



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

**Board Agenda
Wednesday January 18, 2023
Marshall Government Center
Commissioners Room – 2nd Floor
9:00 a.m.**

HUMAN SERVICES

- A. Call to Order
- B. Pledge of Allegiance
- C. Election of Officers
 - 1. Elect Chairperson and Vice Chairperson for Human Services Board
 - 2. Appointment of Adult Mental Health Consortium member(s)
 - 3. Appointment of Recording Secretary
- D. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 12/21/2022 Board Minutes
- E. Introduce New Staff
 - Samantha DeWit – Child Protection Social Worker, Redwood Falls
 - Gabryelle Wieme – Collections Officer, Marshall
 - Emilie Staeffler – Adult Protection Social Worker, Luverne
- F. Employee Recognition
 - Victoria Skorczewski – Registered Nurse, Marshall 1 year
 - Saul Ibarra Jr – Child Protection Social Worker, Redwood Falls 1 year
 - Tracie Balsley – Child Support Officer, Marshall 1 year
 - Melissa St Aubin – Eligibility Worker, Marshall 1 year
 - Meleah Roiger – Child Welfare Social Worker, Redwood Falls 1 year
 - Lori McGee – Adult Services Case Manager, Pipestone 10 years
 - Renae VanGelderren – Public Health Nurse, Marshall 10 years
 - Susan Lingen – Long Term Care Social Worker, Pipestone 30 years

HUMAN SERVICES (cont.)

G. Financial

H. Caseload

	<u>12/22</u>	<u>12/21</u>	<u>11/22</u>	<u>10/22</u>
Social Services	3,744	3,717	3,771	3,723
Licensing	396	405	397	398
Out-of-Home Placements	173	157	176	175
Income Maintenance	14,582	13,466	14,538	14,486
Child Support Cases	2,789	2,908	2,805	2,833
Child Support Collections	727,805	707,773	674,652	727,115
Non IV-D Collections	295,029	231,478	93,682	70,844

I. Discussion/Information

1. Children’s Mental Health Services – Christine Versaevel

J. Decision Items

- 1.

COMMUNITY HEALTH

K. Call to Order

L. Election of Officers

1. Elect Chairperson and Vice Chairperson for Community Health Board
2. Appoint SCHSAC Representative and Alternate

M. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 12/21/2022 Board Minutes

N. Financial

COMMUNITY HEALTH (cont.)

O. Caseload

	<u>12/22</u>	<u>11/22</u>	<u>10/22</u>
WIC	N/A	2,032	2,029
Family Home Visiting	38	39	23
PCA Assessments	9	6	7
Managed Care	190	169	220
Dental Varnishing	0	0	0
Refugee Health	1	0	10
Latent TB Medication Distribution	2	4	3
Water Tests	108	159	157
FPL Inspections	41	36	40
Immunizations	102	49	40
COVID Vaccine Admin	0	0	0
Car Seats	4	16	10

P. Discussion/ Information

1. SCHSAC Update
2. Opioid Settlement Update

Q. Decision Items

1. Environmental Health Policy 5 – Inspection
2. Environmental Health Policy 15- Environmental Health Staffing Plan
3. Environment Health Policy 16 – Environmental Health Record Retention
4. Adult Health Survey Approval

GOVERNING BOARD

R. Call to Order

S. Election of Officers

1. Elect Chairperson and Vice Chairperson for Governing Board
2. Appointment of Executive Committee members
3. Appointment of Finance Committee members
4. Appointment of Personnel Committee members
5. Appointment of Insurance Committee members

T. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 12/21/2022 Board Minutes

U. Financial

GOVERNING BOARD (cont.)

V. Human Resources Statistics

	<u>12/22</u>	<u>12/21</u>	<u>11/22</u>	<u>10/22</u>
Number of Employees	232	230	233	232
Seperations	2	7	4	2
New Hires	2		3	3
Current Open Positions	12			
Public Health Nurses		4		
Social Worker LADC		1		
Social Worker CPS		1		
Child Support Officer		1		
Social Worker LTC		2		
Social Worker DD		1		
Social Worker CMH		1		
Case Aide		1		

W. Discussion/Information

1. Human Resources Presentation – Monica Christianson and Nancy Walker

X. Decision Items

1. DeLani Gylling – Eligibility Worker, probationary appointment (6 months), \$21.43 hourly effective 1/9/2023
2. Mariah Guldemann-Chiariello – Child Protection Social Worker, probationary appointment (12 months), \$24.60 hourly effective 1/9/2023
3. Kassandra Stangeland – Office Support Specialist Sr, probationary appointment (12 months), \$18.50 hourly effective 1/9/2023
4. Amy Mead- Office Support Specialist, Sr, probationary appointment (12 months), \$16.32 hourly effective 1/30/2023
5. Personnel Policy 13 – Employees as Foster Parents
6. Safety Policy 2 – Infection/Exposure Control Program
7. Donations
 - *Christ the King Free Lutheran Church* *\$200 worth of diapers*
 - *Peace United Methodist Church* *children’s fleece tie blankets (4) and children’s flannel blankets (5)*
 - *Southwestern Mental Health Center* *christmas gifts & household items for families in need*
 - *Zion Lutheran Church* *Infant diapers*
 - *Jeff and Jeanne Knott* *\$5,000 towards special purchases for foster care children*
 - *Living Word Lutheran Church Youth Group* *50 pairs of pajamas and books for foster care children*
 - *Our Savior’s W.E.L.C.A. of Dovary* *\$25 for Murray County Family Services*
 - *Matthew and Amber Lundeen* *\$10 diaper donation*
 - *Anonymous* *box of diapers*
 - *Susan Paluch* *5 boxes of Pampers*

- *St. Leo Catholic Church* *Diapers*
- *Christ the King Free Lutheran Church* *\$200 for diapers*

8. Contracts

Y. Adjournment

Next Meeting Dates:
Wednesday, February 15, 2023 – Marshall
Wednesday, March 15, 2023 – Marshall
Wednesday, April 19, 2023 – Marshall

SOUTHWEST HEALTH & HUMAN SERVICES

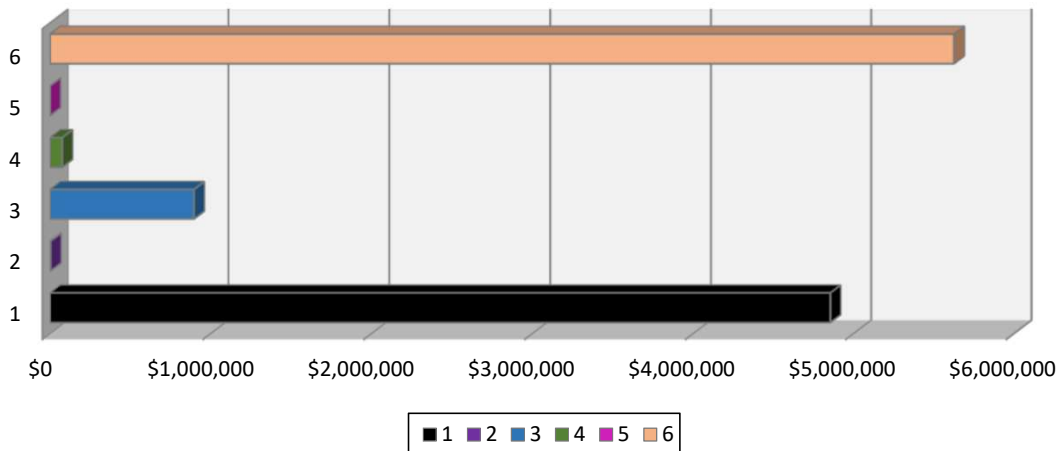
Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: **December 31, 2022**

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

Description	Month	Running Balance	
BEGINNING BALANCE		\$3,895,575	
RECEIPTS			
Monthly Receipts	2,000,249		
County Contribution	2,779,246		
Interest on Savings	18,007		
TOTAL MONTHLY RECEIPTS		4,797,501	
DISBURSEMENTS			
Monthly Disbursements	3,838,805		
TOTAL MONTHLY DISBURSEMENTS		3,838,805	
ENDING BALANCE		\$4,854,271	
REVENUE			
<i>Checking/Money Market</i>	<i>\$4,854,271</i>		
<i>SS Benefits Checking</i>	<i>\$3,914</i>		
<i>Bremer Savings</i>	<i>\$894,796</i>		
<i>First Interstate Bank Savings</i>	<i>\$75,543</i>		
<i>CD or Term Investment - Magic Fund</i>	<i>\$0</i>		
<i>Investments - MAGIC Fund</i>	<i>\$5,626,194</i>		
ENDING BALANCE		\$11,454,719	December 2021 Ending Balance \$10,090,463
DESIGNATED/RESTRICTED FUNDS			December 2021 Ending Balance
Agency Health Insurance		\$623,423	\$1,025,248
LCTS Lyon Murray Collaborative		\$194,669	
LCTS Rock Pipestone Collaborative		\$47,936	
LCTS Redwood Collaborative		\$73,735	
Local Advisory Council		\$678	December 2021 Ending Balance
AVAILABLE CASH BALANCE		\$10,514,279	\$8,761,657

REVENUE DESIGNATION



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

December 2022

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				3,895,574.85
12/02/22	10499-10518	Payroll		139,911.74	3,755,663.11
12/02/22	79617-79862 ACH	Payroll		519,701.26	3,235,961.85
12/02/22	125199-125237	Disb		3,873.80	3,232,088.05
12/02/22	15193-15198 ACH	Disb		878.45	3,231,209.60
12/02/22	125238-125278	Disb		86,051.58	3,145,158.02
12/02/22	15199-15223 ACH	Disb		26,063.84	3,119,094.18
12/05/22	79863-79865 ACH	Payroll		1,503.45	3,117,590.73
12/02/22	51369-51393	Deposit	161,664.22		3,279,254.95
12/05/22	10306	Disb		94,596.01	3,184,658.94
12/06/22	51394-51413	Deposit	1,340,225.26		4,524,884.20
12/06/22	10307	Disb		3,405.28	4,521,478.92
12/06/22	VOID 124964	Disb		(1,565.70)	4,523,044.62
12/06/22	VOID 123979	Disb		(2,313.55)	4,525,358.17
12/06/22	VOID 124107	Disb		(178.44)	4,525,536.61
12/07/22	10309	Disb		13,691.60	4,511,845.01
12/09/22	125279- 125299	Disb		2,353.81	4,509,491.20
12/09/22	15224-15235 ACH	Disb		16,098.44	4,493,392.76
12/09/22	125300- 125363	Disb		247,696.38	4,245,696.38
12/09/22	15236-15309 ACH	Disb		207,131.66	4,038,564.72
12/09/22	10308 VOID R#51358	Deposit	(401.24)		4,038,163.48
12/09/22	51414-51459	Deposit	1,594,391.40		5,632,554.88
12/12/22	VOID 123553	Disb		(4,919.00)	5,637,473.88
12/12/22	10310	Disb		30,194.54	5,607,279.34
12/12/22	VOID 125180	Disb		(840.00)	5,608,119.34
12/13/22	51460-51480	Deposit	51,126.04		5,659,245.38
12/15/22	10311	Disb		54,250.78	5,604,994.60
12/16/22	10519-10536	Payroll		139,828.51	5,465,166.09
12/16/22	79866-80103 ACH	Payroll		522,077.71	4,943,088.38
12/16/22	125364-125389	Disb		2,968.25	4,940,120.13
12/16/22	15310-15318 ACH	Disb		1,028.51	4,939,091.62
12/16/22	125390-125442	Disb		212,499.55	4,726,592.07
12/16/22	15319-15347 ACH	Disb		76,462.68	4,650,129.39
12/16/22	VOID 124961	Disb		(527.92)	4,650,657.31
12/16/22	51481-51507	Deposit	318,571.69		4,969,229.00
12/19/22	10312	Disb		66,120.00	4,903,109.00
12/19/22	10313	Disb		13,398.23	4,889,710.77
12/20/22	10314	Disb		10,583.41	4,879,127.36
12/20/22	51508-51528	Deposit	159,969.56		5,039,096.92
12/23/22	125443-125477	Disb		6,038.60	5,033,058.32
12/23/22	15348-15401 ACH	Disb		9,508.60	5,023,549.72
12/23/22	125478-125596	Disb		79,006.28	4,944,543.44
12/23/22	15402-15547 ACH	Disb		84,753.33	4,859,790.11
12/23/22	125597-125611	Disb		1,246.40	4,858,543.71
12/23/22	15548-15554 ACH	Disb		462.06	4,858,081.65
12/23/22	125612-125653	Disb		294,973.38	4,563,108.27
12/23/22	15555-15577 ACH	Disb		116,870.65	4,446,237.62
12/27/22	10315	Disb		36,300.24	4,409,937.38
12/27/22	10316	Disb		665.50	4,409,271.88
12/27/22	51529-51563	Deposit	851,862.67		5,261,134.55
12/28/22	transfer from SS acct	Transfer	4,326.00		5,265,460.55
12/30/22	10537-10539	Payroll		3,381.90	5,262,078.65
12/30/22	80104-80342 ACH	Payroll		570,087.85	4,691,990.80
12/30/22	125654-125665	Disb		1,131.94	4,690,858.86
12/30/22	15578-15583 ACH	Disb		760.26	4,690,098.60
12/30/22	125666-125698	Disb		111,971.35	4,578,127.25
12/30/22	15584-15604 ACH	Disb		34,894.36	4,543,232.89
12/30/22	51564-51624	Deposit	317,765.48		4,860,998.37
12/30/22	VOID 125690	Disb		(191.99)	4,861,190.36
12/30/22	VOID R#51612	Deposit	(2,000.00)		4,859,190.36
12/30/22	UNVOID 123553			4,919.00	4,854,271.36
					4,854,271.36
	balanced 1/4/23 js	TOTALS	4,797,501.08	3,838,804.57	

Checking - SS Beneficiaries
 Savings - Bremer
 Savings - First Interstate Bank
 Investments - Magic Fund

