

**AGENDA – OPEN MEETING
WAUKESHA COUNTY HEALTH & HUMAN SERVICES BOARD
THURSDAY, FEBRUARY 24, 2022
1:00 P.M.**

Call Meeting to Order
Pledge of Allegiance
Public Comments **

Board Agenda Items

Approve Minutes of January 20, 2022
Review Correspondence
Advisory and Standing Committee Reports
Next Meeting Date: Joint Meeting, Annual Report (DOA, Room 130)

Announcements
Meeting Approvals
Future Agenda Items

ITEMS FOR DISCUSSION AND CONSIDERATION

1. Presentation of Child and Family Services Division
2. HHS Board Bylaws
3. Update: Pandemic Response
4. Update: Virtual Pilot

<u>Items(s)</u>	<u>Appearances by:</u>	<u>Approx. Time</u>
1.	Child & Family Services Division Manager, Penny Nevicosi	1:15p.m.

The time schedule is approximate and may vary for individual items.

* HHS Board members may participate by phone or other remote means and will be considered present for quorum and voting purposes.

INTERESTED MEMBERS OF THE PUBLIC ARE ENCOURAGED TO PARTICIPATE IN THE MEETING IN PERSON. TO JOIN THE MEETING VIA MICROSOFT TEAMS, CLICK ON THE FOLLOWING LINK:

<https://tinyurl.com/28bmnrcv>

Join on your computer or mobile app

** Public comment will not be accepted through remote means. Those wishing to make public comment must appear in person or submit written comments in advance of the meeting to Shannon Hale, shale@waukeshacounty.gov.

Joint Meeting
March 17, 2022 – 1:00 p.m.
Joint Meeting, Annual Report, DOA, Room AC 130

Larry Nelson, Chair

Minutes of the Health and Human Services Board
Thursday, January 20, 2022
1:00 p.m.

Chair Nelson called the meeting to order at 1:00 p.m.

Board Members Present: Supervisor Larry Nelson (in person), Supervisor Duane Paulson (in person), Christine Beck (in person), Dr. Mike Goldstone (in person), Mary Berg (in person), Mary Baer (via Teams), Robert Menefee Jr. (via Teams)

Board Members Absent: Supervisor Christine Howard, Vicki Dallmann-Papke

Also Present: Health & Human Services (HHS) Director Elizabeth Aldred (in person), Clinical Services Division Manager Kirk Yauchler (in person), Mental Health Center Administrator Jeffrey Lewis (in person), Mental Health Center Crisis Services Coordinator Jennifer Wrucke (in person), Departmental Executive Assistant Shannon Hale (in person)

Public Comment

There was no public comment.

Presentation of Embedded Social Worker in Sheriff's Office

Wrucke presented a PowerPoint presentation titled "Embedded Mental Health Professional Pilot Program." The presentation was made available for attendees via internet and print. Attendees requested a mid-year update to show the progress of the program.

Amendment to Medical and Psychological Staff Bylaws, Use of APNP on Inpatient Units

Lewis shared the proposed Amendment to Medical and Psychological Staff Bylaws, Use of APNP on Inpatient Units.

On December 6, 2021, the Joint Conference Committee (JCC) met and recommended accepting the bylaws change.

MOTION: Beck moved, second by Goldstone, to approve the Amendment to the Medical and Psychological Staff Bylaws, Use of the APNP on Inpatient Units. Motion carried 7-0.

Lewis presented on three prescribers – Debbie Check-Janisch, APNP; Mollie Klein, APNP; and Kourtnei Robinson, MD.

An update was given regarding a Clinical Director for the Mental Health Center. There was an interview; however, the candidate has yet to provide their references. Another candidate, located in Topeka, Kansas, is waiting for a formal interview.

MOTION: Baer moved, second by Beck, to approve privileging all three of the aforementioned Clinical Division's staff as presented. Motion carried 7-0.

