

Winona County Criminal Justice Coordinating Council

Health & Human Services Workgroup Minutes

December 2021 – December 2022*

*The committee may not have had a meeting in every month. The attached minutes are from every month in which a meeting was held

CJCC Early Intervention and Prevention (EIP) Committee
Access to Health & Human Services Workgroup
December 9, 2021 at 10:00 p.m.

Present: Chris Meyer, Andy Kranz and Karen Sanness

Reviewed Goals of Early Intervention and Prevention (EIP) workgroup and Improve HHS Access subcommittee/workgroup genesis and goals:

- All Winona County residents have the right to access HHS to identify services and benefit programs. Access is distinct from qualification.
- We endeavor to move beyond restrictions placed by the state or funding.
- We are using the SIM 0-1 feedback as our starting point to complete our own map of HHS.

Reviewed planned Improve HHS Access Workgroup Steps

- Expand knowledge of existing HHS structure & services (gain familiarity).
- Expand knowledge of how HHS services are communicated to the public by HHS (intentionally and unintentionally).
- Expand knowledge of how these communications are being received/understood by public.
- Expand knowledge of how services are accessed by the public.
- Identify bottlenecks or gaps in access.
- Identify strategies for improving access.
- Evaluate strategies for improving access.

Discussed participation of HHS staff as essential to success. Karen indicated that she agreed and HHS/CJCC are planned to work together on this effort and juvenile efforts. We didn't identify any specific staff person, but she said those working in the specific areas might be the best choice.

Reviewed planned questions for the Navigator Network

- “Navigating the county system is difficult; county needs to improve access to mental health and substance use treatment.”
- “Warm handoffs for direct linkage to treatment and support services and assistance with navigating behavioral health and criminal justice systems-chemical health case management, housing stabilization services.”
- “Lack of information about available resources to members of the community; no accessible local resource directory.”
- “Increased awareness of and greater access to peer support services.” Note that while HHS does not provide this, it might be good to identify it as a gap for the larger EIP effort
- “Health insurance – getting and keeping.”

CJCC Early Intervention and Prevention Committee
Access to Health & Human Services Workgroup
December 3, 2021 at 1:00 p.m.

Present: Chris Meyer, Kalene Engel, Andy Kranz and Marie Kovecsi

Discussion was held on the proposed survey which is intended to elicit additional information on the gaps/challenges identified in the SIM report. Kalene noted that two of the gaps/challenges may be outside of the scope of this workgroup: the peer support services gap and the guardianship petition gap. Workgroup members agreed to remove those two gaps.

Chris suggested that the survey be reviewed with Rachel Stoll (a Community Connector and chair of the Navigator Network Workgroup) who could provide greater insight as to relevant questions. Attendees agreed that input from Rachel would be beneficial.

Discussion was held on the need to have a representative of HHS “at the table.” Kalene stated that she had spoken with Naomi Morris previously and felt that Naomi may be a good candidate to represent HHS. Chris and Andy will reach out to Karen Sanness to discuss.

Next steps:

1. Chris talk to Rachel about questions, then notify Kalene of a suggested timeframe for a meeting of the full workgroup;
2. Chris and Andy talk to Karen Sanness about designating an HHS representative to the workgroup;
3. Kalene set up meeting of the workgroup.

Meeting adjourned: 1:38 p.m.

Minutes by Kalene Engel

**Access to HHS Mini-Workgroup of the
CJCC Early Intervention & Prevention Committee
December 16, 2021 at 3:00 p.m. via Zoom**

Present: Rachel Stoll, Kalene Engel, Chris Meyer, Andy Kranz, Justin Green, Marie Kovcesi

Minutes by: Kalene Engel

Review of survey questions: Attendees reviewed the proposed survey questions and made revisions based upon the discussion (see attached, approved questions are also listed below). With respect to the first set of questions, Rachel suggested that providing a listing of services provided by HHS for question one would help respondent's identify what services are or should be provided by HHS as well as help identify particular programs or areas where access is most problematic. Chris will work on pulling together a list of the different services and questions to ask. Below is the list of the agreed-upon survey questions, less question the first set of questions:

Navigating the County's Health & Human Services System

- [still being developed]

Warm-Handoffs

- When HHS makes a referral for services to one of your clients, does HHS follow up to make sure that the client actually connects with those services?
- If not, who, if anyone, does make sure that the client connects with services (achieves a warm handoff)?
- If you could improve this process, what would you change?

Information About HHS Services

- Could you describe any difficulties you or your clients have experienced getting information about programs or how to access programs, especially those related to mental health and substance abuse?
- Is it easy for you and your client to understand what benefits/services they may qualify for?
- Have you or your clients experienced difficulties getting information about changes to programs?
- If you could improve communication and information about available services of HHS what would you change?

Health Insurance

- Could you describe any difficulties in getting health insurance coverage through Winona County HHS that you or your clients have experienced?
- Could you describe any difficulties in keeping health insurance coverage through Winona County HHS that you or your clients have experienced?
- If you could improve the way your client is able to get and/or keep health insurance coverage what would you change?

