

HENNEPIN COUNTY

MINNESOTA

FINAL COMMITTEE AGENDA

HEALTH AND HUMAN SERVICES COMMITTEE

TUESDAY, NOVEMBER 12, 2024

1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

1. Minutes from Previous Meeting

1.A. October 8, 2024 Minutes

Attachments: [HHS-COMMITTEE.MINUTES-08-Oct-2024](#)

2. New Business

Routine Items

2.A. [24-0442](#)

Human Services & Public Health resolution, including contracts and amendments to contracts with provider - 2416

Attachments: [HSPH Board Report 2416 11-7-24](#)

2.B. [24-0443](#)

Agmt A2412577 Master Grant Contract with the MN Dept of Health, 01/01/25-12/31/29; delegates authority for the Hennepin County Administrator to approve all subsequent MDH project agmts

2.C. [24-0444](#)

Amd 1 to JPA Agmt A2412465 with City of Minneapolis for HUD ESG funding for emergency shelter operations activities and essential services, amending to adjust ESG funding year allocations, 07/17/24-12/31/25, adjust NTE from \$450,000 to \$400,384

2.D. [24-0445](#)

Amd 2 to Agmt PR00001611 with NMS to provide toxicology testing services, ext end date to 12/31/24, incr NTE by \$350,000

- 2.E. [24-0446](#)
Amd 9 to Agmt A154856 with Navitus Health Solutions LLC to provide pharmacy benefit management services to Hennepin Health, ext end date to 12/31/27, incr NTE by \$2,550,000
- 2.F. [24-0447](#)
JPAs A2412454 with the City of Bloomington, A2412455 with the City of Brooklyn Center, A2412458 with the City of Maple Grove, A2412460 with the City of New Hope, to continue services of the Hennepin County Embedded Social Worker Program, 01/01/25-12/31/26
- 2.G. [24-0448](#)
JPA A2412461 with the City of Robbinsdale and the Three Rivers Park District to continue services of the Hennepin County Embedded Social Worker Program, 01/01/25-12/31/25
- 2.H. [24-0449](#)
JPA A2412471 with the City of Brooklyn Park to authorize the 911 Alternative Response Team, 03/25/24-12/31/27

Items for Discussion and Action

- 2.I. [24-0450](#)
Agmt A2412594 with MN DHS to expand lead agency capacity to improve competitive, integrated employment outcomes for people with disabilities, 10/11/24-06/30/26, \$2,067,452 (recv)
3. **Old Business**
- 3.A. [24-0410](#)
Adopt revised Emergency Medical Services (EMS) Council Bylaws
Attachments: [EMS Council Bylaws revised 10/12/2023](#)
[Ordinance 9 revised 06/07/2022](#)
- 3.B. [24-0411](#)
Adopt Emergency Medical Services (EMS) Council-recommended performance standards
Attachments: [EMS Council Performance Standards approved 04/11/2024](#)
[Ordinance 9 revised 06/07/2022](#)

HENNEPIN COUNTY

300 South Sixth Street
Minneapolis, MN
55487-0240

MINNESOTA

Board Action Request

TMP-1553

Item Description:

October 8, 2024 Minutes

HENNEPIN COUNTY

MINNESOTA

COMMITTEE MINUTES

HEALTH AND HUMAN SERVICES COMMITTEE
TUESDAY, OCTOBER 8, 2024
1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

Commissioner Angela Conley, Chair, called the meeting of the Health and Human Services Committee for Tuesday, October 8, 2024 to order at 2:26 p.m.

Present: Angela Conley, Kevin Anderson, Jeff Lunde, Irene Fernando, Marion Greene, Debbie Goettel and Heather Edelson

1. Minutes from Previous Meeting

1.A. September 24, 2024 HHS Minutes

APPROVE

Commissioner Marion Greene moved, seconded by Commissioner Debbie Goettel, to approve the Minutes.

Aye: Commissioner Conley, Commissioner Anderson, Commissioner Lunde, Commissioner Fernando, Commissioner Greene, Commissioner Goettel and Commissioner Edelson

2. New Business

Routine Items

2.A. [24-0408](#)

Human Services & Public Health resolution, including contracts and amendments to contracts with provider - 2415

CONSENT

Commissioner Irene Fernando moved, seconded by Commissioner Jeff Lunde, to approve the Resolution.

Aye: Commissioner Conley, Commissioner Anderson, Commissioner Lunde, Commissioner Fernando, Commissioner Greene, Commissioner Goettel and Commissioner Edelson

2.B. [24-0409](#)

Amd 1 to Agmt A2311986 with the MN Dept of Human Services for the Child and Teen Checkups Program, 01/01/25-12/31/25, \$2,489,118(recv)

CONSENT

Commissioner Irene Fernando moved, seconded by Commissioner Jeff Lunde, to approve the Resolution.

Aye: Commissioner Conley, Commissioner Anderson, Commissioner Lunde, Commissioner Fernando, Commissioner Greene, Commissioner Goettel and Commissioner Edelson

Items for Discussion and Action

2.C. [24-0410](#)

Adopt revised Emergency Medical Services (EMS) Council Bylaws

LAI D OVER

Commissioner Debbie Goettel moved, seconded by Commissioner Irene Fernando, to lay over the Resolution to the November 12 Committee meeting.

Aye: Commissioner Conley, Commissioner Anderson, Commissioner Lunde, Commissioner Fernando, Commissioner Greene, Commissioner Goettel and Commissioner Edelson

2.D. [24-0411](#)

Adopt Emergency Medical Services (EMS) Council-recommended performance standards

LAI D OVER

Commissioner Kevin Anderson moved, seconded by Commissioner Irene Fernando, to lay over the Resolution to the November 12 Committee meeting.

Aye: Commissioner Conley, Commissioner Anderson, Commissioner Lunde, Commissioner Fernando, Commissioner Greene, Commissioner Goettel and Commissioner Edelson

There being no further business, the Health and Human Services Committee for Tuesday, October 8, 2024 was declared adjourned at 2:31p.m.

Maria Rose
Clerk to the County Board

Board Action Request

24-0442

Item Description:

Human Services & Public Health resolution, including contracts and amendments to contracts with provider - 2416

Resolution:

BE IT RESOLVED, that the contracts, contract amendments and administrative actions of the Human Services & Public Health Department and Department of Community Corrections and Rehabilitation made pursuant to chapters 256E and 393 of Minnesota Statutes, as detailed in Human Services & Public Health Contract Report 2416 be approved; that the report be filed in Contract Management Services; that the Chair of the Board be authorized to sign the contracts, contract amendments, and administrative actions on behalf of the County; and that the Controller be authorized to disburse funds as directed. Such contracts are subject to ministerial adjustment when such adjustments are done within the constraints of the approved Hennepin County Budget and when signed by the County Department Director or Designee.

Background:

The contracted dollar amounts are based on estimates of program costs and/or utilization during prior periods. Funding for each contract is provided for within service categories in the Human Services & Public Health Department and Department of Community Corrections and Rehabilitation approved annual budgets. Occasionally new services are implemented which are not in the budget, but which are fully funded under state or federal grants or other new funding.

Contracted dollar estimates are based upon prior year usage and are subject to fluctuation in placement patterns, service need, and cost shifts. Therefore, it may be necessary to process ministerial adjustments to contracts to increase or decrease contract amounts or to make minor service changes consistent with the department budget and strategic plan. Placement agreements are also processed administratively.

Contracts include services in the following areas: adult mental health; developmental disabilities; chemical health; adult housing; early intervention and family intervention services, interpreter services, health services, welfare advocacy, and various other human services. Expectations for ongoing outcome measurement are included in all new, renewal, or extended contracts. Outcome measures, which are developed by the county and contracted providers, assess the effectiveness of a service and its impact on an eligible recipient's condition or functioning level. Outcome information is used to modify or improve programs as well as to evaluate effectiveness of different types of intervention and providers. A detailed listing of the specific actions requested by this BAR and an explanation of all unusual items is reflected in the summary of the report.

Recommendation from County Administrator: Recommend Approval

HENNEPIN COUNTY MINNESOTA

Human Services and Public Health Contract Report #2416

Date: 11/7/2024
To: Clerk of the County Board
From: Human Services and Public Health
Subject: BAR Number 24-0442
Board Action Date: 11/19/2024

[Electronic Provider File \(EPF\)](#)

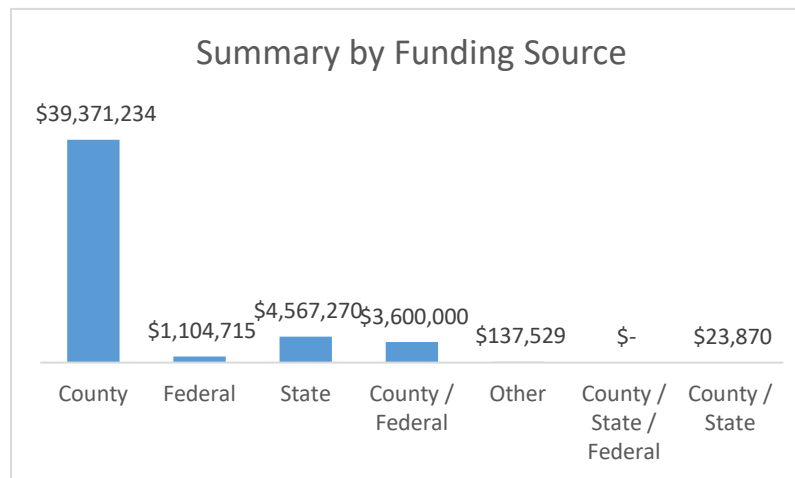
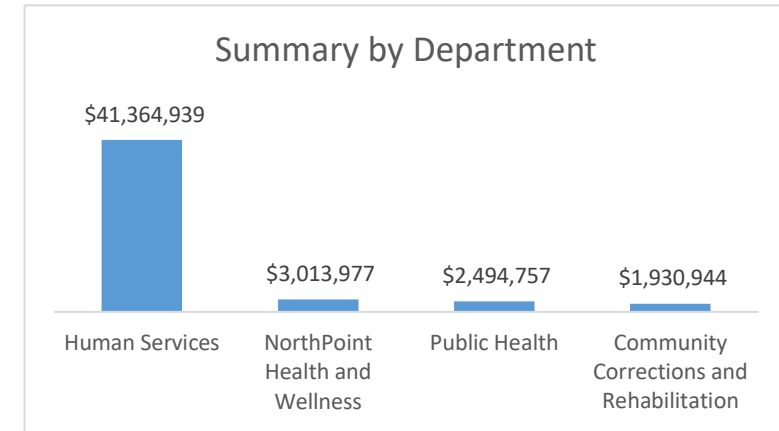
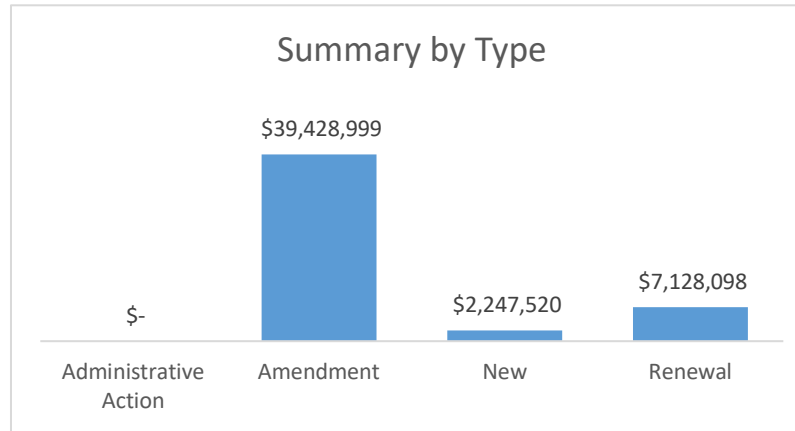
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[View unsigned contract documents on SharePoint](#)

[View details on SharePoint](#)

Summary of Contract Actions

Action Type/Department/Service Area	# of Actions	Action Total
Administrative Action		\$0
Amendment	103	\$39,428,999
Human Services	81	\$34,597,573
NorthPoint Health and Wellness	2	\$3,013,977
Public Health	14	\$1,251,800
Community Corrections and Rehabilitation	6	\$565,649
New	21	\$2,247,520
Human Services	16	\$1,907,520
Public Health	5	\$340,000
Renewal	74	\$7,128,098
Human Services	59	\$4,859,846
Public Health	11	\$902,957
Community Corrections and Rehabilitation	4	\$1,365,295
Grand Total	198	\$48,804,617



HENNEPIN COUNTY
MINNESOTA

Human Services and Public Health Contract Report #2416

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Summary of Contract Actions

New Contracts		
Department	Number	Amount
Community Corrections and Rehabilitation	0	\$ -
Hennepin Health	0	\$ -
Human Services	16	\$ 1,907,520
NorthPoint Health & Wellness Center	0	\$ -
Public Health	5	\$ 340,000
Total	21	\$ 2,247,520

Renewed Contracts		
Department	Number	Amount
Community Corrections and Rehabilitation	4	\$ 1,365,295
Hennepin Health	0	\$ -
Human Services	59	\$ 4,859,846
NorthPoint Health & Wellness Center	0	\$ -
Public Health	11	\$ 902,957
Total	74	\$ 7,128,098

Amended Contracts		
Department	Number	Amount
Community Corrections and Rehabilitation	6	\$ 565,649
Hennepin Health	0	\$ -
Human Services	81	\$ 34,597,573
NorthPoint Health & Wellness Center	2	\$ 3,013,977
Public Health	14	\$ 1,251,800
Total	103	\$ 39,428,999

