HELP
STOP
THE SPREAD.

COVID-19
Response and Recovery report

March 2020 – July 2021

From the start of the pandemic, Hennepin County faced an unprecedented health, economic and social crisis that needed a coordinated response. The challenges were immense, affecting employees, residents, businesses, and communities.

Hennepin County swiftly took action to protect the health and livelihoods of 1.4 million residents and 10,000 employees, with a strong focus on residents in greatest need.

Thanks to federal funding through the CARES Act and ARPA, Hennepin County was able to partner with more than 600 community organizations for multiple efforts, including:

- Distributing millions of face coverings and a quarter of a million bottles of hand sanitizer to nearly 900 schools, congregate living facilities, local government agencies, faith-based communities and communities disproportionately affected by the pandemic.

- Giving out IT equipment and connective devices to help lower-income families with remote education, job searches and tele-health visits. Now, Hennepin County is investing millions to expand fiberoptic infrastructure to improve internet speed and accessibility.

- Launching a multimedia "Take Care" campaign that urged residents to take care of themselves and one another by taking core preventive measures, such as wearing face coverings and physical distancing, in a heart-felt, nonjudgmental way. The campaign has been seen or heard an estimated 81 million times through social media, digital display ads, broadcast, streaming and billboards.

- Opening isolation-and-quarantine sites for people experiencing homelessness and who were at greater risk of contacting COVID-19 or people diagnosed with COVID-19 who could not safely isolate at home.

- Holding vaccination clinics for health care workers, emergency medical technicians, first responders, residents, staff at long-term care facilities, and many more.

By providing face coverings and supplies, Hennepin County kept the infection rate low in these locations and kept vital programs open. One organization wrote that the childcare community in the metro would be in a much more volatile position if it weren't for the county's efforts.

This report is an extensive look at steps Hennepin County took to ensure the health and safety of our employees, residents, businesses and communities. The challenges were severe, and Hennepin County will address the economic and financial impacts for decades to come.

This time of great challenge also led to increased collaboration and great innovation, especially of our employees. When seeing barriers to services for residents, our employees developed new solutions. They truly embodied the county's values of proactive, innovative public stewardship.

David. J. Hough
County Administrator

Contents

Executive Summary

This report describes efforts taken by Hennepin County to respond to the COVID-19 pandemic.

While the pandemic and response continue, Hennepin County recognizes the importance of capturing actions, innovations, and assessing issues from the initial response to inform Hennepin County's response to the current pandemic and future challenges. We have a responsibility to learn from our actions to focus on what we can, and must, do better for the future. This report is intended as a tool to reinforce the many strengths, recognize the challenges, and serve as a working document as Hennepin County's response to the pandemic continues to evolve.

Guiding Principles

This report reflects strategic actions and reactions at all levels of Hennepin County's response. Since COVID-19 emerged as a global pandemic, Hennepin County has responded with a public health, community-based, and data driven approach. Hennepin County prioritizes the health and safety of employees and residents. In delivering services, the county focuses on those that are most vulnerable, addressing existing and increasing racial disparities magnified during the pandemic, and supporting residents and businesses impacted by COVID-19. As we emerge from the pandemic, Hennepin County is focused on improving service delivery, reducing disparities, leveraging technology, reducing our carbon footprint, and being fiscally responsible.

Strategic Challenges and Actions

The COVID-19 pandemic brought a health, economic, and social crisis to the Nation, Minnesota, and Hennepin County. The pandemic required a coordinated response of unprecedented scope and scale. The challenges within the response were immense and impacted employees, residents, businesses, and communities.

Working with government agencies, healthcare systems, businesses, and community partners, Hennepin County confronted the need for swift and comprehensive action to protect the health and livelihoods of 1.4 million residents and 10,000 employees. Additionally, Hennepin County focused on addressing the needs of the most vulnerable residents. Meeting these challenges mandated that Hennepin County act with agility, unity of purpose, and responsiveness. Hennepin County continues to play a central role in the community's response and recovery.

6,500 remote workers

1.5 million masks

9,400 tests administered

17,890 case interviews

60,224 vaccinations

Emergency and Public Health Responses

Hennepin County implemented an Incident Command emergency response structure (ICS) which included leadership and staff from across the organization. The ICS led the design and implementation of critical strategies to respond to the pandemic. Over 600 Hennepin County employees were activated for the emergency response and the county leveraged additional support from partner entities including AmeriCorps and the Medical Reserve Corps. A dedicated Response Taskforce was created by hiring 50 limited duration staff to support critical functions. Throughout the response ICS leveraged over $60M in CARES Act funding.

The emergency response managed efforts to ensure employee and community safety by having 6,500 employees working remotely and distributing over 1.5 million masks to communities. The response created protective shelter for 1,455 guests, isolation space for 636 guests experiencing homelessness, while moving 340 guests into permanent housing. The county expanded testing opportunities by organizing 198 testing events and completing over 9,400 tests. To provide isolation guidance to COVID positive cases and quarantine guidance to close contacts, staff conducted 17,890 case interviews and 3,355 business follow ups.

Hennepin County also provided vaccines to residents and employees who didn't have access through other providers, administering over 60,224 vaccinations. The county launched a broad, multi-faceted public awareness campaign encouraging mask wearing, and emphasizing other prevention behaviors, with special focus on trusted messengers building relationships with communities disproportionately impacted by the pandemic.

These comprehensive and unprecedented efforts saved lives.

Community Support

Hennepin County prioritized supporting residents, communities, and businesses throughout the response and recovery from the pandemic. The County leveraged property taxes and over $470 million dollars in federal pandemic relief funding to offer a vast array of services, programs, and investments. These support and recovery efforts focused on the disparity reduction domain areas of education, employment, income, health, housing, justice, and transportation.

To advance county efforts to support the educational stability, health, and wellbeing of county-connected youth, the Educational Support Services department and its academic tutoring program was created. To support children and youth continue learning $4 million dollars were allocated to support education and distribute 8,600 devices to improve connectivity.

The county also helped communities access food and other crucial services by providing $10 million dollars to community-based organizations.

Over $15 million dollars was directed towards creating sustainable employment opportunities and career pathways. The county allocated $69.91 million to help businesses stay afloat and recover from the pandemic by providing 6,507 small business grants.

The County addressed housing gaps and instability by allocating over $78 million in state and federal funding towards emergency rental assistance for over 8,000 households.

Over $60 million dollars has been allocated to supporting the well-being of county residents including pandemic public health efforts, maternal health and mental health.

Investments in the justice domain include $5 million dollars directed to additional services and supports for victims and public health driven responses to gun violence.

In transportation, $14.5 million dollars has been allocated to expanding fiberoptic infrastructure and improve accessibility for transit, pedestrians, and bicyclists.

These new programs and services represent the County's commitment to helping residents respond to the pandemic and provide lasting investments to help communities recover.

Organizational Response

Each department, from employees to managers and supervisors, adapted to the pandemic, learned from crisis, and built, innovated, and redesigned how the county delivered services to residents. This report will describe the strengths of these efforts and the challenges each area faced while responding to and recovering from the pandemic.

The challenges of the pandemic were severe and will having lasting implications for residents and the county. Employees and residents encountered illness, trauma, and death in their daily lives. The pandemic exacerbated the starkest disparities in communities. The economic and financial impacts will be lasting.

However, residents and staff responded with resilience and creativity. County staff leveraged technology to collaborate with team members, interact with communities, and provide services to residents. The pandemic was a catalyst for innovation, creating new programs and removing barriers for residents. The pandemic's implications, lessons, and transformative change will remain relevant as the county continues to respond to the current pandemic and faces future challenges.

Hennepin County's continued COVID-19 leadership is enabled by its workforce, who continue to demonstrate an unparalleled commitment and diligence to serving residents.
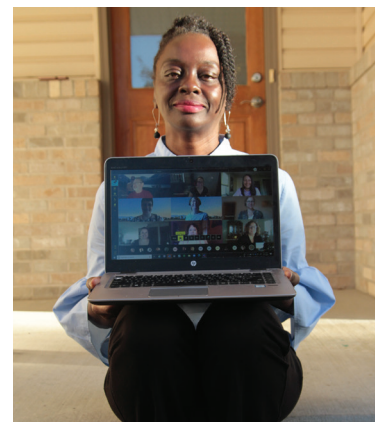
Chronology

3. Chronology

Date	Event
March 12, 2020	First COVID-19 case confirmed in Hennepin County.
March 13, 2020	Hennepin County activates Incident Command Structure.
March 16, 2020	State of Emergency declared for Hennepin County.
March 17, 2020	Board actions passed to support county employees and isolation sites.
March 21, 2020	People moved out of congregate shelter settings and into hotel shelters.
March 27, 2020	CARES Act passes.
April 7, 2020	Board authorizes additional funding for pandemic response.
April 21, 2020	Board approves abatement of property tax for certain taxpayers. HRA approves small business relief funding.
April 23, 2020	CARES funding distributed to Hennepin County.
April 30, 2020	Board briefing outlines CARES funding principles and priorities.
May 5, 2020	Board authorizes $30 million in CARES Act funding for rental assistance, small business relief, long-term care assistance, and support for county- involved youth; request to extend government service waivers.
May 19, 2020	Board approves preparedness plan for public buildings and authorizes acquisitions of property for protective housing; $2.5 million nonprofit/community organization support.
May 21, 2020	Board votes on mask mandate. Hennepin County becomes the first county in Minnesota to require employees and visitors in public areas to wear masks to protect against COVID-19.
June 2, 2020	Board approves: $10 million CARES Act funding for additional small business relief (total $25 million) and $2.5 million for workforce development services.
June 11, 2020	Board approves: $3.5 million for elections; $1.7 million for testing and response; $1.5 million for distance learning; and $1 million for summer youth programs.

June 23, 2020	Board approves: $2 million for summer youth programs; $2 million for food security; $900 thousand for small business relief; $3 million for service center expansion; and $2.5 million for educational supports.
June 30, 2020	Board approves resolution declaring racism a public health emergency.
July 28, 2020	Board approves: $1.2 million for affordable housing stabilization fund; $3.5 million for low barrier emergency shelter; $2.3 million for public information campaign; and $2.1 million for small business assistance.
August 11, 2020	Board approves: $6.1 million for stable housing grant; $1 million for devices for youth, seniors; and $300 thousand for Americorps staffing at isolation sites.
September 1, 2020	$100 thousand testing and services for long-term care; $3.2 million for emergency shelters; $2.5 million for support nonprofit and community orgs; and $2.2 million for election support.
September 15, 2020	2021 budget proposed with 0% levy increase.
September 29, 2020	$700 thousand broadband access and digital literacy services; $2 million for public information campaign; $2.7 million for hotel purchase; $900 thousand for hotel purchase; $1.4 million for telework and virtual service delivery technology; and $44 million for HCMC reimbursement.
October 20, 2020	$13.3 million for hotel purchase; $2.2 million for indoor villages; $1.1 million for low barrier housing; $1 million for staffing hotel sites; $5 million for tenant protection assistance; and $700 thousand for business recovery network.
November 3, 2020	$2 million for devices for youth, seniors; $250 thousand for outreach to reduce evictions; and $3.4 million for hotel acquisition.
November 14, 2020	More than 1 million masks have been distributed to residents.
November 17, 2020	$8 million for small business restaurant, bar assistance; $1 million for food security; $1.9 million for testing supplies; and $425 thousand for testing services.
December 15, 2020	2021 budget adopted: $25 million for additional small business relief.
December 23, 2020	Hennepin County receives first shipment of the Moderna vaccine.
December 29, 2020	Hennepin County begins vaccinating first responders.
March 8, 2021	Chauvin trial begins at Hennepin County Government Center.
March 23, 2021	Board approves minimum wage increase to $20/hour for employees.
May 4, 2021	Board adopts Climate Action Plan.

3. Chronology

May 19, 2021	Hennepin County receives $240 million in American Rescue Plan Act (ARPA) funding.
July 1, 2021	Hennepin County begins offering incentives for vaccination.
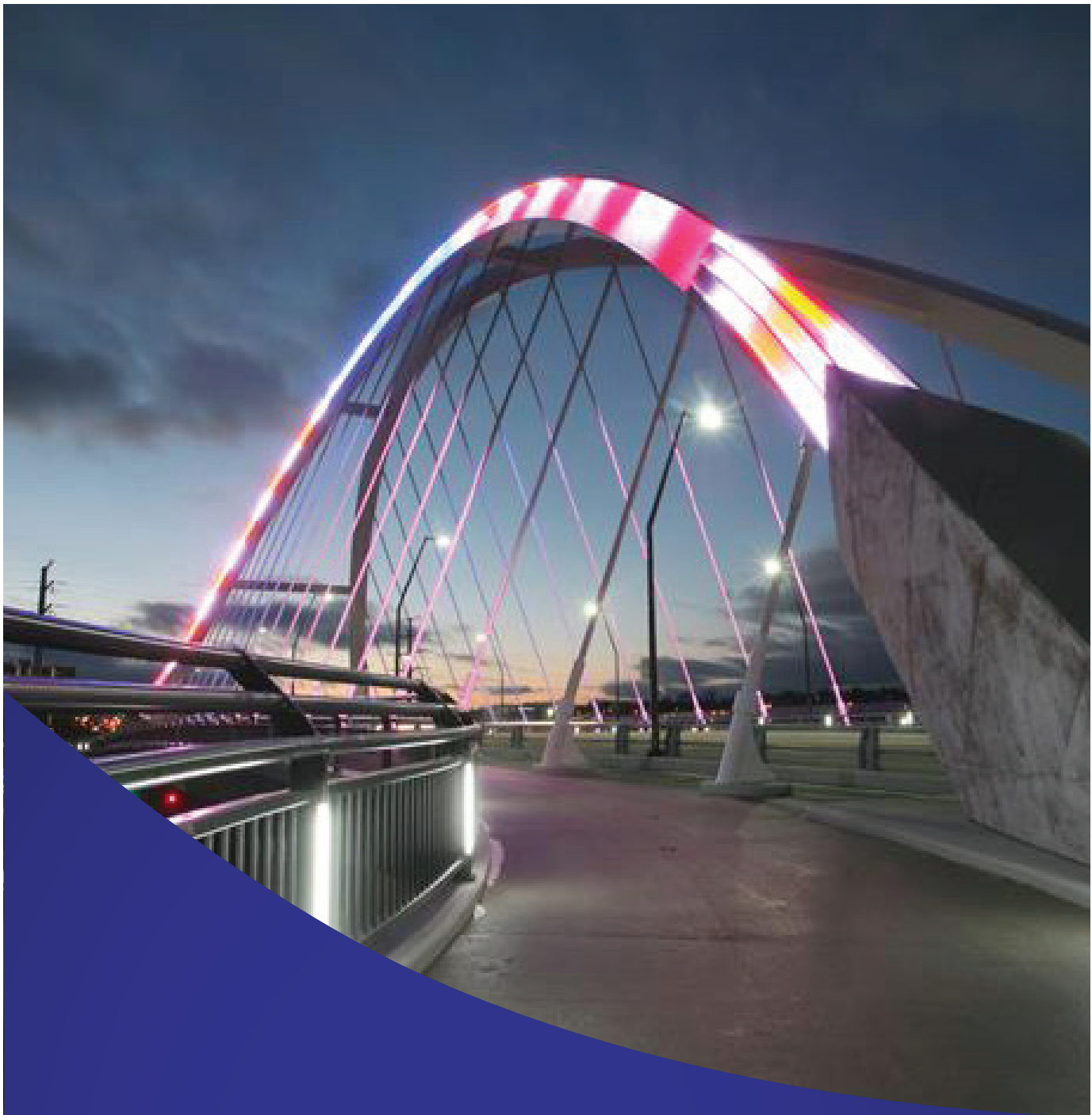
Background

4. Background

a. Hennepin County overview

Hennepin County is the largest county in Minnesota, with a population of over 1.4 million residents. Hennepin County's mission is to "enhance the health, safety and quality of life of our residents and communities in a respectful, efficient and fiscally responsible way." Hennepin County has five overarching goals:

1. **Healthy:** People are healthy, have access to quality health care and live in a clean environment.
2. **Protected and safe**: People are safe from harm through prevention, early intervention and treatment services, and through enhanced public safety.
3. **Self-reliant**: People achieve success with the support of essential services, have access to affordable housing and opportunities for life-long learning.
4. **Assured due process**: People are assured equal protection of the laws through an adversarial and respectful system designed to assure fairness and reliability in the ascertainment of liability, guilt and innocence.
5. **Mobile**: People and goods move easily and safely throughout the county and the region, via an integrated system of transportation.

Hennepin County is an organization of 9,100 employees.

b. Scope

This Hennepin County Response and Recovery report addresses the initial response by Hennepin County to the COVID-19 pandemic for a 16-month period from **March 1, 2020, through July 31, 2021**. This period aligns with the activation of the Incident Command Structure (ICS) and concludes with the final CARES federal funding expenditures and prior to the initial allocations of ARPA federal funding.

This report focuses on the county's emergency response, ongoing public health efforts, the organizational impacts of the pandemic on departments, and the county's ability to maintain general government operations and service provision. It is not focused on specific field operations or department procedures but does address high-level actions, policies, and efforts taken by departments. Although other entities are mentioned as they relate to county operations, this report does not address actions of other governmental or non-governmental organizations.

The information in this report consists of more than 70 in-depth interviews with county leaders, department directors, managers, and staff involved in the response. The report also references key documentation including emergency management plans, ICS documents, board action requests, press releases, data dashboards, and other supplemental materials. For more information, please see the Appendix.

c. Evolution and impact of the COVID-19 pandemic

In under three months from when SARS-CoV-2 was first identified as the cause of clusters of unusual pneumonia cases in Wuhan, China, COVID-19 became a global pandemic threatening every country in the world. In the United States, the first reported case of COVID-19 emerged in Washington state on January 21, 2020. The state of Washington reported evidence of community spread on February 28, 2020. The virus continued to spread throughout the United States with the first case reported in New York City on February 29, 2020. By early March outbreaks emerged in communities in urban areas such as Detroit, New Orleans, and Chicago. Minnesota reported its first case of COVID-19 on March 6, 2020 and Hennepin County confirmed its first case on March 12, 2020. As the country attempted to control the spread of the virus, states, including Minnesota, mandated shutdowns to limit gatherings. Bars and in-restaurant dining were also closed, with some restaurants modifying their business plans to include take-out service only, allowing them to remain open. Schools were closed statewide, businesses established remote work options for those employees who could work outside their offices, and the governor issued a "Stay at Home" order. Many people, particularly those in the service industry, were laid off. A statewide moratorium on residential evictions for rent nonpayment was issued. By early April, face coverings and 6-foot social distance measures were recommended for anyone in public areas.

In Hennepin County, cases slowly increased from March until May. By early June, Minnesota reported rising cases.

Health statistics alone cannot convey the depth of disruption as COVID-19 has overturned people's lives. People are grieving the loss of loved ones, and those with long-term health impacts from the disease continue to suffer. Families have been burdened as they try to maintain income, care for the elderly and sick, assist their distance-learning children, and maintain the well-being of their families. Those who had least before the pandemic have even less now. Income inequality has increased, education has been disrupted, and jobs have been lost. These circumstances effect many Hennepin County residents and pose challenges to the county's response and recovery efforts.

Emergency response

5. Emergency Response

a. Coordination with state and local agencies

On March 13, 2020, Hennepin County activated the Emergency Operations Center (EOC). This meeting structure ensured effective information flow among various decisionmakers and helped standardize communications. During COVID-19, the EOC calls and written weekly reports were essential for understanding the latest about the relevant issues, receiving new assignments, and coordinating emergency-related expenditures efficiently. The call was initially a daily meeting, before moving to a weekly standing meeting through the duration of the pandemic. Combined with the proclamation of a countywide state of emergency, these timely actions enabled a coordinated response to the situation as it unfolded.

1. Intergovernmental Relations

a. Overview

Intergovernmental Relations (IGR) is the lobbying arm representing Hennepin County's policy agenda and legislative platforms at local, state, and federal jurisdictions. This interface historically has relied heavily on in-person relationship building that allows for quick action and information sharing to advance the county's legislative agenda. Faced with a new virtual world, IGR changed their method of hosting a regular Hennepin County delegation meeting with legislators to provide a network for consistent information sharing between legislators and Hennepin County elected officials and leadership. Staff leaned heavily on partnerships and established relationships with associations and state agencies, successfully amending executive orders and preventing damaging legislation. Lobbying in a virtual world provided challenges, but IGR staff utilized existing relationships and strategies to help guide Hennepin County through the COVID-19 pandemic.

b. Strengths

1. Incident Command Structure (ICS)

An IGR representative was assigned to the Incident Command Structure. The ICS was very responsive to IGR requests. There was clear direction and access to data that added to the effectiveness of the overall response. This was a key component to IGR's success during the 2021 legislative session, special sessions, and peacetime emergency lobbying efforts. Other counties and local public health authorities looked to Hennepin County for information and guidance. IGR's ability to be at the ICS table provided it access to the right information that allowed for staff to catch things that other counties weren't, and to quickly work with the Governor's Office to amend executive orders. Without this direct access to information, it would have compromised what IGR was able to do.

2. Delegation meetings

In partnership with the county board IGR co-chairs, Hennepin County IGR hosts delegation meetings every session with Hennepin County's legislators. During the pandemic, these meetings were crucial for not only advocating for issues, but also for sharing information and preventing misinformation from traveling to and from the legislature. Participation varies, but historically full participation is not common. To accommodate COVID-19 safety guidelines, the delegation meetings switched to virtual platforms and attendance skyrocketed. Some meetings saw 100% attendance. For future delegation meetings, IGR is going to try launching the initial session meeting in person but then hosting the subsequent meetings virtually. A side benefit of switching to virtual meetings is that IGR was able to get access to mobile numbers for legislators that they were unable to get during previous sessions. This helped greatly in communicating priorities and issues to legislators during a virtual legislative session. Additionally, the virtual environment allowed IGR to address legislator needs and legislative threats to county interests/unanticipated opportunities in a robust and fast way. Being able to connect the legislature to county experts through virtual platforms (removing barriers to physically having to travel to the Capitol) expanded their lobbying heft and deepened the county's ability to serve as a legislative resource.

3. Partnerships

   a. Associations

   IGR's partnerships with associations went deep during the pandemic response. The Association of Minnesota Counties (AMC) and the MN Inter-County Association (MICA) worked together on many issues, as well as serving as information and communication networks for each other.

   b. State agencies

   Staff worked closely with the Governor's Office on various issues, including on amending executive orders and protecting the county's direct allocation of CARES funding. Brennan Furness worked directly with the Department of Revenue, holding weekly phone calls to share input on CARES funding ideas.

   c. Hennepin County / community

   IGR staff worked with the county's Center of Innovation and Excellence (CIE) to create a case statement for what it would look like if the state doled out Hennepin County's direct allocation of CARES funding to other jurisdictions.

   Housing and shelter – The relationships that IGR staff have built over time include more than legislative partners. When the county was responding to the homeless crisis during the pandemic, a structure was put in place to use everyone's relationships to build community trust and understand community needs. When the Sheraton Hotel in Minneapolis was declared a sanctuary and occupied, Kareem Murphy and Hennepin County Commissioner Irene Fernando relied on trusted relationships and connections in the community, along with assistance from the ICS, to meet with the community and

address immediate needs. IGR's relationships with Avivo and St. Stephens were utilized as well.

c. Challenges

1. Virtual lobbying

The nature of lobbying relies on in-person relationship building and communication efforts. Lobbyists spend a great deal of time building and nurturing relationships between legislators, staff, and other lobbyists. Immediately shifting to virtual engagement methods that cut out the in-person direct access to legislators caused a huge challenge for IGR staff. Losing that physical connection point gave many legislators a rationalization to avoid engaging with Hennepin County lobbyists. It became easy to dodge a call, text, or email when the pressure caused by physically showing up to an office at the capitol was removed. This played into a larger dynamic that the county's IGR team faced where they could not connect with competitors directly.

Additionally, because of COVID-19, what legislators were able to practically accomplish decreased significantly. Efforts largely focused on pandemic-related responses and were narrowly focused to get things done quickly and passed through both chambers. IGR staff understood that they would not be able to accomplish everything they would have liked during the 2021 session and instead tailored their efforts to achievable outcomes.

A final challenge formed around the county's direct allocation of CARES funding from the federal government. There was a push in the Minnesota legislature to take the county's CARES funding and redistribute it to other municipalities. IGR staff worked against these efforts and provided support to legislators who were advocating for the county to keep its direct allocation. The defense to maintain the county's funding allocation took IGR staff time away from other efforts.

2. Vaccination program

From an IGR standpoint, getting involved in the vaccination conversation earlier could have helped prevent the lack of planning and communication that the county encountered. Pushing harder, sooner, could have potentially alleviated some of the stresses that county staff had to overcome.

There was a large amount of misinformation regarding the vaccination program: who was in charge, who was administering, who was eligible for vaccinations, etc. The Minnesota Department of Health managed all the vaccination data which made things difficult for the county's public health authority as well as the county's communication efforts to provide consistent, reliable information to the public.

Hennepin County tends to be a victim of its own success. Because of the county's record of innovation and successful programming, the community and other jurisdictions often turn to the county even when the county may not be in control of a situation or program. The vaccination program is a great example of that. In the future, IGR will look far down the path and start

planning as soon as possible to help create a clear and informed plan/message. This scope will benefit engagement at the federal level as well.

d. Outcomes

Hennepin County's IGR team quickly adapted their lobbying strategies to accommodate the virtual 2021 legislative session and successfully represented Hennepin County's policy agenda, amending executive orders, positively affecting legislation, and preventing the loss of the county's direct allocation of CARES funding.

Recommendations

1. Coordinate with departments to determine where IGR could have stepped in earlier to prevent or promote state and federal legislation that can be used to guide future emergency responses.
2. Explore virtual platforms for future delegation meetings / lobbying efforts.
3. Determine lessons learned that can be used for the distribution of American Rescue Plan funds and potential legislative implications.

2. Waivers

a. Overview

Waivers removed barriers for residents to access and remain engaged with services. Waivers from the Minnesota Department of Human Services removed the requirement for in-person interviews, allowing residents to use phone interviews, applications, and signatures to access programs and support. Waivers also extended eligibility timelines and suspended certain reporting requirements.

Category 1

Waivers the county would seek to pursue/make permanent.

Program areas	Waiver	Consideration/notes
MN Family Investment Program (MFIP) and Diversionary Work Program (DWP)	Face-to-face interview at initial application if resident hasn't received MFIP or DWP in the last 12 months	Provides efficiencies. If face-to-face is not waived post pandemic, may want to consider tele- face-to-face.
Cash, Supplemental Nutrition Assistance Program (SNAP), Health Care, Child Care Assistance	Physical signature requirement for applications and other documents	Provides timely assistance to applicants. Allows for telephone application and verbal signature by applicant.
Cash, Supplemental Nutrition Assistance Program (SNAP),	Verifications must be in writing	Provides efficiencies (i.e., reduces pending cases).

Health Care, Child Care Assistance		Long-term consideration – Allow flexibility due to an emergency. Post eligibility verification vs. pre-eligibility verification.

Category 2

- Waivers – critical during the pandemic and would be nice to continue to have further flexibility/simplification in how the county serves residents.
- Waivers where we would advocate to have virtual as an option in specific instances.

Program areas	Waiver	Consideration/notes
Child protection investigation	Timely in-person contact with children and caregivers involved in child protection reports	- No MA application. - Position that was adopted by MACSSA prior to this. - Allows us to prioritize who gets eyes on – relieves of situations where they are in the hospitals / already professional. 120 hours vs. 24. - Doesn't provide additional protection for staff but allows us to prioritize staff deployment.
Targeted Case Management (TCM) – adult mental health and VADD	Face-to-face visits every 2 months; can bill between face-to-face with phone contact	- Needed during pandemic. - Long-term – recommendation to have an option for telehealth in the future. - Currently there is some video allowed for TCM. - Expansion of telehealth was already being planned.
Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC)	Physical presence requirement	Allows for better access of programs. Increased efficiencies.
Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC)	In-person food instrument pick-up	Federal Would like a virtual/telehealth option long term.

Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC)	Release of information	Federal Can get a verbal consent vs. signed release. Main issue is flexibility to improve access, especially to underserved communities.
Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC)	Processing standards / initial contact	Critical during the pandemic. Would be nice to have flexibility for unique circumstances.
Evidence-based Home Visiting	Evidenced-based home visits must be provided face-to-face	State Critical during pandemic. Ongoing – Would be nice to have flexibility in telehealth options.
Children's Mental Health (CMH)- Targeted Case Management (TCM)	Monthly face-to-face contact	Critical during pandemic. Ongoing – Would use in limited/situations options.
Behavioral Health Telehealth	Requires face-to-face visits	Would advocate for this use in specific situations / clinically what would be appropriate. Identify what would be clinically appropriate situations (i.e., mental health, assessments, etc.).
Long-Term Services & Supports (LTSS) to Children's Developmental Disabilities (DD) Children's Out-of-Home Placement Case Management	Monthly face-to-face visits with children in out-of-home placement	Ongoing – Would be nice to have flexibility around telehealth options for unique circumstances.
Phone and video for Targeted Case Management (TCM) visits	Requires face-to-face visits	Telehealth – Would like as an option in unique situations.

Category 3

Critical temporary waivers during the pandemic.

Program areas	Waiver	Consideration/notes
Long Term Care, Home and Community Based Waivers (HCBS)	Face-to-face assessment and case management visits (physical)	State/federal Need to have during pandemic. Consideration of allowing for some unique exceptions post pandemic.
Appeals (Human Services Administrative and Judicial Review)	In-person appeals	
Adult Foster Care Licensing	Unannounced visits for investigations to licensed adult foster care providers	
Long-Term Services & Supports (LTSS) to Children's Developmental Disabilities (DD)Children's Out-of-Home Placement Case Management	Monthly face-to-face visits with children in out-of-home placement	

Additional waiver information

Marked "reactivate" if we would want them again in case of a surge of infections. Would characterize them as good to have, not critical.

State Reactivate	Ability to respond to educational neglect allegations virtually to the parent / guardian and with collateral contacts to resolve school attendance without an in-person visit.
State Reactivate	Extending family foster care and family childcare licenses and suspending renewal visits during the state of emergency.
State Reactivate	Allowing Child Welfare Targeted Case Management monthly visits to occur by phone, virtually, or in-person for CW-TCM billing purposes.

Federal Reactivate	Allowing monthly in-person visits with children in foster care or other placement to be seen by video conference instead of in-person.
State Reactivate	Modifying statutory background study requirements to forego fingerprinting and out-of-state studies since fingerprint sites closed. It means those placement locations are not IV-E eligible unless matched by a federal waiver on IV-E (which was granted, then rescinded, now under review).
State No need	Allowing case plans for child protection services to be completed within 60 days rather than the statutorily required 30 days. We support completing case plans and the court requires them.
State No need	That waiver also allowed for case plan development to occur by means other than in-person and that a copy of the case plan could be provided to the people required to sign so they could confirm receipt of the plan in lieu of signatures, to be obtained later. But only if the court decided it was acceptable, so it didn't help.
State No need	Similarly, there is a waiver to suspend the physical examination within 30 days of placement unless there is documentation of a physical exam in the prior year, to be repeated annually. The waiver did not suspend immediately contacting the primary care provider and reviewing medical records, did not apply to any children with known medical conditions, and required seeking medical care for any health concerns, so it didn't really waive anything either.

The following are still being considered. If they are granted, we would want them reactivated for any subsequent surge in contagion.

State Support	Define an allowable unlicensed or quasi-licensed status to be used for new settings intended to provide care for children whose caregivers are hospitalized without alternative care for them.
State Support	Waive young adult work/school requirements for youth in extended foster care for an undetermined period, sought due to anticipated difficult job market.
State Support	Delay youth aging out of extended foster care on their 21st birthday. Discussed as being until September 2020 and sought to reduce homelessness.

b. Data and analytics

1. Overview

As part of Hennepin County's response to COVID-19, a robust, comprehensive, and timely set of on-demand data reports and analyses were created to inform and support the county's

response activities. A small group of analysts leveraged new data and analytics tools to develop interactive data reports that adapted to the evolving needs of the response efforts. These reports included an overview of current case counts, trends, and projections, details of internal response initiatives, a public facing dashboard, and a variety of other topics relevant to the response. This collection of reports helped county leaders to quickly identify emerging areas of concern and respond accordingly. These reports led to the early identification of the outsized impact of COVID-19 in long-term care facilities and insights into the disparate impact of the pandemic across racial groups in Hennepin County. By leveraging new tools and techniques to automate data processing, this collection of reports was developed and maintained by a small group of analysts working part-time on the effort. These reports ensured key data was readily accessible to response staff and have been viewed over 16,000 times, with an average of 1,400 views per month in the year since it was developed. Consolidated data management and predictive analytics provided a shared operating picture, including disparate impacts and a look into the future, that proved essential to respond effectively to the pandemic.

2. Strengths

The objective of Hennepin County's data and reporting effort was to provide ongoing data support to the county's response efforts in ways that met the demands of the scale of crisis. Data support meant ensuring that relevant, timely, and accurate data were available. It also meant that sufficient analyses were done to make sense of the information and identify emerging insights to help response staff utilize data effectively. This entailed moving beyond the traditional approaches to providing data and reports in an emergency response structure to ensure both easy access to data and key insights. The primary audience of this work were county staff involved in the emergency response. Initially, the program was developed by a single analyst that eventually grew into a team of three. The work started at the beginning of the pandemic on March 14, 2020, and the bulk of these reports were fully operational by the end of May 2020. Revisions and continuous updates remain ongoing to this day. Specific deliverables included the development of daily situational reports, a collection of on-demand interactive data reports, and ad hoc analyses.

Analysis of these data relied on both simple and complex analytics techniques. A key task early on was simply getting a handle on how COVID-19 was spreading and who it was impacting. As additional case data became available, analysts were able to provide detailed pictures of what we currently knew about the impact COVID-19 was having on different groups. This was most evident in the impact of the pandemic in long-term care facilities in Hennepin County. Power BI enabled this modest amount of staff time and effort to produce and maintain an impressive array of reports with daily updates across the life of the county's response. These topics included:

- A situation overview/snapshot
- County and state case trends including hospitalizations and deaths
- County case trend comparisons across the United states
- Hospital capacity and utilization trends
- Cases in long-term care facilities
- COVID-19 testing data

- Case demographics
- Racial disparity analyses and trends
- Geographic analyses, including city level case and case rate data
- Impact of COVID-19 on county staff
- Impact of COVID-19 in the county's public safety efforts
- Monitoring of key public health responses, including housing efforts, vaccination administration, short- and long-term projections, education related metrics (14 day per 10,000 people rates by city), PPE supply and availability, and a variety of ad hoc analyses.

Data analysts also worked to provide more complex analyses, including projections to aid scenario planning throughout the pandemic. This included the development of short- and long-term projections of case counts, hospitalizations, and deaths due to COVID-19. Analysts were careful to discuss the limitations of these projections and emphasized their use as a planning tool (as opposed to a crystal ball) to help consider and prepare for a range of scenarios. Types of projections included error bands and high and low estimates, and a range of scenarios were incorporated into the reports. In addition, reports were also included to track the accuracy of these projections over time to build trust and transparency into all that goes into the development and use of these analytical tools.

A key aspect of the county's COVID-19 data and reporting was the inclusion of reports that illustrated the disparate impacts of the pandemic by race and ethnicity (and other demographic characteristics). Age has been one of the most important factors regarding the severity of COVID-19. However, this also served to mask some of the underlying disparities across the country as various communities were impacted in unequal ways. This was the case in our county, where a population of white residents skewed older, and seemed to be more impacted by the virus. The analyses we included in our reporting helped to demonstrate this by going beyond basic summaries by race and including comparisons to the county population and more importantly, age adjusted metrics. These metrics, seen below, demonstrated that when taking the age of the population into consideration, other race and ethnic communities were more impacted by COVID-19. Moreover, a version of these analyses was included in our public facing dashboard to help communicate these insights and their importance to our residents. These data were also used to inform community engagement and outreach efforts and shaped a variety of response efforts to try and mitigate the disparate impacts of the pandemic across the county.

Another critical aspect of the county's COVID-19 data and reporting efforts were the continuous improvement processes used. Throughout the life of the pandemic, analysts worked to update reports to incorporate new data and feedback from staff that reflected the reality of changing conditions. These processes helped to educate response staff on the nuances of the data available and illustrate how different ways of presenting data provided different insights. Constant reflection on these challenges enabled analysts to revise reports to best meet the needs to response leadership and staff. Figure 3 illustrates this nicely and presents an early overview of the pandemic (April 2020) and a more recent version (January 2021). You can see the incorporation of additional data and the revision of metrics – such as whether cases and deaths are rising or falling and at what rate – to better inform response decisions. This process

played out across the suite of reports produced and is viewed as a key reason why this suite of reports continues to be regularly utilized by response staff.

3. Challenges

Behind the scenes, the staff involved in creating these reports had to deal with a significant variety of data types and sources that were constantly changing. The relatively new data sources and the evolving nature of response to the virus meant that very little data was available in an organized and accessible format. Analysts leveraged a hybrid data ingestion approach that was automated to the fullest extent possible yet flexible enough to be able to handle day-to-day changes in the source data. The staff involved leveraged R (an analytics software tool) to develop flexible scripts (i.e., procedures) to ingest, clean, and prepare data for reporting and analysis. This approach enabled an incredibly efficient and flexible approach considering the state of the underlying data. On a normal day it would only take 15 minutes to ingest, clean, and prepare data pulled from webpages, available in Excel files or PDFs, or hand collected by various county staff. Any changes to source data could be identified quickly and typically updated in less than an hour. In comparison, traditional approaches to getting this data and analyzing it by hand would take nearly a day and require a much larger team. Setting up a structured IT solution would have taken weeks, if not months, to develop, and would not have been very responsive to often daily changes in data source, or new sources. This approach enabled the small team of analysts to spend most of their time analyzing data and developing better methods of presenting key insights to the pandemic response staff.

4. Outcomes

This was the first-time county staff leveraged modern reporting and analytics tools to support an emergency response effort. The data and reports offered a new approach to emergency response reporting that improved the administration of response efforts through timely and on-demand access to information, supported the day-to-day work of response staff, provided effective insights for better policies, and supported coordination across government entities. Data and analytics capabilities should continue to be utilized and improved in emergency responses.

The public dashboard supported effective communication with county residents and included easy to understand visuals that were shared via social media. The public dashboard was also used as a tool to share key summary data with city partners. In addition to these specific examples, the use and availability of these reports helped data to be used more regularly and broadly across the county response efforts. The county should continue to leverage data and use dashboards to proactively share data with the public.

Actions influenced by the collection of reports included early and proactive responses in county detention centers to limit the spread of COVID-19 in county jails. It also enabled community engagement to mitigate the disparate impact of COVID-19 on communities of color based on analyses that illustrated impact by race. These engagement efforts also include improvements in access to testing and personal protective equipment (PPE) in these communities. Analyses of PPE inventory and administration allowed for operations staff to project how much additional PPE to order and replaced a time consuming and costly effort to calculate "burn-rates" which involved around a hundred staff members taking inventory at different locations. These handful

of examples show the utility of using data to inform and improve county programs, responses, and resident engagement.

c. Emergency Management

1. Overview

Emergency Management is responsible for coordinating Hennepin County's response during an emergency or disaster. This includes coordinating and maintaining public and private disaster resources and working with other emergency officials to prepare for and respond to emergencies. Prior to the COVID-19 pandemic Emergency Management developed comprehensive pre-incident plans. Throughout the response, Emergency Management coordinated with state and local agencies, stockpiled and distributed critical supplies, and advised and performed key roles in the Incident Command System. A mid-action review was commissioned to evaluate Hennepin County's response to the COVID-19 pandemic. This report provided valuable information and will be referenced in this section of the report.

2. Strengths

a. Investment in Emergency Management capabilities

Previous investments in the Emergency Management department, including staff, technology, and information systems provided the foundation for a robust response to the pandemic. The Emergency Operations Center had the capability to become a stockpile of PPE supplies for the organization and for community distribution. The success of this operation (with capacity to receive large shipments, sort and distribute specific shipments to smaller cities) allowed the site to become a logistics distribution point for the state.

b. External collaboration

Emergency Management effectively coordinated and communicated with cities, the state, and federal agencies. Good rapport and working relationships were established with individual cities, and over time subgroups of cities coordinated approaches to the pandemic. Early in the pandemic daily briefings shared quickly evolving public health information and data. Key relationships with the state emergency operations center facilitated coordination and communications. Proactive leadership and professionalism of staff at the Emergency Management level helped build these relationships. However, staff did acknowledge that the state was unresponsive in providing resources and direction in key areas, including the homelessness and encampment responses.

3. Challenges

a. Incident management training

As Hennepin County implemented an ICS structure to respond to the pandemic, the lack of ICS training and expertise of staff outside of HCEM and HCPH in incident management procedures and processes created barriers to an effective response. This impacted all areas of response management, including establishing and staffing the response structure, the failure to utilize plans and processes developed by HCEM and previously adopted by the county board of commissioners, and coordination of resources. Despite the development of comprehensive

COOP plans prior to the pandemic, staff who weren't trained in ICS couldn't effectively use the plans and created work-around processes which created confusion and more work for staff. Emergency response workflow was also constrained by a standard project management approach, which lacked a future orientation and agile options approach offered though ICS training. Ultimately, the lack of training also created tension between those with ICS expertise and those without, with staff needing to be convinced (or not) that ICS was the appropriate system to use.

b. Internal coordination

Coordination between departments was one of the key challenges for Hennepin County as an organization. The communications and coordination frameworks often created silos of work during the response. Staff often relied on preexisting relationships with colleagues from other departments to address challenges or create new work processes.

4. Outcomes
   1. Virtual work in emergency setting

      Although virtual work was a public health necessity and an important augmentation to emergency operations, it cannot effectively replace the in-person work performed in an emergency operations center. In-person emergency operations includes schedules and routine interactions that benefit from having staff physically present. Additionally, in-person settings allow informal interactions that facilitate communication and workflow outside of the formal coordination. Physical visibility also helps staff work outside of silos.

   2. Training

      Emergency response training should be routinely provided to key staff and leadership across the organization. Additional workshops and immersive training can also prepare the county for future emergency responses. Key staff and leaders across the organization should be designated to perform certain response roles during an emergency, instead of relying on staff who must balance their daily roles with incident response responsibilities.

d. Incident Command Structure

1. Overview

On January 31, 2020, within 10 days of the first confirmed COVID-19 case in the US, the Hennepin County Public Health Department (HCPH) activated its Departmental Operations Center (DOC) to gather information and begin response planning. In early March, the county administrator established a working group that included the assistant county administrator for Operations, the Public Health director, and the Emergency Management director. The county administrator tasked them to recommend an organizational structure to manage the COVID-19 response. The working group initially recommended a COVID-19 response structure that was based on county plans and used the ICS organization. It had county leaders in primary roles with ICS trained staff as deputies to provide support and guidance on ICS processes and procedures.

Hennepin County activated the Incident Command Structure (ICS) on March 13, 2020. Hennepin County stood up the ICS in recognition of the urgent efforts needed and uncertainty surrounding the COVID-19 pandemic. The ICS provided an organizational framework with the flexibility, coordination, and communication necessary to implement Hennepin County's COVID-19 response. The ICS was responsible for coordinating isolation housing, testing and contract tracing, mask distribution, business continuity, and other public health efforts.

2. Strengths

Proactive and effective leadership was exhibited by leaders at all levels, beginning with the activation of the HCPH DOC on January 31 (35 days prior to the first reported case of COVID-19 in Minnesota), through the activation of the county EOC on March 13 and the continued response efforts.

County staff were key to the successes of the response operation. Employees displayed professionalism, dedication to public service, ability to adapt to new processes, and willingness to work long hours. Colleagues rose to the challenge, helped each other through hard times, and acted with grace toward others. This collective attitude had a positive impact on the emergency response, giving employees the flexibility and support to try new ideas.

Data collection, analysis and sharing was another strength of the county's response. The amount of data available in the county's Power BI dashboards and the creation of different reports were comprehensive and exceed many other local and state data capabilities. The data dashboards were available to every person on the response team, which vastly increased the dashboard's utility.

Another critical aspect of the county's COVID-19 data and reporting efforts were the continuous improvement processes used. Throughout the life of the pandemic, analysts worked to update reports to incorporate new data and feedback from staff that reflected the reality of changing conditions. These processes helped to educate response staff on the nuances of the data available and illustrate how different ways of presenting data provided different insights. Constant reflection on these challenges enabled analysts to revise reports to best meet the needs to response leadership and staff. Figure 3 illustrates this nicely and presents an early overview of the pandemic (April 2020) and a more recent version (January 2021). You can see the incorporation of additional data and the revision of metrics – such as whether cases and deaths are rising or falling and at what rate – to better inform response decisions. This process played out across the suite of reports produced and is viewed as a key reason why this suite of reports continues to be regularly utilized by response staff.

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importantly, age adjusted metrics. These metrics, seen below, demonstrated that when taking the age of the population into consideration, other race and ethnic communities were more impacted by COVID-19. Moreover, a version of these analyses was included in our public facing dashboard to help communicate these insights and their importance to our residents. These data were also used to inform community engagement and outreach efforts and shaped a variety of response efforts to try and mitigate the disparate impacts of the pandemic across the county. Figure 4 provides an example of this from September 2020.

3. Challenges

Overall, staff lacked training and participation in ICS procedures and processes. This impacted all areas of response management, including establishing and staffing the response structure, coordination of resources, and the failure to utilize plans and processes developed by Emergency Management.

Resource management was also a challenge for the ICS response. The logistical needs of the pandemic response were intensive, compounded by the fact that every jurisdiction in the country was trying to obtain and distribute the same supplies. Leaders in the response structure established alternate logistical processes from those outlined in approved plans. This created confusion, continual revisions, and added workload to staff.

The county's Emergency Operations Plan was completed with minimal, if any, input from partners. The lack of partnership created confusion about roles and responsibilities between state and local government partners during the pandemic response.

4. Recommendations

1. To improve countywide training in ICS processes the county should review incident staffing requirements and develop a comprehensive and strategic Integrated Preparedness Plan. To help ensure that county staff are prepared for disasters, identify leaders throughout the county who will support incident management and develop a training curriculum and schedule.
2. In response to logistical and resource management challenges, the county should review the processes outlined in plans, the lessons learned from this response, and design a logistics support system that can support all emergency response operations.
3. To improve collaboration with government and other stakeholders during an emergency response, the county should ensure partners review, contribute, and integrate with departmental plans and operations.

Public Health response

6. Public Health Response

a. Engagement and outreach

1. Overview

Trusted and reliable public messaging was crucial to Hennepin County's COVID-19 response. Communication and Engagement Services (CES) staff embedded in Human Services Public Health were faced with a fast-paced global pandemic that saw guidance and health recommendations changing daily on the county, state, and federal levels. Misinformation and distrust of government increased the pressure on CES to evolve their methods and engagement techniques to overcome these challenges and increase the community's acceptance of COVID-19 health recommendations, vaccination efforts, and public health efforts.

The COVID-19 pandemic had disproportionate impacts on the BIPOC community, and CES shifted their focus to address these health disparities through targeted media, trusted messengers, and increased collaborations with school partners.

The high pressure, fast-paced nature of the COVID-19 pandemic and countywide implications necessitated that the coronavirus communications response be larger than the two CES staff embedded in Public Health. Fortunately, this broad and urgent need was understood by county leadership, and Communication and Engagement Services department stepped in to provide the needed infrastructure through JIS, as well as additional staffing to support the communications team, while continuing to rely on the public health expertise of the embedded staff in Public Health. With this support, increased workflow efficiencies, and partnerships with internal and external communicators, CES department was able to help guide the county through the COVID-19 pandemic response and provide consistent public health messages to communities across Hennepin County.

2. Strengths

a. Public campaigns / programs

> 1. Take Care Campaign
>
> In response to the COVID-19 pandemic, CES staff embedded in Public Health used $2 million in CARES funding to launch a broad, multi-faceted public awareness campaign encouraging mask wearing and emphasizing other prevention behaviors. The campaign especially focused on BIPOC media and used trusted community messengers – 27 community organizations, thought leaders and influencers; people whose voices are authentic, trusted, and culturally or linguistically appropriate – to help convince and support members of their diverse communities to wear a mask. Trusted messengers established valuable relationships that will aid the county's vaccination efforts. It has never been more important to reach the community to educate and motivate them to be vaccinated. The campaign reach exceeded the number of residents in Hennepin County

nearly twice over, ensuring residents had important information on appropriate precautions.

2. Food service worker campaign

This effort served as a connection to licensed food providers on vaccine prioritizations.

b. Media / translation services

The number of staff members who have administrative rights to social media accounts was increased so that necessary social media monitoring was available during key points in the COVID-19 pandemic and civil unrest. Staff was able to take turns monitoring social media instead of having a select few individuals provide coverage throughout days, evenings and weekends. In addition to providing coverage to respond to the high volume of questions, additional staff contribute valuable information that has helped change and improve other processes in real-time. The Nextdoor platform was also added as a communication avenue to get messaging disseminated.

The importance of translation services was heightened throughout the COVID-19 pandemic and a larger focus was placed on it across the county. This work was not new, but the life-saving nature of sharing appropriately translated COVID-19 information elevated the issue in Hennepin County and raised expectations within the community. Prior to the COVID-19 pandemic, Public Health embedded CES staff went to Jillian Kyle's team in the Office of Multicultural Services (OMS) or contracted projects out. Public Health worked directly with a team member who handled all COVID-19 related work. Communication and Engagement Services are exploring how to make the translation team permanent and improve the process for working with translation and interpretation vendors.

c. Work processes / technology

Communications and Engagement Services had reorganized as a department months before the COVID-19 pandemic began. This move turned out to be an important and strategic innovation for CES staff embedded across the agency. Again, this is because of the infrastructure and resource support and leadership that the CES department was able to provide, and which Allison Thrash and Lori Imsdahl were rolled into while continuing to participate in the public health response conversations.

Workfront – a project intake, tracking and management tool – had been implemented in the CES department shortly before the pandemic. The tool has many features, but software that allows for everyone to view and make edits to proofs was particularly beneficial and widely used. With the volume and complexity of COVID-19 related projects, as well as the added challenge of working remotely, Workfront has been well utilized to good effect. This software will continue to be used by the CES department for the foreseeable future.

Because of the tight connection between communications and engagement, a lot of valuable improvements have taken place. An increase in translation services, thinking about

communications differently, and seeking community input early on, have resulted in the expansion and updating of diverse media opportunities. For example, the second phase of the Take Care campaign saw less in mass marketing and more in community radio and community newspapers. This approach provided the opportunity to update the list of diverse and community media outlets and reinforce community connections.

Hennepin County is moving forward with its Future Ready Hennepin plan, so CES staff are likely to see remote work continue. The way that the CES department Joint Information System (JIS) has handled the review and approval of products before they are pushed out to the public is well liked. Jamie Zwilling (Chief Communication's Officer) sees the workflows and knows that everyone has done their jobs prior to his approval in the system.

d. Partnerships

Public Health CES staff have always partnered with communicators at the Minnesota Department of Health (MDH), and that continued throughout the COVID-19 pandemic response. Communications with other metro public health authority communicators continued and increased throughout the pandemic (Bloomington, Brooklyn Park, Edina, Minneapolis, and Ramsey County).

Schools served as an important connection point to identify things that were needed and ways to help. The county received many emails from schools about case positivity rates and what method of schooling they would do (hybrid, in-person, remote). This allowed Public Health staff to see trends regarding what people from certain areas were asking for. The county created a weekly newsletter to send to those people.

Communicators from Hennepin County, Hennepin Healthcare (aka HCMC or HHS), Hennepin Health (plan), and NorthPoint Health and Wellness Center all knew one another prior to the COVID-19 pandemic, but during the pandemic a regular meeting was instituted. Having a regular touchpoint was important.

3. Challenges

a. Staffing

The COVID-19 pandemic affects all employees just like it affects the community. That is often overlooked as county staff regularly put their needs aside to better the community and focus on delivering services. But the stresses, anxieties, and pressures that the pandemic causes for employees are very real.

Public Health Communications has the support of the Communication and Engagement Services department and the JIS, but at times the work has been all consuming which causes fatigue and has a real impact on morale.

b. Real-time messaging / misinformation

Information and guidance changed quickly throughout the pandemic. This resulted in skepticism from some members of the public around public health efforts because of changing guidelines.

An example would be changes to the early mask guidance. The public distrusts some guidance being put out because it changed so rapidly. Staff recognized that people who have misconceptions and distrust might not be trusting of Hennepin County's messaging, so staff relied on trusted messenger groups for those populations.

Misinformation has been a huge challenge for all public health communications, including those who work for Hennepin County. The work is not done independently; staff sticks closely to the Minnesota Department of Health (MDH) and the Center for Disease Control (CDC) messaging. There are times that it is tailored and disseminated depending on how it is being sent out and which languages are used, but for the most part they were not creating anything new.

c. Incident Command Structure (ICS)

When the Hennepin county transitioned out of the ICS and created a hybrid structure prior to the vaccine rollout, it contributed to the already confusing state and federal issues with the vaccine rollout. CES staff – particularly those embedded in Public Health – did not know who would make certain decisions, which can lead to the wrong people making decisions. There was also uncertainty around whether people who were making policy decisions had the authority to make those decisions. Staff were exhausted by the time the vaccine rollout in 2021 began; if the ICS had continued, there might have been more ability to rotate individuals out when they were not at their optimal level.

Communication and Engagement Services set up a Joint Information System (JIS) that worked well, and the department continued it even after the ICS was shut down.

d. Work outside the pandemic

The county was hyper focused on the disease and getting at the illness, but a few weeks into the response, staff was hearing from the community that there were many other things that the community was worried about. Community engagers were instrumental in guiding Public Health on additional or related concerns. These efforts resulted in community engagement messaging about how to get help with bills, masks, housing, etc.

Additionally, COVID-19 has impacted all the other ongoing public health outputs, such as HIV and the opioid epidemic. Some efforts have been temporarily set aside, prolonged or delayed because of the limited staff capacity resulting from the COVID-19 response.

4. Outcomes

The Communication and Engagement Services department utilized CARES funding to innovate and diversify their media and outreach efforts to tackle the disproportionate health impacts that the COVID-19 pandemic placed on BIPOC communities across Hennepin County, while also serving as a reliable and consistent voice for the entire county. The Take Care Campaign brought COVID-19 safety messages to the communities most at risk in a trusted and safe way. Partnering with external communicators and school districts ensured that everyone had the most up-to-date information, and they were able to quickly triage new COVID-19 health recommendations

across jurisdictions. CES staff embedded in Public Health and their internal communication and engagement partners worked tirelessly throughout the COVID-19 pandemic response to meet the community where they were to effectively engage and communicate the county's important public health and COVID-19 prevention messages.

Recommendations:

1. Evaluate the COVID-19 ICS structure to provide guidance for future pandemics or large-scale emergencies and to prevent the confusion and appearance of a lack of centralized leadership that departments felt as the ICS structure phased out while the COVID-19 pandemic response was ongoing.
2. Explore funding options to continue utilizing diverse media outlets and engagement efforts that were implemented using CARES funding.
3. Continue funding and expanding translation services across the organization.

b. Epidemiology

1. Overview

The epidemiology area of the Hennepin County Public Health Department is responsible for disease tracking and containment. During the COVID-19 pandemic, staff in epidemiology provided guidance to Hennepin County's response, interpreted CDC and MDH guidance on the COVID-19 disease, analyzed trends over time, and advised on infection prevention strategies. Epidemiology staff also built and managed Hennepin County's contact investigation and contact tracing team. Integrated data systems were built to collect data from state and local sources, improve epidemiological surveillance, and provide timely information to ICS and Hennepin County leadership. As CDC and MDH guidance on the COVID-19 virus and prevention strategies continually shifted, epidemiology staff responded quickly to interpret and communicate information to county departments and community stakeholders. Epidemiology staff worked long hours and shouldered immense responsibility throughout the pandemic. Despite these challenges and increased workload, staff showed flexibility, fortitude, and resourcefulness as the county's nerve center for analyzing and communicating COVID-19 information and guidance.

2. Strengths
a. Data infrastructure

Early in the pandemic epidemiology staff recognized that Hennepin County's antiquated public health data systems would need an overhaul. These systems were built for smaller case counts, didn't communicate effectively with other data sources, and couldn't scale to meet the needs of constantly changing data. Implementing new data systems during a pandemic was challenging. Epidemiology staff and the data unit in CIE worked long hours over many months to improve the public health data infrastructure. The new integrated data systems have improved tools, visualizations, and storage space to provide a sophisticated data management and reporting system (see Data and Analytics section for more information). The data infrastructure allowed epidemiological surveillance of case growth in Hennepin County cities, school districts, and communities. It also provided informed estimates for the process of vaccine distribution. The data systems were also vital to providing consistent public information. Hennepin County's data

could now make automated data pulls from MDH and remain consistent with MDH case counts. The development of the integrated public health data happened throughout the pandemic. As the business needs of the response and organization changed, the data team adapted to collect, organize, and present relevant data. This data was crucial to informing a public health driven response to the pandemic.

b. Contact investigation and contact tracing (CI/CT)

Early in the pandemic, CI/CT was one of the few public health tools to identify and contain the spread of COVID-19 infection. It required staff to call individuals who had tested positive for COVID-19, trace any close contacts, and then call those individuals to notify them they had exposure and should quarantine. As the state attempted to scale their CI/CT efforts, epidemiology staff quickly recognized the importance and volume of CI/CT work needed for Hennepin County. The rapid growth of cases and the slow implementation of a statewide system required the county to scale capacity rapidly. Epidemiology led the hiring, training, and supervision of 92 CI/CT workers throughout the pandemic. At any one time, 20-50 staff were working seven days a week making calls to residents, tracking close contacts, and notifying close contacts. CI/CT is painstaking work and required identifying candidates with the right temperament and skillset for the job. Staff burnout and turnover was common. Maintaining staff morale and a focus on well-being were critical to keeping the CI/CT operational. From January 21, 2021 to July 31, 2021, CI/CT made 17,890 case interviews and 3,355 business follow-ups. As vaccinations increased and case counts diminished in spring and summer of 2021, CI/CT reduced staff and focused on smaller outbreaks.

c. Partnerships and collaboration

Staff adapted to a constantly shifting pandemic and public health necessities. Often these responses included building partnerships that quickly implemented new processes and services. Staff created a workplace follow up strategy for local businesses, partnering with the Hennepin County department of Environmental Health. Community stakeholders, including long-term care providers and homeless shelters, relied on guidance from Hennepin County epidemiology. As schools prepared remote, hybrid, and in-person learning models, Hennepin County epidemiologists advised on community case growth, isolation and quarantine recommendations, physical use of space, effective use of finite resources, and other public health guidance.

3.   Challenges
a. Responding to shifting information

Epidemiology is responsible for interpreting public health guidance for Hennepin County and other local stakeholders. Public health experts, researchers, medical professionals, and the public continue to learn more about the COVID-19 virus every day. Early in the pandemic information and guidance on COVID-19 continually changed. Epidemiology staff also relied on CDC and MDH for procedures and guidance, which was often slow to come and constantly changing. Despite these challenges, epidemiology staff interpreted and applied guidance to the operations of local government. The information had implications in almost every area of county operations

and policymaking: remote work, public health strategies, infection prevention guidance, mask mandates, physical distancing, facilities modifications, and service delivery.

b. Workload and stress

Throughout the pandemic epidemiology staff worked long hours. The emergency response often required seven-day weeks, 12-hour workdays, and no prospect of vacation time. Many staff experienced the effects of stress and secondary trauma. Many of these challenges were worsened by the isolation and reduced social connection of a virtual work environment. Managers and supervisors responded with a more intentional approach to morale and well-being, offering resources and virtual "water cooler" social experiences.

4. Outcomes

Epidemiology interpreted information, shared data, and provided infection prevention strategies for Hennepin County and community stakeholders. Throughout the pandemic, Epidemiology was the source of knowledge that allowed the organization to respond with a variety of public health strategies. Epidemiology improved the county's ability to collect, analyze, and share COVID-19 information through improved data infrastructure and collaboration with county and community stakeholders. Epidemiology also added new tools to the county's pandemic response, including standing up a CI/CT area. Despite ever-changing information, and the responsibility to interpret complex and often contradictory guidance, staff met the challenge. Epidemiology provided the information and expertise for Hennepin County to respond with a public-health-driven approach to COVID-19.

c. Isolation and high-risk shelter

1. Overview

In mid-March 2020, it became apparent that COVID-19 was going to sweep across the United States. At that time, more than 900 people were staying in congregate settings within Hennepin County's contracted shelters; more than 100 of those were 60 years or older. Those residents included both elders and others with serious medical conditions that put them at greater risk of severe illness or death if they contracted the coronavirus. The normal concentrations at the shelters would not meet even the earliest recommendations for slowing the spread of the virus. Already, in other parts of the country, the virus was devastating shelters where people experiencing homelessness lived in congregate settings. Hennepin County staff needed to take quick action to prevent both illness and loss of life in the community. The objectives were twofold: to reduce risk of serious illness and death for the most vulnerable shelter residents, and to deconcentrate shelters to reduce risk of transmission more generally. Throughout the response, additional investments in 24/7 accommodations at the shelters and increased case management supported the transition of many hotel residents into permanent housing.

