

"Committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner."

Board Agenda
Wednesday July 20, 2022
Commissioners Room
Government Center, 2nd Floor
Marshall
9:00 a.m.

HUMAN SERVICES

- A. Call to Order
- B. Pledge of Allegiance
- C. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 6/15/2022 Board Minutes
- D. Introduce New Staff:
 - Kristin Heltzel, Child Support Officer, Luverne
 - Tannen Kanengieter, County Agency Social Worker (LTC), Luverne
 - Brittney Ormberg, Accounting Technician, Marshall
- E. Employee Recognition:
 - Jennifer Beek, 1 year, Eligibility Worker, Marshall
 - Michael Jans, 1 year, Social Worker (AMH), Pipestone
 - Cody Rofshus, 1 year, Public Health Nurse, Luverne
 - Cassandra Woitaszewski, 1 year, Public Health Nurse, Pipestone
 - Beth Wilms, 5 years, Director, Marshall
 - Dawn Jenniges, 25 years, Registered Nurse, Redwood Falls
 - Dana Swanson, 25 years, Case Aide, Luverne

HUMAN SERVICES (cont.)

F. Financial

G.	Caseload				
		<u>6/22</u>	6/21	<u>5/22</u>	<u>4/22</u>
	Social Services	3,650	3,656	3,744	3,703
	Licensing	400	416	404	403
	Out-of-Home Placements	186	171	178	174
	Income Maintenance	14,134	13,342	14,002	13,852
	Child Support Cases	2,896	3,037	2,900	2,900
	Child Support Collections	\$739,555	\$770,360	\$755,421	\$788,231
	Non IV-D Collections	\$56.152	\$193.355	\$238.020	\$81.245

- H. Discussion/Information
 - 1.
- I. Decision Items

1.

COMMUNITY HEALTH

- J. Call to Order
- K. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 6/15/2022 Board Minutes
- L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload

06/22	05/22	04/22
N/A	2,000	1,981
33	13	24
10	5	7
217	174	191
0	0	0
0	1	0
26	36	33
237	141	166
69	24	30
44	28	12
0	0	3
16	11	18
	N/A 33 10 217 0 0 26 237 69 44 0	N/A 2,000 33 13 10 5 217 174 0 0 0 0 1 26 36 237 141 69 24 44 28 0 0

- N. Discussion/Information
 - 1. WIC Nutrition Program Lindsey Ahlert, MDH & Amy Lueck
 - 2. June 2022 SCHSAC Information
- O. Decision Items

1.

GOVERNING BOARD

- P. Call to Order
- Q. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 6/15/2022 Board Minutes
- R. Financial

GOVERNING BOARD (cont.)

S. Human Resources Statistics

	<u>06/22</u>	<u>06/21</u>	<u>05/22</u>	<u>04/22</u>
Number of Employees	232	230	230	225
Separations	1		3	2

T. Discussion/Information

- 1. Procurement Update/PrimeWest Resolution
- 2.

U. Decision Items

- 1. Kelsey Appel, Case Aide, probationary appointment (12 months), \$18.75 hourly, effective 7/11/2022
- 2. Candace Jenniges, County Agency Social Worker (CPS), probationary appointment (12 months), \$24.36 hourly, effective 7/11/2022
- 3. Kristi Kerkhoff, Office Support Specialist, Sr., probationary appointment (12 months), \$16.16 hourly, effective 7/11/2022
- 4. Jake Kieft, County Agency Social Worker (LTC), probationary appointment (12 months), \$24.36 hourly, effective 7/25/2022
- 5. Erika Morrow, County Agency Social Worker (LTC), probationary appointment (12 months), \$24.36 hourly, effective 8/15/2022
- 6. Tyler Walkable Community Project (SHIP)
- 7. PrimeWest Resolution
- 8. Personnel Policy 02- Conditions of Employment
- 9. SS Policy 9 Background Check For Daycare and Foster Care Applicants
- 10. Information Tech Specialist Adjust Maximum Range to \$33.40 per hour
- 11. IT Request for AppXtender Storage "no other viable options"
- 12. Donations:
- 13. Contracts
 - 1. MDH Public Health Emergency Preparedness (PHEP) (Marshall, MN)
 - 2. DHS Children's Mental Health Respite Care Grant
 - 3. DHS Local Collaborative Time Study (LCTS)
- 12. Closed Session—Labor Negotiations Strategy

V. Adjournment

W. Annual Board Meeting Following Board

Next Meeting Dates:

- Wednesday, August 17, 2022 Marshall
- Wednesday, September 21, 2022 Marshall
 Wednesday, October 19, 2022 Marshall

SOUTHWEST HEALTH & HUMAN SERVICES

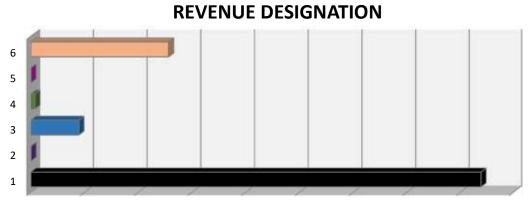
Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: June 30, 2022

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

Description	Montn	Running Balance
BEGINNING BALANCE		\$4,066,136
RECEIPTS		
Monthly Receipts	1,243,749	
County Contribution	6,570,164	
Interest on Savings	1,505	
TOTAL MONTHLY RECEIPTS		7,815,418
DISBURSEMENTS		
Monthly Disbursements	3,490,164	
TOTAL MONTHLY DISBURSEMENTS		3,490,164
ENDING BALANCE		\$8,391,389

REVENUE			
Checking/Money Market	\$8,391,389		
SS Benefits Checking	\$3,000		
Bremer Savings	\$892,976		
Great Western Bank Savings	<i>\$75,523</i>		
Certificate of Deposit	\$0		
Investments - MAGIC Fund	\$2,564,026		June 2021 Ending Balance
ENDING BALANCE		\$11,926,914	\$10,354,544
DESIGNATED/RESTRICTED FUNDS			June 2021 Ending Balance
Agency Health Insurance		\$843,343	\$970,211
LCTS Lyon Murray Collaborative		\$220,945	
LCTS Rock Pipestone Collaborative		\$67,962	
LCTS Redwood Collaborative		\$22,407	
Local Advisory Council		\$678	June 2021 Ending Balance
AVAILABLE CASH BALANCE		\$10,771,579	\$9,137,228



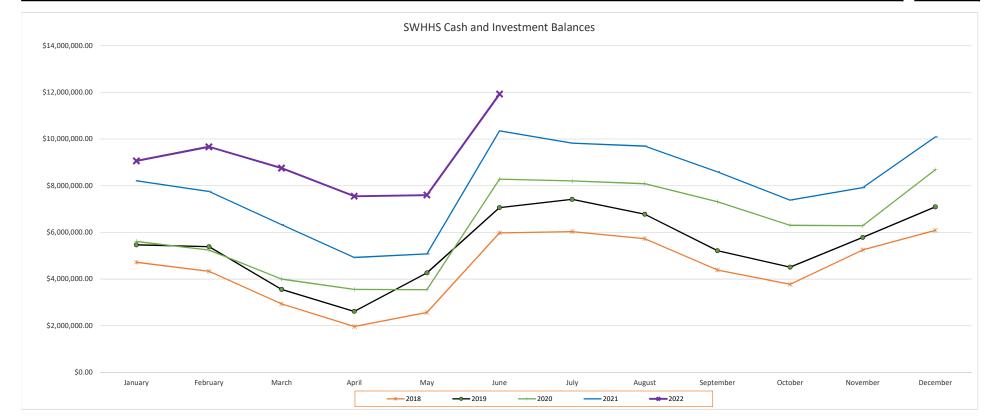
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SWHHS
Total Cash and Investment Balance by Month - All Funds

	January	February	March	April	May	June	July	August	September	October	November	December
2018	\$4,721,044.88	\$4,333,938.53	\$2,935,770.10	\$1,965,449.62	\$2,570,090.71	\$5,977,407.40	\$6,033,326.24	\$5,731,633.62	\$4,391,517.44	\$3,775,199.56	\$5,252,398.36	\$6,085,906.40
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
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
2021	\$8,213,250.83	\$7,755,540.60	\$6,331,255.58	\$4,926,907.49	\$5,077,191.48	\$10,354,544.54	\$9,823,063.10	\$9,696,380.41	\$8,596,377.19	\$7,380,331.30	\$7,918,904.38	\$10,090,463.28
2022	\$9,063,232.17	\$9,669,188.89	\$8,757,032.95	\$7,551,267.96	\$7,600,154.97	\$11,926,913.67						

Average for Year \$4,481,140.24 \$5,431,754.93 \$6,260,975.41 \$8,013,684.18 \$9,094,631.77

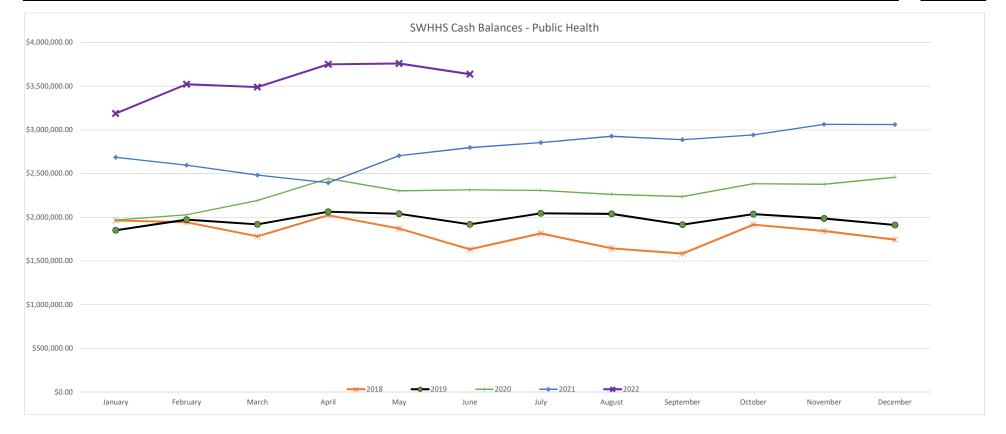


SWHHS

Total Cash and Investment Balance by Month - Public Health Services

		January	February	March	April	Mav	June	Julv	August	September	October	November	December
	2018	. ,	,	\$1,780,622.98	'	\$1,870,382.57			3	•		\$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
1	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
1	2021	\$2,686,372.79	\$2,595,490.74	\$2,483,393.31	\$2,394,881.79	\$2,704,232.84	\$2,797,102.25	\$2,854,166.91	\$2,927,270.22	\$2,887,651.14	\$2,943,305.87	\$3,062,913.28	\$3,061,698.33
	2022	\$3,188,143.70	\$3,522,705.99	\$3,489,931.37	\$3,750,709.18	\$3,760,049.78	\$3,637,055.84						

Average for Year \$1,813,230.15 \$1,974,715.22 \$2,272,723.97 \$2,783,206.62 \$3,558,099.31

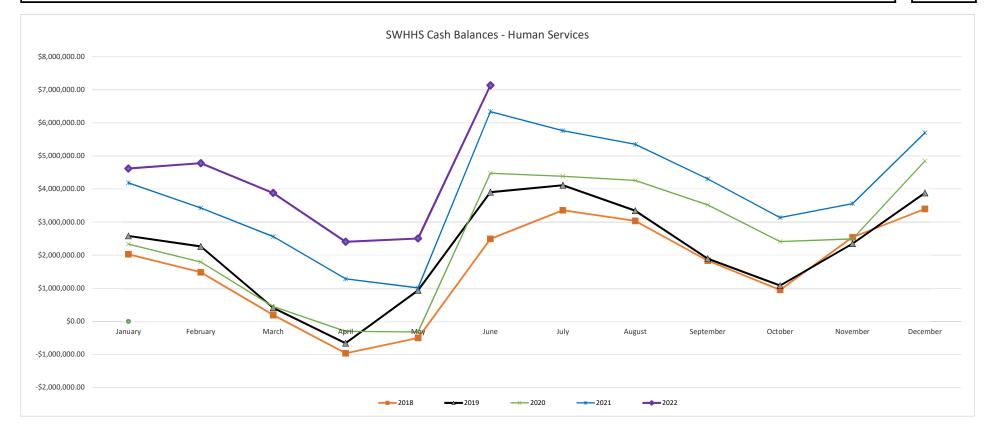


SWHHS

Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	November	December
2018	\$2,027,812.89	\$1,484,259.33	\$191,366.90	-\$965,731.97	-\$501,975.29	\$2,490,788.49	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22
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	\$3,342,408.83	\$1,895,296.62	\$1,080,003.92	\$2,347,069.20	\$3,881,423.66
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
2021	\$4,187,134.17	\$3,427,813.26	\$2,563,120.41	\$1,286,019.28	\$1,010,954.13	\$6,340,125.80	\$5,763,584.58	\$5,352,275.38	\$4,305,643.19	\$3,134,667.60	\$3,557,047.37	\$5,699,958.61
2022	\$4,620,423.53	\$4,781,219.71	\$3,878,657.09	\$2,403,835.75	\$2,505,036.95	\$7,134,523.44						