Administrative Actions Description	Contract #
-	-



Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
New Contracts										
Amherst H. Wilder Foundation	HS00001925	School based mental health services for youth up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$33,000	County	-
Simpson Housing Services, Inc.	HS00001871	Permanent supportive housing for families experiencing or at risk of becoming homeless.	Housing Stability	Human Services	1/1/2025	12/31/2027	\$0	\$208,401	County	-
MoveFwd, Inc.	HS00001923	School based mental health services for youth up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$33,000	County	-
Advance Mobility, Inc.	HS00001763	Transportation services for people who are in out of home placement or have an open child protection, child welfare or children's mental health case for services related to their care, well-being and case plan.	Children & Family Services	Human Services	11/19/2024	6/30/2027	\$0	\$0	County	-
Sabathani Community Center	HS00001907	Child Protection related Supervised Visitation services for families whose children are in out-of-home placement or at risk for placement.	Children & Family Services	Human Services	1/1/2025	12/31/2027	\$0	\$0	County	-
The Price Dynamic Inc.	HS00001905	Child Protection related Supervised Visitation services for families whose children are in out-of-home placement or at risk for placement.	Children & Family Services	Human Services	1/1/2025	12/31/2027	\$0	\$0	County	-
Urban League Twin Cities	HS00001909	Child Protection related Supervised Visitation services for families whose children are in out-of-home placement or at risk for placement.	Children & Family Services	Human Services	1/1/2025	12/31/2027	\$0	\$0	County	-
Hope Avenue Twin Cities	HS00001820	Daytime drop-in center for those experiencing homelessness in Hennepin County.	Housing Stability	Human Services	11/18/2024	4/18/2025	\$0	\$408,050	County	-
Missions Inc. Programs	HS00001824	Permanent supportive housing for families experiencing or at risk of becoming homeless.	Housing Stability	Human Services	1/1/2025	12/31/2027	\$0	\$334,042	County	-
Rescue Now Services Inc.	HS00001896	Overnight emergency shelter for homeless adults in Hennepin County.	Housing Stability	Human Services	10/25/2024	4/30/2025	\$0	\$587,304	County	-
Steps of Strategy	HS00001822	Drop-in Center for those experiencing homelessness with a focus on those in North Minneapolis.	Housing Stability	Human Services	11/18/2024	4/18/2025	\$0	\$303,723	County	-
AAA A-Z World of Languages LLC	HS00001832	Face-to-face interpretation and document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Alliance Wellness Center, LLC	HS00001658	Substance use assessments for individuals aged 18 to 24 and for individuals aged 24 and older.	Initial Contact and Access	Human Services	1/1/2025	12/31/2025	\$0	\$0	Other	Third party billing.
Northstar Behavioral Health Network LLC	HS00001684	Substance use assessments for individuals aged 18 to 24 and for individuals aged 24 and older.	Initial Contact and Access	Human Services	1/1/2025	12/31/2025	\$0	\$0	Other	Third party billing.
Jewish Family Service of St. Paul	HS00001723	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2026	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Residential Transitions, Inc.	HS00001724	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2026	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
FreedomWorks Incorporated	HS00001862	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$50,000	County	-
Joyce Uptown Foodshelf	HS00001864	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$60,000	County	-
Lowry Hill East Neighborhood Association	HS00001883	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$60,000	County	-
NorthPoint Health & Wellness Center, Inc.	HS00001889	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$130,000	County	-
Sisters Camelot	HS00001891	Healthy, culturally relevant food distribution, including meal program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$40,000	County	-

Renewed Contracts

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
The Aliveness Project, Inc.	HS00001895	Provides transitional housing services for individuals and families who are HIV+ and who are at risk of or experiencing homelessness.	Housing Stability	Human Services	1/1/2025	12/31/2027	\$0	\$166,500	County	-
Accord	HS00001750	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
People Incorporated	HS00001916	School based mental health for Hennepin residents up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$31,088	County	-
People Incorporated	HS00001744	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
ResCare Minnesota, Inc.	HS00001751	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
RS EDEN	HS00001876	Permanent supportive multi-family housing project for families with children under 18 who are emerging from homelessness.	Housing Stability	Human Services	1/1/2025	12/31/2027	\$0	\$152,000	County	-
Family Alternatives, Inc.	HS00001792	Case plan development, service coordination, and support/monitoring of foster homes for youth in foster homes, ages 0-21.	Children & Family Services	Human Services	1/1/2025	12/31/2028	\$0	\$0	County	-
FamilyWise Services	HS00001908	Child Protection related Supervised Visitation services for families whose children are in out-of-home placement or at risk for placement.	Children & Family Services	Human Services	1/1/2025	12/31/2027	\$0	\$0	County	-
The Link	HS00001804	Culturally responsive, trauma-informed and restorative justice model for justice-involved female-identifying youth/young adults ages 12-24.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2025	12/31/2027	\$0	\$371,600	County	-
The Link	HS00001799	Alternative program for justice-involved male identifying youth, ages 12-21.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2025	12/31/2027	\$0	\$601,560	County	-
Volunteers of America of Minnesota	HS00001758	On-site social services to residents of the Minneapolis Public Housing Authority highrise population, including people with low incomes, elderly people, and people with disabilities.	Housing Stability	Human Services	1/1/2025	12/31/2026	\$0	\$577,264	County	-
Catholic Charities of the Archdiocese of Saint Paul and Minneapolis	HS00001743	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
South Metro Human Services	HS00001741	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Minnesota Teen Challenge, Inc.	HS00001661	Substance use assessments for individuals aged 18 to 24 and for individuals aged 24 and older.	Initial Contact and Access	Human Services	1/1/2025	12/31/2026	\$0	\$0	Other	Third party billing.
Young Men's Christian Association of the North	HS00001869	Independent living skills services for youth in out-of-home placement, ages 14-21.	Children & Family Services	Human Services	1/1/2025	12/31/2025	\$0	\$452,816	County	-
Think Small	PR00006629	Early Childhood Scholarships with target populations that vary between funds.	Children & Family Services	Human Services	1/1/2025	12/31/2028	\$0	\$3,335,673	County	-
Canvas Health, Inc.	HS00001919	School based mental health for Hennepin residents up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$52,537	County	-
Change Inc.	HS00001917	School based mental health for Hennepin residents up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$25,968	County	-
Keystone Newport News, LLC	HS00001766	Residential treatment services for people of diverse cultural backgrounds with emotional and behavioral support needs, ages 8-18.	Behavioral Health	Human Services	9/1/2024	8/31/2025	\$0	\$0	County	-
The Mental Health Collective	HS00001913	School based mental health for Hennepin residents up to age 21.	Behavioral Health	Human Services	1/1/2025	12/31/2029	\$0	\$66,000	County	-
Elizabeth Hackbarth	HS00001877	Out of home placement services for females placed by court order or voluntary placement agreement, ages 12-21.	Children & Family Services	Human Services	1/1/2025	12/31/2025	\$0	\$0	County	-
Families In Transition Services, Inc.	HS00001906	Child Protection related Supervised Visitation services for families whose children are in out-of-home placement or at risk for placement.	Children & Family Services	Human Services	1/1/2025	12/31/2027	\$0	\$0	County	-
Nexus - Kindred Family Healing	HS00001791	Case plan development, service coordination, and support/monitoring of foster homes for youth in foster homes, ages 0-21.	Children & Family Services	Human Services	1/1/2025	12/31/2028	\$0	\$0	County	-

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
NorthPoint Health & Wellness Center, Inc.	HS00001800	Nia / Nia 2.0 trauma-based services for male identifying youth ages 12-24.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2025	12/31/2027	\$0	\$246,590	County	-
Rebound, Inc.	HS00001798	Ujima trauma-based services and prevention programming for families that have at least one black child ages 6-12.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2025	12/31/2027	\$0	\$145,545	County	-
Lutheran Social Service of Minnesota	HS00001712	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
All In One Translation Agency	HS00001830	Face-to-face interpretation and document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Effectiff LLC	HS00001833	Document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Global Language Connections	HS00001825	Face-to-face interpretation and document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
INGCO International, LLC	HS00001827	Telephonic interpretation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Language Line Services, Inc.	HS00001831	Telephonic and Video Remote Interpretation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Middle English Inc	HS00001826	Face-to-face interpretation and American Sign Language interpretation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
Park Avenue Center, Inc.	HS00001662	Substance use assessments for individuals aged 18 to 24 and for individuals aged 24 and older.	Initial Contact and Access	Human Services	1/1/2025	12/31/2026	\$0	\$0	Other	Third party billing.
Surad Interpreting & Translation Co.	HS00001829	Face-to-face interpretation and document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
University Language Center, Inc.	HS00001828	Face-to-face interpretation, American Sign Language interpretation, and document translation services for county departments.	Initial Contact and Access	Human Services	1/1/2025	12/31/2028	\$0	\$0	County / Federal	Federal funding sources vary by county department.
AXIS Healthcare, LLC	HS00001735	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Bestview Care Options LLC	HS00001726	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Brain Injury Association of Minnesota	HS00001729	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Bristol Place Corporation	HS00001736	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Coordinated Consumer Services LLC	HS00001731	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Dungarvin Minnesota, LLC	HS00001733	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Fraser	HS00001745	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Hammer Residence, Inc.	HS00001732	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Hekima Cultural and Consulting Services	HS00001727	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Keystone Community Services	HS00001746	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
Life by Design, Inc.	HS00001713	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
Meridian Services, Inc.	HS00001740	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Metropolitan Center for Independent Living	HS00001737	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Mount Olivet Rolling Acres, Inc.	HS00001734	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
New Path Services LLC	HS00001748	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Phoenix Service Corporation	HS00001728	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Pinnacle Services, Incorporated	HS00001716	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
Pinnacle Services, Incorporated	HS00001738	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
PLACEMENT PARTNERS MN Inc	HS00001717	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
PLACEMENT PARTNERS MN Inc	HS00001730	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Reach for Resources, Inc.	HS00001742	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Reach for Resources, Inc.	HS00001719	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
Redeemer Services, Inc.	HS00001725	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
REM Hennepin, Inc.	HS00001718	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
Shakir Consulting Services LLC	HS00001747	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2026	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Southside Services I Inc.	HS00001720	Semi-independent living services for persons with developmental disabilities or related conditions.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2027	\$0	\$0	County / State	Semi-Independent Living Services funds.
Supportive Living Solutions, LLC	HS00001739	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Thomas Allen Inc.	HS00001749	Case management services for residents.	Long-Term Services and Supports & Adult Protection	Human Services	1/1/2025	12/31/2029	\$0	\$0	County / State / Federal	Home-based and community-based services funding.
Children's Dental Services	HS00001894	Oral health services for Hennepin County residents, regardless of income, who are pregnant or are children ages 0-26.	Public Health Administration	Public Health	1/1/2025	12/31/2029	\$0	\$107,957	State	Local Public Health grant.
CAPI USA	HS00001856	Healthy, culturally relevant food distribution, including food shelf program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$105,000	County	-
Centro Tyrone Guzman	HS00001885	Healthy, culturally relevant food distribution, including meal program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$80,000	County	-

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
Change Starts With Community	HS00001879	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$100,000	County	-
Division of Indian Work	HS00001881	Healthy, culturally relevant food distribution, including meal program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$80,000	County	-
Every Meal	HS00001878	Healthy, culturally relevant food distribution, including mobile food shelf program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$60,000	County	-
Greater Minneapolis Council of Churches	HS00001857	Healthy, culturally relevant food distribution, including food shelf and meal programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$85,000	County	-
Little Earth Residents Association	HS00001858	Healthy, culturally relevant food distribution, including meal program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$30,000	County	-
People Reaching Out to Other People Inc	HS00001890	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$80,000	County	-
People Responding In Social Ministry	HS00001866	Healthy, culturally relevant food distribution, including food shelf and mobile food shelf programs, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$115,000	County	-
St. Louis Park Emergency Program, Inc.	HS00001892	Healthy, culturally relevant food distribution, including food shelf program, for residents experiencing food insecurity.	Public Health Strategic Initiatives	Public Health	1/1/2025	12/31/2025	\$0	\$60,000	County	-

Amended Contracts

Avivo	HS00000703	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$1,570,850	\$1,897,592	State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.
Avivo	HS00000974	Low-barrier housing that will focus on emergency shelter for people experiencing homelessness.	Housing Stability	Human Services	3/1/2022	12/31/2025	\$5,498,642	\$9,098,642	County / Federal	Extends to 12/31/2025, revises 2024 budget and NTE, and adds 2025 budget and NTE. City of Minneapolis Housing and Urban Development Community Development Block Grant funds.
Avivo	HS00001260	Outreach to individuals to connect them to shelters, critical services and provide urgent non-facility care for single adults who are experiencing homelessness.	Housing Stability	Human Services	1/1/2023	12/31/2025	\$600,000	\$900,000	Federal	Extends to 12/31/25 and adds 2025 budget and NTE. City of Minneapolis Housing and Urban Development grant and General Street Outreach funds.
Simpson Housing Services, Inc.	HS00000611	Coordinated single point of entry to shelters for residents experiencing homelessness.	Housing Stability	Human Services	1/1/2021	12/31/2025	\$1,705,474	\$2,173,813	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Simpson Housing Services, Inc.	HS00000715	Emergency shelter for women experiencing homelessness.	Housing Stability	Human Services	1/1/2021	12/31/2025	\$954,462	\$1,134,662	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Simpson Housing Services, Inc.	HS00001167	Emergency shelter for adults experiencing homelessness.	Housing Stability	Human Services	9/1/2022	12/31/2025	\$625,409	\$1,055,475	County	Extends to 12/31/25 and adds 2025 budget and NTE.

