



****PLEASE NOTE****

THE BOARD MEETING WILL BE HELD IN SLAYTON

Southwest Health and Human Services

Board Agenda

Wednesday, August 20, 2014

3001 Maple Road

Slayton

9:00 a.m.

HUMAN SERVICES

- A. Call to order
- B. Pledge of Allegiance
- C. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 07/16/14 board minutes

D. Financial

E. Caseload

	07/14	06/14	05/14
Social Service	3723	3717	3756
Licensing	508	474	481
Out-of-Home Placements	128	130	132
Income Maintenance	11,790**	12,121	12,139
**Numbers based on new report produced by DHS which includes cases on the new system plus cases on the Legacy (MAXIS) system. Numbers are reduced due to current conversion from Legacy to new system which requires clients to reapply on the new system. Over the next several months the numbers will continue to fluctuate as clients are closed off the Legacy system and eventually reapply on the new system.			
Child Support Cases	3,648	3,660	3,671
Child Support Collections	\$842,110	\$914,788	\$907,135
Non IV-D Collections	\$68,554	\$61,767	\$128,686.65

- F. Decision Items
 - 1. Social Service Policy Number 13 – Family Support Grant Program
 - 2. 2015 budget

HUMAN SERVICES (cont.)

- G. Discussion/Information
 - 1. Success story – Nicole Prellwitz, Social Worker and Jason Kloss, Environmental Health Manager

COMMUNITY HEALTH

- H. Call to order
- I. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 07/16/14 board minutes

- J. Financial

K. Caseload	07/14	06/14	05/14
WIC		2224	2173
Family Home Visiting	44	62	55
PCA Assessments	17	19	33
Managed Care	218	199	186
Dental Varnishing	169	106	130
Refugee Health	3	13	9
Latent TB Medication Distribution	25	27	47

- L. Decision Items
 - 1. 2015 budget
 - 2.
- M. Discussion/Information
 - 1. Nurse Family Partnership update – Kristin Deacon
 - 2. Pitch the Commissioner – Carol Biren
 - 3. CHS Conference, September 17-19 – Carol Biren

GOVERNING BOARD

- N. Call to order
- O. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 07/16/14 board minutes

GOVERNING BOARD (cont.)

P. Financial

Q. Employee Recognition

- Holly Louwagie, 1 year, Social Worker, Marshall
- Brenda Rothmeier, 1 year, Social Worker, Redwood Falls
- Lori Johnson, 20 years, Accounting Technician, Marshall
- Amy Lueck, 20 years, Public Health Nurse, Pipestone

R. Decision Items

1. Brenda Rothmeier, Social Worker, completion of 12 month probationary period, no salary increase, effective 08/21/14
2. Monica Christianson, Child Support Officer, completion of 6 month probationary period, no salary increase, effective 09/03/14
3. Sara Brandt, Accounting Technician, completion of 12 month probationary period, no salary increase, effective 09/16/14
4. Corrie Weizel, Social Worker, probationary appointment (12 months), \$36,588.00 annual, effective 07/21/14
5. Rachel Higgins, Social Worker, probationary appointment (12 months), \$38,000.00 annual, effective 08/18/14
6. Jennifer Stratton, Social Worker, probationary appointment (6 months), no salary change, effective 08/25/14
7. Shannon Leysen, Child Support Officer, probationary appointment (6 months), no salary change, effective 09/02/14
8. Wendy DeLaRosa-Gacke, Collections Officer, resignation, effective 08/15/14
9. Jessie Stoufer, Social Worker, resignation, effective 08/15/14
10. Request for Eligibility Worker
11. Request for Collections Officer
12. Request for Child Support Officer
13. Contracts
14. Request to purchase two vehicles
15. 2015 budget
- 16.
- 17.

S. Discussion/Information

1. 2014 dividend notice
2. Service delivery authority
3. Labor negotiations – Public Health & Human Services

T. Adjournment

Next Meeting Dates:

- **Wednesday, September 17, 2014 – Marshall**
- **Wednesday, October 15, 2014 – Luverne**
- **Wednesday, November 19, 2014 - Marshall**

INFORMATIONAL ONLY

Relationship Series Program Narrative Report for Southwest Health and Human Services January 1, 2014 – June 30, 2014

Relationship Series Presentations

The relationship series program was presented to 417 students in the spring, 2014 semester. The Table below lists schools presented to, presentation dates, student numbers, and identifies the agency's presenter.

School	County	Date(s)	Students per Day	Presenter
Cedar Mountain	Redwood	April 7-11	16	Denise
Fulda	Murray	February 3-7	38	Holly
Ivanhoe	Lincoln	February 24-28	15	Jessica
Marshall	Lyon	March 31-April 4	31	Jessica
Marshall	Lyon	March 3-6 March 6-7	58	Jessica Holly
MA-TEC	Lyon	April 11; 25	13	Jessica
Minneota	Lyon	January 28 January 28-31, February 3-4	48	Holly Jessica Jessica
Red Rock Central	Redwood	February 24-28	31	Denise
Redwood Valley	Redwood	March 17	12	Holly
Russell-Tyler-Ruthton	Lincoln	January 13-15; 17; 21; 24	38	Jessica
Tracy	Tracy	April 21-25 April 25	31	Jessica Holly
Wabasso	Redwood	January 30-31; February 3-5	43	Denise
Westbrook Walnut Grove	Redwood	January 14, 15, 17, 20, 21	43	Denise

All schools in Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties participated in the relationship series program during the 2013/2014 school year with the exception of Hills/Beaver Creek. The Pipestone Schools did one session in the fall but did not return calls and e-mails for a spring continuation of the program. Hills/Beaver Creek declined after being contacted for the 2013-2014 school year, but will be contacted again for the 2014-2015 school year.

Program Feedback

Students are asked to complete an anonymous journal throughout the series regarding their experiences, answering relevant questions, listing boundaries, and interacting with the program information in a written format. This journal also provides students the opportunity to communicate with the presenter in an anonymous way. At the conclusion of the series, students are asked to provide feedback on the program in their journals; a few responses are listed below.

- “I found the jealousy thing the most helpful because I’m not going through the other things yet.”
- “These topics are important to know and the facts about abuse/violence in MN stood out to me.”
- “I like how we talk about jealousy, infatuation, sexual attraction, and romance. I think people need to realize the difference between these things and love.”
- “I liked infatuation, it made much sense.”
- “I think that it’s really important to know the boundaries and the concept of this subject. Everything about sexual health and safety is the most important thing to do.”
- “I liked learning all the facts about teen pregnancy.”
- “Contraception does not always work.”
- “I didn’t know all the dangers.”
- “I feel that the presenter was unbiased and did not try to influence my moral values as far as both birth control and abortion.”

Current Presenters

In August 2013 New Horizons Crisis Center hired an SMSU program director and a Relationship Series Director, so now New Horizons has three staff who present the Relationship Series in the six counties of Southwest Minnesota. Jessica Van Iperen has been the program director for the last two years while Denise Kerkhoff was one of the initial developers of the curriculum of the Relationship Series. Holly Johnson joined New Horizons last year and began presenting to schools in Pipestone and Murray Counties.

Curriculum Adaptions

With the change in staffing, the relationship series curriculum was adapted to fit each presenter’s needs. Jessica chose to reframe some messages to provoke student ideas on decision-making, including adding new information on boundaries and values. One student noted in the journal, *“I feel that talking about the boundaries helped me decide what I want and want to set for boundaries.”* Another student noted, *“I liked how Jess presented these topics. We’ve all heard the same thing over and over but I better understood this time, I have a better understanding of what to do when in these situations.”*

Jessica also added information to the section in the series that focuses on healthy relationships, love, infatuation, crushes, and lust. This section is important for students since many make sexual decisions based on “they are in love.” Of course, these students may be “in love” but they also need to be challenged to think through sexual decisions if those feelings do not last. One student found that, *“My attitude about boundaries and love (changed). I found the facts, prevention, is it love or not, (the most*

interesting/helpful).” This section of the series is also important since the majority of students learn about relationships from sources that may not always be reliable or factual, such as friends, television, pornography, and internet.

Teenwise Training

All three staff attended the annual Teenwise conference. They learned a great deal regarding healthy relationships, healthy sexuality, using social media and consent, which will provide a new groundwork for presenting the Series next year.

One break out session was all about using social media to engage youth. Currently there are quite a few websites that are doing an excellent job. One is www.scarleteen.com , which is sex-ed for the real world giving inclusive, comprehensive and smart sexuality information and help for teens and 20’s. Websites like this are very important for students to access when they need to. Another breakout session discussed consent and how to talk to youth about what consent really is. We ended up doing an activity which put us in the mind set of teens and what/how they think about sexual activity and sexual limits. It was an activity that could potentially work into our relationship series, whether it is a class activity, discussion or hand out for the students to complete during the Series or keep for the future. We know that not every teen is engaging in sexual activity but often teens will only think about sexual activity as meaning just sex. There are so many other activities (other than sex) that teens might face with a future partner. We do cover this topic in the Series but it would be helpful to have an activity or hand out for the students.

One of the guest speakers, Dr. Elizabeth Schroeder from, Answer’s, a national sex education organization at Rutgers’ University discussed The Impact of Porn on Teen Sexual Health. Specifically she addressed how teens view information years above their age level. For instance, Cosmopolitan is designed for 20-30 year olds and teens are reading it, so we need to take that into consideration. As always, 13 year olds are going on 30 and we need to be aware of the resources we provide them or teach about. Dr. Schroeder also spoke about using Technology and Social Media to reach young people. This is especially true when every class I teach in the students have cell phones at the ready. Instead of being frustrated by their constant need to tweet or text we learned ways to engage that behavior. This has given us a new way to think about what the teens are doing, they are communicating and building relationships, just not how our generations did. Based on this information my colleagues and I have discussed ways to enhance our website, Facebook, and twitter accounts to make them more teen friendly. Currently we are discussing the idea of creating an electronic journal for classrooms that have iPads or tablets so the students can use the technology and we as teachers can actually read their handwriting or abbreviations.

Future Goals

Goals for the future include getting some ideas together regarding a website/Facebook page/blog for the Relationship Series. Since there are so many other great resources out there for teens, we don’t want to reinvent the wheel. Providing links to those websites and some additional things, such as issues/topics that are relevant to our area would prove valuable. In the Series now, we do give the

students a list of different resources for different topics. After our week with the students is over, how many students throw it away or misplace it somewhere? That is a question that we don't know the answer to right now. Having something such as a website where they can access the information at any time, I believe could be useful.

This summer we have been previewing short videos to find another option for the relationship series. Once we have a few selected we plan to show them to our Girls Group and solicit their thoughts on the information. The girls group has already helped us update the Trust activity question and a resource section in the classroom journals.