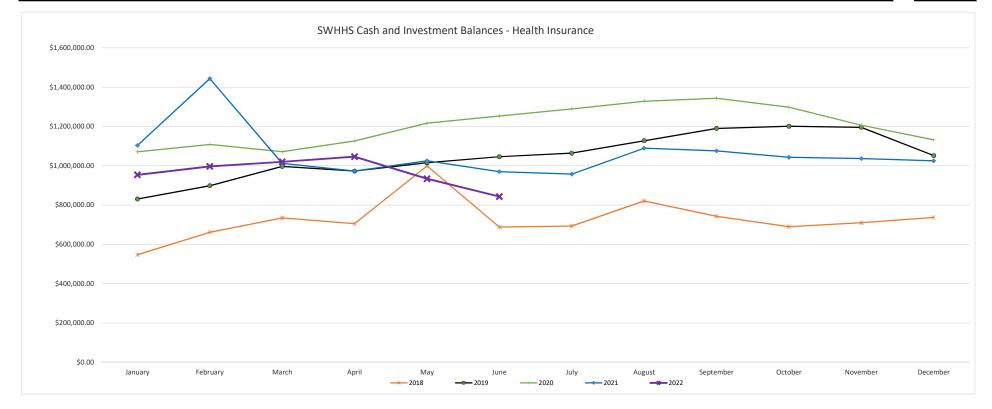
Average for Year \$1,653,402.17 \$2,174,266.46 \$2,528,493.65 \$3,885,695.32 \$4,220,616.08



SWHHS
Total Cash Balance by Month - Health Insurance

	January	February	March	April	May	June	July	August	September	October	November	December
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
2019	\$830,786.86	\$898,632.50	\$996,671.64	\$973,046.88	\$1,015,393.62	\$1,046,007.99	\$1,064,138.10	\$1,127,623.68	\$1,189,707.87	\$1,200,976.08	\$1,195,846.02	\$1,051,604.82
2020	1,070,978.00	1,108,164.79	1,071,726.42	1,126,237.51	1,216,443.58	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
2021	1,103,507.67	1,443,581.40	1,012,036.66	973,311.22	1,025,293.31	970,211.29	957,506.41	1,089,406.61	1,075,654.66	1,043,092.63	1,036,496.53	1,025,248.14
2022	954,094.74	996,914.99	1,020,096.29	1,046,274.83	933,827.04	843,343.19						

Average for Year \$727,502.48 \$1,049,203.01 \$1,203,691.07 \$1,062,945.54 \$965,758.51



SOUTHWEST HEALTH AND HUMAN SERVICES SAVINGS & INVESTMENTS REGISTERS 2022

BREMER	BANK				
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/22	BEGINNING BALANCE				892,886.55
01/03/22	56387	Interest	15.16		892,901.71
02/01/22	56821	Interest	15.17		892,916.88
03/01/22	57254	Interest	13.70		892,930.58
04/01/22	57793	Interest	15.16		892,945.74
05/02/22	58258	Interest	14.68		892,960.42
06/01/22	58809	Interest	15.17		892,975.59
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	ENDING BALANCE				892,975.59

GREAT V	WESTERN BANK				
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/22	BEGINNING BALANCE				75,518.97
01/03/22	56388	Interest	0.65		75,519.62
02/01/22	56822	Interest	0.64		75,520.26
04/18/22	58012	Interest	0.58		75,520.84
04/18/22	58013	Interest	0.64		75,521.48
05/02/22	58259	Interest	0.60		75,522.08
06/02/22	58829	Interest	0.49		75,522.57
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					75,522.57
	ENDING BALANCE				75,522.57

MAGIC	FUND				
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/22	BEGINNING BALANCE				2,561,518.29
01/03/22	56389	Interest	36.80		2,561,555.09
02/01/22	56823	Interest	33.27		2,561,588.36
03/01/22	57255	Interest	29.85		2,561,618.21
04/01/22	57794	Interest	231.14		2,561,849.35
05/02/22	58260	Interest	687.44		2,562,536.79
06/01/22	58810	Interest	1,489.54		2,564,026.33
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	ENDING BALANCE				2,564,026.33

SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER JUNE 2022

BALANCE FORWARD 4,066, 06/03/22 122097-122124 Disb 1,652.58 4,064, 06/03/22 12435-12437 ACH Disb 2,211.81 4,062, 06/03/22 122125-122157 Disb 40,967.29 4,021, 06/03/22 12438-12474 ACH Disb 49,941.97 3,971, 06/03/22 10271 - 10290 Payroll 139,880.27 3,831, 06/03/22 76469 - 76713 ACH Payroll 615,406.23 3,216, 06/03/22 49653-49694 Dep 979,735.22 4,195, 06/07/22 49695-49716 Dep 1,666,195.71 5,862, 06/10/22 122158-122183 Disb 2,523.66 5,859, 06/10/22 12475-12482 ACH Disb 1,105.68 5,858, 06/10/22 12483-12523 ACH Disb 74,848.06 5,692, 06/06/22 10241 Disb 37,810.19 5,654, 06/08/22 10243 Disb 13,619.41 5,636,	ANCE
06/03/22 12435-12437 ACH Disb 2,211.81 4,062,3 06/03/22 122125-122157 Disb 40,967.29 4,021,3 06/03/22 12438-12474 ACH Disb 49,941.97 3,971,3 06/03/22 10271 - 10290 Payroll 139,880.27 3,831,4 06/03/22 76469 - 76713 ACH Payroll 615,406.23 3,216,4 06/03/22 49653-49694 Dep 979,735.22 4,195,4 06/07/22 49695-49716 Dep 1,666,195.71 5,862,4 06/10/22 122158-122183 Disb 2,523.66 5,859,4 06/10/22 12475-12482 ACH Disb 1,105.68 5,858,5 06/10/22 122184-122252 Disb 91,398.18 5,766,4 06/06/22 10241 Disb 37,810.19 5,654,5 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 54,186.86 5,581,6 06/10/22 49717-49757 Dep 2,103,295.38 7,685,6 06/13/22 10245 Disb 66,177.05 7,618,9 <th>35.68</th>	35.68
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06/03/22 49653-49694 Dep 979,735.22 4,195,6 06/07/22 49695-49716 Dep 1,666,195.71 5,862,0 06/10/22 122158-122183 Disb 2,523.66 5,859,0 06/10/22 12475-12482 ACH Disb 1,105.68 5,858,3 06/10/22 122184-122252 Disb 91,398.18 5,766,9 06/10/22 12483-12523 ACH Disb 74,848.06 5,692,0 06/06/22 10241 Disb 37,810.19 5,654,3 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 13,619.41 5,636,6 06/09/22 10244 Disb 54,186.86 5,581,8 06/10/22 49717-49757 Dep 2,103,295.38 7,685,6 06/13/22 10245 Disb 66,177.05 7,618,9	81.76
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06/07/22 49695-49716 Dep 1,666,195.71 5,862,0 06/10/22 122158-122183 Disb 2,523.66 5,859,4 06/10/22 12475-12482 ACH Disb 1,105.68 5,858,3 06/10/22 122184-122252 Disb 91,398.18 5,766,3 06/10/22 12483-12523 ACH Disb 74,848.06 5,692,3 06/06/22 10241 Disb 37,810.19 5,654,3 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 13,619.41 5,636,1 06/09/22 10244 Disb 54,186.86 5,581,4 06/10/22 49717-49757 Dep 2,103,295.38 7,685,7 06/13/22 10245 Disb 66,177.05 7,618,9	310.75
06/10/22 122158-122183 Disb 2,523.66 5,859, 06/10/22 12475-12482 ACH Disb 1,105.68 5,858, 06/10/22 122184-122252 Disb 91,398.18 5,766, 06/10/22 12483-12523 ACH Disb 74,848.06 5,692, 06/06/22 10241 Disb 37,810.19 5,654, 06/06/22 10242 Disb 4,648.90 5,649, 06/08/22 10243 Disb 13,619.41 5,636, 06/09/22 10244 Disb 54,186.86 5,581, 06/10/22 49717-49757 Dep 2,103,295.38 7,685, 06/13/22 10245 Disb 66,177.05 7,618,9	06.46
06/10/22 122184-122252 Disb 91,398.18 5,766,9 06/10/22 12483-12523 ACH Disb 74,848.06 5,692, 06/06/22 10241 Disb 37,810.19 5,654,9 06/06/22 10242 Disb 4,648.90 5,649,4 06/08/22 10243 Disb 13,619.41 5,636,4 06/09/22 10244 Disb 54,186.86 5,581,4 06/10/22 49717-49757 Dep 2,103,295.38 7,685, 06/13/22 10245 Disb 66,177.05 7,618,9	
06/10/22 12483-12523 ACH Disb 74,848.06 5,692, 06/06/22 10241 Disb 37,810.19 5,654,3 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 13,619.41 5,636,6 06/09/22 10244 Disb 54,186.86 5,581,6 06/10/22 49717-49757 Dep 2,103,295.38 7,685,7685,7685,76 06/13/22 10245 Disb 66,177.05 7,618,9	377.12
06/10/22 12483-12523 ACH Disb 74,848.06 5,692, 06/06/22 10241 Disb 37,810.19 5,654,3 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 13,619.41 5,636,6 06/09/22 10244 Disb 54,186.86 5,581,6 06/10/22 49717-49757 Dep 2,103,295.38 7,685,7685,7685,76 06/13/22 10245 Disb 66,177.05 7,618,9	
06/06/22 10241 Disb 37,810.19 5,654,7 06/06/22 10242 Disb 4,648.90 5,649,6 06/08/22 10243 Disb 13,619.41 5,636,6 06/09/22 10244 Disb 54,186.86 5,581,8 06/10/22 49717-49757 Dep 2,103,295.38 7,685,6 06/13/22 10245 Disb 66,177.05 7,618,9	
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06/08/22 10243 Disb 13,619.41 5,636,0 06/09/22 10244 Disb 54,186.86 5,581,0 06/10/22 49717-49757 Dep 2,103,295.38 7,685,0 06/13/22 10245 Disb 66,177.05 7,618,9	
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06/10/22 49717-49757 Dep 2,103,295.38 7,685, 06/13/22 10245 Disb 66,177.05 7,618,9	
06/13/22 10245 Disb 66,177.05 7,618,9	
06/17/22 122253-122382 Disb 80,311.05 7,570,0	
06/17/22 12524-12632 ACH Disb 63,515.80 7,506,	
06/17/22 122383-122423 Disb 6,974.10 7,499,	
06/17/22 12633-12680 ACH Disb 8,454.00 7,491,0	
06/17/22 122424-122457 Disb 4,167.88 7,486,9	
06/17/22 12681-12695 ACH Disb 1,535.69 7,485,	
06/17/22 122458-122518 Disb 776,618.56 6,708,	
06/17/22 12696-12724 ACH Disb 46,259.29 6,662,4	
06/17/22 10291 - 10308 Payroll 139,307.15 6,523,	
06/17/22 76714 - 76952 ACH Payroll 532,342.43 5,990,	
06/17/22 122402 Disb (170.10) 5,991,0	
06/17/22 49783-49825 Dep 158,563.27 6,149,4	
06/20/22 10246 Disb 768.75 6,148,	
06/20/22 10247 Disb 36,448.62 6,112,	
06/20/22 10250 Disb 12,211.77 6,100,	
06/22/22 10248 Disb 13,618.91 6,086,9	46.59
06/24/22 122519-122546 Disb 4,331.13 6,082,7	215.46
06/24/22 12725-12732 ACH Disb 2,165.72 6,080,0)49.74
06/24/22 122547-122605 Disb 152,788.32 5,927,3	
06/24/22 12733-12753 ACH Disb 179,602.88 5,747,6	
06/24/22 49826-49885 Dep 1,268,845.47 7,016,9	
06/24/22 transfer from SS Acct Dep 8,940.00 7,025,4	
06/27/22 10249 Disb 107,774.28 6,917,6	
06/28/22 49886-49908 Dep 1,470,518.49 8,388,	
06/30/22 122606-122624 Disb 1,100.76 8,387,0	
06/30/22 12754-12761 ACH Disb 2,056.42 8,385,0	
06/30/22 122625-122669 Disb 106,788.03 8,278,	
06/30/22 12762-12775 ACH Disb 14,814.67 8,263,4	
06/30/22 49909-49940 Dep 127,960.84 8,391,	
8,391,	
8,391,	
Balanced LMD 7/1/2022 TOTALS 7,815,417.75 3,490,164.25	