Rachel will reach out to other navigators to review the questions. The questions are currently set up to be done via interviews. Kalene suggested offering an online survey with optional interview. Chris will work on the “navigation” question and circulate suggestions via e-mail. This group will have a final zoom meeting prior to bring in the larger group of individuals who were interested in serving on the workgroup.

Adjournment: Meeting adjourned 3:45 p.m.

Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
February 2, 2022 at 1:00 p.m. via Zoom

Present: Andy Kranz, Chris Meyer, Rachel Stoll, Amy Sixty, Deb McClellan, Katie Schild, Trish Chandler, Kalene Engel, Naomi Morris, Aimee Buckmaster, Karin Sonneman, Dave Glithero, Erik Sievers, Steve Buswell, Anne Vandeberg, Linda Soderstrom

Minutes by: Kalene Engel

Introductions: Persons present introduced themselves and their role.

History of the Workgroup: Kalene reviewed the history and purpose of the workgroup. She discussed the Sequential Intercept Map (SIM) Workshop that was held earlier this year which identified criminal justice system gaps for persons with mental health and/or substance abuse issues. The current workgroup (and six others) were formed to address some of these gaps. This workgroup reports to the Early Intervention and Prevention (EIP) Committee which reports to the CJCC Main Council. This purpose of the Access to Health and Human Services Workgroup is to improve access to Winona County Health and Human Services (HHS) programs and services.

Review of Workplan: A draft workplan was distributed with the Agenda. Erik asked for clarification on the goal of the workgroup. Kalene noted that the SIM Report did not provide specifics about difficulty of accessing HHS programs and the workplan included activities aimed at figuring out IF there are difficulties and if so, what could be done about them. Chris noted that the workplan is merely a draft which includes several proposed activities and it is up to the workgroup to determine the course of action. She also noted there are state and federal rules and processes that HHS must be followed by HHS and that understanding some of those limitations would help her be a better advocate for policy change or additional funding. (As an example of such limitations, see the attached “Restrictions on Applying for Health Insurance for Incarcerated Individuals which was provided by Naomi Morris in advance of the meeting). Attendees reviewed the workplan and considered two of the proposed actions, as follows:

- *Expand Knowledge of Existing HHS Structure and Programs:* Discussion was held on the benefits of knowing more about the numerous different programs that are administered by HHS, perhaps via a mapping of the department, including what department or group is responsible for the administration of each program. Hence, sequentially the approach would be as follows: determine what programs currently exist, who administers the programs, how are they administered, what are the gaps or issues in the delivery of services and what can be done to improve the service delivery. There was general agreement that the number of programs and complexities involved in the programs can be overwhelming. Naomi stated that her staff does try to connect people with all of the services and supports to which they are entitled, but there some programs

are siloed. Naomi stated that she could bring a request from this group to the HHS supervisors to create a flowchart of the HHS structure/organization including who supervises the administration of what programs. The supervisor group meets weekly, so she will bring this up at the next meeting. Going forward, the supervisors could possibly provide additional education about the programs that they supervise.

- *Surveys/Focus Groups – of Navigators/Employees and Consumers:* The workplan includes possibly surveys or focus groups of consumers, HHS employees and people who help others access services (collectively referred to as navigators). Naomi noted that certain programs are audited by the state, which includes surveys of community partners and consumers. SNAP is a program that is audited frequently. A common response from consumers to the surveys is that they feel that all HHS workers do everything and touch everything and should know everything about all HHS programs. Thus, providing education about service delivery to the public to manage their expectations could become part of the workplan. Chris noted that the County Human Resources Department was uncomfortable having a survey of county employees as part of this workgroup. However, if this was something that HHS decided they wanted to approach internally, that may quell those concerns. Insofar as a survey of the navigators is concerned, the HHS Advisory Committee members of the workgroup created a draft survey for the navigators, along with an introductory letter and a page with program explanations and hyperlinks. Collectively, the group agreed to “test drive” the survey over the next week to have it ready in time for the next meeting of the Navigator Network on February 8th. The final survey could then be administered to the Navigator Network prior to the next meeting of this workgroup. Link to survey: <https://forms.gle/4XCyCbW77pbSXEuw8>

Other: Naomi shared the link to a new website from Minnesota Department of Health and Human Services where people can go to apply for benefits, with the exception of health care benefits: <https://mnbenefits.mn.gov/> . Applications for healthcare for persons who are not aged and disabled can be completed at <http://www.mnsure.org>. There is currently no online application for aged or disabled persons who are seeking health insurance.

Next Steps:

- Naomi will communicate the request for HHS supervisors to create a flowchart of the HHS structure/organization including who supervises the administration of what programs
- Members of this workgroup will “test drive” the survey and provide feedback to Kalene (either on the survey or separately) by February 7th. Administration of the survey will be discussed at the Navigator Network and, if approved, can begin at that time.

