



Southwest Health and Human Services
Board Agenda
Wednesday, March 18, 2020
Commissioners Room
Government Center, 2nd Floor
Marshall
9:00 a.m.

HUMAN SERVICES

- A. Call to Order

- B. Pledge of Allegiance

- C. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 2/19/2020 Board Minutes

- D. Introduce New Staff:
 - Nicole Sobolik, Social Worker (AMH/SUD Treatment Coordination), Luverne

- E. Employee Recognition:
 - Tiffany Bailey, 5 years, Accounting Technician, Marshall
 - Kristin Deacon, 15 years, Public Health Nursing Supervisor, Slayton

HUMAN SERVICES (cont.)

F. Financial

G. Caseload

	<u>2/20</u>	<u>2/19</u>	<u>1/20</u>	<u>12/19</u>
Social Services	3,660	3,755	3,722	3,646
Licensing	440	453	441	411
Out-of-Home Placements	175	163	179	176
Income Maintenance	10,981	11,868	10,833	11,701
Child Support Cases	3,206	3,251	3,200	3,189
Child Support Collections	\$731,710	\$725,149	\$721,355	\$795,866
Non IV-D Collections	\$122,089	\$109,461	\$147,688	\$121,676

H. Discussion/Information

1.

I. Decision Items

1.

COMMUNITY HEALTH

J. Call to Order

K. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 2/19/2020 Board Minutes

L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload	<u>2/20</u>	<u>1/20</u>	<u>12/19</u>
WIC	N/A	1984	1976
Family Home Visiting	34	19	20
PCA Assessments	7	11	5
Managed Care	214	242	207
Dental Varnishing	7	12	19
Refugee Health	5	0	8
Latent TB Medication Distribution	19	14	13
Water Tests	87	98	97
FPL Inspections	40	45	42
Immunizations	38	53	68
Car Seats	19	6	16

- N. Discussion/Information
1. Emergency Preparedness Update- Lauren Mellenthin & Marie Meyers

- O. Decision Items
1.

GOVERNING BOARD

- P. Call to Order

- Q. Consent Agenda
1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 2/19/2020 Board Minutes

- R. Financial

GOVERNING BOARD (cont.)

S. Human Resources Statistics

	<u>2/20</u>	<u>2/19</u>	<u>1/20</u>	<u>12/19</u>
Number of Employees	234	237	239	238
Separations	3		3	2

T. Discussion/Information

1.

U. Decision Items

1. Andrea Henning, County Agency Social Worker, probationary appointment (12 months), \$24.12 hourly, effective 3/16/2020
2. Sarah Weinkauf, Office Support Specialist, probationary appointment (12 months), \$14.97 hourly, effective 3/16/2020
3. Makayla Voge, County Agency Social Worker, probationary appointment (12 months), \$24.12 hourly, effective 3/30/2020
4. Request for Office Support Specialist
5. Phone System Support and Upgrade Proposals
6. Lease for the Rock County Postage Machine
7. Drug Free Communities Grant Application
 - a. Evaluation Contract for DFC Grant
8. Personnel Policy 2 – Conditions of Employment
9. Personnel Policy 3 – Leaves and Holidays
10. Personnel Policy 47 – SWHHS Covid-19
11. Donations: Birthright donated miscellaneous infant items for families within the WIC program; Our Saviour's Lutheran Church donated 10 Easter baskets to families in need; Darla Timmerman donated a 3 piece luggage set and a soft sided suitcase.
12. Contracts

V. Adjournment

Next Meeting Dates:

- **Wednesday, April 15, 2020 – Marshall**
- **Wednesday, May 20, 2020 – Marshall (3rd Floor- #4 & #5)**
- **Wednesday, June 17, 2020 - Marshall**

SOUTHWEST HEALTH & HUMAN SERVICES

Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending **February 28, 2020**

* Income Maintenance * Social Services * Information Technology * Health *

Description	Month	Running Balance
BEGINNING BALANCE		\$598,327
RECEIPTS		
Monthly Receipts	3,943,429	
County Contribution	83,246	
Interest on Savings	7,226	
TOTAL MONTHLY RECEIPTS		4,033,901
DISBURSEMENTS		
Monthly Disbursements	2,906,286	
TOTAL MONTHLY DISBURSEMENTS		2,906,286
ENDING BALANCE		\$1,725,943

REVENUE

Checking/Money Market	\$1,725,943
SS Benefits Checking	\$3,000
Bremer Savings	\$887,799
Great Western Bank Savings	\$75,474
Investments - MAGIC Fund	\$2,552,621

February 2019 Ending Balance

\$5,390,753

ENDING BALANCE

\$5,244,836

DESIGNATED/RESTRICTED FUNDS

February 2019 Ending Balance

Agency Health Insurance	\$1,108,165
LCTS Lyon Murray Collaborative	\$158,416
LCTS Rock Pipestone Collaborative	\$64,731
LCTS Redwood Collaborative	\$88,435
Local Advisory Council	\$1,155

\$898,633

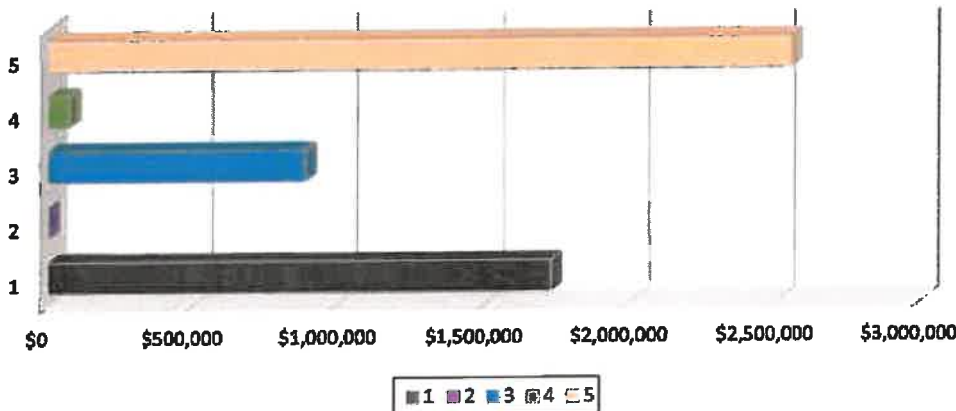
February 2019 Ending Balance

AVAILABLE CASH BALANCE

\$3,823,935

\$4,237,923

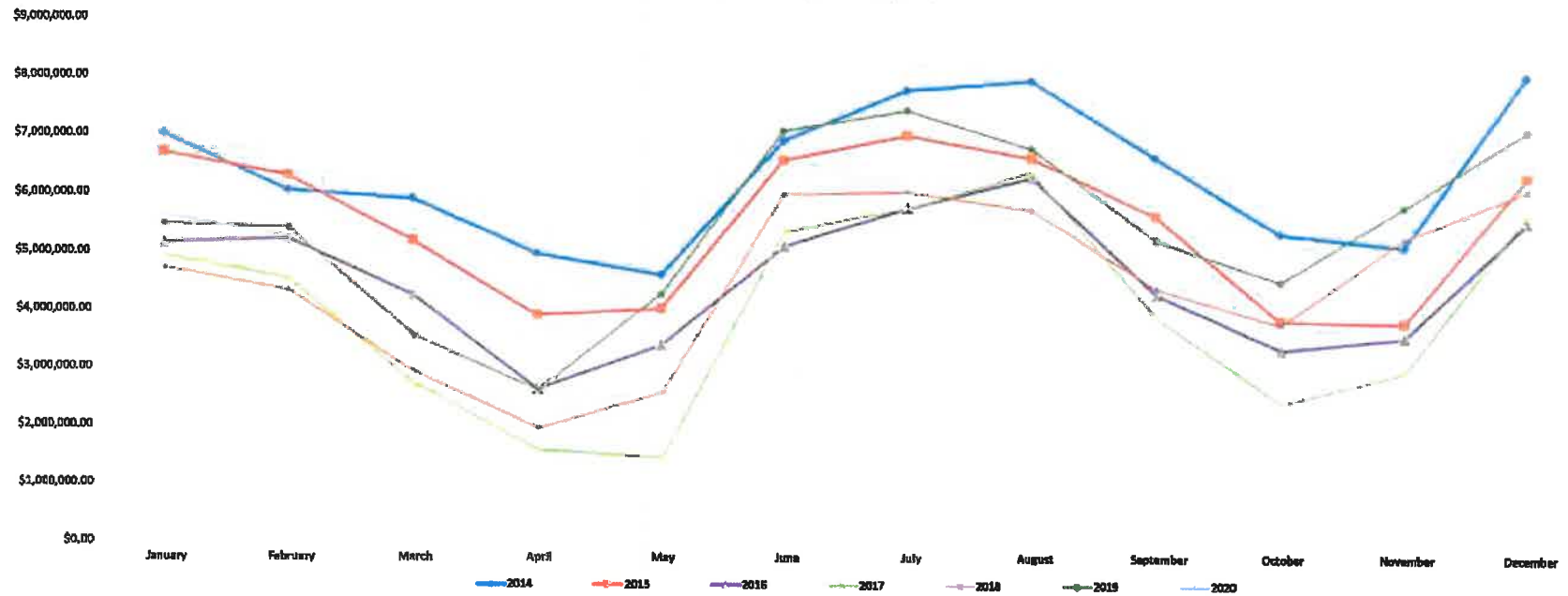
REVENUE DESIGNATION



**SWHHS
Total Cash and Investment Balance by Month - All Funds**

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$6,981,225.27	\$6,024,758.16	\$5,889,424.32	\$4,951,093.48	\$4,598,515.25	\$8,893,382.81	\$7,789,372.24	\$7,943,228.89	\$8,620,328.28	\$5,325,638.85	\$5,113,269.32	\$8,050,538.23	\$6,347,314.41	\$6,298,488.25
2015	\$6,677,478.44	\$6,283,514.63	\$5,177,889.80	\$3,907,888.99	\$4,018,146.88	\$8,580,422.83	\$8,982,323.27	\$8,814,413.77	\$3,831,287.88	\$3,840,912.52	\$3,805,453.22	\$8,311,344.26	\$5,485,155.71	\$8,046,230.88
2016	\$5,132,802.00	\$5,204,953.28	\$4,248,883.55	\$2,828,829.20	\$3,394,917.21	\$5,088,797.98	\$5,750,965.99	\$6,275,434.67	\$4,290,910.19	\$3,340,309.75	\$3,580,418.88	\$3,533,701.83	\$4,537,719.39	\$4,881,518.27
2017	\$4,928,902.34	\$4,524,088.02	\$2,727,751.28	\$1,578,173.97	\$1,461,585.61	\$5,337,593.73	\$5,754,867.06	\$8,368,564.57	\$3,883,382.07	\$2,417,547.50	\$2,882,222.15	\$5,684,748.83	\$3,968,778.58	\$4,058,573.21
2018	\$4,721,044.88	\$4,333,838.83	\$2,935,770.10	\$1,885,448.82	\$2,670,090.71	\$5,877,407.40	\$8,033,328.24	\$6,731,833.82	\$4,391,517.44	\$3,775,199.58	\$5,252,398.38	\$6,085,808.40	\$4,481,140.24	\$3,898,917.84
2019	\$5,488,300.08	\$5,980,753.05	\$3,580,027.40	\$2,614,293.54	\$4,289,080.30	\$7,082,614.89	\$7,420,078.79	\$8,778,581.83	\$5,219,802.81	\$4,511,324.18	\$5,788,830.92	\$7,097,094.23	\$5,431,754.93	\$4,808,300.18
2020	\$5,612,100.09	\$5,244,838.41											\$5,428,488.25	\$5,428,488.25

SWHHS Cash and Investment Balances

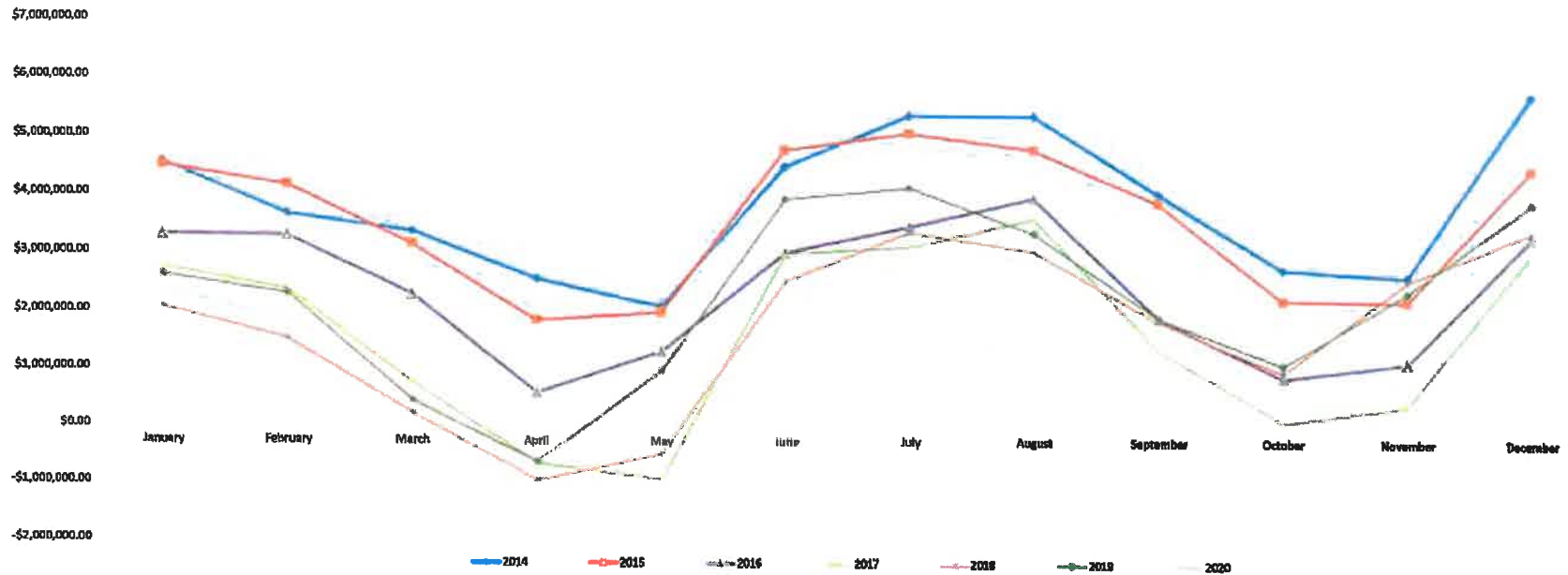


SWHHS
Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	November	December
2014	\$4,524,112.48	\$3,828,825.88	\$3,337,290.84	\$2,518,145.92	\$2,049,972.92	\$4,463,844.09	\$5,363,273.11	\$6,365,874.16	\$4,026,227.41	\$2,740,773.93	\$2,817,746.10	\$5,780,212.52
2015	\$4,463,244.58	\$4,128,898.35	\$3,114,955.80	\$1,805,842.76	\$1,848,746.17	\$4,743,405.88	\$5,052,792.79	\$4,778,088.88	\$3,868,016.53	\$2,208,082.85	\$2,192,119.16	\$4,487,334.19
2016	\$3,281,407.50	\$3,262,674.15	\$2,255,798.09	\$544,625.71	\$1,271,340.11	\$2,991,321.29	\$3,454,355.54	\$3,941,449.89	\$1,888,675.07	\$84,465.14	\$1,125,681.79	\$3,301,841.92
2017	\$2,721,514.16	\$2,337,060.47	\$710,988.71	-\$678,564.48	-\$945,148.15	\$2,972,035.88	\$3,096,420.77	\$3,593,841.96	\$1,322,585.71	\$84,999.25	\$377,552.55	\$3,035,233.95
2018	\$2,027,812.89	\$1,484,259.33	\$191,368.90	-\$985,731.97	-\$501,975.28	\$2,490,788.49	\$3,367,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,053.22
2019	\$2,581,063.09	\$2,265,158.81	\$405,973.62	-\$681,408.85	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.83	\$1,895,236.82	\$1,090,003.32	\$2,347,069.20	\$3,681,423.89
2020	\$2,832,834.55	\$1,794,778.37										

Average for Year	Average for Jan-Mar
\$3,888,341.79	\$3,830,343.10
\$3,559,943.91	\$3,902,288.90
\$2,347,793.02	\$2,633,293.25
\$1,952,362.72	\$1,823,187.79
\$1,853,402.17	\$1,294,479.71
\$2,174,266.46	\$1,750,731.94
\$2,063,855.46	\$2,063,855.46