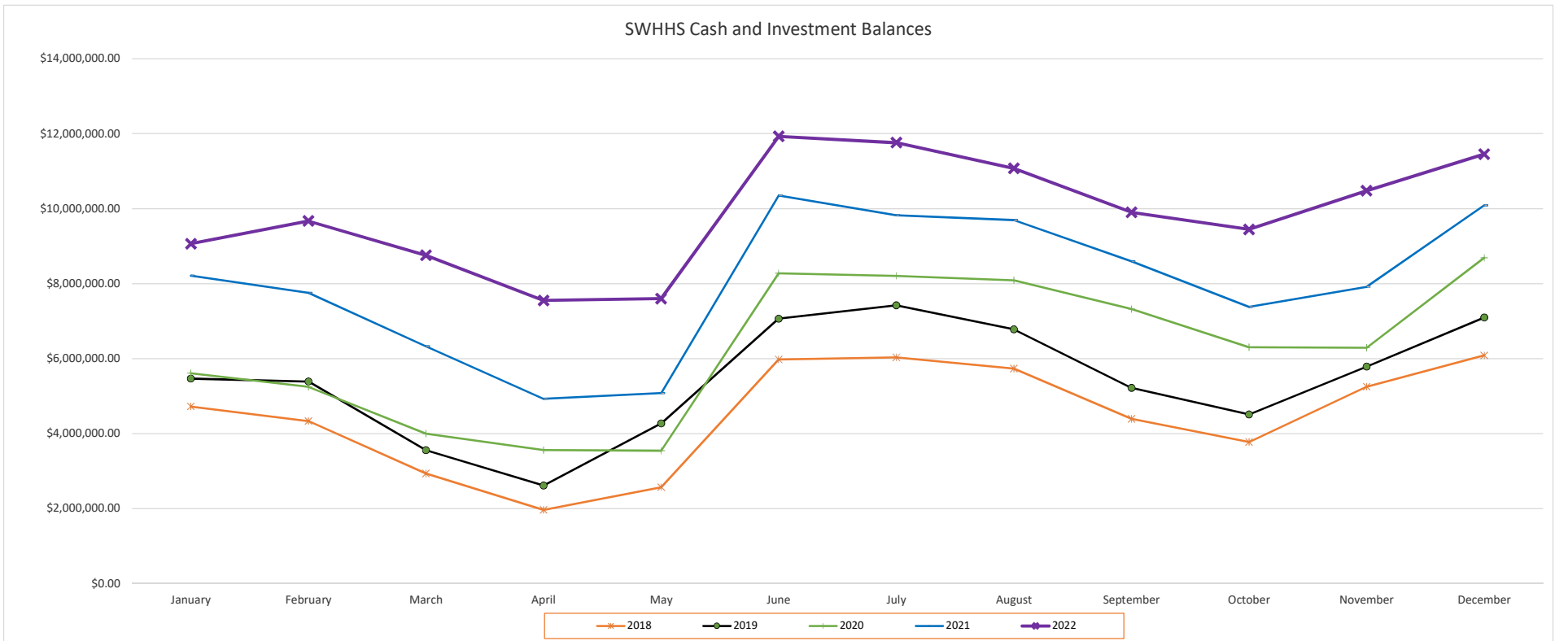
3,914.00
894,795.93
75,543.22
5,626,194.28

TOTAL CASH BALANCE

11,454,718.79

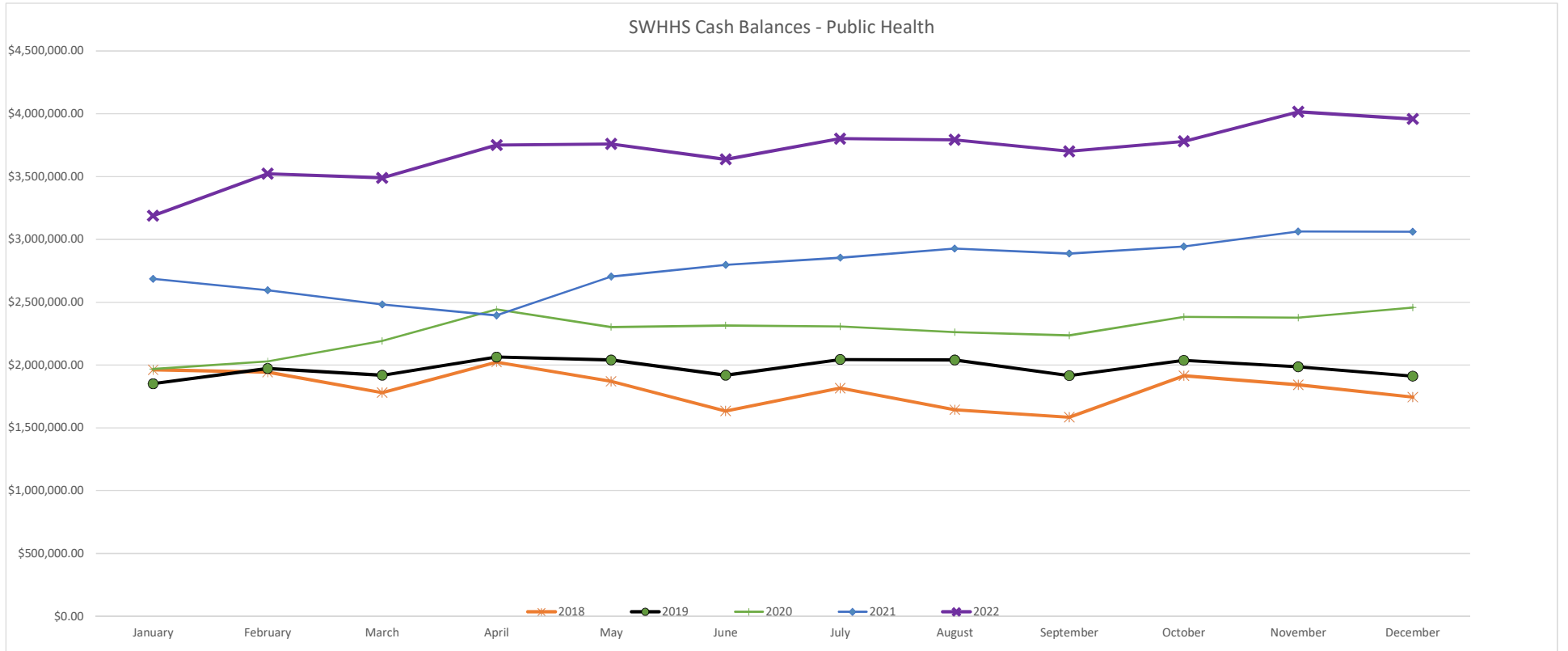
**SWHHS
Total Cash and Investment Balance by Month - All Funds**

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
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	\$4,481,140.24
2019	\$5,468,300.08	\$5,390,753.05	\$3,560,027.40	\$2,614,293.54	\$4,269,080.30	\$7,062,814.89	\$7,420,076.79	\$6,778,561.83	\$5,219,902.01	\$4,511,324.16	\$5,788,830.92	\$7,097,094.23	\$5,431,754.93
2020	\$5,612,100.09	\$5,244,836.41	\$3,999,085.28	\$3,557,399.16	\$3,544,281.51	\$8,279,950.83	\$8,206,914.72	\$8,087,152.70	\$7,320,202.93	\$6,302,908.56	\$6,288,111.05	\$8,688,761.65	\$6,260,975.41
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	\$8,013,684.18
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	\$11,759,179.93	\$11,073,388.31	\$9,901,872.00	\$9,446,009.83	\$10,477,101.38	\$11,454,718.79	\$9,890,005.07



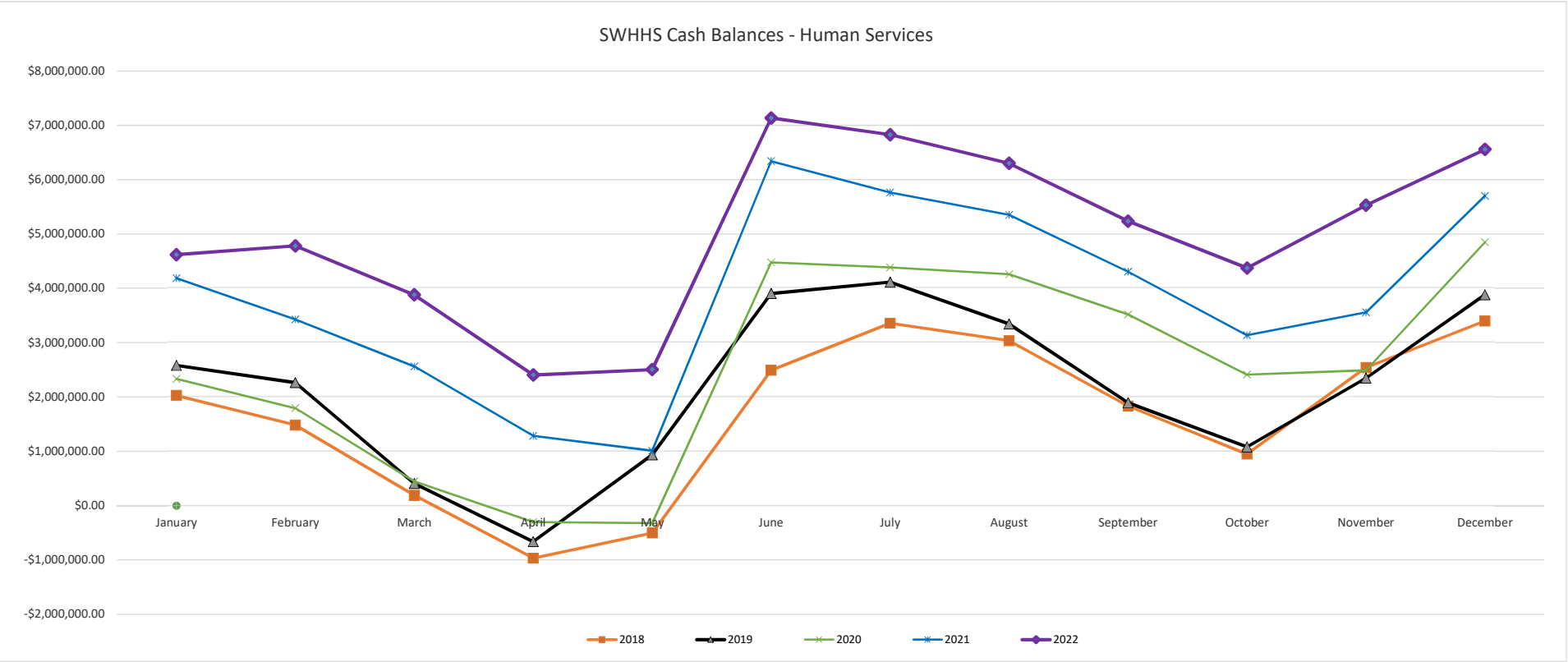
SWHHS
Total Cash and Investment Balance by Month - Public Health Services

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$1,962,214.72	\$1,943,637.75	\$1,780,622.98	\$2,023,315.56	\$1,870,382.57	\$1,633,344.06	\$1,816,127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48	\$1,813,230.15
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	\$1,910,997.42	\$1,974,715.22
2020	\$1,967,807.21	\$2,029,158.92	\$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	\$2,272,723.97
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	\$2,783,206.62
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	\$3,801,847.69	\$3,792,898.70	\$3,701,291.30	\$3,780,582.03	\$4,015,468.97	\$3,958,921.27	\$3,699,967.15



SWHHS
Total Cash and Investment Balance by Month - Human Services

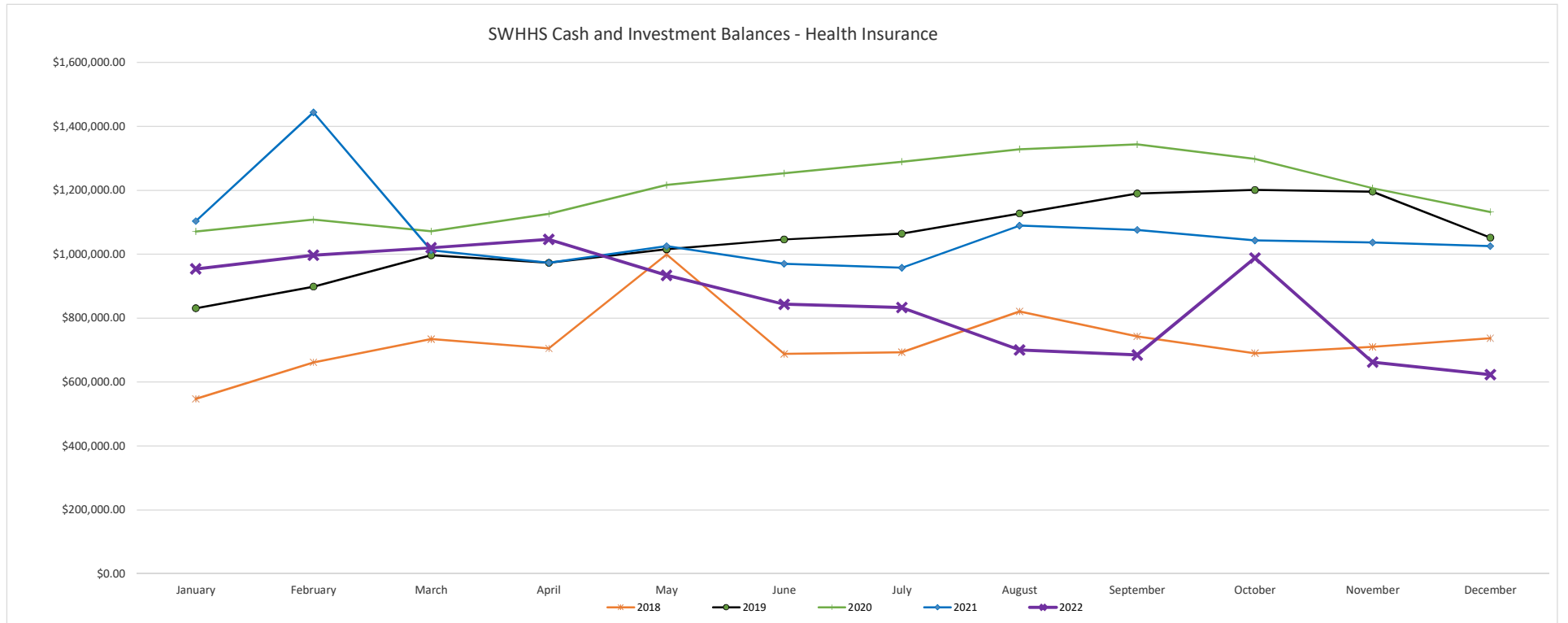
	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$2,027,812.89	\$1,484,259.33	\$191,366.90	-\$965,731.97	-\$501,975.29	\$2,490,788.49	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17
2019	\$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	\$2,174,266.46
2020	\$2,332,934.55	\$1,794,776.37	\$446,580.09	-\$301,075.40	-\$322,039.73	\$4,477,838.46	\$4,384,474.68	\$4,260,536.62	\$3,518,651.39	\$2,410,104.32	\$2,492,480.39	\$4,846,662.00	\$2,528,493.65
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	\$3,885,695.32
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	\$6,827,202.31	\$6,300,253.90	\$5,236,120.79	\$4,373,885.31	\$5,527,904.49	\$6,555,357.85	\$5,012,035.09



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	833,162.73	700,529.94	684,754.43	988,223.72	662,283.75	\$623,422.50

Average for Year
\$727,502.48
\$1,049,203.01
\$1,203,691.07
\$1,062,945.54
\$857,244.01



