ITASCA COUNTY
BOARD OF COMMISSIONERS

Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744
(218) 327-2847

Tuesday, January 27, 2026 | 2:30 PM | Itasca County Boardroom

FINAL

REGULAR SESSION MINUTES

I. CALL TO ORDER

Appointed Chair Venema called the meeting to order at 2:30 PM.

Attendee Name	Title	Status	Arrived
Cory Smith	District #1	Absent	
Terry Snyder	District #2	Absent	
John Johnson	District #3	Present	2:30 PM
Larry Hopkins	District #4	Present	2:30 PM
Casey Venema	District #5	Present	2:30 PM

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF AGENDA

Motion To: Approve the agenda, as presented.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

IV. MINUTES APPROVAL

Motion To: Approve the minutes of the Tuesday, January 20, 2026, County Board Regular Session.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

1. Approve the minutes of the Tuesday, January 20, 2026, Regular Session.

V. CONSENT AGENDA

Motion To: Approve the Consent agenda, as presented.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins

SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

1. Approve the updated minutes of the January 6, 2026 Special Session.
2. Authorize Itasca County to be the fiscal sponsor of the Itasca Trails Taskforce by resolution and authorize necessary signatures.

VI. REGULAR AGENDA

1. Employee Recognition

The County recognized the following employees: Jen Buie, Kenzie Opdahl, Randal Washburn Jr., Sherri Beddoe, and Cody Dillenger.

Milestones recognized:

5-year work milestones in 2025:
Holly Baird, Ross Burt, Roberta Hansen, Hollie Hornstra, Ryan Johnson, Darin Johnson, Rachel Kerr, Christopher Peterson, Adam Richmond, Christopher Rima-Carlson, and Sarah Still.

10-year work milestones in 2025:
Shannon Weimer, Samantha Tarbuck, Gregory Stoltz, Jenna Soltis, Melissa Skoglund, Megan Ritter, Carissa Nelson, Howard Page, Timothy Lasecki, Frederick Knight, Amber Kallaus, Jeremiah Johnson, Jayme Gabler, Tony Fremont, Christall Ellis, Lisa Dobson, Hope Demarais, Carol Clancey, Mary Chambers, Shannon Bruley, and John Bray.

15-year work milestones in 2025:
Carolyn Randall, Adam Rabey, Ginger Parlanti, Susan Nichols, Diane Nelson, Micah Kral, Tammy Keith, Joshua Falck, Tami Elich, and Kyle Curtiss.

20-year work milestones in 2025:
William Bothma, Rosann Bray, Jeannette Grover, Marnie Olson, Craig Pierce, Shannon Shelton
Amy Slettom, and Michael Wagner.

25-year work milestones in 2025:
Mervin (Charlie) Castle Becky Lauer Eva Moore Brett Skyles Kathryn Sonder, and Nicolle Zuehlke.

30-year work milestones in 2025:
Lisa Bolton, Laura Grover, and Thomas Willams.

35-year work milestones in 2025:
Loren Eide

The following employees celebrated work milestones in January 2026 (as of January 2026, these will be done in real time):
Lisa Berkholz, celebrating 5 years
Matthew Winkels, celebrating 15 years

2. Commissioner Warrants

Motion To: Approve Commissioner Warrants with a check date of January 28, 2026, in the amount of $ 3,896,678.71.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	None Cory Smith, Terry Snyder

3. Employee Expense Report

Motion To: Approve employee expense reimbursement for expenses submitted over 60 days from when they were incurred.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

4. ICHHS Warrants

Motion To: Approve the Itasca County Health and Human Services Warrants for, January 2026, in the amount of $1,141,406.02.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

5. County Based Purchasing (IMCare) Division Update/Presentation

IMCare QI/UM Director Danielle Larson provided an update on a Performance Improvement project.

RESULT:	**INFORMATIONAL - NO ACTION TAKEN**

6. Chloride Application for 2026

It was the consensus of the County Board to to discontinue Chloride Application to roads for 2026 and revisit during budget sessions for 2027.

7. Project Labor Agreements

RESULT:	**RECOMMENDED FOR NEXT MEETING : 02/03/2026 2:30 PM**

VII. ADMINISTRATOR UPDATE

VIII. COMMITTEE REPORTS

Commissioner Johnson reported on attending a meeting with representative from CEDA and a Probation Advisory meeting.

Commissioner Hopkins reported on attending a meeting at Blackberry Township and a Grand Village Board meeting.

IX. COMMISSIONER COMMENTS

Commissioner Johnson provided comment regarding receiving information that burning trash (Biomass) to generate electricity can still be considered carbon free. Only inside an incinerator, not burning in a barrel, etc.

X. CLOSED SESSIONS

XI. ADJOURN

Appointed Chair Venema adjourned the meeting at 2:55 PM.

ATTEST

Cory Smith
Chair of the County Board

Brett Skyles
Clerk of the County Board

ITASCA COUNTY
BOARD OF COMMISSIONERS

Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

RESOLUTION 2026-12

RE: FISCAL SPONSORSHIP OF THE ITASCA TRAILS TASKFORCE

WHEREAS, Itasca County recognizes the importance of recreational trails to the local economy and supports the Itasca Trails Taskforce and its mission; and

WHEREAS, the mission of the Itasca Trails Taskforce is, through cooperation with public agencies and private organizations, to foster the development and long-term sustainability of high-quality recreational trails and facilities in the Itasca County area that meet the needs of residents and visitors; and

WHEREAS, the Itasca Trails Taskforce approved the transfer of its remaining funds to Itasca County, acting as fiscal sponsor, as reflected in meeting minutes dated September 11, 2025; and

WHEREAS, the Itasca Trails Taskforce is identified as a project of Itasca County;

NOW, THEREFORE, BE IT RESOLVED, that Itasca County shall act as the legal fiscal sponsor for the above-referenced project; and

BE IT FURTHER RESOLVED, that upon approval of the project's grant application, Itasca County is authorized to enter into an agreement for the above-referenced project and shall comply with all applicable laws and regulations set forth in such agreement; and

that the Itasca County Board Chairperson, or an authorized designee, is authorized to execute any such agreement with the grantor; and

that the County Auditor is hereby authorized to serve as the fiscal agent, on behalf of Itasca County, for the above-referenced project and for any grant application submitted for the project.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

STATE OF MINNESOTA)
County of Itasca) ss.
Office of County Administrator)

I, BRETT SKYLES, Administrator of the County of Itasca, do hereby certify that I have compared the foregoing with the original resolution filed in this office on January 27, 2026 and that the same is a true and correct copy of the whole thereof.

Administrator

ITASCA COUNTY
BOARD OF COMMISSIONERS

Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744
(218) 327-2847

Tuesday, January 20, 2026 | 2:30 PM | Itasca County Boardroom

DRAFT

REGULAR SESSION MINUTES

I. CALL TO ORDER

Chair Smith called the meeting to order at 2:30 PM.

Attendee Name	Title	Status	Arrived
Cory Smith	District #1	Present	2:30 PM
Terry Snyder	District #2	Present	2:30 PM
John Johnson	District #3	Present	2:30 PM
Larry Hopkins	District #4	Present	2:30 PM
Casey Venema	District #5		

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF AGENDA

Motion To: Approve the agenda, as presented.

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner Terry Snyder
SECONDER:	Commissioner John Johnson
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

IV. MINUTES APPROVAL

Motion To: Approve the minutes of the Tuesday, January 13, 2026, County Board Regular Session.

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

1. Approve the minutes of the Tuesday, January 13, 2026, Regular Session.

V. CONSENT AGENDA

Motion To: Approve approved the Consent agenda, as presented.

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner Terry Snyder
SECONDER:	Commissioner John Johnson
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

1. Authorize Board Chair to sign the Letter of Understanding (LOU) between Itasca County and AFSCME Local 1626.
2. Approve the 2025-2027 Teamsters 320 Probation Contract with Itasca County.
3. Approve the 2026 CEDA Contract and authorize necessary signatures.
4. Approve application for a 3-year term from 1/1/2026-12/31/28 for the PC/Boa.
5. Approve the updated Tobacco Use Policy.
6. Approve six (6) utility easements with Lake County Power for construction and maintenance over and across five (5) tax-forfeited properties and one (1) direct county parcel and authorize necessary signatures.

VI. REGULAR AGENDA

1. Commissioner Warrants

   Motion To: Approve Commissioner Warrants with a check date of January 21, 2026, in the amount of $ 3,728,055.41.

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

2. ICHHS Warrants

   Motion To: Approve Itasca County Health and Human Services Warrants for December 2026, in the amount of $2,207,810.53.

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner Terry Snyder
SECONDER:	Commissioner John Johnson
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

3. Certificate of Need Request Letter

   Motion To: Approve Certificate of Need Request Letter and signature(s).

RESULT:	**APPROVED (4 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	Cory Smith, Terry Snyder, John Johnson, Larry Hopkins
ABSENT:	Casey Venema

VII. ADMINISTRATOR UPDATE

County Administrator Brett Skyles provided an Administrative update, regarding the previously approved "Certificate of Need" request letter stating that the approval of this will include a savings to Itasca County and other counties as well.

VIII. COMMITTEE REPORTS

Commissioner Hopkins reported on attending a MN Pollution Control meeting.

Commissioner Johnson reported on attending an ARDC meeting and met with MN Power.

Commissioner Smith reported on attending a MN Power and an MPCA meeting.

IX. COMMISSIONER COMMENTS

Commissioner Smith provided comment regarding “Coffee with the Commissioners”. They will be held on a Thursday each month rotating through each district, with dates and times to be posted in the paper.

X. CLOSED SESSIONS

XI. ADJOURN

Chair Smith adjourned the meeting at 2:43 PM.

ATTEST

Cory Smith Chair of the County Board	Brett Skyles Clerk of the County Board

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-57

DEPARTMENT: Administrative Services **TIME REQUESTED:**
PRESENTER:

AGENDA ITEM:
Updated minutes of January 6, 2026 Special Session

BOARD ACTION REQUESTED:
Approve the updated minutes of the January 6, 2026 Special Session.

BACKGROUND:
Original minutes show that all Commissioners were in attendance, but Commissioner Hopkins was absent.

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION: None

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
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Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-56

DEPARTMENT: Land Department
PRESENTER: Sara Thompson

TIME REQUESTED: < 5 Minutes

AGENDA ITEM:
Fiscal Sponsorship Resolution — Itasca Trails Task force

BOARD ACTION REQUESTED:
Authorize Itasca County to be the fiscal sponsor of the Itasca Trails Taskforce by resolution and authorize necessary signatures.

BACKGROUND:
Through many discussions at the Task force meetings, it was identified that a restructuring of the Task force was needed. One of the priorities was to strengthen relationships with granting agencies by approving Itasca County to become its fiscal sponsor. In order to complete any transfer of funds or apply for future grants, a resolution must be approved and submitted to the grantor.

COUNTY ATTORNEY REVIEW: n/a

SUPPORTING DOCUMENTATION: None

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

ITASCA COUNTY
BOARD OF COMMISSIONERS

Itasca County Courthouse
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Tuesday, January 27, 2026

RESOLUTION 2026-12

RE: FISCAL SPONSORSHIP OF THE ITASCA TRAILS TASKFORCE

WHEREAS, Itasca County recognizes the importance of recreational trails to the local economy and supports the Itasca Trails Taskforce and its mission; and

WHEREAS, the mission of the Itasca Trails Taskforce is, through cooperation with public agencies and private organizations, to foster the development and long-term sustainability of high-quality recreational trails and facilities in the Itasca County area that meet the needs of residents and visitors; and

WHEREAS, the Itasca Trails Taskforce approved the transfer of its remaining funds to Itasca County, acting as fiscal sponsor, as reflected in meeting minutes dated September 11, 2025; and

WHEREAS, the Itasca Trails Taskforce is identified as a project of Itasca County;

NOW, THEREFORE, BE IT RESOLVED, that Itasca County shall act as the legal fiscal sponsor for the above-referenced project; and

BE IT FURTHER RESOLVED, that upon approval of the project's grant application, Itasca County is authorized to enter into an agreement for the above-referenced project and shall comply with all applicable laws and regulations set forth in such agreement; and

that the Itasca County Board Chairperson, or an authorized designee, is authorized to execute any such agreement with the grantor; and

that the County Auditor is hereby authorized to serve as the fiscal agent, on behalf of Itasca County, for the above-referenced project and for any grant application submitted for the project.

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

STATE OF MINNESOTA)
County of Itasca) ss.
Office of County Administrator)

I, BRETT SKYLES, Administrator of the County of Itasca, do hereby certify that I have compared the foregoing with the original resolution filed in this office on January 27, 2026 and that the same is a true and correct copy of the whole thereof.

Administrator

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-17

DEPARTMENT: Human Resources
PRESENTER: Administrator Skyles

TIME REQUESTED: < 5 Minutes

AGENDA ITEM:
Employee Recognition

BOARD ACTION REQUESTED: To recognize those employees who have either experienced a job change, given notice of leaving employment, received a commendation, or to welcome any new employees.

Welcome to Jen Buie who began as a Social Worker in the health and human services department, effective January 20th, 2026.

Welcome to Kenzie Opdahl who began as a Case Aide in the health and human services department, effective January 20th, 2026.

Welcome to Randal Washburn Jr. who began as a Custodian in the Administrative Services Department, effective January 20th, 2026.

Farewell to Sherri Beddoe whose last day as an Accounting Technician in the Health and Human Services Department was January 6th, 2026 after 9 years and 7 months of service.

Farewell to Cody Dillinger whose last day as Deputy Sheriff/Road Deputy in the Sheriffs Department was January 17th, 2026 after 1 year and 3 months of service.