Checking - SS Beneficiaries Savings - Bremer

Savings - Bremer Savings - Great Western Investments - Magic Fund 3,000.00 892,975.59 75,522.57 2,564,026.33

TOTAL CASH BALANCE

11,926,913.67

Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

TREASURER'S CASH TRIAL BALANCE

As of 06/2022

Page 2

<u>Func</u>	<u>d</u>	Beginning Balance	<u>This</u> <u>Month</u>	YTD	Current <u>Balance</u>
1	Health Services Fund				
		2,581,698.33			
	Receipts		146,403.45	2,223,985.35	
	Disbursements		41,703.85-	365,980.41-	
	Payroll		227,693.54-	1,282,647.43-	
	Journal Entries		0.00	480,000.00	
	Fund Total		122,993.94-	1,055,357.51	3,637,055.84
5	Human Services Fund	410	General Administrat	ion	
		452,414.25-			
	Receipts	- , -	57,189.60	348,146.43	
	Disbursements		57,308.11-	346,951.20-	
	Payroll		8,753.07-	52,436.46-	
	Journal Entries		0.00	1,146.73	
	Dept Total		8,871.58-	50,094.50-	502,508.75-
5	Human Services Fund	420	Income Maintenance)	
		1,513,160.78			
	Receipts		2,572,084.80	5,390,239.78	
	Disbursements		774,222.44-	2,282,076.25-	
	Payroll		374,975.19-	2,035,834.37-	
	Journal Entries		0.00	868,853.27	
	Dept Total		1,422,887.17	1,941,182.43	3,454,343.21
5	Human Services Fund	431	Social Services		
		5,836,273.96			
	Receipts		4,825,772.96	9,266,407.95	
	Disbursements		91,014.90-	629,748.13-	
	SSIS		702,453.88-	3,668,012.20-	
	Payroll		788,496.05-	4,425,472.84-	
	Journal Entries		0.00	1,650,000.00	
	Dept Total		3,243,808.13	2,193,174.78	8,029,448.74
5	Human Services Fund	461	Information Systems	S	
		3,717,061.88-			
	Receipts		0.00	16,900.50	
		Copyrigh	it 2010-2021 Integra	ted Financial Systems	

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Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

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M TREASURER'S CASH TRIAL BALANCE

As of 06/2022

		Beginning	This		Current
Fund		Balance	Month	YTD	Balance
<u> </u>	Disbursements	<u>Bararroo</u>	1,319.00-	1,377.68-	<u> </u>
	Payroll		27,018.23-	145,220.70-	
	Dept Total		28,337.23	129,697.88-	3,846,759.76-
	2 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5			. = 0,000.100	0,010,100110
5	Human Services Fund	471	LCTS Collaborative	e Agency	
		0.00			
	Receipts		0.00	128,670.00	
	Disbursements		0.00	128,670.00-	
	Dept Total		0.00	0.00	0.00
	Fund Total	3,179,958.61	4,629,486.49	3,954,564.83	7,134,523.44
61	Agency Health Insurance				
		1,025,248.14			
	Receipts		215,472.14	1,586,365.97	
	Disbursements		305,955.99-	1,768,270.92-	
	Fund Total		90,483.85-	181,904.95-	843,343.19
71	LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative	Agency	
	zorozyon marray conacoramicorana	192,056.54	2010001140114	, , , , , , , , , , , , , , , , , , ,	
	Receipts	192,036.34	0.00	59,287.00	
	Disbursements		1,750.00-	30,399.00-	
	Dept Total		1,750.00-	28,888.00	220,944.54
	Fund Total	192,056.54	1,750.00-	28,888.00	220,944.54
73	LCTS Rock Pipestone Collaborative Fun	d 471	LCTS Collaborative	e Agency	
		47,452.81			
	Receipts	·	0.00	23,497.00	
	Disbursements		0.00	2,988.00-	
	Dept Total		0.00	20,509.00	67,961.81
	Fund Total	47,452.81	0.00	20,509.00	67,961.81

Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

LMD 7/1/22 4:20PM

TREASURER'S CASH TRIAL BALANCE

As of 06/2022

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<u>Fund</u>	Beginning <u>Balance</u>	<u>This</u> <u>Month</u>	<u>YTD</u>	Current <u>Balance</u>
	63,370.51			
Receipts		0.00	46,536.00	
Disbursements		87,500.00-	87,500.00-	
Dept Total		87,500.00-	40,964.00-	22,406.51
Fund Total	63,370.51	87,500.00-	40,964.00-	22,406.51
77 Local Advisory Council	477	Local Advisory Co	uncil	
	678.34			
Dept Total		0.00	0.00	678.34
Fund Total	678.34	0.00	0.00	678.34
All Funds	7,090,463.28			
Receipts		7,816,922.95	19,090,035.98	
Disbursements		1,360,774.29-	5,643,961.59-	
SSIS		702,453.88-	3,668,012.20-	
Payroll		1,426,936.08-	7,941,611.80-	
Journal Entries		0.00	3,000,000.00	
Total		4,326,758.70	4,836,450.39	11,926,913.67

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Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

RM-Stmt of Revenues & Expenditures

Page 2

As Of 06/2022

	CURRENT	YEAR	2022	% OF	% OF	
DESCRIPTION	<u>MONTH</u>	TO- DATE	BUDGET	BUDG	YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	0.00	540,217.50-	1,080,435.00-	50	50	
INTERGOVERNMENTAL REVENUES	1,152.00-	149,822.00-	166,000.00-	90	50	
STATE REVENUES	46,249.54-	423,752.96-	939,267.00 -	45	50	
FEDERAL REVENUES	51,427.52-	851,401.64-	1,119,614.00-	76	50	
FEES	47,326.53-	257,259.69-	481,630.00 -	53	50	
EARNINGS ON INVESTMENTS	240.84-	593.65-	550.00-	108	50	
MISCELLANEOUS REVENUES	7.02-	698.80-	6,750.00 -	10	50	
TOTAL REVENUES	146,403.45 -	2,223,746.24 -	3,794,246.00 -	59	50	9%
EXPENDITURES						over
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	50	
PAYROLL AND BENEFITS	227,693.54	1,282,647.43	3,088,224.00	42	50	
OTHER EXPENDITURES	41,703.85	365,741.30	706,022.00	52	50	
TOTAL EXPENDITURES	269,397.39	1,648,388.73	3,794,246.00	43	50	7%
						under

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Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

7/8/22 6:29 PM RM- Stmt of Revenues & Expenditures

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As Of 06/2022

	CURRENT	YEAR	2022	% OF	% OF	
DESCRIPTION	MONTH	TO- DATE	BUDGET	BUDG	YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	6,570,163.86-	6,931,004.87-	11,954,362.00-	58	50	
INTERGOVERNMENTAL REVENUES	0.00	18,335.00-	95,971.00-	19	50	
STATE REVENUES	292,059.54-	2,122,130.79-	5,536,980.00-	38	50	
FEDERAL REVENUES	393,835.18-	3,887,094.23-	7,789,285.00 -	50	50	
FEES	83,388.81 -	1,186,218.12-	2,485,160.00-	48	50	
EARNINGS ON INVESTMENTS	1,264.36-	3,116.62-	2,200.00-	142	50	
MISCELLANEOUS REVENUES	48,483.28-	635,105.95-	1,510,451.00-	42	50	
TOTAL REVENUES	7,389,195.03 -	14,783,005.58-	29,374,409.00 -	50	50	0%
EXPENDITURES						
PROGRAM EXPENDITURES	1,282,127.18	5,471,289.15	12,167,552.00	45	50	
PAYROLL AND BENEFITS	1,198,948.10	6,657,358.63	14,490,742.00	46	50	
OTHER EXPENDITURES	278,220.31	1,219,382.46	2,716,115.00	45	50	
TOTAL EXPENDITURES	2,759,295.59	13,348,030.24	29,374,409.00	45	50	5%
						under

Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

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Revenues & Expend by Prog, Dept, Fund

<u>⊟ement</u> 1 FUND	<u>Description</u> Health Services Fund	Account Number		Current Month	Year-To-Date	<u>Budget</u>	<u>%of</u> Bdgt	<u>%of</u> <u>Year</u>
410 DEPT	General Administration							
0 PROGRAM			Revenue Expend. Net	1,690.71 1,690.71	37,461.66 37,461.66	0.00 0.00	0 0	50 50 50
930 PROGRAM	Administration		Revenue Expend. Net	247.86 - 48,653.39 48,405.53	570,125.91 - 300,135.39 269,990.52 -	1,147,735.00 - 757,820.00 389,915.00 -	50 40 69	50 50 50
410 DEPT	General Administration	Totals:	Revenue Expend. Net	247.86 - 50,344.10 50,096.24	570,125.91 - 337,597.05 232,528.86 -	1,147,735.00 - 757,820.00 389,915.00 -	50 45 60	50 50 50
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue Expend. Net	2,119.86 - 869.26 1,250.60 -	7,728.29 - 6,424.47 1,303.82 -	22,780.00 - 13,539.00 9,241.00 -	34 47 14	50 50 50
103 PROGRAM	Follow Along Program		Revenue Expend. Net	0.00 1,830.50 1,830.50	9,192.42 - 12,834.88 3,642.46	32,900.00 - 18,276.00 14,624.00 -	28 70 25 -	50 50 50
110 PROGRAM	TANF		Revenue Expend. Net	674.08- 1,342.39 668.31	81,189.10 - 55,146.47 26,042.63 -	127,876.00 - 94,553.00 33,323.00 -	63 58 78	50 50 50
130 PROGRAM	WIC		Revenue Expend. Net	42,739.00 - 44,079.82 1,340.82	363,842.00 - 249,112.75 114,729.25 -	450,000.00 - 620,585.00 170,585.00	81 40 67 -	50 50 50
210 PROGRAM	CTC Outreach		Revenue Expend. Net	15,490.48 - 16,791.43 1,300.95	89,999.39 - 91,408.07 1,408.68	262,270.00 - 299,144.00 36,874.00	34 31 4	50 50 50
265 PROGRAM	Strong Foundations FHV		Revenue Expend. Net	2,119.99 - 8,627.00 6,507.01	4,081.47 - 23,844.05 19,762.58	0.00 0.00 0.00	0 0 0	50 50 50
270 PROGRAM	Maternal Child Health - Title V		Revenue Expend. Net	1,832.06 - 11,344.28 9,512.22	77,807.12 - 92,383.20 14,576.08	237,036.00 - 257,985.00 20,949.00	33 36 70	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

