



BOARD MINUTES

WRIGHT COUNTY HEALTH & HUMAN SERVICES BOARD

January 10, 2022

Christine Husom,	District 1
Darek Vetsch,	District 2
Mark Daleiden,	District 3
Mary Wetter,	District 4
Michael Kaczmarek,	District 5

DATE APPROVED: February 14, 2022

I. PLEDGE OF ALLEGIANCE

Wright County Health & Human Services Director Jami Goodrum called the HHS Board to order at 1:30 p.m. with Husom, Vetsch, Daleiden, Wetter and Kaczmarek present.

STAFF PRESENT:

Amber Doering, Public Health Nurse (remote)
Brigette Audette, Social Worker
Casey Henre, Public Health Supervisor (remote)
Christina Klaphake, Collections Officer
Christine Partlow, Business Manager
Christine Treichler, Social Services Supervisor (remote)
Diane Erkens, Social Services Supervisor (remote)
Jami Goodrum, Director
Jessica Nelson, Social Services Supervisor
Jill Pooler, Social Services Manager
Jon Young, Public Health Supervisor (remote)
Julie Bemboom, Social Services Supervisor
Kate Dahl, Fiscal Supervisor
Lee Kelly, County Administrator (remote)
Lisa Spencer, Office Manager
Marci Jasper, Social Worker
Mason Coaty, Information Systems Specialist
Michelle Miller, Social Services Manager
Noami Blomberg, Administrative Specialist
Sarah Grosshuesch, Public Health Director
Stephanie Wiley, Financial Services Supervisor (remote)

II. BOARD REORGANIZATION

ELECTION OF OFFICERS

ACTION: Daleiden moved, Husom second, to nominate Kaczmarek as Chair. After closing of nominations, unanimous vote casted for Kaczmarek – motion carried 5-0. Kaczmarek presided the meeting.

ACTION: Daleiden moved, Husom second, to nominated Wetter as Vice Chair. After closing of nominations, unanimous vote casted for Wetter – motion carried 5-0.

ACTION: Daleiden moved, Vetsch second, to nomination Husom as Secretary. After closing of nominations, unanimous votes casted for Husom – motion carried 5-0.

SETTING OF MEETING DATES FOR 2022

ACTION: Husom moved, Daleiden second, to approve the 2022 HHS Meetings as presented. Motion carried 5-0.

The HHS Board meets every second and fourth Monday of the month, 1:30 p.m. Second monthly meetings are subject to cancellation upon Board approval.

2022 HHS Board Meeting Dates:

January 24	April 25	July 25	October 24
February 14	May 9	August 8	November 14
February 28	May 23	August 22	November 28
March 14	June 13	September 12	December 12
March 28	June 27	September 26	December 27 (Tue)
April 11	July 11	October 10	January 9, 2023

COMMITTEE APPOINTMENTS:

ACTION: After Daleiden rescinded his motion to approve the 2021-12-13 meeting minutes (next item), Vetsch moved, Daleiden second, to approve the 2022 committee appointments as presented. Motion carried 5-0.

<u>COMMITTEE</u>	<u>2022 APPOINTMENTS</u>
Central MN Council on Aging (3-Year Term)	(Wetter, appointed in 2021 – 3-yr term)
Local Emergency Medical Systems Council	Kaczmarek
Inter-agency Early Intervention Committee	Wetter
HHS Advisory Committees:	
Human Services Advisory Committee	Husom
Mental Health Advisory Council	Daleiden
Public Health Task Force	Daleiden
Emergency Management/Public Health Emergency Preparedness (EM/PHEP) Workgroup Advisory Council (previously Emergency Preparedness Committee)	Vetsch
Truancy Task Force	Vetsch
State Community Health Services Advisory Committee appointment and alternate	Husom, Grosshuesch (alternate)
CommUNITY Adult Mental Health Initiative	Goodrum, Pooler (alternate)
Central MN Home Visiting Coalition (2-year term; initial appointment - 2020)	Daleiden

III. MINUTES APPROVAL

ACTION: Daleiden moved, Husom moved, second, to approve the 2021-12-13 minutes. Motion carried 5-0.

IV. REVIEW AND APPROVAL OF AGENDA

Item VII - February Employee of the Month – nominee absent; to be introduced at the next meeting.

ACTION: Daleiden moved, Wetter second, to approve the agenda. Motion carried 5-0.

V. CONSENT AGENDA

Item V, B, #3 Consent Agenda – Out of State Travel – January 25 was cancelled due to COVID-19 outbreak; Goodrum sought approval of the outlined travel/training requests without specified dates.

Discussed clarification on *Item A - Objective Observer Rate* as requested by Daleiden.

