



Southwest Health and Human Services  
Board Agenda  
Wednesday January 20, 2021  
Commissioners Room  
Government Center, 2<sup>nd</sup> Floor  
Marshall  
9:00 a.m.

**HUMAN SERVICES**

- A. Call to Order
  
- B. Pledge of Allegiance
  
- C. Election of Officers
  - 1. Appoint members of Adult Mental Health Consortium
  
- D. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 12/16/2020 Board Minutes
  
- E. Introduce New Staff:
  
- F. Employee Recognition:
  - Brittany Lembcke, 5 years, Social Worker (CAC/CADI/BI), Marshall
  - Becky Sietsema, 15 years, Social Worker (CW), Pipestone

**HUMAN SERVICES (cont.)**

G. Financial

H. Caseload

	<u>12/20</u>	<u>12/19</u>	<u>11/20</u>	<u>10/20</u>
Social Services	3,601	3,646	3,655	3,631
Licensing	419	411	422	425
Out-of-Home Placements	153	176	154	161
Income Maintenance	12,893	11,701	12,834	12,688
Child Support Cases	3,113	3,189	3,120	3,114
Child Support Collections	\$728,297	\$795,866	\$693,520	\$728,324
Non IV-D Collections	\$235,903	\$121,676	\$137,173	\$109,791

I. Discussion/Information

1.

J. Decision Items

1.

**COMMUNITY HEALTH**

K. Call to Order

L. Election of Officers

1. Appoint SCHASC Representative and Alternate

M. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 12/16/2020 Board Minutes

N. Financial

**COMMUNITY HEALTH (cont.)**

O. Caseload	<u>12/20</u>	<u>11/20</u>	<u>10/20</u>
WIC	N/A	2005	2010
Family Home Visiting	6	10	12
PCA Assessments	8	6	7
Managed Care	196	158	248
Dental Varnishing	0	0	0
Refugee Health	0	0	0
Latent TB Medication Distribution	3	1	1
Water Tests	110	124	165
FPL Inspections	14	11	37
Immunizations	26	16	35
Car Seats	2	8	10

- P. Discussion/Information
1. SRDC COVID Partner Evaluation: Jessica Welu
  2. SCHSAC Update: Commissioner Salfer
  3. COVID Updates

- Q. Decision Items
1. 2020 Pubic Health Fee Schedule
  2. 2021 Public Health Fee Schedule

**GOVERNING BOARD**

- R. Call to Order

- S. Election of Officers
1. Appoint members of Executive Committee
  2. Appoint members of Finance Committee
  3. Appoint members of Personnel Committee
  4. Appoint members of Insurance Committee

- T. Consent Agenda
1. Amend/Approval of Agenda
  2. Identification of Conflict of Interest
  3. Approval of 12/16/2020 Board Minutes

- U. Financial

**GOVERNING BOARD (cont.)**

V. Human Resources Statistics

	<u>12/20</u>	<u>12/19</u>	<u>11/20</u>	<u>10/20</u>
Number of Employees	229	238	230	232
Separations	0		3	1

W. Discussion/Information

1. MCIT Certificate of Excellence
2. Personnel Policy #28 (COVID-19 Staffing Considerations/Operations)
3. Review & Acceptance of 2019 Annual Report
4. HR Report

X. Decision Items

1. Jennifer Palmer, County Agency Social Worker CPS, probationary appointment (12 months), \$24.12 hourly, effective 12/7/2020.
2. Jessica Robison, County Agency Social Worker, probationary appointment (12 months), \$24.12 hourly, effective 12/21/2020.
3. Ashley VanOverbeke, Financial Assistance Supervisor, probationary appointment (12 months), \$50,752.97 per year, effective 12/21/2020.
4. Venessa Arneson, Child Support Officer, probationary appointment (12 months), \$19.24 hourly, effective 1/4/2021.
5. Mary Jo Bose, Public Health Nurse,,probationary appointment (12 months), \$28.15 hourly, effective 1/4/2021.
6. Sherri Pickthorn, Social Services Supervisor, probationary appointment (12 months), \$65,500 per year, effective 1/18/2021.
7. Sandy Isaackson, Social Services Supervisor, probationary appointment (12 months), \$65,500 per year, effective 1/18/2021.
8. Temporary Registered Nurses (see addendum) - as needed \$30.00 per hour
9. Request for an Eligibility Worker (x2)
10. Request for Lead Eligibility Worker
11. Request for County Agency Social Worker (DD)
12. Request for County Agency Social Worker (AP)
13. Request for County Agency Social Worker-Lead (CD/AMH)
14. Personnel Policy 3 – Leaves and Holidays
15. Donations:
  - a. First Presbyterian Church donated four (4) \$75 gift cards to Tersteeg's grocery store in Redwood Falls to families who receive a foster child placement
  - b. \$5000 Donation from Jeff and Jeanne Knott of Tracy to be used for unmet needs of foster children in our communities
  - c. Anonymous donation of baby boy clothes to any Mom in need within Rock County
  - d. \$500 donation for families in need at Christmas from Dorrine and Russell Berg

- e. Christmas gifts for local family for Christmas from Zack and Shelby Sorenson
- f. Christmas meals for up to 10 families from Rapid Response Team of Redwood Falls

16. Contracts

Y. Adjournment

**Next Meeting Dates:**

- **Wednesday, February 17, 2021 – Marshall**
- **Wednesday, March 17, 2021 – Marshall**
- **Wednesday, April 21, 2021 – Marshall**

# SOUTHWEST HEALTH & HUMAN SERVICES

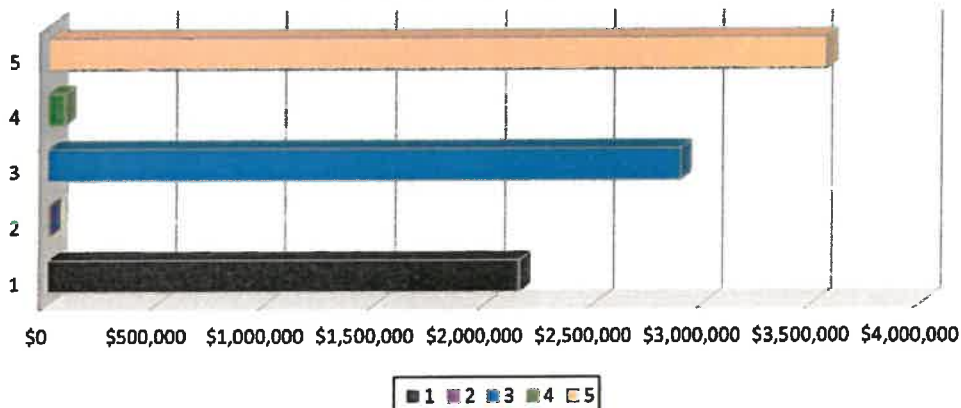
Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices

**SUMMARY OF FINANCIAL ACCOUNTS REPORT** For the Month Ending: **December 31, 2020**

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

Description	Month	Running Balance	
<b>BEGINNING BALANCE</b>		<b>\$1,752,351</b>	
<b>RECEIPTS</b>			
Monthly Receipts	2,114,938		
County Contribution	4,018,089		
Interest on Savings	213		
<b>TOTAL MONTHLY RECEIPTS</b>		<b>6,133,240</b>	
<b>DISBURSEMENTS</b>			
Monthly Disbursements	5,732,742		
<b>TOTAL MONTHLY DISBURSEMENTS</b>		<b>5,732,742</b>	
<b>ENDING BALANCE</b>		<b>\$2,152,849</b>	
<b>REVENUE</b>			
<i>Checking/Money Market</i>	<i>\$2,152,849</i>		
<i>SS Benefits Checking</i>	<i>\$7,361</i>		
<i>Bremer Savings</i>	<i>\$2,892,537</i>		
<i>Great Western Bank Savings</i>	<i>\$75,511</i>		
<i>Investments - MAGIC Fund</i>	<i>\$3,560,503</i>		
<b>ENDING BALANCE</b>		<b>\$8,688,762</b>	December 2019 Ending Balance <b>\$7,097,094</b>
<b>DESIGNATED/RESTRICTED FUNDS</b>			
Agency Health Insurance		<b>\$1,132,235</b>	December 2019 Ending Balance <b>\$1,051,605</b>
LCTS Lyon Murray Collaborative		<b>\$152,748</b>	
LCTS Rock Pipestone Collaborative		<b>\$43,883</b>	
LCTS Redwood Collaborative		<b>\$54,494</b>	
Local Advisory Council		<b>\$738</b>	December 2019 Ending Balance <b>\$738</b>
<b>AVAILABLE CASH BALANCE</b>		<b>\$7,304,664</b>	<b>\$5,792,421</b>

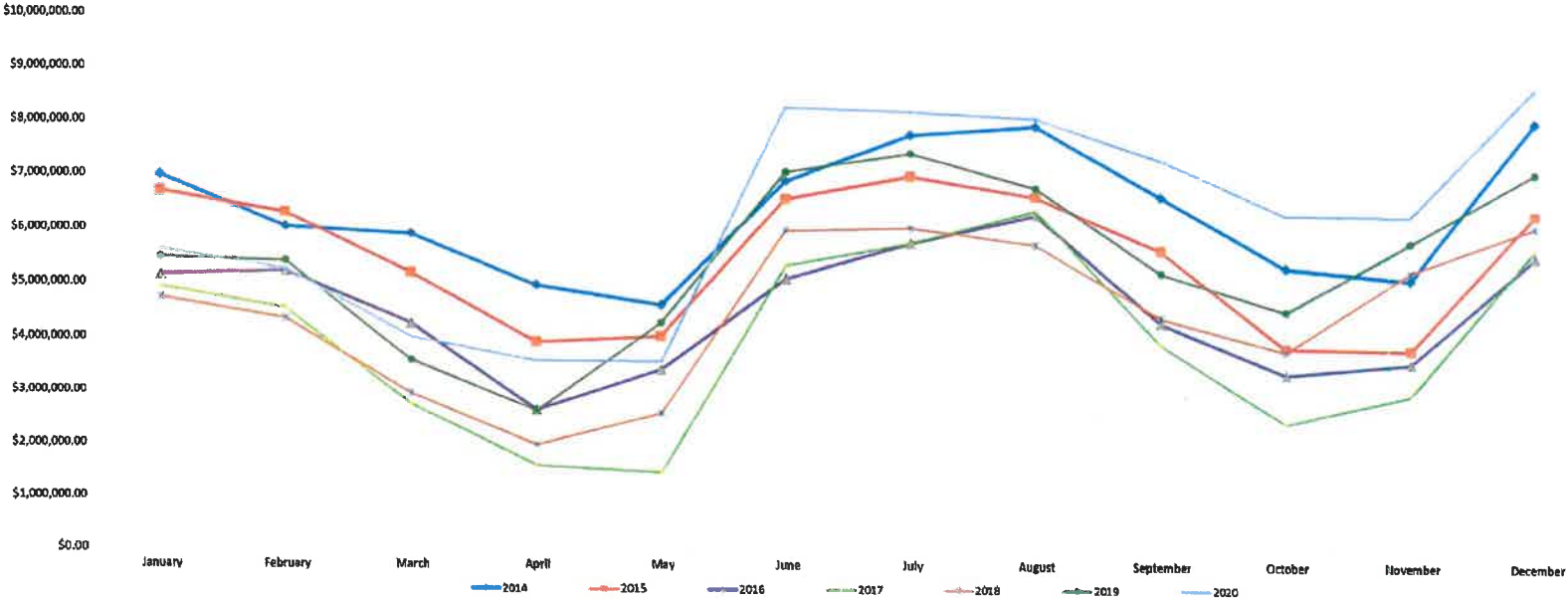
## REVENUE DESIGNATION



**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	\$4,596,515.25	\$6,893,382.81	\$7,769,372.24	\$7,943,228.69	\$6,629,326.28	\$5,325,638.85	\$5,113,269.32	\$8,050,538.23	\$6,347,314.41	\$6,298,469.25
2015	\$6,677,478.44	\$6,283,514.63	\$5,177,699.80	\$3,907,698.99	\$4,019,146.98	\$6,560,422.95	\$6,992,523.27	\$6,814,413.77	\$5,631,267.68	\$3,840,912.52	\$3,805,455.22	\$6,311,344.26	\$5,485,155.71	\$6,046,230.96
2016	\$5,132,902.00	\$5,204,953.26	\$4,246,693.55	\$2,626,629.20	\$3,394,917.21	\$5,088,797.96	\$5,750,965.99	\$6,275,434.87	\$4,290,910.19	\$3,346,309.75	\$3,560,416.89	\$5,533,701.83	\$4,537,719.39	\$4,861,516.27
2017	\$4,926,902.34	\$4,524,066.02	\$2,727,751.26	\$1,578,173.97	\$1,451,585.61	\$5,337,553.73	\$5,754,867.08	\$6,368,564.57	\$3,893,362.07	\$2,417,547.50	\$2,962,222.15	\$5,684,746.63	\$3,968,778.58	\$4,059,573.21
2018	\$4,721,044.88	\$4,333,938.53	\$2,935,770.10	\$1,965,448.62	\$2,570,090.71	\$5,977,407.40	\$6,033,326.24	\$5,731,633.62	\$4,391,617.44	\$3,775,199.56	\$5,252,398.36	\$6,085,906.40	\$4,481,140.24	\$3,898,917.84
2019	\$5,468,300.08	\$5,390,753.05	\$3,560,027.40	\$2,614,293.54	\$4,269,080.30	\$7,062,814.89	\$7,420,076.79	\$6,778,561.83	\$5,219,902.01	\$4,511,324.16	\$5,788,830.92	\$7,097,094.23	\$5,431,754.93	\$4,806,360.18
2020	\$5,612,100.09	\$5,244,836.41	\$3,999,085.28	\$3,557,399.16	\$3,544,281.51	\$8,279,950.83	\$8,206,914.72	\$8,087,152.70	\$7,320,202.93	\$6,302,908.56	\$6,288,111.05	\$8,688,761.65	\$6,260,975.41	\$4,952,007.26

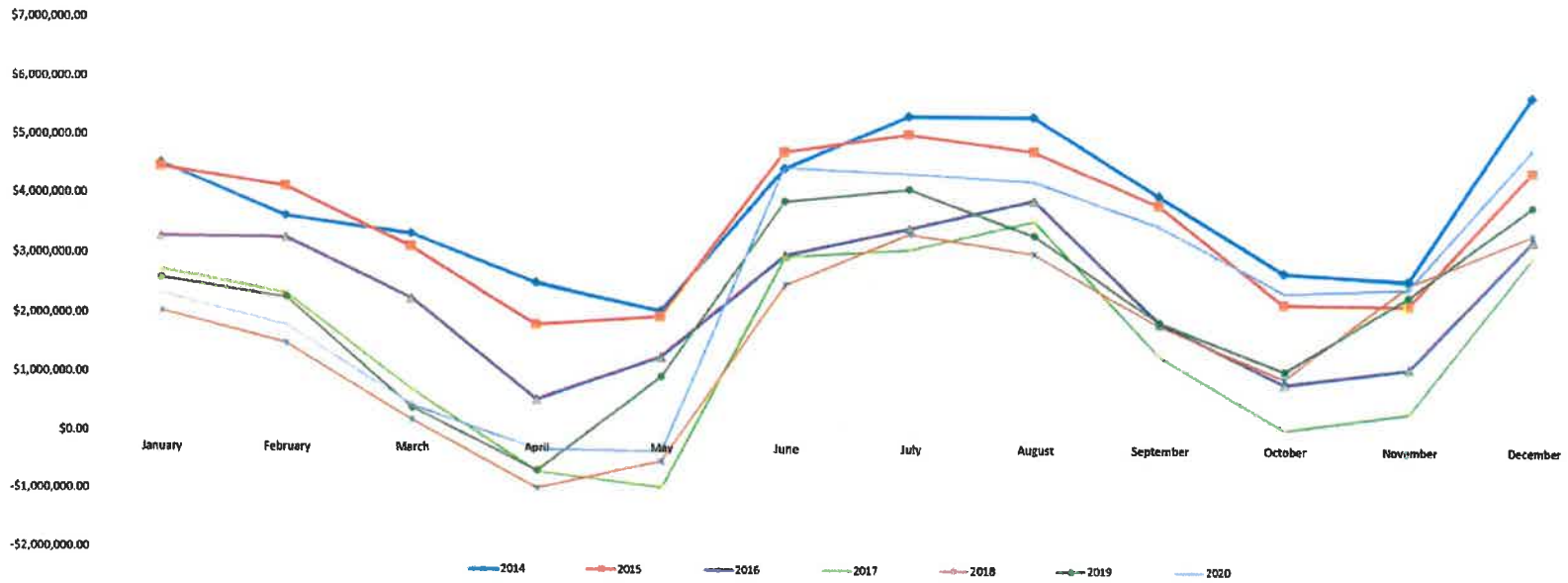
SWHHS Cash and Investment Balances



SWHHS  
Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$4,524,112.48	\$3,629,825.88	\$3,337,290.94	\$2,518,145.92	\$2,049,972.92	\$4,463,844.09	\$5,363,273.11	\$5,365,874.16	\$4,025,227.41	\$2,740,775.93	\$2,617,746.10	\$5,760,212.52	\$3,866,341.79	\$3,830,343.10
2015	\$4,463,244.56	\$4,128,666.35	\$3,114,955.80	\$1,805,842.76	\$1,948,746.17	\$4,743,405.88	\$5,052,792.79	\$4,776,068.68	\$3,868,016.53	\$2,206,082.85	\$2,192,119.16	\$4,467,384.13	\$3,563,943.81	\$3,902,288.90
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	\$854,465.14	\$1,125,561.79	\$3,301,841.92	\$2,347,793.02	\$2,933,293.25
2017	\$2,721,514.18	\$2,337,060.47	\$710,988.71	-\$678,564.48	-\$945,146.15	\$2,972,035.68	\$3,096,420.77	\$3,593,641.96	\$1,322,585.71	\$84,999.25	\$377,552.55	\$3,035,263.95	\$1,562,362.72	\$1,923,187.79
2018	\$2,027,812.89	\$1,484,259.33	\$191,366.90	-\$965,731.97	-\$501,975.29	\$2,490,798.49	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17	\$1,234,479.71
2019	\$2,581,063.09	\$2,265,158.91	\$405,973.82	-\$661,408.85	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.63	\$1,895,296.62	\$1,080,003.92	\$2,347,089.20	\$3,881,423.66	\$2,174,266.46	\$1,750,731.94
2020	\$2,332,934.55	\$1,794,776.37	\$446,580.09	-\$301,075.40	-\$322,039.73	\$4,477,838.46	\$4,384,474.68	\$4,260,536.62	\$3,518,651.39	\$2,410,104.32	\$2,492,480.39	\$4,846,662.00	\$2,528,493.65	\$1,524,763.67

SWHHS Cash Balances - Human Services

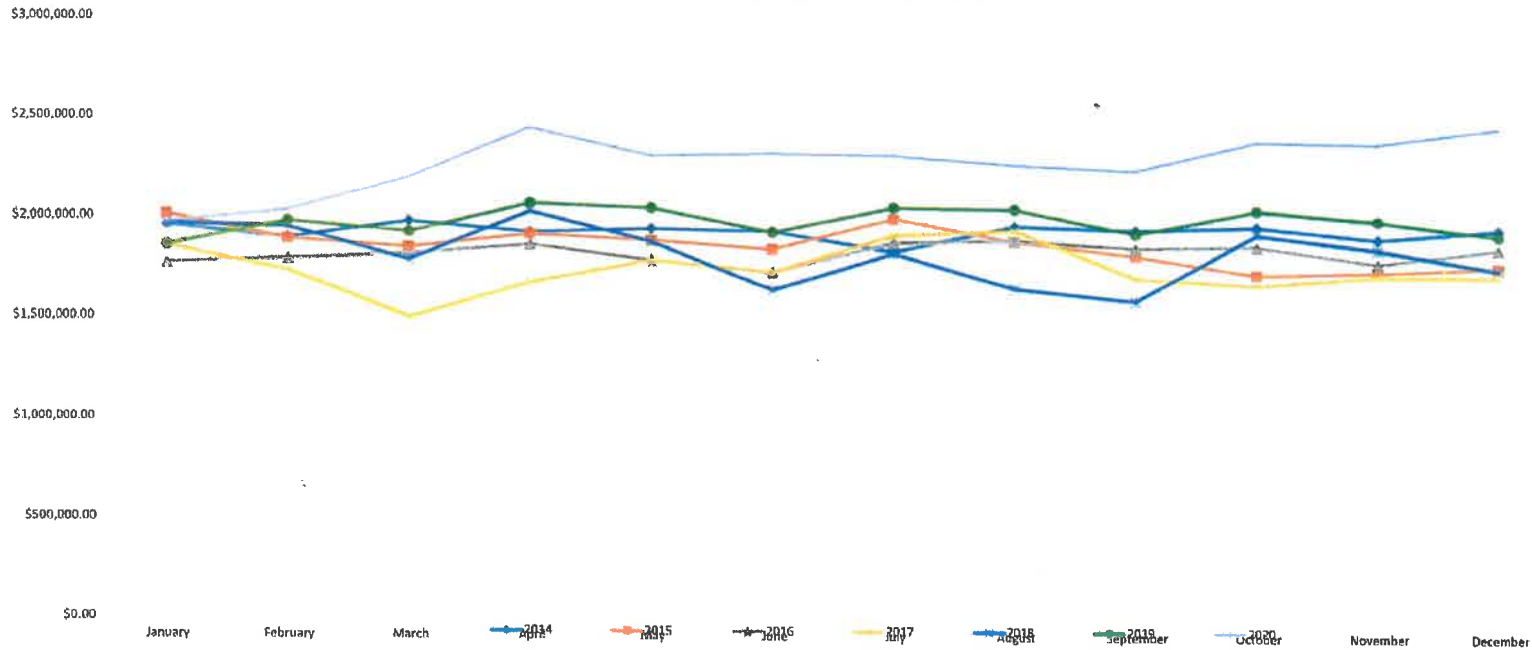


SWHHS  
Total Cash and Investment Balance by Month - Public Health Services

	January	February	March	April	May	June	July	August	September	October	November	December
2014	\$1,952,348.46	\$1,889,115.47	\$1,972,829.09	\$1,919,040.73	\$1,935,610.76	\$1,923,130.89	\$1,822,989.93	\$1,953,891.09	\$1,934,989.18	\$1,954,398.64	\$1,894,110.16	\$1,942,821.40
2015	\$2,005,574.71	\$1,882,681.89	\$1,841,149.62	\$1,906,754.95	\$1,876,427.45	\$1,832,808.45	\$1,987,157.33	\$1,874,490.47	\$1,806,827.22	\$1,714,863.10	\$1,730,380.53	\$1,755,462.75
2016	\$1,767,113.43	\$1,786,985.60	\$1,807,700.34	\$1,854,929.75	\$1,779,529.15	\$1,719,935.64	\$1,868,440.04	\$1,880,565.32	\$1,844,832.32	\$1,854,296.98	\$1,772,888.81	\$1,845,353.91
2017	\$1,847,930.47	\$1,726,463.73	\$1,494,923.91	\$1,667,703.90	\$1,778,698.76	\$1,720,044.88	\$1,903,354.71	\$1,930,710.27	\$1,695,805.50	\$1,663,861.45	\$1,709,269.13	\$1,709,425.15
2018	\$1,982,214.72	\$1,943,637.75	\$1,780,622.98	\$2,023,315.56	\$1,870,382.57	\$1,633,344.06	\$1,816,127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48
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	\$2,039,261.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	\$1,910,997.42
2020	\$1,967,807.21	\$2,029,158.92	\$2,191,628.66	\$2,443,036.94	\$2,302,678.55	\$2,314,814.13	\$2,307,089.45	\$2,261,644.38	\$2,236,196.53	\$2,383,533.05	\$2,377,097.32	\$2,458,002.48

