

MINUTES
Goodhue County Public Health Service
BOARD OF HEALTH MEETING
Tuesday, July 19th, 2005
3:00 p.m.
County Board Room
Red Wing, MN 55066

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

Others Present: Karen Main, Sue Morgan, Jason Petersen, Kristine Holst

I. Call to Order

Chair, Jim Bryant called the meeting to order at 3:00 p.m. in the Goodhue County Board Room.

- II. C/Bryant asked if there were any disclosures of interest. C/Seifert stated that there is the question of reducing staff in the County's Home Health Care Agency and pointed out that he works for a home health agency; C/Rechtzigel expressed that he does not want to vote on that issue; C/Seifert stated normally he would not vote on that issue, but if they are not going to have a vote he would engage in the conversation on it. C/Bryant clarified that C/Seifert would refrain from any vote on the Homemaker Program; C/Seifert stated that if there is a vote he will refrain from that vote.

III. Approval of Agenda

Ms. Main added a Memorandum of Agreement with Winona State University to the consent agenda.

Motion by C/Rechtzigel, seconded by C/Seifert, carried to approve the amended agenda for July 19th, 2005 meeting.

IV. Approval of Minutes

Motion by C/Seifert, seconded by C/Rechtzigel, carried to approve the minutes of June 21st, 2005 as presented.

V. Consent Agenda

- a. Memorandum of Agreement with Winona State University for nursing students.

Motion by C/Rechtzigel, second by C/Seifert, carried to approve the consent agenda.

VI. Review of Financial Reports

Positive revenue variance	\$17,293
Positive Expense Variance	\$71,094
Net Positive Variance YTD	\$88,387

VII. Administrative Reports

A) Director of Public Health – Karen Main

Ms. Main updated on the priorities being worked on; under the #1 priority, healthy lifestyles and wellness, a physical activity campaign is on-going in Kenyon. Prizes are given to anyone caught in the act of physical activity; family fun day is planned. The physical activity campaign did not go as well in Cannon Falls, apparently there was a miscommunication with staff and the newspaper; so it was decided not to proceed with the program at this time, also working with a group in Red Wing that is working on a big walking campaign, nutrition education sessions at daycares; people are getting involved and are doing things on their own. The prescription drug and health insurance group is going very well, they are researching programs on options that people might have on getting drugs, teaching about the Medicare benefit, they are a group that sets up their own meetings and continues to meet.

B) Environmental Health Report

At the June meeting the Cannon River Inn's request for a hearing before the Appeals Board was discussed. The owner withdrew his request and the latest inspection report indicates that a majority of the items has been corrected.

Mr. Petersen referenced a letter that was included in the packet; it was a thank you letter to Pam Holst for helping out with

realtor education for septic system rules, great recognition for Pam.

C/Bryant commented on the septic and well permits and questioned how many are new dwellings? Mr. Petersen stated that all wells and septic systems that are labeled New Construction or N/C are new dwellings. C/Bryant stated that it looked like there were 10 homes under new septic systems for the month of June pointing out that there is growth outside of the cities; Mr. Petersen stated that the department will be close to issuing 250 permits a year.

VIII. Old Business

August Board of Health Meeting

Ms. Thuman stated that she has contacted Fran Hoven from the Goodhue County Fair Board regarding the possibility of holding the Public Health Board meeting following the County Board on Thursday, August 11th, 2005. She indicated that it would not be a problem and that they would plan it. C/Bryant stated that the August Board of Health meeting will be held on August 11th, at 2:30 p.m.

2006 Budget Variations

Ms. Main stated that since the last Public Health Board meeting staff has been looking at many options for the Public Health budget, there are 3 options listed on one sheet with summaries, along with 4th option that was put together by the Advisory Committee. Ms. Main stated that what they are bringing to them is that in their opinion is that there is no more nibbling that can be done; the chart that represents FTE's and hours that have been lost of the last few years, there is no more to cut to provide the same amount of services; A graph comparing revenues, expenditures and administrative costs for each Public Health program is also included; a very useful way to illustrate where things are at.