Southwest Health and Human Services



LMD
1/8/23 2:12PM

TREASURER'S CASH TRIAL BALANCE

As of 12/2022

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	2,581,698.33			
Receipts		335,929.72	4,405,013.41	
Disbursements		76,528.99-	729,093.18-	
Payroll		315,931.34-	2,778,697.29-	
Journal Entries		0.00	480,000.00	
Fund Total		56,530.61-	1,377,222.94	3,958,921.27
5 Human Services Fund		410	General Administration	
	452,414.25-			
Receipts		56,109.98	692,028.64	
Disbursements		56,176.33-	690,987.65-	
Payroll		9,929.71-	111,399.43-	
Journal Entries		0.00	1,146.73	
Dept Total		9,996.06-	109,211.71-	561,625.96-
5 Human Services Fund		420	Income Maintenance	
	1,513,160.78			
Receipts		1,383,986.12	10,126,026.67	
Disbursements		646,397.33-	4,579,185.50-	
Payroll		488,095.85-	4,451,075.20-	
Journal Entries		0.00	868,853.27	
Dept Total		249,492.94	1,964,619.24	3,477,780.02
5 Human Services Fund		431	Social Services	
	5,836,273.96			
Receipts		2,730,137.80	18,567,951.26	
Disbursements		205,362.18-	1,562,966.64-	
SSIS		601,783.17-	7,412,783.01-	
Payroll		1,046,092.97-	9,435,644.11-	
Journal Entries		0.00	1,650,000.00	
Dept Total		876,899.48	1,806,557.50	7,642,831.46
5 Human Services Fund		461	Information Systems	
	3,717,061.88-			
Receipts		5,905.46	40,440.98	

Southwest Health and Human Services



LMD
1/8/23 2:12PM

TREASURER'S CASH TRIAL BALANCE

As of 12/2022

Page 3

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Disbursements		0.00	8,087.45-	
Payroll		36,442.55-	318,919.32-	
Dept Total		30,537.09-	286,565.79-	4,003,627.67-
5 Human Services Fund	471	LCTS Collaborative Agency		
	0.00			
Receipts		0.00	259,976.00	
Disbursements		58,423.00-	259,976.00-	
Dept Total		58,423.00-	0.00	0.00
Fund Total	3,179,958.61	1,027,436.27	3,375,399.24	6,555,357.85
61 Agency Health Insurance				
	1,025,248.14			
Receipts		245,929.90	3,568,607.44	
Disbursements		284,791.15-	3,970,433.08-	
Fund Total		38,861.25-	401,825.64-	623,422.50
71 LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	192,056.54			
Receipts		25,578.00	123,064.00	
Disbursements		12,686.00-	120,452.03-	
Dept Total		12,892.00	2,611.97	194,668.51
Fund Total	192,056.54	12,892.00	2,611.97	194,668.51
73 LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	47,452.81			
Receipts		9,582.00	43,520.00	
Disbursements		49.00-	43,037.00-	
Dept Total		9,533.00	483.00	47,935.81
Fund Total	47,452.81	9,533.00	483.00	47,935.81
75 Redwood LCTS Collaborative	471	LCTS Collaborative Agency		

Southwest Health and Human Services



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1/8/23 2:12PM

TREASURER'S CASH TRIAL BALANCE

As of 12/2022

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	63,370.51			
Receipts		23,263.00	97,979.00	
Disbursements		115.00-	87,615.00-	
Dept Total		23,148.00	10,364.00	73,734.51
Fund Total	63,370.51	23,148.00	10,364.00	73,734.51
77 Local Advisory Council	477	Local Advisory Council		
	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		4,816,421.98	37,924,607.40	
Disbursements		1,340,528.98-	12,051,833.53-	
SSIS		601,783.17-	7,412,783.01-	
Payroll		1,896,492.42-	17,095,735.35-	
Journal Entries		0.00	3,000,000.00	
Total		977,617.41	4,364,255.51	11,454,718.79

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 12/2022

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2022 BUDGET	% OF BUDG	% OF YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	0.00	1,080,435.00-	1,080,435.00-	100	100	
INTERGOVERNMENTAL REVENUES	127,931.70-	298,116.96-	166,000.00-	180	100	
STATE REVENUES	101,316.06-	1,126,966.31-	939,267.00-	120	100	
FEDERAL REVENUES	65,451.80-	1,368,490.70-	1,119,614.00-	122	100	
FEES	34,753.27-	509,737.92-	481,630.00-	106	100	
EARNINGS ON INVESTMENTS	2,991.10-	10,945.06-	550.00-	1,990	100	
MISCELLANEOUS REVENUES	3,485.79-	8,475.31-	6,750.00-	126	100	
TOTAL REVENUES	335,929.72-	4,403,167.26-	3,794,246.00-	116	100	16% over
EXPENDITURES						
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	100	
PAYROLL AND BENEFITS	315,931.34	2,778,580.95	3,088,224.00	90	100	
OTHER EXPENDITURES	76,528.99	727,363.37	706,022.00	103	100	
TOTAL EXPENDITURES	392,460.33	3,505,944.32	3,794,246.00	92	100	8% under

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 12/2022

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2022 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	2,779,245.50-	11,593,752.05-	11,954,362.00-	97	100	
INTERGOVERNMENTAL REVENUES	0.00	65,320.50-	95,971.00-	68	100	
STATE REVENUES	281,382.33-	5,715,655.98-	5,536,980.00-	103	100	
FEDERAL REVENUES	444,248.46-	7,798,150.44-	7,789,285.00-	100	100	
FEES	278,269.58-	2,355,246.04-	2,485,160.00-	95	100	
EARNINGS ON INVESTMENTS	20,125.80-	61,884.15-	2,200.00-	2,813	100	
MISCELLANEOUS REVENUES	307,776.82-	1,312,525.27-	1,510,451.00-	87	100	
TOTAL REVENUES	4,111,048.49-	28,902,534.43-	29,374,409.00-	98	100	2% under
EXPENDITURES						
PROGRAM EXPENDITURES	1,142,930.15	11,237,845.40	12,167,552.00	92	100	
PAYROLL AND BENEFITS	1,580,623.71	14,318,649.90	14,490,742.00	99	100	
OTHER EXPENDITURES	360,054.64	2,488,695.24	2,716,115.00	92	100	
TOTAL EXPENDITURES	3,083,608.50	28,045,190.54	29,374,409.00	95	100	5% under

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
1 FUND	Health Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...		Revenue				100
			Expend.	1,685.61	57,550.98	0.00	0 100
			Net	1,685.61	57,550.98	0.00	0 100
910 PROGRAM	CHA/ CHIP		Revenue	2,463.92 -	4,170.36 -	0.00	0 100
			Expend.	4,179.60	9,112.82	0.00	0 100
			Net	1,715.68	4,942.46	0.00	0 100
930 PROGRAM	Administration		Revenue	48,506.31 -	1,302,019.97 -	1,147,735.00 -	113 100
			Expend.	82,568.00	673,930.13	757,820.00	89 100
			Net	34,061.69	628,089.84 -	389,915.00 -	161 100
410 DEPT	General Administration	Totals:	Revenue	50,970.23 -	1,306,190.33 -	1,147,735.00 -	114 100
			Expend.	88,433.21	740,593.93	757,820.00	98 100
			Net	37,462.98	565,596.40 -	389,915.00 -	145 100
481 DEPT	Nursing						
100 PROGRAM	Family Health		Revenue	692.61 -	15,445.18 -	22,780.00 -	68 100
			Expend.	1,230.92	12,445.39	13,539.00	92 100
			Net	538.31	2,999.79 -	9,241.00 -	32 100
103 PROGRAM	Follow Along Program		Revenue	3,800.82 -	20,768.25 -	32,900.00 -	63 100
			Expend.	3,923.65	29,143.65	18,276.00	159 100
			Net	122.83	8,375.40	14,624.00 -	57 - 100
110 PROGRAM	TANF		Revenue	366.48 -	131,136.53 -	127,876.00 -	103 100
			Expend.	877.14	110,510.91	94,553.00	117 100
			Net	510.66	20,625.62 -	33,323.00 -	62 100
130 PROGRAM	WIC		Revenue	39,548.00 -	564,725.00 -	450,000.00 -	125 100
			Expend.	58,791.53	529,088.38	620,585.00	85 100
			Net	19,243.53	35,636.62 -	170,585.00	21 - 100
210 PROGRAM	CTC Outreach		Revenue	14,868.15 -	194,935.70 -	262,270.00 -	74 100
			Expend.	29,303.97	194,978.48	299,144.00	65 100
			Net	14,435.82	42.78	36,874.00	0 100
265 PROGRAM	Strong Foundations FHV		Revenue	1,569.33 -	66,434.86 -	0.00	0 100
			Expend.	8,445.47	70,099.30	0.00	0 100
			Net	6,876.14	3,664.44	0.00	0 100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
270 PROGRAM	Maternal Child Health - Title V		Revenue	16,806.00 -	167,376.42 -	237,036.00 -	71	100
			Expend.	19,653.24	167,777.45	257,985.00	65	100
			Net	2,847.24	401.03	20,949.00	2	100
280 PROGRAM	MCH Dental Health		Revenue	0.00	0.00	1,200.00 -	0	100
			Expend.	151.77	1,132.34	13,375.00	8	100
			Net	151.77	1,132.34	12,175.00	9	100
285 PROGRAM	MCH Blood Lead		Revenue					100
			Expend.	1,023.27	3,964.81	0.00	0	100
			Net	1,023.27	3,964.81	0.00	0	100
295 PROGRAM	MCH Car Seat Program		Revenue	780.36 -	8,523.65 -	35,500.00 -	24	100
			Expend.	5,022.03	40,536.26	45,158.00	90	100
			Net	4,241.67	32,012.61	9,658.00	331	100
300 PROGRAM	Case Management		Revenue	22,945.08 -	402,199.95 -	451,000.00 -	89	100
			Expend.	38,483.81	301,328.36	432,037.00	70	100
			Net	15,538.73	100,871.59 -	18,963.00 -	532	100
330 PROGRAM	MNChoices		Revenue	14,015.73 -	204,034.92 -	154,000.00 -	132	100
			Expend.	18,736.39	179,239.41	219,957.00	81	100
			Net	4,720.66	24,795.51 -	65,957.00	38 -	100
603 PROGRAM	Disease Prevention and Control		Revenue	15,801.49 -	203,068.76 -	162,301.00 -	125	100
			Expend.	22,835.35	203,802.19	219,137.00	93	100
			Net	7,033.86	733.43	56,836.00	1	100
660 PROGRAM	MIIC		Revenue					100
			Expend.	63.23	2,087.59	0.00	0	100
			Net	63.23	2,087.59	0.00	0	100
481 DEPT	Nursing	Totals:	Revenue	131,194.05 -	1,978,649.22 -	1,936,863.00 -	102	100
			Expend.	208,541.77	1,846,134.52	2,233,746.00	83	100
			Net	77,347.72	132,514.70 -	296,883.00	45 -	100
483 DEPT	Health Education		Revenue					
			Expend.					
			Net					
500 PROGRAM	Direct Client Services		Revenue	310.23 -	5,112.12 -	950.00 -	538	100
			Expend.	2,117.36	6,023.10	18,895.00	32	100
			Net	1,807.13	910.98	17,945.00	5	100
510 PROGRAM	SHIP		Revenue	0.00	284,223.45 -	224,631.00 -	127	100
			Expend.	24,865.17	270,750.59	224,541.00	121	100
			Net	24,865.17	13,472.86 -	90.00 -	14,970	100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	1,618.93 -	10,155.00 -	16	100
			Expend.	108.11	4,363.33	10,155.00	43	100
			Net	108.11	2,744.40	0.00	0	100
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	985.56 -	3,600.91 -	10,155.00 -	35	100
			Expend.	163.01	3,179.00	10,155.00	31	100
			Net	822.55 -	421.91 -	0.00	0	100
551 PROGRAM	Pipestone Drug Free Communities		Revenue	0.00	169,715.03 -	125,000.00 -	136	100
			Expend.	12,719.17	136,231.18	125,000.00	109	100
			Net	12,719.17	33,483.85 -	0.00	0	100
560 PROGRAM	Opioid Settlement		Revenue	127,446.70 -	142,101.96 -	0.00	0	100
			Expend.	780.87	780.87	0.00	0	100
			Net	126,665.83 -	141,321.09 -	0.00	0	100
900 PROGRAM	Emergency Preparedness		Revenue	0.00	78,515.15 -	95,357.00 -	82	100
			Expend.	9,752.34	81,692.61	112,734.00	72	100
			Net	9,752.34	3,177.46	17,377.00	18	100
905 PROGRAM	COVID- 19 Pandemic		Revenue	0.00	36,624.29 -	0.00	0	100
			Expend.	5,750.18	75,076.65	0.00	0	100
			Net	5,750.18	38,452.36	0.00	0	100
906 PROGRAM	COVID- 19 Vaccination Planning Grant		Revenue	0.00	88,251.80 -	0.00	0	100
			Expend.	0.00	9,443.15	0.00	0	100
			Net	0.00	78,808.65 -	0.00	0	100
907 PROGRAM	Crisis Response Workforce Grant (CO)		Revenue	0.00	2,927.34 -	0.00	0	100
			Expend.	2,493.97	10,622.50	0.00	0	100
			Net	2,493.97	7,695.16	0.00	0	100
483 DEPT	Health Education	Totals:	Revenue	128,742.49 -	812,690.98 -	466,248.00 -	174	100
			Expend.	58,750.18	598,162.98	501,480.00	119	100
			Net	69,992.31 -	214,528.00 -	35,232.00	609 -	100
800 PROGRAM	Environmental		Revenue	15,633.72 -	215,873.27 -	216,400.00 -	100	100
			Expend.	29,435.16	233,900.29	247,237.00	95	100
			Net	13,801.44	18,027.02	30,837.00	58	100
809 PROGRAM	Environmental Water Lab		Revenue	9,389.23 -	89,763.46 -	27,000.00 -	332	100
			Expend.	7,300.01	87,152.60	53,963.00	162	100
			Net	2,089.22 -	2,610.86 -	26,963.00	10 -	100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of</u>	<u>%of</u>
							<u>Bdgt</u>	<u>Year</u>
485 DEPT	Environmental Health	Totals:	Revenue	25,022.95 -	305,636.73 -	243,400.00 -	126	100
			Expend.	36,735.17	321,052.89	301,200.00	107	100
			Net	11,712.22	15,416.16	57,800.00	27	100
1 FUND	Health Services Fund	Totals:	Revenue	335,929.72 -	4,403,167.26 -	3,794,246.00 -	116	100
			Expend.	392,460.33	3,505,944.32	3,794,246.00	92	100
			Net	56,530.61	897,222.94 -	0.00	0	100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
5 FUND	Human Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...						
			Revenue				100
			Expend.	9,992.34	107,267.06	105,344.00	102
			Net	9,992.34	107,267.06	105,344.00	102
410 DEPT	General Administration	Totals:	Revenue				100
			Expend.	9,992.34	107,267.06	105,344.00	102
			Net	9,992.34	107,267.06	105,344.00	102
420 DEPT	Income Maintenance						
0 PROGRAM	...		Revenue				100
			Expend.	0.00	636.36	0.00	0
			Net	0.00	636.36	0.00	0
600 PROGRAM	Income Maint Administrative/ Overhea		Revenue	844,328.01 -	3,683,951.05 -	3,758,977.00 -	98
			Expend.	195,220.65	1,438,529.03	1,551,896.00	93
			Net	649,107.36 -	2,245,422.02 -	2,207,081.00 -	102
601 PROGRAM	Income Maint/ Random Moment Payro		Revenue				100
			Expend.	287,705.99	2,670,267.13	2,645,029.00	101
			Net	287,705.99	2,670,267.13	2,645,029.00	101
602 PROGRAM	Income Maint FPI Investigator		Revenue	0.00	78,442.00 -	130,000.00 -	60
			Expend.	12,111.12	94,730.16	149,454.00	63
			Net	12,111.12	16,288.16	19,454.00	84
605 PROGRAM	MN Supplemental Aid (MSA)/ GRH		Revenue	1,692.40 -	46,785.15 -	65,400.00 -	72
			Expend.	5,037.67	55,658.32	65,000.00	86
			Net	3,345.27	8,873.17	400.00 -	2,218 -
610 PROGRAM	TANF(AFDC/ MFIP/ DWP)		Revenue	55.00 -	6,546.06 -	15,000.00 -	44
			Expend.	0.00	257.31	11,250.00	2
			Net	55.00 -	6,288.75 -	3,750.00 -	168
620 PROGRAM	General Asst (GA) / Burials		Revenue	0.00	23,235.41 -	51,500.00 -	45
			Expend.	45,075.10	347,345.62	401,125.00	87
			Net	45,075.10	324,110.21	349,625.00	93
630 PROGRAM	Food Support (FS)		Revenue	14,123.05 -	676,204.75 -	553,000.00 -	122
			Expend.	101.77	6,037.78	2,750.00	220
			Net	14,021.28 -	670,166.97 -	550,250.00 -	122