Next Meetings: Workgroup meetings will occur on the 1st Tuesday of the month at noon. The next meeting is 3/1 at noon.

Adjournment: Meeting adjourned at 1:50 p.m.

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Adjournment: Meeting adjourned at 1:50 p.m.

RESTRICTIONS ON APPLYING FOR HEALTH INSURANCE FOR INCARCERATED INDIVIDUALS
FROM NAOMI MORRIS 2/1/22

1. Healthcare

- Can apply for healthcare in advance of release but we do need to verify release date. Cannot apply more than 45 days prior to release. If the individual is aged (65+) or disabled, Winona County will process. If not aged or disabled, DHS will process the application.
 - Confirm the individual has been released via one of the options below and document the details in the case notes:
 - The Facility Section on the DHS-5038
 - Phone or fax contacts with the facility
 - Official correspondence from the facility with the confirmed release date listed
 - Official lists provided to the county agency by the facility containing the incarcerated individual's name and release date
 - Department of Corrections web site
 - Official jail roster
 - Verbal or written attestations are acceptable forms of verification for incarceration status only if:
 - One of the above types of verification cannot be provided.
 - The incarceration was previously unknown to the agency and where the entire incarceration period happened in the past.

2. SNAP and Cash Programs

- People under control of the penal system are not eligible for these programs.
- People are under the control of the penal system from the time of arrest. They cease to be under the control of the penal system when they are released:
 - On own recognizance
 - On bail
 - As not guilty
 - On probation
 - On parole or supervised release
 - On pardon
 - Upon completing sentence

Winona County Sequential Intercept Map
Strategic Plan (updated 2.1.22)

Goal: Improve access to county health and human services programs and services.		Intercept: -1	Reports to: HHS Advisory Committee; CJCC EIP
Objectives	Actions	Who	When
Expand knowledge of existing HHS structure & services (gain familiarity)	<ul style="list-style-type: none"> • Presentation(s)/overviews on programs administered by HHS • Organization/structure chart for HHS, including programs that fall under each supervisor? 	HHS Supervisors	March Meeting
	<ul style="list-style-type: none"> • Review statutes re: mandated services 		
	<ul style="list-style-type: none"> • Review HHS website & Facebook page 		
Expand knowledge of how HHS services are communicated to the public by HHS	<ul style="list-style-type: none"> • Visit to HHS offices to review publicly accessible information/documents 		
	<ul style="list-style-type: none"> • Receive presentation on outreach efforts by HHS to other organizations 		
	<ul style="list-style-type: none"> • Staff explanation of how services are accessed 		
Expand knowledge of how services are accessed by the public	<ul style="list-style-type: none"> • Written policies or other documentation (flowcharts/workflow analysis) on access • Walkthrough using sample case/fact situation 		
	<ul style="list-style-type: none"> • Walkthrough using sample case/fact situation (above) 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of individuals who have attempted accessing system for themselves or family • Survey/focus groups/interviews of “navigators” who have attempted accessing system on behalf of/with others 	Access to HHS Group “test drive” survey	2/7/22
Identify bottlenecks or gaps in access	<ul style="list-style-type: none"> • Survey/focus groups/interviews of employees working in HHS with direct contact with consumers & their supervisors 		
	<ul style="list-style-type: none"> • Research on what other jurisdictions have done to address gaps 		
Identify strategies for improving access (could be			

combined with above objective)	<ul style="list-style-type: none"> • Survey/focus groups/interviews of individuals who have attempted accessing system for themselves or family 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of “navigators” who have attempted accessing system on behalf of/with others 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of employees working in HHS with direct contact with consumers & their supervisors 		
Evaluate strategies for improving access	<ul style="list-style-type: none"> • Identify the persons affected by the suggestion & include them in the discussion 		
	<ul style="list-style-type: none"> • Identify cost of proposed strategy 		
	<ul style="list-style-type: none"> • Weigh pros/cons of strategy 		

**Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
April 5, 2022 at 1:00 p.m. via Zoom**

Present: Andy Kranz, Chris Meyer, Rachel Stoll, Amy Sixty, Katie Schild, Trish Chandler, Kalene Engel, Naomi Morris, Dave Glithero, Erik Sievers, Anne Vandeberg, Karen Sanness, Justin Green, Marie Kovecsi

Minutes by: Kalene Engel

Introductions: Persons present introduced themselves and their role.

Review of Workplan: Members discussed the workplan and provided updates.