Presentation of Clinical Services Division

Yauchler presented a PowerPoint presentation titled "Clinical Services Division." The presentation was made available for attendees via internet and print.

JusticePoint, an organization dedicated to the promotion of evidence-informed criminal justice programs, practices, and policies, has been contracted with other counties in Wisconsin, as well as Minnesota, and have expressed interested in providing services in Waukesha County.

- Contracted prescribers were clarified to be the same as independent contractors.

Pandemic Response

Aldred provided the following updates regarding the pandemic response.

- Aldred continues to meet with local hospital systems at least once a month, if not more often.
- The need for COVID testing sites fluctuates. Vendors have been working to expand but are having staffing issues.
- The CDC's new requirement is isolation for days 1-5 days and masking for days day 6-10.
- MHC will be under vaccination mandate that goes into effect on January 27, 2022. Employees have the ability to apply for an exemption (religious/medical). The Mental Health Center (MCH) is over 80% compliant at this time.
- Aldred will be writing a report regarding the HHS Board's hybrid meeting pilot and share it with the Board members.
- While Waukesha County did receive N95 masks, the County did not receive as many as other counties, so the N95 masks are being distributed to high-risk groups only at this time.

Approve Minutes of November 18, 2021

MOTION: Paulson moved, second by Goldstone, to approve the HHS Board minutes of November 18, 2021. Motion carried 7-0.

Advisory Committee Reports

Baer stated that the ADRC Advisory Board discussed a transportation grant from the Department of Transportation, and an internal review of current funding. The ADRC Advisory Board will be focusing on ways to use funds more efficiently.

Baer reported that the primary focuses in 2022 for the Public Health Advisory Committee will be the implementation of Public Health 3.0, as well as the Community Health Improvement Planning Process (CHIPP) cycle starting up again.

Next Meeting Date

The next meeting of the HHS Board is February 24, 2022, at 1:00 p.m and will be hybrid.

Announcements

There were no announcements.

Review of Correspondence

Nelson passed around a card that was received from Spring City Clubhouse thanking Paulson, Howard, and himself for visiting their facility.

Future Agenda Items

March 10 will be combined with the HHS Committee and will take place at the Department of Administration in room 130.

MOTION: Goldstone moved, second by Beck, to adjourn the meeting at 3:12 p.m. Motion carried 7-0.

Respectfully submitted,

Larry Nelson
HHS Board Chair

Child & Family Division

February 2022

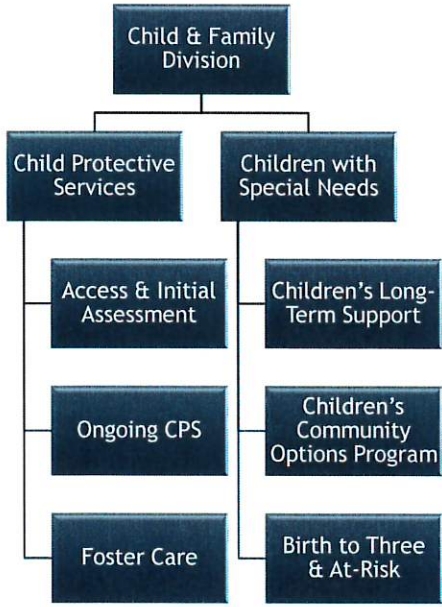


Penny Nevicosi
Manager



1

Organizational Chart by Program Area




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graph TD
    A[Child & Family Division] --> B[Child Protective Services]
    A --> C[Children with Special Needs]
    B --> D[Access & Initial Assessment]
    B --> E[Ongoing CPS]
    B --> F[Foster Care]
    C --> G[Children's Long-Term Support]
    C --> H[Children's Community Options Program]
    C --> I[Birth to Three & At-Risk]
  
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- ❖ 1 Manager
- ❖ 2 Coordinators
- ❖ 7 Supervisors
- ❖ 45.5 Social Workers
- ❖ 1 Sr. Mental Health Professional
- ❖ 2.5 Human Services Specialists

