

MINUTES
Goodhue County Public Health Service
BOARD OF HEALTH MEETING
Tuesday, January 25, 2005
9:30-11:00 a.m.
County Board Room
Red Wing, MN 55066

Members Present: Commissioners Ron Allen, Jim Bryant, Dan Rechtzigel, Richard Samuelson, & Ted Seifert

Others Present: Karen Main, Sue Morgan, Kristine Holst, Jason Petersen, David Hamilton, Melissa Cushing

I. Call to Order

Public Health Director Karen Main called the meeting to order at 9:36 a.m. in the Goodhue County Board Room.

II. Pledge of Allegiance was recited.

III. Ms. Main asked if there were any disclosures of interest. There were none.

IV. Election of Officers

Ms. Main called for nominations for the 2005 Public Health Board Chairman.

C/Allen nominated C/Seifert for 2005 Public Health Chair.

Ms. Main asked for other nominations for Public Health Board Chair

C/Rechtzigel nominated C/Bryant.

Ms Main asked if there were any other nominations, being done asked for a motion to close nominations for the 2005 Public Health Board Chair.

C/Samuelson move to close nominations for the 2005 Public Health Board Chair.

Ms. Main asked C/Seifert and C/Bryant if they would be willing to serve if elected; both stated yes. Ms. Main stated that since we have two nominations it will be roll call vote in order that they were nominated.

Roll Call Vote for Commissioner Seifert as Chair of the Public Health Board 2005

C/Allen – yes, C/Samuelson – no, C/Bryant – no, C/Seifert – yes, C/Rechtzigel – no

Motion denied 2-3

Ms. Main stated that at this point by process of elimination, Commissioner Bryant is the Chair of the Board of Health.

At this point, C/Bryant resumed the Chairmanship and conducted the Board meeting.

C/Bryant called for nominations for the vice-chair of the Public Health Board for 2005.

Nomination made by C/Rechtzigel to nominate C/Seifert as Vice-Chair for 2005 and he agreed to let his name stand.

C/Bryant called for any other nominations, and again called for any other nominations, being none asked for a motion to close nominations.

C/Samuelson move, C/Rechtzigel second to close nominations for the Vice-Chair of the Public Health Board 2005.

C/Rechtzigel move, C/Samuelson second, motion carried to accept C/Seifert as Vice Chair of the Public Health Board.

C/Bryant called for nominations for secretary of the Public Health Board for 2005.

Nomination made by C/Rechtzigel to nominate C/Samuelson as Secretary of Public Health Board for 2005 and he agreed to let his name stand.

C/Rechtzigel move to close nominations for Secretary of the Public Health Board.

C/Rechtzigel move, C/Allen second, motion carried unanimously to accept Commissioner Samuelson as Secretary.

Administrative Finance Committee – Commissioner Bryant and Commissioner Seifert

C/Bryant stated that with he and Commissioner Seifert being the chair and vice-chair of the County Board that he recommend that the Admin/Finance Committee run concurrent with the County's Personnel and Budget Committee; C/Bryant explained that what he was thinking was that any business that would be run through the Admin/Finance Committee be run through the same time as the County Personnel and Budget Committees, put it on the same agenda during those Committees. C/Seifert stated that it might get lost in the jumble of things, we need to consider some of those items differently. C/Bryant stated that he is just trying to set up a structure time so

that we could include Public Health and put them under the agenda, the day and time already being set aside for the County Personnel and Budget Committees. C/Seifert agreed that it would work to work it with the County Personnel and Budget Committees.

PHS Advisory Committee – Commissioner Allen

South Country Health Alliance - Commissioner Seifert with Commissioner Allen as the alternate

SCHAC – Commissioner Seifert

SE EMS - Commissioner Samuelson

C/Samuelson stated that he is honored to be able to serve on a Public Health Committee, as he has never done so in the past.

IV. Approval of Agenda

Motion by C/Samuelson, seconded by C/Allen, carried to approved the agenda for January 25th, 2005.