- **Presentations:** Naomi will be giving a presentation as part of WRAP+ on April 12th on the Combined Application Form. Loice Odoul will be presenting on MNSURE on the same day. Naomi offered that the other supervisors at HHS would probably be willing to give presentations on their programs. Rachel will inquire at the next Navigator Network Meeting as to what other program areas on which the Navigators would like a presentation.
- **Other Education:** Maureen Holte provided Chris with a link to HHS Trainings, so she planned to review the trainings to determine whether any would be appropriate for this workgroup. Naomi stated that her staff uses Trainlink, but that a user must have an X number and do security training and have a business purpose for using the trainings. Some of the material is WebEx; some is recorded. Karen stated that county employees and contracted providers can get access to Trainlink, so it is not limited to just county employees. Amy noted that SEMCIL also uses Trainlink
- **Organization Chart:** See below.
- **Survey:** See below.
- **Website:** The county website was revamped around 6-8 months ago with updated program information and links to the DHS website. Karen would love to have a portal where people could apply for programming which would streamline all applications. Naomi noted that the <https://mnbenefits.mn.gov/> was rolled out a few months ago and is much simpler and easier to use. Rachel added that MN Benefits portal allows you apply via phone.

Approve Minutes from 2/1/22 Meeting: Minutes approved by consensus.

HHS Organizational Chart: Naomi Morris worked with the other HHS Supervisors and Director to create an organization chart showing the different programs that are supervised/administered by the five supervisors. Naomi reviewed the chart, noting that it did not include a 6th supervisory position (currently vacant) which would serve the programs that she is currently supervising. Many thanks to the folks who put this chart together.

Access to HHS Survey: A lot of work was put into the survey by the people who first created it and then by the members of the Navigator Network who took the survey in March. The survey results are not quite ready for display. For the preliminary results, it seems like everyone is clamoring for more training and how to better access the resources. Chris believes great progress can be made going forward once some actionable items are created.

Next Steps:

- Homework for all will be to review the county website and come prepared to discuss suggestions for improvement.
- Review survey results

Next Meetings: Workgroup meetings will occur on the 1st Tuesday of the month at noon. The next meeting is May 3, 2022 at noon.

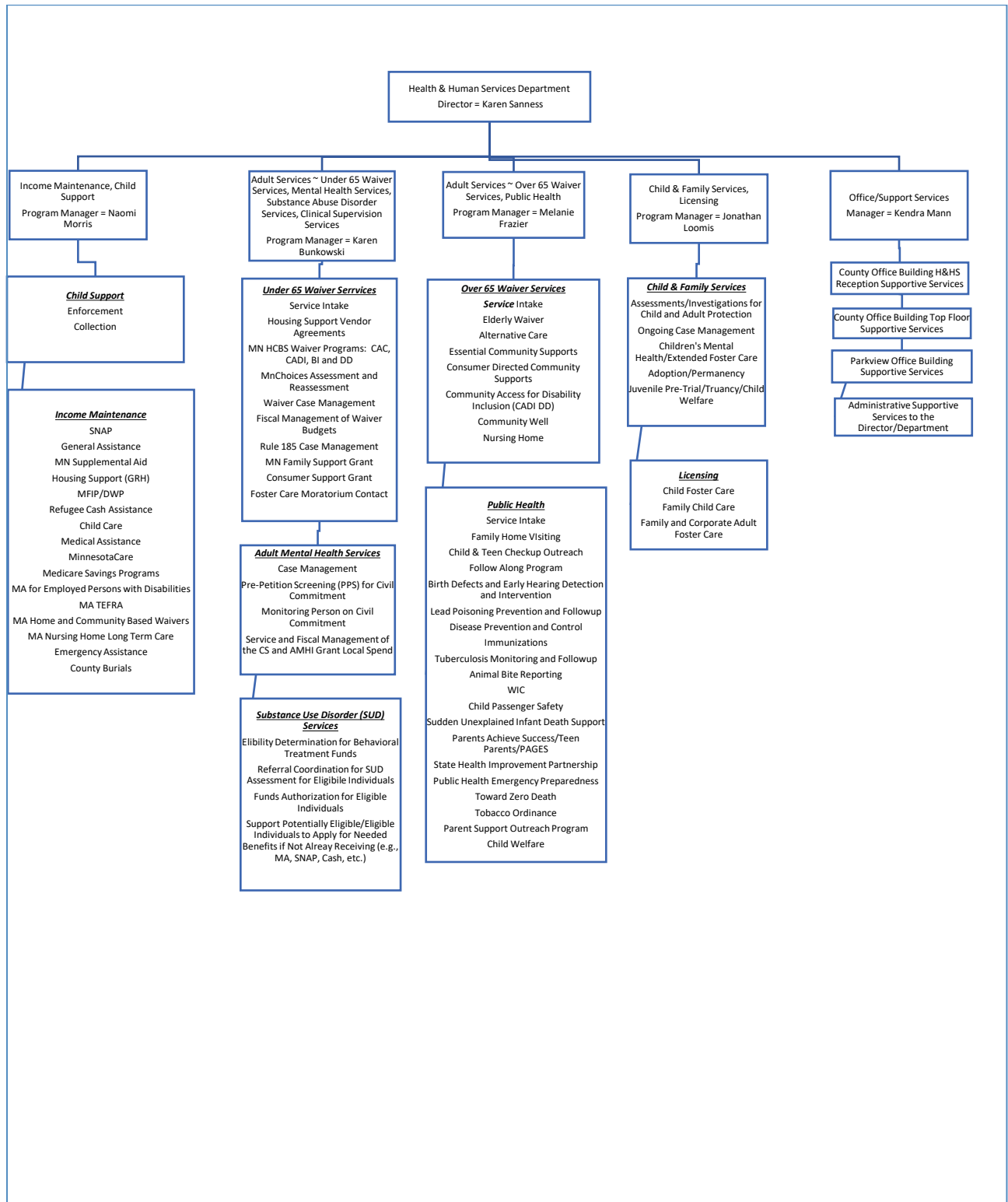
Adjournment: Meeting adjourned at 12:38 p.m.