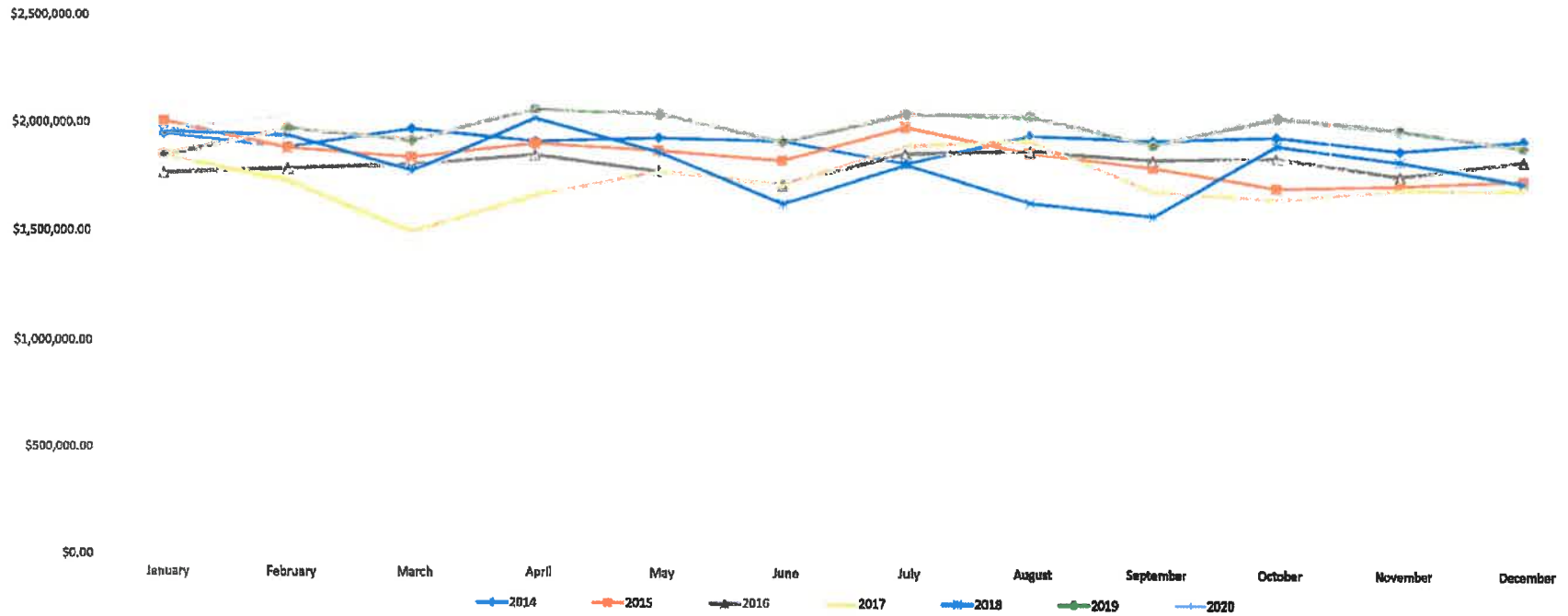
SWHHS Cash Balances - Human Services



SWHHS
Total Cash and Investment Balance by Month - Public Health Services

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2014	\$1,952,348.48	\$1,889,115.47	\$1,972,829.09	\$1,919,040.73	\$1,935,610.78	\$1,823,130.89	\$1,822,889.83	\$1,953,891.09	\$1,834,989.18	\$1,954,396.64	\$1,894,110.16	\$1,942,821.40	\$1,924,697.82
2015	\$2,005,574.71	\$1,882,681.89	\$1,841,149.82	\$1,908,754.96	\$1,876,427.46	\$1,832,808.45	\$1,887,157.33	\$1,874,480.47	\$1,806,827.22	\$1,714,883.10	\$1,730,380.53	\$1,755,462.75	\$1,851,214.87
2016	\$1,787,113.43	\$1,786,985.60	\$1,807,700.34	\$1,854,929.76	\$1,779,529.15	\$1,719,935.64	\$1,888,440.04	\$1,880,565.32	\$1,844,832.32	\$1,854,298.88	\$1,772,686.81	\$1,845,353.91	\$1,815,214.11
2017	\$1,847,930.47	\$1,728,483.73	\$1,484,923.91	\$1,687,703.90	\$1,778,686.78	\$1,720,044.86	\$1,903,354.71	\$1,930,710.27	\$1,886,805.50	\$1,883,881.45	\$1,709,289.13	\$1,709,425.15	\$1,737,348.18
2018	\$1,892,214.72	\$1,943,637.75	\$1,780,622.98	\$2,023,315.58	\$1,870,382.57	\$1,833,344.08	\$1,818,127.45	\$1,843,850.72	\$1,584,218.89	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48	\$1,819,230.15
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,251.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	\$1,910,997.42	\$1,974,715.22
2020	\$1,967,807.21	\$2,029,158.92											\$1,988,483.07

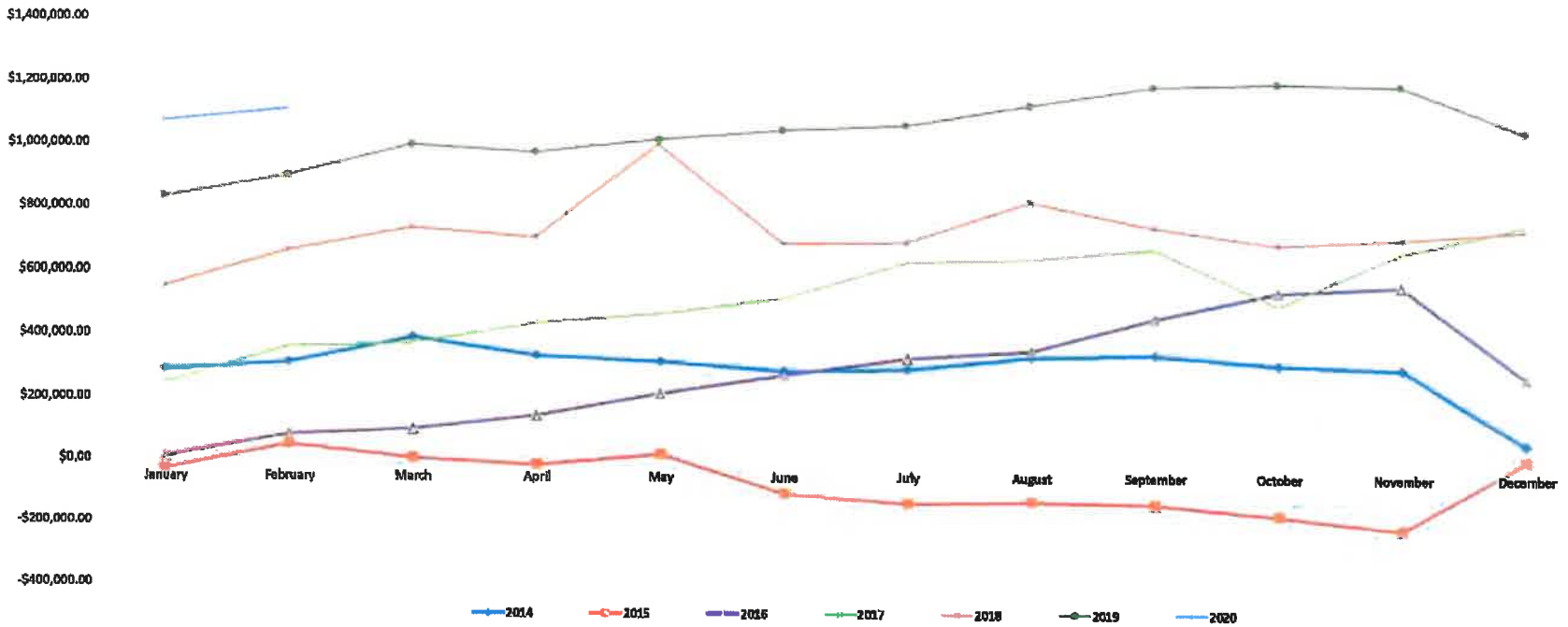
SWHHS Cash Balances - Public Health



SWHHS
Total Cash Balance by Month - Health Insurance

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2014	\$285,358.82	\$308,048.30	\$387,888.08	\$330,278.67	\$312,752.06	\$283,536.78	\$290,484.90	\$330,401.57	\$338,696.39	\$307,534.98	\$285,638.28	\$52,721.51	\$283,688.58
2015	-\$33,351.13	\$43,792.99	\$830.08	-\$19,886.02	\$18,868.59	-\$109,949.59	-\$141,430.74	-\$134,243.27	-\$141,878.96	-\$178,110.32	-\$221,023.88	\$0.00	-\$78,748.52
2016	\$4,988.43	\$75,942.80	\$95,153.51	\$139,472.05	\$210,788.38	\$270,893.34	\$325,843.77	\$350,734.02	\$455,033.16	\$538,182.07	\$558,493.11	\$289,082.28	\$274,517.08
2017	\$243,431.98	\$360,090.41	\$369,063.91	\$436,188.38	\$465,188.83	\$514,005.00	\$629,735.43	\$640,875.17	\$673,434.33	\$497,527.63	\$665,075.30	\$753,857.38	\$520,702.81
2018	\$547,481.08	\$661,779.26	\$734,890.83	\$705,228.64	\$988,994.04	\$688,218.46	\$693,431.75	\$820,833.21	\$742,853.73	\$880,065.54	\$708,870.88	\$738,904.37	\$727,502.48
2019	\$830,788.86	\$898,832.50	\$998,671.64	\$973,048.88	\$1,015,393.82	\$1,048,007.99	\$1,064,138.10	\$1,127,823.68	\$1,188,707.87	\$1,200,976.08	\$1,185,848.02	\$1,061,804.82	\$1,048,203.01
2020	1,070,978.00	1,108,164.79											\$1,088,571.40

SWHHS Cash and Investment Balances - Health Insurance



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

FEBRUARY 2020

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				598,327.24
02/03/20	9926	Disb		12,325.47	586,001.77
02/04/20	38532,38-54,56-57,59,61,64-65,67-69,72-73,38576-38622	Dep	193,301.83		779,303.60
02/05/20	9927	Disb		10.00	779,293.60
02/06/20	9928	Disb		2,422.14	776,871.46
02/07/20	104331- 104386	Disb		4,368.40	772,503.06
02/07/20	7242 - 7243 ACH	Disb		57.64	772,445.42
02/07/20	104387- 104435	Disb		106,909.28	665,536.14
02/07/20	7244- 7319 ACH	Disb		91,197.51	574,338.63
02/07/20	38623-38698	Dep	255,277.02		829,615.65
02/07/20	Transfer from Savings	Dep	1,500,000.00		2,329,615.65
02/10/20	9929	Disb		15,440.49	2,314,175.16
02/11/20	38699-38727	Dep	102,645.75		2,416,820.91
02/13/20	9930	Disb		45,394.07	2,371,426.84
02/14/20	9153-9171	Payroll		133,143.06	2,238,283.78
02/14/20	61993-62233 ACH	Payroll		502,836.83	1,735,447.95
02/14/20	104436-104459	Disb		1,515.03	1,733,932.92
02/14/20	7320-7321 ACH	Disb		116.16	1,733,816.76
02/14/20	104460-104521	Disb		92,961.69	1,640,855.07
02/14/20	7322-7356 ACH	Disb		146,287.38	1,494,567.69
02/14/20	38728-38812	Dep	509,782.22		2,004,349.91
02/18/20	9931	Disb		26,470.10	1,977,879.81
02/18/20	VOID 104388	Disb		(50.14)	1,977,929.95
02/18/20	38813-38833	Dep	561,345.01		2,539,274.96
02/20/20	9932	Disb		11,019.59	2,528,255.37
02/20/20	9933	Disb		10,164.87	2,518,090.50
02/21/20	104522-104609	Disb		12,970.60	2,505,119.90
02/21/20	7357 - ACH	Disb		144.60	2,504,975.30
02/21/20	104610-104808	Disb		104,602.81	2,400,372.49
02/21/20	7358-7362 ACH	Disb		2,758.07	2,397,614.42
02/21/20	104809-104818	Disb		447.13	2,397,167.29
02/21/20	104819-104867	Disb		379,742.22	2,017,425.07
02/21/20	7363-7390 ACH	Disb		8,908.18	2,008,516.89
02/21/20	38834-38915	Dep	625,851.27		2,634,368.16
02/24/20	9934	Disb		1,757.90	2,632,610.26
02/24/20	9935	Disb		103,992.21	2,528,618.05
02/25/20	38916-38954	Dep	35,796.05		2,564,414.10
02/28/20	9172-9192	Payroll		132,549.78	2,431,864.32
02/28/20	62234-62481 ACH	Payroll		503,821.15	1,928,043.17
02/28/20	104868-104924	Disb		23,563.56	1,904,479.61
02/28/20	7391-7393 ACH	Disb		726.33	1,903,753.28
02/28/20	104925-105002	Disb		306,939.44	1,596,813.84
02/28/20	7394-7422 ACH	Disb		120,773.38	1,476,040.46
02/28/20	transfer from SS acct	transfer	4,583.97		1,480,624.43
02/28/20	38955-39019	Dep	245,318.24		1,725,942.67
					1,725,942.67
					1,725,942.67
	Balanced LMD 03/02/2020	TOTALS	4,033,901.36	2,906,285.93	

Checking - SS Beneficiaries
 Savings - Bremer
 Savings - Great Western
 Investments - Magic Fund

3,000.00
887,798.96
75,473.64
2,552,621.14

TOTAL CASH BALANCE

5,244,836.41

**SOUTHWEST HEALTH AND HUMAN SERVICES SAVINGS & INVESTMENTS REGISTERS
2020**

BREMER BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/20	BEGINNING BALANCE				2,381,345.72
01/03/20	44822	Interest	3,008.02		2,384,353.74
02/05/20	45270	Interest	3,445.22		2,387,798.96
02/07/20	Transfer to Bremer Checking	Transfer		1,500,000.00	887,798.96
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	ENDING BALANCE				887,798.96

GREAT WESTERN BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/20	BEGINNING BALANCE				75,430.73
01/03/20	44823	Interest	21.82		75,452.55
02/05/20	45268	Interest	21.09		75,473.64
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	ENDING BALANCE				75,473.64

MAGIC FUND INVESTMENT					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/20	BEGINNING BALANCE				2,545,081.38
01/03/20	44824	Interest	3,780.02		2,548,861.40
02/05/20	45269	Interest	3,759.74		2,552,621.14
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	ENDING BALANCE				2,552,621.14

Southwest Health and Human Services

Treasurer's Cash Trial Balance

As of 02/2020

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,910,997.42			
Receipts		335,902.04	809,901.01	
Disbursements		58,176.03-	168,871.36-	
Payroll		216,374.30-	522,868.15-	
Fund Total		61,351.71	118,161.50	2,029,158.92
5 Human Services Fund	410	General Administration		
	170,062.03-			
Receipts		53,423.08	106,309.05	
Disbursements		42,230.53-	95,343.39-	
Payroll		14,479.86-	35,005.75-	
Dept Total		3,287.31-	24,040.09-	194,102.12-
5 Human Services Fund	420	Income Maintenance		
	374,656.57-			
Receipts		526,506.89	1,061,922.50	
Disbursements		311,645.62-	686,507.19-	
Payroll		345,322.08-	833,881.55-	
Dept Total		130,460.81-	458,466.24-	833,122.81-
5 Human Services Fund	431	Social Services		
	7,662,641.12			
Receipts		1,234,786.68	1,854,358.00	
Disbursements		176,088.58-	361,734.57-	
SSIS		769,116.23-	1,408,451.34-	
Payroll		673,468.69-	1,639,217.71-	
Dept Total		383,886.82-	1,555,047.62-	6,107,593.50
5 Human Services Fund	461	Information Systems		
	3,236,438.89-			
Receipts		2,363.00	5,555.00	
Disbursements		181.35-	181.35-	
Payroll		22,704.89-	54,526.96-	
Dept Total		20,523.24-	49,153.31-	3,285,592.20-

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Southwest Health and Human Services

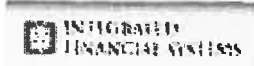
Treasurer's Cash Trial Balance

As of 02/2020

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
5 Human Services Fund	471	LCTS Collaborative Agency		
	0.00			
Receipts		72,006.00	72,006.00	
Disbursements		72,006.00-	72,006.00-	
Dept Total		0.00	0.00	0.00
Fund Total	3,881,483.63	538,158.18-	2,086,707.26-	1,794,776.37
61 Agency Health Insurance				
	1,051,604.82			
Receipts		241,678.56	449,409.15	
Disbursements		204,491.77-	392,849.18-	
Fund Total		37,186.79	56,559.97	1,108,164.79
71 LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	137,697.99			
Receipts		30,417.00	30,417.00	
Disbursements		0.00	9,699.00-	
Dept Total		30,417.00	20,718.00	158,415.99
Fund Total	137,697.99	30,417.00	20,718.00	158,415.99
73 LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	54,412.53			
Receipts		13,307.00	13,457.00	
Disbursements		0.00	3,139.00-	
Dept Total		13,307.00	10,318.00	64,730.53
Fund Total	54,412.53	13,307.00	10,318.00	64,730.53
75 Redwood LCTS Collaborative	471	LCTS Collaborative Agency		
	59,802.79			
Receipts		28,632.00	28,632.00	
Dept Total		28,632.00	28,632.00	88,434.79

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Southwest Health and Human Services



Treasurer's Cash Trial Balance

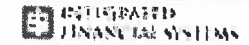
As of 02/2020

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Fund Total	59,802.79	28,632.00	28,632.00	88,434.79
77 Local Advisory Council	477	Local Advisory Council		
	1,155.02			
Dept Total		0.00	0.00	1,155.02
Fund Total	1,155.02	0.00	0.00	1,155.02
All Funds	7,097,154.20			
Receipts		2,539,022.25	4,431,964.71	
Disbursements		864,819.88-	1,790,331.04-	
SSIS		769,116.23-	1,408,451.34-	
Payroll		1,272,349.82-	3,085,500.12-	
Total		367,263.68-	1,852,317.79-	5,244,836.41

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Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