Currently we disseminate a nine page front and back 8^{1/2} x11 resource book to students the last day of class. We wonder if this is actually being used by students and are therefore working on a newer, more succinct resource book.

When students miss class periods it is hard to make up the sections they missed. Currently we are working to create information for students to read on their own and then complete the section he or she missed in their journal. That way the student does not miss out on the valuable information.

It is not uncommon for a teacher to tell the presenter during a relationship series that her or his students are struggling with sexting or that a certain couple of students are in bad relationships. This information would be great to know before I enter a classroom; therefore, we are creating pre and post evaluations that teachers can ask students to take on survey monkey before we come to class.

Program Curriculum

The Relationship Series curriculum has evolved over the years, shaped by continuing education on sexual health and violence prevention topics, outside curriculums, and over 1,000 successful classroom presentations. Our staff members update the program each year by adding information on current issues facing youth, as well as new activities, videos, and graphics. Listed below is the curriculum for the 2013/2014 school year.

Module 1

- Introduction to New Horizons Crisis Center services and Relationship Series program.
- Activity on the differences between love, infatuation, sexual attraction, jealousy/control, and romance.
- Discussion of healthy and unhealthy signs in relationships.
- Discussion surrounding messages students receive about sex and relationships (media, friends, church, parents, etc.)
- Discussion about pornography and impact.
- Journaling on relationship choices.

Module 2

- Overview of relationship violence and cycle of abuse.
- View video "Matters of Choice" on abusive teen relationships.
- Students develop a safety plan and complete a self-check on relationship violence.
- Journaling on abuse facts.

Module 3

- Information on consent.

- Activity on the difference between consent and non-consent, risks of sexting.
- Myths and facts about sexual violence.
- Information on how sexual assault victims can get help. Skills for supporting friends.
- Journaling on helping a friend and resources available.

Module 4

- Students define abstinence.
- Discussion around values, sexual responsibility, and boundary setting.
- Sexually transmitted infection (STI) facts. Importance of STI testing.
- Activity on the risk of STI transmission through vaginal, anal, and oral sex.
- Journaling on sexual health, setting relationship and sexual boundaries, and exploring personal values.

Module 5

- Facts on pregnancy, parenting, abortion, and adoption.
- Information on pregnancy risk and pregnancy prevention.
- Discussion of sources for information and support.
- Journaling on pregnancy risk, prevention.
- Question and answer, evaluations.

SOUTHWEST HEALTH & HUMAN SERVICES

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

SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **July 31, 2014**

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

Description	Month	Running Balance
BEGINNING BALANCE		\$5,191,000
RECEIPTS		
Monthly Receipts	2,388,767	
County Contribution	1,119,638	
Interest on Investments	3,076	
TOTAL MONTHLY RECEIPTS		3,511,481
DISBURSEMENTS		
Monthly Disbursements	2,532,859	
TOTAL MONTHLY DISBURSEMENTS		2,532,859
ENDING BALANCE		\$6,169,622

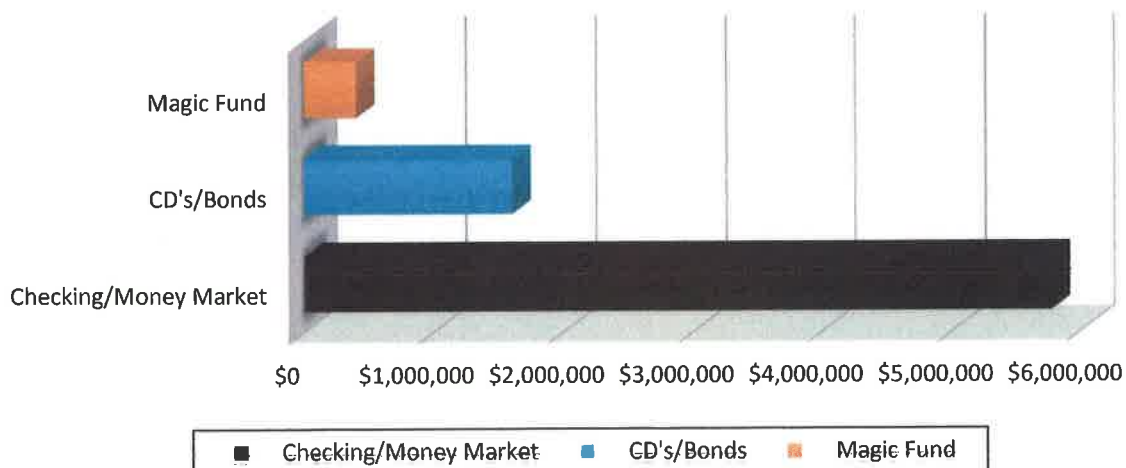
REVENUE

Checking/Money Market	\$5,764,915
CD's/Bonds	\$1,599,750
Magic Fund	\$404,707
<i>(July 2014 - yield .04%)</i>	

**Average Balance
last two years
\$7,558,240**

ENDING BALANCE **\$7,769,372**

REVENUE DESIGNATION



Southwest Health and Human Services

TREASURER'S CASH TRIAL BALANCE As of 07/2014

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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	1,532,833.38			
Receipts		217,744.40	1,859,821.26	
Disbursements		135,254.05-	607,256.20-	
Payroll		182,731.31-	1,362,508.51-	
Journal Entries		100,000.00	25,037.50	
Fund Total		240.96-	84,905.95-	1,447,927.43
5 Human Services Fund				
410 General Administration	947,913.02			
Receipts		52,152.32	362,714.00	
Disbursements		64,103.14-	397,360.66-	
Payroll		9,635.33-	60,197.33-	
Dept Total		21,586.15-	94,843.99-	853,069.03
5 Human Services Fund				
420 Income Maintenance	2,133,213.06-			
Receipts		347,934.21	3,861,007.57	
Disbursements		317,776.46-	1,903,808.22-	
Payroll		312,350.65-	2,324,532.14-	
Journal Entries		0.00	169,915.00-	
Dept Total		282,192.90-	537,247.79-	2,670,460.85-
5 Human Services Fund				
430 Social Services	32,305,717.42-			
Receipts		2,658.97	22,170.82	
Disbursements		149,926.28-	798,559.09-	
Payroll		480,700.07-	3,543,679.92-	
Journal Entries		0.00	254,872.50-	
Dept Total		627,967.38-	4,574,940.69-	36,880,658.11-
5 Human Services Fund				
431 Purchased Services,SSIS	39,771,425.35			
Receipts		2,540,120.67	9,134,447.41	
Disbursements		1,156.81-	44,837.80-	
SSIS		691,857.13-	4,315,401.97-	

Southwest Health and Human Services



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TREASURER'S CASH TRIAL BALANCE As of 07/2014

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
5	1,847,106.73	4,774,207.64		44,545,632.99
	Human Services Fund			
	Information Systems			
	6,022.28	46,366.27		
	593.91-	2,820.08-		
	21,359.65-	159,573.55-		
	15,931.28-	116,027.36-		1,709,097.45-
	Dept Total			
5	0.00			
	Human Services Fund			
	LCTS Collaborative Agency			
	0.00	166,264.00		
	0.00	166,264.00-		
	0.00	0.00		0.00
	Dept Total			
	Fund Total			
	4,687,337.80	899,429.02	548,852.19-	4,138,485.61
61				290,484.90
	Agency Health Insurance			
	123,821.48			
	Receipts			
	171,613.67	1,194,947.58		
	164,664.55-	1,028,284.16-		
	6,949.12	166,663.42		
	Fund Total			
71				
	LCTS Lyon Murray Collaborative Fund			
	LCTS Collaborative Agency			
	115,832.97			
	Receipts			
	13,019.48	62,499.35		
	0.00	43,773.00-		
	13,019.48	18,726.35		134,559.32
	Dept Total			
	Fund Total			
	115,832.97	13,019.48	18,726.35	134,559.32
73				
	LCTS Rock Pipestone Collaborative Fund			
	LCTS Collaborative Agency			
	38,376.92			
	Receipts			
	6,590.75	30,102.63		
	0.00	5,044.00-		
	Disbursements			

Southwest Health and Human Services



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TREASURER'S CASH TRIAL BALANCE As of 07/2014

Page 4

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Dept Total	38,376.92	6,590.75	25,058.63	63,435.55
Fund Total		6,590.75	25,058.63	63,435.55
75 Redwood LCTS Collaborative		LCTS Collaborative Agency		
Receipts	102,329.62	51,851.57	110,368.82	
Disbursements		750.00-	119,742.00-	
Dept Total		51,101.57	9,373.18-	92,956.44
Fund Total	102,329.62	51,101.57	9,373.18-	92,956.44
77 Local Advisory Council		Local Advisory Council		
Receipts	0.00	1,772.99	1,772.99	
Dept Total		1,772.99	1,772.99	1,772.99
Fund Total	0.00	1,772.99	1,772.99	1,772.99
All Funds	6,600,532.17	3,411,481.31	16,852,482.70	
Receipts		834,225.20-	5,117,749.21-	
Disbursements		691,857.13-	4,315,401.97-	
SSIS		1,006,777.01-	7,450,491.45-	
Payroll		100,000.00	399,750.00-	
Journal Entries		978,621.97	430,909.93-	
Total				6,169,622.24

Southwest Health and Human Services



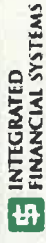
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1 Health Services Fund

TRIAL BALANCE REPORT As of 07/2014

Report Basis: Cash

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
-----Assets-----				
1001 Cash in Bank - Checking	1,532,833.38	240.96-	84,905.95-	1,447,927.43
1090 Investments	400,000.00	100,000.00-	25,037.50-	374,962.50
Total Assets	1,932,833.38	100,240.96-	109,943.45-	1,822,889.93
---- Liabilities and Balance-----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,932,833.38-	0.00	0.00	1,932,833.38-
2885 Revenue Control	0.00	217,739.19-	1,857,432.58-	1,857,432.58-
2887 Expenditure Control	0.00	317,980.15	1,967,376.03	1,967,376.03
Total Fund Balance	1,932,833.38-	100,240.96	109,943.45	1,822,889.93-
Total Liabilities and Balance	1,932,833.38-	100,240.96	109,943.45	1,822,889.93-
410 General Administration				
-----Assets-----				
Total Assets	0.00	0.00	0.00	0.00
---- Liabilities and Balance-----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Total Liabilities and Balance	0.00	0.00	0.00	0.00
1 Health Services Fund				