Ms. Main indicated that in the first 3 options are based on the fact they are including the MPAAT Grant, the Tobacco grant and the Emergency Preparedness, eliminated the \$20,000 that was intended to put into the fund balance and eliminated a ½ time health educator position that has gone unfilled; one option was to eliminate the homemaker program, which would save us \$146,000 in tax levy dollars or to eliminate the homemaker visits only; option three is more of an overhead, eliminating the rent, Public Health and Welfare are the only two that pay rent and Welfare recoups most the cost of their rent, and to also have the County pay the Workman's Compensation.

The Advisory Committee discussed these options at great length and came up with option #4. Mr. Nordmark stated that they questioned the payment of rent and questioned the situation, seeing that this is the only organization that pays rent to the County that is located in a County building, secondly they looked at the proposed elimination of a ½ time health educator, and with the work of the survey and the Community Health Council, the number one priority is heavily dependent on health education, it seemed like we were saying that on one hand it was going to be a priority and on the other hand we are not going to fill the position, did not make sense to the Committee, so the Committee's recommendation would be to fill the ½ time health educator position that exists for this year and to maintain for next year. Mr. Nordmark stated that the Committee also learned that the Department has a reserve fund of about \$550,000 and with raising questions with how that has been accessed in the last few years, it appeared that in the last few years, in one case \$80,000 was withdrawn and paid back the next year with \$120,000, it seemed to the Committee that the balance was way in excess of what has been needed, in excess of what is needed for going forward. Mr. Nordmark stated that the Committee's recommendation would be to utilize some of those funds to cover whatever shortfall that is generated by bringing the ½ time health educator position; the numbers that are seen in option 4 reflect those things.

Mr. Nordmark added that in discussing the Homemaker Program, the committee determined that pursuing the homemaker calls, each year we lose 1/3 of the clients, they drop out for one reason or another, so the committee's recommendation would be to not add any new clients, that would effectively cut the homemaker program by about a 1/3 and would eventually phase it out over the next three years, there does seem to be volunteer programs that are developing through out the County that are picking up where the homemaker programs are leaving off, one of the members of the committee that is knowledgeable about the programs, felt that there would be enough coverage if we were to phase that program out over some years. C/Allen stated that it was the hope that other vendors would come in and replace the County, and possibly some people that would be out of a job because of reduction, may go into business and do it privately.

C/Bryant referred to the FTE sheet and stated that he believed that Ms. Thuman was at Public Health in 2002 and is that FTE that was reduced in Support Staff; and questioned that if the Homemaker program was eliminated, support staff stays

the same, questioned if any of the 6.5 support staff have anything to do with the Homemaker Program, Ms. Main indicated that it is about the 1/3 of the time of the Scheduler, she would still continue to schedule HHA's, and her duties have just recently expanded due to some of the incentive programs that South Country Health Alliance, C/Bryant also questioned if under the MPAA T grant, is there someone already in place that could be transferred duties to work under those dollars vs. hiring someone? Ms. Main indicated that there was not anyone on staff; C/Bryant commented that they are potentially recommending letting some FTE's go and bring a new person on board. Ms. Main indicated that they are two different kinds of jobs, C/Bryant questioned if any of them qualified for that position? Ms. Main stated that she did not think so and would be very surprised if there was, C/Bryant stated that he always likes to keep what we have, and letting someone go and bringing someone new in, is not right. Ms. Main commented that the MPAAT money is only for two years, it is a time limited position, and the person who is being hired for that knows that it is time limited.