Winona County Sequential Intercept Map
Strategic Plan (updated 4/5/22)

Goal: Improve access to county health and human services programs and services.		Intercept: -1	Reports to: HHS Advisory Committee; CJCC EIP
Objectives	Actions	Who	When
Expand knowledge of existing HHS structure & services (gain familiarity)	<ul style="list-style-type: none"> Presentation(s)/overviews on programs administered by HHS 	Naomi/Loice Rachel	April 12 – WRAP+ Presentation on CAF and MNSURE Ask NN folks if they'd like other presentations and, if so, on what
	<ul style="list-style-type: none"> Organization/structure chart for HHS, including programs that fall under each supervisor? 	HHS Supervisors	Presented 4/5/22
	<ul style="list-style-type: none"> Review statutes re: mandated services 		
Expand knowledge of how HHS services are communicated to the public by HHS	<ul style="list-style-type: none"> Review HHS website & Facebook page 	Workgroup	Review independently; come prepared to discuss for May Mtg
	<ul style="list-style-type: none"> Visit to HHS offices to review publicly accessible information/documents 		
	<ul style="list-style-type: none"> Receive presentation on outreach efforts by HHS to other organizations 		
	<ul style="list-style-type: none"> Access training modules on different HHS Programs 	Chris M/Naomi	May 2022; report on advisability of using Trainlink for info
Expand knowledge of how services are accessed by the public	<ul style="list-style-type: none"> Staff explanation of how services are accessed 		
	<ul style="list-style-type: none"> Written policies or other documentation (flowcharts/workflow analysis) on access 		
	<ul style="list-style-type: none"> Walkthrough using sample case/fact situation 		

Identify bottlenecks or gaps in access	<ul style="list-style-type: none"> • Walkthrough using sample case/fact situation (above) 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of individuals who have attempted accessing system for themselves or family 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of “navigators” who have attempted accessing system on behalf of/with others 	Navigator Network	Complete Mar. 22 Action plan May 22
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of employees working in HHS with direct contact with consumers & their supervisors 	Put on hold til after NN survey	
Identify strategies for improving access (could be combined with above objective)	<ul style="list-style-type: none"> • Research on what other jurisdictions have done to address gaps 		
	<ul style="list-style-type: none"> • Survey/focus groups/interviews of individuals who have attempted accessing system for themselves or family 		
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	<ul style="list-style-type: none"> • Identify cost of proposed strategy 		
	<ul style="list-style-type: none"> • Weigh pros/cons of strategy 		

ORGANIZATIONAL STRUCTURE WINONA COUNTY HEALTH & HUMAN SERVICES DEPARTMENT



**Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
April 5, 2022 at 1:00 p.m. via Zoom**

Present: Andy Kranz, Chris Meyer, Rachel Stoll, Amy Sixty, Katie Schild, Trish Chandler, Kalene Engel, Naomi Morris, Dave Glithero, Erik Sievers, Anne Vandeberg, Karen Sanness, Justin Green, Marie Kovecsi

Minutes by: Kalene Engel

Introductions: Persons present introduced themselves and their role.

Review of Workplan: Members discussed the workplan and provided updates.

- **Presentations:** Naomi will be giving a presentation as part of WRAP+ on April 12th on the Combined Application Form. Loice Odoul will be presenting on MNSURE on the same day. Naomi offered that the other supervisors at HHS would probably be willing to give presentations on their programs. Rachel will inquire at the next Navigator Network Meeting as to what other program areas on which the Navigators would like a presentation.
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- **Organization Chart:** See below.
- **Survey:** See below.
- **Website:** The county website was revamped around 6-8 months ago with updated program information and links to the DHS website. Karen would love to have a portal where people could apply for programming which would streamline all applications. Naomi noted that the <https://mnbenefits.mn.gov/> was rolled out a few months ago and is much simpler and easier to use. Rachel added that MN Benefits portal allows you apply via phone.

Approve Minutes from 2/1/22 Meeting: Minutes approved by consensus.

HHS Organizational Chart: Naomi Morris worked with the other HHS Supervisors and Director to create an organization chart showing the different programs that are supervised/administered by the five supervisors. Naomi reviewed the chart, noting that it did not include a 6th supervisory position (currently vacant) which would serve the programs that she is currently supervising. Many thanks to the folks who put this chart together.