Average for Year
\$1,924,597.82
\$1,851,214.87
\$1,815,214.11
\$1,737,349.16
\$1,813,230.15
\$1,974,715.22
\$2,272,723.97

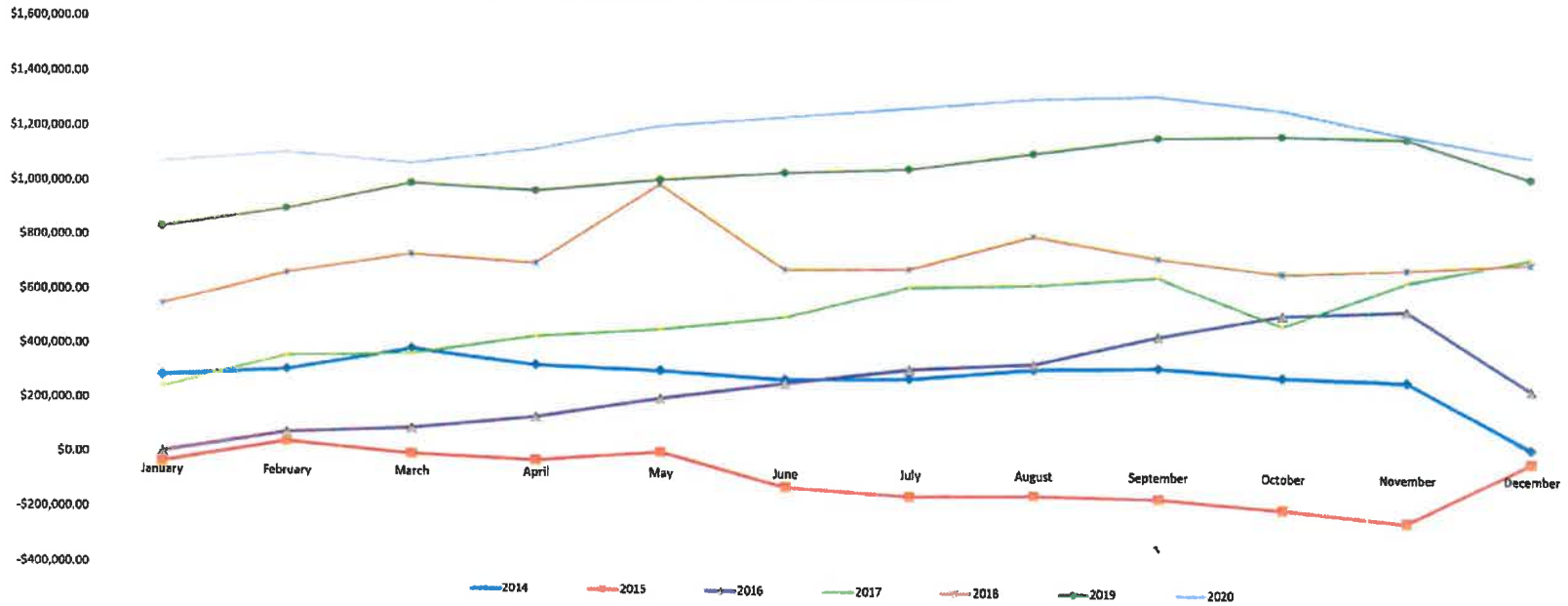
SWHHS Cash Balances - Public Health



**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	\$308,046.30	\$387,989.08	\$330,278.67	\$312,752.06	\$283,535.78	\$290,484.90	\$330,401.57	\$338,696.39	\$307,534.98	\$295,838.26	\$52,721.51	\$293,636.53
2015	-\$33,351.13	\$43,792.09	\$830.08	-\$19,686.02	\$13,868.59	-\$109,949.59	-\$141,430.74	-\$134,243.27	-\$141,678.96	-\$178,110.32	-\$221,023.86	\$0.00	-\$76,748.52
2016	\$4,998.43	\$75,942.80	\$95,153.51	\$139,472.05	\$210,786.36	\$270,693.34	\$325,643.77	\$350,734.02	\$455,033.16	\$538,192.07	\$558,493.11	\$269,062.28	\$274,517.08
2017	\$243,431.96	\$360,090.41	\$369,063.91	\$436,168.38	\$465,168.83	\$514,005.00	\$629,735.43	\$640,875.17	\$673,434.33	\$497,527.63	\$865,075.30	\$753,857.36	\$520,702.81
2018	\$547,461.08	\$661,779.26	\$734,590.83	\$705,226.64	\$998,994.04	\$688,218.46	\$693,431.75	\$820,833.21	\$742,653.73	\$690,065.54	\$709,870.88	\$736,904.37	\$727,502.48
2019	\$630,786.86	\$898,632.50	\$996,671.64	\$973,046.88	\$1,015,393.62	\$1,046,007.99	\$1,064,136.10	\$1,127,623.68	\$1,189,707.87	\$1,200,976.08	\$1,195,846.02	\$1,051,804.82	\$1,049,203.01
2020	1,070,978.00	1,108,164.79	1,071,726.42	1,126,237.51	1,216,449.58	1,252,789.13	1,289,386.59	1,328,430.70	1,343,792.01	1,297,527.65	1,206,581.80	1,132,234.63	\$1,203,691.07

SWHHS Cash and Investment Balances - Health Insurance



**SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER**

**December 2020**

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	<b>BALANCE FORWARD</b>				1,752,351.07
12/01/20	42338-42352	Dep	1,066,424.47		2,818,775.54
12/04/20	9546 - 9565	Payroll		130,080.66	2,688,694.88
12/04/20	67076 - 67314 ACH	Payroll		486,375.43	2,202,319.45
12/04/20	110844-110878	Disb		14,859.64	2,187,459.81
12/04/20	8566-8568 ACH	Disb		308.19	2,187,151.62
12/04/20	110879-110925	Disb		219,982.22	1,967,169.40
12/04/20	8569-8607 ACH	Disb		96,228.82	1,870,940.58
12/04/20	43254-42390	Dep	2,919,804.96		4,790,745.54
12/07/20	10036	Disb		88,543.48	4,702,202.06
12/08/20	42353, 42391-42432	Dep	510,510.06		5,212,712.12
12/08/20	10037	Disb		477.26	5,212,234.86
12/09/20	10038	Disb		10,820.19	5,201,414.67
12/10/20	10039	Disb		44,381.29	5,157,033.38
12/10/20	VOID 110835	Disb		(822.33)	5,157,855.71
12/11/20	110926-110961	Disb		3,259.21	5,154,596.50
12/11/20	8608-8609 ACH	Disb		101.86	5,154,494.64
12/11/20	110962-111035	Disb		171,035.60	4,983,459.04
12/11/20	8610-8640 ACH	Disb		204,369.37	4,779,089.67
12/10/20	Transfer to Bremer Savings	Disb		1,000,000.00	3,779,089.67
12/11/20	Transfer to MAGIC	Disb		1,000,000.00	2,779,089.67
12/11/20	42433-42509	Dep	390,197.52		3,169,287.19
12/14/20	10040	Disb		37,072.73	3,132,214.46
12/15/20	42510-42513,42515-42537	Dep	185,177.54		3,317,392.00
12/17/20	10041 (NSF return R41483)	Dep	(50.00)		3,317,342.00
12/17/20	10002 Adjusting Entry	Dep		(1,583.55)	3,318,925.55
12/18/20	111036-111125	Disb		13,259.80	3,305,665.75
12/18/20	8641-8642 ACH	Disb		289.20	3,305,376.55
12/18/20	111126-111350	Disb		121,426.16	3,183,950.39
12/18/20	8643-8652 ACH	Disb		5,055.20	3,178,895.19
12/18/20	9566 - 9584	Payroll		132,568.61	3,046,326.58
12/18/20	67315 - 67552 ACH	Payroll		498,233.60	2,548,092.98
12/18/20	111351-111376	Disb		4,732.00	2,543,360.98
12/18/20	8653-8656 ACH	Disb		455.70	2,542,905.28
12/18/20	111377-111441	Disb		289,097.12	2,253,808.16
12/18/20	8657-8670 ACH	Disb		44,006.63	2,209,801.53
12/18/20	42514, 42538-42584	Dep	191,322.59		2,401,124.12
12/21/20	10042	Disb		82,081.55	2,319,042.57
12/21/20	10043	Disb		12,805.11	2,306,237.46
12/23/20	10044	Disb		11,861.04	2,294,376.42
12/23/20	42585-42639	Dep	442,469.07		2,736,845.49
12/28/20	10045	Disb		49,627.54	2,687,217.95
12/28/20	transfer from SS account	Dep	17,115.13		2,704,333.08
12/29/20	42640-42670,42672	Dep	143,394.09		2,847,727.17
12/31/20	111442- 111492	Disb		16,762.90	2,830,964.27
12/31/20	8671- 8672 ACH	Disb		1,001.63	2,829,962.64
12/31/20	111493- 111552	Disb		308,807.49	2,521,155.15
12/31/20	8673 - 8696 ACH	Disb		95,240.17	2,425,914.98
12/31/20	9585 - 9588	Payroll		3,771.07	2,422,143.91
12/31/20	67553 - 67789 ACH	Payroll		536,452.86	1,885,691.05
12/31/20	VOID 111503	Disb		(283.63)	1,885,974.68
12/31/20	42671, 42673-42734	Dep	266,874.18		2,152,848.86
		<b>TOTALS</b>	<b>6,133,239.61</b>	<b>5,732,741.82</b>	

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

7,361.38
2,892,536.98
75,511.42
3,560,503.01

**TOTAL CASH BALANCE**

**8,688,761.65**



# Southwest Health and Human Services

## Treasurer's Cash Trial Balance

As of 12/2020

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
<b>1</b> Health Services Fund	1,910,997.42			
Receipts		424,281.36	4,480,447.43	
Disbursements		43,683.72-	1,003,933.42-	
Payroll		299,692.48-	2,929,508.95-	
<b>Fund Total . . . . .</b>		80,905.16	547,005.06	<b>2,458,002.48</b>
<b>5</b> Human Services Fund	<b>410</b>	<b>General Administration</b>		
	170,062.03-			
Receipts		51,747.82	636,298.19	
Disbursements		52,260.66-	634,509.33-	
Payroll		15,295.61-	149,426.45-	
Journal Entries		0.00	7,784.04	
<b>Dept Total . . . . .</b>		15,808.45-	139,853.55-	<b>309,915.58-</b>
<b>5</b> Human Services Fund	<b>420</b>	<b>Income Maintenance</b>		
	374,656.57-			
Receipts		1,980,084.21	9,788,777.14	
Disbursements		545,735.78-	4,260,458.48-	
Payroll		458,936.11-	4,405,234.89-	
Journal Entries		0.00	3,892.02-	
<b>Dept Total . . . . .</b>		975,412.32	1,119,191.75	<b>744,535.18</b>
<b>5</b> Human Services Fund	<b>431</b>	<b>Social Services</b>		
	7,662,641.12			
Receipts		3,401,090.35	18,660,029.98	
Disbursements		109,743.45-	1,390,878.27-	
SSIS		847,604.16-	7,942,292.01-	
Payroll		981,040.33-	9,098,803.72-	
Journal Entries		0.00	3,892.02-	
<b>Dept Total . . . . .</b>		1,462,702.41	224,163.96	<b>7,886,805.08</b>
<b>5</b> Human Services Fund	<b>461</b>	<b>Information Systems</b>		
	3,236,438.89-			
Receipts		4,749.50	35,510.15	
Disbursements		345.47-	4,440.94-	

# Southwest Health and Human Services



## Treasurer's Cash Trial Balance

As of 12/2020

<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	Payroll		32,517.70-	269,393.00-	
	<b>Dept Total . . . . .</b>		28,113.67-	238,323.79-	3,474,762.68-
<b>5</b>	<b>Human Services Fund</b>				
		471	LCTS Collaborative Agency		
		0.00			
	Receipts		0.00	247,361.00	
	Disbursements		40,011.00-	247,361.00-	
	<b>Dept Total . . . . .</b>		40,011.00-	0.00	0.00
	<b>Fund Total . . . . .</b>	3,881,483.63	2,354,181.61	965,178.37	4,846,662.00
<b>61</b>	<b>Agency Health Insurance</b>				
		1,051,604.82			
	Receipts		231,428.18	2,617,927.59	
	Disbursements		305,775.35-	2,537,297.78-	
	<b>Fund Total . . . . .</b>		74,347.17-	80,629.81	1,132,234.63
<b>71</b>	<b>LCTS Lyon Murray Collaborative Fund</b>				
		471	LCTS Collaborative Agency		
		137,697.99			
	Receipts		18,451.00	113,017.00	
	Disbursements		50.00-	97,967.11-	
	<b>Dept Total . . . . .</b>		18,401.00	15,049.89	152,747.88
	<b>Fund Total . . . . .</b>	137,697.99	18,401.00	15,049.89	152,747.88
<b>73</b>	<b>LCTS Rock Pipestone Collaborative Fund</b>				
		471	LCTS Collaborative Agency		
		54,412.53			
	Receipts		4,897.00	42,627.00	
	Disbursements		18.00-	53,157.00-	
	<b>Dept Total . . . . .</b>		4,879.00	10,530.00-	43,882.53
	<b>Fund Total . . . . .</b>	54,412.53	4,879.00	10,530.00-	43,882.53
<b>75</b>	<b>Redwood LCTS Collaborative</b>				
		471	LCTS Collaborative Agency		
		59,802.79			

# Southwest Health and Human Services



SRK  
1/6/21 12:48PM

## Treasurer's Cash Trial Balance

As of 12/2020

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Receipts		16,663.00	97,223.00	
Disbursements		32.00-	102,532.00-	
<b>Dept Total .....</b>		16,631.00	5,309.00-	54,493.79
<b>Fund Total .....</b>	59,802.79	16,631.00	5,309.00-	54,493.79
77 Local Advisory Council	477 Local Advisory Council			
	1,155.02			
Disbursements		0.00	416.68-	
<b>Dept Total .....</b>		0.00	416.68-	738.34
<b>Fund Total .....</b>	1,155.02	0.00	416.68-	738.34
All Funds .....	7,097,154.20			
Receipts		6,133,392.42	36,719,218.48	
Disbursements		1,097,655.43-	10,332,952.01-	
SSIS		847,604.16-	7,942,292.01-	
Payroll		1,787,482.23-	16,852,367.01-	
<b>Total .....</b>		2,400,650.60	1,591,607.45	8,688,761.65

# Southwest Health and Human Services



## RM-Stmt of Revenues & Expenditures

As Of 12/2020

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 BUDGET	% OF BUDG	% OF YEAR
<b>FUND 1 HEALTH SERVICES FUND</b>					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	0.00	1,042,525.00-	1,042,525.00-	100	100
INTERGOVERNMENTAL REVENUES	20.00-	166,402.09-	170,500.00-	98	100
STATE REVENUES	78,958.04-	965,838.60-	810,102.00-	119	100
FEDERAL REVENUES	275,036.76-	1,765,442.18-	1,245,041.00-	142	100
FEES	47,754.30-	501,587.21-	496,230.00-	101	100
EARNINGS ON INVESTMENTS	34.15-	4,271.00-	14,880.00-	29	100
MISCELLANEOUS REVENUES	22,478.11-	31,527.55-	8,900.00-	354	100
<b>TOTAL REVENUES</b>	<b>424,281.36-</b>	<b>4,477,593.63-</b>	<b>3,788,178.00-</b>	<b>118</b>	<b>100</b>
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	100
PAYROLL AND BENEFITS	299,692.48	2,929,468.95	3,016,052.00	97	100
OTHER EXPENDITURES	43,683.72	1,001,119.62	772,126.00	130	100
<b>TOTAL EXPENDITURES</b>	<b>343,376.20</b>	<b>3,930,588.57</b>	<b>3,788,178.00</b>	<b>104</b>	<b>100</b>

# Southwest Health and Human Services



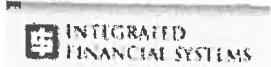
## RM-Stmt of Revenues & Expenditures

As Of 12/2020

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2020 BUDGET	% OF BUDG	% OF YEAR
<b>FUND 5 HUMAN SERVICES FUND</b>					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	4,018,088.58-	11,255,290.67-	11,378,603.00-	99	100
INTERGOVERNMENTAL REVENUES	41,361.00-	96,782.73-	104,354.00-	93	100
STATE REVENUES	357,666.12-	5,555,408.18-	5,269,341.00-	105	100
FEDERAL REVENUES	466,055.05-	7,730,096.22-	8,035,293.00-	96	100
FEES	181,434.77-	2,263,650.63-	2,200,150.00-	103	100
EARNINGS ON INVESTMENTS	5,879.28-	28,122.58-	78,096.00-	36	100
MISCELLANEOUS REVENUES	302,306.14-	1,701,712.60-	1,139,100.00-	149	100
<b>TOTAL REVENUES</b>	<b>5,372,790.94-</b>	<b>28,631,063.61-</b>	<b>28,204,937.00-</b>	<b>102</b>	<b>100</b>
EXPENDITURES					
PROGRAM EXPENDITURES	1,320,481.89	11,202,867.30	11,157,301.00	100	100
PAYROLL AND BENEFITS	1,488,272.59	13,921,918.88	14,290,849.00	97	100
OTHER EXPENDITURES	209,824.85	2,541,906.14	2,756,787.00	92	100
<b>TOTAL EXPENDITURES</b>	<b>3,018,579.33</b>	<b>27,666,692.32</b>	<b>28,204,937.00</b>	<b>98</b>	<b>100</b>

# 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	...						
			<b>Revenue</b>				100
			<b>Expend.</b>	15,266.86	72,455.01	0.00	0
			<b>Net</b>	15,266.86	72,455.01	0.00	0
930 PROGRAM	Administration						
			<b>Revenue</b>	10,096.15-	1,096,958.65-	1,108,655.00-	99
			<b>Expend.</b>	37,261.49	445,219.91	697,981.00	64
			<b>Net</b>	27,165.34	651,738.74-	410,674.00-	159
410 DEPT	General Administration	<b>Totals:</b>	<b>Revenue</b>	10,096.15-	1,096,958.65-	1,108,655.00-	99
			<b>Expend.</b>	52,528.35	517,674.92	697,981.00	74
			<b>Net</b>	42,432.20	579,283.73-	410,674.00-	141
481 DEPT	Nursing						
100 PROGRAM	Family Health						
			<b>Revenue</b>	1,048.73-	17,056.62-	18,680.00-	91
			<b>Expend.</b>	1,322.73	18,404.91	15,651.00	118
			<b>Net</b>	274.00	1,348.29	3,029.00-	45-
103 PROGRAM	Follow Along Program						
			<b>Revenue</b>	1,862.30-	24,396.36-	27,324.00-	89
			<b>Expend.</b>	2,329.49	28,127.89	31,241.00	90
			<b>Net</b>	467.19	3,731.53	3,917.00	95
110 PROGRAM	TANF						
			<b>Revenue</b>	0.00	63,937.99-	127,876.00-	50
			<b>Expend.</b>	0.00	122,910.81	127,911.00	96
			<b>Net</b>	0.00	58,972.82	35.00	168,494
130 PROGRAM	WIC						
			<b>Revenue</b>	92,761.00-	543,359.00-	450,000.00-	121
			<b>Expend.</b>	54,193.20	529,986.58	557,867.00	95
			<b>Net</b>	38,567.80-	13,372.42-	107,867.00	12-
140 PROGRAM	Peer Breastfeeding Support Program						
			<b>Revenue</b>	6,757.00-	30,703.00-	53,500.00-	57
			<b>Expend.</b>	1,995.07	28,812.24	33,438.00	86
			<b>Net</b>	4,761.93-	1,890.76-	20,062.00-	9
210 PROGRAM	CTC Outreach						
			<b>Revenue</b>	70,757.19-	246,841.05-	271,600.00-	91
			<b>Expend.</b>	16,532.71	216,707.75	285,400.00	76
			<b>Net</b>	54,224.48-	30,133.30-	13,800.00	218-
270 PROGRAM	Maternal Child Health - Title V						
			<b>Revenue</b>	19,841.41-	165,842.37-	253,200.00-	65
			<b>Expend.</b>	8,150.74	187,235.56	249,934.00	75
			<b>Net</b>	11,690.67-	21,393.19	3,266.00-	655-

# 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	0.00	901.96-	2,000.00-	45	100
			Expend.	10.92	14,409.38	17,907.00	80	100
			Net	10.92	13,507.42	15,907.00	85	100
285 PROGRAM	MCH Blood Lead		Revenue					100
			Expend.	115.47	2,475.77	0.00	0	100
			Net	115.47	2,475.77	0.00	0	100
295 PROGRAM	MCH Car Seat Program		Revenue	687.76-	10,276.45-	33,000.00-	31	100
			Expend.	3,817.25	31,231.20	42,199.00	74	100
			Net	3,129.49	20,954.75	9,199.00	228	100
300 PROGRAM	Case Management		Revenue	40,459.90-	439,191.13-	409,000.00-	107	100
			Expend.	24,863.37	312,559.01	412,332.00	76	100
			Net	15,596.53-	126,632.12-	3,332.00	3,800-	100
330 PROGRAM	MNChoices		Revenue	9,447.55-	171,343.57-	114,000.00-	150	100
			Expend.	13,236.63	169,099.44	191,342.00	88	100
			Net	3,789.08	2,244.13-	77,342.00	3-	100
603 PROGRAM	Disease Prevention And Control		Revenue	11,364.74-	156,226.09-	141,042.00-	111	100
			Expend.	10,418.56	175,303.54	247,136.00	71	100
			Net	946.18-	19,077.45	106,094.00	18	100
660 PROGRAM	MIIC		Revenue	0.00	77.68-	0.00	0	100
			Expend.	12.22	749.54	0.00	0	100
			Net	12.22	671.86	0.00	0	100
481 DEPT	Nursing	Totals:	Revenue	254,987.58-	1,870,153.27-	1,901,222.00-	98	100
			Expend.	136,998.36	1,838,013.62	2,212,358.00	83	100
			Net	117,989.22-	32,139.65-	311,136.00	10-	100
483 DEPT	Health Education							
500 PROGRAM	Direct Client Services		Revenue	192.28-	3,650.72-	500.00-	730	100
			Expend.	229.07	3,862.61	32,705.00	12	100
			Net	36.79	211.89	32,205.00	1	100
510 PROGRAM	SHIP		Revenue	31,026.62-	251,285.67-	226,960.00-	111	100
			Expend.	15,891.22	216,356.69	226,960.00	95	100
			Net	15,135.40-	34,928.98-	0.00	0	100
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	1,329.48-	5,015.34-	17,537.00-	29	100
			Expend.	137.37	3,928.69	17,537.00	22	100
			Net	1,192.11-	1,086.65-	0.00	0	100

