



Southwest Health and Human Services  
 Board Agenda  
 Wednesday, August 19, 2015  
 Government Center, 2<sup>nd</sup> Floor  
 Marshall  
 9:00 a.m.

**HUMAN SERVICES**

- A. Call to order
- B. Pledge of Allegiance
- C. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 07/15/15 board minutes

D. Financial

E. Caseload

	07/15	06/15	05/15
Social Service	3,614	3,645	3,655
Licensing	484	487	487
Out-of-Home Placements	156	160	165
Income Maintenance	12,256	12,152	12,419
Child Support Cases	3,480	3,486	3,504
Child Support Collections	\$830,951	\$893,022	\$845,206
Non IV-D Collections	\$93,353	\$54,890	\$47,366

F. Decision Items

- 1. 2016 budget

G. Discussion/Information

- 1. Vulnerable Children and Adult Act (VCAA) amendment
- 2. APHSA Technology Conference and Demo

## **COMMUNITY HEALTH**

- H. Call to order
- I. Consent Agenda
1. Amend/Approval of Agenda
  2. Identification of Conflict of Interest
  3. Approval of 07/15/15 board minutes
- J. Financial
- K. Caseload
- |                                   | 07/15 | 06/15 | 05/15 |
|-----------------------------------|-------|-------|-------|
| WIC                               |       | 2214  | 2182  |
| Family Home Visiting              | 80    | 82    | 98    |
| PCA Assessments                   | 29    | 21    | 30    |
| Managed Care                      | 255   | 240   | 213   |
| Dental Varnishing                 | 148   | 148   | 91    |
| Refugee Health                    | 15    | 10    | 2     |
| Latent TB Medication Distribution | 21    | 25    | 39    |
- L. Decision Items
1. 2016 budget
- M. Discussion/Information
- 1.

## **GOVERNING BOARD**

- N. Call to order
- O. Consent Agenda
1. Amend/Approval of Agenda
  2. Identification of Conflict of Interest
  3. Approval of 07/15/15 board minutes
- P. Financial
- Q. Employee Recognition
- Rachel Higgins, 1 year, Social Worker, Marshall
  - Tammy Markus, 1 year, Social Worker, Slayton
  - Lisa Schardin, 1 year, Social Worker, Pipestone
  - Corrie Vollmer, 1 year, Social Worker, Marshall
  - Rebecca Kleinhuizen, 5 years, Eligibility Worker, Redwood Falls

**GOVERNING BOARD (cont.)**

R. Decision Items

1. Rachel Higgins, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 08/18/15
2. Lisa Schardin, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 08/25/15
3. Tammy Markus, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 08/26/15
4. Jamie Baker, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 09/02/15
5. Erin Klumper, Social Worker (CPS), completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 09/02/15
6. Wendy Crawford, Eligibility Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 09/08/15
7. Megan Gullickson, promotional appointment – Social Worker to CIRCLE Coordinator, 6 month probationary period, \$42,552.00 annual, effective 07/20/15
8. Matthew Carlson, Social Worker (CPS), probationary appointment (12 months), \$37,320.00 annual, effective 08/03/15
9. Stephanie Bruflat, Social Worker (CPS), probationary appointment (12 months), \$37,320.00 annual, effective 08/10/15
10. Marianne Anderson-Balk, Social Worker (CPS), probationary appointment (12 months), \$63,000.00 annual, effective 08/17/15
11. Heather Moorse, Social Worker (CPS), probationary appointment (12 months), \$37,320.00 annual, effective 08/19/15
12. Jessica Kruk, Eligibility Worker, probationary appointment (12 months), \$16.72 per hour, effective 08/24/15
13. Kassandra VanderPlaats, Office Support Specialist, probationary appointment (12 months), \$11.43 per hour, effective 08/31/15
14. Tori VanOverbeke, Eligibility Worker, probationary appointment (12 months), \$16.72 per hour, effective 09/01/15
15. Jean Callens, temporary appointment, \$22.00 per hour, effective approximately mid-November to mid-February
16. Kate Wessel, Social Worker (CPS), resignation, effective 08/07/15
17. Kayla Hall, Social Worker (CPS), resignation, effective 08/27/15
18. Michael Dahmes, Social Worker, retirement, effective 09/18/15
19. Vicky Henderson, Social Worker, retirement, effective 09/30/15
20. Request for Social Services Supervisor position
21. Memorandum of Understanding (MOU) – Trainee positions
22. Safety Policy Number 2 – Infection/Exposure Control Program
23. Administrative Policy Number 13 – Equal Employment Opportunity and Affirmative Action

**GOVERNING BOARD (cont.)**

- R. Decision Items (cont.)
- 24. Contracts
  - 25. Donation
  - 26. Request to purchase two agency vehicles
  - 27. Department of Labor letter
  - 28. Apprize proposal
  - 29. SPCC dividend
  - 30. 2016 budget
- S. Discussion/Information
- 1. Insurance
- T. Adjournment

**Next Meeting Dates:**

- **Wednesday, September 16, 2015 – Marshall**
- **Wednesday, October 21, 2015 – Marshall**
- **Wednesday, November 18, 2015 – Marshall**



**INFORMATIONAL ONLY**

July 28, 2015

Mary Jo O'Brien  
Executive Director  
Supporting Hands Nurse-Family Partnership  
1805 Ford Avenue  
Suite 200  
Glencoe, MN 55336

Dear Ms. O'Brien,

Changing lives and communities is not a simple task, but you make it look easy! We would like to take a moment to acknowledge the work of your team in maintaining high caseloads. On behalf of all of the first-time moms and babies that your agency has served and continues to serve, the Nurse Family Partnership National Service Office is delighted to express a few sentiments to your team: First, thank you! Second, you rock! Third, keep up the good work!

Your extraordinary leadership, steady commitment and hard work have improved the lives of new moms and their babies in your community. We know you understand the power of these outcomes, but we'd like to remind you of what this accomplishment means. Because of you, many young women who were once struggling and lost have found their best self. Because of you, a new generation of children will grow hopeful and less burdened with the stress of poverty. Beyond improving the human condition and restoring resiliency in so many, your team is also saving human services systems and tax-payers thousands of dollars through prevention. We could not be more proud to be in partnership with you.

Please know that your success is evident. We have noticed. And please relay our congratulations to every nurse, administrator, supervisor, Community Advisory Board member and staff on your team.

With gratitude,

Dianne Gerken, MSN, E-MBA, ARNP  
Executive Director of Nursing

Kimberly Friedman, J.D.  
Senior Director, Business Development

P.S. If there are specific strategies or innovations that you feel have contributed to your success in maintaining high nurse caseloads, other than commitment, teamwork and a passion for changing the lives of these moms and babies, please let us know so that we can share it with other agencies across the country. You are what we call a model implementing agency.

# SOUTHWEST HEALTH & HUMAN SERVICES

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

## SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **July 31, 2015**

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

Description	Month	Running Balance
<b>BEGINNING BALANCE</b>		<b>\$4,666,423</b>
RECEIPTS		
Monthly Receipts	2,881,618	
County Contribution	183,711	
Interest on Investments	5,537	
<b>TOTAL MONTHLY RECEIPTS</b>		<b>3,070,866</b>
DISBURSEMENTS		
Monthly Disbursements	2,638,766	
<b>TOTAL MONTHLY DISBURSEMENTS</b>		<b>2,638,766</b>
<b>ENDING BALANCE</b>		<b>\$5,098,523</b>

### REVENUE

<i>Checking/Money Market</i>	<b>\$5,098,523</b>
<i>CD's/Bonds</i>	<b>\$1,894,000</b>
<i>Magic Fund</i>	<b>\$0</b>

**Average Balance  
last two years  
\$7,380,947**

**ENDING BALANCE** **\$6,992,523**

### REVENUE DESIGNATION



Checking/Money Market
  CD's/Bonds
  Magic Fund

# Southwest Health and Human Services

As of 07/2015

Treasurer's Cash Trial Balance

KJD 8/6/15 9:40AM

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,613,823.07			
Receipts		458,369.38	2,053,570.12	
Disbursements		103,058.93-	608,064.78-	
Payroll		200,329.82-	1,407,133.58-	
Journal Entries		0.00	862.50	
Fund Total . . . . .		154,980.63	39,234.26	1,653,057.33
5 Human Services Fund				
General Administration	410			
Receipts	791,336.93			
Disbursements		46,718.02	316,038.02	
Payroll		55,014.24-	319,810.93-	
Journal Entries		14,186.45-	78,854.58-	
Dept Total . . . . .		0.00	40,941.81-	667,767.63
Income Maintenance	420			
Receipts	2,562,473.99-			
Disbursements		274,486.92	3,718,087.64	
Payroll		333,948.27-	2,275,955.59-	
Journal Entries		330,949.95-	2,469,722.46-	
Dept Total . . . . .		0.00	1,955.00	3,588,109.40-
Social Services	431			
Receipts	7,755,565.16			
Disbursements		2,087,577.35	9,526,525.78	
SSIS		211,809.01-	927,726.93-	
Payroll		608,954.24-	4,169,835.78-	
Journal Entries		529,195.55-	3,869,301.16-	
Dept Total . . . . .		0.00	2,932.50	8,318,159.57
Information Systems	461			
Receipts	1,794,967.25-			
Dept Total . . . . .		2,557.00	49,762.99	49,762.99

# Southwest Health and Human Services



KJD  
8/6/15 9:40AM

Treasurer's Cash Trial Balance

As of 07/2015

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
5				
Human Services Fund	471	LCTS Collaborative Agency		
	0.00			
Receipts		0.00	12,074.00	
Journal Entries		0.00	12,074.00-	
Dept Total . . . . .		0.00	0.00	0.00
Fund Total . . . . .	4,189,460.85	308,861.66	696,568.06-	3,492,892.79
<b>61 Agency Health Insurance</b>				
	52,721.51			
Receipts		201,157.29	1,462,787.42	
Disbursements		232,744.94-	1,697,881.48-	
Journal Entries		0.00	40,941.81	
Fund Total . . . . .		31,587.65-	194,152.25-	<b>141,430.74-</b>
71				
LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	137,922.21			
Disbursements		0.00	89,725.50-	
Journal Entries		0.00	4,679.00	
Dept Total . . . . .		0.00	85,046.50-	52,875.71
Fund Total . . . . .	137,922.21	0.00	85,046.50-	52,875.71
73				
LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	70,596.26			
Receipts		0.00	700.00	
Disbursements		0.00	40,923.00-	
Journal Entries		0.00	2,299.00	
Dept Total . . . . .		0.00	37,924.00-	32,672.26
Fund Total . . . . .	70,596.26	0.00	37,924.00-	32,672.26



# Southwest Health and Human Services



KJD  
8/6/15

9:40AM

Treasurer's Cash Trial Balance

As of 07/2015

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<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
75	Redwood LCTS Collaborative				
		471	LCTS Collaborative Agency		
	Receipts	84,241.34	0.00	39,385.00	
	Disbursements		0.00	121,718.00-	
	Journal Entries		0.00	5,096.00	
	Dept Total . . . . .		0.00	77,237.00-	7,004.34
	Fund Total . . . . .	84,241.34	0.00	77,237.00-	7,004.34
77	Local Advisory Council				
		477	Local Advisory Council		
	Disbursements	1,772.99	154.32-	321.41-	
	Dept Total . . . . .		154.32-	321.41-	1,451.58
	Fund Total . . . . .	1,772.99	154.32-	321.41-	1,451.58
All Funds	.....	6,150,538.23			
	Receipts		3,070,865.96	17,178,930.97	
	Disbursements		937,585.36-	6,089,341.38-	
	SSIS		608,954.24-	4,169,835.78-	
	Payroll		1,092,226.04-	7,977,518.77-	
	Journal Entries		0.00	5,750.00	
	Total .....		432,100.32	1,052,014.96-	<b>5,098,523.27</b>