2. Strengths
a. Urgency and quick action

Hennepin County's quick action in the early days of the COVID-19 pandemic prevented deaths and widespread illness among people experiencing homelessness in our community. Over the

course of the 11-month program, staff used area hotels to shelter 1,118 elders and others whose serious medical conditions put them at high risk for severe illness or death from coronavirus. This program saved lives among the most vulnerable and allowed contracted partners to deconcentrate shelters to the extent that they can operate in accordance with CDC guidelines for the safety of those who remain. In addition, physical modifications have made the shelters safer. During this year of the pandemic, we have seen localized cases of COVID-19 in the shelters and in the hotels. Those cases have not resulted in virus clusters among residents or staff. Overall, infection rates have been low, and we have not traced any fatal cases directly to our contracted shelters or protective shelter facilities.

b. Hotels for shelter operations model

In the months prior to this emergency, Hennepin County was busy responding to a different crisis. A Christmas Day fire destroyed a large overflow shelter and affordable housing development in the city center. The blaze displaced more than 200 people in need of shelter. As part of that response, Hennepin County entered relationships with hotels and learned how to offer supports needed in the event of a mass evacuation of people experiencing homelessness into hotels. During the COVID-19 pandemic the strategy expanded, and entire hotel sites were leased and staffed as shelters. This approach was confirmed as policy on Friday, March 13, 2020. By Tuesday, March 17, the Hennepin County Board of Commissioners approved $3 million to secure alternative accommodations for those most at risk of severe illness or death from the virus, and additional, separate, isolation spaces for people who were sick or awaiting a test result. Hennepin County case workers collaborated with staff at our five agencies running contracted single adult shelters to identify people whose age and physical health indicated that they would benefit from the move. On Thursday, March 19, 2020, the first people started leaving downtown shelters for protective spaces in area hotels. At the hotels, residents stayed in private rooms. In addition to a stripped-down hotel staff, Hennepin County maintained an operations staff to assist residents. Residents received meals, access to Health Care for the Homeless services and case management as they worked on their post-pandemic housing plans. Over the next several months, the program expanded to 540 units at three hotels, and by the time the program stopped accepting new residents in February 2021, we had provided protective shelter to more than 1,118 people. During that same time, 701 people also made use of isolation spaces at a different hotel while they recuperated from infection or awaited test results. Fewer than half of those tests ultimately came back positive.

c. Partnerships

From the beginning, Hennepin County took a lead role in providing funding and convening partners to make the idea a reality. Hennepin County and partners worked from the shared understanding that this was a temporary emergency stopgap as we worked toward housing for everyone. A post-pandemic measure of success was avoiding mass returns to homelessness. Hennepin County allocated $16.5 million to initiate the program and received most of that amount back, in the form of $15.2 million in federal CARES funding that covered the remainder of the 11-month program. Meanwhile, Hennepin County also invested $5.7 million in facility improvements at our partner shelters to ensure that they all met strict CDC COVID-19 safety

guidelines, offered 24/7 accommodations, and provided adequate staffing to implement rigorous cleaning and safety protocols.

c. 24/7 shelters

The 24/7 nature of accommodations at the hotels and the shelters was a benefit to ongoing efforts to move people from homelessness into permanent housing. Additional opportunities for contact with residents allowed additional time to work with them on their housing plans. By mid-June 2020, residents were being transitioned into permanent housing. The work contributed to a total of 2,165 people exiting homelessness into housing in Hennepin County during 2020. Of those, almost 200 had exited from the isolation hotel program as of late March 2021. As the program phases out in 2021, staff will continue to work with the 418 remaining residents to transition them into appropriate housing.

d. Addressing disparities

By prioritizing interventions at the intersection of homelessness, race and health, staff were able to work against a prevailing disproportional level of infection and death among people of color by offering a shelter option that provided more protection from the virus. In addition, as part of our longer-term plan, residents of color also benefited from a transition from the hotels into their own homes. In the end, 73% of people who left the hotels for housing were people of color.

3. Challenges
a. Disparities

In Hennepin County, two-thirds of people experiencing homelessness are Black. Our contracted homeless shelters primarily serve people of color. We know that homelessness and health disparities disproportionately harm people of color, and that this shelter work reduces disparities in health outcomes. In Hennepin County, as nationally, the number of senior citizens experiencing homelessness has increased over the past decade. These seniors are disproportionately also people of color who faced an elevated risk from the virus. In all, 67% of our hotel guests were people of color. Despite efforts to address disparities by investing in health, shelter, and housing interventions these disparities continue to persist in Hennepin County.

4. Outcomes
The primary goal of the isolation and high-risk program was to prevent calamitous and deadly COVID-19 outbreaks in Hennepin County's contracted shelter system. Between moving vulnerable residents to safer settings, and increasing safety measures at the shelters, the results were overwhelmingly positive. COVID-19 cases were rare in mass testing events over the program's 11 months. In total, positive cases amounted to 7% of shelter residents, 5% of hotel residents, and 4% of staff. By comparison, across the county, 8.6% of residents have had positive COVID-19 tests. Even though people experiencing homelessness were identified at high risk of transmission, they experienced COVID-19 infection at a lower rate than the general population. Although two people who had been experiencing homelessness died of COVID-19 in Hennepin County, those cases were not linked to any shelters. There were no virus-related fatalities among

hotel residents, though they were at highest risk. In addition, by the time the program ends later in 2021, hundreds of people who had been staying in shelter will have been placed in their own homes. During the pandemic, Hennepin County staff learned a great deal about the value of 24/7 shelter, and how that consistent contact helps us to support people in making their housing plans a reality.

d. Response and preparedness

1. Overview

The Public Health Emergency Preparedness unit came into the COVID-19 pandemic with an immense knowledge and field experience of public health emergency planning, response and best practices. They have been responding to public health emergencies in Hennepin County every year for the past four years prior to the COVID-19 outbreak. They receive recognition from the National Association of County and City Health Officials, which is closely associated with the Centers for Disease Control and Prevention (CDC), every five years for the past 15 years for their planning and capabilities to respond to public health emergencies, based on best practices and the National Incident Management System. To meet the challenges of working in a remote environment, they adapted their in-person procedures to implement a virtual public health response utilizing Teams. Intense workloads and stresses from a public health emergency response were felt across the department, but staff's training and experience resulted in huge successes for the response including high risk and homeless isolation/quarantine housing hotels, testing events, and vaccination clinics. In the end, the county's COVID-19 pandemic response was successful, but there are many lessons learned that need to be reflected upon for improvements needed regarding the county's ability to successfully implement and sustain an Incident Command Structure so that the subject matter experts' plans and recommendations are put into action to avoid confusion, redundancies, inefficiencies, and staff burnout.

2. Strengths

a. Existing remote work

The transition to remote work was not a new function for PH Emergency Preparedness as they had started working remotely in 2009. Staff for the most part had home offices already set up. The implementation of Teams could not have been timelier; it greatly improved remote work and enhanced daily workflows. A limitation with remote work included a lack of a situational base for the COVID-19 pandemic response, such as the Public Health Department Operations Center, which has been used in past Public Health emergencies.

b. Mid-action report

Public Health Emergency Preparedness worked with the county's Emergency Management and contracted with Witt O'Brien's to create a mid-action report. CDC and the Minnesota Department of Health (MDH) require that any time there is an emergency response, an after-action report must be completed. Emergency Management decided to do a mid-action report in December 2020 to look at how the county was performing up to that point. Public Health

Emergency Preparedness's job is related to public health infectious disease, and they operate out of national best practices. There are 15 public health emergency preparedness and response capabilities that are a part of their role in an emergency response. The mid-action report was driven by a National Incident Management System (NIMS) perspective, which is what Public Health Emergency Preparedness operates in and aligns with.

c. Staffing

Public Health Emergency Preparedness staff are trained, skilled, and prepared for managing public health emergencies and the immense workloads and stresses that come along with them. The COVID-19 pandemic response was no different. Staff adapted their form of response operations from in-person to virtual, which had the unintended consequence of making staff feel like they had to be "on" at all times. Nevertheless, Emergency Preparedness staff continued with their work and used their immense knowledge and training to help guide the COVID-19 response.

It was apparent throughout the response that the workers in the field were a huge success – at hotels, testing events, vaccine clinics, etc. These staff members are trained and have an interest in doing the work. These success stories show the resilience of county employees, as well as the importance and benefit of having staff properly trained at all times to be prepared for responding to public health emergencies.

d. Supply warehouse

CARES funding was used to purchase the supplies and equipment for the COVID-19 pandemic response. When the response began, the county contracted with a facility in Eagan to warehouse all supplies. The county was able to move operations to a warehouse owned by the Hennepin County Regional Railroad Authority. Having access to the warehouse and being able to move supplies to a more central location made a huge impact.

The Logistics team pioneered the ability to use inFlow showroom (inventory management software) for anyone in the county to be able to order PPE/cleaning supplies. It's been used daily since February 2020. As of October 4, 2021, 1,000 order requests were received, processed and filled.

Here's the Inflow showroom Showroom | Powered by inFlow (inflowinventory.com)

3. Challenges

a. No in-person department operations center

During past public health emergency responses, Public Health Emergency Preparedness had a department operations center, or situational base set up in the basement of the Hopkins HSC facility which contained five rooms full of whiteboards and tools. In an emergency response, things take longer when staff do not have the visual tools to work through things or the face-to-face interactions to triage and talk things over quickly with each other. The lack of a centralized location where staff members reported, bounced ideas off each other, and worked things out in-

person, hindered efficiencies. These low-tech components of the department operations center were missed by staff during the COVID-19 response.

b. Incident Command Structure (ICS)

Public Health Emergency Preparedness has been trained for the last 15 years on using the Incident Command System. The department is very experienced and have used it in every response that they have been a part of. It contains a standard organizational structure where everyone knows each other's roles and responsibilities and there are clear lines of developing plans and sharing information. There is a national framework and practice that the department gets grant dollars for using, which is also mandated for public health emergencies. Staff must plan, train, and be prepared for public health emergencies, and they especially must train people so that everyone has common terminology and roles and responsibilities. This is done so that people can come in and be told exactly what they need to do, where they need to go, who has what roles, etc. Unfortunately, 15 years of planning was abandoned quickly with the new response process.

During the COVID-19 pandemic response, Public Health Emergency Preparedness's plans and recommendations were requested by county leadership, which gave the impression that the plans were being used to put together the county's response and utilize the FEMA National Incident Management System (NIMS), which includes the ICS process. But they were not used. The Incident Command Structure that was put in place was "home grown" and abandoned the principles of Public Health Emergency Preparedness's response plan, and the work was transitioned out of the Public Health department operation center (DOC). A new ICS was created by leadership with their own operation and terminology. It was difficult to understand because there was not a standard that was being followed. Staff experienced confusion throughout the response as to who was doing what and what the current operational structure was, because when someone new was brought in the organizational structure and clear responsibilities were not assigned to that person. Much of the confusion and inefficiencies that were experienced over the last 15+ months could have been resolved by using a standard NIMS/ICS system. Everyone in the county should be trained on and using this process and system.

The way in which the COVID-19 Incident Command Structure unfolded was very discouraging to Public Health Emergency Preparedness staff because their work and planning was not used and it left them questioning why they do the work if when an emergency hits, their plans are not used.

c. Continuity of operations plans (COOP)

The continuity of Public Health Emergency Preparedness's work is emergency responses. There was a disconnect between the business of the county in the direct continuity of what Emergency Preparedness must do for a public health response. There has not been this clash before in previous responses because it did not impact the continuity of county business. The continuity of all the business operations became the emergency response, instead of separating that and having the public health infectious disease outbreak response as a separate response. It

essentially got swallowed up by things that were not public health emergency related. In not using Public Health's resources, the ability to respond to what they should have been responding to, was scattered.

Hennepin County Emergency Management is responsible for making sure departments have COOPs. Public Health Emergency Preparedness wanted to see everyone's pandemic flu plan and how all the different departments maintain operations. The unit has had a hard time getting the resources needed to get that work to happen. It speaks to the need to put resources into doing a COOP and then following it, so continuity of operations doesn't become the emergency. County leadership did not know that there were COOPs, nor how to operationalize them. Buy-in needs to happen at the department level to create the plans. It is not efficient to learn things on the fly, as departments have been doing during the COVID-19 pandemic response. It continues the response phase when the county already has the services to get them out of that emergency. It was not widely understood what was being done and why.

d. Vaccine software system

The amount of function that needed to happen for the vaccination operations and reporting made it impossible to do by hand and paper, so the Minnesota Department of Health required a vaccine software system be used. The county was told by MDH in fall 2020 that they were going to need to use the system the state used and was providing to local public health agencies or purchase its own. The county put together a team to evaluate, rank, and rate systems. The company that came out on top was Qualtrics. Public Health's requirements were that the system needed to be operational and ready to use by January 25, 2021, otherwise the county needed to go with the state's system to effectively implement the vaccination operations and reporting. County IT stalled the process by forcing the group to look at Microsoft when they did not have a product online until December 2020. The contract should have been ready mid-December 2020, but instead the entire process was delayed, and the decision was taken out of Public Health Emergency Preparedness's hands. Recommendations from Public Health were ignored and there was a huge delay in response, tons of staff overtime worked, duplication of work, confusion, and poor customer experiences.

The state purchased the vaccine software system "PrepMod" and made it available to all jurisdictions free of charge. However, the county purchased Qualtrics for about $500,000 using grant dollars from the state.

Many staff went through the trauma of trying to do their work without having a well-functioning system. The vaccination operations tracking was a huge, complicated process. There were many 16-hour workdays to complete the manual implementation, and people felt that they were being blamed for trying to flag issues. May 3, 2021 was the first day that the manual process was not used, which meant county staff undertook over four months of manual tracking.

To Public Health Emergency Preparedness staff, this stood out as an example of county leadership making decisions while ignoring the subject matter expert's requirements and recommendations.

To be prepared for future emergency situations, there should be countywide training at all different levels on what a NIMS/ICS process is and how to implement it so that when it is needed, it is all prepared. Most staff can take basic trainings on how to implement a NIMS/ICS and what their role would be, and the organization can use subject matter experts to coach people. As it currently stands, the staff in the county who need the trainings the most, do not participate. Emergency Management and Public Health Emergency Preparedness need to partner to decide who should participate in which trainings and then receive the buy-in from county leaders to get those people to the trainings. Most of the people who are trained are in Human Services and Public Health, but as the COVID-19 pandemic response showed, the training needs to happen countywide.

e. National Association of County and City Health Officials (NACCHO)

Public Health Emergency Preparedness is recognized by a program through NACCHO called Project Public Health Ready. NACCHO is closely associated with the Centers for Disease Control and Prevention (CDC). This program is an enhanced measurement of Emergency Preparedness's capabilities to respond and is also based on best practices. The process is completed every five years, and the county has received recognitions since 2005. The newest round of recognition was supposed to take place in 2020 but was referred to fall 2022 because of the COVID-19 pandemic. A lot of what will be asked is based on NIMS. The application process requires an after-action report and improvement plan (AAR-IP) from the COVID-19 pandemic response. The AAR-IP will unfortunately show that the county did not follow what Public Health Emergency Preparedness said they would do for a public health emergency. What the unit has been saying to NACCHO for the past 15 years is that they are prepared and will follow the NIMS. It will be difficult for staff to represent that they followed the practices that are built into their plan because of the Incident Command Structure that was put in place at the county. The Project Public Health Ready application process takes the most recent AAP-IP response plan and compares to see if they align. Hennepin County's associations with NACCHO and the CDC will be impacted by what comes from the AAR-IP.

4. Outcomes

Public Health Emergency Preparedness tried to use their expertise to implement effective COVID-19 responses and efforts. Although their plans and recommendations were underutilized in many respects, their diligent work and contributions led to successful vaccination operations and eventual implementation of a vaccination tracking system, high risk and isolation/quarantine housing hotels, testing clinics, and PPE planning and coordination, inventory management system, among others.

Recommendations:

1. Implement ongoing countywide NIMS/ICS training, especially for county leadership who will be assigned to emergency response leadership roles.
2. Require that departments regularly update and conduct staff trainings on continuity of operations plans.

3. Use the after-action report and improvement plan (AAR-IP) to guide future pandemic and emergency response planning at the leadership level, to ensure subject matter expert's plans and recommendations are used to guide the response.
4. The emergency response subject matter experts (Public Health Emergency Preparedness and county Emergency Management staff) should be used to coach those staff assigned to response leadership roles. PHEP and HCEM staff are the experts of emergency incident management.

e. Testing

1. Overview
Hennepin County Public Health conducted its own diagnostic COVID-19 testing in addition to partnering with Hennepin Healthcare and commercial labs for testing when required. The county aimed to augment state COVID-19 testing sites with additional sites in communities at higher risk. The county worked with neighborhoods, faith-based organizations, and community organizations to rapidly stand-up new testing sites and critical wraparound services to communities and populations who lack adequate access to testing and are disparately impacted by COVID-19.

2. Strengths
a. Long-term care response

Early in the pandemic as long-term care providers faced high positive case rates and deaths, HCPH led critical testing efforts in long-term care facilities struggling with outbreaks and staff shortages. Although not regulatorily responsible for long-term care facilities, HSPH staff stepped in to meet the needs of facilities. These efforts were central to the county's ability to stand up these new test sites rapidly and enabled critically needed testing resources to be available weeks sooner than they otherwise would have been.

b. Community focused

Staff worked to build connections with communities that were hesitant to participate in testing and provided education and outreach services to foster community trust. Staff planned, organized, and conducted testing efforts in settings and communities where it was needed most. Staff quickly responded to the outbreaks in long-term care facilities. As schools began to reopen, staff focused efforts on testing teachers and students. The county was able to augment state agencies' COVID-19 testing sites with additional sites in neighborhoods at higher risk and those with greater disparities. Additionally, the county was able to help communities and other public health agencies rapidly stand up on-demand testing in accessible locations.

3. Challenges
a. Logistics

Early in the effort to organize testing events, logistical challenges emerged around transportation, equipment, PPE, and locations. As a new function for the county, these were natural growing pains. Staff also needed to identify appropriate testing sites and examine capacity, safety, community need, and accessibility for each location. Although logistical

challenges created slight delays in the initial organization of testing centers, these issues were soon resolved.

4. Outcomes

Since the pandemic began HCPHC organized 122 community testing events, conducting 6,000 tests; 60 long-term care testing events, completing 3,800 tests; and 16 shelter testing events, completing 600 tests. Moving forward HCPH will launch saliva testing which requires fewer resources and provides a less invasive method of providing community testing.

f. Case investigation and contact tracing

1. Overview

Hennepin County Public Health interviewed and provided isolation guidance to people with COVID-19 positive tests. When cases increased dramatically in November 2020 and the county became aware that the state's contact tracing efforts were strained, the county quickly provided staff to supplement the state's contact tracing efforts. HCPH quickly hired and trained limited duration staff to assist with contact investigation and contact tracing.

2. Strengths
a. Urgency

To effectively conduct case investigations and contact tracing HCPH hired and trained 50 limited duration staff. These staff interviewed and provided isolation guidance to COVID-19 positive cases and quarantine guidance to the case's close contacts. Staff also provided infection control and quarantine guidance to impacted settings, including businesses, schools, childcare, or health care. Another component of work involved providing access to services for residents that may need assistance while isolating. These critical responsibilities required staff with a certain temperament and skillset to effectively do this work.

b. Responsive

Throughout the pandemic as cases increased, the workload increased for contact tracing. Staff worked long hours, doing difficult work, to notify and assist people who had tested positive for COVID-19. HCPH also continually increased opportunities to make guidance accessible for all communities. Bilingual staff provided translation services in Somali, Spanish, Hmong and other languages to ensure access to public health information in communities that used a language other than English.

3. Challenges
a. Staffing

Hiring and training up to 50 staff over a short time required immense work from supervisors. The logistical challenges of onboarding these staff during a pandemic were intensive. Contact tracing also required a unique skillset and temperament to be effective doing the work for long hours, day after day. Candidates were often difficult to identify, and turnover was common.

4. Outcomes

HSPH quickly stood up an entirely new area and function to provide contact investigation and contact tracing. To provide isolation guidance to COVID-19 positive cases and quarantine guidance to close contacts, staff conducted 17,890 case interviews and 3,355 business follow ups. Staff attempted to contact newly diagnosed patients and collect information that would help contain dozens of active outbreaks across Hennepin County. These county employees helped support a critical pandemic response system at the time of greatest need.

g. Vaccinations

1. Overview

Hennepin County Public Health (HCPH) was responsible for ensuring Hennepin County residents and visitors had access to the COVID-19 vaccination. HCPH's vaccination strategy followed MDH guidance, which aligned with county principles to promote justice and equity. The strategy followed guidelines established by Advisory Committee on Immunization Practices (ACIP) and MDH, with the Hennepin County Public Health director in consultation with County Administration providing final decision-making authority. HCPH priority populations for vaccination continue to be people and communities without access to the vaccine. Hennepin County staff worked with health-care systems, government agencies, and community partners to inform and support ongoing vaccination efforts. HCPH's initial vaccination efforts in December and February 2021 supported the priority populations of health-care workers and long-term care residents identified in Phase 1a of MDH's vaccine roll-out. During Phase 1a, HCPH also focused on vaccinating county-employed nurses, Health Care for the Homeless staff, testers, and vaccinators. With the shift to Phase 1b, frontline essential workers, those with underlying health conditions, and those age 65 and older were prioritized for vaccination. On March 30, 2021, eligibility for vaccination was opened to everyone age 16 and older. Throughout all phases, HCPH served as a safety net for residents who were unable to access the vaccine at a primary care provider or other vaccine distribution sites. HCPH also worked to keep Hennepin County residents, workers, and stakeholders informed and engaged with of the vaccination plan.

2. Strengths
a. Responsive

HCPH focused on creating an infrastructure that supported informed, efficient, and flexible vaccine distribution sites in Hennepin County. Staff deployed 3-4 clinic events each week, adjusting to meet anticipated demand and adapting approaches for priority populations. As more vaccine became available and eligible groups expanded, HCPH established regularly scheduled vaccination clinics that could be scaled to the meet the increasing demand and adapt to the changing prioritizations. HCPH led all vaccine planning efforts with a race-equity lens.

b. Building trust

As vaccination rates diminished during the summer of 2021, HCPH led a series of efforts to increase vaccination rates. HCPH developed a program using federal funding to provide vaccine incentives. Despite mixed research on the overall effectiveness of vaccine incentive programs, HCPH adopted a widely accepted strategy to increase vaccination uptake by focusing on

rebuilding trust in communities. This effort included partnering with communities that have historically experienced medical exploitation, unconsented experimentation, and marginalization to decrease vaccine hesitancy. The program included partnering with trusted community groups to host vaccine events and support the provision of free meals, groceries, and/or entertainment. Staff also distributed "Thank You" packs to residents who received vaccinations which were tailored to the targeted population and event location.

3. Challenges
a. Vaccine supply

The flow and volume of available vaccine was often limited or variable. Complicating efforts, the type of vaccine that HCPH would receive from MDH was often unknown.

b. Overlapping responsibilities

With MDH setting the guidance and direction for each priority phase, Hennepin County's approach needed to adjust to constantly changing information. Minneapolis, Bloomington, Richfield, and Edina public health departments determined their ability to provide access to vaccinations for their jurisdictions, which often changed.

c. Building community trust

Black, Brown, Indigenous, and Latino communities, in general, hold historically traumatic experiences with government, are at a higher risk of exposure to and complications from COVID-19, and are responding at lower rates than White communities in their likelihood to seek vaccination.

4. Outcomes
HCPH served as a safety net by providing vaccine access to Hennepin County residents and employees who did not have access to the vaccine through other providers. Using data-driven approaches and a racial equity lens, staff worked with health systems and partners to distribute vaccine expeditiously and to support ongoing vaccination efforts. From December 23, 2020, through September 30, 2021, 59,385 doses were received and administered by HCPH. As efforts to vaccinate the public continue, HCPH is leading education and engagement efforts, and using incentives to encourage the public to receive a vaccination.

Community support

7. Community Support

a. Career services programming

1. Overview

COVID-19 posed numerous challenges for job seekers and employment service providers in Hennepin County. The health and economic implications of the pandemic disproportionately impacted communities of color. In the spring of 2020 Hennepin County allocated CARES funding to community-based organizations and employment service providers to support outreach, provide technology, and offer incentives for people looking for jobs. Hennepin County Workforce Development also responded by providing information, offering technical support, and developing new tools to connect employers with job seekers.

2. Strengths
a. Virtual innovation

Hennepin County Workforce Development quickly realized they needed to add new tools to provide effective virtual service delivery for job seekers. To provide a safe environment to re-engage job seekers, staff worked with employers to organize virtual career fairs. Workbooks and informational materials were also distributed to job seekers. Another of these virtual tools was the Elevate Futures Platform. Elevate Futures began as a partnership between the TwinWest Chamber of Commerce and Hennepin County to connect job seekers with employment opportunities. The tool is now a smartphone app that makes job opportunities more accessible to people seeking employment.

b. Data driven

Staff used data to understand the employer landscape and the service delivery environment during the pandemic. Real Time Talent, a software that shows current labor market data, helped staff understand where to invest training and workforce development resources. Data also showed a tighter labor market through March 2021, with approximately 0.6 unemployed persons for each job opening in Hennepin County. Data also showed the disproportionate impact of COVID-19 on the health and economic impacts on people of color. Together, these outcomes showed the importance of working with community-based organizations to reach more residents and employers.

c. Partnerships

Partnership and collaboration between state and local government and community service providers is critical to a successful workforce development system. During the pandemic Hennepin County worked closely with employment service providers to provide CARES funding, advise on subgrantee questions, share guidance on telework, and resolve technology issues. The county also partnered with Ramsey County and the City of Minneapolis to bring together grant partners and build a more streamlined and organized communication process. Hennepin County Workforce Development and Human Services departments also worked together to create joint

strategies and align employment and training services which focused on resident-driven, person-centered service delivery.

3. Challenges

a. New service delivery environment

The COVID-19 pandemic disrupted employment or caused unemployment for many residents. Unemployment assistance provided by the federal government provided stability to many people. However, the combination of a large contingent of unemployed workers, virtual service delivery necessitated by the pandemic, and people receiving a higher level of unemployment assistance created a uniquely challenging environment to promote worker re-engagement and provide training. Until the arrival of CARES funding, people receiving unemployment assistance had little incentive to enroll in training programs. Additionally, many staff recognized gaps in service delivery as people disengaged or dropped out of training programs. Some programs, such as the Diversionary Work Program which provides intensive work supports focused on immediate employment, were waived through the governor's executive order. The technology gap also created a challenge. Many people didn't have the technology skills, access to devices, or connectivity to engage in virtual programming. Despite these challenges, staff responded by providing technology training and distributing devices to job seekers.

4. Outcomes

The health and economic impacts of COVID-19 required the county to adjust and devise new strategies to meet workforce needs and address racial disparities. Hennepin County invested ARP funding to grow and broaden impact. First, the Workforce Leadership Council was reassembled. Regarding businesses, this is the forum that identifies business challenges and business needs to organize employment pathway efforts. Understanding how to effectively talk with employers and helping them anticipate future needs will be critical to economic recovery. The Workforce Leadership Council will be an important venue for utilizing industry-informed career pathways and sector strategies and to inform, align and leverage resources across programs and funding streams. The county also invested in career pathways, building programs that lead to family-sustaining wages for the participants by ensuring they have the skills employers are seeking. COVID-19 created a new economic reality for job seekers and employers in Hennepin County. Racial disparities worsened by COVID-19 will contribute to economic instability. The pandemic fostered innovation, investment in employment and training services, and partnerships among government and community organizations. These strengths will prove vital to address the economic recovery of disproportionately impacted communities and the region.

b. Connectivity and devices

1. Overview

As the county responded to the COVID-19 pandemic, it became apparent early on that there was an immense need for computers and connectivity assistance for youth, job seekers navigating a digital workforce, seniors, and others impacted by the COVID-19 pandemic. The county created a new program to provide devices and internet connectivity for youth involved in

county programs or services. Funds were used to purchase devices, hotspots, and cell phones, and invest in broadband in places where many youth and families are without connectivity. Device distribution and technical assistance expanded to helping those who are participating in adult basic education and workforce development, as well as seniors. A pilot program with broadband carriers offered low-cost broadband to low-income households. 8,600 devices were distributed.

2. Strengths

a. Partnerships

Building partnerships and trust takes time. Efforts had various levels of success and different groups had different abilities to do the work, which sometimes resulted in handholding and/or support. However, the work that was completed could not have been done without important internal and external partnerships.

For device distribution, staff initially focused on county-involved youth and worked with school district partners, youth education partners, and juvenile probation to give out Chromebooks to supplement what schools could do. This resource was very appreciated by internal staff and external partners who liked being able to refer clients to get a device and technical assistance. The program expanded to working with people participating in adult basic education who transitioned to a digital learning environment and needed devices, as well as senior residents.

During the pandemic, staff worked with over 100 non-profits. Over 80 of those were just for computer distribution, and they played a key role in getting the 8,600 devices out. The trusted messenger network was also incredibly effective. They led the work and engaged with the clients, then county staff fortified them with devices, resources, and training materials. The partner organizations were able to help staff advance the program through a disparity reduction lens by ensuring that the most vulnerable in the county received access to devices, connectivity, and the tools to create success.

b. Financing

Staff's strategy for purchasing devices was to purchase as many computers as possible, using advice they received from the Office of Budget and Finance on spending and what future spending requirements might be. Purchasing new computers at this scale leveraged staffing strengths and provided flexibility to target distribution efforts. Partners were happy with this approach. Even with bulk purchasing, the need still far exceeded inventory.

c. Connectivity pilots

Staff were given the freedom to create and implement pilots to increase connectivity. Huge gaps appeared that showed disproportionate areas of the population with speeds or data caps that did not meet the needs of remote schooling or remote work. Internet connectivity options were piloted through hotspot lending, hotspot distribution, and a program with broadband carriers that offered low-cost broadband to low-income households.

d. PC distribution program

An area where staff had more control was the device distribution program. The county purchased new devices to ensure control over criteria. If devices had been purchased through existing programs, the criteria would have been inherited from the manufacturer. Staff was able to tailor the program to exactly what was needed. For example, the county was able to provide more computers for larger families. Computers were distributed directly to clients from the county and indirectly through strategic partnerships.

3. Challenges

a. Level of need

The level of need caught everyone by surprise; it was significant. The complexities of needs added an additional challenge. Staff had to address a gap in access to equipment and technology, a lack of basic connection to internet services, and digital illiteracy. There are areas across the county that don't have the necessary infrastructure to provide adequate speeds for remote schooling and working from home.

b. Requirements and eligibility

Eligibility requirements for connectivity programs offered by carriers are often a barrier to participation and result in low opt-in rates. County staff refer or assist people in signing up for programs, but the eligibility requirements are set by the internet provider. An example of a barrier is needing documentation that shows youth are on the free and reduced lunches program or specific dated documentation. Many parents do not have this documentation or know how to input it into the application process. Waivers could remove this barrier but bring about their own obstacles. Additionally, access to identification is a barrier for some groups.

Comcast changed their documentation requirements. Instead, they opened their program to all students that are enrolled in a Title 1 school. PC for People has eligibility set by Sprint, and they still require documentation. The criteria for their refurbished computers are set by Microsoft

As the programs evolve, finding a way to streamline the application process would be helpful to increase access and participation.

c. Limited staff capacity

Responding to device and connectivity issues implemented during a global pandemic saw already busy departments taking on more tasks and working with quick timelines. The various programs saw high administrative burdens that had varying levels of buy-in and staff dedication across lines of business. Departments had different expectations, capacity, skill sets, and context around benefit programs and possible issues. Future efforts will require an investment of time and resources to properly plan, manage, and execute the program, including creating a team or bringing on a contracted vendor to triage and respond to referrals. Socializing a concept takes time and requires buy-in and partnership from all participating lines of business. Clearly identifying a point person for the program will help staff in that department as well as

coordination across lines of business to make the implementation and evolvement of the program a success.

Thankfully, departments within the county offered assistance throughout the process. For example, Nola Speiser and her team in Workforce Development triaged new submission forms and traveled to loading docks to receive computer shipments. Another key example is the Library, which received the Chromebook shipments, helped facilitate internal distribution from Ridgedale, and arranged for their AmeriCorps CTEP member to assist with triage.

d. Broadband

Increasing access to broadband is a complicated issue that plays to the county's values. For broadband assistance programs, the county did not set the rules and were restricted in what could be done. If the county made its network available to the public or established custom programs with local providers, there could be more flexibility and offerings that address the needs of clients and residents. The feedback received from the school districts in the county highlighted that broadband connectivity is in the top three issues students are facing.

IT and Public Works have spent nearly ten years building a fiber optic system. There is a growing realization that this infrastructure could be used beyond providing connectivity for Public Works and county facilities. Public Works, Disparity Reduction and IT are coordinating to develop new strategies that leverage all available public infrastructure to help bridge the digital divide.

As part of the 2020 appropriation act, Congress established the Emergency Broadband Benefit that provides $50 per month to anyone who applies and is eligible based on a range of criteria that includes many county clients; anyone who is on the Comcast Internet Essentials plan automatically qualifies. But outreach and assistance are needed to get people on that program and help clients who are eligible to get better speeds. Challenges are ongoing and include helping with the usability of the program as well as translation services.

The county subsidized hotspots but they did not seem to be robust enough due to data cap limitations and restrictive eligibility.

e. Logistics and support

Logistics and the supply chain were complicated by COVID-19 procedures, spikes in cases, and mail delays. Additionally, changes in program delivery added challenges when communicating and disseminating services and devices; especially since not all staff or partners understood the eligibility requirements.

Technical issues created just as great of a hinderance to program success. The vendor websites proved confusing and provided a limited e-commerce platform. Email addresses were required for usage and not everyone has one. The digital divide meant that a phone or in-person referral channel is necessary. The system also did not have ongoing communications after requests were submitted, which meant no automated email, limited updates to client emails, and no emails to

the referring case worker or partner. The compressed timeline and high capacity did not allow for a robust custom form or application created by internal development teams.

The varying levels of support caused confusion and complications. There was confusion around the scope of PC's 4 People (P4P) support. Additionally, there was a need for support in multiple languages. The varying levels of support meant that clients needed technical break/fix support as well as training or digital literacy assistance. Finally, there were challenges with the Comcast IEPP modem set up and support.

4. Outcomes

County staff used CARES funding to respond to an immense need that saw countless county residents and clients facing a digital divide and lack of both access to devices as well as consistent and adequate internet access. Key partnerships were created that helped distribute 8,600 devices across the county. Pilot programs were created that saw devices distributed to county involved youth, students, adult basic education participants, adults interacting with workforce development, and seniors; increased connectivity options; hotspot distribution; and provided digital literacy and technological support.

Recommendations

1. Continue to assess the county's capacity to open current fiber networks to address gaps in connectivity.
2. Explore sustainable funding sources to address the additional device needs, which currently sits at nearly 3,000 additional requests.
3. Identify staffing and support/training plans that consider funding sources, level of need (language, digital literacy, infrastructure, demographics), and eligibility criteria.

c. Educational supports

1. Overview

The Hennepin County Education and Support Services (ESS) program was created in June 2020 to provide educational services and supports to county-involved youth impacted by COVID-19. $2.5 million in CARES funding was allocated to hire limited duration staff positions and contract with outside vendors. In August 2020, 12 limited duration educational support specialists were hired, and student referrals were accepted beginning September 8, 2020. An agreement with Huntington Learning Center was authorized to provide academic tutoring services to youth served by ESS. As a part of the 2021 budget, $1,804,100 was allocated to create the Education and Support Services department under the Disparity Reduction line of business. The creation of a department to ensure that this work is ongoing is crucial in advancing the countywide efforts to support and align the educational stability, outcomes, health and well-being of students involved in county systems.

2. Strengths

a. Collaboration

The ESS program works with county-involved youth, which means that the youth are brought to ESS staff through internal touch points. Staff work with Juvenile Probation, Children's Mental Health, Child Protection, the County Home School, and others to show how the program can help the specific child and partner with those staff members to achieve successes.

County-involved youth often have inconsistent housing due to shelter use, foster care, and families moving often. This can cause them to change school districts which can fracture assistance and supports they might be receiving that are district based. ESS staff continue working with these children regardless of which school (or county) they are in. This continuum of care helps bridge a gap for families. The schools that we work with are happy to have additional resources for their students and are willing partners in our program. The county has been developing and growing its trusted messenger approach of engaging and interacting with the community. An area where this method can be expanded is giving the schools more leverage and opportunities to carry the message for us.

Community partners – if there is a need identified with a youth that has been referred to an ESS worker or already has a case, then a release is signed for staff to work with them.

b. Bilingual staff

Taking a holistic approach to youth success extends involvement to supporting other members of the family. The ESS program employs multiple people who speak Spanish and Somali. This allows staff to provide clarity around program details, and to identify what staff can do for the youth and family and what services schools are offering. It also provides an opportunity for another family member to advocate for the youth by speaking with them in their native language.

c. Adaptability

The ESS program was created while the county and community were responding and adapting to the COVID-19 pandemic. This meant there were no systems or processes already in place. The ESS program developed a new case management process on SharePoint.

Families and youth face many barriers to success during normal times, but those challenges were exacerbated during the pandemic. Lack of stable housing and the challenge of virtual school required ESS specialists to adapt how they engage with each individual student. Instead of having a standard operating method for the entire program, everyone was met where they were at. Staff went in with the approach of supporting each person's and family's goals and working with the challenges they face daily to make those goals and their desired outcomes a reality. There is no one-size fits all approach. While this is a huge benefit to the families, it requires nimbleness from staff.

The role in which staff often takes can be equated to that of a navigator. Their role depends on the situation and the individual's needs. Sometimes they take the lead, but other times it is necessary to take a back seat and try to be as coordinated as possible with other supports and departments. It can often be overwhelming for families to have multiple service or case

management touchpoints. In order to minimize the interactions, ESS staff connect with the contracted tutoring program, work with services provided at our libraries and other relevant community resources and connect back to the referring Hennepin County staff member and advocate with them where there is a need identified. This approach takes the burden off families and puts the administrative burden of connecting with staff and getting additional services on the ESS specialist.

3. Challenges

a. Connections

Not being able to meet in person with youth and families proved to be a barrier to success. To comply with COVID-19 restrictions, staff had to use phones and emails to connect with new clients. Building new relationships virtually was a struggle but staff adapted to the hardships and found ways to connect and bring success to students and their families.

b. New staff

Since the ESS program was created during the COVID-19 pandemic, all staff hired were new to the county. This meant that none of the staff were familiar with Hennepin County systems and needed to be onboarded virtually. Most current employees who had to navigate working remotely already had experience with Microsoft Teams and other communications tools, but the 12 ESS specialists had to learn new technology programs, complete trainings, and do team building virtually as a new program was created and implemented.

c. Technology

Many technology disparities are hindering the success of children regardless of their involvement with Hennepin County services. Disparities are seen in access to devices, internet access, and hotspots. Stable housing plays a large role in access to internet, but affordability does as well. ESS staff connect families to internet subsidies through the Comcast Internet Essential program. Through this program, Hennepin County pays for their internet for a year, if they meet the requirements. Another option for access to internet are hotspots. Staff help families apply for hotspots, but a major hinderance is the amount of documentation that is required for these programs. Additionally, a lot of areas or buildings that provide hotspots are difficult to access. Finally, staff have utilized the county's device distribution program to provide devices, as well as PC Serving People. Many schools provide devices to students, but in some cases, individuals have not received those devices, so our staff resolve the issues.

Throughout the COVID-19 pandemic it has become apparent that systems are forever changed. Disparities and barriers need to be identified and addressed to ensure success as the need for a high-quality virtual education is not going away. The proper supports must be there not only from the school districts, but from the county as well.

d. Housing disparities

One of the biggest barriers to success and stability for youth is housing, specifically a lack of affordable housing. Pathways to stable housing are severely limited if families are evicted. Children in shelters often have multiple kids in one room trying to do distance learning. This environment is embarrassing for them, difficult, and schools don't understand, which all compound together to produce low results.

There are ongoing disparities in communities of color that see many families live in multigeneration housing. There is a genuine fear of sending kids back into classrooms when they could bring the COVID-19 virus home and get their grandparents sick. This has caused anxiety for kids in these situations. Some families experience relief that the kids can return to in-person learning and have that stability, but there is the ongoing concern of disease transmission.

e. Mental health

The challenges and effects of the COVID-19 pandemic have created increased anxieties and mental health concerns for the youth in our communities. There are currently some school-based mental health services that are available virtually, but many kids cannot access them. Identified disparities such as stable housing, access to technology, and private personal space within housing hinder access to and the success of these supports. Schools control these interventions, not the county, so ESS workers who connect with students are unable to fix the situation. Mental health services are desperately needed for youth experiencing the many pandemic-related anxieties.

4. Outcomes

Kids who touch our systems generally do poorly in education, resulting in low grades and graduation rates. The repercussions are carried with them throughout life. Having the dedication to support students and their families and foster success was a positive sign to the community, staff, and school partners that the county owns a stake in the system and is doing its part.

The ESS program started from nothing during an already turbulent time. Staff created new processes, brought on and trained brand now county staff, and most importantly adapted the delivery of their program to meet the needs of each individual student and family they interacted with to ensure that the goals of the individual were the most important metric.

Recommendations:

1. Research avenues for stable access to high-speed internet.
2. Expand mental health services available to youth.
3. Expand access to stable affordable housing.

d. Food Security

1. Overview

In August 2020 Hennepin County Human Services identified a need to provide an expanded level of services to community organizations, businesses and service providers in Hennepin County. Seeing the impact because of the coronavirus on services to residents, Hennepin County extended an opportunity to communities to apply for $2 million in CARES funding for food insecurity grants. This opportunity specifically targeted low-income and BIPOC communities with an emphasis on the delivery of culturally appropriate food. Funding was awarded to 69 organizations with grant amounts up to $50,000 to deliver perishable and non-perishable food items along with PPE to pop-up distribution sites, community organizations, churches, food banks, food shelves and non-profits. With a focus on culturally appropriate food distribution, residents were able to get staples such as injera, wild rice, buffalo meat, palm oil, tortillas, beans, and halal meat, which were traditionally not available through food shelves and pop-up distribution sites. Together with partnerships and collaborations, Hennepin County mobilized staff who were bilingual and representative of the refugee, immigrant, and communities of color we serve to provide food to our residents. This opportunity helped to feed tens of thousands of county residents directly impacted by the pandemic who might not otherwise been able to provide for the food needs of their households.

2. Strengths

a. Addressing disparities

Communities of color were disproportionately impacted by food insecurity issues. Approximately 40% of Hennepin County's Black, Indigenous, Latino, Asian and persons of color communities were impacted by food insecurity. Additionally, many culturally specific food outlets were located in areas that experienced unrest following the death of George Floyd. County staff consistently heard from faith-based organizations, community organizations, food shelves, pop-up distribution sites, and other government agencies that there was a shortage of food resources, funding to purchase culturally appropriate food, and availability of PPE. Approximately 87.5% of the organizations selected provided for the food needs of specific BIPOC communities. Specific communities awarded funding represented the Somali, Oromo, Asian Indian, SE Asian, American Indian, Latino, West African, African American and many others.

b. Urgency

The COVID-19 pandemic created significant food scarcity challenges in Hennepin County and surrounding communities. Given the urgency to get the necessary resources to the community, the publication of this opportunity was fast-tracked so that information on funding was readily available to the community. A request for applications (RFA) was issued on July 7th with an application deadline of August 1, 2020. Interested organizations were invited to attend a pre-award conference on July 22, 2020. Approximately 97 organizations attended the virtual conference to obtain more information on the application and selection process, funding available, process, etc. 91 organizations expressed interest in this opportunity and submitted a response to the RFA. A team of staff from Public Health, Human Services and the Center for Innovation and Excellence developed the selection criteria, reviewed the proposals, and

determined the selections. 69 organizations were selected to receive funding ranging from $7,000 to $50,000.

c. Responsiveness

As the pandemic worsened food insecurity for many communities, established and emerging food distributors were experiencing increased demand for food from the community organizations they supplied and were experiencing increased donations of food from the community. As a result, food distributors' capacity to store and distribute donated food was strained due to limited storage facilities and equipment, and limited means for transporting food to partners and individuals. In response Human Services submitted a request for board action to allocate an additional $1 million to food distributors to purchase food and equipment and supplies needed for food storage and distribution. The additional round of $1 million in CARES funding for food distributors was issued for expenses to be incurred during the period November 1, 2020, through December 31, 2020. An online application was posted on the Hennepin County website with a deadline of December 8, 2020. Twenty-three organizations submitted applications for funding and 19 organizations were selected for funding based on criteria established in the grant application. Grant amounts varied from $3,000 to $100,000 to reimburse eligible expenses which included perishable and nonperishable food, warehouse supplies, refrigeration and freezing equipment, storage facility improvements, delivery vehicles and safety and personal protective equipment. Due to the high cost of some of the equipment and facility upgrades and constraints around the timing of the grant, funds were advanced to food distributors and receipts were collected after purchases were made.

d. Partnership and sustainability

Hennepin County staff organized a coalition of partners that included culturally based organizations, food banks, schools, libraries, and other organizations in such a short time to address food insecurity issues raised by the pandemic. The pandemic forced the county to look at new ways to deliver services and listen to partners and residents to ensure that the perishable and non-perishable food items being provided are nutritional and culturally appropriate for different communities. These partnerships developed an infrastructure that is sustainable to help deliver food as communities recover from the pandemic and/or should another disaster arise.

3. Challenges
a. Disparities

The last year has brought into sharper focus health and economic inequities within Black, Latino, and Native American communities in the United States. These inequities are generational implications of inadequate access to basic needs such as food, clean water, housing etc. This lack of access stems from institutionalized discriminatory policies and environmental factors, compounded by limited access to socially and culturally relevant care due to a longstanding history of racism and bias in health care.

b. Food insecurity and health implications

Food insecurity and health are intricately linked. People living in food insecure homes experience challenges in accessing nutritious foods and face barriers to consistently adopting

healthy eating patterns. A poor-quality diet that lacks nutritious food has detrimental effects on a person's physical and mental health. Poor nutrition can increase the risk of developing health problems, including diabetes and hypertension. Food insecurity also exacerbates the complex challenges of managing a chronic disease.

4. Outcomes

Outcomes for this program were measured by the amount of funding that was distributed directly to the community and the number of organizations reporting increased access to culturally appropriate food for their residents. As previously stated, 69 organizations received funding for perishable and non-perishable food items with a total of $ 1,964,067.01 in funding going to the community, of which $ 1,715,318.50 (87.3%) was used for the food insecurity needs of Hennepin County residents. In addition, approximately $975,000 was paid to food distributors for food purchases and other expenses needed to increase food distribution capacity.

e. Expanded services

1. Overview

COVID-19 has posed numerous challenges for community service providers in Hennepin County. In 2020 Hennepin County supported community service providers by issuing federal funded CARES grants and by providing information and technical support around state and federal waivers to program rules. The Hennepin County Board of Commissioners allocated CARES funding to create grants aimed at supporting community providers to meet needs due to COVID-19. Hennepin County extended an opportunity to communities to apply for $2.5 million in CARES funding for expanded community services. Through this opportunity Hennepin County was able to fund expanded services to assist communities impacted by COVID-19, especially low income, and communities of color. Funding was awarded to 88 community organizations, non-profit organizations, mutual assistance associations, faith-based organizations, and social and human organizations with grant amounts ranging to $50,000 to support services and/or expanded services to targeted populations. Providers of varying size, serving diverse cultural communities from across the county received funding. The grants reimbursed expenses for equipment, supplies and facility modifications needed to provide services under public health guidelines. Grants also addressed food insecurity needs, career services for job seekers, expansion of community services needed due to COVID-19 and shelter modifications. In addition to administering grants Hennepin County staff provided technical support by collecting and analyzing changes to federal and state program rules. Changes to rules allowing providers to bill for virtual services were tracked and posted as a resource on the Hennepin County website. This along with adjusting rules for county administered programs helped providers to be able to serve the community in new ways while maintaining financial stability.

2. Strengths
a. Urgency

The COVID-19 pandemic caused Hennepin County and surrounding communities to experience an increased demand for services. Human Services fast-tracked the publication of this funding opportunity to move resources into the community. A request for applications (RFA) was issued

on September 26, 2020, with an application deadline of October 31, 2020. Interested organizations were invited to attend a pre-award conference on October 5, 2020. Approximately 120 organizations attended the virtual conference to obtain more information on the application and selection process, funding available, process, etc. 148 organizations expressed interest in this opportunity and submitted a response to the RFA. A team of staff from Human Services, the Center for Innovation and Excellence, and Community Corrections and Rehabilitation developed the selection criteria, reviewed the proposals, and determined the selections. Eighty-eight organizations were selected to receive funding ranging from $4,000 to $50,000. Recognizing that funding was critical in providing services to specific communities, the Office of Budget and Finance expedited payments to ensure funding was available to the approved organizations. The County Attorney's Office and Contract Administration were also critical partners in this process.

b. Disparity reduction

Communities of color were disproportionately impacted by the pandemic. County staff consistently heard from faith-based organizations, community organizations, food shelves, and other government agencies that there was a shortage of community assistance, PPE, and funding to support culturally appropriate services. Specific communities awarded funding represented the Somali, Oromo, Asian Indian, SE Asian, American Indian, Russian, Latino, West African, African American and many other communities. Given the diversity of our communities, it was critical for the evaluation team to apply a racial equity lens to the selection process which resulted in 75% of the funding being awarded to BIPOC communities. Several organizations funded were smaller in size and this opportunity allowed them to greatly increase the number of residents they were able to serve. Access to these culturally appropriate services helped our communities, neighbors, and non-profits. The experiences of this program provide the county with new strategies and delivery models for services that are culturally appropriate for communities most impacted by COVID-19 and other disparities moving forward.

c. Partnerships

Human Services staff quickly formed a coalition of partners which included culturally based organizations, food banks, schools, libraries, and other organizations. Partners were committed to serving residents facing the greatest impacts from the pandemic, including children, families, and seniors. Collaborations that were created in two to three months provided the foundation for sustained partnerships to provide services in communities.

3. Challenges
a. Disparities

Despite the success and impact of this funding, health and economic disparities worsened by the COVID-19 pandemic continue to exist within Black, Latino, and Native American communities. Inadequate access to consistent and sufficient services leads individuals to engage in difficult decisions that can result in unemployment, mental health challenges, and housing instability. Addressing the need for consistent social services during this past year has proven crucial to supporting the general well-being and health of communities of color. These efforts will need additional targeted resources as communities recover from the pandemic.

4. Outcomes

Outcomes for this program were measured by the amount of funding that was distributed directly to the community and the number of organizations reporting increased access to culturally appropriate services for their residents. As an example, House of Charity, a small non-profit in the Minneapolis area, was able to provide support for residents through PPE, food distribution and support services. 100% of the funding received was directly distributed to the community. This was quite common among grantees; the majority of the funds received went to direct supports to residents and community members. This program was an excellent example of a collective impact model. The county served as a backbone organization leveraging its resources together with resources of that of the different stakeholders with a singular focus of making sure that resident needs were met quickly and efficiently.

f. Rental assistance

1. Overview

Housing and Economic Development distributed $23.2 million in CARES ($16.2 million), state, and Community Development Block Grant funding for emergency rental and housing assistance. Through internal collaborations and a tremendous amount of staff time, a brand-new tool was set up to handle this monumental task. Additional funding allocations allowed for outreach and a virtual tenant resource center to be built to expand the program's reach and enhance residents' experience. Beyond implementing the assistance program, staff also assisted in the purchase of four properties to be used as shelter spaces to increase safety and isolation needs during the COVID-19 pandemic.

2. Strengths

a. Partnerships

1. Existing vendor contracts

Prior to the CARES Act Coronavirus Relief Fund (CRF) funding distribution, Hennepin County received an emergency allocation of Community Development Block Grant (CDBG) funds from the department of Housing and Urban Development (HUD). Those initial funds were programmed through existing contracts. This got the funds out the door quickly without needing to recreate the wheel internally.

When additional funds became available for emergency housing assistance throughout the year, these existing vendors continued to partner with the county to distribute funds quickly and in relationship with the community.

2. Department collaboration

The initial department request for CARES funding for the rental assistance program was $15 million. A solicitation was released, but contractors were unable to take on the full capacity. Housing and Economic Development reached out to Human Services to see if staff that processed emergency assistance had the capacity to help, which they did.

Human Services also engaged Office Support and Library staff from closed locations to help tenants apply and navigate the system. The Office of Budget and Finance (OBF) was engaged to cut checks to landlords and utility companies, and to bring tremendous additional accounting expertise. Human Services' ITRM built a brand-new application tool in Adobe Experience Manager Forms & WorkSpace in four weeks from project request to launch at the end of May 2020. Human Services staff, along with outside contractors were able to pass data back and forth effectively and safely with this new tool. This was a tremendous collaboration between Housing and Economic Development, IT, OBF, and Human Services. By the end of the year, there were 40 FTE's from the county and vendors working on this.

Alongside the work being done on the rental assistance program, Housing and Economic Development staff also worked with Facilities Services to purchase four properties for safer shelter options. The county has never owned residential properties before, so this was an entirely new venture that is acting as a test model for whether the county can achieve greater affordability than the market can by being the owner. For a county spend, it was also cheaper to own rather than rent in the long run. This meant finding properties that the county would want to purchase, own for the long run, and that provide good spaces for shelter. The uniqueness or challenge with this situation is that one area of the county owns the buildings, but another area operates them. The Housing and Redevelopment Authority purchased the properties and owns them, but Human Services provides the services. It creates a complexity and a rewarding collaboration.

b. Workforce

Housing and Economic Development was tasked with standing up a rental assistance program and facilitating the distribution of $15 million of CARES funding while under the pressure of knowing that residents' livelihoods depended on the funding. Staff adapted their roles, took on additional tasks, worked around the clock, and capitalized on the department's diverse talents to successfully build and implement this program.

c. Developing housing infrastructure

A $1.2 million CARES funding allocation for an affordable housing stabilization fund was used to build out the county's emergency housing assistance infrastructure in ways that would have lasting impacts. The funds were used to:

1. Create a virtual tenant resource center
2. Engage culturally responsive navigators who could use the trusted messenger approach to ensure vulnerable populations could access assistance
3. Provide mediation and service connections to tenants at imminent risk of losing their housing
4. Implement a marketing campaign with prime-time ad spots
5. Build out homeowner outreach and counseling capacity

Altogether, these approaches increased the number of tenants who access assistance, they improved the experience of individuals using county services, and they set us up for the recovery phase of the pandemic and recession.

3. Challenges

a. Physical documents

Real estate documents are traditionally paper heavy. IT and accounting were brought in early to help transition to electronic processes. A new process for scanning mail and checks took about 1.5 months to complete and will be implemented permanently.

Specifically, Adobe Sign was utilized to replace physical signatures. Field workers must get documents signed by contractors and homeowners, so electronic signatures proved to be good customer service. However, since many real estate documents must be recorded, there is a legal discussion around what can be electronically signed, notarized, and recorded. In the fall of 2020, a request was approved by the county board to delegate signing authority to the director of Housing and Economic Development, Kevin Dockry. The process prior to that required the board chair, the county administrator, and the board clerk to all sign a document. Staff would need to courier the documents to each signer's house. About 10 packages were executed every month. The new process saved a tremendous amount of time and unnecessary traveling.

There are still some routine documents that require ink signatures and all the additional associated time. These documents would also require county board approval to delegate signing authority to save more staff time in the future. Additionally, external barriers are preventing all documents from transitioning to e-signature. For example, Minnesota housing and several title companies will not accept electronic signatures for some document types, pointing to state statutes. A review of statutes in the future would be warranted to create efficiencies in the recording world.

b. Field staff

There are nine staff who engage contractors to do work on single family homes. They typically make a visit before work begins, after work is completed, and if warranted, they visit throughout the contracted work. In March 2020, all inspections were halted. In April, there was no guidance for this specific type of work, so the team put together their own plan, incorporating risk mitigation and risk level strategies. The plan was submitted to Workplace Safety, who after a few additions approved and implemented. Teams decreased from three to two, a new system was created for checking out vehicles, documents were sent ahead of time and e-signed, individuals were engaged over the phone, and the focus was changed to emergency repairs (highest priority first). This collaboration with Workplace Safety worked very well and allowed for staff to get back in the field quickly. A second pause was implemented in December 2020 and removed in January 2021. The impact of the change in process and the pauses was that the amount of work completed decreased, which HUD provided a waiver for.

c. Workload and future planning

The implementation of the rental assistance program was a success because key individuals shifted their entire focus to this work. The drawback to this strategy is that certain day-to-day work was unable to be completed and an immense amount of burnout was experienced. Critical work got done, but the rest was pushed aside to work on COVID-19 related work. This meant that visioning and strategy work for 2021 was not completed. 2020 saw a substantial amount of great work accomplished, even as staff had to shift job roles. This was because of planning work that had been completed in 2019. The lack of planning for 2021 will most likely be felt.

d. Human Resources/management

An important concern that has risen out of the current remote environment is how do you provide a balanced work experience? As a manager it is difficult to monitor an employee's workload while also providing patience and understanding for the constraints and stresses that the pandemic is causing. It became apparent that some people have been worked too hard and some have not had enough to do. Finding a balance will be crucial to the long-term health of the department and county.

4. Outcomes

The COVID-19 pandemic re-envisioned Housing and Economic Development's role in emergency assistance and highlighted how important it is. A tremendous amount of staff time, coupled with vital department collaborations, were the backbone of the highly successful emergency rental assistance program. On top of scaling up existing rental assistance programs and standing up internal staff and IT processes to take on the additional funding capacity, Housing and Economic Development improved other processes to save time, money and improve our customer service experience.

Recommendations

1. Explore remaining recording documents that do not have delegated signing authority from the county board.
2. Work with external agencies and the legislature to clarify statutes and rules around electronic signatures.
3. Engage with Human Resources to provide managers and staff with tools and resources for remote work.
4. Secure ongoing funding to support continuation of the key aspects of the emergency rental assistance delivery: inter-program coordination, navigation, and outreach.

g. Small business relief

1. Overview

In response to the economic hardships that businesses were facing due to Covid-19 restrictions, Hennepin County created a new program to provide small business emergency funding. On April 21, 2020, the Hennepin County Housing and Redevelopment Authority created the Hennepin County Small Business Relief Program. The program was originally created to fill gaps

in state and federal Covid-19 relief programs and create a more equitable distribution of funds. Five rounds of grants have been administered, with the eligibility criteria evolving based on additional funding sources and legislative actions. Over the lifetime of this program, approximately 6,500 grants totaling $69.4 million in relief funds were distributed. County staff adapted, leveraged partnerships, and built upon current programs to rapidly implement a large-scale relief program.

2. Strengths

a. Partnerships

1. Community development financing institutions (CDFI)

   Hennepin County did not have prior experience implementing business financing programs. Staff relied on CDFI partners who were already established and capable of executing this program expeditiously. These partnerships were crucial for fund distribution, but capacity proved challenging.

2. Inter-agency communications

   Staff actively maintains beneficial multi-jurisdictional working relationships. These relationships were vital for information sharing. Hennepin County recognized the critical importance of communication and collaboration with local, regional, state, and federal partners, and began hosting weekly, then bi-weekly calls with city economic development staff to hear updates from the Minnesota Department of Employment and Economic Development and U.S. Small Business Administration District Office staff, share other local and regional updates, coordinate, and problem-solve. Additionally, lead economic development staff from the seven metro counties held monthly calls to share ideas and information, and to learn from each other.