The following employees celebrated 5 year work milestones in 2025:
Holly Baird
Ross Burt
Roberta Hansen
Hollie Hornstra
Ryan Johnson
Darin Johnson
Rachel Kerr
Christopher Peterson
Adam Richmond
Christopher Rima-Carlson
Sarah Still

The following employees celebrated 10 year work milestones in 2025:
Shannon Weimer
Samantha Tarbuck
Gregory Stoltz
Jenna Soltis
Melissa Skoglund
Megan Ritter
Carissa Nelson
Howard Page
Timothy Lasecki
Frederick Knight
Amber Kallaus
Jeremiah Johnson
Jayme Gabler
Tony Fremont
Christall Ellis
Lisa Dobson
Hope Demarais
Carol Clancey
Mary Chambers
Shannon Bruley
John Bray

The following employees celebrated 15 year work milestones in 2025:
Carolyn Randall
Adam Rabey
Ginger Parlanti
Susan Nichols
Diane Nelson
Micah Kral
Tammy Keith
Joshua Falck
Tami Elich
Kyle Curtiss

The following employees celebrated 20 year work milestones in 2025:
William Bothma
Rosann Bray
Jeannette Grover
Marnie Olson
Craig Pierce
Shannon Shelton
Amy Slettom
Michael Wagner

The following employees celebrated 25 year work milestones in 2025:
Mervin (Charlie) Castle
Becky Lauer

Eva Moore
Brett Skyles
Kathryn Sonder
Nicolle Zuehlke

The following employees celebrated 30 year work milestones in 2025:
Lisa Bolton
Laura Grover
Thomas Willams

The following employees celebrated 35 year work milestones in 2025:
Loren Eide

The following employees celebrated work milestones in January 2026 (starting in January 2026, these will be done in real time)
Lisa Berkholz, **celebrating 5 years**
Matthew Winkels, **celebrating 15 years**

Thank you all for your continued service and dedication to Itasca County.

BACKGROUND:

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION: None

01-27-2026

RESULT:	**INFORMATIONAL - NO ACTION TAKEN**

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-19

DEPARTMENT: Auditor / Treasurer
TIME REQUESTED: < 5 Minutes
PRESENTER: Gail Guck

AGENDA ITEM:
Commissioner Warrants

BOARD ACTION REQUESTED:
Approve the Commissioner Warrants with a check date of January 28, 2026, in the amount of $3,896,678.71.

BACKGROUND:

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION: None

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-54

DEPARTMENT: Auditor / Treasurer
TIME REQUESTED: < 5 Minutes
PRESENTER: Gail Guck

AGENDA ITEM:
Employee Expense Report Approval

BOARD ACTION REQUESTED:
Approve employee expense reimbursement for expenses submitted over 60 days from when they were incurred.

BACKGROUND:
Based on County policy, these expenses must be approved by the County Board.

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION:
1. Snyder Expenses

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner John Johnson
SECONDER:	Commissioner Larry Hopkins
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-34

DEPARTMENT: Health & Human Services
TIME REQUESTED: < 5 Minutes
PRESENTER: Christine Krebs

AGENDA ITEM:
ICHHS Warrants

BOARD ACTION REQUESTED:
Approve the Itasca County Health and Human Services Warrants for , January 2026, in the amount of $1,141,406.02.

BACKGROUND:

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION:
1. January 2026 Board Report

RESULT:	**APPROVED (3 TO 0)**
MOVER:	Commissioner Larry Hopkins
SECONDER:	Commissioner John Johnson
AYES:	John Johnson, Larry Hopkins, Casey Venema
ABSENT:	Cory Smith, Terry Snyder

ITASCA COUNTY HEALTH AND HUMAN SERVICES

ITASCA RESOURCE CENTER

1209 SE 2nd Avenue, Grand Rapids, MN 55744
Hearing Impaired Number TDD: 218-327-5549
218-327-2941
Visit us at : www.co.itasca.mn.us

January 2026

Income Maint/Admin Payments	$	71,878.58
Social Services - Waivers	$	24,182.15
Social Services - Non-Waivers	$	611,337.78
Foster Care/Out of Home/FamilySupport	$	423,172.82
Relative Custody/Preventive Placement Costs/Incidentals	$	9,084.15
Public Health	$	1,750.54
Community Health Board	$	-
Total	$	1,141,406.02

Note : The above is a general description of payments made during the month indicated and is not intended to be a detailed itemization. The Community Health Board does not affect the Health & Human Services budget or levy.

January 2026
Out of Home Placement Breakdown

Foster Care/Out-of-Home/Family Support Comparison

	Actual 2026	Actual 2025	Actual 2024	Actual 2023	Actual 2022
January	423,172.82	407,984.28	358,655.03	481,711.66	433,150.76
February		419,438.58	392,553.96	553,117.21	348,631.48
March		360,646.28	406,513.25	549,963.91	390,198.68
April		503,076.21	490,023.47	519,051.04	552,814.60
May		486,088.00	499,374.53	438,535.58	487,698.28
June		419,736.48	358,348.53	563,762.89	585,853.92
July		380,255.92	424,373.46	429,881.33	400,212.87
August		611,190.11	381,991.86	482,732.73	484,467.08
September		434,323.05	471,425.74	397,517.32	499,454.00
October		346,547.13	465,927.89	445,148.34	596,946.77
November		436,612.53	384,937.51	510,070.44	361,433.79
December		294,053.94	422,698.84	383,715.02	510,726.16
Total	423,172.82	5,099,952.51	5,056,824.07	5,755,207.47	5,651,588.39

Child Protection Statistics

	Maltreatment Reports	Opened for Assessment	% Opened	Children Placed	% Placed of Open
January	57	22	39%	1	5%
February			#DIV/0!		#DIV/0!
March			#DIV/0!		#DIV/0!
April			#DIV/0!		#DIV/0!
May			#DIV/0!		#DIV/0!
June			#DIV/0!		#DIV/0!
July			#DIV/0!		#DIV/0!
August			#DIV/0!		#DIV/0!
September			#DIV/0!		#DIV/0!
October			#DIV/0!		#DIV/0!
November			#DIV/0!		#DIV/0!
December			#DIV/0!		#DIV/0!
	57	22	39%	1	5%
			average		average
2025	968	323	33%	71	22%
2024	472	191	40%	80	42%
2023	510	275	56%	84	32%
2022	605	300	50%	96	33%

January 2026

Out of Home Placement Payments by Vendor

		Rate		Invoices Paid
North Homes	-	$175 - $573/day		$ 100,355
Northwestern MN Juvenile	-	$275-$421/day		$ 66,485
The Bridge Residential Facility	-	$255/day		$ 49,400
Northwood	-	$294-$441/day		$ 19,423
Snyders/Foundation for Life	-	$200/day		$ 19,237
Kadiri Hous	-			$ 18,386
Village Ranch	-	$249 - $318/day		$ 16,165
Lutheran Social Services	-	$148-$366/day		$ 15,719
Anoka County Juvenile Center	-	$395/day		$ 13,961
Little Sand Group Home	-	$394/day		$ 12,228
Bar None	-	$559/day		$ 6,802
Lighthouse	-	$200/day		$ 6,200
Dungarvin	-	$35/day		$ 3,486
180 Degrees Inc	-	$500 - $566/day		$ -
Arrowhead Juvenile Center	-	$286/day		$ -
Crow Wing Community Serv	-	$295/day		$ -
Dakota County Juvenile Serv	-	$325 - $340/day		$ -
East Central Regional Juvenile	-	$375/day		$ -
Fond Du Lac Foster Care	-	$40 - $90/day		$ -
Heartland Girls Ranch	-	$249 - $359/day		$ -
MCF - Redwing	-	$260/day		$ -
MN Dept of Corrections	-	$269/day		$ -
New Trails Group Home	-	$331/day		$ -
Nexus	-	$296 - $556/day		$ -
Northstar	-	$200/day		$ -
Peace House	-	$115/day		$ -
Port Group Homes	-	$381/day		$ -
Prairie Lakes Youth Program	-	$209 - $410/day		$ -
Volunteers of America	-	$330 - $590/day		$ -
West Central Juvenile Center	-	$300 - $595/day		$ -
Woodland Hills	-	$290 - $331/day		$ -
Individuals*	-	$21 - $121/day		$ 75,326
Total				**$ 423,173**

*Individuals : Includes Foster Care & Family Support Programs

January 2026
North Homes & Northwestern Placement Breakdown

North Homes

	Assessment Evaluation	Shelter	Hawkins Home	Boys & Girls Programs	Cottage	Foster	Total
Jan	27,318.77	-	23,397.16	42,693.84	6,945.45	-	100,355.22
Feb							-
Mar							-
Apr							-
May							-
Jun							-
Jul							-
Aug							-
Sep							-
Oct							-
Nov							-
Dec							-
	27,318.77	-	23,397.16	42,693.84	6,945.45	-	100,355.22

Northwestern

		Residential	Non-Secure Detention	Secure Detention	Satellite Homes	Evaluation	Total
Jan		29,295.00	7,150.00	15,777.55	8,277.00	5,985.00	66,484.55
Feb							-
Mar							-
Apr							-
May							-
Jun							-
Jul							-
Aug							-
Sep							-
Oct							-
Nov							-
Dec							-
	-	29,295.00	7,150.00	15,777.55	8,277.00	5,985.00	66,484.55

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-35

DEPARTMENT: Administrative Services
TIME REQUESTED: 10 Minutes
PRESENTER: Sarah Anderson

AGENDA ITEM:
County Based Purchasing (IMCare) Division Update/Presentation

BOARD ACTION REQUESTED:
Receive the County Based Purchasing (IMCare) Division Update/Presentation.

BACKGROUND:

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION:
1. 2025 PIP Year 1 Report
2. 2025 QIP Year 1 Report

01/27/2026

RESULT:	**INFORMATIONAL - NO ACTION TAKEN**

Healthy Start for Mothers and Their Children Performance Improvement Project (PIP): Interim Report

Interim Report Submission Date: September 1, 2025
Project Implementation Date: January 1, 2024

Contents

This Performance Improvement Project (PIP) is implemented by a collaboration of Minnesota Managed Care Organizations (MCOs) ("the Collaborative"). The MCOs participating in this collaboration for their PMAP and MinnesotaCare products are: Blue Plus, HealthPartners, Hennepin Health, South Country Health Alliance, Itasca Medical Care (IMCare), Medica, and UCare. Stratis Health provides project development support and assistance to the Collaborative.

Summary

The PIP is intended to promote a "Healthy Start" for Minnesota children in the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare populations by focusing on and improving services provided to pregnant people and infants, particularly in areas exhibiting the most significant racial and ethnic disparities. Each participating MCO has established a goal aimed at improving prenatal care, postpartum care, well-child visits and/or COMBO-10 immunization rates with the focus on disparities relevant to the individual MCO population. This report summarizes the project activities in 2024.

PIP Elements

The stated interventions for this project include the development of education, resources, and tools for care systems to improve birth outcomes and reduce disparities for their Prepaid Medical Assistance and Minnesota Care members, and the development of community partnerships to support this work. The Collaborative implemented a variety of interventions in 2024 to support those goals.

Measures of Success

The aim of this collaborative PIP is to progress year-over-year improvement from 2024 through 2026 for pregnant and young PMAP and MinnesotaCare enrollees reflected in relevant Healthcare Effectiveness Data and Information Set (HEDIS®) measures. This will be accomplished through partnerships, community engagement, and MCO-specific interventions. The MCOs will be engaging the community both individually and as the Collaborative to address the needs voiced by the impacted communities. When engaging the community, measurement of success will be a key component of the action plan. The community informed initiatives and success will be evaluated in the strong action sections of interim reports as process measures.

Methods and Data Analysis

This project will attempt to measure closing disparity gaps by leveraging the Healthcare Effectiveness Data and Information Set (HEDIS®) families and children's measures listed below. Each MCO has identified specific measure(s) to focus targeted efforts including:

- Prenatal and Postpartum Care (PPC)
- Childhood Immunization Status (CIS)
- Well Child Visits in First 30 Months of Life (W30)

Data Analysis

Itasca Medical Care has provided baseline rates below for the entire measure population and drill down analysis on healthcare disparity in the healthcare disparity analysis section.

Healthcare Disparity Analysis

Table 1. Prenatal and Postpartum Care Rates, Minnesota, and US, 2023

MY 2023	National Commercial **	National Medicaid **	MN Medicaid*
M1. Prenatal Care	73.70%	83.00%	85.05%
M2. Postpartum Care	77.00%	75.60%	83.87%

HEDIS MY2023 All MN Plan Data and NCQA National Average Data

Data Limitations

A data limitation in each measure other than Well Child Visit is the hybrid collection methodology. Hybrid allows the health plan to use a sample size of 411 to review compliance via medical record abstraction. To maintain PHI, the nurses that abstract from medical records are only given the pieces to prove measure compliance, thus they would not have access to the patient's race/ethnicity. To address this limitation, our method will be to produce two rates - Hybrid and Administrative. The hybrid rate provides this project with a project goal that is statistically valid. The admin rate provides the opportunity to analyze race and ethnicity as it is reported through the enrollment file (834).

The nature of data relating to pregnancy is a limitation, as well. Rather than being a finite measurable event, such as a screening or a lab test, pregnancies are nearly a year long. Having a notable impact on pregnancy outcomes and pregnancy related measures is not only challenging from an intervention perspective, but also in terms of the inherit amount of time it takes to have observable changes in the data. Attributing pregnancy data changes to specific interventions is challenging due to the constantly changing target audience.

Another potential barrier over the past 3 years of these PIPs has been the hold on, and then the requirement for redetermination of coverage. This process could cause members to be in counties that MCOs may not support, and the changing membership makes it harder to evaluate effectiveness.

All the MCOs agree that collecting data on patient race, ethnicity, and language (REL) is key to reducing health care disparities, as it can help identify and address gaps in quality based on these factors. We have seen more REL data in HEDIS measures and each MCO is trying to get as much of this data as possible. It would be ideal if DHS could follow NCQA/HEDIS, and CMS standards for defining and grouping this data to simplify all processes.

Community Informed Measurement

As directed by DHS, in May of 2023, the Collaborative started incorporating *community informed measures* into the PIP processes for both PMAP and MinnesotaCare members. Specifically, DHS tasked the MCOs with collecting member input on their interactions with the healthcare system and developing community informed measures for the project while recognizing that such work takes time and has not been previously attempted in the context of the PIPs.[1] During the PIP planning process, the Collaborative researched different existing methodologies for community engagement and used the findings to develop a guiding philosophy on how to incorporate this new aspect into the work.

[1] Presentation by Dr. Mark Foresman at the May 23rd, 2023, Quarterly Workgroup Meeting.

Overall, the idea of community-informed measurement is having groups of people most negatively impacted by structural inequities help identify, design, and validate a metric of quality we can then consider implementing into our overall healthcare quality improvement cycle.