# Southwest Health and Human Services



KJD  
8/6/15 9:41AM

1 **Health Services Fund**

Trial Balance  
As of 07/2015

Report Basis: Cash

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
-----Assets-----				
1001 Cash in Bank - Checking	1,613,823.07	154,980.63	39,234.26	1,653,057.33
1090 Investments	334,962.50	0.00	862.50	334,100.00
<b>Total Assets</b>	1,948,785.57	154,980.63	38,371.76	1,987,157.33
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,948,785.57	0.00	0.00	1,948,785.57
2885 Revenue Control	0.00	457,998.91	2,042,870.71	2,042,870.71
2887 Expenditure Control	0.00	303,018.28	2,004,498.95	2,004,498.95
<b>Total Fund Balance</b>	1,948,785.57	154,980.63	38,371.76	1,987,157.33
<b>Total Liabilities and Balance</b>	1,948,785.57	154,980.63	38,371.76	1,987,157.33
-----Assets-----				
<b>Total Assets</b>	0.00	0.00	0.00	0.00
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Total Liabilities and Balance</b>	0.00	0.00	0.00	0.00
-----Assets-----				
<b>Total Assets</b>	0.00	0.00	0.00	0.00
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Total Liabilities and Balance</b>	0.00	0.00	0.00	0.00
-----Assets-----				
<b>Total Assets</b>	0.00	0.00	0.00	0.00
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Total Liabilities and Balance</b>	0.00	0.00	0.00	0.00

# Southwest Health and Human Services

KJD  
8/6/15 9:41AM

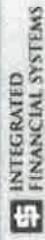
5 Human Services Fund

Trial Balance  
As of 07/2015

Report Basis: Cash

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
410 General Administration				
1001 Cash In Bank - Checking	791,336.93	22,482.67-	123,569.30-	667,767.63
<b>Total Assets</b>	791,336.93	22,482.67-	123,569.30-	667,767.63
--- Liabilities and Balance-----				
Liabilities				
2080 Medical Insurance Payable	40,941.81-	0.00	0.00	40,941.81-
2090 Due To Flexible Plan Employees	2,028.02	0.00	449.70-	1,578.32
<b>Total Liabilities</b>	38,913.79-	0.00	449.70-	39,363.49-
<b>Fund Balance</b>	752,423.14-	0.00	0.00	752,423.14-
2881 Unassigned Fund Balance	0.00	22,482.67	124,019.00	124,019.00
2887 Expenditure Control	752,423.14-	22,482.67	124,019.00	628,404.14-
<b>Total Liabilities and Balance</b>	791,336.93-	22,482.67	123,569.30	667,767.63-
420 Income Maintenance				
1001 Cash In Bank - Checking	2,562,473.99-	390,411.30-	1,025,635.41-	3,588,109.40-
1090 Investments	625,915.00	0.00	1,955.00-	623,960.00
<b>Total Assets</b>	1,936,558.99-	390,411.30-	1,027,590.41-	2,964,149.40-
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Fund Balance</b>	1,936,558.99	0.00	0.00	1,936,558.99
2881 Unassigned Fund Balance	0.00	273,391.89-	3,622,507.52-	3,622,507.52-
2885 Revenue Control	0.00	663,803.19	4,650,097.93	4,650,097.93
2887 Expenditure Control	1,936,558.99	390,411.30	1,027,590.41	2,964,149.40
<b>Total Liabilities and Balance</b>	1,936,558.99	390,411.30	1,027,590.41	2,964,149.40
431 Social Services				
-----Assets-----				

# Southwest Health and Human Services



KJD  
8/6/15 9:41AM

Trial Balance  
As of 07/2015

Report Basis: Cash

5 **Human Services Fund**

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
1001 Cash In Bank - Checking	7,755,565.16	737,618.55	562,594.41	8,318,159.57
1090 Investments	938,872.50	0.00	2,932.50-	935,940.00
1205 County Advances - MFIP (Chippewa Cty)	80,749.47	0.00	0.00	80,749.47
<b>Total Assets</b>	<b>8,775,187.13</b>	<b>737,618.55</b>	<b>559,661.91</b>	<b>9,334,849.04</b>
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Fund Balance				
2881 Unassigned Fund Balance	8,775,187.13-	0.00	0.00	8,775,187.13-
2885 Revenue Control	0.00	1,956,927.83-	9,303,127.62-	9,303,127.62-
2887 Expenditure Control	0.00	1,219,309.28	8,743,465.71	8,743,465.71
<b>Total Fund Balance</b>	<b>8,775,187.13-</b>	<b>737,618.55-</b>	<b>559,661.91-</b>	<b>9,334,849.04-</b>
<b>Total Liabilities and Balance</b>	<b>8,775,187.13-</b>	<b>737,618.55-</b>	<b>559,661.91-</b>	<b>9,334,849.04-</b>

461 **Information Systems**

-----Assets-----				
1001 Cash In Bank - Checking	1,794,967.25-	15,862.92-	109,957.76-	1,904,925.01-
<b>Total Assets</b>	<b>1,794,967.25-</b>	<b>15,862.92-</b>	<b>109,957.76-</b>	<b>1,904,925.01-</b>
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Fund Balance				
2881 Unassigned Fund Balance	1,794,967.25	0.00	0.00	1,794,967.25
2885 Revenue Control	0.00	2,557.00-	49,762.99-	49,762.99-
2887 Expenditure Control	0.00	18,419.92	159,720.75	159,720.75
<b>Total Fund Balance</b>	<b>1,794,967.25</b>	<b>15,862.92</b>	<b>109,957.76</b>	<b>1,904,925.01</b>
<b>Total Liabilities and Balance</b>	<b>1,794,967.25</b>	<b>15,862.92</b>	<b>109,957.76</b>	<b>1,904,925.01</b>

471 **LCTS Collaborative Agency**

-----Assets-----				
<b>Total Assets</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

# Southwest Health and Human Services



8/6/15 9:41AM

RM- Stmt of Revenues & Expenditures

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As Of 07/2015 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2015 BUDGET	% OF BUDG	% OF YEAR
<b>FUND 1 HEALTH SERVICES FUND</b>					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	173,462.25-	555,172.25-	763,420.00-	73	58
INTERGOVERNMENTAL REVENUES	38,968.50-	144,716.53-	336,450.00-	43	58
STATE REVENUES	102,767.94-	475,708.81-	813,453.00-	58	58
FEDERAL REVENUES	97,167.89-	596,284.23-	965,792.00-	62	58
FEES	41,125.86-	251,208.35-	485,899.00-	52	58
EARNINGS ON INVESTMENTS	830.62-	12,792.49-	1,200.00-	1,066	58
MISCELLANEOUS REVENUES	3,675.85-	6,988.05-	1,300.00-	538	58
<b>TOTAL REVENUES</b>	<b>457,998.91-</b>	<b>2,042,870.71-</b>	<b>3,367,514.00-</b>	<b>61</b>	<b>58</b>
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	58
PAYROLL AND BENEFITS	200,329.82	1,407,133.58	2,567,555.00	55	58
OTHER EXPENDITURES	102,688.46	597,365.37	799,959.00	75	58
<b>TOTAL EXPENDITURES</b>	<b>303,018.28</b>	<b>2,004,498.95</b>	<b>3,367,514.00</b>	<b>60</b>	<b>58</b>

# Southwest Health and Human Services



KJD

8/6/15 9:41AM

RM- Stmt of Revenues & Expenditures

As Of 07/2015

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2015 BUDGET	% OF BUDG	% OF YEAR
<b>FUND 5 HUMAN SERVICES FUND</b>					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	10,248.50-	4,881,413.65-	9,179,271.00-	53	58
INTERGOVERNMENTAL REVENUES	9,591.34-	35,400.19-	36,804.00-	96	58
STATE REVENUES	1,466,031.67-	2,885,135.87-	3,914,232.00-	74	58
FEDERAL REVENUES	307,542.72-	3,380,999.19-	6,821,224.00-	50	58
FEES	152,578.48-	1,013,272.85-	1,750,500.00-	58	58
EARNINGS ON INVESTMENTS	4,706.85-	19,427.88-	15,000.00-	130	58
MISCELLANEOUS REVENUES	282,177.16-	759,748.50-	1,210,923.00-	63	58
<b>TOTAL REVENUES</b>	<b>2,232,876.72-</b>	<b>12,975,398.13-</b>	<b>22,927,954.00-</b>	<b>57</b>	<b>58</b>
EXPENDITURES					
PROGRAM EXPENDITURES	807,373.99	5,435,124.40	8,659,766.00	63	58
PAYROLL AND BENEFITS	900,511.32	6,622,797.73	11,929,861.00	56	58
OTHER EXPENDITURES	216,129.75	1,619,381.26	2,338,327.00	69	58
<b>TOTAL EXPENDITURES</b>	<b>1,924,015.06</b>	<b>13,677,303.39</b>	<b>22,927,954.00</b>	<b>60</b>	<b>58</b>

# Southwest Health and Human Services

KJD  
8/6/15 9:41AM

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
510 PROGRAM	SHIP		25,137.37-	137,344.44-	270,000.00-	51	58
			24,367.57	145,138.89	270,265.00	54	58
			769.80-	7,794.45	265.00	2,941	58
530 PROGRAM	Cleanway Grant		37,476.00-	112,472.88-	150,000.00-	75	58
			8,235.64	61,437.00	143,031.00	43	58
			29,240.36-	51,035.88-	6,969.00-	732	58
900 PROGRAM	Emergency Preparedness		0.00	57,266.67-	110,000.00-	52	58
			11,751.87	63,137.05	120,597.00	52	58
			11,751.87	5,870.38	10,597.00	55	58
901 PROGRAM	Med Reserve Corps		0.00	3,500.00-	3,500.00-	100	58
			0.00	152.86	2,796.00	5	58
			0.00	3,347.14-	704.00-	475	58
483 DEPT	Health Education	Totals:	72,850.00-	381,067.21-	606,300.00-	63	58
			51,422.88	344,095.28	688,859.00	50	58
			21,427.12-	36,971.93-	82,559.00	45-	58
485 DEPT	Environmental Health		13,892.68-	60,227.08-	138,000.00-	44	58
800 PROGRAM	Environmental		11,387.83	77,282.97	161,721.00	48	58
			2,504.85-	17,055.89	23,721.00	72	58
820 PROGRAM	Healthy Homes Grant		7,572.52-	11,418.78-	18,079.00-	63	58
			5,256.77	17,871.86	18,229.00	98	58
			2,315.75-	6,453.08	150.00	4,302	58
485 DEPT	Environmental Health	Totals:	21,465.20-	71,645.86-	156,079.00-	46	58
			16,644.60	95,154.83	179,950.00	53	58
			4,820.60-	23,508.97	23,871.00	98	58
1 FUND	Health Services Fund	Totals:	457,998.91-	2,042,870.71-	3,367,514.00-	61	58
			303,018.28	2,004,498.95	3,367,514.00	60	58
			154,980.63-	38,371.76-	0.00	0	58