V. Approval of Minutes

Motion by C/Samuelson, seconded by C/Allen, carried to approve the minutes of the December 14th, 2004 as presented.

VI. No items listed on the consent agenda.

VII. Review of Financial Reports – Kristine Holst

K/Holst reviewed the year end financial report for the end of 2004.

Positive revenue variance	\$112,002
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Negative Expense Variance	\$ 56,439
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Net Positive Variance YTD	\$ 55,563
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At the last County Board meeting there was an approval that out of the \$55,563, Public Health would be paying for the replacement of the some of the existing plumbing in the former sheriff building, totaling \$26,399, leaves PHS with a year end balance for 2004 of \$29,164.

C/Allen questioned where the \$29,164 money goes? K/Holst stated that it will go into the reserve accounts; C/Bryant questioned if we are expecting any other expenses to be paid out of the \$29,164? Ms. Holst stated that everything else is coming out of the 2005 budget.

Reserve Account Balance

In reference to the request at the previous Board of Health meeting to provide an updated report containing the Public Health Service reserve account balance. We are currently working with the Auditor/Treasurer and incorporating the Public Health report into the global report on reserve and fund balances, as requested by the County Board. This information will be provided to you at one of the County Board meetings in February. Ms. Main stated that it was suggested that we come in with a standard format of how the accounts are presented.

C/Seifert asked for a ballpark figure as to what might be in that account, K/Holst stated that it is hard to say right now, because we get State and Federal grants, some of the grant funds are in those accounts, and it is something that we have to payout, and may not actually be apart of the fund balance. C/Seifert asked if it does have a balance right now. K/Holst stated that the total is about \$680,000, but like she stated earlier some of that we not know how much of that will be paid out for a State and Federal grant, C/Seifert questioned what the lowest the balance was in the past three years? K/Holst stated that is 2002 is was \$236,000; C/Allen stated that at the end of 2004 we have \$680,000 and then at the end of 2004 we will put the \$29,164 in that account, K/Holst stated that is already included in that number. K/Holst stated that the fund balance goes up and down, sometimes we get revenue advances from State and Federal Grants and in the next few months we have to use that revenue, to pay out in the next few months. C/Allen stated that this is one of those accounts that he was talking about that there are excess monies in departments for emergencies, and unfunded mandates.

C/Allen asked what the recommendation is as to where this account should be, K/Holst stated that she has been looking at the State guidelines and we should have between 35-50% of our annual budget; which our annual budget is about 3 million dollars, so about 1 million dollars. C/Seifert stated that the Auditor guideline is saying that in the unreserved/undesignated fund is where you need 25-40%, and we are working towards that and thinks that particular suggestion does not address this particular fund balance for Public Health, we cannot have 35% over here to meet the auditor requirements, and then have another account that has 35% to meet those same requirements. K/Holst stated that the Public Health fund balance is separate from the County's fund balance, and the Auditor's requirements are that they are recommending that PHS has that 35%-50% of our annual budget as a fund balance and the also having 30% for cash flow. C/Seifert stated that then when we determine what we need for the County general fund, we do not include Public Health Budget in there, because they are separate.

C/Rechtzigel questioned if there are any limitations as to what you can use the reserve fund for? K/Holst stated not that they have found. C/Rechtzigel asked that if there was an emergency medical outbreak, they could draw from these funds to help pay for that, K/Holst stated that this account is set up for, in 1995-1996, this account was set up in case there was a huge outbreak, Environmental

Health issue, etc. C/Rechtzigel stated that when he was in Mankato there was meningitis outbreak, and he understands the need for the reserve;

C/Samuelson stated that at that time we were broke; at that time we said that 5% increase of levy with the intent to build a reserve to million dollars, it is not good for Public Health to be in the red, and Public Health has done a lot of good things and has gone along way.

C/Bryant clarified that PHS have a reserve account and we have a goal, guessing that \$600,000 includes the reserve fund, and that Public Health needs their own 30% and is not included in the County's 30%.