Each health plan understands that directly consulting with various marginalized member communities will help us understand what matters the most for their pregnancy care and for their children's healthy start in life. The Collaborative developed questions that can be used in many settings/methods with plans to aggregate the results as a Collaborative to identify patterns of barriers and/or successes that can be applied broadly.

By late 2023, the Collaborative started exploring community engagement opportunities through potential partner discussions at the platform level. Questions around community engagement were incorporated into discussions with all guests, offering insights into how they leveraged member inputs to define their work and meet community. The dialogue aimed to provide the Collaborative more guidance in streamlining community informed measurements in the PIP work.

In May 2024, the Collaborative held its first community listening session in partnership with Everyday Miracles during a Baby Shower event, where birthing persons and new parents shared their experiences and challenges regarding health care and health equity. Feedback from the 16 participants highlighted the main factors influencing the choice and access of prenatal care providers included:

- Insurance status
- Provider stability
- Understanding of the importance of prenatal care
- Delay in confirmation of pregnancy
- Provider communication

Some of the barriers that prevented members from getting timely and quality care included:

- The complexity of health insurance
- Outdated equipment at clinics, affecting timely confirmation of pregnancies
- Use of technical terminologies
- Lack of information

Participants reported learning about doulas through their insurance, medical providers, and other programs, highlighting the role and benefits of doulas in pregnancy and delivery. They recognized doulas as vital for advocacy, education, and resource navigation. Participants felt more prepared, empowered, and heard with a doula at their side. The support extended beyond prenatal care and childbirth, providing access to community and health plan resources they would not have known about otherwise.

Participants also discussed the importance of postpartum care for their physical and mental health and appreciated the home visits and education classes they received. Some of the challenges they faced were fear of postpartum depression, lack of knowledge about what to expect or do, and difficulty accessing resources.

The following recommendations emerged from the session:

- Members reaching out to MNSure navigators for insurance help
- MCOs coordinating communication between different insurance plans to minimize member confusion
- MCOs providing more education and outreach about health plan benefits and incentives
- Providers using MyChart to share resources
- Providers respecting the individual choices and preferences of birthing persons

The Collaborative began exploring opportunities identified from the listening session to meet member needs. These included educational interventions such as a webinar on *Inclusive Communication* which focused on improving provider-community communication through a health equity lens. Through continued partnerships with leading institutions like Birth Equity Community Council (BECC) and Birth Justice Collaborative (BJC), the Collaborative championed respect for birthing people's choices by promoting doula services. Individual MCOs also enhanced outreach efforts, providing our members with additional information about health plan benefits and incentives.

In the summer of 2024, the Collaborative launched a community survey to better understand the experiences and barriers of birthing persons in accessing timely health care. The target group included professionals working within systems that serve birthing populations and young children aged 0-5. The plan was to analyze the responses to identify pain points and shape interventions aimed at improving health outcomes and reducing disparities for low-income Minnesotans.

In total, 81 respondents completed the survey, 75% of whom identified as Black/ African American, 44% Native American or Alaska Native, 49% Asian, 24% Native Hawaiian or Pacific Islander, 90% White and the race of 25% respondents were not identified. While 88% of respondents served the birthing population, approximately 79% of them served young children. Respondents came from different settings such as Counties (46%), Clinics (36%), Health Plans (6%), Community Non-Profits (9%), State agencies (2%), and independent contractors (1%).

The highest rated barriers to receiving prenatal care were as follows:

- Transportation issues (54%)
- Fear of getting care due to lack of insurance coverage (46%)
- Lack of childcare (45%)
- Lack of trust or culturally appropriate care (36%)
- Lack of comfort with the health care system or provider (29%)

The highest rated barriers to maintaining ongoing prenatal care beyond the first trimester were as follows:

- Transportation issues (51%)
- Lack of childcare (43%)
- Lack of trust or culturally appropriate care (34%)
- Lack of comfort with the health care system or provider (29%)

- Fear of getting care due to lack of insurance coverage (26%)
- Inability to get off work (17%)

The highest rated barriers to receiving postpartum care were as follows:

- Transportation issues (48%)
- Lack of childcare (44%)
- Fear of getting care due to lack of coverage (30%)
- Does not think care/ appointment are necessary (30%)
- Lack of comfort with the health care system or provider (24%)
- Lack of trust or culturally appropriate care (30%)
- Inability to get off work (17%)

The highest rated barriers for children receiving well child visits in the first 30 months of life were as follows:

- Transportation issues (52%)
- Inability to get off work (34%)
- Lack of trust or culturally appropriate care (28%)
- Lack of comfort with the health care system or provider (23%)
- Fear of getting care due to lack of coverage (21%)

The highest rated barriers for children receiving immunizations by age two were as follows:

- Transportation issues (43%)
- Does not think vaccines are necessary (35%)
- Lack of comfort with the health care system or provider (35%)
- Lack of trust or culturally appropriate care (35%)
- Inability to get off work (28%)
- Fear of getting care due to lack of coverage (19%)

Transportation consistently emerged as the top barrier across all indicators. The perception that postpartum care and immunizations lack importance highlights a need for better education on these topics. The difficulty in taking time off work and finding childcare impedes access to prenatal and postpartum care. The need for culturally appropriate care is emphasized, aligning with the appreciation expressed during the listening sessions for doula support.

Survey feedback showed that key strategies and resources helping clients overcome care barriers included education, reassurance, listening, personal contact, reminders, incentives, trust building, and flexibility. Offering care in alternative settings, providing rides, addressing vaccine hesitancy, navigating public transportation, finding resources, accommodating late arrivals at appointments, and utilizing community health workers were also impactful. Equally important were strategies like patient-clinician bonding, identifying Social Determinants of Health (SDOH) barriers, insurance navigation, having providers and interpreters of color, and offering evening or weekend appointments.

For other benefits and resources that health plans could offer to help individuals / families overcome perceived barriers, respondents highlighted the following:

- Quicker and easier insurance approval and coverage, especially for dental care and postpartum care
- Transportation, such as same-day rides, Uber or Lyft vouchers, or mobile vaccine units
- Financial incentives, such as gift cards, stipends, or vouchers, for attending preventive care appointments
- Culturally appropriate and bilingual providers, staff, interpreters, and community health workers who can build trust, understand values, and provide education
- Flexible and convenient appointment times, such as evening or weekend slots, and alternative care settings, such as home visits or telehealth
- More public health education and outreach on the importance and safety of vaccinations, pregnancy and postpartum care, and other preventive care services

Survey feedback also highlighted challenges with insurance coverage, application processing, and affordability of care; limitations of self-reported data from health care workers rather than patients; the differences and complexities of various MA plans and providers; and barriers of transportation, fear of CPS, and lack of social support. Respondents emphasized the importance of public health education and outreach on various topics related to maternal and child health, and benefits of incentives, home visits, telehealth, and doula services.

During meetings with the Metro Action Group (MAG), county C&TC workers in the seven-county metro area described lack of access to interpreters as a significant barrier to timely quality care for both medical and dental services. They described that it is logistically difficult to schedule interpreters, especially for languages that are less common in our geographic area. This barrier greatly impacts the expanding immigrant communities in rural areas.

MCO Specific Goal

The goal of this PIP is to improve preventative care during pregnancy and following delivery in comparison to the baseline HEDIS data from measurement year (MY) 2022.

Measures

Table 2. IMCare Data and Goal Calculation

Measurement	Baseline MY 2022	IMCare MY 2023	IMCare MY 2024	Goal
M1. Prenatal PPC	PMAP: 87.20% (109/125) MNCare: NR	PMAP: 89.71% (122/136) MNCare: (1/1) 100.00%	PMAP: 89.66% (104/116) MNCare: R	PMAP: 95% MNCare: NA

Table 2. IMCare Data and Goal Calculation (Continued)

Measurement	Baseline MY 2022	IMCare MY 2023	IMCare MY 2024	Goal
M2. Postnatal PPC	PMAP: 82.40% (103/125) MNCare: NR	PMAP: 88.97% (121/136) MNCare: (1/1) 100.00%	PMAP: 92.24% (107/116) MNCare: R	PMAP: 95% MNCare: NA
M3. W15	PMAP: 49.48% (48/97) MNCare: NR	PMAP: 47.31% (44/93) MNCare: R	PMAP: 44.00% (33/75) MNCare: (1/3) 33.33%	PMAP: 55% MNCare: NA
M4. W30	PMAP: 57.79% (89/154) MNCare: NR	PMAP: 61.11% (99/162) MNCare: R	PMAP: 68.06% (98/144) MNCare: 100.00% (1/1)	PMAP: 60% MNCare: NA
M5. Combo 10	PMAP: 29.68% (46/155) MNCare: NR	PMAP: 31.41% (47/156) MNCare: R	PMAP: 10.45% (14/134) MNCare: 50.00% (1/2)	PMAP: 40% MNCare: NA

Data Analysis

Statistical Analysis

The IMCare results for all measures represent the full affected IMCare population and not a randomized smaller sample. If a sample size is used in the future versus the full affected population IMCare would then evaluate for statistical inconsistencies that may be present with sample size. IMCare will use the confidence interval to determine if a statistically significant difference between data throughout the years is noted.

Barriers that IMCare faces regarding the Native American population that we serve is the Leech Lake Band of Ojibwe (LLBO) Health and Human Services (HHS) offers services that are not billed to IMCare and are paid for with grant funding. This creates a barrier with providing data to support that our members have received these services and if they are timely. IMCare is working to build relationships with the departments within the LLBO HHS to help open that communication and allow IMCare to be more active in the care that is given to our members and allow us to reimburse for services provided.

Healthcare Disparity Analysis

Table 3. IMCare Measures by Race and Ethnicity Results for 2024

Measurement	White	Black/African American	Native American	Asian	Unknown
M1. Prenatal PPC	88.89%	100.00%	87.50%	NR	NR
M2. Postnatal PPC	95.06%	100.00%	62.50%	NR	NR
M3. W15	37.04%	NR	0.00%	NR	NR
M4. W30	71.43%	100.00%	50.00%	NR	NR
M5. Combo 10	NQ	NQ	NQ	NQ	NQ

Interventions:

Member education via biannual newsletters

Attend community events and provide education on these topics

Continue the Healthy Pregnancy Program focus study

Continue to offer culturally sensitive care

Build relationships with tribal organizations and community partners

Reminder letters sent out annually to members regarding well child checkups

Engage key stakeholders and community/organization partnerships

Collaborative Interventions and Measures of Success

The Collaborative has worked together to address large scale systemic issues in prenatal and early childhood care such as clinician bias and increasing access to culturally congruent doula care. Additionally, the MCO-specific initiatives are developed with an MCO's specific resources and membership as focus.

Education

The collaborative developed an educational series to address topics that can impact birth outcomes and early childhood health with a focus on health equity and addressing racial bias. All Collaborative webinars are recorded and remain available for viewing on the Stratis Health website.

Webinars presented in 2024 were:

- *Maternal Health and Inclusive Communication- 8/6/24*
  Presented by Haley Brickner, Health Equity Coordinator of the Minnesota Medical Association. This webinar addressed inclusive communication to ensure that all expecting and new parents receive respectful and comprehensive care. The webinar equipped participants with valuable knowledge and tools to address health disparities and foster a supportive environment with enhanced communication skills.
- *Well Child Checks: Growth, Development, and Safety, Oh My! - 11/23/24*
  Presented by Krishnan Subrahmanian, MD, MPhil, FAAP. This webinar provided an overview of screening and intervening in a child's developmental progress.

Tools and Resources

The Collaborative, in partnership with the Minnesota Council of Health Plans (MCHP), created an educational blog about the importance of well child visits and immunizations, *A Reminder from your Healthcare Provider: Come back to get caught up.* This educational resource directed at families with young children was posted on the MCHP site in December of 2022 in English with an accompanying voice recording to address concerns of health literacy.

Additionally, the content was translated into Spanish, Somali, and Hmong in 2023. Concerns over the quality of the initial translations caused a delay in the publication of this information for these communities. The Collaborative had the vendor translations reviewed for accuracy by native-speaking plan employees and worked with the vendor to make the needed changes. In the case of the Somali materials, internal medical interpreter staff re-translated the materials so it would be understandable to that community. Multiple dialects make it difficult to universally translate some languages, but review by native speakers found the translations to be high quality. The translated blog and voice recordings were posted as they became available in spring 2023.

This resource continues to be made available on MHCP's webpage as an educational resource for families with young children. The Collaborative has also posted a link to the resource on the Healthy Start PIP project page. Each plan publicized the blog through various channels including member newsletters and sharing with clinic partners, especially those serving a diverse patient population. This project with MCHP has also highlighted opportunities for continued efforts with partners across the state to support the dissemination of the resource.

Community Partnerships

Since the beginning of this project, the Collaborative has had discussions with several groups who were interested in collaborating in various ways or invited us to join existing efforts. Some of these collaborations included MCO participation prior to the PIP but have strengthened over the course of the project thus far and have proven vital to the PIP in identifying community needs and interventions. Our partnerships have resulted in several webinars that have furthered relevant knowledge for our shared providers, as well as statewide policy changes that improve access to doula care. A list of the guests we have hosted for discussion on strengthening our PIP work is included in the table below and is followed by a description of some of the community-based partnerships the Collaborative has focused on.

The Collaborative hosted the following guests in 2024 to strengthen our PIP work.

Name	Organization	Date
Megan Warfield Kimball	DHS	2/1/24
Shawn Holmes	MDH – Help Me Connect	3/7/24

Savannah Riddle and Anne Walaszek	MDH - IMOMS	3/21/24
Juliana Milhofer	MMA (MN Medical Association)	4/18/2024
Corenia Smith and Olivia Mastry	Birth Justice Collaborative	5/16/24
Louise Matson	MN Division of Indian Work	
Ruth Buffalo	MN Indian Women's Resource Center	
Haley Brickner	MMA (MN Medical Association)	6/20/24
Megan Warfield Kimball	DHS	8/1/24
Alec Wagner	MDH Immunization – Community Action Duluth	9/19/24
Sheyanga Beecher	Hennepin Healthcare's Pediatric Mobile Clinic	10/3/24
Karina Kelton	Raices Latina	10/17/24
Shawn Holmes	MDH – Help Me Connect	11/7/24
Ellen Jirik	NorthPoint Health and Wellness Center –	11/21/24
Ryan Davenport	MHCP	11/21/24, 12/5/24, 12/19/24
Amanda Axvig	612 Social	

Minnesota Department of Health- IMOMS and Help Me Connect are initiatives of the Minnesota Department of Health (MDH) focused on improving maternal and infant health outcomes. IMOMS works to align perinatal health initiatives, strengthen data infrastructure, and implement quality improvement strategies. The Collaborative has engaged with IMOMS to support community-driven efforts addressing disparities in Black, American Indian, immigrant, refugee, and rural communities. Help Me Connect is a free online navigation resource that connects expectant and parenting families with essential local services, including healthcare, housing, childcare, and mental health resources. Since its launch in 2021, the platform has provided access to over 14,500 programs statewide. The Collaborative continues to engage with Help Me Connect to ensure families and providers can efficiently access the support they need.