# Southwest Health and Human Services



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Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
750 PROGRAM	Developmental Disabilities		45,087.16-	406,936.02-	688,008.00-	59	58
			33,684.65	218,847.47	408,451.00	54	58
			11,402.51-	188,088.55-	279,557.00-	67	58
760 PROGRAM	Adult Services		75,612.85-	616,713.38-	1,027,000.00-	60	58
			11,754.82	73,446.21	144,000.00	51	58
			63,858.03-	543,267.17-	883,000.00-	62	58
765 PROGRAM	Adults Waivers		31,485.82-	231,738.60-	410,000.00-	57	58
			20,250.90	35,276.41	27,000.00	131	58
			11,234.92-	196,462.19-	383,000.00-	51	58
431 DEPT	Social Services	Totals:	1,956,927.83-	9,303,127.62-	13,849,900.00-	67	58
			1,219,309.28	8,743,465.71	15,073,771.00	58	58
			737,618.55-	559,661.91-	1,223,871.00	46-	58
461 DEPT	Information Systems		2,557.00-	49,762.99-	78,500.00-	63	58
0 PROGRAM	***		18,419.92	159,720.75	350,215.00	46	58
			15,862.92	109,957.76	271,715.00	40	58
461 DEPT	Information Systems	Totals:	2,557.00-	49,762.99-	78,500.00-	63	58
			18,419.92	159,720.75	350,215.00	46	58
			15,862.92	109,957.76	271,715.00	40	58
5 FUND	Human Services Fund	Totals:	2,232,876.72-	12,975,398.13-	22,927,954.00-	57	58
			1,924,015.06	13,677,303.39	22,927,954.00	60	58
			308,861.66-	701,905.26	0.00	0	58
FINAL TOTALS	940 Accounts		2,690,875.63-	15,018,268.84-	26,295,468.00-	57	58
			2,227,033.34	15,681,802.34	26,295,468.00	60	58
			463,842.29-	663,533.50	0.00	0	58



**SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER**

**JULY 2015**

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	<b>BALANCE FORWARD</b>				4,666,422.95
7/1/15	9316	Disb		7,724.51	4,658,698.44
7/6/15	57543-57603	Disb		5,292.37	4,653,406.07
7/6/15	57604-57688	Disb		89,237.08	4,564,168.99
7/6/15	960-972 ACH	Disb		1,540.69	4,562,628.30
7/2/15	13978-14005	Dep	247,219.93		4,809,848.23
7/6/15	9317	Disb		27,994.93	4,781,853.30
7/8/15	14006-14064	Dep	166,727.67		4,948,580.97
7/9/15	9318	Disb		57,196.63	4,891,384.34
7/10/15	6867-6882	PAYROLL		123,490.48	4,767,893.86
7/10/15	32026-32259 ACH	PAYROLL		420,504.69	4,347,389.17
7/10/15	14065-14117	Dep	1,607,970.88		5,955,360.05
7/13/15	57689-57712	Disb		1,947.81	5,953,412.24
7/13/15	973 ACH	Disb		206.40	5,953,205.84
7/13/15	57713-57852	Disb		278,876.40	5,674,329.44
7/13/15	974-991 ACH	Disb		2,633.38	5,671,696.06
7/13/15	9319	Disb		48,173.97	5,623,522.09
7/14/15	14118-14149	Dep	60,650.66		5,684,172.75
7/15/15	9320	Disb		443.53	5,683,729.22
7/15/15	9321	Disb		177.00	5,683,552.22
7/15/15	9322	Disb		8,132.00	5,675,420.22
7/17/15	57853-58048	Disb		83,033.35	5,592,386.87
7/17/15	992-993 ACH	Disb		671.74	5,591,715.13
7/17/15	58049-58140	Disb		10,385.10	5,581,330.03
7/14/15	19545	Int	112.85		5,581,442.88
7/17/15	14150-14199	Dep	166,619.57		5,748,062.45
7/20/15	58141-58170	Disb		3,680.36	5,744,382.09
7/20/15	994-994 ACH	Disb		106.80	5,744,275.29
7/20/15	995-1001 ACH	Disb		1,066.43	5,743,208.86
7/20/15	58171-58299	Disb		425,312.96	5,317,895.90
7/20/15	9323	Disb		38,653.34	5,279,242.56
7/21/15	14200-14244	Dep	67,282.40		5,346,524.96
7/22/15	9324	Disb		835.45	5,345,689.51
7/24/15	6883-6905	PAYROLL		123,138.85	5,222,550.66
7/24/15	32260-32502	PAYROLL		425,092.02	4,797,458.64
7/24/15	14245-14287	dep	283,940.28		5,081,398.92
7/27/15	58300-58334	Disb		4,111.25	5,077,287.67
7/27/15	58335-58446	Disb		256,744.05	4,820,543.62
7/27/15	1002-1007 ACH	Disb		556.83	4,819,986.79
7/27/15	9325	Disb		60,726.07	4,759,260.72
7/28/15	14288-14323	Dep	148,410.11		4,907,670.83
7/29/15	9326	Disb		8,131.88	4,899,538.95
7/31/15	58447-58508	Disb		14,954.88	4,884,584.07
7/31/15	58509-58573	Disb		107,703.21	4,776,880.86
7/31/15	1008-1010 ACH	Disb		289.20	4,776,591.66
7/31/15	14324-14374	Dep	316,506.99		5,093,098.65
7/30/15	19799	Interest	5,424.62		5,098,523.27
					<b>5,098,523.27</b>
	<b>balanced jvp 8/3/15</b>	<b>TOTALS</b>	<b>3,070,865.96</b>	<b>2,638,765.64</b>	

# 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	242	331	37	842	28	484	464	334	2789
2015	12	13	223	312	35	825	24	423	461	347	2675
2016											
2017											

2015	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	12	13	224	323	36	821	24	416	461	332	2662
February	12	14	221	318	34	834	24	403	458	331	2649
March	12	13	222	317	28	839	23	401	460	351	2666
April	12	13	225	308	32	823	24	440	461	350	2688
May	12	13	225	312	37	828	23	432	459	354	2695
June	12	13	222	307	38	826	24	417	462	354	2675
July	12	13	224	298	40	803	24	451	464	360	2689
August											
September											
October											
November											
December	12	13	223	312	35	825	24	423	461	347	2675

# Children's - Social Services Caseload

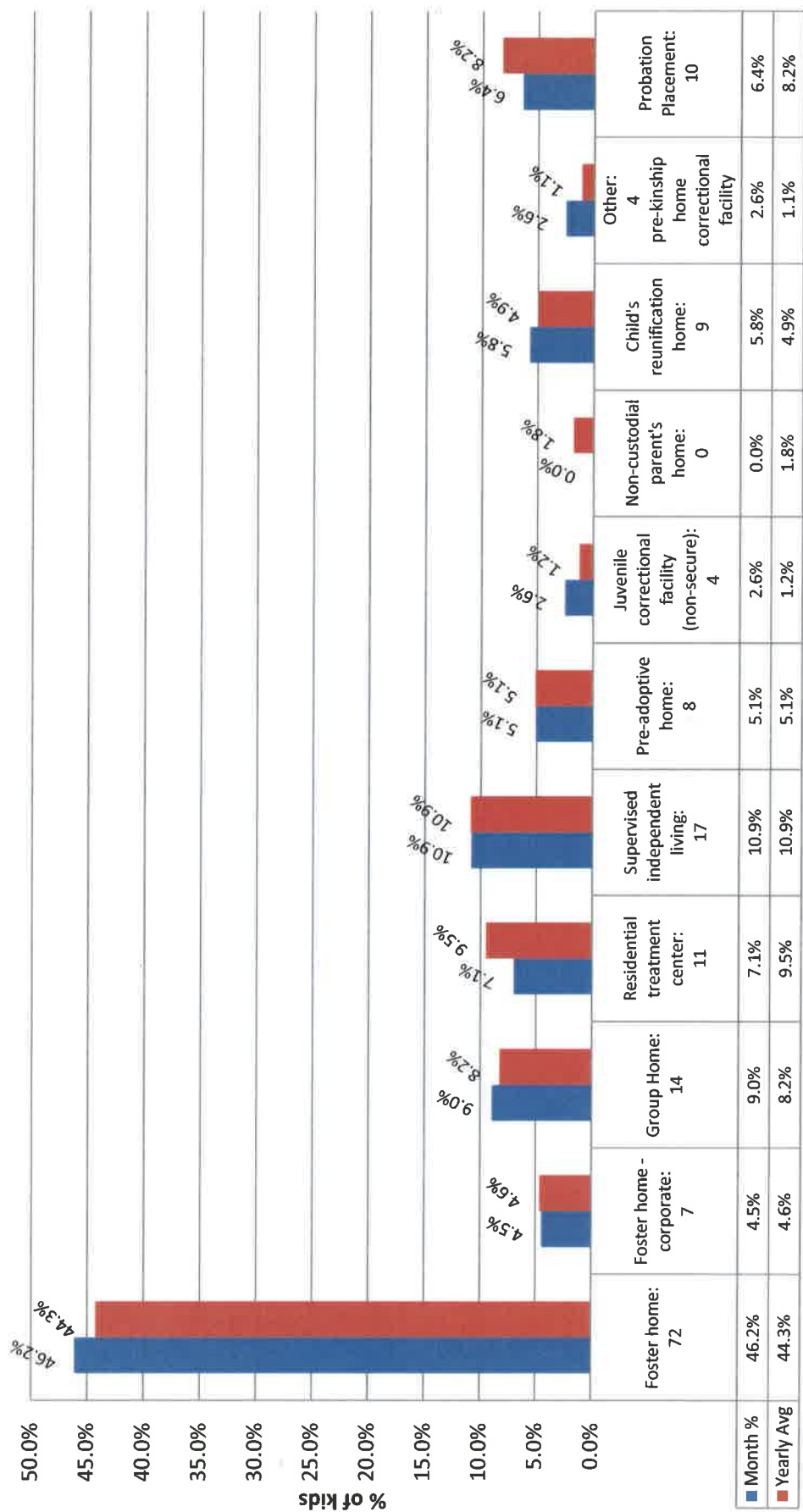
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2014	42	18	0	4	31	127	104	106	0	1	16	449
2015	36	16	0	3	28	146	127	101	0	1	21	479
2016												
2017												

2015	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	36	15	0	3	28	142	120	100	0	1	28	473
February	35	15	0	3	27	160	132	103	0	1	23	499
March	36	16	0	3	27	151	138	99	0	1	22	493
April	38	17	0	3	29	155	131	103	0	1	17	494
May	38	16	0	3	28	144	123	105	0	1	15	473
June	38	14	0	3	29	149	128	103	0	1	18	483
July	34	16	0	3	29	120	120	97	0	1	21	441
August												
September												
October												
November												
December												
	36	16	0	3	28	146	127	101	0	1	21	479

2015 KIDS IN OUT OF HOME PLACEMENT

July		
	# of placements	Probation placements
Lincoln	10	0
Lyon	45	3
Murray	4	0
Pipestone	22	0
Redwood	53	7
Rock	12	0
<b>Totals</b>	<b>146</b>	<b>10</b>
<b>Total # of kids</b>	<b>156</b>	

**July 2015 - Placement by Category  
156 Kids in Placement**



**July 2015:** Total kids in placement = 156

**Total of 15 Children entered placement**

5	Lincoln	Foster Home
1	Lyon	Foster Home
1	Lyon	Probation
2	Murray	Foster Home
2	Pipestone	Foster Home
3	Redwood	Foster Home
1	Redwood	Probation

**Total of 19 Children were discharged from placement** (discharges from previous month)

2	Lyon	<b>Adoption</b>
1	Lyon	Foster Home
1	Lyon	Probation
1	Lyon	Residential Treatment
1	Lyon	Non-Custodial Parent
1	Murray	Probation
1	Murray	Residential Treatment
1	Pipestone	Foster Home
3	Redwood	Supervised Independent Living
5	Redwood	Child's Reunification Home
1	Redwood	Probation
1	Rock	Supervised Independent Living