C/Allen questioned what the difference was between Option 2 and Option 4, besides the \$48,000 elimination of rent payment? Ms. Main indicated that option 2 would be sort of stopping the service to the people that we have, hopefully over a period of a few months, option 4 is natural transition. C/Allen stated that the only difference between option 2 and option 4 is that one is a reduction over time compared to right now and other than the \$48,000 in rent, Ms. Main also indicated the health educator, Ms. Morgan stated that option 2 is only the clients that receive homemaking and not home health aide and option 4 is a natural transition for all homemaker services. C/Allen questioned option 4 and when would we start that option, what would the stop date be for referrals, immediately or a certain date in the future? Ms. Main stated that she assumed it would be when the new budget went into effect; C/Bryant stated that if we are looking at getting the costs down, staff should be looking at all the time, no sense of taking someone in on December 28th when the 1st of January you are not taking anymore. Ms. Main stated that she understood what was being said and commented that she was hopeful that they would not make decisions today and would look at these options in regards to the entire County budget, she stated that she would not like to start August 1st, but once it is decided it should start happening.

C/Rechtzigel stated that he is not very familiar with the homemaking/homemaker program and will be before they have to vote on it, and that is why he requested not to vote on it today. Questioned on option 4, if they gradually decrease the homemaker program, if he was someone that was looking for those services and the County stopped providing them, where would he go? Ms. Morgan stated that currently there are other providers, one company does exclusively homemaking and there are other homecare providers within the County, so if Public Health opened that client to services, provided their nursing and home health aide, we would contact another provider and see if they could fill that need, we also work with volunteer organizations, such as Faith in Action, meet with families and make suggestions about how that need could be filled. C/Rechtzigel questioned if we are providing a service that is being provided by others? Ms. Main indicated that we are the only safety net provider in the County, we are the only ones that are required to have a sliding fee scale, and the people that are paying on sliding fee are paying an average of \$7.00 than the actual charge or cost for us and the cost of some of the others of approximately \$18.00, so there is that part that the Health Department takes care of regardless of ability to pay, C/Rechtzigel stated that someone could go outside of the County but they could say that their charge is \$18.50, Ms. Main stated that other agencies can charge what ever they would like to charge, and also have their own sliding fee, C/Rechtzigel questioned if some of the volunteer organizations are still pretty reasonable, Ms. Main commented that they are starting to develop these organizations, they are not sitting out there right now doing homemaker, although there is private organizations that are out there just doing homemaker.

C/Allen commented that Dakota County and Wabasha County are two that do not provide this service, they do have vendors within their communities that do this service, but Rice County does provide it, it is totally up to the County.

C/Bryant questioned if Medicare comes into this situation for Home Health Aide clients, Ms. Morgan stated that Medicare will pay for Home Health Aide and nursing visits, C/Bryant stated that the Homemaker has no Medicare and has a sliding fee scale by the County and the private companies charge \$18.00, Ms. Morgan stated that their minimum is \$18.00 and our sliding fee lowest rate is \$5.00 per hour, the average being approximately \$7.50, Ms. Morgan stated that is the concern for the people on sliding fee, if a decision is made today to completely discontinue the program August 1st, the people who are out in the community who are on sliding fee are not going to be able to afford the \$18.00 per hour and would be without the service, Ms. Morgan gave an example, the homemaker service statistically is what keeps people in their homes, people can go without a bath and stay in their homes, but without homemaker services their don't always make it or have to start looking for a facility to move into, our hope is that if it was something that was gradually phased out it would be easier to find alternate resources through out the County.

C/Rechtzigel questioned how you become eligible for the homemaker program, assuming that the elderly are a big component, Ms. Morgan stated that they are a large component, PHS primarily works with people who are elderly or disabled or at risk for facility placement.

C/Allen stated that the reason for the phase option is so that you did not have to cut someone off of service, that is why he would like to see a transition over a period of time, on the front end, we need to look at a cutoff date for new referrals, because we are probably going to look at some type of homemaker reduction and by taking in new referrals over the next 6 months it slows down the phase out plan on the other end, if they come in for a referral we would come up with a list of other agencies that they could go to, hoping to spur some development that people who want to do this as an individual or a group of two or three, the cost could be down to \$10.00 per hour.

