



Southwest Health and Human Services  
 Board Agenda  
 Wednesday, February 18, 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 01/21/15 board minutes
- D. Financial
- E. Caseload
 

	01/15	12/14	11/14
Social Service	3,630	3,695	3,780
Licensing	495	495	496
Out-of-Home Placements	131	126	133
Income Maintenance	12,250	12,440	12,752
Child Support Cases	3,525	3,552	3,568
Child Support Collections	\$809,404	\$937,647	\$743,747
Non IV-D Collections	\$119,135	\$129,958	\$46,428
- F. Decision Items
  - 1. Social Service Policy Number 24 – Payments for Children in Out-of-Home Placement
  - 2.
- G. Discussion/Information
  - 1.

**COMMUNITY HEALTH**

- H. Call to order
- I. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 01/21/15 board minutes
- J. Financial
- K. Caseload

	01/15	12/14	11/14
WIC		2233	2220
Family Home Visiting	100	97	92
PCA Assessments	25	24	21
Managed Care	233	231	235
Dental Varnishing	100	115	72
Refugee Health	2	0	1
Latent TB Medication Distribution	38	43	28
- L. Decision Items
  - 1. Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP) – Krista Kopperud / Michelle Salfer
  - 2. Public Health Strategic Plan – Krista Kopperud / Carol Biren
  - 3. Food, Pools, Lodging (FPL) Delegation Agreement – Jason Kloss
- M. Discussion/Information
  - 1. Environmental Health, MDH – Tom Hogan and Steven Diaz

**GOVERNING BOARD**

- N. Call to order
- O. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 01/21/15 board minutes
- P. Financial
- Q. Introduce new staff members; Jamie Baker, Social Worker; Melanie Brand, Social Worker (CPS); Kristin Lamote, Social Worker (CPS)

## **GOVERNING BOARD (cont.)**

- R. Employee Recognition
- Amy Surprenant, 1 year, Social Worker (CPS), Redwood Falls
  - Kelly Meyeraan, 1 year, Eligibility Worker, Marshall
  - Jamie Hoffmann, 5 years, Eligibility Worker, Marshall
  - Keri Petersen, 5 years, Lead Eligibility Worker, Luverne
  - Kathy Herding, 30 years, Financial Assistance Supervisor, Slayton
- S. Decision Items
1. Jennifer Stratton, Social Worker, completion of 6 month probationary period, no salary increase, effective 02/25/15
  2. Shannon Leysen, Child Support Officer, completion of 6 month probationary period, no salary increase, effective 03/02/15
  3. Amy Surprenant, Social Worker (CPS), completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 02/18/15
  4. Kelyn Meyeraan, Eligibility Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 2/25/15
  5. Tasha Kuehn, Office Support Specialist, probationary appointment (12 months), \$11.43 per hour, effective 02/09/15
  6. Marlene Erickson, reclassification – Case Aide to Health and Human Services Administrative Aide, 6 month probationary period, \$21.01 per hour, effective 01/28/15
  7. Request for Social Worker (CPS) – Redwood Falls
  8. Request for Social Worker Team Leader – Adult Services
  9. Request for Health Educator Supervisor
  10. Personnel Policy Number 2 – Conditions of Employment
  11. Administrative Policy Number 4 – Administrative General Policies
  12. Organizational/Cultural Change Project
  13. Contracts
  14. Donation
  15. Request for office equipment
  16. Commissioner representative to the Consortium Joint Powers Executive Commissioner Board
  17. 2015 Quality Improvement Plan / 2014 Quality Improvement Report – Krista Kopperud / Carol Biren
  18. Administration Reorganization Proposal
- T. Discussion/Information
- 1.
- U. Adjournment

### **Next Meeting Dates:**

- **Wednesday, March 18, 2015 – Marshall**
- **Wednesday, April 15, 2015 – Marshall**
- **Wednesday, May 20, 2015 - Marshall**

# SOUTHWEST HEALTH & HUMAN SERVICES

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

## SUMMARY OF FINANCIAL ACCOUNTS REPORT

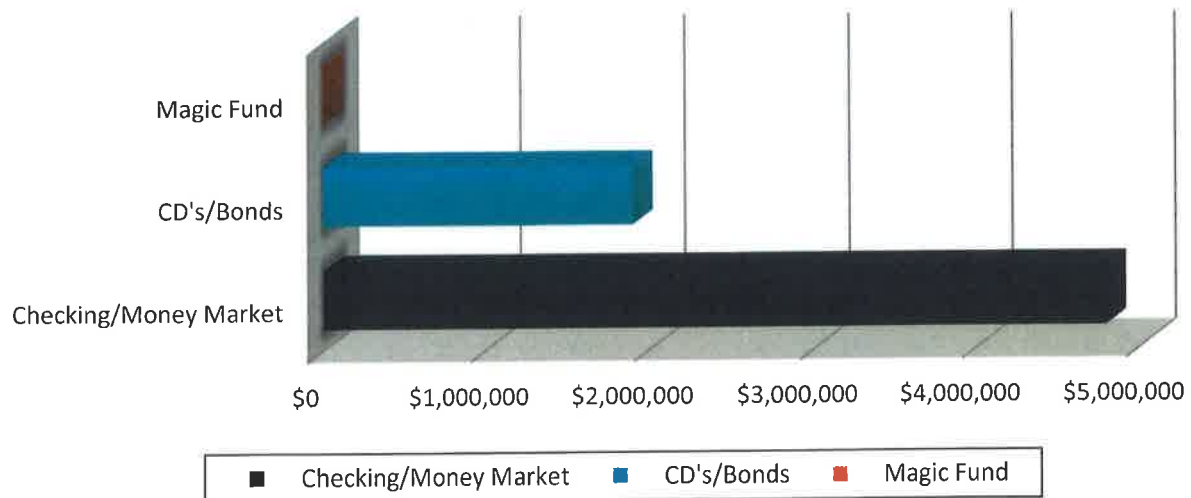
For the Month Ending: **January 1, 2015**

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

Description	Month	Running Balance
<b>BEGINNING BALANCE</b>		<b>\$6,150,538</b>
<b>RECEIPTS</b>		
Monthly Receipts	996,180	
County Contribution	261,148	
Interest on Investments	2,671	
<b>TOTAL MONTHLY RECEIPTS</b>		<b>1,259,999</b>
<b>DISBURSEMENTS</b>		
Monthly Disbursements	2,626,809	
<b>TOTAL MONTHLY DISBURSEMENTS</b>		<b>2,626,809</b>
<b>ENDING BALANCE</b>		<b>\$4,783,728</b>

REVENUE		Average Balance last two years
<i>Checking/Money Market</i>	<b>\$4,783,728</b>	<b>\$6,829,351</b>
<i>CD's/Bonds</i>	<b>\$1,893,750</b>	
<i>Magic Fund</i>	<b>\$0</b>	
<b>ENDING BALANCE</b>	<b>\$6,677,478</b>	

### REVENUE DESIGNATION





# Southwest Health and Human Services

As of 01/2015

TREASURER'S CASH TRIAL BALANCE

KJD 2/3/15 2:26PM

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1	Health Services Fund			
	Receipts	319,305.41	319,305.41	
	Disbursements	69,944.41-	69,944.41-	
	Payroll	186,607.69-	186,607.69-	
	Journal Entries	900.00	900.00	
	<b>Fund Total . . . . .</b>	<b>63,653.31</b>	<b>63,653.31</b>	<b>1,671,512.21</b>
5	Human Services Fund			
	410	General Administration		
	Receipts	44,339.25	44,339.25	
	Disbursements	39,115.86-	39,115.86-	
	Payroll	10,385.79-	10,385.79-	
	<b>Dept Total . . . . .</b>	<b>5,162.40-</b>	<b>5,162.40-</b>	<b>786,174.53</b>
5	Human Services Fund			
	420	Income Maintenance		
	Receipts	331,097.62	331,097.62	
	Disbursements	442,379.46-	442,379.46-	
	Payroll	328,010.79-	328,010.79-	
	Journal Entries	2,040.00	2,040.00	
	<b>Dept Total . . . . .</b>	<b>437,252.63-</b>	<b>437,252.63-</b>	<b>2,971,247.05-</b>
5	Human Services Fund			
	430	Social Services		
	Receipts	2,776.23	2,776.23	
	Disbursements	174,132.19-	174,132.19-	
	Payroll	515,606.95-	515,606.95-	
	Journal Entries	3,060.00	3,060.00	
	<b>Dept Total . . . . .</b>	<b>683,902.91-</b>	<b>683,902.91-</b>	<b>40,915,441.80-</b>
5	Human Services Fund			
	431	Purchased Services,SSIS		
	Receipts	359,289.95	359,289.95	
	Disbursements	25.00-	25.00-	
	SSIS	509,624.31-	509,624.31-	

# Southwest Health and Human Services



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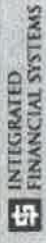
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As of 01/2015

## TREASURER'S CASH TRIAL BALANCE

Fund	Beginning Balance	This Month	YTD	Current Balance
5	1,794,967.25-	150,359.36-	150,359.36-	47,814,229.29
	Human Services Fund 461 Information Systems			
		7,019.00	7,019.00	
		793.76-	793.76-	
		21,415.90-	21,415.90-	
		15,190.66-	15,190.66-	1,810,157.91-
		LCTS Collaborative Agency		
	0.00	0.00	0.00	0.00
	4,195,425.02	1,291,867.96-	1,291,867.96-	2,903,557.06
61	52,721.51			33,351.13-
	Agency Health Insurance			
		189,971.96	189,971.96	
		276,044.60-	276,044.60-	
		86,072.64-	86,072.64-	
		LCTS Collaborative Agency		
	137,922.21	42,225.50-	42,225.50-	95,696.71
		42,225.50-	42,225.50-	
	137,922.21	42,225.50-	42,225.50-	95,696.71
73	70,596.26			65,873.26
	LCTS Rock Pipestone Collaborative Fund 471 LCTS Collaborative Agency			
		200.00	200.00	
		4,923.00-	4,923.00-	
		4,723.00-	4,723.00-	65,873.26
	70,596.26	4,723.00-	4,723.00-	65,873.26

# Southwest Health and Human Services



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2/3/15

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TREASURER'S CASH TRIAL BALANCE

As of 01/2015

<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
75	Redwood LCTS Collaborative	84,241.34	LCTS Collaborative Agency		
	Disbursements		5,574.00-	5,574.00-	
	Dept Total . . . . .		5,574.00-	5,574.00-	78,667.34
	Fund Total . . . . .	84,241.34	5,574.00-	5,574.00-	78,667.34
77	Local Advisory Council		Local Advisory Council		
	Dept Total . . . . .	1,772.99	0.00	0.00	1,772.99
	Fund Total . . . . .	1,772.99	0.00	0.00	1,772.99
All Funds	Receipts	6,150,538.23	1,253,999.42	1,253,999.42	
	Disbursements		1,055,157.78-	1,055,157.78-	
	SSIS		509,624.31-	509,624.31-	
	Payroll		1,062,027.12-	1,062,027.12-	
	Journal Entries		6,000.00	6,000.00	
	Total . . . . .		1,366,809.79-	1,366,809.79-	<b>4,783,728.44</b>