Everyday Miracles – Everyday Miracles is an organization whose mission is to improve birth outcomes and reduce health disparities by providing evidence-based education, compassionate and culturally aware support, and a non-judgmental, caring community. Their services include birth education, lactation support, prenatal yoga, and birth doula support. The Collaborative has worked in tandem with Everyday Miracles via BECC to improve doula access for Medicaid populations of color and increase access to culturally congruent doula support for all birthing people. The Collaborative will maintain and continue to leverage this relationship to improve services for our members.

Birth Justice Collaborative (BJC) – The Birth Justice Collaborative (BJC) aims to advance maternal health and birth justice for African American and American Indian communities through community engagement and systemic changes. BJC's strategies focus on addressing racism, investing in community resources, enforcing anti-bias systems, and advocating for policy reforms. The Collaborative has had

ongoing conversations with BJC about how we can support and amplify their work, especially in improving maternal and infant health outcomes.

Minnesota Medical Association (MMA) – The MMA is Minnesota's oldest and largest professional association for physicians and physicians-in-training. The Collaborative and the MMA share the urgent goal of improving immunization rates for children, ideally to rates that surpass pre-COVID-19 pandemic numbers. The Collaborative has initiated discussions about a potential partnership with the MMA.

County Partnerships

Regional Child and Teen Check-up – (C&TC) groups- Each part of the state has a group made up of MCOs and county C&TC staff from that area. Collaborative members attend the Metro Action Group (MAG) which is comprised of the 7-county metro area C&TC workers, as well as attending the relevant regional C&TC group meetings depending on their service area. In 2022, responsibility for some C&TC outreach shifted to participating in Integrated Health Partnership (IHP) clinics. IHPs have now established their outreach systems and several IHPs attend the C&TC meetings. The Collaborative works with all parties to facilitate C&TC outreach to our members and will continue to do so going forward.

Birth Equity Community Council (BECC) – BECC is a Ramsey County led initiative to support birth equity for communities of color in the metro area. BECC has three primary focus areas to support this goal - policy, training, and celebrations, and has subcommittees for each of these areas. Members of the collaborative have participated in these subcommittees. For example, BECC teams worked with community partners to offer training relevant to birth equity and the Collaborative members have shared these trainings with our provider networks and other partners. Collaborative members have worked with the BECC policy committee to problem-solve issues for community based and BIPOC doulas. The Celebrations committee has sponsored community baby showers and other events for the Club Mom and Club Dad participants and Collaborative members have supported these events. The Collaborative looks forward to continuing this partnership and considers it an element of our community engagement perspective going forward into the next PIP cycle. Although BECC is a Ramsey County initiative, it is directed by BIPOC leaders and birth workers and brings in laypeople from the community to be active participants and decision makers in the strategic planning process. BECC's effects in improving the birth experience of BIPOC birthing people in Minnesota cannot be overstated and the Collaborative is proud to be BECC's partner and supporter.

In addition to these partnerships for 2024, the Collaborative has continued to build on its work into 2025, furthering the goals of the Healthy Start PIP.

Barriers and Challenges

Multiple barriers, both predicted and unforeseen while drafting the proposal for this project, have become evident throughout planning and implementation of interventions. Several, but not all, barriers are related to the COVID-19 pandemic. Barriers made evident during the beginning of the pandemic have persisted and have created additional barriers as the pandemic has waned.

Immunization and well child barriers - MDH data shows that the percentage of 2-year-old children in Minnesota who are *not* up to date on their vaccinations has increased from 24.5% to 31.8% in 2024

Several circumstances caused by the pandemic and its aftermath are responsible for this decline in complete vaccinations.

- Our youngest members require a higher number of vaccinations to be up to date than other age groups, and once they are behind schedule, it can be more difficult to catch up as the delays can cause an overwhelming and confusing backlog in the vaccination timeline.
- Children may not be caught up on childhood vaccinations for a variety of reasons, including a general sense of vaccine hesitancy that has increased during the pandemic. Parents have expressed concerns and hesitancy about vaccine safety as well as necessity. This hesitancy can cause delayed vaccinations or even refusal of all vaccines. Vaccine hesitancy increased during the pandemic and appeared to continue as shown in the decline in the vaccination rates. According to results of the Healthy Start Survey, many do not believe that vaccines are necessary especially those for influenza or Covid for young children.
- Providers have seen a trend that while children are not meeting the measure by age two, they are getting the full set of vaccinations by age 4 or in time to start school, reflecting parental choice to space vaccinations further than the recommended schedule.
- Providers are sharing anecdotally that the increased social and political divisiveness experienced nationally related to vaccinations is impacting well child visit rates, as well.
- Members and providers report that access to appointments is still a problem resulting in delays for time-sensitive measures. These delays have been attributed to staffing issues throughout the healthcare system and persistent and systemic staff turnover.
- Access to telehealth appointments largely relies on reliable technology and, for many of our members, access to interpreter services. Both of those variables are not always available, making these telehealth appointments less accessible. Additionally, while telehealth visits can be appropriate for some care, it is generally not acceptable for well childcare due to the developmental and other screenings that must be included in the visits.
- Transportation to appointments is an ongoing barrier. While transportation is available, many members are not aware of this service, and access to this service in rural areas is particularly challenging. In addition, issues with the reliability of cab services may cause delays in drop-offs at appointments, potentially leading to appointment cancellation.
- Lack of availability of appointments outside of regular business hours as a barrier to keeping current on well child checks, as well as parents/ guardians who cannot get off work for appointments.
- Childcare is a barrier to clinical care that persists across our population.
- Many people polled in the survey have shown a low to moderate barrier for lack of trust or culturally appropriate care.

Maternal Health Barriers – There can be many real or perceived barriers for receiving early prenatal care and postpartum care, such as:

- When someone finds out they are pregnant, they may delay starting prenatal care if they do not have insurance because of fears of the costs of care. The process for applying for and enrolling in Medicaid can be confusing and lengthy, further delaying care.

- Personal, familial, or cultural beliefs or priorities may place less value on early prenatal care or on postpartum care. Subsequent pregnancies may also give pregnant people a feeling of less urgency to be seen early because of having experienced it all already.
- Lack of evening and weekend appointments can make it difficult to get care that is accessible to fit into work schedules.
- Barriers from the Healthy Start Survey include - Lack of Childcare, fear of exposure to illness, lack of comfort with the healthcare system or provider.
- Postpartum can be a challenging time physically, mentally, and emotionally and care for the infant is often prioritized over the birthing person's health care. Other barriers found from the survey for Postpartum care, include not being able to get time off work and transportation issues.
- Social factors impacting decisions to seek care could include indecision over plans for pregnancy, lack of support system, chemical use and fear of 'system' involvement, and other drives of health such as food and housing security may take precedence over prioritizing prenatal or postpartum health care.

Provider Trust - An additional barrier that cannot be overlooked for all these issues is the members' experience with the healthcare system. People of color routinely report unease with the health care system due to past experiences feeling disrespected, ignored, or otherwise mistreated by racist care. This experience plays a role in their likelihood to seek important care such as prenatal and postpartum care as well as preventive care for their children.

For pregnant people, fear of being reported to 'the system' for drug or alcohol use is a deterrent to seeking prenatal care. Their fear of losing their baby is real and is reinforced by the experiences of others they know in the community, and sometimes their own childhood experiences of being removed from their families.

Doula Support - Regarding barriers for our birthing members, we have heard from the Doula community that access to culturally reflective doulas and awareness of doulas continues to be a barrier. This is a barrier that the Collaborative has made a priority to address and has made considerable progress on, which is described in other sections of this report. One barrier regarding doula care addressed by the Collaborative is the Medicaid reimbursement rates allowing doulas to make a viable living as a birth worker once they are certified. While the Medicaid rate was increased for doulas in 2019, it was a slight increase, leading to another increase passed by the legislature in 2023 with an effective start date of January 1, 2024.

Also, included in that legislation was the elimination of the requirement for doulas to bill under a National Provider Identifier (NPI) number of a clinician. However, the process for doulas to register as stand-alone providers has proved cumbersome and complicated requiring them to obtain their own Unique Minnesota Provider Numbers (UMPI). Along with those barriers, doulas must also have contracts with all the MCOs to serve our members. This administrative process is yet another barrier. Doula providers have a unique ability to increase the accessibility of health care to our members, however, these identified barriers are hindering them from providing much needed care.

Organizations that employ doulas report that it is difficult to retain doulas once they are certified for this same reason. There is a significant gap in time after a doula becomes certified and can begin providing support, and when the claim for those services is paid so the doula receives their salary.

Feedback from the Community baby shower, listening sessions on Doula services, "pregnant individuals consistently shared how their experience with doula services added great value to their pregnancy journey. Many mothers/ birthing people, who did not receive doula services during their first pregnancies but did in their subsequent pregnancies saw a drastic improvement in care as advocacy from the doula enabled them to be more competent about their prenatal care options and have more autonomy in their health decisions. Additionally, a participant mentioned that the support of her doula was "indispensable" during the birthing process. The birth plan that she had discussed with her doula was implemented exactly as planned which made labor a pleasant experience. It was iterated multiple times how important it was for pregnant individuals to have someone understand their needs and advocate for them. The impact of doula support extends beyond prenatal care and childbirth as many received community and health plan resource information from their doula in which they would have never known was available to them. Overall, it can be easily concluded that doulas have been the most helpful throughout their pregnancy which is why it is essential for the MCO Collaborative to continue to advocate for doulas and eliminate barriers that hinder the provision of this service[2]."

Process Barriers

As noted above, the ability to access accurate translated material for members who speak languages other than English is a barrier. The process of validating the quality of translated materials creates delays in getting the information out to members. In some cases, we have seen translations that appear to use 'Google Translate' rather than qualified medical translators. This concern has necessitated the implementation of local review processes that are both time consuming and costly, but that are necessary to ensure members receive accurate, culturally relevant information.

As described in the methods section, the nature of pregnancy related data is a challenge, but not only from a methodological perspective. Because pregnancies are long events of nearly a year in length when accounting for the postpartum period, acquiring data and attributing it to interventions happen over a longer period. This makes the process of evaluating whether to continue or modify our interventions more difficult.

Another significant barrier is members' experience with the health care system. People of color often feel uneasy due to past experiences of disrespect or mistreatment, affecting their likelihood to seek prenatal, postpartum, and preventive care for their children.

Sustainability

As the Healthy Start Project rolls into a new cycle, the MCO collaborative will continue to carry out their commitment by ensuring that progress is made in reducing disparities among maternal and child health outcomes. To maintain steady progress and achieve sustainability, the Collaborative will continue to focus on the following project components, but are not limited to:

[2] Health Plan Performance Improvement Plan (PIP) Team - Baby Shower Event - All Documents

- Community/Stakeholder Engagement - Strengthen current community partnerships in addition to exploring new partnership opportunities.
- Quality Improvement Initiatives - Continue interventions identified as effective in improving performance and outcomes (e.g., member outreach).
- Policy Advocacy – Support the institutionalization of statewide policy changes that remove barriers to maternal and child health such as doula care services.
- Training & Education – Actively identifying topics through partnership feedback to pursue learning opportunities for healthcare providers.

Furthermore, the Healthy Start project page within the Stratis Health website will continue to serve as the resource HUB for this project. All webinars, education series, training materials and any collaborative resources with other organizations will remain on the Stratis Health website for continued use. Resources are updated annually, provided they remain accurate and clinically relevant.

Assessment of Short-term and Long-term Effects

The initiatives implemented within the scope of this project are intended to improve health outcomes for pregnant people and babies in the PMAP and MinnesotaCare populations. The MCO will evaluate the Collaborative interventions and MCO specific interventions to determine how to sustain these in the years to come. The MCOs use the Plan, Do, Study, Act (PDSA) quality cycle to evaluate the effectiveness of these programs and make systemic and internal changes to improve current processes that support the work of maternal and child care. Some key assessment steps to help ensure this project's success include, but are not limited to:

- Data Monitoring and Analysis
- Community/Stakeholder Engagement
- Addressing Disparities and Social Determinants of Health
- Quality Improvement Initiatives
- Training, Education, & Policy Advocacy
- Benchmarking, Evaluation & Feedback

Plans for 2025

As we move forward in 2025, we have continued to focus on maintaining and expanding the community partnerships. These partnerships contribute to the development and delivery of educational webinars and tools, and support increasing member utilization of community resources such as doula services, immunizations and well-child care. In addition, we will continue community engagement that could inform a shared measurement and associated activities. Examples of how these partnerships have already

- The Collaborative has engaged with key partners to support efforts in community engagement and outreach. We have continued our work with Shawn Holmes, who conducted a webinar on *Help Me Connect*, providing valuable insights and resources for families.
- We are actively working with Ryan Davenport and Amanda Axvig from the Minnesota Council of Health Plans on an immunization campaign, aiming to improve vaccination rates and awareness through strategic outreach and education.

- Additionally, we have partnered with Ellen Jirik from NorthPoint Health and Wellness to facilitate community listening sessions. These sessions are designed to ensure that the voices and needs of the community are reflected in our initiatives, strengthening our ability to create meaningful and effective programs.