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
Volunteers of America of Minnesota	HS00001132	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	9/1/2022	12/31/2025	\$98,829	\$131,794	State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.
Catholic Charities of The Archdiocese of Saint Paul and Minneapolis	HS00000716	Emergency shelter for man-identifying adults experiencing homelessness.	Housing Stability	Human Services	1/1/2021	12/31/2025	\$2,847,359	\$3,511,759	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Catholic Charities of The Archdiocese of Saint Paul and Minneapolis	HS00001168	Emergency shelter for adults experiencing homelessness.	Housing Stability	Human Services	9/1/2022	12/31/2025	\$632,504	\$1,011,264	County	Extends to 12/31/25 and adds 2025 budget and NTE.
HIRED	HS00001458	Violence prevention service to for 50 justice-involved youth and young adults.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$171,351	\$321,351	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Robbinsdale Public School District - ISD 281	PR00006299	SHIP school wellness program.	Public Health Strategic Initiatives	Public Health	7/1/2024	10/31/2025	\$6,500	\$14,000	State	Increases NTE. Statewide Health Improvement Partnership grant.
St. David's Center	HS00000561	Early childhood respite services for residents who qualify for special education services.	Public Health Family Health	Public Health	1/1/2020	12/31/2025	\$850,000	\$1,020,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Wayside House, Inc.	HS00001581	Opioid prevention, response, and treatment services for residents including, BIPOC and Native women.	Opioid Settlement	Human Services	1/1/2024	12/31/2025	\$175,000	\$175,000	Other	Updates budget. National opioid class action settlement funds.
Mental Health Resources, Inc.	HS00001232	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$1,110,000	\$1,660,000	State	Extends to 12/31/25 and adds 2025 NTE and budget. Adult Mental Health Initiative grant.
NorthPoint Health & Wellness Center, Inc.	PR00000852	Temporary professional staffing for integrated medical and social services for NorthPoint Inc.	NorthPoint Health & Wellness	NorthPoint Health and Wellness	1/1/2019	12/31/2025	\$12,800,666	\$15,764,643	County	Extends to 12/31/25 and increases NTE.
Project for Pride in Living, Inc.	HS00000652	Housing subsidies administration for residents with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$426,000	\$532,500	State	Extends to 12/31/25 and adds 2025 budget and NTE. Adult Mental Health Initiative grant.
The Bridge for Youth	HS00001191	Emergency shelter as alternative to Juvenile Detention Center for justice involved youth aged 10-17.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2023	12/31/2025	\$150,000	\$225,000	County	Adds 2025 budget and NTE and updates Exhibit A.
The Bridge for Youth	HS00001628	Permanent supportive and transitional housing (PHS) to homeless youth ages 18-24 who are currently experiencing homelessness. Services will include rental housing and support for their overall well-being.	Housing Stability	Human Services	4/1/2024	12/31/2025	\$56,250	\$131,250	County	Extends to 12/31/25 and adds 2025 budget and NTE.
American Indian Community Development Corporation	HS00000781	Detoxification and withdrawal management services for residents in need of assessment, intervention, and referral services. Stabilization and recovery services for eligible persons.	Behavioral Health	Human Services	7/1/2021	12/31/2025	\$1,481,672	\$1,715,008	County	Extends to 12/31/25 and adds 2025 budget and NTE.
American Indian Community Development Corporation	HS00001015	Culturally appropriate 24/7 Emergency Shelter for residents experiencing homelessness.	Housing Stability	Human Services	1/1/2023	12/31/2025	\$1,818,136	\$4,244,645	County	Extends to 12/31/25, adds 2024 budget and NTE and adds 2025 budget and NTE.
The Link	HS00000603	Case management services to residents who have been through the Juvenile Supervision Center and have agreed to participate in aftercare services.	Safe Communities	Human Services	1/1/2021	6/30/2025	\$1,882,000	\$2,128,500	County	Extends to 6/30/25 and adds 2025 budget and NTE.
Lutheran Social Service of Minnesota	HS00001452	Violence prevention services for 50 youth ages 6-12.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$101,918	\$176,918	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Jewish Family and Children's Service of Minneapolis	HS00000689	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$742,748	\$880,539	State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
People Incorporated	HS00001229	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$1,109,994	\$1,649,991	State	Extends to 12/31/25, adds 2025 NTE and budget, and revises 2023 NTE. Adult Mental Health Initiative grant.
Regents of the University of Minnesota	HS00001221	Mental health outpatient services for adults with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$324,000	\$486,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Regents of the University of Minnesota	HS00001698	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$17,490	\$57,490	County	Extends to 12/31/25, adds 2025 budget and NTE, and updates Exhibit A.
Regents of the University of Minnesota	HS00001488	Medical evaluation services to children and adolescents who are at risk of sexual exploitation or have been sexually exploited.	Safe Communities	Human Services	1/1/2024	12/31/2025	\$70,000	\$140,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Comunidades Latinas Unidas En Servicio, Inc.	HS00000772	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	5/1/2021	12/31/2025	\$75,877	\$105,877	State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.
Comunidades Latinas Unidas En Servicio, Inc.	HS00001594	Opioid prevention, response, and treatment services for residents, including Latino, Latinx, and immigrant youth communities.	Opioid Settlement	Human Services	1/1/2024	12/31/2025	\$500,000	\$500,000	Other	Updates budget. National opioid class action settlement funds.
Pillsbury United Communities	HS00001479	Case management services for individuals on the East Lake Street corridor in Minneapolis who need mental or physical health resources, housing, employment, and/or help resolving outstanding criminal issues.	Safe Communities	Human Services	1/1/2024	12/31/2025	\$100,000	\$200,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Think Small	PR00005977	Training, professional development, and support services to licensed child care providers.	Children & Family Services	Human Services	1/1/2024	12/31/2025	\$200,000	\$400,000	County	Increases NTE.
Community Emergency Assistance Programs, INC	HS00000540	Intake and assessment of residents experiencing temporary crisis.	Economic Supports	Human Services	1/1/2020	12/31/2025	\$546,320	\$654,320	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Institute for Community Alliances	PR00005689	Hennepin Continuum of Care Homeless Management Information System capacity building.	Housing Stability	Human Services	10/1/2023	9/30/2025	\$90,000	\$180,000	Federal	Increases NTE and adds 2025 budget. Housing and Urban Development Continuum of Care funds. Updates exhibit A.
CAPI USA	PR00005362	Community-Led Wellbeing Project.	Public Health Strategic Initiatives	Public Health	7/1/2023	11/30/2024	\$59,000	\$59,000	County	Updates exhibit A.
Emerge Community Development	HS00001450	Violence prevention services for BIPOC youth and young adults ages 14-24.	Safe Communities	Human Services	10/1/2023	12/31/2025	\$175,000	\$275,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Fraser Child and Family Center	HS00000309	Children's Mental Health Targeted Case Management Services.	Behavioral Health	Human Services	7/1/2019	12/31/2025	\$0	\$0	County	Extends to 12/31/25.
Tasks Unlimited Mental Health Services	HS00000691	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$345,584	\$530,831	State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.
Tasks Unlimited Mental Health Services	HS00000642	Housing support services to residents with serious and persistent mental illness.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$2,574,990	\$3,199,990	State	Extends to 12/31/25 and adds 2025 budget and NTE. Adult Mental Health Initiative grant.
Vail Place	HS00001228	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$1,110,000	\$1,660,000	State	Extends to 12/31/25 and adds 2025 NTE and budget. Adult Mental Health Initiative grant.
Minneapolis American Indian Center	HS00001451	Provide regular weekly physical activity for 250 Native community members ages 10 to 30.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$175,000	\$300,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.

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The Salvation Army	HS00000227	Harbor Lights Emergency Shelter services provide 30-day housing, bathroom facilities, meals, and security to single adults experiencing homelessness and referred by Adult Shelter Connect.	Housing Stability	Human Services	1/1/2019	12/31/2025	\$2,810,156	\$3,264,074	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Salvation Army	HS00000228	Sally's Place annual shelter secure waiting for homeless adult women in Hennepin County.	Housing Stability	Human Services	1/1/2019	12/31/2025	\$1,855,534	\$2,146,237	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Salvation Army	HS00001169	Emergency shelter for adults experiencing homelessness.	Housing Stability	Human Services	9/1/2022	12/31/2025	\$2,253,573	\$4,023,040	County	Extends to 12/31/2025, increases 2024 NTE, updates 2024 budget, and adds 2025 budget and NTE.
Family Tree, Inc.	HS00000733	Plan, pilot, implement and evaluate the Health Mentor Model program for residents of Hennepin County.	Public Health Family Health	Public Health	1/1/2021	12/31/2025	\$623,790	\$757,790	Federal	Extends to 12/31/2025 and adds 2025 budget and NTE. Maternal Child Health Special Projects grant.
Primus Incorporated	HS00001394	Emergency overflow shelter for families.	Housing Stability	Human Services	10/1/2023	12/31/2025	\$6,040,179	\$10,456,782	County	Extends to 12/31/25 and increases NTE.
Plymouth Christian Youth Center	HS00001453	Theater arts and arts career training to at-risk 9th through 12th grade students.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$174,434	\$314,434	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Aliveness Project, Inc.	HS00001575	Opioid prevention, response, and treatment services for residents, including homeless and HIV+ populations.	Opioid Settlement	Human Services	1/1/2024	12/31/2025	\$422,000	\$559,529	Other	Increases NTE and updates budget and scope of services. National opioid class action settlement funds.
Allina Health System	HS00000977	Home-Based Support Services, Housing Access Services, and Client Flex Funds for residents with mental illness and/or developmental disabilities who have multiple discharge barriers.	Behavioral Health	Human Services	1/1/2022	12/31/2025	\$58,240	\$79,040	State	Extends to 12/31/25, adds 2025 budget and NTE, and updates rates. Transition to Community grant.
Minnesota Association for Children's Mental Health	PR00005619	Provide support to Hennepin County Children's Mental Health Collaborative, through the provision of fiscal sponsor duties and responsibilities.	Behavioral Health	Human Services	1/1/2024	12/31/2027	\$517,914	\$1,098,629	Federal	Increases NTE and adds 2025 budget. Local Collaborative Time Study grant and Substance Abuse and Mental Health Services Administration grant.
Minnesota Care Counseling Services, Inc.	HS00001227	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$1,109,780	\$1,659,670	State	Extends to 12/31/25 and adds 2025 NTE and budget. Adult Mental Health Initiative grant.
Minnesota Care Counseling Services, Inc.	HS00001474	Adult Mental Health Targeted Case Management for adults with serious and persistent mental illness.	Behavioral Health	Human Services	10/1/2023	12/31/2025	\$86,595	\$110,465	County / State	Extends to 12/31/25, adds 2025 budget and NTE, updates rates, and revises Exhibit A. Adult Mental Health Initiative grant.
Park Avenue Center, Inc.	HS00001006	Substance use assessments for adults ages 18-65 who are referred by Family Mediation and Evaluation services.	Behavioral Health	Human Services	6/1/2022	12/31/2025	\$64,600	\$89,600	County	Extends to 12/31/25 and adds 2025 budget and NTE.
SAFETY CENTER INCORPORATED	HS00000954	Short-term community-based mental health services for adults with a diagnosed mental illness.	Behavioral Health	Human Services	1/1/2022	12/31/2025	\$0	\$0	County	Extends to 12/31/25.
Shiloh Acquisition LLC	HS00000734	Customized Living, Housing Access Services, and Client Flex Funds for residents with mental illness and/or developmental disabilities who have multiple discharge barriers.	Behavioral Health	Human Services	1/1/2021	12/31/2025	\$542,343	\$682,556	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Steps of Strategy	HS00001225	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$1,047,124	\$1,565,686	State	Extends to 12/31/25 and adds 2025 NTE and budget. Adult Mental Health Initiative grant.