# Southwest Health and Human Services



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1 Health Services Fund

## TRIAL BALANCE REPORT

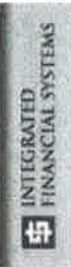
As of 01/2015

Report Basis: Cash

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
1001 Cash in Bank - Checking	1,607,858.90	63,653.31	63,653.31	1,671,512.21
1090 Investments	334,962.50	900.00-	900.00-	334,062.50
<b>Total Assets</b>	1,942,821.40	62,753.31	62,753.31	2,005,574.71
---Liabilities and Balance----- Liabilities	0.00	0.00	0.00	0.00
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,942,821.40-	0.00	0.00	1,942,821.40-
2885 Revenue Control	0.00	318,817.86-	318,817.86-	318,817.86-
2887 Expenditure Control	0.00	256,064.55	256,064.55	256,064.55
<b>Total Fund Balance</b>	1,942,821.40-	62,753.31-	62,753.31-	2,005,574.71-
<b>Total Liabilities and Balance</b>	1,942,821.40-	62,753.31-	62,753.31-	2,005,574.71-
410 General Administration				
-----Assets-----	0.00	0.00	0.00	0.00
<b>Total Assets</b>	0.00	0.00	0.00	0.00
--- Liabilities and Balance----- Liabilities	0.00	0.00	0.00	0.00
<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
1 Health Services Fund	0.00	0.00	0.00	0.00



# Southwest Health and Human Services



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5 Human Services Fund

## TRIAL BALANCE REPORT

As of 01/2015

Report Basis: Cash

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
410 General Administration				
1001 Cash In Bank - Checking	791,336.93	5,162.40-	5,162.40-	786,174.53
<b>Total Assets</b>	791,336.93	5,162.40-	5,162.40-	786,174.53
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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	0.00	2,028.02
<b>Total Liabilities</b>	38,913.79-	0.00	0.00	38,913.79-
<b>Fund Balance</b>				
2881 Unassigned Fund Balance	752,423.14-	0.00	0.00	752,423.14-
2887 Expenditure Control	0.00	5,162.40	5,162.40	5,162.40
<b>Total Fund Balance</b>	752,423.14-	5,162.40	5,162.40	747,260.74-
<b>Total Liabilities and Balance</b>	791,336.93-	5,162.40	5,162.40	786,174.53-
420 Income Maintenance				
1001 Cash In Bank - Checking	2,533,994.42-	437,252.63-	437,252.63-	2,971,247.05-
1090 Investments	625,915.00	2,040.00-	2,040.00-	623,875.00
<b>Total Assets</b>	1,908,079.42-	439,292.63-	439,292.63-	2,347,372.05-
---				
Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Fund Balance</b>				
2881 Unassigned Fund Balance	1,908,079.42	0.00	0.00	1,908,079.42
2885 Revenue Control	0.00	243,152.02-	243,152.02-	243,152.02-
2887 Expenditure Control	0.00	682,444.65	682,444.65	682,444.65
<b>Total Fund Balance</b>	1,908,079.42	439,292.63	439,292.63	2,347,372.05
<b>Total Liabilities and Balance</b>	1,908,079.42	439,292.63	439,292.63	2,347,372.05
430 Social Services				
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Assets-----				

# Southwest Health and Human Services



KJD  
2/3/15 2:26PM

5 Human Services Fund

## TRIAL BALANCE REPORT As of 01/2015

Report Basis: Cash

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
1001 Cash In Bank - Checking	40,231,538.89-	683,902.91-	683,902.91-	40,915,441.80-
1090 Investments	938,872.50	3,060.00-	3,060.00-	935,812.50
<b>Total Assets</b>	39,292,666.39-	686,962.91-	686,962.91-	39,979,629.30-
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	39,292,666.39	0.00	0.00	39,292,666.39
2885 Revenue Control	0.00	1,965.70-	1,965.70-	1,965.70-
2887 Expenditure Control	0.00	688,928.61	688,928.61	688,928.61
<b>Total Fund Balance</b>	39,292,666.39	686,962.91	686,962.91	39,979,629.30
<b>Total Liabilities and Balance</b>	39,292,666.39	686,962.91	686,962.91	39,979,629.30
431 Purchased Services,SSIS				
-----Assets-----				
1001 Cash In Bank - Checking	47,964,588.65	150,359.36-	150,359.36-	47,814,229.29
1205 County Advances - MFIP (Chippewa Cty)	80,749.47	0.00	0.00	80,749.47
<b>Total Assets</b>	48,045,338.12	150,359.36-	150,359.36-	47,894,978.76
--- Liabilities and Balance-----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	48,045,338.12-	0.00	0.00	48,045,338.12-
2885 Revenue Control	0.00	358,029.57-	358,029.57-	358,029.57-
2887 Expenditure Control	0.00	508,388.93	508,388.93	508,388.93
<b>Total Fund Balance</b>	48,045,338.12-	150,359.36	150,359.36	47,894,978.76-
<b>Total Liabilities and Balance</b>	48,045,338.12-	150,359.36	150,359.36	47,894,978.76-
461 Information Systems				
-----Assets-----				
1001 Cash In Bank - Checking	1,794,967.25-	15,190.66-	15,190.66-	1,810,157.91-
<b>Total Assets</b>	1,794,967.25-	15,190.66-	15,190.66-	1,810,157.91-
--- Liabilities and Balance-----				

# Southwest Health and Human Services



KJD

2/3/15 2:32PM

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 01/2015 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2015 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	173,297.25-	173,297.25-	763,420.00-	23	8
INTERGOVERNMENTAL REVENUES	20,779.03-	20,779.03-	336,450.00-	6	8
STATE REVENUES	25,546.60-	25,546.60-	813,453.00-	3	8
FEDERAL REVENUES	77,027.14-	77,027.14-	965,792.00-	8	8
FEES	21,366.63-	21,366.63-	485,899.00-	4	8
EARNINGS ON INVESTMENTS	400.73-	400.73-	1,200.00-	33	8
MISCELLANEOUS REVENUES	400.48-	400.48-	1,300.00-	31	8
TOTAL REVENUES	318,817.86-	318,817.86-	3,367,514.00-	9	8
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	8
PAYROLL AND BENEFITS	186,607.69	186,607.69	2,567,555.00	7	8
OTHER EXPENDITURES	69,456.86	69,456.86	799,959.00	9	8
TOTAL EXPENDITURES	256,064.55	256,064.55	3,367,514.00	8	8

# Southwest Health and Human Services



KJD

2/3/15 2:32PM

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 01/2015

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2015 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	87,850.96-	87,850.96-	9,179,271.00-	1	8
INTERGOVERNMENTAL REVENUES	665.74-	665.74-	36,804.00-	2	8
STATE REVENUES	97,910.01-	97,910.01-	3,903,232.00-	3	8
FEDERAL REVENUES	175,953.05-	175,953.05-	6,832,224.00-	3	8
FEES	121,916.31-	121,916.31-	1,750,500.00-	7	8
EARNINGS ON INVESTMENTS	2,270.76-	2,270.76-	15,000.00-	15	8
MISCELLANEOUS REVENUES	123,599.46-	123,599.46-	1,210,923.00-	10	8
TOTAL REVENUES	610,166.29-	610,166.29-	22,927,954.00-	3	8
EXPENDITURES					
PROGRAM EXPENDITURES	728,059.28	728,059.28	8,659,766.00	8	8
PAYROLL AND BENEFITS	876,013.02	876,013.02	11,929,861.00	7	8
OTHER EXPENDITURES	303,061.95	303,061.95	2,338,327.00	13	8
TOTAL EXPENDITURES	1,907,134.25	1,907,134.25	22,927,954.00	8	8

# Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 01/2015

KJD  
2/3/15 2:44PM



Report Basis: Cash

Element	Description	Account Number	Revenue	Current Month	Year- To- Date	Budget	% of Bdgt	% of Year
901 PROGRAM	Med Reserve Corps			0.00	0.00	3,500.00-	0	8
			Expend.	25.87	25.87	2,796.00	1	8
			Net	25.87	25.87	704.00-	4-	8
483 DEPT	Health Education	Totals:	Revenue	21,275.70-	21,275.70-	606,300.00-	4	8
			Expend.	43,345.09	43,345.09	688,859.00	6	8
			Net	22,069.39	22,069.39	82,559.00	27	8
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue	22,731.79-	22,731.79-	138,000.00-	16	8
			Expend.	12,729.30	12,729.30	161,721.00	8	8
			Net	10,002.49-	10,002.49-	23,721.00	42-	8
820 PROGRAM	Healthy Homes Grant		Revenue	0.00	0.00	18,079.00-	0	8
			Expend.	541.43	541.43	18,229.00	3	8
			Net	541.43	541.43	150.00	361	8
485 DEPT	Environmental Health	Totals:	Revenue	22,731.79-	22,731.79-	156,079.00-	15	8
			Expend.	13,270.73	13,270.73	179,950.00	7	8
			Net	9,461.06-	9,461.06-	23,871.00	40-	8
1 FUND	Health Services Fund	Totals:	Revenue	318,817.86-	318,817.86-	3,367,514.00-	9	8
			Expend.	256,064.55	256,064.55	3,367,514.00	8	8
			Net	62,753.31-	62,753.31-	0.00	0	8

# Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 01/2015

KJD  
2/3/15 2:44PM



Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
741 PROGRAM	Mental Health/Adults Only		37,536.86-	37,536.86-	647,500.00-	6	8
			94,818.78	94,818.78	1,426,324.00	7	8
			57,281.92	57,281.92	778,824.00	7	8
742 PROGRAM	Mental Health/Children Only		32,837.65-	32,837.65-	555,000.00-	6	8
			117,835.28	117,835.28	1,408,536.00	8	8
			84,997.63	84,997.63	853,536.00	10	8
750 PROGRAM	Developmental Disabilities		28,013.35-	28,013.35-	688,008.00-	4	8
			26,181.73	26,181.73	408,451.00	6	8
			1,831.62-	1,831.62-	279,557.00-	1	8
760 PROGRAM	Adult Services		94,998.39-	94,998.39-	1,437,000.00-	7	8
			12,646.24	12,646.24	146,000.00	9	8
			82,352.15-	82,352.15-	1,291,000.00-	6	8
431 DEPT	Purchased Services,SSIS	Totals:	358,029.57-	358,029.57-	13,753,900.00-	3	8
			508,388.93	508,388.93	6,844,766.00	7	8
			150,359.36	150,359.36	6,909,134.00-	2-	8
461 DEPT	Information Systems		7,019.00-	7,019.00-	78,500.00-	9	8
			22,209.66	22,209.66	350,215.00	6	8
			15,190.66	15,190.66	271,715.00	6	8
461 DEPT	Information Systems	Totals:	7,019.00-	7,019.00-	78,500.00-	9	8
			22,209.66	22,209.66	350,215.00	6	8
			15,190.66	15,190.66	271,715.00	6	8
5 FUND	Human Services Fund	Totals:	610,166.29-	610,166.29-	22,927,954.00-	3	8
			1,907,134.25	1,907,134.25	22,927,954.00	8	8
			1,296,967.96	1,296,967.96	0.00	0	8
FINAL TOTALS	767 Accounts		928,984.15-	928,984.15-	26,295,468.00-	4	8
			2,163,198.80	2,163,198.80	26,295,468.00	8	8
			1,234,214.65	1,234,214.65	0.00	0	8



**SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER  
JANUARY 2015**

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	<b>BALANCE FORWARD</b>				6,150,538.23
1/5/15	51752 - 51771	Disb		827.36	6,149,710.87
1/5/15	51772 - 51817	Disb		189,833.52	5,959,877.35
1/5/15	ACH 664 - 668	Disb		609.77	5,959,267.58
1/2/15	11460-11474	Dep	1,736.83		5,961,004.41
1/5/15	11475-11516	Dep	117,728.58		6,078,732.99
1/5/15	9232	Disb		10,857.20	6,067,875.79
1/5/15	9233	Disb		45,102.70	6,022,773.09
1/9/15	6641-6655	PAYROLL		119,763.48	5,903,009.61
1/9/15	29018-29245 ACH	PAYROLL		405,408.98	5,497,600.63
1/9/15	11517-11564	Dep	267,552.06		5,765,152.69
1/12/15	51818-51865	Disb		4,437.06	5,760,715.63
1/12/15	669 ACH	Disb		36.40	5,760,679.23
1/12/15	51866-51993	Disb		267,910.46	5,492,768.77
1/12/15	670-685 ACH	Disb		1,883.78	5,490,884.99
1/12/15	9235	Disb		8,004.34	5,482,880.65
1/12/15	9236	Disb		35,290.27	5,447,590.38
1/12/15	9237	Disb		357.05	5,447,233.33
1/13/15	11565-11592	Dep	60,408.36		5,507,641.69
1/15/15	9238	Disb		318.00	5,507,323.69
1/15/15	9239	Disb		67,057.71	5,440,265.98
1/20/15	51994 - 52012	Disb		6,836.63	5,433,429.35
1/20/15	52013 - 52139	Disb		431,033.91	5,002,395.44
1/20/15	686 - 694 ACH	Disb		930.13	5,001,465.31
1/16/15	11593-11642	Dep	141,363.91		5,142,829.22
1/16/15	9240	Disb		3,047.19	5,139,782.03
1/20/15	9241	Disb		2,021.54	5,137,760.49
1/20/15	9242	Disb		70,667.22	5,067,093.27
1/20/15	11643-11668	Dep	8,737.36		5,075,830.63
1/23/15	52140-52429 CEI	Disb		92,367.48	4,983,463.15
1/23/15	695 ACH CEI	Disb		82.24	4,983,380.91
1/23/15	6656-6670	PAYROLL		119,934.46	4,863,446.45
1/23/15	29246-29472 ACH	PAYROLL		416,920.20	4,446,526.25
1/23/15	11669-11725	Dep	195,298.42		4,641,824.67
1/26/15	52430-52477	Disb		19,599.25	4,622,225.42
1/26/15	52478-52540	Disb		90,063.73	4,532,161.69
1/26/15	696 ACH	Disb		30.78	4,532,130.91
1/23/15	9244	Disb		25,074.00	4,507,056.91
1/26/15	9245	Disb		1,449.62	4,505,607.29
1/26/15	9246	Disb		10,520.00	4,495,087.29
1/27/15	11726-764,11767,11769-774	Dep	204,172.56		4,699,259.85
1/30/15	52541-52597	Disb		6,594.66	4,692,665.19
1/30/15	697 ACH	Disb		34.40	4,692,630.79
1/30/15	52598-52690	Disb		171,154.81	4,521,475.98
1/30/15	698-702 ACH	Disb		748.88	4,520,727.10
1/30/15	11765-766,768,11775-11842	Dep	254,382.37		4,775,109.47
1/9/15	9234	Deposit bks	-52.52		4,775,056.95
1/12/15	16824	Interest	127.33		4,775,184.28
1/23/15	16963	Interest	2,294.16		4,777,478.44
1/1/15	9243	Interest	250.00		4,777,728.44
1/20/15	JE 295(Invest. To Cash)	Transfer	6,000.00		4,783,728.44
	balanced 2/2/15 jvp	<b>TOTALS</b>	<b>1,259,999.42</b>	<b>2,626,809.21</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	224	323	36	821	24	416	461	332	2662
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											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December	12	13	224	323	36	821	24	416	461	332	2662



# Children's - Social Services Caseload

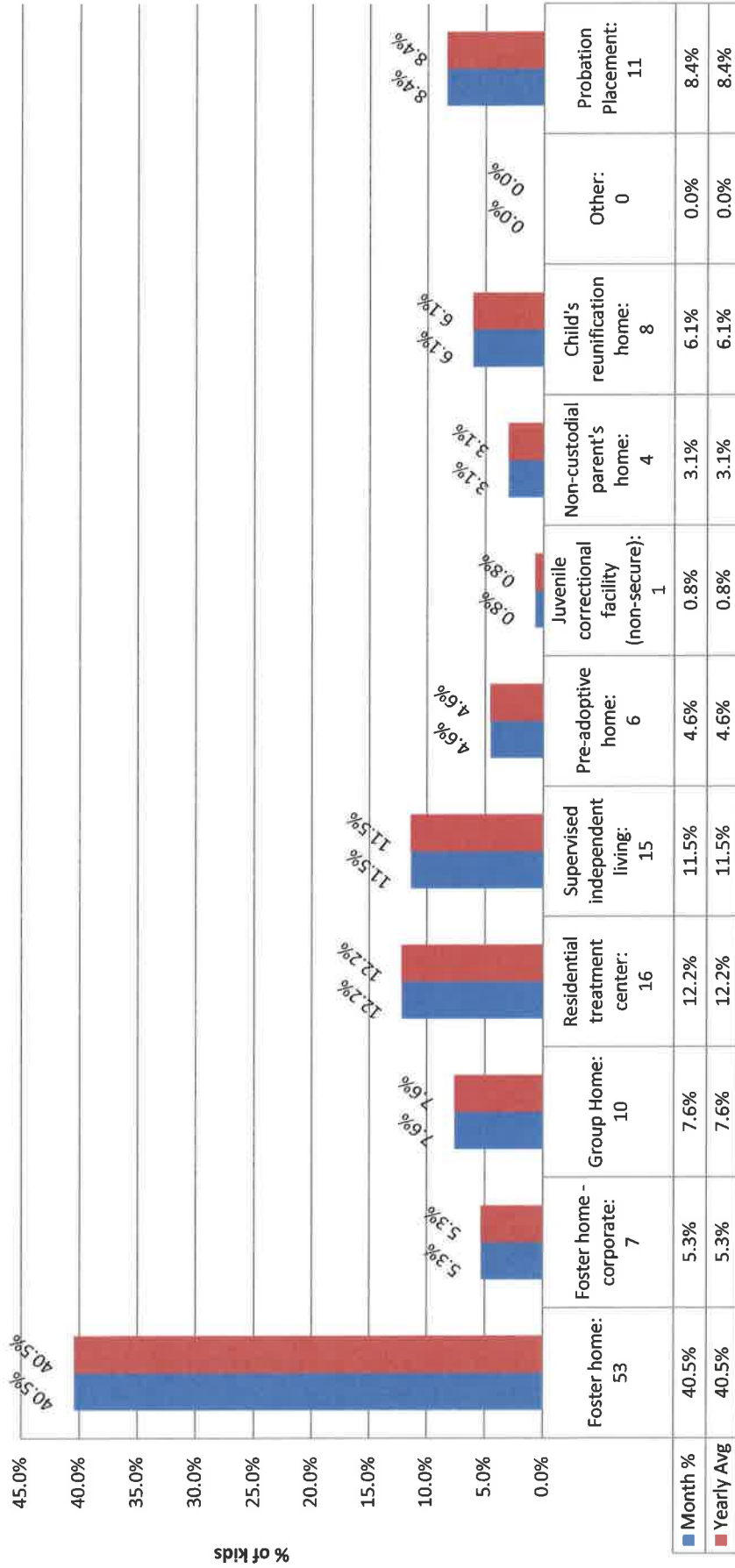
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	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	15	0	3	28	142	120	100	0	1	28	473
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												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
	36	15	0	3	28	142	120	100	0	1	28	473

2015 KIDS IN OUT OF HOME PLACEMENT

	January	
	# of placements	Probation placements
Lincoln	4	1
Lyon	34	5
Murray	4	0
Pipestone	21	1
Redwood	43	4
Rock	14	0
<b>Totals</b>	<b>120</b>	<b>11</b>
<b>Total # of kids</b>	<b>131</b>	

**January 2015 - Placement by Category  
131 Kids in Placement**



## **January 2015:**

### **Total of 8 Children entered placement**

1	Lincoln	Group Home
1	Lyon	Foster Home
1	Lyon	Group Home
1	Lyon	Foster Home
1	Pipestone	Probation
2	Redwood	Probation
1	Rock	Foster Home

### **Total of 11 Children were discharged from placement**

1	Lyon	Residential Treatment Center
2	Lyon	Probation
1	Murray	Foster Home
2	Pipestone	Childs Reunification Home
3	Redwood	Non-custodial Parents Home
1	Redwood	Foster Home
1	Rock	Residential Treatment Center

**There were 0 adoptions this month**

**NON IVD COLLECTIONS**  
*JANUARY 2015*

<b>PROGRAM</b>	<b>ACCOUNT</b>	<b>TOTAL</b>
MSA/GRH	05-420-605.5802	0.00
TANF (MFIP/DWP/AFDC)	05-420-610.5803	390.44
GA	05-420-620.5803	181.00
FS	05-420-630.5803	1,223.25
CS (PI Fee, App Fee, etc)	05-420-640.5501	695.04
MA	05-420-650.5803, 5513	86,141.14
REFUGEE	05-420-680.5803	0.00
<b>CHILDRENS</b>		
Parental Fees, Holds	05-431-710.5501	2,706.64
Corp FC Licensing	05-431-710.5505	650.00
OOH/FC Recovery	05-431-710.5803	8,412.67
<b>CHILDCARE</b>		
Licensing	05-431-720.5502	1,550.00
Over Payments	05-431-721&722.5803	2,495.49
<b>CHEMICAL DEPENDENCY</b>		
CD Assessments	05-431-730.5519	3,264.51
Detox Fees	05-431-730.5520	1,498.12
<b>MENTAL HEALTH</b>		
Insurance Copay	05-431-740.5803	0.00
Over Payments	05-431-741 or 742.5803	9,927.07
<b>DEVELOPMENTAL DISABILITIES</b>		
Insurance Copay	05-431-750.5803	0.00
<b>ADULT</b>		
Insurance Copay	05-431-760.5803	0.00
<b>TOTAL NON-IVD COLLECTIONS</b>		<b>119,135</b>

**SOUTHWEST HEALTH AND HUMAN SERVICES  
SOCIAL SERVICE POLICY NUMBER 24**

Effective Date: 10/19/11

Revision Date: 02/18/15

Authority: Southwest Health and Human Services - Human Services Board

**--- Payments for Children in Out of Home Placement ---**

**Section 1 - Procedure**

- a. "Foster Care maintenance payments" means payments to cover the cost of providing a child's food, clothing, shelter, daily supervision, normal school supplies, personal incidentals, and normal travel to meet the identified needs of the foster child.

For individuals on the Legacy Program:

- a. To determine a daily rate, the social worker should first determine the number of difficulty of care points as assessed by the special needs of the child. This shall be completed by using the DOC Assessment Schedule, DHS 2834. As detailed in the annual DHS Bulletin: Foster Care Maintenance and DOC Rates, the basic maintenance has been combined with the DOC points to create a single daily rate for each age category by the number of points that have been assessed.
- b. If no DOC points have been assessed for a child, the daily rate will include no DOC points. To calculate the daily rate for a child with DOC points, use the appropriate chart by age category and locate the dollar amount assigned to the assessed DOC points, as outlined in the annual DHS bulletin.

For individuals on Northstar Care for Children:

- a. To determine a daily rate, the social worker should first determine the correct MAPCY tool, based on the age of the child. The MAPCY tool shall be completed by the placing worker within the first 30 days of placement. As detailed in the DHS Bulletin: Northstar Care for Children Maintenance and Supplemental Difficulty of Care Payment Rates.
- b. If a MAPCY assessment is not completed for a child within 30 days the daily rate will be the basic maintenance rate, no supplemental level rate will be included. Supplemental rate funding is not included until a MAPCY has been completed. To calculate the daily rate for a child with a completed MAPCY, use the appropriate chart by level category and locate the dollar amount assigned to the assessed level, as outlined in the DHS bulletin. When appropriate the agency may request extraordinary level funding increases, as approved by DHS.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
SOCIAL SERVICE POLICY NUMBER 24**

**Section 2 - Maintenance Payments for Foster Care**

- a. The cost of service for children placed in foster care is considered the child's maintenance cost. The social worker assigning the placement is responsible for assuring that a service arrangement in SSIS has been completed within ~~five~~<sup>10</sup> working days of the child's placement. Additionally, an appropriate number of vouchers, along with the service agreement, must be sent to the foster parent by accounting within five working days of the placement in order to facilitate prompt payment. The signed service agreement must be returned to the accounting office in order for payment to be issued.
- b. Foster parents shall be paid for a full day on the first day of placement regardless of the time of day the child is placed, but shall not be paid for the last day of placement. Maintenance ~~and DOC~~ payments for foster care are based on a per diem rate. Any change in the basic rate due to a child's birthday or in the ~~difficulty-of~~ care rate must begin on the effective date of the change. All payments to foster parents will be on a post payment basis. Vouchers submitted for services must be received by the accounting office in Marshall after the month that services were provided.
- c. When a child is placed with less than 6 hours notice to the foster parent, the social worker may assign a \$75 emergency placement payment to the foster parent. In cases of a sibling placement, a maximum emergency placement rate of \$100 shall be paid.
- d. Child care costs for foster care children **on the Legacy Program** shall be allowed with prior approval during the time both parents (or one, if a single foster parent) are employed out of the foster home. The county will pay the difference between the hourly foster care rate (per diem divided by 24 hours) including DOC and the child care rate charged. The child care rate charged must not exceed the maximum per Social Service Policy. The agency will pay its share of day care costs directly to the vendor or as a reimbursement to the foster parent. The foster parent is responsible for paying their share of day care costs directly to the vendor.