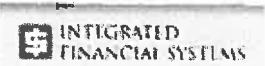
# Southwest Health and Human Services

## 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	1,516.40-	4,184.43-	17,641.00-	24	100
			Expend.	214.87	3,650.10	17,641.00	21	100
			Net	1,301.53-	534.33-	0.00	0	100
550 PROGRAM	P&I Grant		Revenue	0.00	168,797.03-	189,326.00-	89	100
			Expend.	11,078.78	162,208.04	189,326.00	86	100
			Net	11,078.78	6,588.99-	0.00	0	100
900 PROGRAM	Emergency Preparedness		Revenue	2,130.36-	73,108.67-	92,437.00-	79	100
			Expend.	12,832.38	71,029.77	92,437.00	77	100
			Net	10,702.02	2,078.90-	0.00	0	100
905 PROGRAM	COVID-19 Pandemic		Revenue	118,538.01-	766,902.32-	0.00	0	100
			Expend.	85,215.23	841,152.16	0.00	0	100
			Net	33,322.78-	74,249.84	0.00	0	100
906 PROGRAM	COVID-19 Vaccination Planning Grant		Revenue					100
			Expend.	866.23	866.23	0.00	0	100
			Net	866.23	866.23	0.00	0	100
483 DEPT	Health Education	Totals:	Revenue	154,733.15-	1,272,944.18-	544,401.00-	234	100
			Expend.	126,465.15	1,303,054.29	576,606.00	226	100
			Net	28,268.00-	30,110.11	32,205.00	93	100
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue	38.00-	166,839.50-	206,600.00-	81	100
			Expend.	18,185.91	189,686.34	276,433.00	69	100
			Net	18,147.91	22,846.84	69,833.00	33	100
809 PROGRAM	Environmental Water Lab		Revenue	4,426.48-	68,198.03-	27,300.00-	250	100
			Expend.	9,172.12	78,094.46	24,800.00	315	100
			Net	4,745.64	9,896.43	2,500.00-	396-	100
830 PROGRAM	FDA Standardization Grant		Revenue	0.00	2,500.00-	0.00	0	100
			Expend.	26.31	4,064.94	0.00	0	100
			Net	26.31	1,564.94	0.00	0	100
485 DEPT	Environmental Health	Totals:	Revenue	4,464.48-	237,537.53-	233,900.00-	102	100
			Expend.	27,384.34	271,845.74	301,233.00	90	100
			Net	22,919.86	34,308.21	67,333.00	51	100
1 FUND	Health Services Fund	Totals:	Revenue	424,281.36-	4,477,593.63-	3,788,178.00-	118	100
			Expend.	343,376.20	3,930,588.57	3,788,178.00	104	100
			Net	80,905.16-	547,005.06-	0.00	0	100

# 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>
5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...							
			<b>Revenue</b>					100
			<b>Expend.</b>	15,778.45	140,660.63	54,307.00	259	100
			<b>Net</b>	15,778.45	140,660.63	54,307.00	259	100
410 DEPT	General Administration	<b>Totals:</b>	<b>Revenue</b>					100
			<b>Expend.</b>	15,778.45	140,660.63	54,307.00	259	100
			<b>Net</b>	15,778.45	140,660.63	54,307.00	259	100
420 DEPT	Income Maintenance							
0 PROGRAM	...		<b>Revenue</b>					100
			<b>Expend.</b>	0.00	780.92	0.00	0	100
			<b>Net</b>	0.00	780.92	0.00	0	100
600 PROGRAM	Income Maint Administrative/Overhez		<b>Revenue</b>	1,224,192.19-	3,647,707.31-	3,638,696.00-	100	100
			<b>Expend.</b>	136,536.49	1,524,587.46	1,663,376.00	92	100
			<b>Net</b>	1,087,655.70-	2,123,119.85-	1,975,320.00-	107	100
601 PROGRAM	Income Maint/Random Moment Payro		<b>Revenue</b>					100
			<b>Expend.</b>	279,324.21	2,577,532.30	2,641,701.00	98	100
			<b>Net</b>	279,324.21	2,577,532.30	2,641,701.00	98	100
602 PROGRAM	Income Maint FPI Investigator		<b>Revenue</b>	1,487.00-	80,660.00-	58,000.00-	139	100
			<b>Expend.</b>	36.73	64,814.40	64,995.00	100	100
			<b>Net</b>	1,450.27-	15,845.60-	6,995.00	227-	100
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		<b>Revenue</b>	4,274.03-	81,271.81-	50,000.00-	163	100
			<b>Expend.</b>	16,335.87	131,479.56	50,000.00	263	100
			<b>Net</b>	12,061.84	50,207.75	0.00	0	100
610 PROGRAM	TANF(AFDC/MFIP/DWP)		<b>Revenue</b>	167.00-	6,591.50-	17,000.00-	39	100
			<b>Expend.</b>	119.63	3,979.66	13,750.00	29	100
			<b>Net</b>	47.37-	2,611.84-	3,250.00-	80	100
620 PROGRAM	General Asst (GA)/General Relief/Buri		<b>Revenue</b>	6,112.21-	43,666.70-	27,500.00-	159	100
			<b>Expend.</b>	45,306.91	410,854.48	226,000.00	182	100
			<b>Net</b>	39,194.70	367,187.78	198,500.00	185	100
630 PROGRAM	Food Support (FS)		<b>Revenue</b>	11,326.00-	516,102.60-	521,000.00-	99	100
			<b>Expend.</b>	161.18	1,441.48	6,500.00	22	100
			<b>Net</b>	11,164.82-	514,661.12-	514,500.00-	100	100

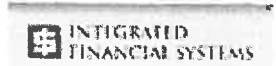
# Southwest Health and Human Services

## 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>
<b>640 PROGRAM</b>	Child Support (IVD)		<b>Revenue</b>	201,502.36-	1,519,963.70-	1,721,356.00-	88	100
			<b>Expend.</b>	111,485.02	1,133,779.20	1,158,162.00	98	100
			<b>Net</b>	90,017.34-	386,184.50-	563,194.00-	69	100
<b>650 PROGRAM</b>	Medical Assistance (MA)		<b>Revenue</b>	530,806.78-	3,891,350.52-	3,412,500.00-	114	100
			<b>Expend.</b>	415,149.21	2,819,583.93	2,277,000.00	124	100
			<b>Net</b>	115,657.57-	1,071,766.59-	1,135,500.00-	94	100
<b>680 PROGRAM</b>	Refugee Cash Assistance (RCA)		<b>Revenue</b>	0.00	711.00-	0.00	0	100
			<b>Expend.</b>					100
			<b>Net</b>	0.00	711.00-	0.00	0	100
<b>420 DEPT</b>	Income Maintenance	<b>Totals:</b>	<b>Revenue</b>	1,979,867.57-	9,788,025.14-	9,446,052.00-	104	100
			<b>Expend.</b>	1,004,455.25	8,668,833.39	8,101,484.00	107	100
			<b>Net</b>	975,412.32-	1,119,191.75-	1,344,568.00-	83	100
<b>431 DEPT</b>	Social Services							
<b>700 PROGRAM</b>	Social Service Administrative/Overhea		<b>Revenue</b>	2,689,234.60-	10,740,613.03-	10,899,532.00-	99	100
			<b>Expend.</b>	256,527.24	2,790,724.52	3,136,848.00	89	100
			<b>Net</b>	2,432,707.36-	7,949,888.51-	7,762,684.00-	102	100
<b>701 PROGRAM</b>	Social Services/SSTS		<b>Revenue</b>					100
			<b>Expend.</b>	826,093.39	7,672,100.55	7,765,564.00	99	100
			<b>Net</b>	826,093.39	7,672,100.55	7,765,564.00	99	100
<b>710 PROGRAM</b>	Children's Social Services Programs		<b>Revenue</b>	123,727.63-	2,016,236.57-	1,848,854.00-	109	100
			<b>Expend.</b>	329,237.86	3,193,221.20	3,756,500.00	85	100
			<b>Net</b>	205,510.23	1,176,984.63	1,907,646.00	62	100
<b>711 PROGRAM</b>	YIP Grant (Circle)-Dept of Public Safet		<b>Revenue</b>	0.00	16,791.50-	0.00	0	100
			<b>Expend.</b>	2,079.81	19,909.01	0.00	0	100
			<b>Net</b>	2,079.81	3,117.51	0.00	0	100
<b>712 PROGRAM</b>	CIRCLE Program		<b>Revenue</b>	0.00	5,000.00-	5,000.00-	100	100
			<b>Expend.</b>	1,320.95	6,400.09	8,000.00	80	100
			<b>Net</b>	1,320.95	1,400.09	3,000.00	47	100
<b>713 PROGRAM</b>	STAY Program Grant (formerly SELF)		<b>Revenue</b>	9,688.00-	27,565.00-	54,100.00-	51	100
			<b>Expend.</b>	2,853.67	13,003.60	54,100.00	24	100
			<b>Net</b>	6,834.33-	14,561.40-	0.00	0	100
<b>715 PROGRAM</b>	Children Waivers		<b>Revenue</b>	14,440.22-	159,899.65-	104,000.00-	154	100
			<b>Expend.</b>					100
			<b>Net</b>	14,440.22-	159,899.65-	104,000.00-	154	100

# 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>
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	3,244.00-	39,258.23-	56,914.00-	69	100
			Expend.	7.47	3,337.73	56,914.00	6	100
			Net	3,236.53-	35,920.50-	0.00	0	100
717 PROGRAM	AR/Alternative Response Discretion F		Revenue	13,086.00-	53,892.00-	52,344.00-	103	100
			Expend.	894.70	30,925.00	52,344.00	59	100
			Net	12,191.30-	22,967.00-	0.00	0	100
718 PROGRAM	PSOP/Parent Support Outreach Progra		Revenue	6,655.00-	24,583.00-	38,753.00-	63	100
			Expend.	1,352.41	7,793.03	38,753.00	20	100
			Net	5,302.59-	16,789.97-	0.00	0	100
720 PROGRAM	Child Care/Child Protection		Revenue	2,150.00-	22,906.75-	27,450.00-	83	100
			Expend.	0.00	0.00	2,600.00	0	100
			Net	2,150.00-	22,906.75-	24,850.00-	92	100
721 PROGRAM	CC Basic Slide Fee/Cty Match to DHS		Revenue	1,992.00-	31,769.00-	38,148.00-	83	100
			Expend.	7,228.00	45,793.50	43,365.00	106	100
			Net	5,236.00	14,024.50	5,217.00	269	100
722 PROGRAM	Child Care/MFIP		Revenue	0.00	367.00-	0.00	0	100
			Expend.					100
			Net	0.00	367.00-	0.00	0	100
726 PROGRAM	MFIP/SW MN PIC		Revenue	967.00-	13,082.00-	357,000.00-	4	100
			Expend.	0.00	0.00	225,000.00	0	100
			Net	967.00-	13,082.00-	132,000.00-	10	100
730 PROGRAM	Chemical Dependency		Revenue	17,644.76-	344,093.39-	286,500.00-	120	100
			Expend.	71,827.31	444,923.92	543,500.00	82	100
			Net	54,182.55	100,830.53	257,000.00	39	100
740 PROGRAM	Mental Health (Both Adults & Childrer		Revenue	0.00	22.40-	0.00	0	100
			Expend.					100
			Net	0.00	22.40-	0.00	0	100
741 PROGRAM	Mental Health/Adults Only		Revenue	175,361.57-	1,271,287.26-	1,196,951.00-	106	100
			Expend.	242,833.18	1,808,521.38	1,695,317.00	107	100
			Net	67,471.61	537,234.12	498,366.00	108	100
742 PROGRAM	Mental Health/Children Only		Revenue	92,697.10-	864,452.91-	820,246.00-	105	100
			Expend.	157,517.34	1,867,134.92	1,850,137.00	101	100
			Net	64,820.24	1,002,682.01	1,029,891.00	97	100

# 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>
750 PROGRAM	Developmental Disabilities		Revenue	54,420.36-	868,382.38-	850,171.00-	102	100
			Expend.	15,514.02	252,763.89	369,671.00	68	100
			Net	38,906.34-	615,618.49-	480,500.00-	128	100
760 PROGRAM	Adult Services		Revenue	125,766.13-	1,195,897.14-	1,351,922.00-	88	100
			Expend.	2,181.71	59,758.97	39,850.00	150	100
			Net	123,584.42-	1,136,138.17-	1,312,072.00-	87	100
765 PROGRAM	Adult Waivers		Revenue	57,099.50-	864,068.11-	736,000.00-	117	100
			Expend.	8,002.40	119,692.05	112,500.00	106	100
			Net	49,097.10-	744,376.06-	623,500.00-	119	100
431 DEPT	Social Services	<b>Totals:</b>	Revenue	3,388,173.87-	18,560,167.32-	18,723,885.00-	99	100
			Expend.	1,925,471.46	18,336,003.36	19,750,963.00	93	100
			Net	1,462,702.41-	224,163.96-	1,027,078.00	22-	100
461 DEPT	Information Systems		Revenue	4,749.50-	35,510.15-	35,000.00-	101	100
0 PROGRAM	...		Expend.	32,863.17	273,833.94	298,183.00	92	100
			Net	28,113.67	238,323.79	263,183.00	91	100
461 DEPT	Information Systems	<b>Totals:</b>	Revenue	4,749.50-	35,510.15-	35,000.00-	101	100
			Expend.	32,863.17	273,833.94	298,183.00	92	100
			Net	28,113.67	238,323.79	263,183.00	91	100
471 DEPT	LCTS Collaborative Agency		Revenue	0.00	247,361.00-	0.00	0	100
702 PROGRAM	LCTS		Expend.	40,011.00	247,361.00	0.00	0	100
			Net	40,011.00	0.00	0.00	0	100
471 DEPT	LCTS Collaborative Agency	<b>Totals:</b>	Revenue	0.00	247,361.00-	0.00	0	100
			Expend.	40,011.00	247,361.00	0.00	0	100
			Net	40,011.00	0.00	0.00	0	100
5 FUND	Human Services Fund	<b>Totals:</b>	Revenue	5,372,790.94-	28,631,063.61-	28,204,937.00-	102	100
			Expend.	3,018,579.33	27,666,692.32	28,204,937.00	98	100
			Net	2,354,211.61-	964,371.29-	0.00	0	100
<b>FINAL TOTALS</b>	<b>1,066 Accounts</b>		Revenue	5,797,072.30-	33,108,657.24-	31,993,115.00-	103	100
			Expend.	3,361,955.53	31,597,280.89	31,993,115.00	99	100
			Net	2,435,116.77-	1,511,376.35-	0.00	0	100

# 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	2623	572	3195

<b>2020</b>	Adult Services	Children's Services	Total Programs
January	2631	650	3281
February	2566	654	3220
March	2618	585	3203
April	2624	548	3172
May	2602	563	3165
June	2612	552	3164
July	2638	528	3166
August	2667	506	3173
September	2616	558	3174
October	2632	574	3206
November	2656	577	3233
December	2610	572	3182
<b>Average</b>	<b>2623</b>	<b>572</b>	<b>3195</b>

# 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)

<b>2020</b>	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	9	321	12	0	264	69	847	17	301	457	321	2618
April	9	320	11	0	271	58	843	16	317	459	320	2624
May	9	321	11	0	274	58	848	13	285	461	322	2602
June	9	322	12	0	270	61	882	14	265	456	321	2612
July	10	323	12	0	269	66	882	14	291	451	320	2638
August	10	329	12	0	270	66	899	14	300	450	317	2667
September	10	341	12	0	269	60	897	14	250	450	313	2616
October	10	341	12	0	276	59	874	14	284	449	313	2632
November	10	340	12	0	274	55	877	16	315	446	311	2656
December	10	338	12	0	272	50	888	17	261	447	315	2610
	10	328	12	0	270	61	869	15	287	453	319	2623

# Children's - Social Services Caseload

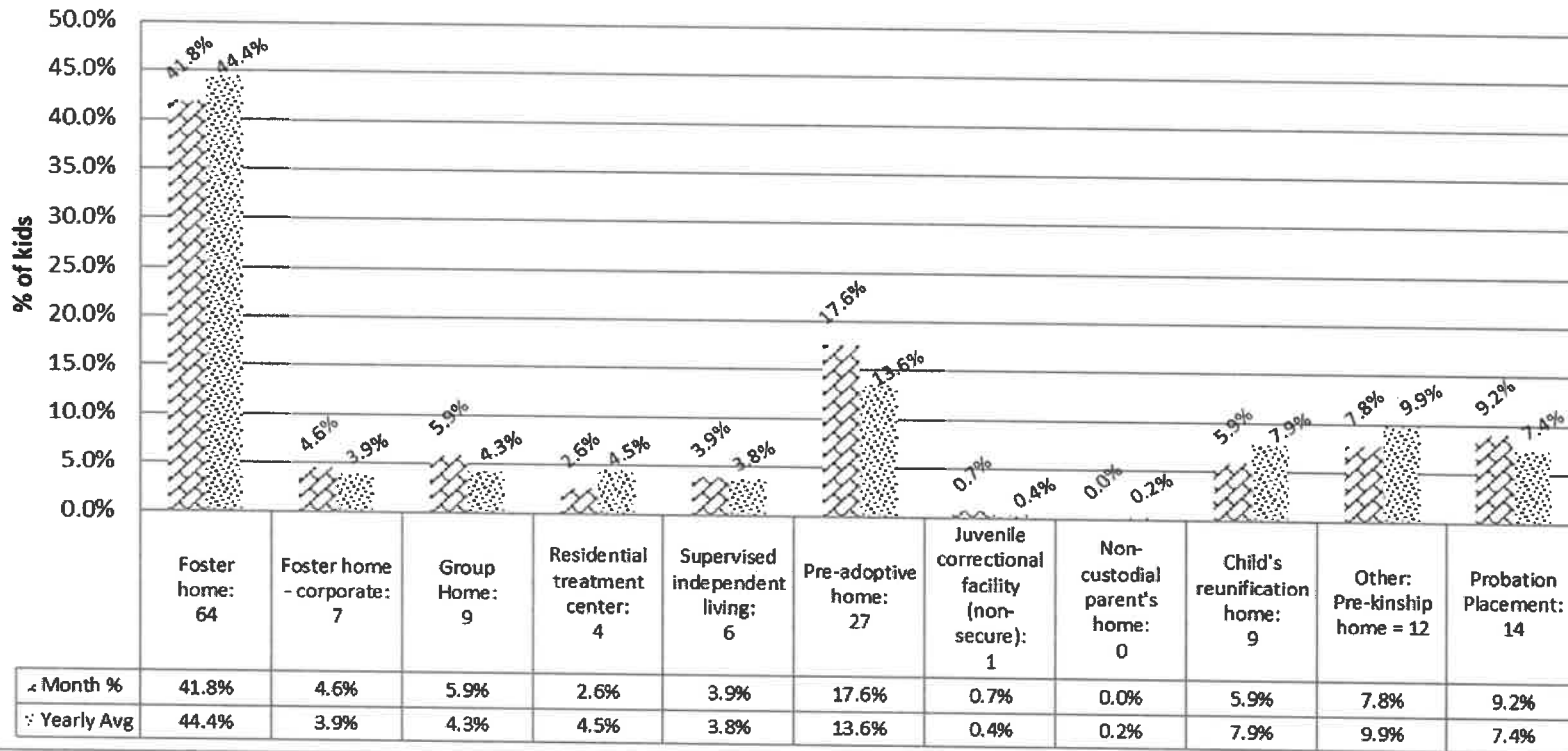
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	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												

<b>2020</b>	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	39	24	0	11	43	170	181	84	0	0	33	585
April	31	27	0	11	46	144	183	84	0	0	22	548
May	31	29	0	11	46	162	169	80	0	0	35	563
June	31	31	0	11	48	153	159	81	0	0	38	552
July	26	31	0	12	49	147	150	80	0	0	33	528
August	26	29	0	12	50	145	146	79	0	0	19	506
September	26	28	0	12	50	164	164	84	0	0	30	558
October	27	31	0	12	51	163	188	78	0	1	23	574
November	27	33	0	12	53	149	196	77	0	0	30	577
December	18	33	0	12	53	158	177	82	0	0	39	572
	<b>30</b>	<b>29</b>	<b>0</b>	<b>12</b>	<b>48</b>	<b>163</b>	<b>178</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>572</b>

## 2020 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Average	2019 Average
Lincoln	5	5	4	4	4	3	3	3	3	3	3	4	4	6
Lyon	50	48	42	44	43	41	40	40	42	40	42	42	43	44
Murray	8	8	8	8	8	8	8	9	9	9	7	9	8	10
Pipestone	25	25	24	24	24	26	27	26	25	25	21	20	24	25
Redwood	70	69	69	66	65	67	69	65	64	67	65	64	67	68
Rock	21	20	19	16	13	13	13	17	17	17	16	14	16	20
<b>Monthly Totals</b>	<b>179</b>	<b>175</b>	<b>166</b>	<b>162</b>	<b>157</b>	<b>158</b>	<b>160</b>	<b>160</b>	<b>160</b>	<b>161</b>	<b>154</b>	<b>153</b>		

**December 2020 - Placement by Category**  
**153 Kids in Placement**



**December 2020:** Total kids in placement = 153

**Total of 7 Children entered placement**

1	Lincoln	Foster Home
2	Lyon	Foster Home
2	Murray	Foster Home
2	Redwood	Foster Home

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

2	Lyon	Child's Reunification Home
1	Pipestone	Residential Treatment
2	Redwood	Probation
1	Redwood	Child's Reunification Home
2	Rock	Pre-kinship Home

**NON IVD COLLECTIONS**  
**DECEMBER 2020**

<b>PROGRAM</b>	<b>ACCOUNT</b>	<b>TOTAL</b>
MSA/GRH	05-420-605.5802	4,223
TANF (MFIP/DWP/AFDC)	05-420-610.5803	167
GA	05-420-620.5803	6,112
FS	05-420-630.5803	226
CS (PI Fee, App Fee, etc)	05-420-640.5501	208
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	182,821
REFUGEE	05-420-680.5803	0
<b>CHILDRENS</b>		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	10,208
OOH/FC Recovery	05-431-710.5803	19,359
<b>CHILDCARE</b>		
Licensing	05-431-720.5502	0
Corp FC Licensing	05-431-720.5505	1,150
Over Payments	05-431-721&722.5803	1,000
<b>CHEMICAL DEPENDENCY</b>		
CD Assessments	05-431-730.5519	3,083
Detox Fees	05-431-730.5520	1,460
SUD Treatment	05-431-730.5523	5,785
Over Payments	05-431-730.5803	0
<b>MENTAL HEALTH</b>		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
<b>DEVELOPMENTAL DISABILITIES</b>		
Insurance Copay/Overpayments	05-431-750.5803	0
<b>ADULT</b>		
Court Visitor Fee	05-431-760.5515	100
Insurance Copay/Overpayments	05-431-760.5803	0
<b>TOTAL NON-IVD COLLECTIONS</b>		<b>235,903</b>



**SOUTHWEST**  
HEALTH & HUMAN  
SERVICES

## 2020 Public Health Statistics

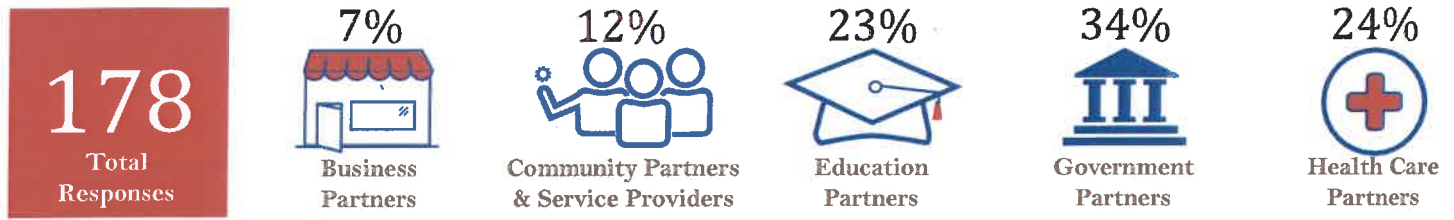
	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Immun	Car Seats
'12 Avg	1857	48	15	187	81						
'13 Avg	2302	37	21	211	90						
'14 Avg	2228	60	25	225	112	6	30				
'15 Avg	2259	86	23	238	112	12	36				
'16 Avg	2313	52	22	265	97	12	27				
'17 Avg	2217	47	22	290	56	9	25				
'18 Avg	2151	50	22	324	23	4	18	128	48	57	19
'19 Avg	2018	31	10	246	18	4	10	131	47	63	20
'20 Avg		27	8	224	-	-	6				7