Southwest Health and Human Services



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5 Human Services Fund

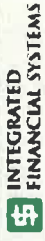
TRIAL BALANCE REPORT

As of 07/2014

Report Basis: Cash

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
410 General Administration				
1001 Cash In Bank - Checking	947,913.02	21,586.15-	94,843.99-	853,069.03
Total Assets	947,913.02	21,586.15-	94,843.99-	853,069.03
--- Liabilities and Balance---				
Liabilities				
2080 Medical Insurance Payable	40,941.81-	0.00	0.00	40,941.81-
2090 Due To Flexible Plan Employees	1,920.70	0.00	476.06-	1,444.64
Total Liabilities	39,021.11-	0.00	476.06-	39,497.17-
Fund Balance	908,891.91-	0.00	0.00	908,891.91-
2881 Unassigned Fund Balance	0.00	21,586.15	95,320.05	95,320.05
2887 Expenditure Control	908,891.91-	21,586.15	95,320.05	813,571.86-
Total Liabilities and Balance	947,913.02-	21,586.15	94,843.99	853,069.03-
420 Income Maintenance				
1001 Cash In Bank - Checking	2,133,213.06-	282,192.90-	537,247.79-	2,670,460.85-
1090 Investments	320,000.00	0.00	169,915.00	489,915.00
Total Assets	1,813,213.06-	282,192.90-	367,332.79-	2,180,545.85-
--- Liabilities and Balance---				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance	1,813,213.06	0.00	0.00	1,813,213.06
2881 Unassigned Fund Balance	0.00	347,486.28-	3,851,587.38-	3,851,587.38-
2885 Revenue Control	0.00	629,679.18	4,218,920.17	4,218,920.17
2887 Expenditure Control	1,813,213.06	282,192.90	367,332.79	2,180,545.85
Total Liabilities and Balance	1,813,213.06	282,192.90	367,332.79	2,180,545.85
430 Social Services				
--- Assets---				

Southwest Health and Human Services



NJW
8/6/14 12:19PM

5 Human Services Fund

TRIAL BALANCE REPORT

As of 07/2014

Report Basis: Cash

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
1001 Cash In Bank - Checking	32,305,717.42	627,967.38	4,574,940.69	36,880,658.11
1090 Investments	480,000.00	0.00	254,872.50	734,872.50
Total Assets	31,825,717.42	627,967.38	4,320,068.19	36,145,785.61
--- Liabilities and Balance ---				
Liabilities	0.00	0.00	0.00	0.00
Total Liabilities				
Fund Balance	31,825,717.42	0.00	0.00	31,825,717.42
2881 Unassigned Fund Balance	0.00	1,962.11	12,876.13	12,876.13
2885 Revenue Control	0.00	629,929.49	4,332,944.32	4,332,944.32
2887 Expenditure Control	31,825,717.42	627,967.38	4,320,068.19	36,145,785.61
Total Fund Balance				
Total Liabilities and Balance	31,825,717.42	627,967.38	4,320,068.19	36,145,785.61
431 Purchased Services,SSIS				
1001 Cash In Bank - Checking	39,771,425.35	1,847,106.73	4,774,207.64	44,545,632.99
1205 County Advances - MFIP (Chippewa Cty)	80,749.47	0.00	0.00	80,749.47
Total Assets	39,852,174.82	1,847,106.73	4,774,207.64	44,626,382.46
--- Liabilities and Balance ---				
Liabilities	0.00	0.00	0.00	0.00
Total Liabilities				
Fund Balance	39,852,174.82	0.00	0.00	39,852,174.82
2881 Unassigned Fund Balance	0.00	2,519,194.24	9,053,814.32	9,053,814.32
2885 Revenue Control	0.00	672,087.51	4,279,606.68	4,279,606.68
2887 Expenditure Control	39,852,174.82	1,847,106.73	4,774,207.64	44,626,382.46
Total Fund Balance				
Total Liabilities and Balance	39,852,174.82	1,847,106.73	4,774,207.64	44,626,382.46
461 Information Systems				
1001 Cash In Bank - Checking	1,593,070.09	15,931.28	116,027.36	1,709,097.45
Total Assets	1,593,070.09	15,931.28	116,027.36	1,709,097.45
--- Liabilities and Balance ---				
Liabilities	0.00	0.00	0.00	0.00
Total Liabilities				

Southwest Health and Human Services



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STATEMENT OF REVENUES AND EXPENDITURES

As Of 07/2014 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	55,000.00-	441,832.50-	744,604.00-	59	58
INTERGOVERNMENTAL REVENUES	3,658.57-	93,717.61-	231,500.00-	40	58
STATE REVENUES	78,435.35-	454,184.50-	742,202.00-	61	58
FEDERAL REVENUES	47,333.62-	605,261.35-	979,798.00-	62	58
FEES	32,700.76-	224,505.61-	436,160.00-	51	58
EARNINGS ON INVESTMENTS	461.34-	1,116.00-	0.00	0	58
MISCELLANEOUS REVENUES	149.55-	36,815.01-	13,550.00-	272	58
TOTAL REVENUES	217,739.19-	1,857,432.58-	3,147,814.00-	59	58
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	58
PAYROLL AND BENEFITS	188,733.98	1,372,920.92	2,441,523.00	56	58
OTHER EXPENDITURES	129,246.17	594,455.11	706,291.00	84	58
TOTAL EXPENDITURES	317,980.15	1,967,376.03	3,147,814.00	62	58

Southwest Health and Human Services



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STATEMENT OF REVENUES AND EXPENDITURES

As Of 07/2014 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	1,064,638.26-	4,839,983.81-	9,088,388.00-	53	58
INTERGOVERNMENTAL REVENUES	155.00-	11,957.79-	37,804.00-	32	58
STATE REVENUES	1,092,491.29-	2,524,570.24-	3,779,362.00-	67	58
FEDERAL REVENUES	144,417.99-	3,679,344.35-	6,570,948.00-	56	58
FEES	155,255.27-	873,482.35-	1,258,000.00-	69	58
EARNINGS ON INVESTMENTS	2,614.29-	6,324.01-	8,500.00-	74	58
MISCELLANEOUS REVENUES	414,999.54-	1,195,152.28-	1,530,137.00-	78	58
TOTAL REVENUES	2,874,571.64-	13,130,814.83-	22,273,139.00-	59	58
EXPENDITURES					
PROGRAM EXPENDITURES	844,200.40	5,484,039.48	8,942,678.00	61	58
PAYROLL AND BENEFITS	835,925.87	6,122,101.39	11,086,897.00	55	58
OTHER EXPENDITURES	295,016.35	1,649,214.71	2,243,564.00	74	58
TOTAL EXPENDITURES	1,975,142.62	13,255,355.58	22,273,139.00	60	58

Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 07/2014



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8/6/14 12:17PM

Report Basis: Cash

Element	Description	Account Number	Current Month	Year- To- Date	Budget	% of Bdgt	% of Year
900 PROGRAM	Emergency Preparedness		24,242.69-	68,551.87-	114,000.00-	60	58
			11,954.54	61,673.84	118,000.00	52	58
			12,288.15-	6,878.03-	4,000.00	172-	58
901 PROGRAM	Medl Reserve Corps		0.00	3,500.00-	4,000.00-	88	58
			3.47	610.65	0.00	0	58
			3.47	2,889.35-	4,000.00-	72	58
483 DEPT	Health Education	Totals:	55,866.23-	278,267.74-	532,150.00-	52	58
			59,094.50	320,981.60	517,930.00	62	58
			3,228.27	42,713.86	14,220.00-	300-	58
485 DEPT	Environmental Health						
800 PROGRAM	Environmental		21,638.10-	76,127.12-	138,500.00-	55	58
			10,753.27	86,930.81	162,422.00	54	58
			10,884.83-	10,803.69	23,922.00	45	58
830 PROGRAM	FDA- Research(Standardization for Ins						
			121.52	1,698.12	0.00	0	58
			121.52	1,698.12	0.00	0	58
485 DEPT	Environmental Health	Totals:	21,638.10-	76,127.12-	138,500.00-	55	58
			10,874.79	88,628.93	162,422.00	55	58
			10,763.31-	12,501.81	23,922.00	52	58
1 FUND	Health Services Fund	Totals:	217,739.19-	1,857,432.58-	3,147,814.00-	59	58
			317,980.15	1,967,376.03	3,147,814.00	62	58
			100,240.96	109,943.45	0.00	0	58

Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 07/2014

Report Basis: Cash

Element	Description	Account Number	Revenue	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
702 PROGRAM	LCTS		Revenue	0.00	166,264.00-	0.00	0	58
			Expend.	0.00	166,264.00	0.00	0	58
			Net	0.00	0.00	0.00	0	58
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	166,264.00-	0.00	0	58
			Expend.	0.00	166,264.00	0.00	0	58
			Net	0.00	0.00	0.00	0	58
5 FUND	Human Services Fund	Totals:	Revenue	2,874,571.64-	13,130,814.83-	22,273,139.00-	59	58
			Expend.	1,975,142.62	13,255,355.58	22,273,139.00	60	58
			Net	899,429.02-	124,540.75	0.00	0	58
FINAL TOTALS	887 Accounts		Revenue	3,092,310.83-	14,988,247.41-	25,420,953.00-	59	58
			Expend.	2,293,122.77	15,222,731.61	25,420,953.00	60	58
			Net	799,188.06-	234,484.20	0.00	0	58

SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

JULY 2014

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				5,191,000.27
7/1/14	9142-9145,9151-9157	Dep	44,413.78		5,235,414.05
7/7/14	45513-45544	Disb		2,140.88	5,233,273.17
7/7/14	45545-45626	Disb		164,977.72	5,068,295.45
7/7/14	407-414 ACH	Disb		1,588.75	5,066,706.70
7/3/14	9146-9150,9158-9190	Dep	179,666.11		5,246,372.81
7/7/14	9202	Dep	561,220.00		5,807,592.81
7/1/14	14225	Interest	2,500.00		5,810,092.81
7/1/14	14226	Interest	132.54		5,810,225.35
7/2/14	14263 CD 4015	Interest	297.53		5,810,522.88
7/8/14	9191-9201,9203-9225	Dep	140,442.18		5,950,965.06
7/8/14	9169	Disb		2,437.36	5,948,527.70
7/8/14	9170	Disb		45,429.23	5,903,098.47
7/11/14	6449-6462	PAYROLL		114,768.22	5,788,330.25
7/11/14	26093-26311 ACH	PAYROLL		386,858.73	5,401,471.52
7/10/14	9251	Dep	493,169.76		5,894,641.28
7/14/14	415 - 415 ACH	Disb		116.20	5,894,525.08
7/14/14	45627 - 45731	Disb		9,184.34	5,885,340.74
7/14/14	416 -429 ACH	Disb		1,338.03	5,884,002.71
7/14/14	45732 - 45886	Disb		528,636.67	5,355,366.04
7/11/14	9118-30,9132-35,9226-50,9252-86	Dep	1,258,815.90		6,614,181.94
7/14/14	9171	Disb		357.05	6,613,824.89
7/14/14	9172	Disb		4,465.56	6,609,359.33
7/14/14	9173	Disb		16,321.25	6,593,038.08
7/14/14	9174	Disb		54,413.70	6,538,624.38
7/14/14	9175	Disb		467.00	6,538,157.38
7/15/14	9287-9313	Dep	51,540.85		6,589,698.23
7/18/14	45887-46202 (CEI)	Disb		92,072.16	6,497,626.07
7/18/14	430 ACH (CEI)	Disb		143.50	6,497,482.57
7/18/14	9314-93	Dep	225,060.52		6,722,543.09
7/21/14	46203-46260	Disb		9,153.16	6,713,389.93
7/21/14	46261-46383	Disb		240,574.77	6,472,815.16
7/21/14	431-439 ACH	Disb		893.80	6,471,921.36
7/21/14	9176	Disb		27,502.63	6,444,418.73
7/22/14	9394-9423	Dep	11,262.72		6,455,681.45
7/25/14	6463-6478	PAYROLL		114,907.62	6,340,773.83
7/25/14	26312-26541 ACH	PAYROLL		390,242.44	5,950,531.39
7/28/14	46384-46425	Disb		17,778.76	5,932,752.63
7/28/14	46426-46531	Disb		244,081.93	5,688,670.70
7/28/14	440-444 ACH	Disb		871.59	5,687,799.11
7/25/14	9424-58	Dep	195,836.68		5,883,635.79
7/28/14	9177	Disb		6,031.67	5,877,604.12
7/28/14	9178	Disb		8,063.15	5,869,540.97
7/29/14	9459-9492	Dep	66,669.66		5,936,210.63
7/31/14	46532 - 46582	Disb		12,523.50	5,923,687.13
7/31/14	46583 - 46643	Disb		34,299.97	5,889,387.16
7/31/14	445 -446 ACH	Disb		218.00	5,889,169.16
7/28/14	14565	Interest	12.28		5,889,181.44
7/28/14	14566	Interest	133.28		5,889,314.72
7/31/14	9493-9519	Dep	170,059.02		6,059,373.74
7/31/14	9520	Dep	10,248.50		6,069,622.24
7/2/14	JE 260(cashed CD)	Dep	100,000.00		6,169,622.24
					6,169,622.24
					6,169,622.24
					6,169,622.24
					6,169,622.24
					6,169,622.24
	Balanced by KJD (8/1/14)	TOTALS	3,511,481.31	2,532,859.34	

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Alternatives for Disabled Individuals (CADI)	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
2014	14	14	253	324	35	875	26	478	462	318	2798
2015											
2016											
2017											

2014	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Alternatives for Disabled Individuals (CADI)	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	14	14	259	327	31	903	24	442	464	312	2790
February	14	14	254	324	31	887	24	451	461	312	2772
March	14	14	253	320	30	885	24	487	460	311	2798
April	14	14	247	326	46	823	31	531	462	336	2830
May	14	14	246	323	52	834	32	505	463	334	2817
June	14	14	247	321	47	829	35	496	466	341	2810
July	14	14	239	326	41	834	32	483	466	338	2787
August											
September											
October											
November											
December											
	14	14	249	324	40	856	29	485	463	326	2801

Children's - Social Services Caseload

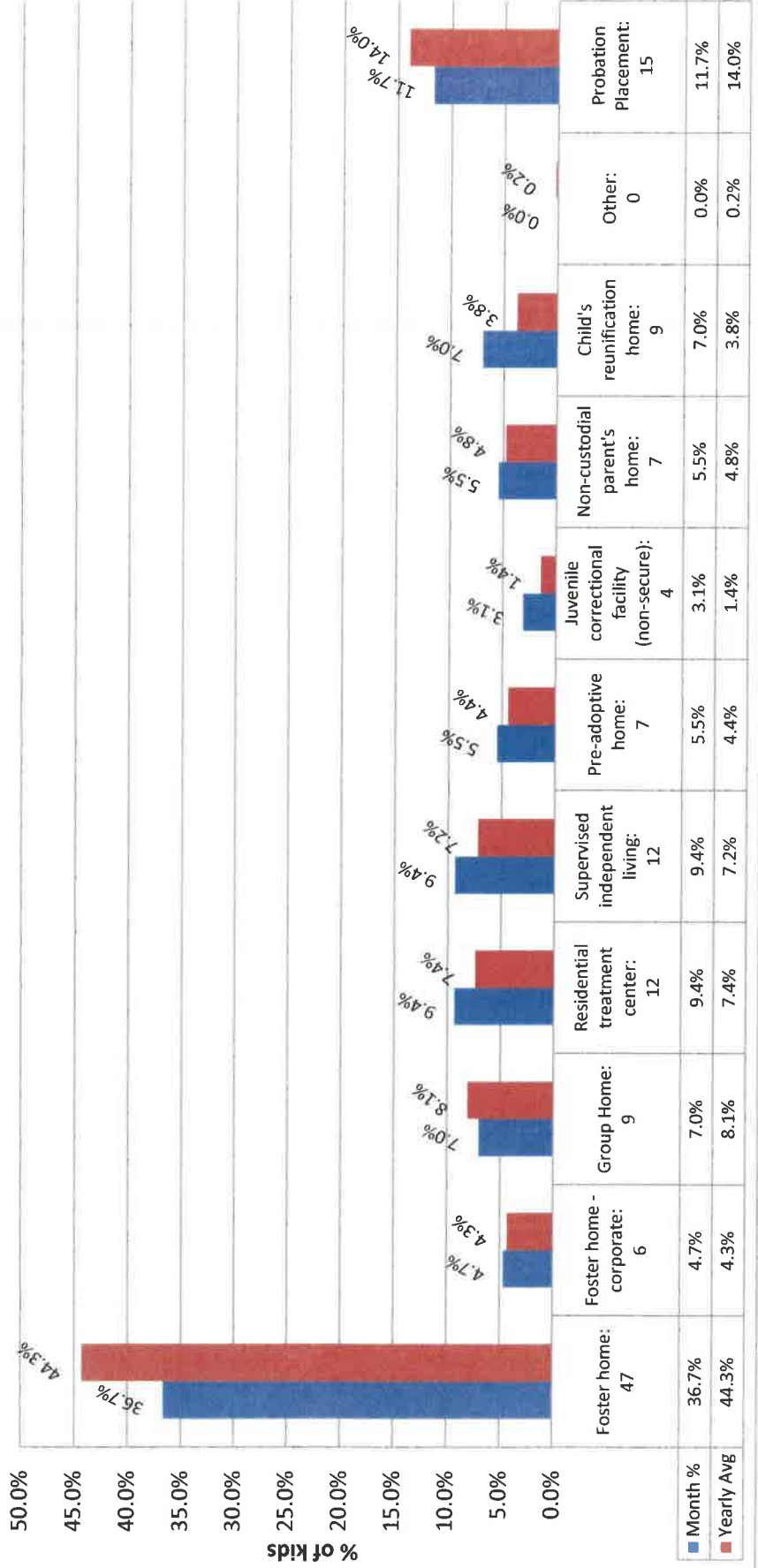
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2014	43	18	0	5	33	131	103	105	1	1	12	450
2015												
2016												
2017												

2014	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	39	18	0	5	33	120	105	99	0	1	16	436
February	44	18	0	5	34	128	99	105	1	1	10	445
March	44	18	0	4	32	143	102	108	1	1	10	463
April	44	17	0	4	33	131	104	108	1	1	11	454
May	44	17	0	4	33	128	103	110	1	1	17	458
June	44	18	0	4	33	110	101	107	0	1	15	433
July	44	19	0	4	31	109	99	108	0	1	13	428
August												
September												
October												
November												
December												
	43	18	0	4	33	124	102	106	1	1	13	445

2014 KIDS IN OUT OF HOME PLACEMENT

	July	
	# of placements	Probation placements
Lincoln	4	1
Rock	17	0
Lyon	27	7
Pipestone	17	0
Redwood	43	7
Murray	5	0
Totals	113	15
Total # of kids	128	

**July 2014 - Placement by Category
128 Kids in Placement**



Month %
Yearly Avg

July 2014:

Total of 8 Children entered placement

3	Redwood	Foster Care
1	Redwood	Group Home
1	Redwood	Probation
1	Rock	Juvenile Correctional Facility
2	Lyon	Probation

Total of 6 Children were discharged from placement

2	Redwood	Probation
1	Redwood	Foster Home
1	Lincoln	Foster Care
1	Lyon	Foster Care
1	Lyon	Probation

There were no adoptions this month.

**NON IVD COLLECTIONS
JULY 2014**

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	0.00
TANF (MFIP/DWP/AFDC)	05-420-610.5803	285.00
GA	05-420-620.5803	728.00
FS	05-420-630.5803	398.00
CS (PI Fee, App Fee, etc)	05-420-640.5501	1,948.50
MA	05-420-650.5803, 5513	34,074.73
REFUGEE	05-420-680.5803	0.00
CHILDRENS		
Parental Fees, Holds	05-431-710.5501	2,183.50
Corp FC Licensing	05-431-710.5505	200.00
OOH/FC Recovery	05-431-710.5803	19,692.65
CHILDCARE		
Licensing	05-431-720.5502	4,200.00
Over Payments	05-431-721&722.5803	11.50
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	3,469.24
Detox Fees	05-431-730.5520	1,085.15
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0.00
Over Payments	05-431-741 or 742.5803	277.71
DEVELOPMENTAL DISABILITIES		
Insurance Copay	05-431-750.5803	0.00
ADULT		
Insurance Copay	05-431-760.5803	0.00
TOTAL NON-IVD COLLECTIONS		68,554

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 13**

EFFECTIVE DATE: 08/17/11

REVISION DATE: 08/20/14

AUTHORITY: Southwest Health and Human Services - Human Services Board

--- FAMILY SUPPORT GRANT PROGRAM ---

Section 1 – General Description of Program

a. Background

The Family Support Grant Program provides state cash grants to families of children with disabilities. The goal of the program is to prevent or delay the out-of-home placement of children and promote family health and social well being by enabling access to family-centered services and supports.

b. Who is eligible?

Persons eligible for the program are:

- under age 21; and
- diagnosed with a disability; and
- living in their biological or adoptive family home, or in an ICF/MR,DD or other licensed residential service or facility ~~(OR residing in a regional treatment center, ICF/MR, or other licensed residential service or facility,~~ and would return to their family home if a grant were awarded); and
- have been certified disabled according to ~~MN Statute 256B.055, Subdivision 12, Paragraph ABCDE~~ a county based DD screening or State Medical Review Team.

c. Who is not eligible?

