESOLUTION

WHEREAS, the Social Services Department provides contracted services across the housing service continuum; and

WHEREAS, staff recommends that the following three service contracts be renewed for services beginning January 1, 2025: Residential Transitions, Inc. and DARTS for On-Site Apartment Services and Extended Stay America Management, LLC for Emergency Hotel Shelter; and

WHEREAS, to ensure high-quality services, Dakota County has scheduled a routine contract Request for Proposal (RFP) process every five years and on May 9, 2023, staff issued an RFP for apartment services; and

WHEREAS, a review committee from Social Services reviewed and scored proposals from four vendors; and

WHEREAS, staff recommends Board authorization to execute contracts for apartment services and execute a contract amendment for housing services with the vendors for the amounts and terms listed in the Resolution.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute contracts for apartment services for the period of January 1, 2025 through December 31, 2025, subject to approval by the County Attorney's Office as to form, as follows:

Service - Agency - Not to Exceed Amount

- Apartment Services - DARTS - \$171,629
- Apartment Services - Residential Transitions, Inc. - \$250,620

; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract amendment for housing services with Extended Stay America Management, LLC for a new total not to exceed amount of \$2,000,000 and to extend the term through December 31, 2025; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contracts and amendment, consistent with the amounts budgeted, to alter the contract and amendment amounts and the contract and amendment terms up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contracts and amendment shall contain a provision that allows the County to immediately terminate the contracts and amendment in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION

None.

ATTACHMENTS

Attachment: 2023 Solicitation Summary

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Emily Schug

Author: Madeline Kastler

Solicitation Summary: Apartment Services

Date of Solicitation: May 9, 2023

Number of Proposals Received: 4

Review Team Agencies:

Dakota County Social Services

Services Description: Apartment-based services.

Primary Deliverables:

- Establish trusting relationships with tenants so they feel comfortable accepting services.
- Prioritize exploring creative solutions to maintaining housing for all tenants. When a disruption does occur, connect tenant to a better suited living environment to reduce the risk of homelessness and the strain on Dakota County Social Services (DCSS), community partners, and other homeless response services.
- Respond to referral from Property Manager to provide a timely follow-up contact with the tenant to determine if the individual/household is interested and/or eligible for voluntarily programs offered through Dakota County or community-based organization.
- Learn mental health crisis and other services offered by Dakota County Social Services (DCSS), including the roles and responsibilities of the 24 hour, seven days a week, Crisis Response Unit (CRU) and on-going mental health programs.
- Link or refer tenants to programs and services included in the service grid to promote housing stability and affordability including:
- Coordinate with your assigned system partners: Embedded Social Worker and their Law Enforcement Partner as well as the Multi-Family Officer.
- Build relationships and partnerships with stakeholders is critical to providing site-based tenant support services

Solicitation Selection Criteria:

- Experience collaborating with other agencies or partnerships to support community needs on an on-going basis
- Experience and willingness to coordinate with system partners
- Experience responding to crisis situations
- Has capacity and ability to perform and track services at up to six different apartment locations in Dakota County
- Ability to show flexibility in services necessary to meet the shifting priorities of the program
- Experience providing services to the target population

- Service approach and program model is in alignment with the community needs and priorities

Evaluation Results:

After a thorough review, the review panel recommended to award contracts with: Residential Transitions, Inc for all-ages apartment services and DARTS for senior apartment services.

Rationale of Recommended Vendor:

The review panel reviewed and discussed the proposals based on the selection criteria. Both agencies were able to service apartments as requested by the County. They meet the qualifications to provide the services. Their service approach and program model all met the goals of the program as well.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3657

Agenda #: 4.6

Meeting Date: 9/17/2024

DEPARTMENT: Social Services-Adult Services

FILE TYPE: Consent Action

TITLE

Authorization To Execute Joint Powers Agreements With Dakota County Law Enforcement Agencies For Social Services Public Safety Embedded Social Worker Partnerships

PURPOSE/ACTION REQUESTED

Authorize execution of joint powers agreements (JPAs) with Dakota County law enforcement agencies for Social Services Public Safety embedded social worker partnerships (hereinafter referred to as "Embedded Social Worker Model").

SUMMARY

Cities and counties across the nation are exploring new approaches to working with people who experience a mental health crisis. Dakota County and cities have been working together, for years, to develop partnerships and new models of response to a mental health crisis that promote safe, healthy communities and people receiving the right services at the right time.

Dakota County and public safety partners have been among the first in Minnesota to develop and implement crisis follow-up models, including through the Coordinated Response Pilot (the Pilot). The Pilot, launched in 2019, was an innovative partnership aimed at providing a more effective, coordinated response to residents whose use of emergency services may indicate a need for a more integrated response from law enforcement and Social Services (SS). The Pilot operated in four Dakota County cities - Apple Valley, Rosemount, South St. Paul, and West St. Paul - and was eventually expanded to all interested cities and the Dakota County Sheriff's Office. In participating law enforcement agencies, a SS mental health social worker works closely with an assigned law enforcement partner to provide follow-up, service coordination and crisis stabilization services following a mental health crisis event. Crisis follow-up services link residents to other short- and long-term support services and are an essential component of an effective crisis services continuum. Partnerships have expanded to include co-location of mobile crisis services.

By Resolution No. 20-449 (September 22, 2020), the County Board of Commissioners approved entering into JPAs that outlined partnership roles and responsibilities of the Pilot.

By Resolution No. 21-618 (December 14, 2021), the County Board of Commissioners approved using American Rescue Plan (ARP) Act Coronavirus Local Fiscal Recovery Fund dollars to expand the Embedded Social Worker Model to all Dakota County cities.

By Resolution No. 22-164 (April 12, 2022), the County Board of Commissioners approved to expand the Embedded Social Worker Model to all Dakota County cities.

Dakota County's mental health crisis services continuum, which includes the Embedded Social Worker model was recognized with achievement awards from the Minnesota Association of Counties (2023) and the National Association of Counties (2024).

Dakota County is requesting authorization to:

- Renew JPAs (Attachment: JPA - Embedded Social Worker Template) with the following cities: Apple Valley, Burnsville, Eagan, Hastings, Inver Grove Heights, Lakeville, Rosemount, South Saint Paul, and West Saint Paul ("cities");
- Enter into associated management control agreements (MCAs) with the cities and the Dakota County Sheriff's Office, as required by the FBI Criminal Justice Information Services (CJIS) Security Policy (Attachment: Management Control Template); and
- Enter into JPAs with any other Dakota County cities who may wish to partner in the future.

Additionally, Dakota County SS will renew the memorandum of understanding (MOU) with the Dakota County Sheriff's Office for the Embedded Social Worker Model.

OUTCOMES

The following is a summary of the 2023 outcome and impact data for the Embedded Social Worker program. Dakota County has a contract with a research and evaluation agency for continued impact analysis of Dakota County's mental health crisis continuum, including the Embedded Social Worker model.

How much?

- 2,256 outreaches that led to engagement and/or service coordination
- 639 face to face outreaches or assessments
- 260 cases opened for intensive crisis stabilization services

How well?

- 10 of 10 participating public safety agencies have embedded social worker assignments

Is anyone better off?

- Adults, children, and families have better access to services to learn about symptoms, build skills, connect to long-term support, and build a long-term recovery plan
- City and County working in partnership to improve public service response in support of shared goals for healthy, safe communities for all

RECOMMENDATION

Staff recommends authorization to renew JPAs with Dakota County city law enforcement agencies for Social Services Public Safety Embedded Social Worker Partnerships and associated MCAs.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. This Agreement may be terminated with or without cause by either Cities or County upon ninety (90) days' written notice to the other party to this Agreement.

Notwithstanding the above, Cities may immediately terminate their Agreement at any time if the

health, safety, or welfare of any person receiving services or entitled to receive services under this Agreement is at risk because of the actions or inaction of the County.

- ☐ None ☒ Current budget ☐ Other
☐ Amendment Requested ☐ New FTE(s) requested

RESOLUTION

WHEREAS, cities and counties across the nation are exploring new approaches to working with people who experience a mental health crisis; and

WHEREAS, Dakota County and cities have been working together, for years, to develop partnerships and new models of response to a mental health crisis that promote safe, healthy communities and people receiving the right services at the right time; and

WHEREAS, Dakota County and public safety partners have been among the first in Minnesota to develop and implement crisis follow-up models, including through the Coordinated Response Pilot (the Pilot); and

WHEREAS, the Pilot, launched in 2019, was an innovative partnership aimed at providing a more effective, coordinated response to residents whose use of emergency services may indicate a need for a more integrated response from law enforcement and Social Services (SS); and

WHEREAS, the Pilot operated in four Dakota County cities -Apple Valley, Rosemount, South St. Paul, and West St. Paul - and was eventually expanded to all interested cities and the Dakota County Sheriff's Office; and

WHEREAS, in participating cities, a SS mental health social worker works closely with an assigned police partner to provide follow-up, service coordination and crisis stabilization services following a mental health crisis event; and

WHEREAS, crisis follow-up services link residents to other short- and long-term support services and are an essential component of an effective crisis services continuum; and

WHEREAS, partnerships have expanded to include co-location of mobile crisis services; and

WHEREAS, by Resolution No. 20-449 (September 22, 2020), the County Board of Commissioners approved entering into joint powers agreements (JPA)s that outlined partnership roles and responsibilities of the Pilot; and

WHEREAS, by Resolution No. 21-618 (December 14, 2021), the County Board of Commissioners approved using American Rescue Plan (ARP) Act Coronavirus Local Fiscal Recovery Fund dollars to expand the Embedded Social Worker Model to all Dakota County cities; and

WHEREAS, by Resolution No. 22-164 (April 12, 2022), the County Board of Commissioners approved to expand the Embedded Social Worker Model to all Dakota County cities; and

WHEREAS, Dakota County's mental health crisis services continuum, which includes the Embedded Social Worker model, was recognized with achievement awards from the Minnesota Association of

Counties (2023) and the National Association of Counties (2024); and

WHEREAS, Dakota County is requesting authorization to renew JPAs with the following cities: Apple Valley, Burnsville, Eagan, Hastings, Inver Grove Heights, Lakeville, Rosemount, South Saint Paul, and West Saint Paul ("cities"), management control agreements with the cities and the Dakota County Sheriff's Office, and to enter into JPAs with any additional Dakota County cities who may wish to partner in the future.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute joint powers agreements with the Cities of Apple Valley, Burnsville, Eagan, Hastings, Inver Grove Heights, Lakeville, Rosemount, South Saint Paul, and West Saint Paul ("cities") effective January 1, 2025 through December 31, 2026 ("Term"), including related management control agreements ("MCA") with the cities and the Dakota County Sheriff's Office for the Term, substantially as presented to the Community Services Committee of the Whole on September 17, 2024, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That if resources are available for additional law enforcement agencies to be added to the Embedded Social Worker Model, the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute joint powers agreements with other Dakota County law enforcement agencies effective upon the date of execution through December 31, 2026, including any related MCAs, substantially as presented to the Community Services Committee of the Whole on September 17, 2024, subject to approval by the County Attorney's Office as to form.

