



First Steps Central MN Joint Powers Board Meeting Minutes
February 12, 2021 11:00am-12:00pm Via Zoom



Attendees: Commissioner Barbara Burandt, Kelly Ball, Nicole Ruhoff, Leah Krotzer, Tammy Seifert, Commissioner Debra Rieland, Commissioner Mark Daleiden, Commissioner Tarryl Clark, Commissioner Beth Schlangen, Janet Goligowski, Casey Henre, Katie Bremseth, Mary Nesseth
Absent: Sarah Grosshuesch, Samantha Hageman, Amanda Larson

AGENDA ITEM	MINUTES/MOTION	FOLLOW-UP
<p>1. Call to Order</p> <ul style="list-style-type: none"> a. Approval of Minutes b. Approval of Agenda 	<p>1. The meeting was called to order at 11:00 a.m. by Commissioner Barbara Burandt.</p> <ul style="list-style-type: none"> a. Commissioner Mark Daleiden made a motion to approve the previous meeting minutes. Commissioner Tarryl Clark seconded the motion. Motion carried. b. Commissioner Tarryl Clark made a motion to approve the agenda. Commissioner Mark Daleiden seconded the motion. Motion carried. 	
<p>2. Staff Reports</p> <ul style="list-style-type: none"> a. Family Home Visiting Update & Impacts of COVID Kelly Ball, Regional FHV Program Manager b. Data Snapshot Leah Krotzer, Regional FHV Data & Analytics Manager c. Budget Review Kati Bremseth, Sherburne County Fiscal Officer d. Maternal Early Childhood Sustained Home-Visiting (MECSH) Nicole Ruhoff, Sherburne County Public Health Manager 	<p>2.</p> <ul style="list-style-type: none"> a. Impact of COVID on FHV: Continue to accept and enroll new families, except Wright HFA who have created wait list. Staff time limited in FHV due to COVID response priorities. Home visiting is done via phone and telehealth options, some sites have family bags that PHN's drop off on doorstep. Engagement and retention vary across sites and programs; limitations with getting paperwork signed. One solution at Sherburne County has been to implement DocuSign program for clients to sign documents electronically. Continue to have success with the centralized intake process of incoming referrals. Families receive an initial engagement call from Kelly, who answers questions, provides information about programs and resources, then closes the referral or assigns to county and program. There is continued success with the family newsletters, which are published monthly. Approximately 175 families receive the newsletter, which does not include the number of families who directly access the newsletters through our website alone (https://firststepscentralmn.org/for-families). Collaborative Work: Currently transitioning from one leadership team made up of program supervisors to five committees made up of supervisors and champion nurses from each county. The committees include Governance, Model Fidelity, PHDoc/Billing, Program Services, and Referrals/Outreach. This approach will help staff better tackle the workplan objectives and better engage staff at all levels in the collaborative work. Quality Improvement will be embedded into each committee's work. Kelly shared a client success story about utilization of EBHV grant funds to serve a family who moved across county lines in 2020. About 50% of families do not continue services 	

	<p>when they have a change in nurse. The grant has allowed positive continuation of HFA and improved family outcomes.</p> <p>b. Implemented centralized intake and have gotten great feedback. There were 53 different referral sources, 45% from hospitals and 35% from WIC; processed 648 referrals. There was a dip in referrals due to COVID, but from quarter three to quarter four there was an increase of 65%; there was an average of 10/week in the summer and now the average is 15/week. There has been a pause in hiring some grant-funded positions and delays in trainings offered to get PHN's equipped. Target capacity for caseload is 85%, currently at 50% with staff involved with COVID response. Additional grant award for complementary work (Interoperability Grant) to streamline and standardize processes across the PHDoc electronic health record system that three of the four counties utilize. This was facilitated by Avenu (the vendor); the initial phase of gathering information through meetings and systems review has been completed. Avenu will be providing recommendations for our collaborative to decide upon implementing and training</p> <p>c. Katie shared the budget summary; about 25% of the budget has been expended. They are looking for ways to maximize revenue. She also shared the interoperability budget.</p> <p>d. The lower referral numbers has allowed staff to reflect on how the collaborative has been able to work; what has worked well and what has not and to think about options. Currently there are two models, HFA and NFP. A new model, MECSH has been introduced in the United States and MDH has added it. The costs and other requirements of HFA and NFP can be cumbersome for some agencies and MECSH has been a good alternative. Making the transition from HFA and NFP to MECSH was brought to the CAC and staff are looking to JPB to help make a decision on transitioning to MECSH. Kelly has been attending the training shared some highlights and a comparison chart of the three models (HFA, NFP, and MECSH).</p> <ul style="list-style-type: none"> • The JPA was reviewed and the change in models would be supported in the agreement: • Commissioner Tarryl Clark made a motion to move towards the transition to MECSH. • Commissioner Mark Daleiden seconded the motion. • Motion carried. 	<p>Kelly/Leah to formally notify MDH, start planning for training, and to start having discussions with staff</p>
3. Adjourn	3. Commissioner Barbara Burandt adjourned the meeting at 11:46 a.m.	