C/Rechtzigel questioned if there are areas that are better equipped for handling and to take over the homemaker program, for example in the City of Red Wing because the population is larger are there more opportunities for homemaker than there are in Goodhue or Wanamingo, Ms. Morgan stated that the population is larger, but there are more providers, C/Rechtzigel questioned if there are areas with no providers; Ms. Morgan stated that traditionally we have troubles with the Kenyon, Wanamingo, Zumbrota, Pine Island area with the loss of Zumbrota Homecare, and Lake City Homecare closes the end of the month, some of the out-county areas are not served as well, there is the Greater County Faith in Action group which has been getting up and running over the last year, and they are starting to help fill the gaps and meet the needs, and are hoping that there would be other groups organized to help meet the need. C/Rechtzigel questioned if the new Fairview Facility in Zumbrota brought back homecare service? Ms. Morgan commented that Fairview does provide homecare, although their office is in Red Wing, C/Rechtzigel stated that if we are worried about the more southwestern part of the County, Rice County offers this program, could we look at a contract with Goodhue and Rice Counties while we phase out this program. Ms. Morgan stated that she did not think that they could provide the service outside of their county lines, but their might be other private providers in Rice County that can be researched and contracted with. C/Allen stated that the homemaking program is not a medical program, and it could be provided by people outside, giving people their daily work, going to the store, comb their hair, it does not have to be associated with a medical component, Ms. Morgan stated that was correct and that there was one business in Goodhue County that does primarily homemaking, location in Welch and an office in Dakota County.

C/Seifert suggested that Ms. Morgan clarify what are homemaker duties and what are home health aide visits and skilled visits. Ms. Morgan stated that home health aide is primarily personal care, coming into the home, assist them with a bath, dressing changed, doing their hair, homemaking is errands, cleaning the home, grocery store, maybe even help with check writing.

C/Rechtzigel stated that according to the sheets that the homemaking program is one that seems to have priority over the homemaker program; Ms. Morgan clarified that it is all one program, the same program, it is a typo and that homemaking and homemaker are both the same. C/Rechtzigel stated that option 4 looking at the reduction of \$146,000 and eliminating it all together would show a gradual elimination saving \$42,000, Ms. Morgan stated that would be loosing about a 1/3 each year. C/Rechtzigel questioned how many people a month apply for homemaker program, Ms. Holst stated that about 60 clients per year drop off, C/Rechtzigel questioned what the reasoning for dropping off would be, Ms. Morgan responded by stating that clients are either going to the nursing home, have passed away, or no longer need services, move to assisted living.

C/Allen stated that he would be interested to hear from the County Administrator how the payment of rent evolved for certain County Departments, the Sheriff Department does not pay, but Social Services pays. C/Bryant commented that the County Welfare Board and Public Health Board are separate entities, so we charge them back rent because it is a County building, we stuck quite a bit of money into that building getting everyone out of the basement, if there is someone out there that can house us for less than \$48,000, he would be willing to listen to that as well, \$4,000 a month is pretty good, C/Allen again questioned why the Sheriff doesn't pay, C/Bryant stated that he falls under the County part. C/Bryant stated that he is not ready today to say let's eliminate \$48,000 rent or take on \$63,000.

C/Bryant stated that if they are going to do something they need some direction and leadership from Ms. Main on how to start gradually decreasing the homemaker program if that is her recommendation and suggested not waiting until the last day of the year to suddenly say that we are not going to take anymore, it is easier to soften the blow now than waiting until the end to cut it off altogether, because over time we can save on everything if that is the direction that staff is going to recommend; Ms. Main stated that when the Board makes the decision they will start; C/Bryant stated that they are

going to need a recommendation from Ms. Main as the Director, Ms. Main stated that she recommends option #4.