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<u>日ement</u> 280 PROGRAM	<u>Description</u> MCH Dental Health	Account Number	Revenue Expend. Net	Current Month 0.00 55.47 55.47	<u>Year - To - Date</u> 0.00 767.93 767.93	<u>Budget</u> 1,200.00 - 13,375.00 12,175.00	% of Bdgt 0 6 6	% of Year 50 50
285 PROGRAM	MCH Blood Lead		Revenue Expend. Net	279.96 279.96	1,427.31 1,427.31	0.00 0.00	0	50 50 50
295 PROGRAM	MCH Car Seat Program		Revenue Expend. Net	860.04- 6,080.12 5,220.08	5,049.65 - 20,113.45 15,063.80	35,500.00 - 45,158.00 9,658.00	14 45 156	50 50 50
300 PROGRAM	Case Management		Revenue Expend. Net	39,614.91 - 21,822.12 17,792.79 -	215,696.21 - 142,593.34 73,102.87 -	451,000.00 - 432,037.00 18,963.00 -	48 33 386	50 50 50
330 PROGRAM	MNChoices		Revenue Expend. Net	0.00 15,270.52 15,270.52	100,402.87 - 79,454.30 20,948.57 -	154,000.00 - 219,957.00 65,957.00	65 36 32 -	50 50 50
603 PROGRAM	Disease Prevention and Control		Revenue Expend. Net	16,944.84- 22,079.95 5,135.11	80,304.37 - 96,822.21 16,517.84	162,301.00 - 219,137.00 56,836.00	49 44 29	50 50 50
660 PROGRAM	MIIC		Revenue Expend. Net	0.00 0.00	212.41 212.41	0.00 0.00	0	50 50 50
481 DEPT	Nursing	Totals:	Revenue Expend. Net	122,395.26 - 150,472.82 28,077.56	1,035,292.89 - 872,544.84 162,748.05 -	1,936,863.00 - 2,233,746.00 296,883.00	53 39 55 -	50 50 50
483 DEPT	Health Education							
500 PROGRAM	Direct Client Services		Revenue Expend. Net	310.37- 669.08 358.71	2,596.08 - 2,168.01 428.07 -	950.00 - 18,895.00 17,945.00	273 11 2-	50 50 50
510 PROGRAM	SHIP		Revenue Expend. Net	15,589.44 - 15,930.29 340.85	151,155.51 - 122,619.61 28,535.90 -	224,631.00 - 224,541.00 90.00 -	67 55 31,707	50 50 50
540 PROGRAM	Toward Zero Deaths (TZD) Safe Ro	ads	Revenue Expend. Net	0.00 238.06 238.06	926.47 - 1,745.00 818.53	10,155.00 - 10,155.00 0.00	9 17 0	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

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<u>日ement</u> 541 PROGRAM	<u>Description</u> <u>Acco</u> Toward Zero Deaths (TZD) Safe Roads	unt Number	Revenue Expend. Net	Current Month 0.00 195.37 195.37	<u>Year - To - Date</u> 725.86 - 1,251.25 525.39	<u>Budget</u> 10,155.00 - 10,155.00 0.00	%of Bdgt 7 12 0	%of Year 50 50
551 PROGRAM	Pipestone Drug Free Communities		Revenue Expend. Net	0.00 12,881.38 12,881.38	97,437.20 - 62,317.74 35,119.46 -	125,000.00 - 125,000.00 0.00	78 50 0	50 50 50
900 PROGRAM	Emergency Preparedness		Revenue Expend. Net	0.00 6,079.13 6,079.13	39,725.44 - 39,061.88 663.56 -	95,357.00 - 112,734.00 17,377.00	42 35 4-	50 50 50
905 PROGRAM	COVID-19 Pandemic		Revenue Expend. Net	0.00 3,138.06 3,138.06	31,740.07 - 43,938.52 12,198.45	0.00 0.00 0.00	0 0 0	50 50 50
906 PROGRAM	COVID-19 Vaccination Planning Grant		Revenue Expend. Net	0.00 88.50 88.50	74,903.46 - 8,448.98 66,454.48 -	0.00 0.00 0.00	0 0 0	50 50 50
907 PROGRAM	Crisis Response Workforce Grant (CO)		Revenue Expend. Net	0.00 3,827.00 3,827.00	2,927.34 - 6,946.34 4,019.00	0.00 0.00 0.00	0 0 0	50 50 50
483 DEPT	Health Education	Totals:	Revenue Expend. Net	15,899.81 - 43,046.87 27,147.06	402,137.43 - 288,497.33 113,640.10 -	466,248.00 - 501,480.00 35,232.00	86 58 323 -	50 50 50
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue Expend. Net	1,152.00 - 17,137.35 15,985.35	177,347.52 - 105,718.45 71,629.07 -	216,400.00 - 247,237.00 30,837.00	82 43 232 -	50 50 50
809 PROGRAM	Environmental Water Lab		Revenue Expend. Net	6,708.52- 8,396.25 1,687.73	38,842.49 - 44,031.06 5,188.57	27,000.00 - 53,963.00 26,963.00	144 82 19	50 50 50
485 DEPT	Environmental Health	Totals:	Revenue Expend. Net	7,860.52 - 25,533.60 17,673.08	216,190.01 - 149,749.51 66,440.50 -	243,400.00 - 301,200.00 57,800.00	89 50 115 -	50 50 50
1 FUND	Health Services Fund	Totals:	Revenue Expend. Net	146,403.45 - 269,397.39 122,993.94	2,223,746.24 - 1,648,388.73 <mark>575,357.51</mark> -	3,794,246.00 - 3,794,246.00 0.00	59 43 0	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

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Report Basis: Cash

<u>⊟ement</u> 5 FUND	<u>Description</u> Human Services Fund	Account Number		Current Month	Year-To-Date	<u>Budget</u>	<u>%of</u> <u>B</u> dgt	<u>%of</u> <u>Year</u>
410 DEPT	General Administration							
0 PROGRAM			Revenue Expend. Net	8,458.63 8,458.63	49,683.99 49,683.99	105,344.00 105,344.00	47 47	50 50 50
410 DEPT	General Administration	Totals:	Revenue Expend. Net	8,458.63 8,458.63	49,683.99 49,683.99	105,344.00 105,344.00	47 47	50 50 50
420 DEPT	Income Maintenance							
0 PROGRAM			Revenue Expend. Net	106.06 106.06	636.36 636.36	0.00 0.00	0 0	50 50 50
600 PROGRAM	Income Maint Administrativ	ve/ Overhea	Revenue Expend. Net	1,973,311.98 - 116,258.08 1,857,053.90 -	2,159,047.98 - 656,215.54 1,502,832.44 -	3,758,977.00 - 1,551,896.00 2,207,081.00 -	57 42 68	50 50 50
601 PROGRAM	Income Maint/ Random Mor	ment Payro	Revenue Expend. Net	228,322.07 228,322.07	1,249,061.13 1,249,061.13	2,645,029.00 2,645,029.00	47 47	50 50 50
602 PROGRAM	Income Maint FPI Investigat	tor	Revenue Expend. Net	0.00 8,843.24 8,843.24	33,534.00 - 35,871.36 2,337.36	130,000.00 - 149,454.00 19,454.00	26 24 12	50 50 50
605 PROGRAM	MN Supplemental Aid (MSA	.)/ GRH	Revenue Expend. Net	2,309.48 - 2,253.79 55.69 -	18,241.69 - 11,012.47 7,229.22 -	65,400.00 - 65,000.00 400.00 -	28 17 1,807	50 50 50
610 PROGRAM	TANF(AFDC/ MFIP/ DWP)		Revenue Expend. Net	70.00 - 0.00 70.00 -	5,988.71 - 209.47 5,779.24 -	15,000.00 - 11,250.00 3,750.00 -	40 2 154	50 50 50
620 PROGRAM	General Asst (GA) / Burials		Revenue Expend. Net	836.52- 19,439.73 18,603.21	16,044.08 - 173,900.25 157,856.17	51,500.00 - 401,125.00 349,625.00	31 43 45	50 50 50
630 PROGRAM	Food Support (FS)		Revenue Expend. Net	12,777.00 - 257.31 12,519.69 -	319,584.72 - 429.31 319,155.41 -	553,000.00 - 2,750.00 550,250.00 -	58 16 58	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

Page 6

<u>日ement</u> 640 PROGRAM 650 PROGRAM	Description Child Support (IVD) Medical Assistance (MA)	Account Number	Revenue Expend. Net Revenue Expend. Net	Current Month 304,673.46 91,047.42 213,626.04 278,106.36 682,669.93 404,563.57	Year - To - Date 740,051.80 - 494,822.61 245,229.19 - 2,095,916.78 - 1,696,540.83 399,375.95 -	Budget 1,631,525.00 - 1,235,062.00 396,463.00 - 3,970,000.00 - 2,875,000.00 1,095,000.00 -	% of Bdgt 45 40 62 53 59 36	% of Year 50 50 50 50 50 50
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue Expend. Net	0.00	1,472.00 -	0.00	0	50 50 50
420 DEPT	Income Maintenance	Totals:	Revenue Expend. Net	2,572,084.80 - 1,149,197.63 1,422,887.17 -	5,389,881.76 - 4,318,699.33 1,071,182.43 -	10,175,402.00 - 8,936,566.00 1,238,836.00 -	53 48 86	50 50 50
431 DEPT	Social Services							
700 PROGRAM	Social Service Administrative/ Over	rhea	Revenue Expend. Net	4,380,299.13 - 201,833.73 4,178,465.40 -	5,651,743.62 - 1,291,759.90 4,359,983.72 -	11,059,756.00 - 3,032,994.00 8,026,762.00 -	51 43 54	50 50 50
701 PROGRAM	Social Services/SSTS		Revenue Expend. Net	667,428.11 667,428.11	3,760,496.55 3,760,496.55	7,908,093.00 7,908,093.00	48 48	50 50 50
710 PROGRAM	Children's Social Services Program	s	Revenue Expend. Net	160,449.04 - 393,822.90 233,373.86	781,973.41 - 2,097,642.45 1,315,669.04	1,936,045.00 - 3,886,574.00 1,950,529.00	40 54 67	50 50 50
711 PROGRAM	YIP Grant (Circle)- Dept of Public S	afet	Revenue Expend. Net	0.00 2,207.27 2,207.27	16,602.65 - 15,366.91 1,235.74 -	0.00 0.00 0.00	0 0 0	50 50 50
712 PROGRAM	CIRCLE Program		Revenue Expend. Net	0.00 551.12 551.12	5,000.00 - 4,161.38 838.62 -	0.00 16,000.00 16,000.00	0 26 5-	50 50 50
713 PROGRAM	STAY Program Grant (formerly SEL	.F)	Revenue Expend. Net	0.00 3,213.37 3,213.37	37,174.00 - 20,308.63 16,865.37 -	53,000.00 - 53,000.00 0.00	70 38 0	50 50 50
715 PROGRAM	Children Waivers		Revenue Expend. Net	51,578.82 - 51,578.82 -	105,059.94 - 105,059.94 -	220,000.00 - 220,000.00 -	48 48	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

Page 7

<u>日ement</u> 716 PROGRAM	<u>Description</u> <u>Account Number</u> FGDM/ Family Group Decision Making	Revenue Expend. Net	Current Month 1,449.37 - 0.00 1,449.37 -	<u>Year - To - Date</u> 4,375.99 - 0.00 4,375.99 -	<u>Budget</u> 41,780.00 - 41,780.00 0.00	%of <u>Bdgt</u> 10 0	% of Year 50 50
717 PROGRAM	Family Assmt Response Grant/ Discr F	Revenue Expend. Net	0.00 890.73 890.73	26,133.79 - 9,902.29 16,231.50 -	47,909.00 - 47,909.00 0.00	55 21 0	50 50 50
718 PROGRAM	PSOP/ Parent Support Outreach Progra	Revenue Expend. Net	0.00 998.78 998.78	17,953.72 - 5,261.89 12,691.83 -	30,853.00 - 30,853.00 0.00	58 17 0	50 50 50
720 PROGRAM	Child Care/ Child Protection	Revenue Expend. Net	2,850.00 - 42.00 2,808.00 -	10,332.00 - 42.00 10,290.00 -	18,600.00 - 4,600.00 14,000.00 -	56 1 74	50 50 50
721 PROGRAM	CC Basic Slide Fee/ Cty Match to DHS	Revenue Expend. Net	2,010.00 - 26,440.92 24,430.92	10,392.89 - 26,440.92 16,048.03	42,594.00 - 43,365.00 771.00	24 61 2,081	50 50 50
726 PROGRAM	MFIP/ SW MN PIC	Revenue Expend. Net	699.00 - 699.00 -	4,185.00 - 4,185.00 -	12,000.00 - 12,000.00 -	35 35	50 50 50
730 PROGRAM	Chemical Dependency	Revenue Expend. Net	13,440.09 - 55,244.30 41,804.21	170,566.33 - 118,242.61 52,323.72 -	323,000.00 - 398,100.00 75,100.00	53 30 70 -	50 50 50
741 PROGRAM	Mental Health/ Adults Only	Revenue Expend. Net	38,726.85 - 138,173.96 99,447.11	647,550.19 - 686,467.93 38,917.74	1,317,814.00 - 2,023,955.00 706.141.00	49 34 6	50 50 50
742 PROGRAM	Mental Health/ Children Only	Revenue Expend. Net	15,515.31 - 47,984.06 32,468.75	419,834.08 - 384,318.96 35,515.12 -	881,694.00 - 1,937,363.00 1,055,669.00	48 20 3 -	50 50 50
750 PROGRAM	Developmental Disabilities	Revenue Expend. Net	57,220.12 - 18,081.67 39,138.45 -	355,025.14 - 129,628.23 225,396.91 -	853,928.00 - 330,428.00 523,500.00 -	42 39 43	50 50 50
760 PROGRAM	Adult Services	Revenue Expend. Net	35,223.38 - 6,024.80 29,198.58 -	581,030.07 - 34,034.19 546,995.88 -	1,425,284.00 - 89,500.00 1,335,784.00 -	41 38 41	50 50 50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