PREVIOUS BOARD ACTION

20-449; 9/22/20

21-618; 12/14/21

22-164; 4/12/22

ATTACHMENTS

Attachment: Joint Powers Agreement - Embedded Social Worker Template

Attachment: Joint Powers Agreement - Management Control Template

BOARD GOALS

☐ A Great Place to Live

☐ A Healthy Environment

☐ A Successful Place for Business and Jobs

☒ Excellence in Public Service

CONTACTS

Department Head: Emily Schug

Author: Emily Schug

**JOINT POWERS AGREEMENT
BETWEEN CITY OF CITY AND DAKOTA COUNTY
FOR SOCIAL SERVICES EMBEDDED SOCIAL WORKER & PUBLIC SAFETY**

THIS JOINT POWERS AGREEMENT ("JPA") is made and entered into by and between the City of CITY, by and through its City Council, ADDRESS ("City") and Dakota County, by and through its Community Services Department ("DCCS"), 1 Mendota Rd. W., West St. Paul, MN 55118 (hereinafter "County").

WHEREAS, pursuant to the provisions of Minn. Stat. § 471.59, Cities and County are authorized to enter into an agreement to exercise jointly or cooperatively governmental powers common to each and to permit one governmental entity to perform services or functions for or with another governmental unit; and

WHEREAS, mental health crisis response is required to be provided by Cities and County in accordance with applicable federal, and state, laws, statutes, rules and regulations; and

WHEREAS, Cities desire to receive services from County to assist people who need mental health crisis services on a prompt basis to protect their health, safety, and welfare; and

WHEREAS, County is entering into agreements similar to this Agreement with other cities in Dakota County and for convenience, "City" or "Cities" herein shall mean the City of Hastings, unless the context clearly notes otherwise.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, it is agreed, by and between the parties as follows:

1. PURPOSE.

The purpose of the Embedded Social Worker Model is to implement a more coordinated response by the parties to address increased law enforcement involvement in calls for service that may require the need for services and programs offered by County. The implementation will take place utilizing a Mental Health Social Worker position. In this model a Social Services mental health social worker works closely with an assigned police officer to provide follow-up, service coordination and crisis stabilization services following a mental health crisis event. Crisis follow-up services link residents to other short- and long-term support services and are an essential component of an effective crisis services continuum.

2. TERM.

This Agreement will become effective on the last date that the Agreement has been executed by Cities and County, through 12:00 A.M. on December 31, 2026, and unless terminated in writing. This Agreement may be terminated with or without cause by either Cities or County upon ninety (90) days' written notice to the other party to this Agreement.

Notwithstanding the above, Cities may immediately terminate this Agreement at any time if the health, safety, or welfare of any person receiving services or entitled to receive services under this Agreement is at risk because of the actions or inaction of County.

3. AUTHORIZED REPRESENTATIVE.

The named persons, in the positions stated below, or their successors in title, are designated the Authorized Representatives of the parties for purposes of this Agreement. Notifications required to be provided by the terms of this Agreement and invoices, if any, to be submitted and payments made shall be provided to the following named persons unless otherwise stated in this Agreement:

TO COUNTY:

Marti Fischbach
Community Services Director
Marti.Fischbach@co.dakota.mn.us

TO CITIES:

NAME, TITLE
DEPARTMENT
EMAIL

4. COUNTY'S RESPONSIBILITIES.

County hereby agrees to:

- A. Provide the Social Worker positions, as staffing availability allows, which may include individual(s) licensed as a Mental Health Professional (Minn. Stat. § 245.462, subd. 18), Social Worker, or Coordinator, who will have the following duties and responsibilities:
 - 1. Provide over-all administration, coordination and assessment;
 - 2. Educate Law Enforcement on mental health crisis and emergency services offered by Dakota County Social Services (DCSS), including the roles and responsibilities of the 24 hour, seven days a week, Crisis Response Unit (CRU) and on-going mental health services, crisis continuum and available programs;
 - 3. Educate Law Enforcement on other services and programs offered by County that could benefit individuals/households who come into contact with Law Enforcement;
 - 4. Respond, when available and assistance is requested, with Law Enforcement to a mental health crisis or emergency, consistent with roles and responsibilities defined in Minn. Stat §§ 256B.0624 and 256B.0944, and in coordination with the DCSS's 24 hours, seven days a week, CRU.
 - 5. Work with Law Enforcement in providing a timely follow-up contact with the individual/household after a crisis/emergency mental health call or crisis intervention to educate on resources offered by DCSS in accordance with Minn. Stat. §§ 256B.0624 and 256B.0944;
 - 6. Assist Law Enforcement in outreach to determine if the individual/household is interested in voluntarily working with DCSS mental health professionals and Law Enforcement in developing a mental health crisis response plan accessible through the CRU 24/7 in an emergency as permitted by Minn. Stat. § 13.46, subd. 2(a)(10);
 - 7. Work with Law Enforcement in providing a timely follow-up contact with the individual/household to determine if the individual/household is interested in and/or eligible for other services and programs offered through County or other community-based organizations, including networking outreach to potential community resources and service providers;
 - 8. Create procedures to guide work for the duration of the JPA;
 - 9. Implement evaluation pursuant to Section 8;
 - 10. Coordinate with Embedded Social Work partners in other jurisdictions
- B. Provide necessary resources to support the Social Workers with equipment and training to facilitate work activities,
- C. Facilitate connection and "warm handoffs" to the various services and programs within County and to community resources and service providers; and
- D. Maintain a database of evaluation data and report summary data to all cities with similar agreements.
- E. Participate in meetings between Dakota County cities with similar agreements and County staff members to review the services provided pursuant to the Agreement
- F. Supervise all Social Workers provided under the terms of this Agreement.

5. CITIES' RESPONSIBILITIES.

Cities hereby agree to:

A. Identify and dedicate resources to:

1. Work with the Social Worker for administration, coordination and assessment;
2. Coordinate education of officers and other Law Enforcement staff about the JPA and DCCS programs and services including the role and responsibilities of the CRU;
3. Educate and train the Social Worker and any other participating DCCS staff on Law Enforcement's response to crisis and emergency service calls, including the role and responsibilities of Law Enforcement.
4. Identify individuals/households to the Social Worker who may benefit from follow up;
5. Work with the Social Worker, the CRU and DCSS mental health professionals to provide timely follow-up with the individual/household as provided in Section 4;
6. Work with the Social Worker, the CRU and DCSS mental health professionals to develop the crisis response plan as provided in Section 4;
7. Work with the Social Worker to create procedures to guide work for the duration of the JPA; and
8. Work with the Social Worker to provide information for evaluation pursuant to Section 8;
9. Provide Social Worker with a work space, office equipment and necessary internet and other connections needed to perform job duties.

6. JOINT RESPONSIBILITIES.

The parties hereby jointly agree to:

- A. Meet regularly during the term of the JPA to review and evaluate performance objectives and provide guidance to staff.
- B. Facilitate relationship-building with community agencies, treatment providers, Community Corrections, hospitals and community-based service providers to enhance understanding and reduce barriers to providing services to individuals with complex service needs.
- C. Attend and/or organize relevant trainings conducted by DCCS or other agencies.
- D. Commit to training on policy and procedures for the JPA and for use of the CRU.
- E. Attend joint project meetings convened to discuss countywide trainings and programs.

7. STEERING COMMITTEE OVERSIGHT AND IMPLEMENTATION.

The JPA activities described in Sections 4, 5 and 6 will be monitored by a Steering Committee comprised of the DCSS Director or Deputy Director, and chief of police from the City. One additional member from each of the Dakota County Police Departments participating with a similar Agreement with the County shall be designated by each jurisdiction to participate in the Steering Committee; others may be invited to attend meetings and assist with collaborative planning, implementation, and evaluation activities. The role of the Steering Committee is to provide strategic vision, structure and oversight of the JPA. The responsibilities of the Steering Committee include:

- A. To provide strategic oversight for the JPA, including defining scope, priority, desired results and key deliverables;

- B. To serve as advocates for the JPA, garnering support, removing obstacles, and resolving escalated issues;
- C. To obtain and allocate resources to support the design, implementation and evaluation of the JPA throughout its duration;
- D. To provide feedback and decisions in response to recommendations from the system stakeholders;
- E. To monitor and evaluate JPA progress;
- F. To designate key subject matter experts, as needed, to support specific components of the JPA planning, design or operations; and
- G. To designate staff to oversee and manage day-to-day activities and implement the strategic operations of the JPA;

8. EVALUATION.

The JPA will be evaluated according to an evaluation design, that is collaboratively developed by the parties. DCCS will have the lead role in collecting and presenting summary data to the parties along with a briefing of JPA activities due no less than on the last day of the month following the end of each full year term with quarterly reports made available upon request.

9. INDEPENDENT CONTRACTOR.

It is agreed that nothing contained in this Agreement is intended or should be construed as creating the relationship of agents, partners, joint ventures, or associates between the parties hereto or as constituting either County as the employee of the Cities for any purpose or in any manner whatsoever. County is an independent contractor and neither it nor its employees, agents, or representatives are employees of Cities.

10. LIABILITY AND INDEMNIFICATION.

- A. County and Cities agree to indemnify, defend and hold harmless the other, its officers, agents and employees against any and all liability, loss, costs, damages, claims or actions its officers, agents or employees may hereafter sustain, incur, or be required to pay, arising out of or by reason of any act or omission of the indemnifying party, its officers, agents, or employees, in the execution, performance or failure to adequately perform its obligations pursuant to this Agreement.
- B. To the full extent permitted by law, actions by the parties pursuant to this Agreement are intended to be and shall be construed as a "cooperative activity" and it is the intent of the parties that they shall be deemed a "single governmental unit" for the purposes of liability, all as set forth in Minnesota Statutes, Section 471.59, subd. 1a provided further that for purposes of the statute, each party to this Agreement expressly declines responsibility for the acts or omissions of the other party. Each party also specifically intends that the single tort cap limits specified for cooperative agreements under Minn. Stat. § 471.59, subd. 1a, or as such statute may be amended or modified from time to time, shall apply to this Agreement and to the activities of the parties hereunder. The statutory limits for the parties may not be added together or stacked to increase the maximum amount of liability for either party.
- C. Each party to this agreement shall be liable for their acts of their own officers, employees, and/or agents and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party, its officers, employees, and/or agents. It is understood and agreed the provisions of the Municipal Tort Claims Act, Minn. Stat. Ch. 466, and other applicable laws govern liability arising from the parties' acts or omissions. Each party warrants they can comply with the indemnity requirements through an insurance or self-insurance program and each has minimum coverage consistent with the liability limits contained in Minn. Stat. Ch. 466.
- D. Each party to this agreement shall assume all risks of harm or injury to person or property that may occur during the course of duty. DCCS staff who choose to ride with an officer while on duty for this program may be involved in a high speed chase, assaultive or life-threatening situations, and similar circumstances which

may put staff in peril.