# NON IVD COLLECTIONS

JULY 2015

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	0.00
TANF (MFIP/DWP/AFDC)	05-420-610.5803	1,398.00
GA	05-420-620.5803	1,353.00
FS	05-420-630.5803	585.00
CS (PI Fee, App Fee, etc)	05-420-640.5501	1,616.00
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	57,769.08
REFUGEE	05-420-680.5803	0.00
CHILDRENS		
Parental Fees, Holds	05-431-710.5501	4,700.00
OOH/FC Recovery	05-431-710.5803	16,556.94
CHILDCARE		
Licensing	05-431-720.5502	1,575.00
Corp FC Licensing	05-431-710.5505	600.00
Over Payments	05-431-721&722.5803	1,288.17
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	3,195.59
Detox Fees	05-431-730.5520	1,820.00
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0.00
Over Payments	05-431-741 or 742.5803	896.00
DEVELOPMENTAL DISABILITIES		
Insurance Copay	05-431-750.5803	0.00
ADULT		
Insurance Copay	05-431-760.5803	0.00
<b>TOTAL NON-IVD COLLECTIONS</b>		<b>93,353</b>



Southwest Health and Human Services 2015 Budget (Human Services)	SWHHS 2011 Final	SWHHS (combined) 2012 Final	SWHHS (combined) 2013 Final	SWHHS 2014 Final	SWHHS 2015 Final	SWHHS 2016 Proposed
Category	Final	Final	Final	Final	Final	Proposed
<b>EXPENDITURES</b>						
<b>600 Income Maintenance</b>						
6100 - Personnel	\$2,052,112	\$2,345,803	\$4,111,265	\$4,351,283	\$4,564,427	\$4,812,322
6200- Services & Charges	\$234,400	\$301,105	\$404,775	\$382,200	\$397,680	\$377,150
6300- Administrative Overhead Costs	\$175,050	\$281,425	\$474,727	\$461,470	\$726,861	\$1,038,730
6000- Payment for/behalf clients	\$1,088,000	\$1,374,670	\$2,130,605	\$1,837,000	\$1,815,000	\$2,213,800
<b>Subtotal Income Maintenance</b>	<b>\$3,549,562</b>	<b>\$4,303,003</b>	<b>\$7,121,372</b>	<b>\$7,031,953</b>	<b>\$7,503,968</b>	<b>\$8,442,002</b>
<b>700 Social Services</b>						
710 - Children's Services	\$1,509,038	\$1,773,689	\$2,497,988	\$2,555,041	\$2,875,490	\$2,944,335
720 - Child Care/MFIP Admin./PIC.	\$240,678	\$277,933	\$489,988	\$68,665	\$64,965	\$71,400
730 - Chemical Dependency	\$230,000	\$260,270	\$426,600	\$496,500	\$540,000	\$434,600
740 - Mental Health	\$1,170,652	\$2,016,599	\$3,153,603	\$3,681,539	\$2,834,860	\$2,826,315
750 - Developmental Dis.	\$341,082	\$352,159	\$577,924	\$455,633	\$408,451	\$418,214
760 - Adult Services	\$265,500	\$222,688	\$239,200	\$243,300	\$176,000	\$104,000
<b>Subtotal</b>	<b>\$3,756,950</b>	<b>\$4,903,338</b>	<b>\$7,385,303</b>	<b>\$7,500,678</b>	<b>\$6,899,766</b>	<b>\$6,798,864</b>
6100- Personnel	\$3,186,746	\$3,955,317	\$5,810,344	\$6,461,067	\$7,021,719	\$8,153,800
6200- Services and Charges				\$264,089	\$420,270	\$398,500
6300- Administrative Overhead	\$538,600	\$681,655	\$1,053,083	\$733,555	\$732,016	\$735,774
<b>Subtotal Social Services</b>	<b>\$3,725,346</b>	<b>\$4,636,972</b>	<b>\$6,863,427</b>	<b>\$7,458,711</b>	<b>\$8,174,005</b>	<b>\$9,288,074</b>
<b>461 Information Systems</b>						
6100- Personnel	\$248,787	\$322,555	\$280,577	\$274,547	\$343,715	\$346,428
6200- Services and Charges				\$250	\$700	\$2,810
6300-Administrative Overhead Costs	\$6,200	\$7,250	\$9,600	\$7,000	\$5,800	\$4,550
<b>Subtotal Information Services</b>	<b>\$254,987</b>	<b>\$329,805</b>	<b>\$290,177</b>	<b>\$281,797</b>	<b>\$350,215</b>	<b>\$353,788</b>
<b>Combined</b>						
Personnel	\$5,487,645	\$6,623,675	\$10,202,186	\$11,086,897	\$11,929,861	\$13,312,550
Services & Charges	\$234,400	\$301,105	\$404,775	\$646,539	\$818,650	\$778,460
Administrative Overhead	\$719,850	\$970,330	\$1,537,410	\$1,202,025	\$1,464,677	\$1,779,054
Payments for/behalf of clients	\$4,844,950	\$6,278,008	\$9,515,908	\$9,337,678	\$8,714,766	\$9,012,664
<b>Total Expenditures</b>	<b>\$11,286,845</b>	<b>\$14,173,118</b>	<b>\$21,660,279</b>	<b>\$22,273,139</b>	<b>\$22,927,954</b>	<b>\$24,882,728</b>
<b>REVENUE</b>						
<b>420 Income Maintenance</b>						
5400 - Federal	\$1,570,000	\$2,016,400	\$3,017,900	\$3,470,000	\$3,747,000	\$4,010,500
5300 - State	\$400,421	\$393,800	\$865,575	\$777,500	\$884,550	\$1,052,100
5500/5800 - Other	\$421,300	\$680,520	\$1,161,550	\$785,700	\$696,295	\$906,000
Reserve spending	\$0	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$829,129	\$1,052,971	\$1,738,824	\$1,635,908	\$3,671,709	\$3,341,255
<b>Subtotal</b>	<b>\$3,220,850</b>	<b>\$4,143,691</b>	<b>\$6,783,849</b>	<b>\$6,669,108</b>	<b>\$8,999,554</b>	<b>\$9,309,855</b>
<b>431 Social Services</b>						
5400 - Federal	\$2,145,644	\$2,469,458	\$2,849,187	\$3,100,948	\$3,122,028	\$3,348,273
5300 - State	\$1,134,622	\$1,772,613	\$2,595,881	\$3,001,862	\$3,018,682	\$3,677,343
5500/5800 - Other	\$969,085	\$1,055,397	\$2,025,299	\$1,990,741	\$2,201,628	\$2,279,800
Reserve spending	\$0	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$3,777,144	\$4,672,259	\$7,349,563	\$7,452,480	\$5,507,562	\$6,205,187
<b>Subtotal</b>	<b>\$8,026,495</b>	<b>\$9,969,727</b>	<b>\$14,819,930</b>	<b>\$15,546,031</b>	<b>\$13,849,900</b>	<b>\$15,510,603</b>
<b>461 Information Systems</b>						
5900- Participating Entities	\$39,500	\$59,700	\$56,500	\$58,000	\$78,500	\$28,500
<b>Subtotal</b>	<b>\$39,500</b>	<b>\$59,700</b>	<b>\$56,500</b>	<b>\$58,000</b>	<b>\$78,500</b>	<b>\$28,500</b>
<b>Combined</b>						
5400 - Federal	\$3,715,644	\$4,485,858	\$5,867,087	\$6,570,948	\$6,869,028	\$7,358,773
5300 - State	\$1,535,043	\$2,166,413	\$3,461,456	\$3,779,362	\$3,903,232	\$4,729,443
5500/5800 - Other	\$1,429,885	\$1,795,617	\$3,243,349	\$2,834,441	\$2,976,423	\$3,214,300



Reserves	\$0	\$0	\$0	\$0	\$0	\$0
5000- County Taxes	\$4,606,273	\$5,725,230	\$9,088,387	\$9,088,388	\$9,179,271	\$9,546,442
<b>Total Revenues</b>	<b>\$11,286,845</b>	<b>\$14,173,118</b>	<b>\$21,660,279</b>	<b>\$22,273,139</b>	<b>\$22,927,954</b>	<b>\$24,848,958</b>
<b>Summary</b>						
Revenue	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,927,954	\$24,848,958
Expenditures	\$11,286,845	\$14,173,118	\$21,660,279	\$22,273,139	\$22,927,954	\$24,882,728
Difference	\$0	\$0	\$0	\$0	\$0	(\$33,770)

Southwest Health and Human Services 2014 Budget	SWHHS	SWHHS	SWHHS	SWHHS	SWHHS
(Health Services)	2012	2013	2014	2015	2016
Category	Final	Final	Final	Final	Proposed
<b>EXPENDITURES</b>					
<b>481 Nursing</b>					
6100- Personnel	\$934,620	\$1,323,428	\$1,467,032	\$1,410,733	\$1,621,812
6200- Services & Charges	\$192,454	\$247,112	\$308,419	\$314,474	\$249,347
6300- Administrative Overhead Costs	\$94,697	\$120,982	\$131,685	\$144,554	\$190,982
<b>Subtotal Nursing</b>	<b>\$1,221,771</b>	<b>\$1,691,522</b>	<b>\$1,907,136</b>	<b>\$1,869,761</b>	<b>\$2,062,141</b>
<b>483 Health Education</b>					
6100- Personnel	\$237,289	\$352,306	\$370,461	\$468,944	\$466,133
6200- Services & Charges	\$111,473	\$194,761	\$83,748	\$155,864	\$67,000
6300- Administrative Overhead Costs	\$120,179	\$65,983	\$63,721	\$64,051	\$54,534
<b>Subtotal Health Education</b>	<b>\$468,941</b>	<b>\$613,050</b>	<b>\$517,930</b>	<b>\$688,859</b>	<b>\$587,667</b>
<b>485 Environmental Health</b>					
6100- Personnel	\$125,267	\$111,848	\$131,497	\$148,509	\$221,775
6200- Services & Charges	\$19,121	\$5,600	\$6,400	\$5,900	\$22,650
6300- Administrative Overhead Costs	\$46,043	\$30,296	\$24,525	\$25,541	\$32,815
<b>Subtotal Environmental Health</b>	<b>\$190,431</b>	<b>\$147,744</b>	<b>\$162,422</b>	<b>\$179,950</b>	<b>\$277,240</b>
<b>410 Administration</b>					
6100- Personnel	\$261,544	\$458,112	\$472,533	\$539,369	\$538,117
6200- Services & Charges	\$58,156	\$39,463	\$37,300	\$35,958	\$41,305
6300- Administrative Overhead Costs	\$58,961	\$99,705	\$50,493	\$53,617	\$82,594
<b>Subtotal Administration</b>	<b>\$378,661</b>	<b>\$597,280</b>	<b>\$560,326</b>	<b>\$628,944</b>	<b>\$662,016</b>
<b>Combined Expenditures</b>					
Personnel	\$1,558,720	\$2,245,694	\$2,441,523	\$2,567,555	\$2,847,837
Services & Charges	\$381,204	\$486,936	\$435,867	\$512,196	\$380,302
Administrative Overhead	\$319,880	\$316,966	\$270,424	\$287,763	\$360,925
<b>Total Expenditures</b>	<b>\$2,259,804</b>	<b>\$3,049,596</b>	<b>\$3,147,814</b>	<b>\$3,367,514</b>	<b>\$3,589,064</b>
<b>REVENUE</b>					
<b>481 Nursing</b>					
5400 - Federal	\$538,306	\$771,380	\$858,898	\$955,942	\$991,941
5300 - State	\$4,800	\$96,261	\$257,794	\$243,932	\$599,497
5500/5800 - Other	\$399,544	\$769,480	\$383,660	\$414,799	\$410,895
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Nursing</b>	<b>\$942,650</b>	<b>\$1,637,121</b>	<b>\$1,500,352</b>	<b>\$1,614,673</b>	<b>\$2,002,333</b>
<b>483 Health Education</b>					
5400 - Federal	\$3,000	\$120,000	\$120,900	\$264,200	\$121,800
5300 - State	\$0	\$0	\$223,200	\$291,000	\$385,200
5500/5800 - Other	\$426,820	\$365,961	\$188,050	\$51,100	\$15,900
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Health Education</b>	<b>\$429,820</b>	<b>\$485,961</b>	<b>\$532,150</b>	<b>\$606,300</b>	<b>\$522,900</b>
<b>485 Environmental Health</b>					
5400 - Federal	\$50,000	\$0	\$0	\$0	\$0
5300 - State	\$0	\$0	\$35,500	\$53,579	\$75,500