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
640 PROGRAM	Child Support (IVD)		Revenue	154,642.69-	1,472,850.93-	1,631,525.00-	90	100
			Expend.	118,136.34	1,075,237.42	1,235,062.00	87	100
			Net	36,506.35-	397,613.51-	396,463.00-	100	100
650 PROGRAM	Medical Assistance (MA)		Revenue	362,528.97-	4,127,983.91-	3,970,000.00-	104	100
			Expend.	464,488.54	3,334,533.89	2,875,000.00	116	100
			Net	101,959.57	793,450.02-	1,095,000.00-	72	100
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	0.00	1,853.00-	0.00	0	100
			Expend.					100
			Net	0.00	1,853.00-	0.00	0	100
420 DEPT	Income Maintenance	Totals:	Revenue	1,377,370.12-	10,117,852.26-	10,175,402.00-	99	100
			Expend.	1,127,877.18	9,023,233.02	8,936,566.00	101	100
			Net	249,492.94-	1,094,619.24-	1,238,836.00-	88	100
431 DEPT	Social Services							
700 PROGRAM	Social Service Administrative/ Overhea		Revenue	1,899,350.43-	10,776,424.57-	11,059,756.00-	97	100
			Expend.	348,835.13	2,719,901.78	3,032,994.00	90	100
			Net	1,550,515.30-	8,056,522.79-	8,026,762.00-	100	100
701 PROGRAM	Social Services/ SSTS		Revenue					100
			Expend.	889,316.14	8,026,445.65	7,908,093.00	101	100
			Net	889,316.14	8,026,445.65	7,908,093.00	101	100
710 PROGRAM	Children's Social Services Programs		Revenue	239,264.98-	2,038,221.30-	1,936,045.00-	105	100
			Expend.	366,484.84	4,341,830.19	3,886,574.00	112	100
			Net	127,219.86	2,303,608.89	1,950,529.00	118	100
711 PROGRAM	YIP Grant (Circle)- Dept of Public Safet		Revenue	0.00	34,084.47-	0.00	0	100
			Expend.	3,589.19	31,586.56	0.00	0	100
			Net	3,589.19	2,497.91-	0.00	0	100
712 PROGRAM	CIRCLE Program		Revenue	0.00	5,000.00-	0.00	0	100
			Expend.	506.36	7,107.12	16,000.00	44	100
			Net	506.36	2,107.12	16,000.00	13	100
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	12,577.00-	62,626.00-	53,000.00-	118	100
			Expend.	5,558.13	34,342.13	53,000.00	65	100
			Net	7,018.87-	28,283.87-	0.00	0	100
715 PROGRAM	Children Waivers		Revenue	15,042.23-	215,877.87-	220,000.00-	98	100
			Expend.					100
			Net	15,042.23-	215,877.87-	220,000.00-	98	100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
716 PROGRAM	FGDM/ Family Group Decision Making		Revenue	0.00	17,985.99 -	41,780.00 -	43	100
			Expend.	8,305.15	24,483.80	41,780.00	59	100
			Net	8,305.15	6,497.81	0.00	0	100
717 PROGRAM	Family Assmt Response Grant/ Discr F		Revenue	11,978.00 -	50,089.79 -	47,909.00 -	105	100
			Expend.	5,880.44	39,318.34	47,909.00	82	100
			Net	6,097.56 -	10,771.45 -	0.00	0	100
718 PROGRAM	PSOP/ Parent Support Outreach Progra		Revenue	266.00 -	31,004.72 -	30,853.00 -	100	100
			Expend.	3,030.93	12,521.11	30,853.00	41	100
			Net	2,764.93	18,483.61 -	0.00	0	100
720 PROGRAM	Child Care/ Child Protection		Revenue	850.00 -	21,132.00 -	18,600.00 -	114	100
			Expend.	300.00	1,220.30	4,600.00	27	100
			Net	550.00 -	19,911.70 -	14,000.00 -	142	100
721 PROGRAM	CC Basic Slide Fee/ Cty Match to DHS		Revenue	1,282.00 -	21,241.89 -	42,594.00 -	50	100
			Expend.	3,614.00	40,896.92	43,365.00	94	100
			Net	2,332.00	19,655.03	771.00	2,549	100
726 PROGRAM	MFIP/ SW MN PIC		Revenue	704.00 -	10,013.00 -	12,000.00 -	83	100
			Expend.					100
			Net	704.00 -	10,013.00 -	12,000.00 -	83	100
730 PROGRAM	Chemical Dependency		Revenue	12,341.29 -	271,567.69 -	323,000.00 -	84	100
			Expend.	24,516.19	254,825.84	398,100.00	64	100
			Net	12,174.90	16,741.85 -	75,100.00	22 -	100
741 PROGRAM	Mental Health/ Adults Only		Revenue	75,606.52 -	1,193,420.34 -	1,317,814.00 -	91	100
			Expend.	85,570.34	1,466,872.35	2,023,955.00	72	100
			Net	9,963.82	273,452.01	706,141.00	39	100
742 PROGRAM	Mental Health/ Children Only		Revenue	60,965.11 -	930,782.70 -	881,694.00 -	106	100
			Expend.	59,295.43	733,264.24	1,937,363.00	38	100
			Net	1,669.68 -	197,518.46 -	1,055,669.00	19 -	100
750 PROGRAM	Developmental Disabilities		Revenue	112,491.28 -	757,230.76 -	853,928.00 -	89	100
			Expend.	20,826.06	258,180.13	330,428.00	78	100
			Net	91,665.22 -	499,050.63 -	523,500.00 -	95	100
760 PROGRAM	Adult Services		Revenue	171,281.66 -	1,273,695.28 -	1,425,284.00 -	89	100
			Expend.	17,316.24	86,648.33	89,500.00	97	100
			Net	153,965.42 -	1,187,046.95 -	1,335,784.00 -	89	100

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year- To- Date</u>	<u>Budget</u>	<u>%of Bdgt</u>	<u>%of Year</u>
765 PROGRAM	Adult Waivers		Revenue	113,772.41 -	773,866.82 -	904,000.00 -	86	100
			Expend.	7,928.86	248,262.90	165,000.00	150	100
			Net	105,843.55 -	525,603.92 -	739,000.00 -	71	100
431 DEPT	Social Services	Totals:	Revenue	2,727,772.91 -	18,484,265.19 -	19,168,257.00 -	96	100
			Expend.	1,850,873.43	18,327,707.69	20,009,514.00	92	100
			Net	876,899.48 -	156,557.50 -	841,257.00	19 -	100
461 DEPT	Information Systems		Revenue	5,905.46 -	40,440.98 -	30,750.00 -	132	100
0 PROGRAM	...		Expend.	36,442.55	327,006.77	322,985.00	101	100
			Net	30,537.09	286,565.79	292,235.00	98	100
461 DEPT	Information Systems	Totals:	Revenue	5,905.46 -	40,440.98 -	30,750.00 -	132	100
			Expend.	36,442.55	327,006.77	322,985.00	101	100
			Net	30,537.09	286,565.79	292,235.00	98	100
471 DEPT	LCTS Collaborative Agency		Revenue	0.00	259,976.00 -	0.00	0	100
702 PROGRAM	LCTS		Expend.	58,423.00	259,976.00	0.00	0	100
			Net	58,423.00	0.00	0.00	0	100
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	259,976.00 -	0.00	0	100
			Expend.	58,423.00	259,976.00	0.00	0	100
			Net	58,423.00	0.00	0.00	0	100
5 FUND	Human Services Fund	Totals:	Revenue	4,111,048.49 -	28,902,534.43 -	29,374,409.00 -	98	100
			Expend.	3,083,608.50	28,045,190.54	29,374,409.00	95	100
			Net	1,027,439.99 -	857,343.89 -	0.00	0	100
FINAL TOTALS	1,091 Accounts		Revenue	4,446,978.21 -	33,305,701.69 -	33,168,655.00 -	100	100
			Expend.	3,476,068.83	31,551,134.86	33,168,655.00	95	100
			Net	970,909.38 -	1,754,566.83 -	0.00	0	100

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	2729	567	3295

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	2750	529	3279
August	2721	537	3258
September	2757	525	3282
October	2768	557	3325
November	2803	571	3374
December	2782	566	3348
Average	2729	567	3295

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
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	8	387	12	0	260	72	996	16	230	448	303	2671

*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	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	9	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	8	389	11	0	252	77	992	16	250	445	310	2750
August	8	395	11	0	258	84	991	16	197	448	313	2721
September	8	392	11	0	257	87	1029	19	193	450	311	2757
October	8	395	11	0	261	98	1019	19	193	452	312	2768
November	8	400	11	0	256	106	1033	20	206	453	310	2803
December	8	404	10	0	263	68	1028	18	223	450	310	2782
	8	387	12	0	260	72	996	16	230	448	303	2671

Children's - Social Services Caseload

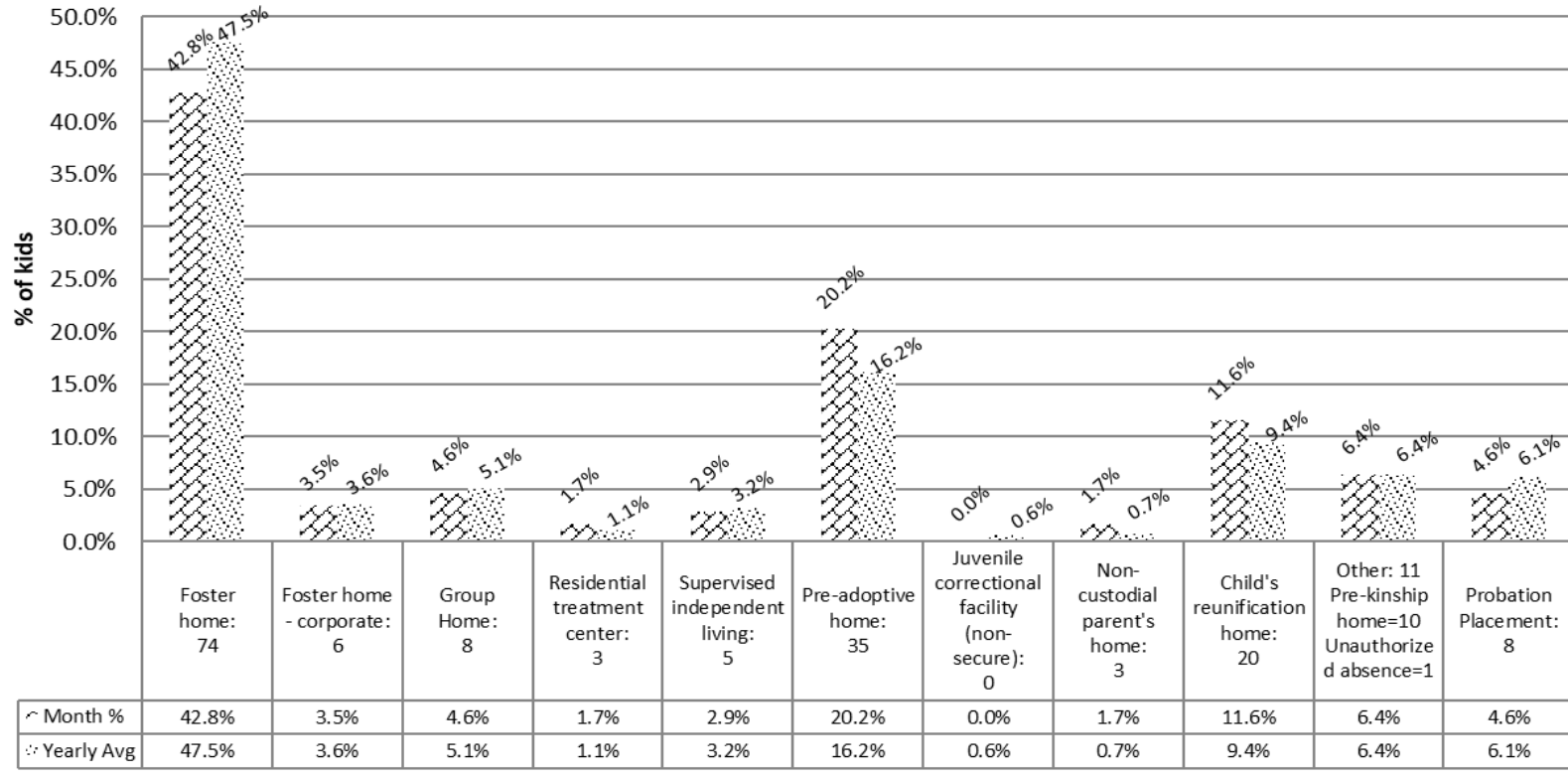
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2018	46	23	0	11	40	180	182	110	0	0	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020	30	29	0	12	48	163	178	82	0	0	32	572
2021	21	33	0	13	59	165	155	85	0	0	31	591
2022	23	30	0	13	64	176	145	78	0	0	38	592

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: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (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	24	29	0	13	65	167	122	78	0	0	31	529
August	24	30	0	13	65	164	130	75	0	0	36	537
September	22	32	0	12	65	154	130	74	0	0	36	525
October	24	33	0	12	64	167	142	74	0	0	41	557
November	24	33	0	12	63	170	147	74	0	0	48	571
December	23	33	0	11	63	169	148	78	0	0	41	566
	23	30	0	13	64	176	145	78	0	0	38	592

2022 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-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	4	3	3	3	5	6
Lyon	47	44	45	53	52	52	52	55	54	52	52	52	51	50
Murray	15	16	17	11	10	14	13	13	15	15	15	15	14	13
Pipestone	22	23	25	24	28	28	27	24	24	23	23	23	25	20
Redwood	57	58	70	72	74	76	74	75	72	72	72	69	70	64
Rock	5	5	7	8	8	10	10	11	9	10	11	11	9	13
Monthly Totals	152	152	170	174	178	186	182	184	178	175	176	173		

December 2022 - Placement by Category
173 Kids in Placement



December 2022: Total kids in placement = 173

Total of 4 Children entered placement

2	Lyon	Foster Home
1	Pipestone	Foster Home
1	Rock	Foster Home

Total of 7 Children were discharged from placement (discharges from previous month)

1	Lyon	Child's Reunification Home
1	Lyon	Probation
1	Pipestone	Child's Reunification Home
2	Redwood	ADOPTED
1	Redwood	Probation
1	Rock	Juvenile Correctional Facility

NON IVD COLLECTIONS

December 2022

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	1,692
TANF (MFIP/DWP/AFDC)	05-420-610.5803	55
GA	05-420-620.5803	0
FS	05-420-630.5803	100
CS (PI Fee, App Fee, etc)	05-420-640.5501	258
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	266,435
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	10,779
OOH/FC Recovery	05-431-710.5803	9,197
CHILDCARE		
Licensing	05-431-720.5502	650
Corp FC Licensing	05-431-720.5505	200
Over Payments	05-431-721&722.5803	
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	982
CD Assessments	05-431-730.5519	474
Detox Fees	05-431-730.5520	60
SUD Treatment	05-431-730.5523	4,075
Over Payments	05-431-730.5803	(132)
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	203
TOTAL NON-IVD COLLECTIONS		295,029

How do I obtain services?