C/Allen stated that he would like to congratulate Ms. Main on having an accountant, for that the first time he is not confused when asking a financial question and that Ms. Holst is straight forward and right on target and appreciates that.

Plumbing Report

Relates to the transfer of funds from the Public Health Service 2004 year end balance, to the Public Health Service 2005 budget, to pay for the upgrading of plumbing in the former Public Safety building. At the County Board meeting on January 18, 2005 the County Board approved the replacement of existing plumbing, along with the funding to come from the Public Health Service year end balance. Public Health Service ended the year of 2004 with a balance of \$55,563. The cost to replace the existing plumbing is \$26,399, which would leave a 2004 year-end balance of \$29,164.

C/Allen move, C/Rechtzigel second, motion carried unanimously to approve the transfer of \$26,399 from the 2004 year end balance and into the Public Health Service 2005 budget to pay for the replacement of existing plumbing in the former Public Safety Building.

Uncollectible Claims – K/Holst

Goodhue County Public Health Service keeps track of their uncollectible claims throughout the year, and is recommended to present the list to the Board of Health for acceptance to write-off these uncollectible claims.

BACKGROUND

Listed here are the uncollectible claims for 2003 and a portion of 2004. These claims are worked with throughout the year and many attempts are made to receive payment, but the attempts were unsuccessful.

2003

Private Pay	\$215.00
Alternative Care Grant	\$251.23
CADI Waiver	\$272.86
Private Insurance	\$130.00
Medical Assistance	\$ 20.81
South Country Health Alliance	\$469.32

2004

Private Pay	\$ 661.75
Alternative Care Waiver	\$ 85.05
Private Insurance	\$2,160.00

Grand total of Uncollectible Claims	\$4,266.02
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C/Samuelson move, C/Allen second, motion carried unanimously to accept the list of uncollectible claims and authorize Public Health to write-off the uncollectible claims of \$4,266.02 for 2003 and a portion of 2004. This will allow the billing department to write-off these claims on the Accounts Receivable system.

C/Bryant questioned the Private insurance for 2004, K/Holst stated that a majority of this was one client for multiple months, and we were submitting it to the insurance company, they ended up not paying, Ms. Morgan sent in 2 appeals, because we were under the impression that they should pay for this and they denied both appeals.

VIII. Administrative Reports

A) Director of Public Health – Karen Main

Reorganization: The reorganization of the Public Health Service became effective on January 1. All of the positions are filled. The organizational chart with names of the people in the positions is included. The Administrative Team who works closely with me is composed of Sue Morgan, Director of Nursing (who as Director in my absence); Jason Petersen, Director of Environmental Health; and Kristine Holst, Director of the Business Office. Other staff attends meetings as needed.

Priority Setting Process: A volunteer Community Health Council (membership attached) was established in July, 2004. Members represent various sectors of the County such as education, business, health etc and the geography of the County. Their mission has been to involve as many community members as possible in determining the priority health issues for the County in the next five years. The attached chart labeled "Council Decision-Making Information" illustrates the wide range of sources of information the Council is considering.

It is intended that the priorities identified for the County will be disseminated widely and will be incorporated as part of the work of all related groups and individuals such as hospitals, the Social Services Department and other Departments of County government if impacted, the United Way, the Family Services Collaborative, community action agencies and others as well as the Public Health Service. Public Health has provided staff support to the Council in accord with the mandates for Local Public Health Agencies. This Community Health Council list of priorities will be submitted to the Minnesota Department of Health at the end of February in accord with the MDH timetable. Amended versions as determined by the Board of Health will be submitted as the Community Board of Health priorities at a later date.

We plan to have both the Community Health Council meet with the Board of Health to have discussions about their work and their findings. A meeting of the Committee of the Whole would be a good venue for such a discussion.

Community Wide Goal Setting Meetings: These will occur between January 18 and January 26 in Red Wing, Kenyon, Lake City, Zumbrota and Cannon Falls.

