

WRIGHT COUNTY
HEALTH & HUMAN SERVICES BOARD
MINUTES
October 10, 2016

1:30 P.M. PLEDGE OF ALLEGIANCE.

The regular meeting of the Wright County Health & Human Services Board was called to order at 1:30 P.M., Monday, October 10, 2016, by Chairperson Daleiden.

MINUTES: Approval of Minutes of September 26, 2016.

Goodrum Schwartz said there is one change, in attendance in Staff Present, Richelle Kramer was also present.

Action: The Minutes as changes were moved for approval by Borrell, seconded by Husom. Motion carries unanimously. Sawatzke absent.

AGENDA:

Goodrum Schwartz said Probate Attorney, Sheldon Brown, will come to our next meeting on October 24th.

Action: The Agenda was moved for approval by Potter, seconded by Husom. Motion carries unanimously. Sawatzke absent.

ROLL CALL:

Members Present:

Christine Husom - District 1

Michael Potter - District 4

Pat Sawatzke - District 2 (arrived 1:37 PM)

Charlie Borrell - District 5

Mark Daleiden - District 3

Staff Present:

Jami Goodrum Schwartz, Director

Carol Schefers, Public Health Director

Public Health Supervisors: Jon Young, Karen Jorgensen-Royce

Health Promotion Coordinators: Susan DeMars, Mikaela Robertson, Jill Hylla

Public Health Nurses: Megan Ward, Karen Eder, Abby Wacker

Jessica Nelson, Social Services Supervisor

Tammi Martens, Financial Services Supervisor

Aggie Gunnerson, Secretary

New Hires:

Jon Thalberg, Financial Worker in Financial Services Health Care; date of hire 9/28/16

Sara Jacobson, Social Worker in Children's Services; date of hire 10/05/16

Others Present:

Dr. Richard Lee, Central Minnesota Mental Health Center

Holly Glaubitz, Minnesota Department of Health

CONSENT AGENDA

1. Social Services Payments Abstract – \$139,894.80

Action: Motion by Borrell, seconded by Sawatzke, to approve the Consent Agenda. Daleiden asked about payments to Beltrami County Correctional Facility, and the difference between this facility and Lino Lakes. Nelson said one youth was placed at the Beltrami facility because the youth was not doing well at Lino Lakes and was needing evaluations that are not available while at Lino Lakes. The youth went back to Lino Lakes after a few months. She said this juvenile was placed in Beltrami while looking for placement options. As one point, we were looking at a facility in Tennessee because no other facility would accept child for treatment. A number of youth charged with a crime that have a mental health issue, or other developmental disability, or are found incompetent to stand trial, and are sent to Social Services can be hard to place. They become a Social Services matter and cannot be placed legally at Lino Lakes on the contract we have with

them for beds. It is a Social Services placement, and not a Corrections placement. Potter thanked Agency for going the “extra mile” to help these children and giving them the chance to straighten out. Motion carries unanimously.

REGULAR AGENDA

ADMINISTRATIVE PAYMENTS:

Action: Motion by Husom, seconded by Potter, to approve the Administrative Payments in the amount of \$49,240.92; 77 vendors, 170 transactions, subject to audit. Motion carries unanimously.

SOCIAL SERVICES/PUBLIC HEALTH/FINANCIAL SERVICES:

1. Introduction of Dr. Richard Lee of the Central Minnesota Mental Health Center and direction of the CMMHC. (Dr. Richard Lee)
Goodrum Schwartz introduced Dr. Richard Lee, Executive Director of the Central MN Mental Health Center, in St. Cloud. Dr. Lee became the Executive Director on February 1, 2016.