Access to HHS Survey: A lot of work was put into the survey by the people who first created it and then by the members of the Navigator Network who took the survey in March. The survey results are not quite ready for display. For the preliminary results, it seems like everyone is clamoring for more training and how to better access the resources. Chris believes great progress can be made going forward once some actionable items are created.

Next Steps:

- Homework for all will be to review the county website and come prepared to discuss suggestions for improvement.
- Review survey results

Next Meetings: Workgroup meetings will occur on the 1st Tuesday of the month at noon. The next meeting is May 3, 2022 at noon.

Adjournment: Meeting adjourned at 12:38 p.m.

**Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
June 7, 2022 at noon via Zoom**

Present: Trish Chandler, Kalene Engel, Katie Schild, Amy Sixty, Naomi Morris, Chris Meyer, Karen Sanness, Andy Kranz, Marie Kovecsi.

Minutes by: Kalene Engel

Approve Minutes of 4/5/22 Meeting: Minutes were approved by consensus.

Discussion of Access to Health & Human Services Survey: Kalene and Karin will be meeting with Maureen Holte on June 15th to discuss the survey in greater depth.

Review of Workplan and Discussion of Next Steps: The workplan includes several other strategies that could be undertaken by the workgroup to identify and address gaps in access to HHS programs. Discussion was held on possible next steps, as follows:

- Presentations About Programs:
 - Past: The training that Naomi did on the Combined Application Form in April received very good feedback. Participants were very appreciative of how thoroughly she went through the application and learned strategies that will help them better assist their clients in completing those forms. Similar feedback was received on the training that Loice Odoul did on MNSURE Applications on the same day. Recordings of both trainings will be available soon on the HVMHC.org website.
 - Future: Kalene has received requests for training on the SMRT (State Medical Review Team), MN Choices and Waiver Programs. Karen provided a brief explanation on the programs, as follows:
 - A person must be deemed disabled through Social Security or through SMRT (which is 100% state administered) to qualify for waived services.
 - People under age 65 can access services through a CADI Waiver, which is a federal waiver program for disability services.
 - Anyone can request a MN Choices Assessment, which is an assessment of a person's abilities and what services they might qualify for.

Naomi stated that her staff enter data into the system for SMRT and the people at the state make a determination, but she would appreciate knowing more about what goes into that decision. In response to a question from Trish about whether there was a flowchart for the process, Naomi located and shared the following links:

- [The State Medical Review Team \(SMRT\) / Minnesota Department of Human Services \(mn.gov\)](#)
- [MnCHOICES / Minnesota Department of Human Services](#)

Karen stated that the staff responsible for SMRT/MN Choices/Waivers are a little underwater right now due to staffing shortages, but she will talk to Karen Bunkowski about a possible future presentation on the subjects.

- Communication with Human Services: Workgroup members engaged in a robust discussion of how to best access the right person/department in Human Services and other strategies for improved communication techniques. See the attached handout entitled **Tips for Communicating with Winona County Dept. of Health and Human Services.** Additional items that impact communication were also discussed, as follows:
 - Much of the mail that people receive from DHS is mandated and automated. While it does usually explain what is needed, it is often confusing for clients, especially if they do not keep the notices in order by date. Additionally, if a client is involved in three different programs, they will get notices from three different departments.
 - DHS is working with very outdated systems (MMIS, MAXIS) which are Microsoft DOS systems. They can no longer find college graduates to work on the system; county human services directors have been begging DHS for a more modern system. They are trying to tap into the budget surplus.
 - Marie is attending the State Community Health Advisory Committee Meeting on June 9th. She is aware that Public Health has received some funding. She will encourage them to put funding towards modernization of the software systems.
 - Many clients do not have a stable mailing address, but do have an e-mail address.
 - Often clients do not have their voicemail set up or their voicemail is full, so messages cannot be left.
 - Within Naomi's department, staff have their own caseloads, but when workers are working on a team, there are generic team email addresses.
 - The county is pretty good about giving grace if someone misses deadlines by a couple of days, but some deadlines are hard deadlines that cannot be overlooked.
 - People who work at the front desk of DHS shadow others to learn the systems. Often individuals who work at DHS start in office support and migrate to different areas. There is always someone with experience working at the front desk, so a new staff member has someone to ask.
 - The 457-6500 phone number is mostly manned full time unless they are short staff.
 - Some restructuring is occurring within the position formerly held by Kendra Mann (who retired) so the DHS organizational chart will change a bit.

- There is no portal whereby clients can login and access the current stats of their case.
- Trish and Katie use a checklist with clients to identify what kind of services people are seeking (such as housing, insurance, food stamps, etc) and suggested that it might be a way for the DHS front desk people to narrow down what people are looking for when they come in.

Next Steps:

- Karen review/approve Kalene's summary of communication strategies.
- Karen talk to Karen B about presentation on SMRT/MN Choices/Waivers
- Kalene and Karin talk to Maureen about survey.
- Everyone continue to review workplan and generate ideas/strategies, including training topics

Next Meetings: Workgroup meetings will occur on the 1st Tuesday of the month at noon. The next meeting is July 5, 2022 at noon.