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
1/20	1984	19	11	242	12	0	14	98	45	53	6
2/20	1971	34	7	214	7	5	19	87	40	38	19
3/20	2017	29*	12	217	4	0	1	99	33	10	12
4/20	2032	22*	9*	205*	0	0	7	178	12	0	0
5/20	2029	16*	5*	268*	0	0	6	115	32	0	1
6/20	2013	20*	8*	269*	0	0	11	145	30	0	6
7/20	2018	27*	6*	242*	0	0	3	144	55	33	9
8/20	2023	15*	14*	217*	0	0	8	155	46	28	7
9/20	1987	9*	4	217*	0	2	3	130	49	15	9
10/20	2010	12*	7	248*	0	0	1	165	37	35	10
11/20	2005	10*	6	158*	0	0	1	124	11	16	8
12/20		6*	8	196*	0	0	3	110	14	26	2
1/21											

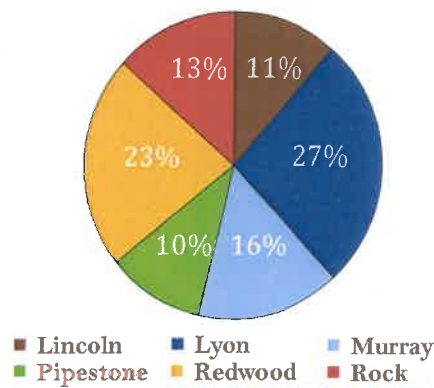
\*Includes telehealth visits

# SWHHS COVID-19 Response Survey Result Overview

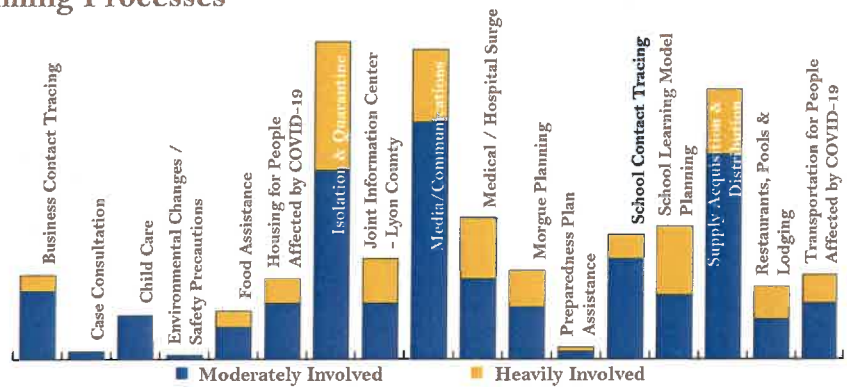
## Partners Who Responded



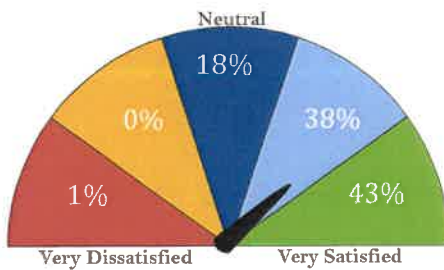
## Where Partners are Located



## Level of Involvement SWHHS had in Partners' COVID-19 Planning Processes



## Overall Satisfaction with SWHHS' COVID-19 Response and Assistance / Collaboration



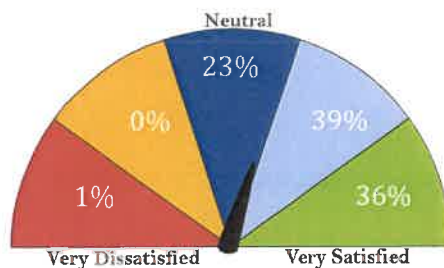
## How Partners Receive Information from SWHHS



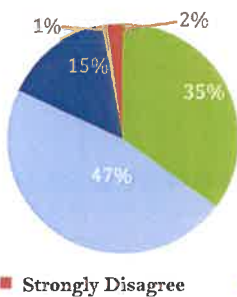
## Partner Satisfaction with the...



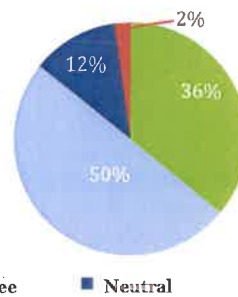
## Satisfaction with SWHHS' Participation in the Planning Processes



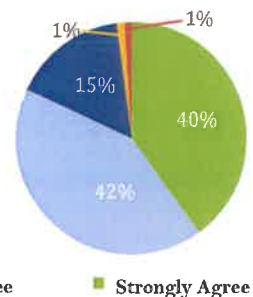
## SWHHS is Prepared to Assist its Partners



## SWHHS Keeps Partners Informed



## SWHHS Provides Timely Assistance





**Southwest Health and Human Services  
Public Health Fees  
Effective December 1, 2020**

Dental Varnish	\$25/Visit
Refugee Health/Green Card	\$20
Immunizations	\$20/immunization administration
<u>COVID-19 1<sup>st</sup> Dose Administration</u>	<u>\$20/immunization administration</u>
<u>COVID-19 2<sup>nd</sup> Dose Administration</u>	<u>\$30/immunization administration</u>
Mantoux Testing	\$25/test
Sharps Containers	2 gal \$12, 1 gal \$9, 1 qt \$7 - includes disposal fee
Public Health Nursing Clinic and Family Home Visits	
Home	\$175.00
Office Visit	\$120/visit
New Day Care Inspections	\$150.00
Education/Wellness/Car Seat Presentations	\$75/hour/staff with minimum of one-hour charge
Radon Kits-Short Term	\$6.00/kit (fee includes tax)
Blood Lead Education (per 15 min)	\$31
Blood Lead Education (per 30 min)	\$50.00
Blood Lead Screening	\$15
Depression Screening	\$25
ASQ or ASQ-SE (staff administered)	\$25
Car Seat Install and Educations	\$100
Urine Analysis (Drug Screening)	\$40
Personal Care Assessment	\$300/visit

***Service will not be denied to anyone who is unable to pay.  
Client unable to pay the set rate will be asked for a donation.***



**Southwest Health and Human Services  
Public Health Fees  
Effective January 1, 2021**

Dental Varnish	\$25/Visit
Refugee Health/Green Card	\$20
Immunizations	\$20/immunization administration
COVID-19 1 <sup>st</sup> Dose Administration	\$20/immunization administration
COVID-19 2 <sup>nd</sup> Dose Administration	\$30/immunization administration
Mantoux Testing	\$25/test
Sharps Containers	2 gal \$12, 1 gal \$9, 1 qt \$7 - includes disposal fee
Public Health Nursing Clinic and Family Home Visits	
Home	\$175.00
Office Visit	\$120/visit
New Day Care Inspections	\$150.00
Education/Wellness/Car Seat Presentations	\$75/hour/staff with minimum of one-hour charge
Radon Kits-Short Term	\$6.00/kit (fee includes tax)
Blood Lead Education (per 15 min)	\$31
Blood Lead Education (per 30 min)	\$50.00
Blood Lead Screening	\$15
Depression Screening	\$25
ASQ or ASQ-SE (staff administered)	\$25
Car Seat Install and Educations	\$100
Urine Analysis (Drug Screening)	\$40
Personal Care Assessment	\$300/visit
Fit Testing	\$30/test plus mileage at federal rate

Formatted: Superscript

Formatted: Superscript

***Service will not be denied to anyone who is unable to pay.  
Client unable to pay the set rate will be asked for a donation.***

Minnesota Counties Intergovernmental Trust Certificate of

# Excellence

Presented to

*Southwest Health & Human Services*

In recognition of an

## OUTSTANDING LOSS RATIO UNDER 50%



PROPERTY AND CASUALTY  
PLAN YEARS: 2015 – 2019



Felix Schmlesing, Board Chair

PRESENTED: *December 11, 2020*

Robyn M. Sykes, Executive Director

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 28**

EFFECTIVE DATE: 03/18/2020

REVISION DATE: 06/17/2020

AUTHORITY: Southwest Health and Human Services Joint Governing Board

**--- COVID-19 (Coronavirus) STAFFING CONSIDERATIONS/OPERATIONS---**

**Section 1 - Policy Statement**

- a. In the event of an outbreak of COVID-19 , Southwest Health and Human Services (SWHHS) is committed to; a) reducing transmission among staff, b) protecting people who are at risk of influenza related complications for getting infected, c) maintaining essential services and d) minimizing adverse effects on other entities.

**Section 2 - Agency's PHEP Emergency Plans**

- a. The Agency's PHEP Emergency Plans (Continuity of Operations Plan, Isolation and Quarantine, and All Hazards Plan) will be utilized to determine essential functions and essential personnel.

All staff should take the following precautions to prevent the spread of disease.

1. Wash your hands frequently with soap and water for at least 20 seconds. If no soap is available, use hand sanitizer with at least 60% alcohol content.
2. Cover your cough and sneezes with a tissue. Discard tissue after each use.
3. Routinely clean shared commonly touched surfaces, such as door handles, phones and keyboards.

The following strategies may be implemented at the discretion of the employer, based on variables such as severity, number of staff affected, recommendations from Local Public Health, the MN Department of Health and the CDC, and other unforeseen factors.

4. Social distancing (according to the CDC guidelines)
5. Canceling of face to face meetings
6. Work from home for staff that can work remotely
7. Sick staff stay home until they are symptom free (according to the CDC guidelines)
8. Deferment of non-essential services
9. Agency Directed self-quarantine
10. Closure

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 28**

- b. Southwest Health and Human Services realizes in order to assist staff through this period there may need to be flexibility on the part of both parties to assist with those ill or caring for ill family members, in addition to maintaining business operations.

**Section 3 – Staff Assistance**

- a. The following strategies will be implemented in order to assist staff and yet maintain business operations.
  - 1. Staff who are infected, quarantined due to COVID-19 or are at high risk due to their own health factors and have ran out of medical leave can also use vacation or comp time. For staff with no other time on the books Southwest Health and Human Services will advance up to 2 weeks medical leave (75 hours) to assist staff from having to incur leave without pay. The advancement would not be a lump sum but would be advanced as needed at the end of each pay period. Staff would “repay” advanced medical leave from future earned accrued medical leave and would not accrue medical leave until the advance is repaid. If the employee leaves prior to repayment, then the amount, based on the number of hours still owed and current hourly rate, will be deducted from the employee’s last paycheck.
  - 2. An employee may use any available paid leave (including the advanced leave mentioned above), in the event where an immediate family member’s school or place of care has been closed due to public health emergency and their presence is required to provide care for the immediate family member.
  - 3. Staff must complete a consent form prior to receiving pay that results in a negative balance of medical leave, consenting to these conditions. This form will be available on SharePoint or can be requested from Human Resources. The form will be turned into Human Resources. A copy of the form will also be forwarded to payroll for processing.
  - 4. SWHHS will follow all provisions of the Families First Coronavirus Response Act once passed, enacted and effective.
  - 5. Prior to the Families First Coronavirus Response Act, an employee may use any available paid leave, in the event where an immediate family member’s school or place of care has been closed due to public health emergency and their presence is required to provide care for the immediate family member.
  - 6. During this period of time, SWHHS will not require a health care provider note when a staff member is absent for more than three (3) days related to COVID-19.
  - 7. Exempt staff will be allowed to earn up to 75 hours of comp time during this period of time (from the date of this policy through the date the policy sunsets) due to the extra time, duties and planning for this event. Exempt staff will have six (6) months from the sunset date of this policy to use any excess comp time of the normal balance allowed on

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 28**

the books of 22.5 hours or face forfeiture of the excess.

8. Staff who have at least 200 hours of accrued vacation will be allowed to cash out one (1) day (7.5 hours) of vacation providing they take one (1) day (7.5 hours) of vacation. Staff will be allowed to do this up to ten (10) days per calendar year. These ten (10) days will be accounted for if the employee utilizes vacation payout in Personnel Policy 24 Vacation Payout. The request for vacation payout must be made at the same time as vacation time off is requested, so payment can be made in the same pay period.
9. Staff assigned to on call COVID-19 duties by the Public Health Division Director will be entitled to bill the agency at \$25 per day or \$50 per day on designated agency holidays. Supervisory or Executive staff will be entitled to bill the agency \$15 per day or \$30 per day on designated agency holidays. This payment will be retroactive to March 13, 2020, the initiation of Incident Command.
10. If staff appear to be symptomatic of COVID-19 they will be asked to go home as a preventative measure to ensure the safety and welfare of our other staff and constituents. We will follow the CDC guidelines for safe return to work.

**Section 4 – Temporary Telework Arrangements**

- a. Southwest Health and Human Services is implementing temporary telework arrangements for employees whose job duties are conducive to working from home, but who do not regularly telecommute. However, there are some positions at Southwest Health and Human Services that require the employee to be physically present in the workplace. The utilization of this arrangement is at the sole discretion of the employer.
- b. The purpose of temporary telework is to support those with high risk factors, including but not limited to lack of child care, lack of access to transportation, school closure, inability to meet social distancing in the workplace and those with mitigating health factors.
- c. These arrangements are expected to be short term, and Southwest Health and Human Services will continue to monitor guidance from health officials and the need for remote work arrangements. Employees should not assume any specified period of time for telework, and Southwest Health and Human Services may require employees to return to regular, in-office work at any time.
- d. Staff who do temporarily telework will be required to sign and agree to all terms of the Temporary Telework Agreement.
- e. Staff approved to work in a temporary telework arrangement may be approved for a temporary reimbursement of \$20.00 per month for agency phone calls. Staff will only be allowed only to use an approved agency app for agency phone calls and will be prohibited from emailing or texting clients about agency business on personal cell phones. This is contingent on supervisory approval and the workability of the app. If supervisor approved, this will be indicated on the temporary telework agreement. However, staff are advised if they use the app on their personal phones there is a risk that their phones could be subject to legal review.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 28**

- f. All requests may not be approved based on essential and core services.

**Section 5 – Operations**

- a. Southwest Health and Human Services is both a health and human services agency, therefore any staff may be asked to assist in emergency situations based on need, capacity and skills. Staff may be asked to perform tasks outside of their normal duties to ensure essential services are continued. It is desired that management and staff work cooperatively to assure there is adequate coverage to continue essential services and assist in emergency efforts. However, if adequate coverage cannot be voluntarily established, management may cease the flex time option during this period.

The Board may sunset this policy at any time.



# **2019 Annual Report**

**Southwest Health &  
Human Services**  
Approved: January 20, 2021

## Table of Contents

Message from the Director .....	12
Mission and Guiding Principles .....	13
Mission .....	13
Guiding Principles .....	13
Structure and Governance .....	14
Demographics.....	15
2019 Actual Annual Budget (Audited) .....	16
2019 Major Projects/Highlights .....	16
Strategic Plan.....	16
Diversity, Equity, and Inclusion Initiative.....	17
Equity Works Leadership Institute .....	17
Youth In Prevention (YIP) Grant .....	18
Community Health Assessment and Improvement Plan .....	18
Human Services Division .....	18
Social Services Intake .....	19
Adult Services .....	20
Adult Mental Health.....	20
Vulnerable adult/Adult Protection.....	20
Chemical Dependency .....	21
MnCHOICES.....	22
Long Term Supports and Services .....	22
Managed Care Coordination Services .....	22
Aging services for People Over the Age of 65 .....	23
Elderly Waiver (EW).....	23
Alternative Care Program (AC) .....	23
Consumer Directed Community Supports (CDCS) for EW and AC .....	24
Developmental Disabilities and Disabled Under 65 Years of Age .....	24
Rule 185 Case Management .....	24
Developmental Disabilities Wavier (DD) .....	24
Semi-Independent Living Services.....	24
Family Support Grant.....	24
Consumer Support Grant.....	25
Community Access to Disability Inclusion (CADI).....	25
Brain Injury Wavier (BI).....	25

Community Alternative Care (CAC) .....	25
Relocation Service Coordination .....	25
Children’s and Family Services .....	26
Child Welfare .....	26
Children’s Mental Health .....	29
Child Protection .....	30
Licensing .....	31
Family Childcare Licensing .....	31
Family Child Foster Care Licensing .....	31
Traditional Adult Foster Care/Corporate Foster Care for Adults & Children .....	32
Child Support .....	33
Financial Assistance or Income Maintenance .....	34
Cash Assistance .....	34
Diversion Work Program (DWP) .....	34
General Assistance (GA) .....	34
Housing Support (HS) .....	34
IV-E Foster Care .....	34
Refugee Cash Assistance (RCA) .....	35
Child Care Assistance Programs (CCAP) .....	35
Emergency Assistance County Crisis Funds (CCF) .....	35
County Burial .....	35
Health Care Programs .....	35
Minnesota Family Investment Program (MFIP) .....	35
Medical Assistance (MA) and MNSure .....	36
Transportation Coordination .....	36
Minnesota Care (MNCare) .....	36
Food Programs .....	36
Supplemental Nutrition Assistance Program (SNAP) .....	36
Emergency Programs .....	37
Emergency General Assistance (EGA) .....	37
Emergency Medical Assistance (EMA) .....	37
Welfare Fraud .....	37
Public Health .....	38
Primary Prevention .....	38
Prevention at Work in Lincoln County in 2019 .....	40

Prevention at Work in Lyon County in 2019 .....	41
Prevention at Work in Murray County in 2019.....	42
Prevention at Work in Pipestone County in 2019 .....	43
Prevention at Work in Redwood County in 2019.....	44
Prevention at Work in Rock County in 2019.....	45
Works Cited .....	46

## Message from the Director



I am happy to present this annual report and share the work of Southwest Health and Human Services (SWHHS). This report features the organization's finance and performance highlights during the fiscal year ending December 31, 2019.

The annual report provides our community partners and families with the framework and review of the programs, services and resources offered and delivered to residents served by the six counties representing SWHHS during 2019.

More information about the organization and its programs and services can be found on the SWHHS website, and we often post updates and information on our Facebook page.

Thank you for allowing me to highlight the great work of SWHHS staff and community partners; together we strive to ensure adherence to our mission of strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth M. Wilms". The signature is written in dark ink on a white background.

Beth M. Wilms

Director

# **Mission and Guiding Principles**

## **Mission**

*Southwest Health and Human Services (SWHHS) is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring, and cost-effective manner.*

## **Guiding Principles**

### **Respect**

We treat people with dignity and consideration, and we listen openly to integrate a variety of perspectives and create environments that foster trust.

### **Honesty**

We are truthful and responsible in our interactions with the public and each other. We demonstrate compassion, acceptance, and will safeguard dignity and confidentiality.

### **Trust**

We are people of character and integrity who keep our word and honor our commitments, resulting in a safe environment for staff and clients.

### **Communication**

We engage in timely, responsive, effective, and open information sharing to improve our work and maintain our reputation as a trusted source for program and service delivery.

### **Teamwork**

We are committed to common goals based on open and honest communication while showing concern and support for each other.

### **Flexibility**

We are an organization willing to learn, create innovative ideas, and adapt to the ever-changing environment while striving for a healthy work-life balance.

## Structure and Governance

Southwest Health and Human Services is a joint-powers human services and public health agency covering Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties in southwest Minnesota. The agency has six offices and employs 239 staff. The offices are located in Ivanhoe, Marshall, Slayton, Pipestone, Redwood Falls, and Luverne.

SWHHS-Lincoln County  
319 N Rebecca St.  
PO Box 44  
Ivanhoe, MN 56142  
1-800-657-3781

SWHHS-Lyon County  
607 West Main St  
Marshall, MN 56258  
1-800-657-3760

SWHHS-Murray County  
3001 Maple Road Suite 100  
Slayton, MN 56172  
1-800-657-3811

SWHHS-Pipestone County  
1091 N Hiawatha Avenue  
Pipestone, MN 56164  
1-888-632-4325

SWHHS-Redwood County  
266 E Bridge St  
Redwood Falls, MN 56283  
1-888-234-1292

SWHHS-Rock County  
2 Roundwind Rd  
Luverne, MN 56156  
1-855-877-3762

SWHHS provides essential services designed to protect and enhance the health and well-being of our six-county residents, especially our most vulnerable populations. The agency is made up of three key departments: Business Services, Social Services, and Public Health. Each of these departments play an important role in providing effective health and human services.

The Governing Board consists of two appointed County Commissioners from each of the member counties and by Minnesota statute, has responsibility for the development of an affordable system of care for all residents, especially, uninsured or underinsured children, families, and adults. The Human Services Governing Board has one layperson from each county who serves on the board.