Dr. Lee said he appreciates the invitation to come here from Goodrum Schwartz. He has been with the Center for about 8½ months. Dr. Lee gave his background information and originally was from the Twin Cities. In 1994, he started working at Woodland Center and was there for 22 years; the last 19 years he was in either a semi-administrator position or the Director. He then relocated to St. Cloud. CMMHC and the four counties (Benton, Stearns, Sherburne and Wright) go back over 50 years. Woodland Center has a similar governance structure to CMMHC; a Board heavily represented by County Commissioners, and serves six counties. He is accustomed to a very positive and robust relationships with the County partners. There were strained relationships for several years between the Mental Health Center and the Counties. Prior to his arrival, CMMHC went through a strategic planning process. One of the elements in the plan was to convene a task force to examine the governance structure and to make some recommendations as to what the ideal governance structure is going forward. We are continuing that conversation. Any change that comes through that process, even modernizing the Bylaws (most recently updated in 1995), will require the approval of all four County Boards. He is here to assure this Board and the other Boards that he is committed to continuing a positive, robust relationships that we began to repair in the last 8½ months. His intention is for the CMMHC to be Wright County’s go-to-partner for contracting and in meeting its statutory needs. He wants the relationship to be Executive Director proof, that it is “baked” into the Bylaws and how the agency functions. We are on the same team; many of our goals certainly on the mental health side overlap. CMMHC’s vision in the strategic plan is to be recognized as a leader in mental health and recovery services. Currently, that recognition is spotty. CMMHC’s strategic plan had three primary goals: 1) operational excellence; 2) community wellbeing; and 3) stakeholder development. Operational excellence if that is going well will be invisible to the County Boards because it is going well; we have made good progress, but have a lot of work yet to do. Community well-being starts with the improvements to the quality of our programs and we are delivering clinical excellence, and starts with accountability for us to deliver those services to our clients, agency and community. He mentioned the recent incident at the Crossroads Mall. He was pleased to have been called and asked to mobilize CMMHC staff as much as possible to be at the Mall ahead of its opening on Monday morning. This was made a priority in all of our clinics that if anyone called and were struggling with what happened there, they would be given priority scheduling. When he went home later that night, he felt for the first time that he was really a part of the community. Stakeholder development is where the County Boards and other stakeholders come in, it is all about relationships. Soon after he started at the Mental Health Center, Bill Tregaskis arranged for a meeting with Mike McMillian, of Corrections. McMillian said it is all about relationships and he agreed. When groups convene around mental health issues, he wants the Mental Health Center to be there.

Dr. Lee talked about Service Priorities in the coming years. There are several things that make CMMHC unique compared to other providers. CMMHC does things that no one else does - assertive community treatment, Detox, Intensive Residential Treatment, Crisis Services, and HI-C (Health Integration Collaborative, a partnership with Centra Care). Crisis - there has been a lot of conversation to develop a

more robust crisis services than currently exists. Mobile crisis services, which we have some capacity to serve Wright County, is very limited. As it has been rolled out by the State, mobile crisis has been an oversold product. We proudly announce that we have mobile services 24/7 available in all 87 counties. CMMHC is a member of MN Association of Mental Health Programs. Community mental health centers are members of this organization and are now setting their legislative priorities for 2017, and second on the list is the workforce shortage issue. With Mobile Crisis, we have open positions all the time, and if we can't fill those positions, then we then can't deliver the services. We hope to have a more robust crisis services in the future.

Borrell said before you got there, it (CMMHC) was a mess; insurances were not being billed correctly. Dr. Lee said those things are corrected, and we are on target to show some "black" ink this year. There was a sea of "red" ink the last two years. Borrell said was it individual workers, management, or administration. Dr. Lee said CMMHC bought a product called Credible. Credible was used at Woodland Center and he was familiar with it. He found a narrative that said, Credible was not what they sold us. Dr. Lee said Credible was fine, it was the implementation that was flawed. Daleiden said it was different than what they were used to. He asked is burnout a problem, is that one of the reasons there is such a shortage. De. Lee said it is; it's compassion fatigue, working with people with histories of profound trauma, etc. The classification of Mental Health Practitioner has flawed statutory requirements. A lot of the services that Mental Health Practitioners provide are covered by Medicaid; half Feds. When the Feds approve services, they want to know those people are qualified to deliver those services. Part of the reason it is hard to hire Mental Health Professionals is because the State has clamped down when they come in and do their audits; they want to see transcripts that people are qualified to deliver these services. Ten or fifteen years ago, there were massive Federal audits around partial hospital services in community mental centers in other states. The Feds demanded multi-million dollar paybacks for services they had paid to be provided by people who were not qualified to deliver them. This put the rest of the states on notice. Plus, reimbursement rates are terrible. Counties can pay a similarly qualified person more money than we can because they are reimbursed. We are challenged on the wage side, but also there is a shallow pool of applicants.