We will continue to ……Engage key stakeholders and community/organization partnerships

- Develop plans for collaborative interventions, trainings, and community-led initiatives
- Identify and implement input mechanisms and measures for community engagement activities
- Schedule and host webinars as appropriate

IMCare Plans for 2025

Member education via biannual newsletters

Attend community events and provide education on these topics

Continue the Healthy Pregnancy Program focus study

Continue to offer culturally sensitive care

Building relationships with tribal organizations and community partners

Reminder letters sent out annually to members regarding well child checkups

Engage key stakeholders and community/organization partnerships

Continue sharing the webinars and education the project provides to staff and community partners

2024-2026: Depression and Diabetes Performance Improvement Project 2024 Year 1 Interim Report

MCO: Itasca Medical Care

Contact: Danielle Larson, Quality Improvement Director

Date Submitted: 9/1/2025

Summary

This Performance Improvement Project (PIP) focuses on addressing the comorbidities of diabetes and depression for the Seniors in Minnesota Senior Health Options (MSHO) & Minnesota Senior Care Plus (MSC+) products and the Special Needs Basic Care (SNBC) populations. The PIP will be effective from 2024 through 2026 and will be used to improve members' overall diabetes care.

To amplify our efforts and facilitate improvement, this PIP will be a collaboration of Minnesota Managed Care Organizations (MCOs) ("the Collaborative"). MCOs participating in this collaboration include Blue Plus (Seniors only), HealthPartners, Hennepin Health (SNBC only), Itasca Medical Care (Seniors only) Medica, PrimeWest Health, South Country Heath Alliance and UCare. Stratis Health provides project development support and assistance to the Collaborative.

Each MCO will create and establish their own goal aimed at improving the diabetes care and services for Seniors and SNBC members while working together with the Collaborative through interventions supported by the group alongside each MCO's separate interventions.

Rationale

Diabetes and depression are among the top conditions within the Senior and SNBC populations with the Minnesota MCOs participating in this PIP. Addressing the impacts of the comorbidities of diabetes and depression is supported by an abundance of research on the prevalence and impacts that depression can have on diabetes management, as well as impacts that having diabetes can have on a person with depression.

Purpose

The purpose of this PIP is to address the impact of depression on diabetes management and to incorporate community informed measures through work within the conceptual community engagement model. The hope would be to impact both the mental and physical health conditions simultaneously to improve overall health outcomes and learn from the community what actions they feel would create the most opportunity for that improvement.

Measures of Success

The aim of this collaborative PIP is to progress year-over-year improvement in the years 2024 through 2026 for members with diabetes and depression by engaging the community to address health disparity gaps and improve effectiveness of care for diabetes HEDIS® measures.

Methods

This project will measure gaps in care by leveraging the HEDIS® Effectiveness of Care Diabetes measure set, with a focus on members that have comorbidities with diabetes and depression. Each MCO has identified which measure(s) to focus targeted efforts. IMCare chose these 4 measures specifically to focus on for this project in the proposal:

- GSD- Glycemic Status Assessment for Patients with Diabetes (*Glycemic Status (<8%)* which replaced HBD-Hemoglobin A1c which was retired by NCQA measures.
- BPD-blood pressure control for patients with diabetes measures the percentage of enrollees 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year
- AMM Acute- Antidepressant Medication Management measures enrollees 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 84 days (12 weeks)
- AMM Continuation- Antidepressant Medication Management measures enrollees 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 180 days (6 months)

Community Informed Measurement

As directed by the Minnesota Department of Human Services (DHS) in May of 2023, the Collaborative is incorporating community informed measures into the PIP processes for Seniors and SNBC members. Specifically, DHS tasked the MCOs with "collecting enrollee input on their interactions with the healthcare system and developing community informed measures for the project, while maintaining that such work takes time and has not been previously attempted in the context of the PIPs".[1] During the PIP planning process, the Collaborative researched different existing methodologies for community engagement and used the findings to develop a guiding philosophy on how to incorporate this new aspect into the work.

Overall, the idea of community-informed measurement is having groups of people most negatively impacted by structural inequities help identify, design, and validate a metric of quality we can then consider implementing into our overall healthcare quality improvement cycle.

The Collaborative understands that consulting with various marginalized enrollee communities directly will help us understand what matters the most about their diabetes and/or depression care, however, the population in this PIP has small numbers for some racial groups. We developed questions that can be used in many settings/methods with plans to aggregate the results as a Collaborative to identify patterns of barriers and/or successes that can be applied broadly.

While there may be some studies to inform an approach, SNBC and MSHO are both extremely unique populations, and it would be unwise to generalize the needs/goals of other demographics to those populations. We also need to acknowledge that the response rate on surveys to these populations is extremely low, and the limited number of members with diabetes and depression have further decreased the eligible population to survey.
In the first half of the year, the Collaborative established two common questions that would be used across MCOs to gather community input relevant to defining value for members' health outcomes. The

[1] Presentation by Dr. Mark Foresman at the May 23rd, 2023 Quarterly Workgroup Meeting.

purpose of producing these questions was to overcome the limitation of the small numbers within individual plans and the difficulty of engaging members and gathering meaningful data from such small pools of participants. Compiling responses from the different plans in one basket provides the opportunity to have greater sight to the bigger picture of what members regard as important for their health. The following questions were used to obtain community feedback through informal discussions with:

(i) "What or who has been the most helpful in managing your <diabetes or depression>, <physical or mental health>, and how?"

(ii) “What could your health plan offer that would help you achieve your best health?”

Over the course of the year, the Collaborative used the questions in different settings including Stakeholder meetings like Enrollment Advisory Committees, MSHO and SNBC member meetings/ outreach, and at public events like the Minnesota State Fair, flu clinics, and MCO Member Day events. Below is a summary of the feedback received for the two questions:

Feedback from members highlighted the vital support from family members and pets in managing their daily activities and medical needs. Likewise, members found Care Coordinators invaluable for clarifying health benefits, providing regular preventive care reminders, problem solving and offering advice. Other providers like doctors, home care nurses, therapists, mental health workers, and Personal Care Aids (PCAs) were also found to be supportive. Members used health management tools like pill boxes, medication reminder apps, and electronic glucometers to manage their conditions, and emphasized the benefits of health and wellness activities including exercise, gym membership and telehealth visits.

To achieve their best health, members had the following recommendations for health plans:

- Regular well-being check-ins to ensure individuals are doing well.
- Providing more detailed information and coverage options for dental procedures.
- Offering coverage for continuous glucose monitors earlier to prevent worsening health conditions.
- Offering and/or increasing access to gym memberships to promote physical fitness.
- Offering incentives to make healthy food options like fruits and vegetables, more affordable.
- Offering nutrition education to help individuals make better dietary choices.

To supplement the discussion questions, the Collaborative also developed a set of survey questions to gather more insights from members about their expectations to meet their health needs. The survey was administered to the MSHO, MSC and SNBC populations. A QR code was developed for each MCO to enable use of the questionnaire at different community events. While the cumulative results of the survey could be gathered for the collaborative efforts, MCOs could also access their MCO specific data. Apart from the demographic and insurance questions, the survey covered the three key questions below:

(i) Imagine your health plan helping you achieve your best health. What does that look like?

(ii) What has been going well in managing your chronic condition?

(iii) What has been the most challenging part of managing chronic condition(s)?

In total, 48 members completed the survey, including 4 incomplete responses which were not counted in the data. Out of the 44 complete survey responses, 94% had Medicaid/MA, 37% had Medicare (dual eligibility with MA) and 6% of the members chose not to disclose their health insurance type. The highest responders to the survey were White (41%), followed by Black/African American (27%), Asian/ Pacific Islander (10%), and American Indian (5%). The race of 17% of respondents was unidentifiable. The primary language for 83% of respondents was English. Other identified languages were Somali (4%) and Vietnamese (4%). The primary languages of 9% of respondents were not identifiable. See Figure 1 and Figure 2 below for race and language representation of respondents.

Figure 1: Survey Respondents by Race

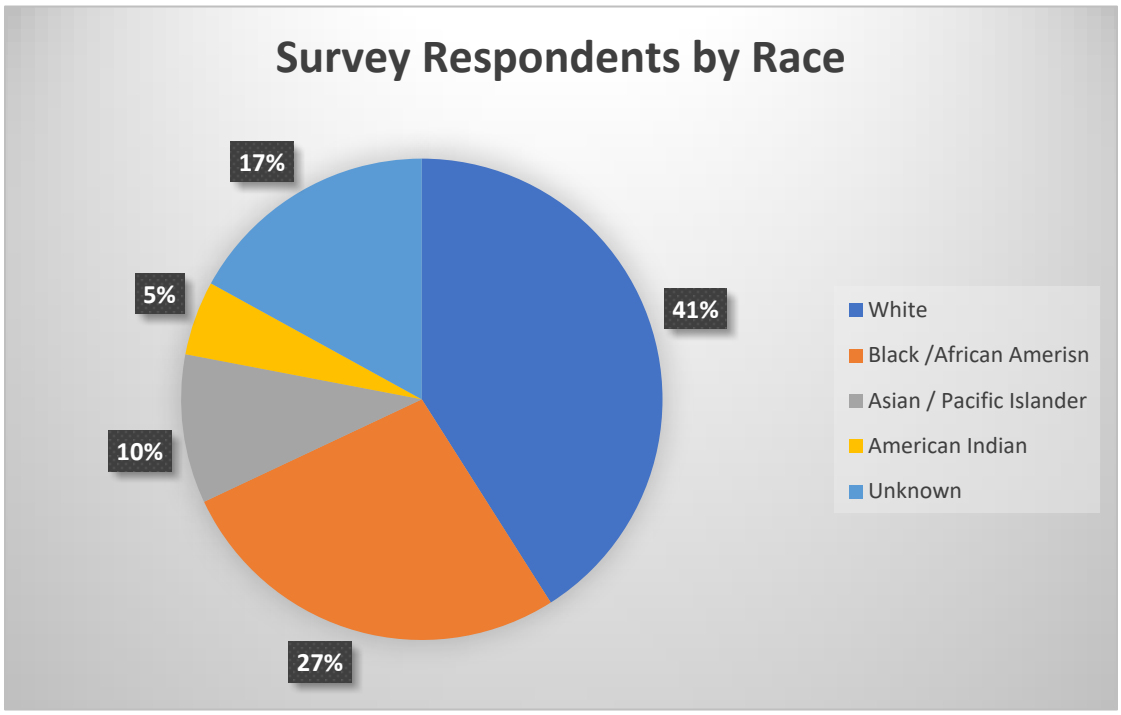
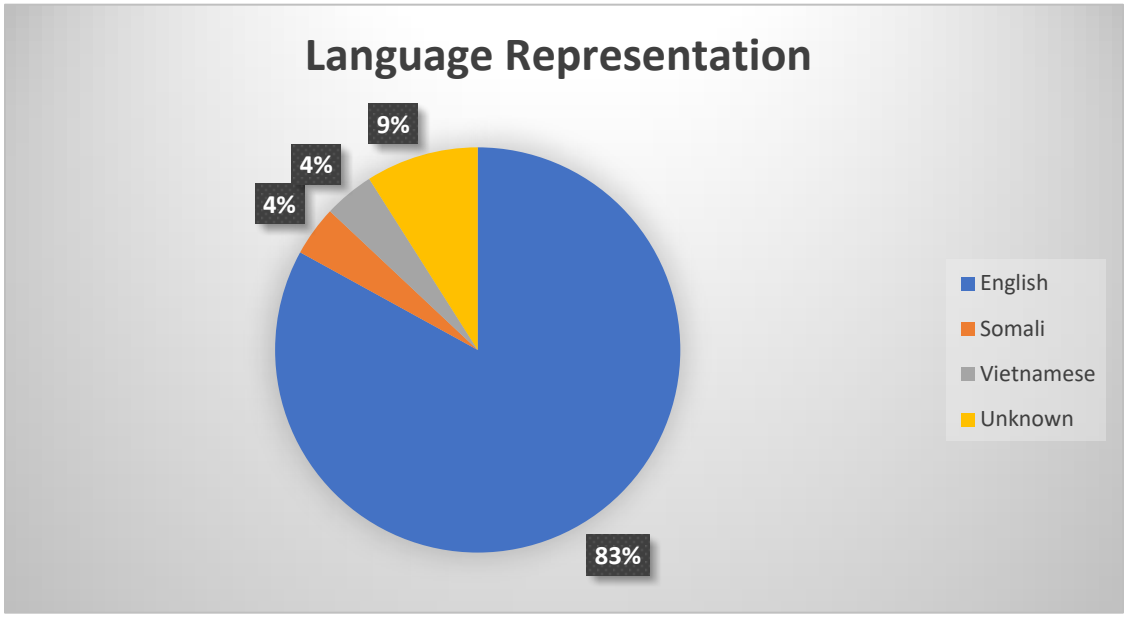


Figure 2: Language Representation of respondents



From the perspective of members, best health is achieved when there is:

- Constant communication with providers and helping meet physical activity needs.
- Support for achieving best health through various services and resources.
- Knowledgeable providers and personalized care coordination.
- Support in home with smoke-free environments, weight loss, exercise, and healthy meals.
- Support for aging, health, and financial needs through annual classes and quarterly checkups.
- Increased availability of doctors and more providers with shorter waitlists.
- Support for mental health with online services for convenience and privacy.
- Transportation assistance and home visits for those in need.
- Educational outreach, classes on stress management, and health events.
- Early health education for youth and support for maintaining a happy and healthy lifestyle.
- Comprehensive coverage for services and medications.

Some of the things that have been going well for members in managing their chronic conditions included:

- Support from materials, services, and programs.
- Family assistance in managing chronic conditions.
- Effective communication with primary doctors and care coordinators.
- Healthy diet adjustments.
- Listening to one's body and regular checkups.
- Access to medical transportation and services.
- Medications and quality care from primary care physicians and specialists.
- Help with diabetic conditions.
- Participation in hobbies and social activities reduces anxiety.

The most challenging part of managing chronic conditions for members included:

- Challenges with member services and getting proper attention
- Issues with sleep studies and coordination
- Difficulty managing diabetes
- Balancing body movements
- Managing chronic conditions like low back pain
- Problems with mobility and stress
- Finding support groups and assistance for quitting smoking
- Living alone and aging concerns
- Dietary restrictions and new habits
- Scheduling suitable medical appointments
- Switching doctors and obtaining proper medical care
- High medical or pharmacy costs
- Issues with health insurance

The Collaborative also pursued community engagement by soliciting input and feedback from webinar participants, primarily providers serving MCO members. Direct feedback from providers such as Care Coordinators gave us insights into what matters to our members from the providers' perspective. This input is crucial for enhancing health outcomes and guides future collaborative activities. We used polls during webinars to ask about topics providers wanted covered in educational sessions. Feedback indicated a desire for a stronger connection between webinar contents and measurable health improvements.