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⊟ement	Description	Account Number		Current Month	Year- To- Date	Budget	<u>%of</u> <u>Bdgt</u>	<u>%of</u> Year
765 PROGRAM	Adult Waivers	Account Number	Revenue	57.649.12	402,620.50 -	<u> </u>	<u> </u>	<u>16ai</u> 50
			Expend.	10,364.38	120,303.70	165,000.00	73	50
			Net	47,284.74	282,316.80 -	739,000.00 -	38	50
431 DEPT	Social Services	Totals:	Revenue	4,817,110.23-	9,247,553.32 -	19,168,257.00 -	48	50
			Expend.	1,573,302.10	8,704,378.54	20,009,514.00	44	50
			Net	3,243,808.13-	543,174.78 -	841,257.00	65 -	50
461 DEPT	Information Systems							
0 PROGRAM			Revenue	0.00	16,900.50 -	30,750.00 -	55	50
			Expend.	28,337.23	146,598.38	322,985.00	45	50
			Net	28,337.23	129,697.88	292,235.00	44	50
461 DEPT	Information Systems	Totals:	Revenue	0.00	16,900.50 -	30,750.00 -	55	50
			Expend.	28,337.23	146,598.38	322,985.00	45	50
			Net	28,337.23	129,697.88	292,235.00	44	50
471 DEPT	LCTS Collaborative Agency							
702 PROGRAM	LCTS		Revenue	0.00	128,670.00 -	0.00	0	50
			Expend.	0.00	128,670.00	0.00	0	50
			Net	0.00	0.00	0.00	0	50
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	128,670.00 -	0.00	0	50
			Expend.	0.00	128,670.00	0.00	0	50
			Net	0.00	0.00	0.00	0	50
5 FUND	Human Services Fund	Totals:	Revenue	7,389,195.03	14,783,005.58 -	29,374,409.00 -	50	50
			Expend.	2,759,295.59	13,348,030.24	29,374,409.00	45	50
			Net	4,629,899.44-	1,434,975.34	0.00	0	50
FINAL TOTALS	1,017 Accounts		Revenue	7,535,598.48-	17,006,751.82 -	33,168,655.00-	51	50
_	•		Expend.	3,028,692.98	14,996,418.97	33,168,655.00	45	50
			Net	4,506,905.50	2,010,332.85 -	0.00	0	50

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2018	2683	617	3299
2019	2651	589	3241
2020	2623	572	3195
2021	2694	560	3254
2022			

2022	Adult Services	Children's Services	Total Programs
January	2655	578	3233
February	2676	591	3267
March	2682	607	3289
April	2698	602	3300
May	2749	591	3340
June	2706	544	3250
July			0
August			0
September			0
October			0
November			0
December			0
Average	2694	586	1640

Adult - Social Services Caseload

Average	Adult Brain	Adult	Adult	Adult Essential	Adult Mental	Adult	Adult	Alternative	Chemical	Developmental	Elderly	Total
	Injury (BI)	Community	Community	Community	Health (AMH)	Protective	Services	Care (AC)	Dependency	Disabilities (DD)	Waiver	Programs
		Access for	Alternative	Supports		Services (APS)	(A8)		(CD)		(EW)	
		Disability	Care (CAC)								1	
		Inclusion										
		(CADI)										
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	10	328	12	0	270	61	869	15	287	453	319	2623
2021	9	362	13	0	272	50	926	14	299	446	303	2609
2022												

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

2022	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adulf Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disobilities (DD)	Elderly Waiver (EW)	Total Programs
January	9	375	13	0	270	48	955	13	235	447	290	2655
February	9	374	13	0	269	51	958	13	256	446	287	2676
March	8	373	12	0	266	54	980	13	239	444	293	2682
April	8	382	12	0	252	54	993	12	246	448	291	2698
May	8	381	12	0	260	64	990	13	284	446	291	2749
June	8	386	11	0	251	68	980	14	233	443	312	2706
July												0
August												0
September												0
October												0
November												0
December												0
	8	379	12	0	261	57	976	13	249	446	294	2671

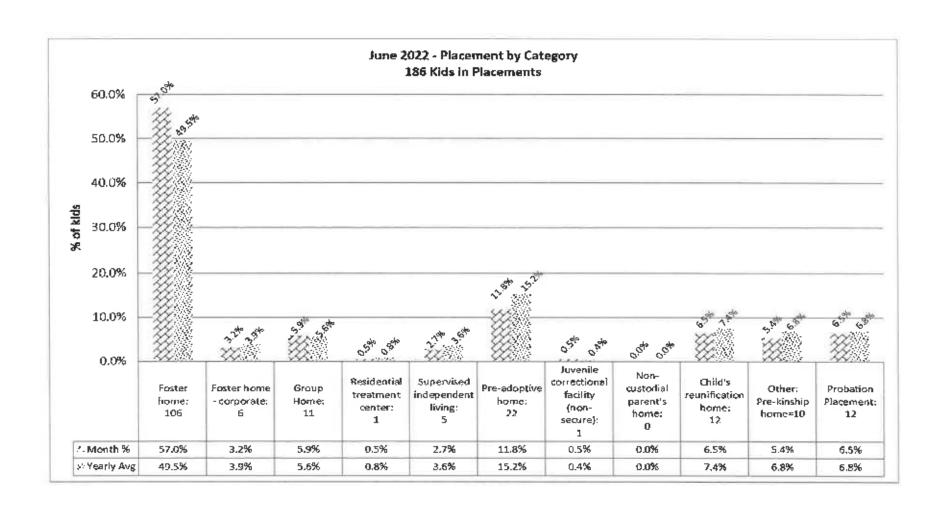
Children's - Social Services Caseload

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 Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2018	46	23	0	11	40	180	182	110	0	Ô	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020	30	29	0	12	48	163	178	82	0	0	32	572
2021	21	33	0	13	59	165	155	85	0	Q	31	591
2022												

2022	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: lafuets & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Frogram (PSOP)	Total Programs
January	22	30	0	13	63	182	154	83	0	0	31	578
February	21	29	0	13	64	187	160	84	0	0	33	591
March	22	27	0	13	64	203	161	77	0	0	40	607
April	22	30	0	13	65	183	168	81	0	0	40	602
May	22	28	0	13	65	191	154	80	0	0	38	591
June	22	27	0	13	64	171	129	77	0	0	41	544
July												0
August												0
September												0
October												0
November												0
December												0
	22	29	0	13	64	186	154	80	0	0	37	592

2022 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jau-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD Average	2021 Average
Lincoln	6	6	6	6	6	6							6	6
Lyon	47	44	45	53	52	52							49	50
Murray	15	16	17	11	10	14							14	13
Pipestone	22	23	25	24	28	28							2.5	20
Redwood	57	58	70	72	74	76							68	64
Rock	5	5	7	8	8	10							7	13
Monthly Totals	152	152	170	174	178	186	0	0	0	0	0	0		



June 2022: Total kids in placement = 186

Total of 17 Children entered placement

1	Lincoln	Foster Home
1	Lyon	Foster Home
1	Lyon	Group Home
1	Lyon	Probation
4	Митау	Foster Home
1	Pipestone	Foster Home
6	Redwood	Foster Home
2	Rock	Foster Home

<u>Total of 9 Children were discharged from placement</u> (discharges from previous month)

1	Lincoln	Supervised Independent Living
1	Lyon	ADOPTED
1	Lyon	Child's Reunification Home
1	Lyon	Pre-Kinship Home
1	Pipostone	ADOPTED
1	Redwood	ADOPTED
1	Redwood	Pre-Kinship Home
1	Redwood	Supervised Independent Living
1	Redwood	Probation

NON IVD COLLECTIONS

JUNE 2022

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	2,309
TANF (MFIP/OWP/AFDC)	05-420-610.5803	70
GA	05-420-620.5803	626
FS	05-420-630.5803	77
CS (PI Fee, App Fee, etc)	05-420-640.5501	1,043
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	21,976
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	4,311
OOH/FC Recovery	05-431-710.5803	14,611
CHILDCARE		
Licensing	05-431-720.5502	1,650
Corp FC Licensing	05-431-720.5505	1,200
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	3,058
CD Assessments	05-431-730.5519	869
Detox Fees	05-431-730.5520	1,987
SUD Treatment	05-431-730.5523	2,365
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	0
TOTAL NON-IVD COLLECTIONS		56,152



2022 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	lmm	Car Seats	COVID Vaccine Admin
'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	2008	27	8	224	-	-	6	129	34	21	7	
'21 Avg	1921	19	8	195	-	1	4	132	41	24	9	633

	WIC	Family Home Visiting*	MnChoices Assessments*	Managed Care*	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	lmm	Car Seats	COVID Vaccine Admin
11/21	1915	31	1	175	0	1	8	118	40	46	9	17
12/21	1901	31	10	239	0	1	19	76	32	12	8	33
1/22	1892	32	9	152	0	1	26	109	33	22	9	36
2/22	1898	33	9	157	0	0	27	75	36	59	12	4
3/22	1955	31	9	208	0	0	27	77	38	49	12	5
4/22	1981	24	7	191	0	0	33	166	30	12	18	3
5/22	2000	13	5	174	0	1	36	141	24	28	11	0
6/22		33	10	217	0	0	26	237	69	44	16	0
7/22												
8/22												
9/22												
10/22												
11/22												
12/22												

^{*}Includes telehealth visits



Southwest Health & Human Services



Lindsey Ahlert, MS RD LD
State WIC Consultant
July 20, 2022



What is WIC

- The Special Supplemental Nutrition Program for Women, Infants and Children
- Established as a permanent, Federal, grant program in 1974
- Administered in each State or territory by the State Health Department or Tribal Organization
- Services were available in all 87 Minnesota counties by 1987



Mission

To safeguard the health of low-income women, infants and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Inside a WIC Appointment



Verify eligibility

- Categorical: pregnant, breastfeeding, post-partum, infant, children 1-5 years of age
- Income: 185% FPG, or Adjunctively Eligible (MA or other program)
- Residency: live in MN; no requirement for citizenship
- Nutrition Risk: have a nutrition and/or medical need



Nutrition Assessment and Education

- Anthropometric measurement
- Hematologic screening
- Health history & behaviors
- Dietary and feeding practice
- Breastfeeding
- Other health-related circumstances



Education & Referrals

- Participant-centered nutrition education.
- Referrals to:
 - PHNs
 - Social services
 - Community services
 - Food resources
 - Healthcare providers



Supplemental Foods

- Supplemental food package for each participant.
 - Federally determined
 - Promotes choices of healthy foods and improve dietary quality
 - Reflects diversity of WIC families
 - Promotes breastfeeding



WIC Foods

FRUITS & VEGETABLES - fresh or frozen

JUICE - 100% fruit or vegetable juice

WHOLE GRAINS -bread, brown rice, pasta, oats, tortillas

EGGS

PEANUT BUTTER

BEANS – canned or dry

DAIRY - milk, yogurt, and cheese

DAIRY ALTERNATIVES - tofu, soy beverage

FISH - canned tuna or salmon (exclusively for BF women)

INFANT FOODS – infant meats (fully BF), fruits & vegetables, cereal



Fully Breastfeeding

Non Breastfeeding

Breastmilk

Mann's priceless isreastmik is free and all a newborn neads

6 TO 12	MONTHS	ATO 12 MONTHS
3	bitam Fresis & Vegetables 26+1AVS	120 JARS
0	Berman 12 POUNDS	12 POUNDS
	Intent Cerval TO NOXES	10 BOXES
Ġ	Indent Meets 166 JARS	
1	Infatt fruit & Vegetable Vaucher \$24	512

Formula

WIC can provide only some of the formula your body needs.