If you would like more information on qualifying for services, call SWHHS intake worker at 888/964-8407. Let the worker know you are interested in receiving Children's Mental Health Services.

For a child to be eligible we must have a recent diagnostic assessment that qualifies them for CMH Services. SWHHS staff can assist you in finding a mental health professional to complete an assessment.

If your child is eligible for services, a CMH social worker will meet with your family to determine which services would most benefit you.



Human Services Offices:

LINCOLN COUNTY

319 N Rebecca Street
Ivanhoe, MN 56142

LYON COUNTY

607 W Main Street, Suite 100
Marshall, MN 56258

MURRAY COUNTY

3001 Maple Road, Suite 100
Slayton, MN 56172

ROCK COUNTY

2 Roundwind Road
Luverne, MN 56156

REDWOOD COUNTY

266 East Bridge Street
Redwood Falls, MN 56283

PIPESTONE COUNTY

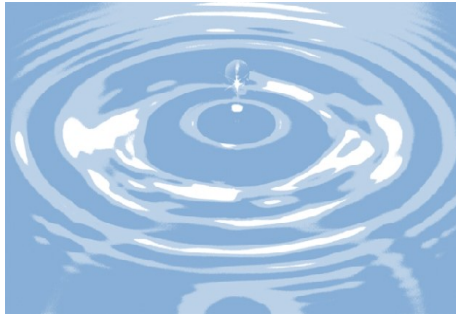
1091 N Hiawatha Ave
Pipestone, MN 56164-0157

Southwest Health & Human Services



Children's Mental Health ...

*A Family Guide to
Understanding &
Seeking Help*



If you are concerned about your child's development or mental health, please talk to a mental health professional who can help you with your concerns.



SWHHS provides services to children with mental health conditions based on eligibility. Eligibility is determined by the results of a recent diagnostic assessment by a mental health professional. The diagnostic assessment determines eligibility for mental health services, it is a written evaluation of the child's current life situation and sources of stress, current functioning and symptoms, history of mental health problems, diagnosis and statement of SED and a need for mental health services.



Case Management is a service to help your child and family obtain needed Mental Health Services, Social Services, Educational Services, Health Services, Vocational Services, Recreation Services, Advocacy, Transportation, etc. We can help you to plan, problem-solve, make referrals, and follow-up to see that services are appropriate and effective. Services are intended to help your child remain at home and/or in the community, whenever possible and appropriate.



If you accept services, your child & family may be eligible for the following services:

- Family Community Support Services
- Client Outreach
- Development of independent living skills
- Assistance in developing parent's skills to address the mental health needs of the child
- Assistance with leisure and recreation activities
- Crisis assistance
- Respite care
- Family based services
- Family community support
- Individual and family counseling

CHILDREN'S MENTAL HEALTH

Children's Mental Health case managers help children with mental illness and their families get the help they need. Case managers assess the child's needs and help connect the child and family to appropriate community resources. Resources may include mental, educational, health, vocational, recreational, social, and other necessary services. Common services offered include: individual therapy, family therapy, skills education, medication assessment and management, crisis planning, educational interventions, MNChoices referrals, neurological and psychological testing.

There are four core service components for CMH case management service:

- 1) Assessment- assessing the current needs
- 2) Service plan development- partnering with family to determine what they want to change and creating a realistic plan to create change
- 3) Referral and linkage- connecting the family with the services needed to support change
- 4) Monitoring and coordination- continuing to observe needs and work with others to address changing wants and needs

CMH FACTS

- To qualify for services a child needs to have a diagnostic assessment completed within the past 180 days and receive a qualifying diagnosis and recommendation for case management services.
- The counties are required to offer CMH case management services to county residents, however, the acceptance of the service and what we recommend is 100% voluntary.
- In 2022 SWHHS received 145 referrals for Children's Mental Health services.
 - Of those 145 families, 49 families chose to open CMH case management services.
- Referrals typically come from schools, current service providers and family members.
- The SWHHS CMH team consists of 7 case managers and 1 in-home therapist.
 - We have two case managers based in Redwood Falls, two in Marshall, one in Pipestone, one in Slayton and one in Luverne. The Marshall case managers cover Lincoln and Lyon county referrals.
- Currently there are 6 CMH recipients placed out of their home for mental health treatment.



2023 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Imm	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
'22 Avg		35	9	189	0	1	17	171	47	41	12	4

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
11/22	2032	41	6	169	0	0	4	159	36	49	16
12/22		38	9	190	0	1	2	108	41	102	4
1/23											
2/23											
3/23											
4/23											
5/23											
6/23											
7/23											
8/23											
9/23											
10/23											
11/23											
12/23											

*Includes telehealth visits



State Community Health Services Advisory Committee take-home notes

Friday, December 16, 2022 * 10:00am-2:30pm * Wilder Center, St. Paul
& WEBEX

Upcoming Meetings

Full SCHSAC Membership

Friday, February 24, 2023 10:00am-2:30pm

Hybrid: Virtual and in-person likely at the Wilder Center in St. Paul

Please note: The 2023 meeting schedule is being finalized. Meetings are scheduled for June 22 and December 6, 2023; a meeting invite has been sent from health.schsac@state.mn.us. The October 2023 SCHSAC meeting date has not yet been scheduled.

Executive Committee

Thursday, January 12, 2023 (9:30-11:00am via WEBEX)

Thursday, March 23, 2023 (9:00am-3:00pm IN PERSON, Location TBA)

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)

<https://www.health.state.mn.us/communities/practice/schsac/members/meetings.html>

Action Items

- **Action item:** Share the information from this meeting back to your CHB, County or City Commission and Local Public Health leaders
- **Action item:** Complete and return the Legislative Relationships form that was sent separately
- **Action item:** Watch for emails about the Mentorship Program and sign up to participate

Community Health Boards Represented

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Bloomington, Carlton-Cook-Lake-St. Louis, Carver, Cass, Countryside, Dakota, Des Moines Valley, Dodge-Steele, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Morrison-Todd-Wadena, Nobles, North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin, Rice, Richfield, St.Paul-Ramsey, Scott, Stearns, SWHHS, Wabasha, Washington, Watonwan, Winona, Wright

Chair's Remarks (Sheila Kiscaden, Chair)

- This was Chair Kiscaden's last meeting as Chair of SCHSAC.
- She shared some reflections on her term as chair of SCHSAC
 - We have direct communication with MDH to ensure vitality and health of our communities
 - SCHSAC is a unique partnership and is an opportunity to learn and grow from one another
 - Working hard as an executive committee to make SCHSAC a dynamic and engaging experience for members
 - Encouraged members to be active in informing public policy at the state and local level
 - Intends on continuing to be very active and engaged with SCHSAC.

Commissioner's Remarks (Jan Malcolm, MDH Commissioner)

- Shared that this time is very bittersweet for her as she approaches retirement on January 3, 2023.
- COVID has been the hardest work many of us will ever do but is also a privilege to serve during this critical time.
 - Couldn't have done it without local public health and our elected leaders
 - Hopes that we learned lessons from the pandemic
 - Quoted former CDC director Dr. Freeman "The history of PH is a repeated cycle of panic and neglect"
 - We've seen pressures on the healthcare system and the public health workforce that will have long lasting impacts
 - We need to have conversations about what the future public health system looks like.
- Thanked SCHSAC for their increase in engagement and for their leadership on public health. Shared that she intends to stay involved as a citizen advocate for public health.

Legislative Session Outlook (Lisa Thimjon, MDH Legislative Policy Director)

- Slides were shared with members via email.
- The Legislature will be considering the budget. The MDH Budget proposal will focus on building capacity and staying ahead of the demands on public health functions.
- Shared goals for the 2023 Session:
 - All Minnesotans have the same basic public health protections and the whole system is better prepared to respond to public health crises
 - Focus efforts on communities most impacted by poor health outcomes and high costs.
 - Sharpen our focus on specific issues that have been worsening before and during the pandemic or are newly emerging
 - Provide a healthy start to newborns, adolescents, and their families to reduce health risks, build health resiliency, and improve their chances for success in life
 - Improve access to and affordability and quality of our health care system for all Minnesotans
 - Ensure MDH can meet statutory and program requirements as costs and demands increase
 - Protect and secure the state's drinking water. More information about water initiatives is available here:
 - [MDH Clean Water Fund Initiatives](https://www.health.state.mn.us/communities/environment/water/cwf/index.html)
(<https://www.health.state.mn.us/communities/environment/water/cwf/index.html>)
 - [Contaminants of Emerging Concern Initiative](https://www.health.state.mn.us/communities/environment/risk/guidance/dwec/index.html)
(<https://www.health.state.mn.us/communities/environment/risk/guidance/dwec/index.html>)
- Vice Chair Tarryl Clark shared that one of the strengths of SCHSAC is that we have relationships with people across the state. As part of an effort to better understand existing and developing relationships between SCHSAC members and legislators, Vice Chair Clark asked everyone to fill out a short survey rating their relationship with legislators. The survey will be sent out directly via email.

Update from MDH on Infectious Diseases (Daniel Huff, MDH Assistant Commissioner)

- Slides were shared with members via email.
- Currently a Tridemic: COVID, RSV, influenza
 - Surge of Omicron at the beginning of the year and have started to see increases in COVID in the last few weeks which are concerning

- Continuing to use wastewater indicators to track COVID working with the UMN Medical School and the Metropolitan Council to analyze water from plants all over Minnesota. Variants are still showing up. Preventing the spread is key.
- Hospitalizations for COVID are starting to creep up again. The challenge is that we actually have fewer beds available now because so many health care staff have left and there isn't staff available. This is putting a continued strain on the system.
- Other respiratory illnesses:
 - RSV peak is hopefully going down
 - Influenza: Has been really severe. Coming down but still a lot of people in the hospital.
 - Flu vs. COVID: 10 times the number of people dying from COVID in the last few months than from the flu
- Question: Are COVID patients staying in the hospital as long?
 - Response: It's changed overtime as the age demographics have changed. There was a younger population being hospitalized but now we're seeing more older people and are more critically ill. Another big problem with hospital capacity constraints – we have more people going in into the hospital and fewer people leaving because there is no place for them to go due to shortages in available long term care capacity, so they are forced to stay in the hospital longer.
- Vaccination
 - Not seeing the vaccination rates that we want to see
 - Communications director just reported to MDH a survey that assessed what prevented people from getting the bivalent booster. #1 reason – people didn't know there was a bivalent booster.
- 234 MPOX cases in MN
 - Late summer/fall we saw it hit MN. The outbreak appears to be if not over at least controlled.
 - Part of that is vaccination, had 12,000 doses administered
- 2022 Measles Cases
 - 22 confirmed cases most of which have been traced to individuals returning from international travel.
 - We have lower pediatric vaccination rates through the pandemic which leads to the potential for significant outbreaks now.
- HIV and Syphilis
 - 3 HIV outbreaks – two in Hennepin/Ramsey and one in Duluth
 - Syphilis
 - Significant increase in female cases: 2011 – 13 cases. 2021 – 253 cases.

- Congenital syphilis: 2012 – 1 case, 2022 – 16 cases. It is tragic for children. We shouldn't be having any congenital syphilis. We need a statewide plan.

SCHSAC Business Agenda

Joint Leadership Team Update (Sheila Kiscaden & Tarryl Clark, SCHSAC Vice Chair)

- So much of our policy goes back to 1976, we go from panic to neglect. Coming out of the panic phase is a good time to reflect and change. The system transformation Joint Leadership team has representatives from LPHA, SCHSAC, and MDH as equal partners in co-creation of the future of public health.
- Started a year ago, facilitated by outside facilitators now, meeting twice a month and is overseeing a number of projects designed to help gather information we need for transformation.
- Innovation grants, cost and capacity analysis, communications and systems assessment are some of the current areas of work. Workgroups are being identified and will be seeking diverse members from the community and lived experiences.
- SCHSAC is asked to think about what communities they are a part of. It will require a much broader conversation to redesign public health. Watch for opportunities to serve and think of others from your community who would bring different perspectives and experiences to the table.

2023-24 Workplan Update (Tarryl Clark & Michelle Gin MDH)

- As SCHSAC is moving more and more to a two-year cycle, we are moving to a two-year workplan. There will be a mid-point evaluation during that time, but the longer term is more realistic for the work that we need to accomplish.
- There hasn't been a work plan since 2019. We will be working on a draft work plan over the next few months.
- We anticipate continuing the long term SCHSAC Work Groups (EHCIB, IDCIB, PHEP), and we expect to be adding several new work groups, including one to address member development.

SCHSAC Retreat (Tarryl Clark & Deanna White MDH)

- Evaluations were very positive and clear that there is a strong desire to have a SCHSAC Retreat in 2023.
- Small groups were created and asked to identify two goals for the next Retreat. Common themes/topics include:
 - Workforce Issues
 - Public Health System Transformation (understanding, communicating, implementation)

- Rebuilding Public Trust
- Connecting with County Commissioners
- Building stronger relationships between state and local public health
- Communicating about public health
- Understanding and evaluating funding sources
- Celebrating successes to build motivation
- Networking, networking, networking
- Hot topic discussions: THC Edibles, Opioid work, Mental Health and Suicide Prevention

All ideas will be shared with the Executive Committee as plans move forward on the Retreat.