5500/5800 - Other	\$98,000	\$143,292	\$103,000	\$102,500	\$198,900
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Environmental Health</b>	<b>\$148,000</b>	<b>\$143,292</b>	<b>\$138,500</b>	<b>\$156,079</b>	<b>\$274,400</b>
<b>410 Administration</b>					
5400 - Federal	\$0	\$0	\$0	\$0	\$0
5300 - State	\$0	\$0	\$225,708	\$225,542	\$0
5500/5800 - Other	\$310,768	\$6,500	\$6,500	\$1,500	\$3,800
Reserve spending	\$0	\$0	\$0	\$0	\$0
5000 - County Taxes	\$428,566	\$776,722	\$744,604	\$763,420	\$782,398
<b>Subtotal Administration</b>	<b>\$739,334</b>	<b>\$783,222</b>	<b>\$976,812</b>	<b>\$990,462</b>	<b>\$786,198</b>
<b>Combined Revenues</b>					
5400 - Federal	\$591,306	\$891,380	\$979,798	\$1,220,142	\$1,113,741
5300 - State	\$4,800	\$96,261	\$742,202	\$814,053	\$1,060,197
5500/5800 - Other	\$1,235,132	\$1,285,233	\$681,210	\$569,899	\$629,495
Reserves	\$0	\$0	\$0	\$0	\$0
5000- County Taxes	\$428,566	\$776,722	\$744,604	\$763,420	\$782,398
<b>Total Revenues</b>	<b>\$2,259,804</b>	<b>\$3,049,596</b>	<b>\$3,147,814</b>	<b>\$3,367,514</b>	<b>\$3,585,831</b>
<b>Summary</b>					
Revenue	\$2,259,804	\$3,049,596	\$3,147,814	\$3,367,514	\$3,585,831
Expenditures	\$2,259,804	\$3,049,596	\$3,147,814	\$3,367,514	\$3,589,064
Difference	\$0	\$0	\$0	\$0	(\$3,233)

**MEMORANDUM AGREEMENT**  
**Trainee Positions**

This Memorandum of Agreement (“Agreement”) is entered into by and between the Southwest Health and Human Services (the “Employer”) and the American Federation of State, County and Municipal Employees Local 1687 and 2398 (“Union”). The Employer and Union are referred to at times in this Agreement individually as a “Party” and collectively as the “Parties.”

**Whereas**, certain positions have posed difficulties in recruiting eligible candidates. The employer is interested in offering trainee positions to qualified individuals for hard to fill positions. The contract does not specifically address trainee positions.

**Be it therefore resolved**, that the Parties agree to the following: The employer will be allowed to pursue trainees for hard to fill positions. The employer will follow Merit System Rules regarding trainee positions. Trainee positions will only be sought after the position has been posted internally as per the contract and the Merit System register has been exhausted. Trainees will serve a 1 year trainee period prior to being eligible for a probationary period, which is governed by the union contract. Trainees will not establish seniority. If a trainee passes the Merit System Test or Licensure Test and is added to the Merit System register then the trainee can be appointed as a probationary appointment during the training period. Trainees can be removed from service at any time during the trainee period. Trainees will be paid 90% of the minimum salary of the classification they are training for, however, when appointed to a probationary period they will be paid at the minimum salary.

Employer:  
Director

For the Exclusive Representative:  
AFSCME Representative

\_\_\_\_\_

\_\_\_\_\_

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

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

Board Chairperson

\_\_\_\_\_

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

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

EFFECTIVE DATE: 01/18/12

REVISION DATE: ~~07/16/14~~ 08/19/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Healthcare Personnel Vaccination Recommendations: Immunization Action  
Coalition, Saint Paul, MN [www.immunize.org](http://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 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.
- 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 goggles anytime a splash to the eyes or mucous membrane is anticipated.

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

**Section 4 – Engineering and Work Practice Controls**

- a. Management will provide waterless hand sanitizer, soap and paper towels to employees to utilize 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 feasible 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 feasible following contact with blood or other potentially infectious materials.
- e. Employees must remove all overtly contaminated PPE immediately or as soon as possible after leaving a work area. They must place PPE in an appropriately designated container for storage, washing, decontamination, or disposal. Eye goggles must 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 feasible 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.
  - 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.

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

- 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 participate in identifying and choosing the safest needle devices necessary to conduct agency activities.

**Section 5 – Personal Protective Equipment**

- 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)
  - 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 eyewear 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.
- 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.
- 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).

**SOUTHWEST HEALTH AND HUMAN SERVICES  
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- g. PPE will be stored in each county office storage area. There will be a sign placed on each location for easy of location.

**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 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 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.

**Section 7 - Tuberculosis (TB)**

- a. All new employees who are determined by their Division Director or designee 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.



**SOUTHWEST HEALTH AND HUMAN SERVICES  
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- b. 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. 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 shall 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, shall 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

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- TB Exposures:
  1. All employee exposures to TB will be documented and kept in the employee's health/medical file.
  2. 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.

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**Section 8 – Healthcare Worker Immunization**

- a. The following immunization screening program will be observed to reduce the likelihood for transmission of vaccine-preventable and other infectious diseases.
- 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.
- Employees may decline this option. A formal declination for at-risk employees must be in the employee's medical/health file.
- Hepatitis B vaccine is administered in accordance with current CDC recommendations.
- One or two months after completion of the 3-dose vaccination series, employees will be tested for antibody to hepatitis B surface antigen. If designated as an at-risk employee as per section 1, the employer will be responsible for this testing.
- For employees not responding to the primary series, the series will be repeated as indicated. Revaccinated persons will be retested at the completion of the additional vaccine doses. If they do not respond, they will be evaluated for infectious status. Those determined not to be infected should be considered susceptible to HBV virus.
- Booster doses of hepatitis B vaccine are not routinely recommended for known responders even if exposed to hepatitis B virus and titer is low.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
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**Influenza - Recommended**

- Management will offer to all agency staff that has client contacts annual influenza vaccinations, and will bill the employee's insurance or the employee may pay privately for the vaccine.
- Employees are encouraged to receive the influenza vaccination in an effort to prevent influenza illness in workers and to help prevent the transmission of influenza virus to clients, many who are at increased risk for influenza-related complications.
- Influenza vaccination is administered in accordance with CDC recommendations.
- A Declination of Influenza Vaccination form will be completed for employees who choose not to receive their annual influenza vaccine.

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

- Employees born in 1957 or later will provide evidence of measles, mumps and rubella immunity by:
  - Serologic evidence of immunity, or
  - 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.
- 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.
- Laboratory testing will be provided free of charge, but the employee will be responsible for vaccination if needed
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps and rubella immunity, the following recommendations should be considered;

**SOUTHWEST HEALTH AND HUMAN SERVICES  
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- 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.

**Varicella-Zoster - Recommended**

- Employees will provide evidence of varicella immunity by:
  - Written documentation of vaccination with 2 doses of varicella vaccine given at least 28 days apart, or
  - Laboratory evidence of immunity or laboratory confirmation of disease, or
  - Diagnosis or verification of history of varicella disease or herpes zoster (shingles) by a healthcare provider
- Employees with record of one dose of varicella vaccine will be recommended to receive a 2<sup>nd</sup> dose, if not contraindicated. This will be the employee's responsibility.
- Employees without appropriate documentation of varicella vaccination or history of varicella disease or herpes zoster will be recommended to have serological testing to show immunity or to receive 2 doses of varicella vaccine, if not contraindicated. This will be the employee's responsibility.

**Tetanus-Diphtheria-Pertussis (Tdap) - Recommended**

- If not contraindicated, employees will be offered a booster dose of Tdap vaccine.
- Employees are encouraged to receive one dose of Tdap, especially those who have direct client contact or expect to have contact with infants younger than 12 months.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
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**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:
  - 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 obtain consent to collect and test the client's blood to determine the presence of blood borne pathogens infection. 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 have a blood sample drawn, if employee consents, as soon as possible after the exposure incident for the testing of blood borne pathogen status.
  - 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.
- 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 of the exposed employee will include:
  - Counseling as recommended by the employee's physician or the SWHHS medical consultant.
  - Medical evaluation by the employee's physician or the SWHHS Medical 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.

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- Management will provide the 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 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**

- 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 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 prior to servicing or shipping and will be decontaminated, unless management can demonstrate 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.

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- 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 will be responsible to wipe clinic work surface areas with the appropriate disinfectant 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.
- 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.
- e. Equipment such as blood sugar machines, hemacues, and other machines used to test blood will be cleaned according to manufacturer's directions.
- f. Lyon County maintenance staff will wipe the counters and sink areas in the nursing lab and exam rooms weekly. The exam tables in the exam rooms will be wiped off weekly as well. The product they use will be effective against blood borne pathogens and TB
- g. Agency staff, in offices where maintenance staff doesn't do the above, will wipe the counters and sink areas in their nursing lab areas and exam rooms with the appropriate disinfectant every week.
- h. Toys or other materials in the waiting areas will be cleaned weekly with approved cleaning product.

**Section 13 – Training and Education of Employees**

- a. Management will provide training and education to all employees during orientation and annually thereafter.

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- 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.

**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.

**Section 15 - Other**

- a. **Influenza:** Management will offer to all agency staff that has client contacts annual flu vaccination, and will bill the employee's insurance or the employee may pay privately.
- b. **Vaccinations:** Employees will be encouraged to consult their physician or health care provider for recommended vaccinations.
- c. **Hepatitis B:** All SWHHS employees who are determined by their Division Director or designee to be at risk for occupational exposure to Hepatitis B should have a series of Hepatitis B vaccination to be provided by the employer. Employees may decline this option. A formal declination for at-risk employees must be in the employee's medical/health file.
- d. Employees will refrain from direct care procedures and handling client care equipment when the employee has exudate lesions or weeping dermatitis.
- e. Employees who are ill with a communicable disease are responsible to contact their physician and follow the recommendations when to return to work.
- f. Employee will report to the 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.



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- g. 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.**

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

EFFECTIVE DATE: 05/18/11

REVISION DATE: ~~09/18/13~~ 08/19/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board  
As noted in each section  
**Bulletin 15-89-01**

**--- EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION ---**

**Equal Employment Opportunity  
and Affirmative Action**

**Guidelines for the**

**MINNESOTA MERIT SYSTEM'S**

**County Human Services Agencies**

**~~2013-2015~~ 2015-2017**

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

**I. Introduction**

The Minnesota Merit System's (MMS) Affirmative Action and Equal Employment Opportunity Policies are administered by the Minnesota Department of Human Services (DHS) Office for Equity, Performance and Development (OEPD) Equal Opportunity and Access division.

**A. Purpose**

The guidelines continues to request each MMS county/multi-county human services agency to adopt, revise, and/or develop equal opportunity and affirmative action guidelines to ensure equal employment opportunity and affirmative action in MMS county/multi-county human services agency workforces.

Additionally, the purpose of these guidelines continue to be to establish minimum affirmative action and equal employment opportunity standards, and provide consistent framework with regard to equal employment opportunity and affirmative action in MMS county/multi-county human services agencies.

**1. Policy**

It is the policy of the MMS that county/multi-county human services agencies conduct all employment practices without regard to race, color, political affiliation, creed, religion, national origin, disability, age, marital status, status with regard to public assistance, sex, membership or activity in a local commission, or sexual orientation. Equal employment opportunity under this policy includes, but is not limited to the following: recruitment, examination, appointment, tenure, compensation, classifications, promotion, or other activities in accordance with applicable federal, state, and local laws and regulations.