MOM INTERT FULL YEAR INTERT TO A MONTHS ONLY ME & TOURT A DOZEN CHARGE LE FOUNDS FIRE 24 DOXES 12 DOXES 12 DOXES FOR THE A PROPRESE VALUE SOT INSIDE OF SEATOR. Build MOM ME & TOURT A DOZEN A DOZEN A DOZEN FIRE 24 DOXES 12 DOXES FIRE A PROPRESE VALUE SOT INSIDE OF SEATOR. Build M 2016 kechelure. 12 DOXES FIRE A PROPRESE VALUE 1172 566

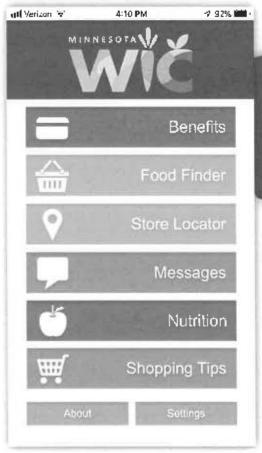
\$475 Non Breastfed PACKAGE VALUE

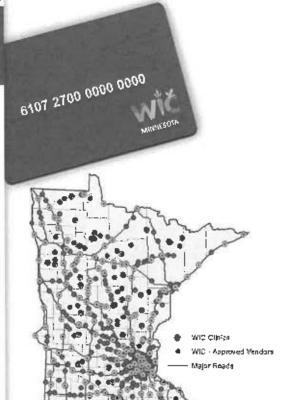
Estimated parage value a family could receive during leasy's fine year, west ding years of formula Bessel on 2016 Foodwaless.





The WIC Shopping Experience





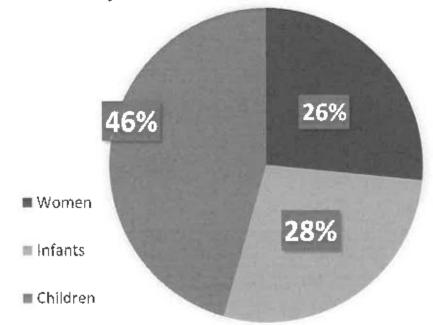
- Benefits are on the WIC Card
- My MN WIC App
- Variety of vendors across the state

In FFY 2021, **\$1,331,519** was spent in the community by SWHHS WIC participants.

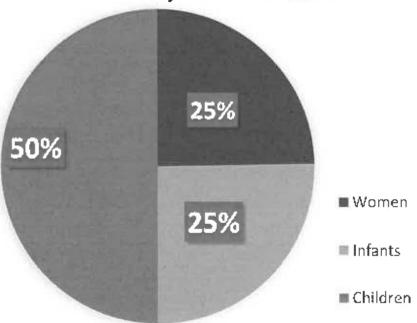


FFY 2021 Unduplicated Participation

MN WIC served 153,383 women, infants & children



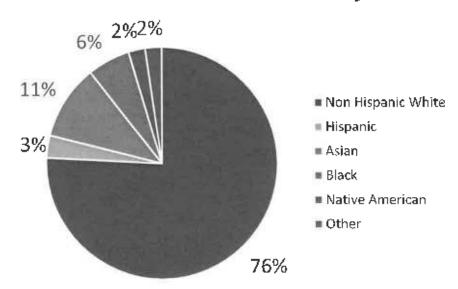
SWHHS WIC served 2,840 women, infants & children





Race and Ethnicity in SWHHS WIC

Race and Ethnicity



Languages served

English

Spanish

Hmong

Karen

Somali

Pashto

and others



WIC Funding

Per Participant Reimbursement Rate

· WIC local agencies are paid \$18.00 per participant per month

Funding Changes for FFY 2022

- Grant funding is now awarded annually rather than quarterly.
- Local agency funding is based upon the participation level from the previous year's 12 closed months of July-June.
- Local agencies receive their award letter and annual funding amount at the end of September or early October.

Funding Allocation for FFY 2022

- \$429,028
- Does not include Supplemental Clinic Travel Funding and potential final payout

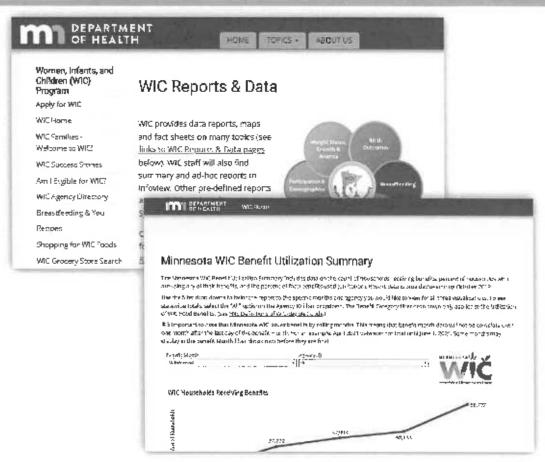


WIC Data

We provide data to inform the public and to enable local agencies to improve services

- Surveillance data
- Fact Sheets and maps
- **Health Indicator Summaries**
- Benefit Utilization Data

MN WIC Reports & Data
Benefit Utilization Dashboard





WIC Today

Southwest WIC staff embraced the challenge of the last 2½ years

Pandemic

- Abrupt change to remote services
- Maintaining quality WIC services while prioritizing safety for participants and staff

Formula Shortage

- Managing rapidly changing product availability
- Additional participant support, calls, and coordination with care providers

MN WIC Priorities Remain:

- Outreach & Retention
- Streamlining WIC Services
- Flexible Program Delivery
- Technology
- Participant Centered Services
- Breastfeeding Promotion and Support



Thank you for your support!





State Community Health Services Advisory Committee (SCHSAC) take-home points

JUNE 9, 2022

Upcoming Meetings

Full SCHSAC Membership

Next meeting: TBD

Executive Committee

- July 14, 2022 (9:30-11:30 AM)
- September 8, 2022 (9:30-11:30 AM)
- November 10, 2022 (9:30-11:30 AM)

For the most current meeting dates for full membership and the Executive Committee, visit: Meetings and materials for SCHSAC members

(https://www.health.state.mn.us/communities/practice/schsac/members/meetings.html).

Action Items

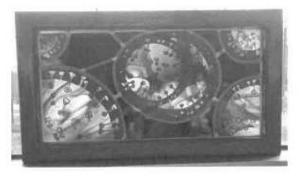
- Save the Date: Fall event on October 6th and 7th in St. Gloud with SCHSAC, local public health leaders, and MDH staff to dive deeper into conversation about the future of public health.
- If you would like to help plan the fall event or have an idea for the theme, contact Kim.Milbrath@state.mn.us or Tarryl.Clark@co.stearns.mn.us.
- If you would like to participate in study groups, read From Information to Action: Using Data to Improve the Public Health System (PDF)
 (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2016-12_pisc-infotoaction.pdf) and connect with a colleague on the following questions:
 - What do you know about how your CHB is doing?
 - Who in your CHB could provide information about how you're doing locally?
 - How are all Minnesota CHBs doing as a whole?
- Advocate for public health funding: Use the attached talking points to speak to your legislative delegation and at district meetings.
- Connect with Infrastructure Projects in your area: Review the projects awarded through the <u>Public Health Infrastructure Fund</u>
 (<a href="https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.health.state.mn.us/communities/systemtransformation/infrastructurefund.health.state.mn.us/communities/systemtransformation/infrastructurefund.health.state.mn.us/communities/systemtransformati
- See how the <u>Bipartisan Infrastructure Law</u> (https://www.whitehouse.gov/bipartisan-infrastructure-law/) could be invested into public health in your community.

Chair's Remarks (Sheila Kiscaden)

- Introductions of new staff at Minnesota Department of Health (MDH):
 - Michelle Gin: Planning and Communications Supervisor in Center for Public Health Practice.
 - Linda Kopecky: Working on public health system transformation in Center for Public Health Practice.
 - Nova Woodrich: Director, Child and Family Health Division
 - Khatidja Dawood: Director, Health Promotion and Chronic Disease Division.
- Working together and getting to know each other is key to working in partnership to redesign our public health system.

Presentation to Commissioner Malcolm (Sheila Kiscaden)

SCHSAC presented Commissioner Malcolm with a stained-glass piece of art that honors her leadership and partnership through the pandemic. The piece depicts the COVID virus as a pernicious, ugly, and visceral virus that also has beauty in how it has helped us all work together in the pandemic. Commissioner Malcolm remarked how the piece captures the pandemic work and that everyone has been on the front lines. The piece is a stunning way to represent the hard lessons we learned during the pandemic and how we can put them to use.



Commissioner's Remarks (Jan Malcolm)

Introduction of Dr. Brooke Cunningham (Assistant Commissioner, Health Equity Bureau)

Dr. Cunningham is a practicing physician and a sociologist. She oversees the Center for Health Equity; Office of American Indian Health; COVID-19 Health Equity Team; and Diversity, Equity, and Inclusion. Dr. Cunningham is glad to be here and looks forward to forging partnerships to advance health equity. Key things on Dr. Cunningham's radar include communities' data needs, how we can have good bidirectional input on our narrative about public health, building partnerships, improving capacity internally and externally, and defining together how to address needs. She is interested in both the downstream concerns and the upstream determinants we need to address to affect the downstream concerns.

Legislative Update (Lisa Thimjon, MDH Legislative Director).

We advanced a lot of public health priorities this session, but, ultimately, the public health components did not have a lot of support in the Senate. There is a hope that there may be room to come back and get some things done through a special session, but that seems unlikely. This session gives a good foundation for starting next session.

MDH Environmental Health Update (Tom Hogan, Director, MDH Environmental Health Division)

- Per- and Polyfluoroalkyl Substances (PFAS) Dashboard live on June 7th: MDH released an interactive dashboard on PFAS testing in community drinking water on June 7th. See the <u>News release</u>: State roils out dashboard showing PFAS monitoring results for drinking water (https://www.health.state.mn.us/news/pressrel/2022/PFASdash060722.html). MDH has solid data on 40% on systems; working on data for 35% of systems; 10-15% of systems are still to be sampled. These systems cover about 75% of populations that rely on community water systems. Less than 1% have PFAS in water.
- Upcoming PFAS Developments: MDH expects EPA will release new Health Advisory Levels on PFOS
 and PFOA in the coming weeks. MDH will review the new values to determine how to best integrate
 the EPA guidance into risk management practices to protect people and the environment in
 Minnesota.
- Resetting the <u>Environmental Health Continuous Improvement Board (EHCIB)</u>
 (https://www.health.state.mn.us/communities/environment/local/ehcib/index.html). EHCIB is a SCHSAC workgroup. The workgroup is continuing the evaluation process of delegated food, pools, and lodging programs and also plans to reset in 2022.
- Bipartisan Infrastructure Law providing money to your communities (see President Biden's Bipartisan Infrastructure Law (https://www.whitehouse.gov/bipartisan-infrastructure-law/). The law provides funding from technology to roads and bridges. SCHSAC can influence how money is invested to ensure public health is recognized as projects move forward. There are specific provisions for drinking water and wastewater infrastructure, including the following total for Minnesota:
 - General supplemental \$27.4M [1st year]—ongoing infrastructure need
 - Emerging Contaminants \$11.5M [1st year]—including PFAS
 - Lead pipes \$43M/year—for first 5 years for replacement of lead service lines for public water systems—especially for more impacted communities across the state
- Private Wells: About 1.2 million Minnesotan's rely on private wells for their drinking water. They don't have the same protections that people on community systems have. We are working to educate and raise awareness among owners of private wells. This past legislative session included a lot of private well activity that ultimately did not pass and helped elevate the issues:
 - <u>HF 3006</u> \$1M for nonprofit/UMN Water Resource Center to conduct well screening, education, and some remediation over two years.
 - HF 1806 \$10M to scale up; \$33M in annual costs to test and remediate wells through 98 local government partners, inviting10% of well owners to participate each year.
 - HF 3003 \$44/biennium, lead testing in private wells, daycares, and rental properties

SCHSAC Business (Sheila Kiscaden)

Requesting SCHSAC members to advocate for public health funding

We need to help advocate for public health to ensure that the state invests in it. Use the attached talking points to speak to your legislative delegation and speak at district meetings.