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Tasks Unlimited, Inc.	HS00001231	On-site activities, psycho-social rehabilitation services, and linkages to other services for residents with serious and persistent mental illness (SPMI).	Behavioral Health	Human Services	1/1/2023	12/31/2025	\$492,636	\$733,954	State	Extends to 12/31/25, adds 2025 NTE and budget. Adult Mental Health Initiative grant.
A Mother's Love Initiative	HS00001482	Mentoring and training services for justice-involved girls and women ages 14-24.	Children & Family Services	Community Corrections and Rehabilitation	9/1/2023	12/31/2026	\$225,000	\$312,500	County	Extends to 12/31/26 and adds 2025 budget and NTE.
A Mother's Love Initiative	HS00001457	Violence interruption services focused on youths, young adults, adults and families who are not currently on supervised probation.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$250,000	\$425,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Art is My Weapon	HS00001455	Art supported trauma healing for justice-involved youth and young adults ages 10-29.	Children & Family Services	Community Corrections and Rehabilitation	9/1/2023	12/31/2025	\$101,050	\$181,050	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Loppet Foundation, Inc.	HS00001440	Outdoor program and event experiences for youth and families at risk of violence.	Children & Family Services	Community Corrections and Rehabilitation	9/1/2023	12/31/2025	\$175,000	\$275,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Transforming Generations	HS00000932	Domestic Abuse Intervention Services for Hmong Hennepin County residents or under the supervision of Hennepin County Community Corrections and Rehabilitation and have committed an act(s) of domestic abuse and/or sexual violence.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2022	12/31/2025	\$118,149	\$186,298	County	Adds 2025 budget and NTE and revises Exhibit A.
Twin Cities Recovery Project, Inc.	HS00001506	Grief and Trauma Services for Eligible Persons 18 years of age who are under the supervision of the Minnesota Fourth Judicial District Court, the Minnesota Department of Corrections, and/or DOCCR.	Children & Family Services	Community Corrections and Rehabilitation	1/1/2024	12/31/2026	\$155,000	\$310,000	County	Adds 2025 budget and NTE and updates Exhibit A.
University of Minnesota Physicians	PR00003012	Medical case review service provides assistance to county during child protection investigations.	Children & Family Services	Human Services	1/1/2021	12/31/2027	\$75,000	\$75,000	County	Extends to 12/31/27 and updates rates.
University of Minnesota Physicians	HS00001689	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$50,000	\$110,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Young Men's Christian Association of the North	HS00001633	Independent Living Skills classes and workshops for youth in foster care age 14-21.	Children & Family Services	Human Services	2/1/2024	12/31/2025	\$40,000	\$77,000	State	Extends to 12/31/25 and adds 2025 budget and NTE.
Agate Housing and Services, Inc.	HS00000717	Emergency shelter for single adults and couples experiencing homelessness.	Housing Stability	Human Services	1/1/2021	12/31/2025	\$2,174,285	\$2,711,555	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Agate Housing and Services, Inc.	HS00001170	Emergency shelter for adults experiencing homelessness.	Housing Stability	Human Services	9/1/2022	12/31/2025	\$748,558	\$995,362	County	Extends to 12/31/25, reduces 2024 NTE, and adds 2025 NTE and budget.
People Serving People, Inc.	HS00000660	Emergency shelter for families experiencing homelessness.	Housing Stability	Human Services	1/1/2021	12/31/2025	\$22,996,597	\$30,232,062	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Tacoma Creek Hospitality, LLC	PR00005198	Shelter operations and maintenance.	Housing Stability	Human Services	4/1/2023	12/31/2025	\$1,733,175	\$2,799,302	County	Extends to 12/31/25 and increases NTE.
Change Starts With Community	HS00001431	Detour violent activity, trauma and proactively prevent shootings involving women and girls from ages 12-45.	Safe Communities	Human Services	10/1/2023	12/31/2025	\$175,000	\$350,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Southeast Seniors	HS00000755	Enhance the lives of community elders 65 years of age and older by utilizing volunteers and professional staff to help seniors remain safely in their homes.	Initial Contact and Access	Human Services	1/1/2021	12/31/2025	\$44,000	\$55,000	County	Extends to 12/31/2025 and adds 2025 budget and NTE.
Signe Pearson LLC	PR00005683	Medical credentialing services.	NorthPoint Health & Wellness	NorthPoint Health and Wellness	10/16/2023	3/31/2025	\$100,000	\$150,000	County	Increases NTE.
Collective Action Lab, LLC	PR00004453	Management of a Leadership Coalition led by and serving Black and Indigenous residents to discuss maternal health outcomes and ways to reduce exposure to adverse experiences.	Public Health Family Health	Public Health	8/1/2022	6/30/2025	\$4,308,900	\$4,819,200	County	Extends to 6/30/25 and adds 2025 budget and NTE.
Centro Tyrone Guzman	HS00001449	Culturally affirming intergenerational activities for Latine youths (grades 6th-12th).	Safe Communities	Human Services	9/1/2023	12/31/2025	\$165,610	\$247,610	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Native American Community Clinic	HS00001688	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$50,000	\$130,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
Neighborhood HealthSource	PR00005368	Community-Led Wellbeing Project.	Public Health Strategic Initiatives	Public Health	7/1/2023	11/30/2024	\$60,001	\$60,001	State	Revises budget. Statewide Health Improvement Partnership grant.
Neighborhood HealthSource	HS00001686	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$50,000	\$130,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
North Memorial Health Care	HS00001687	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$50,000	\$110,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Northside Residents Redevelopment Council, Inc.	HS00001693	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$12,454	\$27,454	County	Extends to 12/31/25, adds 2025 budget and NTE, and updates Exhibit A.
Northside Residents Redevelopment Council, Inc.	HS00001443	Violence prevention and interruption services for youth/young adults in Near North Minneapolis neighborhood.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$175,000	\$325,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Southside Community Health Services	HS00001705	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$50,000	\$130,000	County	Extends to 12/31/25, adds 2025 budget and NTE, and updates Exhibit A.
Three Rivers Park District	HS00001695	Cardiovascular and diabetes screenings for African and Indigenous women.	Public Health Strategic Initiatives	Public Health	5/1/2024	12/31/2025	\$15,000	\$30,000	County	Extends to 12/31/25, adds 2025 budget and NTE, and updates Exhibit A.
Three Rivers Park District	HS00001448	Outdoor play and healing-based activities for youth and young adults (ages 10-24) and their families.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$114,500	\$189,500	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Affirmation House	HS00001467	Community violence prevention services for youth programming, restoration and violence interruption.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$50,000	\$100,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Black Army Brigade L.L.C.	HS00001432	Culturally competent programming, training and educational resources for Black/African American youth and young adults.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$96,480	\$171,480	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Brooklyn Park Lions Drum & Dance Corps.	HS00001441	Drum and dance program for youth ages 8-24 years old.	Safe Communities	Human Services	8/1/2023	12/31/2025	\$31,212	\$63,212	County	Extends to 12/31/25 and adds 2025 budget and NTE.
culture barbershop LLC	HS00001425	Barbershop-based violence prevention program for Black individuals ages 12 to 18.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$180,760	\$360,760	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Dynamic Family Solutions	HS00001465	Classes, coaching and programming that encourages family resilience and stability.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$175,000	\$351,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Fortune Relief And Youth Empowerment Organization	HS00001430	Violence prevention services for 60 East African youth and young adults ages 10-30.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$133,700	\$267,400	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Friends for a Non-Violent World, Inc.	HS00001466	Community violence prevention services for youth programming, restoration, neighborhood revitalization and violence interruption.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$134,415	\$268,830	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Frog Tree Farm LLC	HS00001426	Violence prevention services for at-risk youth and events and trainings for leaders of violence prevention providers.	Safe Communities	Human Services	8/1/2023	12/31/2025	\$199,976	\$374,976	County	Extends to 12/31/25 and adds 2025 budget and NTE.
GrassRoots in Action Inc.	HS00001463	Violence prevention services focusing on individuals aged 18-24.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$78,747	\$157,494	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Innovative Soultions	HS00001471	Outdoor events and activites for families/individuals ages 7 and 60 who have been impacted by community violence.	Safe Communities	Human Services	8/1/2023	12/31/2025	\$87,500	\$175,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Legacy Family Center	HS00001456	Violence reduction initiatives for Brooklyn Park West African youth and their parents that enhance connectivity to the community.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$125,000	\$210,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
MAD DADS	HS00001454	Street patrol presence, conflict mediation and intervention services in south Minneapolis.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$323,150	\$646,150	County	Extends to 12/31/25 and adds 2025 budget and NTE.

Vendor	Contract #	Service/Outcome	Service Area	Department	Contract Begin Date	Contract End Date	Previous Contract NTE	New Contract NTE	Funding Source	Notes
Project Refocus	HS00001428	Violence interruption and prevention services for youth and young adults ages 11 to 30.	Safe Communities	Human Services	8/1/2023	12/31/2025	\$175,000	\$325,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Reviving the Islamic Sisterhood for Empowerment	PR00005436	Anti-Hate education and outreach for residents including Muslim and East African women.	Safe Communities	Human Services	7/1/2023	12/31/2025	\$115,000	\$165,000	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Sabathani Community Center	HS00001442	Violence prevention activities for youth and young adults in south Minneapolis.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$145,817	\$245,817	County	Extends to 12/31/25 and adds 2025 budget and NTE.
The Inner Hero	HS00001433	Community-led violence prevention programming that proactively engages youth and young adults ages 7 to 24.	Safe Communities	Human Services	8/1/2023	12/31/2025	\$175,000	\$370,000	County	Extends to 12/31/25, increases 2024 NTE, and adds 2025 budget and NTE.
THE ORGANIZATION OF LIBERIANS IN MINNESOTA (OLM)	HS00001436	Employment and after school services for Liberian/African immigrant youth and young adults ages 10-25 living in the Brooklyns.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$174,600	\$264,600	County	Extends to 12/31/25 and adds 2025 budget and NTE.
Tides Center	PR00006063	Violence Prevention Training for elected officials, law enforcement, and community providers.	Safe Communities	Human Services	4/1/2024	12/31/2025	\$120,000	\$120,000	County	Extends to 12/31/25.
WEBBER-CAMDEN NEIGHBORHOOD ORGANIZATION	HS00001429	Violence prevention services through trauma-informed youth programming for HS students in the Webber-Camden neighborhood.	Safe Communities	Human Services	9/1/2023	12/31/2025	\$86,058	\$146,058	County	Extends to 12/31/25 and adds 2025 budget and NTE.
West Bank Business Association	HS00001437	Jobs and neighborhood revitalization program for local youth experiencing homelessness or addiction.	Safe Communities	Human Services	1/1/2024	12/31/2025	\$55,605	\$111,210	County	Extends to 12/31/25 and adds 2025 budget and NTE.

Administrative Actions

None

Board Action Request

24-0443

Item Description:

Agmt A2412577 Master Grant Contract with the MN Dept of Health, 01/01/25-12/31/29; delegates authority for the Hennepin County Administrator to approve all subsequent MDH project agmts

Resolution:

BE IT RESOLVED, that Agreement A2412577 Master Grant Contract with the Minnesota Department of Health during the period January 1, 2025 through December 31, 2029 be approved; that the Chair of the Board be authorized to sign the Agreement on behalf of Hennepin County; and

BE IT FURTHER RESOLVED, that the Hennepin County Administrator continues with the delegated authority to approve all subsequent Grant Project Agreements issued under the Master Grant Contract with the Minnesota Department of Health through December 31, 2029.

Background:

Minnesota Department of Health (MDH) and Hennepin County Public Health initially entered the master grant contract through Board Resolution 02-68. Through resolutions 03-652, 8-0352, 14-0381 and 19-0453 the agreement has remained in effect. This action will continue delegation authority through 12/31/2029.

This agreement establishes the legal framework and administrative details of transactions between MDH and Hennepin County Public Health and allows for the efficient transaction of funds by the state and county. Delegating approval authority to the county administrator allows for swifter approval of individual grant projects. This reduces the need for time and resources needed for administrative tasks allowing the department to focus resources on work that directly contributes to the reduction of health disparities.

This action supports the county's disparity reduction efforts in the health domain by allowing for funding to provide staffing and resources in an expedient manner to serve community needs.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0444

Item Description:

Amd 1 to JPA Agmt A2412465 with City of Minneapolis for HUD ESG funding for emergency shelter operations activities and essential services, amending to adjust ESG funding year allocations, 07/17/24-12/31/25, adjust NTE from \$450,000 to \$400,384

Resolution:

BE IT RESOLVED, that Amendment 1 to Joint Powers Agreement A2412465 with the City of Minneapolis accepting a sub grant of U.S. Department of Housing and Urban Development Emergency Solutions Grant ("ESG") funding for emergency shelter operations and essential services for the term of July 17, 2024 through December 31, 2025, adjusting 2022 and 2023 grant year allocations so that the receivable not to exceed amount is reduced from \$450,000 to \$400,384, be approved; that the Chair of the Board be authorized to sign the agreement on behalf of the county; and

BE IT FURTHER RESOLVED, that sponsorship and acceptance of grant funding for this program by the Hennepin County Board of Commissioners does not imply a continuing funding commitment by Hennepin County for this program if these grant funds are not made available or when grant funds are no longer available.

Background:

Hennepin County and the City of Minneapolis jointly work together to make homelessness rare, brief and nonrecurring. Hennepin County acts as the lead entity in setting strategy and providing services, while the City supports the effort by working to build permanent supportive housing, supporting shelter capital improvements, and directing federal funds that it receives for responding to homelessness in consultation with Hennepin County and community partners. The County and City, together with State, nonprofit and philanthropic partners, have fundamentally reshaped the homelessness response system since March 2020. These requests will serve to streamline homelessness response activities to enable the County to oversee funds and services that are best match for the County's expertise and where it is best situated to do so.

This Emergency Solutions Grant (ESG) funding from the City, used for the provision of emergency shelter operations activities and essential services, in alignment with US Department of HUD ESG standards, will provide shelter operations and essential services in emergency shelter for homeless Eligible Persons. These services will include staffing and operations will include food, furnishings, supplies necessary for shelter operations, utilities, and maintenance at emergency shelters. These services are provided through contracts with Agate Housing and Services, Inc.; People Serving People, Inc.; Salvation Army; and Simpson Housing Services.

The original JPA A2412465 was approved on July 23, 2024 (Board Resolution 24-0306).

Current Action:

This action amends the Joint Powers Agreement A2412465 with the City of Minneapolis for HUD ESG funding for emergency shelter operations and essential services to adjust 2022 and 2023 grant year allocations so that the receivable NTE amount is reduced from \$450,000 to \$400,384, for the term from July 17, 2024 through

December 31, 2025.

Disparity Reduction:

This request reduces disparities in the housing domain by coordinating funding assistance and services for people experiencing homelessness. Most often these are people who are members of groups disparately impacted by homelessness and housing instability.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0445

Item Description:

Amd 2 to Agmt PR00001611 with NMS to provide toxicology testing services, ext end date to 12/31/24, incr NTE by \$350,000

Resolution:

BE IT RESOLVED, that Amd 2 to Agmt PR00001611 with National Medical Services, Inc. for the provision of toxicology services extending the end date to December 31, 2024 and increasing the not to exceed amount by \$350,000 for a new total not to exceed amount of \$1,950,000 be approved; that the Chair of the Board be authorized to sign the Amendment on behalf of the county; and that the Controller be authorized to disburse funds as directed.

Background:

This amendment is being requested to increase the funding for the current contract. Toxicology cases are more frequent, and the initial cost estimate is not adequate to pay the remaining amount due for 2024.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0446

Item Description:

Amd 9 to Agmt A154856 with Navitus Health Solutions LLC to provide pharmacy benefit management services to Hennepin Health, ext end date to 12/31/27, incr NTE by \$2,550,000

Resolution:

BE IT RESOLVED, that Amendment 9 to Agreement A154856 with Navitus Health Solutions LLC to provide pharmacy benefit management services to Hennepin Health extending the end date through December 31, 2027, amending the Definitions section; Navitus Responsibilities section; Terms of Agreement section; DHS Regulatory Terms section; Administrative Services Fee Schedule exhibit; Prescription Pricing Schedule exhibit, Navitus Reporting Requirements exhibit and increasing the not to exceed amount by \$2,550,000 for a new total not to exceed amount of \$323,550,000 be approved; that the Chair of the Board be authorized to sign the Amendment on behalf of the County; and that the Controller be authorized to add funds as needed.

Background:

Initial Term of Agreement A154856 with Navitus Health Solutions LLC to provide pharmacy benefit management services for Hennepin Health expires December 31, 2024.

Current Request:

Amendment 9 seeks approval to extend the Agreement beyond its Initial Term through December 31, 2027. The Hennepin Health Per Member Per Month (PMPM) Administrative Fee payable to Navitus Health Solutions LLC will increase from the current rate of \$2.21 PMPM to \$2.28 PMPM on January 1, 2025, through December 31, 2025; \$2.35 PMPM on January 1, 2026, through December 31, 2026; and \$2.42 PMPM from January 1, 2027, through December 31, 2027. In addition, this Amendment 9 will change drug discount guarantees and reduce drug dispensing fees, clarify the long-term care language, and Navitus Health Solutions LLC reporting requirements. This Amendment 9 will also update the language of the Agreement to comply with DHS contract changes. The agreement with Navitus Health Solutions LLC includes the pass through of medical expenses.

Disparity Reduction:

This board action request aligns with Hennepin County disparity reduction efforts to improve access to culturally specific/sensitive health services and increase community well-being.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0447

Item Description:

JPAs A2412454 with the City of Bloomington, A2412455 with the City of Brooklyn Center, A2412458 with the City of Maple Grove, A2412460 with the City of New Hope, to continue services of the Hennepin County Embedded Social Worker Program, 01/01/25-12/31/26

Resolution:

BE IT RESOLVED, that Joint Powers Agreements A2412454 with the City of Bloomington, A2412455 with the City of Brooklyn Center, A2412458 with the City of Maple Grove, A2412460 with the City of New Hope, to enhance the coordination between local police departments and the Human Services and Public Health Department (HSPHD) associated with the Embedded Social Worker Program for the period of January 1, 2025 to December 31, 2026 be approved; and that the Chair of the Board be authorized to sign the Joint Powers Agreements on behalf of the County.

Background:

In 2019, six suburban cities (Bloomington, Brooklyn Park, Hopkins, Minnetonka, Plymouth and St. Louis Park) partnered with Hennepin County's Behavioral Health Area to launch a new kind of response to mental health-related calls in the field: embedding social workers in their police departments. This systematic and layered approach allows for a tailored assessment and response for people calling because of mental health and substance use issues. The Department requests approval for the Joint Powers Agreements to continue the Police Embedded Social Workers in the Cities of Bloomington, Brooklyn Center, Maple Grove and New Hope.