Contracted Provider:

- ❖ Children's Long-Term Support
- ❖ Birth to Three & At-Risk



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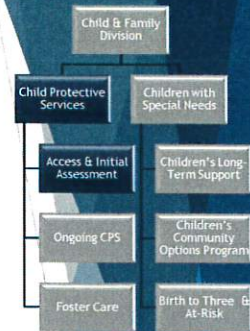
Child Protective Services

Access & Initial Assessment (2 teams)

Eric Calvino, Coordinator

Jennifer Adler and Sarah Vargas, Supervisors

- ❖ 11 Social Workers
- ❖ 1 Human Services Specialist



Strengthening Families

- ▶ Promote the protection and safety of children
- ▶ Skilled safety assessment and planning
- ▶ Keep children in family settings whenever possible
- ▶ Leverage community resources and collaborations

2022
Focus
Areas

- Family First Prevention Services Act
- Promoting Safe and Stable Families
- Drug Endangered Children Protocol
- Division Integration and Cohesion



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2021 ACCESS REPORTS			
	# Total Reports	# Screened-in	% Screened-in
CPS Reports	2073	412	19.87%
Services Reports	333	227	68.17%
All Reports	2406	639	26.56%



Key Collaborations

- ▶ Law Enforcement
- ▶ School Districts
- ▶ Child Advocacy Center
- ▶ Prevention and Early Intervention Agencies



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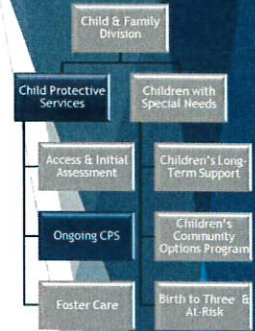
Child Protective Services

Ongoing CPS (3 teams)

Eric Calvino, Coordinator

Jennifer Eiler and Angela Sadler, Supervisors

❖ 17 Social Workers
❖ 1 Supervisor vacancy



Strengthening Families

- ▶ Promote the protection and safety of children
- ▶ Promote permanence and family connection for children
- ▶ Keep children in family settings whenever possible
- ▶ Leverage community resources and collaborations

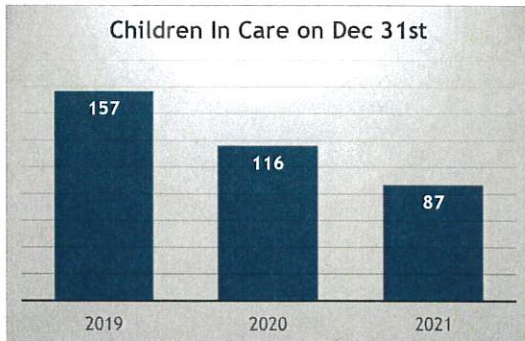
2022
Focus
Areas

- Family First Prevention Act
- Targeted Safety Supports
- Drug Endangered Children Protocol
- Build Workforce Resilience



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Children In Care on Dec 31st



	2018	2019	2020	2021
Total Entries Into Care	76	77	47	45
Total Exits From Care	79	49	87	74
In Care on Dec 31st	130	157	116	87

	2019	2020	2021
In Care on Dec 31st	157	116	87
# in Relative Care	57	54	41
% in Relative Care	36.31%	46.55%	47.13%

Key Collaborations

- ▶ Legal Partners
- ▶ Mental Health Providers
- ▶ Substance Misuse Providers
- ▶ Economic Support Services