3. Vendors
   a. Outreach – The Alliance for Metropolitan Stability (The Alliance) – Due to the number of culturally specific businesses across Hennepin County, it was necessary to partner with an organization that already had relationships and access to businesses. The county contracted with The Alliance to provide a single outreach point. The Alliance, in turn, contracted with their extensive network of culturally specific community-based organizations to conduct relational outreach to Hennepin County's diverse business community. Community-based partners engaged in outreach for one or more small business relief rounds include: African Career Education and Resource (ACER), African Development Center (ADC), Black Women's Wealth Alliance (BWWA), Hmong American Partnership (HAP), Lao Assistance Center of Minnesota (LACM), Latino Economic Development Corporation (LEDC), Liberian Business Association (LIBA), Mni Sota Fund, New American Development Center (NADC), Northside Economic Opportunity Network (NEON), and Powderhorn Park Neighborhood Association (PPNA). A full list of community-based partners engaged in various phases of small business

support is included in the addendum.

b. Love Local Initiative – Hennepin County created this program to support concentrations of small businesses in business districts. This work complemented the individual business support programs established to respond to the economic impacts of the COVID-19 pandemic. The county contracted with Mod & Co. to provide marketing and promotional materials for 11 business districts in 11 cities. The efforts highlighted the business districts and encouraged the public to support local small business while emphasizing public health guidance. Additionally, the county contracted with Forecast Public Art to provide placemaking support to five of these same business districts to further attract customer support to local small businesses and provide opportunities to follow public health guidance to shop safely. Both cities and businesses in the districts were grateful for the assistance and attention, particularly as the program gained traction around the holiday shopping season. Several businesses indicated significant increases in sales. The Love Local Initiative is continuing a brand for supporting local small businesses. Marketing materials are available to expand the effort to additional communities and districts.

c. Elevate Business Hennepin County/Business Recovery Network – Hennepin County partnered with the Minneapolis Regional Chamber to create Elevate Business HC, a public/private initiative to provide resources to help businesses not only recover, but to grow and thrive. The program provides expertise in technical assistance, peer-to-peer roundtables, and topic-driven webinars. From the initial rollout, the reaction from the business community was very positive. Today, over 700 businesses are active users of the platform and new users are being introduced to the platform daily. At present, 50% of registered users identify as Black, Latino, Asian, Indigenous, or non-white; and 45% identify as women, non-binary, or non-gender conforming. The platform allows business clients to easily access a range of consulting and resources in one digital platform, while allowing Hennepin County to gather data more easily on platform usage, business needs, and technical assistance services most requested. Elevate Business HC is expected to continue to grow and add additional investment from the private sector.

d. Promotional vendors – To ensure that the expanded business technical assistance efforts and other resources reached Hennepin County's diverse business community equitably, the county engaged a robust and diverse network of partners to promote the platform and its resources.

e. Technical assistance vendors – Hennepin County engaged an unprecedented diversity of small business technical assistance providers. Providers offered specialized expertise, including financial, legal, IT, social media, and website development services. Providers also reflect the culturally diverse businesses in

Hennepin County, and languages spoken by current Elevate Business technical assistance providers include English, Spanish, Chinese, Somali, Arabic, French, and Hindi.

4. Business Advisory Council

The county board created a Business Advisory Council to support the rapid recovery of businesses impacted by Covid-19 by "identifying opportunities and needs in the business community, providing guidance and input to county staff on potential programs and initiatives, and to act as a liaison between the business community and Hennepin County." The group played an instrumental role in moving forward with direct financial support for businesses and creating business and peer networking avenues. The group was given their charge for one year.

b. County workforce

Hennepin County attracts and retains a highly skilled and adaptable workforce. Developing and launching a new program at the scale that was required, highlighted this talent. Hiring staff that possess valuable skills, including a broad knowledge base, strong communication and relationship-building skills, and are both dedicated and flexible, made the difference between failure and success across multiple efforts.

c. Engagement, equity and inclusion

It was a priority of the program to invest in outreach and engagement efforts to ensure that all eligible businesses had access to and benefited equitably from the direct relief funding. To that end, materials were provided in English, Hmong, Somali, Spanish, and Oromo with access to translation services when needed. Additionally, Hennepin County partnered with multiple culturally specific and community-based organizations to provide outreach and technical assistance to business owners. Efforts were successful and resulted in 44% of the total grant dollars being distributed to business owners of color.

3. Challenges

a. Gaps in infrastructure

It became apparent early on that cross departmental collaboration was severely lacking. For the small business relief program specifically, not having internal audit and IT imbedded in the department slowed things down. Over time, collaborations were built, resulting in the public Power BI tool, online forms, and beneficial purchasing relationships, among others. However, if the organization was set up to work with other departments as a standard practice, then in times of crises, operations would be able to flow much smoother. These gaps were exacerbated by the unavoidable situation that various departments and divisions were experiencing the crisis response differently. For example, economic development staff were managing unprecedented workloads to create and implement multiple new programs within days. Some internal-facing units were more insulated and in many cases, unaware of the priority level of this work and functioned in a "business as usual" mode. A lesson learned is that additional communication

efforts are needed across the agency and down to front-line staff about the priority level of crisis-response programming. This would help alleviate the friction and engage staff across all units in problem-solving needed to expedite the work.

b. Staffing

Coming into the pandemic, the business space was understaffed, and the department lacked the correct staffing balance. A countywide hiring freeze had been implemented that made it impossible to staff up where needed. To adapt to the situation, staff was pulled from other areas and spread across the department. Unfortunately, workload fell very heavily on certain individuals who had the requisite expertise. Having excess staffing capacity who have the expertise to plan for shocks in the system would have been invaluable. Going forward, more careful planning will be made around staffing flexibility and capacity.

c. Contracting and payment processing

The contracting process was difficult to navigate and particularly prone to the gaps noted in (a) above. Contracting processes consumed valuable staff time, and potentially could have been streamlined during the early days of crisis response to eliminate all but essential requirements. Certain requirements took days to complete, with some internal facing staff were unaware of urgency or priority level. With days to launch entire programs, these delays were problematic with such large scale, fast moving programs. Specifically, the procurement plan requirement is burdensome and unhelpful. Invoice processing was inconsistent, with some internal department staff similarly less aware of the urgency, and until late in the crisis, new standard procedures such as noting "RUSH payment-CARES," "Net 0" payment terms etc., were not in place.

d. Vendor capacity

The amount of CARES funding available created a challenge when finding vendors who had the capacity to take on the additional funds. County staff executed a direct select for the first round of contracts. When their capacity was exceeded, county staff selected another known vendor. The capacity was exceeded for this vendor as well, which resulted in an RFP process for a third vendor. The capacity of the third vendor was eventually maxed out.

The requirements that are attached to federal dollars created some difficulties when executing the RFP process.

An additional challenge arose around data management. County staff are not data specialists and in hindsight, the program would have been better served contracting with data management specialists.

e. Laptop program

The laptop switchover proved difficult for a short-staffed area. It was devastating for the program when staff had to spend a couple of hours setting up their laptops instead of working. Again, some way of noting when specific staff may be engaged in high priority – high urgency work would have helped triage support for those critical workers during critical times.

4. Outcomes

The Small Business Relief Program was a success because of the determination and adaptability of a talented Hennepin County workforce who understood when to rely on public/private partnerships.

Recommendations:

1. Identify key operational contacts in every department, foster cross departmental relationships, and encourage collaboration between similar programs and departments.

    > *Tasking internal-facing departments, such as Purchasing, Finance, Audit, Legal, IT, etc. to proactively reach out to key management team members, as high priority – high urgency efforts are launched to offer support would be helpful.

2. Streamline contracting requirements and reassess the procurement plan requirement.
3. Explore a process for requesting FTE's during a hiring freeze.
4. Assess staffing on a regular basis to be prepared for future emergencies.

h. Youth activities and programming

1. Overview
Hennepin County allocated $3 million in CARES Act funding to support summer youth activities and programming for local park boards and school districts. The funding addressed an identified need with many summer programs being cancelled due to COVID-19. These programs offered a variety of options for youth to stay active and engaged during the summer months, provided for additional staff to expand program capacity, funded the acquisition of technology, PPE, and sanitization equipment to comply with public health directives, and provided free childcare options for families in many communities disproportionately impacted by the COVID-19 pandemic.

2. Strengths
a. Variety of programs

School districts, local park boards, and community organizations developed a variety of innovative programs for youth to safely participate in sports and activities. Outdoor activities included recreation, nature programs, and explorer camps in city and regional parks, offering birdwatching, bug hunts, and fishing. Aquatics programs allowed pools to reopen and provide free water orientation classes to teach water acclimation and basic swimming fundamentals. A collaborative program from Hennepin County Library, Minneapolis Community Education Beacons, YMCA, YWCA and the Minneapolis Youth Coordinating Board provided safe and engaging activities for children and youth ages 5 to 18 and featured pop-up recreation centers filled with sports equipment, games, music, art supplies, gigantic chess, and books that visited different neighborhoods. City parks taught bike safety skills and allowed youth to experience a bike park in a safe and socially distanced manner. With many sports leagues cancelled during the spring, summer and fall of 2020, funding allowed socially distanced sports such as flag

football, soccer, and ultimate frisbee to continue and provided for jerseys, referees, field staff, and other equipment needed to accommodate the leagues.

b. Virtual programs

Virtual programs provided safe and accessible programs for youth in a variety of settings. One regional park developed a virtual outdoors program with engagement experiences including technology for green screens, microphones, cameras, and tripods. Local parks collaborated with Snapology to provide virtual and physically distanced in-person programs for youth. These programs used LEGO bricks to teach kids about city planning, habitats and ecosystems, landscape architecture, design, and other STEM focused themes.

c. Educational supports

Programming advanced countywide efforts to support and align the educational stability, outcomes, health and well-being of students. Distance learning kits provided students with additional enrichment and engagement opportunities, including kits that expanded learning opportunities for students focused on STEM, the arts, social emotional learning, and physical activity. A regional park partnered with Hennepin County libraries to create a "Library in the Park" to offer books, reading programs, and art programs to connect existing library users to park activities and experiences. Virtual preschools were also formed and converted to a virtual distance learning environment. Curriculum packets were provided, including supplies such as art kits, books, and games for activities so participants could follow over the screen.

d. Childcare

For many families struggling to locate or provide childcare during the early stages of the pandemic, these programs offered free activities and supervision of children. The grants funded additional staff, PPE, and sanitization to allow many programs to expand offerings to more children and families. Virtual preschools were also formed and converted to a virtual distance-learning environment. Curriculum packets were provided, including supplies such as art kits, books, and games for activities so participants could follow over the screen. The grant criteria also required proposals that used a racial equity lens and prioritized those proposals which served disproportionately impacted communities.

3. Challenges

a. Disbursement of funds

Hennepin County received CARES funding on April 23, 2020, and passed a BAR on June 11, 2020, to provide for summer youth programming. Staff worked quickly to review proposals and disburse grant funding to organizations. However, due to the urgency and short turnaround, organizations which lacked staff to design program and complete proposals had fewer opportunities to apply for funding. Fortunately, in some cases organizations that received grants served as subgrantees and incorporated smaller community organizations into their programs.

4. Outcomes

Organizations involved in the summer youth activities and programming reported high participation rates and satisfaction from children and families. These programs covered a significant gap in activities while many schools and local sports had shut down or reduced

programming due to public health concerns. The need for this type of investment has decreased as the risks of outdoor activity became more understood and vaccination rates increased. However, the program also demonstrated how the county could step in at short notice to meet a community need.

Organizational response

8. Organizational Response

a. Assessor's Office

1. Overview

The Hennepin County Assessor's Office provides commercial and residential assessing services to jurisdictions across the county, dependent upon local authority. Currently the county assesses commercial properties for 32 of the 44 cities in Hennepin County and provides residential assessing services for 30 cities. Homestead applications are also processed for the jurisdictions the Assessor's Office serves. The COVID-19 pandemic completely flipped a department that was very paper heavy and field work focused switching to paperless and virtual practically overnight. Staff adapted to the situation and upgraded/modified processes quickly and efficiently without service interruption.

2. Strengths

a. Technology

The Assessor's Office used CARES funding to purchase Cyclomedia technology. This proprietary program gives staff street views of every Hennepin County street and property. They received it in Fall 2020 and staff immediately gave positive feedback.

The county had been using OneHomestead prior to the pandemic but it was not up to date. It was on task to get upgraded, but to accommodate the shift to digital, the department upgraded the technology and security immediately. Additionally, Spanish, Somali, and Hmong languages were added.

b. Paperless

The real-estate world is very paper heavy, and this holds true for the assessing side of the industry. There was not a lot of pre-planning for a pandemic, but the severity of the situation forced the department to go paperless. Digital signatures were utilized to remove paper documents and speed up the process. Technology was upgraded and utilized to transition all paper documents to digital applications.

c. Partnerships

With process and system modifications changing the way the Assessor's Office did business, staff worked closer than ever before with the Minnesota Department of Revenue. It was vital that they received confirmation that they were doing things by the books as the work was completed.

Close working relationships already exist with local cities, which proved beneficial as cities grappled with how they were going to adapt their services. Even though the Assessor's Office only provides services to cities that contract with the county, during the pandemic they provided guidance to any jurisdiction that reached out to them. City assessor's offices sought out

Hennepin County to help figure out how they were going to provide services during a pandemic, as well as how to adhere to statutory guidelines. County staff developed plans to help local assessor offices countywide.

3. Challenges

a. Field staff

Appraisal staff went from performing very hands on work in the field – collecting data, verifying data – to everything being virtual and remote. One of the larger challenges was the change management behind the transition. The assessment programs team took several steps to implement paperless applications and process them digitally.

Residential appraisers are doing the best that they can, given the virtual constraints. They were always in the field prior to the pandemic and did not have experience working remotely. Instead of physically going to properties to make their assessment, they rely on Google street view, aerial photography, MLS data, and Cyclomedia. In frank terms, they just need to do an okay job, not a great job to get through the pandemic.

Commercial appraisers had some experience working remotely prior to the pandemic, but like residential appraisers, spent most of their time in the field physically visiting properties so the shift to virtual created challenges.

Assessing new construction was somewhat blind. Staff relied heavily on city inspectors for information. In the short-term, this process is working okay, but if virtual restrictions continue to be put on appraisal staff, a reassessment of the process will be required.

b. Remote work

The assessment programs team has never worked remotely, so it was a huge change for their workflow. They were sent home on Thursday, March 18, 2020, to test everything that Friday and Monday, and never ended up returning to the office. There were a few bumps along the way, but they were able to tie into the system. The department dedicated several IT staff to work one-on-one with them to get them up to speed but once they were, they did not require any further assistance.

c. Minneapolis property damage

The effects of the COVID-19 pandemic and the damage from the civil unrest following the death of George Floyd in Minneapolis blended as one for assessor offices. Lake Street and the surrounding area needed disaster assessments, which were done by the city assessor's office. Near Map, which is a company that does all the county's aerial photography, came in and did a special flight for the city along Lake Street to assist in their work. Hennepin County suffered property damage to several buildings.

4. Outcomes

The Hennepin County Assessor's Office took steps that many assessor departments across the state never took. Many never locked down and are still going door to door despite safety recommendations suggesting the opposite. The unwavering approach, consistent top to bottom communication, and steps taken by County Administration enabled the Assessor's Office to confidently make the internal changes that were needed to adapt to COVID-19 restrictions and recommendations, while still providing timely service delivery and statutory compliance.

Appraisal staff are a group of individuals who love being outside and working in the field. They take pride in their work. The limitations that virtual tools place on their job performance and outputs lead to a confident conclusion that a return to in-person field work is necessary for this county function.

Recommendations:

1. Assess field conditions and work on a plan for returning appraisal staff to the field.
2. Continue funding and upgrading the various internal and public facing digital tools and platforms.

b. Budget and Finance

1. Overview

The Office of Budget and Finance (OBF) advised on and distributed the $229 million direct allocation of CARES funding from the federal government. They worked with partner agencies and jurisdictions to decipher and share information regarding CARES funding to assist with funding implementation. Digital service innovations helped both OBF and other departments increase efficiencies and comply with COVID-19 restrictions and policies.

2. Strengths

a. Remote work

The Office of Budget and Finance was able to quickly transition to remote work because they have always allowed most of their employees to work from home. Everyone had their own laptop and established internet connection at home. For the first couple of months, people came into the office and grabbed equipment and items they needed whenever they needed them. As time went on, that was restricted to a very limited staffing model. Currently, eight people come into the office at various times to check the mail on the 23rd floor and for accounts payable and general accounting purposes. One staff member needs to come in and check mail, look for checks, and deposit them electronically. For accounts payable work that gets distributed, staff need to come in to scan items and distribute them to coworkers. The payroll group comes in (four people, one or two at most on given day), with more action on pay weeks. Checks are physically printed for 120 people by Central Services. They are printed in the morning; a staff member reviews the checks and mails them in the afternoon.

b. Partnerships

Staff relied on national organizations for information sharing. They met regularly with NACO and the Government Finance Officers Association, with staff sitting in on weekly meetings regarding CARES funding, what is coming, requirements, etc.

The county is not a member of the Metro Intercounty Association but OBF relied on them during the pandemic response. Staff attended the finance committee meeting and Michael Rossman (Human Resources), chairs the HR committee. The county does, however, pay $2,000 annually for access to documents. There was a lot of work done in this organization, especially related to Minnesota's allocation of CARES funding and the process for distribution.

c. Innovations

As physical exchanges have ended and a need for digital services have increased, OBF has been constantly trying to roll out new tools and products for departments. They have been doing more to assist departments to implement online payments and have rolled out more remote site depositing. The checks come in, staff scans them and sends them to the bank off desktop computers. This is done to minimize contact with other people in the building. Prior to this process, OBF staff used to take batches of checks to different departments in the Government Center. Another example is creating Power BI reports for FTE's. These digital tools are not new requests, but with the increased need they are trying to accelerate implementation.

A process that has been the same for 30+ years is the creation of the annual budget book. The long-term process involved physically walking the book around and having staff edit and contribute to the formation of each budget. For 2021, the process moved electronically. This is a good change and something that will continue.

3. Challenges

a. CARES funding

1. Implementation

The largest distribution of CARES funding was for departments who spent money that the board authorized. This was straight forward and did not cause too much confusion. What did add some complexity was that not everyone understood how certain things worked. For example, there was a desire from the County Attorney's Office to include language in every resolution that departments had to return the money if it was never spent. This language was unnecessary because departments did not receive the money until they spent it.

The process: at the end of each month, Cindy Twistol and her team went into the tracking system and looked at what each department posted to each project. Then they would transfer that number of CARES funds to the department, along with increasing their budget by that amount. This system was more efficient for OBF staff and less confusing than doing a system where people were simply tracking staff time and posting it in the system.

There was some maneuvering that had to be done with CARES funding. The expenditure that was approved for purchasing shelter space hotels was removed and $24 million was left as future CARES funding. Staff designated an additional $10 million in FEMA for hotels for 2021. Additionally, $35 million was set aside to be spent by the end of 2021.

2. Grants

OBF emphasized very early on that every grant needed a grant manager tied to it. Some departments decided to use other grant funding instead of CARES funding, but then reallocated funds without tracking the change or telling OBF. This created a significant amount of extra work. The grants/funds are all invoice specific. Between CARES and FEMA funding, plus additional grant dollars, staff moved funds around and it created a half a day of work each time there was an invoice changing.

b. Communication/mentoring

Working remotely is creating a void from a lack of spontaneous meetings and conversations. When staff were in the offices, there would be impromptu meetings in the hallway, elevators, skyway level, or quick coffee or lunch meetings. People could get work done together quickly by meeting on the fly. Additionally, the county administrator could be caught in the hallway and consulted on a moment's notice. There is no longer the sense of open communication and the ability to get help quickly. Networking opportunities are at a stalemate with the only form of interaction being virtual. People are getting work done but they are not developing well. OBF set up monthly chats to help get people together and talk about life. They are also trying to create an environment where people can do some brainstorming before big group meetings.

c. Incident Command Structure

The Incident Command Structure (ICS) turned out to be effective in the long run, but the initial startup was challenging and showed that they were not an effective bureaucracy to begin with. Understandably during a pandemic there was a lot of tension as the response began, but that was coupled with staff who did not know each other being thrown directly into a process that was getting its feet on the ground. The work done at the ICS early on in May/June was effective and a lot was accomplished, but it was very uncomfortable for staff and it did not feel easy. The group had to learn the bureaucratic rules on how to run an ICS. Example: who was going to get a 10-99 and who was going to issue it, us or the vendor? Various road bumps happened throughout the process, such as a department entering the dollar amount in the wrong box so the 10-99's had to be reissued. In the end, everyone came together and accomplished a significant amount, effectively getting work out to the residents. However, if the system had been in place with routine training prior to the pandemic, things would have gone more smoothly and been more effective.

d. Staffing

OBF was not staffed for a pandemic. Specifically, accounts payable is still struggling to catch up. The effects of the pandemic on personal lives caused the department to lose an employee. This

added to already full workloads. Many employees in the department struggled with similar circumstances or pandemic challenges (i.e., childcare, family dynamics, spouse jobs, etc.). This will continue to be a struggle for the remainder of the year because of these types of issues.

Another concerning issue among staff is mental health. As we continue to work from home and people feel more and more isolated over time, it will have ongoing impacts. Single people who are at home alone don't have people to physically talk to, and employees who are in unhappy relationships are left in isolating situations with that person in the same home.

One of the biggest challenges going forward is determining who can work in the office and who can work at home. It is important to look at what people's home lives look like and if they can handle working from home. It will likely create significant turmoil.

e. Digital security

All online processes bring a level of security concern, but as the requests for online tools increased, there were additional security issues with central IT that were expedited. Example: When someone needs to buy a hazardous waste license, they come into the county system. The person needs to identify themself and get credit to that specific account. There needed to be a systemic way to come in and identify yourself and your company, and then pay the company's hazardous waste license. The invoice goes out through the APEX system (internal county system), and then needs to be credited back to APEX. The security threat is that the county does not want to expose the APEX system to the public.

Storing data on the cloud poses an internal digital security concern with the possibility of malware attaching to documents. OBF moved all of PeopleSoft to the Oracle Cloud in 2021.

4. Outcomes

The Office of Budget and Finance undertook the monumental task of facilitating and distributing the $229 million allocation of CARES funding, while also ensuring the continuation of their regular roles and responsibilities. Key external partnerships created vital information sharing networks, and internal partnerships allowed for enhanced digital tools that improved user experience. OBF leaned into innovation opportunities to permanently improve processes that will continue to have benefits outside of the pandemic.

Recommendations:

1. Streamline grant requirements.
2. Define the Incident Command Structure for future pandemics and have ongoing trainings to allow for a smooth transition.
3. Assess managerial tools to support staff working from home.

c. Center for Innovation and Excellence

1. Overview

The Center of Innovation and Excellence (CIE) is rooted at its core as change agents that build organizational capacity for innovation and excellence across Hennepin County. What that means operationally is continually evolving as the needs change within the organization, whether it is facilitating strategic workshops, advising on change management processes, developing data tools, or fostering new innovative ideas internally or with external partners. During the COVID-19 pandemic, CIE's cache of expertise and virtual tools/processes were sought out and utilized across the organization to further the pandemic response. Data analytics were vital to developing and maintaining a public-facing COVID-19 Impact Tool that provided trusted information to the public. Collaborations with departments resulted in important connections with community organizations for food distribution, a grant project to develop policies intended to reduce racial disparities, and the highest census participation rate in Minnesota and Hennepin County history, among others. CIE was able to adapt to a virtual environment and evolve to continue providing resources and project consultation to ensure that strategic growth continued across the organization.

2. Strengths

a. Client services

An important role that CIE plays is consulting for and assisting departments on various strategic efforts that foster and grow organizational innovation, including facilitation needs, strategic planning, after action reports, trainings, data and analytics, research, process mapping, etc. For many of these processes, the methods have been rooted in in-person, interactive engagement forums. In a remote environment, strategies and processes had to shift quickly. CIE used its expertise to modify and pivot to successfully continue these countywide client services.

Strategic planning – CIE has led strategic planning efforts for various areas during the COVID-19 pandemic. There is a skill to acquiring the necessary amount of engagement and participation remotely; it takes longer since participants are not in the same room, instead using mixed methods of virtual small rooms and individual interviews. CIE is developing how to market and encourage this new method to keep strategic planning efforts moving forward. A successful strategic planning session was completed with Public Works during the pandemic as an example.

Trainings – Trainings were moved to online platforms which, again, was a significant change from traditional in-person, cohort-based trainings. An important piece of the in-person training sessions was being in a close environment that encouraged getting to know other participants. Sessions were changed, shortened, and retooled. Four-hour trainings were manageable for in-person, but not virtual. In the Innovation cohort, the Race Equity Impact Tool (REIT) was taught. This was changed to place the REIT training under Diversity, Equity, and Inclusion trainings. For Continuous Improvement trainings, a virtual peer coaching pilot was started. This change had been in the works but was sped up due to the challenging circumstances.

Tools used – Microsoft Teams, Microsoft Office Suite, Microsoft Visio, Microsoft Forms, Microsoft Power BI, Microsoft Stream, Microsoft Delve, Miro, Mentimeter, Jamboard, Canva, Human-

centered design (Innovation by Design), Continuous Improvement, Change Management principles (Prosci), ToP facilitation, Art of Hosting, Community engagement model – IAP2, Race Equity Impact Tool (REIT).

b. Data analytics

The COVID-19 Impact Tool, using the Power BI platform, was a crucial part of the COVID-19 response both internally and externally. Consistent, reliable information was vital to ensure public confidence in Hennepin County's response. Data analytics worked across the organization and closely with Human Services Public Health Department (HSPHD) to create and assist in data tools that helped further the response efforts. More information on data analytics can be found under report section 6.b.

The county's chief data officer (CDO) was assigned to the Incident Command Structure (ICS). During this time, it was impossible for him to carry on all his projects, so three staff members took on the back-work. A system was set up so that roles could be rotated to prevent burnout.

Prior to the pandemic, a data analytics leadership council had been in the works, but its implementation moved faster because of COVID-19.

c. Partnerships

CIE routinely collaborates with and consults for various departments across Hennepin County. Some notable partnerships include:

$2 million in CARES funding was allocated to non-profit and community organizations to serve as food distribution points. Although this program was run out of HSPHD, Vinodh Kutty in CIE has rich connections with the immigrant community and helped HSPHD disperse the grant dollars. His connections were used to assist in grant writing and connecting organizations with the funding. This is a great example of a high impact partnership using existing relationships that benefited the county and the community.

Additional property tax dollars were allocated to the 2020 Census efforts by the county board. Census work is very labor intensive, relying heavily on in-person interactions. Performing census related duties during a pandemic significantly challenged staff. The funding for the increased census efforts came out of CIE, but the staffing for the efforts came from Community Engagement Services. Minnesota was first in the nation for the self-response rate of 75.1%. Hennepin County's census strategy resulted in an increase from 2010 for a self-response rate of 79.4%.

CIE is partnering with Pillsbury United Communities on a three-year grant project through the Kresge Foundation to develop policies intended to reduce racial disparities. The project was entering the engagement period when the pandemic started. Traditional methods of engagement meant physical meetings in the community. To accommodate pandemic requirements, engagement efforts changed to virtual platforms. Sample sizes were reduced, but

staff were able to get good qualitative information. The project is moving forward, and deliverables are expected in 2021.

d. Operational changes

CIE was able to seamlessly continue some office operations because its administrative secretary lived in downtown Minneapolis and was able to regularly go into the office to pick up mail, physical data requests that came to the office, and check on office needs. A process was put into place for how often he would go into the office. Staff coordinated with him when supplies and other items were needed from the office, with notice being sent to the director for documentation purposes. Later in the pandemic, Central Services changed processes to scan and electronically send mail.

CIE had created a Continuation of Operations Plan (COOP) in 2019. As the department adapted to COVID-19 changes, the COOP was reviewed and improved.

3. Challenges

a. Staffing

1. Onboarding / Hiring

A few new employees were hired during the pandemic who had never been in the office or met department staff. The onboarding process when in person was straight forward; but it looks completely different in the virtual world. This process is still being fine-tuned, but the principal question is how do you onboard people who you have not met in person or who are new to the county.

The hiring process will change as the county transitions to a remote workforce. Recommendations and references will play a larger role. Since CIE is so interactive throughout the county, a focus on hiring from inside the county will take precedent so that incoming staff members have a foundation with the county and knowledge of what CIE does. Additionally, it is important to keep the staff that the department already has. This raises a critical HR component for keeping a finger on the pulse on how staff feel and if they are happy in their roles. Interviews are being conducted across the department to engage staff and understand what makes then excited about work and what makes them want to stay.

2. Staff wellbeing

There are many challenges living in the unknown: how long will staff be working from home, what needs are staff experiencing, how are staff coping with the pandemic and working isolated at home, etc. It became apparent that it was more important than ever to make sure that staff are happy and adjusted. From a management perspective, it's important to understand how to reach out to make sure people are okay physically and mentally. There are staff living alone; do managers have a responsibility to check on them? There are staff who are juggling many things that might challenge work as a

priority. How do managers support a work / life balance while maintaining work performance?

CIE builds a lot of relationships in and outside of the department. Staff came together and created a social connection committee. Optional department happy hours and coffee hours were scheduled to allow staff to come together and talk about things other than work. People were encouraged to engage in "coffee meetings" with staff members in and outside CIE to foster and maintain relationships.

A helpful tool for guiding leadership on staff wellbeing would be a survey tool. CIE could do a survey in Qualtrics, but it would be more beneficial to have a county-sponsored survey. Managers can only ask staff so many times how they are feeling and if they need help. Having data on staff wellbeing that came from the staff members themselves would be helpful to gauge necessary program and service offerings. In a smaller department such as CIE, it is possible to have individual conversations with all staff members. However, larger departments are not able to meet and connect regularly, so a survey tool would allow them that employee access.

b. Remote work

CIE had allowed staff the option to work remotely prior to the pandemic, so the move to remote work was smoother compared to other departments. What proved challenging was how to accommodate home workspaces and supply needs. There was not clear countywide direction being provided, which left a varied response across departments. Directors communicated with each other searching for some consensus on processes but there were many unknowns. Direction from leadership would have been appreciated and beneficial to directors.

There was the initial move home and office setup, but then the continuation of ongoing needs. CIE made the decision to allow staff to go into the office and take home their monitors, chairs, and other items. Although this worked well for CIE staff, it was unclear whether that was allowed by County Administration. It was, however, the right call for the department's staff. Items that were being retrieved were documented for tracking purposes.

The county as a practice has been diligent about ergonomic and other accommodations for workspaces. It is important to continue these practices for working from home to prevent medical issues down the road because of unfit workspaces. This was another area where there was a lack of communication regarding how to make requested workspace accommodations at home. Again, CIE tried to provide those accommodations at home without knowing if it was allowed. Finally, there was an issue involving transportation of equipment. Some employees were able to get equipment in vehicles, but others did not have vehicles large enough.

c. ICS/COVID-19 staff deployments

CIE is a small department but saw about 20% of its staff deployed to various COVID-19 efforts at one point. This was significant for a department of its size to absorb. Erik Erickson (CDO) was assigned to the ICS. Amy Schrempp (acting senior admin manager) was deployed to the safety

committee for an extended period. These two deployments were especially burdensome on the director of CIE who had to take on their work in their absence. The three stayed in contact to make sure work was either taken over or distributed to other staff within CIE. There were other staff members who were deployed to work in the shelter hotels.

For a quarter, CIE did not take on any new projects. This period allowed them to wrap-up projects that were close to completion, as well as absorb the workloads of staff members who were temporarily deployed for COVID-19 efforts.

Staff who were assigned to COVID-19 response efforts charged their time to CARES dollars.

4. Outcomes

CIE played a significant role in the COVID-19 response through assignments to the Incident Command Structure and pandemic response efforts. CARES funding was utilized to fund important data analytic platforms, staffing needs, and various programs that CIE partnered on. Most importantly, as the county responded to the COVID-19 pandemic, CIE worked parallel to those efforts to maintain Hennepin County's reputation as an organization that fosters innovation, growth, and change.

Recommendations:

1. Develop a policy for equitable distribution of equipment, workplace accommodations, and supplies that includes messaging and guidance for managers.
2. Explore employee wellbeing survey tools that can be performed across the organization.
3. Develop virtual hiring best practices and tools.

d. Communication and Engagement Services (CES)

1. Overview

The COVID-19 pandemic brought an unprecedented public health crisis that required a swift, reliable, around-the-clock response from the largest county in Minnesota. Hennepin County is viewed as a pillar of innovation, and in times of turmoil, a pillar of strength and trust. CES began the pandemic in a unique situation. Right before the pandemic started, the department consolidated all communicators from across the agency into one department. This strategic move proved crucial for deploying the fast-paced response that the pandemic required. Utilizing CARES funding to expand the scope of their work created a comprehensive response that innovated media strategy, increased translation services, deployed the Trusted Messenger program, and funded staffing to meet the demands of the pandemic.

Engagement Services (ES) played an integral role in advancing the COVID-19 response messaging and public outreach into local communities, specifically engaging and supporting BIPOC and priority populations. 2020 saw the county's most vulnerable and least resilient communities disproportionately impacted by the COVID-19 pandemic. The ES division leveraged the census work, COVID-19 pandemic work, and the 2020 election to have regular, two-way conversations with community members, organizations, and multijurisdictional partners. Staff

listened to community needs and built upon engagement efforts and relationships to act as a conduit to provide resources to communities in need, resulting in 210,000 masks distributed, 1,800 computer devices distributed, countless individuals referred for Wi-Fi programs, and assisting in vaccine distribution, among others.

2. Communications

a. Strengths

1. Department consolidation

Right before the COVID-19 pandemic hit, Communications consolidated all communicators from across the agency into one department. This took Communications FTE's from 30 to 70. The crisis played a positive role as it sped up the transition, and in turn, the new department structure played a positive role in the pandemic response efforts. Having individuals from various departments in a central location worked well and aided in an efficient and timely response.

2. Joint information system (JIS)

A system that is traditional in crisis response is a joint information system. Communications staff stood one up and it proved very effective. Typically, these systems are not intended to be up for as long as it was for the COVID-19 pandemic, but it worked well. The system created many efficiencies for staff; it gets the right people in the same room at the necessary time. Additionally, it defined roles, expectations, and who each player is accountable to. There are lots of aspects to this system that will be integrated into daily operations going forward.

Microsoft Teams worked well for face-to-face connections, file sharing, chats, and setting up different Teams-based projects. For the JIS, there is an approval channel in Teams. Once Jamie Zwilling (chief communications officer) sees the approval in his account, he knows that everyone else has done their jobs. This process allows him to be more engaged in the little details and know what is going on.

* The Derek Chauvin trial was ongoing during the COVID-19 pandemic. A second JIS was set up for the Chauvin trial.

3. Media

The federal CARES dollars provided the opportunity to do things that are typically outside the box, without using property tax dollars. An initial $3.2 million in CARES funding was used for marketing, advertising, translating, the Trusted Messenger program, and staffing. Most of these services would not have been done without the external funding source. An additional $1.5 million was allocated later in the response to continue these services.

A lot was learned about the ad buying process during the pandemic. Communications worked directly with companies on buys and strategies. For TV ads for business grants and rental assistance, a market assessment was completed which resulted in advertising on Judge Judy. A small buy was executed, and it produced a large increase in applications. This showed a very

successful media touchpoint, so the department is considering doing targeted TV advertising in the future instead of investing in billboards and bus advertising for certain programs. In the past, the only media buys were for Hennepin Health and Environment and Energy, and the total buy was small compared to the COVID-19 pandemic related buys.

Additionally, Communications hired a consultant for POCI media strategy. This was an important action that took things off the chief public relations officer's plate.

4. Leadership

As communicators, it is vital that an organization has confident, decisive leadership. If communicators know what the plan is then they can take off running and do their job. But if there is not consistent leadership, then communicators get stuck trying to make policy decisions when that is not their role. The county had strong leadership in place who were making decisions across the agency. Those leaders were not afraid to make calls and take the necessary actions. Leadership understood the value and importance of communication and transparency, but more importantly, understood how critical trusted communication is. It was very helpful for the communications team to have strong leadership from the board, the county administrator, the incident commander, and others, who all did a really good job responding to CES's needs.

b. Challenges

1. Real time speed

a. Speed and accuracy

For staff getting messaging disseminated and responding to media inquiries, the incredibly fast-paced nature of the pandemic meant responding faster than ever before. Keeping up with this speed, while ensuring accuracy, was a huge challenge. Staff was handling things in real-time.

A media team was assembled, and they had a daily check-in four days a week. The team consisted of four to five people who can handle other subjects (housing, libraries, human services, etc.). This was a nice ground force that was able to get to items that would typically go to Carolyn Marinan (chief public relations officer). They also played the role of subject matter experts that Carolyn could go to as she needed to respond to issues quickly.

b. Access to leaders

Prior to the pandemic, media staff were able to catch leaders physically in their offices or around the building. In the remote world, it is a hit or miss having consistent access to leaders. This can cause problems when an immediate response is required for a media story. The flipside is that most people are always by their phones now so if you can get ahold of someone, they can respond quickly via text.

2. Expectations

Various actions taken and programs implemented were beneficial during the pandemic response and were necessary, but an unintended consequence is that the bar was set high for services and ongoing expectations. An example of such actions is the increase in translation services. CES spent hundreds of thousands of CARES dollars translating materials internally and externally. The benefit was great, but the question stands on how that will be handled in the future. Without CARES funding, that expense will need to come out of the county budget.

3. Staffing

In the beginning months of the pandemic, it was not uncommon for staff to put in 18-hour days. As a routine was established that in effect decreased workdays, George Floyd's death ramped the demand on Communications staff back up. The extended period of large workloads and long days caused significant burnout.

CARES funding was used for salary reimbursement. Over a million dollars in surplus funds was used on salaries for the core team. It was a challenge keeping track of all the staffing hours, and there are many hours that were lost and not reimbursed. Further, some people were working 80-hour weeks but could only reimburse for 40 hours. Later in the pandemic response, the staffing reimbursement process was made much easier and there was a uniform coding structure that worked well.

4. Incident Command Structure and crisis planning

Overall, the Incident Command Structure (ICS) was very successful, but there were some challenges and lessons learned that will help make potential future structures successful. The crisis response was advanced well because so much was learned, but the ICS put in place should have stuck "to the book" on incident command. Prior to the pandemic, there was no leadership training or planning/thoughts put into an ICS, so things changed throughout the response which led to confusion and inefficiencies. If trainings had been implemented across the agency prior to the pandemic, then the response in the beginning would not have consisted of scattered actions. It is much easier to make resource requests across departments if you are in an established system like ICS.

Additionally, there was a lack of crisis planning from an operational aspect. Emergency Management has traditionally been focused on efforts and training externally. There needs to be an internal coordinator who makes sure county staff are doing trainings, are up to speed on protocols, and are always ready to go into ICS. There should be an IC structure that is staffed at all levels with people who work in the specific areas, set up and ready to implement whenever a crisis happens.

There was also some confusion over the role of the incident commander. An incident commander should be permanently designated and allowed the autonomy to make all decisions during a crisis, so that when a crisis happens the entire agency knows who the leader is and have confidence in their role.

c. Outcomes

Responding to a pandemic while in a remote setting put the Communications team in a challenging position. Staff worked 80-hour weeks implementing new programs and ensuring that the community and residents of Hennepin County had trusted, reliable, and accurate information regarding health, safety, and government services. Through organizational changes already underway prior to the pandemic, embracing new ideas and services, and the high number of staff hours worked, the department became an important lynchpin in the county's COVID-19 response.

Recommendations:

1. Have someone who is versed in infrastructures and setting up systems work with the county to implement a permanent Incident Command Structure. Along with the setup, have Emergency Management draft and implement an ICS training program that is conducted on a regular basis.
2. Assess new services implemented with federal CARES funding and determine if any warrant permanent county funding.

3. Engagement Services (ES)

a. Strengths

1. Partnerships

a. Engagement huddle

Following Governor Walz's order to shelter in place, approximately 20 staff members from across the county who engage with community members as a part of their job were convened into an engagement huddle. The group met on a weekly basis to discuss slowing the spread of COVID-19; available resources from housing support, cash and food assistance, and COVID-19 testing; as well as educating the public about the vaccine. The group included DOCCR, Public Health, Operations, Public Works, courts, Sheriff's Office, among others.

Out of the engagement huddle, community engagement liaisons were identified, and the group held separate weekly meetings to discuss engagement projects and initiatives that different areas of the county were working on.

Both efforts grew staff's competency with the county's priority populations.

b. Multi-jurisdictional teams

A group of partner jurisdictions (MDH, Minneapolis, Ramsey County, Dakota County, Bloomington, Brooklyn Park, and other local jurisdictions) were brought together who shared high-level information on their community engagement plans in response to the pandemic. The partnership is continually growing and building off each other. The group has general agreements on the need to focus engagement work on immigrant and communities of color, people with disabilities, people experiencing homelessness, and other historically marginalized groups.

c. Internal consulting

Engagement Service's consulted to other county divisions, departments, and lines of business to advise and create engagement plans along with stakeholder analysis. Projects included: Transportation – CR81 small business outreach, Franklin Avenue Study, West Broadway Bridges; Community Works – Midtown Greenway; Environment and Energy – Climate Action Plan; Disparity Reduction – Education domain, Transportation domain; HSPH – engagement plans; and Elections – community partnerships through short-term contracting.

2. Programs

a. Census

Communication and Engagement Services accepted responsibility for the census from October 2019 until it concluded on October 15, 2020, as it is considered an external engagement project. There were 10 census specialists and 40 staff members from across the county who were members of the Internal Census Work Group that supported ES's efforts. Participation in the 2020 Census increased by 3.2% over 2010, even amid a pandemic. This success was due to the immense talent and efforts internally in ES and across the county, but also because of external partnerships with Hennepin County cities, school districts, community organizations, and local government (the cities of Minneapolis and St. Paul, Ramsey County, and the State of Minnesota). Valuable trust and relationships were built with partners and the community because of census efforts. These relationships will continue to be nurtured and built upon going forward.

b. Mask distribution

During spring and summer 2020, ES requested a supply of masks to meet the demand they were seeing in the community. Between April and August, ES staff distributed 50,000 masks to community organizations. As COVID-19 cases soared, the demand grew, and staff advocated for and received additional masks. In October and November, 45,000 masks were distributed each month. In December 2020, an additionally 70,000 masks were provided to 110 organizations, which brought the year total to 210,000 masks distributed.

c. Hennepin on the Go!

The COVID-19 pandemic and the murder of George Floyd prompted a sense of urgency to ensure the county had a physical and visible presence in the community. The ES team launched a pilot van project in September 2020. Two vans were purchased using CARES dollars and were wrapped with branding and equipped with tents, tables, chairs, PPE, county program handouts, and giveaway items. Engagements included:

- 8 events from mid-September to the end of October 2020, engaging up to 500 residents.

- Inter-departmental participation of 8 community locations: Mobile testing, Office of Multicultural Services, Hennepin County Regional Rail Authority, Neighborhood Probation, HC Attorney's Office, and Elections.

Plans include adding a third van to the fleet and setting up a reservation system to provide Hennepin County engagement staff from different divisions the ability to reserve the vans for their engagement activities.

d. Trusted Messenger

CARES funding was used to contract with 26 non-profit organizations and individuals who are trusted messengers in their communities. Trusted messengers help with translations, design messages that resonate with each community, help ensure that individuals and families are engaged and have accurate and timely information to prevent the spread of COVID-19, provide additional information and education on improving health care outcomes, identify immediate needs of community members and assist with obtaining public and private support services, and promote Hennepin County events and campaigns.

The trusted messenger programs played an important role in the "Take Care" public health campaign. The goal of the campaign is to improve health-care outcomes and identify needs as well as promote resources and services available from the county to residents. The campaign was another opportunity to build and strengthen relationships with key community providers and leaders.

3. Media

a. BIPOC media

The need to connect and communicate with community members intensified during 2020, and Engagement Services began working with a consultant on a Black, Indigenous, People of Color (BIPOC) media plan that was culturally authentic and intentional. This included nourishing existing relationships and creating new ones.

COVID-19 messaging in English, Hmong, Spanish, and Somali was created around wearing masks, practicing social distancing, and handwashing. Between June-October 2020, more than $136,000 was spent on ad placements that reached: African American, African Immigrant (including Somali, Kenyan, and Liberian), Hmong, Latino/Latinx, and Native American residents. Interviews and ads ran on La Raza, Radio El Ray KMOJ, KFAI, KRSM (Native American), Hmong Radio and TV, Black Media (BME), KALY (Somali), and KDRTV, and were printed in North News, Spokesman Recorder, Insight, and The Circle.

In total, the combined print reach was 89,000, the combined radio reach was 1.5 million listeners, and the average digital views was 10,000 per video/post.

b. Social media influencers

During the summer of 2020, the census team created a list of 50 people who were considered social media influencers. Swag bags were delivered to each influencer that included information about the census, COVID-19, elections, and Hennepin County. County staff started emailing the group once or twice a week asking them to share census information on social media. Hennepin County posts were encouraged to be shared and information about COVID-19 testing was disseminated.

In October 2020, all the trusted messengers were added into the growing list of influencers which totaled more than 200 people. Additionally, more posts were translated into Hmong, Spanish, and Somali.

b. Challenges

1. Lack of infrastructure

When the COVID-19 pandemic began, Communication and Engagement Services had just undergone a department restructure. There was not an infrastructure in place for community engagement. They had just begun creating a work plan; the pandemic really shaped the work. It became clear what their role was and what their role with disparities reduction is. The department needed to be intentional about engaging all communities in Hennepin County and from there you can distill engagement efforts to communities of color and priority populations.

Staff began to build a structure by first looking internally: who had what relationships, who were community influencers. Out of efforts with the census, working with elections, and mask distributions, more structure began organically forming. Population-specific engagement teams were created, and those systems were used to distribute PPE. From those relationships, staff realized that those groups had huge influence in the community and were already doing the work. The Trusted Messenger Program was born using CARES funding. Engagement huddles, Hennepin Go!, and other programs were developed and successfully implemented.

As the county responded to the pandemic, ES was hit with a difficult challenge: how do you become more mobile, provide more access and presence, and serve the community by being out in the community during a pandemic? And what does it mean going forward for post-pandemic service delivery?

2. Translations

The lack of translation services around the county proved to be a barrier for service delivery. Beginning in the spring of 2020, ES worked with five staff members from the Office of Multicultural Services on more than 120 internal requests for translations, primarily related to COVID-19 testing and available resources. Census materials were translated as well as flyers, brochures, and social media posts.

Information was translated into Spanish, Somali, Hmong, Oromo, and Russian. Additional languages were translated based on request or on a case-by-case basis including Swahili, Vietnamese, and French.

3. Digital divide

Across the county the need for equitable access to devices and Wi-Fi was brought to the forefront as most services transitioned to virtual platforms. Partnering with PC's for People, Engagement Services worked with IT and Disparity Reduction to identify community organizations that could help distribute 1,800 free laptops to people who were looking for work and elders who needed a computer for telemedicine. ES staff reached out to trusted messengers and community organizations to enlist their support in getting laptops and internet services to individuals in need.

c. Outcomes

The COVID-19 pandemic was a defining moment for Engagement Services; it was the catalyst for the demands and needs of the community which in turn molded and solidified its roles within the community and Hennepin County. CARES funding was used to support ES's census work, Trusted Messenger program, translation services, mask distribution, media strategy, mobile engagement efforts, and assistance in addressing the digital divide. Their role in the 2020 census resulted in a 3.2% increase in participation over the previous census, with 79.4% of residents responding. They distributed 210,000 masks and 1,800 computer devices. Most importantly, they were a vital part of the public health response by serving as a safe and reliable source of information regarding the COVID-19 pandemic.

Recommendations:

1. Evaluate the cost/benefits of continuing to fund the Trusted Messenger program and translation services.
2. Continue to utilize and nurture new forms of media and communication through BIPOC media.
3. Develop strategies and clear definitions around Engagement Service's role in the Hennepin County organization and relationships/expectations with internal departments.

a. Disparity Reduction

1. Overview

The Disparity Reduction line of business intentionally provides direction and strategy that reduces racial disparities in Hennepin County. During the early pandemic response, the Disparity Reduction Line of Business included the Center for Innovation and Excellence; Diversity, Equity and Inclusion; and Purchasing and Contract Services. The Climate and Resiliency, and Education Support Services departments were added later. Throughout the pandemic, the line of business partnered and implemented equitable practices in education, employment, health, housing, income, justice, and transportation across Hennepin County. Staff educated, trained, and analyzed data to complete priority goals in the community and workplace. These efforts were critical to respond to the pandemic through a racial equity lens and reduce the impacts of disparities exacerbated by the COVID-19 pandemic.

2. Strengths

a. Education Support Services

The Education Support Services department was created in response to educational disparities that were worsened by the pandemic. Federal pandemic relief funds were directed to advance county efforts to support the educational stability, health, and wellbeing of county-connected youth. Academic tutoring was provided for many of the youth engaged in programming through a contracted agency that provided individualized, virtual tutoring supports to youth in grades K-12, and GED seekers connected to county systems. Academic tutoring resulted in increased test scores in both math and reading, as well as fewer missing assignments, improved grades, increased confidence levels, and increased positive feelings toward school. This program has shown an average improvement of 15-20% on math and reading academic reassessments. (For more information see Educational Supports section under Community Support.)

b. Increasing digital access and inclusion

Distance learning during the COVID-19 pandemic revealed the depth of the digital divide and highlighted gaps in digital access for students. Lower-income families, many of whom are people of color, are more likely to lack the connectivity and technology needed to learn and work from home. In 2020, Hennepin County leveraged federal CARES (Coronavirus Aid, Relief, and Economic Security) Act dollars to purchase more than 5,850 laptops during the first year of the program. More than 2,700 Chromebooks were distributed to youth. This effort relied on strong partnerships with cities, schools, and community organizations. Disparity Reduction played a key role in coordinating across the county enterprise, and throughout communities to ensure effective and equitable distribution of devices.

c. Engagement, partnership, and innovation

The COVID-19 pandemic catalyzed innovation in county programs and services. Innovation also occurred through partnership and applying a racial equity lens to response efforts. The county also stepped forward as a convener and nexus of partnership efforts. Disparity Reduction was closely incorporated into the emergency response infrastructure to ensure a disparity reduction and racial equity lens was included in the planning and implementation process (for more information see Incident Command Structure section). Disparity Reduction ensured community voices were incorporated into decisions and worked with community organizations to align county services and programs to address community concerns. Data was also used to continually assess and reassess the impacts of the county's response. Disparity Reduction ensured the county was actively identifying disparities, devising solutions to reduce disparities, and using data and community input to evaluate the county's pandemic response actions.

3. Challenges

a. Worsening disparities for residents

The pandemic dramatically exacerbated racial disparities – many of which could have long-term impacts. Educational disparities were worsened by the move to distance learning. Many residents lost jobs and prospects for future employment. Uncertain incomes resulted in housing instability for many families. Although the county will continue to focus resources, services, programs, staff, and partnerships, many county residents have been greatly impacted and will continue to feel the impacts of these disparities.

b. Translation services

The pandemic created significant communication challenges for government entities to communicate with the public. Public health guidance was constantly shifting early in the pandemic. Sharing information and communicating in multiple languages was a barrier for residents to access and learn about county services and programs. Early in the pandemic, the county didn't have the translation infrastructure or resources to provide timely information and public statements in all languages used frequently by communities. County staff quickly implemented workarounds and recognized the importance of responding to residents in crisis through their effective language. Valuable lessons were also learned about the mode, technology, and type of language that was most effective in communities.

4. Outcomes

The pandemic exacerbated the need to do more for residents experiencing the starkest disparities. Disparity Reduction was critical to an effective and equitable response to the COVID-19 pandemic. The infrastructure for Disparity Reduction allowed Hennepin County to pivot quickly, bring innovation into service delivery models, and focus on reducing disparities throughout the county. The pandemic underscored the need for the county to use a racial equity lens in all response efforts, step into new areas of service provision, and rethink how to effectively engage with community. Aligning the Disparity Reduction work and the declaration of racism as a public health crisis with pandemic response and recovery funding provided an opportunity to make significant, positive, and lasting changes for residents.

f. Diversity, Equity, and Inclusion

1. Overview

The Diversity, Equity, and Inclusion (DEI) department entered the COVID-19 pandemic in a unique position; they were in the process of introducing the Racial Equity Impact Tool countywide. Staff had to completely change their methods and approaches to conducting large-scale trainings that historically took place in person. On top of implementing trainings, DEI was leaned on heavily for providing support and trauma sessions to employees across the county following the death of George Floyd and the subsequent trial of officer Chauvin. DEI staff evolved their work to be there for the entire organization in a meaningful way.

2. Strengths

a. Emergency Racial Equity Impact Tool

In reaction to the COVID-19 pandemic and the need to make quick decisions, DEI developed a quicker version of the Racial Equity Impact Tool. Staff took the tool and reduced the number of questions, data, and steps (e.g., eliminated reaching out to the community physically and recreated it to reach out to the community by mail and virtually). The department felt it was important for staff across the agency to be able to make decisions faster. The new tool is called the Emergency Racial Equity Impact Tool.

b. Partnerships

DEI partnered with individual departments and offered organization-wide services. For regular and ongoing equity training, DEI worked with individual departments to deliver those trainings. While the COVID-19 pandemic was happening, there was community unrest surrounding the death of George Floyd that affected the lives of many employees. To act as a support system, DEI partnered with many employees to give support and hold race conversations prior to and during the officer Chauvin trial. The county administrator asked DEI to hold five sessions, which were continued as needed throughout the trail. An additional meditation trauma session was developed to help people deal with trauma.

3. Challenges

a. DEI trainings

When considering best practices in Diversity, Equity, and Inclusion, training is conducted in person. This is how it had been prior to the COVID-19 pandemic. Staff had to figure out a quick way to deliver trainings virtually. When remote work began, they did not have all the options in Teams that they have now, such as breakout rooms. They had to figure out how to individually assign meetings.

After learning the technology, staff had to figure out which classes could be delivered virtually. There are still three classes that cannot be delivered virtually because the activities include follow-the-leader exercises, blindfolding individuals, and other in-person activities that cannot be translated to virtual methods.

b. Decrease in DEI requests

The organization lost sight of some of the DEI work as it grappled with responding to the COVID-19 pandemic. The number of requests for trainings and support decreased, but later in the pandemic it started to increase. The pandemic required a focus on health. DEI supported public health in what they were doing and improved their relationship with leadership in that department. The pandemic made staff talk about DEI and the importance of it.

Additionally, in some employees' minds, it became less important to complete required trainings due to their work on pandemic-related issues. DEI had to send out a significant number of reminders.

4. Outcomes

The Diversity, Equity, and Inclusion department utilized their staff's facilitation expertise to transition their trainings to virtual platforms, while continuing to advance important racial equity work across the county. The services provided through listening sessions and meditation trauma sessions were vital to healing and improving employee mental and emotional health during difficult periods in many people's lives.

g. Elections

1. Overview

The Hennepin County Elections department successfully administered three separate elections during the 2020 election cycle. The 2020 presidential primary election was held on March 3, 2020, a few weeks before the COVID-19 pandemic started accelerating in Minnesota. At the point of acceleration, staff was prepping for the August 11, 2020, primary election but was simultaneously transitioning operations for the November 3, 2020, general election. In a few months, Hennepin County Elections shifted the entire plan and operation to respond to the COVID-19 pandemic, keeping the voters' experience at the forefront. The department used $5.7 million in CARES funding (approximately $1 million of that was passed through to municipalities) to hire its largest staff to date, increasing seasonal hiring by 119%, develop targeted outreach methods including three action specific mailers, contract with 25 targeted community partner organizations to deliver voter education materials, and create an innovative new ballot drop-off service used by 5,160 voters. The integration of these strategies led to the highest absentee turnout in Hennepin County history – a 133% increase over prior years – with the highest number of voters in county history – 75,000 more than the prior record set in 2016 – and a smooth Election Day operation amidst a global public health crisis.

2. Strengths

a. Existing infrastructure

The elections department as a practice searches out and implements innovative ways of administering elections countywide. An example was their early adoption of electronic poll books to increase efficiencies and data safety at polling sites. The work and experience that had taken place prior to the 2020 election cycle put the department on a solid foundation to evolve to accommodate pandemic challenges.

Elections physical footprint for ballot processing is located at a permanent office space in the county's 701 building in downtown Minneapolis. Ballot counting procedures require a team of two to verify each ballot; this process ensures election integrity. Having the experience with the system in place allowed leadership to bring in additional staff, add processing locations, and implement social distancing and safety procedures without delaying election proceedings.

b. Partnerships

There are 45 cities located in Hennepin County. Polling places are generally the responsibility of the individual municipality, but the county's election staff offers guidance and assistance, and coordinates efforts with all cities. The level of partnership depends on the need, but years of collaboration between county staff and city staff meant an open network of communication and guidance for changing election rules.

3. Challenges

a. Voting habits

The biggest challenge for staff was changing how residents voted. The goal was to get the fewest number of voters in person and the max amount of people to mail in ballots.

Traditionally, most votes are cast in person. With COVID-19 guidance limiting in-person activities, absentee ballots were a way to decrease foot traffic through polling places. This required a public engagement campaign to educate and encourage residents to vote absentee.

Elections are now at a place where the county offers multiple methods of voting. This has created an ongoing uncertainty for leadership around the staff need for future elections. The question remains what the next election will look like. During the 2020 election cycle the county had a public campaign to push people to mail in voting, but it is uncertain if the county can influence voting behavior through public messaging campaigns to create some certainty in voting methods.

b. Election law/mandates

Throughout 2020 there were many election-law changes as well as challenges to the laws in court. This created an atmosphere of uncertainty as the lawsuits would affect election day. Working remotely added a challenge to this changing landscape since it made collaborating and understanding law changes difficult, which led to concerns about transparency.

Election norms and mandates allow individuals to come into polling places and watch elections for accountability and transparency. This was an added challenge to staff who were trying to minimize the amount of people physically present in polling locations.

c. Staff

In a normal election cycle, the county hires 100 seasonal election staff. To handle the increased absentee ballots, the county hired 250 seasonal election staff. This was possible because of CARES funding, but if the public expects to utilize absentee ballots at the same volume in the future, then the county will need to find sustainable funding to hire the additional seasonal election staff.

Even with the additional staff hired, election staff worked at an unsustainable level that caused many people to feel overworked. Once the election was over and staff began transitioning into their post-election work, leadership heard some feedback that staff felt that it was hard to ramp down without feeling like they should be working because of the level of workload that was expected of them for so long.

The primary and general elections took place while there were COVID-19 testing shortages. Election workers were required to work in person to count ballots, but there was a lack of testing availability. This caused stress and uncertainty.

4. Outcomes

The Elections department met the challenge of administering an election cycle both in-person and through absentee ballots during a global pandemic and did so while maintaining public confidence in a secure and fair election process. Of the 759,000 votes cast in Hennepin County for the general election, 531,000 were done through absentee ballots. CARES funding was used to increase staffing, change processes to accommodate COVID-19 guidance, increase absentee

ballot administration, and engage in public outreach to change voting habits from in-person to absentee. Staff worked with multiple layers of government to coordinate and run a safe and successful 2020 election cycle.

Recommendations:

1. Explore funding sources to maintain appropriate staffing levels for increased absentee ballot demand.
2. Assess public engagement campaign effectiveness for future election voting methods.
3. Conduct a scenario planning exercise to anticipate and be prepared for future events that could impact elections.

h. Facilities Services

1. Overview

Facilities Services was responsible for preparing and altering county buildings and physical spaces to comply with public health guidance. This undertaking required a great deal of planning, new cleaning practices, standardization of signage, and distribution of PPE. Facilities Services also played a critical role in identifying, securing, and modifying properties to provide isolation and protective housing for vulnerable residents. Overall, facilities services made the county's physical spaces work for employees and residents and helped keep people in buildings safe.

2. Strengths

a. Planning and communication

The pandemic required intensive planning to ensure buildings were ready to safely welcome employees and residents. The planning process included partnering with county departments on shifting cleaning vendors, designing checklists, coordinating walk throughs and inspections, and modifying physical spaces. In the initial days of the pandemic response, when most county employees were sent home, staff needed to compile a list of which buildings were open and which people work in those buildings. To coordinate the county's COVID-19 preparedness plan and return to work for some employees, Facilities Services built a baseline plan that applied to all locations, and then gathered information from each building to create a site-specific plan for all county buildings. This succeeded in creating standardization but also flexibility; a signage catalogue was designed, and a process was put in place to determine when workstations required a plexiglass barrier. Distancing diagrams used by the courts and libraries showed how people should move through and inhabit physical spaces. Communication with departments was necessary to determine which procedures and physical modifications needed to change to allow employees to deliver services and residents to feel safe in county buildings.

b. Responsiveness

The demands of a public health emergency required Facilities Services to respond flexibly and quickly. Departments and county buildings relied on facilities to coordinate janitorial services and move cleaning vendors to where they were needed. Significant changes in physical spaces were also needed. New HVAC systems and filters were installed to help keep air clean, and a

process needed to be created to replace thousands of filters. Facilities also worked closely with Workplace Safety and Purchasing to procure, store and distribute PPE.

c. Property Acquisition

Facilities Services played a key role in identifying, securing, and renovating properties for isolation and protective housing. Initially, mobile trailers were secured to provide isolation space for those who couldn't self-isolate. As the demands for isolation and protective housing increased, hotel rooms were leased. As the pandemic worsened, the county made a strategic decision to provide isolation and protective units for those experiencing homelessness. Facilities responded by helping identify and contact more than 75 hotels for leasing rooms or purchase of properties. When these properties were acquired, renovations took place at an unheard-of pace – complete within 30 days.