As Of 02/2020

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	83,246.00-	260,631.25-	1,042,525.00-	25	17
INTERGOVERNMENTAL REVENUES	12,198.50-	152,414.00-	170,500.00-	89	17
STATE REVENUES	24,291.11-	54,711.99-	810,102.00-	7	17
FEDERAL REVENUES	170,230.82-	260,384.54-	1,245,041.00-	21	17
FEES	43,222.05-	77,938.84-	466,230.00-	16	17
EARNINGS ON INVESTMENTS	1,156.15-	2,245.75-	14,880.00-	15	17
MISCELLANEOUS REVENUES	122.68-	139.91-	8,900.00-	2	17
TOTAL REVENUES	334,467.31-	808,466.28-	3,788,178.00-	21	17
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	17
PAYROLL AND BENEFITS	216,374.30	522,868.15	3,016,052.00	17	17
OTHER EXPENDITURES	56,741.30	167,436.63	772,126.00	22	17
TOTAL EXPENDITURES	273,115.60	690,304.78	3,788,178.00	18	17

Southwest Health and Human Services

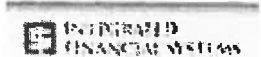
RM-Stmt of Revenues & Expenditures

As Of 02/2020

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	0.00	299,374.25-	11,378,603.00-	3	17
INTERGOVERNMENTAL REVENUES	5,000.00-	6,644.50-	104,354.00-	6	17
STATE REVENUES	488,538.93-	653,260.79-	5,269,341.00-	12	17
FEDERAL REVENUES	995,583.27-	1,339,339.69-	8,035,293.00-	17	17
FEES	238,216.81-	428,474.21-	2,200,150.00-	19	17
EARNINGS ON INVESTMENTS	6,069.90-	11,790.16-	78,096.00-	15	17
MISCELLANEOUS REVENUES	94,134.86-	245,742.10-	1,139,100.00-	22	17
TOTAL REVENUES	1,827,543.77-	2,984,625.70-	28,204,937.00-	11	17
EXPENDITURES					
PROGRAM EXPENDITURES	1,033,322.18	1,917,400.91	11,157,301.00	17	17
PAYROLL AND BENEFITS	1,044,782.97	2,551,866.31	14,290,849.00	18	17
OTHER EXPENDITURES	287,596.80	602,265.74	2,756,787.00	22	17
TOTAL EXPENDITURES	2,365,701.95	5,071,332.96	28,204,937.00	18	17

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
1 FUND	Health Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		Revenue					17
			Expend.	5,219.20	9,811.60	0.00	0	17
			Net	5,219.20	9,811.60	0.00	0	17
930 PROGRAM	Adminstration		Revenue	84,658.68-	263,287.18-	1,108,655.00-	24	17
			Expend.	65,005.79	130,853.98	697,981.00	19	17
			Net	19,652.89-	132,433.20-	410,674.00-	32	17
410 DEPT	General Administration	Totals:	Revenue	84,658.68-	263,287.18-	1,108,655.00-	24	17
			Expend.	70,224.99	140,665.58	697,981.00	20	17
			Net	14,433.69-	122,621.60-	410,674.00-	30	17
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue	465.00-	1,195.00-	18,680.00-	6	17
			Expend.	1,660.54	4,689.56	15,651.00	30	17
			Net	1,195.54	3,494.56	3,029.00-	115-	17
103 PROGRAM	Follow Along Program		Revenue	1,012.02-	1,012.02-	27,324.00-	4	17
			Expend.	1,939.80	4,926.61	31,241.00	16	17
			Net	927.78	3,914.59	3,917.00	100	17
110 PROGRAM	TANF		Revenue	0.00	0.00	127,876.00-	0	17
			Expend.	0.00	30,727.69	127,911.00	24	17
			Net	0.00	30,727.69	35.00	87,793	17
130 PROGRAM	WIC		Revenue	113,513.00-	149,774.00-	450,000.00-	33	17
			Expend.	39,577.22	96,351.94	557,867.00	17	17
			Net	73,935.78-	53,422.06-	107,867.00	50-	17
140 PROGRAM	Peer Breastfeeding Support Program		Revenue	0.00	0.00	53,500.00-	0	17
			Expend.	3,033.09	6,881.64	33,438.00	21	17
			Net	3,033.09	6,881.64	20,062.00-	34-	17
210 PROGRAM	CTC Outreach		Revenue	26,232.23-	46,507.28-	271,600.00-	17	17
			Expend.	17,535.04	42,202.54	285,400.00	15	17
			Net	8,697.19-	4,304.74-	13,800.00	31-	17
270 PROGRAM	Maternal Child Health - Title V		Revenue	11,810.46-	23,646.17-	253,200.00-	9	17
			Expend.	21,165.40	55,688.60	249,934.00	22	17
			Net	9,354.94	32,042.43	3,266.00-	981-	17

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
280 PROGRAM	MCH Dental Health		Revenue	324.71-	519.96-	2,000.00-	26	17
			Expend.	2,009.21	4,587.00	17,907.00	26	17
			Net	1,684.50	4,067.04	15,907.00	26	17
285 PROGRAM	MCH Blood Lead		Revenue					17
			Expend.	144.47	282.50	0.00	0	17
			Net	144.47	282.50	0.00	0	17
295 PROGRAM	MCH Car Seat Program		Revenue	2,530.21-	3,355.43-	33,000.00-	10	17
			Expend.	1,901.54	5,508.21	42,199.00	13	17
			Net	628.67-	2,152.78	9,199.00	23	17
300 PROGRAM	Case Management		Revenue	34,296.53-	61,751.45-	409,000.00-	15	17
			Expend.	24,808.34	75,799.43	412,332.00	18	17
			Net	9,488.19-	14,047.98	3,332.00	422	17
330 PROGRAM	MNChoices		Revenue	24,820.00-	24,820.00-	114,000.00-	22	17
			Expend.	13,630.99	36,952.73	191,342.00	19	17
			Net	11,189.01-	12,132.73	77,342.00	16	17
603 PROGRAM	Disease Prevention And Control		Revenue	913.29-	2,067.18-	141,042.00-	1	17
			Expend.	17,567.63	43,514.60	247,136.00	18	17
			Net	16,654.34	41,447.42	106,094.00	39	17
660 PROGRAM	MIIC		Revenue					17
			Expend.	161.39	161.57	0.00	0	17
			Net	161.39	161.57	0.00	0	17
481 DEPT	Nursing	Totals:	Revenue	215,917.45-	314,648.49-	1,901,222.00-	17	17
			Expend.	145,134.66	408,274.62	2,212,358.00	18	17
			Net	70,782.79-	93,626.13	311,136.00	30	17
483 DEPT	Health Education		Revenue					
			Expend.					
			Net					
500 PROGRAM	Direct Client Services		Revenue	45.58-	136.74-	500.00-	27	17
			Expend.	926.17	1,749.72	32,705.00	5	17
			Net	880.59	1,612.98	32,205.00	5	17
510 PROGRAM	SHIP		Revenue	0.00	20,276.77-	226,960.00-	9	17
			Expend.	18,597.36	46,694.79	226,960.00	21	17
			Net	18,597.36	26,418.02	0.00	0	17
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	0.00	17,537.00-	0	17
			Expend.	409.89	837.21	17,537.00	5	17
			Net	409.89	837.21	0.00	0	17

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	0.00	17,641.00-	0	17
			Expend.	216.25	409.68	17,641.00	2	17
			Net	216.25	409.68	0.00	0	17
550 PROGRAM	P&i Grant		Revenue	0.00	34,185.00-	189,326.00-	18	17
			Expend.	7,043.07	20,032.31	189,326.00	11	17
			Net	7,043.07	14,152.69-	0.00	0	17
900 PROGRAM	Emergency Preparedness		Revenue	17,618.10-	17,618.10-	92,437.00-	19	17
			Expend.	6,652.21	15,916.86	92,437.00	17	17
			Net	10,965.89-	1,701.24-	0.00	0	17
483 DEPT	Health Education	Totals:	Revenue	17,663.68-	72,216.61-	544,401.00-	13	17
			Expend.	33,844.95	85,640.57	576,606.00	15	17
			Net	16,181.27	13,423.96	32,205.00	42	17
485 DEPT	Environmental Health		Revenue	12,385.50-	152,937.00-	206,600.00-	74	17
800 PROGRAM	Environmental		Expend.	17,066.85	40,082.01	276,433.00	14	17
			Net	4,681.35	112,854.99-	69,833.00	162-	17
809 PROGRAM	Environmental Water Lab		Revenue	1,342.00-	2,877.00-	27,300.00-	11	17
			Expend.	6,844.15	15,495.05	24,800.00	62	17
			Net	5,502.15	12,618.05	2,500.00-	505-	17
830 PROGRAM	FDA Standardization Grant		Revenue	2,500.00-	2,500.00-	0.00	0	17
			Expend.	0.00	146.95	0.00	0	17
			Net	2,500.00-	2,353.05-	0.00	0	17
485 DEPT	Environmental Health	Totals:	Revenue	16,227.50-	158,314.00-	233,900.00-	68	17
			Expend.	23,911.00	55,724.01	301,233.00	18	17
			Net	7,683.50	102,589.99-	67,333.00	152-	17
1 FUND	Health Services Fund	Totals:	Revenue	334,467.31-	808,466.28-	3,788,178.00-	21	17
			Expend.	273,115.60	690,304.78	3,788,178.00	18	17
			Net	61,351.71-	118,161.50-	0.00	0	17

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
5 FUND	Human Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...						
			Revenue				17
			Expend.	3,287.31	24,040.09	54,307.00	44
			Net	3,287.31	24,040.09	54,307.00	44
410 DEPT	General Administration	Totals:	Revenue				17
			Expend.	3,287.31	24,040.09	54,307.00	44
			Net	3,287.31	24,040.09	54,307.00	44
420 DEPT	Income Maintenance						
0 PROGRAM	...						
			Revenue				17
			Expend.	111.56	223.12	0.00	0
			Net	111.56	223.12	0.00	0
600 PROGRAM	Income Maint Administrative/Overhea						
			Revenue	31,969.20-	125,094.84-	3,638,696.00-	3
			Expend.	133,427.60	314,964.55	1,663,376.00	19
			Net	101,458.40	189,869.71	1,975,320.00-	10-
601 PROGRAM	Income Maint/Random Moment Payro						
			Revenue				17
			Expend.	197,120.40	477,564.97	2,641,701.00	18
			Net	197,120.40	477,564.97	2,641,701.00	18
602 PROGRAM	Income Maint FPI Investigator						
			Revenue	20,705.00-	20,705.00-	58,000.00-	36
			Expend.	4,817.58	11,574.52	64,995.00	18
			Net	15,887.42-	9,130.48-	6,995.00	131-
605 PROGRAM	MN Supplemental Aid (MSA)/GRH						
			Revenue	8,621.52-	17,251.78-	50,000.00-	35
			Expend.	14,361.60	44,500.55	50,000.00	89
			Net	5,740.08	27,248.77	0.00	0
610 PROGRAM	TANF(AFDC/MFIP/DWP)						
			Revenue	697.00-	1,202.00-	17,000.00-	7
			Expend.	135.00	873.75	13,750.00	6
			Net	562.00-	328.25-	3,250.00-	10
620 PROGRAM	General Asst (GA)/General Relief/Burl.						
			Revenue	2,285.80-	2,335.80-	27,500.00-	8
			Expend.	34,309.60	72,252.87	226,000.00	32
			Net	32,023.80	69,917.07	198,500.00	35
630 PROGRAM	Food Support (FS)						
			Revenue	96,559.00-	107,634.00-	521,000.00-	21
			Expend.	122.00	175.15	6,500.00	3
			Net	96,437.00-	107,458.85-	514,500.00-	21

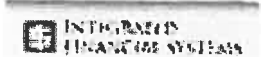
Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
640 PROGRAM	Child Support (IVD)		Revenue	105,487.34-	229,724.31-	1,721,356.00-	13	17
			Expend.	98,595.17	223,172.81	1,158,162.00	19	17
			Net	6,892.17-	6,551.50-	563,194.00-	1	17
650 PROGRAM	Medical Assistance (MA)		Revenue	260,061.81-	557,854.55-	3,412,500.00-	16	17
			Expend.	173,846.97	374,966.23	2,277,000.00	16	17
			Net	86,214.84-	182,888.32-	1,135,500.00-	16	17
420 DEPT	Income Maintenance	Totals:	Revenue	526,386.67-	1,061,802.28-	9,446,052.00-	11	17
			Expend.	656,847.48	1,520,268.52	8,101,484.00	19	17
			Net	130,460.81	458,466.24	1,344,568.00-	34-	17
431 DEPT	Social Services		Revenue	486,179.00-	688,606.29-	10,899,532.00-	6	17
			Expend.	280,636.36	616,091.59	3,136,848.00	20	17
			Net	205,542.64-	72,514.70-	7,762,684.00-	1	17
700 PROGRAM	Social Service Administrative/Overhea		Revenue	486,179.00-	688,606.29-	10,899,532.00-	6	17
			Expend.	280,636.36	616,091.59	3,136,848.00	20	17
			Net	205,542.64-	72,514.70-	7,762,684.00-	1	17
701 PROGRAM	Social Services/SSTS		Revenue					17
			Expend.	566,542.51	1,380,282.03	7,765,564.00	18	17
			Net	566,542.51	1,380,282.03	7,765,564.00	18	17
710 PROGRAM	Children's Social Services Programs		Revenue	114,657.33-	179,398.13-	1,848,854.00-	10	17
			Expend.	289,258.81	618,216.95	3,756,500.00	16	17
			Net	174,601.48	438,818.82	1,907,646.00	23	17
711 PROGRAM	YIP Grant (Circle)-Dept of Public Safet		Revenue					17
			Expend.	1,333.40	2,148.66	0.00	0	17
			Net	1,333.40	2,148.66	0.00	0	17
712 PROGRAM	CIRCLE Program		Revenue	5,000.00-	5,000.00-	5,000.00-	100	17
			Expend.	473.17	512.55	8,000.00	6	17
			Net	4,526.83-	4,487.45-	3,000.00	150-	17
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	0.00	0.00	54,100.00-	0	17
			Expend.	725.17	999.39	54,100.00	2	17
			Net	725.17	999.39	0.00	0	17
715 PROGRAM	Childrens Waivers		Revenue	5,959.02-	13,420.38-	104,000.00-	13	17
			Expend.					17
			Net	5,959.02-	13,420.38-	104,000.00-	13	17
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	0.00	0.00	56,914.00-	0	17
			Expend.	2,669.08	2,669.08	56,914.00	5	17
			Net	2,669.08	2,669.08	0.00	0	17

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of</u> <u>Bdgt</u>	<u>% of</u> <u>Year</u>
717 PROGRAM	AR/Alternative Response Discretion F		Revenue	0.00	0.00	52,344.00 -	0	17
			Expend.	2,348.74	6,192.34	52,344.00	12	17
			Net	2,348.74	6,192.34	0.00	0	17
718 PROGRAM	PSOP/Parent Support Outreach Progra		Revenue	0.00	0.00	38,753.00 -	0	17
			Expend.	485.56	1,026.79	38,753.00	3	17
			Net	485.56	1,026.79	0.00	0	17
720 PROGRAM	Ch Care/Ch Prot		Revenue	1,500.00 -	2,550.00 -	27,450.00 -	9	17
			Expend.	0.00	0.00	2,600.00	0	17
			Net	1,500.00 -	2,550.00 -	24,850.00 -	10	17
721 PROGRAM	CC-Basic Slide Fee/Cty Match to DHS		Revenue	0.00	0.00	38,148.00 -	0	17
			Expend.	0.00	3,611.00	43,365.00	8	17
			Net	0.00	3,611.00	5,217.00	69	17
726 PROGRAM	MFIP/SW MN PIC		Revenue	0.00	0.00	357,000.00 -	0	17
			Expend.	0.00	0.00	225,000.00	0	17
			Net	0.00	0.00	132,000.00 -	0	17
730 PROGRAM	Chemical Dependency		Revenue	50,707.46 -	62,370.88 -	286,500.00 -	22	17
			Expend.	18,399.50	59,901.44	543,500.00	11	17
			Net	32,307.96 -	2,469.44 -	257,000.00	1 -	17
741 PROGRAM	Mental Health/Adults Only		Revenue	182,893.40 -	283,208.98 -	1,196,951.00 -	24	17
			Expend.	201,144.70	295,848.61	1,695,317.00	17	17
			Net	18,251.30	12,639.63	498,366.00	3	17
742 PROGRAM	Mental Health/Children Only		Revenue	90,539.38 -	151,249.65 -	820,246.00 -	18	17
			Expend.	188,411.01	308,256.85	1,850,137.00	17	17
			Net	97,871.63	157,007.20	1,029,891.00	15	17
750 PROGRAM	Developmental Disabilities		Revenue	86,016.71 -	148,279.18 -	837,171.00 -	18	17
			Expend.	28,315.05	60,852.13	369,671.00	16	17
			Net	57,701.66 -	87,427.05 -	467,500.00 -	19	17
760 PROGRAM	Adult Services		Revenue	125,522.51 -	171,401.46 -	1,364,922.00 -	13	17
			Expend.	5,343.10	11,410.97	39,850.00	29	17
			Net	120,179.41 -	159,990.49 -	1,325,072.00 -	12	17
765 PROGRAM	Adults Walvers		Revenue	77,813.29 -	139,777.47 -	736,000.00 -	19	17
			Expend.	24,588.76	32,289.66	112,500.00	29	17
			Net	53,224.53 -	107,487.81 -	623,500.00 -	17	17