Families who are receiving Home and Community-Based Waivered services for persons with Developmental Disabilities are not eligible for the Family Support Grant. ~~Mental Retardation or Related Conditions are not eligible for the Family Support Grants.~~

d. Families whose annual adjusted gross income is ~~\$76,171 or greater are also ineligible for Support Grants.~~ In cases where extreme financial hardship is greater than the amount determined by the Department of Human Services and State Legislature. In cases where extreme financial hardship is demonstrated an exception may be made. ~~(The income ceiling is adjusted annually.)~~

e. How do families receive the grant?

Case managers are responsible to inform families about the Family Support Grant.

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 13**

- f. The legal guardian of a person defined in the “Who is eligible” section above, makes and application to Southwest Health and Human Services for a Support Grant. Southwest Health and Human Services will review applications received as outlined in these policies and procedures.
- g. Support Grants are available as monthly, lump sum, or one-time installments. In addition, program benefits may be issued to families by Southwest Health and Human Services in the form of check ~~voucher~~, or direct county payment to a vendor.
- h. How much can a family receive?
Southwest Health and Human Services shall determine the amount of each Support Grant. The maximum grant available to a family ~~is is \$250 per month per eligible consumer or \$3,000 per state fiscal year per eligible consumer.~~ determined and adjusted by DHS and state legislature as needed.
- i. How can the Grant be used?
The grant must be spent on services and items that are directly related to caring for the child with a disability and that enable the family to delay or prevent the out-of-home placement of the child. Only expenses that are over and above the normal costs of caring for the child if the child did not have a disability may be covered. All other funding sources must be explored and utilized if possible (i.e., Medicaid, Subsidized Adoptions, 3rd Party Insurance).
- j. Allowable expense categories could include:
- Day Care
 - Educational Services
 - Medical Services
 - Medications
 - Respite Care
 - Specialized Clothing
 - Specialized Dietary Needs
 - Specialized Equipment and Modifications
 - Transportation
- k. Expenses that are not allowable:
- Purchase of items and services that can be purchased with other public or private funds available to the family; and
 - Fees assessed to parents of health or human services that are funded by federal, state, or county dollars.

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 13**

Section 2 – Application Process

- a. The need for a Family Support Grant will be determined on an individual basis by a screening team. The developmental disabilities case manager will notify the family of all appropriate services and funding options, including Medical Assistance and the Home and Community-Based Services Waiver Program, and assist the family to make a choice of the program/s and services that best meet the needs of the child.

- b. When an eligible family chooses the Family Support Grant Program, the family and the case manager must complete the Family Support Grant Program Application (SS#251) form. Southwest Health and Human Services will review and award grants based on the following:
 - The completed Family Support Grant Program application form (SS#251);
 - Certification that the child has a disability ~~according to MN Statute 256B.055;~~
 - A summary of the family’s situation, including the case manager’s judgment on the potential for out-of-home placement and the impact of a grant on the family’s capability to maintain their child in the family home;
 - Other information gathered by the case manager that may be helpful in determining the family’s need for a grant, i.e., Individual Service Plan, Community Support Plan, Individual Education Plan, assessment summaries or progress reports from related service professionals such as occupational or physical therapists, speech/language therapists, behavior analysts, and reports from physicians, psychiatrists, or psychologists.

- c. Completed applications will be reviewed and rated by the case manager and the social services supervisor. ~~using the Family Support Grant Application Rating Form (SS#249) developed and supplied by the Department of Human Services.~~

- d. ~~Separate waiting lists will be maintained for applicants for the “ongoing” grants and for the “one-time” grants. A waiting list will be maintained when all funds are used or~~ encumbered.

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 13**

- e. ~~The rating will establish each applicant's place on a waiting list that will be maintained by Southwest Health and Human Services. The applicant's waiting list status will continually change as new applications are received and grants are awarded to eligible applicants. The length of time an applicant remains on the waiting list has little impact on whether or not he or she will receive a grant, as awards are prioritized by rating and not by application date.~~

- f. ~~An applicant's name will be automatically removed from the waiting list one year after the application is received by Southwest Health and Human Services unless the legal guardian renews the application. To renew an application, the legal guardian must submit a written request that includes any changes in the family's circumstances affecting their need for a grant and a new projected budget. The case manager will then make a redetermination of the child's risk placement and needs.~~

- g. ~~If changes occur which might affect a child's score at any time during the year, the case manager will be encouraged to request that the application be re-rated to take into account the changes in family circumstances.~~

Section 3 – Grant Award Process

- a. The case manager is responsible for notifying an applicant by letter when a grant becomes available for that family. The agency will consider the following criteria when determining awards of the grant:
 - Degree of need in the home environment for additional support
 - Extent and areas of the functional limitations of the child with a disability
 - Potential effectiveness of grant to maintain and support the child in the family environment.

- b. If the family accepts the award:
 - The case manager will assist the family in completing a "Budget of Subsidized Spending" using the "Guidelines for Developing the Budget of Subsidized Expenses" (Attachment A);
 - The case manager will review the budget with the social services supervisor's approval;
 - The case manager will inform the family of the agency's approval decision;
 - The case manager will notify the recipients of their rights and responsibilities.

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 13**

- c. Grant amounts
The amount of the grant award will be determined based on individual needs. Family Support Grants may not exceed a total of \$3,000 per fiscal year. Southwest Health and Human Services may exceed \$3,000 per fiscal year for emergency circumstances in cases where exceptional resources of the family are required to meet the health and welfare and safety needs of an eligible child.
- d. Grant award period
Grants are awarded on a calendar year. When an ongoing monthly Support Grant is awarded, the Grant award begins the month the budget is approved and continues to the end of the fiscal year, or December 31, of each year. Ongoing lump sum grant awards are granted in their entirety during the month in which the budget is approved.
- e. Reporting of Grant expenditures
Families must keep records and receipts of their expenditure for Grant funds. The "Documentation of Annual Expenditures" (SS#245) form must be filled out by the parent, signed, and submitted to the case manager at the end of the year (December 31). The case manager will review the form, sign, and maintain the form in the client record.
- f. Annual renewal of ongoing Grant awards
Annual renewals will be completed by Southwest Health and Human Services by January 1 each year. Renewal is dependent upon Southwest Health and Human Services' judgment that potential for out-of-home placement still exists. Typically, ongoing grant awards continue from year to year as long as a child remains eligible and funds are available. One-time grants are not awarded to a family more than once.
- g. To complete an annual renewal the case manager will:
- Write a narrative describing the family's current situation regarding their capacity to maintain their child in the family home, and any changes in their need for a Grant; and
 - Assist the family in completing a "Budget of Subsidized Expenses" for the next calendar year based on previous year's expenditures and potential expenses identified by the family (with any supporting documentation necessary); and
 - Obtain a "Parent Statement of Informed Consent" (SS#248) signed by the parents and the case manager; and
 - Obtain the signatures of the parent on the "Income Eligibility Form" (SS#246);
 - Obtain a copy of the most recent certification of disability.

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- h. Temporary out-of-home placement
Family Support Grants may not be “held” for families whose children enter temporary out-of-home placements of more than 30 days. The grant must be terminated during the period the child is not living in his/her family home. However, the grant will be reinstated upon the child’s return to the home, provided that funds are available and the child remains eligible.
- i. Transferring of Grants between counties
If the county of financial responsibility for the family changes, the case manager must transfer the monthly Grant award to the new county. The case manager in the new county will be responsible for setting up payments to the family.
- j. Termination of Grant
When Southwest Health and Human Services terminates a grant to a family for any reason, the case manager must submit a “Notice of Grant Termination” form (SS#247) to the accounting department within 10 working days.
- k. Southwest Health and Human Services then will reallocate the grant to the next family on the waiting list based on the county’s rating policies and procedures.

Section 4 - Reimbursement of County Expenditures

- a. When a grant is awarded, the case manager will notify the county’s fiscal officer to set up payments. Payments may be issued to the families in the form of a check, voucher, or direct county payment to a vendor.
- b. DHS Financial Management Division will reimburse Southwest Health and Human Services based on legislated allocation structure.

Section 5 - Summary of Case Manager’s Responsibilities

- Notify family of grant awarded by letter;
- Help family to prepare a budget;
- Notify the family of their rights and responsibilities under the Family Support Grant Program, Minnesota Statutes, section 252.32;
- Take appropriate action if there is change in grant status, i.e., family moving to another county, grant reduction, grant termination, or change in approved needs for funding;
- Assist families with the “Documentation of Annual Expenditures” forms (SS#245), review, sign, and maintain the form;
- Notify the county’s fiscal officer within 2 weeks of a family’s program termination;

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- Meet with each family receiving an ongoing grant award prior to the end of the calendar year to prepare a request for grant renewal and complete required renewal materials by January 1 of each year;
- Transitional planning for each child receiving a grant award; and
- Provide case management services;
- Conduct a review of the Child's Service Plan annually.

Section 6 - Summary of Family's Responsibilities

- a. Completing the applicable portions of the application form with the assistance of their case manager and working with the case manager to obtain necessary information to supplement the application;
- b. Spend their grant award within the categories agreed to in the Budget of Subsidized Expenses. If their need changes, the family is responsible to notify the case manager to revise the Budget of Subsidized Expenses prior to spending outside other agreed upon categories;
- c. Maintaining a record and keeping receipts of their expenditures of grant funds to be turned in every 3 months, and completing the Documentation of Annual Expenditures form with the assistance of their case manager;
- d. Return any unspent funds remaining at the end of the year (December 15) and/or any funds spent for purchases not related to the child's needs;
- e. Notifying their case manager of changes in their circumstances (within 5 working days) which may affect a child's status on the waiting list or continued Grant eligibility.

Section 7 - Waiting List Administration

- a. Consideration of awarding the Grant will be based on:
 - The need for assistance in the home to prevent placement of the individual;
 - Discharge from placement back to the home;
 - Home modifications to assist the person return home or stay in the home;
 - Financial limitations of the family will be a consideration.

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ATTACHMENT A

Section 8 - Guidelines for Developing the Budget of Subsidized Expenses

- a. These guidelines are designed to assist county case managers and families who have been approved for Family Support Grants in the preparation of the Budget of Subsidized Expenses. Budgets should be submitted: 1) upon notification of the availability of a grant; 2) when changes in either the amount of the award or in the allocation of funds in the various categories are necessary due to changes in family needs.
- b. Following these guidelines will help ensure that the budget is an accurate reflection of the family's needs and that resources are used in the most effective manner. Using the guidelines may also avoid delays in processing budget approvals that result from incorrectly prepared budgets or from budgets that do not contain sufficient information.