Through the program, Embedded Social Workers receive referrals from local law enforcement regarding individuals who appear to have mental health, substance use, or other social service needs. Embedded Social Workers offer support, assessments, and connections to community services. The goal of the program is to reduce unnecessary law enforcement contacts, justice involvement and improve quality of life for individuals through ongoing stability in their community. In 2023, the Embedded Social Worker program received over 8,400 referrals and engaged more than 5,600 people across 31 police departments and 45 municipalities. While a significant number of people were referred to mental health supports, many needed help across a wide range of human services like housing and economic support. As an example of their effectiveness, Embedded Social Workers produced an 80% reduction in calls among the top 25 callers in Brooklyn Park, an early adopter of the Embedded Social Worker Program.

This request supports the county's identified priorities and goals for the disparity reduction Health domain by focusing on achieving health equity where every person feels they have the opportunity to attain their highest health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0448

Item Description:

JPA A2412461 with the City of Robbinsdale and the Three Rivers Park District to continue services of the Hennepin County Embedded Social Worker Program, 01/01/25-12/31/25

Resolution:

BE IT RESOLVED, that Joint Power Agreement A2412461 with the City of Robbinsdale and the Three Rivers Park District, to enhance the coordination between local police departments and the Human Services and Public Health Department (HSPHD) associated with the Embedded Social Worker Program for the period of January 1, 2025 to December 31, 2025 be approved; and that the Chair of the Board be authorized to sign the Joint Powers Agreements on behalf of the County

Background:

In 2019, six suburban cities (Bloomington, Brooklyn Park, Hopkins, Minnetonka, Plymouth and St. Louis Park) partnered with Hennepin County's Behavioral Health Area to launch a new kind of response to mental health-related calls in the field: embedding social workers in their police departments. This systematic and layered approach allows for a tailored assessment and response for people calling because of mental health and substance use issues. The Department requests approval for the Joint Power Agreement to continue the Police Embedded Social Workers in the City of Robbinsdale and the Three Rivers Park District.

Through the program, Embedded Social Workers receive referrals from the municipal police departments and dispatch offices regarding individuals who appear to have mental health, substance use, or other needs. Embedded Social Workers will offer support, assessments, and connections to community services. The goal of the program is to reduce unnecessary law enforcement contacts, justice involvement and improve the quality of life for individuals through ongoing stability in their community. In 2023, the Embedded Social Worker program received over 8,400 referrals and engaged more than 5,600 people across 31 police departments and 45 municipalities. While a significant number of people were referred to mental health supports, many needed help across a wide range of human services like housing and economic support. As an example of their effectiveness, Embedded Social Workers produced an 80% reduction in calls among the top 25 callers in Brooklyn Park, an early adopter of the Embedded Social Worker Program.

This request supports the county's identified priorities and goals for the disparity reduction Health domain by focusing on achieving health equity where every person feels they have the opportunity to attain their highest health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0449

Item Description:

JPA A2412471 with the City of Brooklyn Park to authorize the 911 Alternative Response Team, 03/25/24-12/31/27

Resolution:

BE IT RESOLVED, Joint Powers Agreement A2412471 with the City of Brooklyn Park to enhance the coordination between the Hennepin County Sheriff's Office, Brooklyn Park and the Human Services and Public Health Department associated with the 911 Alternative Response Team during the period of March 25, 2024 through December 31, 2027, be approved; and that the Chair of the Board be authorized to sign the Joint Powers Agreement on behalf of the County.

Background:

The Human Services department requests approval to authorize this JPA which will support a second 911 Alternative Response Team (ART) and the partnership with the Brooklyn Park Police Department and Hennepin County Sheriff's Office. Agreement A2211246 authorized the first ART team and included contracted medical support through North Memorial. The second Brooklyn Park ART authorized in this agreement will utilize Hennepin County staff provided medical services.

Alternative Response Teams respond to low-risk 911 calls for service involving Brooklyn Park residents with mental health, substance use, and social service needs. In 2022, Hennepin County launched a pilot to test an alternative 911 response to calls for service involving residents experiencing mental health challenges and co-occurring mental health challenges and substance use disorders. Among the 39 suburban cities served by Hennepin County Sheriff's Office 911 dispatch, Brooklyn Park Police Department experiences the highest volume of mental health calls. Since 2014, Hennepin County's Criminal Justice Behavioral Health Initiative (CJBHI) has successfully implemented more than a dozen mental health and justice reform projects. The Alternative Response Team expands opportunities for appropriate responses and resident access to a broad range of behavioral health supports in the community.

This request supports the county's identified priorities and goals for the disparity reduction Health domain by focusing on achieving health equity where every person feels they have the opportunity to attain their highest health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Recommendation from County Administrator: Recommend Approval

MINNESOTA

Board Action Request

24-0450

Item Description:

Agmt A2412594 with MN DHS to expand lead agency capacity to improve competitive, integrated employment outcomes for people with disabilities, 10/11/24-06/30/26, \$2,067,452 (recv)

Resolution:

BE IT RESOLVED, that Agreement A2412594 with the Minnesota Department of Human Services to expand lead agency capacity to improve competitive, integrated employment outcomes for people with disabilities during the period October 11, 2024 through June 30, 2026, in the receivable amount of \$2,067,452 be approved; that the Chair of the Board be authorized to sign the agreement on behalf of the county; and that the Controller be authorized to disburse the funds as directed; and

BE IT FURTHER RESOLVED that sponsorship and acceptance of grant funding for this project by the Hennepin County Board of Commissioners does not imply a continuing funding commitment by Hennepin County for these programs if these grant funds are not made available or when grant funds are no longer available.

Background:

The Minnesota Department of Human Services (DHS) supports an Employment First approach to working with people with disabilities to find competitive, integrated employment. In 2020 the Minnesota Legislature added Employment First language to state law writing, "It is the policy of this state that all working-age Minnesotans with disabilities can work, want to work, and can achieve competitive integrated employment, and that each working-age Minnesotan with a disability be offered the opportunity to work and earn a competitive wage before being offered other supports and services."

The Long Term Services and Supports (LTSS) area of Human Services in Hennepin County has been committed to addressing competitive, integrated employment for people with disabilities for over ten years. Our LTSS Employment First team actively participates in engagement with DHS, metro counties, employment capacity building cohorts (ECBC), Project SEARCH, Community Transition Interagency Committees (CTIC), schools and school districts, and provider engagement. Hennepin County LTSS has been actively engaged in E1MN work with DHS and Vocational Rehabilitation Services (VRS) with monthly engagement with VRS since summer 2022. In our E1MN partnership we have had VRS come to CM Supervisor Forums and Transition Age Cohort, as well as engaging in continuous process improvement and weekly consults on individual cases. When the changes to Workforce Innovation and Opportunity Act (WIOA) were put in place, Hennepin County LTSS engaged with providers, Anoka, Dakota, MCIL and Disability Law Center on a project called, 'They Said Yes' to support case managers, people and providers on knowing what to do next after someone had said "yes" to competitive integrated employment.

The LTSS Employment First Leadership Team has been actively engaging with Minnesota Transformation Initiative (MTI) for the past 18 months+ to attain data regarding subminimum wage in Hennepin County to be able to support planning with people and providers to reduce subminimum wage utilization.

Minnesota Department of Human Services (DHS) is committed to increasing competitive, integrated

employment outcomes for people who use home and community-based service (HCBS) waivers and intermediate care facility for person with developmental disabilities (ICF/DD) services. This grant is specifically for lead agencies to develop a plan to support people with disabilities in contemplating, exploring, and maintaining competitive, integrated employment. Grantees receive funding and technical assistance from the University of Minnesota Transformation Initiative (MTI) to develop and execute a strategic plan to build their capacity to help people with disabilities explore, plan, find and maintain meaningful employment. The initial grant is for two years, ending June 20, 2026, and may be extended for up to a total of five years.

Impact/Outcomes:

This grant will support our ability in LTSS to enhance our current efforts to increase competitive, integrated employment outcomes for people who use home and community-based services (HCBS) waivers and intermediate care facility for persons with developmental disabilities (ICF-DD).

Disparity Reduction:

This request reduces disparities in the employment and income domains. Based on current data (State Fiscal Year 2023) available from DHS on their Employment First dashboard, Hennepin County has a total population of HCBS waiver participants of working-age (16-64) of 14,740. Of those only 12% (1,799) earn \$600+ per month and 77% (11,406) earn no income. Our goal is to increase the number of people receiving HCBS and ICF-DD services who earn a competitive wage as well as increase the number of people who are employed. The specific outcomes will be determined through the plan developed with MTI.

Recommendation from County Administrator: Recommend Approval

Board Action Request

24-0410

Item Description:

Adopt revised Emergency Medical Services (EMS) Council Bylaws

Resolution:

BE IT RESOLVED, that the Hennepin County Board of Commissioners adopts the revisions to Hennepin County EMS Council Bylaws.

Background:

After the Hennepin County Board's approval on June 7, 2022, of an amended version of Ordinance 9, the EMS Council's Executive Committee reviewed the scope and function of the Council to align membership and committee work with the new responsibilities and authority given to the Council in the amended Ordinance.

The Executive Committee also sought to address concerns from licensed 9-1-1 EMS Providers with Primary Service Areas (PSAs) in Hennepin County regarding overrepresentation of hospitals on the Council. Ordinance 9 is an EMS ordinance that regulates licensed 9-1-1 EMS Providers and their secondary Public Safety Answering Points (PSAPs); the ordinance does not regulate hospitals.

As a result of this review, the Executive Committee proposed to eliminate the Ambulance Service Personnel Subcommittee of the EMS Medical Directors Committee due to a lack of ongoing work that had previously focused on recurring updates to the EMS Council protocol book, which was discontinued in 2020. Instead, the Executive Committee recommended that paramedics and/or Emergency Medical Technicians (EMTs) should be invited as technical experts on committees, when needed, for specific agenda items and projects. The Executive Committee also recommended that the dedicated paramedic seat should continue on the EMS Council.

The Council's remaining standing committees are: 1) Executive Committee, 2) EMS Medical Directors Committee, 3) Operations and Communications Committee, 4) Quality Standards Committee, and 5) Medical Care and Standards Committee. All committees report to the EMS Council.

Membership changes made to the Council and committees are shown in the 2023 EMS Council Bylaws, which were approved by the Council on Oct. 12, 2023. The EMS Council will review nominations received for the Council and committees at its Oct. 3, 2024, meeting.

This action supports the county's disparity reduction efforts in the health domain by ensuring high quality EMS services are available to all county residents and visitors.

Recommendation from County Administrator: Recommend Approval

Bylaws of the EMS Council

Effective (___/___/2023) when approved by Hennepin County Board of Commissioners

ARTICLE I. ESTABLISHMENT

The Emergency Medical Services Council (EMS Council) is established as approved by the Hennepin County Board of Commissioners, May 2, 2000 and any amendments thereto subsequently approved by the Hennepin County Board of Commissioners.

ARTICLE II. PURPOSE

The Purpose of the EMS Council is as approved by the Hennepin County Board of Commissioners June 7, 2022 by Resolution #22-0155-R1 and any amendments thereto subsequently approved by the Hennepin County Board of Commissioners.

The EMS Council shall establish standards relating to the provision of Unscheduled 9-1-1 Ambulance Services operated in Hennepin County that promote acceptable quality, equity, and the orderly development of regional systems of emergency medical care to protect the health, safety, and general welfare of the people in Hennepin County.

ARTICLE III. MEMBERSHIP

A. Eligible membership in the EMS Council shall be composed of representatives and members serving residents of the county of Hennepin as subsequently defined and as the Hennepin County Board of Commissioners may approve from time to time:

1. A Chairperson of the EMS Council shall be selected from an EMS Provider of unscheduled 9-1-1 Ambulance Services with a Primary Service Area in Hennepin County (9-1-1 EMS Provider in HC) member or hospital/stand-alone ED (hospital) member: one vote.
2. A Vice Chairperson of the EMS Council shall be selected from a 9-1-1 EMS Provider in HC member or hospital member: one vote.
3. Each standing committee Chairperson shall be a member of the EMS Council: one vote per standing committee Chairperson.
4. Each hospital system in Hennepin County that operates at least one 24-hour emergency department or stand-alone ED and operates a 9-1-1 EMS Provider in HC (with an emergency physician serving as either the regular or the alternate

Page 1

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Revised: EMS Council 10/11/2007 and Hennepin County Board of Commissioners 11/6/2007;
EMS Council 10/10/2013 and Hennepin County Board of Commissioners 11/19/2013;
EMS Council 4/9/2015 and Hennepin County Board of Commissioners 9/22/2015;
EMS Council 10/12/2023 and Hennepin County Board of Commissioners ___/___/___.

- representative): one vote;
5. Each hospital system that operates a 9-1-1 EMS Provider in HC and does not operate a 24-hour emergency department/stand-alone ED in Hennepin County (with an emergency physician serving as either the regular or the alternate representative); one vote:
 6. Each hospital system that operates a 24-hour emergency department in Hennepin County and does not operate a 9-1-1 EMS Provider in HC (with an emergency physician serving as either the regular or the alternate representative); one vote:
 7. Each 9-1-1 EMS Provider in HC: two votes (one EMS Medical Director and one administrator or emergency physician);
 8. A paramedic from a 9-1-1 EMS Provider in HC, to be rotated every two years: one vote;
 9. A representative of an ambulance dispatch center at a 9-1-1 EMS Provider in HC, to be rotated every two years: one vote;
 10. A representative of a Primary Public Safety Answering Point (PSAP) within the county: one vote;
 11. A representative of the West Medical Resource Control Center (West MRCC): one vote;
 12. A representative of the Hennepin County Chiefs of Police Association: one vote;
 13. A representative of the Hennepin County Fire Chiefs Association: one vote;
 14. A representative without EMS industry affiliation, either from a municipal public health authority within Hennepin County or a member of the general public, to be rotated every two years: one vote; and
 15. The Hennepin County Director of Public Health or designee: non-voting, ex officio membership.

In their absence, each EMS Council voting member representative may designate one alternate, or proxy, who is equally authorized to represent, speak, and vote on behalf of the member organization.