Adjournment: Meeting adjourned at 1:03 p.m.

Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
July 5, 2022 at noon via Zoom

Present: Trish Chandler, Naomi Morris, Aimee Buckmaster, Kalene Engel, Chris Meyer, Amy Sixty, Andy Kranz, Katie Schild, July Gilow, Rachel Stoll

Minutes by: Kalene Engel

Approve Minutes of June 7, 22 Meeting: Minutes were approved by consensus.

Discussion of Access to Health & Human Services Survey: The survey results report was just distributed, so most attendees had not yet had a chance to review it prior to the meeting. Kalene noted that many respondents requested additional trainings on HHS programs, such as the one Naomi did on the Combined Application Form. Improving communication methods was also suggested by several respondents. Workgroup members will review the survey results and be prepared to discuss it at the next meeting.

Review of Tips for Communicating with HHS: After the June meeting, Kalene created a document incorporating the tips and suggestions for communicating with HHS that were discussed at the meeting. A draft of the tips sheet was included in the meeting packet, but will not be finalized or available for distribution until after it is reviewed and approved by Karen Sanness.

Workplan and Discussion of Next Steps: Kalene referenced the workplan that she had created when the SIM workgroups (including this one) were first created. Some of the strategies included on that workplan included additional training opportunities, reviewing the HHS website for ease of use, doing a flowchart or mapping a case as it moves through HHS and looking at how other jurisdictions do things. Additional strategies could also be identified by HHS staff or members of the workgroup once they review the survey results. Naomi offered another possible strategy—to support the efforts of social services supervisors and directors in Minnesota to get the state DHS to upgrade its software systems. The systems that are in place are archaic and do not communicate with each other. Naomi stated that this group could provide a letter of support, directed to Karen Sanness, outlining the need for improved software, especially with respect to communicating with clients. Workgroup members supported the idea so Kalene will work on drafting a letter. Marie will also advocate for this at the State Community Health Advisory Committee and Chris will bring up the issue at the Minnesota Intercounty Organization. An additional suggestion that has been advanced at the state level is to make the DHS forms simpler and more understandable.

Meeting Adjourned: 12:45 pm

Next Meeting: August 2, 2022 at noon

Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
August 2, 2022 at noon via Zoom

Present: Trish Chandler, Naomi Morris, Kalene Engel, Chris Meyer, Amy Sixty, Andy Kranz, Karin Sonneman, Anne Vandenberg, Marie Kovecsi

Minutes by: Kalene Engel

Approve Minutes of July 5, 22 Meeting: Minutes were approved by consensus.

Discussion of Access to Health & Human Services Survey: Chris thanked everyone who took the survey and Kalene for creating the report. County administration reviewed the report and felt that it was helpful tool to identify opportunities for improvement. Karin noted that HHS is the most complex department in the county and that some of the issues identified have existed for a long time. It was acknowledged that access to the programs is made more difficult by the way the state administers programs, including arcane software and state mandates. Attendees also acknowledged the importance of advocating for changes at the state level. Many of the suggestions fell into two main categories: (1) providing more education/information about the available services and how to access them and (2) having a single point of contact for a person who wished to access services at HHS.

- **Education:** Post-training surveys from the last several months of WRAP+ Trainings have confirmed a need for more training on how adults with mental health needs can access benefits (SMRT, Waiver, MNChoices, etc). Recently, the Juvenile Justice Committee completed a mapping of the system, using flowcharts and written processes. A similar approach could be helpful to increase knowledge and awareness of how to access mental health services. Naomi believed that DHS would be open to providing increased training, but were experiencing significant challenges right now due to understaffing caused by retirements, resignations and lengthy delays in replacing vacated positions. In addition, due to the state of the economy, more and more people are applying for benefits, increasing the workload. Anne Vandenberg noted that WSU was always looking for internships for students and planned to connect with Karen Sanness after the meeting.
- **Single Point of Contact:** DHS has tried different models of service deliver over the years, including a single point of contact. Here too, the lack of staff is a challenge. Karin noted that there is a new statute for Rule 20s in criminal cases that requires the appointment of a navigator to assist persons in navigating services. She suggested that advocacy efforts at the state could be used to lobby for additional positions for persons who were not involved in the criminal justice system.

- **Suggestions:** Suggestions for addressing the above issues included the following (note that not all of these are something that can be done by this workgroup):
 - Research what other counties are doing to provide information/education and better access to DHS programs.
 - At the appropriate time, have Winona DHS provide training and record it for future use.
 - Continue to utilize other opportunities for trainings, i.e. Navigator Network, monthly CJCC meetings, WRAP+ Trainings.
 - Locate other trainings (local, state) that could fill information gaps.
 - Try to determine why the hiring process is so lengthy and what could be done to shorten that process so that vacancies can be filled more quickly.
 - Provide data to the county board on the need for new positions with supporting information (i.e. the poverty guidelines are changing on 9/1 so more persons will be eligible for services or the recommended case load for XX position is XX). This could possibly include a personnel study/analysis.