While achieving significant attendance at community engagement meetings is challenging, the collaborative will keep exploring ways to enhance community participation by strengthening partnerships and utilizing existing feedback loops. Considering that surveys are currently in English, the collaborative may translate surveys and discussion questions into languages like Somali, Hmong and Spanish. To accommodate those less familiar with technology, (MSHO, SNBC, MSC Plus populations) we will also explore discussing the survey questions during members sessions.

Data Limitations

A data limitation in each measure is the hybrid collection methodology that we all employ. Hybrid allows the health plan to use a sample size of 411 to review compliance via medical record abstraction rather than looking at the data for the full population. To address this limitation, plans with a sample size larger than 411 will produce two rates - Hybrid and Administrative. The hybrid rate provides this project with a goal that is statistically valid but cannot demonstrate race/ethnicity analysis. The administrative rate includes race and ethnicity data that is supplied through enrollment files and therefore provides the opportunity to analyze the data by race and ethnicity. This project is focused on the senior population and due to IMCare having a small MSHO and MCS+ population totaling only 800 members for the measurement year of 2024, providing accurate data for members who are diagnosed with diabetes and depression using these HEDIS measures is limited.

Lastly, all the MCOs acknowledge collecting data on patient race, ethnicity, and language (REL) is an important step in reducing health care disparities, as REL data allows for the stratification of clinical performance measures that guide quality improvement efforts. To see success in this project, we encourage our DHS partners to continue their efforts to increase the availability and quality of data on race and ethnicity. This optional information is collected through the enrollment application and shared with health plans via the 834 monthly feeds. We welcome additional and ongoing conversations via our quarterly MCO-DHS Quality Workgroup or other venues meeting to discuss solutions to the critical gaps in data on race, ethnicity, and socioeconomic status in existing systems.

On July 1, 2024, the platform "MN Choices" was launched with all Care Coordinators in the state of MN using it to document their work with members in the same system. The documentation within this platform presents the potential for member data that will be invaluable to quality improvement work. In particular, the Annual Health Risk Assessment (HRA) completed with each member contains firsthand member health information that, when extracted, could provide member data that we currently do not have access to on an aggregate level. However, the capability for this data to be used by the MCOs is limited due to the quantity of the data, and it will take some time to mine the data for what is needed.

Efforts to use HEDIS depression measures that include items like the PHQ-9 to monitor how interventions affect a change are currently limited because of the available measures and by the Electronic Clinical Data Systems (ECDS) nature of the measure.

Most HEDIS depression measures only track depression diagnosis billed during the calendar year. Providers sometimes do not code for it, making it appear as though the person no longer has depression when it simply wasn't coded. Overall, the depression measures HEDIS is starting to use are intended to be helpful but will only represent part of the story for chronic depression members.

Monitoring PHQ-9 screening data has its limitations as well. PHQ-9 data is only available from providers that send MCOs clinical data and is limited due to the lack of claims information on depression screening. Members who work with a care coordinator (CC) already have a tool that is not PHQ-2 or PHQ-9 within their normal workflow. Both systems issues lead to unreliable data collection and reporting.

The MCOs will continue to monitor one or more HEDIS depression measures to determine if the data that is available is useful to understand whether our diabetic members who have depression are being screened so that they can receive appropriate care. It is also difficult to tie any PHQ-9 result back to a specific intervention unless it is in a research setting. PHQ-9 data will need to be monitored using process measures until we understand how existing HEDIS measures can better support this work.

MCO Specific Goal

The IMCare goal for this QIP is to improve outcomes for enrollees with a diagnosis of diabetes and depression in comparison to the baseline HEDIS data from measurement year (MY) 2024.

Measures

Regarding the Acute Antidepressant Medication Management measure, 14 members were identified and only 11 of those members met the requirements for the measure. That is only 1.24% of IMCare's senior population. All members identified their race as White.

The Continuation Antidepressant Medication Management identified the same 14 members as the Acute AMM and only ten met the requirements for this measure. This is only 1.13% of the IMCare senior population.

Regarding the Glycemic Status Assessment for Patients with Diabetes (GSD)—*Glycemic Status (<8%),* 27 members were identified and 22 of them met the requirements for the measure. This is 2.49% of the IMCare senior population. All member's race was identified as White except two members whose race was identified as unknown.

When reviewing the data for Blood Pressure Control (BPD) measure, only 27 senior members were identified, none of the members met the requirements for this measure. All member's races were identified as White except two members whose race was identified as unknown.

Data Analysis

Statistical Analysis

In the IMCare proposal the HEDIS measure HBD in MY 2022 was calculated by race and ethnicity, however all enrollees were identified as "unknown." Additionally, the IMCare results for all measures represent the full affected IMCare population and not a randomized smaller sample. For this reason, disproportionate under-representation, as well as non-overlapping confidence intervals, were not utilized; however, should data become available, IMCare will use these calculations for statistical analysis in the future.

When reviewing the data for MY 2024, it is difficult to gauge the progress of the project due to the small number of members and limited data available. Due to IMCare having a small senior population, totaling only 800 members, it is difficult to show the true impact that the collaborative and IMCare efforts are making.

Healthcare Disparity Analysis

Due to the limited HEDIS data available, IMCare conducted claims data analysis that focused on senior members over 65 years old who have medical claims in the year of 2024 that identify that they have a diagnosis of both diabetes and depression. In that data analysis there were 93 senior members identified with both diagnoses, which is a total of 10.52% of the senior population. Using the 2024 total enrollment file, it was identified that out of the 93 members, 85 identified their race as White, four American Indian, two African American, and one unknown race.

When reviewing the HEDIS data, claims data, and the enrollment file, it is clear that the majority of the senior population is White and the next largest ethnicity is American Indian.

Strong Action

IMCare Interventions

IMCare provides members education via biannual newsletters

IMCare will provide education and resources to staff on these topics

IMCare monitors claims data, identifies members who are diagnosed with both diabetes and depression, and utilizes this to conduct focus case management.

Work towards building local and community partnerships

Collaborative Interventions

Education and Training for Care Team

Care coordinators play an essential part in supporting members with co-occurring diabetes and depression as their role involves providing education, connecting members to resources, and working closely with them to establish and reach their health goals. Care coordinators are diverse in terms of their education, areas of expertise, ethnicity, life experiences, and skillsets. More importantly, they also conduct routine Health Risk Assessments (HRA) yearly in which members are assessed for diabetes and mental health management. Direct service care coordinators have trusting relationships with members which allows them to engage in disease and mental health management by providing support services and resources to manage their health conditions.

In 2024, the Collaborative planned and executed various educational series for care coordinators to better equip them with the knowledge and skills needed to support members in managing their diabetes and co-occurring mental health diagnosis. The term “Care Coordinators” here refers to several types of case management staff including: MCO care coordinators, Community Health Workers, Health Coaches, Targeted Case Managers, ARMHS Workers, etc. Training was designed to address a wide variety of topics related to diabetes and depression while also providing basic foundational knowledge about best practices in working with members who have both diagnoses.

Webinar Promotion Process

The Collaborative has developed a process to share the Performance Improvement Project webinars and resources with the appropriate audiences to align messages and increase impact throughout Minnesota. There are approximately two thousand participants on the distribution.

- Created a master distribution participant list which is utilized for upcoming webinars
    - As participants attend, they are added to an email distribution list
    - Emails are sent via mail merge from Stratis Health (neutral convenor for the health plans)
    - There is an option to opt out
- The distribution list is housed on the PIP SharePoint page that is managed by Stratis Health
    - Select plan member removes duplicates
    - With support from Stratis Health the team is working on a process to remove bounce back emails
- Health plans who lead the webinars also have a process to share webinars
    - Each health plan shares with care coordinators and appropriate individuals and teams
- Some of the health plans distribute to the MDH mail bag

Webinar Series

The Collaborative offered a series of webinars to improve the HEDIS Diabetes Measures for Seniors and SNBC members. Educational webinars addressing diabetes and depression that took place in 2024 included:

Supporting People with Co-Occurring Diabetes and Depression – 2/29/24
Presented by Mary Holland, Director of Behavioral Health Case Management, HealthPartners

This webinar is the first in a series of webinars focusing on improving the health of people with diabetes and depression. Care Coordinators received an overview of issues commonly seen when these conditions co-occur and strategies for supporting clients with both conditions.

A total of 538 people participated in this webinar live and completed the evaluation.
Of those who completed the evaluation, and 85.9% rated an enhanced knowledge and ability to apply new strategies and tools in the work setting, and 92.9% rated their ability to identify strategies to support and care for people with both diabetes and depression. Another 89.2% rated their ability to identify why mental health matters in relation to people with diabetes.

Diabetes and Depression: Case Reviews – 6/20/24
Presented by Dr. Sarah Spilseth, Associate Medical Director, HealthPartners and Dr Brian Palmer, Associate Medical Director, Health Plan Behavioral Health, HealthPartners

This webinar reviewed three different cases and identified different scenarios in working with people who have both diabetes and depression. It also defined the vital role care coordinators have in supporting the care teams in managing the complexity of co-occurring diabetes and depression.

A total of 359 people participated in this webinar live and completed the evaluation.
Of those who completed the evaluation, 94.1% rated an enhanced knowledge and ability to apply new strategies and tools in the work setting. And 97.2% rated their ability to identify two medical consequences of diabetes and linkage to depression. Another 98.3% rated their ability to describe how addressing depression is essential in supporting members with diabetes.

Understanding and Overcoming the Unique Barriers to Care for People with Depression and Diabetes – 7/16/24
Presented by Molly Peterson, National Alliance on Mental Health Illness (NAMI)

This webinar highlighted the realities of living with both a mental illness and a chronic health issue, how confounding symptoms can complicate care, and how care coordinators. Social workers, counselors, and other caregivers can support the health of the person with the illnesses. Care coordinators engaged in dialogue, solved sample client scenarios, and learned to find resources to assist clients and their families.

A total of 290 people participated in this webinar live and completed the evaluation.
Of those who completed the evaluation, 95.1% rated an enhanced knowledge and ability to apply new strategies and tools in the work setting. And 96.5% rated their ability to define the challenges of co-occurring mental illness and diabetes. Another 95.2% articulated ability to identify strategies to engage patients and families in care.

Changing the Narrative on Suicide and Mental Health – 10/22/24
Presented by Jenilee Telander, Suicide Prevention Coordinator, Minnesota Department of Health and Wil Sampson-Bernstrom, Suicide Prevention Coordinator, Minnesota Department of Health

Talking about mental health and suicide can be an uncomfortable and uncertain topic that can bring up different feelings, beliefs, and attitudes for everyone. This webinar empowered conversations to start in the hopes of changing perceptions of mental health toward hope and resilience.

A total of 326 people participated in this webinar live and completed the evaluation.
Of those who completed the evaluation, 95.8% rated an enhanced knowledge and ability to apply new strategies and tools in the work setting. And 95.7% rated their ability to understand language when talking about mental health and suicide. Another 97.8% rated this activity with increased ability to understand and have conversations about mental health and suicide.

Process Measures for Care Coordination Education and Training:

1. Number of trainings provided for Care Coordinators
2. Number of attendees at each training
3. Evaluation results from the trainings

Title of Webinars 2024	Date of Webinar	# of Registrants	# of Attendees	# Evaluations completed
Supporting People with Co-occurring Diabetes and Depression	2/29/24	954	636	538
Diabetes and Depression: Case Reviews	6/20/24	795	447	359
Understanding and Overcoming Unique Barriers to Care for People with Diabetes and Depression	7/16/24	604	385	290
Changing the Narrative on Mental Health and Suicide	10/22/24	755	482	326
Total # of Webinars: 4		Total # registered: 3,108 with potential to attend or watch on demand through Stratis site	Total # of attendees: 1,950	Total # of evals: 1,513

Figure 1. Figures 1 and 2 demonstrate the combined evaluation summaries of two post webinar questions.

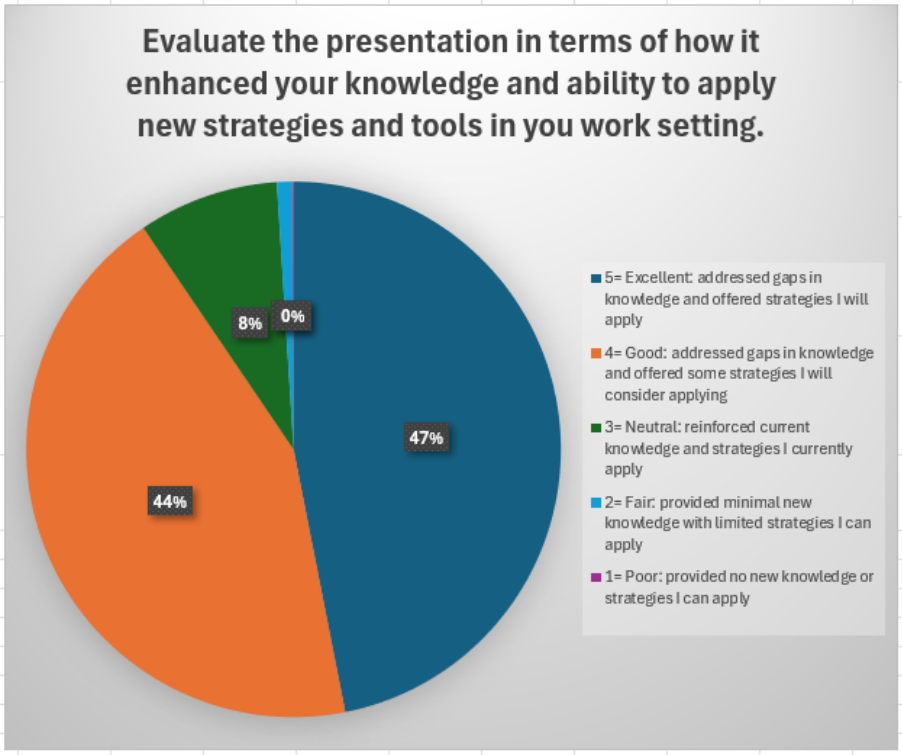
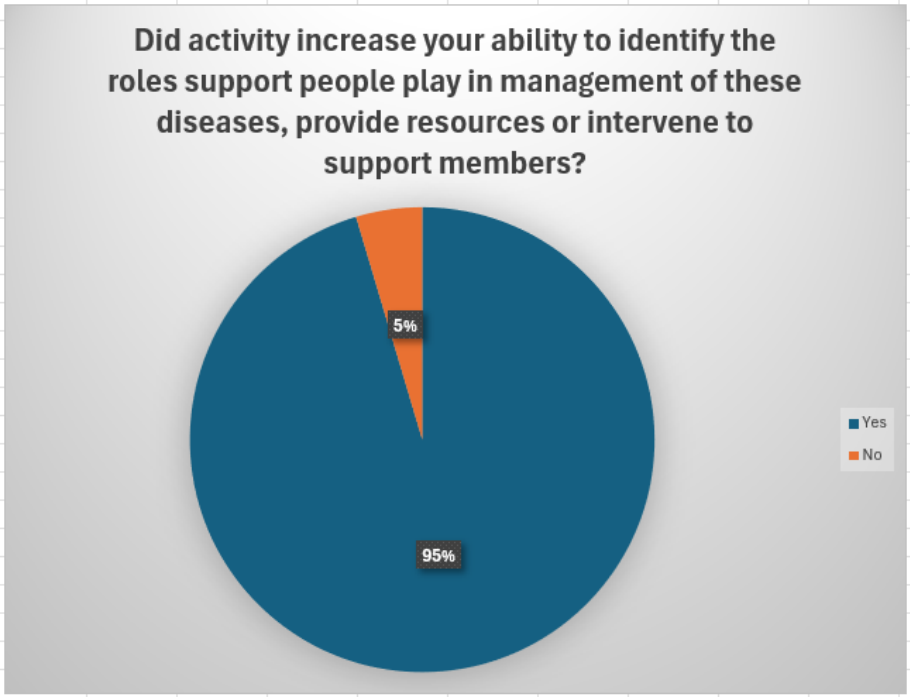


Figure 2.