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
431 DEPT	Social Services	Totals:	Revenue	1,226,788.10-	1,845,262.42-	18,723,885.00-	10	17
			Expend.	1,610,674.92	3,400,310.04	19,750,963.00	17	17
			Net	383,886.82	1,555,047.62	1,027,078.00	151	17
461 DEPT	Information Systems		Revenue	2,363.00-	5,555.00-	35,000.00-	16	17
0 PROGRAM	...		Expend.	22,886.24	54,708.31	298,183.00	18	17
			Net	20,523.24	49,153.31	263,183.00	19	17
461 DEPT	Information Systems	Totals:	Revenue	2,363.00-	5,555.00-	35,000.00-	16	17
			Expend.	22,886.24	54,708.31	298,183.00	18	17
			Net	20,523.24	49,153.31	263,183.00	19	17
471 DEPT	LCTS Collaborative Agency		Revenue	72,006.00-	72,006.00-	0.00	0	17
702 PROGRAM	LCTS		Expend.	72,006.00	72,006.00	0.00	0	17
			Net	0.00	0.00	0.00	0	17
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	72,006.00-	72,006.00-	0.00	0	17
			Expend.	72,006.00	72,006.00	0.00	0	17
			Net	0.00	0.00	0.00	0	17
5 FUND	Human Services Fund	Totals:	Revenue	1,827,543.77-	2,984,625.70-	28,204,937.00-	11	17
			Expend.	2,365,701.95	5,071,332.96	28,204,937.00	18	17
			Net	538,158.18	2,086,707.26	0.00	0	17
FINAL TOTALS	953 Accounts		Revenue	2,162,011.08-	3,793,091.98-	31,993,115.00-	12	17
			Expend.	2,638,817.55	5,761,637.74	31,993,115.00	18	17
			Net	476,806.47	1,968,545.76	0.00	0	17

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2017	2705	604	3308
2018	2683	617	3299
2019	2651	589	3241
2020			

2020	Adult Services	Children's Services	Total Programs
January	2631	650	3281
February	2566	654	3220
March			0
April			0
May			0
June			0
July			0
August			0
September			0
October			0
November			0
December			0
Average	2599	652	542

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Access for Disability Inclusion (CADI)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
2017	12	266	12	0	315	45	828	16	422	444	343	2705
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019	9	319	13	0	261	58	887	17	295	542	339	2651
2020												

*Note: CADI name change and there is a new category (Adult Essential Community Supports)

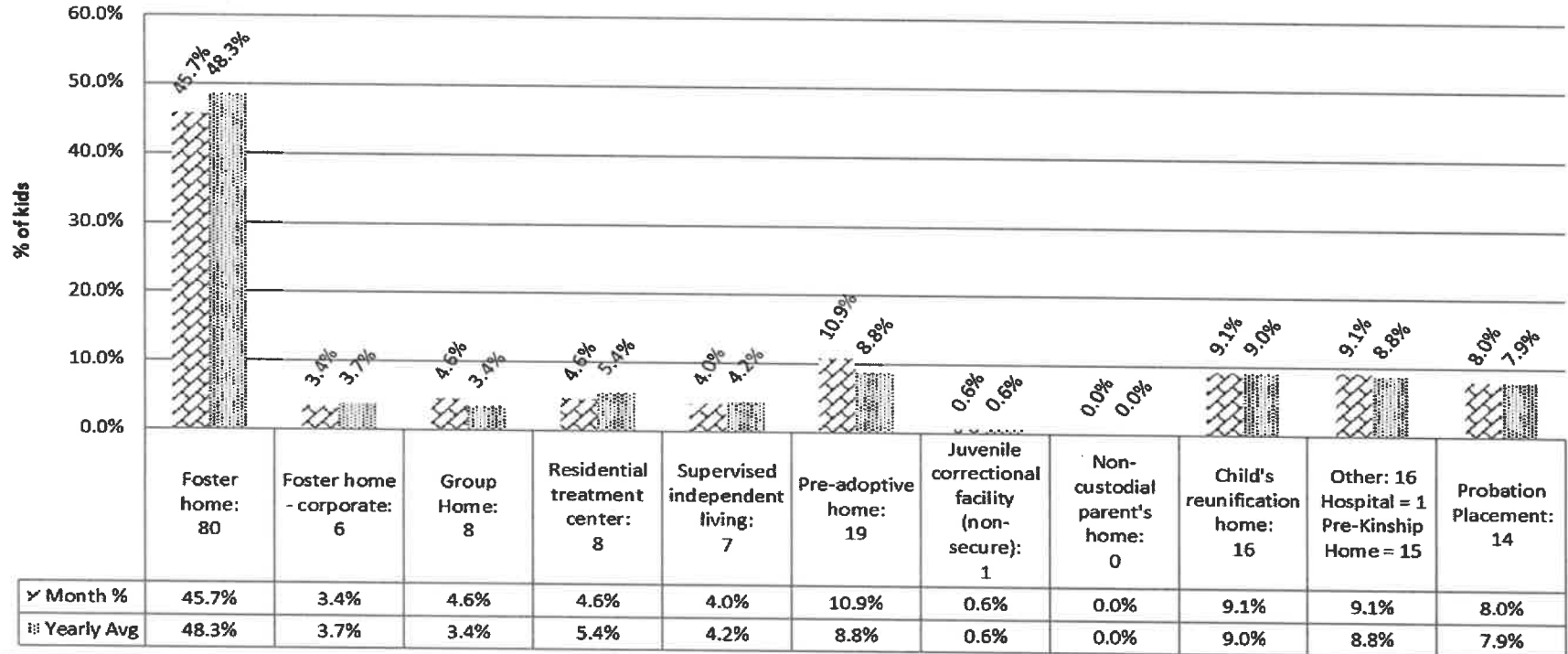
2020	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	9	319	12	0	269	61	849	15	317	453	336	2640
February	9	317	12	0	262	64	845	16	260	458	323	2566
March												0
April												0
May												0
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	9	318	12	0	266	63	847	16	289	456	330	434

Children's - Social Services Caseload

Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2017	49	21	0	10	35	195	174	103	0	0	17	518
2018	46	23	0	11	40	180	182	110	0	0	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020												

2020	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	38	23	0	11	42	197	208	91	0	0	40	650
February	38	24	0	11	43	198	215	89	0	0	36	654
March												0
April												0
May												0
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	38	24	0	11	43	198	212	90	0	0	38	109

February 2020 - Placements by Category
175 Kids in Placement



February 2020: Total kids in placement = 175

Total of 4 Children entered placement

1	Lyon	Group Home
1	Lyon	Residential Treatment
1	Redwood	Probation
1	Redwood	Foster Home

Total of 8 Children were discharged from placement (discharges from previous month)

1	Lyon	Residential Treatment
1	Lyon	Supervised Independent Living
1	Lyon	Foster Home
1	Lyon	Child's Reunification Home
2	Redwood	Child's Reunification Home
1	Redwood	Foster Home – Corporate
1	Rock	Probation

NON IVD COLLECTIONS
FEBRUARY 2020

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	8,622
TANF (MFIP/DWP/AFDC)	05-420-610.5803	697
GA	05-420-620.5803	2,286
FS	05-420-630.5803	114
CS (PI Fee, App Fee, etc)	05-420-640.5501	133
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	55,345
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	26,118
OOH/FC Recovery	05-431-710.5803	10,796
CHILDCARE		
Licensing	05-431-720.5502	700
Corp FC Licensing	05-431-720.5505	800
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	6,307
Detox Fees	05-431-730.5520	10,166
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	6

TOTAL NON-IVD COLLECTIONS

122,089

Coronavirus Disease 2019: COVID-19

Southwest Health & Human Services is working very closely with the Minnesota Department of Health, the Centers for Disease Prevention and Control, hospitals/clinics in our 6 county area, the Southwest Healthcare Preparedness Coalition, school districts, law enforcement and County Emergency Managers to stay updated with the current situation in Minnesota, the United States and all over the world.

COVID-19: Coronavirus Disease

Prepare now to protect yourself, your family and your business.

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

How can I help protect myself?

The best way to prevent this infection is to avoid being exposed to the virus that causes COVID-19. Avoid close contact with people who are sick. Avoid touching your eyes, nose and mouth. Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating and after blowing your nose, coughing or sneezing. Use an alcohol-based sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should:

Stay home when you are sick.

Allow staff to stay home if they are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surface.

Make plans for your family and business:

Have backup plans in case school or daycare close

Have emergency plans in place with your family and emergency contacts in writing.

Make sure your home and business have the needed supplies

Keep yourself informed

The latest information can be found at these reliable sources:

www.cdc.gov/COVID19 and

www.health.state.mn.us/diseases/coronavirus/index.html

There are currently cases of Coronavirus in Minnesota, which means that now is the time to prepare yourself, your family and your business for a possible outbreak.



For more questions, contact
Southwest Health & Human Services
(888) 837-6713

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses.

These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.





Position Request Form

Ag 081 04 18

SECTION 1: Process

1. Supervisors will complete the internal position justification form and submit to their Division Director.
2. Division Director completes position request form outlining their justification for requesting a new or open position and submits to Director.
3. Executive Team will review requests. Director will make final recommendations to the SWHHS Governing Board.

SECTION 2: New Position Information

New Position Title: Office Support Specialist **Division/Unit:** Office Services

New Position Replacement Permanent Temporary Promotion
Is Funding Budgeted for This Position? Yes, Budgeted No, Not Budgeted

Desired hire date: ASAP **FTE Requested:** yes

*Attached additional sheets if necessary.

1. What will the essential functions performed by this position include?

The purpose of this position is to deliver assistance to customers and staff in giving out needed information for application processing, appointment information, referral information and coordination of income maintenance, child support and social services program delivery via telephone and face-to-face contact. Imaging paperwork so income maintenance and child support can process cases will also be a main component of this position.

2. Why are you recommending this position be authorized?

This would be a replacement position. The Office Services Unit does not have the capability or capacity to cover this position without replacing. It is crucial to have two office support specialists working full-time in the Redwood Falls location. When we did the office volume checks, Redwood Falls is the second busiest office within the six counties, receiving over 1,454 phone calls and over 767 face to face client contacts in a 4 week/20 working day timeframe. The office support specialist is the face of the agency. If filled, this position would help ensure customer service remains at the highest standard.

3. What alternatives to hiring a new position have been considered?

As I previously said, we are stretched as thin as we can be. I strongly feel that we do not have the capacity to take turns covering in this location, nor do staff in Redwood Falls have the time to fill in at the front desk. If we were unable to fill the position, we would delegate more duties and possibly not be able to assist other units we currently help now.

4. Please indicate how this position will be funded? Check all that apply.

- 100% Levy
- Part Levy/Part Grant or Reimbursement
- 100% Grant or Reimbursement
- Other: County levy, IM FFP, SS ADM

Salary range \$40,192 - \$56,369 (Salary, FICA, PERA and Insurance Contribution)

5. What new or additional funding would support this position? Please identify any NEW dollars available to support this request. Grant resources already committed to existing expenditures should not be listed. Please be detailed.

N/A

6. What is the Return of Investment (ROI)?

N/A

7. What would the impact be to your customers and the community if this position is not authorized?

If this position wasn't approved, the customer service that we strive to withhold to the standards of an agency of excellence, would be difficult to maintain. Imaging for the Income Maintenance department and the Child Support Unit would be delayed, resulting in them potentially not meeting the DHS requirements for processing paperwork. Application packets for Income Maintenance, Out of Home Placements and Child Care Assistance could be delayed in getting to clients that need them and scanning would not be completed for the Child Support Unit or Social Services Unit.

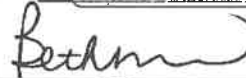
8. How does this position support the core mission of your department?

Office Support is the face of Southwest Health & Human Services. We show kindness, compassion and have knowledge of every single department/program that we offer. We are proud to offer the best customer service and maintain a high level of service standards.

SECTION 3: Signatures

Completed by: APPROVED
By Monna Christenson at 3:53 pm, Mar 10, 2020 Date: _____

Division Director Signature: APPROVED
By carol.biren at 8:04 am, Mar 12, 2020 Date: _____

Director Signature:  Date: 3.12.2020

Mitel

Prepared for:

SWMHHS - Marshall
Attn: Chris Cauwels
607 W Main St
Marshall, MN 56258-3169

Prepared by:

High Point Networks, LLC
Talon Eich
Direct: (605) 553-1697
talon.eich@highpointnetworks.com



Summary

Completion Date: TBD

P.O.C(s): Deb Seidel

Site Address: Marshall MN

Project Brief:

This project is to upgrade Southwest Minnesota Health & Human Services / Lyon County's Mitel systems to the latest release and to deploy a new virtualized primary MiVoice Business System to provide IP phone resiliency to Marshall-based users. Additionally, an IP phone failover / resiliency review will be conducted to ensure all phone have a primary and secondary system for registration.

Scope of Work:

- **High Point Networks' Responsibilities**
 - 1) Deploy new virtual MiVoice Business system to be the primary PBX.
 - 2) Migrate the entire configuration database from the existing Marshall 3300 MXE-III controller to this new virtual environment
 - 3) Configure the 3300 MXE-III to be a trunking gateway for Marshall users
 - 4) Replace 3 of 4 5550-IP consoles with MiVoice Business consoles
 - 5) Upgrade MiVoice Business Systems in Marshall (2), Slayton (1), Ivanhoe (1), Pipestone (1), Redwood Falls (1), and Luverne (1). The remote (non-Marshall sites) locations will be done first.
 - a. Prior to the upgrade, run the Mitel Migration Analysis tool on the system(s) to be upgraded
 - b. Resolve any issues found by migration tool (may require purchase of additional hardware)
 - c. Backup existing database
 - d. If required, install additional memory (service impacting)
 - e. Perform upgrade process (service impacting)
 - f. Backup database (if required)
 - 6) High Point Networks will perform an upgrade to MiCollab system, the Mitel Contact Center (used for call accounting) and Mitel Border Gateway system. Tasks include:
 - a. Backup of existing databases
 - b. Perform upgrade process (service impacting)
 - c. Backup database after upgrade (if required)
 - 7) Ensure that all IP phones system wide register to the new virtual MiVoice Business system with failover to their city's local 3300 gateway (i.e. Pipestone phones will register to Marshall, and fail back to Pipestone in the event of an outage. All other sites will do the same).

Customer responsibilities

The customer is responsible for:

- 1) An active software assurance contract must be in place (if upgrade it to take place outside of normal business hours, a premium contract must be in place.)
- 2) Providing any hardware required for the upgrade
- 3) Providing any software licenses needed to fix issues discovered during the redundancy / resiliency review
- 4) The replacement or discontinuance of any non-supported hardware
- 5) Providing an internet connection to Mitel's license management server (AMC)
- 6) Providing SSL certificates for MiCollab desktop client deployment
- 7) Providing secure remote access for HPN engineers (Bomgar can be provided by HPN at no charge)

Change Control:

- In the event that it becomes necessary to alter the scope of work, High Point Networks will initiate contact with the company's point of contact to work out the details associated with impacts to schedules, deliverables and/or financial commitments. No changes to the scope of work will occur without prior written authorization.

All Projects exceeding 10 hours of service will require a 50% down payment of the total project due upon acceptance of the quotation and the remainder due within 30 days of completion.

Mitel

Mitel Sourcewell (formerly NJPA) contract #022719-MBS

The PO should be made out to:

 Mitel Business Systems, Inc.
 1146 North Alma School Rd.
 Mesa, AZ 85201

for the items on the Mitel Business portion

Mitel Business Systems Inc

Qty	Item	Description	Price	Ext. Price
1	50006767	6920 IP Phone	\$177.00	\$177.00
3	54006070	MiCollab Client presence for MiVB Consl	\$0.00	\$0.00
3	54006165	MiCb Client user for MiVBC operator	\$0.00	\$0.00
3	54009226	SWA Std 1y MiVBus Console	\$90.00	\$270.00
3	52002842	MiVoice Business Console Bundle	\$1,092.00	\$3,276.00
6	50006266	3300 CX(i) II Controller SATA SSD	\$180.00	\$1,080.00
1	50006965	3300 MXeIII SATA SSD 2pk (Cntr-Server)	\$530.00	\$530.00
7	50006727	Mitel 3300 MXe III 1GB RAM Module Upgrade	\$180.00	\$1,260.00
1	54005748	MiVoice Business Virtual for Enterprise	\$897.00	\$897.00
1	54009220	SWA Std 1y MiVBus System	\$75.00	\$75.00
			Subtotal:	\$7,565.00

Jabra

Qty	Item	Description	Price	Ext. Price
3	990-011-04	Jabra Handset 450 Black	\$234.00	\$702.00
			Subtotal:	\$702.00

HPN Service Bundle

Qty	Item	Description	Price	Ext. Price
1	PROSERVE-PKG	High Point Networks Professional Services -Upgrade to Business Virtual for Enterprise	\$2,002.50	\$2,002.50
			Subtotal:	\$2,002.50

HPN Service Bundle

Qty	Item	Description	Price	Ext. Price
1	PROSERVE-PKG	High Point Networks Professional Services Labor to upgrade 5550 Consoles	\$1,050.00	\$1,050.00
			Subtotal:	\$1,050.00



Quote Information:

Quote #: 089898

Version: 2

Delivery Date: 12/12/2019

Expiration Date: 12/31/2019

Mitel

Quote Summary

Description	Amount
Mitel Business Systems Inc	\$7,565.00
Jabra	\$702.00
HPN Service Bundle	\$2,002.50
HPN Service Bundle	\$1,050.00

Total: \$11,319.50

For questions related to your quotation, please contact us using the information above. By signing below, the undersigned accepts High Point Networks Master Service Agreement and represents that he or she is authorized to execute the agreement on behalf of the customer. Acceptance of the quote online is considered acceptance of an offer and binding. All quotes are subject to shipping costs that may not be listed on the quote. Prices quoted are valid for 30 days from Quotation Date. Limitation of Liability for Consequential Damages. High Point Networks, LLC shall not be liable for any indirect, incidental, consequential, exemplary, or punitive damages of any kind or nature. All projects exceeding 10 hours of service will require a 50% down payment of the total project due upon acceptance of the quotation and the remainder due within 30 days of completion. Payment for all other orders are due in 30 days subject to credit approval. Credit card usage as a form of payment may be accepted on pre-approval basis and may be subject to a convenience fee. "Optional" items on the above quote are not included in the total pricing at the bottom of the quote. This offer to sell the listed products is subject to product availability and High Point Networks standard terms and condition and prices are subject to change without notice. Please consult your Account Representative prior to placing an order for timely, updated pricing. High Point Networks reserves the right to adjust pricing based on any error or omission.
Note: Once product is ordered and shipped there is NO right of return and may be subject to a restocking fee. Product cannot be returned if ordered in error. Product cannot be returned if next generation product has been released.