Review of Tips for Communicating with HHS: Karen Sanness reviewed and revised the Tips Sheet prior to the meeting. Kalene will finalize the edits and provide it to the workgroup with the minutes.

Workplan and Discussion of Next Steps: See above discussion under Suggestions.

Meeting Adjourned: 1:02 pm

Next Meeting: September 6, 2022 at noon

**Access to Health & Human Services Workgroup of the
CJCC Early Intervention & Prevention Committee
October 4, 2022 at noon via Zoom**

Present: Trish Chandler, Naomi Morris, Kalene Engel, Chris Meyer, Andy Kranz, Marie Kovecse

Minutes by: Kalene Engel

Approve Minutes of August 2, 22 Meeting: Minutes were approved by consensus.

Review of website/training opportunities:

- **HHS Resource Links Document:** Kalene updated the program summary handout that was distributed with the survey and updated/verified the existing hyperlinks and added additional hyperlinks to other educational resources about DHS Programs (see attached). The resulting document can be distributed to the Navigator Network and used by navigators to link to additional information (via the web) about a number of programs.
- **Winona County HHS Website:** The Human Services pages of the Winona County contains a “services” page with numerous links to the state DHS website: <https://co.winona.mn.us/427/Services>. Naomi noted that an individual was hired to help the county with the website and the supervisors are responsible for monitoring their pages to make sure the information is accurate. Raising awareness of the existence of the improved website will help achieve the workgroup’s goal of providing education about HHS services. Kalene will ask for an agenda item at the next Navigator Network Meeting to show the webpage.
- **Training:** The county is still understaffed, so receiving training from local workers is not likely to occur until the staffing issues improve. The state DHS website has a portal for training, but it is unclear as to whether this training is available to the general public or only DHS staff. Kalene will research this and report back at the next meeting.

Flowcharts/Workflow: According to the HHS survey and feedback from the WRAP+ trainings, understanding the process of obtaining assistance for adults and children with disability continues to be the most requested training topic. This includes understanding the SMRT, MN Choices, SSD and waiver processes. Naomi explained that the SMRT process is complicated because it involves both determine the services and supports a person needs (the MN Choices step and establishing a qualifying disability (SMRT or SSD). Many people don’t know where to start first. The SMRT people at the state are telling local agencies to encourage people to apply for benefits first. At this time, Naomi feels that the best lace for people to start would be to contact the county and ask for the waiver services team or financial workers long

term care team. The works can gather the information and provide the best options going forward.

Other: Measuring the value of preventative services is an issue that has come up in other committee meetings. The question that has been raised is how to measure the value of the benefits of different human services programming, such as whether it prevents larger issues down the road. A general discussion was held on the difficult of capturing the true value of preventative services because humans are complex beings and it's hard to point to a single intervention as the source or cause of later actions. Marie often refers to Results First which provides policy makers with information about proven strategies: <https://mn.gov/mmb/results-first/>

Meeting Adjourned: 12:45 p.m

Next Meeting: December 8, 2022 at noon

Applications & Forms

Child Foster Care +

Citizen Review Panel - Child Protection

Day Care +

Information Request

Resources

Services

Home > Departments > Health & Human Services > Human Services > Services

Services

Aging & Adult Services

- [Aging and Adult Services](#)
- [Prescription Drug Assistance](#)
- [Adult Protection](#)
- [Deaf and Hard of Hearing](#)
- [Health Care](#)
- [Home and Community Services](#)
- [Indian Elder Desk](#)
- [Nursing Homes](#)
- [Ombudsman](#)

[View All](#)

Disabilities

- [Disabilities](#)
- [Deaf and Hard of Hearing](#)
- [Developmental Disabilities - Winona County \(PDF\)](#)
- [Disability Services](#)
- [Gambling Problems](#)
- [HIV/AIDS](#)
- [Mental Health \(Adult\)](#)
- [Mental Health \(Children\)](#)

[View All](#)

Children

- [Children and Families](#)
- [Adolescent Services](#)
- [Adoption](#)
- [Child Care](#)
- [Child Care Assistance](#)
- [Child Protection](#)
- [Child Support](#)
- [Foster Care](#)
- [Licensed Day Care Listing - Winona County \(DOC\)](#)
- [Parent Support Outreach Program \(PSOP\)](#)

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Economic Supports

- [Economic Assistance](#)
- [Child Care Assistance](#)
- [Child Support](#)
- [Diversionary Work Program \(DWP\)](#)
- [Food and Nutrition](#)
- [Housing](#)
- [Income](#)
- [Low Cost Housing and Temporary Shelters in Winona County \(PDF\)](#)
- [Minnesota Family Investment Program \(MFIP\)](#)
- [Refugee Assistance](#)

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