



CITY OF MINNETRISTA

REQUEST FOR CITY COUNCIL ACTION/DISCUSSION

Subject: **Accepting the Amendment to the Embedded Social Worker Program Agreement**

Prepared By: **Craig Squires, Director of Public Safety**

Meeting Date: **October 19th, 2026**

Accepting the Amendment of Embedded Social Worker Program Agreement

Since 2022, the Minnetrista Public Safety Department has participated in the Embedded Social Worker Program, a collaborative initiative designed to address mental health-related calls and connect individuals and families with appropriate community-based services and resources. The program is operated under a Joint Agreement with Hennepin County and several neighboring jurisdictions, including:

Orono Police Department

South Lake Minnetonka Public Safety Department

Medina Police Department

Corcoran Police Department

Deephaven Police Department

Wayzata Police Department

Minnetrista Public Safety Department

This multijurisdictional model ensures the sharing of resources and cost-efficiency while delivering a critical service. The program has proven highly successful in improving connecting individuals to needed services.

Mission Statement:

The City of Minnetrista will deliver quality services in a cost effective and innovative manner and provide opportunities for a high quality of life while protecting natural resources and maintaining a rural character.

Attached is an amendment to the joint powers agreement. Included in the amendment are the 2027 fees for each police department.

This amendment shall be effective January 1st, 2027.

Fiscal Impact

2027 Cost per Agency: \$12,633

2028 Cost To be determined

This amendment was reviewed by our City Attorney.

Staff Recommends accepting the 2027 amendment to the agreement.

If accepted signatures for the agreement should arrive electronically.

Recommended City Council Action: Motion to approve Res No ____ approving the amendment to the Embedded Social Worker joint powers agreement.

Does Recommended Action meet City Mission Statement? ☒ Yes ☐ No

Does Recommended Action meet City Goals/Priorities? ☒ Yes ☐ No

Explain:

Mission Statement:

The City of Minnetrista will deliver quality services in a cost effective and innovative manner and provide opportunities for a high quality of life while protecting natural resources and maintaining a rural character.

**AMENDMENT #2 TO JOINT POWERS AGREEMENT
BETWEEN HENNEPIN COUNTY
AND CITIES OF CORCORAN, DEEPHAVEN, MEDINA, MINNETRISTA,
ORONO, WAYZATA, AND SOUTH LAKE MINNETONKA POLICE
DEPARTMENT**

This Joint Powers Agreement (“Agreement”) is between the COUNTY OF HENNEPIN, STATE OF MINNESOTA, A-2300 Government Center, Minneapolis, Minnesota 55487, (“COUNTY”) on behalf of its Human Services and Public Health Department (“HSPHD”) and City of Corcoran, 8200 County Rd 116, Corcoran, Minnesota 55340, (“CORCORAN”); City of Deephaven, 20225 Cottagewood Road, Excelsior, Minnesota 55331, (“DEEPHAVEN”); City of Medina, 600 Clydesdale Trail, Medina, Minnesota 55340, (“MEDINA”); City of Minnetrista, 7651 County Road 110 West, Minnetrista, Minnesota 55364 (“MINNETRISTA”); City of Orono 2730 Kelley Parkway, Orono, Minnesota 55356, (“ORONO”); South Lake Minnetonka Police Department, 24150 Smithtown Road, Shorewood, Minnesota 55301, (“SOUTH LAKE MINNETONKA”); and City of Wayzata, 600 Rice Street East, Wayzata, Minnesota 55391, (“WAYZATA”) pursuant to the authority conferred upon them by Minn. Stat. § 471.59 and on behalf of their respective police departments, (individually referred to herein as POLICE DEPARTMENT and collectively referred to herein as “POLICE DEPARTMENTS”). The parties to this Agreement may also be referred to individually as “Party” and collectively as “Parties”.

IT IS HEREBY AGREED that Agreement No. A2312131 between the above-named parties, including prior amendments if any, is hereby amended in accordance with the provisions set forth below.