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Child Protective Services

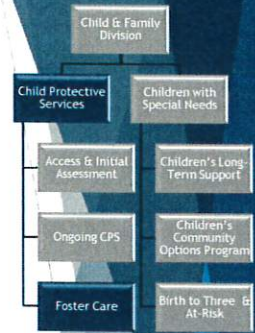
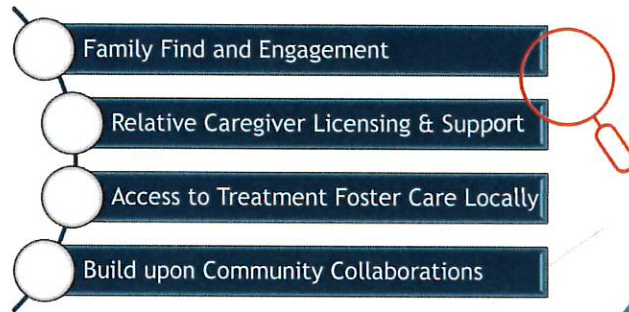
Foster Care (1 team)
 Penny Nevicosi, Manager
 Michelle Lim, Supervisor

- ❖ 5.5 Social Workers
- ❖ 1 Sr. Mental Health Professional
- ❖ 0.5 Human Services Specialist

Strengthening Families

- ▶ Promote the protection and safety of children
- ▶ Promote permanence and family connection for children
- ▶ Keep children in family settings whenever possible
- ▶ Leverage community resources and collaborations

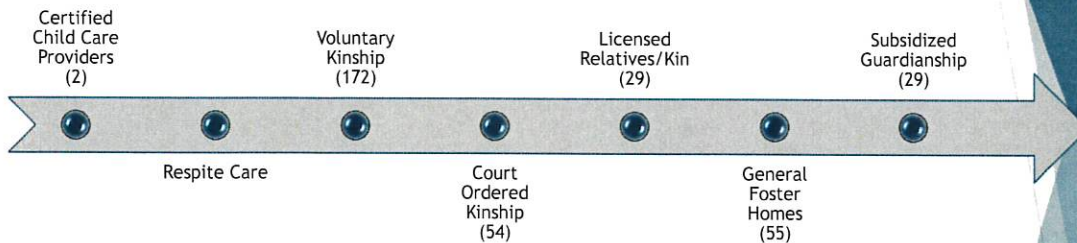
2022
 Focus
 Areas



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Continuum of Care



Key Collaborations

- ▶ Local Businesses
- ▶ Non-profit Agencies
- ▶ Faith-based Community
- ▶ Adolescent & Family Division



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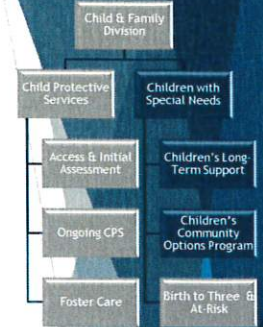
Children with Special Needs

Children's Long-Term Support (1 team)
 Vickie Smith, Coordinator
 Erin Zellmer, Supervisor

- ❖ 12 Social Workers
- ❖ 1 Human Services Specialist
- ❖ Contracted Provider - 1 Manager, 5 Supervisors, 29 Service Coordinators

Strengthening Families

- ▶ Promote the health and safety of children with disabilities
- ▶ Support children with disabilities to remain in their homes and communities
- ▶ Promote the development of skills and competencies toward self-sufficiency in children and their families
- ▶ Promote the strengths of the family unit as the foundation of a strong community



2022 Focus Areas

- Capacity to Serve Eligible Youth
- Adjust Practice to New State Mandates
- Increase Providers & Quality Assurance
- Refine Intake Process with CCS



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1036 Total Youth Served in CLTS in 2021

252 Intakes Performed

121 Cases Closed

238 Removed from the Waitlist

804 Children Currently Enrolled

111 Currently on Waitlist

265 Youth Served through CCOP

Key Collaborations

- ▶ Contracted Provider
- ▶ Community-based Providers
- ▶ Adolescent & Family Division
- ▶ Aging & Disability Resource Center
- ▶ Fiscal Team