3. Challenges
a. Staff capacity

Like many county departments, the fast-paced and unrelenting nature of responding to a pandemic tested staff capacity. The amount of work contributed to long hours and stress for many employees. Civil unrest in May 2020, combined with the ongoing pandemic response caused additional work for facilities as buildings were boarded, secured, and in some cases, in need of repair. Despite these challenges, employees and supervisors responded admirably. However, the strain caused by long working hours and facing tight deadlines isn't a sustainable practice.

b. Shifting public health guidance

Public health guidance shifted frequently as officials learned more about the COVID-19 virus. Instructions on masking, physical distancing, and air filters all required changes in county buildings. Sometimes, shifting guidance would require a change in strategy. As public health experts learned more about the primary transmission of COVID-19 through air particles, the importance of masks was eventually made a requirement for entrance into county buildings while the sanitization of surfaces decreased in frequency. This required frequent modifications to plans and processes and time-consuming work for employees.

c. Inventory and supply chain bottlenecks

Especially during the early days of the pandemic, every government, business and private citizen was requesting the same type of supplies. Securing enough PPE, hand sanitizer and cleaning agents proved difficult. Other items crucial to building maintenance, including automatic door openers and paper towels were also scarce.

4. Outcomes
Facilities Service met the challenge of preparing and maintaining county buildings during a pandemic. Despite long hours, a lack of supplies, and the constantly changing nature of the pandemic, employee communication, planning, responsiveness, and coordination with other departments kept county buildings safe and operating.

Recommendations:

1. Improve management of remote and building automation systems.
2. Evaluate the county's real estate portfolio and prepare buildings and office space for a hybrid work environment.

i. Hennepin Health

1. Overview

The COVID-19 pandemic has highlighted the strength of the integrated, collaborative Hennepin Health model in flexing to respond to meet community needs and to mount an effective emergency response. Hennepin Health has responded to the COVID-19 public health emergency as both a health plan and as a department of Hennepin County. Each of these roles has offered opportunities for learnings and highlighted strengths and vulnerabilities within the health-care delivery system that have been magnified during the crisis.

2. Strengths

a. Virtual services

Prior to the COVID-19 pandemic, Hennepin Health was actively working to build electronic visits into standard processes at the Hennepin Health Access Clinic and to enhance the ability of members to access virtual services. The prework paid dividends as the pandemic caused a major shift to telehealth services. During the early days of the pandemic, Hennepin Healthcare and NorthPoint Health and Wellness (NorthPoint) worked to expand telemedicine capacity, and Hennepin Health saw a sharp increase in telehealth utilization.

The expanded access to telemedicine broadened the ability of many enrollees to access health care services without the inconveniences of needing to travel to in-person medical appointments. In parallel, transportation spends for non-emergency medical transportation (NEMT) from the period April to December 2020 was approximately 20% lower than NEMT spend during the comparable period in 2019, representing cost savings, conserved enrollee time and lessened environmental impact.

However, the expanded use of telemedicine also highlighted inequities in access to technology, as well as disparate access to private spaces to have conversations with health-care providers. To address these issues, the Hennepin Health Social Service Navigation team secured phones. To support these efforts, Hennepin Health has been an active advocate for the expansion of telemedicine services at the legislature, in particular working to advocate for language that ensures that people without a "residence" have equitable opportunities to access telehealth services from their "residing location." In addition, Hennepin Health partnered with Hennepin Healthcare and NorthPoint to identify adult enrollees who had not been in for recent visits and used focused outreach to get these enrollees in to see their health-care providers using telemedicine visits during the first half of 2020.

b. Legislative work

Together with partners across Hennepin County, Hennepin Health advocated for federal and state legislative initiatives that would:

- Expand access to COVID-19 testing, treatment, and vaccination through a waiver of cost-sharing and the reduction of other barriers to these services.
- Provide broad access to and sufficient reimbursement for telemedicine services.
- Make program waivers permanent, as appropriate to facilitate engagement and reduce barriers for Minnesotans accessing health-care coverage and other programs.
- Enact a policy of 12-months continuous eligibility, continuing the temporary continuous eligibility policy contained in section 6008(b) of the Families First Act.

In addition, the COVID-19 public health emergency has highlighted misalignment of policies and incentives within the health-care system. The public health emergency tended to benefit health plans, including Hennepin Health, by reducing the spend for non-COVID-19-related services. At the same time, Hennepin Health's provider partners generally experienced nearly catastrophic declines in revenue.

c. Community outreach

The COVID-19 pandemic created a need for Hennepin Health Community Outreach to lend its expertise to the Hennepin County Health and Human Services community engagement team. Over the course of the pandemic, Hennepin Health and Hennepin County outreach teams met weekly to identify opportunities for joint work and to share knowledge and identify gaps. This collaboration resulted in Hennepin Health and Hennepin County collaborating with each other and with community organizations to jointly develop and provide materials and videos related to the COVID-19 pandemic. Examples of the work that the Hennepin Health Outreach team has helped to lead in response to the COVID-19 pandemic include:

- Created the first Pan-African Community Engagement (PACI) Team, including the identification of PACI media outlets in the African immigrant community to enable Hennepin County to promote resources within the community and to obtain feedback that informs the Hennepin County COVID-19 response.
- Led mask distribution in the African immigrant community and implemented ways for community organizations to receive masks.
- Contributed to weekly Hennepin County engagement huddle meetings to help internal employees across Hennepin County connect on emerging issues in the community because of the pandemic.
- Contributed to the countywide *Take Care* Campaign, Hennepin County's multi-faceted public health campaign aimed at slowing the spread of COVID-19 through promotion of public health information, precautions and behaviors, including on-the-ground efforts with community-trusted messenger partnerships and a mass-media campaign through an array of channels including broadcast and streaming/digital and print advertising.
- Collaborated with the opioid response coordinator for Hennepin County to work with Somali community leaders to produce a new video to bring awareness of the recent rise in opioid use in the form of a new contract with Minnesota's largest Somali TV station.

- Produced flyers and a video in Somali that addressed the importance about social distancing during the COVID-19 pandemic, the significance of wearing a mask, watching for signs if you are sick, and what precautions should be taken if you are sick.
- Created a list of translators and interpreters who would support the translation of culturally appropriate materials.

The Hennepin Health Community Outreach team was prioritized for COVID-19 vaccination efforts to allow them to return to in-person outreach and to continue to build relationships and address vaccine hesitancy in communities of color in Hennepin County.

d. Agency collaborations

Aside from the many collaborations included throughout this report section, additional roles taken on by Hennepin Health include collaborating with colleagues across Hennepin County and Hennepin Healthcare to operate a COVID-19 testing pilot for staff and residents of long-term care facilities. In this capacity, Hennepin Health assisted with developing billing strategies to allow state and county agencies to bill health plans for these tests. Similarly, Hennepin Health worked to assist provider partners in obtaining sufficient reimbursement for the administrative component of the COVID-19 vaccination.

3. Challenges

a. Wellness visit and immunization declines

While a sharp increase was observed in the overall utilization of telehealth, Hennepin Health noticed a decline in well-child visits and routine immunizations. Of particular concern, when Hennepin Health took a deeper dive into the data, the analytics and clinical teams saw that, while all children had lower rates of well-child visits and immunizations during the pandemic, American Indian, Asian and Pacific Islander, and African American enrollees had particularly low estimated well-child visit rates, and American Indian enrollees had lower estimated childhood immunization rates than our other groups of enrollees. To address these disparities, Hennepin Health launched additional provider collaborations, increased gift card incentives for these services, began a program of outbound calls and letters to encourage those members who needed to complete visits and vaccinations, and to schedule them directly through the shared EPIC medical record system.

Even in the context of these more intensive outreach efforts, Hennepin Health continued to see disparities in the rates of the number of Hennepin Health enrollees who answered the telephone.

To remediate the disparate success rates in reaching members by telephone, Hennepin Health engaged in additional strategies including offering assistance setting up a relationship with a primary care provider (PCP), encouraging enrollees to reach out to their PCP to address concerns (e.g., exposure to COVID-19 while in the office), and offering resources to members who were vaccine hesitant to encourage them to discuss it with their PCP.

As a part of Hennepin County's overall initiative to combat the opioid crisis, Hennepin Health actively worked to address limitations in access to substance use disorder treatment created by the COVID-19 pandemic.

b. COVID-19 admission disparities

With respect to the direct impact of COVID-19, within the cohort of Hennepin Health enrollees who contracted COVID-19, Hennepin Health also saw disparities in diagnoses and admissions based on race and primary language spoken, with African American and American Indian enrollees disproportionately represented among COVID-19 enrollees and enrollees admitted to the hospital with a COVID-19 diagnosis. With respect to admissions, disparities were particularly pronounced for our American Indian enrollees. Finally, members who spoke Spanish as their primary language were disproportionately represented among members admitted with COVID-19.

c. Staffing

On top of actively managing the COVID-19 pandemic in its traditional role as a health plan, as a department of Hennepin County, Hennepin Health also actively supported Hennepin County's efforts to respond to COVID-19.

Since March 2020, at least 14 Hennepin Health team members were formally activated to the Incident Command Structure (ICS) on a full- or part-time basis, representing over 12% of the Hennepin Health team. The roles played by Hennepin Health staffers have ranged from managing hotels for persons experiencing homelessness who are COVID-19 positive or at high-risk for complications, to coordinating countywide personnel deployments, to conducting culturally specific outreach in communities of color.

To accommodate the reassignments, many other Hennepin Health team members stepped up to take on extra work, to cover the responsibilities of their activated colleagues, and to continue to provide outstanding service to Hennepin Health's enrollees as part of ongoing health plan operations during the pandemic.

At times, staff members were overwhelmed by the dual burdens of the ICS and daily ongoing work. Additionally, the process by which employees were reassigned lacked consultation with departments to move staff around while still meeting the needs of the home department.

4. Outcomes

As Hennepin Health looks to the present and future, ongoing feedback collected from Hennepin Health enrollees and the Hennepin Health team is being used to consider a variety of models that would create a deeper integration between health care coverage and services, and human services supports for residents. Hennepin Health continues to collaborate with Human Services Internal Services, Hennepin Healthcare, and NorthPoint to evaluate options for co-location that would reduce barriers for residents that need to access both health care and social services.

j. Human Resources / Labor Relations

1. Overview

Human Resources and Labor Relations sought out to be proactive, thoughtful, and out front early in the COVID-19 pandemic. They listened to employee needs across the county and assessed the need for COVID-19 pandemic related benefits. The fast-paced nature of the pandemic resulted in an Incident Command Structure (ICS) that left HR and LR out at the beginning. Despite this, they sought a seat at the table, advocated for employee needs, and intercepted issues when and where they could. The many unknowns of the pandemic meant that guidance was constantly changing on the county, state, and federal levels. Human Resources and Labor Relations had to work quickly to prepare internal guidance and distribute and communicate that information, along with providing required trainings across the organization to prevent confusion and stress on employees.

2. Strengths

a. Benefits

Human Resources and Labor Relations operated through an employee-focused lens and used that to drive their benefit offering options.

Added benefit offerings included: Negative leave programs (allowed for up to 240 hours of negative leave balance, created conditions for forgiveness of certain amounts of negative leave); Families First Corona Response Plan (provided 80 hours of COVID-19 leave); county COVID-10 childcare leave (up to 160 hours at 2/3 pay leave); expanded eligibility criteria for unpaid medical leave of absence (MLOA) to include employees who are unable to work because they or a household member are high-risk for COVID-19; allowed for voluntary reduction in work schedule without loss of benefits or ability to return to full-time status if individuals were not comfortable working; and allowed the use of Special Leave Without Pay (SLWOP) for COVID-19 related issues.

An unfortunate result of the increase in benefits was expectations and individualized perspectives. Human Resources and Labor Relations sought out to ease the burden of the COVID-19 pandemic on employees and families. With that, an expectation of continued benefits after the initial quantities or periods ended became an – at times – public struggle between employees, leadership, and the county board.

Learning from this experience, in the future, Human Resources and Labor Relations will be more thoughtful and survey regionally/nationally to explore what other jurisdictions were offering to be able to match benefit offerings in peer jurisdictions. Hennepin County ultimately offered more benefits than most other jurisdictions.

b. Informational resources

Human Resources created an enormous amount of employee resources throughout the COVID-19 pandemic. As guidance changed, HR had to quickly prepare and push information out across

the organization. There is a lot of information in centralized locations, which does require employees to find the time to seek out and review the information. However, information was being pushed out on countywide newsletters. HR also established supervisor and manager trainings, led remote training courses, and set up bi-weekly newsletters.

3. Challenges

a. Incident Command Structure (ICS)

1. Structure

The ICS had to act quickly due to the COVID-19 pandemic and began to take on a life of its own. Unfortunately, HR was not brought in right away. Jeni Super and Michael Tupy were added to the ICS later, almost as an afterthought. By not having an HR presence from the onset, employees were not considered from the beginning of the response.

During an emergency, Human Resources has a lot of latitude and the ability to set aside rules. There seemed to be a general feeling, however, that HR would be a barrier to getting things done quickly so they were left out. Things could have gotten done better and with better communication and a lack of scrambling if HR had been brought in right away.

A lack of alignment and centralization was experienced with the ICS. The response felt as if it was department-by-department, based where each department had its own processes and decision-making abilities. When it was more convenient, departments just used their own processes. Further, during a crisis you need a centralized unit, not an ICS that operated as its own department. Problems were created when the incident commander gave direction and county leadership simultaneously gave conflicting direction.

2. Consequences

Because HR was not involved as early or as much as they should have been, Michael Rossman (HR director) and Kathy Megarry (chief labor relations officer) had to run interference on many issues. Additionally, there are items that Human Resources and Labor Relations are legally responsible for, yet there were times when they were unaware that a decision had been made.

The decision to shut down county buildings and send employees to remote work had a major impact on Human Resources and Labor Relations. Anytime you shut down an operation and then try to bring it back, it has implications for HR, LR, and safety relations. In normal work processes, Human Resources influences situations at the beginning. But when there were staffing issues during COVID-19 procedure implementations, departments would try to handle the situation first before bringing HR in and asking them to take over and solve it. That is not how HR works.

If there is a shutdown in the future, processes and communication need to be improved.

3. Training

At the beginning of the pandemic, there was no ICS playbook. It felt like the county had not planned for a pandemic situation, missing out on opportunities to train and prepare beforehand. The organization needs to identify, plan, and prepare for countywide pandemics that affect every level of service delivery. Who does what, how does the process work, how is it implemented, where are the lines of authority, and why are the people who are at the table there are all things that need to be clear from day one. Training for future pandemics is vital for efficient and effective continuity of operations during mass emergencies.

b. Union expectations

A high percentage of county workers are unionized in several different labor unions. Initially, labor unions and management worked well together to support the delivery of services during the pandemic. A major concern for labor was the working conditions that might impact the health and welfare of the workforce. There were no written protocols on how communication should be conducted between the county and labor unions during times of disaster. Therefore, at different times during the proclaimed disaster, several unions demanded issues be bargained. The negotiating of working conditions is an appropriate bargaining point. However, these negotiations took significant time to accomplish and sometimes complicated the overall response effort.

The personnel management aspect of the pandemic led to many ad-hoc HR policies being developed on the fly. Many of these policies established a precedent that the county will now need to codify as permanent.

The labor unions have an understandable expectation that Labor Relations know certain things, and when they do not, it causes severe employee relation issues. When Labor Relations leaders do not know what is going on, it does not inspire confidence in employees. During fast paced, tough emergencies, more and more is sent through the county administrator or the county board, which means that Human Resources and Labor Relations do not know the intricacies. That is a very uncomfortable position for them to be put in.

c. Quick turnaround/changing guidance

The unknown and evolving nature of the COVID-19 pandemic resulted in decision making happening too quickly. Since HR was not represented initially, difficult decisions were being made without them and things were missed.

Additionally, there were many unknowns and guidance that change frequently. Executive orders from the governor came out quickly and the county was left with days or sometimes hours to gather information, make guidance documents, push the information out, and train staff. The constantly changing guidance from agencies and partners caused an inability to make decisions or change direction quickly.

d. Pandemic benefit offerings

While the additional COVID-19 pandemic benefits were vital to helping employees, there were many lessons learned in their implementation. As mentioned earlier, Human Resources and Labor Relations sought to be proactive with benefits, but what resulted was over promising and under delivering at times, as well as confusion around rules and what the benefits meant. There was immense political pressure to make a splash and act quickly, but that only caused further challenges. Benefits were promised that county systems could not handle, and this was viewed very negatively later by employees. Federal guidance was changing quickly; hindsight shows that clauses should have been added to the benefits stating that things could change if federal guidance changed.

When you try to be innovative, you can lose goodwill with employees as soon as something stops working or no longer benefits the employees. The perception was that the county under delivered, and communications across departments made it confusing. Employees did not understand how to use the benefits, and this is a challenge that needs to be addressed in the future.

e. Redeployment system

A redeployment system was created for employees whose jobs could not be performed remotely, for those who wished to be temporarily redeployed to high-risk and isolation shelters, and for those who wished to volunteer time at high-risk and isolation shelters. The intentions of the program were good, but the delivery and impacts created issues. The first question that should have been asked before something was created was whether there was a technology company who could have done this function for the county. The ICS staffing program is not how Human Resources normally does things. A website was created to ask employee's preferences for jobs, but many staff did not have computers, so it was difficult for them to access this platform. Additionally, union contracts give the right to reassign employees during an emergency, but the logistics of deploying and tracking caused subsequent issues. For example, how are employees classified when they are redeployed? Are they moved at their current job class and pay rate or are they given an emergency job class and pay? Further, the unions would ask Labor Relations where their employees were assigned, but the system did not allow Labor Relations to track individual employees or make reports. They could see how many employees were reassigned but could not see the individual employees. The program should have stayed with Human Resources but the power to schedule was placed with ICS so that is where the program was housed.

When Human Resources took over the COVID-19 positive notification tracking system things started to get better. Everything went through a centralized email account, HR.Covid. Complaints came in only from departments who did things differently, specifically DOCCR and HCSO. When departments do things different, it causes inconsistences.

4. Outcomes

Human Resource and Labor Relations approached the COVID-19 pandemic proactively and with a lens on decreasing the burdens of the pandemic on employees' work and home lives. They

created multiple employee benefit programs that allowed for negative leave balances, childcare pay, and other paid and unpaid leave options. Throughout the pandemic, Human Resources and Labor Relations adapted to quick-changing guidance, creating resources and trainings for employees across the organization.

Recommendations:

1. Implement regular Incident Command Trainings across the organization.
2. Design an Incident Command Structure that is centralized and has Human Resources and Labor Relations at the table.
3. Assess benefits offered at peer jurisdictions as well as legislation regarding COVID-19 leave to better inform future pandemics.

k. Human Services

1. Behavioral Health and Access, Aging and Disabilities

a. Overview

Human Services areas including Behavioral Health and Access, Aging and Disabilities, quickly shifted to responding to clients impacted by COVID-19. These areas collaborated with other county departments and human services areas to direct services and resources where they were most needed. Staff faced the immense challenge of safeguarding residents' health while providing remote service delivery options and resources.

b. Strengths

1. COVID-19 response

The COVID-19 pandemic required us to redirect resources to help the most vulnerable residents in new ways. Staff in Initial Contact and Access (ICA) supported the homeless response work in hotels, provided essential services, and facilitated translation for countywide needs. Behavioral Health supported community mental health providers with funding that expanded telehealth capabilities. Although the people receiving services didn't necessarily change, the service delivery approach shifted to meet needs caused by the COVID-19 pandemic.

2. Collaboration

Long-term Services and Supports partnered with Housing Stability and others to provide assessments for people experiencing homelessness living in protective hotels. Staff assisted residents moving into permanent housing to enroll in eligible programs and supportive services. This successful partnership continues post pandemic and additional resources, collaborations, and business processes will support this ongoing to work with shelters and with the unsheltered and others experiencing homelessness. It is now known as the Hotels to Housing initiative. Behavioral Health worked closely with state and local hospitals, public safety agencies, the courts, community providers, and other county departments to serve clients.

c. Challenges

1. Remote service delivery

In the Adult Protection areas, the shift from in-person to remote and hybrid services required balancing the COVID-19 safety of some of the most vulnerable residents while continuing to investigate reports of maltreatment and provide critical protective services. In Behavioral Health, client engagement and clinical assessments were difficult without face-to-face encounters. Staff extensively used collateral reports to provide an accurate picture of the safety issues. At times, for the purposes of assessment and case management, the requirement of remote work caused isolation, services gaps, and difficulty connecting with people or accurately assessing how clients were managing. The pandemic required staff to meet needs of people we support in new ways. For some populations, because of their special needs and limitations/challenges with using technology, this created challenges.

d. Outcomes

Public health and remote service delivery challenges continue for areas within Behavioral Health, Access, Aging and Disabilities. Through effective collaboration, redirection of services, and the expansion of resources through CARES and ARP, staff are applying innovative approaches to service delivery. However, the COVID-19 pandemic severely impacted the physical and psychological health of residents. Staff will need to continue to respond to trauma in many communities, especially those disproportionately impacted by COVID-19.

2. Children and Family Services

a. Overview

Children and Family Services (CFS) quickly shifted service delivery during the pandemic, leveraging technology and partnerships to provide alternative resources and options for Hennepin County children and families. The pandemic caused enormous service disruptions and barriers and created challenges for staff and residents.

b. Strengths

1. Problem-solving through collaboration

The pandemic required many agencies to work together on solutions to the challenges children and families faced. CFS initiated and led weekly meetings with all court partners, including Adult Representation, County Attorney, Public Defender, Guardians ad Litem and the ICWA Law Center. This group worked to solve issues and remain current on services and expectations for people served. The meetings were productive and continue monthly. The meetings also resulted in the court partners and the bench beginning an aggressive review of court cases for stipulations and settlements in the absence of easy court access – a practice that benefits families and the court calendar. Staff created a page on the court's SharePoint site where CFS

staff post the latest information about services, and communications to ensure consistent understanding of direction and expectations.

CFS participated in a variety of other workgroups and meetings with state and community partners

- The service area worked with DHS and the Governor's Children's Cabinet on planning for the care of children who had been exposed to or were ill with COVID-19, when their parents or foster parents were too ill to provide care.
- CFS participated on a background study workgroup at DHS, attempting to navigate the lack of fingerprinting resources and barriers at DHS to out-of-state maltreatment reports.
- Staff participated in virtual meetings sponsored by Casey Family Programs, sharing information, ideas, and resources regarding child welfare work in the pandemic. Using resources from the Casey meetings, CFS worked with Hennepin County Public Health on communications to address foster parent hesitancy to allow visits between children and parents.

2. Resiliency and adaptability

As local service providers and agencies closed or suspended services, staff offered additional supports or services. When a community partner, St. Joseph's Home for Children, closed first its shelter and then ended the central intake function for Hennepin County children and youth in out-of-home care, county staff responded by creating the Coordination Center to assume the work of central intake for out-of-home care as of January 1, 2021. CFS added contracted peer specialist services as a voluntary service for parents who abuse alcohol or other drugs. The service gained traction and expanded during its first months of operation.

3. Virtual services

The peacetime emergency included several temporary changes to child protection requirements, intended to limit exposure in cases when child safety was not a concern. Virtual services expanded to reduce COVID-19 transmission have in some cases provided an alternative service delivery option and offer many benefits. Virtual visits, while wholly inadequate for children in foster care, are a good augmentation to regular supervised visits, and occur more readily now than prior to the pandemic. Similarly, virtual contacts with youth in foster care and licensed programs have facilitated more frequent contact than prior to its use. Intake review teams went virtual within weeks of the stay-at-home order for a multidisciplinary screening of child protection reports. This approach, refined over time, is now a more effective means of reviewing reports, eliminating travel, parking, and downtime in the review team process. Family group decision making meetings also transitioned to a virtual environment. While in-person meetings provide more support and engagement, there has been expanded attendance from family members outside the region with better participation through all-virtual settings than occurred with most in-person participants. Not all services were able to shift to a completely virtual model due to the critical nature of the work and safety issues. In the Child

Protection Investigations area, the shift from in-person to remote services required balancing safety on many levels while continuing to investigate reports of maltreatment and provide critical protective services in the homes of residents. Creativity became essential due to limited PPE in the first months, the skepticism of some residents in allowing in-home interviews and maintaining the safety of children under these new conditions of meeting with a family.

c. Challenges

1. Pandemic service disruptions

COVID-19 created enormous service disruptions for families and children. Service interruptions were especially acute during the first three months of the pandemic. Children separated from their caregivers were most severely impacted. For example, contracted providers who supervised visits between children and their parents suspended all visits from March through May 2020. Most court-ordered assessment and treatment services similarly suspended services while pivoting to remote service delivery. Court hearings, necessary for reunification, were suspended in all but a few instances. Fingerprint background studies required for adoptions, foster care licensing, or employment in child institutions closed to the public, delaying adoption proceedings. Throughout the pandemic, but especially in the early months, staff worked with foster parents who have resisted children leaving their home to visit their parents.

Uncertainty, inaccessibility, and barriers continued for many other services, with changes happening weekly or even daily. In these circumstances, it was difficult to maintain and provide current information. Drug testing, while still required, was more difficult for those being tested when public transit became more limited and testing locations instituted stringent and time-consuming protocols. Staff conducting concomitant criminal investigation interviews were initially suspended from coming into police stations due to transmission concerns. In response, staff paired up on high-risk visits, and high-risk interviews were brought into the secure North Satellite location.

Some facilities serving youth had admission protocols that were inconsistent with their purposes. For example, one residential treatment program aimed to address the immediate mental health and behavior crises that displaced the youth from home or other programs. However, with COVID-19, the facility began to require youth to provide a negative test, then quarantine for two weeks before admission. Some programs simply stopped admissions out of concern for facility outbreaks given the lack of reserve staffing for residential programs.

2. Remote service delivery

Staff shifted to primarily delivering services remotely or making accommodations to safely meet in-person. Several staff had either their own health conditions or a household member with compromised health putting them at greater risk for serious complications, necessitating work reassignment or restrictions given our ongoing face-to-face work. To manage the lack of

supervised visitation options, staff were redeployed to supervising visits and providing transportation options. Supervised visits were moved into the (then) North Satellite offices to limit transmission risk. The transition from an around-the-clock, daily intake function with shared workspace to a reliable, rolling telephone system across multiple remote locations took time to effectively operationalize and ensure redundancy to protect against dropped calls. As remote, online service delivery alternatives emerged, technology and connectivity became new barriers. Parents, foster parents, facilities, and students struggled with distance learning, both with technology access and connectivity and the supervision and structure of a remote learning environment.

d. Outcomes

Children and families, especially those requiring county services, have faced immense challenges and trauma throughout the pandemic. The pandemic created many barriers to services, and many residents, especially in disproportionately impacted communities, continue to suffer from the health and economic consequences of COVID-19. Resilient and dedicated staff in CFS have responded with innovative and collaborative service delivery options. The long-term impact of the pandemic and the implications of remote service delivery will require the same innovation and willingness to make changes in the future.

3. Economic Supports, Child Support and Well-Being

a. Overview

The Economic Supports and Child Support area of Human Services includes economic supports, child support, family supports, and other services supporting the well-being of county residents. Staff in these areas administered assistance and programs that were crucial lifelines for residents struggling with the economic implications of the pandemic.

b. Strengths

1. Virtual service delivery

Many residents, especially young residents, expressed appreciation for virtual meetings, online applications and digital eligibility verification. Schools valued virtual meetings as a quick way to connect with staff. Child support staff documented a 20% increase in virtual hearing participation during the first three months of the pandemic. Residents have expressed the benefits of reduced travel time and increased flexibility for time off work and childcare. Sending and signing documents electronically also saves time for both residents and employees. Staff conducted consultations with internal and external service providers to make sure that virtual service delivery was efficient. Staff also understood that the circumstances of service delivery and the pandemic required granting residents and program participants some leeway for the stress they were under and providing extra time and assistance for low engagement or slow return of paperwork.

2. Waivers

Waivers removed barriers for residents so they could access and remain engaged with services. Waivers from the Minnesota Department of Human Services removed the requirement for in-person interviews, allowing residents to use phone interviews, applications, and verbal signatures. Waivers also extended eligibility timelines and suspended certain reporting requirements allowing residents to maintain eligibility for critical programs like food, cash and health care. Waivers also changed the work environment and mindset for employees. Staff needed to understand how other program changes might impact the program they administer. For example, DHS implemented waivers for MFIP, SNAP, health care, CCAP, Child Support, and Employment Services. Staff needed to be aware of how the program changes impacted the individuals and families they served. Staff also reviewed program requirements, identified potential barriers for residents, and worked to increase access for residents to obtain benefits or assistance. (See Waivers Section for more information on specific waivers.)

3. Collaboration

Departments across the organization and areas within Human Services worked together to administer programs and deliver services for residents. Economic Supports staff partnered with Housing and Economic development in the implementation of the CARES-funded emergency rental assistance program. Economic supports staff determined eligibility and coordinated with existing rental assistance programs – Emergency Assistance and Emergency General Assistance. The Child Support area partnered with Family Court and the County Attorney's Office on virtual hearings. Many Human Services areas supported the Hotels to Housing Initiative, helping stabilize and find housing for high-risk residents who were moved out of shelters and into temporary shelter in hotels. Economic Supports provided dedicated staff who collaborated with case managers to expedite requests for economic assistance programs.

c. Challenges

1. Remote work

In the early days of the pandemic, hundreds of staff moved to working at home. The rapid change required setting up new systems to do call center work from home and equipping staff with the appropriate technology. Connectivity and privacy challenges continue to this day. Visibility to work, coworkers, and supervisors changed. Supervisors had to find new ways to manage and support employees. The transition to remote work also impacted service delivery. Employees couldn't be in the community or in Human Service Centers connecting with residents. Many staff recognized virtual service delivery created a barrier to building trust and took additional action to reach out to residents. Many areas struggled to engage program participants: residents were less likely to return calls or keep scheduled appointments with providers.

2. Hiring, onboarding and training

Program areas hired and onboarded staff in a virtual environment throughout the pandemic. Virtual training, support, and building in a sense of belonging and connection to the organization was a significant challenge. Supervisors learned how to engage with new employees virtually, but some interpersonal and technical barriers remained. For new hires as well as existing staff all-virtual meetings have created issues for motivation and team building but have also offered more flexibility in scheduling and participating in those meetings.

3. Trauma

The pandemic caused significant anxiety and stress for employees and residents. Many employees and residents were diagnosed with COVID-19, were hospitalized, and some passed away. The grief and trauma continue to impact the well-being of employees and residents. Civil unrest contributed to trauma for staff and the community. Trauma impacted the ability of employees to deliver services and residents to interact with employees. Managers noticed an uptick in verbally abusive phone calls from residents and negative interactions between staff and clients. Providing supports for employees and residents will continue to be a priority as the county and community recover from the pandemic.

d. Outcomes
The transition to virtual service delivery offers new efficiencies and improvements for employees and residents. Economic Supports added important digital tools to the mix of options available to residents. Through a partnership with the State of Minnesota and Code for America, a new online benefits application was created, which allows for an easy 12-minute mobile-friendly application process. Permanent legislative change eliminated the need for residents to meet face to face with county staff to access public assistance, thus clearing a pathway to further reduce barriers and build convenient options. For the Youth Education team, outreach to parents via virtual calls was well received, as parents were able to multi-task and join meetings without requiring travel. Leveraging the energy and diverse perspectives of staff, front line supervisors, and program managers was critical in emerging from the pandemic. Community and resident feedback are important to designing and improving service delivery strategies, especially during the pandemic. Staff and supervisors shared what they were hearing from residents with Human Services leadership to inform the overall response.

4. Financial Administration

a. Overview
The Financial Administration area of Human Services provides resident and department financial services as well as contract management and reporting services for other departments. The closure of our buildings required the resident services to move to the resident access level of the Government Center and to provide emergency financial assistance. A team from Finance was able to work three days a week and quickly assist HSPH staff and residents with support. Finance also was able to support the COVID-19 response within each of the Finance and Accounting areas by processing these transactions accurately, managing the various funding initiatives and

providing communication and support for staff around instructions and guidance. Within Contracting the pandemic increased workloads around communicating with contracted providers regarding state-issued waivers to service requirements. There was also a large increase in contracting activity related to the county's COVID-19 response and issuing grant agreements for CARES funds to community partners.

b. Strengths

1. Virtual tools

Employees quickly transitioned to designing virtual processes for work that was previously done in-person. Staff expanded the use of Adobe Sign to agreements and developed new procedures for remote contract monitoring and virtual site visits. Virtual processes were implemented around mail, notaries, deposition of checks, faxes, and video calls.

2. Contracting and partnerships

Staff partnered with Public Health, Facility Services, and Communication and Engagement Services on contracts to support the county's COVID-19 response. FAA also created new partnerships with community organizations to support the county's COVID-19 response. These partnerships were critical to providing timely funding to community organizations in the areas of food insecurity, mental health services, youth support, and employment and training, among others. Staff worked to issue grants to organizations that had not been previously funded.

c. Challenges

1. Capacity

Finance and Accounting staff worked to maintain all regular operational supports alongside moving processes to a remote work environment. This required interfacing and training of staff and understanding in-person work and the transition. For the resident-facing services, new processes and communication needed to be created, training implemented, and clear communication provided to resident service staff in other service areas. In addition to maintaining day-to-day contracting operations for Human Services, staff were challenged with meeting the administrative demands of supporting the county's COVID-19 response along with issuing millions of dollars in new federal pandemic relief grants. In review, bringing in additional staff to provide financial and contracting support to the COVID-19 response work would have eased the workload on existing staff.

d. Outcomes
Finance and Accounting was able to move everything to the remote environment, other than the emergency financial transaction work. The transition required extraordinary effort of staff and leadership but did not increase staffing. The emergent need for contracts and distribution of funding forged new connections and partnerships between county employees working in

different lines of business. Meeting the immediate needs of the community forced contracting and its partners to break down silos and work across departments. Staff transitioned to using new virtual tools, which increased efficiencies while maintaining a safe environment for employees. Despite all of these changes, staff moved quickly to complete contracts and distribute funding to programs and communities.

5. Housing stability

a. Overview
At the beginning of the pandemic, staff made an early decision to create protective shelter to move elders and people with pre-existing medical conditions out of the shelters. People who were at most risk of death from COVID-19 were moved out of congregate shelters and into individual spaces at hotels. As a result, decompressed shelters became safer as the county helped to fund physical modifications and deeper cleaning to meet public health guidance on COVID-19. County funding also extended shelter hours to 24/7 operations.

b. Strengths

1. Isolation and high-risk shelter

To prevent calamitous and deadly COVID-19 outbreaks in the county's contracted shelter program, staff moved vulnerable residents to safer settings and increased safety measures at the shelters. Staff devised and implemented an entirely new program – isolation shelter and quarantine sites – in a few days. Hennepin County case workers collaborated with shelter staff to identify people whose age and health indicated they would benefit from the move. Hennepin County took a lead role in providing funding – $16.5 million – and convening partners to make the idea a reality. In addition to a stripped-down hotel staff, Hennepin County maintained an operations staff to help residents. Residents had private rooms, meals, access to Health Care for the Homeless services and case management as they worked on housing plans. The program expanded to 540 units at three hotels; by the time the program stopped accepting new residents in February, the county had provided protective shelter to more than 1,944 people. (For more information, see isolation and high-risk shelter section.)

2. Hotels to Housing

The Hotels to Housing team started work in November 2020 and immediately doubled the speed at which the county was placing people into housing. This provided an exit strategy to move people from high-risk and protective shelter into permanent housing. Staff ensured the county was working towards long-term goals alongside crisis management.

c. Challenges

1. Pre-pandemic shelter infrastructure

The pandemic highlighted the weaknesses in local shelter infrastructure, and then exacerbated them. People with low incomes, residents experiencing homelessness, and communities of color were hit hardest. In March 2020, more than 900 people were staying in congregate settings within contracted shelters; more than 100 of those were age 60 years or older. Those residents included both elders and others with serious medical conditions that put them at greater risk of severe illness or death if they contracted the coronavirus. The concentrations at the shelters would put all guests at risk. Already, in other parts of the country, the virus was devastating shelters where people experiencing homelessness lived in congregate settings, and staff needed to take quick action to prevent that kind of impact in both illness and loss of life in the community.

d. Outcomes

The county committed $26 million to acquire properties and provide protective and isolation shelter for 1,944 people that were high risk or experiencing homelessness, while moving 340 people into permanent housing. Between moving vulnerable residents to safer settings and increasing safety measures at the shelters, efforts were overwhelmingly successful. Positive tests were rare in mass testing events over the program's 11 months. In total, positive cases included 7% of shelter residents, 5% of hotel residents, and 4% of staff. By comparison, across the county 8.6% of residents have had positive COVID-19 tests. Even though people experiencing homelessness were identified at high risk of transmission, they experienced COVID-19 infection at a lower rate than the general population. Though two people who had been experiencing homelessness died of COVID-19 in Hennepin County, we have not linked those cases to any of our shelters. There were no virus-related fatalities among hotel residents, though they were at highest risk. In addition to these outcomes, staff have learned a great deal about the value of 24/7 shelter, and how consistent contact helps support people in making their housing plans a reality.

6. Internal Services

a. Overview

Internal Services provides support for human services and public health program areas that provide direct services to residents. Responsibilities include planning, project management, data analytics, process analysis, training, staffing management, coordination of compliance, community engagement, communication and employee engagement. Internal Services organized the rapid transition to remote work and service delivery, along with the development of new programs related to the COVID-19 emergency response.

b. Strengths

1. Remote work model

Internal Services staff were instrumental in supporting the transition from in-person service delivery to a remote business model. This work included developing new procedures and staffing schedules, adapting technology, and engaging residents and employees. Managers in

this area led the effort to set up processes to convert all physical mail so that staff could receive it digitally. Staff also began sending outgoing mail digitally. Internal Services and Economic Supports staff worked together to redesign the walk-in experience at Human Service Centers. Hiring, training, and development were moved to virtual platforms. A variety of new programs were implemented including emergency preparedness planning, text-based customer satisfaction surveys, equity navigators, community engagement, internal engagement, PPE distribution, health and safety precautions, and a staff mental health and well-being workgroup.

2. COVID-19 response deployment

During the pandemic many planning staff from Internal Services were pulled into the Incident Command Structure to support the COVID-19 emergency response. Staff from this area were critical to standing up the isolation and protective hotels, planning testing events, coordinating vaccination strategies, and providing general planning support to the response.

c. Challenges

1. Communication

Building and maintaining clear, fluid, and strategic communications during the pandemic was a challenge for many areas. In Human Services, the largest line of business in the county, serving the most residents, this challenge was particularly acute. Communications often needed to be tailored for staff working in numerous locations, in-person or remote, and performing different job duties. Providing consistent, clear communication was also encumbered by the constantly changing public guidance, as federal and state authorities learned more about COVID-19 and shifted their recommendations.

2. Capacity

Many staff engaged in emergency response planning were deployed to the Incident Command Structure throughout the pandemic. The remaining staff not only needed to maintain continuity of critical operations and services, but also backfill the work for those deployed to the response. These staff were also responsible for planning remote work and service delivery strategies while keeping staff and residents engaged and informed in the process.

b. Outcomes

Internal Services contributed to a transformative service delivery approach and performed critical planning functions in the emergency response to the pandemic. Staff faced increased workloads and at times worked through communications and change management challenges. However, the pressure of the response allowed staff to take greater risks, which overall produced innovations and long-term process improvements.

7. Veterans Services

a. Overview

The Veterans Services area helps service members, veterans, survivors, and family members efficiently navigate the Veterans Administration benefits system. Veterans Service officers continued to provide much needed supports to veterans throughout the pandemic, while also transitioning to virtual service delivery processes.

b. Strengths

1. New business model

Prior to the pandemic, the Veterans Services Office did a majority of client interactions in-person. Throughout the pandemic, staff conducted most interactions via phone or email. Staff switched to a variety of virtual tools including electronic signatures, case management software, and video calls. The State Department of Veterans Affairs created a secure electronic web portal for Veterans Service officers. This allowed staff to submit all state financial assistance programs and federal service-connected compensation and pension electronically, which increased efficiency over the previous mail process. Although technology played a role in adapting to this new service delivery model, a new entry point for services meant staff were challenged with a high volume of calls and emails.

c. Challenges

1. Staffing

Staffing was a major challenge during the pandemic, although for the Veterans Services Office this wasn't attributed to the public health crisis. Several staff members went on military leave starting in April 2020, fulfilling a variety of assignments and deployments. Due to the small size of the department, even short-term leaves caused significant issues with workflow, special projects and case assignment.

d. Outcomes

Despite staffing shortages and the implementation of a virtual service delivery model, Veterans Services continued to provide much needed benefits and supports to veterans and their families throughout the pandemic. In addition, the State Department of Veterans Affairs was awarded an additional $6 million in aid to assist veteran families that were financially impacted by the pandemic. The Veterans Services Office handled the application process for Hennepin County veterans and their families.

8. Human Services IT

a. Overview

The Human Services IT is responsible for maintaining the technology infrastructure, systems, and software used by the Human Services line of business. During the response IT helped operations

continue, and employees and residents stay safe by quickly transitioning to remote service delivery and collaboration platforms.

b. Strengths

1. Transition to digital and virtual service delivery

HHS IT implemented new technology and enhanced existing technology to enable new digital and virtual service options. Staff created both internal and public-facing online forms with e-Signature and workflow routing. IT designed digital drop boxes, allowing residents to submit documents electronically, and improved the ability for residents to apply for programs online. Microsoft Teams was used not only for internal meetings but for virtual face-to-face engagement with residents. IT also integrated Zoom with the Epic health record system to conduct telehealth appointments. Staff also addressed logistical challenges such as distributing computer hardware to a remote workforce and installing computer hardware and connectivity at the isolation and high-risk shelter sites.

2. Collaboration

Partnerships were a critical component of the IT response in Human Services. HHS IT collaborated closely with the central IT department for many technology solutions. HHS IT worked with county Operations and Disparities Reduction lines of business on the distribution of Chromebooks and other devices to residents who needed them for distance learning and to access online services. HHS IT also worked closely with HSPH Internal Services and all HSPH service areas to implement the new technologies and processes for remote service delivery. External partnerships were also important. HHS IT partnered with the State of Minnesota and Code for America on the implementation of MNBenefits, a mobile and user-friendly online method to apply for financial and food assistance programs

c. Challenges

2. Urgency and capacity

As the IT support for the largest line of business in the county, the primary challenge was to respond to the urgent, new, increased demands for technology solutions and to respond to the sudden shift to remote and virtual business operations. Despite the increased workload, Human Services IT staff were well-positioned to adapt their own work to the remote environment, and fortunately had the tools and skills necessary to enable our business customers to adapt as well.

d. Outcomes

Staff were well-prepared to meet the IT challenges posed by the COVID-19 pandemic. Despite long hours and short implementation timelines, staff were innovative and efficient in providing remote work and service delivery capabilities for employees and residents. Previous investments in IT at the department and county level gave Human Services a solid and resilient technology foundation that proved to be invaluable throughout the pandemic. Continuing to invest in robust and resilient IT capabilities and infrastructure will serve the county well in the future.

I. Information Technology

1. Overview

In response to the COVID-19 pandemic, Hennepin County IT helped employees stay safe and continue operations by quickly moving to remote work and virtual collaboration spaces. Through this move, many work processes and technology solutions provided increased capabilities and efficiencies for employees. IT partnered with other county departments to move from physical to digital work and ensure continuation – and in many cases, enhancement of – service delivery for residents. IT led the effort to provide residents with the devices and connectivity needed to help close the digital divide. The foundation for these rapid changes was set through long-term IT planning and testing. The county was financially well-positioned to make additional investments in technology and services.

2. Strengths

a. Technology

1. Laying the foundation for virtual collaboration

    To prepare for the widespread implementation of Microsoft Teams and OneDrive, many county systems moved to the government cloud in 2018-2019. Because of this work, county employees were able to shift quickly to a work from home model. Syncing to the Microsoft government cloud allowed employees to securely work on their laptops and mobile devices. Mobile apps like Intune Company Portal help protect county data being transmitted. Microsoft tools can create new ways for employees to use mobile devices to remain working efficiently, like using electronic signatures on contracts. Additionally, Microsoft products like Teams, OneDrive, and SharePoint have increased the number of ways employees can communicate and collaborate externally and internally. Like Hennepin County, many other jurisdictions use Microsoft platforms, making it easier to share information and data. Approximately 7,000 of the county's 9,100 employees (77%) connect remotely to the county's network daily.

2. Providing equipment for employees

    Information Technology helped departments procure, distribute, and install computer peripherals for people with unique work needs so they could work remotely. For example: Operations IT employees helped Human Resources with their need for devices such as specialized scanners for critical business functions that were now performed remotely; IT employees helped obtain printer/scanner devices for the temporary isolation shelters to support COVID-19 related work; and library
    IT employees deployed 133 laptops for library employees who may not ordinarily work remotely but shifted to remote work.

3. Moving to virtual work

    IT employees worked quickly to help ensure services continued without interruption. This included helping with the smooth adaptation to all-remote team activities like daily scrums, sprints, and events, providing on-site support where needed, and ensuring the stability of HHS-IT systems and technology environments. IT supported the ability for

juveniles to conduct virtual meetings with professionals and family at the Juvenile Detention Center. IT teams also adjusted to incorporate immediate COVID-19 needs into sprint schedules for quick service delivery.

4. Digital signing documents

Adobe Sign is an e-signature service managed through the Enterprise Development Web Forms team and ITRM e-Forms. Adobe Sign replaced paper and ink signature processes with fully automated electronic signature workflows. The use of Adobe Sign grew exponentially due to pandemic in-person restrictions. Use of Adobe Sign went from 7,500 documents sent for signature in 2019 to over 19,000 in 2020. The need for e-signature services was recognized early in the pandemic so Hennepin County could continue doing business while working remotely, socially distanced, or while service centers and remote work sites where temporarily closed. The increased need for e-signature services has IT Development looking at ways to utilize Adobe Sign by integrating with other products such as Adobe e-Forms, Teams, SharePoint and FileNet.

5. Converting to webforms

Hennepin County administrator David Hough instructed all county employees who were able to work remotely, to do so in mid-March 2020. At the same time, Hennepin County service centers, buildings, and libraries were closed. However, residents need for services continued. Immediately, teams in the business lines, IT, and Communication and Engagement Services started working on how to modify some of the county's critical services.

The county provides many services to residents – usually completed in person at our licensing and human service centers, or other county buildings. To help residents and employees stay safe, service interactions needed to be modified from in-person to online. The Digital Service team, along with communication and engagement specialists, created new webpages in multiple languages to inform residents about critical health, safety, housing and economic support resources related to the COVID-19 response. The IT Webforms and the HSPH ITRM e-Forms teams created new HTML forms to help residents continue to receive services safely while county buildings were temporarily closed. New webforms are now linked on relevant county webpages.

Teams prioritized development of these new digital services based in part on those with the highest volume of service transactions delivered in person, by phone and mail. They also operate call centers and manage email accounts where they received direct feedback from residents that teams then use to continuously improve digital service delivery.

The county's primary digital service platforms, Hennepin.us and HCLib.org, are already designed to provide mobile responsive, accessible information to residents. This allowed for a smooth transition to build even more digital transactions into this space. The new webpages for COVID-19 response, community resources and translated materials are continuously updated based on user feedback collected by the county's Community Engagement, Disparity Reduction and Office of Multi-cultural Services (OMS) teams. The

OMS manage the county's main customer help line (612-348-3000) and are listed as the contact on (https://www.hennepin.us/covid-19). They track, analyze and report on various data including the number of calls, topic of need and resident's preferred language.

b. Delivering services remotely

COVID-19 presented a new challenge to the county: How can we deliver services to residents while working remotely? IT formed a rapid response team called MASH to create and implement innovative technology solutions to help address this challenge. Solutions from MASH come from specific business needs. Post implementation, solutions will be re-evaluated to determine if they are a one-time resolution or should become a permanent IT service. Many MASH responses are innovative solutions built on technology the IT department has been putting in place for years. Projects moving some county systems and tools to the government cloud allowed IT to turn on Microsoft Teams in days rather than months to support county employees working remotely. While these solutions were put in place specifically for the COVID-19 crisis, many of them could be extended for long-term solutions. Technology solutions included digital drop boxes that allowed residents to email forms that previously would be submitted in person. A partnership with the University of Minnesota for shared infrastructure networks increased internet speed and ensured network reliability through redundancies. This allowed the capacity for large numbers of county employees to be working remotely without connectivity interruptions. IT supplied iPads to employees at the County Home School and Juvenile Detention Center so children could have secure video calls with their guardians. To continue delivering mail to employees during the COVID-19 pandemic, IT created a new service to scan and digitally deliver first class and inter-office mail. This service was originally created to solve an immediate issue when most employees were asked to work remotely in March 2020 but is now a permanent service. To date, approximately 46 mail codes in the county are using this service.

c. Equipping residents with technology

1. Free outdoor WI-FI service

   A partnership among the Library, Facility Services and IT has provided outdoor Wi-Fi at six county library locations. The project is being expanded to all remaining library locations, offering residents the ability to access high-quality broadband at no cost, while socially distanced.

2. Connecting Hennepin program

   Laptops are being distributed to county residents with technology needs due to the COVID-19 pandemic, focusing on students participating in distance learning, job seekers taking online training and seniors using telehealth services. More than 8,600 devices have been distributed, with the remainder allocated for distribution in partnership with 50 nonprofit organizations. Residents will also receive laptop bags, mice, and Microsoft Office licenses, if needed, at no cost.

3. County-sponsored broadband

County employees have referred more than 100 households to a Comcast program that provides broadband to their home at no cost, supporting residents' distance learning, job-seeking, and other needs that arose from the COVID-19 pandemic. The county will sponsor the residents' broadband service for one year.

3. Challenges

a. Demand

Rapid changes transitioning employees to remote work, increasing virtual service delivery, and supporting other departments required IT employees to work longer hours and challenged staff capacity.

1. Central Services

Many services utilized across the county, such as mail delivery and the print shop, require Imaging Operations and Central Services employees to physically report to county buildings. New digital services that allowed certain department functions to continue, such as mail scanning, also required in-person service delivery models by Central Services staff. This required a quick implementation of safety protocols for in-person workspaces. Social distancing, repositioning of equipment, and new cleaning protocols were put in place.

Paper handling and mail services were conducted in 11 county buildings. When the county shut down buildings during the pandemic, there was not enough room for everything in the buildings that were open. Staff worked on-site for two weeks training for new processes. A rotation of responsibilities was operationalized so that staff would come into buildings, process paper, and then staff at home would index.

Six days into the work from home order, the Telecart at the government center broke. Staff had to come up with a new routine with a manual system. The new process proved more effective; the Telecart equipment was removed from the building and the new system was implemented permanently.

There were about 300 special requests received by Central Services. These were on top of normal operations. To handle the workload, they implemented a process for daily, weekly, monthly, and special requests. A special fee was initiated for some services at the request of the incident commander.

Additionally, electronic smart lockers were installed at three service center locations (Ridgedale, Brookdale, and the government center) to provide an alternative to in-person pickup or receiving materials via mail.

2. Service desk

Staff were still needed onsite to manage certain IT functions. Since many county employees were working remotely, access to IT support via calls to the service desk increased by 20%. At its peak volumes, the service desk received 600-700 daily requests. Fortunately, they were able to pull some staff for a backup supply of service desk help.

The county conducted an organization-wide laptop upgrade during the pandemic. The laptop deployment program proved challenging but was successful. Depending on the equipment ordered, equipment was either mailed to the employee's home or physically picked up. For physical pickup, increased safety measures were placed at the IT service center at the Government Center because people were not paying attention to safety direction signs. The space was roped off and equipment was placed on carts outside of the service center. When employees came to pick up their equipment, they called a number provided and an employee came out to complete the checkout process. Staff had to change people's expectations about how they interacted with service center staff. Positive feedback was received regarding the new process. Library staff that were redeployed assisted IT in the laptop deployment program.

The deadline to return old laptops was April 1, 2021. For old laptop drop-off, three county locations were set-up as equipment return locations. Online resources were provided to employees to finalize setup of new equipment along with the preparation of old laptops for return. COVID-19 self-screening and requirements to notify supervisors that they were entering a county facility for contact tracing purposes were also communicated.

b. Procurement and supply chain challenges.

Although IT was aggressive in placing and anticipating orders for IT services and products (9,000 laptops were ordered in the first week of the pandemic), they faced similar supply chain shortages in procuring technology faced by others across the country. Even though moving quickly to acquire new software may be necessary during an emergency, there are processes in place which ensure adaptability and alignment of purchased software that should not be bypassed unless there is an urgent need. This strategy helps meet people's needs, but also increases security risks and financial costs.

c. Connectivity dead zones

In parts of Hennepin County there are still areas without reliable, high-speed broadband internet. Although some of these issues may be temporarily addressed for employees and residents through mobile WI-FI hotpots, this continues to be a gap for remote work, distance learning, and service delivery.

IT has an established relationship with the University of Minnesota around digital infrastructure, and during the pandemic they worked together to increase internet speeds. Staff also worked with internet providers to look at new ways to provide internet access. And although not all of the efforts were implemented, it was beneficial to foster the relationships. A collaboration between Century Link, Comcast, and cities explored how speeds could be increased at home for residents and staff.

d. Elections

The 2020 general election required a robust IT response. Although an emphasis on mail-in ballots was pushed from government agencies, a large portion of the population still voted in person. IT worked with Resident and Real Estate Services to assist around the election. They made sure that buildings were set up with appropriate IT functions. Additionally, they worked

with communications to identify vendors to help with seven mass mailings that totaled between 450,000-750,000 pieces.

Running parallel to election IT system work, county IT deployed more security software to monitor county IT systems that held a risk of being breached. Although not directly related to the election system, if a system such as APEX was breached, it would be hard to tell the public that one county system was breached, but the election system was safe.

4. Outcomes

Information Technology faced a monumental task right at the outset of the pandemic: transition 7,000 employees to remote work while maintaining high quality client-focused service delivery methods. Not only was county work and service delivery transitioned uninterrupted, but in many cases, IT innovated and introduced new programs or software platforms that improved outcomes.

Recommendations:

1. Continue to explore how county fiber infrastructure can be used to provide coverage of digital gaps for staff and residents. Advocate for appropriate legislative changes around broadband coverage as a basic utility.
2. Develop and regularly update Business Continuity Ops plans.
3. Complete an assessment of all county-funded tools to determine utilization and effectiveness.

m. Libraries

1. Overview

The Hennepin County Library system consists of 41 libraries that provide material rental, computer usage, meeting spaces, community programming, and service delivery, among others. In-person services were the primary delivery model for the library system prior to the pandemic. In March 2020 the library system was put at a standstill and leadership quickly developed programmatic changes and staffing plans to provide as many services as possible while complying with COVID-19 safety guidance.

2. Strengths

a. Programmatic changes

The library implemented limited-service models that were a significant departure from the library's ordinary operations but successfully provided access to information, materials, and resources.

1. Curbside pickup

The library implemented a curbside pickup program in April 2020 allowing limited numbers of staff to return to select buildings and provide patrons with curbside access to its collection.

2. Grab and Go

In July 2020, the library launched a limited indoor service model called Grab and Go. Patrons were able to enter the building to retrieve holds, pick items from the shelves, and use a library computer for up to one hour. Patrons traditionally enjoyed robust assistance from library staff while using a computer. This practice was suspended due to the proximity needed to provide successful computer support.

3. Virtual

In-building programs were a vital part of library service prior to the COVID-19 pandemic. Since indoor gathering space could not safely be offered, staff pivoted to a virtual environment to host countywide online learning and enrichment activities. The library was able to leverage relationships with its vendors to provide greater access to online resources. Previously, many library resources were only available within physical buildings. During the pandemic response, patrons were able to access more library resources at home.

4. eCard

The library created its first eCard sign-up platform. This allowed new library users to sign up for a library card online and gain instant access to eBooks, audiobooks, streaming video and music, and other online resources.

5. Material purchases using CARES funding

CARES funding was used for multiple efforts for purchasing materials. First, funds were allocated to expand digital collections due to an uptick in usage of e-materials. This resulted in shorter wait times and greater access for patrons who were unable to visit a library because of closures or inaccessibility. Physical books were also purchased to support collections. Finally, CARES dollars were used to purchase giveaway books in support of early literacy development. Many of these books were distributed at outdoor events and in partnership with other community organizations (non-profits, cities, schools, etc.).

b. Technology

1. Wi-Fi

Free Wi-Fi is a popular library service that previously was designed for in-building use only. Due to service limits, the libraries were unable to provide space for indoor Wi-Fi use. Instead, CARES funding was used to reconfigure antennas at all 41 libraries to provide a signal to parking lots and outdoor spaces to provide reliable outdoor internet connections.

2. Repurposed equipment

Computers that were previously available for public use when buildings were fully open were reallocated to equip more staff to work from home. Questions about equity and accommodation have arisen out of these efforts.

c. Community engagement

Staff were empowered to be present in the community and provide resources beyond the library buildings. The efforts resulted in staff participating in more than 100 outdoor events during summer 2020 and distributing thousands of giveaway books and other materials.

d. Temporary staffing reassignment

When libraries were closed in March 2020, library employees were sent home and given two weeks paid time while leadership formulated a plan. After that period, staff members who were not able to complete their jobs at home and, if offered, did not want to take assignments for modified in-person services at a county library, were required to use PTO or take unpaid time. The county board approved an action to allow staff to accrue a negative leave balance up to 240 hours, with 40 hours forgiven after an employee stays in good standing with the county for one year, and an additional 40 hours forgiven after two years.

A temporary program was created to offer transfer assignments to library staff who were willing to take temporary reassignment to help with various Covid-19 efforts. Library staff volunteered for temporary assignments in support of isolation hotels, housing assistance, and technology distribution for remote employees, and working with epidemiology on COVID-19 contact tracing. This time was understandably hard on library staff who were required to choose between using saved PTO or transferring to a position that could put them on the front lines of pandemic response. However, their contribution to the departments in which they transferred were invaluable. The county response was able to be as successful as it was because of its resilient and nimble workforce, and willingness of employees, such as the library staff members who took temporary reassignment, to be flexible and dedicated to the COVID-19 response efforts.

e. Partnerships

Partnerships became a bigger emphasis for the library as it looked to the community for support with technology distribution. Established networks provided better access to residents who needed resources the most, and staff were able to use those partnerships to help distribute laptops and Wi-Fi hotspots. The partnerships helped make a greater, more sustained impact.

The Friends of the Hennepin County Library continue to be excellent partners. Their donors supported outdoor outreach efforts and greater access to some of the most popular titles. During summer 2020, after seeing an unprecedented demand for anti-racism eBooks, support from the Friends enabled the library to procure simultaneous use licenses for three popular books. These titles circulated more than 40,000 times with no waiting periods.

Library staff also partnered with Human Services to provide homework help/tutoring for county-involved youth.

3. Challenges

a. Building closures

All 41 libraries closed in March 2020, which cut off the library's primary point of service delivery. County residents who relied on access to technology for unemployment insurance claims, supplemental assistance, and other programs lost access to public computers and a reliable point of access to the internet. The shift from full closure to limited in-person service delivery had many road bumps as leadership worked through safety measures, staffing models, and programmatic changes. The library benefited from strong partnerships with Workplace Safety and Facility Services in its efforts to reopen closed buildings in a safe and sustainable way.

The county board put pressure on county leadership to open libraries more rapidly than library staff were comfortable with. The library became better consumers of data because of their pandemic response and integrated more data into decision making. For example, county and library leadership put together a phased reopening plan. When making these plans, they looked at visitor counts, collection size, community disparity data, and more. As of August 2021, 38 libraries are fully open, one library has computer use hours by appointment only, and two libraries are only open for returns.

b. Health and safety

Concern for the health and safety of library staff and patrons was a central focus for library leadership, as staff work in proximity with one another and residents. Many efforts were taken, and protocols changed to accommodate pandemic-related concerns and guidance. 1) Out of an abundance of caution, a 72-hour quarantine procedure was implemented for incoming and returned materials. This required a significant shift in material handling procedures and will require another significant shift when the process ends. Quarantine procedures for physical materials caused a shortage of storage bins. CARES funding was used to purchase additional bins for overflow. 2) Indoor capacities were limited to provide adequate physical distancing for library staff and patrons. This required the creation of a greeter station at all libraries which was an entirely new process to help manage the flow of patrons. 3) Staff meetings used to happen in a centralized location, but they switched to Microsoft Teams to allow telecommuting. 4) The county instituted a mask mandate while inside county facilities. PPE and hand sanitizer were supplied to employees working in buildings and for patron use.

c. Staffing

Throughout the pandemic response, there was a consternation among staff about actions taken, protocol changes, and desired county benefits. Levels of service delivery and building access varied throughout jurisdictions across the country, but library staff saw other jurisdictions, such as Los Angeles County, who were allowing their staff to stay home with pay and felt they should be treated accordingly. While at face level this can be frustrating, it needs to be understood that

there are differences in funding and how budgets are set up; some jurisdictions are able to pay staff to work from home and some are not. In the future the county should take into consideration that library systems and library staff communicate regularly with peer institutions across the country. Local decisions and dialogues can quickly become national conversations. When implementing tough policies, keeping those nuances in mind when communicating changes to employees can help staff adjust to the changes.

Leadership noticed a difficulty in building strong response teams when trying to adopt a hybrid home/building strategy. There were organizational culture challenges with having some staff be required to work in building and other staff able to work from home.