Section 9 - Steps in Developing the Budget

- a. Determine the family's needs. Using the expense categories on the budget form as a guide, outline the family's needs based on the needs identified by the family and/or case manager (see "Definitions of Expense Categories"). Total the cost of these needs.
- b. Determine available resources. For each expense category on the budget form, determine what financial resources (other than Family Support funds) are available to cover the identified needs. Family Support funds cannot be applied to expenditures for items for which other available funds exist.
- c. Determine needs that can be funded by a Family Support Grant Program (FSGP) Grant. List needs identified in "a" for which no other funding is available and which meet the following criteria:
 - are over and above the costs normally associated with raising a similar aged recipient without a disability;
 - are related to the child's disability or result from the disability; and
 - will enable the family to continue maintaining the child's placement in the family home or assist them in returning the child to the family home from out-of-home placement.

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- d. Determine which grant type is most appropriate in meeting a family's needs—~~a, b, or c.~~
(See SS#250, a chart for type of grant.)
- e. Fill out and submit a Service Agreement to fiscal department.

Section 10 – Ongoing Support Grant

- a. **Monthly** – for ongoing needs and expenses that occur on a regular basis.
EXAMPLE: A family has several ongoing expenses for which no other funding source is available and which meet FSGP criteria. These expenses occur on an ongoing basis through the year. Therefore, **a monthly grant** allocation is most appropriate to address this ongoing need.
- b. **Lump Sum** - only for specific high-cost items which can be purchased by the family directly following receipt of the lump sum.
EXAMPLE: A family has few ongoing expenses that are not covered by Medical Assistance. However, they are in need of a stair lift to allow their child to be independently mobile within the family home. The total cost of the stair lift is just under \$3,000—or \$2,945. In this situation it would be most appropriate for the family to request **a lump sum grant** of \$2,945 and apply the total ongoing one-time grant award toward the cost of the stair lift.
- c. **Combination** of a) and b) above - total must not exceed \$3,000.
EXAMPLE: A family has several ongoing expenses for which no other funding source is available and which meet FSGP criteria. These expenses occur on a regular basis throughout the year. This same family also needs to make some minor modifications to their home in order to make it accessible for their child. No other funding is available to cover these modification costs. The total cost of the required modification is less than \$3,000. Under these circumstances, **a combination of a monthly grant and a lump sum grant** allocation may be most appropriate.

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- d. Determine actual costs and amount requested from FSGP.
- e. **For monthly** grant budgets, calculate the full cost over the budget period of all items and services identified in step 3. Divide the total cost by the number of months covered by the budget and fill in these amounts on the lines under the column headed "Actual Costs per Month". The usual budget period for new monthly grant awards and revised monthly budgets is the number of months from the date of grant approval to the end of the calendar year. The usual budget period for renewals is 12 months. If desired, the cost of items in this column may be totaled. Under the column labeled "Amount Requested from FSGP" indicate the dollar amount of the Family Support Program Grant that will be applied to the actual costs the family expects to incur in each expense category for the fiscal year. Add the amounts for each of the categories in the column labeled "Amount Requested from FSGP". Enter this amount on the line labeled "Requested Monthly FSGP Grant".
- f. **For lump sum** grant budgets, identify the expense category of the specific high-cost or service needed. Under the column labeled "Actual Costs" indicate the total cost of the item or service. Then indicate the amount of the FSGP grant that will be applied to the actual cost the family expects to incur under the column labeled "Amount Requested from FSGP". The actual cost and the amount requested from FSGP should usually concur. The item must be explained briefly in the column labeled "Explanation of Specific Expenses" as well as referenced in a narrative which must accompany the budget request.
- g. Remember that the amount of the ongoing Support Grant (lump sum plus monthly grant) must not exceed \$3,000 per year.
- h. Based on the 1997 Laws of Minnesota, Chapter 203, Article 7, Section 10 - 14, counties are now responsible to develop policies and procedures on Family Support Grant awards.
- i. Questions regarding the program may be directed to: Melanie Fry, DSD, 444 Lafayette Road, St. Paul, Minnesota 55155-3857

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ATTACHMENT B

Section 11 - Definitions of Expense Categories

- a. Medical
Allowable medical expenses are those which are not reimbursable through private insurance, Medical Assistance, or other social service funds. Since the availability of Medical Assistance (MA) through TEFRA, very few medical expenses still qualify through Family Support Grant Program (FSGP). Exceptions are medical bills incurred prior to MA eligibility and/or expenses which are in excess of that covered by the family's private insurance when the recipient has been determined to be ineligible for MA. The Family Support Grant cannot be used to pay parental fees assessed to families using TEFRA.

- b. Medication
Medication expenses include costs for prescription and non-prescription substances which are necessary due to the recipient's disability. Applicants are reminded that the costs of prescription drugs are reimbursable through MA.

- c. Educational
This category includes the costs of educational programs and services that are not available through the recipient's local education agency, or are necessary in addition to those provided by other sources. Fees for consultation with professionals from private agencies, parent training programs, and costs for direct service professionals or paraprofessionals coming into the home for the purpose of addressing problems with excess behavior, adaptive skill deficits, and other need areas are examples of items which have been reimbursed in the past. Items which parents would either be expected to provide, or have the option of providing if their child did not have a disability, are not allowable.

- d. The purchase of computers by individual families is no longer authorized under the Family Support Grant Program. The cost of specialized computer software, modifications, or other adaptive devices which are necessary to enable a child to use a computer may be covered under this category.

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- e. Day Care
Allowable expenses in this category include the surcharges sometimes assessed by day care providers for children with disabilities. (Note: This should no longer be happening, however, because of the Americans with Disabilities Act requirements.) After school or weekend child care expenses for recipients who, because of their disabilities, are not able to remain at home unsupervised as would similar-aged children without disabilities are also allowed.

- f. Respite Services
Reimbursement is allowed for in-home and out-of-home respite care costs. Rates should typically not exceed the county rate for foster care.

- g. Special Clothing
This category includes the costs for extra clothing and bed linens required for a child with incontinence or for a child whose clothing wears out quickly due to abnormal movement patterns resulting from a disability. It also includes specially designed clothing for recipients with physical disabilities and medically prescribed articles for which other funding is not available (e.g., orthopedic shoes, helmets for head protection during seizures).

- h. Special Diet
Unusually high food and supplement costs due to special diets prescribed by a physician in an amount beyond USDA recommendations for a recipient without disability of similar age are allowable. The need for dietary supplement must be directly related to the recipient's disability and must not be reimbursable through other funding sources such as MA, WIC, food stamps, etc.

- i. Transportation
Expenses for transportation that are incurred as a result of the recipient's disability should be based on county reimbursement policy. Expenses must not be reimbursable through other funding sources (e.g., costs of transporting recipients to medical appointments and hospitals are typically reimbursable through MA and therefore would not be approved). Transportation costs to community environments and school-related activities which a parent would be expected to provide if the recipient did not have a disability are not reimbursable (e.g., transportation to and from shopping centers, recreation centers, day care providers, after school activities).

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j. Other

Occasionally, families need items which are not normally required for raising a similar-aged child without a disability. Some items are required because of the child's disability and enable the family to keep the child in their home. Some of these items may not fall into any of the preceding categories. Examples of expenses in this category might include the cost of individual or family counseling when not covered by private insurance or available through the county, reimbursement for long distance calls regarding the recipient's disability, etc.

Agency Forms Regarding This Policy:

SS#245 - Documentation of Annual Expenditures

SS#246 - Income Eligibility Form

SS#247 - Notice of Grant Termination

SS#248 - Parent Statement of Informed Consent

SS#249 - Family Support Grant Application Rating Form

SS#250 - Family Support Grant Type Chart

SS#251 - Family Support Grant Program Alternative Application

County	Tax Capacity	%	Population	%	SEAGRS	%	% Used for Funding
Lyon	\$ 39,792,099	23.62%	25,857	34.10%	\$ 8,414,492	35.94%	31.22%
Murray	\$ 29,472,942	17.49%	8,725	11.51%	\$ 1,817,396	7.76%	12.25%
Redwood	\$ 40,826,131	24.23%	16,059	21.18%	\$ 6,303,870	26.93%	24.11%
Lincoln	\$ 14,945,245	8.87%	5,896	7.78%	\$ 1,595,205	6.81%	7.82%
Rock	\$ 25,573,517	15.18%	9,687	12.78%	\$ 2,409,736	10.29%	12.75%
Pipestone	\$ 17,862,939	10.60%	9,596	12.66%	\$ 2,870,280	12.26%	11.84%
Total	\$ 168,472,873	100.00%	75,820	100.00%	\$ 23,410,979	100.00%	100.00%
Pipestone	\$ 11,185,545		9596				

Imputed into JFSpl Budget

	SS	IM
\$	1,577,520	1,051,680
\$	659,988	439,992
\$	1,316,852	877,901
\$	536,142	357,428
\$	676,810	451,207
\$	685,721	457,147
\$	5,453,032.20	3,635,354.80
		\$ 9,088,387.00

levy Payable 2015
2,629,199.39
1,099,980.48
2,194,752.62
893,569.64
1,128,016.92
1,142,867.94
\$ 9,088,387.00

County	2013 Levy	%	2014 Proposed levy	Difference	over 10 years
Lyon	\$2,606,050	32.19%	\$ 2,837,544	\$ 231,494	\$23,149.39
Murray	\$1,098,448	11.31%	\$ 1,113,773	\$ 15,325	\$1,532.48
Redwood	\$2,195,111	24.29%	\$ 2,191,527	\$ (3,584)	(\$358.38)
Lincoln	\$913,883	7.94%	\$ 710,749	\$ (203,134)	(\$20,313.36)
Rock	\$1,124,603	12.94%	\$ 1,158,742	\$ 34,139	\$3,413.92
Pipestone	\$1,150,292	11.33%	\$ 1,076,051	\$ (74,241)	(\$7,424.06)
Total	\$9,088,387	100.00%	\$ 9,088,387	\$ (0)	(\$0.00)

County	2007	2008	2009	Total
Lyon	\$ 2,985,469	\$ 3,106,658	\$ 3,690,988	\$ 9,783,115
Murray	\$ 441,577	\$ 533,649	\$ 505,786	\$ 1,481,012
Lincoln	\$ 349,417	\$ 350,490	\$ 733,996	\$ 1,433,903
Rock	\$ 1,020,977	\$ 1,174,011	\$ 985,131	\$ 3,180,119

LAST THREE YEARS OF SEAGR DATA

County	2011	2012	2013
Lyon	\$2,849,112	\$2,889,906	\$2,675,474
Murray	\$689,332	\$639,632	\$488,432
Lincoln	\$553,976	\$521,299	\$519,930
Rock	\$895,390	\$639,632	\$874,714
Redwood	\$2,239,912	\$2,339,725	\$1,724,233
Pipestone	\$854,782	\$980,203	\$1,035,295
			\$8,414,492
			\$1,817,396
			\$1,595,205
			\$2,409,736
			\$6,303,870
			\$2,870,280