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Birth to Three & At-Risk

Penny Nevicosi, Manager
Contracted Provider

- ❖ 1 Manager
- ❖ 2 Supervisors
- ❖ 7 Care Coordinators
- ❖ 2 Educators
- ❖ 8 Therapists

Strengthening Families

- ▶ Promote the functional growth of children ages 0 to 3 with disabilities or developmental delays
- ▶ Promote positive child outcomes and school readiness
- ▶ Enhance parental caregiving capacities
- ▶ Early intervention with children ages 0-5 at risk of trauma

2022 Focus Areas

- Evidence-based Assessment and Practices
- Social Emotional Development
- Primary Coaching Approach To Treatment
- Circles of Security

Waukesha County Health & Human Services

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Birth to Three

	2019	2020	2021
Referrals	752	580	696
Evaluations			
Speech & Language	153	158	217
Physical Therapy	56	48	63
Occupational Therapy	69	51	39
Educational	145	97	117
Newly Enrolled	314	248	330
Active At Least 1 Day	560	454	512
Total Hours	11,688	12,100	12,918

At-Risk Program

Coaching Support
30

Education Support
8

Global Assessments
11

Key Collaborations

- ▶ Medical Providers
- ▶ School Districts
- ▶ CLTS and CPS
- ▶ Public Health

Waukesha County Health & Human Services

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Challenges in Service Delivery




- ### 1 Quality Assurance



Children's Long-Term Support quality assurance and monitoring measures are crucial to maintaining program integrity and Medicaid reimbursement. Additional resources to effectively support these functions are being evaluated.
- ### 2 Increased Cost of Care



Qualified Residential Treatment Programs have implemented numerous improvements in response to federal Family First Prevention Services Act. This has resulted in the daily rate for some group homes and residential facilities to increase by 52% and 24%, respectively.
- ### 3 Access to Community Providers





Increase contracts and access to community-based resources and services to support children involved with CPS and CSN in their homes, strengthen families, and enrich the community.



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Penny Nevicosi
 Manager

262.548.7363
 pnevicosi@waukeshacounty.gov

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WAUKESHA COUNTY HEALTH & HUMAN SERVICES BOARD BYLAWS

Article I – Name

The name of this organization shall be the “Waukesha County Health & Human Services Board,” hereinafter referred to as the “the HHS Board.”

Article II – Mission Statement

In partnership with our community, we provide, purchase, and coordinate a wide range of high- quality prevention, intervention and protective services. We are committed to making the best use of resources available to promote health, self-sufficiency and an improved quality of life. We honor the dignity of individuals and families in all of our work.

Article III – Membership

- A. The HHS Board shall consist of nine (9) persons with recognized ability and demonstrated interest in human services, the field of public health or community health, and the problems of the mentally ill, developmentally disabled, alcoholic, or drug dependent persons.
1. Not less than ~~one-third~~three (3), nor more than ~~two-thirds~~(5) of the HHS Board Members may be members of the County Board of Supervisors.
 2. At least one (1) member appointed to ~~an~~the HHS Board shall be an individual who receives or has received human services or shall be a family member of such an individual per Sec. 46.23(4)(a)1., Wis. Stats. At least one (1) member appointed to the HHS Board shall be an individual who receives or has received services for mental illness, developmental disability, alcoholism, or drug dependence or shall be a family member of such an individual per Sec. 51.42(4)(b)1., Wis. Stats. One individual may satisfy both of these requirements.
 3. The remainder of the HHS Board members shall be consumers of services or citizens at large.
 4. A good faith effort shall be made to appoint a registered nurse and physician per Sec. 251.03(1), Wis. Stats.
- B. No public or private provider of services may be appointed to the HHS Board. A public or private provider of services is an agency or individual who provides or seeks to provide services under contract with Waukesha County Department of Health and Human Services (HHS). A public or private provider does not include an HHS Board member appointed to the HHS Board as a consumer or citizen at large who may also be a public or private provider of services or an employee of a public or private provider of services.
- C. The members shall serve for terms of three (3) years so arranged that nearly as practicable, the terms of 1/3 of the members shall expire each year in April.
- D. Vacancies shall be filled by appointment of the County Executive, such appointee to serve the balance of the term of the member whose place is being filled. New

appointments or reappointments shall be for a term of three (3) years with no term limits.