Sawatzke said the governance model is something you (the Board) will hear about during the next six months, and some sort of document will come here to be passed. There may be some fairly substantial suggestions on how it is done. Right now, it operates like a Joint Powers Board, where the Counties control everything and considers ourselves as owners of it, so to speak. One of the suggestions turns it into an actual real non-profit organization. The Counties won't be providing any operational subsidy, and the organization will stand alone. It won't change the mission of the organization but it will change the control the Counties have now relative to what they would then. There is concern about that, if the organization is having financial trouble, and if the Counties don't have the arrangement they have right ow, will the Counties rescue it or say they are a separate non-profit. Goodrum Schwartz said the Mental Health Center needs to provide services regardless of payment. Dr. Lee said it is a complicated issue. If it goes in a different direction, he sees an upside - he has to earn your business, there is no felt obligation to the agency. Daleiden said the options are limited on what our choices are. Dr. Lee said the Executive Director has to earn your business. Borrell thanked Dr. Lee for being there for us. Daleiden thanked Dr. Lee and said we appreciated it.

2. Presentation: SHIP Day Care Update. (attachments - The Weight of Childhood Obesity; NIH information sheets on Overweight and Obesity; 4 Square for Childcare)
Susan DeMars explained how Body Mass Index is determined. One-third of children are obese or overweight, and one-fifth of children are obese or overweight by the time they enter school.

DeMars reviewed the PowerPoint presentation - 4 Square for Childcare, a hands-on guide to help children garden and eat good food. She presented at the statewide SHIP meeting. She started gardens with childcare providers in the area. State guidelines are followed. Wright County's population is 131,311; 40,239 are children; \$76,489 is median household income; 3.6% is poverty rate; and 28.4% of adults age 20+ are obese. She gave two examples of health and equity: 1) Albertville: population 7,262; median

income \$96,896; and 36.6% have a bachelor's degree. 2) Howard Lake: population 2,046; median income \$41,500; and 11.4% have a bachelor's degree. Winsted Elementary has the highest percent (41.39%) of students receiving free or reduced lunches. She listed the number of childcare providers/centers in the County. The Howard Lake area has no childcare centers, has a strong commitment to agriculture in the schools and community, and is an area in the County where SHIP efforts have not been previously focused. Invitations were sent to 33 childcare providers in that area asking if they were interested in participating in the 4 Square Garden Project, only 4 responded. It was opened up to the rest of the County, because we had funding for 15. Providers identify the vegetables they would plant. They receive the tools needed (worth up to \$150), a 4'x4' constructed box, soil, fertilizer, 2 tomato cages and trellis frame. Each providers receives 4 hours of approved training for Wright County relicensing. Assistance is available to plant and maintain the garden, to complete the re-assessment and post evaluation, and to develop a policy related to fresh vegetable consumption. Community Partners have donated to date a value of \$5557.19; provided \$1000 worth of services, and clock hours for license renewal. There were many in-kind donations, including the following: Laurie Jensen, Master Gardener Intern, University of MN, \$682 garden planning guide. Howard Lake-Waverly-Winsted Schools: \$1,862 in services building boxes; \$735 in bedding plants. Fred Holasek and Son - \$1000 in soil. Otto Transfer - \$300 for use of trailer/truck. Howard Lake Community Center - \$400; volunteers - \$1000. Community investments total \$5,557.19, and SHIP investment totals \$3,663.70. Thank you cards have been sent to donors. The community has been informed of the Garden Project through the Live Wright Newsletter; County Childcare newsletter; State Fact Sheet, Farm Horizon publication; through Wright County board of Commissioners presentations; and the Community Leadership Team. The goal of the 4 Square Gardens is to provide more fresh vegetables to children.

3. Presentation of award to Wright County Public Health for becoming a Breastfeeding Friendly Health Department. (attachment) Board was given MDH handout - 10 Steps for Breastfeeding Friendly Health Departments.