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EMS Council 4/9/2015 and Hennepin County Board of Commissioners 9/22/2015;
EMS Council 10/12/2023 and Hennepin County Board of Commissioners _/_/_.

B. The Executive Committee will review applications for new membership to the EMS Council at its next meeting and will refer for action all eligible applications to the next meeting of the full EMS Council. An applicant will be notified in writing within fourteen days of Executive Committee or EMS Council action.

C. Any application for new membership approved by the EMS Council shall be forwarded with favorable recommendation to the Hennepin County Board of Commissioners for approval for representation and membership.

D. Membership of an entity on the EMS Council shall be automatically renewed each year upon initial approval of membership by the Hennepin County Board of Commissioners. Any member may, by resolution of its governing body or corporation, give written notice of its withdrawal from the EMS Council.

E. All requests for appointments to and resignations from the EMS Council shall be presented in writing to the Executive Committee.

F. Representatives of member organizations are expected to regularly attend EMS Council meetings; if a member or their designee is absent from two EMS Council meetings, the voting membership of that organization may be suspended by the Executive Committee of the EMS Council until the organization has met the attendance requirements outlined in the EMS Council Membership and Attendance Policy.

ARTICLE IV. MEETINGS AND OFFICERS

A. Meetings

1. Robert's Rules of Order shall govern the procedures at all meetings of the EMS Council in all matters not otherwise governed by these Bylaws.
2. The EMS Council shall also comply with Minnesota Statute Section 13D.01. All meetings of the EMS Council and its committees, subcommittees, and task forces are open to members, non-voting members and guests, except as specified in Minnesota Statute 145.64 Subd. 3, which allows the Hennepin County Quality Committee to review private and non-public data in a closed session.
3. Types and scheduling of EMS Council meetings. An annual meeting of the EMS Council shall be held; additional meetings may be held as decided by the Executive Committee. Special meetings of the EMS Council may be called by the chairperson, the Executive Committee, or a majority of the members expressing

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their request to the EMS Council Chairperson in writing. EMS Council committees, subcommittees, and task forces shall meet as needed.

4. Notice for meetings. Annual and regularly scheduled EMS Council meetings shall be held with at least seven days written notice. Special meetings of the EMS Council shall be held with at least three days written notice, when practicable. The Vice-Chairperson shall ensure the timely publication of notices of EMS Council meetings. Meetings of committees shall be held with at least three days written notice.
5. Agenda publication. For annual and regularly scheduled EMS Council meetings, the agenda and meeting location will be published at least seven days in advance of the meeting. For committee, subcommittee and task force meetings, the agenda and meeting locations will be published at least three days in advance of the meeting. For special EMS Council meetings, the purpose, agenda and location will be published at least three days in advance of the meeting, when practicable.
6. Quorum requirements. For meetings of the EMS Council, its committees, subcommittees, and task forces, a quorum of 51% of the voting members shall be required to conduct business. Once a quorum has been established, business may be transacted until a quorum call requested by one of the members present reveals there is no longer a quorum present. Vacant seats on the EMS Council and its committees, subcommittees, and task forces will not be included to determine a quorum.
7. In the event of a grievance, the due process provided for nonmembers, applicants, and members of the EMS Council will be to submit their grievance in writing to the Chairperson of the EMS Council. In the event the grievance includes the institution the Chairperson represents, it shall be referred to the Vice Chairperson. The Chairperson (or Vice Chairperson) shall determine whether the grievance is within the scope of the EMS Council. If the grievance is within the scope of the EMS Council, the Chairperson (or Vice Chairperson) shall refer the grievance to the Executive Committee for review and action. If a satisfactory conclusion is not reached at that level, the grievance may be appealed to the full EMS Council for action. At all levels of the grievance mechanism, a review will be conducted within 30 days of the receipt of the grievance. Minutes of the meeting will serve as a record of the grievance proceeding.

B. EMS Council Chairperson and Vice Chairperson

1. The EMS Council shall elect from its membership, every two years, one Chairperson and one Vice Chairperson, at least one of whom shall be an emergency physician.
2. The Chairperson is an ex-officio member of all standing committees who, with the assistance of Staff to the EMS Council, is responsible for:
 - a. Calling all annual, regular and special meetings of the EMS Council.
 - b. Presiding at all annual, regular, and special meetings.
 - c. Appointing committees, task forces, and special study groups.
 - d. Preparing meeting agendas.
 - e. Representing the EMS Council to other groups and external organizations.
3. The Vice Chairperson, with the assistance of Staff to the EMS Council, is responsible for:
 - a. Acting in the capacity of the Chairperson when the Chairperson is not present.
 - b. Approving minutes, posting meeting notices, agendas, and other business from the EMS Council. Meeting summaries shall be maintained of all EMS Council and committee, subcommittee, and task force meetings.
 - c. Arranging meeting locations and details.
 - d. Performing other duties, as assigned, by the Chairperson.
4. The term of all Chairpersons of the EMS Council shall be two years, with the option of an additional two-year term. Chairpersons shall not serve more than two consecutive terms in the same position. Chairpersons may serve again after a two-year break. In the event of a vacant office, an elected replacement shall complete the original term of office only.
5. A Chairperson must resign from their seat when they no longer are a member of the organization they represented when first elected.

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EMS Council 4/9/2015 and Hennepin County Board of Commissioners 9/22/2015;
EMS Council 10/12/2023 and Hennepin County Board of Commissioners _/_/_.

ARTICLE V. COMMITTEES

A. General

1. The EMS Council shall have an Executive Committee and delegate to said Executive Committee its authority as it may deem appropriate. All standing committees are responsible to the full EMS Council.
2. The EMS Council and its Executive Committee may appoint ad hoc task forces or special study groups to address specific issues, as it may deem appropriate. An ad hoc task force or study group shall dissolve upon completion of its specified activity or action of the EMS Council.
3. Composition and changes to standing committees and their memberships shall be established and approved by the EMS Council through amendments to the Bylaws.
4. Standing committee Chairpersons shall be appointed by members of that committee every two years, or as frequently as necessary to fill a vacancy. The Chairperson of each committee shall be limited to two consecutive terms and may be reappointed after a two-year break.
5. The Chairperson of a standing committee may appoint ad hoc task forces or special study groups to address specific issues and make recommendations to the full committee. The work of the ad hoc task force or special study group terminates after completion of the immediate charge.

B. Standing EMS Council Committees

1. Executive Committee

- a. The Committee membership will include the EMS Council Chairperson, Vice Chairperson and Chairpersons of standing committees.
- b. The Committee will, in addition to those activities charged by the EMS Council, be responsible to:
 - 1) Assure that issues and charges to committees of the EMS Council are addressed in a timely manner;

- 2) Develop EMS Council agendas prior to EMS Council meetings;
- 3) Review standing committee, task force, and special study group recommendations;
- 4) Make recommendations regarding requests for EMS Council membership;
- 5) Serve, with the input of others, as the nominating body for EMS Council and standing committee members;
- 6) Assign issues or activities to committees to facilitate EMS Council and committee action; and
- 7) Report to the EMS Council, at regular meetings, a summary of previous meetings and activities.

2. Medical Care and Standards Committee

a. The Medical Care and Standards Committee shall include the following members:

- 1) An EMS Medical Director from each unscheduled ALS EMS Provider with a PSA within Hennepin County;
- 2) Three emergency physicians from hospitals in Hennepin County (at least two seats from hospitals that are not affiliated with an ALS EMS Provider with a PSA within Hennepin County);
- 3) One paramedic from an ALS EMS Provider with a PSA in Hennepin County;
- 4) One hospital administrator from a hospital that is not affiliated with an ALS EMS Provider with a PSA in Hennepin County;
- 5) One communications representative from a dispatch center or West MRCC;

b. The Committee will, in addition to those activities charged by the EMS Council, be responsible to:

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- 1) Develop and review EMS Council standards and policies that promote acceptable quality pre-hospital care, consistent and equitable access to care, and efficient use of EMS resources in all geographic areas of Hennepin County;
 - 2) Assure that EMS Council member organizations adhere to approved EMS Council standards and policies;
 - 3) Refer member organizations of EMS Council that do not adhere to approved EMS Council standards and policies to the EMS Council and/or the Health Authority;
3. EMS Medical Directors Committee
- a. The EMS Medical Directors Committee shall include the following members:
 - 1) An EMS Medical Director from each unscheduled ALS EMS Provider with a PSA in Hennepin County;
 - b. The Committee will, in addition to those activities charged by the EMS Council, be responsible to:
 - 1) Develop and implement medical policies, procedures, standards, and activities that affect ambulance dispatch communications and pre-hospital patient care provided by ALS licensed EMS Providers with a PSA in Hennepin County;
 - 2) Ensure use of best practices in pre-hospital medical care by ALS EMS PSA holders in Hennepin County under the authority delegated to EMS medical directors by Minnesota Statutes and the Emergency Medical Services Regulatory Board;
 - 3) Review the medical appropriateness of patient pre-hospital care, transports and dispositions;
 - 4) Assure that ALS EMS Providers with a PSA in Hennepin County have access to acceptable quality medical control consultation prior to and during transport of a patient up to the point of the transfer of patient care;
 - 5) Assure 24-hour, seven day per week on-call availability of at least one EMS Medical Director from an ALS licensed EMS Provider with a PSA in Hennepin

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County, or designee;

4. EMS Operations and System Communications Committee

- a. Membership on the EMS Operations and System Communications Committee shall include:
 - 1) One operations leader from each ALS EMS Provider with a PSA in Hennepin County;
 - 2) One emergency physician from a hospital in Hennepin County that operates a 24-hour emergency department;
 - 3) One West MRCC representative;
 - 4) One representative from a Primary PSAP in Hennepin County;
 - 5) One representative from a dispatch center at an ALS EMS Provider with a PSA in Hennepin County;
 - 6) One representative of the Hennepin County Fire Chiefs Association;
- b. The Committee will, in addition to those activities charged by the EMS Council, be responsible to:
 - 1) Develop EMS Council Communications standards;
 - 2) Review communications system interoperability and make recommendations that promote regional communications;
 - 3) Ensure the use of an EMS Council-approved call processing system by each dispatch center at ALS EMS Providers with a PSA in Hennepin County;
 - 4) Plan and present public education activities;

5. Quality Standards Committee

- a. The Quality Standards Committee shall include the following members:
 - 1) One clinical quality manager from each ALS EMS Provider with a PSA in Hennepin County;

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- 2) Two EMS Medical Directors from unscheduled ALS EMS Providers with a PSA within Hennepin County;
 - 3) Two emergency physicians from hospitals in Hennepin County that operate 24-hour emergency departments;
- b. The Committee will, in addition to those activities charged by the EMS Council, be responsible to collect and analyze pre-hospital care data to make recommendations to the EMS Council and Hennepin County Public Health regarding, but not limited to:
- 1) Performance standards for pre-hospital emergency medical services;
 - 2) Submission of pre-hospital patient care data for quality assurance and improvement regarding:
 - a) Assignment, utilization, and adequacy of unscheduled ambulance resources;
 - b) Effects of unscheduled ambulance response transfers;
 - c) Utilization of mutual aid;
- c. The Committee will conduct review activities under the conditions of Minnesota Statute 145.61-145.67.

ARTICLE VI. VOTING

- A. Membership Voting. All voting shall be by member, in person or online at meetings of the EMS Council and its committees, except as follows:
1. A voting proxy for a meeting of the EMS Council may be authorized by the EMS Council for the specific meeting by a majority of Council members present.
 2. Each voting member, designated alternate, or approved proxy, will have equal voting status in the business of the EMS Council.
- B. Voting Method. Voting will be by voice or show of hands at in person and online meetings unless a written ballot at the meeting is requested by a member present.

- C. Voting Between Meetings Exception. If the Executive Committee determines a meeting cannot be held in a timely manner, the EMS Council may be authorized to vote by ballot provided that all actions approved by ballot shall be reviewed at the next meeting of the EMS Council.
- D. Voting Rules. A simple majority vote of members present at the meeting shall be required to approve regular business of the EMS Council and its committees. A two-thirds majority of members present at the meeting shall be required to approve changes to EMS Council Bylaws and to approve ballot votes that occur between meetings.

ARTICLE VII. GRANT APPLICATIONS

Any grant application sponsored by or which requests EMS Council participation or endorsement must be submitted to the EMS Council members with sufficient time for review by all members. It must receive the approval of a simple majority of the voting membership of the EMS Council present at the time of the vote.

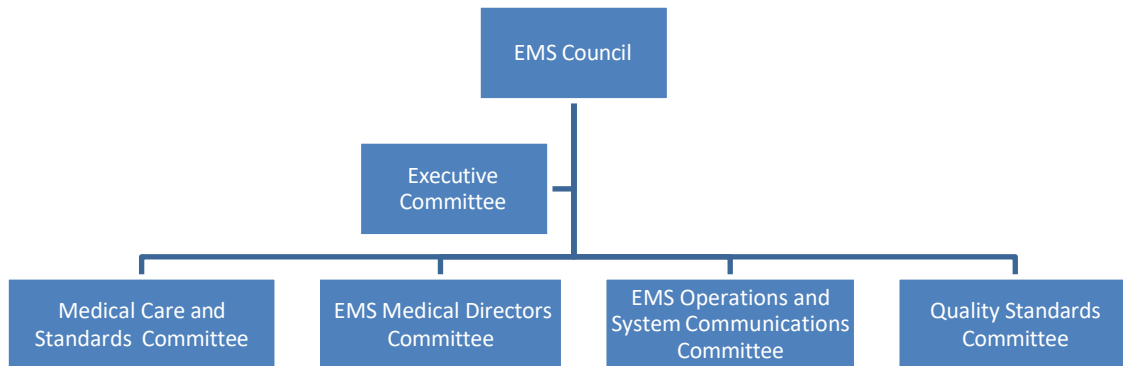
ARTICLE VIII. REVIEW OF THE BYLAWS

Review of these Bylaws should occur as needed, as determined by the Executive Committee of the EMS Council or the Hennepin County Board of Commissioners.

ARTICLE IX. AMENDMENTS

Amendments to these Bylaws may be proposed by any member of the EMS Council. Proposed amendments to these Bylaws must be submitted to the Executive Committee in writing. The Executive Committee shall have the authority to determine if the amendment will move to the EMS Council.