Board of Health Policies: For your information, the Board of Health Policies will require some revision. They are based, in part, on Minnesota Statue 145A, 1997. The statue was amended significantly in 2003. If the Board wishes, we can provide a comparison and make recommendations regarding Board policies or the Board can simply adopt a motion to replace the 1997 statue with the 2003 revised version major changes had to do with planning, more local initiative.

South Country Health Alliance: The PHS is actively involved with South Country Health Alliance which is an innovative multi-county approach to serving the Medical Assistance population in their own communities using local public health and social service staff. It is somewhat complicated. At a previous meeting it was suggested that Marian Brandt, the SCHA Director be invited for an educational session with the Board. We are asking the Board whether they would like us to arrange such a session. C/Bryant suggested that we wait a little, but to have the session a couple months down the road. C/Allen suggested that maybe a workshop format work out well. C/Samuelsen stated that he would be interested in riding along to a South Country Health Alliance meeting.

Evaluation: My annual evaluation will occur in February. I will provide you with an Annual Report on Public Health in 2004 and a self-appraisal related to the major functions of my position. I hope Commissioners will feel free to ask the opinions of any of my colleagues including the Administrative team, any Public Health Staff, members of the Management Team, members of the Professional Advisory Committee, the County Administrator or any community members with whom I have worked. If the Board wishes, I will be comfortable reviewing my evaluation at a public meeting. C/Allen questioned the process, Ms. Main stated that Ms. Cushing will send out evaluation forms and they will get turned into Ms. Cushing and then reviewed by the Chair, C/Bryant and then a meeting will be arranged with Ms. Main and a report brought back to the Board in March.

B) Environmental Health Report – Jason Petersen

J/Petersen stated that the annual septic contractor's meeting is being scheduled for some time in February, possibly the third week. All Contractors will be invited as well as notices sent to Commissioners. C/Samuelsen stated that he has sat in on the contractor meetings and it is a good meeting; contractors are impressed with being able to work closely with staff and re-iterated that it works a lot better when we can work with the contractors. C/Bryant stated that we are saving time in the end by conducting this training/meeting, and pointed out to the Red Wing Commissioners that there are still a lot of wells and septic systems out in the Burnside area, not just rural Goodhue County.

At the December Board of Health, the Board wished to reconsider our current system of assessing penalties to licensees that fail to submit their food, beverage and lodging license renewal within the specified time period.

Renewal forms for Food, Beverage and Lodging licenses are mailed out in mid-December. Licensees must submit a signed renewal form and fee by January 31.

- In mid-January, a reminder notice is sent out to licensees that have not returned the renewal form and fee.
- A licensee that has not submitted the form and fee by the end of January receives a telephone call reminding them of the January 31 deadline.
- Those that do not submit the required information and fee by January 31 are subject to penalty fees and/or closure according to the following schedule:
 - 1 week late- 1 times the original fee
 - 2 weeks late- 2 times the original license fee (not to exceed \$700.00)
 - 4 weeks late- 3 times the original license fee (not to exceed \$700.00)
 - More than 6 weeks late- establishment must be closed.

Options:

- 1) The penalty fee can remain as currently applied.
- 2) The penalty fee can be increased, or the \$700.00 maximum amount removed.
- 3) The penalty amount can be lowered and the establishment closed sooner, for example:
 - Up to 2 weeks late- ½ the original license as a penalty
 - 2 to 4 weeks late- 1 times the original license fee
 - More than 4 weeks late, the establishment must be closed.

Note: When an establishment is closed, they cannot re-open until all fees are paid and all Food Code violations have been corrected.

C/Rechtzigel questioned why people are not paying on time; is it because of financial situations? J/Petersen stated that it is mostly because they have forgotten; C/Bryant stated that those not wanting to pay really are not out there; J/Petersen stated that even at the current late fees, some establishments don't get to it, and pay the fees. J/Petersen stated that a strong feeling that was heard at the last meeting was that operating 6 weeks without a license is way too long.