Article IV – Duties of The Board

- A. The HHS Board shall have responsibility and be accountable to the County Executive, community, and County, but can grant certain authority to officers and others according to its bylaws and applicable state and/or federal laws.

- B. Per Wisconsin Administrative Code DHS 124, the HHS Board shall be the effective governing body for the Waukesha County Department of Health and Human Services Mental Health Center inpatient hospital.
 - 1. The HHS Board shall appoint an executive committee and others as needed.
 - 2. The HHS Board shall appoint a chief executive officer for the hospital.
 - 3. The HHS Board shall establish and maintain the standing committee, Joint Mental Health Center Conference Committee, to provide a formal means of liaison with WCDHHS medical staff.
 - 4. The HHS Board shall appoint members of the medical staff following the process prescribed in the Medical and Psychological Staff Bylaws and shall hear appeals to contested decisions on applications for medical staff appointment.
 - 5. The HHS Board shall provide a physical plant equipped and staffed to maintain the needed facilities and services for patients through approval of an annual budget that includes financing for the physical plant and equipment and for staffing and operating the hospital.
 - 6. The HHS Board shall receive periodic reports about the adequacy of the physical plant and equipment and the personnel operating the physical plant and equipment.

- C. The HHS Board shall implement an Intoxicated Driver Program by:
 - 1. Appointing a designated coordinator to be responsible for the Intoxicated Driver Program.
 - 2. Designating a single intoxicated driver assessment facility that meets the requirements of Wisconsin Administrative Code, DHS 62.
 - 3. Establishing and appointing an Interagency Program for the Intoxicated Driver Committee to implement requirements as specified under Wisconsin Administrative Code, DHS 62.

- D. The HHS Board shall serve as the governing body for the Waukesha County Veterans Services Office.

- D.E. The HHS Board shall recommend policy and be responsible for recommending decisions involving long range commitments of resources including facilities, finances, workforce, and programs.

E.F. The HHS Board has the responsibility for seeing that its policies are not in conflict with the policies and procedures of the Waukesha County Board of Supervisors.

F.G. The HHS Board shall comply with all applicable statutes and regulations.

G.H. The HHS Director and staff shall prepare budgets as required, but it shall be the responsibility of this Board to carefully scrutinize and recommend such budgets to the County Executive.

H.I. The HHS Director and managerial staff shall have the responsibility of carrying out Board policy in the administration, operating, maintaining, and improving of programs.

Article V – Officers

- A. The officers of this Board shall be a Chair and Vice Chair.
- B. The Chair is appointed by the County Executive for a three (3) year term.
- C. The Vice Chair will be elected by ballot at the May HHS Board meeting for a three (3) year term and will assume office immediately.
- D. The Vice Chair will be elected by a majority of the Board members present and if the first ballot does not produce a majority, the name of the member securing the least number of votes shall be dropped on subsequent ballots. In case of a tie in the lowest number of votes, all ties' members shall be dropped provided at least two (2) names remain.
- E. A vacancy in the office of Chair shall be filled by the County Executive. A vacancy in the office of Vice Chair shall be filled by election at the first Board meeting at which the vacancy exists. Procedure shall be as outlined in Section D above. [HHS Board members filling a vacancy under this section shall serve the balance of the term of the member they are replacing in these vacancies.](#)

Article VI – Duties of the Officers

- A. The Chair shall be a member of the Board and shall preside at all meetings when present.
 - 1. The Chair shall be an ex-officio member of all committees and shall exercise all other powers common to the office of Chair and shall sign all HHS Board meeting minutes.
 - 2. The Chair shall work closely with the HHS Director and Deputy Director.
 - 3. The Chair will prepare agendas with the assistance of the HHS Director and Deputy Director.
 - 4. The Chair shall, with the assistance of the HHS Director and Deputy Director, review these bylaws once per term or as needed to comply with any applicable law or regulation.