EMS Council and Standing Committees



FOR HENNEPIN COUNTY

Adopted by the

Hennepin County Board of Commissioners

of Hennepin County, Minnesota

on January 17, 1984

Amended September 17, 1985

Amended June 1, 1999

Amended June 7, 2022

Section VII, Subsection 1 of Ordinance 9 is currently suspended by
Resolution 22-0155 R1 of the Hennepin County Board of Commissioners

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- II. Scope
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SECTION I: PURPOSE

The purpose of this ordinance is to protect the health, safety, and general welfare of the people in Hennepin County by establishing standards relating to the provision of Ambulance Services in Hennepin County.

SECTION II: SCOPE

This Ordinance shall be applicable to the provision of all Unscheduled Ambulance Services operated within Hennepin County by Ambulance Providers that have been designated a Primary Service Area in Hennepin County by the Emergency Medical Services Regulatory Board and are subject to licensure and regulation pursuant to Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690.

SECTION III: ENACTING AUTHORITY

This Ordinance is enacted pursuant to the authority of the County Board of Hennepin County under Minn. Stat. §§ 144E.16, subd. 5; 145A.11, subd. 4; 375.51-375.55; & 383B.215(c).

SECTION IV: INCORPORATION OF MINNESOTA STATUTES AND RULES

This Ordinance incorporates herein Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690. If Minnesota Statutes Chapter 144E or Minnesota Rules Chapter 4690 are amended or re-codified, this Ordinance incorporates those amendments and re-codifications.

SECTION V: DEFINITIONS

Subsection 1: This Ordinance incorporates the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 unless expressly stated otherwise herein. If the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 are amended or re-codified, or if additional definitions are added to Minn. Stat. § 144E.001 or Minn. R. 4690.0100, this Ordinance incorporates those amendments, re-codifications and new definitions.

Subsection 2: In addition, the following definitions also apply to this Ordinance:

(A) "Ambulance Provider" shall mean any individual, firm, partnership, corporation, trustee, association, or unit of government, licensed pursuant to Minnesota Statutes to provide Ambulance Services and, with respect to acts prohibited or required herein, shall include an Ambulance Provider's employees.

(B) "Ambulance Services" shall mean the transportation and treatment rendered in-place, preliminary to or during transportation to, from, or between facilities to ill or

injured persons or expectant mothers. The term “Ambulance Services” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Ambulance Service” in Minn. Stat. § 144E.001, subd. 3.

(C) “Call Processing System” shall mean the processes and practices by which Ambulance Providers determine the Medical Resource.

(D) “County” shall mean Hennepin County.

(E) “County Board” shall mean the Hennepin County Board of Commissioners.

(F) “EMSRB” shall mean the Emergency Medical Services Regulatory Board.

(G) “Emergency Medical Services Council” or “EMS Council” shall mean the body appointed by the County Board to establish standards relating to Ambulance Services under this Ordinance.

(H) “Health Authority” shall mean the Community Health Services Administrator in Hennepin County, as defined by Minn. Stat. § 145A.02 subd. 6a, as that statute may be amended or re-codified from time to time, their designees, and other employees, agents, or contractors as the County Board may designate.

(I) “Medical Resource” shall mean the types of services listed in Minn. Stat. § 144E.101, subd. 5, as that statute may be amended or re-codified from time to time.

(J) “Medically Appropriate” shall mean the responding Ambulance Provider on scene will use its clinical judgment and follow its protocols under the medical direction of their Medical Director or online Medical Control, including but not limited to its patient disposition guidelines, to make an initial assessment based on the patient’s symptoms, which will determine the services needed and the disposition options to be considered to meet the medical needs of the patient.

(K) “Pre-Arranged Transfer” shall mean Ambulance Services which are scheduled to be provided at a later time and for which immediate Ambulance Services are not being requested.

(L) “Primary Service Area” or “PSA” shall mean the geographic area within Hennepin County designated to an Ambulance Provider by the EMSRB to provide Unscheduled Ambulance Services. The term “Primary Service Area” or “PSA” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Primary Service Area” in Minn. Stat. § 144E.001, subd. 10.

(M) "Unscheduled Ambulance Services" shall mean all Ambulance Services which are not Pre-Arranged Transfers.

SECTION VI: ADMINISTRATION AND DOCUMENTATION

Access to Records: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all records that the Health Authority determines necessary to determine compliance with this Ordinance, subject to applicable state and federal law and regulations. All Prehospital Care Data requested by the Health Authority may be provided in the same format as it is provided to the EMSRB under Minn. Stat. § 144E.123. Records provided under this section may be reviewed by the Health Authority or its designees. Prehospital Care Data obtained by the Health Authority shall be classified as private data on individuals under Minnesota Statutes Chapter 13, the Minnesota Government Data Practices Act.

SECTION VII: STANDARDS

Subsection 1: Staffing requirements:

All advanced ambulance providers shall provide and maintain not less than two approved paramedics on each ambulance at any time the ambulance is on duty for service. Two paramedics shall ride or drive as attendants on all runs with the exception of unusual or extraordinary circumstances which require the advanced ambulance to be staffed without two paramedics. In a situation when advanced life support transportation service response is required pursuant to this ordinance and two paramedics are not available as attendants, the advanced ambulance provider in whose primary service area the response is required shall send two attendants, one of whom shall be a non-probationary paramedic. If no approved paramedics are available, an attempt shall be made to transfer the request to another advanced ambulance provider. Documentation shall be submitted to the Health Authority on approved forms on all ambulance runs staffed with less than two paramedics.

Subsection 2: Call Processing System Standards:

(A) The EMS Council shall establish a list of Call Processing Systems that are acceptable for use by Ambulance Providers. The EMS Council may approve an Ambulance Provider's Call Processing System that is not on the list of acceptable Call Processing Systems established by the EMS Council.

(B) All unscheduled requests for a Medical Resource, whether directly received or transferred from a primary public safety answering point (PSAP) shall be processed through a Call Processing System that is on the list of acceptable Call Processing Systems established by the EMS Council or that has been approved by the EMS Council.

Subsection 3: Medical Resource Standards:

(A) Ambulance Providers shall send an Advanced Life Support (“ALS”) ambulance in response to an unscheduled request for a Medical Resource when the EMS Council-approved Call Processing System determines that an ALS ambulance is an appropriate Medical Resource under the circumstances, or when adequate information is not available to use the EMS Council-approved Call Processing system, except in the circumstances detailed in Section VII, subsection 3, paragraph (B) below.

(B) Ambulance Providers may send a Basic Life Support (“BLS”) ambulance if the Ambulance Provider sending a BLS ambulance:

(1) Used an EMS Council-approved Call Processing System to determine that a BLS ambulance is an appropriate Medical Resource under the circumstances; or

(2) The Ambulance Provider’s EMS Council-approved Call Processing System determined that an ALS ambulance is the appropriate Medical Resource under the circumstances, but the Ambulance Provider’s ALS ambulance resources have been expended, and the ALS ambulance resources of the Ambulance Provider(s) with whom the Ambulance Provider has a mutual aid agreement under Minn. Stat. § 144E.101, subd. 12 have also been expended; and

(3) The Ambulance Provider maintains capability for two-way communication with the caller requesting a Medical Resource;

Subsection 4: Patient Choice and Disposition Standards

(A) Ambulance Providers shall provide patients with a choice of all hospitals that meet the criteria in Section VII, subsection 4, paragraph (B) below, unless the patient is not able to make a choice. If the patient is not able to choose a hospital, the Ambulance Provider shall provide the choice to the patient’s family or physician, if present.

(B) Ambulance Providers shall transport the patient to the patient’s choice of hospital (or to the hospital of choice of the patient’s family or physician, if applicable) unless (1) the hospital of the patient’s choice is unavailable to treat the patient, (2) transporting the patient to a hospital of his or her choice would not be Medically Appropriate, (3) the patient does not require a hospital level of care, so transporting the patient to an alternative medical facility is Medically Appropriate, and applicable laws allow the patient to be transported to a facility other than a hospital, or (4) the time and/or distance required to transport the patient to the hospital of their choice would remove the Medical Resource from service for a period of time that would compromise the ability of the Ambulance Provider to serve other patients.

Subsection 5: Communication Standards

(A) The EMS Council shall establish a communication policy which all Ambulance Providers shall follow, unless the policy conflicts with policies established by the Statewide Emergency Communications Board (SECB) or the Metropolitan Emergency Services Board (MESB). The communication policy developed by the EMS Council must ensure that communications can be maintained between Ambulance Providers, primary PSAPs, Medical Resource Control Centers (“MRCCs”), and hospital emergency departments.

(B) The EMS Council shall establish a policy that specifies the minimum information that Ambulance Providers must provide to the MRCC and the destination hospital, and all Ambulance Providers shall follow the policy developed by the EMS Council.

Subsection 6: Hospital Closure and Ambulance Diversion Policy: The EMS Council shall establish a policy that directs Ambulance Providers’ transports in response to hospital closures and diversions, and all Ambulance Providers shall follow the policy developed by the EMS Council.

Subsection 7: County Board Authority to Direct EMS Council to Modify Standards: The County Board may, by resolution, direct the EMS Council to modify the standards established by the EMS Council under Section VII, subsections two (2), five (5), and six (6) above.

Subsection 8: EMS Council: The EMS Council may establish additional guidelines relating to the provision of Ambulance Services in Hennepin County without express delegation in this Ordinance, and Ambulance Providers, hospitals, and other individuals and entities may follow those additional guidelines.

SECTION VIII: PERFORMANCE STANDARDS

Subsection 1: EMS Council Recommends and County Board Establishes Performance Standards: The County Board shall establish performance standards for all Ambulance Providers subject to this Ordinance. The performance standards shall be based upon recommendations of the EMS Council, which shall be forwarded to the County Board for review and approval as often as the EMS Council determines is necessary, but at least once every two years.

Subsection 2: Performance Standard Review: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all records that the Health Authority determines necessary to determine compliance with the performance standards established under this section, subject to applicable state and

federal law and regulations. All Prehospital Care Data requested by the Health Authority may be provided in the same format as it is provided to the EMSRB under Minn. Stat. § 144E.123. Records provided under this section may be reviewed by the Health Authority or its designees. Prehospital Care Data obtained by the Health Authority shall be classified as private data on individuals under Minnesota Statutes Chapter 13, the Minnesota Government Data Practices Act. The Health Authority shall aggregate information derived from the records received to summarize the performance of Ambulance Providers for the Board.

Subsection 3: An Ambulance Provider's failure to meet the performance standard(s) established by the County Board shall be a violation of this Ordinance.

SECTION IX: WAIVERS AND VARIANCES

Subsection 1: Waivers: An Ambulance Provider may apply to the Health Authority for a waiver of the requirements of this Ordinance. Application for a waiver shall be made on forms approved by the Health Authority. The Health Authority shall grant the waiver if the application of Ambulance Provider meets the standards of Minn. R. 4690.8100, subp. 1.

The Health Authority shall have 14 calendar days from the date of application to notify the Ambulance Provider of its decision. The Ambulance Provider can apply to the Deputy County Administrator for a reconsideration of the decision of the Health Authority. The Health Authority shall revoke a waiver if a material change occurs in the circumstances that justified granting the waiver. An Ambulance Provider that has been granted a waiver shall notify the Health Authority of any material change in the circumstances that justified granting the waiver.

Subsection 2: Variances: An Ambulance Provider may apply to the Health Authority for a variance from the requirements of this Ordinance. Application for a variance shall be made on forms approved by the Health Authority. The Health Authority shall grant the variance if the application of the Ambulance Provider meets the standards in Minn. R. 4690.8200, subp. 1.

The Health Authority shall have 14 calendar days from the date of application to notify the Ambulance Provider of its decision. The Ambulance Provider can apply to the Deputy County Administrator for a reconsideration of the decision of the Health Authority. The Health Authority shall revoke a variance if a material change occurs in the circumstances that justified granting the variance or if the Ambulance Provider fails to comply with the alternative practice specified in its successful application for a variance. An Ambulance Provider that has been granted a variance shall notify the Health Authority of any material change in the circumstances that justified granting the variance.

SECTION X: SEVERABILITY

If any provision or application of any provision of this Ordinance is held invalid, the invalid

provision shall be severable, and its invalidity shall not affect the validity of other provisions or applications of this Ordinance.

SECTION XI: VIOLATIONS AND PENALTIES

Subsection 1: Violations

(A) Notice. An Ambulance Provider who violates this Ordinance may be issued a notice from the Health Authority that sets forth the alleged violation, requires the Ambulance Provider to remedy the violation or propose a plan to remedy the violation, and informs the Ambulance Provider of its right to a hearing on the violation and how and where a hearing may be requested, including a contact address and phone number.

(B) Removal and Correction of Violations. An Ambulance Provider, upon receipt of a notification of one or more violations of this Ordinance, shall either remedy each violation in the time period as determined by the Health Authority, propose a plan to remedy the violation as required by the Health Authority, or request a hearing on the violation according to subsection 2 of this section.

Subsection 2: Appeals

(A) Right of appeal. Where an Ambulance Provider is issued a notice of a violation of this Ordinance, the Ambulance Provider may appeal the action to the Health Authority by requesting an administrative hearing within 14 calendar days of the date of the notice.

(B) Administrative hearing. If any Ambulance Provider makes a request for an administrative hearing, such hearing shall be held before the Hennepin County Administrator or their designee.

(C) Schedule. The administrative hearing shall be held no later than 42 calendar days after the date of service of the request for a hearing was received unless the appealing Ambulance Provider requests an extension of time. If an extension is requested, the hearing shall be held no later than 90 calendar days after the date of service of the request for a hearing.

(D) Notice. The Health Authority shall mail notice of the administrative hearing to the appealing Ambulance Provider at least 14 calendar days prior to the hearing. Such notice shall include (1) a statement of time, place, and nature of the hearing; and (2) a reference to the particular section of this Ordinance that has been violated.

(E) Witnesses and evidence. All parties shall have full opportunity to respond to and present evidence and witnesses.

(1) Standard of proof. The Health Authority shall have the burden of proving its position by a preponderance of the evidence. All findings of fact, conclusions of law, and decisions by the County Administrator or their designee shall be based on evidence presented and matters officially noticed.

(2) Rules of evidence. The Rules of Evidence, as applied in the District Court, shall not apply to the hearing, but irrelevant, immaterial, and unduly repetitious evidence shall be excluded. The hearing shall be confined to matters raised in the Health Authority's written notice of violation or in the appealing Ambulance Provider's written request for a hearing.

(3) Record of hearing. The hearing shall be recorded and minutes shall be kept.