C/Bryant questioned Mr. Nordmark's suggestion of the use of reserves, and how it contradicts what Ms. Holst states with needing to be 30% of operating funds, and the Committee brought up that it is a large number, they are recommending that some of the reserves to be used, Ms. Main stated that the Committee was thinking that if we paid for the ½ time health educator out of reserves that would mean that we are asking for a zero levy increase and as the homemaker program phased out we pay for both the health educator and replace the money that we took out reserves, and one the purposes of reserves is for the transition of programs. Ms. Main stated that the money is about \$150,000 a year of County money into the homemaker program and the health educator is about \$35,000. C/Bryant stated that we have always worked on a figure of what percentage needs to be in the reserve fund, Ms. Holst stated that the state audit guidelines from what they tell us is that an adequate amount for our fund balance is between 35 -50% of our yearly expenditures, so that would be about 1.3 million dollars and commented that what Mr. Nordmark is saying is that we have had the same balance for the last few years and some years dip into it and other years we put money into it because of a surplus; maybe this is a time that we can start dipping into it because it was time of transition with eliminating a program, but our fund balance is lower than what is recommended by state audit guidelines.

C/Rechtzigel questioned the ½ time health educator and how long have we been going without that position being filled? Ms. Main indicated that the last health educator left here in October 2003, C/Rechtzigel stated that we went all last year with one of the most active Public Health Departments that he has ever seen without a ½ time health educator; Ms. Main stated that we were working on our needs assessment and it was pretty much structured with a lot of help from citizens in the County, Ms. Main stated that we need to be a resource and not a provider; C/Rechtzigel wondered if we can continue to do a lot of things that we have been doing without the ½ health educator? Ms. Main stated that when she came to Goodhue County and gave her assessment to the Board, at that time it was affirmed that population based we are way short, we do a lot of good one on one services and education, but we are way short in terms of community development a .8 person cannot do all of the community development. C/Rechtzigel asked for examples of things that we should be doing that we are not; Ms. Main indicated that we should be working with a lot more community organizations, should be providing classes in schools and daycares, should be working with Women's Group, we do this limited amount of health education. Ms. Main stated that the change in the philosophy is that we should not be the sole provider of these services but be available to provide to them. C/Rechtzigel stated that the main purpose of government is to provide the services that the people demand, and stated that on the campaign trail last fall, this never came up, nobody every said that they need more health education, Ms. Main stated that it came out during the needs assessment, they said that they needed more information, C/Rechtzigel questioned if that necessarily means that we need a person to provide that or does it mean that we need to do more in materials, stated that with this budget and where we are at, with the homemaker and taking people who are part of a program and moving them out versus having one that we have not filled and believes that there are going to be more people worried about the homemaker situation than what they are going to be about a ½ time health educator, also stating that we are in a world that we have a zero percent levy, dollars are scarce, is this something that absolutely has to be done now? C/Rechtzigel stated that we are not going to be able to facilitate an environment that we are going to be able to make everyone happy, here we have a situation that essentially the recommendations that are coming through, we are going to have to make tough choices, and the ½ time health educator position, in a world flushed with funds, sure. Ms. Main commented that we are a Public Health Agency and are required to do certain things; C/Rechtzigel stated that there is a difference in going out and teaching people not to drink unsanitary water vs. teaching people to walk, there is a difference in a necessity and the other is a goal.

C/Allen stated that one of the options is probably eliminating the Homemaker program, and he would advocate to do it gradually over time, and commented that one thing that needs to be addressed today is that one specific aspect that we need to set is that August is the last for new referrals, because of December 31st if we leave it the way it is now, that is the last day that we could get a referral, that puts us 5 months behind and what will we do with the new referrals from August to December, it adds on that much longer before you get the program eliminated, if we set August 1st as the last day to accept referrals it does not affect anyone on the program. Reduction over time will eliminate a lot of the problems that we could see from the current clients. C/Allen questioned what would be the thoughts of looking at eliminating the homemaker only visits, C/Bryant stated that they need to start somewhere and that homemaker is not a mandated program. C/Allen stated that he and Dr. Main discussed that it is great program and there are a lot of providers and are trying to encourage more providers.