- B. The Vice Chair shall act as Chair in the latter's absence and, when so acting, shall have the power, responsibility, and authority of the Chair.

Article VII – Committees

- A. The proceedings of Committees and Advisory ~~Groups~~ Committees of the HHS Board shall be conducted according to Robert's Rules of Order unless otherwise specified by these bylaws or by bylaws of those Committees and Advisory ~~Groups~~ Committees.
- B. A standing committee of this Board shall be a Joint Mental Health Conference Committee. The HHS Board Chair shall appoint a Chair of this committee for a three (3) year term with no term limits.
- ~~C.~~ A standing committee of this Board shall be an Interagency Program for the Intoxicated Driver Committee.
- ~~C.D.~~ A standing committee of this Board shall be an Aging & Disability Resource Center (ADRC) governing committee board. The ADRC Advisory Board will elect a Chair on an annual basis for up to a six (6) year term. The HHS Board Chair shall approve a Chair of this committee.
- ~~D.E.~~ The HHS Board shall appoint ~~four five (45)~~ Advisory Committees, each representing ~~Aging & Disability Resource Center~~, Mental Health, Substance Use, Children/Adolescent and Family Services, and Public Health. Such Advisory Committees shall have a formal staff of officers, shall hold regular meetings, and keep regular minutes of such meetings.
1. The HHS Board Chair shall appoint one (1) Board member liaison and one alternate to the Mental Health, Substance Use, Children and Adolescent and Family Services Advisory, Public Health Advisory, Interagency Program for Intoxicated Drivers (IPID), and ADRC ~~a~~ Advisory groups Committees. The liaison and alternate shall be ex-officio, non-voting members of these Advisory groups Committees.
 2. The HHS Director or designee shall appoint HHS staff to Advisory Committees to assure appropriate representation of HHS programs and services as ex-officio, non-voting members.
 3. HHS Board members are appointed to Advisory Committees for one (1) year terms with no term limits.
 4. A Chair will be elected by each individual Advisory Committee. The Advisory Committees shall present long and short-term plans for each Committee and recommend priorities for the Advisory Committee they represent to the HHS Board.
- ~~E.F.~~ The establishment of ad hoc committees may be directed by the HHS Board, which may specify the duties and time for the fulfillment of such duties. Such committees are to be appointed by the Chair subject to approval of the County Executive.

Article VIII – Joint Mental Health Center Conference Committee

- A. The Joint Mental Health Center Conference Committee shall be the executive committee of the Mental Health Center inpatient hospital and shall provide a formal means of liaison

with the medical staff.

- B. The Joint Mental Health Center Conference Committee shall consist of five (5) Board members who will be assigned to this committee for the duration of their HHS Board term. Temporary vacancies will be filled by appointment by the HHS Board Chair.
- C. The Joint Mental Health Center Conference Committee shall meet at least four (4) times per year.
- D. The Joint Mental Health Center Conference Committee shall:
 - 1. In consultation with the Mental Health Center Administrator, the Clinical Director, the Clinical Services Manager, the Health & Human Services Director or their designee(s), shall review medical staff privileging applications and make recommendations to the HHS Board for medical staff appointments through the process defined in the Medical and Psychological Staff Bylaws.
 - 2. Review any proposed changes to the Medical and Psychological Staff Bylaws, Rules and Regulations, and shall make recommendations to the governing board regarding any change.
 - 3. With HHS and hospital administration, establish policies for the activities and general policies of the hospital departments and special committees established by the Board, and receive periodic evaluation of hospital practices. These policies shall include, but are not limited to, a requirement that:
 - i) Every patient be under the care of a physician, dentist, ~~or~~ podiatrist, or other profession permitted by Wisconsin law to distribute, dispense, and administer medications in the course of professional practice, admit patients to a hospital, or provide any other health care service that is within that profession's scope of practice and for which the governing body grants clinical privileges.
 - ii) The hospital maintains an effective, ongoing program coordinated with community resources to facilitate the provision of follow-up to patients who are discharged, and that the hospital has current information on community resources available for continuing care of patients following their discharge.