Carol Schefers said for the past year, Public Health staff worked on the requirements to apply to become a Breastfeeding Friendly Health Department. The committee is made up of Mikaela Robertson, Megan Ward, Jill Hylla, Karen Eder, and Abby Wacker. The paperwork was submitted and our Agency received an award. She introduced Holly Glaubitz, Worksite Wellness Coordinator at MDH, who presented the award. Glaubitz said the award is at the "bronze" level. Our goal is to provide support to moms to be able to nurse for up to one year. Wright County completed five of ten steps. 1) initiated the process for implementing a written policy for both Public Health and as a workplace; 2) shown the ability to work with community partners to provide resources for nursing moms - the Baby Café is an example; 3) they are able to collaborate with services; 4) the ability to communicate with the community on breastfeeding and 5) why they support breastfeeding. On behalf of the Minnesota Department of Health, Glaubitz presented the committee with the award, and said the Agency has a dynamite team.

Schefers said the Baby Café is a collaboration with Buffalo Allina Hospital. The Baby Café is growing and is a place for moms to come, get help and advice, and peer support. There have been good relationship built with Buffalo Birth Center and Maple Grove Birth Center. The Wright County Breastfeeding Coalition is well established, and is growing. They are bringing together people who work with breastfeeding moms; i.e., ECFE, Early Headstart, WIC. Staff did a community needs assessment before starting this work. Later, we will come back with our Breastfeeding Policy for approval by this Boar and more statistics. A Breastfeeding Survey was developed and the survey will be distributed in October-November. Improvements have been made to the nursing mother's rooms in County buildings. The Certification Lactation Counselor course is planned here this next summer. We received three free slots just for hosting the course; it is a five-day course and is very expensive national course. Breastfeeding education material is given to our Family Home Visiting Nurses.

Our Plan: 1) get Policy approved; 2) implement Policy - all Health & Human Services staff will receive Policy during new hire orientation; 3) annual training provided to all H&HS staff; 4) provide information

on Breastfeeding Policy to nursing students; 5) continue to coordinate and staff the Baby Café - if it keeps grows, will have bi-monthly and look for other places; 6) breastfeeding resource list; 7) share outcomes of survey; 8) develop breastfeeding education cards; and 9) have a breastfeeding at community events. Daleiden thanked workers for the good work.

4. Presentation: Minnesota Child Welfare Workforce Stabilization Study. (attachment)
Goodrum Schwartz highlighted areas in the Study. The Center for Advanced Studies in Child Welfare has partnered with the MN Association of County Social Service Administrators Children's Committee and the MN Department of Human Services to better understand the State of Minnesota's child welfare workforce, with a particular focus on child protection professionals, in order to develop strategies to stabilize and strengthen the workforce in a time of child protection reform. The Workforce Stability during the past 12 months: 47% did not seek employment outside of their current position; 53% actively sought employment outside of their current position (45% actively sought employment outside of their agency and outside of child protection, foster care, or adoption/permanency). Minnesota's need for a competent, highly skilled, and stable workforce is paramount. Leaders should focus their efforts on alleviating the general feelings of overwhelm that child protection staff are facing. This would include: 1) Providing additional supports for dealing with secondary traumatic stress. 2) Improving the quality of supervision. 3) Maintaining and building upon opportunities for peer support. Wright County's Supervisor to staff ratio in the child welfare area is 1:17 and is too high. 4) Developing and implementing communication strategies to ensure a cohesive, directly applicable message to keep workforce informed of reform efforts. 5) Attending to the public's perception of child protection work in Minnesota, including the imbalance of negative child protection publicity experienced since 2014.
5. Unit Retreats:
 - Family Services - November 7, 2016, at Ney Park (attachment)
 - Health Promotion - SHIP program planning - October 31, 2016, at Ney Park (1/2 day)Action: Motion by Sawatzke, seconded by Husom, to approve. Motion carries unanimously.

ADMINISTRATION:

1. Director's Comments.
 - Goodrum Schwartz said she attended the Minnesota Social Service Administrators Conference and Child Support Conference.
 - Strategic Planning - pre-retreat meeting was held on September 26th with Supervisors/Managers. Retreat was held on September 27th with Dr. Sicora.
 - On Friday of this week, Central MN Jobs & Training is putting on a Health Care Workplace Summit, at the Monticello Community Center. There are many health care job openings that don't have trained people to go into them. Last year, CentraCare had 400 openings. We have students that come to Minnesota for nurse's training, and then go back home.

The next regular meeting will be held at 1:30 P.M., Monday, October 24, 2016, in the Commissioners Room, at the Wright County Government Center. Chairperson Daleiden adjourned the meeting at 2:50 P.M.