Member Development Update (De Malterer (Le Sueur-Waseca), Deanna White, Ruby Roettger MDH)

- The Online Member Portal is being designed. Members were asked to share information about what devices they use to access information as well as their familiarity with Sharepoint and Basecamp to help the staff move forward in designing a portal that will be the most useful and accessible for members.
- Mentor Program
 - We will be launching the mentor program in March after new SCHSAC members are identified and have an opportunity to sign up.
 - Watch your email for information about how to register to serve as a mentor.
 - Mentors and Mentees will be encouraged to meet monthly. MDH will provide suggested monthly topics and materials where appropriate and will conduct evaluation activities throughout the year to continue to improve the program.
- New member orientation: We are planning to host two sessions during February, one during the day and one in the evening to provide flexibility. Although the presentation is geared to new SCHSAC members, all members are invited to attend.
- We are also planning a Tech Training for March or April for all SCHSAC members and alternates. The goal is to make people more familiar and comfortable with some of the new platforms and programs that we use as part of our virtual and hybrid meetings.
- Member Preference Activity – Members were asked a series of questions using Mentimeter. These questions were designed to give staff information about meal preferences and suggestions for items to include in the Orientation and Mentorship Program.

Proposed Operating Procedure amendments (Sheila Kiscaden & Deanna White, MDH)

- Change term for Executive Committee to two years, cleanup and clarification of election procedures and eligibility
 - Moved by De Malterer (Le Sueur-Waseca), Second by Steve Heinen (Benton)
 - Motion carried 42-0

Elections (Sheila Kiscaden)

Election of the Chair: Tarryl Clark was nominated for the office of Chair by Mandy Meisner (Anoka). It was moved by Mandy Meisner and seconded by Steve Gardner (Kandiyohi-Renville) that nominations cease and a unanimous ballot be cast for Tarryl Clark for Chair. Motion carried.

Chair-elect Clark accepted and spoke about her vision for SCHSAC.

Election of the Vice Chair: Four individuals were nominated for Vice Chair in advance of the meeting, there were no nominations from the floor. Each candidate was given 5 minutes to speak. The candidates were:

- Jenna Carter, Bloomington CHB
- Steve Gardner, Kandiyohi-Renville CHB
- Steve Heinen, Benton County CHB
- De Malterer, LeSueur-Waseca CHB

Ballots were cast, collected and counted. De Malterer was elected Vice Chair and accepted.

Wrap up and announcements (Sheila Kiscaden and Tarryl Clark)

- Next Executive Committee meeting on 12 January – last meeting of current Executive Council
- Next SCHSAC meeting in February will include the election of new Executive Committee members
- March Executive Committee meeting is on 23 March from 9 am – 2 pm and will be in person. *If you are considering running for Executive Committee, please hold the day on your calendar.*

Recognition (Sheila Kiscaden)

There are a number of SCHSAC members and CHS Directors who will not be returning to SCHSAC next year. Those individuals were asked to rise so that they could be recognized and thanked for their hard work and dedication.

Commissioner Malcolm was recognized for her hard work and dedication to public health. She will be retiring at the end of the year. Chair Kiscaden presented her with several gifts including a floral basket and a stained-glass window with an engraving of the Tree of Life.

Chair Kiscaden shared that she felt we were so lucky to have a commissioner who was so even-keeled and calm in a time of crisis, while also putting aside future hopes for the public health system to respond to the immediate crisis.

The Commissioner spoke briefly about her love for the work of public health and her appreciation for SCHSAC. She received a standing ovation.

Vice Chair Clark recognized Chair Kiscaden for her accomplishments as Chair since this was her last meeting as Chair. Vice Chair Clark shared that she had first viewed Chair Kiscaden with a mixture of “awe and intimidation” but she became a partner, mentor, friend, and soon-to-be grandmother. Chair Kiscaden was presented with a plaque. After sharing some thoughts about her term as SCHSAC Chair, she received a standing ovation.

Those in the room transitioned to the informal reception. Former SCHSAC Chair Harlan Madsen shared his reflections on working with Commissioner Malcolm and presented her with several gifts and good wishes as she transitions to retirement.

Three Simple Rules of the State-Local Public Health Partnership

- I. Seek First to Understand*
- II. Make Expectations Explicit*
- III. Think About the Part and the Whole*

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

Updated December 27, 2022

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

**SOUTHWEST HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH POLICY NUMBER 5**

EFFECTIVE DATE: 06/20/12

REVISION DATE: 01/15/14, 09/16/15; 04/17/19; 01/18/23

AUTHORITY: Southwest Health and Human Services Health Board

--- ENVIRONMENTAL HEALTH INSPECTION POLICY ---

1.) Background:

Southwest Health and Human Services shall inspect all food, beverage, lodging, swimming pool, youth camps and MHP/RCA licensed establishments and establishments under construction in our service area.

2.) Purpose:

The purpose of this policy is to provide guidelines for conducting risk-based inspections of licensed establishments to ensure compliance with requirements of county public health ordinances and all applicable State Rules and Statutes in the SWHHS service area.

3.) Procedure:

1. INSPECTION:

- a) The sanitarian will review plans, reports, conditions, previous inspection reports and other pertinent materials prior to conducting the inspection.
- b) All pertinent material and equipment should be taken into the field by the registered sanitarian to aid him/her in a thorough inspection of the establishment. This equipment includes, but is not limited to the following: thermocouple, thermometer, flashlight, test strips, camera, alcohol wipes, hat, hairnet, ect. The sanitarian will demonstrate proper sanitary practices when conducting inspections.
- c) The sanitarian must announce his or her arrival at the establishment and present an identification card to the owner/operator of the establishment.
- d) If the sanitarian is denied access to the establishment, he or she should leave and discuss the situation with his/her supervisor for the recommended action.
- e) The sanitarian will verify that the establishment is assigned the proper risk category when conducting an inspection. Inspection frequency will be determined according to the risk categories of the licensed establishment. Additional establishment inspections may be conducted as necessitated by a degree of non-compliance at the site or other relevant factors. (See EH Policy #2: Environmental Health Inspection Frequency and EH Policy #3: MHP/RCA Inspection Frequency.)
- f) The appropriate inspection report forms should be used to assist the sanitarian in the inspection and to assure the consistency and comprehensiveness of the inspections. Inspection information will be entered into the inspection program. The sanitarian will verify correction of out-of-compliance observations identified during the previous inspection and follow through with compliance and enforcement activities when applicable.
- g) Information to be noted on the inspection report form should indicate the establishment's name and address, licensee's name and address, license number, date, type of facility, risk category, type of inspection, identity of the Certified Food Protection Manager (CFPM), Certified Pool Operator (CPO), and Person-in-Charge (PIC), name of sanitarian conducting the inspection, points of non-compliance, code reference for violations, documentation of corrective actions or description of how to correct the violation, compliance date for correction of the violation, food temperatures, dishwasher temperatures, chemical sanitation concentration, food and water samples taken, information provided and inspection score.

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- h) A water sample must be collected annually from all licensed establishments utilizing a private water supply.
- i) If the sample is found contaminated upon analysis, the sanitarian shall follow procedures dictated by the Safe Drinking Water Act and the MDH Non-Community Water Supply Program.
- j) Sampling of food and/or beverages in a licensed facility for bacterial and/or chemical analysis may be done at the discretion of the sanitarian and based on his/her professional judgment. The purpose of the sample(s) shall assist the sanitarian in the evaluation of the establishment's sanitation practices. The sanitarian will reimburse the owner/operator of the establishment for the cost of the food or beverage samples upon the owner's request.
- k) Photos may be taken of the establishment or procedures within the establishment by the sanitarian to document areas of non-compliance in the establishment.
- l) Observations of conditions in violation of statute, rule or ordinance will be documented. All violations observed should be noted on the computer generated inspection report form. Orders issued for the correction of violations should include a description of the nature of the violation and the general location of the violation. Orders issued for correction of the violations must include a compliance date. The sanitarian shall use his/her professional judgment when establishing compliance dates for specific violations and should take into consideration the following items:
 - 1. Ease of correction
 - 2. If the violation must be corrected on site.
 - 3. Significance of the health hazard presented by the violation
 - 4. Structural
 - 5. Repeat violation
- m) Education will be incorporated into the inspection, including the discussion of out of compliance observations, public health reasoning and providing educational material as applicable. At the time of inspection, informational items may be noted on the inspection form. Such items would be listed under the heading of "General Comment" and include areas of marginal compliance, things that are coming due, or to point out initial signs of physical deterioration of equipment and facilities which should receive the operator's attention. This section will also be used to document facility improvements that the owner has completed since the last inspection.
- n) The inspection results will be discussed with the licensee, operator, or other responsible person on the premises. The inspection report should be signed by the aforementioned personnel for purposes of acknowledging the inspection and receipt of the inspection report, without any admission of violation. If the licensee, operator, or other responsible person refuses to sign the inspection report, it will be noted on the report and the report posted on the premises. A copy of the inspection report will be left with the person in charge. The sanitarian may elect to mail, email or fax the inspection report to the operator. A copy of the inspection report will be placed in the establishment file.
- o) Following the inspection, a letter may be sent to the licensee, which specifically references violations to the applicable rules, ordinances, or conditions. Compliance dates should be restated, as well as any discussion items noted in the field inspection report. The purpose of the follow-up letter is to formally present the findings of the inspection to the licensee if this is deemed necessary by the sanitarian.
- p) These procedures apply primarily to annually licensed establishments. Similar procedures would apply to other food establishments such as mobile, itinerant, and temporary food establishments, though they may be somewhat modified due to the characteristics of the establishment or the nature of the operation. In the event a prospective buyer of a food, beverage, or lodging establishment contacts the Health

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Department, the Health Authority shall encourage the service of performing a pre-inspection prior to purchase. There will be no charge to this service.

2. DEFINING A FAILED INSPECTION

The following criteria define a failing inspection for establishments licensed under the Southwest Health and Human Services Environmental Health Program. In addition, an inspection will be defined as failing if conditions exist that require emergency closure (See EH Policy #9: Environmental Health Emergency Closure). The criteria for defining an imminent health issue is listed in this policy.

- a) Food and beverage establishments: An inspection with five or more Priority 1 violations or when inspecting sanitarian identifies significant issues affecting health and safety during an inspection.
- b) Lodging establishments: An inspection score of 75 or less or when the inspecting sanitarian identifies significant issues affecting health and safety during an inspection.
- c) Manufactured Home Parks/Recreational Camping Areas: An imminent health issue is identified during the inspection or when inspecting sanitarian identifies significant issues affecting health and safety during an inspection.
- d) Swimming Pools: An imminent health issue is identified during the inspection or when inspecting sanitarian identifies significant issues affecting health and safety during an inspection.
- e) Youth Camps: A food and beverage inspection score with five or more Priority 1 violations; a lodging inspection score of 75 or less; an imminent health issue is identified during the inspection or when the inspecting sanitarian identifies significant issues affecting health and safety during an inspection.

3. CORRECTIVE ACTIONS

For each violation found during an inspection, the license holder must ensure that the violation is addressed by the comply-by-date listed on the inspection report. When the inspector identifies recurring Priority 2 and 3 violations in food establishments, the inspector will discuss these issues with the license holder and create an improvement plan to ensure that these issues are addressed in a reasonable time frame. The improvement plan will be documented on the inspection report. Also, the license holder must implement control measures to ensure that violations do not recur. The following policies address these corrective actions:

- a) EH Policy #8: Food Safety Short/Long Term Corrective Action
- b) EH Policy #10: HACCP Verification and Validation
- c) EH Policy #12: Active Managerial Control
- d) EH Policy #13: Long Term Control of Health and Safety Hazards

4. FOLLOW-UP INSPECTION ACTIVITIES

Follow-up inspection activities will be conducted on licensed establishments with a failed inspection report or when the sanitarian identifies significant issues during an inspection. These inspections are conducted to verify compliance of issued orders by the compliance date listed on the inspection report. Follow-up inspections are also conducted to ensure compliance with long and short term control plans of the establishment. Follow-up inspections will be conducted on establishments:

- a) According to EH Policy #6: Food and Beverage Inspection Follow-up, EH Policy #7: Lodging Inspection Follow-up and EH Policy #17: Pool, Youth Camp, MHP/RCA Inspection Follow-up.
- b) When emergency closure orders are issued. (See EH Policy #9: Environmental Health Emergency Closure.)
- c) When an imminent health issue is identified during the inspection or when the inspecting sanitarian identifies significant issues affecting health and safety during an inspection.
- d) When Priority 1, 2, and 3 violations repeat on subsequent food establishment inspections.
- e) To verify the establishment has implemented risk control plans to prevent violations from recurring.
- f) When serious violations are found during routine inspections. The following list contains examples of serious violations.

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- **Minnesota Rules, parts 4625.1300; 4626.0980; 4630.0600; 4630.3100:** Violations identified as serious under the Safe Drinking Water Act, when associated with an establishment that is licensed under Minnesota Statutes, section 157.16, or section 327.15, or permitted under section 144.72.
- **Minnesota Rules, part 4625.1300:** In a lodging facility, hot water that exceeds 130 degrees Fahrenheit at hand washing sinks, showers, or bathtubs.
- **Minnesota Rules, part 4625.2000:** In a lodging facility, failure to comply with fire protection requirements in accordance with requirements of the state fire marshal.
- **Minnesota Rules, part 4626.0020, subpart 65a, 65b, 65c defines violations described as Priority 1, 2 and 3..**
- **Minnesota Rules, part 4626.1795:** For food establishments, failure to notify the commissioner of imminent health hazard due to food borne illness outbreak, fire, flooding, or sewage backup that endangers water or food sources.
- **Minnesota Rules, parts 4626.1805, 4626.1810:** For food establishments, use of food or equipment that has been embargoed or condemned.
- **Minnesota Rules, parts 4630.2600 to 4630.3000:** In a children's camp, failure to meet requirements for food service and food service personnel.
- **Minnesota Statutes, section 327.20, subdivision 1, clauses (6) and (7):** Failure to provide a municipally-approved shelter or evacuation plan for a manufactured home park after notification by the department.

5. ADMINISTRATIVE HEARING

The enforcement action procedure for the Environmental Health Program is found in the county Administrative Ordinance.