With knowledge of the risks of harm or injury which may occur as a result of riding with an officer and the assumption of those risks, riders agree to hold the City harmless and waive any and all claims for any injury, harm or disability which may be incurred as a result of being a passenger. This contract of liability does not include any injuries, harms or disabilities that incurs as a result of intentional misconduct by the City, its agents or employees. This assumption of risk and indemnification is specifically binding on spouses, heirs and assigns. To the extent a claim under Minnesota workers compensation statute 176 can be asserted, said claim is not subject to this agreement.

11. NON-ASSIGNABILITY.

County shall not assign any interest in this Agreement and shall not transfer any interest in the same, whether by subcontract, assignment or novation, without the prior written consent of Cities.

12. EQUAL EMPLOYMENT OPPORTUNITY.

County agrees to comply with all federal, state and local laws, resolutions, ordinances, rules, regulations and executive orders pertaining to unlawful discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, sexual orientation, disability, or age. When required by law or when validly requested by Cities, County shall furnish a written affirmative action plan.

13. WORKPLACE VIOLENCE PREVENTION.

County shall make all reasonable efforts to ensure its employees, officials and subcontractors do not engage in violence, as defined by the Dakota County Policy 5517 Violence Prevention in the Workplace, while performing under this Agreement.

14. DATA PRACTICES.

- A. Data Privacy and Security. The parties will comply with all applicable data practices laws, including but not limited to the Minnesota Government Data Practices Act (MGDPA), Minn. Stat. Ch. 13 and the Minnesota Rules implementing the MGDPA, as amended, as well as any applicable state or federal laws on data privacy and security. The parties are mindful that when exchanging private data only the minimum necessary data will be provided. The exchange, use and protection of private data must be in compliance with the signed Dakota County Informed Consent to Release Private Data.

All data created, collected, received, stored, used, maintained, or disseminated by the parties in the performance of their roles and responsibilities are subject to the requirements of the MGDPA, the Minnesota Rules implementing the MGDPA, as amended, as well as any applicable state or federal laws on data privacy and security.

This paragraph is required by the MGDPA and includes the remedies set forth in Minn. Stat. § 13.08.

- B. Health Information and Chemical Dependency Data. If applicable, the parties agree to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH") and any other applicable state or federal law. This includes health data laws, including the Minnesota Health Records Act, Minn. Stat. §§ 144.291-.298, and **42 CFR Part 2** Confidentiality of Alcohol and Drug Abuse Patient Records. CAO check law reference
- C. Records. Each party is responsible for maintaining, securing, and managing its own records. The records will be maintained in accordance with each party's applicable record retention schedule. The parties will work cooperatively to ensure any reporting requirements under this agreement are fulfilled.
- D. Obtaining and Sharing Information. All necessary Tennessee Warning notices, consents, releases, and authorizations shall be obtained prior to the collection, release, exchange, or discussion of not public data, as that term is defined in Minn. Stat. § 13.02, subd. 8a, unless such data collection, release, exchange, or discussion is otherwise permitted by law or court order.

- E. Data Storage. As part of the roles and responsibilities of the Social Worker, data related to DCCS functions as defined by statute will be documented in the Social Services Information System (SSIS) or other County approved electronic approved health record.

The terms of this Section shall survive the termination or expiration of the agreement and/or Partnership.

15. COMPLIANCE WITH APPLICABLE LAW.

County and Cities agree to comply with all federal, state and local laws or ordinances, and all applicable rules, regulations, and standards established by any agency of such governmental units, which are now or hereafter promulgated insofar as they relate to its performance of the provisions of this Agreement. It shall be the obligation of County and the Cities to apply for, pay for, and obtain all permits and/or licenses required by any governmental agency for Cities or County's participation in this JPA.

16. AUDIT.

Under Minn. Stat. § 16C.05, subd. 5, the books, records, documents, and accounting procedures and practices of the parties are subject to examination by Cities or County or designees, the State Auditor or the Legislative Auditor, as appropriate, for a minimum of six years from the end of this Agreement.

17. AMENDMENTS.

Any alteration, variation, modification, or waiver of the provisions of this Agreement shall be valid only after it has been reduced to writing and duly signed by both parties.

18. INTERPRETATION OF AGREEMENT; VENUE.

This Agreement shall be interpreted and construed according to the laws of the State of Minnesota. All litigation regarding this Agreement shall be venued in the appropriate state or federal district court in Dakota County, Minnesota.

19. ENTIRE AGREEMENT.

This Agreement shall constitute the entire agreement between the parties and shall supersede all prior oral or written negotiations.

20. ELECTRONIC SIGNATURES.

Each party agrees the electronic signatures of the parties included in this Contract are intended to authenticate this writing and to have the same force and effect as wet ink signatures.

CITY OF HASTINGS

By: _____
Name: Mary Fasbender
Title: Mayor
Date: _____

Attest

By: _____
Name: Kelly Murtaugh
Title: City Clerk
Date: _____

COUNTY OF DAKOTA

By: _____
Name: Marti Fischbach
Title: Director
Date: _____

Approved as to form:

By: _____
Name: Paul Beaumaster
Title: Assistant County Attorney
Date: _____

KS: _____

Board
Resolution: _____

Contract
Number: _____

**MANAGEMENT CONTROL AGREEMENT
BETWEEN DAKOTA COUNTY SOCIAL
SERVICES DEPARTMENT, DAKOTA COUNTY
SHERIFF'S OFFICE, AND CITY OF CITY FOR
EMBEDDED SOCIAL WORKER JPA**

WHEREAS, the County of Dakota Social Services Department ("DCSS") has entered into a joint powers agreement with the City of CITY, through its Police Department, ("Agency") to provide DCSS employees to assist people who need mental health crisis services on a prompt basis to protect their health, safety, and welfare (the "JPA"); and

WHEREAS, DCSS is a non-criminal justice agency; and

WHEREAS, DCSS employees may have access to Criminal Justice Information within the control of Agency in the performance of its duties under the JPA; and

WHEREAS, the Dakota County Sheriff's Office ("DCSO") has agreed to set, maintain, and enforce the standards for the selection, supervision, and termination of DCSS personnel access to DCSO's Criminal Justice Information and agrees to do the same on behalf of Agency; and

WHEREAS, the Federal Bureau of Investigation Criminal Justice Information Services Security Policy ("CJIS Security Policy") requires that when criminal justice functions, regardless of location, are performed by a non-criminal justice agency there must be a management control agreement with a criminal justice agency; and

WHEREAS, DCSS wishes to enter into this Management Control Agreement ("MCA") with the DCSO and Agency, which are both criminal justice agencies.

ACCORDINGLY, DCSS, DCSO, and Agency agree as follows:

1. Based on the above provisions and pursuant to the CJIS Security Policy requirements it is agreed that with respect to administration of that portion of the computer systems and network infrastructure interfacing directly or indirectly with the State of Minnesota's Bureau of Criminal Apprehension Criminal Justice Data Communications Network for the interstate exchange of criminal history/criminal justice information:
 - a. The Agency shall have the authority, via managed control, to set, maintain, and enforce:
 - i. Priorities;
 - ii. Policy governing operation of justice systems, computers, access devices, circuits, hubs, routers, firewalls, and any other components, including encryption, that comprise and support a telecommunications network and related criminal justice systems to include but not limited to criminal history record/criminal justice systems information guaranteeing the priority, integrity, and availability of service needed by the criminal justice community;
 - iii. Restriction of unauthorized personnel from access or use of equipment accessing the State network; and
 - iv. Compliance with all rules and regulations of the DCSO policies and CJIS Security Policy in the operation of all information received.
 - b. The DCSO shall have the authority, via managed control, to set, maintain, and enforce the standards for the selection, supervision, and termination of DCSS personnel access to Criminal Justice Information in Agency's possession.
2. Responsibility for management of security control of the criminal justice function shall remain with the Agency, as required by the CJIS Security Policy.
3. This MCA covers the overall supervision of Agency systems, applications, equipment, systems design, programming, and operational procedures associated with the development, implementation, and

maintenance of any Agency system to include NCIC (National Crime Information Center) Programs that may be subsequently designed and/or implemented within the Criminal Justice Agency.

4. This MCA may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall be deemed to constitute one and the same agreement.
5. This MCA shall be in full force for the term of the JPA.

IN WITNESS WHEREOF, the undersigned governmental units have caused this MCA to be executed on the date so indicated.

Dakota County Sheriff's Office (DCSO)

By: _____

Tim Leslie, Dakota County Sheriff

Date: _____

Dakota County Social Services Department (DCSS)

By: _____

Marti Fischbach, Community Services Division Director

Date: _____

CITY Police Department (Agency)

By: _____

Name: _____

Title: _____

Date: _____

Approved as to form for County of Dakota:

Attorney / Date

File Number: _____



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3677

Agenda #: 4.7

Meeting Date: 9/17/2024

DEPARTMENT: Social Services

FILE TYPE: Consent Action

TITLE

Ratification Of Minnesota Department Of Human Services Adult Mental Health Initiative And Community Support Program Grant Application, And Authorization To Accept Grant Funds, Execute Grant Agreement, And Add 8.0 Grant-Funded Full-Time Equivalents

PURPOSE/ACTION REQUESTED

Ratify the application for the Minnesota Department of Human Services (DHS) Adult Mental Health Initiative (AMHI) and Community Support Program (CSP) grant allocation, and authorize acceptance of grant funds, execution of the grant agreement, and addition of 8.0 grant-funded full-time equivalents (FTEs).

SUMMARY

Minn. Stat. § 245.465 states the County Board shall use its share of mental health funds allocated by DHS according to the mental health plan approved by the Commissioner of DHS. The DHS AMHI and CSP grants provide funding to support Dakota County residents with mental illness to live healthy, thriving lives in community settings.

