



**SOUTHWEST HEALTH AND HUMAN SERVICES
HUMAN SERVICES BOARD**

MINUTES

Date: February 17, 2016
Place: Lyon County Government Center
Public Health Conference Rooms 1 & 2
Marshall, Minnesota

Opened: 9:00 am
Adjourned: 9:50 am

The monthly meeting of the Human Services Board for Southwest Health and Human Services was held on Wednesday, February 17, 2016 in Public Health Conference Rooms 1 & 2 of the Lyon County Government Center at 607 West Main Street, Suite 200 in Marshall, Minnesota. The meeting was called to order by Vice-Chair Nath. The Pledge of Allegiance was said.

Members present: Jeane Anderson
Rick Anderson
Ron Boyenga
Carol Ann Flahaven
Joan Jagt
James Jens
Priscilla Klabunde
Bob Moline
Les Nath
Jim Salfer
Charles Sanow
Lois Schmidt
Steve Schulze
Sherri Thompson
Mic VanDeVere

Members absent: Gerald Magnus
Pam VanOverbeke

Guest Present: Bill Toulouse

Staff present: Carol Biren
Karla Drown
Ardis Henriksen
Tasha Kuehn
Stacey Longtin
Cindy Nelson
Becky Sietsema
Nancy Walker
Kristin Deacon
Scott Gilsrud
Krista Kopperud
Tamara Logan (intern)
Sherry Marks
Ann Orren
Chris Sorensen

C. Consent Agenda –

Vice-Chair Nath asked if there were any additions or corrections to the consent agenda. Motion by Klabunde and second by Jagt: To approve the consent agenda has presented. The motion carried unanimously.

D. Financial –

Vice-Chair Nath asked Karla Drown, Fiscal Supervisor, to come forward to present the financial report. Karla reviewed the Summary of Financial Accounts Report, pointing out that there are no changes in investments. The agency insurance fund was at \$4,998.43 at the end of January 2016. There has been \$22,852 in claims submitted for February. The Health Services Fund is 1% over budget for revenues and even for expenses and the Human Services Fund is 5% below budget in revenues and even for expenses. Motion by Moline and second by Thompson: To move the financial report forward to the Governing Board for approval. The motion carried unanimously.

E. Caseload –

Director Sorensen reviewed some of the conditions that are driving the out of home placement numbers.

F. Decision Items –

No items on the agenda.

G. Discussion/Information –

1. Vice-Chair Nath invited Stacey Longtin, Adult Social Services Supervisor, to come forward to give a report on Vulnerable Adult Services. Stacey stated that as of July 2015 the agency is no longer the central reporting point for referrals for vulnerable adults. The Minnesota Adult Abuse Reporting Center became the primary reporting point on July 1, 2015. The people who work at the MN Reporting Center enter limited information into the SSIS system, and so they are not able to see client information. There have been some bugs in the system but they are being worked out. One of the problems is that the system had been generating duplicate reports but they are working on a fix for this problem. The state had planned on doing a public service announcement (psa) during the fall but it was not done. They are now considering doing one during the spring. They expect there will be an increase in calls once the psa has been done. The agency has received forty-five (45) intakes from the system and have thirty-five (35) current ongoing investigations. There needs to be more work done in the SSIS system to improve the program. Stacey gave a percentage breakdown of the types of neglect or abuse that have been reported. The agency staff has become more active in developing multi-discipline teams, who will meet twice a year in each county. They are also working on developing a Regional Hoarding Taskforce, which will be for professionals in the area.

2. Director Sorensen stated that the agency does not have a position on this form of medication. He then invited Scott Gilsrud, Social Worker, to come forward to inform the Board about methadone. Scott stated that he had been contacted by Meridian, a treatment center company, to discuss the possibility of opening a methadone clinic in our service area. Methadone is used in medically assisted treatment for heroin addiction. Methadone must be administered at a federally certified clinic and is a long term drug from which the patient must be tapered off. The use of methadone as a drug treatment is relatively cost effective. There is another drug that can be used, which can be purchased as an over the counter prescription, but neither drug is perfect. Scott talked about the changes he has seen in who becomes a user of heroin. In our area, heroin was first seen young white males and is now starting to spread from

that group. Regarding the length of time someone would need to be on methadone, there is no general consensus as to the correct length of time for this treatment.

Vice-Chair Nath asked if there was anything further to bring to the Board. Hearing nothing he adjourned the meeting at 9:50 am.

Approved _____ Date

Authorized _____
Chairperson, Human Services Board

Recording Secretary, Human Services Board

Attest: _____
Director