Motion by C/Allen move, second by C/Bryant to make a recommendation to no longer take referrals to the homemaker

only program effective August 1, 2005. C/Bryant stated that no one likes to give up something that they have had before, but we have to start somewhere; Ms. Morgan clarified the motion and stated that the motion referred to homemaking only? C/Allen clarified homemaker only new referrals, Ms. Morgan clarified that staff would continue to be able to take referrals for homemakers if the client also had Home Health Aide Service, C/Allen stated that the motion only referred to homemaker only and expressed that is the only program that we are going to eliminate or draw down over a time period, C/Bryant stated that it is the one that was recommended under option 4; Ms. Morgan stated that option 4 refers to no longer taking any homemaking referrals and gradually phasing out the entire program, C/Allen stated that he was referring to homemaking only visits, that would give us a start. Ms. Morgan stated that would be a slower process for loss of clients, C/Allen commented that in 5 months we could see where we are at, we need to start somewhere. Ms. Morgan added that looking at it from a client standpoint in the community, the August 1st date makes her nervous, it is not a lot of time for people to get use to the idea, C/Allen stated that they are not going to affect anyone in the program right now, Ms. Morgan stated that it does provide additional pressure for those in the community who do provide the service, just heard today that one particular agency is swamped with referrals and may need to put referrals on hold, it may be a bit easier for the providers if they had a month or two to know that maybe as of September 1st, the County was no longer taking homemaker only referrals, that would help them to hire and train additional staff.

C/Rechtzigel stated that the concern that he has with moving at this speed, Ms. Morgan mentioned earlier that there are areas of the County that have really nobody providing this service and come August 1st and I live in Kenyon or Zumbrota and I apply, and the County says no we are not taking anymore referrals, I have no other options, but if I live in Red Wing I would have options, are we leaving vulnerable people in the dust in rural Goodhue County? Ms. Morgan stated that there is always that possibility, staff will attempt to find another provider; C/Rechtzigel stated that he would be more open to the option if there were no other provider we would allow them to be on the program, if there is no private sector opportunity than there is the responsibility of the County to pick up where private cannot; there is a difference between a need and goal.

C/Allen stated that it is not a mandate of Public Health and Wabasha County does not provide it and neither does Dakota County, there are opportunities for people to go into private business and provide this service; C/Rechtzigel agreed if there is a private business there is an opportunity, what if there is no other opportunity, it is going to be more beneficial for people to live in one area of the County vs. another.

C/Bryant stated that we are trying to figure out something that we do not know, if we approve this today for October 1st, and commented that he is willing to bring back, in the mean time we could ask for a report from Ms. Morgan that outlines what other providers are out through out the County and start some communication with them to let them know that the County is looking at a gradual transition, because 3 out of the 4 recommendations that were presented today have it listed, this is a recommendation from staff and the advisory committee, if more information or new information comes back he is open to discuss a previous resolution. C/Rechtzigel questioned why we wanted to vote on it today, C/Bryant stated that it could be voted on at the August meeting.

C/Bryant stated that with the consensus of this Board, that they are looking at an October 1st, implementation of no more new clients, based upon a final decision with the information that is presented on August 11th, 2005.

C/Allen stated that we cannot wait until December 31st, the homemaker program is in three of the options and it will be eliminated, we do not have the same services in every part of the County, Red Wing has a hospital, certain geographical locations have different services. C/Rechtzigel stated that all he wants to do is make sure that we have enough information is there going to be a gap in services provided, how long will the gap be, etc.

C/Bryant stated that we are looking at a small amount of people that would be affected here 30 a year leave the program, Ms. Holst clarified that it is 60 clients a year that leave the program and those are clients who would receive homemaker services, even if they have a home health aide, C/Allen's recommendation was homemaker only clients, Ms. Holst understood that we would continue to take clients that would receive homemaker services if there were requesting home health aide, we would not give them services if they requested homemaker only. C/Allen questioned how many clients are homemaker only, Ms. Holst stated that homemaker only clients right now is 96, C/Allen questioned how many go off of that program each year? Ms. Holst stated that it is very little and it is not much of a savings, C/Allen questioned if the savings is the 4 FTE's eventually? Ms. Holst stated only if we eliminated the homemaker only visits it would the 4

FTE's, but if gradually eliminate the homemaker only visits it would take much longer than option 4, savings of about \$4,000 a year, very minimal savings and you will not see the \$42,000 savings by eliminating all the homemaker only visits.