A program of affirmative action will be maintained to eliminate barriers to equal employment opportunity and to encourage the employment and advancement of qualified females and minorities when these groups are underrepresented in a county/multi-county human service agency's workforces in any job category. Agencies are required to provide equal employment opportunities to, and encouraged to actively recruit, individuals with disabilities.

**2. Responsibilities**

MMS county/multi-county human services agency directors have overall responsibility for implementing the MMS equal employment opportunity and affirmative action guidelines throughout that agency. Including establishing specific internal procedures that minimally meet the standards provided by the MMS guidelines.

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**3. Role of DHS**

The DHS OEPD Equal Opportunity and Access division provides consultation, technical assistance, recruitment, training, and goal-setting review and monitoring of MMS human service agencies to ensure affirmative action and equal employment opportunity in these agencies.

**II. Scope of Guidelines**

All MMS county/multi-county human services agencies and its employees must comply with equal employment opportunity and affirmative action guidelines. Any Minnesota county/multi-county may choose to create a county/multi-countywide affirmative action plan and have it approved by the Minnesota Department of Human Rights, which will issue a certificate of compliance for approved plans. Alternatively, a county/multi-county may choose to adopt the MMS equal employment opportunity and affirmative action guidelines in this bulletin for its human services agency.

Minnesota Rules, part 9575.0090, subpart 2a, require that each MMS human services agency have an affirmative action plan, which must contain the following:

- a policy defining and prohibiting discriminatory harassment, including sexual harassment;
- an internal discrimination complaint policy and procedure that includes notification of DHS OEPD Equal Opportunity and Access division of complaints that are brought, and their resolution;
- provision for appointment of a person to serve as liaison between the MMS county/multi-county human services agency and DHS OEPD Equal Opportunity and Access division, and to have responsibility for implementation of the guidelines within the agency;
- provision for notification of DHS OEPD Equal Opportunity and Access division of periodic hiring goals established by the county/multi-county human services agency; and
- provision for compliance with the Americans with Disabilities Act (ADA), Title I, which prohibits discrimination against disabled employees or job applicants.

Minnesota state law does not require that Minnesota counties and political subdivisions have an affirmative action plan certified by the Minnesota Department of Human Rights in order to receive any state funds or engage in contracting with the state. Nevertheless, this does not exempt MMS county/multi-county human services agencies from the requirement of the MMS rules, as indicated above.

**III. MMS County/Multi-County Human Services Agency Action Required**

In order to comply with Minnesota Merit System Rules, part 9575.0090, subpart 2a, your agency should choose one of the two courses of action. Your agency may:

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A. Adopt the proffered MMS system equal employment opportunity and affirmative action guidelines as your agency's equal opportunity and affirmative action plan and implement the guidelines within your agency, including developing hiring goals where workforce disparities exist and submit a letter indicating the adoption of those guidelines to DHS OEPD Equal Opportunity and Access division;

OR

B. Adopt an equal opportunity and affirmative action plan that is certified by the Minnesota Department of Human Rights and submit a copy of the certificate of compliance to DHS OEPD Equal Opportunity and Access division. If your county/multi-county already has a certified plan, your agency's adoption of that plan meets requirements under MMS rules.

Send this information to the attention of the Minnesota Merit System Consultant, Minnesota Department of Human Services, OEPD Equal Opportunity and Access division, MMS Consultant, Box 64997, St. Paul, MN 55164-0097.

#### **IV. Policies and Requirements**

##### **A. Prohibition of Discriminatory Treatment**

**Purpose:** To establish a means for maintaining a work environment free of discriminatory treatment in MMS county/multi-county human services agencies.

**Statement:** MMS county/multi-county human services agencies shall provide a work environment free of any form of discriminatory treatment, including harassment.

**Authority:**

- United States Civil Rights Act of 1964, Title VII
- United States Equal Pay Act of 1963
- United States Age Discrimination in Employment Act of 1967
- United State Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- United States Civil Rights Act of 1991
- Genetic Information Nondiscrimination Act of 2008, Title II
- Minnesota Human Rights Act

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**B. Discrimination Complaint Handling**

**Purpose:** To provide an internal option to employees who believes they were discriminated against because of race, color, political affiliation, creed, religion, national origin, disability, age, marital status, status with regard to public assistance, sex, membership or activity in a local commission, or sexual orientation. The disability indicator includes qualified individuals with a disability who are either job applicants or employees.

**Statement:** While employees of MMS county/multi-county human services agencies have the right to file discrimination complaints with the Minnesota Department of Human Rights or other enforcement agencies at any time, complainants are urged to seek out internal administrative remedies first.

Anyone bringing an employment discrimination complaint shall do so without fear of reprisal, coercion, or intimidation.

Discrimination complaints and relevant investigative data and findings will all be handled in accordance with provisions of the Minnesota Data Practices Act, and the ADA, Title I.

The discrimination complaint handling process will minimally include:

1. A method to resolve both formal and informal complaints,
2. Notification of DHS OEPD Equal Opportunity and Access division and
3. A timely response to all complaints.

**Authority:**

- United States Civil Rights Act of 1964, Title VII
- United States Equal Pay Act of 1963
- United States Age Discrimination in Employment Act of 1967
- United States Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- United States Civil Rights Act of 1991
- The Minnesota Human Rights Act
- The Minnesota Data Practices Act
- Genetic Information Nondiscrimination Act of 2008, Title II

**C. Prohibition of Discrimination against Individuals with Disabilities**

**Purpose:** To provide work environments free of unlawful discrimination against applicants and employees with disabilities. Together the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendments Act of 2008

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(ADAAA) extend federal civil rights protection to people who are considered disabled.

**Statement:** MMS county/multi-county human services agencies shall provide a work environment free of any form of discrimination. This includes removing barriers to application of employment and ensuring that qualified employees with disabilities are not discriminated against.

The most significant provisions of the ADA with regard to MMS county/multi-county human services agencies are included in Title I, which prohibit employers from discriminating against qualified individuals with disabilities in matters of employment, including the application and hiring process. The provisions in Title I of the ADA are broader in scope than, but similar to, the Minnesota Human Rights Act (Minnesota Statutes, chapter 363A), and to Section 504 of the federal Rehabilitation Act of 1973 and Volume 29 of the United States Code, section 794.

ADA regulations make clear that employers, including all state and local governments, must comply with the employment provisions of Title I. The ADA prohibits discrimination against an otherwise qualified individual with a disability with regard to the following:

- Job application procedures, including recruitment and advertising;
- Hiring, firing, and advancement; and
- Compensation, training, and other terms, conditions, and privileges of employment such as tenure, layoff, leave, and employee benefits.

**Reasonable Accommodations:** If a person is qualified to perform the essential functions of a job except for limitations caused by a disability, the employer must consider whether or not that person could perform those functions with a reasonable accommodation.

An employer is required to accommodate a known disability of a qualified applicant or employee unless it would impose an undue hardship. Accommodations are determined by the specifics of the situation and provided on an individual basis.

**Interactive Process:** The action to accommodate is generally triggered by a request from an applicant or employee with a disability. However, in certain instances, an employer has an obligation to make inquiries about an individual's need for an accommodation. For example, when an employer observes that an applicant or employee has a disability that may prevent him or her from understanding the need to request an accommodation, the employer should initiate discussion about the possible need for accommodation. If the individual with a disability cannot suggest an appropriate accommodation in such circumstances, the employer should work with the individual to identify an effective accommodation.

**Undue Hardship:** Deciding whether a request for a reasonable accommodation creates an undue hardship is determined on a case by case basis. If it is determined that a specific proposed or requested accommodation would impose an undue hardship on an employer, the employer is still obligated to identify another accommodation that would not impose a hardship. As long as an accommodation provides the person with the disability an equal opportunity to perform the



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essential function of the job, and enjoy the benefits and privileges of employment that other employees have access to, the accommodation need not be the best accommodation available, nor must it be the accommodation desired by the individual with a disability.

**Threat to health and safety of others:** If an employer believes that an employee or applicant with a disability would constitute a direct threat to the health or safety of self and others, and that a reasonable accommodation to the person's disability would not eliminate the threat, the employer may determine the individual is not or is no longer qualified to perform the duties of their job. Such a determination must be based on objective facts, and must be specific to the situation and the individual, and cannot be based on speculation or the remote possibility of a threat or risk to the safety of others.

For a more detailed explanation of your obligations and responsibilities under the ADA, contact the United States Equal Employment Opportunity Commission (EEOC), or the United States Department of Justice's Civil Rights Division. Numerous publications explaining the ADA and its requirements are available from these agencies, and are online at their websites. You may also request technical assistance from the Minnesota DHS OEPD Equal Opportunity and Access division, and from the Minnesota Department of Human Rights. Contact information for all of these agencies is included in Appendix III of these guidelines.

**Authority:**

- United States Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- Minnesota Human Rights Act

**D. Prohibition of Sexual Harassment**

**Purpose:** To establish a means for maintaining a work environment free of sexual harassment in MMS county/multi-county human services agencies.

**Statement:** MMS county/multi-county human services agencies shall provide a work environment free of any form of sexual harassment. Sexual harassment is a form of sex discrimination and is covered under the same statutes as any kind of discriminatory treatment.

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Sexual harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.



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Sexual harassment can also include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general. The harasser can be either a woman or a man, as can the victim. Same-sex sexual harassment is prohibited as in opposite-sex harassment.

Although the law does not prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

**Authority:**

- Civil Rights Act of 1964, Title VII
- Minnesota Human Rights Act

**E. Affirmative Action in Appointment and Selection Decisions**

**Purpose:** To ensure that affirmative action hiring goals are considered when hiring decisions are made within job groups where a workforce disparity exists.

**Statement:** MMS county/multi-county human services agencies shall act affirmatively to recruit and hire a diverse workforce. When a vacancy occurs in a job group where a disparity exists, agencies shall utilize affirmative recruitment and hiring strategies to attempt to meet the workforce disparity. When fewer than three protected group candidates are on the eligible list, the MMS will use expanded certification to bring the number of eligible candidates certified to a total of three candidates from the protected group in which a disparity exists. The candidates certified shall be determined by their examination scores in accordance with MMS rules.

**Authority:**

- Minnesota Statutes, section 256.012, subdivision 1
- Minnesota Rules, part 9575.0620, subpart 7

**V. Responsibilities, Duties, and Accountabilities**

MMS Affirmative Action Guidelines: Responsibilities, duties, and accountabilities.

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**A. OEPD Equal Opportunity and Access division at the Minnesota DHS**

**1. Responsibilities**

Minnesota DHS OEPD Equal Opportunity and Access division has oversight responsibility for and authority to monitor the MMS equal employment opportunity and affirmative action efforts in order to ensure compliance with federal and state laws and the MMS rules.

**2. Duties**

To monitor implementation of MMS county/multi-county human services agencies required affirmative action plans and their compliance with equal opportunity and affirmative action guidelines. To provide technical assistance, as requested, to MMS county/multi-county human services agencies in the implementation of their affirmative action plans.

**3. Accountability**

To the Commissioner of the Minnesota Department of Human Services.

**B. MMS Personnel at the Minnesota DHS**

**1. Responsibilities**

The Minnesota DHS MMS personnel have responsibility for ensuring all assessment and selection processes are job-related, and that there are no barriers or hindrances to affirmative action and equal employment opportunity in MMS county/multi-county human services agencies. They will also ensure that MMS county/multi-county human services agencies have the opportunity to act affirmatively in hiring within job categories where there are disparities.

**2. Duties**

☐☐ Publish job announcements for MMS county/multi-county human services agency openings, maintain communication with organizations in targeted communities for recruitment purposes, and conduct recruitment for professional and managerial staff.