4. Outcomes

The library system completely shifted how they deliver services to the residents of Hennepin County, offering processes to receive materials, access computers, enhance digital materials and services, and increasing community engagement. Tough temporary staffing cuts lead to many library staff volunteering to be temporarily reassigned to COVID-19 response efforts across the county. These temporary reassignments were crucial to the county's response.

Recommendations:

1. Develop HR resources to increase communication methods if future events cause staffing shifts.
2. Assess employee access to adequate internet speeds and equipment to ensure equitable remote work access for employees.
3. Given what we know about disparities related to internet access, continue countywide efforts to increase access.

n. Medical Examiner

1. Overview

The Hennepin County Medical Examiner's Office provides investigative services for all unexpected deaths for Hennepin, Dakota, and Scott counties (approximately 1.85 million residents). A unique challenge for this department was taking a 24/7, 365 operation and modifying it to accommodate all COVID-19 restrictions and guidance coming from the CDC, State of Minnesota, and Hennepin County. This meant transitioning from a robust in-person operation to a limited footprint staffing model. Strategic and effective infection control procedures were already established and in practice, which allowed for quick mobilization of staff to remote work and changing processes while seeing zero workplace exposures to the virus. Service delivery continued uninterrupted, and staff's expertise was sought out by every level of government.

2. Strengths

a. Paperless

In 2012, the Medical Examiner's Office (ME's office) became 99% paperless. That removed a large hurdle when transitioning staff to working remotely. Even with most items digitized, there were still some issues to work through. Staff changed processes around how U.S. mail was received and processed. The Medical Examiner's Office receives and processes physical checks, and is working with OBF on options, including already-implemented training on how to do online deposits. Additionally, the ME's office receives data requests directly. The office moved that process online and no longer receive them through physical mail; they are now managed through digital e-Forms tools and FileNet. CARES funding was used to scan archival documents that facilitated data requests.

For items that must be retrieved from the downtown facility, a new process is in place that allows for an individual to retrieve the item from the office and take it to a different facility to process.

b. Protocol foundation

1. Infection control procedures

The ME's office was able to mitigate staffing problems because of infection control procedures they had in place prior to the COVID-19 pandemic. They were able to build on these established policies and procedures and make them department-wide practice. Two examples are the use of PAPR masks (Purified Air Purifying Respirator) and using N95 masks for routine tasks that normally would not have required it in the past.

Throughout the pandemic, the office did not have a single employee have a workplace exposure that resulted in quarantine or positive exposure.

2. Updated autopsy plan

The civil unrest that took place during summer 2020 was used as an opportunity to use contingency plans developed for COVID-19 and test them. The lessons learned from this period were so successful that they were permanently implemented in October 2020.

3. Continuity of Operations Plan (COOP)

The Medical Examiner's Office completed their COOP plan in January 2020 after a yearlong development process with Emergency Management. That plan provided the basis for service-level decision making during the initial phases of pandemic response, and again during the civil unrest.

4. COVID-19 policy

Leadership reviewed all policies and made one large overarching COVID-19 policy to address major operational changes. While challenging in the beginning as information rapidly developed, in the long run it proved effective in sustaining business continuity.

c. Expertise/partnerships

1. Expertise

The Hennepin County Medical Examiner's office was sought out for expertise by federal, state and local jurisdictions. Shawn Wilson provided a large amount of subject-matter expertise to Minnesota's Emergency Operation Center and various health care coalitions on fatality management and bolstered the office's relationship with the Minnesota Department of Health (MDH). He provided guidance on the federal level as well.

The ME's office worked with MDH on how to screen for new pathogens in the community. This involved daily calls to review all cases of suspected COVID-19 infection. MDH staff would go to funeral homes to swab for COVID-19 and loop back with county staff to look for next of kin for tracking purposes. At the peak, HCME was reporting 25 cases a day to MDH that were concerning, and college students were hired to go to funeral homes to swab for cases that were reported to the Medical Examiner.

Public Health and Emergency Management are the crisis management experts and handled the response for the COVID-19 pandemic, while the ME's office is only peripherally involved. However, the office became the de facto subject-matter experts for Public Health and Emergency Management as they routinely plan for and understand the logistics of fatality management operations on a large scale. Staff worked with Eric Waage (EM director) and Margo Geffen (Facilities director) to look at potential sites that the county could lease or purchase to handle the thousands of deaths that were projected. Approximately $125,000 of CARES funding was used to invest in racking for body storage for the facilities.

Ultimately, the knowledge and expertise of the Medical Examiners' Office was leveraged by state officials to procure a facility of suitable size to manage the operations at a regional or state level without the need to use county funds.

2. Partnerships

The partnerships that were in place prior to the COVID-19 pandemic allowed groups to be pulled together quickly. ME's office staff helped educate leaders locally and on the state level regarding fatality management. Jurisdictions had a good handle on the public health side of the pandemic, but the fatality management component had a large gap. Staff spent countless hours educating groups and elected officials on the mathematics and logistics of handling large numbers of remains and the limitations of the Medical Examiner's Office to support that from both a resources and jurisdiction standpoint.

3. County Leadership Academy/Management Institute

Staff in the ME's office had previously participated in the county's Leadership Academy and Management Institute. The networking and relationships built out of the experiences made it possible to reach out to county staff immediately and quickly work through issues. These types of experiences that the county provides for up-and-coming county leaders built a foundation for collaboration that was priceless during the pandemic.

A byproduct of the pandemic is an increased value placed on networking and pulling people in to get things done. Organizations the size of Hennepin County tend to create silos across lines of business. During the pandemic these silos started coming down which allowed for more collaboration across departments and teams. Cross-departmental collaborations and opportunities such as the Leadership Academy and Management Institute should be fostered and grown as the county moves forward.

d. Innovations

1. Fleet

A huge concern for management was how to transport staff safely to death scenes and prevent workplace exposure and transmission. Many of the county's fleet vehicles were no longer being used so the ME's office reached out to CMED and added two cars permanently to their operations. This action removed dependence on "car available" status and allowed for effective infection control measures to be implemented by eliminating the use of personal staff vehicles.

2. Technology

Almost every business office operation changed. Prior to the pandemic, the entire team was completely on-site. From an IT perspective, leadership grappled with how to effectively support on-site and remote staff, while following pandemic requirements. This meant establishing required technologies and supporting staff's home setup. Unlike an office setting where everyone is on an even playing field, no two home setups were the same. As a result, a lot of equipment was purchased using CARES funding to support staff at home.

The Medical Examiner's Office quickly adopted Microsoft Teams as their primary communications and meeting tool. This allowed for daily operations to continue seamlessly while re-integration of other workplace meetings and committees developed over time.

Public-facing systems innovated and changed to better service customers as well as accommodate the new work environment. 1) A new call system was put in place to better manage phone calls. This action alone improved how phones are handled overall. Additionally, soft phones were installed on computers. 2) ME IT created new processes for processing credit cards and banking plans, as well as how they do deposits. Staff worked with Human Services IT to purchase credit card machines using CARES funding. 3) The department increased the use of eForms and FileNet to support online services and the families/individuals the ME's office supports and provides services for. The data request process is based off these two systems.

Central IT was a great partner in adapting to pandemic changes and supporting staff as operations continued. They became more flexible in how they provided support to business lines and in how they approved work and requests. There was an overall

increase in efficiencies in how they did their work that was noticeable and very appreciated.

3. Challenges

a. 24/7 operations

The Medical Examiner's Office is a 24/7, 365 operation. The office faced many of the same challenges others faced when switching to remote work, except the office had to triage challenges around-the-clock. The 2018 Super Bowl provided a practice run for moving operations off-site that helped instruct a more permanent move. The ME's office took an operation that was interpersonal and face-to-face and made it as remote as it could possibly be. New protocols meant that no leadership were on-site and there were only limited staff interactions for people who needed to go into the office. Social distancing procedures were put in place to comply with CDC guidelines.

CARES funding was used early on to purchase needed PPE for on-site staff. From a resource standpoint, the county did an excellent job of immediately stepping up procurement processes. Purchasing was able to procure additional PPE and safety resources right away. County Health and Safety also reached out to the ME's office early on offering the ability to get five additional PAPR's that weren't even on staff's radar yet.

b. Rapidly changing guidance

A major challenge was adjusting to the rapidly changing information that came from county administration and implementing it specifically to the ME's operations. The county responded swiftly, definitively, and without concern for what outside organizations were doing. In the long term that paid huge dividends for the county, but in retrospect it is not easy to roll back those changes, so it is taking longer to do so than other agencies. However, because of the internal actions taken, the ME's office was not devastated by effects of the pandemic and were able to continue uninterrupted service delivery.

c. Staffing

ME's office staff have a unique skillset. They do not have the ability to bring in staff from other areas, such as library staff who were being temporarily reassigned, to fill temporary staffing needs. Key members of the ME's staff were assigned to the county's ICS structure as well as involved in other COVID-19 related assignments. This meant there was an increase in the delegation of job duties to support the business line (e.g., in operations and finance, stretching people thin with no ability to bring on additional staff). Since workloads were already high, this placed more importance on the necessity of infection control measures to be successful in preventing loss of staff due to illness.

d. Public facing operations

Given the nature of the Medical Examiner's Office duties, there are many face-to-face interactions required on a regular basis. Staff had to manage all interactions with partners,

including business interactions, funeral directors coming in, and law enforcement partners picking up evidence. Physical visits to death scenes are necessary, so infection control measures for field work that differs from internal infection control measures were created.

4. Outcomes

The Medical Examiner's Office capitalized on excellent planning and infection control procedures that the office had in place prior to the COVID-19 pandemic to quickly mobilize and transition operations to align with required guidelines and safety measures. Staff subject-matter expertise was sought by every level of government to assist in fatality management and other areas. Innovative solutions and maximizing relationships and partnerships created a system where staff could act efficiently during a turbulent pandemic. CARES funding was utilized to fund mass fatality racking, PPE, technology equipment to support remote work, digitization tools, and credit card machines to improve customer service.

Recommendations:

1. Continue working on implementing identified department related innovations.
2. Create an emergency staffing plan to better balance workloads when additional job duties are required.

o. Northpoint Health and Wellness

1. Overview

Northpoint Health and Wellness Center is a multi-specialty medical, dental and mental health center and human service agency located in North Minneapolis that is administered through a partnership between Hennepin County and a community board of directors. Northpoint adapted to COVID-19 pandemic changes early and quickly to ensure patient safety and continue a modified service delivery method. CARES funding was utilized to implement telehealth services, drive-through testing and vaccination services, and curbside pharmacy access. Despite utilization of telehealth services and other innovations implemented in the clinic, service disruptions were a significant concern for staff who anticipate exacerbated health conditions as a result. Northpoint's long-term partnerships and relationships with the community were crucial to implementing successful testing and vaccination efforts and disease transmission prevention in North Minneapolis.

2. Strengths

a. Early screening procedures

Staff started seeing signs of the COVID-19 pandemic in December/January 2020. To mitigate the number of COVID-19 tests used and better triage patients, screenings were set up based on symptoms to test patients first for influenza and streptococcal pharyngitis (strep throat) through rapid tests. If those tests came back negative, then COVID-19 tests were administered.

Northpoint started out by screening patients and the public who were coming in the building, then shortly after implemented released CDC recommendations to make sure everyone was socially distanced, and employees were screened as well.

Staff consulted with the county's epidemiologist for setting up testing and safety protocols.

b. Service delivery innovations

Northpoint did not shut down operations when the governor's executive order was released in March 2020 because it is a federally qualified health center.

1. Drive-through testing

Originally, testing was only being done in the clinic; a drive-through testing system was then set up in the parking ramp. This allowed staff to only test patients that were coming in with symptoms. The community positively responded to this new testing process.

2. Drive-through pharmacy

Close to 100 people per day were coming into the Northpoint building just for pharmacy services. To comply with social distancing requirements, the total number of people who came into the building had to be reduced; pharmacy services were moved to a curbside delivery system to achieve this.

Northpoint received $6 million from the American Rescue Plan to upgrade the pharmacy which was a huge gain for the clinic.

3. Telehealth

To address technology concerns for patients, Northpoint created telehealth hubs within the clinic. These hubs were offices that were set up so patients could come in and have a telehealth visit with the clinic providers. It provided a quiet, confidential space that they might not have at home. It also connected them with a staff person that could help with technology so they could have a productive telehealth visit. This was done for both behavioral health and medical appointments. For medical appointments, they would visit with their provider via telehealth hubs, but the lab was still open, and they could then proceed to the lab following their appointment if that was required.

c. Vaccinations

Visits to the clinic shifted to primarily be to receive a vaccine or a COVID-19 test. The number of tests conducted decreased over time, but the number of vaccines increased at a quick pace, administering close to 200 vaccines per day and over 1,000 per week. The clinic received direct allocations of the Moderna vaccine from the Minnesota Department of Health (MDH). In March 2021, the federal government started providing direct allocations of the Johnson and Johnson single dose vaccine to Northpoint. April 04, 2021 was when the Johnson and Johnson vaccine was administered on a wide scale.

The Johnson and Johnson vaccine was only administered on Mondays and was reserved for any patient in the clinic or client in social services if they were in the clinic who asked for the vaccine and wanted to get it that day. The Moderna vaccine was administered Tuesday through Friday and required an appointment.

d. Partnerships

Northpoint worked closely with statewide and local partnerships throughout the pandemic. The Statewide Association of Community Health Centers met on a regular basis, sharing best practices, interpretations of CDC guidance, and advocated as a group with MDH. Community-based organizations were very important partners, including the Penn Plymouth Partners (Twin Cities LISC, Minneapolis Urban League, and the University of Minnesota). Internally at Hennepin County, Northpoint coordinated with the Incident Command Structure and Public Health.

3. Challenges

a. Service disruption

Staff was incredibly concerned about suspended programs and turning patients away. Patients used to be able to walk in and receive a same day appointment. This system was discontinued, and individuals were required to have an appointment to be seen.

Many programs, services, and group visits were discontinued for medical and behavioral health, as well as group health educational programs (e.g., diabetes). With these programs suspended or discontinued, there was a concern among staff that if it continued and they were not able to get more people in physically for therapy, then there would be an exacerbation of health conditions.

The need for mental health services grew during the pandemic, while the ability to provide services has been hindered. People have a lot of anxiety and concerns about loss of employment, being able to manage financial issues, children learning remotely, and other pandemic concerns. Staff have several concerns that clients will have a much longer and more intense need for mental health services. Mental health providers have been able to reach people through telehealth as telehealth is much more agreeable to therapy visits than a medical clinic visit.

It is important to note that mental health services are needed for staff as well to help them deal with the stresses of working and living in a pandemic.

Group therapy sessions are slowly coming back using a telehealth and Microsoft Teams model. There are significant limitations with this test method since not all patients have access to technology or Wi-Fi. Staff did some laptop distribution using PC's for People and linking people to Wi-Fi assistance programs. Even with those services it was still not enough; quite a few people still need devices and access to Wi-Fi. Additionally, many families have one computer, and when children at home are remote learning, it is difficult to share a computer.

b. Staff COVID-19 cases

The first positive case in an employee was early March 2020. Out of 350 Northpoint staff members, there were 54 positive COVID-19 cases. Almost all the staff that tested positive experienced their exposure through family or friends. One or two exposures were suspected transfers through patient contact but that was never verifiable.

Northpoint conducted their own contact tracing of employees and self-reported to MDH.

c. Dental clinic closure

The Board of Dentistry made the decision to shut down dental clinics. Due to the nature of their work, dentists and hygienists were considered the highest risk medical personnel. Those staff who were no longer working were utilized for screenings in other areas within the clinic.

Once the dental clinic opened back up, procedures changed. If someone had an emergency, it was documented through telehealth services. Patients could send a picture right to the dentist who examined it and determined if the situation warranted them to come in right away. For situations like an abscess, serious tooth infection, or inflammation, the individual would either be brought into the clinic right away or sent directly to the emergency room.

Northpoint lost revenue due to the dental clinic closure. Once it opened back up, the revenue drop continued since they had to see fewer patients each day because of the amount of time that was required for disinfecting of equipment and rooms.

d. Supplies

There was an initial difficulty in obtaining appropriate PPE for staff and patients. Coordination became better over time and materials were obtained. Staff also experienced a needle shortage for vaccines. They changed their procedure from using two needles to only using one. Two needles were used initially to prevent dulling of needles and increase patient comfort.

4. Outcomes

Northpoint Health and Wellness Center innovated and adapted service delivery and clinic operations to continue their vital service delivery in North Minneapolis. The COVID-19 pandemic shifted most service to virtual, but this shift in service delivery method shone a spotlight on a crucial disparity gap; many residents lacked adequate access to devices and Wi-Fi, technology support services, and housing that provides privacy for telehealth services. CARES funding was utilized to innovate clinic access to provide drive through COVID-19 testing, vaccinations, pharmacy services, and implement a telehealth program all to continue Northpoint's mission to create a healthier community.

Recommendations:

1. Develop better coordination between Northpoint and Hennepin County to better align strategy.
2. Explore delivery and funding options for increased mental health services.

3. If telehealth services are going to continue, explore funding sources or existing programs for increased device distribution and Wi-Fi access to help close the technology disparity gap.

p. Public Safety

1. Adult Representative Services

a. Strengths

1. Technology

a. Electronic signatures and service

Much of what Adult Representative Services (ARS) does involves sensitive documents or court documents that have had very old-school rules attached to them. There were major challenges at the beginning of the COVID-19 pandemic with obtaining client signatures. The rules required that documents be notarized and have ink signatures. The chief judge for the Fourth District Judicial Branch issued a ruling that allowed electronic signatures. A challenge arose, however, because clients did not have easy access to electronic signing platforms. ARS pushed Adobe out to the community to get client signatures or physically brought a device to the client for signature.

ARS worked with the Fourth District Judicial Branch around electronic service. There are rules that govern providing service. The court was putting documents physically in a box at the Juvenile Justice Center instead of scanning and sending them to staff. ARS worked with the court and switched the transmission to electronic. Rules under the emergency order were also written on sharing of documents with the local bench.

Adult Representative Services is almost paperless because of innovations made during the COVID-19 pandemic.

b. Locked cloud

During the COVID-19 pandemic, child protection trials were still held in person. There are court rules regarding when exhibit lists must be provided, and they must be in person with a jump drive. Jodie Wierimaa (BIO Public Safety line of business) worked with the court and guardian ad-litems about a locked cloud with a limited link. Business agreements were worked out around electronic delivery and what was needed. ARS will continue to operate this way since it saves a lot of time and paper.

c. Trainings

Conducting trainings online provided increased flexibility for staff members. Many team members felt that they got as much out of the virtual sessions as they did in person. A lot of online trainings were developed to be done more leisurely. For those who are very

busy during the court day, it was nice to do trainings whatever time of day was convenient.

2. Temporary structural changes

The court calendaring priorities changed during the COVID-19 pandemic. If hearings were not emergencies, then they were continued. This change in scheduling meant a short-term decreased workload for some ARS staff. Paralegals and office specialists specifically saw a decrease in workload. Because of this change, temporary structural changes were made within ARS. Staff with available capacity were triaged into client engagement; attorneys gave client lists to them and they would connect with the clients, asking how they were doing, what items they were missing, and what else they needed.

3. Partnerships

ARS was working in person for a large part of the pandemic because emergency hearings were in person and other client accommodations were created throughout the pandemic response. Facilities Services provided an incredible level of support ensuring that ARS had appropriate PPE.

ARS worked closely with Children and Family Services and Behavioral Health and Human Services to address challenges COVID-19 presented for clients with substance use disorders. This included places to safely test and access to treatment. A more flexible model was implemented that considered the needs of the client as well as safety of the children which included location and frequency of testing.

Another important partnership was formed between ARS and the Child Support Human Services department. By court order, all child support contempt cases stopped in March 2020; not a single case was heard. ARS began conversations with the Hennepin County Attorney's Office and Human Services on how to develop job resources for clients so they could pay child support and be triaged from court once it went live again.

Additionally, Fourth District Court Judge Charlene Hatcher pulled the data on disparities in child support contempt cases and informed the stakeholders that she found the data abysmal. The rate in which black families are brought into the child support system is highly disproportionate. Judge Hatcher urged the stakeholders to address these issues. The stakeholders are working to create a diversionary process to triage clients out of the court system by offering them services needed to help the meet their financial obligations and gain stability.

4. Remote hiring

ARS had several new hires start January 2020 and then continued to hire throughout 2020 and 2021. All interviewing during the pandemic was done remotely with great success despite the challenges of getting interviewees easy access to Teams. Most candidates were familiar with Zoom, but ARS did not have a Zoom platform during most of the pandemic. The new hires started completely remote, which caused difficulties onboarding. Legal training and onboarding is more effective in person.

Overall, ARS staff felt confident in the quality of interviews and felt interviewing virtually worked well. It is possible to get more people on the hiring team, include more diverse interviewers and more people on the hiring committees, and give interviewees more flexibility on the time of day of their interview. It is more flexible, accessible, and diverse. A broader candidate base was seen because they could do their interview from wherever they were as well as when they were able to; some people could not do interviews until after a regular workday. Interview panelists in ARS were willing to meet the timing needs of candidates and conduct interviews outside the traditional workday.

5. Staff well-being

The COVID-19 pandemic was a stressful time for the clients that ARS serves as well as the staff members themselves. To make sure that staff's mental health and well-being was being prioritized, ARS escalated team meetings to every other day for about six months. On top of those meetings, mental health check-in spaces were created, which social workers guided. Staff are closer than they have ever been because they took care of each other in a deep and meaningful way. What they missed in the collaborative space in the hallways, they made up for in getting to know and support each other. Supervisors had to become more in tune with employees who have always been solid workers with great outcomes and no complaints. The stresses of the COVID-19 pandemic affect everyone, and just because employees are not seeking out help, does not mean they do not need it. Every employee needs to be checked on, regardless of perception.

For a department like ARS who has many attorneys, working remotely with school-aged children can be especially difficult when there are busy court schedules. The department became very flexible and covered for each other. If there was an important hearing and that assigned attorney had childcare issues, the team would get another attorney on the hearing to assist.

b. Challenges

1. Remote services

a. Service delivery

The largest challenge that Adult Representative Services faced was providing the same quality of services remotely that they did in person. When remote services are client driven, they generally work well. But when they are mandated and clients do not have the resources or technology, then they do not work. Staff was faced with trying to set up Zoom calls or court appearances with people who have no cellular minutes or quiet space at home while also managing a client's trauma or complete instability. There were clients who had to call from closets or cars or were dropping off during court hearings because internet service cut out. Clients experienced an understandable level of panic when they thought they were losing their children. Prior to the COVID-19 pandemic, clients could come into the office and meet with staff, which helped to calm them. During the pandemic, staff had to do that remotely.

To try and ease the difficulty of remote processes, staff set up computers in their offices and allowed clients to come in. Proper sanitizing and PPE procedures were put in place. Additionally, ARS worked with Education Supports and received 200 computers that they hand delivered in the community. Certain zip code pockets were identified (Brooklyn Park, Brooklyn Center, and North and South Minneapolis) who were big users of the program. This allowed clients to attend court hearings and meetings if they were under protective supervision, and children could use them for schooling as well. The computers came with internet access.

Specific to child protection cases, in March-August 2020, social services were disappearing. Clients were told they had to complete specific services between certain dates, but many of the services were not being offered because of COVID-19. Parents who had their children placed in temporary out-of-home placement were told that custodians did not feel safe with them visiting because of COVID-19, so they could not see their children. Attorneys and parents were panicking over what was a breakdown in child protection. Under the law, if children are out of home for a certain amount of time and have not been reunified, then the county must file for termination of parental rights. ARS zealously advocated that timelines could not be enforced in these situations with some success.

Looking back on these challenges presents a good opportunity for each department to examine whether decisions being made are best for the department and staff or the people served. Finding that balance can be very challenging.

b. Video platforms

Hennepin County's primary video platform system is Microsoft Teams. Adult Representative Services recently obtained six Zoom licenses because they have projects with the court and the court struggles with the Teams application. Having platforms that do not talk to each other is hard for staff to manage, not to mention adds additional work having to learn new platform functions. This is a large complaint amongst ARS staff.

2. Impacts of Chauvin trial

In addition to the COVID-19 pandemic, there was the civil unrest surrounding the death of George Floyd and the Chauvin trial. The Government Center was closed for the trial, but the courts were open for certain court calendars. Clients would come to a court hearing and would see the building boarded up and assumed the building was closed and leave. This caused a lot of stress and trauma. There was negativity that surrounded the Chauvin trial in that the courts were finally opening back up and providing access, and then everyone was told the building was back under lockdown and the court was stopping again. The message heard by clients was that a guy who was out on a million-dollar bail could get the whole courthouse shut down, but people who were locked up and had children taken away could not get their hearing. Unfortunately, there was a varied response from judges regarding how hearings could be

conducted (remote or in person) as well as the consequences when clients did not attend hearings.

c. Outcomes

Adult Representative Services quickly adapted to remote COVID-19 requirements and transitioned their in-person client-based services to virtual platforms. ARS staff made significant improvements to work processes by engaging with the Fourth District Judicial Court to issue rule changes to allow for electronic signatures, electronic service of documents, and usage of a secure locked cloud. Staff quickly noticed the negative impact that remote operations were having on clients, so they worked with Facilities Services to address space needs for clients who needed access, pushed out software to clients, partnered with county departments to distribute laptops and better coordinate services, and zealously advocated for their clients to minimize the negative impacts that COVID-19 restrictions had on their court cases. Lastly, internal changes made by Adult Representative Services made hiring new employees and online trainings efficient.

Recommendations:

1. Continue conversations with the Fourth District Judicial Court to ensure that rule changes made by the chief judge regarding electronic processes stay in place in the future.
2. Analyze the impacts and effectiveness of remote requirements for Adult Representative Services to guide processes for future pandemics.

2. Department of Community Corrections and Rehabilitation

a. Strengths

1. Electronic Home Monitoring (EHM)

A judicial order that changed EHM requirements proved to be a positive change that will be implemented permanently by Hennepin County if the bench continues the order. All work release clients were put into EHM instead of doing time at the Adult Correctional Facility (ACF). The philosophical argument for the change is being backed up by the short-term data. The people who are on work release are not a danger to public safety. They are sent to the ACF to sleep, they get up and go to work in the morning, and then come back on their own accord. The unintended consequences on the individual's lives, such as impacts to family life, cost of commuting to the ACF, potential childcare costs, etc., outweighs the impacts of the deterrent of nightly incarceration. Since implementing the change there have not been any issues, people are not defaulting, and recidivism has been lower. The order is currently in effect through the end of 2021.

2. Partnerships

A necessity for DOCCR is regularly fostering relationships among the criminal justice stakeholders. During the COVID-19 pandemic, those established relationships evolved to respond to new challenges. Valuable cross-departmental relationships were built that would not

have happened prior to the pandemic. Several employees participated in initial PPE distribution, building protective screens, and doing other pandemic related collaborations with other county departments. Connie Meyer (Client and Community Restoration manager) was assigned to the Incident Command Structure (ICS). The position created relationships with individual staff members as well as departmental connections. DOCCR worked with Facility Services, Emergency Management, and the Human Services Public Health Department in different ways. Finally, Client and Community Restorations had a relationship with Resident and Real Estate Services through the Productive Day Program which rehabs housing. Purchasing was brought into this relationship which helped facilitate improvements. These relationships were strengthened and brought about positive changes.

DOCCR coordinated with the Hennepin County Sheriff's Office (HCSO) with managing populations within their facilities and DOCCR's facilities. At times, partners have competing interests that have to be worked out. For example, HCSO wanted to move individuals out of their jail to control the population, but that would have increased the population of the Adult Correctional Facility (ACF). This request was denied by DOCCR.

Protocols severely changed with the Department of Corrections (DOC) regarding Intensive Supervised Release (ISR) and Supervised Release (SR). The DOC started implementing medical releases from their institutions which impacted how early individuals could come out. Hennepin County communicated to the state that it would not take on the additional supervision capacity. After some negotiations, the state took on monitoring responsibilities for this population.

b. Challenges

1. Client supervision

The Department of Community Corrections and Rehabilitation is an in-person client facing department. One of the bigger challenges that staff faced was supervising clients without being able to physically meet. There are clients where not meeting face-to-face does not work from a public safety standpoint and is not supportive of quality community corrections work. That said, use of video visits to decrease barriers to successful completion of case plan goals and as an incentive for doing so has been a positive additional service coming from the COVID-19 pandemic.

Urine analysis (UA) – COVID-19 safety protocol requirements created issues for completing court ordered UA testing in facilities that had the proper protections. An appointment system was put in place to maintain social distancing, and PPE for lab techs were distributed. New criteria for testing linked to public safety and support of sobriety during transitions from treatment were set. During the Chauvin trial, we shut down the government center lab within 6 weeks, redirecting clients to provide samples at community DOCCR locations and transporting those to the Government Center for testing twice weekly. Because of COVID-19 protocols to control exposure, testing capacity is not yet at pre-pandemic levels. DOCCR is actively working with justice system partners to determine what parts of the COVID-19 practice changes will continue.

Sentence to Serve (STS) – STS crews were shrunk to allow for social distancing in vans. Early in the pandemic STS contracts were met by doubling DOCCR crew leaders at each site, eliminating clients from crews. Staff worked with District Court to "forgive" the final one-two days of STS if a client's deadline for completion occurred during the pandemic. This practice ended when client crews returned socially distanced in vans. Clients continue to have an option for negotiating extended timelines should they have underlying conditions that prevent them from van transport with masks to STS locations.

2. Institutional Services

DOCCR manages three facilities: the Adult Correctional Facility (ACF), the Youth Residential Treatment Facility (YRTC), and the Juvenile Detention Center (JDC). Congregate care facilities require a specialized response during a pandemic to minimize the spread of disease and assure the health and safety of both residents and staff. The incident command pandemic response did not prioritize these facilities as such, specifically at the beginning of the pandemic. Therefore, the three facilities relied heavily on guidance from the CDC, the MDH and our contracted medical provider to co-develop the pandemic response. Employees of the three operated facilities were required to perform job responsibilities on-site with little to no time to develop, implement and train staff and residents on safety protocols. Shortages and conservation of PPE equipment compounded issues. Several physical and operational modifications evolved as the CDC, MDH and medical providers learned more about the spread of the disease specifically in congregate care facilities. The institutions remained agile to adopt to the ever-changing requirements as information became available.

Key strategies included frequent consultation with the MDH, specifically accessing guidance aligned with long-term congregate care facilities; weekly consultation with the Centurion medical team; frequent consultation with the HC Workplace Environmental Safety team; and weekly triage with Institutional Services Leadership team. In collaboration with these partners, screening and guidance documents for both clinical and custody staff were developed and updated as needed as information became available from the CDC and MDH. Modifications to operations included:

- Converting areas of each facility to provide a quarantine period at intake and medical isolation areas for presumed and COVID-19 + residents
- Adding negative pressure rooms to the three facilities for medical isolation
- Cleaning and sanitizing equipment and protocols
- Intake protocols for residents including screening, quarantine and medical isolation and transfers from the Public Safety to ACF and JDC to YRTC
- The development and maintenance of a screening tool for all employees and public entering the facilities inclusive of temperature checks
- PPE guidelines established for both residents and staff living and working in general population, quarantine, and medical isolation
- Social distancing protocols for all programming and food service
- Remote and in person visiting modifications

- COVID-19 testing for residents and facilitation of point prevalence studies to identify and mitigate the spread of COVID-19
- COVID-19 positive reporting to MDH and close contact tracing
- Expedited vaccination access for Institutional Services staff

3. Employees

a. Remote work

Staffing – Probation officers have been working remotely for years, so for many, this was nothing new. Previously, the amount of time spent in the office and meeting clients in the field varied based on job functions and unit culture. With DOCCR's implementation of priority service grid as part of pandemic response, a small group of PO's providing low-level supervision or monitoring were assigned to work remotely with the exception of case emergencies, building new habits and expectations around the use of flexible workplace environments.

There are supervisory challenges to a remote work environment, particularly for those who have never had to do it before and are used to always having their employees right next to them. Technology to oversee performance measures remotely were not in place but have been slowly built during the pandemic. These important tools highlight inequities in service delivery within units and flag the need for supervisor intervention. DOCCR replaced the county's pre-pandemic policies that required signed contracts and onerous amounts of paperwork and tracking of work with continuity of operation plans that directed the changes in where staff could work.

Technology – Initially, staff who were new to remote work had issues with consistent and reliable internet access. IT helped resolve most of the issues but there are still some situations where staff lack consistent internet access for meetings. This is true for staff working from home environments as well as from county buildings. This resulted in many staff not using the camera functionality, and that habit proliferated in many areas, resulting is loss of communication queues and isolation in some places. Leaders are working to set expectations regarding use of computer cameras to restore communication to its fullest while using video platforms.

There are a variety of platforms used across jurisdictions and the public. County IT decisions have created some challenges regarding the platforms in which the county has chosen to use or not use. When DOCCR inquired about using Zoom, the feedback was that they could attend Zoom meetings but could not schedule them because of security/privacy issues that the county does not want to take on. While Microsoft Teams has been highly successful within the organization, it is not a platform that the community or courts uses. The community knows how to use Zoom and Google Meet, which are both platforms that the county cannot utilize from a professional standpoint. This is a source of frustration for staff, especially since the courts use the government

version of Zoom. Zoom is also particularly effective with large group meetings which Hennepin County sometimes conducts.

b. Return to work

There are many complexities to establishing what the return to the "new normal" will look like. There needs to be flexibility in departments and job classes. Decisions on where staff were required to work during the COVID-19 pandemic were driven from a client-focused vision and tied to job functions. This met with some challenges. For example, when more use of in-person spaces began, there were some challenges with union support staff. Individuals did not want to come back in.

From a policy perspective, employees should be able to work where they need to work to get their job done. It is the manager's job to know what their employees are doing and where individuals or roles need to be located. Policies are often used as default when supervisors are not doing their jobs, but what should be happening is good managers hold supervisors accountable, and good directors keep managers accountable.

DOCCR has staff who are not as productive at home as they could be in the office. Alternatively, there are staff members who are just as or more productive at home. Additionally, there are mental health concerns that have arisen in some employees from constantly being at home, which has resulted in resignations. Managers should have the authority to determine what is appropriate for their own staff.

4. Incident Command Structure (ICS) / Continuation of Operations Plan (COOP)

a. ICS

If an Incident Command Structure is going to be implemented during an emergency, then the ICS leader must be empowered to guide the response. When you are in a pandemic, the initial response must be direct and decisive. Politics and feelings can quickly get in the way of an effective response. An ICS structure has an incident commander to provide stability and authority to the emergency structure and the entire organization. The commander needs to have complete authority and be allowed to make all the decisions, regardless of their rank within the county organization. There is a role for elected officials and county administration, but those positions need to let the ICS be independent. You lose trust in the structure and effectiveness when politicians or leadership are taking decision making away from the ICS commander.

Training in ICS is paramount for future deployments. It is crucial that elected officials, county administrators, and department heads are a part of the trainings. Regular, ongoing trainings, practice, and tabletop exercises create a foundation for success.

b. COOP

Continuation of Operations Plans tend to be too long and once they are written, do not receive much attention. The pandemic flu plan was 400-500 pages and was useless at the

beginning of the COVID-19 pandemic because it is not regularly updated, and when it is updated it is not done in a way that makes sense. A COOP should consist of 1) what are the main things that need to be accomplished, 2) how do you accomplish them quickly, and 3) how do you sustain them for a period. Example: what do you shut down for one day, one week, one month, indefinitely. The prioritization that is currently in the COOPs are not in line with what departments are trying to do.

Trainings are necessary for COOPs. If an employee does not have the training, then they do not know how to read a COOP. During a crisis, there is not enough time to read hundreds of pages. Additionally, directors should not be writing the COOP. They are not close enough to the work to understand the intricacies to succeed. If the employees who are closest to the work are not heavily involved in the drafting of the document, then the COOP is always going to fail.

c. Outcomes

The Department of Community Corrections and Rehabilitation is an in-person client facing department that had to quickly modify service delivery to accommodate COVID-19 guidelines, and simultaneously staff three institutions while managing for COVID-19 in employees and the inmate population. CARES funding was used to fund body scanners at the Adult Correctional Facility, fund PPE at correctional facilities, and fund the increased use of Electronic Home Monitoring due to COVID-19. Department protocol changes enhanced employee and client safety and ensured continuation of services that kept the residents of Hennepin County safe during a global pandemic.

Recommendations:

1. Support efforts to permanently implement Electronic Home Monitoring rule changes and asses the funding implications.
2. Allow departments the authority and flexibility to designate staff's work location according to core functions and staff's individually selected location that supports the most productivity.
3. Regularly update COOP plans prioritizing input from staff at all levels who actively complete the work that the plans impact.
4. Institute annual trainings in ICS that include elected officials, county administrators, and department heads.

3. Hennepin County Attorney's Office

a. Overview

As the largest public law office in Minnesota, with 480 employees, the Hennepin County Attorney's Office (HCAO) handles tens of thousands of adult felony, juvenile, and civil cases each year. HCAO ethically prosecutes felonies and serves the community through reasoned client representation. The COVID-19 pandemic substantially impacted the work of the HCAO, changing the landscape for trials, programs, remote work, client counsel, and service delivery.

b. Strengths

1. Responsiveness and flexibility

In the civil divisions of the HCAO, employees quickly adjusted from ongoing projects and concerns and took on an entirely new work related to supporting the county's COVID-19 response. The HCAO civil attorneys and employees were truly innovative when advising clients – i.e., departments and agencies within Hennepin County – on the clients' response to the pandemic. The HCAO faced novel legal challenges, interpreted emergency powers, spotted issues, provided consistency, and reacted to waivers issued by state departments. Attorneys were closely involved and consulted during every step of the emergency response. This enormous workload and responsibility required coordination, responsiveness, and urgency when providing guidance and counsel to county departments. This work will continue as county departments adjust to new service delivery models and continue to serve the people of Hennepin County.

2. Adapting to remote work and programs

Although the work of the office needed to continue, the vast majority of HCAO employees were fully remote during the pandemic. The office adopted a flexible work schedule that allows remote work, hybrid work, and some in-person work. Virtual interaction through Microsoft Teams has saved time, increased productivity, and allowed for greater attendance, especially for all-staff meetings. Many of HCAO's programs, including the Domestic Abuse Service Center and the Be@School truancy prevention program, were changed to adapt to remote service delivery. Regular virtual check-ins by supervisors; meetings with witnesses, victims, and clients; trials and in-person hearings resulted in increased victim and client involvement. Adult Services, Child Protection, and Child Support were able to adapt to remote work to continue the service to the people in Hennepin County. Some of the remote hearings and meetings with residents resulted in better participation and, depending on justice partners, may continue in the future.

3. Collaboration

HCAO is constantly partnering with other county departments and community stakeholders. The criminal divisions of the office work with the court system, individual judges, public defenders, victims, law enforcement, probation, and other criminal justice partners. The criminal justice and legal work continued during COVID-19 in partnership with these stakeholders. Adult Services, Child Protection, and Child Support also partnered with agencies in connection with court proceedings, including potential remote proceedings. The civil division worked with other county departments and stakeholders in offering legal advice and strategy during COVID-19.

c. Challenges

1. Case backlog

The criminal divisions of the HCAO were required to change how trials were conducted, whether accused people would be held pending trial, and other legal considerations. The courts stopped proceeding with most trials during COVID-19, which has created a huge backlog in cases. The ripple effects of COVID-19 will be long-lasting as the HCAO and other justice partners try to work through the backlog of cases. Addressing resources and staffing concerns was difficult during COVID-19 as the office navigated the pandemic while continuing to serve justice and

public safety. The resource and staffing issues will continue long into the future given the backlog of cases that need to be tried.

1. Employee safety

For the entire HCAO, safety of employees was the top concern. Although most employees worked remotely during the pandemic, some work needed to be done onsite and in-person. Trials and some court appearances, for example, were required to be in-person due to the court's requirements. In these settings, masks, social distancing, and following public health guidance were essential to keep employees safe. HCAO developed additional processes to ensure safety of all employees, including monitoring all people who enter the office for any reason so we can adequately conduct contact tracing. Much of the work of the HCAO is dependent upon justice partners. If judges require in-person hearings, employees must attend. HCAO will continue to work with the state court and defense bar to continue remote hearings where possible and ensure the safety of employees and residents.

d. Outcomes

In response to the COVID-19 pandemic, HCAO put employees first to ensure their safety, but also to ensure that employees could do the important work necessary to continue providing assistance and services to residents. Although the HCAO was not entirely prepared from a technology perspective to have over 95% of employees work remotely, HCAO's IT department quickly responded and ensured that employees had the necessary technology to continue the important work of the office. HCAO continued to provide services to the community, work to protect the public, and serve justice. HCAO also brought charges within days of George Floyd's murder – an unprecedented response time – and responded to an overwhelming influx of attention from all over the world. Under unique and challenging circumstances, HCAO responded to an unprecedented tragedy during a global pandemic.

4. Hennepin County Sheriff's Office

a. Administrative Services Bureau

The Administrative Services Bureau consists of two divisions: The Professional Standards Division (PSD) and the Community Outreach Division (COD). PSD staffs, trains, develops policy, and enriches employee wellness. COD partners with community leaders, civic organizations, and block associations to develop solutions to challenges that arise within the county's many diverse communities. The COVID-19 pandemic required both divisions to find new ways of doing business.

1. Strengths

a. Community

The Community Outreach Division's primary focus is being out in the community. They had to rethink how they did that while abiding by COVID-19 safety guidelines. Several new programs were implemented to stay in touch with communities. COVID-19 education awareness videos were created for the HCSO and the community in various languages. The "Cards for Seniors" program saw cards, poems, and drawings curated and delivered to nursing homes. COD also

hosted mask give away events. To regularly keep in touch with the community virtually, most community meetings were transitioned to an online format.

b. Partnerships

Professional Standards Division – PSD worked closely with the Minnesota Department of Health on everything including testing, quarantining, exposures, positive cases/contact tracing, etc. They also partnered with Hennepin Healthcare and Dr. Rachel Silva frequently. Hennepin Healthcare assisted the Sheriff's Office with testing and lab results, while Dr. Silva provided tremendous guidance on PPE usage, contact tracing, and exposures. Staff kept county HR and Workplace Safety informed of all positive cases, including clusters. Finally, PSD assisted DOCCR with setting up their procedures, including shared tracking documents, screening information, PPE, guidance, etc.

Community Outreach Division – COD's role is to connect, assist, and help with community needs in Hennepin County. Staff volunteered with vaccination sites, PPE distribution, and COVID-19 education throughout the county. COD also continued to volunteer and assist other programs including Meals on Wheels, Crisis Text Hotline, People Serving People, Mary's Place, and American Indian Center.

2. Challenges

a. COVID-19 procedures

The Professional Standards Division had to create and manage new procedures related to COVID-19 diagnoses and exposures. These included case tracking, contact tracing, paid leave administration, etc. Unit personnel were responsible for tracking more than 800 COVID-19 related absences during 2020, including placing well over 200 employees in quarantine due to known exposures and another 189 employees diagnosed with COVID-19. These additional duties were added to an already busy workload.

Additional new measures included the paid COVID-19 leave program (county-led); mandatory weekly COVID-19 testing for the jail, central records, courts, and transport personnel; and pre-shift medical screening in the jail, courts, and central records.

b. Statutory requirements

Due to the presumptive language in statute, PSD had to retroactively submit first reports of injury on all licensed and detention staff who were diagnosed with COVID-19. Lost hours had to be tracked and total dollar amounts paid during the employee's absence had to be reported to the state for wage discontinuation purposes. High-risk employees were also granted extended medical leave of absences.

3. Outcomes

The Administrative Services Bureau was faced with developing COVID-19 standards and protocols, while continuing their important work of engaging vital community partners. The Community Outreach Division implemented several new programs to regularly stay in touch

with the community, as well as assisting with vaccination site, PPE distribution, and COVID-19 education efforts throughout the county. The Professional Standards Division created and managed new procedures related to COVID-19 diagnosis and exposures, including case tracking, contact tracing, paid leave administration, and more.

CARES funding was used to cover employee leaves relating to COVID-19 in 2020, beyond what the county offered. Additionally, CARES funding was used for testing and supplies for central records, the jail, and courts.

Recommendations:

1. Assess statutory requirements regarding first reports of injury, state reporting requirements, and extended medical leave to determine if advocating for language changes would be beneficial.

b. Detention and Court Services Bureau

1. Strengths

a. Screening/testing processes

New COVID-19 screening and testing processes were implemented at the Adult Detention Center (ADC).

Screening – 1) An inmate screening questionnaire was implemented in February 2020. All newly arriving inmates completed the questionnaire before entering the facility. 2) Daily symptom screening and temperature checks of all inmates in the facility began in March 2020. 3) Staff COVID-19 screening was implemented early in the pandemic. The screening consisted of temperature checks and symptom questionnaires.

Testing – 1) Surveillance testing of inmates began mid-summer 2020. 2) Mandatory testing of all ADC staff was implemented in November 2021. 3) Testing was offered to all inmates as part of the intake process in fall 2020. 4) Weekly testing of all Court Services deputies was implemented.

Precautions list – A precautions list was created to identify inmates that in-person exposure should be avoided due to their medical status.

b. Technology innovations

Technology solutions were utilized for court functions and visitation needs. Inmates take part in court appearances daily. Remote court appearances replaced in-person appearances. Court security staff used tablets and Zoom to facilitate remote appearances. This reduced the potential exposures to staff in the court room, public from the inmates, and inmates from the public. It also reduced the number of inmates staged in holding cells awaiting their appearances. Remote court hearings are also held for inmates who normally would have been sent to other facilities as a Writ. Remote Rule 20 hearings are held for inmates with District Court. Cellphones were assigned to Court Services deputies facilitating Zoom hearings so that better communication can occur between bailiffs and court personnel. Additionally, iPads were mounted to the walls in

two contact visiting areas in the PSF to conduct remote Department of Correction (DOC) hearings.

Video visitation was installed to allow friends and family to visit inmates as in-person social visiting was shut down.

c. Facility protocol changes

Protocols across the ADC were assessed and changed accordingly to accommodate COVID-19 safety guidelines and best practices.

Arrival – The inmate arrival process to the ADC was fundamentally changed. All new inmates are quarantined for 10-14 days from when they arrive. Inmates who are quarantined are limited in the number of inmates whom they can be out with and cohorts are maintained as much as possible. The quarantined inmates are tested and required to be medically cleared before they can be housed in a general population setting.

Cleaning – In addition to building trades providing increased cleaning and disinfecting, detention deputies were tasked with utilizing cleaning machines to keep up with disinfecting intake and housing areas. Cleaning machines and cleaning solutions were purchased using CARES funding.

Dayroom – The number of inmates allowed in the dayroom was reduced which allowed for social distancing to be maintained while inmates are outside their cells.

Food services – Meals prepared in the ADC kitchen using kitchen equipment was suspended and staff dining was closed. Box meals were instead prepared, consisting of prepackaged food. Several alternate areas were designated for staff dining to provide social distancing.

PPE – Surgical masks were given to all inmates upon arrival to the ADC. Inmates were instructed to wear surgical masks anytime they are outside their cells. New masks were offered or exchanged to the inmates on a weekly basis. PPE for inmates and staff were purchased using CARES funding.

Review process – A robust review process was established when either an inmate or staff member tested positive for COVID-19. Contact tracing was used to determine if other staff or inmates were exposed and required quarantining. The review process included feedback from the personnel unit as well as the medical director.

Workout room – The staff workout room was closed during the pandemic and eventually opened according to guidance from the Minnesota Department of Health (MDH).

d. Partnerships

Minnesota Department of Health – MDH was consulted by the medical director regarding contact tracing and how to handle employees or inmates who tested positive or were potentially exposed. Meetings with other facilities were held to look at best practices on cleaning, reduction

of public-facing services, suspension of volunteer programming, and suspension of social visitation.

Hennepin Healthcare System – The Hennepin County Medical Center (HCMC), through the Jail Medical Unit, would coordinate with several isolation facilities for inmates being released from custody.

Justice partners – Court Services and the Adult Detention Division partnered with its justice partners on various issues and initiatives. For example, population strategy initiatives were implemented to keep the inmate population down to limit the spread of COVID-19 in a congregate setting. Included in the meetings were District Court, DOCCR, County Attorney's Office, Public Defender's Office, and law enforcement agencies.

2. Challenges

a. Facilities

A major challenge that the ADD faced was running congregate detention facilities during a pandemic. Protocols were put in place to protect staff and inmates from potential COVID-19 outbreaks. Detention deputies serve an essential function that directly impacts the security of the ADD. Losing a large number of staff to a COVID-19 outbreak could have created a critical situation. Additionally, food service workers, medical staff, and records staff are all critical functions to the overall operations of the Adult Detention Center. Scenarios were explored to determine what would happen if there was an outbreak that removed these employees for periods of time. Alternatively, having a major outbreak within the inmate population was the other concern. The level of care that would have been required could have resulted in additional staffing resources. There was also the possibility of a shortage of available beds to house sick inmates. An inmate outbreak could have also led to transmission to staff, potentially creating a staff outbreak at the same time.

b. Staffing

Due to shortages when staff had to be taken out of work due to being symptomatic or from exposure to a COVID-19 positive individual, overtime had to be paid for staff to cover.

Court Services – Court Services continued to operate in-person throughout the pandemic. The Court Services Division facilitated remote inmate appearances from the jail via the Zoom platform and iPads provided in private rooms. Having deputies dedicated to this service meant there were fewer uniformed officers in other buildings which creates a safety concern. Deputies also continued to provide a building presence, armed service at weapon screening locations, and law enforcement response at the six county courthouses throughout the pandemic. The pandemic protocols and conditions are more labor and time intensive for staff. When the court is operating at 100%, it would be difficult to maintain the current practices without increasing staff.

Law enforcement employees are essential workers, who depending on the job roles, cannot necessarily transition to remote work. Hennepin County should take a closer look at all potential employees who may be able to work from home and develop alternative options for those who do not normally work from home. For example, if a detention deputy is required to be out due to an exposure, a process should be created to provide a pool laptop and instructions for that employee to complete administrative duties from home. There are various functions that could be performed, such as statistical, data gathering, fulfilling data requests, etc.

Because of the pandemic, many law enforcement employees were unable to take time off or were required to work additional hours to backfill staff who needed to be quarantined. In March 2020, the Hennepin County board approved an additional 80 hours paid time off or vacation for use in the future for front-facing staff. To acknowledge the immense workload and personal sacrifices during the pandemic, many feel that the county should continue to look at options for staff to be able to exceed their normal leave balance limits or find other ways to compensate staff.

3. Outcomes

The Detention and Court Services Bureau

Recommendations:

1. County leadership should review after action reports and department feedback from all lines of business to assess supply usage and demand to guide purchasing priorities for pandemic stockpiles.
2. Assess the virtual services that are being provided and the impact they will have on staff workloads once the courts are functioning at full capacity.

c. Investigations Bureau

1. Strengths

a. Technology

The implementation of Microsoft Teams was beneficial to the transition to remote work. Teams software was used to coordinate with co-workers on different projects as well as conducting Teams meetings with staff. Staff used county-issued laptops and cellphones to utilize Teams. Additionally, agencies who utilize the Criminal Intelligence Division (CID) were able to communicate with staff remotely using Teams and/or emails. Analysts worked seamlessly in this environment to complete their assignments.

CARES funding was used to purchase new headsets and monitors which was critical to utilize remote Teams meetings and allow staff to work from home to promote a safe and healthy work environment.

b. Adapted operations

1. Modified in-person

Not all functions could be performed remotely. Officers were still allowed to drop off evidence and request work in-person, but these requests were limited and had a short duration. No requests were denied due to COVID-19 precautions. Remote analysts were able to coordinate with analysts working in the office to complete tasks using equipment and technology that is only available within the office.

2. Clerical workflow process

Clerical staffing obtained the necessary technology to allow staff to work seamlessly from a remote location. This included laptops and mobile phones. A new workflow process was developed with the clerical supervisor to facilitate the timely completion of clerical duties. This included not only dictation and case submission preparation, but also remotely answering telephones to field calls from the public and law enforcement partner agencies. Additionally, clerical staff developed a rotating schedule to have one staff member come into the office on regular intervals to complete tasks such as scanning and filing that could not be done remotely and/or could not be completed by investigators.

3. Paperless

Investigations improved their paperless work environment, doing as much as possible via electronic data transfer (e-charging and email). In Gun Permits, the entire application process switched to a paperless transfer of information by adding digital scanners. Credit card payment options to avoid cash and check transactions were utilized as much as possible.

4. Cleaning/safety protocols

Protocols were adapted across investigations to increase employee safety. In Gun Permits, two locations were remodeled adding sealed glass windows, pass-throughs, and speakers to seal off employees from the public customers as much as possible. The number of individuals allowed in the lobby at one time was limited (unless they were family members), and markers were added on the floor outside in the hallway to keep people distanced from one another. Further, an online appointment scheduling system was implemented that allowed the unit to reduce telephone traffic dramatically and took appointment scheduling off staff and put it on the individual scheduling appointments. Finally, the unit supplemented cleaning with their own hourly cleaning both in the office as well as in the public lobby.

CARES funding was used to remodel the City Hall Gun Permit Office.

For crime scene investigators (CSI's), 911 dispatch asked screening questions and was able to inform responding CSI's if there was a known COVID-19 risk at the scene so that CSI's could prepare accordingly. CSI's increased their usage of PPE.

c. Partnerships

In the Criminal Intelligence Division (CID), analysts work together with each other and officers within the Hennepin County Sheriff's Office, as well as with agencies within Hennepin County, the State of Minnesota, and federal partners. The division hosts collaborative multi-jurisdiction meetings focused on crime within Hennepin County and surrounding areas. Staff worked tirelessly throughout the pandemic while responding to riots in Hennepin County, significant increases in violence within the metro area, and an increase in requests for support from other agencies. Staff performed well under this pressure.

The Sheriff's Office partnered with the building management and maintenance departments to establish facility cleaning schedules, add signage, and remodel areas in both City Hall and Sheriff's Patrol. This included Facility Services, 701 Management, and the Municipal Building Commission.

2. Challenges

a. Remote work

Transitioning from an in-office work model to 99% work from home on very short notice was a challenge.

CID – Staff were assigned to complete their work remotely with occasional in-person coverage of shifts in the offices. They did a great job working within the limitations of working remotely. Analysts were attentive to the needs of customers as well as incidents that materialized on short notice. Some issues that staff encountered transitioning to remote work include: 1) an inability for staff to work in-person with peer support; 2) an inability to host multi-jurisdictional in-person meetings; 3) an inability to work directly with officers on their cases; 4) an inability to access all tools remotely that are within the offices; and 5) communication and technology issues.

Despite some technology issues that came up, staff were able to work through any issues with the help of Hennepin County IT and their ability to "remote in" to county-issued laptop computers.

b. PPE / safety

PPE – Investigations felt the PPE shortage that was happening across systems. Glove and mask shortages specifically affected staff. Getting the masks, gloves, face shields, etc. distributed to staff while maintaining the necessary stock on hand was an ongoing issue.

For the CSI's, concerns about crime scene safety and exposure in the field has continued throughout the pandemic. CSI's were exposed to biohazardous crime scenes. They also respond to calls and work with multiple individuals from various police agencies across Hennepin County daily.

CARES funding was used for PPE supplies.

c. Gun permits demand

The Sheriff's Office processes and issues permits to carry handguns. There was a large increase in volume of applications during the COVID-19 pandemic that the Gun Permits section had to manage while also trying to maintain safety measures. This period saw the highest number of gun permit applications in history and those numbers are continuing. Because of the increased volume, staff were forced to work more days than normal, while having to come in early and stay late to accommodate the numbers. Telephone traffic was also so high that they were unable to answer all calls during the business day and had to pay overtime to employees to answer voicemails in the evenings that were left during the day. This resulted in customer dissatisfaction and complaints that the phones were always busy, residents could not call for appointments, and when they finally got through, appointments were scheduled three-four months out.

Additionally, three of the four locations for applications were shut down due to buildings/offices being closed to public and staff. For the one location that was open to the public, it was a challenge to get customers who were waiting in line to comply with mask and social distancing guidelines. At times, the line was around the corner and down the hall.

3. Outcomes

The Investigations Division quickly adapted their protocols to transition their staff to working remotely, developing improved processes and workflows to ensure that work continued and investigators were appropriately supported. The COVID-19 pandemic saw a historic increase in gun permits. Through initial overtime and increased safety measures in the office, the unit was able to meet the need, eventually creating a new online application that streamlined the process and decreased the burden on staff. Finally, Investigations staff in the field spends a lot of time interacting and engaging with officers from other jurisdictions. Increased safety measures, screening questions, and PPE usage helped support the safety of those investigators in the field.

Recommendations:

1. Allow departments the flexibility to implement emergency plans specific to their department needs. Not all pandemic rules translate universally across the organization.

d. Forensic Science Laboratory – Investigations Bureau

1. Strengths

a. Adapted policies and procedures

    1. Physical distancing measures

    The Crime Scene Unit moved physical office space from the Forensic Science Laboratory building to office space at the HCSO Emergency Communications Facility. This move allowed for the relocation of lab staff who were in close office settings to achieve greater physical distancing by moving into the vacated office space that had been assigned to the Crime Scene Unit. The Crime Scene Unit houses squads in the same building as their primary office space.

When possible, most lab staff were placed on a rotating work-from-home schedule. Office spaces were moved for some staff to increase distancing. And the addition of plexiglass barriers helped to keep support staff safe from employees who were coming and going while retrieving supplies and dropping off case files.

2. Work from home

The laboratory was able to adapt to the changing circumstances surrounding COVID-19 due to the implementation of working from home procedures. An internal Forensic Science Lab COVID-19 Home Isolation and Return to Work Plan was created that included Hennepin County, Sheriff's Office, and FSL instructions, as well as links to source documents. The laboratory gained insights into how working from home can benefit the laboratory and its employees. While no one area can work from home completely, they were able to, for the most part, thrive through change.

Laboratory staff at all levels appreciate the increase in flexibility surrounding schedules, parking, and the ability to work from home.

b. Lab supplies

The laboratory struggled getting essential supplies necessary to maintain the safety of employees and still continue with lab and crime scene operations. A limited stock of cleaning supplies, PPE, and hand sanitizer helped bridge the gap. Additionally, an activities committee took it upon themselves to request employee volunteers to sew facemasks for staff, family members, and the Hennepin County Medical Center. Since masks were required for laboratory visitors, FSL provided cloth masks for those who did not have them available, and they laundered them on-site.

c. Technology

1. Electronic Case File tracking – A new procedure was created to track hard copy case files electronically into the Laboratory Information Management System rather than sign them out on a hard copy log.

Benefits from this new procedure mean lab personnel can efficiently sign-out case files from the lab, lab sign-out records are accessible by all lab staff on their work computers, and the process includes final disposition of case files which better track when hard copy case files are combined, destroyed (due to saving files electronically), etc.

While the new electronic case file tracking procedure had many benefits, it did increase workloads for support staff since it takes more time to create the electronic case files and record file dispositions.

2. Paperless case file

Latent Print section – A policy was created that allowed latent print lift cases to be pre-prepped within the laboratory with the images being uploaded to the digital image management system. This allowed for employees at home to perform their analysis and comparisons electronically

and compete their documentation digitally, which allowed for paperless case notes. The electronic case file policy includes a process for the digital completion of technical and administrative reviews.

Other sections – While unable to complete their testing and/or examinations from home, other sections were able to check out case files, analyze data, write their test reports, and/or review test reports from home.

2. Challenges

a. Lab supplies / PPE

The laboratory continues to face challenges acquiring lab supplies such as pipette tips, sterile swabs, and PPE to prevent contamination (nitrile gloves, disposable surgical masks, lab coats) that are also being used by labs who test for COVID-19. To compete with the demand, bulk orders are placed with multiple vendors, but vendors regularly delay shipments and/or cancel orders without notice due to limited supplies.

The laboratory has been given some lab supplies from the University of Minnesota, such as pipette tips, to continue casework.

b. Staffing

1. Remote work

Employees saw challenges with technology and equipment when transitioning to working from home. Some staff purchased their own monitors, headsets, HDMI connectors, and keyboards so they could continue working with adequate equipment in their home offices since laboratory staff needed to maintain equipment in two locations.

2. Hiring freeze

The Forensic Science Laboratory went into the pandemic short staffed in many sections and one position was in the process of hiring when the hiring freeze went into effect. The hiring freeze took an immense toll on two laboratory sections: the firearm section and latent print section. Both sections had employees who needed to quarantine, which greatly affected their ability to produce completed casework because of the staffing shortage. FSL initiated an arrangement with the Minneapolis Police Department Crime Laboratory to subcontract firearm section casework reviews in case of staffing issues related to COVID-19.

In looking for alternate solutions to working within the laboratory, software solutions were found that could be implemented in the future to help with limited space in the firearm section. But the solution comes at a high financial cost.