Signature

Date



February 20, 2020

A Proposal for

SOUTHWEST HEALTH & HUMAN SVC

Chris Cauwels

chris.cauwels@swmhhs.com

Prepared By

Jeff Kirchoff

Technology Advisor

320.259.3001 x 2861

jeff.kirchoff@marconet.com

Document Number: 070588

taking technology further

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Southwest Health & Human Services - Mitel On-Premise Software Upgrades



Prepared by:
Marco - Hutchinson
 Jeff Kirchoff
 320.259.3001 x 2861
 jeff.kirchoff@marconet.com

Prepared for:
SOUTHWEST HEALTH & HUMAN SVC
 607 W MAIN
 MARSHALL, MN 56258
 Chris Cauwels
 507.537.6747
 chris.cauwels@swmhhs.com

Quote Information:
Quote #: 070588
 Version: 1
 Date Issued: 02/20/2020
 Expiration Date: 03/20/2020
 Special Pricing Program:
 NJPA

Mitel AMC Application Record Transfer

Description	One-Time	Qty	Ext. One-Time
AMC TRANSFER ADMIN FEE	\$500.00	1	\$500.00
Mitel AMC Transfer for the following Mitel Application Records: <ul style="list-style-type: none"> ● 76655997 - MiVB - Marshall ● 90320898 - MiVB - Slayton ● 30435566 - MiVB - Ivanhoe ● 3011687 - MiVB - Pipestone ● 13695721 - MiVB - Redwood Falls ● 78717843 - MiVB - Public Works ● 68889361 - MiVB - Luverne ● 43497409 - MiCollab ● 21394332 - Mitel Border Gateway ● 52131563 - MiContact Center 			

Subtotal: **\$500.00**

Required Hardware for Mitel Software Upgrades

Description	One-Time	Qty	Ext. One-Time
Mitel Sourcewell (formerly NJPA) contract #022719-MBS			
Mitel Controller 1GB RAM Upgrade Kits			
MXe III & CX/i II , 1GB RAM Mod Upgrade	\$180.00	8	\$1,440.00
Mitel 1GB RAM upgrade kits required for the following MiVoice Business controllers to migrate to MiVB v9.0 SP3 software: <ul style="list-style-type: none"> ● Marshall site - MXe III with E2T Card - 2 ea. ● Slayton site - CX II - 1 ea. ● Ivanhoe site - CX II - 1 ea. ● Pipestone site - CX II - 1 ea. ● Redwood site - CX II - 1 ea. ● Public Works site - CX II - 1ea. ● Luverne site - CX II - 1 ea. 			



Mitel MiVoice Business Consoles and IP Phone			
MiVoice Business Console Bundle	\$1,092.00	3	\$3,276.00
SWA Std 1y MiVBus Console	\$90.00	3	\$270.00
Jabra Handset 450 - Cordless - DECT - USB - 15 Hour Battery Talk Time - White	\$155.00	3	\$465.00
Mitel 6920 IP Phone	\$177.00	1	\$177.00
Mitel Border Gateway Conversion to Virtual			
Mitel Convert MBG to Virtual	\$150.00	1	\$150.00

Subtotal: **\$5,778.00**

Optional Hardware

* *Optional Section*

Description	One-Time	Qty	Ext. One-Time
<i>Mitel Sourcewell (formerly NJPA) contract #022719-MBS</i>			
MXe III Raid Sub-System	\$1,035.00	1	\$1,035.00
Mitel 3300 MXeIII SATA SSD 2pk	\$440.00	1	\$440.00

* Optional Subtotal: **\$1,475.00**

Professional Services Labor

Description	One-Time	Qty	Ext. One-Time
Marco Professional Services - T&M - Estimate	\$9,515.00	1	\$9,515.00

Mitel Software Upgrades includes:

- Customer to install Mitel MiVoice Business RAM Upgrades kits in MXe III and CX II controllers.
- Upgrade of MiVoice Business software for all locations from v7.1 to V9.0 SP3 after RAM Upgrade kits are installed.
- Remote installation of Mitel MiVoice Business Consoles to replace 5550 consoles. Mitel 5550 console not supported on MiVB v9.0 software.
- Upgrade of Mitel MiCollab software from v7.2 to v9.1
- Upgrade of Mitel MiContact Center Call Accounting Software from v7.0 to v9.2
- Convert Mitel Border Gateway software to Virtual.
- Upgrade of Mitel Border Gateway software from v9.4 to v11.0
- Upgrade Coordination

** - Mitel Software Assurance (SWA) needs to be valid for Mitel software upgrades. If SWA is expired than customer must re-enlist. Additional costs for SWA re-enlistment would apply. SWA cannot be determined until customer's Mitel Application Records are transferred to Marco's AMC portal.

Subtotal: **\$9,515.00**

Quote Summary - One-Time Expenses

Description	Amount
Mitel AMC Application Record Transfer	\$500.00
Required Hardware for Mitel Software Upgrades	\$5,778.00
Professional Services Labor	\$9,515.00
Total: \$15,793.00	

*One-Time * Optional Expenses*

Description	One-Time
<i>Optional Hardware</i>	<i>\$1,475.00</i>
<i>Optional Subtotal: \$1,475.00</i>	



■ Approval

- Client represents that it has reviewed and agrees to be legally bound by this Schedule of Products.
- Client represents that it has reviewed and agrees to be legally bound by the Relationship Agreement, Product Agreement(s), and applicable policy(s) ("Terms and Conditions") located at www.marconet.com/legal for the products it is obtaining as identified in this Schedule of Products.
- Client agrees to use electronic signatures, electronic communications, and electronic records to transact business under the above documents.
- The pricing above does not include taxes. Taxes, fees and surcharges shall be paid by Client and will be shown on invoices to Client.

Marco Technologies, LLC

SOUTHWEST HEALTH & HUMAN SVC

Signature: _____
Name: _____
Title: _____
Date: _____

Prepared for: Chris Cauwels
Signature: _____
Signed by: _____
Title: _____
Date: _____
PO Number: _____
Email Address: _____

2020 Mitel Gold Partner Support Renewal

Prepared for:
SWMHHS - Marshall
 Attn: Chris Cauwels
 607 W Main St
 Marshall, MN 56258-3169

Prepared by:
High Point Networks, LLC
 Talon Eich
 Direct: (605) 553-1697
 talon.eich@highpointnetworks.com



Coverage for Year Ending 12/31/2020

Support

Qty	Item	Description	Price	Ext. Price
15636	R-HPN-MITEL-GOLD	High Point Networks-Mitel Gold Support Coverage Annual Support & Maintenance of Mitel IP Telephone Solution Includes: Hardware coverage and replacement (no phones) Mitel Standard Software Assurance 4 hours Tech Support per quarter for MACs in addition to unlimited Gold Support 1 System upgrade per year Problem diagnosis and resolution	\$1.00	\$15,636.00
14969	R-MITEL-SWA-COTERM	Mitel Software Assurance, Co-Termed Coverage Please see attached PDF for complete list of assets covered Mitel PREMIUM Software Assurance provides: * Entitlement to new major Software Releases, including new functionality and security enhancements * Entitlement to hot fixes, service packs, security updates * 24x7 Technical Support Services Access for Mitel Partner certified technicians: - Tier 3 / Tier 4 technical support - Service Level Objective for issue resolution on supported software releases - Call-in, web ticket, knowledge base * Mitel Performance Analytics: - Fault reporting - Performance monitoring, voice quality and traffic - Server metrics - Hardware, Software and License inventory - Monthly report generation	\$0.00	\$0.00

Subtotal: \$15,636.00

Quote Summary

Description	Amount
Support	\$15,636.00

Total: \$15,636.00

For questions related to your quotation, please contact us using the information above. By signing below, the undersigned accepts High Point Networks Master Service Agreement and represents that he or she is authorized to execute the agreement on behalf of the customer. Acceptance of the quote online is considered acceptance of an offer and binding. All quotes are subject to shipping costs that may not be listed on the quote. Prices quoted are valid for 30 days from Quotation Date. Limitation of Liability for Consequential Damages. High Point Networks, LLC shall not be liable for any indirect, incidental, consequential, exemplary, or punitive damages of any kind or nature. All IP Telephony and projects exceeding 10 hours of service will require a 50% down payment of the total project due upon acceptance of the quotation and the remainder due within 30 days of completion. Payment for all other orders are due in 30 days subject to credit approval. Credit card usage as a form of payment may be accepted on pre-approval basis and may be subject to a convenience fee. "Optional" items on the above quote are not included in the total pricing at the bottom of the quote. Note: Once product is ordered and shipped there is NO right of return and may be subject to a restocking fee. Product cannot be returned if ordered in error. Product cannot be returned if next generation product has been released.



Quote Information:

Quote #: 091899

Version: 1

Delivery Date: 02/21/2020

Expiration Date: 02/28/2020

2020 Mitel Gold Partner Support Renewal

Signature

Date



March 5, 2020

A Proposal for

SOUTHWEST HEALTH & HUMAN SVC

Chris Cauwels
chris.cauwels@swmhhs.com

Prepared By

Jeff Kirchoff
Technology Advisor
320.259.3001 x 2861
jeff.kirchoff@marconet.com

Document Number: 071056

taking technology further

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Southwest Health & Human Services - MMV Support



Prepared by:
Marco - Hutchinson
Jeff Kirchoff
320.259.3001 x 2861
jeff.kirchoff@marconet.com

Prepared for:
SOUTHWEST HEALTH & HUMAN SVC
607 W MAIN
MARSHALL, MN 56258
Chris Cauwels
507.537.6747
chris.cauwels@swmhhs.com

Quote Information:
Quote #: 071056
Version: 1
Date Issued: 03/05/2020
Expiration Date: 03/26/2020

■ Mitel MMV - Monthly

Description	Qty
Marco - Voice - Managed Voice Maintenance	1

■ Coverage Election

Description	Qty
Standard Coverage - Monday-Friday - 8:00 am - 5:00 CT	1

■ Exclusions from Contract

■ Exclusions:

Software Assurance is not included in the proposal but may affect pricing once Marco has access.

■ Contract Notes

■ Notes:

Execution of the Marco Managed Voice will require the Mitel AMC Records to be transferred to Marco access.



Payment Options

Description	Payments	Interval	Amount
Recurring Payments			
12-Months - Monthly Payments - Includes MMV & Software Assurance	12	Monthly	\$1,358.00

Summary of Selected Payment Options

Description	Amount
Recurring Payments: 12-Months - Monthly Payments - Includes MMV & Software Assurance	
Selected Recurring Payment	\$1,358.00

Southwest Health and Human Services, Luverne MN

BUSINESS CASE

Outbound Communications

Prepared for: **Southwest Health and Human Services**

Proposal date: **2/18/20**

Valid until: **3/18/10**

Submitted by: **Heather Lathrop**
605-334-3711, ext 214
h.lathrop@Neopost.com

Submitted to: **Angie Beyenhof and Carla Nieuwboer**

Financial Considerations



Product Summary

1 - IN600AF with external 10 lb. scale for parcels and differential weighing software

	Investment Summary	Valid Until: 3/18/20
--	--------------------	----------------------

01	63-Month Term Monthly Amount	\$239.00
----	-------------------------------------	-----------------

Notes

- The IN600AF is extremely user friendly and able to have small fixes on the fly that do not require service. This is beneficial because it allows the staff to process mailings with little to 0 downtime. The entire feeding until can lift up to easily unjam (it can't get stuck in the machine).
- The differential weighing feature will allow for a stack of random weighted letters to be metered for accurate postage with ease and less button pushing on the menu.
- Currently, you are prepaying your postage funds. We can keep with that process or you can be billed monthly for postage. NeoFunds (like a postage credit line) allows for flexibility when large/unexpected mailings may come up. There are no fees for this program, unless you go over the credit limit of \$4,000 per month. Please see additional information flyer in this proposal.
- We have Dallas, TX based customer service reps to assist with your questions. Additionally, enroll in www.MyNeopost.com for an account and be able to access your invoices, meter information, postage reporting, lease agreement and more. Makes bookkeeping and accessing information much easier for you! It's a free service we provide.

Solution Overview



IN-600 AF Mailing System

- Intuitive control panel with shortcut keys for your most-used rates and imprints
- Quiet inkjet printing with convenient low-ink alerts sent automatically via email
- Rate Wizard guides users in choosing the right mail class and optional special services
- Automatic feeding of postcards, letters or large envelopes up to 1/2" thick
- Dependable envelope sealing that secures the contents of your mail pieces
- Weigh platform auto-adjusts the postage amount for extra-thick envelopes or boxed packages
- Integrated postage label dispenser for easy processing of bulky letters and large envelopes
- Reach productivity levels as high as 110 metered letters per minute
- Safeguard your stored postage with PIN code access for each of your operators
- Track pieces processed and postage used for 35 or more accounts/departments
- LAN or wireless connection to refill postage instantly and update postal rates automatically
- Download artwork to print onto your mail pieces - use our free library or create your own
- Uploads postage usage data to your MyNeopost online account for quick and easy analysis
- Download the postage you need now and pay later using NeoFunds® bill-for-postage service

A compact and efficient automatic-feed mail processing solution

Get the Postage You Need Now & Pay For It Later

Welcome to the NeoFunds® postage payment service. We are confident that this service will simplify your postage payment process. With NeoFunds®, you can print postage now and pay later, giving you greater flexibility and control in managing your business and mailing operations.

How does Neopost's NeoFunds® service work? You can download the postage that you need, whenever you need it - no need to prepay. We will pay the Postal Service for you for the postage that you requested. Each month that you have account activity, you'll receive a NeoFunds® postage invoice that itemizes all of the postage downloads into your mailing machine for that monthly billing period. You can take up to 28 days from the statement date to pay by check, ACH, or online.

How much postage can I download? Your account limits are set up based on the type of mailing system that you have:

Mailing System	Plan Name	Free Transaction Limit	Total Account Limit
Low Volume	Basic PLUS	\$700 per monthly billing period	\$1,500
Mid to High Volume	Advantage PLUS	\$4,000 per monthly billing period	\$8,500

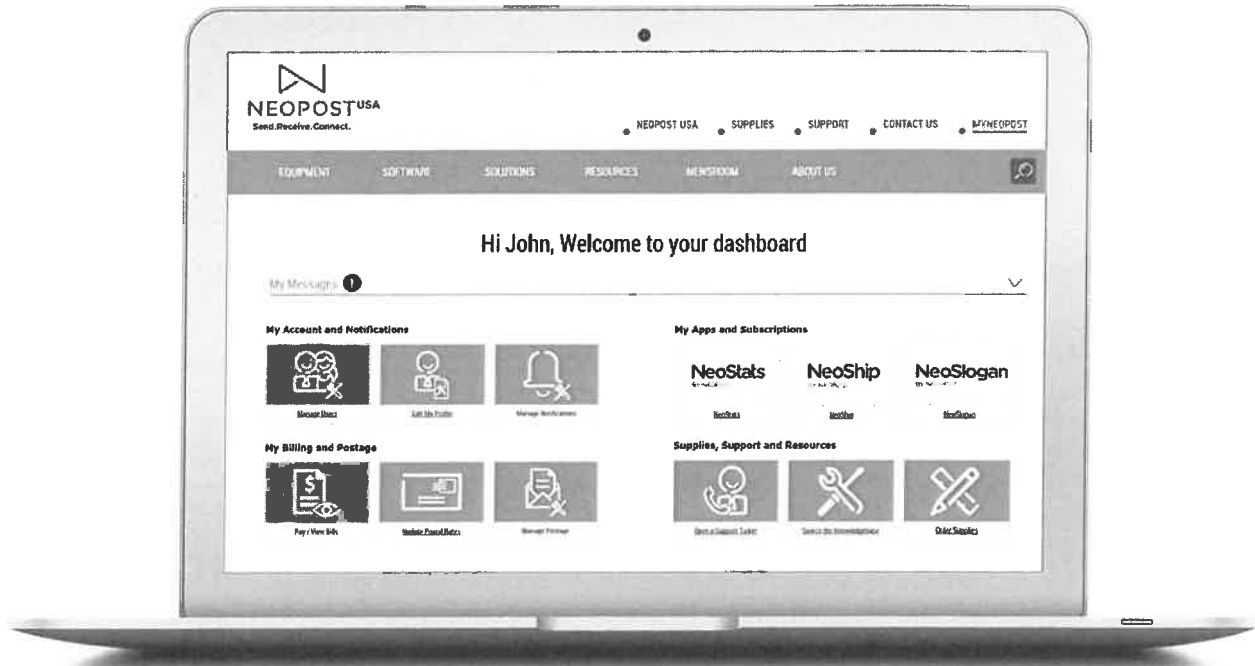
How are transaction fees assessed? You are pre-approved to download up to the Free Transaction Limit postage each month with no transaction fees. Monthly postage that exceeds the Free Transaction Limit in any monthly billing period is subject to a 1% Flex Limit Fee. For example, if your Free Transaction limit is \$4,000 and you add \$5,000 postage to your meter in a monthly billing cycle, you will be billed \$10 Monthly Flex Limit Fee (\$5,000 - \$4,000 = \$1,000 x 1% = \$10).