AMHIs are regional organizations that oversee adult mental health services and funding (Attachment: AMHI Overview). Dakota County is its own AMHI. According to Minn. Stat. § 245.466, each local plan for an AMHI must be developed under the direction of the County Board as the local mental health authority. The planning for each AMHI shall include, but not be limited to, people with lived experience, families, advocates, local mental health providers, and other system partners. Staff works closely with Dakota County's Adult Mental Health Local Advisory Council (LAC) on an ongoing basis to identify unmet needs and priorities.

State funding for AMHIs remained largely unchanged from the early 1990s through calendar year (CY) 2024. By Resolution No. 22-346 (September 23, 2022), the Dakota County Board of Commissioners approved Dakota County's CY 2023 and 2024 AMHI and CSP grant application.

Effective for AMHI grants starting in CY 2025, a new AMHI funding formula was implemented that factors in population, per capita spending, and social determinants of health (Attachment: AMHI Funding Formula). The new, ongoing funding formula significantly increases Dakota County's AMHI allocation. Under the new formula, Dakota County's AMHI portion of the allocation increases by \$1,844,007, from \$482,776 in CY 2024 to \$2,326,783 annually. DHS communicated that AMHI funding amounts will remain consistent through, at least, CY 2035. Dakota County's CY 2025 and CY 2026 CSP allocation is consistent from previous years at \$736,508, annually.

In preparation for the allocation of additional AMHI grant dollars in CY 2025 and opening of the Crisis and Recovery Center, Dakota County conducted adult mental health system needs assessment and data analysis. Stakeholder engagement and needs analysis informed Dakota County's CY 2025 and CY 2026 AMHI and CSP proposed spending plan (Attachment: Budget and Spending Plan). The CY 2025 and CY 2026 spending plan prioritizes investments in staffing for effectively delivering, managing and overseeing a large and complex adult mental health system of care. AMHI funding will be used for system coordination, clinical supervision, staffing for the Crisis and Recovery Center, core County mental health operations, and expanded community-based service options.

Staff prepared and submitted the CY 2025 and CY 2026 AMHI and CSP electronic application and budget forms by the September 9, 2024, submission deadline.

OUTCOMES

The County and sub-grantees must report specific information about services provided and persons served using this grant funding using the Mental Health Information System (MHIS). The following are examples of data reported in MHIS.

How much?

Number of people served and demographics including gender, age, race, and tribal enrollment.

How well?

Reasons for discontinuance of service, legal status, mental health diagnosis, and housing status.

Is anyone better off?

Housing and employment status at discharge.

RECOMMENDATION

Staff recommends ratification of the grant application to DHS for County Adult Mental Health services for an annual grant amount of \$3,063,291 (\$736,508 CSP, \$2,326,783 AMHI) for CY 2025 and CY 2026 (total of \$6,126,582); and if the grants are awarded, staff requests authorization to accept the grant funds, execute the grant agreement with DHS, and add 8.0 grant-funded FTEs.

EXPLANATION OF FISCAL/FTE IMPACTS

The CY 2025 Adult Mental Health grant allocations (total of \$3,063,291) and new grant-funded FTE will be included in the 2025 County Manager's Recommended Budget.

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input checked="" type="checkbox"/> Current budget | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Amendment Requested | | <input checked="" type="checkbox"/> New FTE(s) requested |

RESOLUTION

WHEREAS, Minn. Stat. § 245.465 states the County Board shall use its share of mental health funds allocated by the Minnesota Department of Human Services (DHS) according to the mental health plan approved by the Commissioner of DHS; and

WHEREAS, the DHS Adult Mental Health Initiative (AMHI) and Community Support Program (CSP) grants provide funding to support Dakota County residents with mental illness to live healthy, thriving lives in community settings; and

WHEREAS, AMHIs are regional organizations that oversee adult mental health services and funding; and

WHEREAS, Dakota County is its own AMHI; and

WHEREAS, according to Minn. Stat. § 245.466, each local plan for an AMHI must be developed under the direction of the County Board as the local mental health authority; and

WHEREAS, the planning for each AMHI shall include, but not be limited to, people with lived experience, families, advocates, local mental health providers, and other system partners; and

WHEREAS, staff works closely with Dakota County's Adult Mental Health Local Advisory Council (LAC) on an ongoing basis to identify unmet needs and priorities; and

WHEREAS, state funding for AMHIs remained largely unchanged from the early 1990s through calendar year (CY) 2024; and

WHEREAS, by Resolution No. 22-346 (September 23, 2022), the Dakota County Board of Commissioners approved Dakota County's CY 2023 and 2024 AMHI and CSP grant application; and

WHEREAS, effective for AMHI grants starting in CY 2025, a new AMHI funding formula was implemented that factors in population, per capita spending, and social determinants of health; and

WHEREAS, the new, ongoing, funding formula significantly increases Dakota County's AMHI allocation; and

WHEREAS, under the new formula, Dakota County's AMHI portion of the allocation increases by \$1,844,007, from \$482,776 in CY 2024 to \$2,326,783 in CY 2025; and

WHEREAS, DHS communicated that funding amounts will remain consistent through, at least, CY 2035; and

WHEREAS, in preparation for the allocation of additional grant dollars in CY 2025 and opening of the Crisis and Recovery Center, Dakota County conducted adult mental health system needs assessment and data analysis; and

WHEREAS, stakeholder engagement and needs analysis informed Dakota County's CY 2025 and CY 2026 AMHI and CSP proposed spending plan; and

WHEREAS, the CY 2025 and CY 2026 spending plan prioritizes investments in staffing for effectively delivering, managing and overseeing a large and complex adult mental health system of care; and

WHEREAS, AMHI funding will be used for system coordination, clinical supervision, staffing for the Crisis and Recovery Center, core County mental health operations, and expanded community-based service options; and

WHEREAS, staff prepared and submitted the CY 2025 and CY 2026 AMHI and CSP application and budget forms by the September 9, 2024, submission deadline.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby

ratifies the Adult Mental Health Initiative and Community Support Program grant application to the Minnesota Department of Human Services for calendar year (CY) 2025 and CY 2026 for a total grant amount of \$6,126,582; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept the grant funds and execute the Adult Mental Health Initiative and Community Support Program grant agreement for the period of January 1, 2025 to December 31, 2026 for a total grant amount of \$6,126,582, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to add 8.0 grant-funded, full-time equivalent positions; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form.

PREVIOUS BOARD ACTION

22-346; 09/23/22

ATTACHMENTS

Attachment: AMHI Overview

Attachment: AMHI Funding Formula

Attachment: Budget and Spending Plan

BOARD GOALS

☐ A Great Place to Live

☐ A Successful Place for Business and Jobs

☒ A Healthy Environment

☐ Excellence in Public Service

CONTACT

Department Head: Emily Schug

Author: Emily Schug



Adult Mental Health Initiatives

Adult Mental Health Initiatives (AMHI) are regional organizations that oversee adult mental health services and funding to counties and tribal governments in their area. The AMHIs serve as a mechanism for regional collaboration to build effective community-based mental health services across Minnesota.

Background

With the closure of Regional Treatment Centers in the early 1990s, counties were encouraged to develop partnerships with neighboring counties to plan for and develop acute care and community-based mental health treatment for those who had been served by the state hospital.

In 1996 legislation created regional partnerships to pilot innovative projects. Over time, this

resulted in 19 AMHIs. Each region ranges in size from single large metro counties, to the White Earth Nation, to regions encompassing up to 18 counties in greater Minnesota.

The AMHIs continue to monitor, evaluate and reconfigure their service models while, at the same time, each county retains its role as the local mental health authority.

How AMHIs work

The service delivery and administrative design is unique to each AMHI. This approach has allowed small or sparsely populated counties to develop services they would not have the capacity to otherwise. Cross county collaboration also generates creativity in service planning and increased community based services.

The AMHI structure and funding were designed to give regions flexibility to respond to their unique needs and circumstances. The flexibility of the AMHIs has led to a wide range of participants, organizational structures, funding and operating practices.

For example, some regions choose to hire coordinators to help with the administrative,

reporting and fiscal work associated with the grants, while others use existing county staff do this work.

While each AMHI is strongly encouraged to incorporate new evidence-based and research informed practices into their service delivery system, stagnant and reduced funding over the years has made this a challenge. When the initial legislation passed, AMHIs were considered pilot projects to provide alternatives or enhance coordination of mental health services. While this has happened to some extent across the regions, many of these dollars have become part of the base funding for a region's mental health delivery services.

Mission and principles

AMHIs are dedicated to improving the mental health of their community through intentional planning and partnerships across a region, grounded in the following principles:

- Lived experience with mental illness guides the governance and services
- Brings together people with lived experience, providers, counties, tribes, MCOs and DHS to fully utilize all available resources to meet regional needs.
- Develops and provides an array of person centered services that builds on personal and cultural strengths.
- Utilizes a data driven model to evaluate the impact of services on health outcomes.
- Assures access, early intervention, coordination, and application of resources through creative partnerships.

Examples of AMHI services

- Increasing and improving cultural competence, accessible services and better service coordination
- Community education to educate and support citizens and key stakeholders, such as health service providers, law enforcement and court personnel
- Alternative intensive case management models, including Assertive Community Treatment (ACT) teams
- Housing with support options
- Protected transport service for those in crisis
- Prevention programs
- Mental health courts
- Jail diversion programs