- a) Hearings may be scheduled in the following situations:
 1. Violations are not corrected or are repeated on subsequent inspections.
 2. Establishment fails to follow corrective action plan created to address violations.
 3. The sanitarian feels the manager/owner's attitudes warrant more severe actions.
 4. The sanitarian feels the necessity for administrative assistance to secure compliance.
- b) The scheduling of an In-Office hearing will be confirmed in writing, including a list of specific violations. Copies of the letter will be annotated and sent to the public health director, the Board of Health Chair, the agency attorney, and other parties as deemed appropriate.
- c) Officials receiving notice of In-Office hearings may attend the hearing if they so desire.
- d) The In-Office Hearing will be held at a location designated by Southwest Health and Human Services.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH POLICY NUMBER 15**

EFFECTIVE DATE: 06/20/12

REVISION DATE: 09/16/15, 05/17/17; 01/18/23

AUTHORITY: Southwest Health and Human Services - Community Health Board

--- ENVIRONMENTAL HEALTH STAFFING PLAN TRANSITION ---

Section 1 - Purpose

- a. Southwest Health and Human Services shall ensure that all requirements of the [Minnesota Department of Health \(MDH\) Delegation Agreement](#) are fulfilled during [emergencies and](#) staff absences. These include duties related to licensing and enforcement of food, beverage, lodging, swimming pool, youth camps and MHP/RCA establishments. This policy will also ensure that establishments under construction are in compliance with all applicable State Rules and County Public Health Ordinances. SWHHS Environmental Health Department employs three registered sanitarians to ensure acceptable coverage during planned and unplanned absences. One sanitarian spends approximately 50% of time conducting water lab activities. SWHHS also employs Health Educators that can be trained to assist with water lab and other environmental health activities. In addition, SWHHS also has a long term staffing agreement with other local public health agencies.

Section 2 - Procedure

- a. [Southwest Health and Human Services will provide 24/7 emergency contact information of applicable Environmental Health Staff to MDH and other local units of government to ensure that all Delegation Agreement requirements are fulfilled.](#)
- b. When a Registered Sanitarian is absent from work for three weeks or more, the following ~~transition~~ plan will be initiated to ensure that requirements of the MDH Delegation Agreement are fulfilled as well as ensuring continuity of operations for all other Environmental Health Programs. In addition, the long-term staffing plan will be initiated to ensure inspection frequency is maintained per agency policy.
- Licensing Activities: Completed by clerical staff
 - Water Lab Activities: Completed by the trained staff (Health Educator). Sanitarian will serve as the lab back-up when needed. Reduce water lab hours as needed.
 - FPL Program Activities: SWHHS licenses approximately 415 establishments in the 6 county region. The MDH Food, Pools and Lodging recommends that the typical workload for 1 sanitarian is 250 licensed establishments. Because SWHHS currently has 3 FTEs working in the EH department, this ratio gives SWHHS some flexibility during short term staff absences. The remaining sanitarians will ensure that FPL program activities are completed. . This includes plan review consultations, routine inspections, complaint inspections and special

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event food service licensing. SWHHS will utilize the long-term staffing plan as needed.

- Non-Community Water Program Activities: SWHHS oversees approximately 20 non-community water supplies in the 6 county region. Our responsibilities include taking routine water samples and conducting sanitary surveys of wells for these licensed facilities. Water sampling must be completed yearly and sanitary surveys must be completed once every 3 years. The remaining sanitarians will ensure that these required activities are completed. SWHHS will utilize the long-term staffing plan as needed.
- Nuisance investigation activities: Sanitarian will oversee activities and delegate to Health Educators and other SWHHS staff as needed. These activities include clandestine drug lab investigation, environmental health assessments, general environmental health outreach and animal bite investigation.

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ENVIRONMENTAL HEALTH POLICY NUMBER 16**

EFFECTIVE DATE: 06/20/12

REVISION DATE: 01/18/23

AUTHORITY: Southwest Health and Human Services - Community Health Board

--- ENVIRONMENTAL HEALTH RECORD RETENTION ---

Section 1 - Purpose

- a. The purpose of this policy is to ensure that all environmental health program records are retained for the appropriate time frame. The environmental health program records include but are not limited to the following: inspection reports, complaint investigation forms and letters, plan review documents, licensing information, and written notes and formal correspondences.

Section 2 - Policy

- a. The Environmental Health Program for Southwest Health and Human Services will follow the Minnesota County General Record Retention Schedule. This schedule can be found at the following website:

<http://www.mnhs.org/preserve/records/retentionsched.html>

- b. At the end of the retention period, all applicable environmental health program documents will be shredded.

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**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 13**

EFFECTIVE DATE: 04/18/12

REVISION DATE: 07/15/20, 01/18/23

AUTHORITY: Southwest Health and Human Services Joint Governing Board

**--- EMPLOYEES OF SOUTHWEST HEALTH AND HUMAN SERVICES
AS FOSTER PARENTS ---**

Section 1 - General Policy Statement

- a. Some employees of Southwest Health and Human Services (SWHHS) may be licensed as foster care providers by SWHHS and therefore accept foster children who are placed under the custody of SWHHS or adults with an approved plan from the agency. ~~Social Service staff will not be allowed to be licensed for non-relative foster care in order to avoid potential conflicts of interests. Social Service staff who want to be licensed for non-relatives will be referred to a private agency or neighboring county.~~

In the event that ANY employee is the most appropriate placement for his/her ~~their~~ relative(s), that employee may be considered for a restricted foster care license and placement of the identified relative(s). The employee shall not be involved in any portion of the decision making process regarding placement of the child in the home.

- b.- A number of considerations will be addressed and limitations will be put into place to avoid conflicts or the appearance of conflicts. These include:
1. Licensing expectations will be the same for employees including background checks, home studies, training, confidentiality, and other expectations as set forth by Minnesota (MN) or Department of Human Services (DHS) licensing rules or regulations.
 2. Licensing staff from within SWHHS may complete the home study process; however, a licenser from a county office other than the "~~home-base~~ office" of the employee would be assigned to be the staff person's licenser-or referred to a private agency or neighboring county.
 3. Scenarios with an employee as a foster parent will require an extra layer of supervision for the placing worker and the assigned unit.
 4. Restrictions in SSIS, MMIS, IFS, PRISM, MAXIS or any other systems will be required.
 5. The use of work email to discuss or share details about the placement will not be allowed by the foster provider.

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6. Discussions regarding the placement will be limited to when the foster parent is on a break or lunch and in a private setting.
7. The involved agency staff and supervisor will have regular discussions about how to reduce the appearance of bias or conflict.
8. In the event of a complaint or licensing investigation, a neighboring agency will be asked to assist.
9. Additional boundaries not included will be anticipated and discussed as needed.
10. All financial arrangements, such as clothing allowance, Minnesota Assessment of Parenting for Children and Youth (MAPCY) level, or any other special financial arrangement must be approved by the Director or Division Director and the Social Services Supervisor.
11. If conflicts blur into the work environment, the placement ~~may~~ can be ~~revoked~~ terminated.
12. Duties related to foster care licensing and placements are not considered to be a duty of SWHHS as an employee.

c. Child foster care licensing application for children's services staff will be allowed with additional considerations:

1. Children's staff can only take placements that are for emergencies, holds or respite
2. No placement shall exceed one week unless approved by the social services division director.
3. Children's staff would never be able to have their own client in placed in their home.
4. Children's staff would only be considered after all other resources have been exhausted.

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

EFFECTIVE DATE: 01/18/12

REVISION DATE: 08/19/15; 08/18/21;~~07/20/21~~; [01/18/23](#)

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Healthcare Personnel Vaccination Recommendations: Immunization Action
Coalition, Saint Paul, MN www.immunize.org

--INFECTION/EXPOSURE CONTROL PROGRAM--

Section 1 - Policy

- a. Southwest Health and Human Services will establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. The Exposure Control Plan will be reviewed ~~annually and whenever necessary~~[regularly](#) to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Section 2 - Purpose

- a. To identify specific procedures for Southwest Health and Human Services employees in the identification, prevention, exposure and control of infectious diseases.

Section 3 – Standard Precautions

- a. Wash hands before and after ~~a staff member comes in~~ contact with clients and/or blood or body fluids.
- b. Wear disposable gloves at all times when contact with blood or body fluids is anticipated. [For immunization clinics, gloves are recommended for intranasal or oral vaccines \(FluMist or rotavirus\); optional for intramuscular or subcutaneous injections. Change gloves and practice hand hygiene between clients.](#)
- c. Wear protective gowns or aprons when splashes of blood or body fluid are likely to occur.
- d. Use disposable supplies whenever possible.
- e. Use masks or [eye goggles/face shields](#) anytime a splash to the eyes or mucous membrane is anticipated, [or to minimize exposure to respiratory illness.](#)

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SAFETY POLICY NUMBER 2**

f. [Due the nature of our work, certain programs may require Personal Protective Equipment \(PPE\).](#)

Section 4 – Engineering and Work Practice Controls

- a. Management will provide waterless hand sanitizer, soap and paper towels to employees to use in their work settings.
- b. Antiseptic hand cleaners will be available to employees who do not have access to soap and water. Employees who have used antiseptic cleanser must wash their hands with soap and water as soon as possible.
- c. Employees will wear gloves when handling blood or potentially infectious materials and wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.
- d. Employees will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as possible following contact with blood or other potentially infectious materials.
- e. Employees will remove all overtly contaminated PPE immediately or as soon as possible after leaving a work area. They will place PPE in an appropriately designated container for storage, washing, decontamination, or disposal. Eye goggles/[face shields](#) will be cleaned if blood or other body fluids have contaminated them.
- f. Employees will properly dispose of needles and sharps in the following manner:
 - Contaminated needles, syringes, and sharps shall not be recapped, bent, or removed.
 - Shearing or breaking of contaminated needles is prohibited.
 - Immediately or as soon as possible after use, contaminated sharps shall be placed in an appropriate sharps container.
 - These sharp containers will be located as close as is possible to the immediate area where sharps are used or can be reasonably anticipated to be found.
 - Sharps containers will be inspected before, during, and after each shot clinic and will be removed when the sharps containers become $\frac{1}{2}$ to $\frac{3}{4}$ full and will be transferred to the biohazard waste container in the Marshall or Redwood Public Health office as soon as possible.

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- Sharps containers will be closed and locked prior to transfer to biohazard waste container.
- g. Employees may not eat, drink, smoke, or apply cosmetics or lip balm or handle contact lenses in laboratories or other areas where blood or other potentially infectious materials are located.
- h. Employees may not keep food and drink in refrigerators, freezers, or other areas where blood or other potentially infectious materials are present.
- i. Management will allow the appropriate agency employees the opportunity to take part in identifying and choosing the safest needle devices necessary to conduct agency activities.

Section 5 – Personal Protective Equipment (PPE)

- a. Protective equipment, including PPE for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, will be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.
- b. Employees will wear gloves and will change gloves between each client contact when:
 - Touching blood and body fluids, mucous membranes or non-intact skin ~~of all~~ [clients](#).
 - Handling items or surfaces soiled with blood or body fluids.
 - Conducting blood screenings, doing lice checks, collecting buccal swabs, cleaning CPR equipment. (Note: It is at the nurse's discretion to wear gloves when giving immunizations or mantoux's)
 - The employee has cuts, scratches or other breaks in his/her skin and will be working with clients.
- c. Employees will wear masks and protective eye ~~goggles~~ [wear](#) or face shields during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes, [or to minimize exposure to respiratory illness.](#)
- d. Employees will wear gowns or aprons during procedures that are likely to generate splashes of blood or other body fluids or when clothing may come in contact with blood and other body fluids.

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- e. Pocket masks for CPR will be made available for employees use.
- f. Employees will wear National Institute for Occupational Safety and Health (NIOSH) certified face masks that have been fit tested as mandated when providing directly observed therapy to clients in their home that have active tuberculosis. (Refer to the agency's Respiratory Protection Program Policies and Procedures in the Safety Manual for more information about fit testing).
- g. PPE will be stored in each county office storage area. There will be a sign placed on each location for ease of location.

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Section 6 – Respirator Selection

- a. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.
- b. N95 respirators will be used for airborne precautions for [active tuberculosis](#) disease investigation and client contact activities.
- c. Fit Testing
 - Fit testing is required for tight fitting respirators and will occur after the following conditions:
 - After the employee is medically cleared for respirator use.
 - Before the employee wears the respirator while conducting agency activities.
 - Facial changes – structure or scarring.
 - Significant weight change – 10% or more.
 - Change of respirator size, make, or model.
 - As OSHA standards require.
 - After the initial fit test, fit tests must be completed annually for all Public Health nurses working in the DP&C program, including the Nursing Supervisor of that program and if there is a change in status of the wearer or if the employer changes model or type of respiratory protection.
 - The employee must be tested with the same make, model, style, and size of respirator that will be used.
 - Factors affecting the respirator seal are facial hair, facial bone structure, dentures, facial scars, eyeglasses and excessive make-up.
 - Employees wearing tight-fitting respirators must perform a user seal check each time they put on the respirator according to the manufacturer's procedures.

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- During emergency situations, additional agency staff may be required to be fit tested in order to assist in the response. In time of emergency, the agency reserves the right to utilize PPE conservation practices. Emergencies may include but are not limited; pandemics and supply chain issues.

Section 7 - Tuberculosis (TB)

- a. All new employees who are designated as healthcare workers (HCW) determined by their Division Director or designee will completed the "SWHHS Employee TB Screening Tool for HCW", to be at risk for occupational exposure to tuberculosis must have documentation of TB screening before providing services that involve direct contact with the clients. Occupational exposure will be based on the facilities risk factors low, med, high per facility assessment conducted by Public Health. This will be documented on a new employee checklist for those employees needing a TB test.
- b. The need for serial TB screening of healthcare workers will be determined by the Minnesota Department of Health (MDH) TB risk assessment. This risk assessment is completed annually. Positive Mantoux Definition: A positive mantoux reaction for a person with direct client contact is indicted by an in duration at the site. (A quick reference chart showing which patients should be treated for latent tuberculosis infection (LTBI) can be found on the Minnesota Department of Health website.)
- c. TB screening guideline:
- **No prior positive Mantoux:** The person without previous written documentation of a positive Mantoux test will receive a baseline Mantoux test using needle, syringe and Purified Protein Derivatives (PPD). The two-step method will be used if the person has not had a documented negative PPD test during the 12 months preceding employment. A second test will be administered 7-21 days after the first test, to ascertain a booster reaction.
 - **Positive Mantoux:** If the person has had a positive reaction to a Mantoux test upon employment or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:
 1. Documentation of a negative chest x-ray, dated after the positive Mantoux screening, before working in a position involving direct client contact
 - 2. Thereafter, an annual symptom screen for those at risk, based on facility assessment.
 - **Significant Adverse Reaction to Mantoux testing:** If a person indicates verbally or in a written report, a previous significant adverse reaction to a Mantoux test then they will be referred for a TB blood test if they are deemed at risk for exposure.
 - **Negative Mantoux:** Employees that have tested negative for a mantoux and are working in a correctional facility are required to have an annual PPD (Mantoux) test.

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Annual Mantoux testing is required only among those at high risk for tuberculosis infection, based on facility risk assessment per CDC guidelines.

• **Symptoms:** If symptoms compatible with TB are present, the person will be excluded from the workplace at the discretion of the Division Director or designee and consulting physician until either:

1. A diagnosis of active TB is ruled out; or
2. A diagnosis of active TB is established and the person is being treated and determination is made by a physician with expertise in treatment of TB, and Public Health that the employee is not infectious.