3. Workload

Support staff – Because of the pandemic, rectifying purchases became difficult for one person to complete. The increase in supplies, shipping date changes/multiple shipping

dates, and missing items (or items not in stock) kept staff from completing other duties which created a backlog of tasks.

The front desk staff began converting the paper copies of section case notes into digital files in the Laboratory Information Management System (LIMS). While the endeavor is essential in moving the laboratory to a more paperless entity, it had to be put on the back burner due to staffing shortages and extra duties that were a direct result of the COVID-19 pandemic.

Quality assurance delays – Some regularly scheduled and as needed tasks and records were delayed or cancelled due to competing priorities. The validation testing of the LIMS upgrade was also delayed.

The lab has document management system software, Qualtrics, which has not been implemented yet due to competing priorities and insufficient staffing. The implementation of Qualtrics would create significant efficiencies and would have been a great solution for document management while working from home.

Reduction in Crime Scene Unit services provided – The Crime Scene Unit stopped processing witnessed medical deaths, hospice deaths, nonsuspicious deaths, and calls that an officer would not respond to or would take the call over the phone.

4. COVID-19 information

It would have been helpful for the county to provide a central location with all complete COVID-19 information with a step-by-step guide of what to do in certain situations. Staff asked the most questions regarding potential contact and when to stay home. For example: What is considered contact? What is considered close contact? When do I need to stay home? If I had close contact – who do I contact, what information do I need to provide, do I need to quarantine, for how long, etc. If I have COVID-19 – who do I contact, what information do I need to provide, etc.

c. Space constraints

The laboratory continues to struggle with adequate space for physical distancing. Due to space constraints, there are many areas within the laboratory that do not allow for social distancing. Additionally, because of the small spaces in some sections, employees felt uncomfortable sharing space, especially because a lab employee (a deputy) was in the field and had consistent contact with the public and outside investigators and needs in-person contact with evidence specialists to submit evidence. The lab adjusted employee schedules to include working from home when possible, but were unable to effectively distance employees who were required to be in the laboratory to complete their work in three areas:

Firearm section lab and offices – The space was built with one employee in mind. However, currently two – and sometimes three – employees frequently use it. Due to space limitations, employees are hard pressed to maintain six feet of distance and are therefore required to wear

their facemasks throughout the day. This is particularly frustrating for those with glasses, especially when their work may require them to use a microscope to view fine details.

Evidence intake/return office – Office space where the evidence specialist sits is across a desk from individuals submitting evidence from HCSO investigations and outside agencies. The office is not large enough to maintain social distancing. In order to accommodate guidelines, people bringing in evidence were instructed to stand in the lobby while completing their transfers, while leaving the intake office door open. When corrections to submission paperwork, evidence packaging, etc. were necessary, physical distancing was often not able to be maintained.

Multidiscipline Evidence Processing Lab – The lab used to be a refrigerator room and is now used to process evidence, but employees cannot maintain six feet distance when more than one employee is in the room at the same time.

3. Outcomes

Social distancing, quarantining, and the ability complete work from home made FSL look at the lab in a different way. They were able to take a deep look at the structure/facility of the lab and discern areas that are sufficient in comparison with those that need attention, so that they do not fail in the future.

e. Public Safety Services Bureau

1. Strengths

a. Supply tracking system

HCSO developed a new PPE inventory, logistics tracking, and distribution system, using CARES funding, to determine PPE burn rates, order timely replenishments, and streamline distributions from daily requests to bi-weekly deliveries to reduce staff time and work with supply chain shortfalls. The tracking mechanism that was primarily used in the early stages of the COVID-19 pandemic ensured that orders were filled, inventories were managed, and supplies were distributed to the necessary divisions, units, and locations within the Sheriff's Office. Sgt. Adam Hernke and deputy Sheri Bukkila managed the inventory and distribution of supplies with an Excel spreadsheet located in Microsoft Teams. They received the Association of Minnesota Emergency Managers 2020 Best Practices Award for the development of an effective inventory tracking method during the COVID-19 pandemic.

b. "Return to Work"

When it was determined that HCSO staff could return to in-person operations, employee engagement efforts were undertaken to create a "Return to Work" document to give staff clear, standardized, and safe plans to return to the workplace.

c. PSAP screening questions

911 telecommunicators started asking 911 callers ILI (influenza like illness) questions and airing that information to responders to advise them if anyone on scene had COVID-19 symptoms.

Conference rooms were improved for virtual sessions because the required setup was not conducive to a large classroom. This work was temporary, and the questions were no longer asked once the emergency order was removed.

d. Partnerships

Regionally, PSAPs and technical staff worked in collaboration for a Shared CAD/Regional sharing platform. This was done in the event COVID-19 took out staff of a specific 911 center to the point the center would not have enough staff to operate efficiently. Additionally, weekly support calls were initiated with partner agencies to assure ARMER system support. All involved pledged support to their neighboring agency should there be a need for technical support if an agency suffered a significant staffing loss.

HCSO staff worked with several private-sector businesses to accept donations of hand sanitizer for staff when the normal supply chain failed. This helped keep staff safer during the first eight weeks or more until the supply chain stabilized.

Internal to the Sheriff's Office, employees worked together on sharing and obtaining supplies. Through Public Safety IT, Chromebooks were acquired to facilitate remote court appearances, visits, and evaluation appointments for inmates housed at the jail.

Emergency Management was flexible and able to help HCSO obtain supplies.

2. Challenges

a. Decrease or elimination of in-person operations

The shift to virtual and dialed-back in-person operations created some ongoing challenges related to communication gaps and workload. Daily roll calls have always taken place in person but were eliminated during the COVID-19 pandemic and transitioned to Teams and Zoom. Eliminating in-person communications made sharing of information and two-way conversations between staff and supervisors difficult and created a communication gap.

There were various levels of staff reductions in the office. Mission-essential staff in the offices were reduced for a period to decrease exposures. Employees rotated going into the office to pick up civil papers and maintain equipment. Clerical support staff, however, were not in the office, which put more strain on deputies and supervisors to do their jobs without training.

b. Staffing

PSAP – The division had been short staffed prior to the COVID-19 pandemic but still needed to maintain minimum staffing numbers. When numerous employees were out at one time it caused a hardship, especially at the beginning of COVID-19. Protocols put in place did not allow for staff to cross to different shifts because of concerns that the virus could spread more rapidly. Additionally, the way in which the Emergency Communication Center is laid out, telecommunicators are in close proximity without the ability to spread out workstations. This caused concerns about COVID-19 exposures in the center. Because of measures taken, the exposures were kept out during the most essential time. When positive staff cases did happen,

they were not able to shorten quarantines to get staff back in the shift rotation because telecommunicators cannot wear masks while working on the phone. With this role being an essential job role, staffing became an issue during some of the pandemic peaks. Cleaning became an issue. The PSAP received a Clorox 360 machine but with their fire suppression system, were not able to utilize it as planned.

Public Safety Services – Staff was flexed on a daily and weekly basis due to exposures. Deputies and supervisors had to undertake daily cleaning of areas, while struggling with an initial lack of PPE. PPE protocols were modified for employees based on job assignments/roles to balance PPE supplies with potential risk of exposure (hospital assignments, transports, patrol/medical response) to maintain supply of N95s for those at greatest risk.

Technology Division – Staff had to grapple with safety and related ambiguity challenges. The COVID-19 response was rapidly unfolding and changing. Staff looked for firm direction, but it took time to put plans together and get them disseminated to address the concerns. The response required addressing many unknowns and resulted in what felt like a guessing game.

Law enforcement performs essential services. Staff with school-age children appeared to have the most difficulties managing pandemic-related stress/impacts. Staff who were able to work from home saw some relief, but many HCSO employees were required to come in for their positions.

c. COVID-19 safety measures

1. Cleaning protocols

The lack of availability of PPE in the early stages of the COVID-19 pandemic created challenges in acquiring adequate supplies to ensure the safety of HCSO personnel and inmates.

CARES funding was used to purchase PPE, disinfecting supplies, and electrostatic sprayers for disinfecting solutions.

At the Emergency Communication Center in Plymouth, a table on the main floor was dedicated to cleaning supplies for staff use. More cleaning supplies were made available to staff, along with instructions to clean more often. General observations made it clear that these new protocols resulted in an improvement in health because there was more focus put on cleaning workspaces. Supervisors also worked with Facility Services to make sure high traffic areas were cleaned more often.

For Public Safety Services, protocols for shift decontamination of vehicles, office spaces, boats, and locker rooms were put into place.

2. Partner agencies

Emergency Services staff frequently visit offices of dependent agencies. Safety plans were created and implemented to assure safety to both HCSO staff and the staff at the agencies visited.

d. Emergency planning and COVID-19 policies

Planning – The first signs of the global pandemic began in January 2020; planning should have occurred then. When it didn't, it delayed the actionable response to put the emergency Continuity of Operations Plan into action.

Hennepin County has an Emergency Management division that has responded to disasters and smaller scale pandemics throughout the years, but the COVID-19 pandemic seemed to catch them off-guard. This required HCSO to stand up its own staff to locate PPE and other equipment. HCSO developed a good working relationship with a local general manager at Fastenal and acquired PPE and cleaning supplies. HCSO also worked with Hennepin Purchasing Direct, Yvonne Forsythe, and the county's COVID-19 response team to assist Purchasing in acquisition of supplies through HCSO law enforcement contacts and through HCSO's Amazon business account. The agility of Hennepin County Purchasing in using multiple new vendors in a short period greatly aided the response.

Moving forward, the county needs to build on lessons learned. Emergency Management should be prioritized across all lines of business. The facilities that the county operates are necessary for the continuity of government services that so many residents depend on, especially vulnerable populations. Hennepin County seems to remain reactionary when recent events should teach us to be more proactive to build up plans, educate the workforce, and lean into proactive emergency management practices. The emergency management phases – planning, mitigation, protection, response, and recovery – are essential to government operations.

Policies – The county did a better job than many other agencies and businesses at responding to the pandemic, but as more was learned, the policies did not seem to keep pace with the science. An example from PSAP is not having an end date to the COVID-19 leave for employees so they could stay out until they are comfortable returning does not work with essential job roles. This caused an undue hardship on staffing and shift coverage.

e. Judicial holds

Judicial holds placed on inmates housed in long-term care (LTC) facilities forced staffing rotations into the facility 24/7 to provide security. Deputies from multiple mission-essential divisions/units rotated in, noting poor COVID-19 precautions among LTC staff. Inmates housed in LTC facilities and the HCSO staff assigned to them needed to be relocated sooner to prevent exposures from positive COVID-19 patients in adjacent rooms or in the same hallway. A common issue was a lack of PPE to reduce exposure.

3. Outcomes

The Public Safety Service Bureau utilized their internal expertise to develop a new PPE inventory, logistics tracking, and distribution system using CARES funding. This innovation increased efficiencies and decreased burden on staff time. COVID-19 screening efforts were undertaken by 911 telecommunicators in increase safety for emergency responders. And PSAPs worked together regionally to ensure continuity of service delivery in the event of a COVID-19 outbreak

at a single 911 center. The hardships of staffing shortages and COVID-19 shift impacts were felt across the division but various efforts, including increased cleaning protocols, flexing staff shifts, and creating a "Return to Work" document, helped ease the burden on staff and keep employees safe.

q. Public Works

1. Overview

Public Works adapted quickly to guarantee that vital services continued operating seamlessly as COVID-19 restrictions and guidance were put into place. Public Works Administration, which includes Financial Services, Engineering and Transit Planning, and Transit Projects, embraced the county's transition to the Microsoft Teams platform to continue moving transit projects forward while reworking their approach to public engagement in a digital world. The Regional Railroad Authority experienced a unique challenge in that the COVID-19 pandemic exacerbated the unsheltered homelessness crises and saw uncomfortable levels of people living on the Midtown Greenway. Important collaborations were formed to implement safety protocols and move people into shelter spaces. The Hennepin Energy Recovery Center (HERC) and The Hennepin County Energy Center (EC) are critical facilities that are operated by contracted vendors. The vendors acted quickly to implement safety protocols and make operational changes to plan for and ultimately prevent the shutdown of these facilities. Technology allowed Environment and Energy to continue hazardous waste and tree inspections virtually. Innovations and changes in processes made at public-facing facilities allowed for these services to stay open and meet the demands of residents. Transportation Operations adjusted their scheduling and hiring model to adhere to new COVID-19 guidance, which kept their field crews safe and operations ongoing. As a part of this adjustment, they no longer had access to seasonal workers and interns, which required a reevaluation of priorities to ensure that critical work got done. Operations also provided important partnerships within Hennepin County and other jurisdictions, specifically enhancing fleet operations so that internal staff had access to clean, readily available vehicles to accommodate new social distancing and carpooling protocols. Finally, Transportation Project Delivery also adapted their scheduling models, which streamlined crews, enhanced safety, and in the end reduced overtime costs. They made the necessary protocol changes to meet the needs of their contractors and staff, and keep projects moving in a changing environment. As state-wide COVID-19 restrictions started impacting the public's use of vehicles, the negative impact on the state's gas tax collection decreased the amount of state-aid funding available. Project Delivery took the necessary hard look at programmed projects in the 2021 capital improvement budget and adjusted to realistically reflect their new financial position. Related to planned projects, public engagement strategies transitioned to virtual methods and as a result, strengthened participation since there were no longer the barriers that people experienced with in-person meetings.

2. Public Works Administration

a. Strengths

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1. Partnerships

Collaboration with the Metropolitan Council and city partners continued seamlessly through the pandemic. Staff have continued attending virtual city council and met council meetings, work sessions, and many public meetings virtually. The Hennepin County Board's conversion to virtual was well received by staff and made participation easy.

Staff partnered with the Hennepin County Sheriff's Office to explore what could be done on the Midtown Greenway to increase public safety and get people into various shelters. They looked outside the public works realm to find strategies.

2. Technology

a. Public meetings / engagement

The Blue Line Extension project essentially started back at the beginning during the COVID-19 pandemic. Staff had to recreate the project and reengage the community and partners. There was a lot of concern about the ability to effectively and appropriately do this while not being able to engage with the public in the traditional method of physically holding events. There were no more large meetings, gyms with visual display boards, and in-person engagement. However, the virtual process has been surprisingly well attended and positively received. There have been numerous virtual calls that have had upwards of 50-75 individuals from the public engaging, listening to PowerPoint presentations, and putting questions in the chat. Staff has been amazed at how well things have gone and how comfortable people are at putting questions in the chat function. Those questions are then sorted by a facilitator and answered. The public have adapted to a new form of engagement in the virtual world. This works particularly well for families with children who no longer must bring them to meetings and for senior residents who no longer must drive to physical meetings.

b. Electronic signatures

The implementation of electronic signatures significantly sped up obtaining signatures and the contracting process. What used to take two to three days currently takes one day to complete.

c. Teams

Public Works really saw the benefits of Teams, promoted it, and used it to its fullest extent. This positively affected and benefited overall time management and efficiencies. It also opens government to residents and allows for increased participation and transparency.

d. Hotspots

Providing hotspots to employees was highly beneficial for those who needed it. There is a lot of demand on localized networks with a large portion of the population working from home. The hotspots have helped staff get clean, full, all day connection. The cost of

hotspots is figured into the county's rate with its cellular carrier, so it is not a huge cost on county budgets. If the county could offload some property that it owns, there would be a huge savings that could be put into more technology options for employees, including addressing the digital divide through fiber to home.

e. Team building

Public Works Administration held intentional connectivity activities with the team. The point was to just be connected, have fun, have some chit chat, play games, and get to know each other more. It was important to staff that they maintained important connections with coworkers.

3. Positive impacts of remote work

a. Check-ins

Grabbing quick meetings and check-ins became easier remotely. Instead of running around buildings and trying to catch people, you can now schedule a quick 15-minute Teams meeting. For some staff, prior to the pandemic they spent one day a week in the Government Center and the other four running around different county building and outside organizations. Now, most meetings can be done remotely.

b. Travel time

Travel time has essentially been eliminated. Commuting to downtown and traveling between county buildings (especially from downtown to Medina) was quite time consuming and added a lot of time on the front and back end of the workday, as well as sucking up work time throughout the day. Being able to meet remotely has removed travel time, positively impacting work-life balance and efficiencies during the workday.

Significantly reducing employee travel time has also greatly reduced the county's total impact on vehicle miles traveled (VMT). The county can reduce VMT's while still getting its work done.

b. Challenges

1. Workplace changes

a. Mail

Initially, staff was challenged with figuring out how to transition processes to remote staff, while also continuing functions that required a physical employee. Mail processing was a challenge since mail was sent to staff's mailboxes in the office. When nobody goes into the office, the mail just sits until someone goes in. Duties were realigned and someone was always going in to open the mail, scan action items, and send them to the appropriate person.

b. Warehouse staff

There were a couple staff members who needed to continue working on-site in the warehouse throughout the pandemic. Safety measures were put into place, including proper PPE, social distancing, and plexiglass at the front counter. Processes were changed to follow safety guidance. Delivery services were contacted to control entry into the warehouse, for example no longer having FedEx enter the building to deliver packages, instead having them drop of packages.

c. Intentionality

Staff had to become very intentional in how things are done in the virtual world. You can no longer run into people at big meetings and have quick conversations or make introductions. This especially changes how questions are asked in different ways when connections are being made virtually. You cannot read body language as well and gauge reactions. Additionally, there are challenges that come with forming new relationships with people you have not worked with before. How do you get responses from people depending on the day and time of day? Do you use email, phone, text, etc.? Staff had to figure out how to operate and effectively communicate to get things accomplished.

d. Flexibility

The transition to remote work brought to light that every employee's situation was different; they were affected by COVID-19 differently and people's home lives varied. This required a mindset shift to be flexible. Some staff had small children at home or were assisting with remote learning. Some take care of elderly parents. Spouses work lives might interfere, or people might not have chosen their homes with a home office in mind. Accommodating people's home lives, schedules, and needs has become a regular part of working remotely. A negative accommodation of this flexibility is that some people believe since you are home you can work during the lunch hour. Many staff like ensuring a separation of personal and work time, as well as keeping a health structure during the workday. Communicating personal preferences is important.

2. Greenway encampment

This was one of the largest ongoing challenges during the pandemic. Initially, the state and Minneapolis had expectations on what they wanted done. This hindered our ability to respond, since staff were not allowed to move people in encampments. Staff worked out a great strategy with Human Services staff to move people into hotel shelter spaces, but the county was required to let individuals stay in the encampments, so the numbers continued to grow. At times there were more people in close quarters than staff was comfortable with. Additionally, there were instances of sex trafficking, drug use and sales, vehicles speeding down the Greenway, fires for warmth, permanent structures erected, and storage of propane. The county lost some of its ability to handle safety measures that had been in place for a period prior to the pandemic.

Greenway users and neighborhood residents were concerned about safety. Many were up at all hours of the night due to criminal activity and fear of attacks on their homes. They contacted

public safety services, county staff, and commissioners with concerns. Staff engaged the neighbors who live adjacent to the Greenway to try to address concerns and provide reassurances throughout the situation.

Staff collaborated with David Hewitt (Housing) and Don Ryan (Human Services) to figure out a plan. Together they tried different ideas and, in the end, came to a positive resolution.

Rules were created around the unsheltered populations and encampments on the Midtown Greenway and the county's ability to maintain safety. The process was beefed up and formalized to create clarity and expectations.

3. Meeting platforms

When the county transitioned to remote work it was easy to adapt meetings with county staff to virtual because the entire county implemented Teams quickly. It was not as smooth to meet with external agencies. There are a significant number of meetings with external agencies and groups for public works projects. For a while, there were several platforms being used (WebEx, Skype, Zoom, Teams, etc.). For many organizations, Teams has risen as a widely used platform, but some agencies are still using a mixture of platforms. For a while, half of the meetings were spent getting technology glitches fixed.

Additionally, many community organizations use Zoom as their platform and do not have a lot of experience with Teams. The county's IT restrictions allow staff to attend Zoom meetings, but not install the software to host meetings on the Zoom platform. Public engagement would be improved if county staff had the ability to use additional platforms depending on the population being engaged.

4. Project sites

The Southwest Light Rail project had construction underway throughout the entire pandemic. With COVID-19 restrictions in place, it was difficult to see the work sites and see how the work was evolving. For the handful of staff working in the field, safety protocols were put in place to comply with official policies and safety guidance. At the SWLRT construction office, the staff who worked in the office were minimized, shifts were split, and carpooling was no longer allowed.

c. Outcomes

Public Work Administration embraced the remote work changes and used them to increase accessibility for staff members, project participation, and public engagement, as well as positively impacting time management. Going forward, staff is supportive of continuing a remote or hybrid working style to decrease commute time and maximize scheduling efficiencies. Many lessons were learned while working through the unsheltered homeless crises on the Midtown Greenway, and important collaborations were formed across departments that will benefit future work. Most importantly, staff adaptations continued to move current and new work forward, including Southwest Light Rail construction, re-engagement for Blue Line Extension, as well as important projects under the Regional Railroad Authority.

Recommendations:

1. Take into consideration the positive benefits that remote work or schedule flexibility has had on PW Administration's work schedules when implementing the return-to-work recommendations.
2. Assess the need and cost for making hotspots available to all employees who are working from home.
3. Complete an after action on the Midtown Greenway unsheltered homeless event to determine where interventions can be made, resources can be deployed, and where jurisdictional interference caused issues and confusion, to be prepared if a similar situation arises in the future.

2. Environment and Energy

a. Strengths

1. Drop-off facilities – minimized contact

To minimize contact for public facing staff, Environment and Energy implemented new processes. First, they worked with facilities to install an intercom system in the booth at the drop-off facilities. The old process required workers to open the window to interact with residents. Second, they created a credit card modification process which eliminated staff swiping customers credit cards. Instead, a credit card swiping machine was put in a box for residents to swipe themselves. Third, residents were required to stay in their vehicles, wear masks, and have their items in their trunks, truck beds, or trailers.

2. Virtual inspections and services

Hazardous waste inspections, tree inspections, and the climate access plan outreach were all switched to virtual. General engagement/outreach and in-person services and programs were put on hold and some programs and awards were eventually able to transition to virtual as well. Virtual tree inspections worked very well and received positive feedback. Transitioning the climate plan outreach strategy to virtual was a tradeoff that allowed for increased participation by allowing virtual methods, but some of the benefits of in-person engagement were lost. Hazardous waste inspections for simpler businesses were done using video calls. The process worked well, but there were concerns that staff could be missing some things since they were not physically there. Additionally, advanced warning was required because of COVID-19, so that provided an opportunity to change the actual situation. Environment and Energy staff worked with Duane Hudson in Public Health for their protocols, which was an efficient and time-saving collaboration.

3. Communications – Public Works

There were two communications experiences happening simultaneously: 1) Public Works specific 2) countywide messaging. For line of business-related communications, policies, and protocols, Environment and Energy worked directly with the Public Works Director Lise Cerney. This

process and method of communication worked incredibly efficiently and helped staff move at the quick speed that a pandemic requires. Where staff struggled, was the broad countywide messaging. Some of the "one size fits all" approach to communication left staff confused and unsure whether certain protocols or HR rules applied to them.

b. Challenges

1. Public facing facilities – operations

The drop-off facility located in Bloomington and the transfer station in Brooklyn Park were closed from March 17 to June 1, 2020. Staff felt an increased pressure from the county board to open these facilities, perhaps before they were ready, and before other facilities were opening. To make that happen, staff worked with county Safety and Health to implement proper protocols, including required PPE, acceptable items, and resident protocols. Acceptable items changed to preclude mattresses, TVs, and appliances over 50 pounds. Residents were required to stay in their vehicles and wear face coverings. Minor pushback was received for requiring customers to wear face coverings. Workers implanted enhanced cleaning/disinfecting protocols, and were required to wear masks, coveralls, and gloves. Staff from other areas of Environment and Energy were brought in to successfully direct traffic and implement social distancing requirements. During a normal year, the two locations see approximately 135,000 visitors. Even with the closure, there was still a total of 128,000 visitors.

2. Hennepin Energy Recovery Center (HERC) and Hennepin County Energy Center (EC)

The HERC and EC are operated by two vendors. Great River Energy (GRE) operates the HERC, and Clearwater operates the EC. Both vendors drafted COVID-19 operation response plans. Due to measures taken, neither vendor had to implement their dire emergency plan, which would have required staff to shelter in place. They had contracts with a nearby hotel to house staff in the event the protocol needed to be implemented. Clearwater saw one staff member isolate because of a family member's exposure, and GRE saw four or five isolated. The HERC set up a temperature screening kiosk. This purchase was submitted for CARES funding reimbursement.

Both vendors made big changes to their maintenance protocols. Regular maintenance procedures require hundreds of contractors to come into the facilities. Maintenance was rescheduled.

**The Energy Center provides heating and cooling to Hennepin County Medical Center, so uninterrupted operations are critical.

3. Transitioning staff to working from home

Like other departments, there were challenges with transitioning workers to home operations. 1) Technology – staff needed to have softphones installed, the call center needed to be adapted to be remote, certain staff needed access to printers, and internet connectivity was a problem, especially with accessing GIS. Staff worked with IT to create a solution for those using GIS. It was a slow rollout, one employee at a time, that happened almost a year into the pandemic. With

the improved solution, accessing GIS remotely is still slower than in the office, but staff can complete their work without a big decrease in productivity. 2) Processes – minimized the number of signatures required by county staff, adapted the contracting process to accommodate the new environment, and coordinated with accounts payable, OBF, and administration to receive checks in the office. 3) Staffing and equipment – staff wanted to take home office equipment such as standing desks and chairs but were unsure of rules and protocols. Environmental Services staff helped with hotel purchase sites, some responsibilities were shifted to accommodate additional staffing needed at drop-off facilities, and the use of volunteers for tree planting was suspended.

4. Field operations

Initially, it was a large challenge to get individuals out in the field set up with the proper equipment and safety protocols. There was an initial PPE shortage. As previously stated, field staff especially had challenges with internet connectivity and access to GIS. The slow access caused large delays and greatly decreased their productivity. Even with the IT solution, success is dependent on internet speeds. For those people who complete inspections, new virtual processes and procedures were implemented. Along with those procedures, many had concerns about the integrity of the inspections because they were not physically present. Finally, childcare issues were a large concern. With many daycares and most schools closed, people who are out in the field had to find childcare solutions for their children.

c. Outcomes

Environment and Energy was met with many challenges due to their public facing functions, but by implementing effective protocols and coordinating with the appropriate departments, they were able to maintain functions at their facilities and keep most of their services online. Coordination expanded beyond county departments; for example, staff worked with the Minnesota Pollution Control Agency for regulatory relief for the organics program.

Recommendations

1. Continue to work on an IT solution for remote GIS work.
2. Expand options for online payments.
3. Explore business center options for remote worker print stations.
4. Enhance Human Resource guidance for working from home benefits.
5. Coordinate line of business specific communications with countywide communications.

3. Transportation Operations

a. Strengths

1. Adapted operations

a. Schedule flexibility

A change in scheduling protocols allowed staff to adapt to challenges the pandemic brought. Shift realignments, splitting crews, and accepting flexible schedules meant that

staff were able to accommodate family needs, schooling, and daycare situations. More flexible use of vacation time was allowed. Divisions also helped each other during staff shortages. Operations was able to use CARES funding for shift differential and overtime pay.

The shift in scheduling philosophy was also driven by the need for appropriate social distancing and safety measures. For example, prior to the pandemic, crews reported to five different shops. People could choose which shop they wanted to work at. This practice was no longer allowed because of COVID-19 safety measures. Initially, there was pushback and frustration from staff, but the county's safety messages were incredibly helpful when communicating the rationale to staff. Having a strong message of prioritizing safety coming from the county administrator gave department leadership a centralized and effective strategy to back up operational changes.

b. Vehicles

The process for traveling to field work was changed because carpooling became a safety concern. Guidance suggested that there was a risk of exposure to the virus if people rode in the same vehicle for 15 minutes or more. To adjust to this new protocol, management limited the type of work that could be done to limit the size of crews. As a part of this, the overall workplan was also reviewed.

c. General operations

Reacting to the pandemic limited new initiatives that could be completed and changed how work was done. Managers and staff evaluated project needs more critically and reviewed the overall workplan. The focus was put on what would be the safest for employees, what needed to get done, and what could be delayed. Seasonal staff and interns were not hired in 2020. This decrease in workforce required staff to really look at how things were done and re-evaluate processes. Despite not having seasonal staff, the work still got done before the fall surge in COVID-19 cases that reduced staffing. Cooperative weather was a large factor in this but creating more efficient processes and protocols also greatly impacted Operation's successes.

3. Partnerships

Transportation Operations not only sought collaborations internally, but also proactively reached out to other jurisdictions.

Internally, Fleet Services helped other lines of business purchase vehicles and retrofit existing vehicles so that employees could safely transport clients. An example of retrofitting a vehicle is adding plexiglass barriers to enhance social distancing safety measures. They also shared county vehicles among a wider group of employees to help combat the impact of carpooling restrictions which saw a greater need for more vehicles. Assistance to Emergency Management was provided to deliver trailers and PPE. Aside from public works-specific assistance, several public works staff volunteered time at the hotel shelter locations.

Externally, staff reached out to cities to both give and receive help when agencies saw staffing shortages. The roads division also helped cities with repairs when requested. In response, the COOP plan was updated. Jurisdictions helped each other without a mutual aid agreement in place, but an official joint powers agreement for mutual public works aid will be presented to the county board for approval. Transportation Operations also worked with the City of Minneapolis to adjust roadway access to accommodate the increase in outdoor dining and the significant increase in walking around the chain of lakes.

4. Innovations

Several new initiatives or processes helped increase efficiencies as operations changed. 1) Traffic signals were re-timed to adapt to the decreased traffic seen on the county roadway system. A takeaway was that staff really learned and appreciated that re-timing was much easier with the county's new technology. 2) Electronic signatures were used to decrease contact and increase efficiencies. 3) Communications – The department expanded and improved its SharePoint site and found that it was needed to share information with employees and customers quickly. The "daily line-up" was created to help with internal communications, on top of email and the Teams platform. Additionally, Fleet Services created one-pagers for customer departments to share new procedures for cleaning vehicles. They also improved their SharePoint customer-facing site. 4) CARES funding was used to purchase Clorox 360 machines to disinfect vehicles at several locations.

b. Challenges

1. Communications

Challenges in communication came in multiple forms. 1) The "one size fits all" nature of the Hennepin County broader communications caused a lot of confusion and tension. People were not sure what applied to them and what rules they needed to follow. Supervisors had to explain why certain communications did not apply to some staff. More specifically, Transportation Operations have a lot of unionized employees. Many of the email communications from administration did not account for labor agreements that specified seven-day notice for shift changes. These communications made it difficult to manage messages and communicate in a timely manner with crews. Supervisors ended up doing a lot of damage control. 2) Communications with staff in the field were initially difficult regarding issues such as what PPE was required and who could go to work sites. 3) Communications with managers regarding COVID-19 exposure was challenging because only the immediate supervisor was notified if a direct report tested positive. When scheduling crews, leads/managers did not know who was available to assemble a crew. November and December of 2020 were the most difficult months as exposures increased and impacted shift work.

2. Staffing/safety

At the beginning of the pandemic, there were not enough masks or sanitizer for the field staff. To get the appropriate PPE, staff coordinated with Workplace Safety to make their own. Once

Operations had access to CARES funding, they purchased reflective gaiters for field staff. Gaiters were used instead of masks because they made it easier to cover and uncover the nose and mouth. Additionally, they enhanced safety of staff since they were reflective. Masks can easily get lost, tangled, or left behind, whereas gaiters can always be kept on staff. Operations had to develop guidelines for staff working out in the field. To do this, they worked through CDC guidelines and applied them to field work.

3. Technology

Working from home caused some difficulties with access to GIS software as internet speeds were slower than the office and troubleshooting remotely was not easy. Additionally, virtual trainings proved challenging. The virtual onboarding process was tough, but a lack of technology at outlying shops added another layer of complexity. In-person trainings were no longer permitted, so trainings, e-learning, and meetings were all done virtually. As an example of a challenge: during open enrollment, staff in shops needed to find ways to meet virtually because HR or benefit providers could not hold face-to-face sessions due to COVID-19 procedures. The shops did not have the technology capacity to accommodate the shift to virtual operations.

4. Performance issues

A drawback of implementing flexible scheduling was the inability to move forward on performance issues. The message coming from supervisors and department leadership was an acceptance of flexibility with attendance and work. This made it harder to take disciplinary action due to performance issues and made leadership feel like they were on "stand down" for a few months.

c. Outcomes

Transportation Operations faced various hurdles from the outset of the pandemic since much of their work happens in the field. By adapting their operations, communications, and scheduling philosophy to accommodate the uncertainty of a pandemic, they successfully maintained their operations and most importantly, critical responsibilities. Staff's willingness to accept changes and foster partnerships across lines of business and jurisdictions really highlights the strength that a talented and dedicated workforce plays in the success of the organization.

Recommendations

1. Coordinate line of business specific communications with countywide communications.
2. Continue to work on an IT solution for remote GIS work.
3. Explore funding options to enhance technology to provide all employees the opportunity to be successful in the current virtual environment.
4. Provide Human Resources tools to supervisors to assist in some of the challenges that have arisen from new protocols.

4. Transportation Project Delivery

a. Strengths

1. Adapted operations

Safety of staff in the field was at the forefront of operational changes. Flexible scheduling proved incredibly successful in managing protocol changes and pandemic-related uncertainties when operating field crews. Construction crew shift structures changed to staggered or split shifts. This change worked well and was accepted by staff. The new way of scheduling made it apparent that not everyone needed to be at the job site at the same time. Hennepin County inspection/technical staff were able to meet contractors' needs by being present only when the contractor was on-site. County management provided COVID-19 guidelines to contractors to implement for their crews, which happened without pushback.

COVID-19 restrictions removed carpooling options. This change complemented the new shift structures as staff could come and go at different start and stop times, instead of waiting for their carpooling partners to finish their work.

As a result of changes to carpooling and shift structures, a noticeable decrease in overtime appeared. When the pandemic restrictions are removed and operations revert to normal procedures, management plans to request that the staggered shifts continue to keep overtime down.

2. Electronic signatures

The pandemic forced a change in the way contracts were executed. In the past, people were reluctant to change from wet signatures to electronic signatures. Most cities and agencies got on board with electronic signatures quickly. The new process dramatically reduced the amount of time needed to get documents signed. For example, it took less than two hours to get signatures from two cities, the county, and a state agency, versus the days it took to route paper documents for wet signatures.

3. Partnerships

Various COVID-19 safety protocols needed to be implemented, including restrictions on field staff carpooling. To increase efficiencies and accessibility, Project Delivery partnered with Fleet Services for vehicle cleaning and making sure the entire vehicle fleet was available for use. Another important partnership saw the Bridge Division pick up and deliver masks to the Incident Command Center for distribution.

4. Public engagement

An important part of the planning process for transportation projects is public engagement. With COVID-19 restrictions impacting in-person meetings, public engagement strategies shifted to rely on social media and virtual public meetings/open houses. Although, there are aspects to in-person meetings that you cannot capture virtually, the overall responses from the new form of engagement were incredibly positive. Virtual meetings provided a convenient way for people

who have mobility restrictions, time conflicts, or other barriers to in-person meetings to engage in the process.

b. Challenges

1. Funding

The largest challenge that Project Delivery dealt with was related to funding. There was a significant loss of state-aid funding when fuel sales declined due to a decrease in commuting and the impacts that COVID-19 restrictions had on driving in general. This loss of funding forced a reexamination of the 2021 Capital Improvement Fund (CIP) that had already been programmed. The CIP for 2021 was significantly reduced, and a reduction for 2022 is anticipated.

However, a decrease in the amount of driving by staff produced a savings from lower mileage reimbursement.

2. Connectivity

Engineers and technicians initially had significant challenges with connectivity when they began working from home. Home internet services produced poor connectivity and inadequate bandwidth for complex mapping and GIS applications. Project Delivery worked directly with Paul Pryzbilla and Liz Runnels to work through connectivity issues one-by-one. They set up staff's computers so that when they worked from home, the application processing occurred at a Hennepin County facility, removing the speed barrier. Additionally, $8,500 in CARES funding was used for hot spots.

3. Supplies/working from home operations

Moving operations home meant addressing equipment and supply issues. At the beginning, leadership took some time to work out permissions and protocols to allow staff to take home office chairs, monitors, or some supplies. For example, a form was required for staff to go into facilities. However, employees who had adjustable desks at the office for medical reasons were frustrated that they were unable to use them at home. As supervisors were grappling with equipment issues for at-home operations, the remodeling project at the Medina Public Works facility was underway. The pandemic created uncertainty about what furniture to order as part of the remodeling project.

An equipment issue that remains is how to provide access to printers for staff who are working at home. Some job functions require printing materials. To make this happen in the remote setting, large printing jobs were sent to Central Services and then picked up. With permission, some individuals could go into the office to do printing. The least desirable option was printing materials at Kinkos, but this brought some data privacy concerns.

c. Outcomes

Transportation Project Delivery faced a difficult reality when a large funding source decreased due to COVID-19 restrictions on the state level. They quickly took measures to adjust their 2021

program and modify their staffing models to reflect the new fiscal challenges, reduce overtime costs, and most importantly adhere to COVID-19 guidelines. Adapting to the new virtual environment kept project engagement moving forward by removing the barriers to in-person public meetings. They overcame many challenges that arose from implementing COVID-19 regulations, but the decrease in state-aid funding they experienced will be an ongoing challenge in 2022.

Recommendations

1. Explore business centers or print stations to provide access to printers for the portion of the workforce that is working from home.
2. Assess implementing shift changes on a permanent basis.
3. Develop a policy for ergonomic workstations at home offices for staff who are required to work from home.
4. Explore additional funding sources to offset the loss of state-aid funding.

r. Purchasing

1. Overview

County Purchasing was put into the role of being the centralized purchaser for all pandemic-related PPE and supplies, on top of their ongoing role of providing contracting and purchasing assistance to county departments. Through technology innovations, strategic partnerships, and staff taking on a tremendous workload, purchasing helped allocate and distribute $220 million in federal CARES funding.

2. Strengths

a. Workforce

Coming into the pandemic, the 23 staff members in the Purchasing department had prior experience working from home, so they were prepared for the transition. This preparation was key as a crushing workload was put on the department. Staff's expertise and work ethic shone as they met the high demands and short timeframes head on and met the needs of departments countywide.

b. Small, women and minority owned businesses

Hennepin County struggled to procure the needed essential supplies in the beginning months of the pandemic. Like other jurisdictions, the county was relying on current suppliers and supply chains. Some vendors were able to prioritize Hennepin County, but the overall need was too large. There was an initial strategy to reach out only to the biggest suppliers known to the county but many of those suppliers were maxed out or were not taking on any new customers to serve their current client list. This practice really disadvantaged the local business community. Purchasing staff took this opportunity to pause current purchasing practices and rethink how the county engages local small, women and minority owned businesses. Instead of only

purchasing from large vendors, staff shifted their focus to small women and BIPOC owned businesses and really tapped into them to fill supply gaps.

c. Partnerships

Purchasing was tasked with being the centralized purchaser for PPE and supplies for the county. This role created many partnerships and relationships they normally would not have otherwise had. Staff worked closely with the community engagement team on cloth mask and hand sanitizer distribution. For procurement issues, Purchasing staff worked and stayed in touch with regional counties to see if there were ways that counties could partner on buys. During the normal course of business, county Purchasing would not have a reason to work with Hennepin Healthcare System, but the pandemic brought them together for weekly meetings to coordinate where each entity was sourcing supplies such as face shields, masks, nitro gloves, etc.

d. Electronic processes

> 1. Bid opening
>
>> State statute requires that bids must be opened to the public. Prior to COVID-19 restrictions, this process was done physically at the Government Center. To accommodate social distance requirements, bid openings switched to the Teams platform. This system is working very well and will continue after pandemic restrictions ease.
>
> 2. Electronic signatures
>
>> Purchasing is constantly looking to build efficiencies into processes. One way to speed up contracting timelines is to implement electronic signatures, which is something that purchasing had been attempting to do for years but received pushback. IT assisted in standing up processes for bid opening and for electronic signatures, and the system was able to be set up in two weeks. This is another innovation that will continue.

3. Challenges

a. Demands and timeframe

The federal government did not relax federal purchasing and contracting rules, while simultaneously requiring that the county spend their $220 million allocation of CARES funding in nine months. This compressed timeline created a crushing workload on purchasing staff as they assisted departments in getting contracts signed and money out the door as quickly as possible. This immense workload took a toll on staff and highlighted a void. There are currently not many Purchasing staff who are experts on federal guidelines. The Hennepin County Attorney's Office and audit staff stepped in to help purchasing work through compliance and made sure that all requirements were being met. This all-hands-on-deck assistance was crucial to moving at the speed that departments needed during a pandemic. Going forward as a practice, purchasing will train more staff so that the department has more expertise in this area. Additionally, Purchasing

set up a lot of sole source justifications and signed off on as many things as possible to safely move things quickly along.

b. Purchasing process

The purchasing philosophy that the county functioned under prior to the COVID-19 pandemic did not translate well to a fast-paced emergency where supplies were needed immediately. The "just in time" form of purchasing hurt the county since other jurisdictions across the country were competing for the same supplies. The county purchased supplies only for the coming weeks or month at the most, which caused a lack of essential items when they were needed both internally and for our partners/residents. A warehousing system is needed to prevent the barriers that were faced and limit the risk for a county the size of Hennepin.

c. Staff technology

The transition to working from home has not affected the county workforce equally. The county supplies computer devices and other technology that are essential to job functions but does not have a policy or process for enhancing or providing broadband access for employees. Many employees across the county have found that the current internet speed they have or can afford is not adequate for work requirements. This has caused decreased work output and/or added stress. The ability for staff to purchase more robust internet packages or routers is not equitable across job classes. A higher paid senior employee may be able to afford to enhance their technology without financial strain, but an entry-level employee may not have that same ability. Approaching this burden as a countywide programmatic issue will close a technology disparity for county employees.

4. Outcomes

The purchasing department faced an immediate high demand workload and compressed timeframe for assisting departments in getting federal CARES dollars contracted and the funds distributed. Key partnerships maximized purchasing strategies and stood up technology innovations, and a dedicated staff met the demands head-on.

Recommendations:

1. Explore options for an employee broadband subsidy program to provide a baseline internet speed for employees working from home.

2. Look into a warehousing system that would provide an appropriate amount of supplies for emergencies.

3. Provide resources and learning opportunities to increase the department's federal guidelines expertise.

s. Resident and Real-Estate Services

1. Overview

Resident and Real-Estate Services dealt with a department-wide hurdle when the COVID-19 pandemic began: implement COVID-19 safety guidelines and recommendations while complying with statutory requirements for service delivery. Service centers were initially closed and then strategically and safely reopened. Processes were adapted to allow for the seamless transition to remote work and electronic service delivery. Innovations were quickly developed and put into operation for electronic services, contactless document transfers and drop-off facilities, new robust customer service strategies through chat and call center operations, and safety upgrades to physical spaces to allow for the return of in-person service delivery.

2. Business Technology Solutions, Property Tax, Recorder's Office/Registrar of Titles, Strategy and Support, and Survey

a. Strengths

1. Paperless/e-recording

Prior to the COVID-19 pandemic, operations had been largely paper-based, but staff took advantage of the situation to ween off the reliance on printing and physical documents, although some documents are still required to be printed. Reports were digitized and accessible remotely.

The Recorder's Office switched their processes to 100% e-recording. For the plat filing process, staff communicated the changes early with customers so that transactions went smoothly.

2. Adapted operations

In the Surveyor/Recorder's Office, SharePoint workflows were adopted that allowed for staff to be able to walk away from physical offices and maintain existing workflows. An appointment process was implemented a year prior to the pandemic, but it just needed to be communicated out to platers.

Services that are mandated to be performed in-person by statutory requirements were assigned to specific people, days, and times to allow for appropriate social distancing and COVID-19 safety protocols.

In the Property Tax division, staff emphasized protocol changes that were centered on the core principles of fairness and equitability, and really looked at where benefits were gained by working remotely and electronically. Although electronic work processes and efficiencies were introduced, not everyone can accommodate the changes. Staff encourage and support people to take advantage of these efficiencies, but still allow people to pay by check.

Finally, the Truth-in-Taxation meeting has always previously been held in-person in the Board Room in the Government Center. The meeting was transitioned to a virtual platform.

b. Challenges

1. Legislative/county board requirements

Many processes and protocols are mandated by the legislature and require changes in statute to modify or change. A proposal was introduced to accept electronic tax petitions.

The county board extended the period for property tax payments and included automatic tax abatement at a certain financial threshold.

Staff encountered communication issues with the state and the City of Minneapolis regarding disaster petitions for the damage along Lake Street in Minneapolis caused by the civil unrest.

2. PPE/testing

Obtaining and distributing PPE to staff was a hurdle that required some creative solutions. Staff went to hardware stores and purchased available PPE with p-cards. That PPE then had to be distributed to the appropriate staff in a timely manner. A repeatable process was created internally.

With crews out in the field, testing for possible COVID-19 exposures was a challenge.

3. Limited ability to be nimble

One issue that arose is that Hennepin County has a limited ability to be nimble. Human Resources and the Office of Budget and Finance addressed this through good communication and responsiveness. But it was a struggle to get people to come back to work once they had been sent home.

Other challenges included parking and meals. When transit was shut down due to the pandemic, workers still needed to get to their physical locations. That meant departments had to pay for employees to park their vehicles downtown. And when employee expectations have always included having access to a wide variety of food options downtown, it was a substantial change to have everything closed. For areas that had to feed large numbers of employees, it was difficult to accommodate that when most restaurants are closed.

4. Impacts on staff

While many employees transitioned to remote work well, there were some employees who were not performing at the same level in a virtual environment. About half a dozen staff members were put on performance improvement plans. When switching to remote work, losing the peer motivation proved to be a struggle for some people. Many employees felt overwhelmed.

3. Service centers

a. Strengths

1. Reopening buildings

The decision was made to open two service center locations at a time. Unfortunately, about half of the overall footprint was unusable because of recommended safety guidance. Operations moved to an appointment-based system with restructured floor plans, social distancing, collaborative workspaces, and a separate strategic plan for each location.

In June 2020, CARES dollars became available and temporary sneeze guards were installed, along with creating entirely new spaces in multiple service center locations.

Call centers were created to help guide customers through the many protocols that were changed. Questions were answered, appointments were scheduled, and documents were reviewed through call center operations. Residents were able to contact the call center through phone, chat, and email. The chat function was well received and will stay in operation as it is currently functioning. The call center had a positive impact during the COVID-19 pandemic and will remain in some function.

2. Remote services

Remote processes were created for processing documents. DNR, motor vehicle, and marriage licenses, and death and birth certificates were all changed to be processed remotely. Additionally, self-service lockers were launched after problems with the U.S. Postal service appeared. These lockers are a permanent service delivery offering. Online forms, drop boxes, and online chat added another layer of ease for residents to get their needs met in the new remote service delivery model.

b. Challenges

1. Building closures

On March 17, 2020, buildings were closed, and county staff were sent to remote work. This put the service center division in a tough place because various services are required by statute to be delivered in person. Staff worked with Facility Services and union leadership to address safety concerns and restructure floor plans for service centers. Communications was consulted once plans were made. Additionally, the county website and trainings were reviewed during this time. About 80% of staff were forced to take personal leave or COVID-19 leave.

2. Absenteeism

A challenge arose while dealing with in-person workers who had cold/flu symptoms as well as positive COVID-19 cases. An entire unit had to quarantine at one point because they could not prove they were not exposed to a positive COVID-19 case.

3. Customer habits/expectations

Switching from a longstanding in-person service delivery model to remote and virtual methods was a big change. Residents typically enjoy the face-to-face support that traditional service centers provided. Having to change customer habits and expectations required a lot of systems to be put in place and dedication/patience from staff to walk customers through the changes.

Processes were established to switch payment methods to E-check, debit, and credit payment methods, but about 240,000 (40%) of payments were still made by physical check.

Staff would like to keep remote transactions, but it will depend on statutory updates.

4. Impacts on staff

When the service centers were closed, 130 staff members were impacted at seven service center locations. Most employees had to go home, but some essential workers needed to stay. When services resumed in person, many staff burned up all their leave because of childcare needs and COVID-19 impacts. Managers and supervisors experienced significant burnout adapting to the constantly changing COVID-19 environment, guidelines, and work protocols. The stresses of the pandemic were real for employees. The perception of risk that came with constantly interacting with customers took its toll.

4. Outcomes

Resident and Real Estate Services staff quickly adapted operations to accommodate COVID-19 safety guidelines and recommendations to provide safe and accessible environments for staff and clients. Innovations were quickly recognized and implemented to shift work processes and services to virtual platforms and electronic delivery methods. Proactive communications and the implementation of a call center guaranteed that new COVID-19 protocols and service delivery changes were implemented smoothly, with minimal disruption to county clients. Regardless of the various impacts of the COVID-19 pandemic, RRES staff came to work, did their jobs, and provided consistent services to the residents of Hennepin County.

Funding the response

9. Funding the response (CARES Act)

a. CARES Act overview

Section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), established the Coronavirus Relief Fund and appropriated $150 billion to the fund. Under the CARES Act, the fund is to be used to make payments for specified uses to states and certain local governments; the District of Columbia and U.S. Territories; and Tribal governments. Hennepin County received a direct payment out of the fund from the U.S. Treasury.

The CARES Act provides that money from the fund may only be used to cover costs that:

- Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19)
- Were not accounted for in the budget most recently approved as of March 27, 2020, (the date of enactment of the CARES Act) for the state or government
- Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

b. Principles and priorities

At an April 30, 2020, board briefing, Hennepin County outlined principles and priorities to allocate CARES funding: "in alignment with its mission and vision, to support innovative, sustainable changes in service delivery, to support residents who are adversely affected by disparities, to leverage private and public partnerships within our community and to seek other funding sources to maximize our investments and best position Hennepin County for the future."

Principles

Hennepin County embraces and embodies core values of continuous improvement, customer service, diversity and inclusion, employee engagement, and workforce development as we serve our residents.

Hennepin County is committed to reducing disparities and making a long-term impact by focusing on outcomes in the following domains: education, employment, health, housing, income, justice, and transportation.

As we respond to COVID-19, Hennepin County embraces opportunities for transformative change including lasting investments and more efficient and effective service delivery for residents.

Hennepin County will pursue and leverage available federal and state funding to support the recovery of residents, communities, and businesses.

Priorities

1. Funding of health programs necessary to save lives within the county's assigned intergovernmental role
2. Additional costs incurred due to COVID-19 and legally required functions of county government
3. Support communities, residents, small businesses and non-profits impacted by COVID-19

c. Expenditures

**Coronavirus Relief
Fund (CRF)**
**Expenditures as of
December 31, 2021**

	Total 2020 Expenditures	Total 2021 Expenditures	Total Expenditures
County Staff, Public Health Programs, PPE	$ 39,484,181	$ 10,336,041	$ 49,820,222
Small Business Assistance	$ 48,363,010	$ 940,880	$ 49,303,890
Hennepin County Medical Center	$ 44,239,205	$ 17,453,923	$ 61,693,128
Housing Assistance	$ 18,966,643	$ (45,346)	$ 18,921,297
Education/Youth			
Distance Learning	$ 1,221,631	$ 11,283	$ 1,232,914
Chromebooks/Training	3,646,417	(1,015)	3,645,402
Public Health Assistance to Youth	1,672,560	74,000	1,746,560
Educational Services/Support	446,517	299,186	745,703
Library e-collection	300,000	-	300,000
Americorps	184,000	80,027	264,027
Summit Academy	50,000	-	50,000
Education/Youth Total	$ 7,521,125	$ 463,482	$ 7,984,607
Emergency Shelter	$ 9,566,621	$ 1,867,604	$ 11,434,225
Other			
Food Insecurity/Expanded Community Support	$ 5,105,370	$ 184,510	$ 5,289,880
Voter Outreach	2,105,864	(12,816)	2,093,048
Service Centers	1,793,074	255,805	2,048,879
Public Engagement & Outreach	3,198,285	686,333	3,884,618
Ltd duration positions/Technical Assistance	1,463,418	2,298,396	3,761,814
Workforce Development	2,322,143	32,445	2,354,588
Expanded Telework/Virtual Service Delivery	612,431	-	612,431
Sheriff Video Visitation	763,081	238,117	1,001,198
Cyclomedia (Assessor Images)	727,925	25,080	753,005
Other Total	$ 18,091,591	$ 3,707,870	$ 21,799,461
Total Expenditures	$ 186,232,375	$ 34,724,455	$ 220,956,830

Themes

10. Themes

Disparity reduction

The COVID-19 pandemic disproportionately impacted people who are Black, Indigenous, and of color. The health and economic implications exacerbated existing disparities in the community. Hennepin County's response during the pandemic acknowledged and acted on that reality. The organization's disparity reduction vision and existing infrastructure positioned the county to recognize and devise proactive strategies during the pandemic. This work has been intentional, comprehensive, data-driven, and community-based. County departments, programs, and services continually prioritized disparity reduction and used a racial equity impact lens in their decision-making while responding to the pandemic. Many areas improved outcomes for residents by aligning efforts with other county departments and with partners in the community. The county also declared racism a public health emergency in June 2020. The declaration outlined clear actions that would continue after the pandemic and established that racism was an emergency. Hennepin County continues to use federal pandemic funds to support the programs and investments in each disparity reduction domain. These funds have allowed the county to operate and expand impact in new service areas including connectivity, education, and housing.

Community engagement

Hennepin County significantly expanded community engagement strategies during the COVID-19 pandemic. The county worked with schools and community organizations, to understand the needs of residents. A key component of engagement deployed trusted messengers to build relationships with communities disproportionately impacted by the pandemic. A comprehensive outreach campaign committed $2 million to media and trusted messengers in communities of color. Engagement efforts resulted in a 3.2% increase in census participation over the previous census (79.4% of residents responding) and distribution of 210,000 masks and more than 1,800 computer devices. Most importantly, engagement formed a vital part of the public health response by serving as a safe and reliable source of information regarding the COVID-19 pandemic. These efforts established valuable relationships to encourage mask wearing and support vaccination efforts. A comprehensive array of engagement strategies ensured that community voices were incorporated into decisions and that county services and programs addressed community concerns.

Continuity of services

Continuation of county services was a priority established early in the pandemic. No employees were furloughed and while some services were suspended or delivery altered, there were no decisions made to stop services in the long term. Many staff performed work remotely, and areas redesigned service delivery through phone and video calls to protect employees and residents. Another option was to reduce multiple employees working in confined areas by alternating work schedules. DOCCR and Public Works had personnel who were required to work on-site or in the field. These departments engaged in regular contact with other employees and

the public. Wearing of PPE, extra cleaning and sanitizing of equipment, and social distancing practices were incorporated into daily assignments.

Tools to navigate uncertainty

Hennepin County took a series of immediate actions to manage risk, confusion and uncertainty early in the pandemic. First, County Administration secured financial flexibility with an emergency declaration and delegated authority to the county administrator for pandemic-related emergency spending. Second, an Incident Command Structure (ICS) was activated immediately, and an incident commander assigned to ensure centralized information flow, standardized communications, and timely decision-making and action throughout the response. Leaders also included disparity reduction as a component of the ICS, prioritizing identifying and addressing inequalities during the emergency response. The county also quickly expanded its data analytics capabilities to provide real-time data to drive decision-making. These critical early interventions positioned the county to respond effectively to a rapidly changing pandemic environment.

Technology

Leveraging technology was critical to maintaining basic operations and providing services during the pandemic. These circumstances also forced the county to adapt operations resulting in service delivery innovations. Nearly 6,500 employees became remote, almost overnight. County employees used Microsoft Teams and other video call platforms to interact with each other, external partners and residents. The IT department was busy throughout the COVID-19 pandemic. IT staff recommended and implemented actions that were instrumental in allowing county functions to continue with as little disruption as possible. Long-term strategic investments in IT infrastructure and software provided the foundation for a successful transition to remote work and service delivery. While Hennepin County offered web-based services prior to the pandemic, it soon became apparent that more services should be delivered remotely. Areas across the county redesigned their services to operate in a virtual environment. Some county services moved to online only. For some functions such as paying certain bills, drop-off locations were created. Residents who needed access to county services or assistance could talk with employees via telephone and video chat. This was challenging and time-consuming early in the pandemic, and in some cases remote assistance couldn't replicate in-person interaction for residents or employees. Throughout the pandemic remote service delivery was fine-tuned and resulted in more accessible services for residents. The county enhanced its ability to use technology resources to deliver services efficiently, responsively, and effectively to residents. It's critical that these innovations and capabilities continue to drive service delivery strategies in the future.

External partnerships

Partnerships and relationships with community and other government entities were critical to implementing meaningful and sustainable change in the lives of residents. Partnerships magnified the impact of investments and programs by building trust, reaching vulnerable populations, and leveraging community knowledge and expertise. Partnerships and community engagement will continue to be crucial tools to deliver services and support residents.

Internal coordination and collaboration

A common theme of countywide coordination and cooperation appeared during interviews in various departments. The County Board, County Administration and departments all worked well together before the virus arrived, which helped set the tone and create an environment for success in dealing with an unexpected widespread disruption such as COVID-19. Policy-level conference calls that were held daily at first and were led by the county administrator encouraged communication and coordination between departments. Although challenges arose on a daily basis, employees involved in the ICS emergency response learned their new roles quickly and formed teams from across the organization to tackle complex issues. Directors, managers and other staff across the county worked on redesigning service delivery options and new programs to help residents. Overall, county employees work well together. Departments support one another and individuals within departments demonstrate an overall attitude of cooperation to meet their goals and serve residents.

Employee workload, well-being, and resilience

The COVID-19 pandemic has placed exceptional demands on Hennepin County's workforce, who continue to lead COVID-19 response activities while fulfilling many other responsibilities. Redesigning service delivery, creating new response programs, and serving as part of the emergency response added to the workload of many employees. It was not uncommon for some employees to work 12 hours a day or longer, and some employees often worked over the weekend. Vacations were put on hold or canceled. With remote options, many who were able to work from home found that they had trouble setting work aside. Many staff discussed burnout but could not see a way to slow down due to the continuing state of emergency. The pandemic also impacted the well-being of employees. In addition to the health risks of COVID-19, staff faced uncertainty, stress, mental health issues, isolation and trauma. Employees also worked in difficult conditions and provided direct services to residents suffering from many of these same health impacts. Supervisors and managers needed to find new ways to provide support and effectively manage employees working remotely. The county responded by establishing safety measures and protocols including use of PPE and social distancing, and facilities modifications and sanitation for those unable to work remotely. Expanded benefits were also provided to staff including COVID-19 leave policies. Despite these immense challenges, staff showed resilience and commitment throughout the county's response.

Protecting the most vulnerable residents

Early in the pandemic Hennepin County prioritized providing support to the most vulnerable communities. Many response and recovery efforts were focused on residents and communities at the greatest risk of severe health and economic impacts. People experiencing homelessness and those in congregate settings were quickly moved to isolation and high-risk shelter to avoid catastrophic outbreaks seen across the nation. As cases and deaths increased in long-term care facilities, the county quickly stepped in to provide support, including testing and PPE. The county also recognized the need for emergency rental assistance and small business relief early in the pandemic.

Leadership

Hennepin County is a high-functioning organization that operated effectively and efficiently before the pandemic. This included healthy county board relationships and a strong county administrator. Together, they functioned well as a team in their response to the pandemic. Commissioners understood their policy role and County Administration maintained operational matters. Meanwhile, County Administration kept board members apprised of the pandemic response as it unfolded and sought prompt approval and ratification of actions undertaken in response to emergency circumstances. Additionally, the county was fortunate to be in a strong financial position, allowing a concerted effort to concentrate the full resources of the county on the response to COVID-19.

Communication

In general, the internal communications for the county were effective. Many staff interviewed emphasized the importance of regular communications to county employees and managers. Overall, staff welcomed these communications including detailed emails sent from County Administration to all county staff to keep them apprised of the response and changing directives. These consistent communications provided a continuity that reflected a sense of care for the employees while encouraging them to continue to serve the community. Internal communication in an organization as large and complex as the county is understandably challenging in the best circumstances. Internal communication during a public health crisis is particularly challenging. The quickly changing circumstances and large workforce often created challenges for crafting messages that applied to all employees. It should be noted that some employees' needs for information could not be satisfied, as some facts were simply not available given the uncertainty of the situation. Directors and managers often stepped in to augment county announcements with their own communications.

Emergency Management employee wellness

The pandemic, changes to job hours and service delivery, and an increased workload have led to a strain on Emergency Management staff. In response, Hennepin County can invest in improvements that will support Emergency Management employee wellness. Develop policies that encourage all Emergency Management employees to take a certain amount of time off work over a defined period, even during emergencies or disasters. Review key positions identified in the Continuity of Operations Plan and during the COVID-19 pandemic response to determine which critical roles may benefit from cross-training additional employees to perform key tasks. Train and provide an opportunity for those employees to perform in those key functions during training and exercises.