(4) Notice of decision. The determination of the County Administrator or their designee and a copy of the minutes of the administrative hearing shall be forwarded to the appealing Ambulance Provider within 14 calendar days of the conclusion of the administrative hearing.

Subsection 3: Penalties

Any Ambulance Provider found to have violated this Ordinance or whose employee violated this Ordinance, and who does not remedy the violation or propose a plan to remedy the violation according to the requirements of the Health Authority, or prevail on an appeal of the violation, may be penalized in the following ways:

(A) Charged an administrative fine of \$500.00 for each violation; and/or

(B) The Health Authority may recommend to the EMSRB that all or a portion of the Primary Service Area of an Ambulance Provider be re-designated to another Ambulance Provider.

Subsection 4: Referrals to EMSRB

The Health Authority may make referrals to the EMSRB, whether or not the referral involves a violation of this Ordinance.

Board Action Request

24-0411

Item Description:

Adopt Emergency Medical Services (EMS) Council-recommended performance standards

Resolution:

BE IT RESOLVED, that the Hennepin County Board of Commissioners adopts the performance standards that have been recommended by the EMS Council.

Background:

Hennepin County Ordinance 9, Section 8, subsection 1, requires the County Board to establish performance standards for all licensed 9-1-1 advanced life support EMS Providers with a Primary Service Area (PSA) in Hennepin County at least every two years, and based on recommendations from the EMS Council.

At the April 11, 2024, EMS Council meeting, stroke and trauma performance standards created by the Council's Quality Standards Committee were approved by the Council. The stroke performance standard mirrors the state Emergency Medical Services Regulatory Board (EMSRB) Clinical Advisory Performance Measure (CAPM-1). The trauma performance standards are based on Minnesota EMS Trauma Field Triage Guidelines issued by the State Trauma Advisory Council (STAC) and approved by the EMSRB.

The Quality Standards Committee has begun collecting stroke and trauma data from each Provider and will review the data at its quarterly meetings to look for trends or instances in stroke or trauma care that may signal the need for quality improvement interventions for EMS providers. A preliminary report will be available after the EMS Council has collected one year's worth of data.

This action supports the county's disparity reduction efforts in the health domain by ensuring high quality EMS services are available to all county residents and visitors.

Recommendation from County Administrator: Recommend Approval



Emergency Medical Services Council

Health Services Building
MC L963
525 Portland Ave., South
Minneapolis, MN 55415-1569

612-348-6001, Phone
chd.ems@hennepin.us



TO: EMS Council members and interested parties

FROM: Hennepin County EMS Council

RE: Pre-hospital stroke and trauma performance standards approved by the EMS Council 4-11-2024

DATE: 4-15-2024

The Quality Standards Committee moved to adopt the following trauma and stroke performance standards for ongoing quality assurance monitoring. **The motion passed unanimously by the EMS Council on 4-11-2024.**

Public Health Department staff will collect quarterly and annual data from each licensed 9-1-1 ALS EMS Provider (Provider) or from databases that are approved by the Quality Standards Committee. Reports will contain aggregate data.

Trauma Performance Standards

- 1) On Scene Time for EMS Providers is less than 10 minutes**
- 2) Vitals are documented for: 1) heart rate; 2) blood pressure; 3) respiratory rate**
- 3) Glasgow Coma Scale is documented**

Data requested from Providers

- 1) On scene time for EMS Providers is less than 10 minutes (yes/no)
- 2) Vitals (heart rate, blood pressure, respiratory rate) are documented (yes/no) for each measure
- 3) Glasgow Coma Scale is documented (yes/no)

Inclusion/exclusion criteria:

- Include Hennepin County emergent transports only
 - Transport Mode Descriptors = Lights and Sirens
- Include Primary Impression = Trauma, as defined by the EMS Provider
- Use time-stamped at patient contact time (recorded by medics) and departure from scene time
- Report data to the 90th %ile

- Exclude real outliers: Exclude data points below the First Interquartile Range (IQR) minus 1.5 times IQR; also exclude data points above the Third IQR plus 1.5 times IQR.
- Exclude prolonged/delayed scene time if identified by the EMS Provider
- Do not include patient identifiers (e.g. name, address, run number, DOB)

Stroke Metric/Performance Standard:

1) On Scene Time for EMS Providers is less than 20 minutes

Data requested from Providers:

- 1) Stroke On Scene Time for EMS is less than 20 minutes (yes/no)

Inclusion/exclusion criteria:

- Hennepin County emergent transports only
 - Transport Mode Descriptors = Lights and Sirens
- Primary Impression = CVA, TIA, or Stroke; exclude Intracranial Hemorrhage
- Use time-stamped at patient contact time (recorded by medics) and departure from scene time
- Report data to the 90th %ile
- Exclude real outliers
 - Exclude data points below the First Interquartile Range (IQR) minus 1.5 times IQR; also exclude data points above the Third IQR plus 1.5 times IQR.
- Do not include patient identifiers (e.g. name, address, run number, DOB)

FOR HENNEPIN COUNTY

Adopted by the

Hennepin County Board of Commissioners

of Hennepin County, Minnesota

on January 17, 1984

Amended September 17, 1985

Amended June 1, 1999

Amended June 7, 2022

Section VII, Subsection 1 of Ordinance 9 is currently suspended by
Resolution 22-0155 R1 of the Hennepin County Board of Commissioners

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- IV. Incorporation of Minnesota Statutes and Rules
- V. Definitions
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- IX. Waivers and Variances
- X. Severability
- XI. Violations and Penalties

SECTION I: PURPOSE

The purpose of this ordinance is to protect the health, safety, and general welfare of the people in Hennepin County by establishing standards relating to the provision of Ambulance Services in Hennepin County.

SECTION II: SCOPE

This Ordinance shall be applicable to the provision of all Unscheduled Ambulance Services operated within Hennepin County by Ambulance Providers that have been designated a Primary Service Area in Hennepin County by the Emergency Medical Services Regulatory Board and are subject to licensure and regulation pursuant to Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690.

SECTION III: ENACTING AUTHORITY

This Ordinance is enacted pursuant to the authority of the County Board of Hennepin County under Minn. Stat. §§ 144E.16, subd. 5; 145A.11, subd. 4; 375.51-375.55; & 383B.215(c).

SECTION IV: INCORPORATION OF MINNESOTA STATUTES AND RULES

This Ordinance incorporates herein Minnesota Statutes Chapter 144E and Minnesota Rules Chapter 4690. If Minnesota Statutes Chapter 144E or Minnesota Rules Chapter 4690 are amended or re-codified, this Ordinance incorporates those amendments and re-codifications.

SECTION V: DEFINITIONS

Subsection 1: This Ordinance incorporates the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 unless expressly stated otherwise herein. If the definitions in Minn. Stat. § 144E.001 and Minn. R. 4690.0100 are amended or re-codified, or if additional definitions are added to Minn. Stat. § 144E.001 or Minn. R. 4690.0100, this Ordinance incorporates those amendments, re-codifications and new definitions.

Subsection 2: In addition, the following definitions also apply to this Ordinance:

(A) "Ambulance Provider" shall mean any individual, firm, partnership, corporation, trustee, association, or unit of government, licensed pursuant to Minnesota Statutes to provide Ambulance Services and, with respect to acts prohibited or required herein, shall include an Ambulance Provider's employees.

(B) "Ambulance Services" shall mean the transportation and treatment rendered in-place, preliminary to or during transportation to, from, or between facilities to ill or

injured persons or expectant mothers. The term “Ambulance Services” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Ambulance Service” in Minn. Stat. § 144E.001, subd. 3.

(C) “Call Processing System” shall mean the processes and practices by which Ambulance Providers determine the Medical Resource.

(D) “County” shall mean Hennepin County.

(E) “County Board” shall mean the Hennepin County Board of Commissioners.

(F) “EMSRB” shall mean the Emergency Medical Services Regulatory Board.

(G) “Emergency Medical Services Council” or “EMS Council” shall mean the body appointed by the County Board to establish standards relating to Ambulance Services under this Ordinance.

(H) “Health Authority” shall mean the Community Health Services Administrator in Hennepin County, as defined by Minn. Stat. § 145A.02 subd. 6a, as that statute may be amended or re-codified from time to time, their designees, and other employees, agents, or contractors as the County Board may designate.

(I) “Medical Resource” shall mean the types of services listed in Minn. Stat. § 144E.101, subd. 5, as that statute may be amended or re-codified from time to time.

(J) “Medically Appropriate” shall mean the responding Ambulance Provider on scene will use its clinical judgment and follow its protocols under the medical direction of their Medical Director or online Medical Control, including but not limited to its patient disposition guidelines, to make an initial assessment based on the patient’s symptoms, which will determine the services needed and the disposition options to be considered to meet the medical needs of the patient.

(K) “Pre-Arranged Transfer” shall mean Ambulance Services which are scheduled to be provided at a later time and for which immediate Ambulance Services are not being requested.

(L) “Primary Service Area” or “PSA” shall mean the geographic area within Hennepin County designated to an Ambulance Provider by the EMSRB to provide Unscheduled Ambulance Services. The term “Primary Service Area” or “PSA” as used in this Ordinance shall have the meaning given to it in this definition, not the meaning given to the term “Primary Service Area” in Minn. Stat. § 144E.001, subd. 10.

(M) "Unscheduled Ambulance Services" shall mean all Ambulance Services which are not Pre-Arranged Transfers.

SECTION VI: ADMINISTRATION AND DOCUMENTATION

Access to Records: All Ambulance Providers subject to this Ordinance shall, upon request by the Health Authority, provide to the Health Authority any and all records that the Health Authority determines necessary to determine compliance with this Ordinance, subject to applicable state and federal law and regulations. All Prehospital Care Data requested by the Health Authority may be provided in the same format as it is provided to the EMSRB under Minn. Stat. § 144E.123. Records provided under this section may be reviewed by the Health Authority or its designees. Prehospital Care Data obtained by the Health Authority shall be classified as private data on individuals under Minnesota Statutes Chapter 13, the Minnesota Government Data Practices Act.

SECTION VII: STANDARDS

Subsection 1: Staffing requirements:

All advanced ambulance providers shall provide and maintain not less than two approved paramedics on each ambulance at any time the ambulance is on duty for service. Two paramedics shall ride or drive as attendants on all runs with the exception of unusual or extraordinary circumstances which require the advanced ambulance to be staffed without two paramedics. In a situation when advanced life support transportation service response is required pursuant to this ordinance and two paramedics are not available as attendants, the advanced ambulance provider in whose primary service area the response is required shall send two attendants, one of whom shall be a non-probationary paramedic. If no approved paramedics are available, an attempt shall be made to transfer the request to another advanced ambulance provider. Documentation shall be submitted to the Health Authority on approved forms on all ambulance runs staffed with less than two paramedics.

Subsection 2: Call Processing System Standards:

(A) The EMS Council shall establish a list of Call Processing Systems that are acceptable for use by Ambulance Providers. The EMS Council may approve an Ambulance Provider's Call Processing System that is not on the list of acceptable Call Processing Systems established by the EMS Council.

(B) All unscheduled requests for a Medical Resource, whether directly received or transferred from a primary public safety answering point (PSAP) shall be processed through a Call Processing System that is on the list of acceptable Call Processing Systems established by the EMS Council or that has been approved by the EMS Council.

Subsection 3: Medical Resource Standards:

(A) Ambulance Providers shall send an Advanced Life Support (“ALS”) ambulance in response to an unscheduled request for a Medical Resource when the EMS Council-approved Call Processing System determines that an ALS ambulance is an appropriate Medical Resource under the circumstances, or when adequate information is not available to use the EMS Council-approved Call Processing system, except in the circumstances detailed in Section VII, subsection 3, paragraph (B) below.

(B) Ambulance Providers may send a Basic Life Support (“BLS”) ambulance if the Ambulance Provider sending a BLS ambulance:

(1) Used an EMS Council-approved Call Processing System to determine that a BLS ambulance is an appropriate Medical Resource under the circumstances; or

(2) The Ambulance Provider’s EMS Council-approved Call Processing System determined that an ALS ambulance is the appropriate Medical Resource under the circumstances, but the Ambulance Provider’s ALS ambulance resources have been expended, and the ALS ambulance resources of the Ambulance Provider(s) with whom the Ambulance Provider has a mutual aid agreement under Minn. Stat. § 144E.101, subd. 12 have also been expended; and

(3) The Ambulance Provider maintains capability for two-way communication with the caller requesting a Medical Resource;

Subsection 4: Patient Choice and Disposition Standards

(A) Ambulance Providers shall provide patients with a choice of all hospitals that meet the criteria in Section VII, subsection 4, paragraph (B) below, unless the patient is not able to make a choice. If the patient is not able to choose a hospital, the Ambulance Provider shall provide the choice to the patient’s family or physician, if present.

(B) Ambulance Providers shall transport the patient to the patient’s choice of hospital (or to the hospital of choice of the patient’s family or physician, if applicable) unless (1) the hospital of the patient’s choice is unavailable to treat the patient, (2) transporting the patient to a hospital of his or her choice would not be Medically Appropriate, (3) the patient does not require a hospital level of care, so transporting the patient to an alternative medical facility is Medically Appropriate, and applicable laws allow the patient to be transported to a facility other than a hospital, or (4) the time and/or distance required to transport the patient to the hospital of their choice would remove the Medical Resource from service for a period of time that would compromise the ability of the Ambulance Provider to serve other patients.

Subsection 5: Communication Standards

(A) The EMS Council shall establish a communication policy which all Ambulance Providers shall follow, unless the policy conflicts with policies established by the Statewide Emergency Communications Board (SECB) or the Metropolitan Emergency Services Board (MESB). The communication policy developed by the EMS Council must ensure that communications can be maintained between Ambulance Providers, primary PSAPs, Medical Resource Control Centers (“MRCCs”), and hospital emergency departments.

(B) The EMS Council shall establish a policy that specifies the minimum information that Ambulance Providers must provide to the MRCC and the destination hospital, and all Ambulance Providers shall follow the policy developed by the EMS Council.

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The Health Authority shall have 14 calendar days from the date of application to notify the Ambulance Provider of its decision. The Ambulance Provider can apply to the Deputy County Administrator for a reconsideration of the decision of the Health Authority. The Health Authority shall revoke a waiver if a material change occurs in the circumstances that justified granting the waiver. An Ambulance Provider that has been granted a waiver shall notify the Health Authority of any material change in the circumstances that justified granting the waiver.

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