Can I increase the amount of postage available for download from NeoFunds®? Yes. Simply call our Customer Service Department to arrange an increase in the amount of your Total Account Limit.

Can I choose my statement date and corresponding due date? Yes. You may choose a different statement date than the one assigned automatically at the time of enrollment. Approximate statements dates to choose from are the 1st, 5th, 10th, 15th, and 22nd of each month.

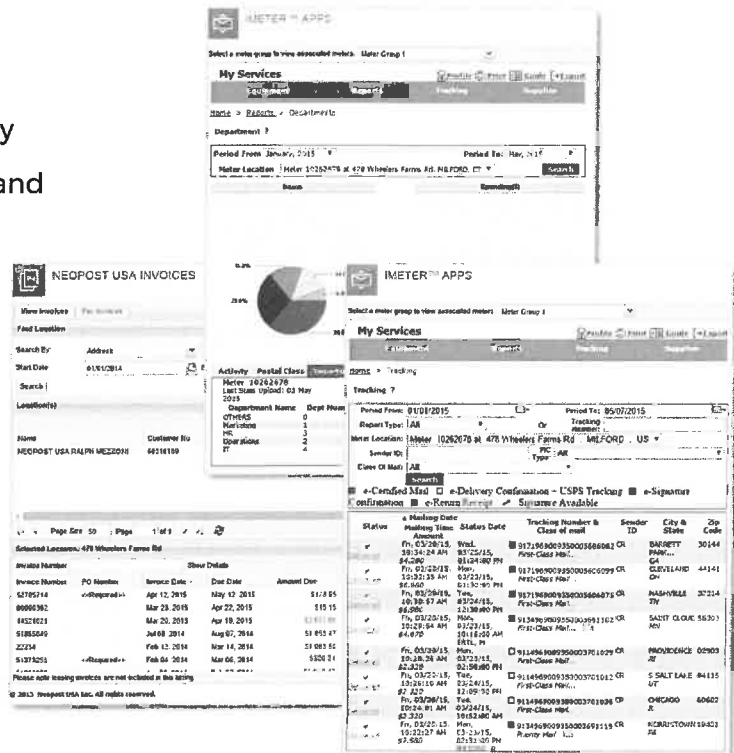
Must I pay the entire NeoFunds® statement balance by the due date? You must pay at least the minimum payment by the due date indicated on your NeoFunds® statement. Finance charges may apply for payments that are less than the total balance owed. A late fee may apply if you do not make the minimum payment by the due date indicated on your invoice.

Can I view my statement and manage my account online? Yes. Through **MyNeopost** you can access your NeoFunds® account online, which makes monitoring and tracking of all your NeoFunds® account activity easy. You can access NeoFunds® statements, see account activity, make online payments, and create e-mail alerts.



Discover MyNeopost, Neopost USA's customer portal, accessible anytime from anywhere to manage your Neopost account

- Order supplies
- View real-time postage balances
- View and export postage spending activity
- View, print and pay Neopost, NeoFunds® and MailFinance invoices
- View product operating guides and tutorial videos
- Track USPS® shipments and Certified Mail™*
- View and export postage spending by department and postal class*
- Access online subscription services for shipping and multi-channel document delivery*



*Optional services

Neopost at a Glance

Neopost solutions enable companies to expertly send and receive digital documents, physical mail and packages, helping them to better connect with their customers.



Our Expertise



Digital Solutions

Neopost technology manages data quality and enhances documents to optimize print-to-mail and digital delivery workflow.



Mailing Solutions

Every year, Neopost equipment addresses, fills and meters billions of mail pieces for hundreds of thousands of U.S. companies.



Shipping Solutions

Neopost systems empower businesses to control rising shipping costs and streamline the handling of inbound packages.

Business Impact

Neopost delivers measurable process improvements to advance your key business objectives, including:



Customer Engagement

Improve acquisition, satisfaction and retention



Revenue Growth

Increase sales, market share and profit



Risk Mitigation

Enhance security and regulation compliance



Expense Control

Maximize productivity and reduce costs



Shipping & Mailing
Postage Meters

SendPro® P1000

Take control of everyday challenges.

Integrate the sending process.

Shipping and receiving packages, and sending daily letter mail are all a necessary part of doing business. Yet, these seemingly simple tasks are actually complicated processes that demand proper attention.

The SendPro P1000 simplifies the process by integrating mailing, shipping and receiving into a single processing system. With this integration, the P1000 provides a simpler, more streamlined way to send letter mail and large envelopes as well as ship packages using your USPS®, FedEx® and UPS® business accounts.

Plus, with sending costs rising and shipping becoming more complex, the SendPro P1000 can also quickly improve productivity and cost efficiency in your office.

Mail, ship and track with ease.

For letter mail, the SendPro P1000 will seal and print postage for your short and longer runs at up to 180 letters per minute. It handles thin or thick mail as well as small or large envelopes.

For packages, the P1000 takes away guesswork, by allowing you to review services provided by USPS, FedEx or UPS. Now, you can get your packages delivered with the best cost and delivery options available.

With the receiving application, you can accurately log all of your incoming packages' information so that you have an accurate history of every package that has been delivered to your office.



For more information, visit us online: pitneybowes.com

Desktop shipping

The SendPro® P1000 enables users outside the mail area to ship packages from their individual PCs. Office workers simply log in to ship—without having to leave their desk to send or track a package delivery. The optional integrated scale and label printer allow your office staff to weigh rate and print professional shipping labels. No matter how many people in your office ship, equip them with desktop capabilities.

Manage inbound deliveries.

Automate and streamline the receipt and management of incoming packages using your P1000 and its integrated barcode scanner. The P1000 instantly logs package information, including carrier, recipient, sender, tracking number and date and time of receipt, keeping a history report of all your incoming packages. You will then know when each and every package was delivered.

Simple user display

The modern, color touch screen display of the P1000 enables anyone in your office to pick the ideal service and complete each job quickly and accurately. The system guides the user with its easy-to-follow menus for processing mail and shipments with each of the three carriers: USPS®, FedEx® and UPS®.

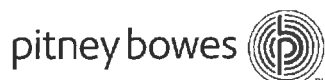
Flexible printing

The P1000 also gives you unique control over envelope printing. From any desktop PC, you can upload your graphics, enabling the P1000 print a business logo, return address, or

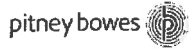
promotional message in full color on outbound envelopes. Print just one or print a thousand. The savings add up. It's quick changeover gives you printing flexibility and can eliminate the premiums you pay for special envelope stock.

Specifications

Max processing speed (letters per minute)	145 standard: Up to 160 or 180 lpm
Weigh-on-the-Way® (WOW®)	WOW not available: See SendPro 1500
Envelope processing	Thickness: feed and seal up to $\frac{5}{8}$ " Media size: 3 $\frac{1}{2}$ " x 5" up to 10" x 14" Envelope flap depth: min 1", max 3 $\frac{7}{8}$ "
Shipping: USPS-approved Impb label printing	Standard: Print USPS shipping labels from attached adhesive label printer using Commercial Base Pricing discounts.
Shipping: Integrated FedEx and UPS	Optional: FedEx and UPS with existing discounted business account. Print shipping labels from attached adhesive label printer.
Shipping: Desktop access	Optional: Integrated scale and printer attach to any PC with a USB connection.
Receiving: Inbound Package Management	Integrated software with reporting from base system. Optional: Scanning hardware, number of recipients, email notification capability.
Full color printing	Optional: Print return address, custom logo, or promotional message. CMYK @ 1200 dpi
Envelope sealing system	Pump-fed pad; closed flap feeding. Seal only mode.
Weighing (large envelopes and packages)	Optional: 5-10-15 lb small platform with stand; 15-30 lb tabletop platform: 70-149 lb shipping platform. Differential weighing.
Postage accounting	Optional: Up to 100, 500, 1000, 2000, 3000 max accounts for postal meter analytics
Expanded analytics	Optional: INVIEW® Analytics (web-based), Business Manager, SendSuite® shipping solutions.
Package tape printing	Adhesive roll tape (for large envelopes and packages using non-discounted USPS Retail rates)
Color touch screen display	Standard: 10.2" (WSVGA); Optional: 15" detachable display (XGA)
Peripheral hardware options	Account barcode scanner, laser report printer, power stacker, portrait flats kit for a power stacker, wireless keyboard (for quick alpha-numeric entries)
Dimensions	37.5"L x 22.5"D x 24"H (with basic apps display). Drop stacker adds 12" to L. Power stacker adds 31" to L. Color adds 6.5" to L. 15" display adds 2" to H.



United States
3001 Summer Street
Stamford, CT 06926-0700



State and Local Fair Market Value Lease

--	--	--	--	--	--	--	--	--	--	--	--

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee			Tax ID # (FEIN/TIN)	
Southwest Health and Human Services			273107061	
Sold-To: Address				
2 Roundwind Rd, Luverne, MN, 56156-1300, US				
Sold-To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #		
Angie Beyenhof	5072835070	0018356386		
Bill-To: Address				
2 Roundwind Rd, Luverne, MN, 56156-1300, US				
Bill-To: Contact Name	Bill-To: Contact Phone #	Bill-To: Account #	Bill-To: Email	
Chris Cauwels	(507)532-1223	0018356386	chris.cauwels@swmhhs.com	
Ship-To: Address				
2 Roundwind Rd, Luverne, MN, 56156-1300, US				
Ship-To: Contact Name	Ship-To: Contact Phone #	Ship-To: Account #		
Angie Beyenhof	5072835070	0018356386		
PO #				

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROPSERIES	SendPro P Series
1	1FW1	Differential Weighing Feature
1	1FWV	5lb Interfaced Weighing Feature
1	4W00	Connect+ /SendPro P Series Meter
1	APA2	100 Dept Analytics
1	APK2	SendPro P Series Basic Label Printer Pkg
1	APKE	SendPro P Receiving Feature
1	APKF	SendPro P Shipping Feature Access
1	APSA	Connect+ 145 LPM Speed
1	AZBA	SendPro P1000 Series
1	AZBE	SendPro P Series Mono Print Module
1	M9SS	Mailstream Intellink Services
1	ME1C	Meter Equipment - P Series, LV
1	MP0X	Differential Weigh 2, 5, & 10lb scale

1	MSD1	10" Color Touch Display
1	MW90007	SendPro P Series Drop Stacker
1	MW96000	Weighing Platform
1	MW97182	Wireless LAN Adapter
1	PTJ1	SendPro Online
1	PTJN	Single User Access
1	PTJR	50 User Access with Hardware or Meter
1	PTK1	Web Browser Integration
1	PTK3	SendPro P Series Meter Integration
1	SJM1	SoftGuard for SendPro P1000
1	STDsla	Standard SLA-Equipment Service Agreement (for SendPro P Series)
1	T6CS	Receiving - Standard

Your Payment Plan

Initial Term: 60 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
60	\$ 301.75	\$ 905.25

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees included
- Purchase Power® transaction fees extra

Your Signature Below

Non-Appropriations. You warrant that you have funds available to make all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to make all payments in each subsequent fiscal period through the end of your lease term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to make the payments is denied, you may terminate the lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue the lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under the lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the equipment at your expense.

By signing below, you agree to be bound by all the terms of this Agreement, including the Pitney Bowes Terms (Version 2/20), which are available at <http://www.pb.com/state/local/fmv/terms> and are incorporated by reference. This lease will be binding on us after we have completed our credit and documentation approval process and have signed below. This lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 6 of the State and Local Fair Market Value Lease Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable
State/Entity's Contract#

Lessee Signature
Print Name
Title
Date
Email Address

Pitney Bowes Signature
Print Name
Title
Date

Sales Information

Ariel Garcia	ariel.garcia@pb.com	
Account Rep Name	Email Address	PBGFS Acceptance

Pipestone Area Coalition Drug Free Community Grant

Evaluation Proposal

Thank you for contacting Wilder Research regarding your evaluation needs. During our call on February 27, 2020, we discussed your interest in evaluating the process and outcomes associated with your proposed Drug Free Community grant. We have outlined potential research activities that would support a comprehensive evaluation, as well as their associated cost estimates. You may select some or all of the following activities, depending on budget and objectives. There are some components that may be more essential for Wilder to complete for a comprehensive evaluation than others. We also recommend staggering these options to allow for a greater focus on development in the first year, reporting in the final year, and data collection in between. We are happy to discuss the benefits and drawbacks of each component in more detail in order to help you determine which options to pursue.

Proposed evaluation components

Youth surveys

Wilder is aware that the DFC grant requires reporting of four core data every two years. The DFC cross-site evaluation team shared that 2019 Minnesota Student Survey (MSS) data could be reported in 2021, and that 2022 MSS data could be reported in 2023. That would require one MSS-off year survey in 2024, to be reported in 2025. Each reporting year, Wilder will format the four core data for DFC-Me reporting. Once the 2022 MSS data become available, Wilder will obtain the data file, analyze the data, develop a report, and create a presentation for coalition members and community stakeholders. During Year 4, Wilder will collaborate with the DFC Coordinator to develop a custom youth survey to be administered online within Pipestone Area Schools. The data will be cleaned and analyzed, and used to create a report and presentation.

Estimated cost to obtain 2022 MSS data, analyze it, and develop a report and presentation: \$2,000 in Year 3

Estimated cost to develop a custom online youth survey, clean and analyze the data, and develop a report and presentation: \$5,000 in Year 4

Updated logic model and evaluation plan

Wilder understands that PAC has an existing logic model and evaluation plan, and that the Coordinator likes the format of these tools. Wilder will work collaboratively with the Coordinator to update these tools with any new tobacco-/nicotine-related local conditions, and any new evaluation activities.

Estimated cost to update PAC's logic model and evaluation plan: \$1,000 in Year 1

Activity tracking

While the PAC Coordinator has an existing activity tracking tool, Wilder can help make revisions to the tool to best capture required information for DFC-Me reporting. In addition, each February and August Wilder can help use data from the activity tracker to populate DFC-Me reporting tables.

Estimated cost to revise the existing tracking tool: \$500 in Year 1

Estimated cost to help compile DFC-Me reporting tables: \$500 per year in Years 1-5

Project Northland evaluation

Wilder Research will help the DFC Coordinator administer the fidelity survey, and support Pipestone Area Schools to administer pre- and post-student surveys in order to evaluate the fidelity of curriculum delivery and students' knowledge change. Wilder will analyze data from each tool, and develop an annual summary report.

Estimated cost for analysis and reporting: \$1,500 per year in Years 1-5

Responsible Beverage Survey Training evaluation

Wilder Research will analyze pre- and post-test knowledge change among RBST participants, as well as participant satisfaction with the training. One summary report of findings will be developed annually to include all trainings conducted each fiscal year.

Estimated cost to analyze and summary pre- and post-test results: \$1,000 per year in Years 1-5

Coalition member training feedback summary

Wilder understands that a key element of DFC grants is building local capacity for prevention work, which involves providing learning opportunities for coalition members. This can entail bringing members to regional, state and out-of-state conferences and workshops, and/or bringing trainers to the community. Wilder can conduct an annual

survey of coalition members to ask about the cumulative training and technical assistance they've received over the course of the fiscal year. A data collection tool will be developed in Year 1, and used annually to measure changes in knowledge and skills, as well as satisfaction with training received.

Training feedback tool development: \$500 in Year 1

Training feedback analysis and summary: \$1,000 per year in Years 1-5

Project management, communication and technical assistance

Wilder will maintain regular communication, via phone and email, with the DFC Coordinator over the course of each fiscal year. Technical assistance will be provided to help with emerging needs. This estimate would cover up to three hours per month, on average, for communication and TA.

On-going communication and technical assistance: \$3,600 per year in Years 1-5

Annual evaluation reports

Wilder Research will produce a short annual report near the end of each fiscal year to highlight key activities and accomplishments. The evaluator will work with Wilder's communications team to ensure that reports are attractive and reader-friendly.

Annual reports: \$2,000 per year in Years 1-5

Sustainability planning

Wilder understands that DFC grantees are required to submit a sustainability plan in Year 3. The evaluator will help the DFC Coordinator facilitate a conversation with coalition members about the implementation status of each current strategy in order to help guide planning. During Year 5, the evaluator can help identify which strategies are working well and should be sustained as part of a proposal for Years 6-10 DFC funding, and which are not working well. Wilder can also help identify new strategies for any emerging needs. Facilitated discussion would occur in conjunction with an annual site visit.

Estimated cost to help with the required sustainability plan: \$1,000 in Year 3

Estimated cost to facilitate conversations about Years 6-10 strategies: \$1,500 in Year 5

Site visits

Once per year, the Wilder evaluator will travel to Pipestone to meet with staff and help conduct evaluation activities described in this proposal. Travel cost estimates include mileage to Pipestone, travel time, hotel and per diem.

Estimated cost per visit: \$1,800

Summary

Evaluation Component	Year 1	Year 2	Year 3	Year 4	Year 5
1. MSS analysis, report and presentation			\$2,000		
2. Update logic model and evaluation plan	\$1,000				
3. Custom youth survey with analysis, report and presentation				\$5,000	
4. Activity tracking					
4a. Customize current tool to meet DFC reporting requirements	\$500				
4b. Help with DFC-Me reporting	\$500	\$500	\$500	\$500	\$500
5. Project Northland evaluation: fidelity survey, pre- and post-student survey, analysis and report	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
6. RBST pre- and post-test knowledge change analysis and report	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
7. Coalition member training feedback					
7a. Data collection tool	\$500				
7b. Analysis and reporting	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
8. Project management, communication, and technical assistance	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600
9. Annual evaluation reports	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
10. Site visits	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800
11. Assistance with sustainability planning			\$1,000		\$1,500
TOTAL	\$13,400	\$11,400	\$14,400	\$16,400	\$12,900

**AGREEMENT TO PROVIDE DRUG FREE COMMUNITY EVALUATION SERVICES
BETWEEN
AND
PACT FOR FAMILIES COLLABORATIVE**

THIS AGREEMENT is entered into this day of , by and between and PACT for FAMILIES, (hereinafter referred to as "PACT").