\$7,318,078

Southwest Health and Human Services 2015 Budget (Human Services)	SWHHS	SWHHS (combined)	SWHHS (combined)	SWHHS	SWHHS
Category	2011 Final	2012 Final	2013 Final	2014 Final	2015 Proposed
EXPENDITURES					
600 Income Maintenance					
6100 - Personnel	\$2,052,112	\$2,345,803	\$4,111,265	\$4,351,283	\$4,571,260
6200- Services & Charges	\$234,400	\$301,105	\$404,775	\$382,200	\$445,500
6300- Administrative Overhead Costs	\$175,050	\$281,425	\$474,727	\$461,470	\$728,611
6000- Payment for/behalf clients	\$1,088,000	\$1,374,670	\$2,130,605	\$1,837,000	\$1,804,000
Subtotal Income Maintenance	\$3,549,562	\$4,303,003	\$7,121,372	\$7,031,953	\$7,549,371
700 Social Services					
710 - Children's Services	\$1,509,038	\$1,773,689	\$2,497,988	\$2,555,041	\$2,810,670
720 - Child Care/MFIP Admin./PIC.	\$240,678	\$277,933	\$489,988	\$68,665	\$64,965
730 - Chemical Dependency	\$230,000	\$260,270	\$426,600	\$496,500	\$540,000
740 - Mental Health	\$1,170,652	\$2,016,599	\$3,153,603	\$3,681,539	\$2,974,860
750 - Developmental Dis.	\$341,082	\$352,159	\$577,924	\$455,633	\$408,451
760 - Adult Services	\$265,500	\$222,688	\$239,200	\$243,300	\$146,000
Subtotal	\$3,756,950	\$4,903,338	\$7,385,303	\$7,500,678	\$6,944,946
6100- Personnel	\$3,186,746	\$3,955,317	\$5,810,344	\$6,461,067	\$6,787,655
6200- Services and Charges				\$264,089	\$474,000
6300- Administrative Overhead	\$538,600	\$681,655	\$1,053,083	\$733,555	\$783,192
Subtotal Social Services	\$3,725,346	\$4,636,972	\$6,863,427	\$7,458,711	\$8,044,847
461 Information Systems					
6100- Personnel	\$248,787	\$322,555	\$280,577	\$274,547	\$280,163
6200- Services and Charges				\$250	\$700
6300-Administrative Overhead Costs	\$6,200	\$7,250	\$9,600	\$7,000	\$5,800
Subtotal Information Services	\$254,987	\$329,805	\$290,177	\$281,797	\$286,663
Combined					
Personnel	\$5,487,645	\$6,623,675	\$10,202,186	\$11,086,897	\$11,639,078
Services & Charges	\$234,400	\$301,105	\$404,775	\$646,539	\$920,200
Administrative Overhead	\$719,850	\$970,330	\$1,537,410	\$1,202,025	\$1,517,603
Payments for/behalf of clients	\$4,844,950	\$6,278,008	\$9,515,908	\$9,337,678	\$8,748,946
Total Expenditures	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,825,827
REVENUE					
420 Income Maintenance					
5400 - Federal	\$1,570,000	\$2,016,400	\$3,017,900	\$3,470,000	\$3,747,000
5300 - State	\$400,421	\$393,800	\$865,575	\$777,500	\$884,550
5500/5800 - Other	\$421,300	\$680,520	\$1,161,550	\$785,700	\$619,500
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$829,129	\$1,052,971	\$1,738,824	\$1,635,908	\$3,635,355
Subtotal	\$3,220,850	\$4,143,691	\$6,783,849	\$6,669,108	\$8,886,405
431 Social Services					
5400 - Federal	\$2,145,644	\$2,469,458	\$2,849,187	\$3,100,948	\$3,061,917
5300 - State	\$1,134,622	\$1,772,613	\$2,595,881	\$3,001,862	\$2,988,682
5500/5800 - Other	\$969,085	\$1,055,397	\$2,025,299	\$1,990,741	\$2,096,500
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$3,777,144	\$4,672,259	\$7,349,563	\$7,452,480	\$5,453,032
Subtotal	\$8,026,495	\$9,969,727	\$14,819,930	\$15,546,031	\$13,600,131
461 Information Systems					
5900- Participating Entities	\$39,500	\$59,700	\$56,500	\$58,000	\$78,500
Subtotal	\$39,500	\$59,700	\$56,500	\$58,000	\$78,500
Combined					
5400 - Federal	\$3,715,644	\$4,485,858	\$5,867,087	\$6,570,948	\$6,808,917
5300 - State	\$1,535,043	\$2,166,413	\$3,461,456	\$3,779,362	\$3,873,232
5500/5800 - Other	\$1,429,885	\$1,795,617	\$3,243,349	\$2,834,441	\$2,794,500

Reserves	\$0	\$0	\$0	\$0	\$0
5000- County Taxes	\$4,606,273	\$5,725,230	\$9,088,387	\$9,088,388	\$9,088,387
Total Revenues	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,565,036
Summary					
Revenue	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,565,036
Expenditures	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,825,827
Difference	\$0	\$0	\$0	\$0	(\$260,791)

Southwest Health and Human Services 2014 Budget	SWHHS	SWHHS	SWHHS	SWHHS
(Health Services)	2012	2013	2014	2015
Category	Final	Final	Final	Proposed
EXPENDITURES				
481 Nursing				
Personnel	\$934,620	\$1,323,428	\$1,467,032	\$1,372,467
6200- Services & Charges	\$192,454	\$247,112	\$308,419	\$268,533
6300- Administrative Overhead Costs	\$94,697	\$120,982	\$131,685	\$143,539
Subtotal Nursing	\$1,221,771	\$1,691,522	\$1,907,136	\$1,784,539
483 Health Education				
Personnel	\$237,289	\$352,306	\$370,461	\$442,072
6200- Services & Charges	\$111,473	\$194,761	\$83,748	\$74,864
6300- Administrative Overhead Costs	\$120,179	\$65,983	\$63,721	\$63,618
Subtotal Health Education	\$468,941	\$613,050	\$517,930	\$580,554
485 Environmental Health				
Personnel	\$125,267	\$111,848	\$131,497	\$127,769
6200- Services & Charges	\$19,121	\$5,600	\$6,400	\$5,900
6300- Administrative Overhead Costs	\$46,043	\$30,296	\$24,525	\$25,350
Subtotal Environmental Health	\$190,431	\$147,744	\$162,422	\$159,019
410 Administration				
Personnel	\$261,544	\$458,112	\$472,533	\$547,150
6200- Services & Charges	\$58,156	\$39,463	\$37,300	\$39,408
6300- Administrative Overhead Costs	\$58,961	\$99,705	\$50,493	\$43,493
Subtotal Administration	\$378,661	\$597,280	\$560,326	\$630,051
Combined Expenditures				
Personnel	\$1,558,720	\$2,245,694	\$2,441,523	\$2,489,458
Services & Charges	\$381,204	\$486,936	\$435,867	\$388,705
Administrative Overhead	\$319,880	\$316,966	\$270,424	\$276,000
Total Expenditures	\$2,259,804	\$3,049,596	\$3,147,814	\$3,154,163
REVENUE				
481 Nursing				
5400 - Federal	\$538,306	\$771,380	\$858,898	\$775,762
5300 - State	\$4,800	\$96,261	\$257,794	\$284,670
5500/5800 - Other	\$399,544	\$769,480	\$383,660	\$364,814
Reserve spending	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0
Subtotal Nursing	\$942,650	\$1,637,121	\$1,500,352	\$1,425,246
483 Health Education				
5400 - Federal	\$3,000	\$120,000	\$120,900	\$280,200
5300 - State	\$0	\$0	\$223,200	\$221,000
5500/5800 - Other	\$426,820	\$365,961	\$188,050	\$40,150
Reserve spending	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0
Subtotal Health Education	\$429,820	\$485,961	\$532,150	\$541,350
485 Environmental Health				
5400 - Federal	\$50,000	\$0	\$0	\$0
5300 - State	\$0	\$0	\$35,500	\$35,500

5500/5800 - Other	\$98,000	\$143,292	\$103,000	\$102,500
Reserve spending	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0
Subtotal Environmental Health	\$148,000	\$143,292	\$138,500	\$138,000
410 Administration				
5400 - Federal	\$0	\$0	\$0	\$0
5300 - State	\$0	\$0	\$225,708	\$225,708
5500/5800 - Other	\$310,768	\$6,500	\$6,500	\$1,500
Reserve spending	\$0	\$0	\$0	\$0
5000 - County Taxes	\$428,566	\$776,722	\$744,604	\$744,604
Subtotal Administration	\$739,334	\$783,222	\$976,812	\$971,812
Combined Revenues				
5400 - Federal	\$591,306	\$891,380	\$979,798	\$1,055,962
5300 - State	\$4,800	\$96,261	\$742,202	\$766,878
5500/5800 - Other	\$1,235,132	\$1,285,233	\$681,210	\$508,964
Reserves	\$0	\$0	\$0	\$0
5000- County Taxes	\$428,566	\$776,722	\$744,604	\$744,604
Total Revenues	\$2,259,804	\$3,049,596	\$3,147,814	\$3,076,408
Summary				
Revenue	\$2,259,804	\$3,049,596	\$3,147,814	\$3,076,408
Expenditures	\$2,259,804	\$3,049,596	\$3,147,814	\$3,154,163
Difference	\$0	\$0	\$0	(\$77,755)



MEMPHIS TRIAL OUTCOMES: REDUCTIONS IN MATERNAL AND CHILD MORTALITY

NURSE-FAMILY PARTNERSHIP IS THE FIRST EARLY INTERVENTION TO FIND REDUCTIONS IN MATERNAL AND CHILD MORTALITY

Nurse-Family Partnership® (NFP) is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first children. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership’s model is based on over 37 years of evidence from randomized, controlled trials that prove it works to improve maternal and child health.

Beginning in 1990, the second randomized, controlled trial was conducted in Memphis, Tenn. to study the effects of Nurse-Family Partnership on low-income, primarily African-American mothers living in disadvantaged, urban neighborhoods.

In July of 2014, JAMA Pediatrics published a study that found for participants in Nurse-Family Partnership there were lower rates of preventable causes of death among children and all causes of death among mothers.

“Death among mothers and children in these age ranges in the United States general population is rare, but of enormous consequence. The high rates of death in the control group reflect the toxic conditions faced by too many low-income parents and children in our society. The lower mortality rate found among nurse-visited mothers and children likely reflect the nurses’ support of mothers’ basic human drives to protect their children and themselves.”