Clause 3, TERM OF THE AGREEMENT, shall be amended to read:

3. TERM OF THE AGREEMENT

The term of this Agreement shall be from January 1, 2024, through December 31, 2028, unless terminated earlier in accordance with the cancellation/termination provisions of this Agreement.

Clause 4, PAYMENT, shall be amended to read:

4. PAYMENT

- A. Funding provided via each POLICE DEPARTMENT at eleven thousand eight hundred seventeen dollars (\$11,817) for 2024.
- B. Funding provided via each POLICE DEPARTMENT at twelve thousand six hundred thirty-three dollars (\$12,633) for 2025.
- C. Funding provided via each POLICE DEPARTMENT at twelve thousand six hundred thirty-three dollars (\$12,633) for 2026.

- D. For the period of January 1, 2027, through December 31, 2027, total payments by each POLICE DEPARTMENT to COUNTY shall not exceed twelve thousand six hundred thirty-three dollars (\$12,633) for 2027.
- E. For the period of January 1, 2028, through December 31, 2028, total payments by each POLICE DEPARTMENT to COUNTY shall be determined.
- F. The SW will be hired, employed, and equipped by HSPHD and participate in supervision and training by HSPHD in accordance with local, state, federal, and professional licensure requirements as more fully described in EXHIBIT A.
- G. HSPHD shall, during the first month of each year, submit an invoice to each POLICE DEPARTMENT for the cost of their portion assigned to the Model annually.
- H. Each POLICE DEPARTMENT will make payment within thirty-five (35) days from receipt of the invoice. If the invoice is incorrect, defective, or otherwise improper, POLICE DEPARTMENT will notify HSPHD within ten (10) days of receiving the incorrect invoice. Upon receiving the corrected invoice from HSPHD, POLICE DEPARTMENT will make payment within thirty-five (35) days.
- I. Further, the Parties expressly agree that neither this Agreement nor any Party's performance hereunder obligates or commits any Party to enter a subsequent contract or engagement with any other.
- J. In the event that the SW position is or will become vacant or absent for a period of one-month or more, HSPHD may provide POLICE DEPARTMENTS with a temporary SW to work onsite at POLICE DEPARTMENTS, when available. If a temporary onsite SW is not available, HSPHD may assign, based on availability, a coverage team to review existing services, determine need and complete outreach (via phone or in-person) based on resident needs for each referral from POLICE DEPARTMENT. POLICE DEPARTMENTS may also opt not to have coverage until the onsite social worker is replaced.
 - 1. There will be no additional cost to POLICE DEPARTMENTS if HSPHD assigns a temporary onsite SW worker and the billing will remain as set forth in section 4. of this Agreement.
 - 2. If HSPHD provides a coverage team to review existing services, determine need and complete outreach (via phone or in-person) POLICE DEPARTMENTS will be reimbursed by HSPHD for 50% of the cost for the time period of reduced coverage.
 - 3. If POLICE DEPARTMENT decides not to have HSPHD assign a temporary SW, POLICE DEPARTMENT will be reimbursed by HSPHD for the full cost for the time period of no coverage.

- K. Each POLICE DEPARTMENT must inform COUNTY if it is using grant funding to meet its payment obligations hereunder and cooperate with COUNTY to determine whether any terms or conditions of POLICE DEPARTMENT's grant apply to COUNTY.

This amendment shall be effective January 1, 2027.

Except as herein amended, the terms, conditions and provisions of said Agreement No. A2312131, including prior amendments if any, remain in full force and effect.

(The remainder of this page intentionally left blank.)

The Parties hereto agree to be bound by the provisions set forth in this Agreement.

Reviewed for COUNTY by the County
Attorney's Office

Date: _____

COUNTY OF HENNEPIN
STATE OF MINNESOTA

By: _____
Chair of Its County Board

ATTEST: _____
Deputy/Clerk of County Board

Date: _____

By: _____
County Administrator

Date: _____

CORCORAN

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

DEEPHAVEN

By: _____

Title: _____

Date: _____

MEDINA

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

MINNETRISTA

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

ORONO

By: _____

Title: _____

Date: _____

SOUTH LAKE MINNETONKA

By: _____

Title: _____

Date: _____

WAYZATA

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____