WHEREAS, Horizon was awarded a Drug Free Communities (DFC) Grant from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention;

WHEREAS, is the Grantee on behalf of the County Coalition;

WHEREAS, requires evaluation specialist services to fulfill obligations of the grant award and PACT has an Evaluation Department consisting of a Master's level Evaluator, a PhD Evaluation Consultant and data entry staff.

SCOPE OF SERVICE

- A. Assist Coalition members and the local grant coordinator in using evaluation data by providing technical assistance with respect to gathering, assessing, interpreting, and sharing data.
- B. Assist the Coalition grant coordinator to ensure that coalition programs and processes have clear, measurable outcomes and defined methods for measuring success.
- C. Support and work with the Coalition coordinator to design and develop assessment and evaluation tools that are scientifically sound.
a Specifically, PACT for Families Evaluator will assist the Coalition in collecting and assessing and reporting on annual student survey data (SHARE Survey); to be collected at the High School (grades 7, 9 and 11).
- D. Prepare data reports including graphics, charts, power point slides etc., as appropriate to illustrate the achievements of the coalition.
- E. Evaluator will add the four core measures data from the SHARE survey into the DFC-Me reporting website.
- F. Assist the Coalition with evaluation of the coalition process (capacity evaluation).
- G. Engage in other tasks as mutually agreed to by the parties which may include, but not limited to: key informant interviews, focus groups, and parent surveys.
- H. Remain in communication with ASAP Coalition staff and leaders by phone and email as required and appropriate for fulfillment of this contract.
- I. Services will be delivered as agreed upon by both parties at time intervals that benefit the overall goals of the Coalition and its grants.
- J. Evaluator and grantee will review evaluation work plan in the summer leading up to the new grant year and make any adjustments/additions as needed.

COMPENSATION AND METHOD OF PAYMENT

PACT will bill quarterly or bi yearly for services, not to exceed an annual total of \$12,000.

PACT will submit an itemized invoice (including dates, work details, PACT staff) to quarterly/bi yearly for reimbursement of incurred expenses. Invoices due .

Other expenses may be incurred by PACT and reimbursed by as agreed to by both parties in advance

REQUIREMENTS, STANDARDS, LICENSES

and PACT agree to comply with all federal, state, county and local laws, regulations, ordinances, rules, and certifications as pertaining to the facilities, programs, and staff for which the agency is responsible during the term of this agreement. Failure to comply with the requirements, standards, and licenses may be cause for cancellation of this agreement.

DATA PRIVACY, SAFEGUARD OF CLIENT INFORMATION

PACT shall have access to the records of the Coalition, which are needed to perform tasks and services. PACT shall abide by the provisions of the Minnesota Government Data Privacy Act in dealing with any and all information and Coalition records, or in any other records made available.

1. The use or disclosure by any party of information concerning an eligible client or family in violation of any rule of confidentiality provided for in the Laws of Minnesota, Chapter 13, or for any purpose not directly connected with the Agency's or Contractor responsibility with respect to the purchased services hereunder is prohibited except on written consent of such eligible client or the client's responsible parent or guardian.
2. If required under the FIIPAA Privacy Standards, the Contractor provides assurances to the Agency that it will comply with Health Information Portability and Accountability Act (HIPAA) requirements necessary to protect Individual Identifying Health Information (IIHI). Use and disclosure will require that all IIHI be: appropriately safeguarded; any misuse of IIHI will be reported to the Agency; secure satisfactory assurances from any subcontractor; grant individuals access and ability to amend their IIHI; make available an accounting of disclosures; release applicable records to the Agency or Department of Human Services if requested; and upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.
3. All records maintained by the evaluator are the property of the ASAP Coalition.

INSURANCE CLAUSE

agrees that it will at all times, within the limits of liability provided herein, indemnify and hold harmless PACT from any and all claims, demands, actions or causes of action, including reasonable attorney's fees and expenses arising out of any act or omission on the part of the Coalition, or its subcontractors, partners or independent contractors or any of their agents or employees in the performance of or with relation to any of the work or services to be performed or furnished by PACT

or the subcontractors, partners, or independent contractors or any of their agents or employees under this agreement which may be claimed against the Coalition or PACT.

CONDITIONS OF THE PARTY'S OBLIGATIONS

It is understood and agreed that in the event the reimbursement to Horizon from state and federal sources is not obtained or continued at an aggregate level sufficient to allow for the contract of the indicated quantity of contracted services, the obligation of each party hereunder shall thereupon be terminated.

1. This agreement may be canceled by either party at any time, with or without cause, upon 30 days' notice, in writing, delivered by mail or in person.
2. Before the termination date specified previously in this agreement, may evaluate the performance of PACT in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
3. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.

In the event that there is a revision of federal and/or state regulations which might make this agreement ineligible for federal and/or state financial participation, all parties will review the agreement and re-negotiate those item necessary to bring the agreement into compliance with the new federal and/or state regulations.

SUBCONTRACTING

The professional evaluator shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of .

INDEMNIFICATION/ HOLD HARMLESS

Nothing in this agreement creates an employee/employer relationship between and PACT. Each party maintains all employer responsibility for their respective employees.

Each party to this Agreement agrees to defend the actions of the employee while working under the direction and control of that party, and agrees to hold harmless, indemnify and defend the other party, its commissioners, officers, employees and agents, against any and all claims, losses, damages or lawsuits for damages, including payment of reasonable attorney's fees, arising from, allegedly arising from or related to the acts of the employee while under the direct control and supervision of that party in the performance of duties contemplated by this Agreement.

The parties do not waive the limits of liability and immunity as governed by the provisions of the Municipal Tort Claims Act, Minnesota Statutes Chapter 466, and other applicable laws, as the same may be amended

CHANGES IN THE AGREEMENT

The parties may, from time to time, require changes in the scope of services to be performed hereunder. Such changes that are mutually agreed upon by and between and PACT shall be incorporated in a written amendment to this Agreement

TERMINATION OF AGREEMENT

The parties hereby agree that this Agreement can be terminated by either party, with or without cause, by giving written notice of termination at least thirty (30) days prior to the effective date for termination. If the Agreement is cancelled, will reimburse PACT for services rendered and expenses incurred through the effective date of termination.

MISCELLANEOUS

Entire agreement – it is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between and PACT relating to the subject matter hereof.

IN WITNESS WHEREOF, and PACT has executed this agreement shall become effective upon its acceptance by both parties as indicated by their signature and shall terminate on ,unless amended or extended by written agreement between the parties.

PACT Director

Date

Date

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

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EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 11/16/16; 04/18/18; 01/01/2020; 03/18/2020

AUTHORITY: Southwest Health and Human Services Joint Governing Board

-- -CONDITIONS OF EMPLOYMENT-- -

Electronic copies of the Personnel Policies shall be available for employees in each office. Employees shall be responsible for reviewing and abiding by the terms of the Personnel Policies.

Section 1 - Workweek

- a. The standard workweek for full time employees shall be 8:00 a.m. to 4:30 p.m. daily, 37.5 hours per workweek. The Agency's workweek is declared to be a seven consecutive day period commencing on Monday and ending on Sunday.

Section 2 - Working Hours

- a. Standard working hours shall be seven and one-half (7.5) hours daily, five (5) days a week. Immediate supervisors may require employees to work other schedules based on the nature of their assignments.
- b. Employees who work a standard seven and one-half (7.5) hour day are entitled to one (1) fifteen (15) minute break before noon and one (1) fifteen (15) minute break in the afternoon which shall be paid.
- c. One (1) hour unpaid lunch breaks are to be taken between 11:00 a.m. and 2:00 p.m. The office will remain open during the noon hour with staggered lunch hours by the employees.
- d. Neither coffee breaks nor lunch hours can be saved up to earn comp time if they are not taken by the employee. The only time lunch hours may be reduced to 30 minutes is during flex time or when an employee is authorized to make up work time that was lost due to a snow storm.

Section 3 – Employee Definitions

- a. Probationary Period – All newly hired or rehired employees will serve an initial one-year probationary period. During the initial probationary period, an employee who is promoted or reassigned to another job classification shall serve the secondary probation concurrently with the initial probation. Employees hired prior to 1/1/2020 and successfully completing their initial probationary period will receive a 1% increase. The first year of employment with the agency, during which the employee shall receive orientation and

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

new employee training. For employees promoted to a new position, the probationary period shall be six (6) months. For employees promoted to a supervisory position, the probationary period shall be twelve (12) months.

- b. During the probationary period, the employee shall receive a heightened amount of supervision and additional performance evaluations. ~~Probationary employees shall not be entitled to use vacation during the initial three (3) months of employment with the agency.~~ Completion of probation shall not change the at-will nature of employment.
- c. Regular Employment - An employee who has completed their probationary employment and is scheduled on a regular or regular part-time basis. Regular employees are not temporary or intermittent employees.
- d. Temporary/Intermittent - A temporary employee is a person hired for a specific period of time or on an intermittent basis with specific duties not to exceed six months. A temporary employee is paid only for hours worked and does not receive benefits, vacation/medical leave, or paid holidays.

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Section 4 – Exempt and Non-Exempt Employees

- a. Employees are classified by the Federal Fair Labor Standards Act as either exempt or non-exempt.
- b. Southwest Health and Human Services Governing Board shall adopt job descriptions which shall state whether a position is exempt or non-exempt. The position of Director shall be exempt.

Exempt Employees

- 1. All exempt employees must complete an electronic timesheet for the purposes of public accountability. The timesheet must reflect actual hours worked and leave time taken each week. The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.
- 2. All comp time earned and taken must have prior authorization by their supervisor. If an exempt employee works more than 40 hours in a week, overtime worked can be liquidated through comp time. Exempt employees will not be paid for overtime unless authorized by Southwest Health and Human Services Governing Board action for unusual, infrequent situations.

Non-Exempt Employees

- 1. All non-exempt employees must complete an electronic timesheet. The timesheet must reflect actual hours worked and leave time taken each week.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.

2. Employees shall not work unauthorized hours over 40 hours per week. The maximum number of hours that should be worked in any week is 37.5 hours.
3. If a non-exempt employee is requested to work more than 40 hours in a week, overtime must be paid at 1 1/2 times the regular hourly rate of pay. The basis for overtime will be the number of hours actually worked. Vacation, medical, leave without pay, holiday, and comp taken shall not be included when calculating overtime hours. All overtime must have prior authorization by the supervisor and director. Authorization will be by form AG#006. After completion, this form shall be attached to the time sheet and forwarded to the supervisor for signature.
4. Failure to follow this Personnel Policy can result in disciplinary action.

Section 5 – Compensatory (Comp) Time

- a. The agency will keep records of any authorized accrued comp time.
- b. Comp time earned must have prior supervisory approval however if the circumstances do not allow for prior approval staff must immediately follow up to obtain supervisory approval. Comp time taken must be approved in advance by the employee's immediate supervisor. Hourly staff who have earned comp time may be asked to work adjust down to 37.5 hours depending on their schedule and the work assigned.
- c. The maximum accumulation of comp time, eligibility for comp time, and other applicable overtime payment requirements will be governed by the Fair Labor Standards Act, as amended, or applicable Agency policies.
- d. Comp time will be earned and taken in 30 minute increments at a minimum. Once earned, employees shall not be required to use compensatory time until they have reached 17.5 hours at which time they may be asked to work adjust to insure they do not exceed 22.5 hours. In the event an employee may go into overtime status for the week they may also be asked to work adjust.

The balance of comp time at the end of the payroll period shall never be more than 22.5 hours. Time in excess of 22.5 hours at the end of a payroll period will be lost to exempt employees. For non-exempt employees, the time in excess of 22.5 hours at the end of a payroll period shall be paid out to the employee at the employee's regular rate of pay. Comp time carried forward from a previous payroll period will not be lost.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

Section 6 – Overtime

- a. All overtime must have prior written authorization by the supervisor. **In addition, staff must complete** form AG#006.
- b. Only hours worked shall be counted towards overtime.
- c. Failure to follow this Personnel Policy can result in disciplinary action.

Section 7 - Flex Time

- a. There are circumstances when deviation from regular service hours (aka flextime) will be considered for an employee. The below CRITERIA must be met BEFORE any deviation from the regular work schedule may be considered or authorized. Said criteria are as follows:
 - 1. Client service and the operation of the unit/division and department must continue to be efficient and effective.
 - 2. There must be no negative impact on co-workers or interference with inter-divisional activities or operations.
- b. If employees wish to work a flex schedule, they must follow the process determined by the unit supervisor. All schedules are subject to supervisory approval. It may be necessary for the supervisor to make some adjustments in the requests to ensure adequate coverage of the agency.
- c. During the hours between 8:00 a.m. and 4:30 p.m. whenever an employee is absent from the office due to their flex schedule or other leave time, it should be shown as “flex” or “personal leave” on their calendar.
- d. It is anticipated that with good effort at scheduling, the need for comp time should be reduced. The scheduled work week cannot be more than 37.5 hours.
- e. The longest day that will be scheduled is 9.5 hours, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel. The number of hours of vacation or medical leave taken will be the number of hours scheduled to work on that specific day. Coffee breaks are to be 15 minutes in length with one in the morning and one in the afternoon. The minimum lunch break will be one-half hour.
- f. The supervisor may require a person on a flex time schedule to return to standard work hours at the supervisor’s discretion.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

- g. It is not permissible to utilize a four-day flex time schedule during a holiday week. Employees will work 7.5 hours per day during these holiday weeks, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel.
- h. It is not permissible to flex a Friday and the following Monday.
- i. Upon notice of resignation, that employee will not work a flex schedule for the last 2 weeks of the employee's employment with the agency.

Section 8 - Inclement Weather

- a. If adverse weather conditions necessitate the closing of any or all of the Southwest Health and Human Services offices, the Director or designee shall initiate Dial My Calls program. Staff shall keep the agency up to date with their current contact information so that they can receive notifications through Dial My Calls.
- b. If any or all of the Southwest Health and Human Services offices are closed because of weather conditions, employees in the office(s) that are closed will be paid for the time that the office is closed. When an employee is on vacation or medical leave and the office is officially closed, vacation or medical leave shall not be deducted as such. **No comp time or overtime will be authorized on days the agency has closed due to adverse weather conditions.**
- c. If Southwest Health and Human Services offices remain open and the employee is not present for work, the employee must either make up the time that same week or take vacation or comp time. If the employee does not have available vacation or comp time and fails to make up the time then missed time will be leave without pay. However, it is at the employee's discretion whether or not to report for work on days when adverse weather conditions would jeopardize their safety and well-being.
- d. Employees requesting to make up time must immediately upon return to work make those arrangements with their supervisor. Supervisors will consider computer system availability and workload when approving these types of requests.

Section 9 - Paychecks

- a. Salaries will be paid on a bi-weekly basis (every other Friday). If a pay date falls on a holiday, payment will be made the day prior. However, if it affects the current operating budget, then payment will be made the next working day.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

- b. All Southwest Health and Human Services employee payroll checks will be by direct deposit unless a written objection from the employee is received.

Section 10 - Fringe Benefits

- a. Pursuant to annual policy and budgetary action by the Southwest Health and Human Services Governing Board, such fringe benefits as the Southwest Health and Human Services Governing Board may determine appropriate, including insurance, vacation time, and medical leave, may be offered to employees. Fringe benefits may be increased, decreased, or eliminated at any time by action of the Southwest Health and Human Services Governing Board, and such action shall apply to all current and future employees unless the Governing Board specifically adopts a policy stating otherwise.
- b. Agency fringe benefits are:
- Group Health/Dental Insurance
 - Long Term Disability Insurance
 - Life Insurance
 - Flexible Spending Account
 - Vacation Leave
 - Medical Leave
 - PERA
 - Short Term Disability
 - Identity Theft Protection/Legal Shield
- c. Health, dental, long term disability, and life insurance for full-time employees commences with the first day of the month following thirty (30) days of employment.
- d. Agency fringe benefits are available only for probationary and regular employees who work an average of 30 or more hours per week.
- e. The agency pays all administrative fees related to flexible spending account, flexible spending debit card, and VEBA. The agency will also pay the cost for the basic life premium and the long term disability insurance premium.
- f. Pay Status Employees are those employees who are absent and are using earned vacation, medical, or bereavement leave. This shall also include any employee who is absent who has not used more than 37.5 hours of approved leave without pay in a calendar year.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

- g. Non-Pay Status Employees are those employees who have used more than 37.5 hours of leave without pay. (Examples: educational leave, medical leave without pay in excess of FMLA leave entitlement).
- h. Holiday pay, medical leave, and vacation leave shall be earned by all part-time and full-time employees in non-pay status (as per the definition in section g) on a prorated basis with the exception when leave without pay is due to an FMLA (Family Medical Leave Act) event then employees will receive the full holiday. The amount of leave earned is based upon the number of hours worked during the pay period. Vacation and medical leave shall be rounded to the nearest half-hour.
- i. ~~Emergency Appointment Employees are eligible only for holiday leave. They shall not accrue vacation or medical leave. Temporary Employees do not receive fringe benefits.~~
- j. Probationary Employees are eligible for holiday leave and vacation, and medical leave.
- k. VEBA/Health Savings Account Contributions
1. Employees who opt for a health insurance policy with a VEBA or Health Savings account, contributions to the VEBA/Health Savings account will be semi-monthly.
- l. Retiring employees who:
1. Were employed by Lincoln, Lyon, and Murray Human Services (LLMHS) and were employed by that agency prior to August 22, 2005 and worked continuously for LLMHS through December 31, 2010 with no break in service; and
 2. Were hired by the EMPLOYER effective January 1, 2011 with no break in service and are employed on a full-time basis with the EMPLOYER; and
 3. Are receiving a disability benefit or PERA annuity, or have met age and service requirements necessary to receive a PERA annuity;
 - Shall be entitled to receive 4% per year of service toward the employee's (dependents are excluded) health and dental single insurance premium, including their years of service at LLMHS.
 - This amount shall not exceed 100% nor shall the total amount exceed the amount paid by Southwest Health and Human Services on behalf of their employees. Payment of this amount will be discontinued if the employee's share of the premium(s) is not paid within the deadline set by the EMPLOYER. Payment shall also be discontinued when the employee becomes eligible for Medicare or if the employee obtains

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

employment where single health insurance is available at no cost to the employee.