C/Samuelson questioned if Option 3 would take care of it; J/Petersen stated that it could be enough to motivate establishments to pay on time, we can always bring it back and change it next year if it does not. C/Allen asked J/Petersen which one he recommends out of the three options, J/Petersen stated that number three is probably going to be the easiest to deal with the individuals; liking to keep things simple. C/Rechtzigel questioned if the violators would be informed before week 4? J/Petersen stated that they would be given a clear cut date in a certified letter, notifying them of date of closure, letters would be sent as well as a personal visit would be made.

C/Allen move, C/Samuelson second, motion carried unanimously to adopt option #3 to implement for Environmental Health penalty fees.

A) Director for Nursing Report – Sue Morgan

- Please see the attached report from the Minnesota Department of Health regarding the Flu Vaccine Shortage. Of particular note, you will see that Minnesota rated 1st in the nation with its percentage of seniors who received their flu shots in 2003-80%! Also, as our staff worked hard in 2005 to re-distribute the short supply of vaccine-we were a full two weeks ahead of most other states in the nation. Thankfully, even though the media reports that some facilities now have an over supply of vaccine, Goodhue County Public Health has been able use all the vaccine we ordered and just exhausted our supply a few weeks ago.
- We are pleased to report that we have hired a new staff person for the Community Resource Management Lead position. This is the position that is funded by South Country Health Alliance (SCHA) and will serve as a liaison between the public health office and SCHA. This position will serve as the resident expert in the many SCHA programs and will do some direct case management with clients, as well. Christine Boyer will be starting with us on January 31st, 2005. Christine has a social work degree and is well qualified to fulfill the job requirements. South Country Health Alliance is currently making plans for the training for this position across the member counties. C/Bryant questioned if she will be attending the SCHA meetings; S/Morgan stated that she will be going to some of them; C/Seifert questioned if this is the position that SCHA is funding, and is good deal for all of the counties, to know the system and working the system, C/Bryant stated that they look forward the commitment from SCHA and bringing money back to the Counties. S/Morgan stated that at meeting she attended they stated that it will be a long term funded position. C/Samuelson asked if they can expand on their services. S/Morgan stated that they have received notice that there is a UCARE dental van, hoping in the future to come to Goodhue County. C/Bryant questioned that \$60,000 is totally funded? K/Holst stated that they have received the \$60,000 for salary and benefits as well as an additional \$15,000 for office furniture, computer equipment, etc.
- Goodhue County will be hosting 17 students from the U of M nursing program, to complete their public health clinical experience. They will working with our staff, shadowing nurses on client visits, planning and developing programs, etc. we see this as a win-win situation, as we will be contributing to the future work force for public health, as well as providing an excellent educational opportunity. We hope to be able to utilize some of the material they develop in our day to day work with clients.

IX. Old Business

Public Law 145A requires a Board of Health to meet at least two times a year. It has been the practice of the Goodhue Board to meet monthly. For many years the Board met in the morning on the morning of the second Tuesday. In May, 2004, the Board elected to meet on the morning of the fourth Tuesday and to hold the Welfare Board in the afternoon of the fourth Tuesday. It was agreed this arrangement would be evaluated after a period of time.

Options:

1. The Board of Health could meet twice a year.
2. The Board of Health could continue the current pattern of monthly meetings on the fourth Tuesday or the second Tuesday.
3. The Board of Health could convene as needed before or after regularly scheduled County Board meetings.
4. The Board of Health could meet routinely each month after one of the regularly scheduled County Board meetings.
5. The Board of Health could meet bimonthly on the fourth or second Tuesday.
6. The Board of Health could meet quarterly

C/Rechtzigel stated that he likes the idea of consolidating the Public Health Board meeting with the 9 a.m. County Board meeting on the third Tuesday of the month, the meeting could be held directly after the County Board meeting, C/Bryant stated that the afternoons on the third

Tuesday are for the EDA Board and Committee of Whole, C/Rechtzigel stated that he was looking at the possibility of holding Public Health Board at 11:00 a.m. after the County Board meeting. C/Bryant stated that the Public Hearings are going to try to be held during the evening meeting, and stated that the suggestion of the later morning of the third Tuesday could work.