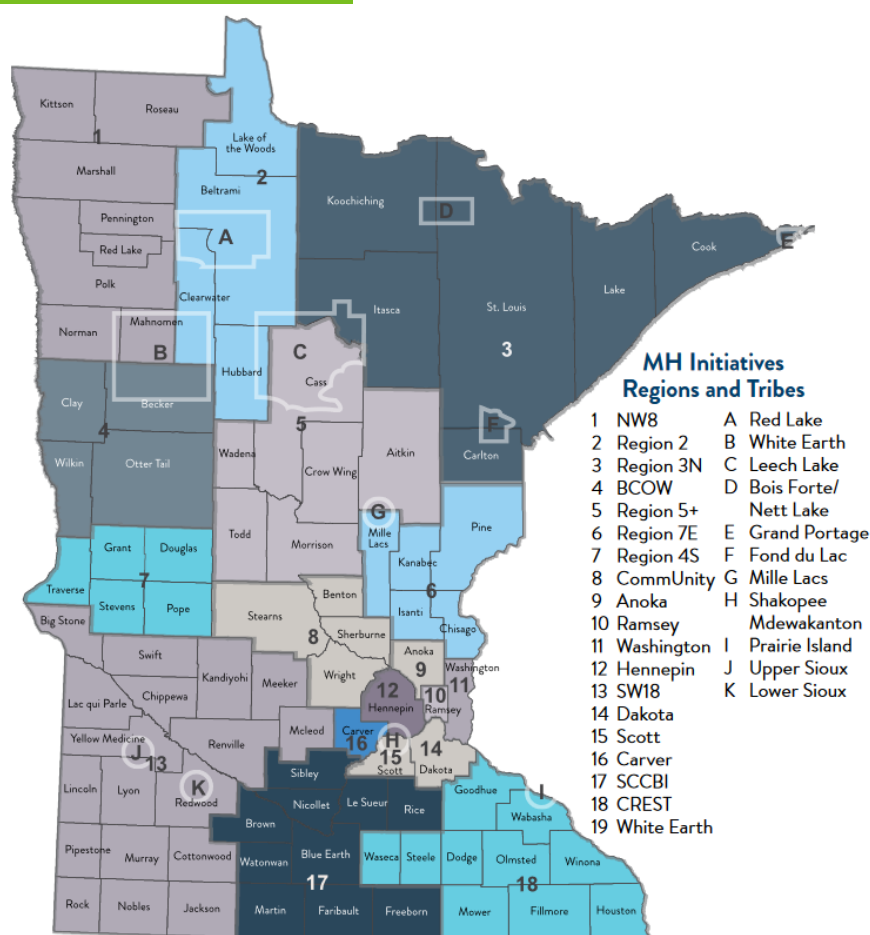
AMHIs work to:

1. Support

collaboration around mental health services, and

2. Promote

innovation in the delivery of services



Find out more

mn.gov/dhs



Adult Mental Health Initiatives Reform: Funding Formula

Minnesota has [19 Adult Mental Health Initiatives](#) (AMHIs) that are made up of regional groupings of counties or single metro countries. Additionally, White Earth Nation is a standalone AMHI region. AMHIs have been an effective mechanism for regional collaboration to build community-based mental health services in Minnesota since 1996. The structure and funding of AMHIs continue to give regions flexibility to respond to the unique needs and circumstances in their region.

Why create a funding formula?

- Initial funding determinations for AMHIs were not uniform, equitable, or transparent, and were based on proximity to state hospitals that closed in the 1990s.
 - In 1996, six regions were funded with a total of \$1.849M.
 - Today, 19 AMHI regions receive a total of \$33.5M per year in funding.
 - Current allocations range from \$1.49 to \$21.29 per capita.
- AMHI funding is vulnerable and has been reduced in the past (2003, 2005, and 2009) to cover costs of other services.

What is the timeline?

- October 2019: DHS issued a quick-call for a vendor to assist in the development of a funding formula.
- April 2020 through June 2021: DHS contracted with Forma ACS to assist in developing a funding formula.
- June 30, 2021: Forma ACS presented a final formula model with usage recommendations to DHS.
- June through November 2021: AMHI stakeholder workgroup reviews formula work and provides recommendations about weights of formula variables to DHS.
- October 2021-December 2022: DHS in partnership with White Earth Nation develops pilot Tribal AMHI Funding Formula and determines implementation plan of Tribal AMHI funding formula.
- February 2022: Final recommendations of the funding formula are due in a report to the Minnesota Legislature.
- June through December 2022: In partnership with AMHI stakeholders, DHS develops implementation plan for new formula allocations.
- February 2023: DHS releases final implementation plan and announces formula-based allocations. Note: regional allocations are subject to changes brought about by additions or reductions of AMHI fund.
- April 2024: DHS releases AMHI grant plan application for the 2025-2026 funding cycle.
- January 1, 2025: First contract round for formula-based allocations begins.

Stakeholder engagement:

Stakeholder engagement is a top priority for AMHI Reform. DHS could not do the work of developing an equitable funding formula without each AMHI's input and feedback. Two workgroups have been convened: County-based AMHI and Tribal AMHI. All county-based regions have one self-nominated, representative on the AMHI Reform Funding Formula Workgroup. This workgroup is providing feedback about the weights and values to place on the funding formula variables. The second workgroup is in partnership with representatives from White Earth Nation to develop a pilot Tribal AMHI funding formula for their AMHI. This formula may be used as the basis for a funding formula for other Tribal Nations if they were to become AMHIs in the future.

Throughout the AMHI Reform process, DHS has communicated with stakeholders and incorporated feedback gathered through a variety of methods into the funding formula development. Communication methods include Statewide AMHI Meetings; survey of all AMHI stakeholders; presentations at MACSSA, the State Advisory Council on Mental Health, and American Indian Mental Health Advisory Council meetings; gov delivery updates; publicized information on the AMHI website, and regular emails with workgroup members. DHS has also encouraged workgroup members to communicate all phases of AMHI Reform with stakeholders in their regions.

How was the funding formula developed?

Phase 1: Exploring population data

Because AMHIs cover the entire state, it was reasonable to first explore population data and measures. While population metrics can overshadow some information, it is an indicator of potential service need. Population is a reliable data source that can be recalculated as it changes over time.

Population data included in the funding formula model:

- Statewide population (based on US Census Bureau data)
- Medicaid population (based on DHS data)
- Medicare population (based on federal data)
- Risk-adjusted Medicaid population (based on DHS data)

Phase 2: Per capita spending

There is no universal measure of actual cost of services; however, it is possible to create a measure of how much counties spend per person. This information provides an indicator of where it may be more or less costly to provide services. Forma ACS used current funding allocations and a 2018 report of county spending from all funding sources for adult mental health services to determine the measure of per capita spending in each region.

Phase 3: Other factors – service need and access issues

There are many other factors that impact need for, access to, and cost of mental health services, but not all of these factors can be directly or indirectly measured. It was important to explore these other factors, as they would make the final formula more sensitive than using only population data.

Other factors researched include:

- Social determinants of health (serious mental illness, substance use disorder, past incarceration, deep poverty, and homelessness) and medical risk (based on DHS data)
- Area Deprivation Index (ADI)
- Rural factor using rural-urban commuting area (RUCA) codes

Final formula model structure

The funding formula was set up using population data, social determinants of health, ADI scores, and RUCA scores. The data sources used in the formula model capture a broader service base than using service utilization data. These variables can each have a different weight assigned that determines how much impact the variable has on the final funding allocation. The final weights are being recommended by a workgroup of AMHI stakeholders. The funding formula will be finalized by DHS and shared with the MN legislature through a legislative report due February 2022.

Workgroup review and recommendations

The funding formula structure is currently in development in partnership with representatives from each county-based AMHI region. The workgroup is reviewing the four key inputs to the formula – population, social determinants of health and medical risk, area deprivation index, and rural allocation – to provide recommendations to DHS on the weighting of these inputs.

Supporting data:

- Statewide population data provided by the US Census Bureau
- Medicaid data from Health Care Administration at the Minnesota Department of Human Services
- Medicare data from federal resources ([Centers for Medicare & Medicaid Services Public Use File](#))
- Social determinants of health and relative risk data, collected and analyzed for the Medicaid population by Health Care Administration the Minnesota Department of Human Services
- Area Deprivation Index provided by [Neighborhood Atlas](#), University of Wisconsin School of Medicine and Public Health
- Rural-urban commuting area (RUCA) codes, U.S. Health Resources and Services Administration, Office of Rural Health Policy in partnership with the [U.S. Agriculture Department's Economic Research Service](#) and the WWAMI Rural Health Research Center at the University of Washington

More information:

For more information about AMHI Reform, including an overview of AMHI Reform and timeline along with materials from workgroup meetings, please visit the AMHI Reform section of our [website](#).

If you have any questions, contact MN_DHS_amhi.dhs@state.mn.us

Adult Mental Health Initiative Grant

Background:

With the closure of Regional Treatment Centers in the early 1990s, counties were encouraged to develop partnerships to plan for and develop acute care and community-based mental health treatment for those who had been served by the state hospital. Learning from the success of that approach, legislation was passed in 1996 to create and expand grant funding for regional partnerships to continue planning and service expansion efforts. Over time, this has resulted in 18 regional county initiatives and the White Earth Nation tribe who have identified as AMHIs. Each region ranges in size from single, large county entities in the metro area to regions encompassing up to 18 counties in greater Minnesota. Dakota County is a single county AMHI. AMHIs continue to monitor, evaluate, and reconfigure their service models while each county retains its role as the local mental health authority. State funding to support AMHIs had remained largely unchanged since the early 1990s. A new funding formula for AMHIs in CY 2025 and CY 2026 significantly increases Dakota County's AMHI allocation. Dakota County's AMHI proposed spending plan prioritizes the following: coordination of Dakota County's mental health system of care; internal infrastructure to support fiscal management, contract management, and outcome analysis; service access through Dakota County's Crisis and Recovery Center; mental health clinical supervision; and service outreach and access for people with serious mental illness (SMI).

Dakota County CY 2024 and CY 2025 AMHI Spending Plan:

Total Annual Funding Award: \$2,236,783

Grant Category	Spending Plan	CY 2025 Amount	CY 2026 Amount
Fiscal Host Fee	1.0 FTE AMHI Operations Manager supporting fiscal host duties - budgeting, financial management, contract oversight, plus general admin. Up to 10%	\$232,678	\$232,678
Pre-petition Screening	1.0 FTE Mental Health Supervisor, providing clinical supervision of PPS and related mental health programs	\$160,881	\$170,534
Adult Mobile Crisis	1.0 FTE Mobile Crisis Supervisor, providing clinical supervision and oversight of 24/7 operations with focus on evening hours; 1 FTE Program Analyst for infrastructure for electronic health record training and support for mobile crisis.	\$285,332	\$302,452
Assertive Community Treatment	Intensive, supportive, non-residential treatment using a team approach for those who are not currently eligible for Medical Assistance.	\$130,000	\$130,000

Grant Category	Spending Plan	CY 2025 Amount	CY 2026 Amount
Intensive Residential Treatment – Uncompensated Care	Intensive treatment services offered in a residential setting to enhance psychiatric stability, personal and social adjustment, and build skills to transition to community for those not currently eligible for Medical Assistance.	\$30,000	\$30,000
Adult Residential Crisis Stabilization	Short-term residential assessment and stabilization to assist people to return to the community with services and support.	\$7,500	\$7,500
Emergency Response Services	3 FTE Social Workers for response for adult experiencing mental health crisis at the new Dakota County Crisis and Recovery Center.	\$405,739	\$430,083
Supported Employment/Individualized Placement and Support	Personalized employment services using evidence-based practice for people with mental illness.	\$194,664	\$194,664
Case Management – Uncompensated Care	Payment of non-federal share for adult mental health case management for those who do not qualify for case management under Medical Assistance	\$72,335	\$75,000
Adult General Case Management	1.0 FTE Mental Health Coordinator, providing ongoing assessment, planning, referral, service coordination and system management.	\$147,337	\$156,177
Community Outreach, Peer Support, and Community Support Programs	Contracts for client outreach, peer support, community support and employment services. Providers TBD through RFP process in early 2025.	\$660,317	\$597,695
Total		\$2,236,783	\$2,236,783

Community Support Program Grant

Background:

Established in 1979, Community Support Programs (CSPs) created new and innovative programs at the time including adult day treatment, vocational training, drop-in centers, crisis homes and case

management services. CSP grant funding continues is to improve the lives of adults with serious and persistent mental illness to find and maintain competitive employment, handle basic activities of daily living, participate in social activities, set goals and plans and obtain and maintain appropriate living arrangements. CSPs reduce the need for and use of more intensive, costly, or restrictive placements and provide services that are supportive in nature.