Article IX – Interagency Program for the Intoxicated Driver Committee

- A. The Interagency Program for the Intoxicated Driver Committee (IPID Committee) shall be a collection of agency and organization representatives appointed by the HHS Board to develop and implement the Intoxicated Driver Program.
- B. The IPID Committee shall designate driver safety plan providers who provide treatment to clients.
- C. The IPID Committee shall implement written policies, procedures and guidelines that address client records, collaboration and consultation with courts, program fees, conflict of interest guidelines, client referrals, illegal discrimination, program training

requirements, alternative education approval requirements, assessments and safety plans, procedures for assessments and requests from assessment facilities to extend the time to conduct assessments or driver safety plans.

Article X – The ADRC Governing Committee Advisory Board

- A. The ADRC Advisory Board shall have advisory oversight of the ADRC of Waukesha County whose statutory authority is provided under s.46.283(6)(A), Wis.Stats.
- B. -The functions of the county commission on aging shall be performed by the Aging and Disability Resource Center Board under s46.82.
- C. ADRC Advisory Board members provide strategic direction to the ADRC to ensure fidelity to the ADRC mission, advise the ADRC leadership on the three-year Aging Unit Plan, engage in advocacy activities, and serve as ambassadors for the ADRC.

Article XI – Attendance

- A. Members will attend all Board meetings and assigned committee meetings. If they are unable to attend, they will report their absence in advance of the meeting to be considered an excused absence.
- B. If a member has three (3) unexcused absences in a row, the HHS Board Chair will advise them that, if they miss two (2) additional meetings, the Chair will presume they have resigned, and a replacement will be named by the County Executive.

Article XII – Conflict of Interest

- A. Any Board member who believes a conflict of interest exists for him or her regarding a specific item of Board business must so state and refrain from discussion and voting regarding that item. The minutes shall record his statement and indicate his abstaining vote. Any Board member who believes that a conflict of interest exists for any other Board member regarding a specific item of Board business shall have the right and responsibility of challenging that Board member. If the majority of those present agree that a conflict of interest does in fact exist, the challenged Board member will abstain from discussion and voting. Such action shall be recorded in the minutes.

Article XIII – Meetings

- A. A fixed quorum of five (5) members shall be present to transact official business of the HHS Board.
 - 1. Members approved in advance by the HHS Board Chair to appear by remote means and who fully comply with the HHS Board’s remote appearance guidelines shall be considered present for quorum and attendance purposes and shall be entitled to vote.
- B. A fixed quorum of three (3) members ~~of~~ shall be present to transact official business of the HHS Board Joint Mental Health Center Conference Committee.

- C. The HHS Board will meet monthly on a date, time, and place specified by the HHS Board.
- D. Special meetings may be called at the discretion of the two (2) officers, or of any three (3) members of the HHS Board and shall be in accordance with the County Board rules of order which provides for appropriate meeting notice.

Article ~~XIII~~XIV – Amendments

- A. These bylaws may be amended by a majority vote of the Board at any regular or special meeting provided notice of the intent to amend and a copy of the proposed amendment shall be given to each member of the HHS Board at least two (2) weeks prior to such meetings.
- B. These bylaws become effective when approved by a majority of the HHS Board.

Approved by:

Larry Nelson, HHS Board Chair

Christine Howard, HHS Board Vice Chair Health & Human Services Board

Adopted 11-29-07

Adopted 6-14-12

Adopted 11-13-14

Adopted 12-05-19