☐☐ Expand certification, as necessary, to include protected group applicants when a disparity exists in the job class for which the MMS county/multi-county human services agency is hiring.

☐☐ Maintain a record of all competitive and promotional examination openings and appointments within agencies by gender and race.

☐☐ Review position descriptions and class specifications to ensure that they are accurate and that stated requirements are job-related.

☐☐ Ensure that selection processes are free of adverse impact.

**3. Accountability**

To the Commissioner of the Minnesota DHS.

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**C.MMS County/Multi-county Human Services Agency Director**

**1. Responsibilities**

The MMS county/multi-county human services agency director has responsibility for ensuring the overall implementation of the agency's affirmative action and equal employment opportunity policies; and for compliance with fair employment practices; and with federal and state laws, and MMS rules.

**2. Duties**

- ☐☐ Communicate and demonstrate a commitment to the agency's affirmative action and equal employment opportunity policies and to the MMS affirmative action guidelines.
- ☐☐ Set numerical hiring goals and develop action steps and timetables for recruiting and hiring women and minorities. Ensure that the agency actively recruits applicants with disabilities and provides equal employment opportunities.
- ☐☐ Notify DHS OEPD Equal Opportunity and Access division in January of each year of the agency's progress and of activities engaged in to achieve affirmative action hiring goals during the reporting period.
- ☐☐ Resolve internal complaints of discrimination, and notify DHS OEPD Equal Opportunity and Access division in January of each year of all discrimination complaints brought by employees of the agency during the reporting period.
- ☐☐ Inform hiring supervisors of equal opportunity and affirmative action guidelines and encourage them to act affirmatively whenever an opportunity exists to hire a qualified protected group applicant into a job category where a disparity exists.
- ☐☐ Ensure that information about equal employment opportunity and affirmative action is disseminated to all MMS employees in the agency.
- ☐☐ Ensure that the workplace is free of discrimination.
- ☐☐ Designate a liaison to DHS Equal Opportunity and Access division and ensure that the liaison has the necessary information and knowledge to carry out the duties required of the liaison. The director will consult at least quarterly with the Affirmative Action and Equal Employment Opportunity (AA EEO) liaison for the purpose of reviewing the status of equal employment opportunities and affirmative action needs in the agency, including any discrimination complaint activity.

**3. Accountability**

To the county/multi-county agency's director.

**D.MMS County/Multi-county Human Services Agency Affirmative Action Liaison and Designee**

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**1. Responsibilities**

The MMS county/multi-county human services agency affirmative action liaison or designee has responsibility for ensuring compliance with MMS equal employment opportunity and affirmative action guidelines on a daily basis. The liaison will act in an advisory capacity to the agency director with regard to equal employment opportunities and affirmative action. The liaison will monitor the agency's affirmative action and equal employment opportunity efforts to ensure compliance with federal and state laws and with MMS rules.

**2. Duties**

1. Develop an equal employment opportunity and affirmative action policy statement and an affirmative action plan consistent with those policies.
2. Implement the affirmative action plan, including:
  - a. The internal and external distribution of the agency's EEO and AA policies and the affirmative action plan;
  - b. The establishment of affirmative action hiring goals, action steps, and timetables;
  - c. The active recruitment and employment of protected group applicants; and
  - d. The recruitment and utilization of businesses owned by protected group members.
3. Conduct and/or coordinate employee training on and orientation to the agency's EEO/AA policies and plan.
4. Ensure that agency managers and superiors understand their responsibilities to take action to prevent the harassment of employees and applicants for employment.
5. Ensure that minority, female, and employees with disabilities are provided equal opportunity in attending agency sponsored training and activities, and in benefit plans, pay, and other work related activities and conditions.
6. Implement and maintain equal employment opportunity auditing, reporting, and record-keeping systems as a means of gauging the effectiveness of the agency's affirmative action efforts, and of determining whether or not affirmative hiring goals have been attained.
7. Actively liaise with DHS OEPD Equal Opportunity and Access division and with other relevant governmental enforcement agencies, and with DHS MMS personnel, as appropriate.
8. Coordinate agency and employee support of community programs that may lead to equitable employment of women, minorities, and individuals with disabilities.

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**3. Accountability**

To the county/multi-county agency's director.

**E.MMS County/Multi-county Human Services Agency Managers and Supervisors**

**1. Responsibilities**

MMS county/multi-county human services agency managers and supervisors have responsibility for ensuring compliance with the MMS equal employment opportunity and affirmative action guidelines and fair treatment of all agency employees.

**2. Duties**

☐☐ Assist the agency's EEO/AA liaison with identifying and resolving problems related to equal employment opportunity and with eliminating barriers which inhibit or prevent equal employment opportunity and/or affirmative action.

☐☐ Consider qualified protected group members and where possible act affirmatively in hiring and promoting staff.

☐☐ Communicate and demonstrate a personal commitment to the agency's EEO/AA policies and MMS affirmative action guidelines.

☐☐ Make recruitment recommendations to the EEO/AA liaison and assist the liaison with special recruitment projects.

☐☐ Ensure that all employees under your supervision receive and annual orientation to the agency's affirmative action plan and equal employment opportunity policies.

☐☐ Identify, document, and address training needs related to equal employment opportunity and affirmative action.

**3. Accountability**

To the county/multi-county agency's director.

**F. MMS County/Multi-county Human Services Employees**

**1. Responsibilities**

MMS county/multi-county human services agency employees at all levels shall be responsible for conducting themselves in accordance with the MMS rules and with state and federal laws by refraining from any actions which would interfere with any employee's work performance with respect to that person's race, creed, color, sex, national origin, age, marital status, disability, sexual orientation, reliance on public assistance, membership or activity in a local human rights commission, religion, political opinions or affiliations. Employees who believe they have been subjected to unlawful discrimination are encouraged to utilize the agency's discrimination complaint procedure.

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Each employee has the responsibility to become familiar with the MMS equal employment opportunity and affirmative action guidelines and the agencies' policies on non-discrimination and the prevention of sexual and general harassment.

**2. Accountability**

To the county/multi-county agency's director, management, and supervisors.

**G. MMS Affirmative Action Guidelines**

**1. Dissemination of information**

**a. Internal dissemination of information**

The ADA requires employers to post a notice stating the provisions of the ADA that apply to job applicants and employees. The notice must be posted in a place accessible to people in wheelchairs, and it must be made available in alternative formats for individuals with a vision loss or reading disabilities. This applies to MMS county/multi-county human services agencies.

In addition, MMS county/multi-county human services agencies must post on their official bulletin boards, accessible to all applicants, employees, and the public, a copy of the MMS EEO and AA guidelines, along with the agency's most recent hiring goals, timetables proposed for meeting those goals, and the action steps to be taken to meet them.

Annually, the MMS county/multi-county human services agency's director will transmit a letter or memo to agency staff affirming the organization's commitment to affirmative action and equal opportunity in employment.

Additionally, the MMS county/multi-county human services agency will hold regular (at least biennial) training sessions for the purpose of ensuring that managers and supervisors understand the MMS EEO and AA guidelines and their responsibilities under the guidelines. Further, a review of these guidelines will be included in new employee orientation.



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When appropriate, information about the MMS EEO and AA guidelines and the agency's non-discrimination and harassment-prevention policies will be included in internal publications.

**b. External dissemination of information**

MMS human services agencies must post on their official bulletin board, accessible to all applicants, employees, and the public, a copy of the MMS EEO and AA guidelines, along with the agency's most recent hiring goals, timetables proposed for meeting those goals, and the action steps to be taken to meet them.

The phrase "An Equal Opportunity and Affirmative Action Employer" or similar will be included in all advertisements for MMS county/multi-county human services agency positions. These positions will be advertised in appropriate protected group publications, whether in print or electronically.

An assurance of non-discrimination will be included in all contracts for programs or other activities which receive any federal assistance.

A written expression of the agency's position on equal employment and affirmative action will be included as appropriate in newspaper, magazine, and web-based advertising and/or brochures and like recruitment materials.

**2. Audit and Evaluation**

The MMS county/multi-county human services agency director or the appointed EEO/AA designee for that county/multi-county agency will determine annually whether or not minorities or females are underrepresented in the job categories utilized in the agency's workforce. This will be done by comparing the availability of minority and female job-candidates in the geographic recruitment area with the number of minorities and females who are actually employed in those job categories in the agency. If there is a disparity (under representation) in any job category for either protected group, the agency is obligated to set hiring goals, determine action steps to be taken to achieve those hiring goals, and set timetables for executing the action steps.

A non-discrimination clause will be included in bargaining unit contracts and in purchasing agreements and contracts whenever possible.

In January of each year, the MMS county/multi-county human services agency director or the appointed EEO and AA designee for that county/multi-county will send to the Minnesota DHS OEPD Equal Opportunity and Access division a year end summary of the agency's equal employment and affirmative action activities for the previous year. The summary will include an evaluation of the effectiveness of those activities in achieving affirmative action hiring goals and in ensuring a workplace free of unlawful discrimination. The summary will include:

A. Information about employment discrimination complaint activity, specifying the numbers and types of discrimination complaints and the status of their resolution;

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B. Information about recruitment activities conducted, specifying the sources of recruitment and the protected group community organizations contacted;

C. The hiring goals set for the year and the action steps towards achieving those goals; and

D. Information about all staff training and/or information sessions conducted related to affirmative action and equal employment opportunity.

Although hiring goals are not required to be set for individuals with a disability, agencies are required to provide equal employment opportunities to, and encouraged to actively recruit individuals with disabilities.

## **VI. Appendix**

### **A. Definitions**

#### **Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act, passed in 1990, gives civil rights protections to individuals with disabilities that are similar to federal protections provided to individuals on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees equal opportunity for individuals with disabilities in employment, state and local government services, public accommodations, telecommunications, and transportation. Title I of the ADA applies to employers. The ADA does not protect individuals who are currently using illegal drugs, and employers may seek reasonable assurance from employees that no illegal drug use is occurring.

#### **Americans with Disabilities Act Amendments Act of 2008 (ADAAA)**

The ADAAA became effective on January 1, 2009. It is an act to restore the intent and protections of the Americans with Disabilities Act of 1990. Under the ADAAA the definition of disability is construed broadly.

#### **Affirmative Action**

A program of proactive efforts to remedy historical discrimination, in employment, against women, minorities, and in Minnesota state government, individuals with disabilities. This remedial program may involve recruitment efforts targeted at these specific groups when disparities in the workforce have been identified. MMS county/multi-county agencies are not required to set hiring goals for people with disabilities, but the federal Rehabilitation Act of 1973 does require MMS county/multi-county human services agencies to track employment data on disabled employees.



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**(Affirmative) Action Steps**

Those steps which an agency plans to take to address workforce disparities. They could include, but are not limited to, identifying and removing barriers to employment for minorities or females; further educating hiring supervisors and managers about their obligations under affirmative action and equal opportunity law; planning events that will increase awareness of, and knowledge about, other cultural groups in your geographic region; targeting recruitment at under-represented groups, even outside the geographic region.

**Creed**

A system of beliefs, principles, or opinions to which an individual adheres. It might be religious, political or philosophical in nature.

**Discrimination**

An act or series of acts made toward another group or a perceived member of that group that, when compared with one's behavior towards one's own or other groups, is/are unfair. Such action may be based on prejudice or ignorance.

**Discriminatory Harassment**

Any form of behavior that is offensive, unwelcome, and/or creates a hostile work environment and which, for purposes of this document, is based on an individual's race, color, political affiliation, creed, religion, national origin, disability, age, sex, marital status, status with regard to public assistance or activity in a local commission, or sexual orientation.