Dakota County CY 2025 and CY 2026 Proposed Spending Plan:

Total Annual Funding Award: \$736,508

Grant Category	Spending Plan	CY 2025 Amount	CY 2026 Amount
Fiscal Host Fee	Off-set costs for following functions: contract management, fiscal and outcome reporting, system coordination.	\$73,650	\$73,650
Community Support Programs	Contracts with community-based agencies for peer support, social activities, illness management and recovery classes, and other services that help people with mental illness to live connected, healthy and thriving lives in their communities.	\$536,877	\$536,877
Case Management – Uncompensated Care	Payment of non-federal share for adult mental health case management for those who do not qualify for case management under Medical Assistance	\$125,981	\$125,981
Total		\$736,508	\$736,508



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3531

Agenda #: 4.8

Meeting Date: 9/17/2024

DEPARTMENT: Social Services

FILE TYPE: Consent Action

TITLE

Ratification Of Minnesota Department Of Human Services Mobile Crisis Services Grant Application, And Authorization To Accept Grant Funds And Execute Grant Agreements

PURPOSE/ACTION REQUESTED

Ratify application for the Minnesota Department of Human Services (DHS) calendar year (CY) 2025 and CY 2026 Mobile Crisis Services grant application, and if awarded, authorize acceptance of grant funds and execution of the grant agreements.

SUMMARY

Communities across Minnesota are facing urgent and unprecedented mental health challenges. Dakota County has responded by expanding the County's continuum using national best practice guidelines.

Dakota County operates a crisis services continuum that meets the requirements of Minn. Stat. § 256B.0944, Minn. Stat. § 256B.0624, and Minn. Stat. § 245I. These services include: 24-hour telephone screening and triage, dispatch of mobile crisis response teams, face-to-face crisis assessments, face-to-face crisis intervention, crisis stabilization and crisis follow-up and outreach.

Since at least CY 2019, Dakota County has directly applied for and received funding for crisis services through the State's Mobile Crisis Services grant. State grant funding provides revenue for a portion of Dakota County's crisis services continuum.

Given community needs, evolving system roles, and expected increased funding for crisis services, the Dakota County Board of Commissioners, by Resolution No. 21-461 (September 21, 2021), and by Resolution No. 21-618 (December 14, 2021), authorized adding 17.0 new FTEs to provide expanded access to the full continuum of adult and child crisis services. These added positions are funded using time-limited local American Rescue Plan Act (ARPA) dollars. It was expected staff would apply for State grant and federal ARPA funding for service expansion as soon as DHS funds were available.

By Resolution No. 22-395 (September 20, 2022), the Dakota County Board of Commissioners ratified the combined CY 2023 and CY 2024, and State Fiscal Years (SFY) 2022, 2023, and 2024 grant application to DHS and authorized executing grant agreements with DHS for state and federal ARPA. Subsequently, grant agreements, and amendments for crisis services, were executed with DHS for CY 2023 and CY 2024, and SFYs 2022, 2023, and 2024 for a total State appropriation of \$2,812,567

of which \$1,599,224 were one-time federal ARPA pass-through funds.

On May 31, 2024, DHS notified Dakota County of CY 2025 and CY 2026 state funding awards for crisis services, including one-time State funding that will be added to the base allocation (Attachment: Appropriation Letter). For CY 2025, Dakota County has been allocated State funding in the amount of \$702,287 and one-time State funding in the amount of \$302,571 for a total funding amount of \$1,004,858. For CY 2026, Dakota County has been allocated State funding in the amount of \$687,525 and one-time State funding in the amount of \$299,286 for a total funding amount of \$986,811. DHS may also reallocate additional unspent funds to counties; therefore, staff requests authorization to apply for funding up to \$2,500,000 for CY 2025 and CY 2026. DHS is expected to develop a new funding formula to be implemented for CY 2027 allocations.

Staff prepared and applied for CY 2025 and CY 2026 by the July 31, 2024, deadline. Dakota County's funding application (Attachment: Grant Contract Budget) proposes funding for 7.0 existing full-time equivalents (FTEs) and purchase of services for crisis system coordination. The FTEs were approved by previous board actions, including Resolution No. 21-461 (September 21, 2021).

OUTCOMES

2023 Data Indicators

Someone to Talk To/Phone Response:

- More than 20,000 incoming calls to the 24/7 Crisis Response Unit (CRU).
- 13,174 intakes/service requests (intakes can include multiple calls), a 40 percent increase in intakes from 2021.
- 992 transfers of certain mental health calls from Dakota 911 to the CRU. More than 80 percent of 911 call transfers were handled without need for law enforcement response.

Mobile Response:

- 850 in-person site visits from the CRU, 142 percent increase from 2021.
- In-person response at the time of crisis from professionals trained and skilled in assessing needs and connecting to resources.
- Co-location of CRU social workers in 9 of 12 public safety agencies to build relationships and achieve 15-30-minute response time.

Embedded Social Worker, Crisis Outreach, Follow-up and Stabilization:

- 10 of 10 participating public safety agencies have embedded social worker assignments.
- More than 2,256 outreaches that led to engagement and/or service coordination, 639 face to face outreaches or assessments.
- More than 260 cases opened for intensive crisis stabilization services, 30 percent of referrals from people interested in services or from family members.
- Adults, children, and families have better access to services to learn about symptoms, build skills, connect to long-term support, and build a long-term recovery plan.
- City and County working in partnership to improve public service response in support of shared goals for healthy, safe communities for all.

RECOMMENDATION

Staff recommends ratification of the DHS Mobile Crisis Services grant application in the amount of up to \$2,500,000 for CY 2025 and CY 2026; and if the grants are awarded, staff requests authorization

to accept the grant funds and execute the grant agreements, including amendments, with DHS.

EXPLANATION OF FISCAL/FTE IMPACTS

The CY 2025 and CY 2026 State mobile crisis services grant allocation awards will be included in the 2025 County Manager's Recommended Budget.

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Current budget | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Amendment Requested | <input type="checkbox"/> New FTE(s) requested | |

RESOLUTION

WHEREAS, Dakota County operates a crisis services continuum that meets the requirements of Minn. Stat. § 256B.0944, Minn. Stat. § 256B.0624, and Minn. Stat. § 245I; and

WHEREAS, the Department of Human Services (DHS) administers State and federal funds through grant agreements for the provision of mental health crisis services in accordance with Minn. Stat. § 256B.0944, Minn. Stat. § 256B.0624 and Minn. Stat. § 245I; and

WHEREAS, by Resolution No. 21-461 (September 21, 2021) and by Resolution No. 21-618 (December 14, 2021), the Dakota County Board of Commissioners authorized adding 17.0 new full-time equivalents (FTEs) to Dakota County's crisis continuum team to meet community needs in preparation for having an actionable plan when DHS funding was available; and

WHEREAS, by Resolution No. 22-395 (September 20, 2022), the Dakota County Board of Commissioners ratified the Combined Mobile Crisis Services and Home and Community Based Services Medical Assistance Percentage Grant Application submission to DHS for calendar years (CY) 2023 and 2024, and State Fiscal Years (SFY) 2022, 2023, and 2024 for a total grant amount of up to \$5,000,000 and subsequently, grant agreements were executed for CY 2023 and 2024 for a total of \$2,812,567; and

WHEREAS, on May 31, 2024, DHS notified Dakota County of CY 2025 and CY 2026 funding allocations; and

WHEREAS, for CY 2025, Dakota County has been allocated State funding in the amount of \$702,287 and one-time State funding in the amount of \$302,571 for a total funding amount of \$1,004,858; and

WHEREAS, for CY 2026, Dakota County has been allocated State funding in the amount of \$687,525 and one-time State funding in the amount of \$299,286 for a total funding amount of \$986,811; and

WHEREAS, DHS may also reallocate additional unspent funds to counties; therefore, staff requests authorization to apply for funding up to \$2,500,000 for CY 2025 and CY 2026; and

WHEREAS, DHS is expected to develop a new funding formula to be implemented for CY 2027 allocations; and

WHEREAS, staff prepared and submitted, by the July 31, 2024, deadline, a grant application for CY 2025 and CY 2026 for crisis services funding to meet DHS submission requirements, including a proposal to fund 7.0 existing full-time equivalents, which were approved by previous board actions, including by Resolution No. 21-461 (September 21, 2021), and purchase of services for crisis system coordination.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby ratifies the Mobile Crisis Services Grant Application submission to the Minnesota Department of Human Services for calendar years (CY) 2025 and 2026 for a total grant amount of up to \$2,500,000; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept the grant funds, and execute the mobile crisis grant agreements for CY 2025 and 2026, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form.

PREVIOUS BOARD ACTION

21-461; 9/21/21

21-618; 12/14/21

22-395; 9/20/22

ATTACHMENTS

Attachment: Appropriation Letter

Attachment: Grant Contract Budget

BOARD GOALS

☐ A Great Place to Live

☐ A Healthy Environment

☐ A Successful Place for Business and Jobs

☒ Excellence in Public Service

CONTACTS

Department Head: Emily Schug

Author: Emily Schug

Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration**Behavioral Health Division**

P.O. Box 64988

St. Paul, MN 55164-0988

May 31, 2024

Dakota County

RE: CY25 & CY26 Mobile Crisis Response Services Appropriation Letter

Dear Dakota County,

The Minnesota Department of Human Services (DHS) is pleased to inform you that your organization's response to the Mobile Crisis Response Services funding will move forward in the contracting process.

Please be advised that your allocation includes one-time funding that will be added to your base allocation. This notification letter does not obligate DHS to execute a contract with you and does not guarantee any funding. CY25 & CY26 State funds MAY NOT BE SPENT until the contract is fully signed and executed.

CALENDAR YEAR 2025

Base Funding: Dakota County has been allocated State funding in the amount of \$702,287.