11. Acknowledgements

I would like to express my gratitude and appreciation to all those who aided in the completion of this report. It was a comprehensive effort that relied on first-hand testimony from staff members across the organization to accurately capture the vast array of events and details from the COVID-19 pandemic response. Those staff members include:

Stephanie Abel, Anna Abruzzese, Jay Arneson, James Atchison, Erica Bagstad, Andrew Baker, Julie Bauch, Kristi Beyer, Jeanette Boerner, Kathy Browning, Joseph Buschette, Paul Buschmann, Lisa Cerney, Mark Chapin, Suzanne Copeland, Betsy David, Kelsey Dawson Walton, Kevin Dockry, Brian Dorr, Erik Erickson, Philip Essington, John Evans, Ayanna Farrell, Patricia Fitzgerald, Darcy Flink, Yvonne Forsythe, Margo Geffen, Ginny Gelms, Glen Gilberston, Joseph Gladke, Kariann Gottesman, Joan Granger-Kopesky, Chela Guzman, Grace Hanson, Chad Helton, Duachi Her, Michael Herzing, David Hewitt, Rebecca Holschuh, Lori Imsdahl, Bobby Jackson, Joanne Jewell, Alisa Johnson, Catherine Johnson, David Johnson, Janna Johnson, Daniel Kaczor, Louella Kaufer, Karen Keller, Jennifer Koehn, Michael Krueger, Christopher Lancrete, Randy Larson, Rosemary Lavin, Dave Lawless, Andy LeFevour, Amy Leite-Bennett, Scott Loomer, Katie Lynch, Carolyn Marinan, Meredith Martinez, Chris Mavis, Becki McDonald, David McNary, Kathy Megarry, Kristin Mellstrom, Christa Mims, Susan Moore, Kareem Murphy, Susan Palchick, Tonya Palmer, Paul Przybilla, Brandon Rebhan, Blaine Roberston, William Rodgers, Daniel Rogan, Michael Rossman, Elizabeth Runnels, Christopher Sagsveen, Alisa Salewski, Jon Schmidt, Veronica Schulz, Ashley Schweitzer, Marcee Shaughnessy, Jeffrey Shaw, Daniel Soler, Nola Spicer, Beth Stack, Olga Stanilevskiy, Christopher Stubbs, Carla Stueve, Jeni Super, Allison Thrash, Angie Timmons, Craig Troska, Michael Tupy, Lolita Ulloa, Eric Waage, Staci Weber, Julia Welle Ayres, Devona Wells, Courtney Wetternach, Stella Whitney-West, Jodie Wierimaa, Shawn Wilson, Pam Wogernese, May Xiong, Anne Kanyusik Yoakum, and Jamie Zwilling.

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Finally, I would like to give a special thanks to Will Christenson and Allyson Sellwood for dedicating 12 months and hundreds of hours to gathering the data and writing this report.

As an organization, it is important that we reflect upon and document significant events so that we can learn from both our challenges and successes and evolve as an organization to better serve our clients and the residents of Hennepin County.

David Hough
Hennepin County Administrator

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13. Appendix

Board Resolutions – CARES funding

County Administration			
Item description	BAR number	Effective dates	Allocation
County Board consent to Continued Local Emergency pursuant to Minnesota Statutes Chapter 12, regarding COVID-19 (coronavirus)	20-0118R1	03/17/20	
Support for Hennepin County employees during COVID-19 pandemic	20-0119R1	03/17/20	
Neg leases to provide alternative quarantine and isolation spaces for county dependent individuals, 03/17/20–12/31/20, NTE $3,000,000	20-0120	03/17/20	NTE $3,000.000
Auth of special delegation for county administrator to accept COVID-19 pandemic related funding awards	20-0122	03/26/20	
Authorize additional funding for Hennepin County response to COVID-19 pandemic	20-0131	04/07/20	
Support for Hennepin County employee health plan members during COVID-19 pandemic	20-0149	04/07/20	
Authorize transfer of $10,000,000 from General Fund Balance to the Contingency Fund	20-0162	04/21/20	$10,000,000
Clarify the County Administrator's delegated authority for Hennepin County's response to COVID-19 pandemic and authorize up to $4.0 million of additional funding for Hennepin County's response to COVID-19 pandemic	20-0163	04/21/20	$4,000,000
Creation of a Hennepin County Business Advisory Council - offered by Commissioner Callison	20-0167	05/05/20	
Support for continuation of waivers granted during COVID-19 pandemic	20-0172	05/05/20	
Special delegation of authority for the County Administrator to establish supplemental appropriations and transfer funds between departments relating to Hennepin County's COVID-19 pandemic related funding awards.	20-0173	05/01/20-12/30/20	N/A
Amend Hennepin County Board of Commissioners 2020 calendar to include additional meetings for timely response to COVID-19 related items	20-0174	05/05/20	

Authorize County Administrator to neg purchase agmts for alternative living space for homeless adults and county-dependent individuals impacted by COVID19; intention to allocate CARES Act funding	20-0193	05/50/20	
Support regional Business4Business marketing platform between Hennepin, Ramsey, Anoka, Washington and Carver counties	20-0203	05/19/20	
Approve Hennepin County's COVID-19 Preparedness Plan for a safe return to work; implement requirements for health screening and source control masks for employees; implement rule requiring source control masks for other individuals working in or visiting county facilities; delegate authority to county administrator	20-0204	05/19/20	
Establish a county board briefing on Thursday, May 28, 2020 from 10A - 12N for an update and discussion on COVID-19	20-0206	05/19/20	
Allocate $1,687,000 CARES Act funds to hire up to 40 limited duration positions that will support critical Hennepin County COVID-19 response efforts and grant the County Administrator the ability to negotiate an agreement with Hennepin Healthcare for testing services, 06/10/20–12/30/20	20-0226	06/10/20-12/30/20	$1,687,000
Allocate $1,500,000 CARES Act funds to support resources for distance learning for Hennepin County involved youth impacted by COVID-19; Authorize County Administrator to neg purchase agmts for educational support items; 06/02/20-12/30/20, supp app of $1,500,000 to 2020 HSPH budget	20-0227	06/02/20-12/30/20	$1,500,000
Allocate $1,000,000 CARES Act funds to support summer youth programs and organized youth sports, as amended	20-0228	03/01/20-12/30/20	$1,000,000
Add $2,000,000 CARES Act to support summer youth programs and organized youth sports (original funding was $1,000,000), including development of new programming as well as costs incurred to provide programming in compliance with public health measures; Neg Agmt(s) for services	20-0245	06/23/20-12/30/20	$2,000,000
Allocate $184,000 of CARES Act Funds to provide SERVE Minnesota reimbursement of expenses associated with retaining AmeriCorps members to support critical Hennepin County COVID-19 response efforts, 8/16/20–12/30/20	20-0283	08/16/20-12/30/20	$184,000
Allocate $175,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section	20-0464	03/01/20-12/30/20	$175,000

Item description	BAR number	Effective dates	Allocation
5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide technical assistance and emergency assistance to youth sports organizations for costs incurred between March 1, 2020 through December 30, 2020 to enable compliance with COVID-19 public health precautions			
Allocate CARES Act Funds to other government entities, nonprofit organizations and Hennepin Healthcare to reimburse COVID⬜19 related expenses incurred through 12/30/20; delegate County Administrator to determine eligibility for reimbursement; determine maximum amount based on the availability of uncommitted Coronavirus Relief Funds; transfer unspent CARES Act Funds from one previously approved program to another as needed; and report final accounting	20-0526	12/15/20	

Disparity Reduction			
Item description	BAR number	Effective dates	Allocation
Amd 1 to Agmt A199722 with MN DEED–Rehab Services, accepting grant funding to provide extended employment services, no change to contract dates, incr recv by $65,179; supp appr to approved 2020 dept budget	20-0166	05/05/20	$65,179
Allocate $2,500,000 CARES Act to provide educational services and support for Hennepin County involved youth impacted by COVID-19; 06/30/20-12/30/20	20-0250	06/20/20-12/30/20	$2,500,000
Neg Agmt with Huntington Learning Center for academic and tutoring services, 09/08/20-12/30/20, NTE $500,000	20-0340	09/08/20-12/30/20	$600,000

Health and Human Services			
Item description	BAR number	Effective dates	Allocation
Amd 3 to Agmt A177584 with the city of Minneapolis to accept additional HUD Emergency Solutions Grant funds, sub grant of $300,114 for rapid rehousing services for homeless persons, ext end date to 6/30/21, incr recv by $300,114	20-0156	05/05/20	$300,114
Creation of a long-term care facility COVID-19 testing and technical assistance program	20-0168	05/05/20	

Support for Hennepin County involved youth during COVID-19 pandemic	20-0171	05/05/20	
Allocate $2,500,000 CARES Act to emergency relief/recovery for private non-profits and community organizations providing human services to Hennepin County involved individuals, families and youth.	20-0202	05/27/20-12/30/20	$2,500,000
Neg agmts with American Indian Community Development Corp and Minnesota Indian Women's Resource Center for crisis outreach and housing navigation services for individuals and families experiencing unsheltered homelessness, 06/01/20-12/31/20, NTE $200,000	20-0208	06/01/20-12/31/20	$200,000
Allocate $2,500,000 CARES Act to provide workforce development services for organizations serving individuals impacted by COVID-19; Neg agmts, 06/02/20-12/30/20, NTE $2,500,000; supp app of $2,500,000 to 2020 HS budget	20-0209	06/02/20-12/30/20	$2,500,000
Allocate $2,000,000 CARES Act to support expenses for food security for Hennepin County residents impacted by COVID-19; Authorize County Administrator to neg purchase agmts for food security expenses; 06/02/20-12/30/20	20-0246	06/02/20-12/30/20	$2,000,000
Allocate $1,231,000 CARES Act to establish an affordable housing stabilization fund; Neg agmts with various entities, 08/01/20-12/31/2020, total combined NTE $1,081,000; supp app of $1,081,000 to 2020 HED budget	20-0271	08/01/2020 -12/31/2020	$1,231,000
Allocate $3,500,000 CARES Act to provide low-barrier emergency shelter meeting COVID-19 prevention strategies; neg Agmt with AICDC, 7/29/20-9/30/2022, NTE $3,500,000	20-0273	07/29/20-09/30/22	$3,500,000
Allocate $1,200,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to supplement the Emergency Services Grant funding (ESG-CV) for funding of necessary modifications to Harbor Light Center and Higher Ground emergency shelters to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions, during the period August 25, 2020 through December 30, 2020	20-0343	08/25/20-12/30/20	$1,200,000
Amend authorization under Res. 20-0271 (CARES Act Affordable Housing Stabilization fund) to support tenants before and in Housing Court, 08/01/20-12/30/20, NTE $100,000	20-0358	08/01/2020 -12/30/20	$100,000

Allocate $1.4 million of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") for the purchase of technology tools, supports, infrastructure and consulting services for Health and Human Services to continue and enhance telework by employees and virtual service delivery to residents during the COVID-19 pandemic during the period September 29, 2020 through December 30, 2020	20-0359	09/29/20-12/30/20	$1,400,000
Allocate up to $44,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to reimburse Hennepin Healthcare Systems, Inc., for COVID-19 related expenses incurred between March 1 and July 31, 2020	20-0361	03/01/20-12/30/20	$44,000,000
Allocate $1,111,000 CARES Act funding to negotiate an Agreement with American Indian Community Development Corporation (AICDC), to create low-barrier, harm-reduction, permanent supportive housing units (minimum 20 person capacity) that follow CDC guidance for homeless service providers and serves people experiencing homelessness in Hennepin County during the COVID-19 pandemic,	20-0394R1	09/29/20-12/30/20	$1,111,000
Allocate $2,200,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide funding for capital expenses during the period October 20, 2020 through December 30, 2020, for low-barrier emergency shelter that follows CDC guidance for homeless service providers and serves people experiencing homelessness in Hennepin County during the COVID-19 pandemic	20-0395	10/20/20-12/30/20	$2,200,000
Allocate $5,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide emergency financial assistance to affordable rental housing property owners impacted by tenants who could not pay rent due to the economic impacts of the COVID-19 pandemic, during the period March 1, 2020 through December 30, 2020	20-0397	03/01/20-12/31/20	$5,000,000

Allocate $3,350,000 CARES Ac funding t to provide alternative living accommodations for homeless individuals and county dependent individuals impacted by the COVID 19 pandemic; authorize transfer of $3,350,000 CARES Act funds to HCHRA for acquisition of property	20-0467	11/03/20	$3,350,000
Allocate $1,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") to food security needs for Hennepin County residents negatively impacted by COVID-19 pandemic, during the period of November 1, 2020 through December 30, 2020	20-0479	11/01/20-12/30/20	$1,000,000
Allocate $1.9 million of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to purchase COVID-19 test kits and processing for critical Hennepin County COVID-19 response	20-0480	11/17/20-03/31/21	$1,900,000
Allocates $425,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to conduct additional COVID-19 testing at various Hennepin County settings, including but not limited to long-term care facilities, neighborhoods and communities most disproportionately impacted by the pandemic	20-0481	06/10/20-03/31/21	$425,000
Rescind Resolution 20 0396; allocate $12,000,000 CARES Act to provide alternative living accommodations for homeless individuals and county dependent individuals impacted by the COVID 19 pandemic; authorize transfer of $12,000,000 CARES Act funds to HCHRA for acquisition of property	20-0511	12/15/20	$12,000,000
Allocate $8,500,000 CARES Act to provide alternative living accommodations for homeless individuals and county dependent individuals impacted by the COVID 19 pandemic; authorize transfer of $8,500,000 CARES Act funds to HCHRA for acquisition of property	20-0512	12/15/20	$8,500,000
Allocate $2,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic	20-0342R1	08/25/20-12/30/20	$2,000,000

Item description	BAR number	Effective dates	Allocation
Security Act (CARES Act) for funding of necessary modifications to and expenditures at emergency shelters for people experiencing homelessness to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions, during the period of August 25, 2020 through December 30, 2020			
Allocate $2,500,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide funding for private non-profits and community organizations who are providing additional or expanded human services to Hennepin County involved individuals as a result of the COVID-19 pandemic	20-0344R1	09/01/20-12/30/20	$2,500,000

Operations			
Item description	BAR number	Effective dates	Allocation
One-time abatement of property tax penalty for certain taxpayers, as amended	20-0151	04/21/20	
Allocate $3,500,000 CARES Act funds for outreach to educate and encourage eligible voters in Hennepin County to vote absentee, and for additional temporary staff and supplies needed to manage and count a significant increase in absentee ballots due to the COVID-19 pandemic, and to implement public health measures in polling places and recruit new polling place staff to mitigate a reduction in volunteers; 06/09/20-12/30/20 supp appr of $3,500,000 to 2020 Resident & Real Estate Services Elections budget	20-0225	06/09/20-12/30/20	$3,500,000
Allocate $3,000,000 CARES Act Funds to supplement Resident and Real Estate Services budget to provide services in compliance with public health measures and mitigate second-order effects of COVID-19 public health emergency, 06/23/20–12/30/20	20-0248	06/23/20-12/30/20	$3,000,000
Allocate $2,300,000 of CARES Act to conduct a public information, engagement and outreach campaign to educate residents and influence behavior information, engagement and outreach campaign to educate residents and influence behaviors	20-0296	07/28/20-12/30/20	$2,300,000
Allocate CARES Act funds in the amt of $1,000,000 to provide Chromebooks or other low-cost, cloud-based laptops for youth, seniors and other individuals	20-0299	08/11/20-12/30/20	$1,300,000

impacted by COVID-19; and $300,000 to procure additional materials for Library e-collection, 08/11/20-12/30/20			
Allocate $1,000,000 in CARES Act funds to purchase material and printing services to complete the initial mailing of general election absentee ballots, and for costs associated with hiring addtl seasonal staff for absentee ballot fulfillment and counting for the general election; 08/24/20-12/30/20 supplemental appropriation of $1,000,000 to 2020 Resident & Real Estate Services Elections budget	20-0326	08/24/20-12/30/20	$1,000,000
Allocate $700,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") to procure and distribute accessories, broadband access and maintenance and technical services, and digital literacy training services, for individuals affected by the COVID-19 pandemic, from September 29, 2020, through December 30, 2020, and that the Controller be authorized to accept and disburse funds as directed	20-0367	09/29/20-12/30/20	$700,000
Allocate $2,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") to procure and distribute low-cost laptops, and related maintenance, support and training services, for individuals affected by the COVID-19 pandemic, from November 3, 2020, through December 30, 2020, and that the Controller be authorized to accept and disburse funds as directed	20-0466	11/03.20-12/30/20	$2,000,000
Negotiate agreement with KNOCK Inc. and Clarity Coverdale Fury Advertising, Inc. for a public information, engagement and outreach campaign to educate residents and influence behaviors to combat COVID-19, 08/13/20-12/30/20, increase NTE to $3,250,000	20-0477	08/13/20-11/30/20	$3,250,000
Hennepin County Board of Commissioners hereby allocates up to $872,520 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to purchase panoramic images of properties in Hennepin County from Cyclomedia Technology, Inc	20-0341R1	09/01/20-12/30/20	$872,520

Public Safety			
Item description	BAR number	Effective dates	Allocation
Amendment 5 to Agreement A153963 with Securus Technologies, LLC to provide resident telephone and video visitation services for the Hennepin County Sheriff's Public Safety Facility and City Hall and resident phone services for the Department of Community Corrections and Rehabilitation's Adult Corrections Facility, extending the contract period through December 31, 2023, in an amount not to exceed $943,639 be approved; that the Chair of the Board be authorized to sign the amendment on behalf of the County; and that the Controller be authorized to disburse funds as directed; and that the capital project budget for Sheriff's Video Visitation (1004459) be increased from $90,000 to $500,000, funded with a $410,000 allocation of the County's federal funding	20-0290	12/31/20	$410,000
Matching grant for Hennepin County Elections Division to receive 2020 CARES Act funds from the MN Secretary of State, and to use and distribute those funds to local governments within its jurisdiction for the 2020 federal election cycle	20-0325	09/01/20	
Public Works			
Item description	BAR number	Effective dates	Allocation
Allocate $15,000,000 CARES Act to emergency housing assistance; Neg agmts with community-based vendors to provide emergency rental housing assistance, 05/06/20-12/30/20, total combined NTE $15,000,000; supp app of $15,000,000 to 2020 HED budget	20-0169	05/06/20-12/30/20	$15,000,000
Allocate $15,000,000 of federal CARES Act Fund resources to small business relief/recovery; authorization to negotiate Amendment 1 to Agreement PR00002172 with the HCHRA and MCCD to revise program guidelines and increase the not to exceed amount to $11,850,000 (including $290,000 for MCCD administration); authorization to negotiate an agreement with NextStage to expand capacity for financial review and technical assistance in processing Hennepin County Small Business Relief program applications, during the period May 6, 2020 through December 30, 2020, with a not to exceed amount of $190,000.	20-0170	05/06/20-12/30/20	$15,000,000

Add $7,500,000 CARES Act to emergency small business relief/recovery (new allocation NTE $22,500,000); Neg Agmt(s) with vendor(s) for continued implementation, 05/06/20-12/30/20, total combined NTE $7,500,000; auth supp app of $7,500,000 to 2020 HED budget	20-0210	05/06/20-12/30/20	$7,500,000
This request is to allocate an additional $10,000,000 of federal CARES Act Fund resources to small business relief; authorization to negotiate vendor agreement(s) in the total not to exceed amount to $10,000,000 (including up to $400,000 for vendor administration) for financial review and technical assistance in processing Hennepin County Small Business Relief program applications, during the period May 6, 2020 through December 30, 2020..	20-0210R1	05/06/20-12/30/20	$10,000,00 0
Allocate $900,000 CARES Act to support multiple small business relief strategies (new allocation NTE $25,850,000); Neg Agmt(s) with vendor(s) for implementation, 6/23/20-12/30/20, total combined NTE $900,000	20-0247	06/23/20-12-12/30/20	$900,000
This request is to add $2,140,000 of federal CARES Act Fund resources to small business relief/recovery, and authorize reimbursement of $2,140,000 to the Hennepin County Housing and Redevelopment Authority for the provision of small business outreach, technical assistance and emergency funding to assist local businesses survive/recover from the economic impacts of the COVID-19 pandemic (as authorized by Resolutions 20-HCHRA-0013 and 20-HCHRA-0014).20-	20-0270	03/01/20-12/30/20	$2,140,000
Neg Agmt with MN Housing to accept COVID-19 Housing Assistance Program grant funding, 08/03/20-12/30/20, $6,143,970 (recv); neg 9 implementation agmts, 08/03/20-12/30/20, total combined NTE $6,143,970	20-0316	08/03/20-12/30/20	$6,143,970
Neg Agmt with Community Emergency Assistance Program to implement COVID 19 Housing Assistance Program grant funding, 08/03/20-12/30/20, NTE $870,000	20-0324	08-03-20-12/30/20	$870,000
CARES Act funding to establish an affordable housing stabilization fund is broadened to support tenants both in Housing Court and before eviction filing to access assistance, 8/1/20-12/30/20, NTE $100,000	20-0358	81/02/20-12/30/20	$100,000
This request seeks authorization to negotiate Amendment 3 to Agreement PR00002263 with	20-0360	05/06/20-12/30/20	$12,000,00 0

NextStage for continued technical assistance and grant administration to provide emergency funding to small businesses, increasing the not to exceed amount by $12,000,000 for a new not to exceed amount of $22,652,500			
Allocate $2,650,000 CARES Act funding to acquire property located at 5637 Lyndale Avenue South, Minneapolis in order to provide increased capacity of alternative living spaces for homeless individuals and county-dependent individuals impacted by the COVID-19 pandemic, 10/1/20-12/30/20	20-0369	10/01/20-12/30/20	$2,650,000
Allocate $900,000 CARES Act funding to negotiate a Purchase Agreement with the Volunteers of America in Minnesota (VOA) for the purchase of property located at 143 19th Street East, Minneapolis in order to provide increased capacity of alternative living spaces for homeless individuals and county-dependent individuals impacted by the COVID-19 pandemic, 10/01/20-12/30/20	20-0370	10/01/20-12/30/20	$900,000
Allocate up to $700,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to create and implement a Hennepin County business resource recovery network to support businesses in recovering from the ongoing economic impacts of the COVID-19 pandemic, during the period October 20, 2020 through December 30, 2020	20-0398	10/20/20-12/30/20	$700,000
Allocate $1,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide staffing at non-congregate shelter sites for people who are experiencing homelessness in compliance with COVID-19 public health precautions	20-0425	10/01/20-12/30/20	$1,000,000
Allocate $250,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to increase outreach, education, and assistance to prevent evictions due to the economic impacts of the COVID-19 pandemic, during the period March 1, 2020 through December 30, 2020	20-0465	03/01/20-12/30/20	$250,000

Allocate $8,000,000 of its federal funding from the Coronavirus Relief Fund available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide economic support to those local restaurants, bars and food service establishments suffering business interruptions due to the COVID-19 pandemic, during the period March 1, 2020 through December 30, 2020	20-0478	03/01/20-12/30/20	$8,000,000
Neg Amd 5 to Agmt PR00002263 with NextStage to provide continued technical assistance, grant admin and grant disbursement to small businesses impacted by COVID19, increase NTE by $2,700,000, 05/06/20-12/30/20, new combined NTE $33,517,500	20-0513	12/15/20	$2,700,000
Accept the State of Minnesota COVID☐19 relief grant funding, $25,261,000 recv; Neg implementation agmts to provide technical assistance and small business emergency funds, 12/16/20☐04/01/21	20-0529	12/16/20-04/01/21	$25,261,000

Hennepin County mid-action report

News releases

March 2020

Hennepin County closes public-facing services

Hennepin County sent this bulletin at 03/16/2020 08:29 PM CDT

HENNEPIN COUNTY
MINNESOTA

March 16, 2020, 8:30 p.m.

Hennepin County closes public-facing services

Media Statement

Hennepin County Board Chair Marion Greene declared a state of emergency in Hennepin County on Monday evening, March 16. This gives county leaders flexibility in our powers to make necessary and immediate decisions that protect the health and safety of our residents and employees.

Effective March 17, Hennepin County is closing all public-facing services at our 41 libraries, human service centers, and licensing service centers through April 6, 2020. We have not taken this decision lightly and understand the hardship this creates for our customers, clients, and residents.

We will undertake a period of planning now through April 6, to define creative solutions for serving our residents that do not require person-to-person contact, but deliver these important services.

 Our government services continue to function, but in a very different way in these times.

"We know that these are extremely challenging times for residents of Hennepin County," said Hennepin County Board Chair Marion Greene. "We are committed to leading with compassion and understanding. Our commitment to serving all residents and delivering services for those who need them most has never been stronger. We will use these days ahead to ensure that we're finding solutions to protect the health and safety of our residents and staff."

The Hennepin County Board will discuss these actions at a special board meeting on Tuesday, March 17, at 1:30 p.m.

Chair Greene and other key leaders will have media availability following the meetings.

County board actions: declaring continued local emergency, other actions related to COVID-19

Hennepin County sent this bulletin at 03/17/2020 03:55 PM CDT

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FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

The county board declared a continued local emergency at Tuesday's special board meeting, in addition to other actions related to COVID-19.

Declaring continued local emergency

The declaration of local emergency invokes Hennepin County's disaster plans, along with the county's powers to quickly provide emergency aid.

The emergency will remain ongoing, due to the continued need for extraordinary and immediate measures to protect the health, safety, and welfare of Hennepin County residents and employees. It is not anticipated that these needs will be resolved in the immediate future.

This declaration also authorizes up to $2.5 million to purchase and contract for all necessary goods, materials, supplies, equipment, and contracted services as part of Hennepin County's COVID-19 response.

All Hennepin County ordinances, rules, and policies that may inhibit or prevent prompt response to COVID-19 may be suspended for the duration of the local emergency if necessary.

Agreement to provide quarantine and isolation spaces

The board authorized up to $3 million to provide alternative quarantine and isolation spaces for people who depend on county services.

This action will provide quarantine and isolation spaces for residents who cannot provide for this on their own. People who may need this accommodation include returning travelers, such as students studying abroad, or people experiencing homelessness.

This action gives County Administration the authority to negotiate leases to provide these spaces through the end of 2020.

Support for Hennepin County employees

Paid time off

Effective March 15, staff who are required to be off work due to COVID-19 are authorized to use up to 80 hours of COVID-19 pay.

This includes staff with a medically-confirmed diagnosis of or exposure to COVID-19 for the employee or one of their family or household members resulting in self-quarantine.

Front-facing staff will be granted an additional 80 hours paid time off or vacation for use in the future.

Negative leave balances

Employees with insufficient paid leave hour balances are authorized to accrue a negative vacation/sick leave/PTO balance up to 240 hours under circumstances requiring employees to be off work due to a declared emergency. This has been increased from 160 hours.

Employees in good standing who stay with the county one year following the end of the declared emergency will have 40 hours negative accrual forgiven, and employees in good standing who stay with the county two years following the end of the declared emergency will have an additional 40 hours negative accrual forgiven.

Other support

The county has made a number of other significant benefits and workplace changes in response to the COVID-19 pandemic and is working diligently to anticipate COVID-19 developments and act accordingly to ensure the health and safety of residents.

County closures and service disruptions

Effective March 17, Hennepin County is closing all public-facing services at all libraries, human service centers, and licensing service centers through April 6. Hennepin County staff will undertake a period of planning through April 6, to define creative solutions for serving our residents that do not require person-to-person contact.

View the full list of closures and disruptions on hennepin.us.

130 people experiencing homelessness moved to alternative accommodations

Hennepin County sent this bulletin at 03/21/2020 09:35 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

130 people experiencing homelessness moved to alternative accommodations in response to COVID-19

Providing alternative accommodations for people experiencing homelessness who are at especially high-risk of COVID-19 (including the elderly and those with underlying health conditions) has been a top priority for Hennepin County this week. Yesterday, staff moved 130 people out of congregate shelter settings into alternative living arrangements at area hotels.

On Tuesday, March 17, the Hennepin County Board approved $3 million to secure alternative accommodations for high-risk individuals, as well as separate spaces for people who may become sick or have tested positive for COVID-19.

As of Friday afternoon, four people with flu-like symptoms have been identified and moved to separate living spaces and one has been tested for COVID-19. There are currently no documented positive cases of COVID-19 within the Hennepin County shelter system.

Media availability

David Hewitt, Hennepin County director of the Office to End Homelessness will be available for media inquiries today between noon and 2 p.m. Contact Carolyn Marinan at 612-348-5969 to coordinate.

Look for more news on the Hennepin County website at hennepin.us/news.

Discover how we're making a difference in our communities at hennepin.us/stories.

News release: Hennepin County sets up drop-off locations for critical materials

Hennepin County sent this bulletin at 03/22/2020 08:05 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contacts:
- Eric Waage, Emergency Management, 612-596-0252
- Carolyn Marinan, Communications, 612-910-9111

Hennepin County sets up drop-off locations for critical materials

Workers responding in crisis need protective gear

Hennepin County has created drop-off locations for items needed to protect people responding to the COVID-19 crisis.

Staff working in quarantine operations, as first responders, in public health, and in clinics and hospitals are running low on supplies that keep them safe and help them continue their work protecting our community.

Priority items needed include:

- Protective face wear – N95 or N100 respirators, PAPRs and surgical masks
- Nitrile gloves
- Tyvek coveralls
- Tyvek foot covers
- Eye protection (wrap arounds or chemical splash)

Drop off site for Sunday, March 22

Hours: 9 a.m. – 5 p.m.

Hennepin County
Department of Community Corrections and Rehabilitation
3000 North Second Street
Minneapolis, MN 55441

Drop off sites (starting Monday, March 23)

Hours: 9 a.m. – 5 p.m. daily

Hennepin County
Department of Community Corrections and Rehabilitation
3000 North Second Street
Minneapolis, MN 55441

Adult Correctional Facility
1145 Shenandoah Lane North
Plymouth, MN 55447

Southdale Library
7001 York Avenue South
Edina, MN 55435

County board actions: Update on COVID-19 response and more

Hennepin County sent this bulletin at 03/26/2020 02:17 PM CDT

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County board actions

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

The board held a special meeting Thursday to discuss Hennepin County's response to COVID-19 and approve emergency board actions.

Update on COVID-19 response

On Thursday, county leaders provided an update on COVID-19 and Hennepin County's efforts. The county has made several significant changes, including:

Time off/accommodations for employees

- COVID-19 pay when circumstances require an employee to be off work due to a presumptive diagnosis of or exposure to COVID-19
- More flexibility/forgiveness of negative leave balances
- Additional sick time/PTO for client-facing employees who cannot work from home

Changes to how services are delivered

- Closed all public-facing services at libraries, human service centers, and licensing service centers through April 6
- Authorized employees to work from home
- Authorizing operational changes at facilities
- Working with state to relax/eliminate requirements for face-to-face interactions
- Increasing disinfecting in public areas

Health resources for employees

- No testing fees/office visit co-pays related to COVID-19
- Relaxed prescription refill restrictions
- Online resources for COVID-19 medical advice
- Additional mental health resources

Emergency response

- Opened an Emergency Operations Center to respond to the quickly evolving emergency

- Prepared COVID-19 response plans to maintain continuity of operations and protect employees/residents
- Coordinating with the Minnesota Department of Health and other partners

Mobilizing workforce to meet new needs

Hennepin County has set up private spaces for people experiencing homelessness/people living in congregate settings, to reduce their risk of exposure and to isolate those who are sick.

Hennepin County's workforce is rising to the challenge to meet needs at these sites. Within two days of a callout being made to all county employees, more than 100 staff responded offering their help.

Continued exploration of new ways to deliver service

Leaders discussed ideas for additional changes, including:

- Mailing library patron material holds
- Using drop boxes where residents can drop off human services documents
- Enlisting technology when remote work is recommended
- Deploying resources where help is needed

More information

View a video of the presentation.

Accepting COVID-19 funding

To ensure swift action and maximize grant and other aid funding opportunities, commissioners authorized County Administration to accept COVID-19 funding awarded to Hennepin County.

The unprecedented environment created by the COVID-19 pandemic has resulted in streams of funding being made available sporadically with very short response times for application and acceptance.

News: Statement on COVID-19 related death

Hennepin County sent this bulletin at 03/27/2020 04:09 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Statement on COVID-19 related death

Very sadly, we have learned of the first COVID-19 related death in Hennepin County.

"On behalf of the Hennepin County Board of Commissioners, I want to express my heartfelt condolences to the loved ones at this difficult time. As COVID-19 continues to spread, I thank our communities and residents for doing what we can to keep each other safe, and heeding Gov. Walz's order to stay home.

This is a challenging time. We understand there are fears, concerns and uncertainty. We ask you to help those you can and stay in conversation with friends, family and those who might be vulnerable or alone. We are all in this together."

--Hennepin County Board Chair Marion Greene

April 2020

Third hotel shelter dedicated to isolation spaces for people experiencing homelessness

Hennepin County sent this bulletin at 04/03/2020 10:11 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Third hotel shelter dedicated to isolation spaces for people experiencing homelessness

This week, Hennepin County stood up a third temporary shelter location at an area hotel to provide alternate accommodations for people experiencing homelessness in response to the continued spread of COVID-19.

This new site is dedicated specifically to isolation spaces for people who are awaiting test results or have tested positive for COVID-19 to discourage spread of the virus. Since Wednesday, April 1, five residents have been moved from other shelter settings into isolation spaces at this new hotel. As of Friday morning, none have tested positive for COVID-19 and two are currently awaiting test results.

At one of the two existing hotel sites, 37 people have been in isolation with flu-like symptoms with zero positive COVID-19 tests. Nineteen have recovered and 18 will remain until they are asymptomatic.

Hennepin County continues to work with shelter and health professionals to identify healthy but especially high-risk people experiencing homelessness. So far, 233 high-risk residents have been moved from congregate shelter settings into hotel sites, including 153 seniors and 80 other high-risk residents.

Media availability

Key staff will be available for media calls between 1 p.m. and 2 p.m. today, Friday, April 3, including:

- David Hewitt, Hennepin County director of the Office to End Homelessness

- Martha Trevey, Clinical Services Manager, Healthcare for the Homeless

Please contact Carolyn Marinan at 612-910-9111 to coordinate interview times.

County board actions: Additional funding for COVID-19 response

Hennepin County sent this bulletin at 04/07/2020 05:38 PM CDT

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County board actions ═══

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Additional funding for COVID-19 response

Today, county commissioners designated $3 million of additional funding for COVID-19 response.

This action will provide equipment and services that are essential to responding to the pandemic, including safe and isolated living spaces for people experiencing homelessness.

Learn more about other key actions commissioners have taken in response to the pandemic.

News: Hennepin County providing essential services

Hennepin County sent this bulletin at 04/09/2020 11:37 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Media contact: Carolyn Marinan, Communications, 612-348-5969

Questions about services: 612-348-3000

Hennepin County providing essential services

Hennepin County continues to evaluate our services to comply with the governor's order.

Assistance is available by phone or online for most county programs, and we continue to develop new ways to safely serve residents.

Hennepin County is committed to providing services during this time of ambiguity and quickly evolving needs.

How to access services

- Web – Up-to-date information is available at hennepin.us/covid-19#services-available.

- Phone – County residents can call 612-348-3000 for help with clothing, financial assistance, grocery and household supplies, medical care and equipment, or medication.
    - 8 a.m. to 8 p.m. seven days a week
    - Help is available in different languages

Services

Up-to-date information is available at hennepin.us/covid-19#services-available.

Human services programs

Hennepin County has capitalized on existing online and telephone options to provide continuous service to residents in need of human services programs, to respond to existing clients and an increasing need from new applicants. Residents who once went to human services offices for in-person service now can conduct the same business – completing applications, continuing services and getting answers to their questions – by computer or telephone.

Services include food and financial assistance, health care assistance and emergency assistance to prevent homelessness.

Libraries

Hennepin County Library will offer contactless, curbside pickup at eight locations beginning as early as April 13. Pickup will be available at Brooklyn Park, East Lake, Eden Prairie, Maple Grove, Plymouth, Ridgedale, Washburn, and Webber Park libraries.

In addition, the library is offering temporary, digital library cards for county residents who do not have a library card. The digital cards provide full access to the library's eBooks, digital downloads, and online services.

Find more information about library services.

Marriage licenses

We continue to process marriage licenses and other licenses and certificates.

Small businesses

To help small businesses affected by COVID-19, we are maintaining an updated list of resources and information for businesses and workers on our Economic Development website.

Homelessness

We are working closely with our shelter and service providers to expand services and shelter options for people experiencing homelessness through the COVID-19 response. This includes working with area hotels to provide alternate housing for high-risk residents and those with suspected or confirmed cases of COVID-19 who cannot provide safe isolation spaces on their own. More information is available at hennepin.us/your-government/projects-initiatives/heading-home-hennepin.

Support for job seekers

The county is providing online job fairs and other services.

Personal protective equipment donations

Hennepin County is accepting items to help protect staff working in quarantine operations, as first responders, in public health, and in clinics.

Drop items off

- Department of Community Corrections and Rehabilitation, 3000 North 2nd Street, Minneapolis, MN 55411
- Monday through Friday, 7:30 a.m. to 4 p.m.

Learn more: hennepin.us/residents/emergencies/covid-19.

County board actions

Hennepin County sent this bulletin at 04/21/2020 06:39 PM CDT
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County board actions

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

On Tuesday, the board approved several items in response to the COVID-19 pandemic.

Small business and housing relief

The unprecedented environment created by the COVID-19 pandemic has resulted in significant business closings, income loss, and unemployment within Hennepin County.

In response, the county board has approved the following actions.

Hennepin County Small Business Relief Program

The board approved $2 million of emergency loan funding to help local businesses recover from the economic impacts of COVID-19. The county will partner with Metropolitan Consortium of Community Developers to assist approximately 265 businesses.

Learn more about small business relief.

Small business outreach

The board approved an agreement with the Alliance for Metropolitan Stability to provide small business outreach in partnership with culturally specific, community-based organizations.

Emergency housing assistance

The board approved $740,000 to fund emergency housing assistance for renters and homeowners. The county will add up to $1.5 million more for rental assistance from federal CARES Act funding in the coming days.

County partners with local shelters to stand up more hotels for people experiencing homelessness

The board approved a plan to work with Catholic Charities and the Salvation Army to move people experiencing homelessness who are at high-risk of COVID-19 out of two shelters and into a new hotel to allow them to safely self-isolate.

Approximately 200 people, including seniors and people with underlying health conditions, will move out of Higher Ground and Harbor Light Center into a hotel leased by Hennepin County. Catholic Charities and the Salvation Army will jointly operate and staff the facility.

The county is also working with People Serving People and partners to explore leasing an additional 50-bed hotel for families staying in shelter that have symptoms of COVID-19 in a similar arrangement.

The county is already operating three additional hotel sites for high-risk people who cannot self-isolate, including one for people with suspected and confirmed cases of COVID-19. There are currently 272 residents staying in these hotels.

Hennepin County first acted to establish alternative accommodations for high-risk residents at area hotels on Tuesday, March 17.

To date, Hennepin County has spent more than $2 million on isolation housing for vulnerable residents.

Abatement of property tax penalty for certain taxpayers

The board approved a measure to automatically waive penalties for property tax payments due on May 15 but made on or before July 15.

This applies to taxpayers who:

- Have a total property tax payment of less than $50,000 for all parcels
- Do not escrow their property tax payments through a mortgage or escrow service

Budgeting for COVID-19 response

Commissioners authorized up to $4 million of additional funding for COVID-19 response.

The board had previously authorized $8.5 million for protective housing, isolation and quarantine sites, personal protective equipment and staffing to respond to COVID-19.

This brings authorized spending related to COVID-19 to $12.5 million.

To date, the county has spent $6.7 million on COVID-related expenses.

May 2020

News: Hennepin County providing services

Hennepin County sent this bulletin at 05/04/2020 01:40 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Questions about services: 612-348-3000

Hennepin County providing services

Hennepin County continues to evaluate our services to comply with the governor's order.

Assistance is available by phone or online for most county programs, and we continue to develop new ways to safely serve residents.

Hennepin County is committed to providing services during this time of ambiguity and quickly evolving needs.

How to access services

- Web – Up-to-date information is available at hennepin.us/covid-19#services-available.
- Phone – County residents can call 612-348-3000 for help with clothing, financial assistance, grocery and household supplies, medical care and equipment, or medication.
  - 8 a.m. to 8 p.m. seven days a week
  - Help is available in multiple languages

Services

Up-to-date information is available at hennepin.us/covid-19#services-available.

Human services programs

Hennepin County has capitalized on existing online and telephone options to provide continuous service to residents in need of human services programs, to respond to existing clients and an increasing need from new applicants. Residents who once went to human services offices for in-person service now can conduct the same business – completing applications, continuing services and getting answers to their questions – online or by phone.

Services include food and financial assistance, health care assistance and emergency assistance to prevent homelessness.

Libraries

Hennepin County Library is offering limited curbside pickup at eight locations. Pickup is available at Brooklyn Park, East Lake, Eden Prairie, Maple Grove, Plymouth, Ridgedale, Washburn, and Webber Park libraries.

In addition, the library is offering temporary, digital library cards for county residents who do not have a library card. The digital cards provide full access to eBooks, audiobooks, streaming media, and other online services.

Find more information about library services.

Marriage licenses

We continue to process marriage licenses and other licenses and certificates.

Small businesses

The Hennepin County Small Business Relief Program is providing emergency forgivable loans up to $7,500 to small businesses impacted by COVID-19.

To help small businesses affected by COVID-19, we are maintaining an updated list of resources and information for businesses and workers on our Economic Development website.

Homelessness

We are working closely with our shelter and service providers to expand services and shelter options for people experiencing homelessness through the COVID-19 response. This includes working with area hotels to provide alternate housing for high-risk residents and those with suspected or confirmed cases of COVID-19 who cannot provide safe isolation spaces on their own. More information is available at hennepin.us/your-government/projects-initiatives/heading-home-hennepin.

Support for job seekers

The county is providing online job fairs and other services.

Rental assistance

Suburban Hennepin County residents who have been financially harmed by COVID-19 may be eligible for emergency rental assistance. Learn more and apply.

Hennepin Health

Hennepin Health members can call 612-596-1036 (TTY 1-800-627-3529) for help with transportation, bus passes, plan benefits and other member services.

Personal protective equipment donations

Hennepin County is accepting items to help protect staff working in quarantine operations, as first responders, in public health, and in clinics.

Drop items off

- Department of Community Corrections and Rehabilitation, 3000 North 2nd Street, Minneapolis, MN 55411
- Monday through Friday, 7:30 a.m. to 4 p.m.

Learn more: hennepin.us/residents/emergencies/covid-19.

County board actions

Hennepin County sent this bulletin at 05/05/2020 04:50 PM CDT

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FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Testing and support for long-term care facilities

The board established a new program that will provide onsite COVID-19 testing, technical assistance and guidance to long-term facilities in Hennepin County.

A disproportionate number of COVID-19 hospitalizations and deaths have occurred in Hennepin County, primarily driven by cases arising in long-term care facilities.

While Hennepin County only makes up 23% of the state's population, 49% of hospitalizations and over 66% deaths related to COVID-19 have occurred here. Long-term care facilities account for 36% of Hennepin County's COVID-19 hospitalizations and 85% of deaths.

Hennepin County and Hennepin Healthcare will partner to provide increased onsite testing for residents and staff. The program will provide support and direction in the following areas: infection prevention and control, personal protective equipment, staffing plans, and supports for staff wellbeing.

Helping small businesses respond and recover

The board allocated $15 million for small business relief and recovery efforts, including adding $10 million to the Hennepin County Small Business Relief Fund for emergency financial relief. An additional $5M will go to future business recovery efforts.

The impacts of COVID-19 have disproportionately affected small and minority owned businesses, who have also faced the greatest challenges in accessing financial assistance from other state and federal relief programs. To address these disparities, Hennepin County is partnering with the Alliance for Metropolitan Stability and 10 community-based organizations to provide culturally-specific outreach and technical assistance.

The board also directed staff to develop guidelines and an implementation plan to help businesses reopen under new public health guidance and protocols.

This funding is expected to support response and recovery efforts for approximately 1,300 small businesses in Hennepin County.

The board previously approved $2 million of emergency business support to help local businesses recover from the economic impacts of COVID-19.

Learn more about the program.

Council on COVID-19 business recovery

A new Hennepin County Business Advisory Council will support the rapid recovery of businesses from COVID-19.

The board established the advisory council Tuesday, which will include 20-25 representatives with business experience and ability to represent the diversity of Hennepin County's business community.

Representatives will identify opportunities and needs in the business community, provide guidance and input to county staff on potential programs and initiatives, and act as a liaison between the business community and Hennepin County.

Emergency Rental Assistance

The board allocated $15 million for emergency rental assistance for low-income residents.

Low-income households and households of color have been disproportionately impacted by the economic consequences of COVID-19. Many low-income renter households are working in the industries that have lost the most jobs due to COVID-19. To address these disparities, funds will be targeted to renters with incomes below 50 percent of the area median income.

This funding is expected to help 9,000 low-income Hennepin County residents maintain stable housing during the COVID-19 pandemic.

The board previously approved $740,000 to fund emergency housing assistance for renters and homeowners.

Learn more about the program.

Supports for youth involved with county services

The board approved a directive focusing on youth educational stability, health and wellbeing.

Hennepin County will develop strategies to support youth impacted by COVID-19, particularly youth involved in county systems and out of home placement.

Efforts will focus on access to distance learning and educational stability.

Request to extend government services waivers

The board encouraged the extension of waivers that allow flexibility to provide county services while protecting the health and safety of staff and residents.

The board urges the governor, the state legislature and federal government to extend waivers granted to county governments in the administration of mandated services granted under the declaration of peacetime emergency related to COVID-19.

County governments will need a significant amount of time beyond the current emergency declaration to adjust service delivery models for long-term public health benefit.

Updated board meeting calendar

Commissioners amended the board meeting calendar to include additional meetings for timely response to COVID-19 related items.

Board meetings and committee meetings will now take place every week through the end of July.

View the updated calendar.

County board actions

Hennepin County sent this bulletin at 05/19/2020 05:20 PM CDT

County board actions

Hennepin County COVID-19 preparedness plan

The board approved a Hennepin County COVID-19 preparedness plan to keep people safe as the county brings more staff back to physical locations to serve residents.

The plan requires employees to do self-screening at home before coming to work and requires worksite training for all employees. The plan also requires all employees and visitors to wear face coverings in all county facilities. The face coverings must cover both mouth and nose, as well as be secured to the head with ties or ear loops. The county will provide face coverings to employees and visitors who do not have them.

The face covering requirement takes effect Thursday, May 21. Other plan elements will be in place beginning the week of May 25. The county's plan will be reviewed regularly and updated as needed.

The county continues to take a phased approach to bringing back in-person services at county facilities. Many services continue to be offered online and by phone, mail, drop-off, and fax. For the latest service updates, go to https://www.hennepin.us/covid-19.

Federal CARES Act allotment

The board approved a $2.5 million federal CARES Act allotment for emergency relief and recovery. The allotment supports private non-profits and community organizations impacted by COVID-19 that serve county-involved individuals, families, and youth.

Funding will support facility adaptations, technology, supplies, and personal protective equipment that the providers need to safely carry out services during the COVID-19 crisis. Additionally, the funding will support the county's disparity reduction work and those entities that deliver services to disadvantaged individuals and communities.

June 2020

Cooling centers available

Hennepin County sent this bulletin at 06/08/2020 10:40 AM CDT

HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Cooling centers available

In a normal year, more than 600 Americans die of complications from overheating. Young children, senior citizens and people who are sick or overweight are most vulnerable.

To escape the heat, view our interactive map to find cooling centers throughout Hennepin County. We have restructured the map to adhere to COVID-19 social distancing guidelines. Because some Hennepin County buildings have been recently damaged, there are new cooling centers available. Please check the availability and hours for each location before visiting. Also, check for COVID-19 related requirements, including mask policy, social distancing and other requirements in place at that facility.

You can personalize the map by entering a home zip code or current street address. Users then can click on individual cooling locations for an address, days and hours of operation, contact information and a website link.

View a cooling center near you: https://www.hennepin.us/residents/health-medical/cooling-centers

News: MSP counties, private sector leaders unite to support small businesses affected by COVID-19

Hennepin County sent this bulletin at 06/09/2020 03:04 PM CDT
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FOR IMMEDIATE RELEASE

Media contact: Maggie Habashy, Greater MSP, 952-457-4571

MSP counties, private sector leaders unite to support small businesses affected by COVID-19
Business4Business coalition matches small businesses to community resources; asks for private sector support

Today, a broad coalition of Twin Cities counties, chambers of commerce, community development agencies and other partners are announcing Business4Business Minneapolis-

Saint Paul (B4B MSP), a regional coalition that aims to build a local support network to help small businesses survive and recover from the COVID-19 pandemic and other challenges facing our small business community.

The B4B MSP coalition will connect small businesses harmed by COVID-19 with local resources from public agencies and private sector partners, including technical and financial assistance to provide immediate relief and boost long-term recovery efforts.

Priority outreach will be conducted in partnership with community-based organizations working in low-wealth communities, communities of color, and areas with barriers to access other small business resources.

Businesses in the Greater Minneapolis Saint Paul region account for 64.5% of jobs and 68.7% of annual revenue in the state of Minnesota. Of all businesses in the region, 83% have fewer than 20 employees. These small businesses have been the most severely impacted by the COVID-19 pandemic and have been least able to access first-come, first-served business relief funding.

The greater Minneapolis-Saint Paul region is home to private industry leaders and strong public sector partners that have a demonstrated history of working together to support community and economic vitality.

Through strong public and private sector partnerships, B4B MSP will support our resilient small business community through unprecedented challenges and continue to drive inclusive economic growth that strengthens our communities at home and across the state.

To learn more about B4B MSP and how to support small businesses in the greater Minneapolis-Saint Paul region, visit Business4BusinessMSP.com.

Business4Business Regional Coalition Partners

- Metropolitan Consortium of Community Developers
- GREATER MSP Partnership
- Minneapolis Regional Chamber
- Saint Paul Area Chamber of Commerce
- Anoka Area Chamber of Commerce
- East Side Area Business Association
- SPEDCO
- Twin Cities North Chamber of Commerce
- LatinoLEAD
- Metro North Chamber of Commerce
- Midway Chamber of Commerce
- SouthWest Metro Chamber of Commerce
- Watertown Chamber of Commerce
- Waconia Chamber of Commerce
- White Bear Area Chamber of Commerce

- Oakdale Area Chamber of Commerce
- Minnesota Hmong Chamber of Commerce
- Minnesota Black Chamber of Commerce
- Greater Stillwater Chamber of Commerce
- Woodbury Area Chamber of Commerce
- Norwood Young America Area Chamber of Commerce
- Cottage Grove Area Chamber of Commerce
- Payne-Arcade Area Business Association
- Ham Lake Area Chamber of Commerce
- Quad Area Chamber of Commerce
- The Center for Economic Inclusion

County board actions

Hennepin County sent this bulletin at 06/11/2020 04:20 PM CDT

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FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

$3.5M CARES Act funding to support absentee voting

The board allocated $3.5 million of CARES Act funding for absentee voting, with a goal of increasing safety in the 2020 election for voters and elections workers.

Funds will be used to:

- Educate and encourage eligible voters in Hennepin County to vote absentee by mail
- Provide additional temporary staff and supplies to manage and count a significant increase in absentee ballots due to the COVID-19 pandemic
- Implement public health measures in polling places
- Recruit new polling place staff to mitigate a reduction in volunteers

$1.7M for multidisciplinary approach to combat COVID-19
Approach includes testing, contact tracing

The board designated $1.7 million of CARES Act funding for a multi-faceted approach to minimizing the spread of COVID-19.

Hennepin County will:

- Hire 25 staff to provide mobile testing at long-term care facilities, neighborhoods and communities most disproportionately impacted, and other emergent locations
- Hire 15 staff for contact tracing and investigation efforts
- Contract with Hennepin Healthcare to provide COVID-19 testing services
- Supply the necessary personal protective equipment (PPE) for these staff

$1M of CARES Act funding to support summer youth programs

The board allocated $1 million of CARES Act funding to help organizations safely provide youth programs and organized youth sports during COVID-19.

Organizations will use funding for facility adaptations, technology, supplies and personal protective equipment.

Distance learning resources for youth

The board approved $1.5 million of CARES Act spending to support resources for distance learning for youth involved in county systems, such as child welfare and corrections.

While schools continue to work to secure devices for students, gaps in access to broadband connectivity remain. The ability to ensure uninterrupted educational stability for youth involved in county systems could include:

- Purchase of devices
- Investment in broadband for specific locations that have high concentrations of youth without connectivity
- Purchase of hotspots and cell phones for internet connectivity

Absentee voting for 2020 primary election is open
Hennepin County sent this bulletin at 06/29/2020 10:31 AM CDT

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MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Absentee voting for 2020 primary election is open

The 2020 primary election kicked off on June 26 with the start of absentee voting. This year, Hennepin County is emphasizing the ability to vote by mail to ensure all eligible residents can safely participate during the COVID-19 pandemic.

Vote early by mail

Minnesota law permits no-excuse absentee vote by mail for all eligible residents. Voters must fill out an application online or on paper to receive a ballot. Paper applications are available in English, Spanish, Hmong, Somali, Vietnamese, Russian, Chinese, Lao, Oromo, Khmer and Amharic.

Residents who are not yet registered to vote are able to apply to vote absentee. However, to make the process easier, voters may choose to register before applying for an absentee ballot.

Voters can expect ballots to be mailed within a few days of submitting an application. Election staff are working as quickly as possible to process absentee ballot applications. Do not submit duplicate applications, this will cause delays in materials being mailed. For the 2020 state primary, absentee ballots must be postmarked by election day (August 11, 2020) and received by August 13, 2020.

REQUEST YOUR

Absentee Ballot

Minnesota Primary

July 2020

Hennepin County weekly voting progress for the 2020 primary election

Hennepin County sent this bulletin at 07/13/2020 02:36 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Hennepin County weekly voting progress for the 2020 primary election

Each week, Hennepin County will provide the latest stats on absentee voting for the 2020 Minnesota primary election. Absentee voting began Friday, June 26. If you'd like to receive these weekly updates in your inbox, sign up for our elections newsletter.

Absentee voting

As of July 13 at 8 a.m. in Hennepin County:

Ballots

- Total ballots issued: 131,800
- Total ballots accepted: 18,200

In the 2016 election, a total of 7,999 votes were cast absentee during the primary election and 203,402 were cast during the general election.

Registration

Hennepin County has more than 793,400 pre-registered voters for the Minnesota primary election. Voters in Minnesota have the option to register at their polling place on Election Day, August 11.

Pre-registration reduces exchange of materials at polling locations. Register to vote at mnvotes.org.

Voters can look up their polling place, sample ballot, voter registration status, and absentee ballot status at mnvotes.org.

Important Dates

- June 26: Absentee voting begins
- July 21: Registration deadline for the primary election (voters can register at their polling place on Election Day)
- August 11: Primary Election Day
- November 3: General/Presidential Election Day

Due to the COVID-19 crisis and record levels of absentee voting, allow additional time for requested absentee materials to be mailed.

Note: A Presidential Nomination Primary was conducted on March 3rd. The office of President/Vice- President will be on the general election ballot in November.

News: Hennepin County awards grants to improve community mental wellbeing and housing stability

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Lori Imsdahl, Hennepin County communications, 612-348-5969

Hennepin County awards grants to improve community mental wellbeing and housing stability

Hennepin County's Community Health Improvement Partnership (CHIP) announced this week the recipients of its first ever cross-sector innovation initiative (CSII) mini grants. The grants were awarded to eight individuals in the community who submitted a project proposal that addresses the impact of COVID-19 on community mental wellbeing and housing stability.

The CSII mini grants total $3,000 and the projects they fund will support diverse communities in Hennepin County, including Native American, African, African American, Asian, low-income renters, youth, elders, East and South Minneapolis, Hopkins, and Brooklyn Park. Many of these communities have been disproportionality affected by the pandemic.

CSII mini grant projects include:

- **Africa, let's talk:** A two-series community podcast with a physician and a psychologist
- **Asian American Healing Series**: Virtual healing event led by Asian American healers
- **Intergenerational COVID-19 response from Little Earth:** Mask making sessions for Little Earth youth and elders, and Facebook live sessions about masks
- **Peace in the valley:** A family event at a housing complex with masks and hotdogs for kids, drawings for adults, and a survey to learn how COVID-19 is affecting residents
- **Project protect and play:** Info and items to encourage East African families to engage in play
- **Self-care packages for Dow Tower**: Self-care packages for adults and individuals with disabilities in low-income public housing
- **Stay at home stay safe bingo**: Bingo games for socially isolated Native American elders
- **Summer learning kits:** Distribution of summer learning kits at Sabathani Community Center

"It was exciting to see all the ideas and solutions community members came up with to address mental wellbeing and housing stability related to COVID-19," says Karen Nikolai, Hennepin County CHIP coordinator. "People had ideas that we partners around the table never would have thought of. The CSII mini grant initiative solidifies our belief that communities know what's best when we take the time to listen."

Hennepin County board passed additional CARES Act funding

Hennepin County sent this bulletin at 07/29/2020 09:00 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Hennepin County board passed additional CARES Act funding

On July 28, the county board approved CARES Act funding to support housing stabilization, low barrier emergency shelter, and a public information campaign.

The federal CARES Act was passed in March 2020. It provides payments to state, local, and tribal authorities to mitigate the impacts of the COVID-19 pandemic.

Housing stabilization

The county board approved $1.2 million in CARES Act funding to establish an affordable housing stabilization fund.

The funding will provide properties, owners, and tenants with outreach, education, and assistance to prevent evictions and mortgage foreclosures. This includes the creation of a virtual tenant resource navigation tool, individualized housing resource navigation, and support for tenants in Housing Court.

Low barrier emergency shelter

The county board approved $3.5 million in CARES Act funding to provide low barrier emergency shelter for people experiencing homelessness.

Funds will be used to support an emergency shelter at 2012 Cedar Avenue in Minneapolis, which the American Indian Community Development Corporation (AICDC) is acquiring and rehabilitating. The emergency shelter will follow CDC guidance to add sheltering capacity to prevent the spread of COVID-19. It will also address the overrepresentation of Native Americans among people impacted by COVID-19.

Public information, engagement, and outreach campaign

The county board approved $2.3 million of CARES act funding for a public information, engagement, and outreach campaign. This broad, multifaceted campaign will encourage residents to wear face masks. It will also encourage people to take care of other health care needs like flu shorts and childhood vaccinations and, when appropriate, promote COVID-19 vaccinations.

Additionally, the funding will allow Hennepin County to contract with trusted messengers to augment the campaign and will support translation and interpretation services.

"Today we allocated additional federal funding to help individuals in our community affected by the COVID-19 pandemic," said Hennepin County Board Chair Marion Greene. "Using these funds to support individuals experiencing the devastating effects of COVID-19 are critical for us to make it through this pandemic."

How the county is spending CARES Act funds

Since passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act in March, the county board passed several additional actions to fund programs and service in response to COVID-19. Highlights include funding for:

- **Businesses** – $28 million to support emergency relief and recovery efforts of small businesses through the Hennepin County Small Business Relief Program
- **Education** – $4 million targeted for youth involved in county systems, such as child welfare and corrections
- **Food security** – $2 million to food banks and other organizations
- **Human services** – $2.5 million for non-profits and community organizations that serve individuals, families, and youth involved in county systems
- **Jobs** – $2.5 million for job search resources for people experiencing income loss due to COVID-19
- **Licensing services** – $3 million to reduce backlog, create social distancing, and provide safe services at county Service Centers
- **Public health** – $1.7 million for multidisciplinary approach to combat COVID-19
- **Rental and housing assistance** – $15.7 million for emergency assistance for renters and homeowners
- **Voting** – $3.5 million for absentee voting
- **Youth programs** – $3 million to support summer youth programs

Hennepin County is using additional CARES funding to equip Hennepin County and Hennepin Healthcare staff to best serve residents during this pandemic. Internal focus areas include:

- Transitioning to new ways to deliver service
- Emergency response
- Time off/accommodations for employees
- Health resources for employees

More information

Learn more about the how the county uses CARES Act funding to serve residents during the pandemic at www.hennepin.us/covid-19#county-covid-funds.

August 2020

County board actions: COVID-19 funding, Juneteenth, and more

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County board actions

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

COVID-19 response

Emergency housing assistance

Hennepin County will receive $6.1 million from the state to help residents maintain stable housing during the pandemic.

This is in addition to $16.7 million of CARES Act funding already allocated for emergency housing assistance, for a new total of $22.8 million.

With this new funding, the county will be able to help approximately 11,000 renters and eligibility will be expanded to include households with incomes up to 300% of the Federal Poverty Guideline ($78,600 for a four person household).

The county will work with its existing network of emergency housing assistance partners to administer these funds.

Technology for households impacted by COVID-19

Hennepin County is allocating $1 million of CARES Act funding to distribute low-cost laptops to:

- Youth attending schools that were unable to provide a device for each student
- Youth involved in county programs
- Seniors who need help accessing services, such as tele-health
- People experiencing unemployment who need a device to seek employment, housing, and social supports
- People/youth experiencing housing instability

Additional materials for library e-collection

The board allocated $300,000 of CARES Act funding to purchase e-materials to expand Hennepin County Library's collection and better serve patrons.