Tools and Resources

Minnesota's Medicaid MCOs have a history of providing supportive services for our members to address both overall health as well as specific health conditions. This support may come in the form of incentives to encourage members to seek the care that is recommended, enhanced care coordination for specific conditions or educational resources. Increasingly, these supports also include resources to address social determinants of health (SDOH).

As the Collaborative assessed the need for aligning tools across MCOs to enhance the utilization of supplemental benefits to support the care of our members, it was concluded that the Collaborative will discontinue the supplemental benefit grid as there was not a high demand for it. Each MCO has their own resource webpage for care coordinators where benefits, programs/services, and incentives information can be accessed; therefore, to update an external supplemental grid would be duplicative of efforts.

Stratis Health Website

All webinars mentioned above in the "Education and Training for Care Team" section of the report are located on the Stratis Health website which is the Collaborative's resource hub. Performance Improvement Project (PIP): Improving Care for People with Co-Occurring Diabetes and Depression - Stratis Health is made accessible to everyone and houses all previously recorded webinars, presentation slides, and resources provided by the presenter if applicable.

Improving Care for People with Co-Occurring Diabetes and Depression Webpage Views

Total Visits	Total Unique Visits	Webinar Recording Views
859	446	320

*Data only reflects views and visits from January-July 2024 as there was a glitch in system which prevented tracking from July-December 2024.

Webinar	Views
Supporting People with Co-Occurring Diabetes and Depression	99
Diabetes and Depression: Case Reviews	120
Understanding and Overcoming the Unique Barriers to Care for People with Diabetes and Depression	105
Improving Care for People with Co-Occurring Diabetes and Depression	TBD

Minnesota Department of Health – Diabetes and Mental Health Website

MDH has a site dedicated to Diabetes and Mental Health Diabetes and Mental Health - MN Dept. of Health (state.mn.us) and has developed "Everyday tools and Tips" in a PDF Mental Wellbeing (state.mn.us). Diabetes and Mental Health - MN Dept. of Health These links may be shared with Care Coordinators for their work with members. The Collaborative has worked with the workgroup at MDH, during the previous DHS Diabetes PIP. We cohosted two webinars that focused on the importance of nutrition when managing diabetes, food insecurities, and local resources. The group's efforts align with key components of the PIP work making them a natural partner. We intend to continue these collaborative efforts and MDH has expressed similar interest.

National Alliance of Mental Health (NAMI) Website

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, this is an alliance of more than 600 local Affiliates and 49 State Organizations who work in communities to raise awareness and provide support and education that was not previously available to those in need.

The NAMI website NAMI | National Alliance on Mental Illness provides its viewers with a great range of information from common knowledge on the various mental health conditions, treatments, guidance for family members and caregivers, NAMI connections to support groups and their Help Line, self-help video resources, and links to podcasts and other webinars, just to name a few.

MCO Specific Community Resource Tools

In addition to the Collaborative specific resources, each MCO has or is developing a connection to a community program to help address food insecurity and other SDOH. This includes agencies, organizations, or tools such as UniteUs, findhelp, Hunger Solutions, and FoodRx. This project will capitalize on those relationships by integrating processes to identify and refer members with diabetes with or without depression who may also have additional social risk factors.

While the partnering organization(s) may vary by MCO, we will work collaboratively to promote the availability of these resources for our members. It is important to understand how SDOH overall impacts mental health which in turn may impact the chronic condition of diabetes.

Process Measures for Tools and Resources:

1. Stratis Health Webpage and Webinar Views
2. Each MCO will determine the metrics they will use as a process measure to identify utilization of SDOH resources.

Community Outreach and Partnerships

Juniper/Trellis

Juniper, a program of Trellis, is a network of community-based organizations and health systems that makes evidence-based health promotion programs available for free or at low cost to people throughout Minnesota. Juniper was created by Minnesota's Area Agencies on Aging in partnership with our provider community leveraging the Older Americans Act Title Ill-D network of providers across Minnesota. This structure creates opportunities to provide wrap around support for patients' health and social needs. Their live classes offer individuals education about their chronic conditions while providing a space to talk to other peers who have similar health concerns. More specific to this PIP, Juniper offers a diabetes management program where it addresses how mental health can impact one's ability to manage their diabetes. Since Juniper requires a contract with health plans (in which a couple of health plans do have a contract with Juniper for the MSHO members), it was determined that each plan will reach out to Juniper individually if they are interested in contracting or working together.

Minnesota Department of Health (MDH)

MDH met with the Collaborative to share data collected from a public health population survey called Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS is a telephone-based survey aimed at insured and uninsured adults who are institutionalized except for some college students. Analyses included age, crude vs age adjusted, race, and gender. Data Instruments used consisted of PHQ-2 and GAD-2 to identify presence of depression and anxiety, and PHQ-4 which assesses depression and anxiety in individuals with diabetes.

MDH-obtained data implicated notable key findings. It was found that people with diabetes had higher levels of stress and those who were younger ranging from ages 18-44 experienced more stress. Moreover, the younger population was more likely to report more mental health concerns than the senior population. And lastly, the report validated that those with diabetes have higher mental health concerns than those who do not have diabetes. Meaningful discussion took place after data was reviewed and, although next steps were not determined, MDH and the Collaborative recognized that more data analyses should be conducted to identify and to discern how this information can be used in the real world.

National Alliance on Mental Illness (NAMI)

Given NAMI's dedication to building better lives for the millions of Americans affected by mental illness and their strong reputation within the community, the Collaborative met with NAMI to discuss partnership opportunities on how to better support members with diabetes and depression. It was identified that NAMI provides a free curriculum that serves as a hybrid support group where individuals receive education on various topics such as chronic diseases, pain management, medical self-advocacy, and nutrition just to name a few. What sets this program apart from others is its focus on incorporating the mental health aspect into each of the topics mentioned above. To carry out their mission in spreading mental health awareness, NAMI agreed to partner with the Collaborative and presented a webinar in July of 2024 to Care Coordinators. Their tools and resources were also shared during the webinar.

American Diabetes Association (ADA)

The American Diabetes Association hosted a State of Diabetes Event in Twin Cities, MN to convene with influential figures across various sectors to discuss the current landscape of diabetes and tangible outcomes to improve diabetes care, workplace wellness, and advocacy efforts. The targeted audience was geared towards employers to foster discussion on how to support employees who have diabetes and the importance of creating an environment that is conducive to diabetes management. Other stakeholders that were present included health plans for informational purposes and vendors of diabetes programs. Attendance at this event led to networking for collaborative opportunities and discussions on how the Collaborative can explore continuous glucose monitoring programs to better understand not only how it may positively impact diabetes management, but also its accessibility to our Medicaid recipients.

Minnesota Association of Community Mental Health Programs (MACMHP)

MACHMHP is a statewide network of thirty-six community-based mental health programs that serve over 200,00 Minnesotans every year. They serve those regardless of their insurance status or ability to pay. They serve culturally diverse, low-income, uninsured and public healthcare program Minnesotans who cannot access services elsewhere. The goals of the CCBHCs, as determined by DHS, in conjunction with federal guidance from Substance Abuse and Mental Health Services Administration (SAMSHA), include providing a single point of service to meet individual and family's needs around mental health and substance use. Standardized measures are monitored and reported to the state, including quality measures, consumer level data and experience of care surveys. MAHMCP provides support and guidance for CCHBCs to implement quality improvement and monitoring for the processes and outcome measures.

Previous discussions centering around Certified Peer Specialists and Certified Community Behavioral Health Clinics (CCBHC's) piqued the Collaborative's interest to learn more from MACMHP; therefore, a meeting occurred. During the meeting, they shared that limited funding and capacity issues, Certified Peer Specialists are currently out of scope as an option given that the Collaborative wanted to leverage them to obtain feedback for the community informed measures component. Furthermore, as more details were provided on the CCBHC model and having learned that the care provided is holistic and integrated, the Collaborative took the initiative to invite the actual servicing providers to better understand how we can support this population from a health plan perspective and seek if there are potential efforts for partnership. The Collaborative is still determining possible next steps with MACMHP and hopes to reconnect with them again once future opportunities arise.

Canvas Health – CCBHC

Canvas Health is a mental health provider who offers CCBHC services to those living in Isanti, Chisago, Anoka, Washington, Hennepin, and Scott counties. They ensure access to integrated evidence -based care which includes a 24/4 crisis response, day treatment, outpatient therapy, medication assisted treatment for addiction, care coordination with social services, criminal justice, and educational systems.

Touchstone Mental Health – Behavioral Health Homes (BHH)

Touchstone Mental Health's Behavioral Health Homes model provides a wide array of person-centered behavioral health and primary care support. Services that they render includes Adult Rehabilitative Mental Health Services (ARMHS), Intensive Residential Treatment Services (IRTS),

Targeted Case Management, care coordination, transitional care, patient and family support, referral to community and social support services.

Concluding the meet and greets, the Collaborative and community partners discovered many gaps where opportunities for collaboration can emerge, especially related to care coordinator education. The community partners shared interest in educational webinars that the Collaborative periodically hosts as their care coordinators can always gain more knowledge. As a follow up, Collaborative resources were shared with the partners and their contact information was added to the extensive list of entities who receive our promotional webinar materials.

Barriers and Challenges

There can be several challenges related to this population including:

- Mental Health Stigma Barriers:
  - Recent studies show that mental health concerns still carry a stigma. Many people feel hesitant to address any topics related to mental health, including depression. Some people may still be fearful of judgment or embarrassment in mentioning of the topics.[2]

- Access to Information Barriers:
  - Health Plan resource challenges to gather relevant data for the measures selected.
  - Contact information for members.
    - Outreach to members may not always be successful. This can be due to the incorrect phone numbers, no voicemail option, or even members not returning calls. Seeking additional ways to engage members will be an important focus of this project.

- Communication Barriers:
  - The barrier in communicating in a member's preferred language in provider visits, resources regarding depression and diabetes that are culturally relevant, discharge summaries, electronic medical record documentation, and health plan outreach for preventive screenings.
    - Feedback received from members during year one of the project noted the challenges in receiving information in their preferred language. There was also discussion on the cultural barriers related to communication. Members felt there were times that there was a lack of understanding with their provider regarding the understanding of different cultures.

- Health Literacy Between Provider and Member Barriers:
  - In analyzing the focus of this PIP, it is important to understand the member perspective of health literacy. When members have multiple diagnoses between a physical health condition and a behavioral health condition, managing the terms given by each provider can be difficult. This could include understanding the actual diagnosis, test results, follow

[2] The Impact of Stigma on Mental Health | McLean Hospital

up instructions, and medications. According to the Center for Health Care Strategies it is found that 36% of adults have low health literacy, with most of these adults being lower-income and eligible for Medicaid.[3]

- Coordination of Care Barriers:
  - Members who utilize behavioral health services from facilities that are not integrated with their primary care providers can be challenging. This is due to the providers not always communicating with each other in terms of medication management, treatment planning, side effects, etc. Increasing communication across settings is an important aspect of this project.

- Providers Not Addressing or Diagnosing Depression Barriers:
  - According to an Article in the Journal of General Internal Medicine[4], studies conducted in primary care settings suggest that only about 50% of patients with depression are recognized. Even when primary care physicians are alerted to the diagnosis of depression, it does not appear to change treatment patterns, and most primary care physicians do not escalate antidepressant medication doses as needed to achieve complete remission. Data show that a large portion of patients discontinue prescribed medications within the first 3 months, and even with treatment, less than 50% of subjects with major depression go into remission over a 9- to 12-month period. Therefore, recognition and treatment of depression in primary care is less than ideal because of physician and patient factors."

- Social Determinates of Health (SDOH) Impact Barriers:
  - According to an article in the Journal of Population Health Management, SDOH contributes to health outcomes. Members may not always have stable housing, access to healthy foods, or a safe environment. This can affect members seeking health care needs, in the aspect of them prioritizing these non-healthcare needs first.[5]

- Transportation to Appointments Barriers:
  - Transportation for members can become challenging and create obstacles to health care needs, especially when managing multiple appointments. This can be a barrier in members not attending/delaying their appointment for their depression or their appointment for diabetes.

- Access to both Behavioral Health and Primary Care Providers continues to be an issue:
  - Many areas around the nation have a behavioral health care provider shortage. In March 2023, it was found 160 million Americans live in residential areas with behavioral health care provider shortages. It was found that there would need to be 8,000 more professionals needed to supply this demand.[6] This can be difficult for members to be seen by professionals that specialize in behavioral health care.