- A. Approve Request to Increase the Objective Observer Rate From \$30 To \$50 – HHS Paid \$90 Total In 2022 For Services in November And December 2021 (See Attached Object Rate Procedure)
 - B. Approve Eleanor Vanasse And Benjamin Grimm’s Grant-Funded (By *Human Impact Partners*) Out-Of-State Travel, Health Equity Awakened Fellowship, On the Following Dates:
 - 1. 2022 January 25-28, Oakland, CA – cancelled/rescheduled
 - 2. 2022 June 14-17, Venue to Be Determined
 - 3. 2022 December, Date and Venue to Be Determined
 - C. Approve Mental Health Advisory Council Two-Year Term Membership Reappointment
 - 1. Tina Sklors, District 3, Two-Year Term Ends 2022-03-24 (2nd Term)
 - D. Approve Mental Health Advisory Council Resignation
 - 1. Jim Becker, District 3 (1 Term)
 - E. Approve 2022-03-01 All-Staff Training, 9:00 A.M. – 3:30 P.M., New Government Center Conference Rooms. HHS Office Will Be Closed 9:00 A.M. - 3:30 P.M.
 - F. Approve Request to Cancel 2022-01-24 HHS Board Meeting
- ACTION:** Daleiden moved, Wetter second, to approve the consent agenda. Motion carried 5-0.

VI. NEW HIRE

- A. Andrea Buffie, Office Technician I, Office Support Team, November 29, 2021
- B. Amber Doering, Public Health Nurse, Health Children and Family Services Team, December 20, 2021
- C. Brigitte Audette, Social Worker, Child Protection (CP1) Team, December 27, 2021
- D. Marci Jasper, Social Worker, Intake & Intervention Team, January 5, 2021

VII. EMPLOYEE OF THE MONTH – FEBRUARY

Beth Hammer is February Employee of the Month.

VIII. REGULAR AGENDA

A. Social Services/Public Health/Financial Services

- 1. APPROVE RESOLUTION HHS 22-01: DECEMBER 2021 DONATION

ACTION: Daleiden move, Husom second, to approve Resolution HHS 22-01. Motion carried via roll call vote 5-0.

- 2. INFORMATION: SETTING UP AND COLLECTING OUT-OF-HOME PLACEMENT (OHP)
(Jami Goodrum, Christine Partlow)

Goodrum reiterated the changes that HHS implemented in early 2020 for OHP policy and practices in establishing and collecting parental fees to remove barriers and establish reasonable and affordable debts for families. One of the changes adopted since that time was discontinuation of charges for emergency foster care placement under a protective hold. Also, HHS started using the income-based State Fee Schedule, which provides a significant reduction to monthly fees as previously calculated.

A recent National Public Radio (NPR) article noted that Wright County charged \$101K for OHP fees in 2018 and ultimately charging only \$50K in 2020, a significant decrease in collection based on the lower charging amounts.

HHS in 2021 assessed 35 OHP debts, compared to 106 in 2017, 80 in 2018, 54 in 2019, 44 in 2020. Daleiden asked what steps should be taken to help the families who made efforts to pay, in 2017 for example, to eliminate their debts and help them succeed. Daleiden stated that at some point, families who consistently pay may be absolved from outstanding debts so they can move on. Fiscal Supervisor Kate Dahl reported that 73 of the cases in 2017 have zero balance. The Fiscal Team works with families and consults with HHS management, while also using the HHS Write-Off Policy as a tool when assessing outstanding debts. Goodrum also pointed out that HHS prior to the 2020 revamp, was

collecting fees at up to 100 percent of costs to the county, which was not attainable, stating that a portion of the current 50 percent of costs is fair and reasonable for HHS and families.

3. WRIGHT 2 SCHOOL PROGRAM
(JESSICA NELSON)

Nelson outlined the purpose and process of the Truancy and Educational Neglect Intervention Program. Currently, HHS has two referrals to be submitted to the County Attorney's Office (CAO) but made no referrals to CAO last year. HHS instead focused on intervention and phone communication due to COVID19 and per DHS and the Minnesota Department of Education (MDE) recommendation to focus more on intervention and to refrain from filing petitions for Truancy and Educational Neglect for the time being.

Kaczmarek reported feedback from Safe School meetings, that the referral process requires a lot of "hoops" to go through. Nelson stated that HHS has been meeting and collaborating with school administrators about the issue, clarifying that the steps are the same, although there are name changes and reorganization to the program.

Vetsch wanted to see the number of referrals and cases included in the presentation, expecting substantial cases in the last three years. He also questioned the behavioral aspect of the Truancy Program, where youth are perpetually stuck in the process year over year, ending up falling behind in their education, seeing no incentive in going to school when graduation is no longer attainable, yet still must remain on the truancy program until reaching the legal age to drop out. Deleiden, however, pointed out that there are alternative classes for students such as Wright Tech and Knights Academy. Nelson stated that HHS very rarely receives behavioral [only] referrals and that some behavioral cases stem from underlying issues [trauma, sexual abuse, etc.] discovered during initial investigations. Last year, HHS received 1,300 truancy and educational neglect referrals. Each worker ends up with approximately 30 cases after referrals work through the process with many referrals being diverted through other interventions.