**Northstar Care for Children and the MAPCY assessment take all needs of the child into account and does not allow for additional child care cost payments.**

- e. Mileage for special transportation may be paid with prior approval of the Children's Services Supervisor and, if under MA, the financial worker. Special transportation is for the purposes of accessing medical/psychological services provided outside of the foster parents' trade area or required on a regular basis for a specified need. When mileage is paid to a foster parent, it shall be at the current rate paid for volunteer drivers per the IRS rate. These expenses should be submitted on form AG#040. Special service needs

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SOCIAL SERVICE POLICY NUMBER 24**

and related transportation expenses will be detailed on the DOC form or MAPCY assessment and will be considered part of the per diem.

- f. Payment of personal needs allowance shall be issued along with the DOC or MAPCY maintenance payment as directed by the worker. The payment may be paid directly to the child in care of the facility.

**Section 3 - Initial Clothing Allowance**

- a. Clothing allowances must be prior authorized by the supervisor. Maximum payments for initial clothing allowance shall be determined according to the annual bulletin published by DHS. The initial clothing allowance must be used within 60 days of the date of initial placement in foster care, group care, or residential treatment. Clothing allowances for children who have been in care for an extended period of time must also be prior approved by the supervisor. It is expected that the foster care payments will cover the costs of on-going clothing needs. Original receipts must be submitted to the worker for reimbursement.

**Section 4 - Maintenance Payments for Specialized Foster Care, Group Home, and Residential Treatment**

- a. The cost of services for children placed in a specialized foster care group home or residential treatment is split by contract into foster care maintenance cost and facility program cost or administrative rate. These rates are calculated on a per diem basis (see quarterly report from accounting). The maintenance rate must be justified on the DOC or MAPCY assessment form. ~~Children placed in specialized foster homes and Rule 1 type facilities should be rated within Levels A and F. Rule 8 and Rule 5 facilities should be rated as Level G.~~ Please refer to the DHS IV-E bulletin for placement rates at facilities.
- b. When a child is placed in a treatment center (Rule 5, Rule 8, Corrections, Group Home, CD Primary and Halfway House, or specialized foster care) the worker will need to consult the contract to determine whether clothing and personal incidentals and normal school supplies (i.e. personal needs) are included in the rate.

**Section 5 - Payments While Child is Absent from Care**

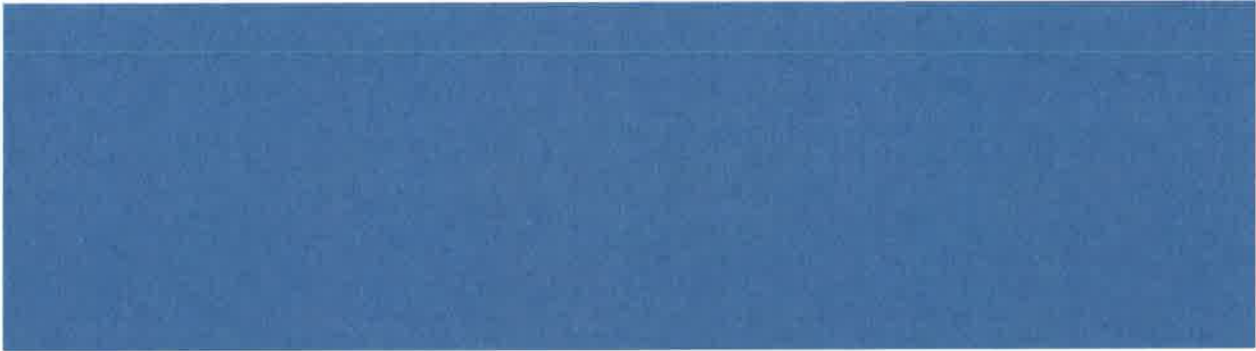
- a. On occasion a child will be absent from care due to running away, illness, or visits. Payment during these times of absence should be covered in the involved agency's foster care policy or the facility's host county contract. SWHHS foster care policy places a maximum limit of 15 days for visits and illnesses and up to 5 days for absences due to running. The Foster Care Respite Policy will cover for days when children need to be



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SOCIAL SERVICE POLICY NUMBER 24**

temporarily removed due to issues with the foster parents or the child. When not otherwise stated in the host county contract, these limits will be in effect for other facilities. Special extension may be granted upon supervisory approval.

- b. On occasion a child will need to be temporarily removed from foster care for treatment (chemical dependency, mental health, other). Foster parents who will be having an ongoing care relationship (pre and post treatment) may be paid a per diem while they attend therapy or other approved care plan required visits with prior approval. Transportation expenditures may be paid by the agency or MA.



# Southwest Health and Human Services Public Health Strategic Plan

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*2014-2019*

*12/31/2014*

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# Introduction

Southwest Health and Human Services (SWHHS) serves six counties in southwestern Minnesota under a joint-powers agreement. Within this overarching organizational structure, SWHHS provides all six counties with financial assistance, child support, social services and public health services.

As the agency looked toward a third service area expansion in 2013, board members and staff engaged in strategic planning in order to envision and articulate the way forward to a more fully integrated organization, equipped to meet existing and emerging health and human service needs of the six-county community. The strategic plan is intended to align and guide the work of the staff and board, as well as communicate to stakeholders the purpose, desired outcomes and strategies of the agency's work.

In December 2012, Management Analysis & Development (MAD) met with a planning team of SWHHS board members and staff representatives to conduct a two-day strategic planning event. In preparation, the team met to assess strengths, weaknesses, opportunities and challenges (SWOC) and discuss the role of strategic planning amid other related planning efforts- such as the Community Health Improvement Plan (CHIP) and Quality Improvement Plan. The strategic plan includes these elements:

- Situation assessment (building on ideas already generated in the SWOC discussions);
- Mission (checking understanding and clarifying, if needed, of the SWHHS mission);
- 3-5 year vision (Description of desired outcomes); and
- 1-2 year strategies (initial approaches to accomplish the vision)

The strategic planning team included:

## Board Members:

-Steve Ritter	-Bob Moline	-Curt Blumeyer
-Pam VanOverbeke	-Al Kokesch	-Priscilla Klabunde
-Butch Miller		

## Executive Team:

-Chris Sorensen, Director	-Nancy Walker, Deputy Director
-Cris Gilb, Director of Nursing	-Cindy Nelson, Human Services Division Director
-Carol Biren, HHS Planner	

## Supervisors:

-Dale Hiland – SWHHS, Lyon Co., HS	-Kristin Deacon – SWHHS, Murray Co., PH
-Stacy Jorgensen – SWHHS, Lyon Co., HS	-Marie Meyers – Redwood Co. Public Health

## Staff:

-Lisa DeBoer – SWHHS, Rock Co., HS	-Diane Spanier – Pipestone Co. Family Services
-Michelle Salfer- Redwood Co. Public Health	-Julie Hogan – Redwood Co. Human Services

# SWOC Analysis

A SWOC Analysis was conducted prior to the convening of the strategic planning session. The outcome of this analysis was utilized during the “situation assessment” discussion of the strategic planning retreat. A snapshot of the brainstorming session is listed below.

## Strengths:

- Grants
- Teamwork
- Excellent quality service
- Board support/commitment
- Staff support and patience
- Momentum
- New providers attitude/experience
- Collaboration/community partnerships
- Support from peers
- “Leader” among Public Health/Human Services
- Staff experience/expertise
- Caring staff/compassionate
- New programs
- Leadership
- Length of service
- Money available for services
- New ideas/perspectives
- No disruption of service
- Attention to detail
- Competitive benefits

## Weaknesses:

- Expectations
- Distance
- Learning curve (change)
- Financial restraints
- Stagnant
- Lack of specialized staff
- Not dealing with the elephants in the room
- Community awareness
- Workload/caseload sizes
- Unknowns with the future
- Fractured trust
- Fear of discipline
- Indecision
- Inconsistencies
- Lack of structured planning (short and long-term)
- Lack of communication
- Office environment/space shortage
- “Buy-in” from staff

## Opportunities:

- Technology
- Less burnout
- Specialization
- Change with new agency
- Diverse cultures
- Flexibility
- Learn to do things differently vs what has always been done
- More consistencies in processes
- Camaraderie
- More staff/growth
- More services
- Progress
- Apply for funding because of our diversity
- Opportunity to work more closely with human services staff
- Working with other organizations
- Individual growth
- Equipment

## Challenges:

- Budget restraints
- Multiple offices and distance
- Inter-departmental conflict over resources
- “Stuck” employees
- Time
- Coverage issues
- Distance
- Language barriers
- Security
- Finding balance
- No new money
- Technology
- Change
- Lack of flexibility with job duties
- Productivity
- Cultural challenges
- Adaptable/open to change
- Communication
- Growing pains

# Situational Assessment

To begin the strategic planning session, the team reviewed the SWOC analysis, stakeholder survey, 10 areas of greatest public health need, and three public health standards most in need of improvement, and responded to the question, “What do we most need to keep in mind as we plan for the future of SWHHS?” Listed below are the themes identified by the team members.

- Because we’re in a state of transition, we want to have a plan in place, but also maintain a fluid culture.
- The ability to manage technology and create infrastructure will be critical to our success.
- Continue to focus on consumers’ needs.
- This is the third tier of transition. Some of us are experienced with transition, some are new to it. There’s grief as people lose colleagues, etc.
- The practice continues to move forward.
- We are all one agency – no part is more important than another.
- We all have our own identity; all support different parts of the mission.
- One’s county identity is part of this.
- Special populations: We need to reduce disparities in health resources, including among aging populations.
- Services for:
  - Children
  - People with mental health needs
  - Adults and elderly
- Quality and accessibility of health services.

They next discussed, “What is most affecting the agency’s capacity for success?”

- Rapid growth and transition.
- Special populations: We need to learn how to meet their needs, work with interpreters, etc.
- Funding limitations: Looking for nontraditional forms of funding to backfill losses.
  - This is a moving target. The state is changing, economy is changing.
  - We’re looking for grants in all sectors.
- Rules and statutes are changing.
- Public health will be under more scrutiny with reports and more audits coming.
- With reorganization, we don’t know who does what. There’s a learning curve.
- Good people are working here – we don’t want to lose talent.
- Upside: Multiple budgets, ability to work with different funds. Ability to put money toward joint efforts. Lining up of arrows so services to the community do not suffer.
- “Storming” opens up new ways of doing things. For example: Now we’re using a Rock

County process agency-wide. We can learn how others have done things well.

- There's no way to estimate the impact of the changes. We need to focus on *why* we are changing.
- Keep continuity of service – put resources where they are needed.
- Don't create worry and fear among populations served.

## Mission, Vision, and Value Statements

The group reviewed the current SWHHS mission statement, and discussed its relevance to the current organization. After discussion, the group decided to replace a few statements and add the word “strengthening” to describe the agency’s effect on individuals, families, and communities.