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[3] Health Literacy Fact Sheets - Center for Health Care Strategies (chcs.org)
[4] Failure to Recognize Depression in Primary Care: Issues and Challenges - PMC (nih.gov)
[5] Addressing the Social Needs of Medicaid Enrollees Through Managed Care: Lessons and Promising Practices from the Field - PMC (nih.gov)
[6] Understanding the U.S. Behavioral Health Workforce Shortage | Commonwealth Fund

        - Member feedback noted the long delays in accessing mental health services, with one member stating there was even up to a 4-month wait to be seen by a therapist.
    - Statistics from Mental Health America[7] identifies "The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment." Minnesota ranks 14th. "In the U.S., there are 350 individuals for every one mental health provider. The term "mental health provider" includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care." Minnesota ranks 23rd. As of June 2022, over 152 million people lived in a mental health workforce shortage area, and only 28% of the mental health need in shortage areas was being met by mental health providers."
    - According to an article from Wolters Kluwer[8], the five key barriers to access to health care are listed below and some already discussed above.
        - Insufficient Insurance Coverage
        - Healthcare Staffing Shortages- "By 2034, The Association of American Medical Colleges estimates that the American health care system could be up to 124,000 doctors short, with roughly a third of those deficits in primary medicine.[9] But it's not just physicians that will be lacking — nurses, technologists, and other roles have predicted shortfalls as well."[10]
        - Stigma and Bias Among the Medical Community
        - Transportation and Work-Related Barriers
        - Patient Language Barriers
        - Rural populations are especially impacted. According to statistics from the National Rural Health Association[11], patients must not only contend with clinician shortages, but also the patient-to-primary care physician ratio in rural areas is 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas.
            - ☐ During year one of the project feedback was received from members regarding the lack of resources in rural areas. As noted in the research above, it is known that rural populations have limited access to both primary care providers and behavioral health providers. It is important to note the members' perspective of feeling there is a lack of resources.

        - Member Engagement Barriers:
            - During year one of the project the Collaborative reached out to community agencies for collaboration and feedback on the topic of this project. Although we did have some groups come to share feedback, we did see a barrier in groups that work with populations with disparities. There were times outreach was attempted; however, no response was received. This

[7] Access to Care Data 2023 | Mental Health America (mhanational.org)
[8] Five Key Barriers to Healthcare Access in the United States | Wolters Kluwer
[9] The Complexities of Physician Supply and Demand: Projections From 2019 to 2034 (aamc.org)
[10] The Nursing Shortage Demands Boldness and Creativity. Now. | Wolters Kluwer
[11] Top Challenges Impacting Patient Access to Healthcare (patientengagementhit.com)

could be due to cultural differences in communication, lack of trust due to prior discrimination, or lack of resources to support collaboration.
    - Member engagement with the project is a goal for the Collaborative. The Collaborative created a survey to intake member feedback that can be applied to the project. Although some responses were received, we would like to increase member feedback. The lack of member engagement may be due to not having correct phone numbers, members not knowing where this information is found, or the feeling of survey fatigue.

- Data Limitations:
    - Data for this project shows that members with a dual diagnosis of diabetes and depression have better outcomes for our measurements than members with the single diagnosis of diabetes. It is speculated that these members see a provider more often.
    - Research for this project also showed that there may be times members do have depression but do not have the diagnosis tied to their profile. This could be a gap in the data used for this project. It may depend on whether depression is identified by a diagnosis code alone or along with medications, which is sometimes prescribed for other conditions.
    - Another data challenge is capturing depression screenings performed on members. Providers do not always submit claims separately for these screenings and if they do the resulting PHQ-9 values are typically not captured. This data would be helpful to our outreach and project analysis.
    - The diagnosis of diabetes as captured by HEDIS has had gaps in recent years. Members were falling incorrectly into the denominator due to weight-loss drugs or other medications that may have been used for conditions outside of diabetes. There were updates made to the HEDISMY24 technical specifications this year to update the diagnosis criteria and medication tables, so this should improve moving forward.

Sustainability

Changes Made

All webinars, education series, training materials, and any collaborative resources with other organizations will be posted on the Stratis Health website for continued use. Resources are updated annually, provided they remain accurate and clinically relevant. Investment in training for care coordinators provides many dividends now and, in the future, for the Seniors (MSHO, MSC+) and SNBC members they serve. The knowledge about co-occurring conditions of diabetes and depression and the skills gained with a focus on utilizing appropriate resources to reduce disparities will benefit members and the community. Outreach efforts to members that are determined to be effective will be continued indefinitely. Community partnerships will be maintained and expanded in future.

Assessment of Short-term and Long-term Effects

The initiatives implemented within the scope of this project are intended to improve health outcomes for Seniors and SNBC members with diabetes and depression comorbidities. The Collaborative will evaluate both group and MCO-specific interventions to determine how to sustain these in the years to

come. The MCOs will use the Plan, Do, Study, Act (PDSA) quality cycle to evaluate the effectiveness of these programs on making internal changes and to sustain these initiatives. Further additions of interventions related to community engagement, community informed measures, addressing disparities, structural inequities, diabetes and depression comorbidities will be implemented in 2025.

Plan for 2025

Collaborative Activities Planned in 2025 include:

- Continue to Identify and build community partnerships in the diabetes and depression space
- Utilize learning from previous care coordinator training webinars and feedback to offer webinars that are relevant to the work of care coordinators who work directly with MSHO and SNBC members who have diabetes and depression.
- Implement the member survey that was developed by the Collaborative to obtain information from members and the community.
- Utilize member feedback to determine opportunities for improvement and a potential community informed measure. The responses/data will be analyzed by each MCO, as well as a Collaborative in looking at the consolidated data as MCO's implement the same survey.

IMCare Activities Planned for 2025 include:

- Providing member education via biannual member newsletters
- Sharing education opportunities with staff and partnering agencies
- Attending community events
- Utilizing HEDIS and claims data to identify members for case management services to assist them in managing their diagnosis

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-53

DEPARTMENT: Transportation
PRESENTER: Karin Grandia

TIME REQUESTED: 5 Minutes

AGENDA ITEM:
Chloride Application for 2026

BOARD ACTION REQUESTED:
Discussion with County Board on Chloride Program.

BACKGROUND: Itasca County began applying chloride on County Roads in 2004 in an effort to reduce road maintenance costs. On average, chloride was historically applied on approximately 200 miles out of the 760 miles of gravel roads under Itasca County jurisdiction. Recently, costs have increased significantly and therefore mileage and budget have been reduced.

CHLORIDE							
Year	**Gallons**	**Miles**	**County**	**Unorganized Twp**	**Total**	**Cost/Mile**	**Other Ag**
2022	393000	193	$219,665.60	$180,770.69	$400,436.29	$2,075.00	$60,53
2023	361000	188	$221,368.30	$178,148.96	$399,517.26	$2,125.00	$73,33
2024	308000	158	$219,636.04	$212,049.34	$431,685.38	$2,730.00	$94,62
2025	176000	82	$73,100.75	$181,589.55	$254,690.30	$3,100.00	$84,58

*This chart uses rounded data

The 2026 budget for chloride is $270,000 but does not include any funding for applying the product to the County Road system. During budget discussions, only the levy portion of the chloride budget was discussed and cut. The remaining funds in this line item are $185,000 for UT roads and $85,000 for townships, cities and the USFS. This will result in chloride being applied to lower volume roads on the UT system while higher volume county roads will go untreated. Given the increasing costs, the continued reduction in miles that can be treated and the inequities that would result in applying product on UT roads while leaving others, it is the recommendation of the Transportation Department to eliminate the chloride program for one year and reevaluate during the 2027 budget meetings.

COUNTY ATTORNEY REVIEW: N/A

SUPPORTING DOCUMENTATION: None

It was the consensus of the County Board to discontinue Chloride Applications to reads for 2026 and revisit during budget sessions for 2027.

ITASCA COUNTY
BOARD OF COMMISSIONERS
Itasca County Courthouse
123 NE 4th Street
Grand Rapids, MN 55744

Tuesday, January 27, 2026

REQUEST FOR BOARD ACTION: RBA-2026-55

DEPARTMENT: Transportation
PRESENTER: Ryan Sutherland

TIME REQUESTED: < 5 Minutes

AGENDA ITEM:
Project Labor Agreements

BOARD ACTION REQUESTED:
Authorize the County Transportation Department to not require PLA's on the list of projects entitled "2026 Transportation Department Projects - Project Labor Agreements Worksheet".

BACKGROUND:
Attached is a copy of the resolution regarding the use of PLA's on County projects. The Transportation Department has reviewed the criteria identified in the resolution for each project planned for the 2026 construction season. After reviewing the projects listed and the factors to be considered for the use of a PLA, it is the determination of the Transporation Department that no rational basis exists for the use of Project Labor Agreements listed.

COUNTY ATTORNEY REVIEW:

SUPPORTING DOCUMENTATION:
1. PLA RESOLUTION
2. 2026 PLA

01/27/2026

RESULT:	**RECOMMENDED FOR NEXT MEETING: 01/27/2026 2:30 PM**

RESOLUTION
OF THE
COUNTY BOARD OF COMMISSIONERS
ITASCA COUNTY, MINNESOTA

Adopted August 28, 2007

Commissioner Dowling moved the adoption of the following resolution:

Resolution No. 08-07-11 (Page 1 of 2)

RE: UTILIZATION OF PROJECT LABOR AGREEMENTS FOR PROJECTS EXCEEDING $150,000

WHEREAS, the Itasca County Board of Commissioners acknowledges that its contracts for work, labor, construction and other designated contracts are governed by Minn. Stat. 375.21; and

WHEREAS, when those contracts exceed the amounts prescribed by law, the County is required to prepare bid specifications and advertise for competitive bids; and

WHEREAS, unless the County rejects all bids, the County is required to award the contract to the lowest responsible bidder; and

WHEREAS, the purposes of Minn. Stat. 375.21 include: 1) promoting and ensuring open competition by all interested parties irrespective of their size or affiliation; and 2) providing bidders with equal opportunity without granting an advantage to one or placing others at a disadvantage; and

WHEREAS, in appropriate cases, project labor agreements facilitate the timely and cost-efficient completion of the project by: 1) making available a ready and adequate supply of skilled craftworkers; 2) providing a negotiated commitment which is a legally enforceable means of assuring labor stability and labor peace over the life of a project; 3) avoiding work stoppages following expiration of collective bargaining agreements between the union and an employer performing work on a project; and 4) facilitating equal employment opportunities on a project; and

WHEREAS, the Minnesota Appellate Courts have upheld the utilization of project labor agreements in appropriate cases where a rational basis exists for the use of such agreements and the governing body conducted a fact-specific analysis to form a rational basis for their use.

WHEREAS, project labor agreements will not be utilized where funding sources for the project restrict their use.

WHEREAS, project labor agreements will not be utilized if prohibited by law.

NOW, THEREFORE, BE IT RESOLVED, that it shall be the policy of Itasca County to engage in a determination whether a rational basis exists for the utilization of project labor agreements in all contracts for work, labor, construction and other contracts designated by law where the value of such contract equals or exceeds the sum of $150,000.00. Factors to be considered by the Board in its determination may include, but are not limited to: 1) project size and value; 2) project timelines and deadlines; 3) potential for budgetary overruns; 4) labor availability; 5) need for coordination of project phases; and 6) other factors deemed to be relevant by the Board in its analysis.

BE IT FURTHER RESOLVED, that the Itasca County Board of Commissioners directs that it shall be the responsibility of the department heads of the several county departments to timely gather and present the facts the County Board needs to make an informed determination on the need for a project labor agreement for a particular project, and to ensure that bid specifications and relevant bid documents are prepared so as to conform to the County Board's directives.

BE IT FURTHER RESOLVED, that in those cases where the utilization of a project labor agreement is deemed to be appropriate the agreement shall be in a form approved by the Board of Commissioners.

Commissioner McLynn seconded the motion for the adoption of the resolution and it was declared adopted upon the following vote:

Yeas ____	**Nays** ____	**District #1** ____	**District #2** ____
Other ____		**District #3** ____	**District #4** ____
		District #5 ____	

STATE OF MINNESOTA
Office of County Coordinator
ss. County of Itasca

I, ROBERT R. OLSON, Coordinator of County of Itasca, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the 28th day of August A.D. 2007, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Grand Rapids, Minnesota, this 28th day of August, A.D. 2007.

Coordinator

By _____ **Deputy**

2026 Transportation Department Projects
Project Labor Agreements Worksheet

Project Name[1]	Size/Value	Timeline/Deadline	Potential for Overruns[2]	Labor Availability[3]	Coordination of Phases[4]	Notes
• CSAH 42 TH 38 to CSAH 79 Bituminous Overlay	$675,000	No significant impact to public – open to traffic during construction	Minimal State Aid Funds	Adequate labor anticipated	No phases required	
• CSAH 43 TH 38 to Jaynes School Road - Bit Overlay	$175,000	No significant impact to public – open to traffic during construction	Minimal State Aid Funds	Adequate labor anticipated	No phases required	
• CSAH 79 TH 42 to TH 1 Bit Overlay	$200,000	No significant impact to public – open to traffic during construction	Minimal State Aid Funds	Adequate labor anticipated	No phases required	
• CSAH 75 CSAH 7 to Park Bituminous Overlay	$200,000	No significant impact to public – open to traffic during construction	Minimal State Aid Funds	Adequate labor anticipated	No phases required	
• CR 540 TH 65 to End Reconstruction	$600,000	No significant impact to public – open to local traffic during construction	Minimal LRIP & UT 1	Adequate labor anticipated	No phases Required	
• Gravel Crushing, Hauling and Placement	$400,000	No significant impact to public – open to traffic during construction	County Preservation	Adequate labor anticipated	No phases required	
• Intersection Lighting	$350,000	No impact to traffic – open to traffic during construction	Minimal State, Federal and County Preservation	Adequate labor anticipated	No phases required	Federal – Requires waiver if PLA is used
• Intersection Signing	$200,000	No impact to traffic – open to traffic during construction	Minimal State, Federal and County Preservation	Adequate labor anticipated	No phases required	Federal – Requires waiver is PLA is used.

Notes:

1. All contracts will utilize prevailing wages
2. Historically, projects have not experienced substantial cost overruns.
3. There has never been a labor strike on an Itasca County Highway project and most projects get numerous bids indicating demand for work.
4. The projects on this list are all relatively simple and do not require large amounts of coordination.