• Persons who do not have active TB, but are converters, will be evaluated for active TB by chest X-Ray and a medical exam. They will be referred to their personal physician for LTBI preventative therapy. An annual TB symptom screen will be completed for those who are working in a facility with risk of occupational exposure. Notification of any clusters of conversion will be provided to MDH

• Following TB Exposures:

1. Following a known TB exposure, employees will complete the "SWHHS Employee TB Screening Tool for HCW". All employee exposures to TB will be documented and kept in the employee's health/medical file.
2. Following the case management of an active TB case, employees will complete the "SWHHS Employee TB Screening Tool for HCW". Employees exposed to active TB will have a Mantoux test done, per current CDC guidelines, after exposure and thereafter as recommended by Public Health with MDH consultation

Section 8 – Healthcare Worker Immunization

a. Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If working directly with patients or handling material that could spread infection, staff should get appropriate vaccines to reduce the chance of getting or spreading vaccine-preventable diseases. Being up to date on recommended vaccines is integral way to protect against vaccine-preventable diseases.

- Recommended vaccines include; Hepatitis B, Measels Mumps Rubella (MMR), Influenza, Varicella, Tdap, and COVID-19.

b. New employees designated as HCWs will provide immunization records to Human Resouces upon hire. All employee records received will be placed into Minnesota Immunization Information Connection (MIIC) and given to Human Resources to be kept in their confidential employee medical file.

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~~SWHHS will work with employees to provide a no cost option for requested vaccines. The following immunization screening program will be observed to reduce the likelihood for transmission of vaccine-preventable and other infectious diseases.~~

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~~b. Procedures:~~

~~**Hepatitis B Required**~~

~~• Hepatitis B vaccination series is offered, at no charge, to employees who are determined by their Division Director or designees to be at risk for occupational exposure to Hepatitis B. At risk would include employees who perform tasks involving contact with blood, body fluids, and sharps.~~

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~~• Employees may decline this option. A formal declination for at risk employees must be in the employee's medical/health file.~~

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~~• Hepatitis B vaccine is administered in accordance with current CDC recommendations.~~

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~~• Booster doses of hepatitis B vaccine are not routinely recommended for known responders even if exposed to hepatitis B virus and titer is low.~~

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~~**Measles, Mumps, Rubella (MMR) Required**~~

~~• Employees born in 1957 or later will provide evidence of measles, mumps and rubella immunity by:~~

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~~○ Serologic evidence of immunity, or~~

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~~○ Laboratory confirmation of disease, or~~

~~○ Appropriate documentation of vaccinations against measles, mumps and rubella which include;~~

~~➤ 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine.~~

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~~• If the employee is unable to provide evidence of immunity to measles, mumps and rubella, the employee will be required to be vaccinated if not contraindicated. MMR vaccination is recommended.~~

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~~• Laboratory testing will be provided free of charge, but the employee will be responsible for vaccination if needed~~

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- Although birth before 1957 generally is considered acceptable evidence of measles, mumps and rubella immunity, the following recommendations should be considered;
- 2 doses of MMR vaccine should be considered for unvaccinated healthcare employees born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps.
- One dose of MMR vaccine should be considered for healthcare employees with no laboratory evidence of disease or immunity to rubella.
- For these same employees who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during and outbreak of rubella.

Minnesota Immunization Information Connection (MIIC)

- All employee records received will be placed into MIIC.

Section 9 – Post Blood/Body Fluid Exposure, Evaluation and Follow-Up

- a. Following an exposure, First Aid will be administered as needed and the employee will notify their supervisor and complete an incident report.
- b. Management will:
 - [File a first report of injury.](#)
 - Make available to the exposed employee a confidential medical evaluation and follow-up.
 - Document the route of exposure.
 - Document the blood borne pathogens status of the source client(s), if known.
 - Document the circumstances under which the exposure occurred.
 - Notify the source client(s) of the incident and attempt to get consent to collect and test the client's blood to determine the presence ~~of blood borne pathogens infection~~ Hepatitis C, Hepatitis B titer and HIV. If consent is not obtained, management will establish that legally required consent cannot be obtained.
 - Inform the employee of source client's blood borne pathogens status if testing occurs.
- c. The exposed employee will [see the medical provider of their choice at no cost to the employee as soon as possible after the exposure incident for medical management.](#) ~~have a blood sample drawn, if employee consents, as soon as possible after the exposure~~

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~~incident for the testing of blood-borne pathogen status Hepatitis C, Hepatitis B titer and HIV.~~

- ~~Testing for HIV, Hepatitis B, Hepatitis C, and others as recommended by the employee's provider. If the exposed employee consents to baseline blood collection, but does not give consent for HIV testing, the blood sample will be preserved 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline blood sample tested; HIV testing will be done as soon as possible. Post-exposure prophylaxis (PEP) for exposures posing risk of infection transmission as prescribed by the employee's provider is recommended.~~

~~d. Management will offer repeat testing to exposed employees at 6 weeks, 12 weeks, and 6 months post-exposure or at intervals as indicated by the clinician.~~

~~e. Follow-up for ~~of~~ the exposed employee will include:~~

- Counseling as recommended by the employee's ~~medical provider~~ physician or the SWHHS medical consultant.
- Medical evaluation by the employee's ~~physician~~ medical provider or the SWHHS Medical Consultant of any acute febrile illness that occurs within twelve weeks post-exposure.

~~Consultant of any acute febrile illness that occurs within twelve weeks post-exposure.~~

- ~~Use of safe and effective post-exposure measures according to recommendations for standard medical practice.~~
- Management will provide the ~~medical provider~~ physician evaluating an exposed employee with the following:
 - Copy of this policy.
 - Description of the exposed employee's duties as they relate to the exposure incident.
 - Documentation of the route(s) of exposure and the circumstances under which exposure occurred.
 - Results of the source client's blood test if available.
 - Medical records relevant to the appropriate treatment of the employee, including vaccination status.

~~f. The employee's ~~medical provider~~ physician's or SWHHS medical consultant's written report will be obtained by the employer and given to the exposed employee within fifteen days of the completion of the evaluation.~~

Section 10 – Infectious Waste Disposal

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- a. Employees will place all infectious waste in closable, leak proof containers or bags that are color-coded, labeled or tagged. The bagged waste will be placed in Biohazard waste containers located in Public Health in Marshall or Redwood.
- b. Employees will place disposable syringes, needles and other sharp items in a puncture-resistant sharps container immediately after use for disposal. Sharps containers will be disposed of at the Marshall or Redwood Public Health office.
- c. Management will examine equipment, which may become contaminated with blood or other potentially infectious materials before servicing or shipping and will be decontaminated, unless management can show that decontamination of the equipment is not possible. A label or tag will be attached to the equipment stating which portions remain contaminated.

Section 11 – Tags, Labels, and Bags

- a. Tags that comply with 29 CFR 1910.145 (f) will be used to identify the presence of an actual or potential biological hazard.
- b. Tags or labels will contain the word "Biohazard" or the biological hazard symbol and state the specific hazardous condition or the instructions to be communicated to employees.
- c. Labels or tags may be an integral part of the container or affixed as close as safely possible to the container by string, wire or adhesive to prevent their loss or intentional removal.
- d. The appropriate biohazard labels are permanently affixed to the sharps containers and hazardous waste bags used by the agency.

Section 12 – Housekeeping Practices

- a. Management will provide a product that is effective against blood borne pathogens to be used when cleaning work surfaces, equipment and areas where there is a body fluid present.
- b. Employees are will be responsible to wipe clinic work surface areas with the appropriate disinfectant as indicated before the clinic begins.
- ~~c. Employees will be responsible to wipe areas where blood was drawn, fingers were poked, immunizations were given, urine was tested, or where used syringes were laid at the end of clinic activity or anytime there is a body fluid present on any surface.~~

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- d. ~~Employees will, to the best of their ability, dispose of syringes into the sharps box immediately after a shot was given rather than laid them on a surface. If necessary, the employee will place portable sharps boxes in an area that will facilitate the efficient disposal of syringes.~~
- ec. Equipment such as blood sugar machines, hemacues, and other ~~machines~~ equipment used to test blood will be cleaned according to manufacturer's directions.
- f. ~~Exam tables, when in use, will be cleaned with a product that is effective against blood borne pathogens between clients and at the end of the work day.~~
- h. ~~Toys or other materials in the waiting areas will be cleaned weekly with approved cleaning product.~~
- id. Regular housekeeping practices are ~~being~~ implemented, including routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, and areas in the work environment, including restrooms, break rooms, waiting areas lunch rooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, etc. ~~Office Support Staff or designees have been instructed to disinfect counter and chairs at the end of the day. They also sanitize periodically throughout the day. Maintenance staff in some locations are sanitizing the lobbies and high touch areas. Site coordinators or designees are responsible to ensure proper cleaning is done routinely in each location.~~
- e. ~~Staff who meet with clients in interview or exam rooms will be responsible for wiping down shared surfaces with disinfecting wipes or spray following the completion of the appointment. Wipes, disinfecting spray and paper towels will be provided at the front desk of each office.~~

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Section 13 – Training and Education of Employees

- a. Management will provide safety and bloodborne pathogen training and education to all employees during orientation and annually thereafter.
- b. Management will maintain training records three years from the date training occurred. Training records will include:
- Dates of the training session.
 - Summary of the training sessions.
 - Names and qualifications of person(s) conducting the training.
 - Names and job titles of all employees attending the sessions.
 - Employee names.

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Section 14 - Record Keeping

- a. Records kept for this section of the policy.
- First Report of Injury form completed and sent to the Deputy Director.
 - OSHA 300 report is completed by Deputy Director.
 - Results of fit testing of staff.
 - Mantoux results are placed in personnel file under protected health information.
 - Immunization record.

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Section 15 - Other

- ~~a. Vaccinations: Employees will be encouraged to consult their physician or health care provider for recommended vaccinations.~~
- ~~ab.~~ Employees will refrain from direct care procedures and handling client care equipment when the employee has exudate lesions or weeping dermatitis.
- ~~bc.~~ Employees who are ill with a communicable disease are responsible to contact their physician and follow the recommendations when to return to work.
- ~~cd.~~ Employee will report to the ~~ir Administrator and~~ Supervisor any immuno suppression or other clinical condition that may increase the employee's risk of acquiring infection. The ~~Administrator and~~ Supervisor may require a medical statement from a physician and may restrict work placement depending on the health risk of the employee.
- ~~de.~~ Any employee known to be immuno suppressed or communicable will work with the Medical Consultant, ~~Administrator,~~ and Supervisor on an individual basis to assess the capacity to which the employee is able to work.
- ~~e.~~ SWHHS work and training is often completed outside of the agency (MDH, nursing homes, healthcare facilities, etc.). Staff will follow PPE and immunization requirements of those entities when completing work or training for SWHHS.

JANUARY 2023

GRANTS ~ AGREEMENTS ~ CONTRACTS

for Board review and approval

- Jean Callens (Taunton, MN)** – 01/01/23 to 12/31/23; Client guardianship services, \$20/hour plus expenses (no increase) (renewal).
Fiscal Note: 2022 \$2,126; 2021 \$2,990; 2020 \$1,335; 2019 \$2,747; 2018 \$1,806

- Divine House Inc (Willmar, MN)** – 01/01/23 to 12/31/23; provide non-waivered client semi-independent living skills (SILS); \$28.74/hour (no increase) (renewal).
Fiscal Note: 2022 \$6,354; 2021 \$10,008; 2020 \$11,985; 2019 \$10,900; 2018 \$10,742

- DHS Child Welfare/Juvenile Justice Screening Grant** – 01/01/23 to 12/31/23; Provide funds to support children’s mental health screening, assessment, and services in child welfare (\$106,508) and juvenile justice populations (\$11,765); \$118,273 (12% increase)(renewal).
Fiscal Grant Award: 2022 \$116,863; 2021 \$89,831; 2020 \$87,909; 2019 \$102,998; 2018 \$102,199

- Murray County DAC** - 01/01/23 – open; Agreement covering data sharing, HIPAA and privacy rules (NEW).

- Murray County DAC (Slayton, MN)** - 01/01/23 – 12/31/23; Paper shredding services, \$8.97/hour (no increase) (renewal).
Fiscal Note: 2022 \$249; 2021 \$126; 2020 \$54


- Paulette Koch (Walnut Grove, MN)** – 01/01/23 to 12/31/23; Client guardianship services, \$85/mo (no increase) (renewal).
Fiscal Note: 2022 \$6,586; 2021 \$6,076; 2020 \$7,095; 2019 \$8,224; 2018 \$8,481

- Prairie Support Services (Walnut Grove, MN)** – 01/01/23 to 12/31/23; client guardianship services, \$30/hour plus mileage (11% increase) (renewal).
Fiscal Note: 2022 \$29,482; 2021 \$19,159; 2020 \$19,326; 2019 \$16,300; 2018 \$5,776


- Preferred One** – 1/1/2023; Amendment to Restated Health Services Access & Administrative agreement with Preferred One regarding post-termination obligations and fees (NEW).

- Progress Inc (Pipestone, MN)** - 01/01/23 to 12/31/23; Paper shredding and recycling services, \$.80/pound shredding (18% increase) and \$10.59/hr recycling pickup (increased to minimum wage) (renewal).
Fiscal Note: 2022 \$3,653; 2021 \$1,460.38; 2020 \$1,301; 2019 \$1,831; 2018 \$2,633

- Southwest Crisis Center (Luverne, MN)** – 01/01/23 to 12/31/23; Community Education and Prevention Services to bring awareness and acceptance of mental illness, chemical dependency, or other social problems as well identify availability of resources and services, \$5,000 block grant (no increase) (renewal).
Fiscal Note: 2022 \$5000; 2021 \$5,000; 2020 \$5,000; 2019 \$5,000; 2018 \$5,000

 **Northwestern Minnesota Juvenile Center (Beltrami County)** – 01/01/23 to 12/31/23; home school and detention center to juvenile clients; non-secure \$247/day (increase), secure \$257/day (increase) (renewal).
Fiscal Note: N/A

Rock County Opportunities - 01/01/23 – open; Agreement covering data sharing, HIPAA and privacy rules (NEW).

 **Western Mental Health Center Inc (Pipestone)** – 01/01/23 to 12/31/23; Adult Community Support Program, MH Practitioner \$98/hr, Community Support Aide \$50/hr, ARMHS Individual Service \$98/hr, ARMHS group service \$50/hr, Certified Peer Specialist \$98/hr, BHH Individual service \$98/hr; \$25,000 cap – additional dollars require approval (NEW – same rates as Lincoln, Lyon, Murray, Redwood contract with WMHC).
Fiscal Note:

 **Signatures None**
 **Signatures Partial**
 **Signatures Completed**

2023 BOARD MEETINGS SWHHS
All board meetings will be held in the Public Health Conference Rooms 2nd Floor
Wednesday, January 18, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, February 15, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, March 15, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, April 19, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, May 17, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, June 21, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, July 19, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, August 16, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, September 20, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, October 18, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, November 15, 2023 Marshall 607 West Main Street (Government Center)
Wednesday, December 20, 2023 Marshall 607 West Main Street (Government Center)