Present: Virginia Riser, Hugh Knox, Greg Knoll, Charity Bennett, Theresa Leifeld-Lieser, and Pam Beckering

Not present: Stephen Woods, Patrick Benson, Brad Duea, and Shereen Anderson

Human Services Administration: Brenda Mahoney, Division Director, and Lisa Thull, Administrative Assistant, Family & Children Services Division

Guests: Amy Tupper and Will Wacholz, Social Workers, and Lacey Smith, Child Protection Supervisor, Family & Children Services Division, Sam Heskin, Data Analyst and Rob Berg, Finance & Technology Supervisor

Call to Order: Virginia Riser called the meeting to order at 2:04 p.m.

Welcome and Introductions

Review and Approve Minutes: No quorum.

Membership Update: Welcome new members! Charity Bennett and Pam Beckering and Greg Knoll are new members. Greg is a supervisor in the Community Supports Division. Theresa Leifeld Lieser is a returning member. Interviews for adult/child care provider is pending.

Human Services Advisory Committee: Brenda provided an update from the March 14th meeting.
- HSAC is working on a Human Services education campaign.
- Janet Goligowski, Gateway Division Director, talked about the welcome hubs at the Service Center and Administration Center. Tentative move is in July. Corrections will move to the Administration Center. Some offices at the Administration Center will move to the Service Center.
- Rapid Response presentation.
- The Public Health Task Force will reconvene. It was on hold for a time.

Information Sharing/Success Stories:
- Brenda mentioned this is for members to bring information to the task force or want to ask questions about Human Services.
- Theresa Leifeld-Lieser mentioned Community Corrections is going to have five mini sessions on ACES (Adverse Childhood Experiences).
- Greg Knoll mentioned Community Support Division receives an annual Family Support Grant allocated by the State of Minnesota. Criteria is the funds must be used for a child living at home, determined disabled or has a developmental disability. Eligibility is parents’ income is less than $14,000 and have a need for respite, equipment, etc.
- Greg Knoll also mentioned the Consumer Support Grant. Option for utilizing PCA services more creatively. If someone on a waiver will not be eligible to use the funding.
Child Well Being Model:
Brenda provided some history about the work done on the child well-being model. Principles were developed. Objective 1 is about staff turnover and prevention/intervention, stabilizing the workforce by reducing turnover rate. Statistics show the more turnover in staff, the life of the case and working with the family the less likely for positive outcomes. First part, Lisa, Peggy Sammons, Brenda and Virginia met to discuss Objective 1 action steps. Some of the actions steps are in progress.

Staff Training:
• Child Protection Unit D is also known as Rapid Response.
• Lacey Smith, Child Protection Unit D Supervisor, provided an overview of the Unit D and Rapid Response.
• Units A, B, and C, are responsible for case management and assessments and Unit D is responsible for training and rapid response.
• Centralize screening to have consistency with screening and improve responsible time to critical incidents.
• Use of Signs of Safety
• Amy Tupper spoke about her responsibilities of weekly new hire training, mentoring, shadowing and hands on resources
• Training is a weekly hands-on training. Amy will walk through topics that are identified for the Tuesday trainings. First half of the training is on the assigned topic and the second half is for study hall. A new hire meets with their supervisor to identify a weekly goal and at the study hall, the new hire works on that identified goal.
• Mentors are assigned prior to a new employee starting. A formal process is being worked on.
• Shadowing will be for new staff to shadow different workers.
• Hands on resources – Amy organizes resources and “how to” examples. This will be used for consistency amongst workers.

Rapid Response:
• Lacey Smith provided some history of the child protection units. The Child Protection Unit D was established in August 2018.
• Unit D is responsible for intake and screening, relative search, mandated reporter training and Staff training and coordination.
• There are 8 social workers in the Unit.
• Five social workers rotate intake and screening to go out on rapid responses with law enforcement, provide timely face-to-face contact, back up for safety planning and safety network, early intervention and prevention of placement, case mappings.
• One social worker will have a partial caseload and assigned mentor for new social workers
• Will Wacholz spoke about his experience working with a family on safety networking and safety planning
• Cases determined for rapid response is done at the intake/screening meeting
• Mission meetings are held with the team to figure out what is known and what needs to be known about a family
• Unit also assists with UA’s, two person transports, emergency license referrals, home safety check for relatives, assist at police briefings
Lisa will send the PowerPoint to task force members

The second Objective is prevention and early intervention. This topic is broad. Last month the task force decided to focus on reducing the number of children born in alcohol and substance abuse. Action steps will be on obtaining and analyzing data from DHS. Did we know about substance use prior to birth? Where and how did we know? Working with public health division and sharing what they do when they receive a prenatal exposure report. Also, share about the Regional Family Home Visiting effort and explore early intervention model using both social workers and public health nurses. Next month, Renee Fraudendienst will be attending the task force meeting to talk about the regional family home visiting program and their process for prenatal exposure reports.

**Adjourn:** Meeting adjourned at 3:50 p.m.