# Demographics

**73,828**                      **42.6**  
**Population**            **Median Age**

## Income

- **11.0%** - Residents living below 100% of the Federal Poverty Level (\$12,490 for 1<sup>st</sup> person + \$4,420 for each additional person)
- **\$55,126** - Median Household Income
- **30.2%** - Population below 200% of Federal Poverty Level (\$24,980 for 1<sup>st</sup> person + \$8,840 for each additional person) (1), (2)

## Education among Residents

### Ages 25+

- **9.1%** - No high school diploma
- **35.4%** - High school diploma (include GED)
- **33.7%** - Some college or Associate's degree
- **16.3%** - Bachelor's degree
- **5.4%** - Advanced degree (2)

## Language

- **6.7 %** - Language other than English spoken at home (2)

## Race

- **1.3%** - Non-Hispanic American Indian and Alaska Native Alone
- **2.4%** - Non-Hispanic Asian Alone
- **1.7%** - Non-Hispanic Black or African American Alone
- **1.0%** - Non-Hispanic Two or More Races
- **88.7%**- Non-Hispanic White Alone (2)

## Ethnicity

- **4.8%** - Hispanic Origin of any Race (2)

## National Origin

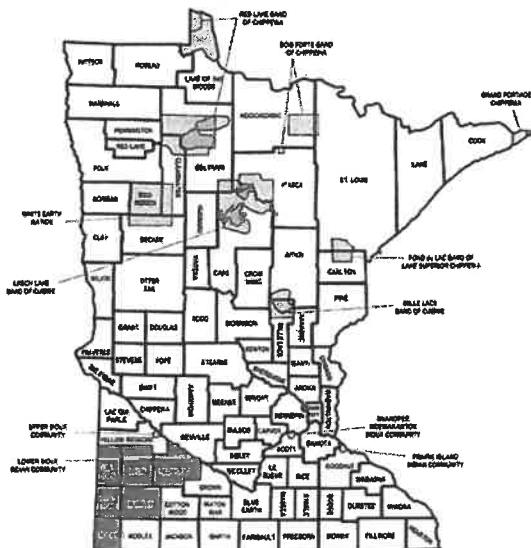
- **4.4%** - Foreign Born (2)

## Gender

- **49.6%** - Male
- **50.4%** - Female (2)

\*Other genders not available in US Census Data

Minnesota counties and tribal nations



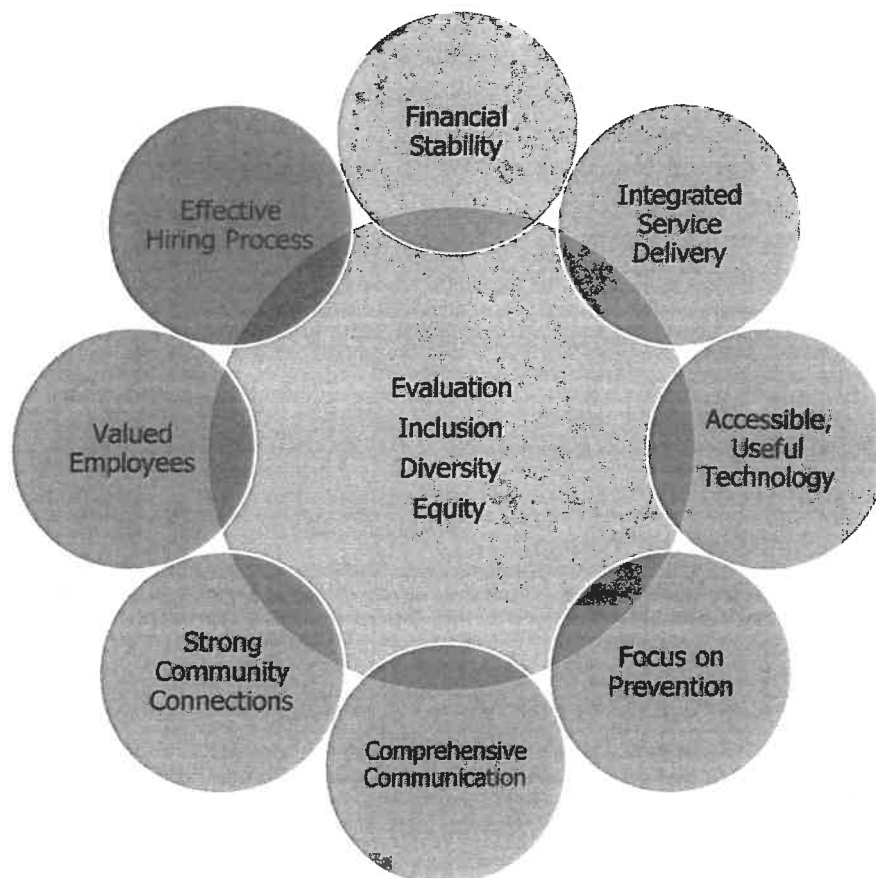
## 2019 Actual Annual Budget (Audited)

	Human Services	Public Health	TOTAL
Intergovernmental Revenues	\$ 23,814,507	\$ 3,009,551	\$ 26,824,058
Charges for Services	\$ 2,154,827	\$ 609,401	\$ 2,764,228
Investment Earnings	\$ 68,004	\$ 12,953	\$ 80,957
Other Revenue	\$493,662	\$ 7,764	\$ 501,426
<b>Total Revenue</b>	<b>\$26,531,000</b>	<b>\$ 3,639,669</b>	<b>\$30,170,669</b>
Expenditures	\$ 26,246,696	\$ 3,423,783	\$ 29,670,479
Tax Levy	\$ 10,736,449	\$ 966,705	\$ 11,703,154

## 2019 Major Projects/Highlights

### Strategic Plan

SWHHS staff and invited community partners participated in SWHHS strategic planning process for 2020-2024. Staff and community partners took part in Strengths, Opportunities, Aspirations and Results (SOAR) analysis with gathered data to be used during the visioning process by the strategic planning team.



The diagram on the previous page represents the areas that came out of the SOAR process. The Strategic Plan Team took this information and used it to develop the four strategic priorities:

1. Develop Consistent and Intentional Internal and External Communication
2. Maximize Agency Revenue
3. Enhance Staff Satisfaction and Retention and Streamline Hiring Process
4. Improve Efficacy of Programs and Services

All of these priorities will have diversity, equity, and inclusion along with evaluation as its underpinning. Each strategic priority has between two and four objectives.

The 2020-2024 SWHHS Strategic Plan is available on [SWHHS's website](#) for review.

## **Diversity, Equity, and Inclusion Initiative**

Diversity, Equity and Inclusion (DEI) has been an area that SWHHS has been working informally towards over the last few years. In the 2020-2024 Strategic Planning process SWHHS staff expressed a need to formalized this effort in order to make the effort a priority. This was done by making DEI an underpinning of SWHHS work and by adding a Diversity, Equity, and Inclusion Team as an objective in the SWHHS Strategic Plan. The planning team started to meet to organize and develop next steps for the DEI Team to begin meeting January 2020.

## **Equity Works Leadership Institute**

The Minnesota Association of County Social Service Administrators (MACSSA) and the Future Services Institute of The Humphrey School of Public Affairs launched the Equity Works Leadership Institute in early 2019. Throughout 2019, Nancy Walker and Cindy Nelson participated in this program with over 20 human services professionals representing various counties. The goals of the cohort included building upon personal leadership identity, becoming aware of systemic inequities built within our government systems, and developing practical change strategies through action learning.



This leadership program was developed around the belief that the process of making change within counties and systems must take into account the unique attributes of the leaders, the complexity of the system, and the culture of organizations and communities.

Topics addressed throughout the cohort included individual identity, power, privilege, inequity, organizational culture, navigating systems and systems change. Nancy and Cindy then brought back to SWHHS the skills and knowledge to apply to our existing policies that will promote inclusive and equitable practice as well as examining systemic and historical discrimination and institutional policies that uphold racial inequities across programs. The learning focused on

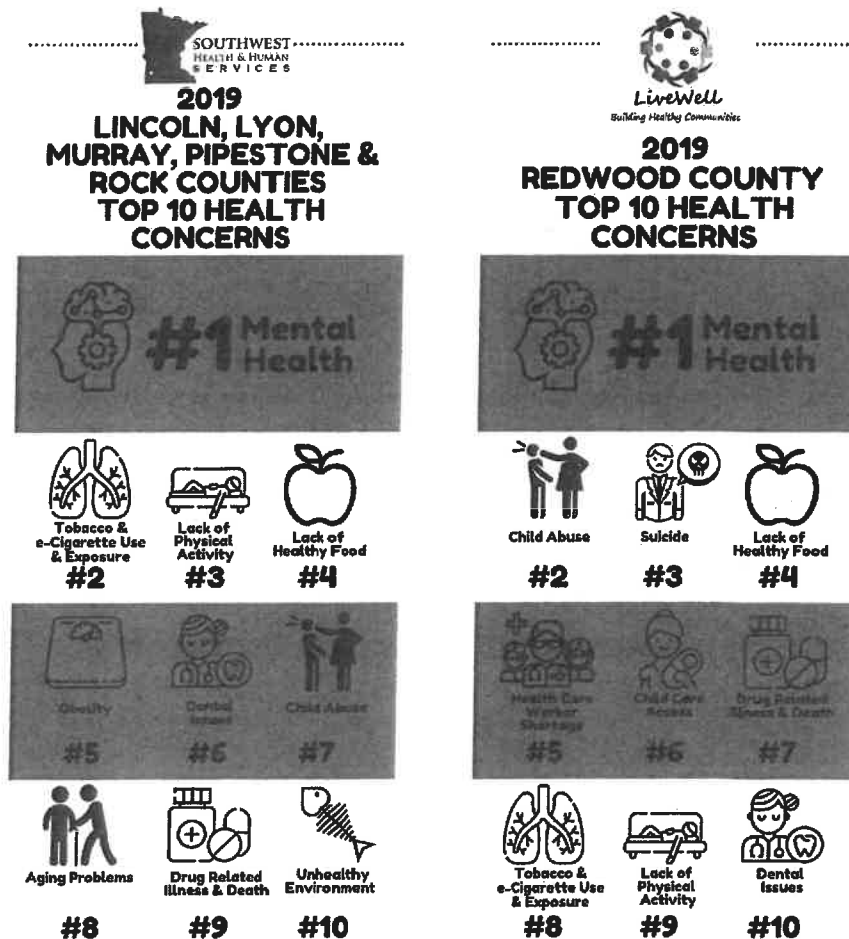
cultivating inclusive work environments for consumers and staff. The executive team then started to discuss implementation of a plan to address policies and practices that inhibit equitable outcomes within our organization.

## Youth In Prevention (YIP) Grant

SWHHS was awarded \$60,518.00 for the Youth In Prevention grant to be used from 01/01/2020 to 12/31/2021. The funding will help the Circle Program have additional circles, mappings, and family group decision making. Another aspect of this grant will allow the Agency workers to be able to utilize numerous trainings for youth and prevention.

## Community Health Assessment and Improvement Plan

In 2019, public health was working through the last phase of the community health assessment process. From December 2018 to January 2019 a quality of life survey was conducted in partnership with Avera Marshall to determine what people thought were the most urgent health needs. The findings from this and one other quality of life survey conducted in Redwood County were reviewed by community members in 3 different meetings to determine the top ten community health needs. Mental wellbeing was ranked number one across all six counties. From there the community health improvement plan was developed during the rest of the year. If you would like to review the Community Health Assessment and the Community Health Improvement Plan documents they can be found on the [SWHHS website](#).



# Human Services Division

In partnership with local service providers, regional, state, and federal partners, SWHHS provides a wide range of programs and services, which fall under the Human Services Division. These include providing safety and protection to the most vulnerable children and adults, providing care for addictions and mental health, enabling people in southwest Minnesota to live independently and have self-sufficiency. The Minnesota Legislature and Minnesota Department of Human Services (DHS) set state policy and oversee the human services system while Minnesota Statute Chapter 393.01 through 393.13 defines duties of local social services agencies. Ongoing federal and state program changes and funding cuts, in addition to the increasing complexity of clients' situations make service delivery more challenging in rural Minnesota.

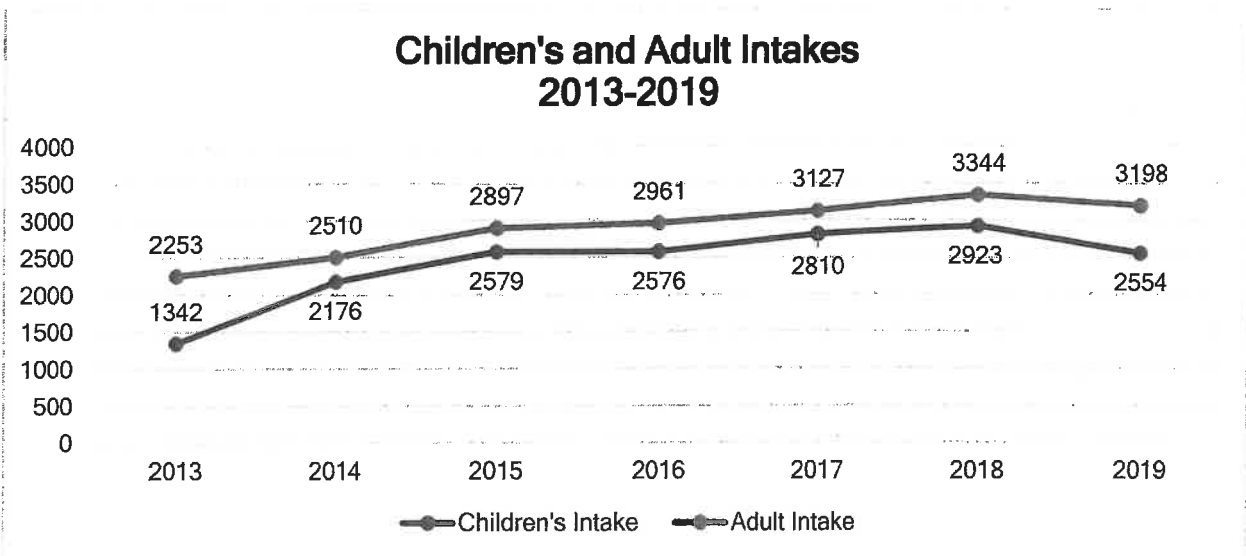
## Social Services Intake

Intake social workers answer phone calls and meet with people who come to the agency seeking help for themselves, family members, or community members, whom they believe are being abused, neglected or are at risk.

Child and adult services both have one primary intake worker. Back-up workers are scheduled during business hours to ensure community members will always be served in a short time.

Intake social workers work with individuals to sort out what kind of help they are looking for, identify strengths of the client, and the best resource for them. Staff will, when appropriate; assist the individual to connect to those resources. This position provides early access, which promotes better outcomes for the client and community as a whole.

The public policy of Minnesota is to protect children and vulnerable adults whose health or welfare may be jeopardized through physical abuse, emotional abuse, neglect, or sexual abuse. Concerned individuals calling in reports of possible abuse or neglect allow SWHHS to intervene, assess risk, and work towards greater safety.



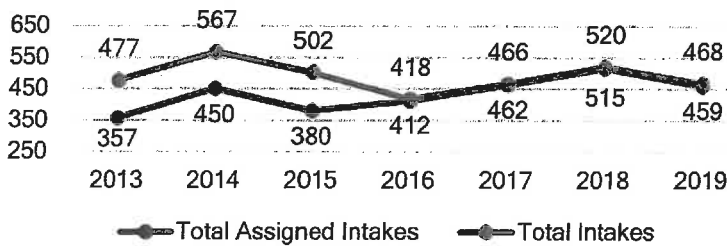
# Adult Services

## Adult Mental Health

Individuals diagnosed with severe and persistent mental illness are at a greater risk of being unemployed and becoming homeless. These added challenges increase the stress level and often contribute to a cycle of increased symptoms and decreased coping skills. Adults with mental disease may need assistance finding appropriate medical treatment and support services to help manage their illness.

Early intervention to assist adults with mental illness will allow them to maintain or regain self-sufficiency with the appropriate levels of support. The financial cost of unemployment, homelessness, and medical care far exceeds the cost of preventative support services. The emotional cost to individuals and their families is devastating.

**Overall Adult Mental Health Intakes  
2013-2019**



**Adult Mental Health Intakes by County**

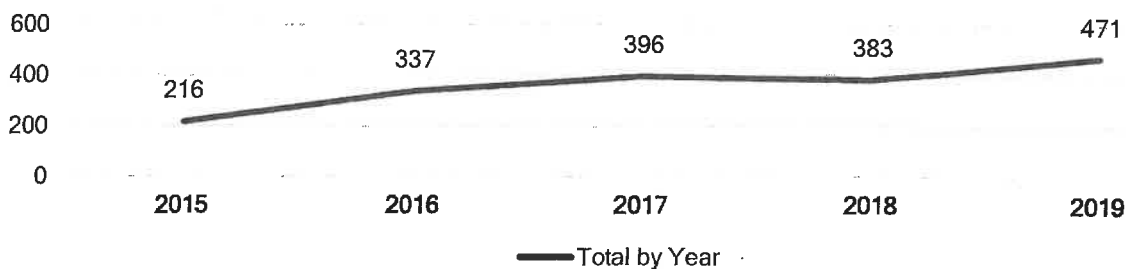
County	2019
Lincoln	27
Lyon	223
Murray	23
Pipestone	40
Redwood	97
Rock	30

## Vulnerable adult/Adult Protection

A vulnerable adult is any person who lacks the absolute most basic (as distinct from mid-level or typical level) human life skills. An adult with disabilities or elderly are unable, rather than unwilling, to properly learn or properly maintain these skills. To be classed as vulnerable, the adult's circumstances must be unable to be altered or improved by the adult's own individual actions without direct assistance from a more typical adult. The vulnerable adult must also be shown to be, on some significant level, a risk to him or herself if assistance is not provided.

Abuse, neglect, or financial exploitation of the elderly or disabled, who do not have the resources to protect themselves, is not acceptable. SWHHS strives to ensure safe environments, protect the health, welfare, and resources of vulnerable citizens, allowing them to continue living in the community at the highest level of independence and self-sufficiency.

**Adult Maltreatment Reports**



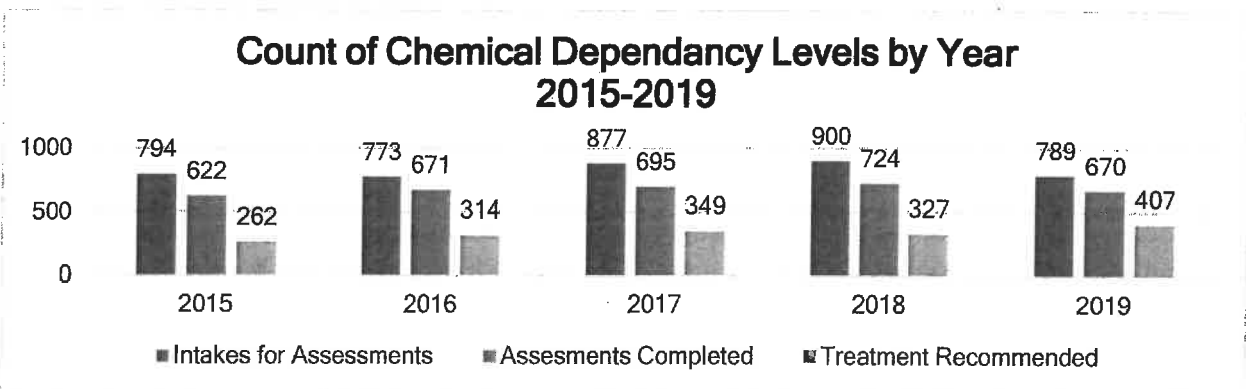
## 2019 Adult Protection Allegations by Type

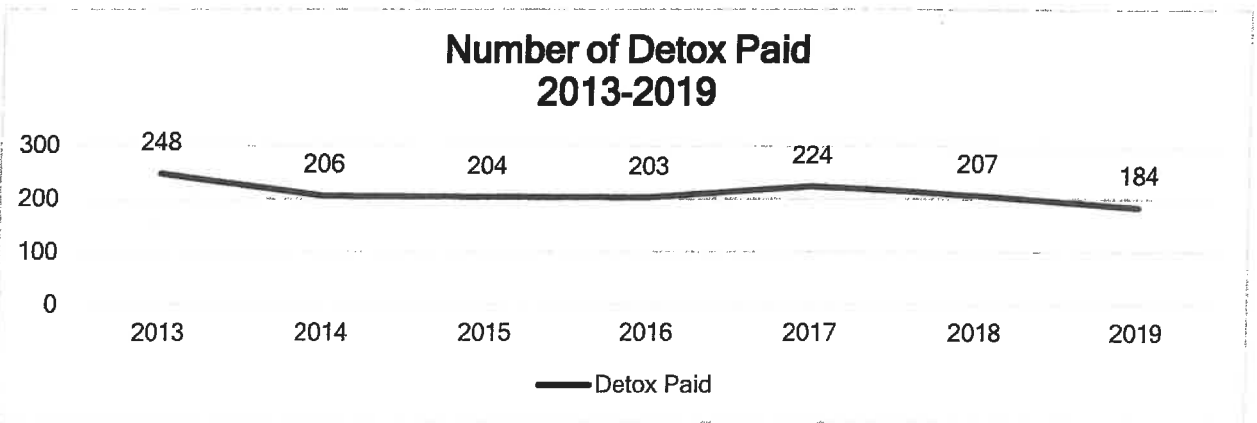
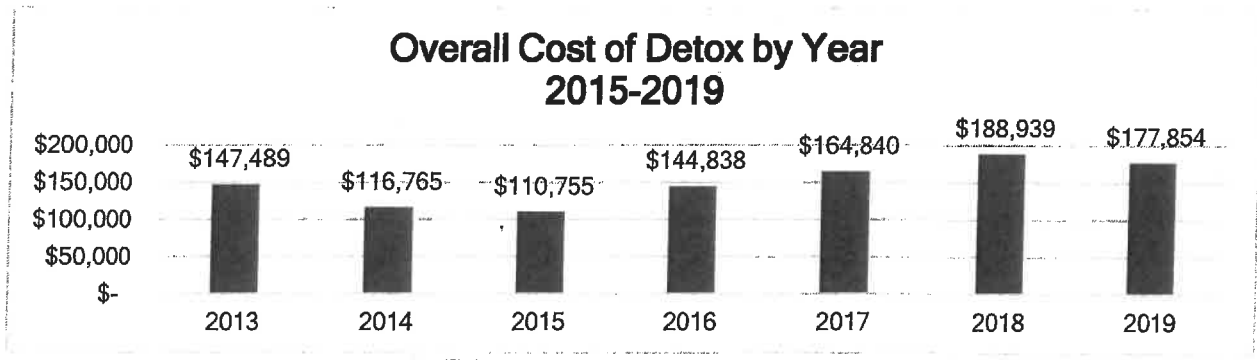
	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
<b>Emotional Abuse</b>	31	29	<6	<6	31	<6
<b>Physical Abuse</b>	<6	24	<6	7	15	<6
<b>Sexual Abuse</b>	<6	<6	<6	<6	7	<6
<b>Financial Abuse: Fiduciary</b>	<6	18	<6	7	16	<6
<b>Financial Abuse: Non-Fiduciary</b>	<6	44	<6	13	20	15
<b>Caregiver Neglect</b>	<6	39	<6	14	19	9
<b>Self-Neglect</b>	18	91	19	27	58	32

## Chemical Dependency

Chemical dependency is a primary disease, which happens when a person becomes addicted to alcohol or drugs. There are multiple factors, which influence how a person progresses in the disease path such as genetics, psychosocial, environment, and community. People with chemical dependency continue to use drug or alcohol, even knowing that continued use causes damages to their bodies, families, finances, and all other aspects of life. This is not because they want to destroy their lives; most chemically dependent people want to stop using, but simply cannot.

Individuals with untreated chemical dependency may lose their employment, deplete their financial resources, and even engage in criminal behavior to support their habit. Without assistance, many families are not able to intervene in the cycle of self-destruction caused by uncontrolled chemical use. Timely and appropriate intervention can prevent loss of jobs, housing, family support, and possible incarceration or even death.





## MnCHOICES

MnCHOICES is an integrated assessment and support planning tool for Minnesotans who need long term services and supports. The tool replaces assessment and screening tools for developmental disability screening, long-term care consultation, personal care assistance, and in the near future, home care nursing. Currently, this assessment is provided to those that are on medical assistance.

SWHHS has taken a unique approach to providing this assessment by bringing together public health nurses and social workers to administer this assessment and support planning tool. The MnCHOICES Unit was created in 2017 to improve the process of service delivery. In 2019, staff did a little over 600 initial assessments.

## Long Term Supports and Services

### Managed Care Coordination Services

Managed care is a system for providing health care benefits through the health plans for some clients enrolled in Medical Assistance (MA). SWHHS has entered into contracts with Blue Cross and Blue Shield (BCBS), UCARE, and PrimeWest Health to provide care coordination services for clients in some of their managed care programs. SWHHS provides care coordination for clients in the Minnesota Seniors Health Options (MSHO) and Minnesota Seniors Care Plan (MSC+) products, in addition to the Special Needs Basic Care (SNBC) services for the under 65 population under PrimeWest Health. Care coordination services are key to supporting the client's needs across the continuum of care.

SWHHS begins the process of care coordination by receiving a monthly enrollment report from the Managed Care Organizations (MCOs). A care coordinator is assigned to each client to assist with his or her health care needs. Contacts are made with the client or responsible party to offer a Health Risk Assessment. This is accomplished by completing the face-to-face Long-term Care Consultation (LTCC). This consultation assists the client and care coordinator to determine if the client is in need of any service to help them remain in the community. Care coordination services involve clients that may be on the Elderly Waiver (EW) Program, a community-well client living independently in their own home, or a client living in a skilled nursing facility (SNF). At SWHHS, social workers are care coordinators mostly for those clients receiving EW services or living in the community independently. Public health nurses primarily provide care coordination services for clients in the skilled nursing facility (SNF) with the exception of Rock County where one social worker manages SNF clients.



