WRIGHT COUNTY PUBLIC HEALTH

Minutes

Public Health Task Force

March 10, 2025 | 9:00 a.m. | GC 3101/Zoom

Attendees:

Members (marked box indicates Present):

☐ Ann Bajari (Excused)
☒ Ann Gonderinger (Remote)
☒ Bonita Bryant (Vice Chair)
☐ Emmanuel Ngabire (Unexcused)
☒ Jacquelyn Bergo (Remote)
☒ Jamie Stang (Remote)
☐ Jeanne Holland (Excused)
☒ Dr. Kim Tjaden (Remote)
☒ Linda Carlson
☐ Marlene Kittock (Unexcused)
☒ Melissa Pribyl
☒ Mona Volden
☒ Toni Seroshek (Chair)

HHS Staff Attendees:

Casey Henre
Joel Torkelson
Kai Sin
Megan Ward
Patty Malecek
Sarah Grosshuesch

Guests/Other:

Kelly Ball

1. Call to Order—The meeting was called to order at 9:02 a.m. by Chair, Toni Seroshek
2. Introductions were made.
3. Approval of the Agenda and the February minutes
   a. Motion to approve Agenda and February minutes by Mona Volden, second by Melissa Pribyl.
   b. Vote-All members approve of Agenda and February minutes.
4. Presentation and Discussion Items
   a. Family Home Visiting-*Kelly Ball*
      - What is Family Home Visiting?
        (a) For pregnant people and families with young children.
        (b) Delivered parentally through the early years of a child's life.
        (c) Provided at no cost to families.
        (d) Voluntary.
        (e) Both short- and long-term impact to caregiver and child.
      - What Does a Visit Look Like?
        (a) Information about the child's stage of development to help the parent learn how to nurture and support their child's social, emotional, and physical development.
        (b) Safety and health information such as safer sleep practices, immunizations, shaken baby syndrome, oral health, breastfeeding, and nutrition.

(c) Screening for child development, caregiver depression, and family violence.

(d) Referrals to community resources and services such as health care services, and economic supports.

(e) Help with goal setting and skill building such as learning how to navigate community support systems and practicing parenting skills.

- Maternal Child Sustain Home Visiting (MECSH) is the evidence-based curriculum that is used and here are the components:
  (a) Parent-Child Relationship
  (b) Child Growth and Development
  (c) Parenting Skills
  (d) Connection to Resources
  (e) Data-Driven Impact
- FHV Across Minnesota
  (a) Served over 6,500 families across all 87 counties.
  (b) Fewer than 1 in 10 families in need receive family home visiting.
  (c) $35 million in state and federal home visiting funds invested.
  (d) $6.40 return on investment.
- Guiding Principles:
  (a) Client-Centric Approach
  (b) Continuous Quality Improvement
  (c) Sustainability
  (d) Access & Awareness
  (e) Advancing Health Equity
- Over 3,800 referrals through Centralized Intake since launching in January 2020
- 2024:
  (a) 940 referrals (20% increase from 2023)
  (b) 79 referral sources
  (c) 44% submitted through online referral form. Also receive via fax, phone calls, self-referral postcard.
  (d) Importance of ongoing relationships with partners & CQI
- Just over 50% of our referrals come from top 5 sources
  (a) CentraCare St. Cloud Hospital Neonatal Intensive Care Unit
  (b) CentraCare St. Cloud Hospital Family Birthing Center
  (c) Wright County Community Action
  (d) Wright County Health & Human Services
  (e) CentraCare Plaza Women's Health & OB Clinic
- In 2024, there was a monthly average of 617 visitors to the First Steps Central MN website.

- Sample of the monthly newsletter was shared. Link to website: https://firststepscentralmn.org/for-community-partners
- Family Home Visiting Total Caseload (MECSH & Traditional Programs) 2023-2024 Growth:
  (a) Caseload growth of 19% from previous year
  (b) Served 61 more families a month on average
    ♦ Average monthly served 20 families across-county
  (c) 128 Program Completions/Graduations
- FS Annual Family Feedback Survey
  (a) 99% felt respected during home visits in parenting style and choices made for children
  (b) 98% felt home visiting materials & information are useful for determining what is best for their children
  (c) 99% felt confident that they can do good job raising their child(ren) since participating in home visiting
- FHV Budget, 2024 Year-End Summary
  (a) Year 2 of 5 Strong Foundations grant cycle
    ♦ Regionally expended 93% of Strong Foundations grants
    ♦ Billed over $300,000 to 3rd party reimbursement for Strong Foundations visits
  (b) Additional funding sources for FHV:
    ♦ Health insurance (private, MA/PMAPs)
    ♦ TANF grant
    ♦ MCH grant
- Contact Information:
  (a) www.firststepscentralmn.org
  (b) Call/Text: 763-276-0441
  (c) Fax: 763-765-4250
  (d) E-mail: referrals@firststepscentralmn.org

b. Supporting Steps Program-*Megan Ward*

- A free home visiting program being piloted for pregnant and postpartum people, caregivers, and families who have concerns about substance use, currently use substances, or have a history of substance use.
- Support steps works in conjunction with Family Home Visiting programing by offering:
  (a) Collaboration with a Licensed Alcohol and Drug Counselor (LADC)
  (b) Regular monthly visits with LADC and client, separate from nurse visits
  (c) Tools to help reduce substance use, avoid recurrence
  (d) Connections to local resources and supports
- What Can Families Expect?
  (a) Referral received: County and nurse assigned same day