One-Time Funding: Dakota County has been allocated State funding in the amount of \$302,571.

Total Funding: \$1,004,858

CALENDAR YEAR 2026

Base Funding: Dakota County has been allocated State funding in the amount of \$687,525.

One-Time Funding: Dakota County has been allocated State funding in the amount of \$299,286.

Total Funding: \$986,811

All funds must be spent by December 31, 2026. All invoices are due quarterly in 2025 and 2026, according to your organization's contract.

Please remember the purpose of the Mobile Crisis Response Services according to Minnesota Statutes, chapter [245I](#) (Mental Health Uniform Service Standards Act) and section [256B.0624](#) (Crisis Response Services). These funds must be used for these purposes only and may not supplant other sources of funding.

Please let us know if we can answer any questions regarding the information in this letter by emailing us at dhs.cmhcrisis@state.mn.us.

Sincerely,

Julie Pearson

Julie Pearson

Manager CCBHC & Special Projects Unit

Behavioral Health Division

Behavioral Health, Housing and Deaf & Hard of Hearing Services Administration (BHDH)

IMPORTANT: According to Minnesota Statutes, section 16B.98, subdivision 5 no work can be performed, nor is payment or reimbursement allowed under this grant contract, until the effective start date has arrived or until the date that the final required signature is obtained from the STATE whichever occurs last.



Attachment B – Contract Budget

Grantee/Vendor Name:

Contract Budget

Please note that the ability to utilize unspent funds in the next contract year(s) is not guaranteed.

If the contract budget is for less than three years, only complete the years applicable.

Category	Contract Year 1	Contract Year 2	Contract Year 3	Total for All Years
	<i>to</i>	<i>to</i>	<i>to</i>	<i>to</i>
A. Personnel* (Salaries)				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Other				
H. Total Direct Costs <i>(Sum A to G)</i>				
I. Indirect Costs				
Total Budget <i>(Sum H and I)</i>				

*Federal funding restricts the amount of direct salary to Executive Level II of the Federal Executive pay scale. The Office of Personnel Management recently released new salary levels for the Executive Pay Scale. Effective January 1, 2024, the salary limitation for Executive Level II is \$221,900.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3731

Agenda #: 5.1

Meeting Date: 9/17/2024

DEPARTMENT: Employment and Economic Assistance

FILE TYPE: Regular Action

TITLE

Update From Dakota-Scott Workforce Development Board And Proclamation Of September 2024 As Workforce Development Month In Dakota County

PURPOSE/ACTION REQUESTED

Receive updates about the activities and programs of the Dakota-Scott Workforce Development Board (WDB) and proclaim September 2024 as Workforce Development Month in Dakota County.

SUMMARY

The month of September is a time to honor workforce development leaders and staff across Minnesota, as well as draw attention to the resources available to those looking for work and to employers who need workers now. Workforce development professionals throughout the state are working hard to connect all Minnesotans who need work with employment and to help employers reach often-overlooked labor pools.

The WDB's mission is "to lead, collaborate and provide linkages that facilitate workforce planning and support economic development providing individuals, families, employers and the community opportunities to transform lives through optimal employment." See Attachment: Workforce Development Board Overview, for more information about the WDB.

Representatives from the WDB's executive committee will update the Dakota County Board on items including the plan of work, the current economic situation relative to the workforce, services to youth and adults, program innovations, key labor force statistics, and accomplishments and challenges over the past year.

OUTCOMES

- 2.4 percent - May Unemployment Rate for Dakota County; 3.7 percent in June
- \$35.71 - Average Wage at Placement - State Dislocated Worker Program
- \$20.86 - Average Wage at Placement - Minnesota Family Investment Program
- 4,364 - number of residents seeking in-person services at West St. Paul CareerLab
- 245 - number of residents at 2024 teen job fair at Kaposia Library
- 2,212 - number of completed assessments in Traitify
- 120 - youth served in Workforce Innovation and Opportunity Act youth program
- 400+ - program participants placed in employment

RECOMMENDATION

Staff requests that the Dakota County Board of Commissioners proclaims September 2024 as Workforce Development Month in Dakota County to honor and recognize the workforce development professionals who work hard to connect Minnesotans who need work with employment and to help employers reach often-overlooked labor pools.

EXPLANATION OF FISCAL/FTE IMPACTS

None.

- | | | |
|--|---|--------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Current budget | <input type="checkbox"/> Other |
| <input type="checkbox"/> Amendment Requested | <input type="checkbox"/> New FTE(s) requested | |

RESOLUTION

WHEREAS, the month of September is a time to honor workforce development leaders and staff across Minnesota, as well as draw attention to the resources available to those looking for work and to employers who need workers now; and

WHEREAS, workforce development professionals throughout the state are working hard to connect all Minnesotans who need work with employment and to help employers reach often-overlooked labor pools.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby proclaims September 2024 as Workforce Development Month in Dakota County to honor and recognize the workforce development professionals who work hard to connect Minnesotans who need work with employment and to help employers reach often-overlooked labor pools.

PREVIOUS BOARD ACTION

None.

ATTACHMENTS

Attachment: Workforce Development Board Overview

BOARD GOALS

- | | |
|--|---|
| <input type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input checked="" type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Nadir Abdi

Author: Mark Jacobs



The Dakota-Scott Workforce Development Board (WDB) has up to 27 members (more than 1/2 from the private sector) representing the two counties. The Board has members from the area's largest private sector companies including Thomson Reuters and St. Francis Regional Medical Center. It also has numerous representatives from smaller companies. Federal law established the categories for public sector representation. Categories include such areas as labor, education, economic development, rehabilitation services, public employment and more. The executive committee focuses on having a diverse membership businesswise and geographically.

Overview:

- The WDB oversees the employment programs in Dakota and Scott Counties. Customers are both job seekers and employers. Services to job seekers are provided primarily via the CareerForce Centers located in Burnsville, West St. Paul and Shakopee.
- Job seeker services range from services for general job seekers (and have no eligibility requirements) to eligibility-based programs that offer more one-on-one services as well as funding for training and/or other needs.
- There are also a variety of services for employers.
- The Dakota-Scott WDB is known state-wide for its innovative approach and being a leader on issues. Its focus is partially on ensuring existing programs are doing well but more so on looking forward on facing upcoming workforce and economic development challenges.

WDB Mission Statement: The Dakota-Scott WDB leads, collaborates and provides linkages that facilitate equity-informed workforce planning and supports economic development providing individuals, families, employers and the community opportunities to transform lives through meaningful employment.

WDB Vision Statement: To be an inclusive and equitable workforce development system that benefits employers and job seekers so that residents have the competencies, employment skills, and education to support themselves and their families, and employers will have access to the skilled and educated workforce necessary to remain competitive in a dynamic global economy.

Goals:

- Effectively match employer needs with employee skills (for the economic vitality of the community).
- Convene business, community groups, and educators/trainers to facilitate collaboration between these groups to advance employment opportunities.
- Be the recognized expert and voice on addressing local workforce solutions.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3701

Agenda #: 5.2

Meeting Date: 9/17/2024

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Update On Opioid Response, And Authorization To Allocate Opioid Settlement Funds For Trainings And Procurement Of Nasal Naloxone, Execute Related Contract Amendments, And Amend 2024 Public Health And 2024 Non-Departmental Budgets

PURPOSE/ACTION REQUESTED

Receive updates on opioid response, and authorize allocation of opioid settlement funds for Naloxone and Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings and procurement of nasal naloxone, execution of related contract amendments, and amendment to the 2024 Public Health and 2024 Non-Departmental Budgets.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

In January 2024, Dakota County signed onto the Steve Rummier Hope Network's (SRHN)'s standing order for naloxone (Attachment: Overdose Prevention Program Standing Orders), allowing the county to become a Naloxone Access Point (NAP) with the SRHN. Since that time, seven NAP sites have been established in Public Health and Library locations throughout the County. Access to intramuscular naloxone is offered to the County at no cost, but due to the high cost of nasal naloxone, additional funds are needed to support continued access. Access to nasal naloxone is important for public use, as it is an intuitive device to use for non-medical personnel. Providing educational content related to naloxone and SBIRT is vital to shifting public understanding and can help to break down stigma, promote safety, build awareness of available resources, and empower community members to advocate for themselves and loved ones.

In accordance with the Amended Minnesota Opioids State-Subdivision Memorandum of Agreement, the expenditure aligns with the list of opioid remediation uses in Exhibit A, section H, subsection 1, which states the remediation use of increasing the availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with Opioid Use Disorder (OUD) and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public, and Exhibit A, section G, subsection 8, which states the remediation use of funding evidence-based prevention programs in schools or evidence-informed school and community education programs

and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

OUTCOMES

How much?

The allocated \$50,000 will provide up to 2,000 kits (4,000 4mg doses) of nasal naloxone. This would be in addition to the unlimited availability of intramuscular naloxone and fentanyl testing strips. The allocated \$5,500 will result in four naloxone trainings and two SBIRT trainings throughout Dakota County.

How well?

Public Health, in partnership with SRHN, will monitor the frequency of distribution at each NAP site to determine the need. This will also inform the Public Health Department which communities interact most with this harm reduction intervention.

Is anyone better off?

In addition to other interventions, Public Health will monitor the rate of overdose and fatalities related to opioids to determine the effectiveness of the distribution of naloxone and other harm reduction interventions.

RECOMMENDATION

Staff recommends authorization of \$5,500 of opioid settlement funds for Naloxone and SBIRT trainings, and authorization of \$50,000 of opioid settlement funds for the procurement of nasal naloxone to be accessible for community use at County NAPs and authorization to execute related contract amendments, if necessary, and amend the 2024 Public Health and 2024 Non-Departmental Budgets.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. The 2024 Public Health Budget is requested to be amended to add the additional 2024 Unassigned Opioid Settlement Funds from the 2024 Non-Departmental Budget in the amount of \$55,500. The remaining funds will be included in future budgets.