### Mission

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

### Vision

*Safe and Healthy Communities*

### Guiding Principles/Values

**Respect-** We respect all people, communities and contributions while celebrating differences.

**Innovation-** We value innovative strategies to promote continuous improvement.

**Accountability-** We accept our individual and team responsibilities and we meet our commitments. We take responsibility for our performance in all of our decisions and actions.

**Inclusivity-** We respect and honor the dignity and value of every human being.

**Best Practices-** We value evidenced-based best practices to achieve positive agency and stakeholder outcomes.

# Strategic Priority

The group brainstormed responses to the question, "What needs to happen in the next 1 – 2 years in order to make the vision a reality?" The team identified three overarching directions and ten consensus strategies. The strategies provided broad directions for the agency to follow over the next few years in working to achieve the vision of SWHHS.

Southwest Health and Human Services has established seven goals to direct our efforts over the next five years. Through addressing these priority areas, we will make progress towards our ultimate vision of ***Safe and Healthy Communities*** across the six-county area.

Our three priority areas are briefly described below. We commit to...

**Creating a Healthy Staff and Agency Environment** *by providing opportunities for continuous skill building in a safe and healthy environment.*

We value our employees and seek to provide them with additional opportunities to upgrade skills, appropriate resources and work environment to enable them to be efficient, effective, and productive.

**Providing a State-of-Art Service Delivery System** *by creating a culture of continuous quality improvement which aligns the safety and health needs of the public with the actions of SWHHS.*

We begin by understanding the safety and health needs of the public and engaging our staff, partners, and the public in targeting priority needs for improvement. We use data to continuously monitor progress towards our safety and health improvement goals. This process provides information for ongoing improvement of department processes, procedures, and programs, enhances our effectiveness to provide health and human services, and increases our capacity to meet the safety and health needs of the people we serve.

**Building a Strong Foundation to Sustain Health and Human Services** *by creating a financial foundation to sustain health and human services programming and increasing collaborative efforts with community partnership to identify and solve Public Health and Human Service issues.*

We will be responsive to our customers' needs by improving our business practices to be more efficient and effective, promoting improved communications with our customers, and finding innovative ways to create programmatic sustainability. In addition, we know we can only be successful in overcoming the challenges we face by working together. We will continue to build and engage strategic partnerships to identify and solve problems.

The Public Health Division took these directions and strategies from the overall strategic plan and created specific goals and objectives applicable to its area of work.

## Public Health Strategic Goals and Objectives

### I. Create a Healthy Public Health Staff and Agency Environment

#### Goal 1: Promote and Support Healthy Employees

- By January 1, 2018, Public Health staff will meet the Minnesota Department of Health (MDH) FluSafe standards of 100% being immunized with the influenza vaccination.
- By December 31, 2016, the Public Health Division will lead to 100% implementation of the SWHHS comprehensive wellness policy.

#### Goal 2: Develop Knowledgeable, Quality, Top-Notch Staff

- By January 1, 2018, 100% of Public Health staff will be engaged in MDH Core Competency programming.
- By January 1, 2015, 100% of new Public Health staff will participate in the New Staff Orientation process through SWHHS.
- By January 1, 2018, 100% of Public Health staff will participate in a Cultural Competency training/staff development opportunity.
- By January 1, 2018, a train-the-trainer program for Person-Centered Thinking will be implemented in the agency.

### II. Provide a State-of-the-Art Service Delivery System

#### Goal 3: Continuous Improvement in Service Delivery

- By January 1, 2016, fully implement the evidence-based curriculum based on the Healthy Families America family home visiting program throughout SWHHS.
- By December 31, 2016, implement Community Care Teams through the Southern Prairie Community Care (SPCC) partnership.
- Continue to support the Supporting Hands Nurse-Family Partnership's evidence-based programming across the six-county region.
- By December 31, 2018, submit the intention to apply for Public Health Accreditation through the Public Health Accreditation Board (PHAB).

#### Goal 4: Create Positive Customer Experience

- By December 31, 2016, improve the physical environment of the seven agency's lobbies and meeting rooms to enhance the customer's experience.
- By December 31, 2016, develop and implement a consumer survey measuring customer's experience during their interactions with the agency.



Goal 5: Create an IT System/Network that Enhances Service Delivery

- By December 31, 2017, Public Health clinical software will be fully integrated with an electronic health record locator service.

**III. Build a Strong Foundation to Sustain Public Health Services**

Goal 6: Create a Solid Financial Foundation that Supports Service Delivery

- By January 1, 2017, Public Health programming will be consistent between all six-counties.
- Public Health will continue to maintain a relationship through Local Public Health Association (LPHA) to voice concerns to the Minnesota Department of Health and the State Capitol.

Goal 7: Develop and Promote Partnerships

- By December 31, 2015, meet with Southwest Minnesota State University (SMSU) Nursing Preceptorship Program on an annual basis.
- By December 31, 2016, fully implement a Public Health communication plan to reach clients and stakeholders through website, radio, newsprint, and social media markets.
- By December 31, 2016, develop county task forces to lead the Community Health Assessment and Community Health Improvement Plan planning processes.

## Community Health Improvement Plan Linkages

Southwest Health and Human Services started its Community Health Assessment process in 2013 once Redwood County joined the agency. By analyzing national, state, county, and local data, a SWHHS Community Health Assessment Advisory Committee selected the top ten priorities. From August to October 2014, key community informant surveys were disseminated to gather feedback on the top priorities for the six-county area of Southwest Health and Human Services. The overarching priority for the agency is Chronic Disease Prevention and Management with a focus on Heart Disease.

The broad goals of the strategic plan “Create a Healthy Public Health Staff and Agency Environment,” “Provide State-of-the-Art Service Delivery System,” and “Build a Strong Foundation to Sustain Public Health Services” relate directly to the outcomes of the Community Health Improvement Plan. Externally, the agency will develop and utilize community-based partnerships and collaborations to address the public health priority across the region. Internally, the agency will focus their efforts on developing knowledgeable, quality, top-notch staff to support the implementation of evidence-based programs and services needed to meet the goals and objectives of the Community Health Improvement Plan.

# Quality Improvement Plan Linkages

In January 2012, Southwest Health and Human Services developed a Quality Council for creating, implementing, maintaining, and evaluating the quality improvement efforts for the agency. Made up of management and line staff, the Quality Council leads the efforts to improve performance of the organization, encourages a culture of quality, and drives the agency's vision of quality improvement. SWHHS's vision for Quality Improvement is to "improve the quality of services provided to customers through a structured quality improvement process."

The Strategic Plan provides a guide for the work of the Quality Council as the group reviews how the Strategic Plan implementation is progressing and identifies possible improvement activities. As the Quality Council identifies quality improvement initiatives, priority will be given to services and activities identified in the Strategic Plan.

SWHHS recognizes that the foundations for strategic planning can also be found in continuous quality improvement. Many of the projects that have come through the agency's Quality Council have had a direct impact on the three overarching directions of the Strategic Plan. Those projects have looked at the organization and systems; processes rather than individuals; internal and external customers to the agency; and have promoted the need for objective data to analyze and improve processes.

Finally, the agency has Strategic Planning Teams whom creates yearly action plans that, in some cases, utilize quality improvement processes for the implementation of their projects. The Quality Council receives reports on these projects and monitors the process of the action plans.

## Utilization of the Strategic Plan

Three Strategic Planning Teams (Wellness, Customer Services, and Financial Foundation) have been created to help the agency meet the goals and objectives of the Strategic Plan. Each Strategic Planning Team has created an action plan and have been implementing and tracking their progress. As part of the Quality Improvement process of the agency, each team gives monthly updates to the Quality Council, who monitors the process of the plans. Additional Strategic Planning Teams will be rolled out over the next 1-3 years.

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

EFFECTIVE DATE: 01/01/11

REVISION DATE: ~~09/17/14~~ 02/18/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

**---CONDITIONS OF EMPLOYMENT---**

Electronic copies of the Personnel Policies shall be available for employees in each office. Employees shall be responsible for reviewing and abiding by the terms of the Personnel Policies.

**Section 1 - Workweek**

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

**Section 2 - Working Hours**

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

**Section 3 – Employee Definitions**

- a. Probationary Period – The first year of employment with the agency, during which the employee shall receive orientation and new employee training. For employees promoted to a new position, the probationary period shall be six (6) months.
- b. During the probationary period, the employee shall receive a heightened amount of supervision and additional performance evaluations. Probationary employees shall not

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

be entitled to use vacation during the initial three (3) months of employment with the agency. Completion of probation shall not change the at-will nature of employment.

- c. Regular Employment - An employee who has completed their probationary employment and is scheduled on a regular or regular part-time basis. Regular employees are not temporary or intermittent employees.
- d. Temporary/Intermittent - A temporary employee is a person hired for a specific period of time or on an intermittent basis with specific duties not to exceed six months. A temporary employee is paid only for hours worked and does not receive benefits or paid holidays.

**Section 4 – Exempt and Non-Exempt Employees**

- a. Employees are classified by the Federal Fair Labor Standards Act as either exempt or non-exempt.
- b. Southwest Health and Human Services Governing Board shall adopt job descriptions which shall state whether a position is exempt or non-exempt. The position of Director shall be exempt.

**Exempt Employees**

- 1. All exempt employees must complete an electronic timesheet for the purposes of public accountability. The timesheet must reflect actual hours worked and leave time taken each week. The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.
- 2. All comp time earned and taken must have prior authorization by their supervisor. If an exempt employee works more than 40 hours in a week, overtime worked can be liquidated through comp time. Exempt employees will not be paid for overtime unless authorized by Southwest Health and Human Services Governing Board action for unusual, infrequent situations.

**Non-Exempt Employees**

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

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

2. Employees shall not work unauthorized hours over 40 hours per week. The maximum number of hours that should be worked in any week is 37.5 hours. If authorized, 2.5 hours over the regular 37.5 hours could be earned as comp time.
3. If a non-exempt employee is requested to work more than 40 hours in a week, overtime must be paid at 1 1/2 times the regular hourly rate of pay. The basis for overtime will be the number of hours actually worked. Vacation, medical, leave without pay, holiday, and comp taken shall not be included when calculating overtime hours. All overtime must have prior authorization by the supervisor and director. Authorization will be by form AG#006. After completion, this form shall be attached to the time sheet and forwarded to the supervisor for signature.
4. Failure to follow this Personnel Policy can result in disciplinary action.

**Section 5 – Compensatory (Comp) Time**

- a. The agency will keep records of any authorized accrued comp time.
- b. Comp time taken must be approved in advance by the employee's immediate supervisor.
- c. The maximum accumulation of comp time, eligibility for comp time, and other applicable overtime payment requirements will be governed by the Fair Labor Standards Act, as amended, or applicable Agency policies.
- d. Comp time will be earned and taken in 30 minute increments at a minimum. The balance of comp time at the end of the payroll period shall never be more than 15 hours. Time in excess of 15 hours at the end of a payroll period will be lost to exempt employees. For non-exempt employees, the time in excess of 15 hours at the end of a payroll period shall be paid out to the employee at the employee's regular rate of pay. Comp time carried forward from a previous payroll period will not be lost.

**Section 6 – Overtime**

- a. All overtime must have prior written authorization by the supervisor and director. Authorization will be by form AG#006.
- b. Only hours worked shall be counted towards overtime.
- c. Failure to follow this Personnel Policy can result in disciplinary action.

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

**Section 7 - Flex Time**

- a. There are circumstances when deviation from regular service hours (aka flextime) will be considered for an employee. The below CRITERIA must be met BEFORE any deviation from the regular work schedule may be considered or authorized. Said criteria are as follows:
  - 1. Client service and the operation of the unit/division and department must continue to be efficient and effective.
  - 2. There must be no negative impact on co-workers or interference with inter-divisional activities or operations.
  