- Employees hired after August 22, 2005 by Lincoln, Lyon, and Murray Human Services are not eligible for retirement health insurance benefits. No employees hired by the EMPLOYER who were not employed by LLMHS are entitled to retirement health insurance benefits.

Section 11 - Licensure as a Condition of Employment

- a. Employees who require statutory licensure, or state operator's licensure in order to legally fulfill the requirements of their employment, must maintain such licensure in order to remain in the employ of the Agency.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 02/17/16; 01/18/17; 04/18/18; 11/28/18; 02/28/19; 10/16/19;
01/01/2020; 03/18/2020

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -LEAVES AND HOLIDAYS- - -

Section 1 – Vacation Leave

- a. Each permanent , trainee, parttime or probationary employee shall earn vacation on the last working day of each payroll period, but this vacation cannot be used until the first working day of the following payroll period.
- At initial hire, staff will earn 3.7 hours of vacation bi-weekly.
 - At 3 years of service, staff will earn 4.33 hours of vacation bi-weekly.
 - At 5 years of service, staff will earn 5.55 hours of vacation bi-weekly.
 - At 10 years of service, staff will earn 6.45 hours of vacation bi-weekly.
 - At 15 years of service, staff will earn 7.35 hours of vacation bi-weekly.
- b. Vacation leave will be prorated for part-time employees. Part-time employees, or employees whose status has changed from part-time to full-time (or vice-versa), are not eligible for automatic increases based upon years of service. Any increase in vacation leave is based upon total months of service.
- c. Vacation leave can accumulate to a maximum of 244 hours. No time is accumulated after reaching the maximum. In lieu of earning biweekly vacation, new employees will be fronted six (6) biweekly vacation accruals at the time of hire (a total of 22.2 hours) which employees will have access to upon hire. New staff will then start earning biweekly vacation as per policy at the end of the seventh (7th) biweekly pay period and thereafter. When taking vacation leave, the minimum increment that can be used is one-half hour. Vacation leave cannot be used until it is earned.
- d. Requests for vacation leave must be made to the employee’s supervisor in writing and must be authorized in advance by the supervisor in writing. In the absence of the employee’s supervisor, the request may be made to another supervisor in the agency.
- e. Upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used. Employees may not use more than three (3) days during the last two weeks of employment. Employees terminated for misconduct shall not be entitled to be paid accrued unused vacation leave. This shall not apply to employees terminated for poor work performance.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- f. Employees who were previously employed by Lincoln, Lyon, and Murray Human Services and Lincoln, Lyon, Murray, and Pipestone Public Health or a County that becomes a member of Southwest Health and Human Services, shall maintain their seniority dates from their initial employment, so long as there was no interruption in continuous employment from their prior employer and Southwest Health and Human Services.

Section 2 – Medical Leave

- a. Each permanent, trainee, parttime or probationary employee shall earn medical leave at the end of the payroll period at the rate of 3.7 hours. Medical leave will be prorated for part-time employees. Medical leave can accumulate to a maximum of 450 hours. No time is accumulated after reaching this maximum. Medical leave may not be used in the payroll period it is earned.
- b. When taking medical leave, the minimum increment that can be used is one-half hour. In addition, the agency may designate any qualifying leave for employee or family medical purposes, paid or unpaid, as counting toward an employee's FMLA entitlement (FMLA § 825.208).
- c. Medical leave may be used for illness (self and immediate family), injury, medical and dental appointments. Immediate family shall be as allowed by state statute MN 181.9413 which currently allows for employee's child, as defined in section MN 181.940, subdivision 4, adult child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent. Medical leave may be used for reasons of prenatal and postnatal care for the length of time prescribed, and verified in writing, by a physician.
- d. When an employee cannot report to work due to an illness the employee shall notify their supervisor and the front desk so the employee's calendar can be updated. Medical leave due to preplanned medical appointments must be approved by the employee's supervisor in the same manner as vacation.
- e. When illness occurs within a period of vacation leave, the period of illness may be charged as medical leave and the charge against vacation leave reduced accordingly.
- f. No employee will be paid for accrued medical leave at the time of separation, except those employees in the Public Health Collective Bargaining Unit. Payment of unused medical leave will be paid out to the Public Health Collective Bargaining Unit as per the Collective Bargaining Agreement. This benefit is extended to non union staff who were prior members of the Public Health Collective Bargaining and hired prior to July 1, 2011.
- g. The employer may require medical documentation when three days of leave are used

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

within a thirty (30) day period. Such documentation may consist of verification of doctor's or dental appointments without disclosure of diagnosis. The employer reserves the right to request additional information, including medical information, in the event that there is a pattern indicating the possible abuse of sick leave.

- h. Medical leave due to preplanned medical appointments must be approved by the employee's supervisor in the same manner as vacation.
- i. If any employee receives a compensable injury and has benefits accrued under sick leave, the employee may at his/her option, request and receive sick leave to supplement the difference between his/her regular pay and Worker's Compensation. The total amount paid to the employee will not exceed his/her regular earnings.

Section 3 – FMLA Leave

- a. An "eligible employee" is an employee of a covered employer who:
 - 1. Has been employed by the employer for at least 12 months, and
 - 2. Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave,
- b. Eligible employees may take leave for:
 - 1. The birth of a child;
 - 2. The placement of a child for adoption or foster care;
 - 3. To care for the employee's spouse, son, daughter or parent with a serious health condition;
 - 4. A serious health condition that renders the employee unable to perform the functions of his/her job;
 - 5. To care for the employee's spouse, son, daughter, parent, or next of kin with a serious injury or illness incurred during active duty military service;
 - 6. For the purposes of FMLA leave, "child" is defined as a biological, adopted or foster son or daughter, stepchild, legal ward, or a child of a person standing in loco parentis who is: (a) under the age of 18 years; or (b) 18 years of age or older and incapable of self-care because of mental or physical disability.
- c. Requesting Leave

Eligible employees seeking to use FMLA leave shall be required to provide written notice

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

to the Human Resources, except in emergency circumstances, when oral notice may be given:

1. 30-day advance notice the need to take FMLA leave when the need is foreseeable;
2. notice "as soon as practicable" when the need to take FMLA leave is not foreseeable ("as soon as practicable" generally means at least verbal notice to the employer within one or two business days of learning of the need to take FMLA leave);
3. sufficient information for the employer to understand that the employee needs leave for FMLA-qualifying reasons (the employee need not mention FMLA when requesting leave to meet this requirement, but may only explain why the leave is needed); and
4. where the employer was not made aware that an employee was absent for FMLA reasons and the employee wants the leave counted as FMLA leave, timely notice (generally within two business days of returning to work) that leave was taken for an FMLA-qualifying reason.

d. Designation

1. The agency may designate an employee's absence from work FMLA leave if the circumstances giving rise to the leave is FMLA qualifying. The Agency will notify the employee that the leave is being designated FMLA leave. The Human Resources shall complete the appropriate FMLA designation forms in a timely manner (within five days of the leave commencing whenever possible) and forward them to the employee. The Supervisor is responsible for notifying the Human Resource of leaves of three days or more or intermittent leaves which may be FMLA qualifying.
2. The Human Resources is responsible for completing the "Employer Response to Employee Request for FMLA Leave" form and related forms in all circumstances in which an employee qualifies for leave under the FMLA, whether or not the employee specifically requests such a FMLA leave. (e.g. when an employee is on medical leave which also qualifies under FMLA, when an employee is unable to request a leave due to a medical condition, etc.). The original shall be provided to the employee and a copy retained by the Human Resources in a "confidential medical file" for the employee, which shall be separate from the employee's personnel file. All medical certifications shall also be retained in that file.

- e. Child leave shall begin at a time requested by the employee, but may begin not more than twelve months after the birth or adoption, except in the case where the child must remain in the hospital longer than the mother, the leave may not begin more than six weeks after the child leaves the hospital.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- f. During FMLA leave, the employee will be required to use any available earned, accumulated leave. However, staff may hold up to 37.5 hours of medical and/or vacation leave to be available upon return from leave. Employees will provide written notification to their supervisor and Human Resources of their intent to bank medical and/or vacation leave prior to FMLA leave. When the reason for the FMLA leave qualifies under the “Medical Leave” section of this policy for either the employee or an eligible family member, then earned, accumulated medical leave must be used. If the reason for FMLA leave does not qualify for use of medical leave, then any accumulated vacation leave must be used before leave without pay will be authorized. An employee shall continue to be eligible for paid holidays while on approved FMLA.

- g. For as long as an employee is on FMLA leave the agency will make its cafeteria contribution towards health insurance.

- h. The agency will require that an employee's FMLA leave be supported by appropriate documentation.
 - 1. For the employee’s serious health conditions, the leave must be supported by a certification issued by the health care provider of the employee. The agency will notify the employee, in writing, that such certification is required. The certification shall contain all of the information permitted by law. Failure of the employee to submit complete Certification of Health Care Provider forms, with all information, may result in a denial of FMLA leave.

 - 2. The employee must provide the medical certification within fifteen (15) days of a request for certification.

 - 3. The agency will also require medical certification from the eligible family member’s health care provider to support a leave request for a leave to care for an eligible family member. In cases where the employee’s use of FMLA leave to care for an immediate family member is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave for this purpose.

 - 4. Other appropriate documentation, including military records, verification of adoption and similar records, may be required by the employer.

- i. Second Opinion
 - 1. In General - In any case in which the employer has reason to doubt the validity of the certification provided by the health care provider, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

a second health care provider designated or approved by the employer concerning any information certified by the employee's health care provider.

2. Limitation - Health care provider designated or approved under paragraph (1) shall not be employed on a regular basis by the employer.
 3. Resolution of Conflicting Opinions
 - In General – In any case in which the second opinion differs from the opinion in the original certification provided, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified.
 - Finality – The opinion of the third health care provider concerning the information certified shall be considered to be final and shall be binding on the employer and the employee.
 4. Subsequent Recertification - The employer may require that the eligible employee obtain subsequent re-certifications on a reasonable basis.
 5. In cases where the employee's use of FMLA leave is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave.
- j. As a condition of restoring an employee whose FMLA leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, Southwest Health and Human Services will require all employees who are certified for FMLA leave obtain and present certification from the employee's health care provider that the employee is able to resume work.
- k. For additional information refer to "Family and Medical Leave Act" (FMLA) U.S. Department of Labor website.

Section 4 Parenting Leave

- a. A parental leave of up to 12 weeks shall be granted to a natural parent or adoptive parent, who requests such leave in conjunction with the birth or adoption of a child. To be eligible, the employee must have been employed for at least 1 year at half time. The 12 weeks of leave shall include any period of paid leave already provided. The employee shall be required to use all eligible paid leave during the parental leave period. This policy is provided for those employees who do not meet eligibility requirements under the Family Medical Leave Act and shall not be construed as being in addition to FMLA rights.
 - The leave must begin no later than 6 weeks following the birth or adoption.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- The employee may continue all group insurance during the leave at the employee's expense.

Section 5 – Statutory Leaves

- a. Employees are entitled to certain statutory leaves under state and federal law. In order to request such leaves, the employee must make a written request to their immediate supervisor and the Deputy Director/Human Resources Director. Leaves may be granted or denied based upon whether the employee qualifies for the statutory leave(s); the employee has made the request for leave in a timely manner and provided the appropriate documentation.
- b. Such statutory leaves include such leaves as military leaves, voting leave, bone marrow donation leave and school conference leave.

Section 6 – Educational Leave

- a. An employee may request an educational leave without pay or benefits, not to exceed 2 years, by presenting the following written documents to their supervisor who will submit it to the Board for approval:
 - Letter of request
 - Any other material felt necessary to support the request
- b. The Southwest Health and Human Services Governing Board has the sole discretion to approve or deny such leave as it sees fit.

Section 7 – Jury or Witness Duty

- a. After notice to his/her supervisor, any employee shall be granted leave with pay for service upon a jury or appearance before a court, legislative committee, or other judicial or quas-judicial body as a witness in an action involving the federal government, State of Minnesota, or a political subdivision thereof, in response to a subpoena or other direction by proper authority.
- b. The employee will be required to turn over to the agency any per diem payment received as a result of serving on a jury or as a witness. Monies received as expenses shall be kept by the employee.

Section 8 – Bereavement Leave

- a. Each employee shall have up to 22.5 hours non-cumulative annual bereavement leave. Each employee shall have an additional 5 days (37.5 hours) noncumulative bereavement

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

leave for immediate family (parent/child/spouse). Such days shall be with pay and shall not be deducted from medical leave or vacation balances. Such leave must be taken in a minimum of 1/2 hour (.5) hour increments.

- b. Upon exhaustion of the non-cumulative bereavement leave and approval of their supervisor, an employee may use up to three (3) days of medical leave for bereavement of parents, children, spouse, siblings, legal wards, grandparents, grandchildren, aunts, uncles nieces, nephews, cousins, spouse's parents and in-law relatives.
- c. Reasonable agency time without loss of pay will be allowed to attend a funeral of current staff members or former staff members who left the agency within the last two years.
- d. In the event of a death in the family the employee shall inform the supervisor in the same manner as for medical leave.

Section 9 – Holidays

- a. An employee must be in pay status the day preceding and the day following a holiday to earn holiday pay. Holiday pay for part-time employees or employees who are in leave without pay status will be prorated.

If a holiday falls on a Saturday the holiday will be observed on Friday, if a holiday falls on a Sunday the holiday will be observed on Monday.

- b. New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve Day at noon if December 24th falls on Tuesday, Wednesday, or Thursday
If Christmas Eve falls on a Monday, then the full day holiday is observed
Christmas Day

Section 10 – Leave Without Pay

- a. Up to 37.5 hours of leave without pay per calendar year can be approved by the employee's direct supervisor. The supervisor in his/her discretion has the authority

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

and responsibility to deny a leave request when such a request could have negative effect on the service delivery of the agency.

- b. Whenever an employee requests leave without pay under the total of 37.5 hours per calendar year, the Leave Without Pay/Overtime Authorization (AG#006) must be completed and given to the supervisor. The supervisor will then give it to the Director for final approval. ~~Salary, vacation, holiday, and medical leave (earned) will be prorated in the same manner as for part-time employees.~~ The employer health insurance coverage contribution will not be affected unless the employee takes leave without pay in excess of 37.5 hours per calendar year. See Personnel Policy #2 Section 10 Fringe Benefits letter h.

- c. Leave without pay of more than 37.5 hours per calendar year will be reviewed and approved/denied by a sub committee made up of the Chairperson of each Board, Director, Deputy Director/HR, employee's immediate supervisor, and Division Director except when the leave is FMLA qualifying. An employee must make written application to Human Resources setting forth the request for the leave, the requested duration of the leave and the circumstances necessitating the leave. The request must be received prior to the commencement of the leave. Southwest Health and Human Services has the sole discretion to approve or deny such leave as it sees fit. The employer health insurance contribution will be affected unless the leave is FMLA qualifying.

- d. Leave without pay will only be considered if all eligible accrued leave has been exhausted.

- e. Any unauthorized absence from work shall be considered absence without leave and be subject to disciplinary action and time without pay. Three days of absence without authorization may be deemed as a resignation, but such leave may be covered by subsequent approval of leave if conditions warrant.

Agency Forms Regarding This Policy
AG#006 - Leave Without Pay/Overtime Authorization

MARCH 2020
GRANTS ~ AGREEMENTS ~ CONTRACTS
for Board review and approval

- DHS Children’s Mental Health Respite Care Grant** – 01/01/20 to 06/30/21; Provide funds to support children’s mental health respite care services (short term care); \$23,711 SFY 2020 and \$47,422 SFY 2021 (\$9,915 decrease)(renewal).

- Southwestern Mental Health (Luverne & Pipestone, MN)** – 01/01/20 to 12/31/20; Contract for parenting classes (\$200/hour for Parenting Skills Group) and individual parent education (NEW).

- Western Mental Health Center Inc (various locations)** – 01/01/20 to 12/31/20; Amendment to Adult Community Support Program, MH Practitioner \$74.08/hr (\$2/hr increase), Community Support Aide \$34.00/hr (\$2/hr increase), ARMHS Individual Service \$74.08/hr (\$2/hr increase), ARMHS group service \$34.50/hr (\$2/hr increase), Certified Peer Specialist \$72..08/hr (\$2/hr increase); \$180,000 cap – additional dollars require approval (no increase) (renewal).