Save the date: fall event in St. Cloud on October 6-7, 2022 (MNDOT Transportation Center)

Rather than the usual Community Health Conference in the fall, we will have an in-person event to engage SCHSAC, local public health leaders, and key MDH staff in a deeper conversation about the future of public health. We'll have opportunity to be inspired, build on relationships, have fun, and apply learning. If you are interested in joining planning initiative, let Kim/Tarryl know. Feel free to send ideas for themes/names.

Update on public health systems change (21st Century Public Health System Transformation Initiative or 21C)

Vision Statement: A leadership team with representatives from LPHA, SCHSAC, and MDH have been meeting two times per month developing the strategic vision and plan to guide the public health systems change work known as the 21st Century Public Health System Transformation Initiative. Attached is the vision statement. Below are key reactions to the statement.

Reactions:

- Very academic and long. Would recommend a shorter statement that is straight to the point.
 Something people can say in 30 seconds or less.
- Discussion about what is meant by "we".
- Could we be more deliberate in naming disparities, recognizing that inequities may look different depending on where you live/serve?
- We need a bite, snack, meal approach with the statement.
- Upcoming small workgroups connected to public health systems change. Workgroups will be set up to help with the process as needed. Currently a Cost and Capacity Assessment workgroup including local public health, the U of MN and MDH has been meeting to guide the cost and capacity assessment of the system. An ad hoc data group of local public health and MDH has been convened to determine how to engage in system transformation. Stay tuned.
- Infrastructure Projects update: Projects have been awarded. Learn more about their projects here: <u>Public Health Infrastructure Fund</u> (https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html). If there is a project in your area, please reach out the grantee to learn more about the work. Awarded projects are getting staffed up. MDH Public Health Practice will pair MDH staff with each project to help with collaboration, problem-solving, and bringing in content experts. In the fall, we will pull grantees together to do an in-person launch.

Member Orientation, Mentorship, and Study Groups (De Malterer)

- Study groups: If you would like to participate in study groups (optional), please read <u>From Information to Action: Using Data to Improve the Public Health System (PDF)</u>
 (https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/2016-12_pisc-infotoaction.pdf). The purpose of the study group is to help us think through how the information applies to your CHB and share. Connect with a colleague on the questions below:
 - What do you know about how your CHB is doing?
 - Who in your CHB could provide information about how you're doing locally?

- How are all Minnesota CHBs doing as a whole?
- Mentorship: Based on interest and responses, mentorship will start as a small group approach.
 Mentor/mentee groups are currently assembled by region as a way to find commonalities. MDH will send out an email to the participating members with matchings. We have three mentorship groups: Metro, Southeast/South Central, and West Central/Southwest

Name	Involvement	Group	Region
Trista MatasCastillo	Looking to be mentored	1	Metro
Jonelle Hubbard	Mentor	1	Metro
Jaclyn Litfin	Looking to be mentored	2	Central
Tammy Fiedler	Mentor	2	Southeast
Gordy Wagner	Looking to be mentored	3	West Central
Michelle Ebbers	Looking to be mentored	3	Southwest
Rodney Peterson	Mentor	2	Southwest
Denise Daniels	Looking to be mentored	2	Southeast
Sheila Kiscaden	Mentor	2	Southeast
Gina Adasiewicz	Mentor	1	Metro
Elizabeth Auch	Mentor	3	Southwest
Kristine Klopp	Looking to be mentored	2	Central
Heidi Ritchie	Looking to be mentored	1	Metro
Ann Stehn	Mentor	3	Southwest
BIII Adams	Looking to be mentored	3	West Central
Nick Kelley	Looking to be mentored	1	Metro
Barb Salmela-Lind	Looking to be mentored	2	South Central

Afternoon World Café Discussion (facilitated by Linda Kopecky)

In-person attendees participated in a World Café discussion on the following questions:

- What is most essential in our state-local partnership?
- What does the future of public health look like?
- What have we learned from COVID that we want to retain?

See the attached World Café Discussion notes for more details.

Minnesota Department of Health State Community Health Services Advisory Committee (SCHSAC) 651-201-3880 health.ophp@state.mn.us www.health.state.mn.us/schsac

June 27, 2022

To obtain this information in a different format, call: 651-201-3880.



3 GRUNWALD STREET CLIFTON, NJ 07013 - 973-614-1800

Marlys Christensen City of Tyler Ph: 507-530-4497 May 9, 2022

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ACCEPTED BY: PRINT NAME DATE: ____

LEAD TIME: APPROXIMATELY 16-18 WEEKS AFTER RECEIPT OF WRITTEN ORDER AND APPROVED SUBMITTALS (IF REQUIRED). (LEAD TIME SUBJECT TO CHANGE AND DOES NOT INCLUDE TIME IN TRANSIT)

TERMS:

NET 30. ALL PRICES F.O.B. CLIFTON, NEW JERSEY, PRICES AND DELIVERY STATED HEREIN ARE NOT VALID AFTER THIRTY (30) DAYS FROM DATE SHOWN ABOVE UNLESS

RECONFIRMED IN WRITING BY HANDI-HUT.

ROOF PANELS: 1/4" BRONZE TWIN WALL POLYCARBONATE

WARRANTY: SHELTERS SHALL BE GUARANTEED AGAINST ANY DEFECTS IN MATERIAL AND/OR

WORKMANSHIP FOR 1 FULL YEAR FROM DELIVERY DATE, HANDI-HUT LIMITS IT'S LIABILITY TO SHIPMENT OF REPLACEMENT OF PARTS ONLY, LABOR NOT INCLUDED.

Offices Located in:



Redwood Falls, MN • 507-637-4041

Ivanhoe, MN • 507-694-1452 Slayten, MN • 507-836-6144

Pipestone, MN • 507-825-6720 Luverne, MN • 507-283-5070

Marshall, MN • Human Services 507-537-6747 • Health Services 507-537-6713

OBJECTION TO 2023 MINNESOTA DEPARTMENT OF HUMAN SERVICES SELECTION OF PARTICIPATING HEALTH PLANS

WHEREAS, the Southwest Health and Human Services (SWHHS) Governing Board objects to the Minnesota Department of Human Services' ("the Department") selection of participating health plans for Lincoln, Lyon, Pipestone and Redwood Counties;

WHEREAS, the Southwest Health and Human Services Governing Board objects to the Department's decision to disregard the County's decision to provide healthcare services under Minn. Stat. § 2568.69 and Minn. Stat. § 2568.692 to eligible recipients of the Minnesota Senior Health Options (M5HO), Minnesota Senior Care Plus (MSC+), Special Needs Basic Care, and Families and Children Medical Assistance Programs within the County;

WHEREAS, the Southwest Health and Human Services Governing Board previously authorized the Agency to request mediation under Minn. Stat. § 256B.69, subd. 3a to challenge the Department's procurement decision;

WHEREAS, the PrimeWest Health Joint Powers Board of Directors comprising county commissioners from each of the legally established participating PrimeWest Health Joint Powers counties has authorized PrimeWest Health as a single entity representing a group of counties, including Lincoln, Lyon, Pipestone and Redwood Counties, to seek mediation with the Department;

WHEREAS, the Southwest Health and Human Services Governing Board seeks to retain the law firm of Lockridge Grindal Nauen PLLP to represent the Counties in challenging the Department's procurement determinations in mediation or, as necessary, in other legal action.

NOW, THEREFORE BE IT RESOLVED, that the Southwest Health and Human Services Board, hereby authorizes the County to retain Lockridge Grindal Nauen PLLP to represent SWHHS in mediation with the Department pursuant to Minn. Stat. §2568.69, subd. 3a(d), both on behalf of the aforementioned counties within SWHHS individually and through PrimeWest Health as the single entity representing a group of county boards and joint powers.

Adopted by the Southwest Health and Human Services Governing Board on the 20^{th} of July, 2022.

Richard Anderson, Chair Southwest Health and Human Services Governing Board

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 11/16/16; 04/18/18; 01/01/2020; 03/18/2020;03/17/2021;

7/2<u>0/2022</u>

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - - CONDITIONS OF EMPLOYMENT- - -

Electronic copies of the Personnel Policies are available for employees through SharePoint. Employees will be responsible for reviewing and following the terms of the Personnel Policies.

Section 1 - Workweek

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

Section 2 - Working Hours

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

Section 3 - Employee Definitions

a. <u>Probationary Period</u> – All newly hired or rehired employees will serve an initial one-year probationary period. During the initial probationary period, an employee who is promoted or reassigned to another job classification will serve the secondary probation concurrently with the initial probation. During the first year of employment with the agency the employee will receive orientation and new employee training. For employees promoted to a new position, the probationary period will be six (6) months.

For employees promoted to a supervisory position, the probationary period will be twelve (12) months.

- During the probationary period, the employee will receive increased supervision and frequent performance evaluations. Completion of probation will not change the at-will nature of employment.
- Regular Employment An employee who has completed their probationary employment and is a regular or regular part-time employee. Regular employees are not temporary or intermittent employees.
- d. <u>Temporary/Intermittent</u> A temporary employee is a person hired for a specific period of time or on an intermittent basis with specific duties not to exceed six months. A temporary employee is paid only for hours worked and does not receive benefits, vacation/medical leave, or paid holidays.

Section 4 – Exempt and Non-Exempt Employees

- Employees are classified by the Federal Fair Labor Standards Act as either exempt or non-exempt.
- b. Human Resources will determine which classifications are exempt or non-exempt.

Exempt Employees

- All exempt employees must complete an electronic timesheet for the purposes
 of public accountability. The timesheet must reflect actual hours worked and
 leave time taken each week. The timesheet must be submitted by the employee
 to their supervisor for review and approval at the end of each payroll period.
- All compitime earned and taken must have prior authorization by their supervisor.
- Exempt employees will not be paid for overtime, however, exempt staff may be paid straight administrative time if prior unless authorized by Southwest Health and Human Services Governing Board action for unusual, infrequent situations.

Non-Exempt Employees

All non-exempt employees must complete an electronic timesheet. The
timesheet must reflect actual hours worked and leave time taken each week.
The timesheet must be submitted by the employee to their supervisor for review
and approval at the end of each payroll period.

- Employees will not work unauthorized hours over 40 hours per week. The maximum number of hours that should be worked in any week is 37.5 hours.
- If a non-exempt employee is requested to work more than 40 hours in a week, overtime will be paid at 1.1/2 times the regular hourly rate of pay All overtime must have prior authorization by the supervisor. See Section 6.

Section 5 - Compensatory (Comp) Time

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

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

Section 6 - Overtime

- a. All overtime must have prior written authorization by the supervisor.
- Only actual hours worked will be counted towards overtime. Vacation, medical, leave without pay, holiday, and comp taken will not be included when calculating overtime hours.

Failure to follow this Personnel Policy can result in disciplinary action.

Section 7 - Flex Time

- a. There are circumstances when deviation from regular service hours (aka flextime) will be considered for an employee. The below CRITERIA must be met BEFORE any deviation from the regular work schedule may be considered or approved. Said criteria are as follows:
 - Client service and the operation of the unit/division and department must continue to be efficient and effective.
 - There must be no negative impact on co-workers or interference with inter-divisional activities or operations.
- b. If employees wish to work a flex schedule, they must follow the process determined by the unit supervisor. All schedules are subject to supervisory approval. It may be necessary for the supervisor to make some adjustments in the requests to ensure adequate coverage.
- c. During the hours between 8:00 a.m. and 4:30 p.m. whenever an employee is absent from the office due to their flex schedule or other leave time, it should be shown as "flex" or "personal leave" on their Outlook calendar.
- It is anticipated that with good effort at scheduling, the need for compitime should be reduced. The scheduled work week cannot be more than 37.5 hours.
- e. The longest day that will be scheduled is 9.5 hours, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel. The number of hours of vacation or medical leave taken will be the number of hours scheduled to work on that specific day. Coffee breaks are to be 15 minutes in length with one in the morning and one in the afternoon. The shortest lunch break will be one-half hour.
- f. The supervisor may require a person on a flex time schedule to return to standard work hours at the supervisor's discretion.
- g. Staff may not schedule a four-day flex time schedule during a holiday week. Employees will work 7.5 hours per day during these holiday weeks, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel.
- It is not permissible to flex a Friday and the following Monday.

Upon notice of resignation, that employee will not work a flex schedule for the last 2
weeks of the employee's employment with the agency.