- b. If employees wish to work a flex schedule, they must follow the process determined by the unit supervisor. All schedules are subject to supervisory approval. It may be necessary for the supervisor to make some adjustments in the requests to ensure adequate coverage of the agency.
  
- c. During the hours between 8:00 a.m. and 4:30 p.m. whenever an employee is absent from the office due to their flex schedule or other leave time, it should be shown as "flex" or "personal leave" on their calendar.
  
- d. It is anticipated that with good effort at scheduling, the need for comp time should be reduced. The scheduled work week cannot be more than 37.5 hours.
  
- e. The longest day that will be scheduled is 9.5 hours. The number of hours of vacation or medical leave taken will be the number of hours scheduled to work on that specific day. Coffee breaks are to be 15 minutes in length with one in the morning and one in the afternoon. The minimum lunch break will be one-half hour.
  
- f. The supervisor may require a person on a flex time schedule to return to standard work hours at the supervisor's discretion.
  
- g. It is not permissible to utilize a four-day flex time schedule during a holiday week. Employees will work 7.5 hours per day during these holiday weeks.
  
- h. It is not permissible to flex a Friday and the following Monday.
  
- i. Upon notice of resignation, that employee will not work a flex schedule for the last 2 weeks of the employee's employment with the agency.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
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**Section 8 - Inclement Weather**

- a. If adverse weather conditions necessitate the closing of any or all of the Southwest Health and Human Services offices, the Director or designee shall initiate Dial My Calls program. Staff shall keep the agency up to date with their current contact information so that they can receive notifications through Dial My Calls.
- b. If any or all of the Southwest Health and Human Services offices are closed because of weather conditions, employees in the office(s) that are closed will be paid for the time that the office is closed. When an employee is on vacation or medical leave and the office is officially closed, vacation or medical leave shall not be deducted as such. **No comp time or overtime will be authorized on days the agency has closed due to adverse weather conditions.**
- c. If Southwest Health and Human Services offices remain open and the employee is not present for work, the employee must first use comp time, if available. If comp time is not available, the employee must make up the time that same week, take vacation time or have the time deducted from their pay. However, it is at the employee's discretion whether or not to report for work on days when adverse weather conditions would jeopardize their safety and well-being.
- d. Employees requesting to make up time must immediately upon return to work make those arrangements with their supervisor. Supervisors will consider computer system availability and workload when approving these types of requests.

**Section 9 - Paychecks**

- a. Salaries will be paid on a bi-weekly basis (every other Friday). If a pay date falls on a holiday, payment will be made the day prior. However, if it affects the current operating budget, then payment will be made the next working day.
- b. Salaried (exempt) employees will have their annual salary divided by the number of pay periods per calendar year (either 26 or 27 pay periods).
- c. All Southwest Health and Human Services employee payroll checks will be by direct deposit unless a written objection from the employee is received.

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PERSONNEL POLICY NUMBER 2**

**Section 10 - Fringe Benefits**

- a. Pursuant to annual policy and budgetary action by the Southwest Health and Human Services Governing Board, such fringe benefits as the Southwest Health and Human Services Governing Board may determine appropriate, including insurance, vacation time, and medical leave, may be offered to employees. Fringe benefits may be increased, decreased, or eliminated at any time by action of the Southwest Health and Human Services Governing Board, and such action shall apply to all current and future employees unless the Governing Board specifically adopts a policy stating otherwise.
- b. Agency fringe benefits are:
  - Group Health/Dental Insurance
  - Long Term Disability Insurance
  - Life Insurance
  - Flexible Spending Account
  - Vacation Leave
  - Medical Leave
  - PERA
  - Short Term Disability
  - Identity Theft Protection/Legal Shield
- c. Health, dental, long term disability, and life insurance for full-time employees commences with the first day of the month following thirty (30) days of employment.
- d. Agency fringe benefits are available only for probationary and regular employees who work an average of 30 or more hours per week.
- e. The agency pays all administrative fees related to flexible spending account, flexible spending debit card, and VEBA.
- f. Pay Status Employees are those employees who are absent and are using earned vacation, medical, or bereavement leave. This shall also include any employee who is absent who has not used more than 37.5 hours of approved leave without pay in a calendar year.
- g. Non-Pay Status Employees are those employees who have used more than 37.5 hours of leave without pay. (Examples: educational leave, medical leave without pay in excess of FMLA leave entitlement).
- h. Holiday pay, medical leave, and vacation leave shall be earned by all part-time and full-time employees in non-pay status on a prorated basis. The amount of leave earned is



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

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

- i. Emergency Appointment Employees are eligible only for holiday leave. They shall not accrue vacation or medical leave.
- j. Probationary Employees are eligible for holiday leave and medical leave.
- k. VEBA/Health Savings Account Contributions
  - 1. Employees who opt for a health insurance policy with a VEBA or Health Savings account, contributions to the VEBA/Health Savings account will be semi-monthly.

**Section 11 - Licensure as a Condition of Employment**

- a. Employees who require statutory licensure, or state operator's licensure in order to legally fulfill the requirements of their employment, must maintain such licensure in order to remain in the employ of the Agency.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
ADMINISTRATIVE POLICY NUMBER 4**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 01/01/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

**--- ADMINISTRATIVE GENERAL POLICIES ---**

**Section1 – Board Per Diem and Mileage**

- a. Any board member of the Southwest Health and Human Services Governing Board, Community Health Board, and Human Services Board will be reimbursed per diem plus mileage and expenses. The per diem set by the Southwest Health and Human Services Joint Governing Board for Board members is \$50.00 for one (1) meeting and \$75.00 for multiple meetings. ~~The Board Chairperson will receive an additional \$50.00 per month for added responsibilities.~~

**Section 2 – Office Supplies**

- a. Purchase of office supplies to operate agency left to discretion of director. Major equipment valued at \$5,000 or more needs Southwest Health and Human Services Governing Board approval. Upon the Southwest Health and Human Services Governing Board approval, the minutes shall show which bid was accepted and for how much, the names of the bidders, whether the low bid was accepted, or if not, why it was not accepted. (See Minnesota Statute 375.21 and 471.345 for compliance).
- b. Equipment valued over ~~\$50,000~~\$100,000
- If the amount of the equipment is estimated to exceed ~~\$50,000~~\$100,000, sealed bids shall be solicited by advertising for two weeks in the qualified legal newspaper for the agency.
- c. Equipment valued from ~~\$10,000~~\$25,000 to ~~\$50,000~~\$100,000
- If the amount of the equipment is estimated to exceed ~~\$10,000~~\$25,000 but not to exceed ~~\$50,000~~\$100,000, the agency may contract by obtaining two or more quotations for the purchase of equipment when possible, without advertising for bids.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
ADMINISTRATIVE POLICY NUMBER 4**

- d. Equipment valued less than ~~\$10,000~~\$25,000

If the amount of the equipment is estimated to be ~~\$10,000~~\$25,000 or less, the agency may choose to do quotations or by open market. If by quotes, at least two quotes is needed and kept on file for at least one year after the purchase.

**Section 3 - Director to Negotiate Purchase of Service Contracts**

- a. All contracts except for interpreter services are to be reviewed and approved by Southwest Health and Human Services Governing Board action. Administrative contracts will be approved by the Southwest Health and Human Services Governing Board. Contracts for public health services will be approved by the Community Health Board, and contracts for human services will be approved by the Human Services Board.

**Section 4 – Advocacy or Lobbying**

- a. Any and all legislative advocacy or lobbying on behalf of Southwest Health and Human Services must be presented to the Southwest Health and Human Services Governing Board for approval. Southwest Health and Human Services Governing Board approval is required before the Board or the Director of Southwest Health and Human Services can act on behalf of the agency.

**FEBRUARY 2015**  
**BOARD APPROVAL ON THE FOLLOWING:**

- Greig-Gregerson Management LLC (Marshall, MN) - 03/01/15 – 02/28/16;** Office space lease for Circle program, \$595/mo plus and \$50/mo in utilities (\$100/mo increase)(renewal).
- MDH Food, Pools, and Lodging (FPL) – 03/12/15 to open;** New delegation agreement with 4 counties (Lincoln, Murray, Pipestone, Rock) allowing for food, pool and lodging inspections to be completed by the agency (NEW).
- SWMN Private Industry Council (Montevideo, MN) – 01/01/15 to 12/31/15;** MFIP/DWP Regional Plan, regionalization of employment and training services, host county is Chippewa, allocation of \$686,540 (no change) (renewal).
- REM Southwest Services (Marshall, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).
- REM South Central Services (Redwood Falls, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).
- Prairie Community Services (Morris, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).
- Client Community Services Inc (Worthington, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).
- Divine House (Willmar, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).
- Heartland Industries (Redwood Falls, MN) – 01/01/15 to 12/31/15;** provide non-waivered client semi-independent living skills (SILS) (renewal).

**BOARD MEETING – 02/18/15**

**DONATION**

- **Ronette Finnegan from Minneota donated quilts**



## Southwest Health and Human Services 2014 Quality Improvement Projects

### Formal Projects

- Guardianship Policy and Procedure QI Project
- TCM/MMIS QI Project
- Call Flow QI Project
- Transportation QI Project
- Staff Development QI Project
- Emergency/office closure QI Project
- PH Closed Chart Filing and Destruction QI Project
- Instant Messaging /Desktop Video Conferencing QI Project

### Informal Projects

- SPCC
- Child and Family Services Review
- Adult and Children's Mental Health Review
- Planning and Rollout of MN Choices
- Development of Cultural Competency/ Organizational Change Project
- Planning for Public Health Accreditation
- Human Services Performance Management
- Additional Circles
- Supervisor "retreat"
- UCare, Blues, and Primewest Reviews
- Additional Supervisor in Children's
- Additional tracking of placements
- Creating unified staff team through CIRCLE
- Developed scanning plans for team
- Person-Centered Training for Agency and Region
- Improved payroll interface process for Health Services staff
- Worked to fine tune the Positive Pay process (fraud alert through Bremer Bank)
- Developed monitoring processes for out-of-home placement parental fees
- Worked with Income Maintenance unit to image/scan overpayment claims into cases
- Organized duties to create efficiencies within the accounting unit and for the agency
- Continue to monitor controls within all processes in accounting and collections
- Updated Jail Nursing Policies to meet current regulations and laws
- Development of practice manual for TB/refugee health
- Development of tool to help organize PCA clients and their renewal dates
- Development of SSIS system manual and training for PH staff
- Development of Service Agreement guide for workers and other parties that are involved
- Reviewed and updated the Out-of-Home Placement packets for agency
- Updated agency's All Hazard Response Plans

QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<i>Ongoing Activities</i>							
Orientation Plans	Office Support Manager/ Supervisors	Orientation Plans will be standardized across all departments	75% of departments have updated format of orientation plans	NA	Fall 2014	Fall 2014	Continue to provide new employee orientation
Policies and Procedures	Deputy Director/ Office Support Manager/ Executive Assistant	Policy and Procedures will be reviewed as determined by statute, grants and contracts.	All required policies have gone to board	NA	On-going	NA	All required policies have gone to board
Job Descriptions	Office Support Manager/ Executive Assistant	Job Descriptions will be reviewed annually	100% of job descriptions reviewed and signed off annually	NA	Spring 2015	Spring 2015	All job descriptions were reviewed during evaluations in the end of 2014.
Performance Reviews	Deputy Director	Performance Reviews will be done annually	100% of performance reviews will be done annually	NA	Spring 2015	Spring 2015	Performance reviews took place in December 2014.
Training Plans	Focus Team	Supervisor and Staff Trainings plans will be developed	100% of departments will submit training plans for budget process	NA	Plans submitted with budget process	Fall 2014	
Risk Analysis for	IT	Perform risk analysis	100% of review	NA	Winter 2014-	Spring 2015	HIPAA

QUALITY COUNCIL WORK PLAN - 2014

							updated and approved at December 2014 Board Meeting.



QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>2014 Activities</b>							
<b>After Action Reports (AAR)</b>	<b>PHP Team</b>	<b>AAR for outbreak investigations/ emergency preparedness events and exercises will be completed and shared as appropriate</b>					
Complete all required AARs and present to Quality Council	PHP Team		Complete 100% of required AARs	Within 2 months of event or exercise	On-going	Fall 2014	<b>Completed 2 HAN AAR</b>
Submit AARs to MDH	PHP Coordinator		Complete 100% of required AARs	Within 1 month of event or exercise	On-going	Fall 2014	<b>Completed 2 HAN AAR</b>

QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Community Health Assessment	PH Director/ HHS Planner/PH Fiscal Officer	Community Health Assessment (CHA) is completed and three top priority areas are identified					
Complete assessment		Assessment is completed	100% of assessment data is selected by Summer 2014	Summer 2014	Summer 2014	Fall 2014	The Community Health Assessment was completed in October 2014.
Analyze data		Data is analyzed by Summer 2014	100% of assessment data is analyzed by Summer 2014	Summer 2014	Summer 2014	Fall 2014	All data was collected and analyzed by August 2014. A survey was written to disseminate at the Pitch the Commission Event in the end of August.
Develop Community Health Improvement Plan		CHIP is developed by February 2015	50% of CHIP is developed by December, 2013	March 2015	Feb 2015	Spring 2015	The CHIP was completed



QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
National Accreditation Standards	PH Director/ HHS Planner	National Accreditation Standards will be used to identify priorities to improve quality					
Organize a team		Team is organized by Summer 2014			Summer 2014	Fall 2014	The PH Accreditation Team was organized and began meeting on May 20, 2014.
Develop timeline for accreditation		Time line developed by Fall 2014			Fall 2014	Fall 2014	A timeline was developed by the Accreditation Team in December 2014.

QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Cultural Competency	QI Council/ Chairperson	Cultural Competency will be assessed and incorporated into agency work plans and training plans					
Assess cultural competence using standardized tool	Cindy/Ardis/ Krista	Tool will be approved and plan developed for assessing	60% of staff complete survey by Winter 2014-15				**Three consultants were interviewed in Spring 2014 to help move forward the Cultural Competency Project for the Agency. After discussion, the group decided that it would be of value to look at overall organizational culture first before tackling cultural

QUALITY COUNCIL WORK PLAN - 2014

Analyze data	Quality Council	Data will be analyzed when assessment completed	100% of data will be analyzed and presented by Spring 2015	Spring 2015	NA	competency . Cultural Competency will be addressed through PH Accreditation QI Projects in 2015.
Select priorities/trainings	Quality Council	Priorities will be selected after data is analyzed	Top three priorities will be selected by Summer 2015	Summer 2015	NA	
Weave cultural competency into new employee orientation	Supervisors			Fall 2015	NA	
Tie cultural competence to customer satisfaction and healthy employee strategies	Customer satisfaction team and healthy employee team			Fall 2015	NA	

QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Strategic Plan	Executive Team/ Supervisors/ HHS Planner	A Strategic Plan will be developed to guide the agency's strategic priorities					
Complete PH Strategic Plan	PH Director/ Planner/ PH Supervisors	CHA, CHIP, standards and cultural competency results are reviewed when completed and link to the PH SP where applicable	PH Strategic Plan is completed by February, 2015		February, 2015	Annually in December	Complete Dec 2014
Governance Structure	Director	Research Service Delivery Authority/present findings to the Governing Board and move forward with implementation, if possible	To implement an SDA by 2015		December 2014		Chris researched SDA for the Governing Board and has communicated its outcomes. At this point, the State of MN is not ready for entities to file for SDA.
Finance Team	Finance Team	To complete an action plan to move forward the initiative	To follow 75% of the action plan objectives and timelines		Ongoing; review each December	Annually in December	New Staff Orientation, Finance Reports for Managers,

QUALITY COUNCIL WORK PLAN - 2014

Customer Service Team	Customer Service Team	To complete an action plan to move forward the initiative	To follow 75% of the action plan objectives and timelines		Ongoing; review each December	Annually in December	Training for Staff Agency Newsletter, Summer Picnic, Lobby Updates
Employee Wellness Team	Employee Wellness Team (Carol)	To complete an action plan to move the initiative forward	To follow 75% of the action plan objectives and timelines		On-going	Annually in September	Developed and passed a comprehensive well-being policy in December 2014; Implemented Quarterly Lunch and Learn opportunities for staff; Continued with Medical Leave for Fitness; Bikes; Wellness Blog; Employee Wellness Survey



QUALITY COUNCIL WORK PLAN - 2014

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>Specific QI projects</b>							
Staff notification of emergency/office closure	Krista/team	To create an agency-wide protocol and process to communicate with staff during emergency/closure scenarios.	<p>1) Develop a communication tree for agency</p> <p>2) Develop protocol when specific modes of communication should be utilized and in what situations</p> <p>3) Gather emergency phone contacts for all staff</p> <p>4) Research tools for fast communication</p>		January 2014; ongoing	December	The team developed a communication tree for the agency which included supervisor and staff emergency contact information . Dial My Calls was selected as the mode in which messages would be sent in emergency/closure scenarios in addition to email.
Transportation	Stacy J/Krista/	To analyze the current	1) Review current		June 2014;	December	The team

QUALITY COUNCIL WORK PLAN - 2014

Procedures	transportation team	transportation coordination process for the agency and develop recommendations for implementation	transportation process by county and by area of work 2) Review forms 3) Develop recommendation for implementation	Ongoing	2014	developed and implemented a new centralized coordination flow for transportation. Form was updated.
Call flow for incoming calls	Krista/call flow team	To analyze current call flow into the agency and develop recommendations for implementation based on outcomes	1) Analyze call flow 2) Meet with Office Support Staff for SWOT Analysis 3) Integrate new phone system with call flow needs of the agency	November 2014	December 2014	Implementation of standard introductory recording in the phone systems across the agency; Implementation of a consistent call-forwarding process from OSS to staff; updated forms Elig#14 and SS#008; new confidential

QUALITY COUNCIL WORK PLAN - 2014

Closed Charts	Marie/charts team	To develop a systematic method for closing and storing Public Health files and a systematic method for the destruction of those files when eligible.	By Dec 31, 2015 100% of Historic and current charts will be filed and stored according to procedures developed.	Dec 31, 2015	Dec 2014, and every 6 months	ity tear-off sign-in sheet for all offices. As of November 2014, the QI team decided that all PH charts older than 2012 will be scanned into appExtender and charts from 2012-current will be scanned into Nightingale Notes (NN). There has been a pilot project with the Family Admit Sheets being scanned into NN. The majority of Lyon
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QUALITY COUNCIL WORK PLAN - 2014

Guardianship	Cindy/ guardianship team	Evaluate the procedure and policy as it relates to guardianship services.	SWHHS will have a consistent process for guardianship cases in all 6 counties.	6/1/14 9/1/14 12/1/14	1/21/15	June, Sept, Dec, 2014 and Feb. 2015	County closed charts were scanned by Indigital – Lyon Co closed chart project to be complete by Feb 2015. Further evaluation will be completed for outer county closed charts.
Social Service Policy #16 was updated; Guardian Log was developed; SS Procedure #9 was updated; Emergency Guardianship Process							

QUALITY COUNCIL WORK PLAN - 2014

Instant Messaging/ Desktop video conferencing	Jessica H /Karri/team	Implementation of Instant Messaging & Desktop/Laptop Video Conferencing to enhance Communication between office locations and staff	1) Determine if this technology is feasible with current phone system. 2) Develop an implementation plan	Unknown	December 31, 2015	Quarterly	Flowchart was developed; Guardianshi p & Conservator ship brochure was developed; Guardianshi p team was identified; Contract language was changed to be more consistent; Letter for providers drafted to go out with contracts starting in January 2015.	As of December 2014, the QI team met with SDN and it was decided that IT
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QUALITY COUNCIL WORK PLAN - 2014

<p>Training/ Conference procedure</p>	<p>Karla/Ardis/ team</p>	<p>Staff development request forms updated and procedure</p>	<p>SWHHS (all departments) will have a consistent process for staff development requests in all 6 counties.</p>	<p>Sept 2014</p>	<p>October 2014</p>	<p>Dec 2014</p>	<p>needs additional licenses. IT has received permission to purchase further licenses. The Child Support Officers and the Child Protection teams will pilot the project once there are enough licenses and the software is downloaded on everyone's computer.</p>	<p>A new procedure was developed and rolled out to staff in November 2014.</p>
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QUALITY COUNCIL WORK PLAN - 2015

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Quality Improvement Projects	Supervisors	All staff will be engaged in the QI process	100% of departments will participate in a QI project	June 2015	Nov 30, 2015	Dec 2015	

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Quality Improvement Culture	Executive Team	Complete a Quality survey to measure QI culture/awareness	Complete survey by Sept 2015		Nov 2015	Dec 2015	

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Implement Performance Management Systems	Executive Team/ Supervisors	Implement PM measures in all departments	100% of departments will implement PM		Nov 2015	Dec 2015	

QUALITY COUNCIL WORK PLAN - 2015

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Organizational Culture	QI Council/ Executive Team/ Supervisors	Organizational Culture will be assessed and plan developed in 2015	Engage with consultant to develop and administer an assessment tool. Develop plan by Dec 31, 2015 to improve organizational culture		Dec. 31, 2015	Dec 2015	

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Cultural Competency	QI Council/ Executive Team/ Supervisors	Cultural Competency will be assessed and plan developed in 2015	Engage with consultant to develop and administer an assessment tool. Develop plan by Dec 31, 2015 to improve cultural competency		Dec. 31, 2015	Dec 2015	





Health Services Locations

Ivanhoe, MN 507-694-1452

Marshall, MN 507-537-6713

Slayton, MN 507-836-6144

Pipestone, MN 507-825-5024

Luverne, MN 507-283-5070

Redwood Falls, MN 507-637-4041

Human Services Locations

Ivanhoe, MN 507-694-1452

Marshall, MN 507-537-6747

Slayton, MN 507-836-6144

Pipestone, MN 507-825-6720

Luverne, MN 507-283-5070

Redwood Falls, MN 507-637-4050

QI Plan

**SOUTHWEST  
HEALTH AND  
HUMAN SERVICES**



**20145**

**QUALITY IMPROVEMENT**

**PLAN**

I. Purpose and Scope

- A. *Quality Improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. Through this plan the Quality Council will lead the agency in creating, implementing, maintaining, and evaluating the quality improvement efforts at Southwest Health and Human Services (SWHHS) designed to improve performance of the organization and its employees and encourage a culture of quality. This process will enhance SWHHS's ability to meet the overall mission of providing quality services in a respectful, caring and cost-effective manner.*
- B. *Our vision for quality improvement is to improve the quality of services provided to customers of Southwest Health and Human Services through a structured quality improvement process.*
- C. *Quality Improvement activities at Southwest Health and Human Services will include:*
1. Executive Team and Focus Team requests
  2. Implementation of Public Health Accreditation Projects (when applicable)
  3. Other agency-wide assessments and/or surveys, such as an employee survey or customer satisfaction survey
  4. Performance measure review for Human Services and Public Health
  5. Monitoring of Department-level projects for those that have the potential to impact other program areas
- ~~1. Core Competencies: Those activities that require ongoing review include:
 
    - ~~Reviewing health and human services orientation materials for staff training and competencies for key staff~~
    - ~~Reviewing policies and procedures in assuring an agency-wide process and implementation are conducted and documented~~
    - ~~Reviewing employee job descriptions~~
    - ~~Reviewing supervisor and staff trainings~~
    - ~~Reviewing performance review process~~
    - ~~Reviewing after action reports for outbreak investigations and emergency preparedness events and exercises~~~~
  - ~~2. Local Public Health Assessment and Planning Process
 
    - ~~Reviewing data from the organizational self-assessments and community health assessments per the Local Public Health Assessment and Planning Process.~~
    - ~~Reviewing and selecting ten areas of greatest community health need and the three standards most in need of improvement.~~
    - ~~Reviewing the Community Health Improvement Plan, the QI plan and the Strategic Plan annually.~~
    - ~~Reviewing National Accreditation Standards in assuring compliance with public health standards.~~~~

~~3. Those activities that require action in this plan year include:~~

- ~~• Reviewing cultural competencies in policies, procedures, written and oral materials, and staff knowledge and practice.~~
- ~~• Reviewing core competencies for each position title.~~

II. Glossary of Terms

~~B.A.~~ Quality Improvement: an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization

~~C.B.~~ Core Competency: the collective learning in organizations, and involve how to coordinate diverse production skills and integrate multiple streams of technologies. It is communication, an involvement and a deep commitment to working across organizational boundaries.