C/Samuelson commented that he is a creature of habit, in the past the meetings lasted until noon, we are going to get disconnected, likes the to be here and learn more about the programs and what is going on, he is not going to let himself get disconnected, and is worried about the new commissioners and drifting away from the Department, what is more important that Public Health in any community?

C/Allen commented that he likes the idea of monthly meetings, from 11:00 a.m. to 12:00 p.m. staff should be able to keep it to an hour time slot.

C/Rechtzigel commented to C/Samuelson comments in stating that the new Commissioners took it upon themselves to visit with departments within Goodhue County and by not having a meeting he will not become disconnected from the Department. C/Samuelson re-iterated that it could happen;

C/Bryant also pointed out that a decision will need to be made as to when the Welfare Board will meet. D/Hamilton stated that the Committee of the Whole format will be made available for Public Health or any other department, that would be the place for some of the larger discussions that would need to take place and then would come back to the Public Health Board for final action;

C/Seifert stated that he is uncomfortable with what limiting the time frame, and that we are boxing ourselves in, C/Bryant stated that the information is also sent out in the packet; C/Rechtzigel stated that they have set the tone to staff for saving money, they need to look at themselves and save on mileage and per diems, C/Samuelson stated that it is going to be a busy Tuesday, and they are going to get exhausted with information and may not be make good decisions.

C/Rechtzigel move, C/Allen second, motion carried unanimously to hold the Public Health Board meetings on the third Tuesday of each month beginning at 10:45 a.m.

K/Main asked if they would be interested in seeing more numbers, where does the tax levy dollars go, etc.. C/Bryant stated that in the future a discussion on programs, and getting more things in the packets; a lot of time it can be read before hand and save time by not reviewing and going through the entire report verbally. C/Samuelson stated that direct time contact is better, but if we have to go to paper, we can. C/Allen stated that if we have an issue we can come to Public Health and meet with the staff, etc. C/Rechtzigel stated that he would like to encourage help to the Director in setting the agenda for discussion.

X. New Business

At the County Board meeting on December 21, 2004 the County Board approved the per diem amount of \$45.00.

We recommend that the Public Health Board follow the direction of the County Board and change the per diem amount from \$35.00 to \$45.00.

C/Allen move, C/Samuelson second, motion carried unanimously to adopt the per diem rate of \$45.00.

XI. Committee Reports

- A. Administrative/Finance Committee
- B. PHS Advisory Committee –
 - o Meet in March to do an agency evaluation
- C. South Country Health Alliance –
 - o Finalized the staffing help to the Counties.
 - o Need to address the 5 additional counties that want to become members, not sure what will all fall out of it, finances may be kept separate, could send a significant amount of that money back to the Counties, have been sent back the initial investment has come back, make an effort to send half a million or millions to the Counties, Public Health and Welfare Departments, C/Samuelson stated that the money is intended for health reasons, if it comes back to the County it needs to go to Public Health and Human Services. C/Rechtzigel questioned the process of getting the money back and does he need any help with that; C/Seifert stated that there is some considerable leg work to be done, not clear at this point as to how it could be done.
- D. SCHSAC – Ted Seifert
 - o Most important things were the 6 important areas that Public Health should be coming out with.
- E. S.E. EMS Committee – Richard Samuelson
 - o Attended first meeting last week, well organized committee and he has lots to learn.

- Meetings are held every other month.

XIII. Other**A) Approval of Disbursements**

totaling \$73,008.84 from December 10th, 2004 through January 14, 2005.

C/Rechtzigel questioned the GRAMMAR Smoke Out, K/Holst stated that Susan Johnson put ads in the papers for the smoke out day.

C/Samuelson move, C/Allen second, motion carried to approve the above listed disbursements.

XIV. Adjournment

The PHS Board meeting adjourned at 10:47 a.m.

C/Rechtzigel move, C/Allen second to adjourn the Public Health Board meeting.

Respectfully Submitted:

Richard Samuelson
Secretary

Karen Main
Director of Public Health