Pipestone County public health nurses and social workers work in collaboration to provide services to the SNBC clients who are under 65 living in the community or skilled nursing facility.

The MCOs provide SWHHS with models of care, specific guidelines, and programs to follow. SWHHS is also expected to follow state policies for Home and Community Based services when the client receives EW services.

## **Aging services for People Over the Age of 65**

The State of Minnesota offers several programs for the over 65 population: Elderly Waiver and Alternative Care. These programs provide services such as Companion Services, Adult Day Services, case management, chore services, home health care, homemaker, Lifeline, Meals on Wheels, and some equipment needs. The purpose of these programs is to promote community living and independence with supplemented services, which address the individual's needs and choices.

### **Elderly Waiver (EW)**

Elderly Waiver (EW) Program is a State of Minnesota administered Home and Community Based Services Program under Federal 1915(c) waiver. EW assists with funding to provide home and community-based services for people who need the level of care provided in a nursing home, but choose to live in the community. Community members must be eligible for Medical Assistance to qualify for the EW program.



### **Alternative Care Program (AC)**

Alternative Care (AC), much like EW, assists with providing services for people who need the level of care provided in a nursing home, but choose to live in the community. Alternative Care is a grant program within the State of Minnesota for people with lower income and assets but are

not eligible for Medical Assistance yet. They would be eligible for Medical Assistance within 135 days of entering the nursing home.

**Consumer Directed Community Supports (CDCS) for EW and AC**

Consumer Directed Community Supports (CDCS) is a unique service option available to individuals on Home and Community Based Services (HCBS) including EW and AC. It gives the person flexibility in service planning and responsibility for self-directing their own care and services. This self-direction includes hiring and managing their support workers. The individual is first assessed and enrolled in one of the HCBS programs. The client must be able to write his or her own service plan or hire a support planner to assist. The client can have flexibility in the services by deciding how to spend the budget allowance as well as hire their own staff such as family members or neighbors.

**Average Number of Cases for Elderly Waiver and Alternative Care 2015-2019**

	2015	2016	2017	2018	2019
Alternative Care (AC)	23	18	16	16	15
Elderly Waiver (EW)	352	362	343	324	333

**Developmental Disabilities and Disabled Under 65 Years of Age**

Minnesota has several programs designed to assist people with chronic illnesses and/or disabilities. Home and Community Based Services (HCBS) are designed to be person-centered and assist people in achieving what is important to them and for them while maintaining independence and preventing institutional placement.



HCBS assist the disabled and elderly, to assure they have the same rights and responsibilities as non-disabled and those under 65 years of age, have control over their lives, make their own choices, and contribute to the community.

**Rule 185 Case Management**

Provides ongoing planning services to people with developmental disabilities or related conditions in all living situations.

**Developmental Disabilities Waiver (DD)**

Persons who, without this support, would require the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

**Semi-Independent Living Services**

Services needed by an adult with a developmental disability or related condition(s) to live successfully in the community.

**Family Support Grant**

This program provides cash grants to eligible families with children who have been certified disabled.

**Consumer Support Grant**

This program is a state-funded alternative to Medicaid home care services.

**Community Access to Disability Inclusion (CADI)**

This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a nursing facility.

**Brain Injury Wavier (BI)**

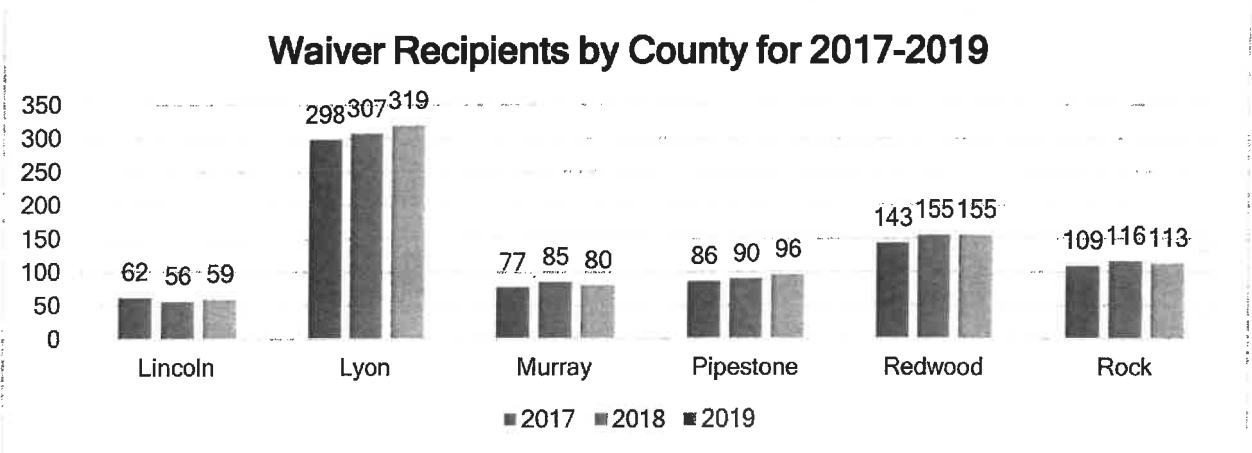
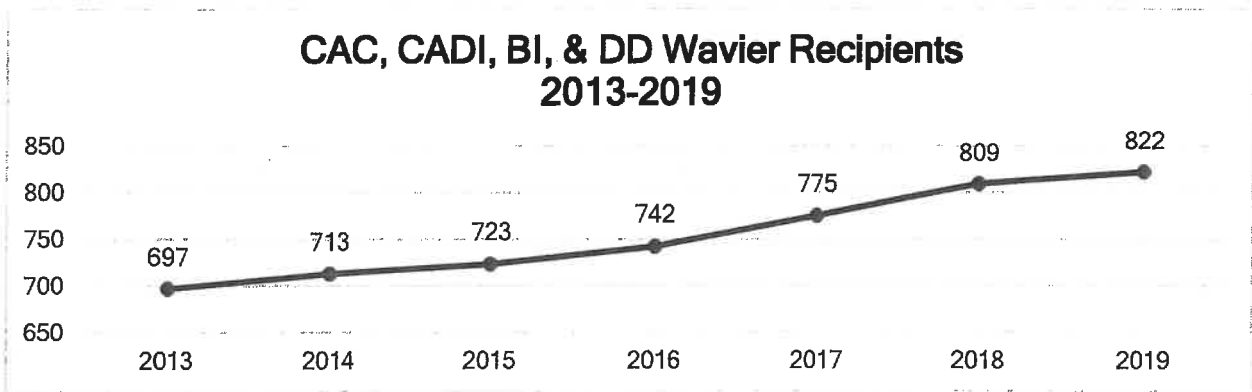
This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a specialized nursing facility or neurobehavioral hospital.

**Community Alternative Care (CAC)**

This program is an alternative to institutionalization for a person who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.

**Relocation Service Coordination**

This program is for people wanting to move out of an institutional setting.



## Children’s and Family Services

### Child Welfare

Child Welfare services are typically provided to families who are having conflict or issues with youth ages 12 to 18 years old. Some issues typically addressed are truancy, parent/child conflict, chemical dependency, delinquency, and/or child behavior. Workers assist families in developing a plan to strengthen and eliminate barriers for families to be successful. There are situations that occur in which “the best interests of the child(ren)” may indicate the need for court action or out-of-home placement. When necessary, these are done in a least restrictive manner to help strengthen and preserve the family unit. Child Welfare services assist the family with assessing needs for the entire family, developing goals, and delivering services to maintain and/or reunify the family.



### Annual Count of Child Welfare Cases by County, 2013-2019

	2013	2014	2015	2016	2017	2018	2019
Lincoln	11	11	11	10	13	10	6
Lyon	48	62	52	56	52	52	51
Murray	2	2	3	5	9	11	12
Pipestone	8	11	12	20	22	15	11
Redwood	16	25	32	29	33	40	39
Rock	8	8	9	13	16	19	19

### Truancy services

Child Welfare staff work with schools and youth (ages 12-18) and their families to improve attendance and academic performance. Individuals who do not complete high school have a likelihood of reduced future earnings and may struggle at being fully self-supporting. A significant percentage of high school dropouts become involved in criminal behavior. Children of minor parents who do not complete high school are at higher risk of abuse, neglect, and school failure. Providing the support necessary to finish their education can allow these youth to participate more fully in a successful transition to adulthood.

### Support for Emancipation and Living Functionally (SELF)

The SELF program opens Federal Title IV-E Independent Living funds to counties and non-profit agencies for youth who have been in out-of-home placement for at least 30 days after their 14<sup>th</sup> birthday. The funds are used for the development, implementation, and continuation of services. SELF was designed to help older adolescents that have been or currently are in placement prepare for the transition to independent living. Creative use of funds is encouraged, and guided by the individual needs of each youth. Funds may be used to cover items such as room and board, damage and utility deposits, or rent on apartments or dormitory rooms.

## **Circle Program**

Restorative Justice (RJ) is a theory of justice, which emphasizes repairing the harm caused by criminal behavior. Practices and programs reflecting restorative purposes respond to crime by: identifying and taking steps to repair harm; involving all stakeholders; and transforming the traditional relationship between communities and their governments in responding to crime.

SWHHS offers a variety of restorative services. The program is voluntary. The dialogue process used is shared openly with all participants and guided by a facilitator.

*Community Justice Circles* reduce or negate recidivism by juvenile offenders and prevent youth from entering the adult criminal justice system. A Circle brings together the three parties of a conflict (those who have acted, those directly impacted, and the wider community) within an intentional systemic context, to dialogue as equals. Youth referred to this Circle are primarily first-time offenders that have committed felony or gross misdemeanor level crimes. The focus of the circle is to create accountability through a more holistic approach, involving the community.



*Family and Community Circle* works to support youth and families who are facing some sort of concern such as out-of-home placement, child protection issues, truancy, behavior, and family relationships.

*School Circles* are offered to youth in a school setting aimed mainly at high-risk children with behavior and attendance issues.

*Oasis Circles* are related to work demands. These are offered to staff to help support self-care, teamwork, and stress management.

## **Extended Foster Care**

Minnesota law allows youth who are in foster care on their 18th birthday to receive extended foster care services and financial support. Six months prior to the youth's 18th birthday, the county or tribe will send a notice to the youth, their parent(s) or legal guardian, guardian ad litem and foster parents explaining options for the youth when they turn 18, which are:

- Continue in foster care up to age 21
- Leave foster care when they turn 18, in which case a personalized transition plan must be developed during the last three months they are in foster care.

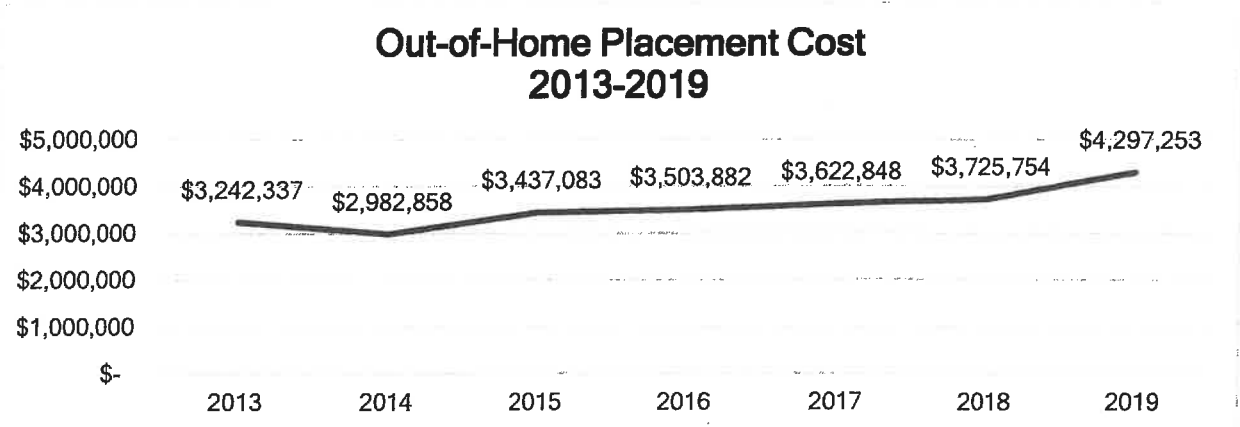
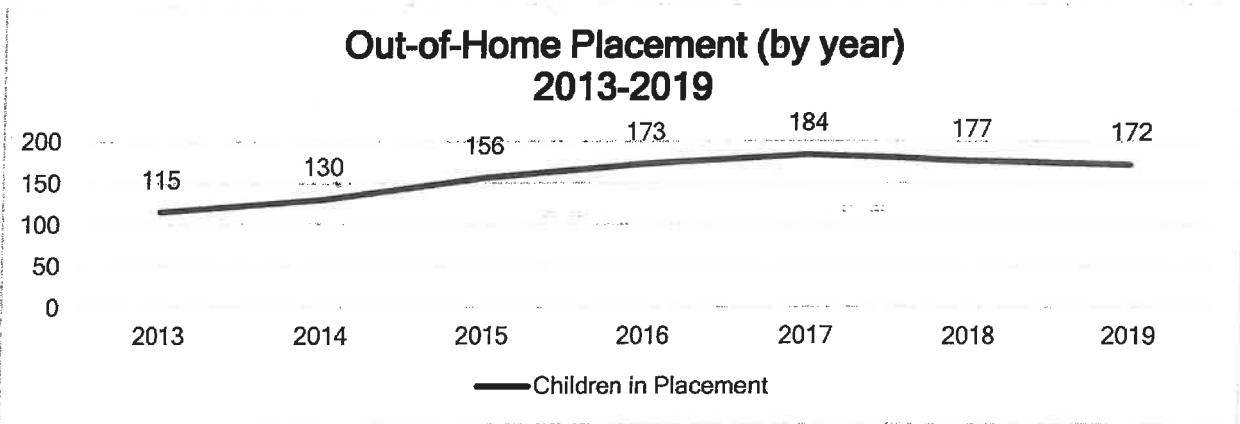
In some situations, youth who left foster care at age 18 may be able to return to care.

To remain eligible for this program the youth must be:

- Enrolled in college or completing high school
- Employed at least 80 hours a month
- Working with an agency to reduce employment barriers
- Physically unable to complete any of the other requirements

Youth in the program work with a case manager to gain independent living skills through working on independent living goals, one-on-one training, or completing the tasks for the first

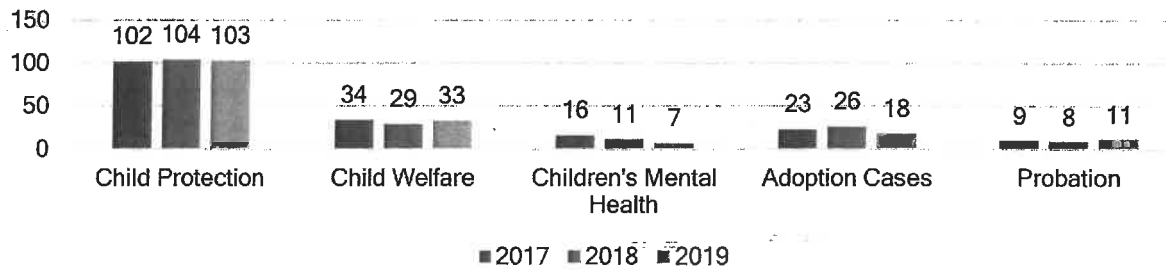
time with social worker guidance. A case manager meets with youth monthly to review independent living plan goals and assess the needs of the youth.



### Average Placements by County 2013-2019

	2013	2014	2015	2016	2017	2018	2019
<b>Lincoln</b>	6	5	8	12	7	9	6
<b>Lyon</b>	35	35	50	44	38	44	44
<b>Murray</b>	8	8	5	6	10	12	10
<b>Pipestone</b>	16	20	22	21	19	16	25
<b>Redwood</b>	36	46	59	77	95	80	68
<b>Rock</b>	15	16	13	12	16	16	20

## Count of Out-of-Home Placements by Program Monthly Average



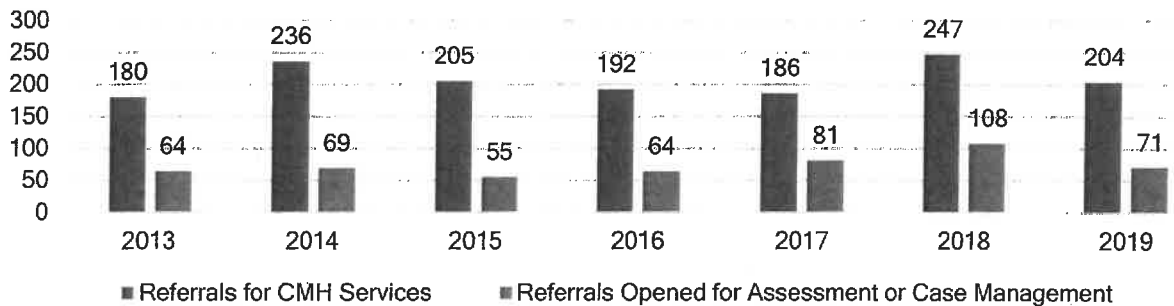
### Children's Mental Health

When children suffer with severe emotional disturbances, their needs often overwhelm their parents. In these circumstances, families need assistance finding resources and developing support systems so children can grow and develop to their full capacity in their own homes.



Children whose mental health needs are not met in a timely manner are more likely to experience social isolation, school failure, and delinquent behaviors. Families who do not have adequate resources sometimes struggle to provide the parental and emotional support to their children. Timely and appropriate intervention can prevent the need for more intrusive and costly service needs later.

### Children's Mental Health Referrals and New Cases



### Children's Mental Health Overall Cases Served



## Child Protection

Child protection is the process of protecting children identified as experiencing some form of abuse or neglect. It is a process where child safety is the first priority and staff work with families to build upon their strengths and address struggles to reduce future risk to the children.

### Count of Child Protection Investigations and Assessments

	2013	2014	2015	2016	2017	2018	2019
<b>Assessments</b>	329	306	406	443	431	534	492
<b>Investigations</b>	30	41	123	177	217	421	331
<b>TOTAL</b>	359	347	529	620	648	955	823

All children have a right to protection against abuse, neglect, exploitation, and violence. SWHHS has a statutory duty to safeguard and promote the welfare of children. The Child Protection team, along with other agencies, collaborate to achieve safety and greater well-being for children in our communities.

### Child Protection Investigation/Assessments by Allegation\*

	2013	2014	2015	2016	2017	2018	2019
<b>Sexual Abuse</b>	42	64	75	88	117	139	119
<b>Physical Abuse</b>	106	111	189	251	290	192	180
<b>Neglect</b>	208	328	532	598	495	508	419
<b>Mental Injury/ Emotional Harm</b>	3	5	7	24	111	116	105
<b>Prenatal Exposure</b>	0	3	11	21	21	0	0
<b>Total</b>	359	511	814	982	1034	955	823

\*An investigation can have multiple allegations.

\*Changes in documentation per 2015-2016 Governor's Task Force influenced increases in some categories.

### Minor Parent Services

Services are provided to assist the pregnant and/or parenting minor (under age 18) to create a plan for the parent and the child to ensure their safety and well-being. This helps connect the minor parent to appropriate resources. These services may include counseling, financial and Medical Assistance, housing and childcare options, paternity or Child Support services, and/or resource referrals to appropriate agencies to assist with decision-making.

To be eligible, teens must be under the age of 18 and in their third trimester of pregnancy; teens under the age of 18 and already parenting; or teen mothers who have been identified on the 72-hour birth report per Minnesota Statute Chapter 257.33.

### Adoption

Adoption services are provided by SWHHS for state ward children in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties. A state ward child is a foster child in the custody of the Minnesota Commissioner of Human Services as determined by the court. For SWHHS, 100 percent of the children waiting for adoption are from the Foster Care System. In 2019, 16 children were adopted from the foster care system.

### 2019 Average Count of Children in Out of Home Placement

	Average Count
<b>SWHHS</b>	172
Lincoln	6
Lyon	44
Murray	10
Pipestone	25
Redwood	68
Rock	20

### 2019 SWHHS Placement by Category

	2019
Foster home	48.6%
Juvenile correctional facility (non-secure)	10.4%
Group home	7.1%
Child's reunification home	6.5%
Non-custodial parent's home	6.2%
Residential treatment center	5.8%
Supervised independent living	5.7%
Other pre-kinship home	4.0%
Pre-adoptive home	3.2%
Foster home: corporate	2.1%
Probation placement	0.4%

## Licensing

At the county level, SWHHS is responsible for licensing Family Childcare, Family Child Foster Care, and Family Adult Foster Care. SWHHS shares responsibilities with the State for the licensing process of Corporate Child and Adult Foster Care Settings.

### Family Childcare Licensing

Safe, quality childcare is important for families when parents are employed, seeking employment, or furthering their education. Licensing childcare homes provides basic assurances that safety and quality are regulated and monitored.

### 2019 Number of Licensed Family Childcare

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
Lincoln	20	2	2	20
Lyon	96	4	13	87
Murray	21	1	0	22
Pipestone	32	10	6	36
Redwood	49	5	5	49
Rock	40	1	4	37

### Family Child Foster Care Licensing

Foster parents provide a temporary home for children who cannot remain in their own homes.

Children enter foster care because of neglect, abuse, domestic violence, a parent's chemical addiction, a parent's incarceration, or a family crisis. A child may also enter care due to his/her behaviors or special needs. While the child is out of the home, a case manager works with a variety of resources to provide services to the child and the family.



Foster parents receive a stipend to care for the needs of the children. Foster parents are asked

to provide stability, safety, and unconditional love to the children in their care, as well as advocate for the children's needs. Often foster parents become mentors and support to the birth parents. Foster care is provided until a child's parent(s) can resume the parental role or until an alternative permanent plan is made with relatives or adoptive parents. Sometimes foster families are asked to provide a permanent home for children in their care.

### 2019 Number of Non-Relative Foster Care

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
<b>Lincoln</b>	1	1	0	2
<b>Lyon</b>	22	4	4	22
<b>Murray</b>	5	1	2	4
<b>Pipestone</b>	7	1	0	8
<b>Redwood</b>	11	1	1	11
<b>Rock</b>	3	1	0	4

### 2019 Number of Relative Foster Care

	Count Jan 1	Newly Licensed	Closed	Count Dec 31
<b>Lincoln</b>	1	1	1	1
<b>Lyon</b>	5	1	1	5
<b>Murray</b>	2	3	1	4
<b>Pipestone</b>	3	2	2	3
<b>Redwood</b>	3	1	2	2
<b>Rock</b>	1	2	0	3

### Traditional Adult Foster Care/Corporate Foster Care for Adults & Children

Adult foster care (AFC) is a licensed, sheltered living arrangement for adults who have special needs or impairments that make it impossible for them to live alone. This might include people who have physical, emotional, or developmental impairments. Adult foster care homes provide five basic services: room, board, supervision, protection, and assistance with money management and personal care.

Corporate adult foster care and corporate child foster care refer to settings in which the license holder does not reside in the home. The primary care givers are shift-staff, rather than clients of the household, as in the traditional model.

### 2019 Number of Adult Foster Care/CRS

	2018	2019
<b>Lincoln</b>	3	3
<b>Lyon</b>	38	42
<b>Murray</b>	7	6
<b>Pipestone</b>	8	8
<b>Redwood</b>	25*	25*
<b>Rock</b>	9	9

\*(of that, 1 hospice, 1 family)

# Child Support

Children deserve the financial and emotional support of both parents, whether or not the parents live together as a family. This financial support can be the difference between a life of poverty with the associated disadvantages or thriving in a household with sufficient income to meet their basic needs.