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Current budget | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amendment Requested | | <input type="checkbox"/> New FTE(s) requested |

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, in January 2024, Dakota County signed onto the Steve Rummeler Hope Network's (SRHN)'s standing order for naloxone, allowing the County to become a naloxone access point (NAP) with the SRHN; and

WHEREAS, since that time, seven NAP sites have been established in Public Health and Library locations throughout the County; and

WHEREAS, access to intramuscular naloxone is offered to the County at no cost, but due to the high cost of nasal naloxone, additional funds are needed to support continued access; and

WHEREAS, access to nasal naloxone is important for public use, as it is an intuitive device to use for non-medical personnel; and

WHEREAS, providing educational content related to naloxone and Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings is vital to shifting public understanding and can help to break down stigma, promote safety, build awareness of available resources, and empower community members to advocate for themselves and loved ones; and

WHEREAS, in accordance with the Amended Minnesota Opioids State-Subdivision Memorandum of Agreement, the expenditure aligns with the list of opioid remediation uses in Exhibit A, section H, subsection 1, which states the remediation use of increasing the availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with Opioid Use Disorder (OUD) and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public, and Exhibit A, section G, subsection 8, which states the remediation use of funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes \$5,500 of opioid settlement funds for Naloxone and Screening, Brief Intervention, and Referral to Treatment trainings, and authorizes \$50,000 of opioid settlement funds for the procurement of nasal naloxone to be accessible for community use at County Naloxone Access Points; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute related contract amendments, if necessary, subject to the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amounts and the contract terms up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amount(s) due; and

BE IT FURTHER RESOLVED, That the 2024 Public Health Budget is hereby amended as follows:

ExpenseOpioid Settlement Expense \$55,500**Total Expense** **\$55,500****Revenue**Opioid Settlement Funds \$55,500**Total Revenue** **\$55,500**

; and

BE IT FURTHER RESOLVED, That the 2024 Non-Departmental Budget is hereby amended as follows:

ExpenseOpioid Settlement Expense \$(55,500)**Total Expense** **\$(55,500)****Revenue**Opioid Settlement Funds \$(55,500)**Total Revenue** **\$(55,500)****PREVIOUS BOARD ACTION**

None.

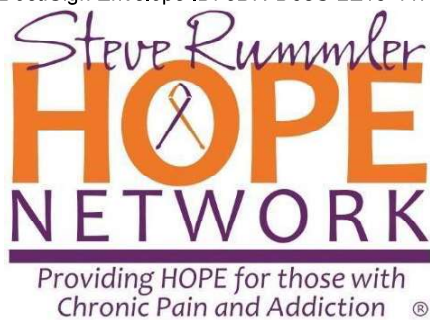
ATTACHMENTS

Attachment: Overdose Prevention Program Standing Orders

BOARD GOALS☒ A Great Place to Live☐ A Healthy Environment☐ A Successful Place for Business and Jobs☐ Excellence in Public Service**CONTACTS**

Department Head: Coral Ripplinger

Author: Erin Carder



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St. Paul, MN 55114

952.943.3937

Hope@SteveRummlerHOPENetwork.org

www.SteveRummlerHOPENetwork.org

A 501(c)(3) Public Charity

Steve Rummler HOPE Network Overdose Prevention Program

STANDING ORDERS

FOR THE FOLLOWING:

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with the use of a mucosal atomizer device, with the Narcan® nasal spray intranasal device, or intramuscularly with a syringe. This standing order is current as of January 1, 2020. All standing orders have been reviewed carefully and are consistent with the most current recommendations and may be revised by the clinician signing them.

1. This standing order authorizes Steve Rummler HOPE Network (SRHN) to maintain supplies of injectable, nasal naloxone or Narcan® nasal spray intranasal device kits for the purpose of distribution in accordance with MN statute 151.37 Subdivision 12, to participating clinics, emergency departments and community programs
2. This standing order authorizes designated SRHN Overdose Prevention Partners to possess and distribute naloxone to community members who have completed overdose training and required documentation. The existence of the QR code satisfies the training requirements and does not require any additional provided training by SRHN Overdose Prevention Partners.
3. This standing order authorizes community members, trained by designated SRHN Overdose Prevention Partners, to possess and administer naloxone to a person who is experiencing an opioid overdose in accordance with MN statute 151.37 Subdivision 12.

Definition of SRHN Overdose Prevention Partner: An organization partnering with the SRHN to increase access to naloxone for community members by providing a publicly accessible pick-up site for naloxone.

Naloxone - Clinical Pharmacology:

Complete or Partial Reversal of Opioid Depression

Naloxone prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. Also, naloxone can reverse the psychotomimetic and dysphoric effects of agonist-antagonists such as pentazocine. Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity. Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. In the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours. The severity and duration of the withdrawal syndrome are related to the dose of naloxone and to the degree and type of opioid dependence. While the mechanism of action of naloxone is not fully understood, in vitro evidence suggests that naloxone antagonizes opioid effects by competing for the μ , κ and σ opioid receptor sites in the central nervous system, with the greatest affinity for the μ receptor.

Indications and Usage for Naloxone - Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by opioids.

The mission of the Steve Rummler HOPE Network is to heighten awareness of the disease of addiction as it relates to the physical and emotional burdens of chronic pain and to improve the associated care process.

Contraindications - Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in naloxone.

Warnings:

Repeat Administration

The patient who has satisfactorily responded to naloxone should be kept under continued surveillance and repeated doses of naloxone should be administered, as necessary, since the duration of action of some opioids may exceed that of naloxone. Patients who require multiple doses of naloxone will require further medical care and EMS should be requested.

Respiratory Depression due to Other Drugs

Naloxone is not effective against respiratory depression due to non-opioid drugs. Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine, may be incomplete or require higher doses of naloxone. If an incomplete response occurs, rescue breathing should be performed as clinically indicated.

Adverse Reactions:

Opioid Dependence:

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but is not limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, tachycardia.

Drug Abuse and Dependence:

Naloxone is an opioid antagonist. Physical dependence associated with the use of naloxone has not been reported. Tolerance to the opioid antagonist effect of naloxone is not known to occur.

Naloxone Dosage and Administration:

Through collaboration with Allina Health, Hennepin County Medical Center, hospitals and qualified medical personnel, opioid users and their contacts will be trained in the use of naloxone for the reversal of opioid overdose.

Program participants must meet all of the following criteria:

- Current opioid users, individuals with a history of opioid use, or someone with contact with opioid users;
- Risk for overdose or likelihood of contact with someone at risk;
- Able to understand and willing to learn the essential components of Overdose Prevention and Response and naloxone administration.

When distributed within a hospital setting a qualified medical provider (RN, MD, DO, PA-C, CNP or Pharmacist) trained in opioid overdose education will review the prospective participant to make a determination about the individual's eligibility for the program using the above-mentioned criteria. The qualified medical provider will then engage the participant in a brief educational program about overdose prevention and response, or provide direction to appropriate educational resources.

When distributing to community members a designated SRHN Overdose Prevention Partner, using the above-mentioned criteria, may engage the participant in a brief educational program about overdose prevention and response, or provide direction to appropriate educational resources.

The educational program components will include:

- Overdose prevention techniques
- Recognizing signs and symptoms of overdose
- Airway and breathing assessment
- Rescue breathing
- Calling 911
- Good Samaritan, immunity from prosecution
- Naloxone storage, carrying, and administration
- Post-overdose follow-up and care

Order to dispense:

Upon participant completion of Overdose Prevention Training Program or direction to an appropriate educational resource.

The naloxone should be stored at room temperature with limited exposure to natural light. The SRHN scoop kit provides adequate protection from light and will prevent degradation of the medication.

Dispense Injectable naloxone kit, which will contain the following at a minimum:

- Three 1cc Naloxone Hydrochloride (concentration .4mg/ml)
- Three 3ml syringes with 25g 1" needles.
- Step-by-step instructions for administration of naloxone

Directions for administration of injectable naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier
4. Pop off the orange cap from the vial of naloxone, exposing the rubber seal.
5. Open one intramuscular syringe with needle.
6. Draw the entire contents of the 1cc vial of naloxone into the syringe.
7. Inject the naloxone into the muscle of the upper outer shoulder, or front or outer thigh.
8. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
9. Administer second dose (1cc) of naloxone if there is no response after approximately 2-3 minutes.
10. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
11. Repeat list items 8 through 10 as needed.

Directions for administration of injectable naloxone using auto-injector: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Remove auto-injector from the kit or manufacturer's box.
5. Pull off the red safety guard.
6. Place the black end against the middle of the patient's outer thigh, through clothing (pants, jeans, etc) if necessary, then press firmly and hold in place for 5 seconds.
7. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
8. Administer second dose (1cc) of naloxone if there is no response after approximately 2-3 minutes.
9. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
10. Repeat steps 7 through 9 as needed.

Dispense intranasal naloxone kit, which will contain the following at a minimum:

- Three (2mg/2ml)Naloxone Hydrochloride
- Three atomizer (Mucosal Atomization Device)
- Step-by-step instructions for administration of naloxone

Directions for administration of intranasal naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Pop yellow caps from the clear plastic syringe.
5. Remove the red cap from the capsule of naloxone.
6. Attach the medication atomizer Device to the syringe via the luer lock connector.
7. Screw the capsule of naloxone into the open end of the syringe.
8. Place the tip of the medication atomizer Device snugly against the nostril aiming slightly up and outward (toward the top of the ear).
9. Briskly compress the syringe plunger to deliver half of the medication into the nostril.
10. Move the device over to the opposite nostril and administer the remaining medication into the nostril.
11. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
12. Administer second dose if there is no response after approximately 2-3 minutes.
13. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
14. Repeat steps 11 through 13 as needed.

Dispense Narcan® nasal spray (4mg/0.1mL) intranasal device, which will contain the following at a minimum:

- Two Narcan® nasal spray devices
- Step-by-step instructions for administration of naloxone

Directions for administration of intranasal naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Remove Narcan® nasal spray devices from box.
5. Peel back the tab with the circle to open the Narcan® nasal spray device.
6. Hold the Narcan® nasal spray device with your thumb on the bottom plunger and your first and middle finger on either side of the nozzle.
7. Gently insert the top of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of the person's nose, tilt the person's head back and support the neck with your hand.
8. Press the plunger firmly to give the dose of Narcan® nasal spray. Remove it from the nose after giving the dose.
9. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
10. Administer second dose in the other nostril if there is no response after approximately 2-3 minutes.
11. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
12. Repeat steps 10 through 11 as needed.

Katherine Katzung 54943

Physician's Signature and License No.

Date

Katherine Katzung, M.D.

Physician's Name

County of Dakota, by and through its Department of Public Health

Name of Organization

This is the organization that will be receiving, storing and/or dispensing naloxone on behalf of the Steve Rummeler HOPE Network and under the medical direction, liability and protections of the SRHN Overdose Prevention Medical Director (above physician)

DocuSigned by:
Marti Fischbach
96039F9D032D437...

01/30/2024 | 4:03 PM CST

Signature of Representative

Date

Approved as to form for Dakota County Public Health: /s/ Suzanne W. Schrader, Asst. County Atty, KS-24-43, 1-11-2024



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3655

Agenda #: 8.1

Meeting Date: 9/17/2024

Adjournment