C/Bryant withdrew his second, C/Allen withdrew the motion.

C/Allen stated that the rent issue will probably not happen this year, would like to see an option 4 without the rent elimination. C/Rechtzigel suggested that along with option 4, that the ½ time health educator be eliminated to see it as a savings. Ms. Holst commented that if we eliminate the homemaker program, the \$146,000 won't be seen right away due to large payouts of sick and vacation and any possibly unemployment compensation costs.

C/Seifert stated in general budget comments and what we have to say to our Director, she knows what the target is and when they have to be there regardless of the Board acting or not, she is the Director and there are some expectations that her Department will be in line January 1st, 2006, she has the charge and should take action.

IX. New Business

X. Committee Reports

A. Administrative/Finance Committee – Jim Bryant

B. PHS Advisory Committee – Ron Allen

C. South Country Health Alliance – Ted Seifert

Report was given at the County Board meeting; planning to buy significant amount of video conferencing equipment, for public health directors and welfare directors to not travel to Owatonna.

D. SCHSAC – Ted Seifert

Next meeting will be the MDH Conference

E. S.E. EMS Committee – Richard Samuelson

XII. Other

A) Approval of Disbursements

totaling \$21,604.57 from June 17th, 2005 through July 1st, 2005

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

Other

C/Bryant questioned the email regarding Susan Brace-Adkins and questioned if she is a full time employee; Ms. Main indicated that she is a .8 fte; C/Bryant questioned if she is a Director now and in charge? Ms. Main stated that she is in charge of 3 people, C/Bryant questioned the salary, Ms. Main indicated that it did not change same grade, and same step.

C/Bryant stated that since the Admin/Finance Committee does not seem to meet he would be interested in incorporating that into the Personnel/Budget Committee meeting, those are predetermined for the County Board for the rest of the year, and it is for personnel issues and budget issues that may come up. C/Bryant questioned if the Board is interested in passing a resolution that would allow the Personnel/Budget committee to bring recommendations to the Public Health Board, any personnel issue instead of trying to get everyone together for Admin/Finance Committee, we have the schedule County Personnel/Budget Committee, it could be an agenda item on that committee and then brought back to the Public Health Board at the next meeting.

C/Seifert stated that it should either come before the Personnel Committee or the Board of Health in making new hires, promotions. C/Bryant stated that he threw it out there so that there is a mechanism in place for Ms. Main to have a group to present the request to and then the recommendation would be brought back for the Board to consider. C/Rechtzigel clarified that Public Health does not currently operate under the Personnel Committee procedures, C/Bryant stated that

they have come in the past with some things and not with others, so if we tidy it up by resolution saying that all personnel, new hires, promotional hires or change of job, would come as similar other County department items. C/Rechtzigel questioned if this takes care of all departments, C/Bryant stated that it would not include Welfare.

Motion by C/Rechtzigel, C/Allen second, motion carried to align Public Health in terms of hiring and promotions along with the other departments and that they operate under the jurisdiction of the Personnel Committee.

Other

C/Bryant pointed out another budget reduction and stated that the County Board approved the recommendation of the Health Insurance Committee to move ahead with a HRA, which should lessen the 15% increase that is in the 2006 budget. Suggested that staff should try to incorporate those updated numbers into the budget.

C/Seifert thanked Mr. Nordmark for his time and attending on behalf of the Advisory Committee.

C/Allen pointed out that he will not be attending the County Board meeting and PHS on August 11th, 2005, he will be out of state.

XIII. Adjournment

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

Respectfully Submitted:

Richard Samuelson
Secretary

Karen Main
Director of Public Health