Children who grow up in homes without adequate income to meet their basic needs have a number of additional obstacles to overcome as they move to adulthood. Poverty is associated with a higher rate of drug usage, criminal behavior and school failure. Absent parents who do not pay child support are also less likely to be involved in their children’s lives, depriving them of the emotional support of one parent.

Minnesota’s child support program participates and is measured with other states in the federal incentive funding system. SWHHS can maximize federal incentives by reaching performance thresholds in five measures. Each state and county who meets the performance standards receive a portion of the federal incentive dollars. Therefore, as one state and/or county substantially improves upon their performance and receives a larger portion of the funds, the other states and counties share in the declined federal incentive dollars. The five child support measures and the performance measures are as follows:



## SWHHS Child Support Compared to Minnesota Performance Measure

	MN Performance Measures	2019 SWHHS
<b>Paternity Establishment</b>	90%	103%
<b>Order Establishment</b>	80%	90.01%
<b>Collections on Current Support</b>	80%	77.10%
<b>Collections on Arrears (past due support)</b>	80%	75.93%
<b>Cost Effectiveness</b>	\$3.30	\$6.10

# Financial Assistance or Income Maintenance

Counties, through federal, state and county resources, have assumed responsibility for assuring that all people have access to sufficient financial resources to survive. Any person may seek help at Southwest Health and Human Services to meet their basic needs.

Financial need may occur for individuals for reasons beyond their control. Some individuals may have recently lost their job, separated from their partner, or may not have the intellectual or emotional capacity to support themselves. Southwest Health and Human Services and the State of Minnesota work to assure minimal financial support and health care to all those who qualify.

## Cash Assistance

### Diversion Work Program (DWP)

The Diversionary Work Program helps families that are in need of cash assistance for the first time. The participants sign a contract with Employment Services in the four-month program. The goal is a fast and direct path to employment.

### Diversionary Work Program Snapshot for 2019

- 140 enrolled
- 9% have a disability
- 25% have high school diploma or less
- 4% homeless
- 15% limited English
- 14% offender
- 51% were employed

### DWP Exit Summary for 2019

- 15% exited to unsubsidized employment at an average wage of \$13.02 per hour
- 21% were disqualified from DWP
- 49% were referred to Minnesota Family Investment Program (MFIP)

### General Assistance (GA)

The General Assistance (GA) program helps people without children pay for basic needs. It provides money to people who cannot work enough to support themselves, and whose income and resources are very low. People who get GA are also eligible for help with medical and food costs through Medical Assistance (MA) and the Supplemental Nutrition Assistance Program (SNAP).

### Housing Support (HS)

A state-funded program which provides, at a minimum, room and board for unrelated people who live in certain licensed or registered group living arrangements and who receive Supplemental Security Income (SSI) or would be eligible for SSI except for excess income and are blind, age 65 or older, or disabled and age 18 or older. In 2019, SWHHS monthly average of HS was 307 cases.

### IV-E Foster Care

IV-E Foster Care is for 24-hour care of a child providing one or more child(ren) with a substitute for the care, food, lodging, training, education, supervision, or treatment needed, but which for any reason cannot be furnished by their parents or legal guardians in their homes.

## **Refugee Cash Assistance (RCA)**

The Minnesota Department of Human Services provides Refugee Cash Assistance (RCA) to persons with eligible status who are ineligible for Supplemental Security Income (SSI) or MFIP for up to eight months after arrival in the United States. Refugee Employment Services (RES) and Refugee Social Services (RSS) are available to assist eligible persons to attain self-sufficiency within this period of time. RCA participants may continue to receive Refugee Employment and Social Services after their RCA eligibility ends.

## **Child Care Assistance Programs (CCAP)**

The Child Care Assistance Program helps families with safe and affordable childcare. SWHHS's 2019 monthly average was 189 families.

## **Emergency Assistance County Crisis Funds (CCF)**

Emergency Assistance County Crisis Funds (CCR) is vendor-paid assistance to avert an emergency. In 2019, SWHHS saw a monthly average of 29 cases and paid out a total of \$58,164.26.

## **County Burial**

In accordance to Minnesota Statute Chapter 261.035, SWHHS provides two burial options for residents in the six-county area. SWHHS offers direct cremation or immediate burial for a resident that does not have the funds to pay for his or her funeral expense. On an annual basis, the agency sets rates on an appropriate dollar amount allocated for burial or cremation. If the deceased has assets, the case is then referred to SWHHS's Collection Officer to pursue a claim against the estate. In 2019, SWHHS helped with 52 burials totaling \$217,611.19. This amount is approximately 7 percent of the total deaths in the six-county areas, and averages \$4,184.83 per burial.

## **Health Care Programs**

### **Minnesota Family Investment Program (MFIP)**

Minnesota Family Investment Program (MFIP) helps families with cash and food assistance within a 60-month lifetime limit. The caregiver/s meet with a Work Force Center employment counselor to develop a plan to become self-sufficient. The client, with the employment counselor, works on resume writing, job search, interviewing skills, education, and soft skills, as needed, for gainful employment. A Family Stabilization Service (FSS) plan is written for families needing more case management services.

### **MFIP Snapshot for 2019**

- **386** cases enrolled with Employment Services
- **26%** have a disability
- **26%** have less than a high school diploma
- **11%** limited English
- **5%** homeless
- **16%** offender
- **24%** have a Family Stabilization Services (FSS) plan
- **27%** were employed full or part-time

### **MFIP Exit Summary for 2019**

- Employment Services exited **174** participants in 2019
- **39%** employed
- **68** exited to unsubsidized employment at an average wage of **\$12.55 per hour**
- **16** participants closed at 100% sanction

- 1 participant closed to SSI award
- 21 exited as moved from the county
- 13 exited as moved from the state
- 5 reached the 60-month lifetime limit and did not meet an extension category.

### **Medical Assistance (MA) and MNSure**

The way most people apply for healthcare changed January 1, 2014, due to the Affordable Care Act (ACA) named MNSure in Minnesota. All new applicants for healthcare are directed to apply online at <http://mnsure.org> and the system guides them through the application process step-by-step. If people are unable to apply online, they can complete a paper application. In 2019, SWHHS had an average of 5,259 cases in the new METS eligibility system. SWHHS has approximately 3,035 MA cases remaining in our MAXIS system. Reflective of the agency's population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

### **Transportation Coordination**

Transportation coordination is provided to individuals and families who need additional assistance with transportation to medical appointments. SWHHS has specialized staff coordinating this service, making it easy for the client to access the service. The coordinator also helps with vouchers, reviews billing, and communicates with clients in regards to health care reimbursements. SWHHS administers this service in accordance to Federal Regulations and rules, State Statutes, and local rules and policies pertaining to those health care programs. Staff at SWHHS estimate there were 5,329 requests for transportation in 2019. Each request can contain more than one trip.

### **Minnesota Care (MNCare)**

MinnesotaCare is a health care program for Minnesotans with low incomes. Enrollees get health care services through a health plan.

## **Food Programs**

### **Supplemental Nutrition Assistance Program (SNAP)**

SNAP, formerly known as Food Stamps, helps Minnesotans with low incomes receive the food they need for nutritious and well-balanced meals. The program provides support to help stretch a household food budget; not to meet all of a household's food needs. It is a supplement. Reflective of the agency's population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

#### **SNAP Snapshot for 2019**

- 71 SNAP Participants enrolled with Employment Services
- \$11.22 average wage
- 11% Disabled or found exempt
- 18% Have less than a high school diploma
- 11% Homeless
- 21% Limited English
- 24% Offenders
- 20% Chemically Dependent
- 52% Employed with average wage of \$13.32 per hour

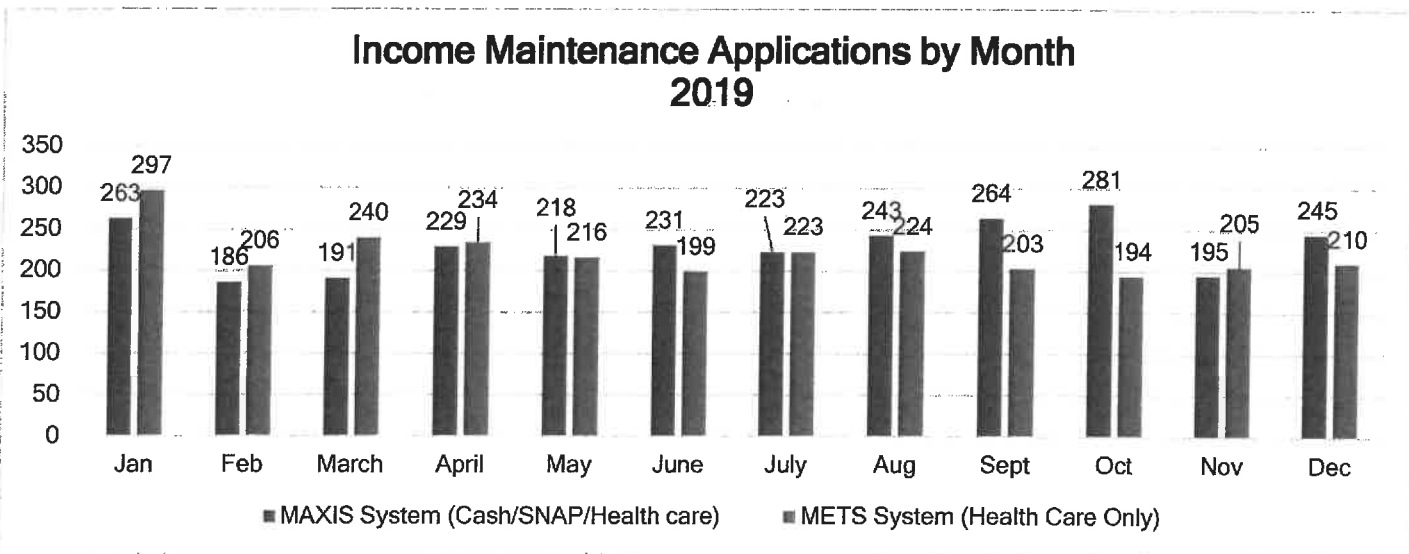
## Emergency Programs

### Emergency General Assistance (EGA)

Emergency General Assistance (EGA), provides once a year financial assistance to help pay for food, shelter or utility expenses in emergencies.

### Emergency Medical Assistance (EMA)

Emergency Medical Assistance (EMA) covers the care and treatment of emergency medical conditions provided in an Emergency Department (ED) or in an inpatient hospital when the admission is the result of an ED admission. Emergency medical conditions include labor and delivery.



## Welfare Fraud

The Fraud Prevention Program was developed to prevent and reduce improper payments of public assistance benefits. Southwest Health and Human Services has a Fraud Prevention Specialist on staff who investigates all welfare fraud referrals. The fraud prevention program for the southwest region in Minnesota is comprised of ten counties: Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock, and Yellow Medicine. Southwest Health and Human Services is part of a region and shares the Fraud Prevention Specialist with four other counties.

### Welfare Fraud Cases Per County

	2017	2018	2019
<b>Lincoln</b>	8	2	0
<b>Lyon</b>	44	53	41
<b>Murray</b>	1	5	5
<b>Pipestone</b>	10	14	9
<b>Redwood</b>	42	56	55
<b>Rock</b>	18	21	20

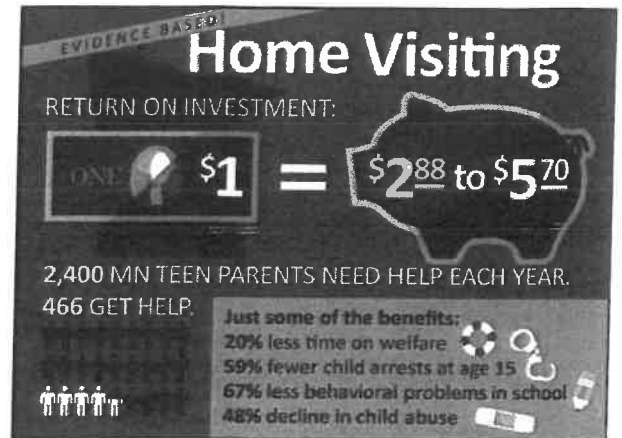
If you suspect someone of welfare fraud, please report the suspected welfare fraud activity in the county of the potentially fraudulent activity. You can also report welfare fraud statewide by calling the Welfare Fraud Hotline 24 hours a day, seven days a week, at 800-627-9977 or Twin Cities Metro Area at 651-431-3968. You may remain anonymous.

# Public Health

## Primary Prevention

Some of the people in the stories on the previous pages may have avoided the situations they are in if more prevention programming was available. For example:

- Evidence-based Family Home Visiting has demonstrated a decrease in child abuse and neglect, decreased tobacco and alcohol use during pregnancy, increased breastfeeding rates, reductions in subsequent pregnancies, increased labor force participation by parents, and increased family income. (3) (4)
- Planning and Implementation (P&I) grant that focuses on positive community norms to help youth understand they don't have to use alcohol and other substances because most of their friends are not using. The 20+ communities that previously received P&I funding have seen a dramatic decrease in 30-day alcohol use among youth in their communities.
- Women, Infants, and Children (WIC) is a nutrition education program that provides supplemental foods to promote good health for pregnant, breastfeeding, postpartum women, infants, and children up to age five who meet income guidelines. This evidence-based program is proven to reduce obesity and improve the nutrition of children that live in poverty.
- Education about and administration of immunizations protects all of us from diseases like measles, mumps, polio, hepatitis A, B, and C, tetanus, diphtheria, whooping cough, among others.



To better understand SWHHS prevention approach in our community you need to understand the three categories of prevention activities:

### 1. Primary Prevention—intervening before health effects or injury occurs

- through measures such as vaccinations,
- education about healthy and safe habits (eating healthy, regular exercise, not smoking), and
- banning substances known to be associated with a disease or health condition through legislation and enforcement that ban or control the use of hazardous products (asbestos) or mandate safe and healthy practices (car seat and seatbelt use) (5) (6)



**2. Secondary Prevention**—identify diseases in the earliest stages

- through regular exams and screening tests before the onset of signs and symptoms, (mammography and regular blood pressure testing)
- encouraging personal strategies to prevent re-injury or recurrence,
- implementing programs to return people to their original health and function to prevent long-term problems (5) (6)

**3. Tertiary Prevention**—decreasing the impact of injury or ongoing disease that has long-lasting effects.

- cardiac or stroke rehabilitation programs, chronic disease management programs
- support groups that allow a member to share strategies for living well
- vocational rehabilitation programs to retrain workers for new jobs when they have recovered as much as possible. (3) (6)

SWHHS has a wide variety of prevention programs available that meet the three prevention approaches:

- Car Seat Program
- Follow Along Program
- Family Home Visiting
- Peer Breastfeeding Support
- Women, Infants, and Children
- Statewide Health Improvement Partnership
- Planning and Implementation Grant
- Toward Zero Deaths
- Public Health Preparedness
- Infectious Disease
- Immunizations
- Tuberculosis Control
- Refugee Health
- Environmental Health
- Birth Defects Information System
- Early Hearing Detection Intervention
- Child and Teen Checkups Program
- Dental Varnishing

On the following pages, you will see some of the prevention work done in each of the SWHHS counties during 2019.

# Prevention at Work in Lincoln County in 2019



2 clients requested car seats with education.



Healthy snack station worksite wellness.

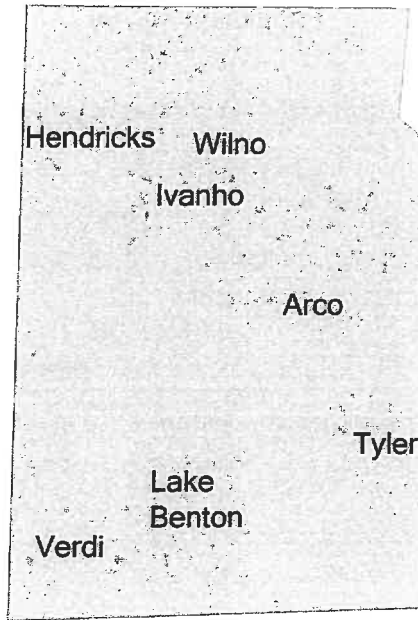


908 annual WIC clinic participants.



Toward Zero Deaths campaign in Lincoln-Pipestone Counties.

Population 5,677



Vaping and tobacco education provided area schools.



113 clients received care management visits in the nursing home.



3 clients received MNChoices or personal care assessments so they could get help to stay in their home.



Walkable Communities Workshop was held in Tyler.



3 clients received MNChoices or personal care assessments so they could get help to stay in their home.



91 Lincoln Elementary School students benefit from Safe Routes to School program.

# Prevention at Work in Lyon County in 2019



142 clients requested car seats with education.



12,247 annual WIC clinic participants.

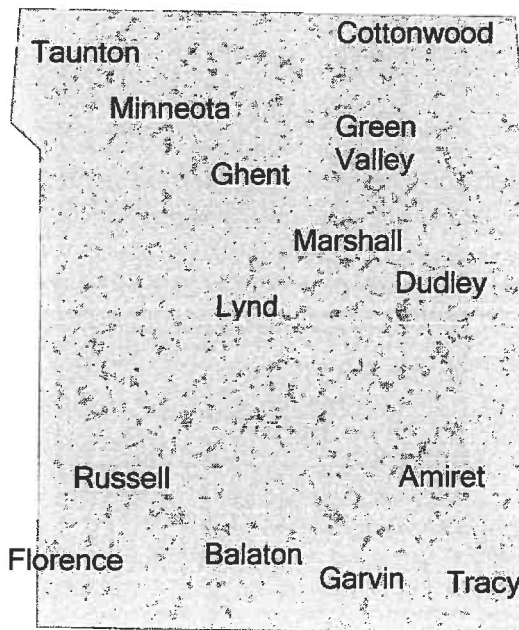


Tracy Food Shelf was updated to a Super Shelf.



Medications & monitoring provided to 17 Latent & Active TB clients.

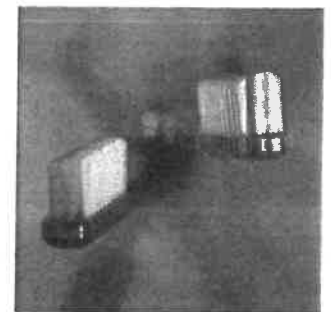
Population 25,758



197 clients received care management visits in the nursing home.



Tracy Elementary School Chef collaboration.



142 children received a dental varnish visit



Buckle-up stencils add at Red Baron Arena.



153 family home visits were provided.



55 clients received MNChoices or personal care assessments so they could get help to stay in their home.

# Prevention at Work in Murray County in 2019



1,952 annual WIC clinic participants.



Worksite wellness physical activity kit.

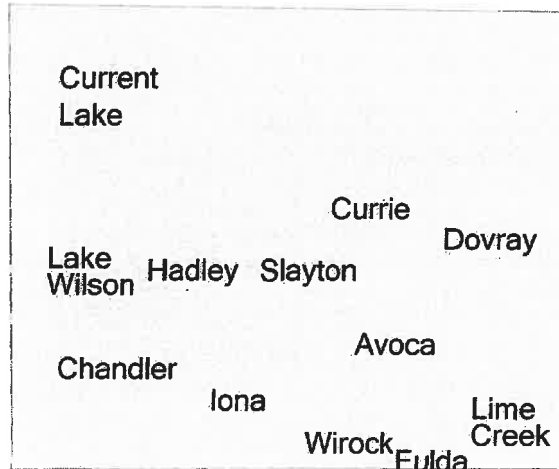


Active playground stencils at Murray County Central.



9 clients requested care seats with education.

Population 8,296



13 family home visits were provided.



661 Murray County Central students benefit from a Smarter Lunch Room.



Vaping and tobacco information provided area schools.



57 clients received care management visits in the nursing home.



9 clients received MNChoices or personal care assessments so they could get help to stay in their home.



WIC clients benefit from fresh produce out of the WIC Garden at SWHHS.

# Prevention at Work in Pipestone County in 2019



Vaping and tobacco information provided area schools.



39 clients requested car seats with education.

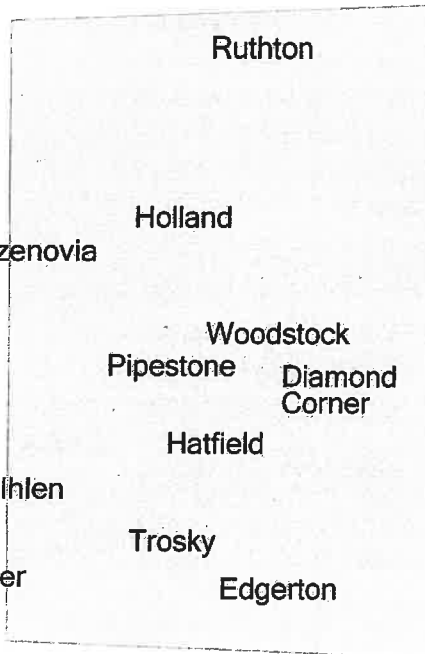


3,573 annual WIC clinic participants.

Population 9,191



172 family home visits were provided.



Medications & monitoring provided to Latent TB clients.



Pipestone Food Shelf was updated to a Super Shelf.



32 Prenatal assessment visits were provided.



Worksite wellness with standing work stations at Pipestone County Medical Center.



Worksite Wellness 2019-20  
Pipestone Cohort I



Community Fishing Derby to promote positive alcohol use messaging to the community.

# Prevention at Work in Redwood County in 2019



140 family home visits were provided.



Westbrook-Walnut Grove School children learn about dental health.



Redwood Valley High School students learn about traffic stations.



105 clients received care management visits in the nursing home.

Population 15,261



Wabasso School healthy food taste testing.



Carris Health Redwood Falls Lactation Room.



3,471 annual WIC clinic participants.



41 clients received MNChoices or personal care assessments so they could get help to stay in their home.



**LiveWell**

*Building Healthy Communities*

2 Community events were held to go over the findings from the community health assessment and choose their primary health priority, **Mental Health.**



Vaping and tobacco information provided area schools.

# Prevention at Work in Rock County in 2019



Luverne Farmers Market.



2,025 annual WIC clinic participants.

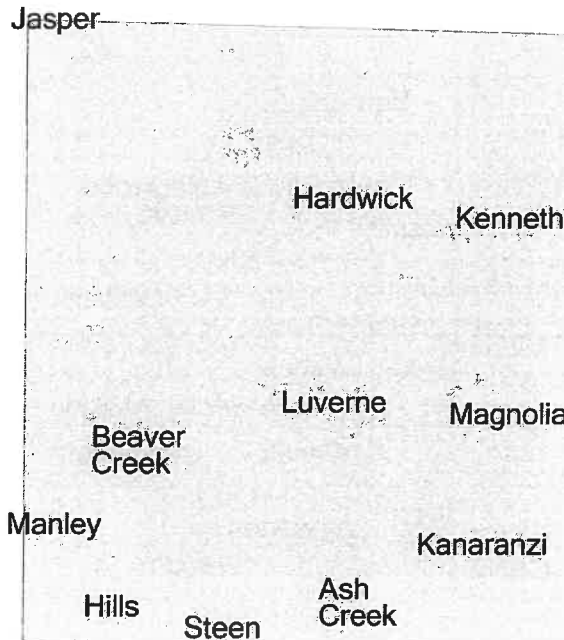


Sit stand work station worksite wellness.