Section 8 - Inclement Weather

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

Section 9 - Paychecks

a. Salaries will be paid on a bi-weekly basis (every other Friday). If a pay date falls on a holiday, payment will be made the day prior. b All Southwest Health and Human Services employee payroll checks will be by direct deposit unless a written objection from the employee is received.

Section 10 - Fringe Benefits

- Pursuant to annual policy and budgetary action by the Southwest Health and Human Services Governing Board, such fringe benefits as the Southwest Health and Human Services Governing Board may determine appropriate, including insurance, vacation time, and medical leave, may be offered to employees. Fringe benefits may be Increased, decreased, or eliminated at any time by action of the Southwest Health and Human Services Governing Board, and such action will apply to all current and future employees unless the Governing Board specifically adopts a policy stating otherwise.
- b. Agency fringe benefits are:
 - Health/Dental Insurance
 - · Long Term Disability Insurance
 - Life insurance
 - Flexible Spending Account
 - Vacation Leave
 - Medical Leave
 - PERA
 - · Short Term Disability
 - Identity Theft Protection/Legal Shield
 - Critical Illness, Accident and Hospitalization
- c. All insurances for eligible employees commence on the first day of the month following thirty (30) days of employment.
- Agency insurance benefits are available only for probationary and regular employees who work an average of 30 or more hours per week.
- e. The agency pays all administrative fees related to flexible spending accounts, flexible spending debit cards, and VEBA/Health Savings accounts. The agency will also pay the cost for the basic life premium and the long term disability insurance premium.
- f. Pay Status Employees are those employees who are absent and are using earned vacation, medical, or bereavement leave. This I also includes any employee who is absent who has not used more than 37.5 hours of approved leave without pay in a calendar year.
- g. <u>Non-Pay Status Employees</u> are those employees who have used more than 37.5 hours of leave without pay. (Examples: educational leave, medical leave without pay in excess of FMLA leave entitlement).
- h. Holiday pay, medical leave, and vacation leave, will be earned by all part-time and full-time employees in non-pay status (as per the definition in section g) on a prorated basis with the exception when leave without pay is due to an FMLA (Family Medical Leave Act) event then employees will receive the full holiday. The amount of leave earned is

based upon the number of hours worked during the pay period. Vacation and medical leave will be rounded to the nearest half-hour.

- Temporary Employees do not receive fringe benefits.
- j. <u>Probationary Employees</u> are eligible for hollday, vacation, and medical leave.
- k. VEBA/Health Savings Account Contributions
 - Employees who opt for a health insurance policy with a VEBA or Health Savings
 account, contributions to the VEBA/Health Savings account will be semi-monthly.
- l, Retiring employees who:
 - Were employed by Lincoln, Lyon, and Murray Human Services (LLMHS) and were employed by that agency prior to August 22, 2005 and worked continuously for LLMHS through December 31, 2010 with no break in service; and
 - Were hired by the EMPLOYER effective January 1, 2011 with no break in service and are employed on a full-time basis with the EMPLOYER; and
 - Are receiving a disability benefit or PERA annulty, or have met age and service requirements necessary to receive a PERA annulty;
 - Shall be entitled to receive 4% per year of service toward the employee's (dependents are excluded) health and dental single insurance premium, including their years of service at LLMHS.
 - This amount shall not exceed 100% nor shall the total amount exceed the
 amount paid by Southwest Health and Human Services on behalf of their
 employees. Payment of this amount will be discontinued if the
 employee's share of the premium(s) is not paid within the deadline set
 by the EMPLOYER. Payment shall also be discontinued when the
 employee becomes eligible for Medicare or if the employee obtains
 employment where single health insurance is available at no cost to the
 employee.
 - Employees hired after August 22, 2005 by Lincoln, Lyon, and Murray
 Human Services are not eligible for retirement health insurance benefits.
 No employees hired by the EMPLOYER who were not employed by
 LLMHS are entitled to retirement health insurance benefits.

Section 11 - Licensure as a Condition of Employment

- a. Employees who require statutory licensure, or state operator's licensure in order to legally fulfill the requirements of their employment, must maintain such licensure in order to remain in the employ of the Agency.
- h. The Employer will pay 100% of any professional licensing fees when the license is required for the job. The Employer will also pay 100% of any professional licensing fees for supervisors that provide supervision to other Southwest Health and Human Shiff. This does not include application or late fees.

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SOUTHWEST HEALTH AND HUMAN SERVICES SOCIAL SERVICE POLICY NUMBER 9

EFFECTIVE DATE: 7/20/11

REVISION DATE: 12/21/11:07/20/22

AUTHORITY: Southwest Health and Human Services - Human Services Board

Minnesota Statute 245C

--- BACKGROUND CHECK FOR DAY CARE, FOSTER CARE, AND ADOPTIVE PLACEMENT APPLICATIONS ---

Section 1 - Purpose

a. To establish policy and procedures for background studies of Individuals seeking a day care or foster care license under Rule 13, and those applying to care for a child through a relative or adoptive care arrangement. (Please note: these guidelines will also be followed when reviewing an application for legal non-licensed registration for childcare.)

Section 2 - Process

- a. A fee of \$50.00 per license per licensing period for processing background studies for licensed day care sites will be imposed. This fee will be charged at the time of the initial licensing and at re-licensing thereafter. There will be no fee for processing background studies for foster care, adoptive care, or legal non-licensed child care.
- Background study means an Investigation conducted by Southwest Health and Human Services to determine whether a candidate is disqualified from providing services.
- c. A background study must be conducted of all persons applying as stated in paragraph one. This study must be completed prior to providing any direct service. A subject must provide the information necessary to ensure an accurate background study (see SS#158, page 2).
 - Subjects include:
 - the license applicant;
 - all persons 13 years and over living in the household where the licensed program will be provided;
 - employees or contractors of the applicant who will have direct contact with persons served by the program;

SOUTHWEST HEALTH AND HUMAN SERVICES SOCIAL SERVICE POLICY NUMBER 9

- volunteers (helpers/substitutes) who have direct contact with persons served by the program, if the contact is not under continuous, direct supervision by the individuals referred to in (1) or (3) above.
- d. Applicants must provide:
 - the subject's first, middle, and last name, and all other names by which the individual has been known;
 - current home address, city, county, and state of residence;
 - counties of residence for the past five years;
 - date of birth:
 - gender;
 - 6. driver's license number or state identification number.
 - 7. race
- e. In conducting the background study, Southwest Health and Human Services may review:
 - Arrest and conviction records of the Minnesota Bureau of Criminal Apprehension in which the last date of discharge from the criminal justice system is less than 15 years;
 - Records of substantiated abuse or neglect of vulnerable adults and maltreatment of minors that are dated within seven years;
 - Any other Information, including arrest, investigative, and conviction information from; social services, county attorneys, county sheriffs, county courts, state and county agencies, local police, and criminal records of other states:
 - Out of state background check may require more information such as social security number and fingerprints.
- f. A failure or refusal to cooperate in the completion of the background study process constitutes reasonable cause to deny an application.

SOUTHWEST HEALTH AND HUMAN SERVICES SOCIAL SERVICE POLICY NUMBER 9

Section 3 - Disqualification

- a. An applicant who has a disqualifying event will be notified in writing of the disqualifying factor(s). Southwest Health and Human Services has the responsibility to make a recommendation to the Department of Human Services regarding the impact of the disqualifying event on the prospective license(s).
- In cases of an adoptive parent or relative homestudy, the disqualifying event may result
 in an ending of the assessment process. Southwest Health and Human Services will
 follow the criteria set forth in MN Stat. 245A.04, Rule 2, and the Consolidated Rule.
- Southwest Health and Human Services will refer to Minnesota Statute 245C.15 to determine current disqualifying crimes or conduct.

For the 2012 calendar year, the fees for conducting background checks will be waived for Rock County providers. The fee schedule will be implemented starting 01/01/13.

This policy is to sunset effective 7/20/22.

Agency Forms Regarding This Policy:

SS#158 - Request for Release of Information for Background Study SS#159C - Adam Walsh Background Check Formatted: Font: 12 pt

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Chris Cauwels, Southwest Health & Human Services To:

From: Wayne Altenbernd

May 17, 2022 Date:

Replacing the Nexsan Assureon Data Archiving System Subject:

The following is a proposal to replace the existing Assureon AS-AXR2-16 16 TB system at Southwest Health & Human Services with a new version of the Assureon data archiving system.

- The existing Assureon system was Installed in January 2017.
- Nexsan has announced the following dates regarding support for the current Assurson system.
 - End of Support Purchase is December 31, 2022
 - End of Service Life is December 31, 2023
- Nexsan has also announced due to Microsoft ending support for Windows Server 2008 R2 as of December 31, 2019 an Assureon server not upgraded to Windows Server 2016 may not receive new Windows Updates and therefore may provide a security risk. Nextain uses is own Windows Update Service to provide Windows Updates to Assureon system servers and relies on Microsoft to issue new Windows Updates.

Assureon AS-AXRP10-30 - This configuration will only use the Assureon model AS-AXRP10-30 that consists of (2) Assureon servers with each server including a processing node and storage system combined in to a 2U chassis, for site 1 & 2, with 30 TB of usable available archive capacity in dual-write mode (after RAID, before formatting).

Assureon Model Description and Purchase Cost

Assureon AS-AXRP10-30 Pricing	Standard Pricing	Upgrade Pricing
Archive capacity available per site in single-write mode (after raid, before formatting)	30 TB	30 TB
Replicated Assureon Server, Includes processing node with storage	\$44,595.00	\$36,250.00
Annual Enterprise Onsite Support	\$5,195.00	\$5,195,00
Professional Services - Installation, Configuration and Data Migration	\$3,000.00	\$3,000.00
Total Cost	\$52,790.00	\$44,445.00

Assureon AS-AXRP10-30 Description of System Implementation & Operation

- Each Assureon server should be installed in separate data centers for best disaster recovery practices
 - Assureon Server Site 1 will replicate all data to Assureon Server Site 2 if data is written. first to Site 1
 - Assureon Server Site 2 will replicate all data to Assureon Server Site 1 if data is written first to Site 2.
- Southwest Health & Human Services will have their ApplicationXtender Image file data stored on a Windows server (2016 or 2019) partition
 - The Windows server hosting the ApplicationXtender image file data will be on premise.
 - The Windows server partition space for the ApplicationXtender image file data should be equal to the amount of space used by ApplicationXtender at the time of the Assureon implementation
- An Assureon client will be installed on the Windows server hosting the ApplicationXtender image file data and will be used to monitor ApplicationXtender system activity and send the image file data to the appropriate Assureon Server
 - The Assureon client will be installed from the Assureon Server Installed at Southwest Health & Human Services and will send the ApplicationXtender image file data to the same Assureon Server (Site 1 or Site 2) from which the Assureon client is installed
- The Assureon Server's will replicate the ApplicationXtender image file data between each Site where Site 1 will replicate data to Site 2 and Site 2 will replicate data to Site 1
 - The Assureon replication process will ensure that both Assureon Servers (Site 1 and Site 2) will have the exact same ApplicationXtender image file data on each Assureon Server

Services



The following Minnesota counties are using the Nexsan Assureon data archiving system.

- Ajtkin
- Rice
- Nobles
- Renville
- Carlton
- Grant
- Clay
- Sibley

Steele

Todd

- · Southwest Health and Dodge
- Freeborn
- Hubbard
- Le Sueur
- Nobles
- Isanti
- Pine
- Waseca

Yellow Medicine

Human Services

JULY 2022

GRANTS ~ AGREEMENTS ~ CONTRACTS for Board review and approval

- MDH Public Health Emergency Preparedness (PHEP) (Marshall, MN) 07/01/22 to 06/30/23; Amendment for budget period 4 allocation for emergency preparedness 5 year grant 2019-2024; BP4 \$94,148 (slight decrease) (AMENDMENT).

 Fiscal Note: 2021 \$95,357 BP3; 2020 \$92,580 BP2; 2019 \$92,437 BP1
- DHS Children's Mental Health Resplte Care Grant 01/01/20 to 12/31/22; Amendment and extension of grant agreement to provide funds to support children's mental health respite care services through 12/31/22 and establish BP3 for \$23,545; (renewal). Fiscal Note: SFY: 2022 \$47,090; 2021 \$71,133
- DHS Local Collaborative Time Study (LCTS) 07/01/22 06/30/27; State contract for 3 local family service collaboratives to claim reimbursement for eligible activities through LCTS (renewal).

Signatures None
Signatures Partial
Signatures Completed