This funding will lower the average wait time and provide resources so communities across Hennepin County can read, graduate, engage, work and learn.

Americorps members to assist at hotel sites

The board allocated $184,000 of CARES Act funding to retain Americorps members to support people experiencing homelessness who are staying at hotel sites.

Hennepin County has been working with Americorps to operate hotel sites for seniors and people with underlying health conditions.

September 2020

County board actions: Preventing COVID-19 spread at long-term care facilities, CARES Act funding

Hennepin County sent this bulletin at 09/01/2020 04:00 PM CDT

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FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Preventing COVID-19 spread at long-term care facilities

Hennepin County is receiving funding to provide increased COVID-19 testing, follow-up services, and education to long-term care facilities.

Long-term care facilities currently account for 83% of COVID-19 deaths in Hennepin County. These facilities are at high risk due to congregate living settings, underlying chronic conditions among residents, and challenges implementing infection control.

The county will use $99,985 from the National Association of County and City Health Officials to:

- Develop a tool kit to assist facilities with infection prevention and control
- Create a task force of community health workers, public health nurses, and others to provide outreach, planning support, assessment and training, swabbing, and cultural support
- Train additional public health staff to provide assessment and education
- Continue to collaborate with regional and state-wide workgroups

CARES Act funding

Mitigating COVID-19 spread at emergency shelters

The board allocated $3.2 million to prevent the spread of COVID-19 at emergency shelters for people experiencing homelessness.

Emergency shelters will use funding to follow public health guidelines, such as separate sleeping spaces with partitions, private restrooms and modifying ventilation systems.

Harbor Light Center and Higher Ground shelters will receive $1.2 million. The board designated an additional $2 million in a general fund for shelters.

Providing emergency relief for human services organizations

The board allocated an additional $2.5 million to support non-profit and community organizations providing expanded safety net services due to COVID-19.

Hennepin County has already distributed $2 million to the network of human services providers for facility adaptations, technology, supplies and personal protective equipment needed to safely provide services.

2020 general election

Additional resources for absentee voting

The board allocated $1 million for mailing absentee ballots and hiring additional seasonal staff to support absentee voting in the general election.

Additional resources are needed to support voting by mail in the 2020 election – a key strategy in reducing COVID-19 risk to voters and election workers.

Additional CARES Act funding

The board also accepted $1.2 million of CARES Act funding from the state to support the election, the majority of which Hennepin County will pass along to cities.

News: Hennepin County administrator proposes zero percent levy increase in 2021 budget

Hennepin County sent this bulletin at 09/15/2020 02:20 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Hennepin County administrator proposes zero percent levy increase in 2021 budget

On Tuesday, Hennepin County Administrator David Hough proposed a 2021 budget of $2.2 billion to the Hennepin County Board. This is a total decrease of more than $300 million dollars from the proposed 2020 budget.

The operating portion of this budget totals $2 billion, a decrease of $45 million from the adjusted 2020 budget. The capital portion totals $187.9 million, a decrease of $274.2 million or 60% less than the adjusted 2020 amount.

The proposed net property tax levy is $869 million with no levy increase compared to last year. Property tax covers 35% of the overall county budget. Federal and state sources, fees and services, and other revenues fund the remainder of the budget.

"We have been planning since the pandemic hit to present a budget with a zero percent increase for 2021," said Hennepin County Administrator David Hough. "As a county we've adapted, innovated and improved resident services in 2020, but we have a responsibility to closely manage our budget during these uncertain times."

Hough's proposed budget includes strategies like reducing positions, canceling leases, significantly decreasing the capital budget and using fund balance and contingency funds to fill gaps.

The budget does not account for an estimated $30-$45 million in potential costs associated with a continued response to COVID-19, including isolation and quarantine facilities and operations, testing, tracing and vaccinations and other response currently funded through federal CARES dollars.

"We are uncertain if additional state and federal aid will help us continue to fight this pandemic in Hennepin County," said Hough. "We will need to continuously evaluate our situation and use available tools for the ongoing response efforts to COVID. 2020 will be remembered as a year of crisis, but the crisis will continue into 2021."

Capital budget

One of the key drivers to keeping the property tax levy at zero percent is the 60% reduction in the 2021 capital budget. Some key items in the capital budget include:

- $72 million in investment toward road, bridge and trail infrastructure
- $7 million in environment and energy infrastructure
- $12 million in investment for public safety and judiciary facilities and infrastructure
- $44 million toward facilities supporting the Health and Human Services lines of business including the medical center, NorthPoint Health and Wellness Center and the Regional Medical Examiner's Office; and
- $51 million toward our libraries and general office infrastructure

In 2020, the county completed its financial obligation to fund the Southwest Light Rail Transit Line construction project which is at nearly 20% completion.

Budget hearing schedule

View the schedule of public meetings at hennepin.us/budgets.

Property values

Property tax valuations impact the property tax portion of the budget. The Hennepin County Assessor's Office assesses your property and estimates the value it would likely sell for on the open market, which is one factor used in determining your property tax. Other factors include property tax levies set by the school districts, city, county or special taxing districts that the property is in.

Find out more about property values.

County board actions: property tax levies, CARES Act funding, and more

Hennepin County sent this bulletin at 09/29/2020 05:38 PM CDT

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FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Board approves 0% levy increase in 2021 budget

The board voted Tuesday to approve an $869 million maximum property tax levy with no increase from 2020.

Earlier this month, Hennepin County Administrator David Hough presented a $2.2 billion proposed 2021 budget. Read more about Hough's budget proposal.

Housing and Redevelopment Authority levy

Acting as the Housing and Redevelopment Authority, the board approved a $16.5 million maximum property tax levy. Staff have proposed a 2021 budget of $17.8 million for the authority.

The proposed budget supports:

- Affordable housing, including the Affordable Housing Incentive Fund and Supportive Housing Program
- Community and economic development, including the Transit Oriented Development, CEO Next Institute, and Open to Business programs
- Operations and administrative activities

Regional Railroad Authority levy

Acting as the Hennepin County Regional Railroad Authority, the board approved a $30 million maximum property tax levy. Staff have proposed a 2021 budget of $31.4 million for the authority.

The proposed budget supports:

- Capital projects, including Bottineau Light Rail Transit, Orange Line Bus Rapid Transit, and Midtown Corridor Bridges

- Debt service
- Corridor maintenance, asset management, and administrative activities

Next steps

- November – Property owners will receive a notice showing the impact of the county's maximum levies on their properties, as well as the impact of taxes proposed by other local units of government, such as cities and school districts.
- Tuesday, December 1, 6 p.m. – The proposed levies will be discussed at the Truth in Taxation public meeting.
- The property tax levies that commissioners ultimately approve in December may be lower than the approved maximums, but cannot exceed the maximum levies adopted at Tuesday's meeting.
- View the schedule of budget hearings in hennepin.us/budgets.

CARES Act funding

Hennepin Healthcare's response to COVID-19

The board allocated $44 million to Hennepin Healthcare for COVID-19 expenses from March – July 2020, including:

- Testing clinics
- Capabilities for telemedicine visits
- Buildout of intensive care units and additional ventilators
- Security, sanitation, entrance screeners, and staff training
- PPE, lab equipment and reagent supplies
- Isolation units for COVID-19 patients, hotel costs/IT costs to isolate at-risk employees, and IT equipment for work-from-home isolations

Purchasing alternative living spaces for people experiencing homelessness

The board designated $3.6 million to purchase alternative living spaces for people experiencing homelessness or impacted by the COVID-19 pandemic.

- $2.7 million to purchase a 35-room motel located at 5637 Lyndale Avenue South, Minneapolis and make basic updates and repairs
- $900,000 to purchase a congregate living facility located at 143 19th Street East, Minneapolis that will provide 25 living units

Hennepin County began leasing out local hotel rooms in March as protective housing for homeless adults with underlying health problems. The 60 alternative living spaces will replace units in these leased hotels.

Technology for households impacted by COVID-19

The board allocated $700,000 to provide broadband access, digital literacy services, and technology support for youth, seniors and other individuals impacted by COVID-19.
The County Board approved $1 million in August to purchase Chromebooks or other low-cost laptops for youth, seniors, and others impacted by COVID-19.

Ending Hennepin County leases

The board approved a plan to vacate unoccupied space and reduce expenses by ending leases for Human Services and the Department of Community Corrections and Rehabilitation. The county is providing many services remotely due to the COVID-19 pandemic, resulting in a reduced need for facility space. Moving forward, the county will focus on maximizing existing county-owned spaces and using an appointment-based model to provide safe and efficient services.

October 2020

Statement: Hennepin County's role in contact tracing after private fundraising event for President Trump

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-348-5969

Hennepin County's role in contact tracing after private fundraising event for President Trump

Hennepin County Public Health is aware that the President participated in a fundraising event that took place at a residence in the county, during his infectious period. We learned about

this event through the local media. From media reports it appears that a number of people may have had close contact with the President that may have resulted in exposure to COVID-19.

Thus far we have not been contacted with a list of event attendees, so it is unclear how many of those people are residents of Hennepin County. It is our practice to do the contact investigation and contact tracing only for residents of our county. When we receive contact information for any Hennepin County residents in attendance, we will follow our usual contact tracing protocol, and will advise that they be tested and quarantine for 14 days from the date of the event.

As always, we will honor data privacy and will not disclose the names of the people we contact. We are in close contact with the Minnesota Department of Health on this matter.

Information about COVID-19 community testing is available at hennepin.us/testing.

Guidance from Minnesota Department of Health

Anyone who attended events associated with the President's visit and who now has symptoms should get tested right away.

People should consider getting tested even if they do not have symptoms because some people may not develop or recognize symptoms and people can spread the virus even without displaying symptoms. People should get tested five to seven days after the event. If they test negative, they should get tested again around 12 days after the event. People should get tested in their home communities and seek testing from their health care provider when possible.

Anyone who was in direct contact with President Trump or another known COVID-19 case needs to quarantine and should get tested.

It is important to understand that quarantining for 14 days is necessary regardless of test results. (A person could get a negative test on day 10 but still develop symptoms on days 11, 12, 13 or 14. Therefore we say, "you cannot test out of quarantine.")

Anyone who attended any large group gathering, especially one with limited social distancing and/or masking, should be alert to potential symptoms of COVID-19 infection, and limit social interactions for 14 days.

This is true even if they feel no symptoms of illness.

News: More spaces becoming available this winter for people experiencing homelessness

Hennepin County sent this bulletin at 10/20/2020 12:39 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contacts:

- Carolyn Marinan, Communications, 612-348-5969
- Jill Mazulo, Minnesota Housing, 651-707-4043
- Sarah McKenzie, City of Minneapolis, 612-396-2201

Local and state leaders: Come inside—more spaces becoming available this winter for people experiencing homelessness

Partners from the City of Minneapolis, Hennepin County and State of Minnesota are coming together to encourage people experiencing unsheltered homelessness in Hennepin County to come inside as winter weather arrives.

A broad coalition of government agencies, nonprofit and philanthropic partners are currently operating the largest and safest emergency shelter system that has ever existed in Hennepin County as a response to the COVID-19 pandemic. These collective efforts have thus far allowed us to avoid the devastating impacts COVID-19 has had on people experiencing homelessness in other cities.

There is existing emergency shelter capacity, especially for women, children and families. Emergency shelters continue to see beds becoming newly available each day, and some go unused each night. There are also around 200 current vacancies in board and lodge facilities, which provide low-barrier housing that people can access today.

Partners are also working to open new spaces that meet the individual needs of people sleeping outside before the end of the year, and to make permanent improvements to ensure COVID-19 safety guidelines continue to be met at existing and new shelter spaces, as they have since the beginning of the pandemic.

By the end of 2020, partners, including city, county, state and philanthropy, plan to invest $55 million to open at least seven sites to provide emergency shelter, low-barrier housing and protective housing for people experiencing homelessness, as well as enhance existing shelters and expand support services and street outreach. An additional 670 units of very affordable housing designated for people experiencing homelessness will have opened or begun construction by the end of this year.

Partners recognize that emergency shelter may not meet everyone's individual needs. We are committed to working directly with individuals to find the best solutions available. One

person sleeping outside is too many. We are committed to making full use of the options available right now, even as we bring more online.

So far in 2020, 1,300 people experiencing homelessness have found permanent housing with help from city, county, state and nonprofit partners.

Get connected to shelter

Hennepin County

- Single adults: Call Adult Shelter Connect at 612-248-2350.

- Families: Call the Hennepin County Family Shelter Team at 612-348-9410. Hennepin County practices a "shelter all" commitment for families.

New safe spaces, enhanced shelter and expanded supports expected by year's end

Four new emergency shelter locations |Total investment of $15.2 million for 200 total beds

- **Homeward Bound**, 50 beds for Native American adults, $7.5 million total investment, planned opening December 1
- **Lerner Building**, 100 separate units in an "indoor village" for people currently experiencing unsheltered homelessness, $6 million total investment, planned opening end of December
- **Salvation Army emergency shelter**, 30 beds for women experiencing unsheltered homelessness, $1.3 million total investment, planned opening December 1
- **Simpson Housing emergency shelter**, 20 beds for women experiencing unsheltered homelessness on a separate floor of Simpson Housing's existing emergency shelter location, $400,000 total investment, opened in October

New protective housing sites are also being acquired to replace hotel rooms currently leased by Hennepin County for people at high risk of COVID-19 complications due to age or underlying health conditions | $20-30 million total investment

Enhancements to all existing shelters to improve safety and meet CDC COVID-19 guidelines | $5.7 million total investment

- $3.2 million to make physical improvements to existing shelter sites such as air flow systems, partitions, etc.
- $2.5 million to ensure all existing shelters continue to provide 24/7 accommodations

Expanded support services | $17.4 million total investment

- $675,000 to expand homeless diversion services at Simpson Housing to help people find alternatives to shelter

- $700,000 to add seven new street outreach workers
- $16 million in state ESP-CV and CARES Act funding to expand shelter capacity at hotels/motels and shelters, extend shelter hours, increase staffing, support outreach workers and food provision

670 additional units of affordable housing for people experiencing homelessness

In addition to these investments, city, county, state, nonprofit and philanthropic partners continue to work together to develop and preserve permanent affordable housing and to create policies that support a variety of housing options.

Twelve projects with 670 units of new housing designated for people experiencing homelessness will have opened or begun construction by the end of this year, including:

- **Catholic Charities Exodus 2.0 (construction beginning soon)**: 203 units for people experiencing chronic homelessness
- **Park 7 (open now)**: 61 units for people experiencing homelessness
- **Mino-Bimaadiziwin (opening December 2020):** 17 units for people experiencing homelessness
- **Maya Commons (opened July 2020):** 12 units for people experiencing homelessness
- **Penn Avenue Union (opened August 2020):** 4 units for people experiencing homelessness
- **Lake Street Phase 1 (opening late 2020):** 6 units for people experiencing homelessness
- **Franklin Avenue AICDC site (opening soon):** 20 beds for Native American residents experiencing homelessness with chemical dependency
- **Gateway NE (opening early 2021):** 10 units for people experiencing homelessness
- **Scattered site opportunities (opening soon):** 200 new units for people experiencing homelessness, including 100 permanent and 100 time-limited, at various sites around the county with subsidies and support services
- **Amber Apartments (construction beginning soon)** – 17 units for people experiencing homelessness
- **Lydia Apartments (construction beginning soon)** – 80 units for people experiencing homelessness
- **Anishinabe III (construction beginning soon)** – 40 units for people experiencing homelessness

New policies to support affordable housing and shelter under review in Minneapolis

The City of Minneapolis is also working on an ordinance to allow shared housing in the city, which would create additional low-barrier, affordable housing options. Zoning requirements

related to emergency shelters are also under review to make sure the city can continue to provide adequate shelter space for those who need it.

County board actions

Hennepin County sent this bulletin at 10/20/2020 05:04 PM CDT

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County board actions

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

CARES Act funding

Hotel purchase for protective housing

The board designated $13.3 million to purchase a hotel and convert it into more than 100 units of protective housing for people experiencing homelessness who are at high risk of complications from COVID-19 due to age or underlying medical conditions. If finalized, the property will open before the end of the year with professional property management, and supportive services and security.

Previously, the board designated $3.6 million to purchase two other properties for replacement protective housing. The 160 units of protective housing will replace units Hennepin County began leasing in March as protective housing for homeless adults with underlying health problems.

Indoor Villages shelter program

The board allocated $2.2 million to the Indoor Villages project, which will consist of 100 tiny structures located inside a warehouse building. Each resident will have their own individual living space at the shelter and will receive help to connect to permanent housing. This model allows for more physical distancing and may better serve people who do not feel comfortable staying in a traditional shelter.

Low-barrier housing program

The board designated $1.1 million to support a low-barrier housing program operated by the American Indian Community Development Corporation (AICDC) in Minneapolis. The program will help prevent the spread of COVID-19 and address the overrepresentation of Native Americans among people impacted by COVID-19.

Staff to operate protective housing at hotel sites

The board approved $1 million to provide staffing at hotel sites for people experiencing homelessness who are at higher risk of deadly impacts from COVID-19. Catholic Charities and Primus Incorporated will provide food, ensure COVID-19 guidelines are in place and support residents' health needs.

Emergency assistance for affordable housing property owners

The board allocated $5 million to establish a program that will allow rental property owners to apply for emergency rental assistance on behalf of tenants who cannot pay rent due to COVID-19.

The goals are to protect tenants more efficiently, reduce evictions, and stabilize rental properties so owners can plan for new costs to implement COVID-19 public health measures.

Business recovery network

The board allocated $700,000 to establish a network that will aid businesses in COVID-19 recovery by providing peer-to-peer business roundtables, hosting a critical topics series, and matching businesses with specialized technical assistance and coaching.

Emergency shelter for women

The board designated $800,000 over two years to operate an emergency shelter for women in Minneapolis, addressing the lack of shelter beds for individuals who identify as female during high-demand seasons.

Disavowing discriminatory covenants

The board disavowed the past practice of discriminatory covenants, which were embedded in property deeds in Hennepin County and elsewhere in the United States. These covenants kept people who were not white from buying or occupying land.

Hennepin County will update the tract index of affected properties with a notice that discriminatory covenants are unenforceable, against public policy and of no legal effect. The county will also waive the recording fee for property owners who wish to disavow a discriminatory covenant in their property's title.

Learn how to check for restrictive covenants on your property and what to do if you find one.

Ending Hennepin County leases

The board approved a plan to vacate unoccupied space and reduce expenses by ending three leases for Human Services and the Department of Community Corrections and Rehabilitation. The county is providing many services remotely and consolidating staff workspaces due to the COVID-19 pandemic, resulting in a reduced need for these spaces. Moving forward, the county is focusing on maximizing existing county-owned spaces and using appointment-based models to provide safe and efficient in-person services.

Update: Extended Stay America hotel in Bloomington

Hennepin County has decided not to proceed with the purchase of the Extended Stay America hotel in Bloomington. Due to timing constraints associated with CARES Act funding and the complexity of a deal of this size, Hennepin County has determined the allocated resources would be more impactful if used in other ways to protect and support residents during the pandemic.

As we have since the beginning of the pandemic, Hennepin County remains committed to providing protective housing and safe alternative accommodations for people experiencing homelessness who are at high-risk of dangerous complications from COVID-19.

November 2020

County board actions

Hennepin County sent this bulletin at 11/03/2020 04:02 PM CST
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County board actions ⸺⸺⸺

FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

Laptops for people affected by COVID-19

The board approved a measure to allocate $2 million in CARES funding to provide low-cost laptops to youth, adults and seniors who are participating in distance learning, pursuing employment or accessing county services and telehealth options. The COVID-19 pandemic has brought into focus the technology barriers for residents who face multiple, interlocking

disparities: education, employment, and income, among others. This action adds capacity to the "Connecting Hennepin" initiative, as we work to eliminate the digital divide. The board had previously approved more than $3.2 million in CARES funding to support this work in 2020:

- $1.5 million to support distance learning initiatives for county-involved youth in June
- $1.0 million for Chromebooks and other low-cost laptops for youth and adults in August
- $700,000 to provide digital literacy training, peripherals and hotspots for adults, and support for individuals receiving devices in September

Read more.

Safety measures for youth sports

The board agreed to allocate $175,000 in CARES funding to support safe participation youth in programs and organized youth sports. Funding will be allocated through an open application process for eligible expenses, including but not limited to facility adaptations, technology, equipment, supplies, and personal protective equipment necessary to safely provide youth programs and organized youth sports during the COVID pandemic, in compliance with public health measures.

Read more.

Hennepin County & Minneapolis Regional Chamber Launch Elevate Business HC to Support Economic Growth

Hennepin County sent this bulletin at 11/12/2020 12:31 PM CST

HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Brian McClung, 612-965-2729

Hennepin County & Minneapolis Regional Chamber Launch Elevate Business HC to Support Economic Growth

Program offers no-cost support services in three areas for businesses located in Hennepin County

Minneapolis, Minn. — Today Hennepin County and the Minneapolis Regional Chamber announce the launch of Elevate Business HC, a public-private initiative offering pro-bono services to businesses located in Hennepin County.

"I'm excited about this opportunity to support small and medium-sized businesses in Hennepin County working in partnership with the Minneapolis Regional Chamber," said Hennepin County Board Chair Commissioner Marion Greene, District 3. "Small businesses bring vibrancy, creativity, and life to our region. Many of our region's small businesses are minority and immigrant-owned, serving as the backbone of our communities. We want to ensure that they are able to survive, grow, and thrive now and into the future."

The programs included in Elevate Business HC are designed to support businesses impacted by COVID-19. They include:

- **Technical Assistance**: Professional service providers are available for one-on-one consultations to discuss and find solutions for issues impacting individual businesses in a variety of areas including financing, human resources, technology, and many others.
- **Peer-to-Peer Roundtables**: Reoccurring and facilitated small group discussions segmented by industry and areas of participant interest with a focus on sharing best practices and problem solving.
- **Topic-Driven Webinars**: Industry and subject matter experts will discuss issues facing employers with a focus on workforce needs in remote environments during the COVID-19 pandemic. These include areas like workforce diversification, employee mental health and wellness, insurance policy review, and many more.

"Hennepin County is making this important investment so that our local entrepreneurs and business leaders have tools and resources they need to build a stronger, more inclusive economy than it was before," said Patricia Fitzgerald, Hennepin County Community and Economic Development Manager. "Helping businesses navigate critical issues and strengthen their organizations will result in benefits across our county and region."

"Regions that lay a strong foundation now will be better prepared for success when the most difficult part of the pandemic is past," said Jonathan Weinhagen, President & CEO of the Minneapolis Regional Chamber. "The Minneapolis-St. Paul metro area grew faster in the period after the Great Recession than our competitive peer regions. Let's make sure we do the same coming out of the current economic downturn. Elevate Business HC will marshal our resources to help businesses come back strong."

Funding for Elevate Business HC is provided by Hennepin County through the Federal CARES Act. Hennepin County businesses are encouraged to log on to www.elevatebusinesshc.com to learn more and engage.

Hennepin County delivers 1 million masks and counting

Hennepin County sent this bulletin at 11/14/2020 09:00 AM CST

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Hennepin County delivers 1 million masks and counting

Hennepin County has delivered more than 1 million masks to Hennepin County residents as it continues to fight the spread of COVID-19.

This week, Hennepin County surpassed 45,000 total cases of COVID-19 that have resulted in more than 1,000 deaths. As case numbers and deaths continue increasing, public health officials urge people to continue taking precautions we know help slow the spread of the virus,

"Every day we learn more about the virus and learn more about what we don't know," said Hennepin County Public Health Department Director Susan Palchick. "But we have learned a lot about prevention." The combination of wearing masks and staying at least six feet apart is helpful in reducing the spread of COVID-19, she said.

"There are layers of protection, and the combination of wearing masks, distancing and maintaining good ventilation or gathering outside are important, powerful ways to reduce risk," Palchick said. "There is no magic bullet, but a combination of these tools can help prevent spread."

Hennepin County heard early on in the pandemic from community groups representing populations most impacted by COVID-19 about the need for masks. Utilizing the county's COVID response teams with purchasing and logistics expertise, and the community connections from county engagement staff, $2.5 million Federal CARES Act dollars have been leveraged to purchase and distribute 1,351,629 masks to more than 80 groups and frontline county workers. The groups receiving masks for distribution serve populations at greater risk, such as elders, those with existing health problems and communities impacted by longstanding, systemic inequities that lead to health disparities.

 In addition, Hennepin County continues to focus distribution in these areas:

- Congregate living communities – This includes high density living settings where COVID can easily spread, such as elder care facilities, high-rise apartments, dormitories or group homes
- Community events – This includes COVID-19 testing events, well-being clinics, food distribution sites, community celebrations or events

- Critical services – This includes schools, grocery stores, childcare centers, janitorial staff, industry unions, and frontline county employees

As the pandemic progresses, Hennepin County is using data to focus on geographic areas with the highest case rates and fastest case growth, in order to get masks to people who are at the greatest risk or who are not able to get masks on their own.

Additional cloth masks are available to distribute - at no cost - to people in the community through community-based organizations. If your organization would like to request masks to distribute, fill out this form to make your request today.

Hennepin county is hosting a walk up testing event today, November 14 – masks will be available:

- 10 a.m. to 2 p.m.
- Hennepin County Human Services Center, 1001 Plymouth Ave N, Minneapolis, MN 55411
- No appointment needed; registration forms will be completed at the event prior to testing
- Interpreters available

News: Hennepin County awards mini grants to individuals with a plan to improve community mental wellbeing and housing stability

Hennepin County sent this bulletin at 11/16/2020 09:00 AM CST

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HENNEPIN COUNTY
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FOR IMMEDIATE RELEASE

Lori Imsdahl, Hennepin County communications, 612-348-5969

Hennepin County awards mini grants to individuals with a plan to improve community mental wellbeing and housing stability

Hennepin County's Community Health Improvement Partnership (CHIP) has announced the recipients of its second round of cross-sector innovation initiative (CSII) mini grants in 2020.

Grants were awarded to six community members who submitted a project proposal that addresses the impact of COVID-19 on community mental wellbeing and housing stability.

This round of CSII mini grants again total $3,000 and the projects they fund will support diverse communities in Hennepin County, including: African American men, elders/seniors, families in North Minneapolis, international university students, and residents of Brooklyn Center. Many of these communities have been disproportionality affected by the pandemic.

CSII mini grant projects include

- **De-stress with Art:** Offer art kits and supplies to students in cooperative housing and encourage sharing of artwork to provide a creative escape from stress and isolation
- **Kids Mask Up:** Teach children/youth about the importance of wearing masks, provide COVID-19 information, and give stuffed animals to kids wearing masks
- **Peace and Positive Vibes Within:** Post professional videos on social media that showcase low barrier, trauma-focused coping skills and interventions for people who want to embark on a therapeutic journey
- **Project Safe Space:** Create safe and healthy spaces for men to openly share their feelings about social distancing, the murder of George Floyd, and other current community issues
- **The Kindness Imprint Project**: Provide culturally specific virtual activities focused on social connections, wellness and literacy targeted to residents in The Crest/Twin Lakes North Apartments in Brooklyn Center
- **Time to Safely Engage:** Ease tension and isolation in the elderly community, with help ordering groceries and other necessities online

"It was exciting to see the project ideas community members came up with to address mental wellbeing and housing stability related to COVID-19," says Karen Nikolai, Hennepin County CHIP coordinator. "These are projects that will be carried out in people's neighborhoods and communities that we never would have thought of. The CSII mini grants underscore our belief that communities know what's best when we take the time to listen."

More mini grants in 2021

CHIP will be accepting applications for a third round of mini grants that address mental wellbeing and housing stability in early 2021.

For more information, visit hennepin.us/chip or email Karen Nikolai at karen.nikolai@hennepin.us.

About Hennepin County's Community Health Improvement Partnership

CHIP is a coalition of Hennepin County partners that targets community health issues together for greater impact. CHIP partners include the public, private, and nonprofit sectors with representation from public health, health systems, health plans, social service organizations, housing developers, housing providers, cities, schools, spiritual/faith communities, and more.

For more about CHIP, visit hennepin.us/chip

County board actions

Hennepin County sent this bulletin at 11/17/2020 04:43 PM CST

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FOR IMMEDIATE RELEASE
Contact: Carolyn Marinan, Communications, 612-348-5969

CARES Act funding

COVID-19 saliva testing events

The board is designating funding to expand COVID-19 testing events at long-term care facilities, large residential settings, and community centers to reach neighborhoods and communities most disproportionately impacted.

Hennepin County is on track to conduct more than 13,000 tests by the end of 2020 and is expanding to provide saliva testing.

The board allocated $1.9 million to purchase saliva test kits from Vault Health and Hennepin Healthcare and $425,000 to Hennepin Healthcare to increase testing.

Supporting bars and restaurants impacted by COVID-19

The board allocated $8 million of economic support to local restaurants, bars and food service establishments suffering business interruptions due to COVID-19.

Hennepin County is offering this support as COVID-19 infections continue to rise and public health measures are likely to further impact bars and restaurants.

Grants up to $15,000 will be available to businesses that are locally owned and operated; have a physical establishment in Hennepin County; have 100 or fewer employees; and have $6 million in annual revenues or less.

Since June, Hennepin County has given out more than $22 million in Small Business Relief grants in response to the economic impacts of COVID-19.

Supporting food security

The board allocated $1 million to support food security for Hennepin County residents impacted by COVID-19.

Hennepin County has already approved $2 million of CARES Act funding grants to 68 organizations, including churches, non-profits, food pantries, food shelves and community organizations that serve people of color, immigrant communities, and seniors.

December 2020

News release: Hennepin County begins vaccinating first responders

Hennepin County sent this bulletin at 12/29/2020 11:50 AM CST

HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Allison Thrash, Communications, 612-600-9782

Hennepin County begins vaccinating first responders

Starting at 7:30 a.m. this morning, Hennepin County began vaccinating first responders with the county's initial shipment of the Moderna, Inc. COVID-19 vaccine.

The county is offering vaccine to all emergency medical technicians (EMTs) in Hennepin County over the next two weeks. EMTs, including many fire fighters and police, who are often first on the scene to provide lifesaving first aid, are at high risk of exposure from COVID-19: they are prioritized within Phase 1a of the vaccine rollout.

Nurses from Hennepin County Public Health, Hennepin Healthcare/MVNA (Minnesota Visiting Nurse Association) will be administering vaccinations to these first responders at vaccination clinics at local high schools.

Approximately 2,000 first responders in Hennepin County are eligible to receive their first dose of the vaccine over the two weeks of clinics. Follow-up clinics will be scheduled to ensure these first responders receive their second dose of the vaccine in the required timeframe.

While the vaccines offer hope, the next few months could be among the most difficult of the pandemic. First responders - EMS, fire, and police personnel - continue to risk their health each day from exposure to COVID-19. We want to ensure they can continue to protect the health and safety of all people in Hennepin County. Our health department is following guidance from the CDC and MDH regarding priority groups to vaccinate first, given limited vaccine supply.

Additionally, local fire and police departments support Hennepin County's community vaccination efforts. They write security, safety, and traffic plans, and provide traffic management for vaccination clinics. Their health will be critical to a successful vaccination campaign.

With two COVID-19 vaccines now approved and rolling out, the end of the pandemic is in sight. Yet, due to initially limited supplies, it will be months before every person in Hennepin County who wants the vaccine can get it. We urge everyone to continue to practice all the prevention actions, including:

- wearing a mask
- staying six feet apart from others in public spaces
- covering your coughs and sneezes
- washing your hands frequently
- getting tested if you have symptoms or have been exposed
- staying home if you are sick or waiting for test results

Learn more about reducing your risk at takecarehennepin.org. More information about Hennepin County's COVID-19 response is available at hennepin.us/covid-19. For information on testing events and locations, please visit hennepin.us/testing.

County board adopts 2021 budget

Hennepin County sent this bulletin at 12/15/2020 05:50 PM CST

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

County board adopts 2021 budget

On Tuesday, the Hennepin County Board approved a 2021 budget of $2.2 billion. The budget includes an $869 million property tax levy – unchanged from the 2020 budget.

The adopted budget reflects the impact of COVID-19 – and the need for the county's continued response – while carrying on the vision of disparity reduction in education, employment, health, housing, income, justice and transportation for our residents.

"The 2021 budget continues the important and critical work of reducing disparities in Hennepin County," said County Board Chair Marion Greene. "People in our community facing the deepest disparities are being hit hardest by this pandemic. In 2021, we must build on our previous disparities reduction work knowing that a long journey lies ahead."

The 2021 capital budget invests $190 million through:

- Continued investment in our roads, bridges and trails
- Investment in clean energy and the environment
- Improvements to public safety and judiciary facilities
- Facilities supporting the health and wellness of residents with funding to Hennepin Healthcare, NorthPoint Health and Wellness Center and the Regional Medical Examiner's Office

"The board is adopting a budget that meets the needs of residents, continues important investments in the community and reduces disparities while doing so in a financially responsible manner," said Greene.

More about the budget process

Budget adoption follows more than six months of budget preparation and hearings.

Most recently, the County Board held their Truth in Taxation hearing on December 1, followed by final budget amendments on December 3. View details at hennepin.us/budgets.

County board actions

Hennepin County sent this bulletin at 12/15/2020 05:54 PM CST

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County board actions

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Board adopts 2021 budget

On Tuesday, the Hennepin County Board approved a 2021 budget of $2.2 billion. The budget includes an $869 million property tax levy – unchanged from the 2020 budget.

Voting as the Housing and Redevelopment Authority (HRA), the board approved a budget of $20.7 million and levy of $16.5 million.

Voting as the Regional Railroad Authority, the board approved a budget of $31.4 million and levy of $30 million.

Read the full news release.

$25 million for additional small business relief

The board voted to accept $25.3 million from the State of Minnesota's COVID-19 relief grant to support businesses and organizations impacted by COVID-19.

So far this year, the county has approved $42 million of direct financial assistance from the federal CARES Act for more than 4,400 businesses impacted by COVID-19. It is distributing the money through the Hennepin County Small Business Relief fund.

The county has completed four rounds of applications for Small Business Relief funding in 2020. It continues to process applications and disburse funds through the latest application round, which closed earlier this month.

Applications for this new $25 million in funding are expected to open in January 2021.

Hennepin County distributing tens of thousands of masks per month

Hennepin County sent this bulletin at 12/14/2020 10:30 AM CST

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Hennepin County distributing tens of thousands of masks per month

Hennepin County continues supplying masks to people and organizations in the county who need them most. The county is distributing tens of thousands of masks per month with a goal of ensuring that everyone in the community who needs a mask can get one.

Hennepin County offers this service because wearing cloth masks is a safe and effective way to help prevent the spread of COVID-19, especially when used in combination with other important prevention actions like keeping 6 feet apart and avoiding gatherings.

The success of this effort is thanks, in part, to the many community organizations who have partnered with the county to distribute masks where they are needed most.

More cloth masks are still available - at no cost - to community-based organizations willing to help distribute them. If your organization would like to request masks to distribute, please fill out this form to make your request today.

Hennepin County has added translated mask request forms in Spanish, Somali and Hmong at the following links:.

- Spanish – Obtenga mascarillas para su organización
- Somali – U codso maaskaraatooyin ururkaaga.
- Hmong – Nqa ntaub npog qhov ncauj qhov ntswg rau koj lub koos haum los yog lub lag luam.

With one COVID-19 vaccine now approved and another expected soon, there is reason for hope for an end to this pandemic. Yet, we know that due to initially limited supplies, it will be months before every person in Hennepin County who wants the vaccine, can get it. Until that time we urge everyone to continue to practice all the prevention actions, including:

- wearing a mask
- staying six feet apart from others in public spaces
- covering your coughs and sneezes
- washing your hands frequently

- getting tested if you have symptoms or have been exposed
- staying home if you are sick or waiting for test results

Testing events continue Hennepin County remains committed to hosting free testing events. See below for details on our next testing event, and visit hennepin.us/testing or additional events.

Hennepin county is hosting a free walk up testing event on Saturday, December 19:

- 12 to 4 p.m.
- Brooklyn Park Community Activity Center, 5600 85th Ave N, Brooklyn Park, MN 55443
- No appointment needed; registration forms completed at the event prior to testing
- Interpreters available
- Free cloth masks available

February 2021

News: Government Center services to be relocated during Chauvin trial; pandemic service changes continue

Hennepin County sent this bulletin at 02/26/2021 11:11 AM CST

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contacts:

- Carolyn Marinan, Communications, 612-910-9111
- General information: 612-348-3000

Government Center services to relocate during Chauvin trial; pandemic service changes continue

Hennepin County remains committed to providing services to residents during the ongoing pandemic and during the upcoming trial of Derek Chauvin, who is charged with murder in the death of George Floyd.

Many county services continue to be offered online, by phone and in person by appointment in response to the COVID-19 pandemic.

Starting Monday, March 1, some additional county services will be temporarily relocating from the Hennepin County Government Center in preparation for the Chauvin trial. Hennepin County's role in the trial is to ensure that the Fourth Judicial District Court can conduct business in a safe and effective manner. To do that, it is necessary to restrict access to the Government Center to court-related services and implement additional security measures inside and outside the building

Access to the Government Center will be restricted to the operations of District Court for the duration of the trial. The Government Center Parking Ramp will also be closed to the public. Confirm current service hours and locations at hennepin.us. Google location pages may not be up to date.

Services temporarily relocating

Domestic Abuse Service Center

On March 1, the provisional remote services access room in the Government Center—LL0720—will close. To access remote services, including advocacy, orders for protection, and safety planning, call 612-348-5073.

Law library

Beginning March 1, curbside pickup will be suspended, book drop will be unavailable (no late fees will accrue), and all due dates will be extended. Law library staff will continue to be available by phone (612-348-2903) and email (law.library@hennepin.us). Visit hclawlib.org for details.

Licenses, certificates and permits

View service options. Services are available online, by mail, by fax and in person at other locations. Appointments may be booked out far in advance. Avoid the wait by using online service options when possible.

Plats

View service options. Beginning March 2, plat signing will relocate from the Government Center.

Probation

Beginning March 1, many probation services in the Government Center will relocate. Probation clients: contact your probation officer before any appointments scheduled at the Government Center. If you do not have your probation officer's contact information, email POConnect@hennepin.us. If your probation officer directs you to the Government Center, allow for extra time due to increased security measures and limited parking.

Property taxes

View service options. Make it easy and convenient by using online payment methods. Conventional payment methods are also available.

Sheriff's Office

To access Sheriff's Office services in City Hall, use the entrance on 4th Street.

Other service reminders

Hennepin Health

Hennepin Health members can call 612-596-1036 (TTY 1-800-627-3529) for help with transportation, bus passes, plan benefits and other member services.

Housing and shelter

We are working closely with our shelter and service providers to expand services and shelter options for people experiencing homelessness through the COVID-19 response. Learn about shelter options and other emergency programs.

Access Waypoint, a digital, mobile friendly directory that connects people experiencing homelessness or extreme financial hardship to services they need.

Human Services

Economic supports: We continue to process public assistance applications and respond to phone calls. Get help via phone while Human Service Centers are closed to the public. For help with human services or public assistance information, call 612-596-1300.

Social services: If you need help with social services (social worker, case management, personal care assistant services, etc.) contact Front Door Social Services at 612-348-4111.

Libraries

Access library services in person or online. Visit hclib.org for details on locations and hours.

Job seeker support

The county is providing online job fairs and other services.

Small business support

To help small businesses affected by COVID-19, we are maintaining an updated list of resources and information for businesses and workers on our website.

Public Health Clinic

The clinic remains open to serve patients at the Health Services Building, 525 Portland Avenue South, Minneapolis. For hours of service and information please visit our website.

Red Door Clinic

The clinic remains open to serve patients at the Health Services Building, 525 Portland Avenue South, Minneapolis. For hours of service and other information, please visit our website.

March 2021

Correction: County Board Chair sends personal thanks to President for $240 million of COVID-19 aid

Hennepin County sent this bulletin at 03/25/2021 01:12 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Correction: County Board Chair sends personal thanks to President for $240 million of COVID-19 aid

Hennepin County Board Chair Commissioner Greene is acknowledging President Joe Biden for his support in helping address challenges brought on by COVID-19.

Chair Greene expressed her gratitude by sending a letter to the President thanking him for the $240 million of American Rescue Act funding allocated to the county.

"The American Rescue Plan is the right plan at the right time for Hennepin County and other local governments around the country. This historic legislation will allow us to strengthen our communities, not only through end of the COVID-19 pandemic, but in building back better," stated the letter.

Read the full letter.

News: Board action aims to address racial disparities in employment and business

Hennepin County sent this bulletin at 03/23/2021 04:56 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Board action aims to address racial disparities in employment and business

Hennepin County is working to increase employment and business opportunities for people of color.

On Tuesday, the county board approved a $200,000 contract with Fearless Commerce and Activate Network, with goals of providing livable wages for people seeking employment and supporting businesses owned by women of color.

Engaging with employers

Through this partnership, Hennepin County will work with employers to understand their workforce needs and what's needed to create a skilled talent pool to meet those needs.

Supporting businesses

Hennepin County has increased its contract spending by over 100% with Black, Indigenous, and People of Color (BIPOC) vendors since 2015. Yet, the county continues to see gaps in its outreach efforts with women of color.

The partnership will support businesses owned by women of color in building strong business models, obtaining certification, and competing for contracts with Hennepin County and other agencies.

Aligning with the county's disparity reduction strategy

In 2017, County Administrator David Hough charged Hennepin County departments to prioritize disparity reduction through all lines of business. The charge: that all work begin

from a commitment to reduce disparities among the residents we serve in the ways and places we have influence. Learn more about this work.

Since then, the county has taken many steps, including identifying disparity domain areas where county action can have the most impact: employment, education, income, health, housing, transportation and justice. As part of this work, the county is focusing on targeted recruitment to increase hiring opportunities at entry and leadership levels.

Hennepin County also declared racism a public health crisis in June 2020. Part of the resolution directed Hennepin County to address county activities in hiring, promoting staff, developing leaders, contracting for services, and giving grants with a racial equity lens.

Coordinating with other county resources

Hennepin County is offering an unprecedented level of technical assistance to small businesses to accelerate economic recovery from COVID-19. This includes Elevate Business HC, a digital business support network launched in late 2020 through a partnership with the Minneapolis Regional Chamber.

Fearless Commerce, Activate Network, the county, and the chamber will work together to ensure all programs are centered in equity and inclusion.

April 2021

News: Hennepin County continues mask distribution

Hennepin County sent this bulletin at 04/29/2021 08:40 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Lori Imsdahl, Communications, 612-593-9321

Hennepin County continues mask distribution

Hennepin County continues to distribute free cloth masks to people and organizations in the county who need them most. Our goal is to ensure that everyone in the community who needs a mask can get one.

Wearing a cloth mask is a safe and effective way to help prevent the spread of COVID-19, including the variant COVID-19 strains like B117.

Cloth masks are still available - at no cost - to community-based organizations willing to help distribute them. If your organization would like to request masks to distribute, please fill out this form to make your request today.

Hennepin County also has translated mask request forms in Spanish, Somali, and Hmong:

- Spanish – Obtenga mascarillas para su organización
- Somali – U codso maaskaraatooyin ururkaaga.
- Hmong – Nqa ntaub npog qhov ncauj qhov ntswg rau koj lub koos haum los yog lub lag luam.

As you know, there are now several approved COVID-19 vaccines. These vaccines are safe and highly effective at preventing severe illness, hospitalization, and death.

It's important to continue to wear a mask and practice other prevention actions like staying six feet apart in public if you are not fully vaccinated. If you are fully vaccinated, follow CDC guidelines for fully vaccinated people. Learn more at takecarehennepin.org.

Register for a vaccine appointment at hennepin.us/vaccineregistration. The vaccine is free and you do not need health insurance. You will not be asked about your legal status.

If you have questions about the COVID-19 vaccine or need help registering for a vaccine appointment, call 612-348-8900. Help is available in English, Spanish, Somali, and Hmong.

More information about Hennepin County's COVID-19 response is available at hennepin.us/covid-19.

News: After Chauvin trial some service options changing at Government Center

Hennepin County sent this bulletin at 04/23/2021 01:38 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

After Chauvin trial some service options changing at Government Center

Pandemic service changes continue

Hennepin County remains committed to providing services to residents during the ongoing pandemic and following the trial of Derek Chauvin.

Many county services continue to be offered online, by phone and in person by appointment in response to the COVID-19 pandemic.

Starting Monday, April 26, changes at Government Center will include:

- No registration needed to enter the building
- Fencing gates, building doors, U.S. Bank skyway, and tunnel will open
- Government Center parking ramp open to those with contract parking
- Some service changes at the building

Government Center service reminders

Confirm current service hours and locations at hennepin.us. Google location pages may not be up to date.

Domestic Abuse Service Center

To access remote services, including advocacy, orders for protection, and safety planning, call 612-348-5073.

Law library

Beginning May 10, law library operations will return to the Government Center. The law library physical space will remain closed to the public. Curbside pickup will resume, the book drop will be available for returns, and reference librarians will continue to be available to assist patrons with legal research questions via phone (612-348-2903) and email (law.library@hennepin.us).

Licenses, certificates and permits

View service options. Services are available online, by mail, by fax and in person at other locations. Appointments may be booked out far in advance. Avoid the wait by using online service options when possible.

Marriage licenses

View service options. Starting May 29, remote marriage license services will not be available (per state law). Make sure to plan ahead and get your license or make an appointment now.

Plats

View service options.

Probation

Due to COVID-19, several probation services have moved to temporary locations. If you have an in-person meeting with your probation officer, you should contact them before your appointment to confirm the location. If you do not have your probation officer's contact information, email POConnect@hennepin.us.

Property taxes

View service options. Make it easy and convenient by using online payment methods. Conventional payment methods are also available.

Other service reminders

Hennepin Health

Hennepin Health members can call 612-596-1036 (TTY 1-800-627-3529) for help with transportation, bus passes, plan benefits and other member services.

Housing and shelter

We are working closely with our shelter and service providers to expand services and shelter options for people experiencing homelessness through the COVID-19 response. Learn about shelter options and other emergency programs.

Access Waypoint, a digital, mobile-friendly directory that connects people experiencing homelessness or extreme financial hardship to services they need.

Human Services

- Economic supports: Get help via phone while Human Service Centers are closed to the public. We continue to process public assistance applications

and respond to phone calls. For help with human services or public assistance information, call 612-596-1300.

- Emergency Human Services: Benefits currently offered at the Human Services Building, 525 Portland Avenue, will stay there until further notice.
- Social services: If you need help with social services (social worker, case management, personal care assistant services, etc.) contact Front Door Social Services at 612-348-4111.

Libraries

Access library services in person or online. Visit hclib.org for details on locations and hours.

Job seeker support

The county is providing online job fairs and other services.

Small business support

To help small businesses affected by COVID-19, we are maintaining an updated list of resources and information for businesses and workers on our website.

Public health clinic

The clinic remains open to serve patients at the Health Services Building, 525 Portland Avenue South, Minneapolis. For hours of service and information please visit our website.

Red Door Clinic

The clinic remains open to serve patients at the Health Services Building, 525 Portland Avenue South, Minneapolis. For hours of service and other information, please visit our website.

May 2021

News: Plan ahead for in-person appointments

Hennepin County sent this bulletin at 05/13/2021 01:00 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Kayla Bromelkamp, Communications, 612-348-8536

Plan ahead for in-person appointments

Slots are filling up quickly for marriage and driver's license services

Hennepin County Service Centers are asking the public to plan ahead when scheduling an in-person appointment. Slots are filling up quickly and booking three months in advance as COVID-19 waivers have expired.

Requests for marriage and driver's licenses, as well as state ID services now require in-person appointments. Due to high demand, service centers are temporarily offering extended hours at some locations for greater flexibility to process driver's license and state ID requests.

Visit Hennepin County's website for specific locations and hours. No walk-in services are available.

Online options available for a limited time

- Online applications are being accepted for marriage licenses, which are valid for six months. The deadline to apply is Friday, May 28.
- For a standard driver's license with no changes to name, address, signature or license number, online renewal is available until Wednesday, June 30.

News: Hennepin County partners with over 29 organizations on vaccine events

Hennepin County sent this bulletin at 05/10/2021 11:35 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Lori Imsdahl, Communications, 612-593-9321

Hennepin County partners with over 29 organizations on vaccine events

Hennepin County is partnering with community organizations to administer COVID-19 vaccinations. Since March, the county has partnered with over 29 organizations to host more than 17 community vaccination events, administering thousands of doses of the vaccine.

Hennepin County is committed to meeting the needs of community organizations and the populations they serve. Vaccination partnerships are flexible and Hennepin County will work with the community organization to determine the best approach.

For example, community organizations can provide space/location and outreach and Hennepin County will conduct the clinic. Hennepin County staff can also help community organizations get vaccinations at one of its existing semi-permanent vaccine clinics or it can redistribute vaccines to Minnesota Department of Health registered community organizations so they can conduct their own vaccine clinics.

Request a community vaccine event

Organizations can request a community vaccination event by filling out this online survey.

For questions or to learn more about Hennepin County's community vaccination partnerships email hsph.emergency.preparedness@hennepin.us

Other opportunities to get the vaccine

Hennepin County is also offering immediate vaccine appointments and walk-ins at its semi-permanent vaccine clinics at the Earle Brown Heritage Center and Robbinsdale Middle School. Register for a vaccine appointment at one of these sites at hennepin.us/vaccineregistration.

The vaccine is free and you do not need health insurance. You will not be asked about your legal status.

If you have questions about the COVID-19 vaccine or need help registering for a vaccine appointment, call 612-348-8900. Help is available in English, Spanish, Somali, and Hmong.

More information about Hennepin County's COVID-19 response is available at hennepin.us/covid-19.

June 2021

News: Government Center to temporarily close to public Friday

Hennepin County sent this bulletin at 06/24/2021 01:00 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Government Center to temporarily close to public Friday

The Hennepin County Government Center will be closed to the public this Friday, June 25, in preparation for the sentencing of Derek Chauvin.

The county continues to offer many services online, by phone and by appointment in response to COVID-19. Hennepin County remains committed to serving residents during the ongoing pandemic and Chauvin case.

Hennepin County's role in the trial is to ensure that the Fourth Judicial District Court can conduct business in a safe and effective manner. The public plazas remain open to the public Friday.

Find numbers and information for services and offices.

News: Hennepin County changes face covering requirements in county buildings

Hennepin County sent this bulletin at 06/16/2021 02:09 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Hennepin County changes face covering requirements in county buildings

County commissioners approved new face covering requirements inside county buildings

Visitors and employees who are fully vaccinated are no longer required to wear face coverings in Hennepin County buildings. Visitors and employees who are not fully vaccinated remain required to wear face coverings. Fully vaccinated is defined as 14 days after the last dose in a person's vaccine series. Children under 5 years of age are exempt from this requirement.

Regardless of vaccination status, some locations will continue to have more stringent face covering requirements for visitors and employees—including correctional facilities, courtrooms, health care settings, and homeless shelters. Please follow building and office signage to best know the requirements for each specific building.

Hennepin County continues to request that all visitors who have recently tested positive for COVID-19 or who are experiencing COVID-19 symptoms not enter county facilities. Hennepin County does not require visitors to have received a COVID-19 vaccination in order to enter a county facility.

Face coverings will be available for people who need one, and visitors who can't wear a face covering can request an accommodation. In addition, people in county buildings should practice adequate physical distancing of at least six feet whenever possible. Household groups are not required to practice physical distancing measures with each other.

July 2021

News: Hennepin County offering COVID-19 vaccine incentives

Hennepin County sent this bulletin at 07/01/2021 09:00 AM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Allison Thrash, Communications, 612-600-9782

Hennepin County offering COVID-19 vaccine incentives

On June 15, 2021, the Hennepin County Board authorized the use of $100,000 in federal funding for COVID-19 vaccine incentives.

Currently 65% of Hennepin County residents have received at least one dose of the COVID-19 vaccine. While this is a good overall rate, there are disparities in COVID-19 vaccination rates by race and zip code. Fewer than 60% of residents in 19 zip codes in Hennepin County have received one dose of COVID vaccine, and fewer than 50% of residents in five zip codes in Minneapolis and Brooklyn Center have received one dose.

Hennepin County is offering COVID-19 vaccine incentives to help make it a little easier for people to take the shot. In offering these incentives Hennepin County hopes to raise the overall vaccination rate in our county and the state, while closing the vaccination gap within communities and neighborhoods hardest hit by COVID-19. In doing so, we can limit where the virus – especially the variants of concern – can continue to circulate and make people sick.

"This action is an opportunity to build on Minnesota's statewide vaccine incentive strategy in a way that's specifically tailored to the unique needs and concerns of Hennepin County residents. For us, this means addressing vaccine disparities by race and neighborhood," said District 6 Commissioner Chris LaTondresse.

Hennepin County is offering vaccine incentives to people 12 and older who receive their first or second shot of the COVID-19 vaccine, as well as to community organizations who are working to promote COVID-19 vaccination in their communities.

Instant vaccine incentives for individuals

Between July 1 and August 15 (or as long as supplies last), everyone 12 and older is eligible to get a $50 Visa gift card when they receive a first or a second COVID-19 vaccine dose at any Hennepin County vaccine event. (People who receive both doses will get two $50 Visa gift cards.) These are county sponsored vaccine events, so there is no charge for the vaccine and you do not need to be a Hennepin County resident to participate.

For a list of upcoming vaccine events that are open to the public, go to hennepin.us/vaccineregistration.

For questions, call the COVID-19 navigator line at 612-348-8900, Monday through Friday, 8 a.m. to 4:30 p.m. After hours, you can leave a voicemail. Help is available is English, Spanish, Somali, and Hmong.

Vaccine incentives for community organizations

Hennepin County is offering community organizations up to $3,000 in grants to use toward vaccine incentives. Examples of incentives that community organizations may offer include food, entertainment, vaccine education events, gift cards, and thank you packs. Organizations must use their vaccine incentive funds by September 30, 2021.

Community organizations can learn more and apply for a vaccine incentives grant at hennepin.us/community-vaccination.

Hennepin County board authorizes $10M toward eliminating digital divide

Hennepin County sent this bulletin at 07/20/2021 02:27 PM CDT

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HENNEPIN COUNTY
MINNESOTA

FOR IMMEDIATE RELEASE

Contact: Carolyn Marinan, Communications, 612-910-9111

Hennepin County board authorizes $10M toward eliminating digital divide

On Tuesday, July 20, the Hennepin County Board of Commissioners authorized the use of up to $10 million in federal funding to continue the county's efforts in eliminating the digital divide. A newly created Office of Broadband and Digital Inclusion will take action to reduce disparities in access to broadband internet and support for digital literacy.

Digital equity

"We believe digital equity is foundational for strong post-pandemic society," said Chela Guzmán-Wiegert, Assistant County Administrator for Disparity Reduction. "We intend to leverage all available resources to meet this need in our most impacted communities."

The COVID-19 pandemic magnified a longstanding gap between connected communities and areas that lack the infrastructure to participate in an increasingly digital world. With input from community, local government, business, and non-profit partners the Office of Broadband and Digital Inclusion will create a Digital Equity Plan to guide efforts to eliminate the digital divide.

Connecting Hennepin

In 2020, Hennepin County leveraged CARES Act funding to launch Connecting Hennepin, an initiative to address three critical areas of the digital divide: devices, connectivity, and digital literacy. With the help of community organizations and distribution partner PCs for People, the initiative provided more than 8,000 laptops to residents who lacked reliable access to technology. Connecting Hennepin also piloted a program to help residents secure internet hotspots or subsidized internet services.

Infrastructure, devices, and education

The Office of Broadband and Digital Inclusion will pursue opportunities to deepen broadband penetration throughout Hennepin County and leverage the county's existing fiber-optic infrastructure to help resolve broadband gaps through public-private partnerships with internet service providers.

Federal funding through the American Recovery Act will also support:

- Community-based digital navigation and technology adoption
- Education for digital literacy, privacy, and internet safety
- Free, low-cost, or loaned computers for county clients and other prioritized residents

Emergency Broadband Benefit

Connecting Hennepin is currently promoting the Emergency Broadband Benefit (EBB), a federal program designed to reduce internet costs. The program provides discounted or free internet to many households. Learn more about the EBB and other Connecting Hennepin programs at hennepin.us/tech.

Stakeholder interviewees

Date	Interviewee	Interviewee role or department
1/5/2021	Kevin Dockry	Director, Housing and Economic Development

1/28/2021	Julia Welle-Ayres	Rental Assistance, Housing
1/26/2021	Patricia Fitzgerald	Small Business Relief
1/28/2021	Mark Chapinc, Suzanne Copeland, Anna Abruzzese, Scott Loomer, Chris Mavis, Ginny Gelms	Resident and Real Estate Services
1/12/2021	Margo Geffen	Director, Facility Services
2/23/2021	Nola Speiser	Workforce Development Director
2/18/2021	Dave Lawless	Chief Financial Officer
2/4/2021	Beth Stack, Rebecca Holschuh, Jay Arneson, Daniel Kaczor, Devonna Wells, Katie Lynch	County Attorney's Office, Civil Division
2/2/2021	Kareem Murphy	Intergovernmental Relations Director
6/8/2021	Jodi Wentland,Grace Hanson	Assistant County Administrator, Human Services
8/6/2021	Michael Herzing, Louella Kaufer	Housing
8/6/2021	David Hewitt	Homelessness
1/22/2021	Michael Rossman, Jeni Super, Michael Tupy	Human Resources
2/8/2021	Michael Rossman, Jeni Super, Michael Tupy	HR follow-up
1/22/2021	Kathy Megarry	Chief Labor Relations Officer
1/26/2021	Glen Gilbertson, Becki McDonald, Blaine Robertson, Bob Kelly, Brandon Rebhan, Craig Troska, Joanne Jewell, Olga Stanilevskiy, Paul Buschmann, Staci Weber, Will Rodgers	Information Technology
2/24/2021	Chad Melton	Libraries
3/22/2021	Dan Rogan	Operations, ICS
3/1/2021	Jamie Zwilling	Communications
3/1/2021	Carolyn Marinan	Communications
2/16/2021	Jodie Wiermaa	Public Safety
10/26/2021	Chela Guzman	Disparity Reduction
3/9/2021	Phil Essington, Ashley Schweitzer	Connectivity, Devices
9/20/2021	Tonya Palmer	Diversity, Equity and Inclusion
2/10/2021	Erik Erickson	Data and Analytics

06/11/2021	Susan Palchick, Alisa Johnson, Allison Thrash, Julie Bauch, Meredith Martinez, Stephanie Abel, Susan Moore, Veronica Schulz	Public Health Executive Team
4/29/2021	Allison Thrash, Lori Imsdahl	Public Health Communications
5/4/2021	Marcee Shaughnessy, Courtney Wetternach, Jeffrey Shaw, Duachi Her, Jennifer Koehn, Kristin Mellstrom	Public Health Emergency Preparedness
5/17/2021	David Johnson, Erica Bagstad, Amy Leite-Bennett	Epidemiology/Assessment
4/5/2021	Stella Whitney-West	Northpoint
2/11/2021	Anne Kanyusik Yoakum	Hennepin Health
4/21/2021	Eric Waage	Emergency Preparedness
3/25/2021	Andrew Baker, Shawn Wilson, Michael Krueger	Medical Examiner
1/15/2021	Carla Stueve, Kariann Gottesman, Amy Roering	Transportation Project Delivery
1/21/2021	Rosemary Lavin, David McNary, John Evans, Christopher Stubbs, Angie Timmons	PW-Environment and Energy
1/20/2021	Chris Sagsveen, Darcy Flink, Kristi Beyer, Amy Roering	Transportation Operations
3/9/2021	Yvonne Forsythe	Purchasing
4/8/2021	Christa Mims	Educational Support Services
3/2/2021	Kelsey Dawson-Walton	Community Engagement
3/24/2021	Jim Atchison	County Assessor
4/28/2021	Karen Keller	Clerk's Office
Via Email	Chief Deputy Tracey Martin	Sheriff's Office
5/05/2021	Lisa Cerney, Joe Gladke, Dan Soler, Paul Pryzbilla, Joe Buschette, Pam Wogernese, Elizabeth Runnels	Public Works Administration
7/21/2021	Jeannette Boerner	Adult Representative Services
6/9/2021	Alisa Salewski	Center of Innovation and Excellence
5/17/2021	Catherine Johnson	Department of Community Corrections and Rehabilitation

6/3/2021	Lolita Ulloa, Andy LeFevour	County Attorney's Office
6/16/2021	Jon Schmidt	County Attorney's Office follow-up
6/21/2021	Jodi Wentland, Betsy David, Brian Dorr, Christopher Lancrete, Grace Hanson, Janna Johnson, Michael Herzing, Susan Palchick, Bobby Jackson, Joan Granger-Kopesky, May Xiong, Ayanna Farrell, Kathy Browning, David Hewitt, Daniel Kaczor	HHS Executive Committee