Harassment has occurred when: 1) submission to that conduct or communication is made a term (explicitly or implicitly) of employment; 2) submission to, or rejection of that conduct, or communication, that is used as a factor in decisions affecting an individual's employment; or, 3) the conduct or communication has the purpose or the effect of substantially interfering with an individual's employment or creating an intimidating, hostile, or offensive employment environment.

**Disparity**

The presence of fewer women, minorities, or individuals with a disability in the workforce than could reasonably be expected based on their availability for work in the geographic area where the underemployment is found.

**Ethnic**

Designating basic groups or divisions of human beings as distinguished by customs, a common language, a common history, a common religion, or other such characteristics. Ethnicity in general, then, may be regarded as referring to a specific type of culture, and an individuals' ethnicity may be regarded as referring to that person's cultural heritage.

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**Ethnocentrism**

The attitude that one's own ethnic group/nation/culture is superior to all others; this attitude may be expressed in hostile behavior, violence, or discrimination towards members of out-groups.

**Equal Employment Opportunity/Equal Opportunity Employment**

A system of employment practices wherein individuals are recruited, hired, and promoted on their own merits and, for purposes of this document, without regard to race, color, political affiliation, creed, religion, national origin, disability, age, sex, marital status, status with regard to public assistance, membership or activity in a local commission, or sexual orientation.

**Gender**

One's physical sex, male or female, usually evident at birth.

**General Harassment**

Any behavior or combination of behaviors that is repeated by one or more employees and that is directed towards another employee or group of employees that is considered annoying, insulting, or intimidating, or which causes discomfort and/or which has a detrimental effect on the employee's/employees' work performance(s).

**Genetic Information Nondiscrimination Act of 2008 (GINA)**

This law makes it illegal to discriminate against employees or applicants on the basis of genetic information. Genetic information includes information about an individual's genetic tests or information about the genetic tests of an individual's family member(s), as well as information about any disease, disorder or condition of an individual's family member(s) –i.e., and individual's family medical history. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

**Hiring Goal**

A numerical objective designed to remedy a workforce disparity; an employment level to strive for through the use of affirmative recruitment, hiring timetables, and other such action steps; to be achieved within a set period of time, such as a year.

**Individuals with a Disability**

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; or has a record of such impairment; or is regarded as having such an impairment.

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**Major Life Activities**

These include, but are not limited to, activities such as walking, talking, standing, sitting, hearing, seeing, performing manual tasks, caring for oneself, thinking, concentrating, other cognitive functions, relating to others, working, etc.

**Minorities**

This term refers to persons in the workforce, or potential applicants, who are African American/Black, Asian, Native Hawaiian or Pacific Islander, American Indian or Native Alaskan, or of Hispanic heritage.

**Parity**

A condition in which protected groups are represented in the workforce in proportion to their availability in a geographic labor market.

**Protected Group/Class**

For purposes of affirmative action and equal employment opportunity, this term refers to individuals who are disabled, members of a minority group, or are female.

**Qualified Individual with a Disability**

This is a person who has a physical or mental impairment that substantially limits one or more major life activities, or who has a record of such an impairment, or who is regarded by others as having such an impairment, and who also has the requisite skill, experience, education, or other employment requirements of the position being sought and who can perform the essential functions of that job with or without a reasonable accommodation.

**Race**

Any of the different varieties of human beings as distinguished by physical characteristics such as form of hair, color of skin, bodily proportions, etc. one of the groups of populations constituting humanity, where differences are biological in nature – and cannot be linked with other traits such as intelligence, personality, or character – and are transmitted genetically; *this term is inappropriate when applied to national, religious, geographic, linguistic or cultural groups.*

**Racism**

The notion, lacking scientific support, that one race is superior (or inferior) to another; any program or practices of discrimination based on racial differences; the attribution of cultural or psychological values to race, with the aim of furthering the superiority of one's own race or the inferiority of another.

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

**Reasonable Accommodation**

Any changes to the application process, work environment, or manner under which the position is customarily performed that enables a qualified individual with a disability to be considered for, to perform the essential functions of, or to enjoy equal benefits from job as similarly situated employees without disabilities.

**Sex Role**

Learned through socialization/enculturation, this refers to one's understanding and embracing of how, based on one's gender/sex, one is to act in a cultural or social group.

**Sexism**

The economic and or social exploitation and domination of members of one sex by the members of the other.

**Sexual Identity**

Acquired over time, this refers to one's awareness and conception of oneself as male or female; as masculine or feminine; as oriented toward opposite-sex, same-sex, or both-sexes; as sexually attractive or sexually unattractive; etc.

**Sexual Harassment**

Any form of behavior that is offensive, unwelcome, and/or creates a hostile work environment and which is based on an individual's sex/gender. This behavioral conduct may include jokes inappropriate language, sexual innuendos, inappropriate pictures, sexual gestures, and physical touch that is offensive or unwelcome.

**Substantially limited**

Means a person is restricted in the conditions, manner, or duration of performing a major life activity in comparison to most people in the general population.

**Timetable**

Refers to the period of time within which affirmative action steps are to be taken and set hiring goals are to be achieved.

**Under Representation**

The condition in which fewer protected group members are found in the workplace in a particular job category than would be expected from the availability of qualified protected group members in the labor market.

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

**Undue Hardship**

An accommodation action that would require significant difficulty or expense to implement when factors such as the nature and costs of the accommodation are considered in relation to the size, nature, structure, and resources (both financial and personnel) of the employer's operation.

**B. Race/Ethnicity Categories**

The United States Equal Employment Opportunity Commission (EEOC) revised race and ethnicity categories for the purposes of reporting employment statistics. Definitions are as follow:

- 1) **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- 2) **Black or African American:** A person having origins in any of the black racial groups of Africa;
- 3) **American Indian or Alaska Native:** A person having origins in any of the original peoples of North Central, and South America, and who maintains tribal affiliation or community attachment;
- 4) **Asian:** A person having origins in any of the original peoples of the Far East – i.e., Southeast Asia, the Indian Subcontinent, China, Korea, and Japan;
- 5) **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- 6) **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuba, Central or South American or other Spanish culture or origin, *regardless of race*.

Categories 1 - 4 are regarded as racial categories by the federal government, while categories 5 and 6 are regarded as an ethnic category. (Office of Management and Budget, *Federal Register*, October 30, 1997)

**Americans with Disabilities Act (ADA) Advisory** This information is available in accessible formats for people with disabilities by calling (651) 431-3040 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Forms:

AG#012 Discrimination Complaint Form

AG#013 Reasonable Accommodation form

**AUGUST 2015**  
**GRANTS ~ AGREEMENTS ~ CONTRACTS**  
for Board review/approval

- Jean Callens (Tauton, MN)** – 04/01/15 to 12/31/15; Client guardianship services, \$20/hour plus expenses (NEW).
  
- Preferred One (Minneapolis, MN)** – 09/01/15 to 08/31/16; An agreement to provide annual flu vaccination to enrollees of Preferred One, cost will be according to the employee’s policy plan and coverage (renewal).
  
- MDH Follow Along Program (FAP)** - 04/01/14 – 06/30/17; an amendment to the original contract to extend the program an additional two years, \$2,899.50/qtr or \$23,196 for the 2 year grant period (amendment).
  
- MDH C&TC Outreach** – 01/01/15 to 12/31/17; Amendment to remove language that refers to MNCare eligible children will no longer be eligible for early periodic screenings, diagnosis, and treatment services (amendment).
  
- Avera Health (Sioux Falls, SD)** – 07/01/15 to open; A business associate agreement in regard to Protected Health Information and compliance with the HIPAA rules (NEW).
  
- Service Enterprises Inc (Redwood Falls, MN)** - 08/01/15 – 12/31/15; Paper shredding services, \$.43/pound and pickup (NEW).
  
- Jaclyn Finneman d/b/a Hello World LLC (St Augusta, MN)** – 08/01/15 to 12/31/15; Clinical supervision and/or case consultation; rate various based on type of service (NEW).

## **BOARD MEETING – 08/19/15**

### **DONATION**

- **Naomi Gunnink, Holland, MN donated an infant bath set (tub, towels, wash cloths) to the agency.**



**Offices Located in:**

Ivanhoe, MN • 507-694-1452    Slayton, MN • 507-836-6144  
Pipestone, MN • 507-825-6720    Luverne, MN • 507-283-5070  
Marshall, MN • Human Services 507-537-6747 • Health Services 507-537-6713  
Redwood Falls, MN • Human Services 507-637-4050 • Health Services 507-637-4041

August 19, 2015

Mary Ziegler  
Director of the Division of Regulations, Legislation, and Interpretation  
Wage and Hour Division U.S. Department of Labor  
Room S-3502, 200 Constitution Avenue N.W.  
Washington, D.C. 20210

RE: Southwest Health and Human Services RIN 1235-AA11

Dear Ms. Ziegler:

Southwest Health and Human Services is a multi-county public health and human services agency that employs approximately 255 staff in rural southwest Minnesota. Approximately one half of our staff are exempt. We are responding to the recent proposed rules of the Department of Labor, published July 6, 2015. Whereas, the increase to the salary test may be appropriate, the proposed increase to \$50,440 annually is much too extreme from the current amount of \$23,660 annually. This increase would present our agency with a financial burden of either making supervisory and professional staff hourly or be forced to increase pay so significant that our budgets could not sustain. Having this drastic of a change happen in such a short period of time does not give agencies, such as ourselves, enough time to react and plan for the future. Please reconsider the amount set for the salary test so that it is manageable for an agency such as ours and allows for time to make arrangements financially to support such a rule change.

Sincerely,

Robert Moline  
SWHHS Board Chairperson



## Scope of Service

Apprize provides a comprehensive service offering. The proposal is based on the following standard services.

### Implementation:

- Building, configuration, and testing of up to 28 benefit plans
- Implementation Project Management Support, including initial implementation call and ongoing weekly project calls
- First year complete data population.
- Ability to configure enrollment screens by completing Apprize customization packet, plus one round of revisions provided in Apprize packet format after site testing
- System testing services

### Ongoing Support Services:

- Unlimited, ongoing phone and email support during Apprize business hours
- Ongoing, webinar based training
- Client retention program
- Quarterly Service report

### Ongoing Enrollment Management Services:

- Ongoing enrollment submission to insurance carriers via EDI files or enrollment service bureau processing.
  - Standard pricing includes processing of up to 5 individual carriers
  - There is no fee to change carriers, provided clients stays within same number. If clients adds additional carriers, additional fee per carrier will apply
- Quarterly enrollment audits of each line of coverage, including resolution of enrollment discrepancies

### Renewal Services:

- Renewal configuration and testing of up to 28 benefit plans
- Renewal Project Management Support, including annual renewal call
- Ability to configure enrollment screens by completing Apprize customization packet, plus one round of revisions provided in Apprize packet format after site testing
- Renewal testing services

## Proposed Fees

	Quantity	Cost	Total
<b>Set-Up Fees</b>			
Annual Renewal Fee (billed annually at renewal)*	1	\$250.00	\$250.00
<b>Monthly Fees</b>			
Administration Fee (per employee per month)	215	\$3.00	\$645.00
<b>Total Monthly Fees</b>			\$645.00
			x12
<b>Total Annually</b>			\$7,740.00
<b>Total Annual Fees</b>			\$7,990.00

### Optional Services

#### Payroll Interface

Payroll Interface Set-up Fee (one time): \$1000

Payroll Monthly Fee: \$0.40 (per employee per month)

#### BC Enroll (New employee interface and decision support tool)

One time set up fee: \$1000

Proposed fees are guaranteed for 60 days from issue of proposal.

\*Annual set up fee for first year is \$250 and includes Integrity contribution. The annual set up fee will be \$1000 in year 2, and \$1500 in year 3+.

\*\*Monthly minimum of \$300 applies to groups below 100 employees.