Questions for consideration: Up to what point would a child be on a truancy program year after year – and what steps are taken to mitigate habitual truancy offenders? Is it reasonable to continue the truancy programs among CAO, HHS, Sheriff's, Court Services and are there overlaps and redundancies?

Social Services Manager Michelle Miller stressed that it is beneficial to work with Court Services and that while schools can make referrals directly to CAO or through HHS, HHS is working with both the schools and CAO and that there is one Wright County Truancy Program.

Goodrum suggested to look at the process and work with CAO to assess the "pros and cons" of running dual truancy programs (HHS and CAO), considering that Wright County deals with ten school districts with some schools navigating with different processes between shared counties.

RECOMMENDATION: Bring this item to the April HHS Board to set a Committee of the Whole meeting with HHS, County Attorney's Office, Court Services, Sheriff's, School Administrators; get all numbers together before the next school year starts to streamline the process. This would also be a good topic for future Safe School meetings.

B. Administration

1. DIRECTOR'S COMMENTS

HHS has ended its contract with Wright County Family Services Collaborative. HHS will assume the role as fiscal host and group facilitator of services.

HHS received \$35K grant from Health Partners; \$10K will be used for improved access to health services through HHS, \$25K for the Community Dental Health Center.

DHS Reissues “Work Will Always Pay with MFIP.” Bulletin 22-11-01.

HHS’s Request for Proposal for local drug testing providers is due today, anticipating two applicants, and availability of services by next month. Last fall, HHS ended its contract with Total Compliance Solutions (Rockford Drug Testing). Currently, HHS is working with families, using contracted sites around their areas. Additionally, Wright County Probation also offered to perform drugs tests on site, starting today, with two sites in Buffalo.

Kaczmarek brought up a safety concern regarding the HHS front desk in the new building, that it may be easier for a potential assailant to leap over the counter in the absence of a glass barrier. Goodrum stated that she had brought this up several times when the building planning started and that the initial decision was to have no barrier [pre-COVID], then the next decision was to have barriers during COVID, third decision by the Board was to not have barriers to be consistent with other departments. Goodrum understands that there are HHS staff who have safety concerns on the no-barrier setup. The current design excludes barriers, and Goodrum stated that this was the Board’s decision. Kaczmarek noted that this was the Board’s decision along with department and office heads prior to 2021, pointing out the difference in barriers – one that potentially prevents COVID transmission and another that is more permanent to prevent physical assault, which are in place in a few county facilities. Goodrum acknowledged the safety concern, but also pointed out that there are safety mitigations put in place. Currently, in both lobby areas of HHS, plexi-glass panels are installed – where the front desk personnel is in closer proximity to the visitor on the other side while in the new building, the counter is deeper, adding a safer distance and out of immediate reach from a potential attacker. Goodrum stated that the risk of bringing clients into offices behind secured areas posed a threat to staff, whereas current and future practice requires workers to meet clients in secured lobby offices. Additionally, there are cameras and panic buttons in place in current and future lobbies.

Kaczmarek asked Goodrum what her input was during the initial discussion with the Board. Goodrum stated that while she initially preferred a more customer-friendly setting and favoring an open concept, she was in favor to have barriers when the COVID pandemic happened, adding that she is for safety but also for a more welcoming environment. Goodrum said that she was not at any Board meeting that she was asked about the issue on barriers during COVID. Vetsch stated that with the series of planning meetings in 2018-2019, the Board initially decided to not have barriers, which was agreed upon by everyone. During the COVID pandemic, there were back and forth discussions on cost, redesign fees, funding sources, resulting to a lot of ambiguity at what departments were going to end up with at that point, stated Vetsch. Goodrum said that during the time in question 2018-2019, there were many conversations around best set-up in the various areas regarding metal detectors and other safety features. Some were kept and some were decided against.

Daleiden said that a temporary barrier must be placed while COVID is ongoing, such as the type installed at the DMV – something that will work with the current design. Goodrum agreed. Kaczmarek, however, stressed the difference between a COVID-mitigating barrier versus a permanent physical safety barrier and asked if there are ARP funds available. He also asked the Board if there is interest in putting up a more secure barrier.

CONSENSUS: Leave the current design as-is (no-barrier), considering that law enforcement is on site, the adequate depth of the counter, cost, supply availability, escape routes available, there are enough safety measures in place. Plan a temporary barrier installation for COVID mitigation.

Meeting adjourned at 2:56 p.m.

Submitted by Noami Blomberg, Administrative Specialist