DAVID OLDS, Ph.D.
Program Founder, Nurse-Family Partnership

MEMPHIS TRIAL



TRIAL BEGAN: 1990
MORTALITY STUDY FOLLOW-UP: 1990-2011
POPULATION: LOW-INCOME AFRICAN-AMERICAN
ENVIRONMENT: DISADVANTAGED, URBAN AREA

MEMPHIS TRIAL - MORTALITY OUTCOMES

Reductions in Child Mortality

- Among Nurse-Family Partnership participants, there were lower rates of preventable child mortality from birth until age 20.
- 1.6% of the children not receiving nurse-home visits died from preventable causes – including sudden infant death syndrome, unintentional injuries and homicide – while none of the nurse-visited children died from these causes.

Reductions in Maternal Mortality

- Mothers who did not receive nurse-home visits were nearly 3 times more likely to die from all causes of death than nurse-visited mothers (3.7% versus 1.3%).
- Mothers that did not receive nurse-home visits were 8 times more likely to die from external causes – including unintentional injuries, suicide, drug overdose and homicide – than nurse-visited mothers (1.7% versus 0.2%).

Olds, D.L., Kitzman, H., Knudtson, M.D., Anson, E., Smith, J.A., & Cole, R. (2014) Effect of home visiting by nurses on maternal and child mortality: results of a two-decade follow-up of a randomized, clinical trial. JAMA Pediatrics.

SIGNIFICANCE OF MORTALITY STUDY

This is the first study of NFP to show significant findings of reductions in maternal and child mortality based upon a randomized, clinical trial with over two decades of follow-up. The evidence of this effect will be further strengthened when replicated in future studies.

In addition, unlike many other outcomes, death is an outcome of unequivocal importance. The study uses the gold standard measure of death – the National Death Index – which records all deaths in the U.S.

This mortality study provides findings that are consistent with previous evidence that Nurse-Family Partnership is effective at meeting its goals of improving maternal and child health as shown by outcomes of the Memphis randomized, clinical trial.

MEMPHIS TRIAL – OTHER OUTCOMES FROM EARLIER STUDIES

Earlier follow-up studies of the Memphis trial showed Nurse-Family Partnership showed better outcomes for maternal health including:

- Better prenatal health and behavior;
- Decreased use of welfare, Medicaid and food stamps;
- Fewer behavioral impairments due to substance use; and
- Fewer parenting attitudes that predispose them to abuse their children.

In addition, earlier follow-up studies of the Memphis trial showed that nurse-visited children had better outcomes in child health including the children were:

- Less likely to be hospitalized with injuries through age 2;
- Less likely to have behavioral problems at school entry; and
- Less likely to reveal depression, anxiety and substance use at age 12.

TOP TIER EVIDENCE

The Coalition for Evidence-Based Policy – a nonprofit, nonpartisan organization – has identified Nurse-Family Partnership as the only prenatal or early childhood program that meets its “Top Tier” evidence standard, which is used by the U.S. Congress and the executive branch to distinguish research-proven programs.



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Sam's daughter, Izobel.

It wasn't until Sam was at her local WIC office in Benson, Minnesota and her nurse there told her to speak with Karen, that a connection was finally made. Karen recalls Sam walked in her office and kindly said, "Hi, I'm the girl who never returns your phone calls." The relationship grew from there.

Twenty-four-year-old Sam had a lot on her mind and wasn't sure

if enrolling in the Nurse-Family Partnership® (NFP) program was something she could manage doing. She had recently called off an engagement and knew she could use help since this was her first baby. "I really had no idea what Nurse-Family Partnership would offer," said Sam. "After meeting Karen that first day, she explained the program is there to prepare me to have my baby and we would discuss topics I wanted to learn about. I thought, 'I am about to have a baby on my own, I need the help!'"

In the beginning, Sam was not comfortable opening up to Karen, but after several visits that all changed. "I am a private person and it was hard sharing with Karen," said Sam. "I now get excited to share things Izobel (Sam's daughter) does and I want to share everything all the time!"

The relationship Karen and Sam built has helped Sam learn to take on life's moments, one thing at a time. "Learning I was pregnant was scary at first. I knew it wasn't going to be easy," said Sam. "I thought, 'oh boy what did I get myself into, I have to bathe her on my own and get up in the middle of the night.'" Sam realized she was beginning a journey that would be both rewarding and difficult, but with Karen's help she learned to take on each moment as it happened.



After several failed attempts to reach out to Sam by phone, Karen Mitteness — nurse home visitor for the Supporting Hands Nurse-Family Partnership in rural Minnesota — thought she may never connect with Sam. Karen was adamant to make this connection, but it was not working out.

"Karen has helped me be more relaxed about things," said Sam. "Karen says, 'Do what you can and that is all that matters.'" The support Sam received from Karen helped Sam in the most difficult times. When Sam was 20-weeks pregnant an ultrasound showed her daughter had a swollen kidney. "The doctors continued to monitor Izobel's kidney, but there was no improvement," said Sam. Sam's daughter would need kidney surgery. Karen and Sam discussed what to expect with Izobel's surgery. "Karen and I went over the surgeon's plans and orders. I think Karen knew better than I did that the surgery was going to be rough on me. She was right," said Sam.

When Izobel was 3-months old, Sam drove three hours in blizzard conditions to the Children's Hospital in Minneapolis, Minnesota for Izobel's kidney surgery. Sam was terrified to drive in a big city. "My town of Appleton has about 800 people. We don't have a stop light in our town, so driving in a big city and in snow was nerve wracking, but my friend and I found our way safely," Sam said.

Sam's daughter Izobel didn't just have one surgery for her kidney — she had three. Her first surgery was unsuccessful and had to be repeated. Izobel was also sent home with a suprapubic catheter. The second surgery was successful and Izobel's third surgery was to remove the stint placed on her kidney. While Sam was in the hospital she was gracious to the kind nurses who took care of her daughter and gracious to the guidance she received from Karen during that time.

"Izobel's nurses were amazing," said Sam. "Izobel's nurses taught me how to take care of her and my CNA training also made me less nervous about it all. After Izobel's surgery Karen reassured me that I was taking care of Izobel the way I needed to. It was nice having Karen there to talk about Izobel's surgery."

Taking care of Izobel after her surgery sparked more interest in Sam to continue her schooling for nursing. "I thought, 'These nurses are great. Why can't I do that too?'"

Karen will tell you one of Sam's strengths is when she puts her mind to something and has the support, she gets it done. Sam did exactly that. With Karen's support and motivation, Sam applied for an online licensed practiced nurse (LPN) program in Watertown, South Dakota and received the news she wasn't expecting to hear. "Sam was told she needed a letter that would demonstrate she was worthy of admittance," said Karen. Sam was determined to get accepted and asked Karen to write her a letter of recommendation.



Sam with daughter Izobel.

“This program has helped me so much. Karen is always so positive and makes me feel good about school and Izobel,” said Sam. “Karen doesn’t make every meeting only about Izobel, because once you have a baby it is all about the baby. Karen discusses school with me and my future.”

“I wrote a letter for Sam and she was told she was put on a waiting list,” said Karen. Being put on the waiting list did not stop Sam. She signed up for online classes with another institution and began taking courses. While attending a doctor’s appointment for her daughter, Sam received a phone call saying she was admitted to the online LPN program in South Dakota and was overwhelmed with joy.

This was great news that would help her reach her goals. Sam would now take on even more classes since she was accepted to the LPN online program. Today, Sam plans to complete the LPN program and continue to go on and become a registered nurse. Sam is currently facing her most difficult semester. “I am taking 16 credits in school, I work part-time and I am Izobel’s mother full-time,” said Sam.

Sam lives with her father, who is hearing impaired and divorced her mother when Sam was a young age. While her dad has been supportive, one of her goals besides obtaining her LPN and becoming a registered nurse is to move out of her father’s house. “My dad is a great support to me and Izobel, but I don’t want to live at home forever,” said Sam. Sam currently is raising her daughter on her own, but has a good relationship with Izobel’s father.

Little 1-year-old Izobel is the light of Sam’s life. “She is outgoing and not afraid of anyone,” said Karen. “Izobel is a gem!”

Sam shares, Izobel’s unique way her name is spelled comes from a character from one of her favorite television series, but she made her name even more unique by spelling it with a ‘z.’

Sam has learned to focus on her goals and has become a confident mother because of the NFP program. “This program has helped me so much. Karen is always so positive and makes me feel good about school and Izobel,” said Sam. “Karen doesn’t make every meeting only about Izobel, because once you have a baby it is all about the baby. Karen discusses school with me and my future.”

The next challenge Sam faces besides balancing being a mother, school and working a part-time job is her daughter’s vision.

Izobel has to wear an eye patch three hours a day and wears glasses all day as well. “Izobel’s gotten a lot better about wearing the eye patch and glasses,” said Sam. “She of course doesn’t like wearing the eye patch and glasses all the time and wants to take them off, but she is learning she has to wear them.”

Izobel wears the eye patch to strengthen the muscles in her eye. “Sam is very good about keeping the eye patch and glasses on Izobel, which you can imagine can be a struggle at times, but she always has the patch and glasses on Izobel when we have visits,” said Karen.

Sam and Karen’s relationship continues to grow. If it wasn’t for Sam making that initial connection that day in Karen’s office, Sam’s life would be different. “I would definitely be more uptight and worried that I was doing something wrong with Izobel. Karen has been great because she never puts me down or makes me feel like I’m doing something wrong, so I wouldn’t have that positive support either. Karen gave me the push to go back to school. With Karen’s help, I can make good decisions for me and Izobel. It’s going to be strange when she (Karen) stops her visits,” said Sam.

Karen will continue to visit Sam until Izobel turns 2-years old. Karen has seen many improvements in Sam and knows Sam will have a bright future. “I give Sam a lot of credit. She has demonstrated so much maturity and made many decisions. She focuses on her strengths and I see things moving in a positive direction for her,” said Karen.

Postscript

Sam completed her first semester with a 4.0 GPA and made the President’s list. She and Izobel are doing well and Sam is looking forward to Izobel growing and learning more every day.

Sam will graduate from the Nurse-Family Partnership program in December 2014. This NFP agency is implemented by Supporting Hands, a 20-county project in rural Minnesota that provides NFP services to clients in Big Stone, Chippewa, Douglas, Grant, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Pipestone, Pope, Redwood, Renville, Rock, Stevens, Swift, Traverse and Yellow Medicine Counties. Nurse-Family Partnership in Minnesota is part of a continuum of home visiting programs helping to assist diverse communities throughout the state of Minnesota.

AUGUST 2014
GRANTS ~ AGREEMENTS ~ CONTRACTS
for Board review/approval

- Southwest MN State University (Marshall, MN) – 08/01/14 to 07/31/19; –**
Memorandum of agreement for SMSU to provide various nursing programs and refresher courses for qualified students preparing for and/or engaged in nursing careers and SWHHS to provide suitable clinical facilities for those educational needs and to assist in educating (renewal).