Vaping and tobacco information provided area schools.

Population 9,402



20 clients requested car seats with education.



Sanford Luverne Worksite Wellness-bike for riding during breaks or running errands.



Midwest Fire healthy snack station for worksite wellness.



4 clients received MNChoices or personal care assessments so they could get help to stay in their home.



31 children received a dental varnish visit.



Power of Produce at the Luverne Farmer's market.

## Works Cited

1. **United States Department of Health and Human Services.** Office of the Assistant Secretary for Planning and Evaluation: 2019 Poverty Guidelines. [Online] January 11, 2019. [Cited: August 18, 2020.] <https://aspe.hhs.gov/2019-poverty-guidelines>.
2. **United States Census Bureau.** Explore Census Data: Advance Search; ACS 2018 5-Year Estimate Data Profiles. [Online] December 13, 2019. [Cited: August 18, 2020.] <https://data.census.gov/cedsci/>.
3. **CDC Task Force on Community Prevention Services.** First Reports Evaluating the Effectiveness of Strategies for Preventing Violence; Early Childhood Home Visitation. *MMWR*. October 3, 2003.
4. **Kitsman, H., Olds, D.L., et al.** Enduring Effects on Nurse Home Visitation on Maternal life Course: A 3-Year Follow-up of a Randomized Trial. *JAMA*. 1983-1989, April 19, 200, Vol. 284, 15.
5. **Institute for Work and Health.** Primary, Secondary and Tertiary Prevention. [Online] April 2015. [Cited: August 26, 2019.] <https://www.iwh.on.ca/what-researchers-mean-by/primary-secondary-and-tertiary-prevention>.
6. **Centers for Disease Control and Prevention.** Picture of America. [Online] April 6, 2017. [Cited: August 26, 2019.] [https://www.cdc.gov/pictureofamerica/pdfs/picture\\_of\\_america\\_prevention.pdf](https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf).

## Temporary Registered Nurses

Catherine	Kuehl
Cris	Gilb
Stephanie	Prahl
Terri	Taylor
Jody	Jackels
Angel	Nelson
Tessa	Bossuyt
Lorrissa	Lingen
Angela	Ford
Donna	Thomson
Courtney	Zins
Leah	Bittner
Kristina	Carlson
Kassandra	Quade
Audrea	Turbes
Carolyn	Larson
Linzie	Dagel
Karis	Gust
Jared	Schmit
Molly	Golla
Lindsay	Meyeraan
Nyla	Sandbulte
Mary	Fagerness



# Position Request Form

## 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: Eligibility Worker    Division/Unit: Income Maintenance**

New Position     Replacement  (2 positions)    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 provide for the needs of various individuals and families by providing information, determine initial and on-going eligibility for all Income Maintenance Programs administered by Southwest Health and Human Services as outlined in federal regulations and rules, state statutes, and local rules and policies pertaining to those IM programs .**

**2. Why are you recommending this position be authorized?**

**This position is needed to ensure timely and accurate processing of applications for all IM programs. Each program has requirements for process timelines and following policies, these are reviewed by DHS and money can be earned by counties if we continue to meet those requirements. It would also help ensure customer service remains at the highest standards and keep the number of necessary intake days per worker at bay to ensure they have time for case management as well. Having a worker transition to a new position meant having to transfer additional cases to other workers, increasing their already busy position to even busier with more cases.**

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

**Contracting or hiring temp workers is not an option due to the specific training requirements of the position.**

**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: [Click or tap here to enter text.](#)

**This position is eligible for an average of 50% Federal Fiscal Participation on the first day of employment. Reimbursement is received quartley with the filing of the Income Maintenance Financial Report.**

**Salary range \$48,052.66-\$77,523.91 (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.**

**What is the ROI?**

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

**This position will help all workers continue to meet the needs of those they work with everyday, including being available for intake M-F 8-4:30 and meeting DHS requirements for processing. A client who meets expedited criteria should have their SNAP benefits issued within 24 hours of them applying; this requires each worker to help with intake and phones to ensure applications are processed timely while allowing them to have time for case management as well.**

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

**#4 of the Strategic Plan: Maximize Agency Revenue. Financial workers are 50% FTE from the day they are employed and if we have a small error rate, we do receive enhancement dollars from some of our program areas. In addition, IM programs are provided to help ensure we are meeting the needs of those who are in need and helping them work towards self-sufficiency.**

**SECTION 3: Signatures**

Completed by: Corey Remiger Date: 12/30/2020

Division Director Signature: **APPROVED**  
By nancy.walker at 10:56 am, Jan 04, 2021 Date: \_\_\_\_\_

Director Signature: **APPROVED**  
By Beth Wilms at 11:53 am, Jan 08, 2021 Date: \_\_\_\_\_



# Position Request Form

**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: Lead Eligibility Worker    Division/Unit: Income Maintenance**

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 provide for the health care coverage and transportation needs of various individuals and families by providing information and determine initial and ongoing health care program eligibility of applicants/recipients administered by Southwest Health and Human Services as outlined in Federal Regulations and rules, State Statutes, and local rules and policies pertaining to those health care programs.

**2. Why are you recommending this position be authorized?**

Failing to fill this position it would be detrimental to the agency. The Transportation Coordinator has very specific duties. They determine if Employer Subsidized Insurance is cost effective for Medical Assistance enrollees. If cost effective the TC is responsible for approving reimbursements each month. These duties in the past were processed by financial workers but with the implementation of METS the numbers had increased to a point where processing was having a negative effect on the Eligibility Workers being able to complete their day to day duties. Cases were being missed and payments were delayed. As a result the TC Position was created. TC's are also responsible for arranging and approving transportation requests for both MA enrollees and Social Service requested rides. SWHHS currently has two TC's who concentrate on transportation. Since implementation SWHHS has seen increased efficiency, consistency in payments and fewer client complaints.

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

**Contracting or hiring temp workers is not an option due to the specific training requirements of the position. Overall this unit is already down 1.0 FTE's which have not been filled.**

**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: [Click or tap here to enter text.](#)

**This position is eligible for an average of 50% Federal Fiscal Participation on the first day of employment. Reimbursement is received quartley with the filing of the Income Maintenance Financial Report.**

**Salary range \$54,457 – \$80,756 (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.**

**What is the ROI?**

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

**This Lead Eligibility Worker is a Transportation Coordinator who is part of a two person team for SWHHS who arranges medical and social service funded related rides. They also process cost effective insurance determinations and reimbursements. With the possibility of SWHHS joining Prime west the Transportation Coordinators could be responsible for coordinating all rides; both managed care and fee for service. Therefore the current TC is unable to absorb the duties vacated by retiring or resigning employees. It is not feasible to only have 1 TC Lead worker with the amount volume that comes from these duties.**

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

Adding this position in income maintenance supports the mission of the agency by assisting individuals through public assistance services that help them work towards self-sufficiency. This position also works with social services to keep the elderly in their homes verses having to be placed in long term care.

# 3 of the Strategic Plan: Enrich Prevention Services. As a financial worker, we process SNAP, health care and emergency applications, all of these programs may help families from other hardships such as the children being placed in foster care.

#4 of the Strategic Plan: Maximize Agency Revenue. Financial workers are 50% FTE from the day they are employed and if we have a small error rate, we do receive enhancement dollars from some of our program areas.

**SECTION 3: Signatures**

Completed by: **APPROVED**  
*By Ashley VanOverbeke at 9:36 am, Dec 31, 2020* Date: 12/31/2020

Division Director Signature: **APPROVED**  
*By nancy.walker at 10:52 am, Jan 04, 2021* Date: \_\_\_\_\_

Director Signature: **APPROVED**  
*By Beth Wilms at 11:52 am, Jan 08, 2021* Date: \_\_\_\_\_



# 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**

**Position Title: County Agency Social Worker/Adult Services**

New Position  Replacement  Permanent  Temporary  Promotion

Is Funding Budgeted for This Position? Yes, Budgeted  No, Not Budgeted

Hire Date: ASAP as Sherri's supervisory position begins on January 18th.

1. **What will the essential functions performed by this position include?** Case management for individuals with Developmental Disabilities/related conditions in all counties. Disability services includes but are not limited to locating, securing and authorizing independent living, residential, employment, and behavioral services.

This position also requires doing MNChoices reassessments for all clients, care plans and communication with families, clients and providers. This position represents the state guardianship office for State Wards in making decisions such as medical, vocational, residential and even life or death health care interventions. This position will work closely as part of the DD team; attend unit meetings and case consultation meetings with other adult services groups. This position also supports the MH team as needed for prepetition consultations.

**2. Why are you recommending this position be authorized?**

Sherri Pickthorn was promoted to a supervisor position. This request is for replacement of her current position. She is a DD worker that provides Case management services to clients from all 6 counties.

The caseload is currently at 44 but runs from 45-55 cases or more.

There are not enough DD workers with time available to disperse these cases to existing workers. When working in the DD waiver, which is approximately 75% of the time spent on this caseload, the reimbursement rate is **\$92.76** per hour. The billable hours per month in this position vary, but the average is 100-115 per month. This position once trained is a high revenue producer for the agency.

This position has become more intense and challenging since the pandemic began. Providers struggling with services and staff, vocational centers opening and closing, rates changing constantly and a lot of time being spent in rate management of the entire system. There are also more and more Community Directed Services and Support Cases, which take up quite a bit more time than traditional waived services cases.

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

Potential to absorb these cases to existing workers is not possible, due to them being at the maximum for acceptable client services.

**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 DD Social worker salary: \$60,759-\$95,877 (includes salary, FICA, PERA and insurance contribution) As indicated above, once trained, this position can bring in revenue to cover the costs of the position.

**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.**

No other funding sources available

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

The clients will have consistency in case management and continue to have their needs met as mandated by the state. If this position is not replaced the agency will miss out on reimbursement as people do not have time to add cases and still complete documentation of billable time.

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

The current level of service, problem solving, placement and court interventions would NOT be done at the level that this caseload demands.  
This caseload is becoming more and more challenging with the COVID 19 requirements, restrictions and interventions. It requires input on a daily basis on services and rates. We are also starting to see more and more cases of dual diagnosis in the DD population, which often requires an extensive search for unusual services, or developing services that do not currently exist.

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

Our mission is to provide safe accurate services for people with disabilities. We aim to empower people, foster as much independence in residential living and vocational areas as possible, and to promote person centered high quality lives for our clients. We cannot do that with only providing quick crisis interventions. These clients need and deserve consistent case management services to promote their wants and needs and move them forward towards independence and happiness.

**SECTION 3: Signatures**

Completed by: <u><i>Jennifer Klein</i></u>	Date: <u>01/11/2021</u>
Division Director Signature: _____	Date: _____
<b>APPROVED</b> <i>By Cindy Nelson at 3:02 pm, Jan 11, 2021</i>	
Director Signature: _____	Date: _____
<b>APPROVED -</b> <i>By Beth Wilms at 3:42 pm, Jan 11, 2021</i>	



# 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: County Agency Social Worker/ Adult Protective Services APS.**

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

**Desired hire date: 2/1/2021 Requested:1.0**

\*Attached additional sheets if necessary.

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

The main components of the position includes to receive and investigate reports of Vulnerable Adult Maltreatment, Abuse, Neglect or Financial Exploitation, and to provide Emergency Protective Services within the SWHHS 6 county area. Daily monitoring is required of our SSIS system for Adult Protection intakes from the Minnesota Adult Abuse Reporting Center and for Emergency Reports. The Position also provides Court Visit Duties as ordered by the court and can take the lead on Emergency Guardianship Petitions if the Vulnerable Adults meets that level of Safety needs. APS staff also develop and lead individual County Adult Protection Multi-Disciplinary Teams, provide education to our Community Providers, Nursing homes, Hospitals, Group homes and more. APS will also provide ongoing Case Management Services for clients in need of Adult Protective Services and do not qualify for other services within our Health and Human services areas.

### 2. Why are you recommending this position be authorized?

We received a resignation in our APS team. The APS worker is currently covering cases in our Pipestone, Murray and Rock Counties. Adult Protective Services are Federally Mandated and SWHHS as lead agency, has a statutory duty to offer Adult Protective Services to safeguard the vulnerable adult and to conduct investigations of allegations of maltreatment in appropriate cases. SWHHS currently has a team of 3 APS workers to cover Adult Protective Services in our 6 counties. SWHHS average 35 to 45 Comment Entry intakes per month. They meet daily as a screening team and complete a Structured decision making process, respond to emergency reports and assign Assessments for reports meeting criteria. Current case loads average 15 to 20 investigations plus 1 or 2 ongoing APS Case Management Cases, and Court order Court Visitor duties.

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

The only alternative to not hiring the position is to utilize our remaining 2 APS workers to cover the intakes and investigations. We could consider assigning duties to other program areas within the agency yet their case loads have their own demands and limits. APS is currently very specialized and demanding. The level of involvement in these cases continues to increase and they work very closely with law enforcement.

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 Vulnerable Children and Adults Act Funding along with some VA/DD TCM funds

Salary Range for this Position: \$60,759-\$95,877 (includes 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.

No other funding streams are known.

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

SWHHS will continue to provide essential and statutory required Adult protective Services in order to safeguard our Vulnerable Adults and prevent further harm or maltreatment.

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

Adult Protection Services are essential services. If this position is not authorized SWHHS is at risk of not meeting the statutory requirements and our Vulnerable Adult population will be at greater risk for Maltreatment.

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

This position supports the mission of the agency by providing an essential service to our Elderly and Disabled adults, keeping our vulnerable adult population safe and the prevention of further harm.

SECTION 3: Signatures

Completed by: **APPROVED**  
By Stacey Longtin at 9:37 am, Jan 11, 2021 Date: \_\_\_\_\_

Division Director Signature: **APPROVED**  
By Cindy Nelson at 11:07 am, Jan 11, 2021 Date: \_\_\_\_\_

Director Signature: **APPROVED**  
By Beth Wilms at 3:48 pm, Jan 11, 2021 Date: \_\_\_\_\_



# 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:** Team Lead      **Division/Unit:** AMH/CD Unit

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

**Desired hire date:** 2-1-2021      **Requested:** 1.0 FTE

1. **What will the essential functions performed by this position include?**
  - A. This person will maintain a partial caseload at 50% or more based on the ebb and flow of Adult Mental Health Targeted Case Management and/or Chemical Dependency intakes.
  - B. Monitor caseload size and County of financial responsibility on AMH-TCM/CD cases, assign intakes
  - C. assist in creating and facilitating stakeholders meeting for AMH and CD in each county.
  - D. Provide guidance to team members on AMH-TCM and CD services.
  - E. SharePoint lead user
  - F. Unit meeting back-up facilitator
  - G. MMIS access for AMH and CD to assist in sharing financial information with co-workers as requested.
  - H. Receive training (if needed) and perform treatment coordination duties as needed.
  - I. Organize Holds weeks for our unit.
  - J. Primary OBRA II assessor
  - K. Assist in coordinating and assuring staff coverage during regular business hours.
  - L. research and provide alternative perspectives on issues related to our team.
  - M. Primary contact for MN Sex Offender Programming for our 6 counties.

## 2. Why are you recommending this position be authorized?

The unit Team Lead was recently promoted to a Social Service Supervisor Position within the agency. The immediate need for this position is due to the increase we are experiencing in both AMH and CD intake and commitment needs. This person will maintain a partial caseload, while making every effort to provide additional duties in assisting the entire unit and this Supervisor. The previous lead worker was handling a full caseload and managing many of the above noted functions. It is hoped that this position will be able to reduce to a partial caseload so as to engage in several new initiatives listed above. This position will also begin to take on several of the new functions listed above mainly establishing community stakeholder meeting in their base office as well as assisting other counties in facilitating their community meeting primarily for AMH and CD process. As our system continues to evolve and we find gaps from provider to provider, it is imperative that a community team be established and work together to create and promote an increased, seamless MH and CD system moving forward.

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

This would be a replacement position and it is likely to be internal/promotional from the current CD/AMH program area. Thought has been given to whether this position could be reduced to a 1-FTE line staff without lead responsibilities. My belief is that we need extra leadership as our services are both currently in transition in regards to commitment reform and SUD reform efforts; a person that can provide perspective and back-up in regard to case consultations and discussions, along with the newly added initiatives to this position create the need for this continuing to be a team lead position. The current supervisor has 14 staff plus the Team Lead, covering all 6 counties, and the lead helps take on mentoring and unique duties on a regular basis.

**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: At least 50-75% of this position brings in AMH-TCM revenue and/or CD Comprehensive Assessment/Treatment Coordination funding; depending on case load size and cases assigned

**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.**

**No new funding is available for this position**

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

**The partial caseload will fund a large portion of this position. It will meet the needs of the community we serve as we continue to provide quality services in a timely manner. SWHHS will continue to be a partner with other community providers to offer options in the program areas we serve.**

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

**Without the added strain of our current increases, 33 individuals (a full 1 FTE caseload) would need to be reassigned to workers, many of whom are already at their maximum capacity to perform the duties effectively as defined by the rules and statutes that govern this program.**

**All other functions would return to supervisor to add in to current processes.**

**Now with the increased traffic of individuals coming into our MH and CD system, the reforms in progress, and the community initiatives vital to establishing a smoother system, these will, at the very least, be delayed if the position isn't filled.**

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

**Be accessible, provide quality services, promote community partnership, problem solve and adapt to individual and community needs and create safe spaces for people to learn and grow in.**

**SECTION 3: Signatures**

**APPROVED**

*By Stacy.Jorgensen at 12:41 pm, Jan 11, 2021*

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**

*By Cindy Nelson at 1:39 pm, Jan 11, 2021*

Division Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**

*By Beth Wilms at 3:47 pm, Jan 11, 2021*

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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; 01/01/2021

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 (7<sup>th</sup>) 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 24<sup>th</sup> falls on a Monday, 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. The employer health insurance 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

**JANUARY 2021**  
**GRANTS ~ AGREEMENTS ~ CONTRACTS**  
**for Board review and approval**

- Client Community Services Inc (Worthington, MN) – 01/01/21 to 12/31/21;** provide non-waivered client semi-independent living skills (SILS); \$35.89/hour (no increase) (renewal).  
*Fiscal Note: 2020 \$14,917; 2019 \$18,138; 2018 \$11,982; 2017 \$11,676*
  
- Des Moines Valley Health and Human Services (Jackson, MN) – 01/01/21 to 12/31/21;** SWHHS STAY (Successful Transition to Adulthood for Youth) social worker will provide program related service sessions to out-of-home placement youth; \$25/hour individual sessions and \$50/hour group sessions plus mileage (NEW).  
*Fiscal Note: contract revenue*
  
- DHS Mental Health Crisis Response Services Grant for Adult & Children's (Lincoln, Lyon, Murray, Redwood and Yellow Medicine Counties) – 01/01/21 to 12/31/22;** Second amendment to extend mental health crisis response services an additional two years, which will be provided through Western Mental Health Center, \$706,267 amended amount at \$341,770 per year (grant extension).  
*Fiscal Note: pass through grant monies to WMHC for crisis services*
  
- DHHS CDC Drug Free Communities (DFC) Grant – 12/31/20 to 09/29/21;** A new federal grant to be implemented in Pipestone County for promoting drug free communities; \$125,000 for Year 1 budget, grant is for 5 years if satisfactory programmatic progress is being met and availability of funds (NEW).
  
- Divine House Inc (Willmar, MN) – 01/01/21 to 12/31/21;** provide non-waivered client semi-independent living skills (SILS); \$28.74/hour (no increase) (renewal).  
*Fiscal Note: 2020 \$11,985 (1 client); 2019 \$10,900 (1 client); 2018 \$10,742; 2017 \$9,865*
  
- Lincoln County (Ivanhoe, MN) – 01/01/21 to 12/31/21;** Office lease agreement of \$24,544 annually or \$6,136/qtr, utilities included plus \$400/year postage meter share and 20% attorney budget expense (renewal).  
*Fiscal Note: 2020 \$24,544; 2019, \$24,544; 2018 \$24,544*
  
- MDH COVID-19 Vaccination Grant – 12/01/20 to 06/30/21;** A new grant for planning and administration of COVID-19 vaccine; \$41,954 award (NEW).
  
- Nobles County Community Services (Worthington, MN) – 01/01/21 to 12/31/21;** SWHHS STAY (Successful Transition to Adulthood for Youth) social worker will provide program related service sessions to out-of-home placement youth; \$25/hour individual sessions and \$50/hour group sessions plus mileage (NEW).  
*Fiscal Note: contract revenue*
  
- Nobles County Community Services (Worthington, MN) – 01/05/21 to 04/30/21;** SWHHS Environmental Health Manager will provide support services to the Nobles County; \$65/hr plus mileage at the current IRS rate (NEW).  
*Fiscal Note: contract revenue*

- Pipestone County (Pipestone, MN)** - 01/01/21 – 12/31/21; Office space lease, \$58,000.00 annually at \$14,500/qtr (decrease due to paying off capital improvement) (renewal).  
*Fiscal Note: 2020 \$68,379.60; 2019 \$68,379.60; 2018 \$68,379.60; 2017 \$68,379.60*
  
- Pipestone County (Pipestone, MN)** - 01/01/21 – 12/31/21; Pipestone will provide connectivity and IT services, \$8,750 annually at \$2187.50/qtr (no change) (renewal).  
*Fiscal Note: 2020 \$8,750; 2019 \$8,750; 2018 \$8,750; 2017 \$8,750*
  
- PrimeWest Health (Pipestone, MN)** – 01/01/21 to 12/31/21; Amendment to the Behavioral Health participation agreement to provide targeted case management services to clients; \$660/mo (\$10 increase) for children and \$512/mo (\$60 increase) for adults (renewal).  
*Fiscal Note: TCM revenue*
  
- Rock County (Luverne, MN)** – 01/01/21 – 12/31/21; office lease agreement of \$121,125 annually or \$6,729.17/mo, utilities included (no change) (renewal).  
*Fiscal Note: 2020 \$121,125; 2019 \$121,125; 2018 \$121,125; 2017 \$121,125*
  
- REM Southwest Services (Marshall, MN)** – 01/01/21 to 12/31/21; provide non-waivered client semi-independent living skills (SILS); \$31.83/hour (no change) (renewal).  
*Fiscal Note: 2020 \$74; 2019 \$5,590; 2018 \$7,250; 2017 \$6,151*
  
- REM South Central Services (Redwood Falls, MN)** – 01/01/21 to 12/31/21; provide non-waivered client semi-independent living skills (SILS); \$33.08 (no change) (renewal).  
*Fiscal Note: 2020 \$8,927; 2019 \$13,291; 2018 \$9,445; 2017 \$12,049*
  
- United Community Action Partnership (Marshall, MN)** – 01/01/21 to 12/31/21; Client transportation services that now services all agency counties, volunteer driver rate of \$ .92/mile (IRS rate + .35 administrative fee) with local support at \$2,500/county or \$15,000/year (no increase)(renewal).  
*Fiscal Note: 2020 \$250,748; 2019 \$247,600; 2018 \$357,013; 2017 \$348,743*
  
- Tech Tronix Inc (Fergus Falls, MN)** – 01/01/21 to open; Agreement for an extension of the End User License for EH Manager, a software program to record and manage environmental health data for inspections, licensing, and plan review (ie: Food, Beverage & Lodging, Food Stands, Swimming Pools, etc); \$2700/year + \$100/hour any additional support (renewal).  
*Fiscal Note: 2020 \$2,900; 2019, \$6,899; 2018 \$2,000*

- Signatures None
- Signatures Partial
- Signatures Completed