(b) Initial Contact: Contact attempted within 24-72 hours. Most often call, text also available

(c) Offer Services: Answer questions, share information, schedule first visit, if interested

(d) Home Visits: Location, frequency, length, content

(e) Graduation: When client goals achieved

- Who Can Participate?
  (a) Pregnant and postpartum women, primary caregivers who have a history of or are actively using substance or receiving Medication-Assisted Treatment (MAT)

  (b) Wright County resident

  (c) Participation is voluntary
- Grant Logic Model was shared.

c. Injury Prevention Update-*Kai Sin*

- We work with WCCA. They do have a fall assessment program. Due to lack of homemakers, there is a waiting list for this program.

d. Car Seat Program-*Kai Sin*

- 2024 we had 381 car seat checks, and we disturbed out 101 for Blue Cross, UCare 42, Health Partners 21. We also donated 67 car seats to individuals who are not qualified for MA or PMAP or has any financial hardship.
- We have an evaluation form so at each visit we ask them to fill it out. 585 evaluations from July 2023 to December 2024 were submitted. Some of the questions we ask are “Household size”, “Reason for not having a car seat.” We have checkboxes with answers such as “Can’t afford one, didn’t know I needed one, child doesn’t ride in car often”. We also asked them their comfort level before and after the class. This used to be an optional step but now we require this evaluation form to be filled out. Out of 585, 47% of our clients on arrival there was a misuse, either seat was not installed correctly, or harness was either too high or too low. 39% of our clients are expecting moms. 29% of our participants couldn’t afford a car seat because of family hardness or they didn’t know that their car seat expired.

e. Community Health Survey Results Overview-*Joel Torkelson*

- Background-Key Steps in our Process
  (a) As part of the Community Health Assessment, we have done a health survey every three years since 2012
    ♦ 2024 was first time we used an online survey

  (b) Open from July 26 thru October 31, 2024

  (c) Data shared today is meant to be an overview of what was collected (if you’d like to see all the data, we can provide that)
- Online survey, via Survey 123 (ArcGIS)
  (a) Sample Size – 318

  (b) Not Random
- Funding – staff time

(a) Mail vs. Online

- Survey Design – PH and GIS collaboration
  (a) Central MN Alliance – Benton, Sherburne, Stearns and CentraCare
- 43 questions
  (a) Skip logic built in, if answer no to questions than able to move on.
  (b) Translated into Spanish
  (c) Did have printed copies available (foot clinics, Senior Centers)
  (d) No incentives available for participants
  (e) Not able to compare survey results with previous years
- Health Contributing Factor Behaviors
  (a) 9 out of 10 reported that their health is excellent, very good or good
  (b) 7 out of 10 reported getting at least 7 hours of sleep on average each night
  (c) 41% reported reading or sending texts while driving
  (d) 6 out of 10 reported at least one day of poor mental health in the past 30 days
  (e) 20% reported using marijuana edibles (some days and everyday)
  (f) 27% reported binge drinking
  (g) 7% reported smoking cigarettes
- Access to Care
  (a) 1 out of 4 responded they are dissatisfied or very dissatisfied with access to health care services-30% delayed medical care, 42% didn't think it was serious enough, 23% delayed dental care, 49% it costs too much, 19% delayed mental health care, 38% it costs too much
- Perception
  (a) 2 out of 5 reported that they are dissatisfied or very dissatisfied with how the community is dealing with bullying, lack of affordable housing, depression among adults and youth, loneliness
  (b) 1 out of 5 respondents indicated that in the last 12 months, they have worried that food would run out
  (c) 1 out of 3 respondents are dissatisfied or very dissatisfied with how the community is dealing with the lace of childcare, stress or anxiety, suicide, harassment, or discrimination

5. New Business
   a. None.
6. Old Business
   a. None.
7. Other
   a. None.
8. Agenda Items for the next meeting, April 14, 2025

a. Environmental Health
b. Cannabis Prevention Grant
c. Legislative Update

9. Adjourn
   a. Motion to adjourn by Melissa Pribyl second by Mona Volden.
   b. Adjourned at 10:09 a.m.

pl/sg