~~D.C.~~ Cross Sectional Representation of SWHHS includes representatives from both management and staff, all office locations, experienced and inexperienced staff, long term and short term employees, public health and human services departments, and all program areas.

~~E.D.~~ Executive Team: group including the director, the division directors, and the planner

~~F.E.~~ Focus Team: group including the director, division directors, supervisors, planner and executive assistant

~~G.F.~~ Local Public Health Assessment and Planning Process: Process developed by the Minnesota Department of Health Office of Performance Improvement to assess, plan, and communicate the work of local public health. The following are all part of this five-year process.

1. Community Health Assessment: An assessment of the communities' health status within the jurisdiction of SWHHS using current data or new data
2. Community Health Improvement Plan: An agency work plan focusing on the top priorities identified in the Community Health Assessment
3. Organizational Self-assessment: An organizational assessment comparing agency practice against the National Accreditation Standards
4. Strategic Plan: A carefully devised plan of action to achieve goals identified in assessments and/or brainstorming sessions.

~~H.G.~~ National Accreditation Standards: Standards that health departments can put in place to ensure that they are continuously improving services to keep their communities healthy.

III. Organizational Structure

A. The Southwest Health and Human Services Boards of Directors

- The Governing Board consists of elected officials from the counties represented in the agency and is charged with making operational decisions. Their authority is driven from the Joint Powers Act in state statute.

- The SWHHS Community Health Board is responsible for programmatic decisions facing public health as per state statute.
- The SWHHS Human Services Board is responsible for programmatic decisions facing human services as per state statute.
  - The Governing Board is responsible for the overall quality of services in the organization, allocation of resources for QI processes and activities, and approval of the QI plan annually.
  - QI activities and resource allocation are delegated from the Governing Board to the Agency Director and the Quality Council.
  - The annual agency budget will reflect financial resources dedicated to Quality Improvement Activities and will be approved by the governing board. The agency will seek additional financial resources via local, state or federal grants, local funding streams, etc. to fund QI projects.
  - ~~○ The Governing Board receives a report annually on the health data with recommended actions for health policy decisions, progress toward program goals, recommendations based on after-action reviews and other QI efforts.~~
  - All boards will receive periodic reports from the Quality Council and/or Agency Director related to QI activities or QI projects as the report fits the board's level of authority.
  - Board members are asked to participate in QI projects and/or meetings as appropriate.

B. Agency Director

- The Agency Director serves as an ex-officio member of the Quality Council.
- The Agency Director gives direction to the Quality Council as determined by the Boards of Directors and is the liaison between the boards and the Quality Council.

C. QI Council

- The Quality Council consists of cross-sectional representation from SWHHS.
- Members are appointed by the Quality Council and serve a term of two years. Less than half of the Quality Council members can rotate off each year.
- The Quality Council is charged with carrying out the purpose and scope of quality improvement efforts at SWHHS.
- A Quality Council Charter is developed and reviewed annually.

D. Executive Team

- The Executive Team will be notified of the Quality Council's activities periodically and will hear recommendations for revision of the QI plan annually.
- Through the Strategic Plan Review and other agency assessment processes, the executive team will forward recommended QI initiatives to the Quality Council to incorporate into the QI plan.

E. Program Supervisors

- Program Supervisors are responsible for:
  - ~~○ Orienting all staff to Quality Council processes, plans and resources.~~
  - Developing a work plan for each department.



- Reviewing the data from the work plans on an annual basis with staff.
- Initiating problem solving processes and /or QI improvement projects.
- ~~○ Identifying staff QI training needs, providing access to training, and tracking attendance.~~
- Reporting to the Quality Council from their work plan review, QI projects, state standard gaps, and needed QI trainings.
- Revising work plans based on findings from annual review and QI projects.
- Identifying and selecting ~~up to two~~ one areas needing improvement to bring to the Quality Council as priorities annually.
- Assuring implementation of QI projects.

F. SWHHS employees

- SWHHS employees are responsible for:
  - Working with supervisors on work plan development and reviews for their departments.
  - Compiling program data for measures.
  - Working with supervisors to identify areas for improvement and suggesting improvement projects to address these areas, including meeting the state standards.
  - Conducting quality improvement projects in conjunction with supervisors and other appropriate staff.
  - Reporting QI training needs to supervisors.

~~IV. Quality Improvement Activities~~

~~A. Orientation:~~

~~An orientation plan will be developed to assist new and existing employees with getting to know the different functionalities of the agency and the people he/she can access for specific information and support.~~

~~B. Policies and Procedures~~

~~An agency wide template for policies and procedures will be utilized for all policies and procedures. The policies and procedures will be available on line to all employees.~~

~~C. Job Descriptions~~

~~An agency wide template for job descriptions and performance reviews will be utilized. The SWHHS Deputy Director will lead all job description revisions and will report to the Quality Council on workforce development recommendations.~~

~~D. Performance Appraisals~~

~~An agency wide template for job descriptions and performance reviews will be utilized. A policy and process will be developed for performance appraisals and will include Quality Improvement knowledge and involvement.~~

~~D. Supervisor and Staff Trainings~~

~~A plan will be developed annually for supervisor and staff training needs. A process will be developed to share information learned at external training sessions for all supervisor staff or to bring training sessions to the agency employees.~~

~~D. After action reports/Outbreak investigations/Emergency Preparedness events and exercises~~

For significant outbreak investigations and emergency preparedness events and exercises, after action reports or internal debrief reports are produced to record recommendations for improvement. The Emergency Preparedness Coordinator and/or appropriate supervisor will provide summaries of those reports to the Quality Council for review. Quality Council members are briefed for projects or processes that involve multiple areas or multiple community partners.

**E. Community Health Assessment and top priority areas**

A Community Health Assessment will be completed in the second year of the five-year Community Health Assessment and Planning cycle and three top priority areas will be identified for improvement. A Community Health Improvement Plan will be developed to improve service in those top priority areas. The Community Health Improvement Plan will be reviewed annually.

**— National Accreditation Standards**

The Quality Council will complete an organizational self-assessment annually using the National Accreditation Standards and select three standards in most need of improvement. A plan will be developed to improve compliance with the standards.

**F. Strategic Plan**

A strategic plan will be developed in the third year of the five-year Community Health Assessment and Planning cycle to guide the agency's strategic priorities. The Strategic Plan will be reviewed annually.

**F. Cultural Competency**

Cultural Competency will be assessed annually and incorporated into the Community Health Improvement Plan, the Strategic Plan, the Quality Improvement Plan, and the agency training plans.

**F. Core Competencies**

Core Competencies will be assessed and incorporated into the training plans for the agency to enable the agency to strengthen its service delivery.

**F. Specific QI projects**

Any SWHHS employee can propose a QI project utilizing the QI Project Proposal form. The project should monitor activities that are high-risk, high-volume, or problem-prone. A proposal should include a description of the project, purpose or potential outcome for change, proposed team members and potential resources needed. Each project is prioritized based on alignment with the Strategic Plan, the CHIP, and the agency mission and vision, and the extent the project addresses activities that are high-risk, high volume or problem-prone. The Quality Council will review and approve all QI projects and team members or resources needed. A follow-up written and oral report to the Quality Council will be required.

**F. Special Project Grants:** SWHHS has many special projects that are funded by grants and — require specific grant duties and reports. The project leader will be responsible for — reporting to the Quality Council at the beginning of the grant cycle and periodically — during the grant cycle.

**V.IV. Training Plan**



- A. Quality Improvement trainings will be held periodically in an effort to building a quality-focused culture at SWHHS.
- B. Quality Council members and supervisors will receive QI training annually either with a speaker brought to the agency or a training opportunity outside the agency.
- C. New employees will receive information regarding QI improvement processes during new employee orientation~~from their supervisors as part of the orientation process.~~
- D. SWHHS staff will receive QI training on an on-going basis at staff meetings or agency meetings. This training may be done by Quality Council members or a speaker and will be held at least annually.
- E. QI project team members will receive ~~just-in-time training~~ Quality Improvement Technical Assistance from Quality Council members when their team is formed and will be specific to the position and the project.
- F. Selected SWHHS staff will complete the QI culture survey annually. Baseline data is available with survey completed by focus group and data will be tracked longitudinally.
- ~~F. A summary of training offered and participation will be included in the Annual Report.~~

#### VI.V. Communication Plan

Quality Improvement Activities will be reported to the Executive Committee, the Boards of Directors, and ~~F~~focus ~~T~~eam on a regular basis. Quality Improvement updates will be communicated to all employees through periodic email updates and staff meetings. Executive Team members, Supervisors and Quality Council members will be responsible for ongoing communication to staff about the QI plan and process established within the agency. ~~QI Project teams will display their projects through story boards displayed in the agency offices.~~

#### VII.VI. Approval of QI Plan and Annual Evaluation

- A. The Quality Council will annually review and make suggested revisions to this QI Plan
- B. The Quality Council will ensure that the plan aligns with the State (MDH) Quality Improvement Plan, the national accreditation standards, the Minnesota Local Public Health Assessment and Planning Process, and other state and national QI efforts.
- C. The Quality Council will develop an annual report that includes progress towards targets and goals for program outcomes; accomplishments of QI projects and initiatives; extent of alignment with the strategic plan, the agency's mission and vision, the CHIP, and other agency-wide plans; trainings completed; and evaluations from QI project teams, leadership and board members.
- D. An annual report is submitted to the Executive Committee by January 31 of each year and to the Governing Board in February.
- E. A revised plan is provided to the Governing Board at the February meeting each year for approval.

~~E.F.~~

#### VII. Monitoring of the QI Plan

- G. The Council will review the QI Plan and all related processes annually to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts. The evaluation will include comparison of actual results to target, problem identification and analysis for gaps in performance, and plans for improving performance.



- H. Cross-departmental QI projects will be monitored by the Council on a regular basis. After a project is initiated, the project lead will provide updates, as requested during Council meetings. The updates will include progress on reaching the project's aim, barriers encountered, strategies to address those barriers and project successes.
- I. Upon completion of department-wide projects, leads will report results through presentation of a one-page project summary. If the project did not meet its aim, the team will need to determine if it will continue with a different QI project addressing the same project, or it will abandon the effort. If the project met or exceeded its aim, the project team will determine what efforts will be needed to sustain the improvements and offer suggestions on how to further implement improvements and offer suggestions on how to further implement improvements to other related areas.
- J. The Council will submit an annual report to the Executive Team and Southwest Health and Human Services Board for approval which summarizes:
  - 1. Department-wide QI projects (both formal and informal) and their outcomes
  - 2. A QI Work Plan for the following year
  - 3. Any recommended changes to the QI Plan

VIII. Information on Quality Council Work Plan

- The Council utilizes a work plan to document its meetings and current QI projects occurring across the agency. This working document describes the QI project, goals, objectives, and measures with responsible person(s)/team(s) and time-framed targets.
- The Council utilizes the work plan in conjunction with the QI Plan.